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Nottingham City Council

**Additional / To Follow Agenda Items**

**This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.**

## Nottingham City Council
## Health Scrutiny Committee

**Date:** Thursday, 17 December 2020

**Time:** 10.00 am

**Place:** To be held remotely via Zoom - meeting participants will be given access details. The meeting will be livestreamed on the Council's YouTube Channel - https://www.youtube.com/user/NottCityCouncil

**Senior Governance Officer:** Jane Garrard **Direct Dial:** 0115 876 4315

**Agenda** **Pages**


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# Nottingham City Council

## Health Scrutiny Committee

**Minutes of the meeting held remotely via Zoom and livestreamed on the Council's YouTube Channel - https://www.youtube.com/user/NottCityCouncil on 19 November 2020 from 10.05 am - 1.06 pm**

**Membership**

| **Present** | **Absent** |
|---|---|
| Councillor Georgia Power (Chair) | Councillor Phil Jackson |
| Councillor Cate Woodward (Vice Chair) | |
| Councillor Samuel Gardiner | |
| Councillor Maria Joannou | |
| Councillor Kirsty Jones | |
| Councillor Angela Kandola | |
| Councillor Dave Liversidge | |
| Councillor Lauren O`Grady | |
| Councillor Anne Peach | |

**Colleagues, partners and others in attendance:**

| | | |
|---|---|---|
| Ajanta Biswas | - | Healthwatch Nottingham and Nottinghamshire |
| Alex Ball | - | Director of Communications and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Jane Bethea | - | Consultant in Public Health, Nottingham City Council and Nottinghamshire Healthcare Trust Foundation Trust |
| Lucy Dadge | - | Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Joe Lunn | - | Assistant Director responsible for primary care, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Jane Laughton | - | Healthwatch Nottingham and Nottinghamshire |
| Lynn Lapere | - | Deputy Chief Executive, NEMS |
| Dr Ian Trimble | - | Former City GP |
| Dr Jane Turrill | - | Former Lead GP, NEMS |
| Dr Stephen Willott | - | Clinical Lead for Alcohol and Drug Misuse, Public Health Nottingham City Council and GP at Windmill Practice, Sneinton |
| Jane Garrard | - | Senior Governance Officer |

### 27 Apologies for absence

None

### 28 Declarations of interest

None

## 29 Platform One Practice

The Chair informed the Committee that this meeting was being held because of concern about the impact of changes being made by Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to the contract for the Platform One Practice on the many vulnerable service users with complex needs who currently receive services at that Practice. The Chair informed the Committee that the CCG had been asked to provide a copy of the Equality Impact Assessment (EIA) relating to this decision but it had stated that it was unable to provide it due to the current procurement process.

Lucy Dadge, Chief Commissioning Officer, supported by Joe Lunn, Assistant Director responsible for primary care, and Alex Ball, Director of Communications and Engagement, all from Nottingham and Nottinghamshire Clinical Commissioning Group and Dr Ian Trimble, a former City GP, spoke to the Committee and answered questions about changes to the contract for Platform One Practice. The following information was highlighted:

a) The CCG recognises the importance of ensuring the highest quality general medical services to City populations and the need to give due regard to the needs of vulnerable groups.

b) The Equality Impact Assessment had not been provided to the Committee due to a belief that sharing the information during the active procurement process to secure a new provider could result in releasing commercially sensitive information but this now isn't considered to be the case and the CCG will share information that is available either at the meeting or at the earliest opportunity.

c) In 2008 the then City Primary Care Trust awarded a contract to meet the needs of this population. NHS England guidance is that such contracts should be awarded for a maximum of five years. The initial contract with NEMS ran from 2009 to 2014 and there was permission granted to extend the contract for a year and then another further year to 2016. Work took place to explore extending the contract with NEMS for a longer term, but this was not supported by NHS England.

d) Since 2016 commissioners have undertaken three procurement exercises to identify a longer term provider. NHS England has agreed that the provider identified can have a contract of ten years, plus potentially a further five years, to ensure sustainability.

e) The most recent procurement exercise was carried out in early 2020 and there were no bids. Therefore, NEMS' contract has continued to be extended since 2016. NEMS has indicated that it does not wish to provide the service going forward but has said that it will be willing to extend the contract until June 2021 to enable the CCG to secure a new provider and support a smooth transition.

f) The current contract with NEMS concludes in March 2021 and therefore a new provider needs to be identified by the end of the December to ensure a smooth transition.

g) Following the failed procurement exercises, the Primary Care Commissioning Committee agreed to review how to secure a new provider. The options considered included repeating an external competitive procurement; dispersal of the whole patient list; and a partial patient list dispersal.

h) During the summer a Strategic Needs Review was undertaken which looked at the characteristics of the practice and the service needs to ensure a new provider could be found. Details of this Review can be shared with the Committee. The Review concluded that a partial list dispersal with retention of a smaller City practice was the option most likely to meet population health need and secure a new local practice able to provide the core general practice services.

i) Therefore, in accordance with feedback about the importance of offering opportunity to local providers, local practices are being offered the opportunity to bid for the contract to provide these services at a city centre location, and alongside this work is taking place with practices on registering patients who will no longer be within the practice boundary to ensure continuity of care.

j) A detailed EIA has been carried out in reaching the decision. It is a live document and should have been available for review by the Committee and will be made available.

k) The CCG is aware that many of the current patients have complex mental health needs. This isn’t explicitly part of the contract but the CCG will commit to looking at whether it needs to commission an additional service for these patients, that could be accessed by other patients in the area as well. In addition, some patients have substance misuse issues, are asylum seekers and/ or have significant requirements for translation services. Therefore, in addition to core general practice services there will be an opportunity to provide enhanced services to meet these additional needs offered to the new provider.

l) Existing skilled NEMS staff will be offered employment through TUPE arrangements.

m) Based on this proposal for core general practice and enhanced services for additional needs and potentially a separate mental health service, the CCG has received bids to run the service in a city centre location. It is hoped that the contract award will be made in the next week.

n) The financial envelope for the new service recognises the nature of the patients and finance has not been a driver. It is funded 17.5% in excess of national global sum calculated on a weighted cost per patient for the first four years. To ensure equity with other practices, after four years the funding for this practice will be reviewed. Bids have been received from practices on this basis.

o) Going forward the issues will be management of patients on an individual basis, ensuring continuity of care and a holistic approach for those with complex needs; supporting other practices who will be receiving patients; and ensuring that all staff who are willing to do so are supported to transfer to the new provider.

