

# Meeting of Primary Care Commissioning Committee

Date: Tuesday 25 January 2022

Time: 9.30 – 11.45

Location: Virtual – MS Teams

<b>Agenda Number :</b>	7
<b>Title:</b>	Helios Medical Centre Update 2022
<b>Purpose: For Information</b>	
<b>Key Points for Discussion:</b>	
The purpose of this paper is to present the committee with an update with regards to agreed closure of the Helios Medical Centre Contract following notice of retirement (termination) from the single-handed partner and the decision of the committee taken on 18 November 2021.	
<b>Recommendations:</b>	On 18 <sup>th</sup> November 2021 the Committee considered and supported the recommended option for a termination date of 31 March 2022 and for a list dispersal of the Helios Medical Centre patient list. This report is to provide an update to the Committee.
<b>Previously Considered By and feedback :</b>	Primary Care Executive Group Primary Care Operational Group
<b>Management of Declared Interest:</b>	Not Applicable
<b>Risk and Assurance:</b>	Risks are highlighted in body of this paper.
<b>Financial / Resource Implications:</b>	Financial implications are highlighted in body of this paper
<b>Legal, Policy and Regulatory Requirements:</b>	Legal advice has been sought and has been referenced.
<b>How does this reduce Health Inequalities:</b>	A quality impact assessment will be conducted as part of this work and associated findings will be presented in subsequent papers to the committee.
<b>How does this impact on Equality &amp; diversity</b>	An equality impact assessment will be conducted as part of this work and associated findings will be presented in subsequent papers to this committee.

<b>Patient and Public Involvement:</b>	A public engagement plan will be developed in response to the agreed next step in relation to this contract.
<b>Communications and Engagement:</b>	A communications and public engagement plan will be developed in response to the agreed next step in relation to this contract
<b>Author(s):</b>	Vittorio Graziani, Interim Contract Manager Primary Care and Sukeina Kassam, Interim Head of Primary Care Contracts
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Lisa Manson, Director of Commissioning

## Agenda item: 7

# Report title: Update Report for Helios Medical Centre January 2022

### 1. Background

The Helios medical centre is located in the North & West Locality of Bristol. As of October 2021, the practice has a list size of 4,835. This represents the third smallest mainstream practice list size in BNSSG. The practice has been operating as single hander since October 2019. This means that there is only one sole partner named on the contract. The CCG held several meetings with Dr Mulder (the sole partner) between December 2020 and March 2021 to support the practice to understand their options in terms of attracting a new partner and ensuring the sustainability of the contract. Single handed partnerships are typically considered a high risk for resilience due to the number of circumstances that can occur giving rise to contract termination.

In March 2021 the CCG were advised that Dr Mulder had commenced discussions with Mendip Vale on a partnership merger with a view to a full merger at a later date. Dr Mulder submitted the appropriate application (as a single-handed contractor) to add the partners of the Mendip Vale contract. At this point Dr Mulder expressed his desire to step away from the practice and retire as soon as possible, Mendip Vale effectively acted as a sub-contractor to ensure continuity of services for the patient list. The CCG were advised that they needed to approve the application to change the partnership and during this a number of issues were identified surrounding the lease arrangements with the premises and it became apparent that the CCG did not have sufficient assurance to authorise any partnership change request. Following careful consideration of remaining options Dr Mulder formally notified the CCG on 22 October 2021 that he wished to give notice of retirement giving rise to the termination of his contract and proposed an end date of 31 March 2022. In a follow up email on 4 November 2021, Dr Mulder confirmed that he was formally withdrawing the partnership change application and that Mendip Vale would continue to provide services to the registered patients of the practice until 31 March 2022.

### 2. Recommendations - PCCC 18 November 2021

A detailed paper exploring all available options was presented to the committee on 18<sup>th</sup> November 2021. The committee have reviewed and recommended Option 2 - Managed List Dispersal

Option 2 – Managed List Dispersal
<b>Overview:</b> CSU conducts mapping exercise and identifies patient closest practice, letter issued to patient advising that on xx date care will be transferred, choice still remains and patients can choose to re-register before hand or after 1 April
<b>Risks:</b> Receiving practices need to be consulted to understand capacity, patient choice needs to be protected but automatic transfer mitigates risk of any patients including vulnerable groups not re-

registering and maintains continuity of primary medical services for all currently registered patients of Helios Medical Centre.

**Benefits:**

- Allows for a managed and planned approach to dispersal of patients between now and the contract end date
- CCG map closest practice and write to patients to inform them of their nearest option, choice remains and patients are advised that they can register elsewhere if suitable
- Patients can opt by default to have their care transferred automatically to the practice in the letter
- The mapping exercise identifies those practices likely to receive the bulk of the patients, conversations with those practices are managed and any concerns around capacity and resilience at practice level are assessed
- Regular checks on list movement are conducted, as patients are allocated to the receiving practice vulnerable patients are supported to ensure there is no gap in registration
- Similar process recently conducted in BANES, option to discuss what went well and lessons learned and can be reflected in planning
- TUPE is unlikely to apply as we have been informed Mendip Vale have committed to employ the staff from the Helios Medical Centre
- No requirement for alternative premises to be sourced

### 3. Next Steps

#### 3.1 Project Plan

Following the decision of the committee, a project steering group has been agreed and mobilised to ensure appropriate leadership and oversight for timely delivery of the plan. A project plan has been developed to ensure robust process are identified and in place.

