

NHS England – West Midlands
Briefing for Warwickshire Health and Wellbeing Board

Purpose

The Purpose of this paper is to update the Health and Well Being Board on the changes in Primary Care Commissioning in the NHS and specific detail on the progress regarding Albert Street Medical Centre in Rugby.

The Health and Well Bring Board are asked to note the contents of this report.

Background**Primary Care Commissioning**

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

Delegated responsibility is one of three models offered to CCGs along with joint commissioning with NHS England and greater involvement in commissioning.

64 CCGs across the country have been approved to take on greater 'delegated' commissioning responsibility for GP services with the possibility that others may follow.

In Warwickshire, South Warwickshire CCG will take on greater 'delegated' commissioning responsibility. Warwickshire North CCG will develop joint commissioning with NHS England and Coventry & Rugby CCG will develop greater involvement in primary care commissioning.

NHS England is currently working with the CCGs to develop transition plans for each CCG. Some functions will remain with NHS England, these include ; CAS alerts, the management of Violent & Aggressive Patients, Clinical Waste Contracts, Occupational Health services, Interpretation & Translation (except where existing CCG arrangements exist) & Out of Area Registration. NHS England will provide the assurance for delegated Primary Care and the commissioning of primary care services not included in delegated commissioning currently. (Pharmacy, Dentistry & Optometry)

Albert Street Medical Practice, Rugby

The Purpose of this paper is to update the Board on progress regarding arrangements for patients currently registered with Albert Street Medical Practice when this contract ends on 17 April 2015.

Our role at NHS England, as commissioners of primary health care is to make sure that patients currently registered with the GP practice are aware of what is happening and have the information they need to make decisions about the future arrangements for their care.

Rugby population is currently served by twelve practices and a small number of branches. The population of Rugby has grown significantly and further expansion is forecast due to extensive housing developments. General practice has been keeping up with demand although we acknowledge that practices are under some pressure to do so. All practices currently have open lists.

Additional capacity in the town centre has been created by the completion of the Rugby Health and Wellbeing Centre in 2014 which houses two practices.

Drs Kavuri, Kotnani and Dabas hold a PMS Agreement for the provision of services at Albert Street Medical Practice and its branch at Brownsover. The Partnership had been troubled for some years and although NHS England does not become involved in partnership disputes need to act if there is any risk to the patients identified. Assurances had been sought and received as to the resolution of these issues. The matters, however, escalated in the autumn of 2014 and following legal advice and in order to safeguard the interest of patients, a termination notice was served. This comes to effect on 17 April 2015.

Caretaker Arrangements

A caretaker arrangement enables continuity of care for the patients to be maintained whilst a more permanent solution is found. Here this is linked to the new development of Brownsover. This arrangement is only used infrequently as the short timescale to ensure continuity of service means patient consultation was not possible.

A temporary contract for the provision of medical care was secured following a competitive tendering process. Two local practices (Beech Tree Medical Practice and Market Quarters Practice) been awarded this contract to work together and hold a 'caretaker' APMS contract for the next year with the option to extend until the new development is completed.

All patients will continue to receive the range of services currently provided and these will be provided by the same practice staff but may involve different medical staff. This service will include home visits where deemed clinically appropriate. Patients do not need to do anything their registration will be transferred automatically to this temporary arrangement. However, they are also able to choose, as they can at any time to register with another practice if they live within the catchment for that practice.

The caretaker practices are working closely with pharmacies in the area to ensure provision of medicines is not affected by the transition.

Work has commenced on securing a more permanent solution which will be subject to patient consultation in the usual way. It is likely this will commence in the next financial year and will enable us to secure a contract to coincide with the completion of the new building.

Premises

The caretaker service, to be known as Rugby Town Practice, will be delivered at 2A Lower Hillmorton Road, Rugby CV21 3SU. This was previously a GP surgery and meets requirements for the temporary relocation of the practice. It is a short distance away from the current building

at Albert Street. Following feedback from patients, we are reviewing the position with regards to provision in Brownsover during this temporary and will seek to deliver some consultations locally.

There will also be some transport for those who have difficulty using public transport, this will be reviewed when the temporary arrangement for clinics to be held in Brownsover are confirmed.

NHS England is keen to progress the plans for a new build in Brownsover. We are working with the Local Authority and other partners to progress the plans and complete the building as soon as practicable. It is anticipated that the build will be completed in the summer 2016.

Patient Meetings

As part of the transition and once the caretaker arrangements have been finalised, all patients were sent a letter detailing the arrangements. Five drop in sessions were organised to update patients on the arrangements and to answer any questions. These have been well attended and supported by local councillors and the MP.

We are keen to work closely with patients and the caretaker practice is setting up a Patient Participation Group (PPG). They are very experienced in running of PPGs and have already recruited some members as a result of the public meetings

Conclusion

It is acknowledged that this is a difficult time for the 6,500 patients of the Albert Street Medical Practice and particularly the 3,500 who would attend the Brownsover branch surgery. The communication has been poor and NHS England has apologised for this and will learn lessons for the future.

The temporary arrangements have now been reviewed in the light of the patients concerns and the caretaker practice is working on making sure patients receive a high quality service. The opportunity to create a state of the art medical and community facility in Brownsover represents a tangible benefit to this community and the local area.