

**NHS England (Cheshire and Merseyside) and NHS
South Sefton Clinical Commissioning Group**

**Report to Sefton Metropolitan Borough Council
Overview and Scrutiny Committee regarding
Hightown Village Surgery**

22 March 2018

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1. INTRODUCTION

- 1.1 In October 2017, NHS South Sefton Clinical Commissioning Group (CCG) and NHS England (Cheshire and Merseyside), as joint commissioners for primary care services, commenced a procurement exercise to seek new providers for Hightown and Freshfield practices. This action was taken following feedback from registered patients and the wider community as part of a comprehensive listening exercise that ran during April that year to inform the future delivery of primary care services in the area. A robust procurement took place that included additional steps to encourage bids. A provider was successfully identified for the Freshfield practice. However, although a bidder was offered a contract for Hightown Village Surgery, the provider decided to withdraw. No other bids were received for this contract.
- 1.2 The current interim provider has given notice to NHS commissioners that they no longer wish to provide services at Hightown. The contract with the current interim provider expires on 31 March, 2018. However, they have agreed to continue until 8 June 2018 to allow time for patients to be transferred to other neighbouring practices.
- 1.3 Local commissioners have explored all options available to them to try and find a new provider for Hightown. Unfortunately it appears that there is now no other course of action to take, other than to allocate the current registered patients to other local GP practices, as there is no-one to provide the services after 8 June 2018. It is important that patients can continue to be cared for after the current provider withdraws.
- 1.4 NHS commissioners want to maintain the GP services in Hightown. Despite our efforts, we are in a position now where we do not have a provider for this service once the current interim provider withdraws. We are continuing to work with local partners to see if there are any services that could be provided to provide safe, effective and sustainable primary care services from the current premises.

2. BACKGROUND

- 2.1 In February 2016, the contract for primary care medical services at Hightown Village Surgery and eight other medical practices located in Sefton came to an end. Interim providers were appointed, whilst NHS Southport and Formby CCG, NHS South Sefton CCG and NHS England (Cheshire and Merseyside) as joint commissioners reviewed the future delivery of primary care services in the area.
- 2.2 Outline options appraisals regarding the future of the nine practices operating under APMS contracts were considered.
- 2.3 NHS commissioners approved the recommendations contained within the outline appraisal in that seven of the practices could be re-procured, but further work was required before any decision could be made regarding the practices located in Hightown and Freshfield. The committee approved an extension to the interim contracts for Hightown Village Surgery and Freshfield Surgery so that a patient listening exercise could be undertaken; the results of which would feed into a detailed options appraisal.
- 2.4 The listening exercise started on 3 April, 2017. A dedicated email address and free phone helpline were established and between November 2016 and the start of the listening exercise this received 190 emails and 16 calls. Patients were engaged on a range of options and offered the opportunity to put forward their own suggestions for

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consideration. A series of public events were arranged covering different times of each day in order to make it as easy as possible for people to take part and to maximise attendance (details below). There were further opportunities for people to comment and seek information in writing and by telephone. The events were attended by 230 people and 49 comments cards were received. In addition there were a further 13 calls to the helpline and 35 emails received.

- Monday, 10 April 2017 1:30pm – 3:30pm
- Monday, 10 April 2017 4:00pm – 6:00pm
- Tuesday, 18 April 2017 1:00pm – 3:00pm
- Tuesday, 18 April 2017 3:30pm – 5:30pm
- Tuesday, 18 April 2017 6:30pm – 8:30pm
- Monday, 24 April 2017 11:30am – 1:30pm
- Monday, 24 April 2017 2:30pm – 4:30pm
- Monday, 24 April 2017 6:30pm – 8:30pm