Table 1 - Table below illustrates key identified activities:

Key Deliverables	Timescales
<p><b>Pre-implementation activities</b></p> <ul style="list-style-type: none"> <li>• Identification and mapping of practices</li> <li>• Patient Communication and Engagement including EIA / QIAs</li> <li>• External Comms</li> <li>• Support to receiving practices / resilience, estates</li> <li>• Financial modelling, understanding the impact of dispersal, and assessment of financial impact to the CCG of the closure (inclusive of funding allocation for practice registration)</li> </ul>	<p><b>January – mid February 22</b></p>

<ul style="list-style-type: none"> <li>• Mapping / tracking of movements and management of patient transfer</li> <li>• Governance including risk management, regular reporting to PCCC</li> <li>• Determine registration approach/process</li> <li>• Patient and stakeholder communication (nature and how often)</li> </ul>	
<p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>• Complex patients transfer</li> <li>• Patients allocation</li> <li>• Complete transfer of notes and patient records</li> <li>• Assess suitability of premises and estates</li> <li>• Patient Communication and Engagement</li> <li>• External Comms</li> <li>• Support to receiving practices / resilience, estates</li> <li>• Financial modelling, understanding the impact of dispersal, and assessment of financial impact to the CCG and relevant PCN's and practices of the closure</li> <li>• Mapping / tracking of movements and management of patient transfer</li> </ul>	<p><b>Mid-February – March 22</b></p>
<p><b>Post Implementation</b></p> <ul style="list-style-type: none"> <li>• Post registration support and lessons learned</li> </ul>	<p><b>April 22 - Circa 4 weeks</b></p>

The Committee will be updated monthly until approximately April 2022.

### 3.2 Communications and Engagement plan for Helios Managed Patient Dispersal Project

Document in Appendix 1 aims to outline the communications and engagement required during the implementation of a managed dispersal process for the 4,835 patients currently registered with Helios Medical Practice. It covers the period January 2022- April 2022.

A separate 3 phase project plan has been drafted that covers end-to-end activities and their sequence to manage the process of patient dispersal.

This communications and engagement plan will primarily ensure that the CCG will actively engage with patients, the public and wider stakeholders in planning the patient dispersal process. This will be achieved by encouraging participation from a wide range of people who are most likely to be impacted and providing clear and consistent messages to all involved.

The CCG will also seek to build on the learnings from initial engagements and this plan will be developed on an iterative basis and in full collaboration with the development of both the Equality Impact Assessment (EIA) and Quality Impact Assessment (QIA), to ensure that we are continuously reviewing our approach to take into account the impact on protected groups.

#### **4. Financial implications**

The impact of the decision is being under the ongoing scrutiny with regards to the financial implications, possible risk and mitigation actions. The committee will be updated on a regular intervals to ensure full transparency of the process.

#### **5. Legal implications**

There are a number of legal considerations addressed in the contents of this paper, advice has been sought from Bevan Brittan and has been relied upon in forming the agreed option.

#### **6. Risk implications**

Risks associated with a list dispersal for Helios and mitigations to risks are detailed in the closed Committee paper, utilising the risk score matrix. The risk register will be an iterative document as part of the programme of work established to manage the list dispersal and will report through the appropriate governance structures.

#### **7. Implications for health inequalities**

A quality impact assessment will be completed to assess the impact of the proposals. Mitigations will be developed accordingly.

#### **8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

An equalities impact assessment will be completed to assess the impact of the proposals. Mitigations will be developed accordingly.

#### **9. Consultation and Communication including Public Involvement**

A comprehensive communication plan will need to be developed following agreement of the proposals. Due to the nature of the contractual position and subsequent options there has not been any patient engagement to date on the proposals.

**Report Author:** Vittorio Graziani, Interim Contract Manager Primary Care and Sukeina Kassam, Interim Head of Primary Care Contracting

**Report Sponsor:** Lisa Manson Director of Commissioning

#### **Glossary of terms and abbreviations**

Please explain all initials, technical terms and abbreviations.

<b>APMS</b>	Alternative Provider of Medical Services - Type of GP contract
<b>GMS</b>	General Medical Services – Type of GP contract
<b>PMS</b>	Personal Medical Services – Type of GP contract
<b>CMR1</b>	Practice declaration of Estates usage ahead of rent review

## Appendix 1

### Communications and Engagement plan for Helios Managed Patient Dispersal Project

#### Purpose

This document aims to outline the communications and engagement required during the implementation of a managed dispersal process for the 4,835 patients currently registered with Helios Medical Practice. It covers the period January 2022- April 2022. The contract with Helios expires on 31<sup>st</sup> March 2022,

#### Background

The Helios medical centre is located in the North & West Locality of Bristol. As of October 2021, the practice has a list size of 4,835. This represents the third smallest mainstream practice list size in BNSSG. The practice has been operating as single hander since October 2019. Since April 2021 Mendip Vale Medical Group (MVMG) have been supporting the contract holder by providing an interim service for patients registered at Helios Medical Centre.