In response to questions from Committee the following responses were made:

p) The driver for this is that the existing contract has come to an end and a procurement process has to be followed to secure a new contract to provide services.

q) The financial envelope for this local solution is the same as when the CCG went out to the market previously, and is greater than the national global sum and higher than for the majority of practices. However, the CCG has to operate within national boundaries on funding for general medical practice. Discussions have previously taken place with NHS England about continuing with the contract at previous financial allocations and this was not possible. Higher levels of funding for this contract also risks inequity with other practices who also manage patients with complex needs. In determining the financial envelope, the CCG considers that it has taken due account of the needs of patients. The CCG does not recognise all the numbers quoted in a recent article by the British Medical Association about the changes.

r) The contract will be awarded on the same terms as the current contract to provide core general medical services with the availability of local enhanced services. Therefore, the same range of services will be available to patients. The number of patients registered with the practice will be reduced due to the partial list dispersal.

s) The majority of patients being dispersed are not be considered to be vulnerable and most of the vulnerable patients will remain with the new practice located in the city centre.

t) Patients being dispersed have been plotted according to geographic location and will be dispersed across 96 practices. There will be core general medical services in all of these practices and they will all also be able to engage in wrap around local enhanced services as well as other additional services. If an additional mental health service is commissioned it will be available to all patients whether they are registered with the new practice or not. Some Committee members raised concerns as to whether there is sufficient skill and expertise within all of these practices to effectively support patients with multiple and complex needs and whether they would be able to replicate the 'one stop shop' that currently exists at Platform One Practice. The CCG stated that this is why there will be additional wrap around services that all patients can access.

u) The current practice originally had a very small patient list and was established to meet the needs of patients with multiple needs and has been successful. Needs have grown as the practice list size has grown.

v) Access to translation services will be on the same basis as currently.

w) Unlike Platform One Practice currently, the new practice will have a patient boundary. The CCG considers that this will enable it to secure a sustainable provider. Some Committee members raised concerns about the impact that this could have on people with transient lifestyles who may need to move GP practice frequently compared with remaining registered with a practice without a patient

boundary regardless of where they live or how often they move. The CCG stated that it will work with the new provider to accommodate temporary accommodation moves.

x) The majority of homeless patients will remain within the inner city boundary of the new practice and work is taking place to look at continuity of care for those just outside the inner city boundary. Support for homeless people is covered in the EIA.

y) A series of engagement events have been held with primary care networks (PCN) and practices about the changes and there have also been meetings with individual PCNs and practices about the specific implications for them e.g. numbers of patients being dispersed to each PCN and practice. Patients have been mapped to their geographically closest practice but mapping has also looked at the second and third closest practice to identify options if a practice flags that it will struggle to take the dispersed patients. No PCNs have said that they will be unable to manage across their network. 1 practice has said that it may not be able to take the entirety of the patients that would be dispersed to it, but another practice in their PCN has said that they will be able to take those patients instead. Some concerns were raised in PCN East about capacity to take on patients with substance misuse issues and within the PCN it has been decided that all patients with substance misuse issues will go to a specific practice that has the most expertise to support them.

z) A number of related services operate out of the Platform One Practice and have close working relationships with the Practice, such as substance misuse services, support for those with multiple complex needs, housing support. A Committee member cited that currently 35 Platform One patients are Clean Slate users, 117 are Nottingham Recovery Network Patients and 44 are Shared Care patients. Platform One Practice currently provides drug treatment for 44 patients. Some Committee members were concerned that Nottingham Recovery Network does not have capacity to take on these additional patients. The CCG confirmed that so far conversations have been held with the lead commissioners at the Crime and Drugs Partnership who commission Clean Slate, Nottingham Recovery Network and Shared Care. The next steps will be to engage with individual providers. The CCG reported that 21 Nottingham Recovery Network patients are likely to be dispersed. Shared Care clients are currently spread across 5 practices in the City and there is interest from PCNs on providing a replacement service from an inner city location.

aa) In response to comments made, the CCG stated that more could be done on working with non-health providers to understand and manage the impacts of change. A Committee member cited the example of probation hostels being primarily located outside the city centre and probably not within the new practice boundary.

bb) If patients receiving services from their Local Mental Health Team are dispersed to a practice linked with a different Local Mental Health Team they may experience a discontinuity of mental health professional, but there will not be a discontinuity of service. This will only affect a small number of individuals and

work will take place with Nottinghamshire Healthcare NHS Trust on this transition.

cc) The 3000 patients to be dispersed have not been dispersed yet. It is intended to write to patients again in January with the intention of them moving practice at the end of March.

dd) The CCG will continue to work with commissioners and providers to identify the needs of each patient and how best to support them. There is detail about this in the EIA. NEMS are also engaged with this to ensure that there are care plans in place for the handover.

The Chair informed the Committee that two written submissions had been submitted for the Committee's consideration and that a range of individuals and organisations had requested to address the Committee on this issue. The Chair invited these individuals and organisations to address the Committee in turn.

Jane Bethea, Nottingham City Council Consultant in Public Health responsible for drugs and alcohol and who works closely with commissioners of those services, and Nottinghamshire Healthcare NHS Foundation Trust leading for Nottingham City Integrated Care Partnership (ICP) on severe multiple disadvantage, addressed the Committee on behalf of the ICP Group supporting severe multiple disadvantage work. She highlighted the following information:

ee) The Group would like to know the number of individuals with severe multiple disadvantage affected by the change and how that number was determined, and would have liked to have seen the EIA and needs assessment.

ff) The Group has concerns around consultation. Clean Slate and Nottingham Recovery Network have not been consulted and, as commissioners of Drug and Alcohol Services, the only contact has been to ask which services are providing which services. Engagement has not taken place with commissioners of those services.

gg) Primary care is the bedrock of care for the most vulnerable citizens and it is important for the Group to have assurance about the plans for these citizens and how the transition will be managed.

hh) The main concern is the ability of providers to meet the needs of these individuals, who can face big challenges and barriers and involves a lot of complexity. This is a concern of the Group which includes all statutory and voluntary organisations in the City working with people who face severe multiple disadvantage and also service user representation. Service users have raised significant concerns about the changes proposed.

ii) A key issue for users and providers is the existence of good relationships to support stable progress and recovery. There is also a need for services to be flexible. Flexibility e.g. the ability to hold drop in sessions and the central location have been key at the Platform One Practice and the Group would like assurance that this will continue with the new provider.

jj) The staff at Platform One Practice are committed and highly skilled and they understand the complexity of patients with severe multiple disadvantage. There is concern about what will happen to these staff and their skill set at a time when the ICP is trying to be as responsive as possible to people with severe multiple disadvantage and there is a known gap in the ability to meet needs.

kk) Over 100 Platform One patients currently receive care from the City Local Mental Health Team and it is likely that they will be dispersed to other practices. This will impact on continuity of care for the individual and could impact on service provision.

ll) Flexible skilled primary care is the most important thing to support clients' recovery and healthcare and the Group would like reassurance that the needs of this client group have been fully understood and taken into account.

