

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**16 OCTOBER 2018**

### **SUNLIGHT CENTRE SURGERY AND TWYDALL BRANCH SURGERY PROPOSAL UPDATE**

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#### **Summary**

The report updates the Committee on work undertaken since the Member item considered by Committee at the August 2018 meeting in relation to the reconfiguration of GP services in Gillingham. This included a proposal to close the Sunlight Centre GP Surgery and the DMC Branch Surgery in Twydall. The report also includes further information in relation to the proposal.

The Committee determined that the proposals amounted to a substantial service reconfiguration and requested that the CCG delay the decision, that had due to be made by the Primary Care Commissioning Committee (PCCC) on 29 August 2018 and that the CCG should commence an extended consultation period.

At the 29 August meeting, the PCCC postponed the decision and agreed to undertake an extended period of engagement with patients, stakeholders and with this Committee.

#### **1. Budget and Policy Framework**

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

## **2. Background**

- 2.1 At its August 2018 meeting, the Committee resolved that the CCG proposals to merge four contracts into one and reduce the number of GP operating sites from five to three constituted a substantial variation in the provision of health services in Medway and therefore merited a formal delay of the decision due to be made by the Primary Care Commissioning Committee (PCCC) on 29th August 2018.
- 2.2 The Committee further requested that an extended consultation period be undertaken which takes proper account of the alternatives and issues presented by stakeholders during the new consultation period. A letter was sent to the CCG on 23 August (Appendix 1), on behalf of the Committee, setting out the Committee decision and the key concerns raised at the meeting. On 24 August, the CCG confirmed (Appendix 2) that the letter would be considered at the PCCC meeting on 29 August.
- 2.3 On 29 August, the PCCC decided to delay the decision on the final number of sites to allow for further engagement with patients and stakeholders. The PCCC has decided to procure services for all five sites to ensure there is no break in GP provision when the current contracts end. A decision on the number of sites will be taken by the PCCC following the period of further engagement. The decision was confirmed in a press release issued by the CCG on 30 August (Appendix 3). A further letter sent by the CCG on 3 September confirmed that this Committee would be fully consulted on the proposals and on extended period of public engagement.

## **3. Proposed service development or variation**

- 3.1 The original proposal was to close the Sunlight GP Surgery in Gillingham and DMC Branch Surgery in Twydall Green, Twydall. This would have meant that patients would instead be treated at the Balmoral Healthy Living Centre in Balmoral Gardens, Gillingham, St Mary's Island Surgery or at the Pentagon Centre, Chatham.
- 3.2 This change is part of the re-procurement of GP services provided at five sites in Medway, one of which is the Sunlight Centre Surgery. Current contracts are due to run until 31 March 2019. Consideration was being given to providing more services over fewer sites covering the existing number of patients. The merging of GP practices would enable patients to access GP services at a greater number of locations and would also enable the provision of more specialist healthcare services that may not be made available at smaller sites.
- 3.3 The CCG Primary Care Commissioning Committee (PCCC) had been due to take a decision on the proposals on 29 August 2018. Following a period of public engagement and feedback from this Committee, the PCCC decided to delay any decision on the final number of sites to allow for further engagement with patients and stakeholders. The PCCC has decided to procure services for all five sites to ensure there is no break in GP provision when the current contracts end. A decision on the number of sites will be taken by the PCCC following the period of further engagement.

## 4. Consultation

- 4.1 Medway NHS Clinical Commissioning Group had sent letters to patients of the five existing GP practices affected by the proposals. Responses were requested by 13 August 2018.
- 4.2 On 30 August, the CCG confirmed that a further period of public engagement would be undertaken and that the Committee would be fully consulted on the proposals.
- 4.3 On 26 September the Medway CCG considered the process and timing of the further public engagement in relation to the current procurement process and the new contract.

It was agreed to continue with the procurement on the 5 sites.

It was agreed that commencing any engagement on any potential reduction of sites whilst reprocurring and mobilising a new service provider would not be conducive to delivering a safe and efficient handover of contracts. Risks included:

- Commissioner resource being reduced/unavailable to manage a consultation and a procurement process simultaneously.
- Incumbent provider resource will become reduced and may negatively impact their ability to mobilise safely.
- Patients may become concerned at the level of perceived change, with a new contract due to commence with 5 sites in April.
- Staff may become concerned at the level of perceived change, with a new contract due to commence with all existing sites in April which may lead to staff loss and recruitment issues.
- Additional consultation regarding site changes will be burdensome for provider staff in a time of uncertainty and perceived change.
- Reduction in the number of sites will need the new contract holders support to change implement change.

Benefits delaying the engagement are:

- Commissioner resource will be available to support the procurement and mobilisation of a new contract.
- Provider support will take some burden off the CCG and plans for the approach can be developed in partnership.
- Patients will receive a consistent message regarding the services being procured as existing sites.
- Staff will receive a consistent message regarding the services being procured as existing sites.
- Staff consultation for TUPE will have concluded and transfer will have taken place, reducing the risk of staff losses surrounding uncertainty of the services.

It was also noted that the Council Local Elections are in May 2019. It was agreed to commence engagement post-election with any potential change made to service provision by April 2020.

As part of the future engagement process the CCG will now:

- Review the proposal and supporting evidence including alternative options and the rationale for them.
- Develop full details of the revised engagement proposals including input from the committee and councillors (Appendix 4 Draft Engagement Plan).
- Regularly update and consult with HASC on developing proposals, engagement activities, approach and decision making process.

## **5. Risk management**

- 5.1 There are no specific risk implications for Medway Council arising directly from the contents of this report. However, the Committee has previously noted that the Council could potentially be exposed to risk in the event that declining GP numbers or GP provision make it increasingly difficult for residents to get an appointment or care from their GP.

## **6. Financial implications**

- 6.1 There are no financial implications for Medway Council directly arising from this report.

## **7. Legal implications**

- 7.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 7.2 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

7.3 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

7.4 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.

7.5 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This was completed and presented to the Committee at the August meeting. At this time, the CCG assessed that the proposals did not amount to a substantial variation. The Committee disagreed with this assessment and resolved that the proposal, as it stood at the time, to reduce the number of GP operating sites from five to three constituted a substantial variation.

7.6 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

## **8. Recommendation**

8.1 It is requested that the Committee notes the contents of this report.

## **Appendices**

Appendix 1 – Letter sent to Medway NHS CCG, 23 August 2018

Appendix 2 – Letter from Medway NHS CCG, 24 August 2018

Appendix 3 – Press Release from Medway NHS CCG, 30 August 2018

Appendix 4 – Draft Engagement Plan

Appendix 5 – Letter from Medway NHS CCG, 3 September 2018

## **Background papers**

None.

## **Lead officer contact**

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