As with many smaller practices, pressures are more profoundly felt, and following the retirement from Helios of Prof Feder, Dr Platford and Dr Mulder, there are very limited options on how best to provide NHS services from the site.

CCG and MVMG have been informed that the owners of 17 Stoke Hill, the Helios Trust, do not wish to sell the building or renew the lease that is shortly due to end ( December 2022) and therefore there are no options to continue service provision from the location in the future.

### **Aim of Communication and Engagement Plan**

The purpose of the engagement and communications plan is to collaborate with local people to ensure that the outcome of the managed dispersal process improves primary medical services and the way they are delivered in the local area. To achieve this we will:

- Keep patients and public informed about what the CCG is planning and how this may impact them;
- Ensure the views of the local people using the services (and potential users of the services) are heard by commissioners;
- Involve patients in local decision making by asking for their opinions on specific aspects of the service they receive, and inviting PPG chairs from each practice to participate in the evaluation process.
- Share information about the procurement process and why it is being carried out;
- Put communications into the context of the wider Primary Care Strategy
- Address any questions about the process or future plans, and set out the benefits we seek to achieve;
- Share findings with our health and social care partners where appropriate, and to brief key stakeholders (see appendix one);

### **Key stakeholders**

- Registered patients Helios Medical Practice
- Patient Participation Groups
- Carers
- Patient experience leads
- GPs and practice staff, together with GPs and practice staff in neighbouring practices particularly the North & West Locality of Bristol
- Local Healthwatch
- LMC



We will additionally keep elected representatives and influencers informed of progress through regular updates to established meetings and forums. These stakeholders and organisations include:

- HOSCs
- Health & Wellbeing Boards
- MPs
- Ward councillors
- Town and parish councils

The CCG Governing Body and senior officers for partner organisations including providers, NHS England and Improvement will be kept informed through usual patterns of engagement.

### Key messages

- We are committed to ensuring that patients receive the best possible primary care throughout Bristol, North Somerset and South Gloucestershire
- As delegated commissioner of primary care services the CCG is responsible for ensuring patients' continuity of care, including renegotiating contracts held with practices when these expire
- Expiring contracts present both opportunities and risks requiring mitigation to redesign services with input from patients, stakeholders and local people to improve the quality of care patients receive, enhance patients' health and wellbeing and improve practice productivity and value for money
- They also provide an opportunity for us to ensure that services reflect the aims and ambitions of our primary care strategy and the national GP Forward View, which aims to ensure we have sustainable, high quality primary care services now and for the future
- We want to understand what patients value most about their GP practice so that we can commission the right service for people
- Our priority will be to ensure we continue to offer long-term service security for local patients

### Communications and Engagement Tactics

Approach	Action Due
Meet with identified practices to discuss CCG intentions and impact of list closure to their respective practices after Helios contract expires on 31 March 2022	January 2022
Meet with LMC to discuss implications and secure local support	January 2022 / ongoing until completed
Engage with PPG to discuss how patients will be contacted/engaged	February 2022
Patient letter	February / March 2022
Patient Poster for surgeries and local community venues	March 2022

Inform Healthwatch	February 2022
Inform HOSC and other key forums	February 2022
Patient engagement forum	February 2022 – ongoing until completed
Stakeholder Briefing	February 2022 – ongoing until completed
FAQ sheet prepared and distributed	February 2022
Press engagement	February 2022
Equality Impact Assessment	January 2022
Patient surveys and CQC reports will both be considered in the work done	February 2022
Meet with identified practices to discuss CCG intentions and impact of list closure to their respective practices after Helios contract expires on 31 March 2022	January 2022 / ongoing until completed

## Appendix 2 - Risk Scoring Matrix

Reference: Appendix 3 of 'BNSSG CCG Risk Assessment Scoring Guidelines'

Appendix 3 - BNSSG CCGs' Risk Assessment Scoring Guidelines

**Risk Assessment Scoring Guidelines**

Please use the tables below to calculate frequency and severity scores, consulting the risk matrix below.

- If a risk falls into one of the boxes numbered **15-25** immediate action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **8-12** prompt action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **4-6**, risk reduction is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **1-3** further risk reduction may not be feasible or cost effective.

**Risk Assessment Scoring Matrix**

Consequence	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
<b>Catastrophic = 5</b>	5	10	15	20	25
<b>Major = 4</b>	4	8	12	16	20
<b>Moderate = 3</b>	3	6	9	12	15
<b>Minor = 2</b>	2	4	6	8	10
<b>Negligible = 1</b>	1	2	3	4	5