Dr Stephen Willott, Clinical Lead for Alcohol and Drug Misuse Public Health Nottingham City Council and GP at Windmill Practice in Sneinton and for homeless people based at the Friary addressed the Committee, highlighting the following information:

mm) It is paramount to focus on the needs of patients, both those being dispersed and those remaining with the new practice, and who is best to continue looking after them. Severe multiple disadvantage refers to homelessness, mental health, substance misuse and an offending history. Of the 11,000 current Platform One patients it is likely that a significant proportion of them have at least some of these problems. They make up a significant proportion of Clean Slate patients, patients at the Nottingham Recovery Network and at Shared Care. There is often a good reason why they are registered at Platform One Practice, perhaps they have been unable to get care anywhere else.

nn) While efforts have been made, consultation has been too little too late. An example of this is that suddenly, without warning, 25 patients living at the Mercure Hotel received a letter saying that they were being reregistered. A lot of work took place to get these patients registered in the first place. Even if care does continue elsewhere there has already been a destabilising effect of the change to consider. Primary Care Networks will do their best to ensure provision and continuity for this group of patients but that is not to say that the change is welcome.

Dr Jane Turrill, former lead GP, and Lynn Lapere, Deputy Chief Executive, both from NEMS, addressed the Committee highlighting the following information:

oo) The Practice was set up to meet the needs of patients with complex needs.

pp) NEMS is interested in continuing to provide services for these patients but cannot provide services under the current framework and financial model. Over the last seven years there has been a lot of engagement with the CCG about the costs of delivery, and NEMS recognises that the direction of travel set by NHS England is for a level playing field. However, the cost of delivering these services is higher than the general medical service contract value. The work done by staff to enable vulnerable patients to have the same access to care as

everyone else and to stabilise patients and provide reactive, proactive and wrap around care in a flexible way costs more. Delivering the same services under the new contract would result in NEMS losing more than £400,000 per year and this is not sustainable as it would put other services at risk.

qq) Flexibility and the huge importance of not having a boundary have been key to the Practice's ability to reach people. Of the 3000 patients being dispersed who stayed with Platform One Practice when they moved or didn't reregister this is often because either they have been unable to access care where they live, have been removed from a patient list where they live or have been advised to register with Platform One as it is best place to meet their needs. It is likely that such patients are over-represented rather than under-represented in the 3000 patients being dispersed.

rr) NEMS is very proud of its staff. It was suggested by the CCG that all staff would be transferred to the new provider to provide expertise. Under the new contract NEMS calculated that it would have to make 40% of its current staff redundant and therefore it does not consider that the transfer of all staff will be financially possible under the new model.

ss) Investment to support these patients ensures stability and helps the whole healthcare system by reducing the need for patients to access other services, putting pressure on other partners of the healthcare system.

Jane Laughton, Chief Executive Healthwatch Nottingham and Nottinghamshire, addressed the Committee highlighting the following information:

tt) This particular group of patients will be likely to find it more difficult to understand information communicated to them than others, may have life circumstances that make it difficult to respond to options and may be reluctant to access services without active support. It is important to recognise their needs, both in how they are communicated with, the ways in which they are consulted and how they access services.

uu) The concerns raised by others are echoed, but a particular concern of Healthwatch is whether the patients affected have a good understanding of what is happening, that they have been communicated with in a way that they understand and whether they are in a position to exercise an element of choice, if that is available to them.

vv) Healthwatch is part of the Integrated Care Partnership and understands that the strategic direction is for partners to work more effectively together in a multi-agency way, to reduce health inequalities and ensure services are more effectively based on needs. This procurement feels as though it is happening in a different context. Unless they are mitigated, concerns raised today are that the changes will result in a negative impact on other services which is against this direction of travel.

ww) Healthwatch would like reassurance about aspects of the procurement process, including whether the assessment of patient need was included in the service specification so that patient characteristics were clearly set out and

understood by potential bidders; the EIA; and what patients think and whether they were consulted in a meaningful way.

Based on the submissions received, the Committee asked additional questions of representatives of Nottingham and Nottinghamshire Clinical Commissioning Group. In the responses to these questions and the subsequent discussion the following points were made:

xx) The CCG has to work within the required financial and procurement regimes. The decision to open the opportunity to bid for the contract to local providers this time reflects feedback about the importance of supporting local providers to provide local services. No decision has yet been made.

yy) The CCG recognises the quality of service currently provided by NEMS at Platform One Practice but as the contract to provide those services has come to a natural end, the CCG is required to carry out a procurement process that is open to a range of providers. Even if the financial envelope for the contract could be increased (and to such a level that NEMS consider acceptable) there would be no guarantee that, following the completion of the procurement process, there would be no change of provider. The Committee accepted that a procurement process had to be carried out and this could, in any event, result in a change of provider, however some Committee members raised concerns that the financial envelope for the contract was not sufficient to enable the current high quality of care to be maintained by whoever the new provider is.

zz) Committee members raised concerns about the risks of adverse impacts on other public services, both health and non-health, if vulnerable patients and particularly those with severe multiple disadvantage do not have appropriate access to good quality primary care. For example, lack of access to primary care could result in an increase in attendance at the Emergency Department. Therefore, where good services exist, such as at Platform One Practice, it is important for them to be retained. The representative of Healthwatch Nottingham and Nottinghamshire raised the importance for this patient cohort of having high quality primary care but also the importance of it for other public services, both health and non-health, who are at risk of additional pressures and associated costs if patients do not have appropriate access to primary care. If the outcomes are not successful then this would be detrimental to patients, services and the rest of the health system. They suggested that it would be helpful to see the assessment of risks and associated mitigation plans.

