

# Health Scrutiny Committee

11<sup>th</sup> March 2020



**Report of:** NHS Bristol, North Somerset & South Gloucestershire CCG

**Title:** Bristol GP closures and new arrangements

**Ward:** n/a

**Officer Presenting Report:** Lisa Manson, Director of Commissioning

## **Recommendation:**

The Health Scrutiny Committee are asked to note the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Committee with the developments within the local area of the Bishopston and Northville GP practices, following the patient dispersal.

## **The significant issues highlighted in the report are:**

The process by which patients were safely transferred to the surrounding practices following the closure of Bishopston and Northville Family Practices

The development and investment in the local GP practices in the area to support the safe and continued care of the transferred patients



## 1. Summary

The Bishopston and Northville GP practices closed on 30 September 2019. The CCG took the decision to close the practices at the Primary Care Commissioning Committee on 25 June 2019, following extensive engagement works with local councilors, patients, MPs, and other primary medical care service providers.

The dispersal of patients across the surrounding local practices was complex, but this paper will provide an update on the process in which this was completed, and the surrounding infrastructure developments that are being implemented to ensure that patients continue to receive a very high standard of care.

## 2. Context

2.01 The short term contracts in place at both Bishopston and Northville were legacy arrangements that were passed to Bristol, North Somerset and South Gloucestershire CCG from NHS England in April 2018. In the lead up to the CCG receiving delegated Primary Care Commissioning responsibilities, the partners in the practice resigned the contract following estate and financial challenges. NHS England appointed BrisDoc as a provider at short notice, and awarded a contract of 1 + 1 years. It was hoped this contract, with the additional funding that was provided, would stabilise the service and render it a profitable opportunity for the market at the end of year 2.

2.02 However, GP recruitment continued to be challenging for the practice, and there was a lack of nearby estate opportunities to resolve the issues at the Bishopston site. Therefore, following the delegation of Primary Care commissioning, the Primary Care Contracts team commenced a review of the short term APMS contracts that were due to shortly expire. This review included 2 local contracts that were due for expiry during 2019 – Bishopston Family Practice and the Northville Family Practice. Table 1 outlines the contract list sizes, expiry and core contractual value:

Locality	Name & Code	List Size (Jan 2019)		Contract expiry date	Core Contract Value (18/19)
		Weighted	Raw		
S Glos	Northville Family Practice - L81028	4,495	5,228	30 Sept 2019	£409,070
N&W	Bishopston Medical Practice - L81112	7,428	9,725	30 Sept 2019	£643,178

Table 1

2.03 During an extensive period of engagement with interested providers that followed, several options were highlighted, and the Primary Care Commissioning Committee approved a period of patient engagement to understand the impact of each of the options on the population.

These options were:

- a) Procurement of a provider for a like-for-like service from each site.
- b) Procurement of a provider for a new model of care, exploring options to combine sites as branch surgeries to other local providers, or as a single lot.
- c) A managed dispersal of the patients to other providers in the area.

2.04 In the weeks that followed, patient letters were sent to all patients over the age of 16, inviting them to complete a survey on the options. This was accompanied by several patient

engagement sessions near both surgeries and letters were shared with local interested parties including councillors, MPs, acute trusts, NHS England, and local practices.

2.05 Using the data collected during the engagement and the feedback from local providers, it was identified that procurement would not be a viable option, as providers had not indicated an interest. It was strongly suggested by surrounding providers that there was existing support within the local system, to provide long term care for the patients of these practices, from purpose built facilities and within permanent non-expiring provider contracts.

2.06 The Primary Care Commissioning Committee made the final decision to disperse these patients on 25<sup>th</sup> June 2019. Patients were then notified of the dispersal, and upcoming closures, and other interested providers were also made aware. Patients were given until 30 September 2019 to choose a local practice, and further engagement sessions were held to provide information on the local practices available to patients. Following the closure, patient reports were run to identify individuals who had not relocated to a new GP practice independently. These patients were allocated to their nearest practice based on an algorithm that assessed the closest practice by travel time from their postcode. These patients then received a letter to inform them that they would be moved to this practice imminently; but that they retained the right to choose an alternative if the allocated practice was not suitable. The papers that were considered by the Committee are included as appendices for reference.

2.07 Over 15,000 patients were safely re-registered with surrounding practices during this period, with the receipt of only 1 formal complaint to the CCG. For patients that were identified as being vulnerable or in the process of receiving complex treatment, the clinicians at the Bishopston and Northville practices spent the early weeks of October preparing clinical handover information for the receiving practices to ensure treatment and care was not interrupted. Table 2 shows the practices the majority of patients registered with following the dispersal, including their projected growth to 2030.