- 2.5 A working group was established which included representation from the patient participation groups of Freshfield and Hightown, NHS England, NHS Southport and Formby CCG, NHS South Sefton CCG, a GP lead and H2A Consulting. Officers from Sefton Council advised on the process adopted to ensure it complied with current legislation and best practice. Healthwatch Sefton attended the meetings to aid the process and offer a wider patient perspective. The purpose of this group was to have oversight of the engagement process and ensure all relevant information was considered as part of the options appraisal.
- 2.6 A report outlining the proposed approach for the listening exercise and options appraisal was presented to the consultation and engagement panel of Sefton Metropolitan Borough Council
- 2.7 The final options appraisal considered the views of patients, travel and transport, the future vision for primary care set out in the national NHS General Practice Forward View and the NHS Five Year Forward View, the condition of the premises and procurement issues. It concluded that a procurement exercise could be undertaken in order to attempt to secure a substantive provider for the practices.
- 2.8 The full options appraisal and engagement report were incorporated into NHS England's paper presented to the Overview and Scrutiny Committee on 27 June 2017.
- 2.9 The completed options appraisal recommended that procurement should be undertaken for provision of full time clinical services at both sets of premises. Innovative solutions would be encouraged. If NHS commissioners had not pursued procurement at that stage, there would have been a further period of consultation on the available options.
- 2.10 We were clear throughout the listening exercise that if we went to procurement there was a risk that a GP provider might not come forward and bid for the contract and that if that happened, the only option would appear to be to close the surgery.

3. PROCUREMENT

- 3.1 The procurement exercise for Hightown and Freshfield commenced 12 October 2017. (See Appendix 1 for details). The standard robust statutory procurement process was followed and in addition we made it clear in the tender specification that innovative solutions would be welcomed in order to secure a service for the practices. Additional

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premium funding above GMS rates was offered, as well as transitional funding to support a successful bidder in taking on the running of the practice (subject to a business case).

- 3.2 The contracts were put out to national advert. In addition, NHS commissioners ensured every provider across the borough of Sefton and those on the border with Liverpool were aware of the opportunity and met individually with a number of local providers to build awareness of and stimulate interest in the contract.
- 3.3 Bids were received and evaluated for both the Hightown and Freshfield practices. A recommended bidder report was produced by North East Commissioning Support Unit (who manage the procurement processes for NHS England (Cheshire and Merseyside)), which was approved by the NHS England and NHS South Sefton CCG's Joint Committee in January 2018. This report provided commissioners with the outcome of the procurement i.e. a provider of quality had been identified for each practice.
- 3.4 A contract award letter was issued to the successful bidders; however on 5 February, the bidder for Hightown indicated they could no longer proceed. As they were the only bidder for the practice, there is no alternative provider to award the contract to. This means that the procurement for a provider of services at Hightown Village Surgery has been unsuccessful and, as a result, there is no provider to deliver services from 8 June, 2018 when the current interim provider withdraws.
- 3.5 Following this, NHS England (Cheshire and Merseyside) and NHS South Sefton CCG considered the next steps at an extraordinary joint committee meeting on 22 February, 2018. Following an unsuccessful procurement exercise, the primary concern of NHS commissioners is always to ensure patients can continue to access primary medical services which are safe, effective and sustainable.
- 3.6 NHS commissioners considered whether there were any viable options to retain a service or if allocation of patients to other practices was the only available option in order to maintain continuity of services for patients within the time available; given that the current interim provider had given notice that they wish to withdraw from the contract by 31 March 2018. The options that had been put forward in the listening exercise were the only available options and these had already been explored.
- 3.7 Timescales for informing stakeholders and patients of the procurement outcome and next steps were driven by the need to communicate with patients at the earliest opportunity to prevent continued uncertainty. Patients were already aware that their current service provision was due to end on 31 March 2018 and that an announcement on the procurement outcome was imminent. In addition, Hightown patients needed to be informed as quickly as possible to ensure the process for allocating them to other practices could begin and that there would be the maximum available time to safely transfer them.