aaa) Committee members raised concerns about the consultation that had taken place, referring to issues raised in the submissions to the Committee. It was confirmed that the 3000 patients due to be dispersed were sent a letter approximately 6 weeks previously to let them know about the change and informing them that they would receive a further letter in January with the next steps, details of their allocated practice and that patient choice about which practice to attend, within their geographical boundary, applies. The letter included a link to Frequently Asked Questions on the CCG's website and details of how to contact the CCG's Patient Experience Team about the changes. Out of the 3000 patients sent a letter, 15 comments were received

by the Patient Experience Team. The CCG did not have details of the comments received available to share at the meeting. NEMS have also been involved with communications and leaflets have been placed in the practice. Committee members questioned whether communicating with this particular patient group by letter, leaflet or directing them to a website, when many do not have stable accommodation let alone internet access and given literacy rates due to the disadvantage that they experience, is the best approach and suggested that more could be done to support meaningful consultation. The representative from Healthwatch Nottingham and Nottinghamshire commented that only receiving 15 comments back from 3000 letters highlights how difficult it is, that consultation needs to be tailored to the particular population's ability to engage with that consultation and there are risks with relying on patients' initiative to engage.

bbb) Committee members questioned whether the letters were informing people about the change or consulting them on the change. The CCG informed the Committee that engagement had taken place with patients at the practice prior to the third formal procurement exercise early in 2020, including what was happening, the need to go out to procurement, why this was happening and options including that there may been a need to move to new premises. Committee members expressed interest in the questions asked and whether it was made clear that there could be a practice boundary introduced that may result in some patients having to move to a new practice.

ccc) The CCG has not yet written to the 7,800 patients who will remain with the practice as the only change for them will be that the practice is run by a new provider. They will be written to in late December/ early January once the new provider is confirmed to explain who the provider is and where in the city centre the practice will be located.

ddd) It was raised that while the 7,800 patients remaining with the practice run by a new provider may not be significantly affected by the changes now, if they move to new accommodation in the future, and many individuals with severe multiple disadvantage have transitory lifestyles, they will then be affected by the existence of a practice boundary and have to move to a new practice at that point. In addition, the introduction of a practice boundary will also affect future patients who may have otherwise been able to register at the practice.

eee) Citing the evidence heard in the submissions, Committee members raised concerns about the lack of consultation to date with other providers, such as Clean Slate and Nottingham Recovery Network, who work directly with patients affected and have a good understanding of patient needs and the impact of change on related services.

fff) It was acknowledged that, given the current Covid-19 pandemic, the timing of this is not ideal but it is driven by the need to carry out a procurement process to ensure continuity of service as the current contract is coming to its natural end.

ggg) Committee members asked about the continuity of care for patients being dispersed who access additional services, for example services provided by

Local Mental Health Teams who are linked to GP practices. The Chair informed the Committee that she had previously raised this issue with the CCG and received the following response: "We are working closely with mental health commissioners to ensure patients will have continuity of care. The patient record will automatically transfer to the new allocated practice, there will be no requirement to re-refer patients to services they are currently accessing. Mental health services are all provided by Nottinghamshire Healthcare Trust across the whole of Nottingham and Nottinghamshire and there will be no change in service provision and there will be no change in staff managing those patients." The CCG confirmed that this statement stands apart from that registering with a new practice could result in a patient being under the care of a different professional. There would not be a discontinuity of service but could be a discontinuity of professional within that service. The CCG will review the number of individuals potentially affected by this and it will be picked up as part of the mobilisation plans. If patients do need to change care professional this will be managed with sensitivity recognising the importance of individual relationships with mental health professionals.

hhh) A number of the issues raised in the meeting will be covered in the detailed mobilisation plans supporting the transition process. The CCG is happy to share these plans with the Committee when they are available.

Having considered the information available to it, including from the CCG and submissions from other stakeholders, the Committee concluded that it had significant concerns about the decision. The Committee was concerned about whether the CCG's current trajectory was based on adequate evidence and understanding of patient need of a particularly complex cohort of service users, and how best to meet those needs; the potential impact that this may have for service users - present and future - and their outcomes; the knock on effect the potential absence of a comprehensive, and long term wrap around support package may have on other NHS and partner services should the proposed changes go ahead; and that the approach seemed out of line with the Integrated Care Partnership's focus on patients who experience disadvantage. The Committee felt that the absence of provision of the Equality Impact Assessment and Strategic Needs Review to inform the Committee's consideration at the meeting made it harder for the Committee to get assurance about these issues.

**Resolved to:**

1) **request that the Equality Impact Assessment, Strategic Needs Review and any other relevant documents are made available to the Committee and key partners, and made publicly available as soon as possible;**

2) **request additional information relating to:**
    i. **anonymised feedback received from the 15 patients who contacted the Patient Experience Team in response to the letter sent about the changes;**
    ii. **proportion of the patients being dispersed to other practices with severe multiple disadvantage and disadvantage;**
    iii. **details of consultation carried out with current patients in January 2020 and feedback received from that consultation;**

iv. **numbers of patients currently registered with the City South Local Mental Health Team who may be dispersed to other practices covered by a different Local Mental Health Team;**

3) **recommend that Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) work with NEMS to agree a short extension to its current contract enabling the CCG to pause its procurement process and review the approach being taken based on the issues that have been raised at the Health Scrutiny Committee meeting on 19 November, also allowing the CCG to carry out meaningful engagement and consultation with service users and other relevant stakeholders. The Committee also asks that the CCG report back to the Committee on the outcomes of this review to provide assurance that the option being progressed is in the best interests of service users - current and future, and local health services and other supporting agencies, and if not, its proposals to amend the approach. The review should include a) the process carried out, approach to engagement and consultation and understanding of patient need; b) the financial aspects in the context of the wider health system;**

4) **recommend that Nottingham and Nottinghamshire Clinical Commissioing Group works with organisations who are already engaged with service users potentially affected, and who have experience of supporting service users on how best to consult and engage with service users as part of the consultation process. The Committee notes the need for particular consideration to be given to the barriers that this group of service users may face as part of a standard consultation process given the additional and complex needs represented. The necessity of a pro-active approach to support and encourage service users to be able to fully participate in a meaningful consultation cannot be understated;**

5) **recommend that Nottingham and Nottinghamshire Clinical Commissioning Group works proactively to engage with non-health commissioners and providers to understand any knock on effect and potential impacts any changes may have, and how they may be mitigated to ensure the best possible outcome both for service users and for health and other public services; and**

6) **request that Nottingham and Nottinghamshire Clinical Commissioning Group keep the Committee and key partners regularly updated on the progress of commissioning and mobilisation processes; including provision of the mobilisation plans at the earliest opportunity.**

Nottingham and Nottinghamshire
Clinical Commissioning Group

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Date: 11 December 2020

To: Councillor Georgia Power
Chair, Nottingham City Health Scrutiny Committee

**Sent via email to**: Georgia.Power@nottinghamcity.gov.uk

Dear Councillor Power

**Health Scrutiny Committee 19 November 2020 – Platform One Practice**

Firstly, I would like to thank the Committee for inviting Clinical Commissioning Group (CCG) colleagues to attend the Health Scrutiny Committee (HSC) on 19 November 2020 to discuss the CCG's plans for commissioning services for the patients currently served by NEMS at the Platform One Practice. We welcome the discussion, ongoing dialogue and your thorough scrutiny and we trust that the contents of this briefing address the issues raised in your letter dated 20 November 2020.