Practices	Pre-dispersal list sizes (April 2019)	Current list size (November 2019)	Projected list size (2030)
Conygre Medical Centre	5,000	6,100	7,630
Monk's Park Surgery	5,786	7,810	8,567
Horfield Health Centre	16,124	17,788	19,417
Gloucester Road Medical Centre	14,851	20,307	22,080
Montpelier Health Centre	20,090	21,721	23,689
Falldon Way Medical Centre	9,374	10,767	11,807
<b>TOTALS</b>	<b>71,225</b>	<b>84,493</b>	<b>93,190</b>

Table 2

2.08 During the work with surrounding providers to identify the requirements to register this patient group safely, it was identified that estate development and extensions would be required. NHS England contacted the CCG during June to extend an offer to bid for Estates Technology Transformation Fund (ETTF) capital, and a bid was made on behalf of 4 practices that were set to receive significant numbers of patients. The capital bid was successful, with over £3.1 million awarded to the 4 projects local to the 2 closing sites.

2.09 These projects were then subjected to a capacity analysis during the development of a robust Outline Business Case to NHSE. The assessment looked at the proposed estate extensions, the models of care provided and the necessary rooms required at each site for the number of patients received, and projected in terms of natural list growth over the next 10 years. The OBC confirmed extensive estate works would be supported at the following sites:

- Gloucester Road Medical Practice
- Fallodon Way Medical Practice
- Conygre Surgery
- Monks Park Surgery

### **ETTF Planning and Development**

2.10 The schemes approved by NHSE vary in size and some will require a significant amount of development. One such example is the Gloucester Road Medical Practice. The surgery accepted in excess of 5,000 patients from Bishopston, and their overall patient list now stands at over 20,000. Their current clinical room capacity cannot support the list size in the longer term, and therefore the capital money will support them to extend the premises. In order to do this, various elements of the existing building will need to be demolished and rebuilt, and the practice have asked the CCG to retain the temporary use of the previous Bishopston site at Nevil Road as an interim decant solution.

2.11 Planning permission for this development has been approved, and scheduling suggests that the practice will need to utilise the premises temporarily retained at Nevil Road for up to 10 months to continue providing clinical and administrative services. This will include the temporary Portakabin extension. Whilst it is understood that these facilities are not a long term solution, the practice will be unable to provide the level of comprehensive services currently provided, from their current premises once the extension work commences.

2.12 The plans currently available for the local premises are included as appendices.

2.14 A concept design is available for Gloucester Road Medical Centre, whilst Monks Park, Conygre and Fallodon remain in the design phase. Appendix 11 shares the current concept design available.

### **Resilience and Sustainability for GP Practices**

2.14 The CCG wishes to take this opportunity to reassure the committee that the Sustainability and Resilience of all GP practices across BNSSG CCG is of paramount importance. This is identified and recognised in detail within our recently published Primary Care Strategy. The CCG actively engages practices for a Resilience and Sustainability programme where certain indicators suggest that the practice may be experiencing problems. When practices are identified, the Resilience leads meet with the practice to determine the causes of any issues, and to work with them to resolve.

2.15 In addition to this, the CCG encourages practices to proactively identify themselves for support, where issues arise. There is a package of support available within the Sustainability and Resilience Toolkit, and this is used in various ways to ensure development and resilience within general practice across the area.

2.16 There remains only one short term contract for Primary Medical Services within the Bristol area. This is the Charlotte Keel Medical Practice that currently is set to expire in March 2021, and we are working with CSU Procurement and Primacy Care Network Provider colleagues to secure a long term solution for this site. All other contracts across Bristol are for contracts that hold a status of perpetuity – with no underwritten expiry date. Therefore, there are no further planned GP practice closures within the Bristol area.

### 3. Policy

Not Applicable

### 4. Consultation

#### a) Internal

Not Applicable

#### b) External

Not Applicable

### 5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
    - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
    - tackle prejudice; and
    - promote understanding.

5b) Equality Impact Assessments are included within the supporting documentation in the site specific appendices below.

**Appendices:**

**Appendices A10; and 1-9: Meeting papers from Open Primary Care Commissioning Committee relating to the decision making process supporting the closure of the Bishopston and Northville surgeries.**



10 - Bishopston and Northville APMS decis



10.5 - Northville\_Patient\_\_P



10.1 - Appendix 1. Northville\_.pdf



10.5 Appendix 4 Patient letter.pdf



10.2 - Appendix 2. Bishopston.pdf



10.6 - Bishopston\_Patient\_\_



10.3 - Appendix 3 Patient letter.pdf



10.6 Northville\_Patient\_\_P



10.4 - Appendix 4 Patient letter.pdf



10.7 Bishopston\_Patient\_\_

**Site Development plans –**

**Appendix 11: Gloucester Road Medical Practice – concept design**



**Monks Park Surgery, Conygre Medical Centre and Fallodon Way – in design**