4. OPTIONS REVIEWED

- 4.1 **Extend the current interim contract to permit a further procurement exercise to be undertaken.**
 - 4.1.1 The current interim provider had already stated they wished to withdraw from service provision at Hightown Village Surgery as soon as possible. They were prepared to extend the interim contract for a **maximum** of three further months.

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4.2 Extend the interim contract to allow a single tender action direct award to take place

4.2.1 The current interim provider had already stated they wished to withdraw from service provision at Hightown Village Surgery as soon as possible. They were prepared to extend the interim contract for a **maximum** of three further months.

4.3 Merge the practice with a local provider

4.3.1 This option had already been considered as part of the original options appraisal for the practice prior to undertaking the procurement and was discounted for legal reasons.

4.4 Operate the practice as a part-time branch surgery

4.4.1 The procurement process encouraged innovative solutions. A branch surgery, whilst not ideal, would have been considered if a provider had proposed such a model. Branch surgeries work best when they are close to the main surgery. No local provider came forward with such a solution. When asked, the current interim provider stated that the premises are not suitable for 21st century primary medical services and they could not operate as a branch surgery.

4.4.2 There is no basis on which to procure a provider through any of the above options. We have already carried out a broad and open procurement and invited people to suggest innovative solutions, so there is no reason to carry out a further exercise as it is unlikely to achieve a different outcome.

4.5 Allocate patients to other practices

4.5.1 Reallocating patients is regarded as a last resort as it can cause significant anxiety amongst patients, especially the elderly and vulnerable. However this must be considered against the withdrawal of the interim providers and the need for NHS commissioners to secure primary medical care services for patients.

4.5.2 Reallocating patients has the advantage of ensuring they are quickly registered with other nearby practices. Doubts and uncertainty of who will be their GP will be eliminated once the patient is allocated to a practice.

4.5.3 The process can be managed in a safe and robust manner. Patients are allocated to the surgeries that have capacity for additional patients closest to where they live, but are also free to register at any practice they choose provided they live within the practice boundary.

4.5.4 Practices in Formby, Netherton and Crosby have confirmed they have capacity and are willing to accept patients from within their practice boundary.

4.5.5 More than 600 patients – just under one-third of the patient list - who are currently registered with Hightown Village Surgery live in Formby, Crosby and surrounding areas and will be able to be registered with practices closer to where they live.

5. OUTCOME

5.1 As no provider could be secured to operate the service, once the current interim provider withdraws and as none of the options for retaining a service were viable, then the only option appears to be to allow the practice to close and allocate patients to other practices.

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5.2 The current interim provider has agreed to operate the practice until 8 June, 2018 so that patients can safely be allocated to alternative practices. This will be undertaken on a phased basis in view of the number of patients involved.

5.3 The process to be adopted for allocating patients to other GP practices is as follows.

Patient Allocation Process

1.0 Patients will be allocated on a phased basis. This will ease the pressure on receiving practices. The cohort of patients will be as follows:

1.1. Households where any patients / residents are on a safeguarding register

1.2. Households with vulnerable patients such as the disabled, multiple comorbidities, etc.

1.3. Households with elderly patients, over 75s first and then over 65s

1.4. Households with children

1.5. The remainder

2.0 The practice to which patients will be allocated will generally be that closest to where patients live. However, NHS commissioners do need to consider the impact on receiving practices. NHS commissioners have asked every practice in Crosby and Formby if they have the capacity to accept new patients and if so how many.

3.0 Once we have this information we will begin to allocate patients in group 1 to the nearest practice which has the capacity to accept them. Patients in the same household will be allocated to the same practice. They will be informed of the practice they have been allocated to and the date of the transfer. In order to maintain patient choice the notification letter will also contain details of how the patient can register at an alternative GP practice should they wish to do so.

4.0 Once cohort 1 is completed, we will move onto cohort 2 and so on. The first letters will be sent after Easter so that any issues can be resolved in a normal working week.