**Executive Summary**

This full letter addresses all of the matters raised by the Committee in writing on 20 November 2020, but for the convenience of the Committee I summarise the key points here:

*Background*

1. Due to historical national policy decisions, the contract that NEMS hold for Platform One pays a high rate per patients when compared to the nationally mandated rate.
2. In addition to this, national policy has also allowed NEMS to register patients from outside the set boundary area, thus further growing the list size.
3. Following the natural end of the existing contract with NEMS, national policy required the CCG to run an open competitive procurement process to secure a succession provider.
4. The Nottingham and Nottinghamshire CCGs, and its predecessor (Nottingham City CCG) have run such processes, but not been able to identify a new provider to date.

*Procurement*

5. Following two open market procurements in 2016 and 2018, which failed to produce a successful bidder (due to there being no suitable premises in the city centre), the CCG agreed with NHS England to award a further two year contract to NEMS to ensure that patients continued to have a primary care service available to them.
6. In early 2020 a further open market procurement exercise was conducted. This again was not successful due to a lack of premises, although a number of providers indicated that the requirements and commercial terms were otherwise acceptable.
7. Following this, and given the previous indications from the Committee and Elected Members (Councillors and MPs) that a local general practice provider would be preferred, a local solution was sought. The CCG gave due thought to the most effective process by which to do this, given the views expressed by local stakeholders and the prevailing legislative framework.
8. In order to facilitate a local provider being able to take up the contract, and given the lack of available premises for such a large list, the decision was taken to partially disperse the list to create a more manageable list size for a new provider.
9. Two local providers have been identified through a local Expression of Interest and the CCG will be considering the contract award on 16 December 2020.

*Transition and Mobilisation*

10. A short extension of the existing NEMS contract will be considered to facilitate the transition to this new local provider.
11. We will work with Healthwatch and other local stakeholders to ensure that this transition is smooth and does not disrupt care for patients.

*EQIA and Current Provider Performance*

12. We have shared the Equality and Quality Impact Assessment with the Committee and again apologise for the delay in supplying this. Detailed consideration of the issues captured within the EQIA has underpinned all of the decision making for the process of securing a new provider for the patients currently served by NEMS at Platform One.

*Wider Health System Impact*

13. Analysis of the impact of the service currently provided at Platform One indicates a significantly higher than anticipated utilisation of emergency secondary care for both physical and mental health needs.
14. There is no evidence that the higher level of investment in this practice is correlated with reduced secondary care utilisation or with a stronger CQC rating.

*Supporting Patients with SMD*

15. The CCG recognises the specific needs of patients with Severe Multiple Deprivation (SMD) and commits to developing a Local Enhanced Service to support this group of patients, ensuring that this additional support is available to all practices across Nottingham and Nottinghamshire. We are grateful for the Committee's steer in that regard, and we are cognisant of the views of local stakeholders.

*Mental Health Support*

16. Detailed analysis has been undertaken on the prevalence of mental health (MH) conditions within the Platform One list. This indicates a level of MH needs broadly in line with neighbouring practices.
17. Of the c. 3000 patients who have a mental health diagnosis code, 67% will remain on the list for the new provider.

18. Any patient currently supported by City South Local Mental Health Team (LMHT) that are due to be dispersed to another practice will remain with their current team until they can be safely and holistically transitioned to a new team related to their new practice. The level of care provided will be the same in all LMHTs, regardless of geographical location.

*Engagement and Involvement with Patients*

19. The CCG involved patients in the procurement exercise in January 2020 and details of this engagement can be seen below.
20. When this procurement was unsuccessful, there was limited time for further patient involvement without risking the future provision of services for this patient list.

*Engagement and Involvement of Service Providers*

21. The CCG is committed to ongoing dialogue and involvement with providers of support services to these patients, as well as with the commissioners of those services. Again, we are very grateful to the Committee and key stakeholders for their commitment to work with us in this regard.

*Next Steps and Conclusion*

22. The CCG is grateful for the detailed scrutiny and input from the Committee and wishes to continue this dialogue over the coming months.

**Background**

At the Committee meeting on 19 November 2020, we outlined the process the CCG has been through over recent years to secure primary medical services for patients of Platform One Practice. We set out how determining the needs of the population served is at the centre of this process.

Platform One Practice was initially procured and established in 2008/9 and was part of the first mainstream roll-out of the APMS (Alternative Provider Medical Services) contracts. The APMS contract value at set-up stage was designed to support the establishment of a new practice. It should be noted that establishing a new patient list from a zero patient list incurs significant overhead costs that are not reflective of usual patient activity. The terms of this initial procurement and the rapid growth in the size of the list meant that the contract with NEMS was paying circa £170.85 per patient by 1 April 2015. This was significantly higher than the ‘Global Sum’ payment made to other practices in Nottingham, many of whom provide services to populations with high levels of need. Global sum payments are based on an estimate of a practice’s patient workload and costs. The Global Sum stood at £63.21 in 2009 and subsequently rose to £88.96 (2018/19) and £93.46 (2020/21).

As part of the original procurement in 2008, the Nottingham City PCT specified that the premises the brand new practice should be sourced by the successful bidder. In this case, a building on Station Street was secured and fully refurbished by NEMS. The practice formally opened in February 2010 for an initial term of 5 years.

**Practice Area**

The original contract with NEMS for Platform One Practice had a boundary for registered patients that reflected the procurement undertaken by Nottingham City PCT. The map from the original APMS contract dated 24 December 2008 is shown in Appendix 1. Also included as part of Appendix 1 is the new Inner City boundary, which reflects the smaller list size practice that is currently being sought as part of the Expressions of Interest process locally. While not unconstrained, the new practice area is larger than the 2008 original.

NHS England implemented a new policy from January 2015 which gave all GP practices the option to register new patients who live outside their practice boundary area without any obligation on the practice to provide home visits for such patients when the patient is at home, and unable to attend their registered practice. This policy enabled the practice to register patients from outside of their practice boundary and, unlike other Nottingham practices, has led to a substantial list of patients registered that live outside the practice boundary.

The detailed guidance for this change can be seen here: https://www.england.nhs.uk/wp-content/uploads/2017/02/gp-con-enhanced-service-out-area-reg.pdf

**Procurement Timeline**

The nature of APMS contracts for primary medical services is that they are time limited. The original Platform One contract was for a term of 5 years, with an option to extend for 1 year. In 2016 the CCG requested permission from NHS England (NHSE) for the term of future contracts to be extended to ensure that services for this cohort of patients were stable for a longer period. NHSE approved our proposal for the replacement APMS contract to be for a 10 year term with an option to extend by a further 5 years (15 years in total). NHSE guidance requires that when contracts expire, the CCG must work with the regional NHSE team to secure a succession provider through an open market procurement process, under the OJEU (Official Journal of the European Union) regime. The commissioning and procurement processes for Platform One Practice were led by the former Nottingham City CCG, with the newly formed Nottingham and Nottinghamshire CCG becoming the lead organisation from 1 April 2020 onwards.

A procurement process was undertaken by Nottingham City CCG in 2016 and again in 2018. Neither of these exercises identified a preferred provider due to premises constraints, specifically that the site that NEMS currently use for the practice from was not available for transfer to a new provider. Alternate options for premises with easy conversion to a general practice in the city centre were not available at the time. Therefore, to secure an interim solution and maintain continuity of services, approval was given by NHSE in 2018 for a short term “direct award” contract with NEMS for a 2 year term, at £143.35 per patient. This was still significantly higher than the prevailing Global Sum, in acknowledgement of the short term nature of the contract.

A further procurement process was initiated in January 2020 by the new Nottingham and Nottinghamshire CCG (acting in shadow form) and is described in detail later in this briefing. Due to the complex needs of the patients using the practice and the history of unsuccessful procurements, the CCG was able to secure agreement with NHSE/I for a contract offer of £110 per patient, which was 17% higher than the prevailing Global Sum, for this APMS contract. The incumbent provider (NEMS) did not submit a bid. However, a number of providers did submit bids as part of this process, demonstrating an ability to deliver services within the financial envelope and a good understanding of the needs of the population. The procurement process was, again, unsuccessful. It should be noted however that this was solely due to the unavailability of suitable premises within the inner city area to support delivery of services.

While this is a complex process involving local and national stakeholders, and working within national guidance for commissioning and procurement, we would like to reassure the Committee that we have prioritised the needs of our most vulnerable patients. We do however acknowledge that we could have been more proactive in engaging with the Health Scrutiny Committee to ensure that the context and background was more fully understood.

**Identification of a Local Provider**

In discussion with Council representatives over the summer of 2020, a desire was expressed to see a local provider for the Platform One Practice, if the capacity and expertise could be identified; and through working within the prevailing guidance and legislative framework for commissioning and procurement. It was recognised that the most recent procurement had failed due to the inability to identify and secure premises of sufficient capacity to accommodate a practice list of circa 11,000 patients. For this reason, the option of dispersing patients living outside the practice list area was examined. This would reduce the list size, and therefore the premises requirements, and was considered to make a bid from local providers more likely.

We have undertaken a local Expressions of Interest process, based on demonstrable evidence of having tested the broader market through previous procurement exercises over a number of years. The opportunity to provide services to the population has therefore been offered to all Nottingham City practices. On the grounds that NEMS have been clear that they need to retain the current practice premises, but in recognition of the particular needs of the new practice population (boundaries as described above) a key pre-condition for consideration of any bid is that the preferred provider must be able to operate from premises within a half mile radius of Nottingham city centre.

We are pleased to be able to update Committee members that the local Expressions of Interest process has been successful in attracting bids from local providers with experience of delivering services for the complex cohort of patients currently registered at Platform One Practice. The bidders have also identified suitable premises within the stipulated 0.5 miles radius of Market Square to deliver services from and these would be available for immediate use. A decision with regard to awarding the contract will be made on 16 December at the CCG's Primary Care Commissioning Committee, as required by our governance arrangements. Once the decision is

made we will convey the outcome to the bidders, and commence appropriate transition and mobilisation discussions with the incumbent and successor providers.

The CCG recognises the importance of a smooth mobilisation and transition period for transfer of services from the current provider to the new one. We have therefore planned an extended transition period from contract award (subject to ratification through CCG governance processes in December 2020). Our current planning therefore assumes an extended mobilisation period from January 2021, to enable us to undertake wider engagement with patients in relation to the changes. We will work with Healthwatch and other local organisations on the most effective methods of communication for this practice population to ensure that patients are fully informed of the changes impacting them and the support they can access to make the transition as smooth as possible for them. The current contract with NEMS concludes at the end of March 2021.

We would again acknowledge that, despite the complexity of the process and the national legislative restrictions, we could and should have engaged the Committee earlier and we are committed to doing so for future exercises that affect our patients in a similar way.

**Extending Contract with NEMS**

Subject to the CCG's decision to award the contract to a new local provider, we shall offer an extension to the current APMS contract held by NEMS for Platform One Practice, in line with the options previously explored to support an extended mobilisation period. We have previously discussed this proposal with NEMS and are extremely grateful for their co-operation in this matter, which clearly reflects their commitment to the practice's registered patients. The exact duration of the extension will be subject to negotiation with NEMS, and we will work with NEMS and the future provider to ensure that transition is seamless and the new provider is able to commit fully to a longer term and sustainable provision arrangement for the new practice at the earliest possible opportunity.

**Equality and Quality Impact Assessment (EQIA) and Strategic Needs Review**

An EQIA has been developed as part of the local Expressions of Interest process. The EQIA is a "live" document, updated as new information becomes available, and was shared following the Nottingham City HSC on 19 November 2020 as requested during the committee meeting. A copy of the current version of the EQIA is also included at Appendix 2. Please accept my apologies once again for this document not being shared ahead of the HSC meeting.

As the procurement process undertaken in early 2020 did not secure a new provider with all of the required capacity and capabilities to meet our requirements for APMS contract award, the CCG considered options in relation to future services for the patients of Platform One Practice at our Primary Care Commissioning Committees (PCCC) in June and July 2020. The Strategic Needs Review of the practice population formed part of the papers for these meetings and were considered as part of the discussions. The points outlined in Appendix 3 were presented to the PCCC meetings for consideration.