5.4 The need to allocate patients to alternative practices subsequent to the unsuccessful procurement is not a position commissioners wanted to be in, however it is the only safe alternative. Arrangements need to be made to ensure patients are registered with a GP and can access safe and effective services. The risks in not doing so are significant. We are continuing to work with local partners to see if there are any services that could be provided to provide safe, effective and sustainable primary care services from the current premises.

6. ENGAGEMENT WITH PATIENTS AND STAKEHOLDERS

6.1 The need to allocate patients to alternative practices was the outcome of an extraordinary meeting of the joint committee on 22 February 2018. As part of their discussions, this meeting considered the best approach to ensure that patients and stakeholders were informed of the latest development as soon as possible.

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- 6.2 It is recognised that registered patients will be disappointed, however as there is no provider for the services, there appears to be no other option than to allow the practice to close and allocate patients to alternative practices.
- 6.3 Timescales for informing stakeholders and patients of the procurement outcome and next steps were driven by the need to communicate with patients at the earliest opportunity to prevent continued uncertainty and to ensure that patients are able to continue to access GP services. Patients were already aware that their current service provision was due to end on 31 March 2018 and that an announcement on the procurement outcome was imminent. In addition, Hightown patients needed to be informed as quickly as possible to ensure the process for allocating them to other practices could begin as soon as practicable and that there would be the maximum available time to safely transfer them.
- 6.4 Following the committee, NHS commissioners agreed to:
- Prepare a briefing for local Council colleagues, including an offer to attend the next Scrutiny Committee meeting to present the issue and discuss it further
 - Share the briefing with the local MP, Parish Council and other key stakeholders
 - Write to patients once key stakeholders had been briefed, to inform them of the procurement outcome and provide Hightown patients with the maximum period of time to be allocated to another local GP practice.

7. **SUMMARY**

- 7.1 NHS commissioners want to maintain services in Hightown; this is why we went out to procurement and the reason why we took additional steps to stimulate the market and made additional funding available so that the contract would be more attractive to potential bidders.
- 7.2 Despite best efforts, we are in a position now where we do not have a provider for this service once the current interim provider withdraws. In the meantime there are 2,013 patients who need continuity of care and just three months in which to arrange this.
- 7.3 We are continuing to work with local partners to see if there are any services that could be provided to provide safe, effective and sustainable primary care services from the current premises. Services will also have to meet obligations in the lease because the premises are owned by a private landlord. We will keep all registered patients and local stakeholders updated and we plan to continue to engage with them on the current position.

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Appendix 1

Table 1 : Procurement Milestones		
Milestone	Description	Date
Procurement and Evaluation Strategy sign-off	Strategy signed-off by NHS England North (Cheshire & Merseyside) Procurement & Assurance Group	27 September 2017
Advert	Date advert published on Contract Finder	12 October 2017
Tender deadline	Date by which bids need to be submitted	10 November 2017
Evaluation Period	Evaluator panel evaluate bids individually	13 November – 24 November 2017
Consensus scoring	Evaluator panel meeting to agree scores	27 November – 01 December 2017
Recommended Bidder Report	Report to NHS England (Cheshire & Merseyside) Commissioning and Performance Committee meeting to approve successful bidder	January 2018
Recommended Bidder Report	Report to South Sefton Joint Committee meetings to approve successful bidder	22 January 2018
Recommended Bidder Report	Report (potentially 'retrospective') to Commercial Executive Group (CEG) to approve successful bidder	25 January 2018
Standstill period	Notification to bidders of outcome, allowing 10 days for any challenges to be raised	23 January – 01 February 2018
Contract award	Official offer of contract sent to successful bidders for both contracts	02 February 2018
	Formal notice received that bid for Hightown had been withdrawn	5 February 2018
	Extraordinary meeting of the NHS South Sefton CCG and NHS England joint committee to consider next steps for Hightown	22 February 2018