The PCCC has also considered the impact that a full or partial list dispersal would have had on neighbouring practices. In particular, the PCCC was concerned about the potential for some local practices to receive very high numbers of new patients were the full list to be dispersed, which might even lead to practice failures. The partial dispersal option reflects the new practice boundary (Appendix 1), reduces the impact on other practices receiving dispersed patients, and spreads the impact across practices in Nottingham and Nottinghamshire, with 96 practices receiving between 1 and 70 patients.

I hope that the sharing of the detailed EQIA last month, and as an attachment to this letter, provides reassurance to the Committee that we have undertaken detailed analysis of the impact of our decision. I can assure you that we are doing all we can to mitigate any negative impact we have identified.

**Wider Health System Impact**

The CCG has considered the potential impact of the Platform One contract on system wide health costs.

The practice has a relatively young population and a high proportion of patients with mental health problems and drug and alcohol problems. Attendance rates of Platform One patients at the Emergency Department have consistently been amongst the highest in the city (and county) for the past 5 years. They are currently the highest in the CCG at 543 per 1000 patients and were even higher just prior to Covid-19 at 674 per 1000. Emergency medical admission rates have also been consistently high over the past 5 years. They are currently the third highest in the city at 171 admissions per 1000 patients. The same pattern is observed with mental health admissions, which are currently the highest in the city at 19.2 admissions per 1000 patients.

As the practice was established from a zero baseline there were no previous providers for the practice population, meaning a direct comparative provider analysis is not possible. It is therefore not possible to predict whether a change in service provider would have a positive or negative effect on the wider system impacts. There is no clear evidence however, that the current level of investment in the existing provider's service model has supported patients in avoiding emergency treatment, given that the secondary care utilisation rates are the highest in the city and county by a significant margin.

The CCG has also considered points made by Committee members in relation to Platform One having an “Outstanding” rating with the CQC. It is difficult to make a direct correlation between the level of funding received by a practice and CQC ratings. The majority of practices across Nottingham and Nottinghamshire are funded in line with national equitable funding requirements, with the rate linked to the Global Sum (£93.46 for 2020/21).

Across 126 practices the CQC ratings for the CCG are detailed below, demonstrating 93% of practices have ratings of either “Outstanding” or “Good”.

| Rating | % of Practices |
|---|---|
| Outstanding | 15% |
| Good | 78% |
| Requires Improvement | 1% |
| Inadequate | 2% |
| Not Rated | 4% |

**Patients with Severe Multiple Disadvantage (SMD)**

The CCG is currently mapping the postcodes for patients currently receiving support for the four SMD conditions of Homelessness, Substance Misuse, Offending, and Mental Health. This baseline of those accessing support services provided to the patients of Platform One Practice will be used to ensure that all handover care plans contain the required information about the vulnerability and complexity of some patients. Patients accessing the services below are currently being reviewed to establish an SMD list for the practice for both cohorts of patients – those being dispersed and those transferring to the new inner city provider;

- Willoughby House – Substance Misuse
- Platform One Postcode – Homeless patients
- accomodation – Homeless patients
- accomodation – Homeless patients
- Nottingham and Notts Refugee Forum
- Trent House (Offenders)
- Nottingham Probation (Offenders)
- Clean Slate
- NRN
- Shared Care Clinic.

We have carefully considered the issues raised by the Committee in relation to this particularly vulnerable population group. As part of our annual review of local enhanced services (LESs) we are currently reviewing the support provided by general practices to homeless patients across the whole of Nottingham city and county.

Whilst Platform One Practice does provide support to a large number of homeless patients, the CCG currently has patients registered as homeless across 122 of the 126 practices in our area. Based on available data, circa 18 % of homeless patients across Nottinghamshire are registered with Platform One.

In consideration of the Committee's feedback we also intend to widen the scope of the current Local Enhanced Service (LES) review to give further consideration to the Homelessness LES currently provided in Nottingham City. This will mean a broader view will be taken on the complex needs of vulnerable SMD patients within the specification for services. It will also open the LES to

all practices across Nottingham and Nottinghamshire who have patients registered with them that are part of the SMD cohort. This will mean that our most vulnerable patients are supported wherever they live. This will require additional investment from the CCG, which will be discussed at the December meeting of the Primary Care Commissioning Committee. Once more, we are grateful for stakeholder input in shaping our commissioning perspectives in this regard.

A working group will be established to ensure the CCG has a LES in place during 2021/22 to provide additional support to vulnerable patients most in need covering the four conditions – Homelessness, Substance Misuse, Offending, and Mental Health, with patients falling into this cohort if they fulfil two or more of these. Consideration will be given to the LES specification with clinical input from both the city and county and likely to include flexible registration and access, links with other services providers and an annual review of both physical and mental health. We also recognise the importance on working with partners on this work as links with mental health services, drug and alcohol treatment services, and issues relating to debt, housing and probation issues are all vital.

We are pleased that our dialogue with the Committee has prompted a reconsideration of the support available for patients who might be homeless or be otherwise disadvantaged. We are confident that, with your support, we can make the revised approach to our LES for this year and for 2021/22 unlock the appropriate support for patients in this cohort across the whole of Nottingham and Nottinghamshire.

**Local Mental Health Teams (LMHTs)**

The January 2020 EQIA refers to the reported higher number of patients with mental health conditions. Diagnosis information by NEMS, as the current provider of services, at Platform One practice is given below. This is information relating to patients with a diagnosed mental health condition. This may include past or inactive mental health conditions; mild mental health conditions (e.g. phobias) and does not include patients who do not engage with secondary care and therefore have no diagnosis code. This information has been updated on 7 December 2020 following further review of the mental health data and removal of duplicate patient information.

Of the circa 11,000 patients registered at NEMS, 2,955 patients have at least one mental health diagnosis code. We do not currently have this level of data for other city practices. However, 2019/20 QOF prevalence for the following disease areas demonstrates that prevalence is above CCG average but is broadly in line with neighbouring practices.

| NHS Digital: 2019/20 QOF Results Clinical Prevalence | Depression | Schizophrenia, bipolar affective disorder & other psychoses |
|---|---|---|
| NEMS Platform One | 15.67% | 1.67% |
| Family | 14.14% | 1.69% |
| Victoria | 14.11% | 1.68% |
| Windmill | 12.32% | 1.65% |
| Wellspring | 11.05% | 1.53% |
| **CCG Average** | **10.84%** | **0.81%** |
| Bakersfield | 9.90% | 0.59% |
| Greendale | 9.72% | 1.14% |

Of this 2,955 total who have a mental health diagnosis code:

- 1,937 will remain on the Platform One list (1,664 have a mild MH diagnosis, 273 have a major MH diagnosis) 961 will be allocated to another GP practice in Nottinghamshire (847 have a mild MH code, 114 have a major MH code); and
- 57 reside outside of Nottinghamshire and will therefore be asked to register at another practice closer to their home residence (35 have a mild MH code, 22 have a major MH code).

LMHTs (run by Nottinghamshire Healthcare Trust) are linked to specific GP practice registered list. The City South LMHT covers NEMS Platform One GP Practice. They have 160 patients 'open' from the Practice. City South LMHT covers the following practices in Nottingham City:

| **City South** | | Deer Park Family Medical Practice |
|---|---|---|
| PCN 7 | | Derby Road Health Centre |
| | | Grange Farm Medical Centre |
| | | Wollaton Park Medical Centre |
| | | |
| PCN 8 | | Bridgeway Practice |
| | | Clifton Medical Practice |
| | | John Ryle Medical Practice |
| | | Meadows Health Centre |
| | | Rivergreen Medical Centre |
| | | Cripps |
| | | NEMS Platform 1 |
| | | |
| PCN U | | The University of Nottingham Health Service |
| | | Sunrise Medical Practice |
| | | |

Services commissioned for Mental Health (MH) patients are consistent across the whole of Nottingham and Nottinghamshire. Following liaison with Nottinghamshire Healthcare NHS Foundation Trust (NHT), the CCG has confirmed that any patient currently supported by City South LMHT that is due to be dispersed to another practice will remain with their current team until they

can be transitioned to a new team related to their new practice in a safe way, depending on each patient's needs and only when the receiving LMHT has the capacity to support them. This process is followed across all LMHTs and the speed of transition to a new team when a patient moves area is dictated by the patient's condition, with some able to move quickly whilst others may take a number of months to ensure that the patient is stable and has an individualised care plan.

There are currently 114 patients with a major MH code that live outside of the city and a further 22 patients that live outside of Nottingham and Nottinghamshire. Should these patients need intervention from their LMHT, the team would have to provide support to patients living some distance outside the LMHT's geographical service area. Currently the LMHT staff have to make home visits to patients, which can mean travelling outside of the city to support registered at Platform One Practice. Discussions with Nottinghamshire Healthcare Trust have confirmed that this change will help their service provision as once patients have been fully transitioned to the LMHT closer to their home it will improve the support provided for patients in crisis.

**Patient Engagement in January 2020**

Under Section 14Z2(2) of the NHS Act 2006, as amended by the Health and Social Care Act 2012, CCGs have a duty to 'make arrangements' to involve the public in the planning, development and decisions on commissioning arrangements. For primary medical services, the CCG discharges this duty in a number of ways. These include, but are not exclusive to, using information published in CQC reports, the NHS 'Friends and Family' Test results, the GP Patient Survey and other local intelligence as well as direct discussions with patients and service users.

In line with the CCG's statutory duties and our approach to patient involvement for primary medical services, the CCG held an engagement event with patients registered with Platform One on 7th January 2020. This event was hosted by CCG representatives and supported by Platform One staff. It included a presentation followed by a discussion and Q&A. Patients attending the event were recruited by the existing provider of services at Platform One (NEMS) and were intended to be a good cross-section of the practice list. This meant that the group included both working age patients, those from complex families, representatives from supported accommodation and patients with more complex mental health needs.

The feedback from this event included the following points;

- Strong indication of support for the services provided at Platform One
- Particular interest in ensuring continuity of the MH provision at Platform One
- Some concerns regarding ability to access timely appointments
- Some concerns about administration of letters and handoffs to other services
- Discussion around the tendering and procurement process and potential future provider
- Concern around ensuring that the existing clinical staff were retained by any new provider.

**Patient Experience Team – Patient Feedback**

The CCG confirmed to the Committee at the November 2020 meeting that, following the distribution of letters to the 3,000 patients that are due to be dispersed, our Patient Experience Team had received contact from 15 patients in relation to the changes. As requested, Appendix 4 contains the information relating to the contacts made and the information provided to support patients regarding the changes that are due from 1st April 2021.

**Process and Approach to Engagement**

Under the previous procurement undertaken in January 2020 engagement was carried out with services users in relation to the NEMS contract being time limited and coming to an end as outlined above. The procurement process was explained including that those services may transfer to a new provider and alternative premises within the city centre.

At the time of the January 2020 engagement event, it was anticipated that the contract for the service at Platform One would be let in its current form, i.e. based on the complete patient list for an APMS contract for the provision of primary medical services. When it became apparent that a different approach would be needed due to not being able to award an APMS contract, there was limited time available before the expiry of the existing contract in March 2021. Therefore, as set out in this briefing, a decision was taken to proceed in securing a local provider through an Expressions of Interest process. This was seen as the right approach to avoid the situation of there being no provider in place after March 2021 and the resulting requirement to fully disperse the list to other practices. Unfortunately, due to the compressed timetable and the impact of the Covid-19 Pandemic, it was not possible to involve patients and other stakeholders as fully as we might have liked in this revised process. The CCG recognises that this was not ideal and acknowledges that if more time had been available and the prevailing environment been different, then other approaches would have been taken.

It should be noted however, that the CCG has been in dialogue with City Councillors and the Health Scrutiny Committee for a number of months regarding the providers for General Practice services in the city. The most recent conversation on this topic was on 14th May 2020 and culminated in a specific request from Councillors to prioritise wherever possible a local (Nottingham based) provider for future General Practice contracts awarded in the city. This was the impetus for pursuing a local provider Expression of Interest approach.

The CCG has a clear and strong appreciation of the needs of the practice population, through our close work with the existing provider, our interrogation of the JSNA and our general understanding of the needs of our population through our wider commissioning work. We trust that the depth and breadth of the understanding of the patient is evidenced in the EQIA we have now shared with the Committee.

## Ongoing Engagement with Service Users

We are extremely respectful of the unique insights that Healthwatch provide in support of our overall commissioning activities; and the CCG will actively liaise with Healthwatch and other local organisations to ensure that engagement with services users during the mobilisation period from now until 30 June 2020, for this particular programme of work, is appropriate. We will endeavour to ensure we explore all options available to us to communicate with patients.

## Engagement with Non-Health Commissioners and Providers

The CCG will work with our partner commissioners within the Integrated Care System (ICS), and jointly with the providers they commission, to understand the impact the changes for the patients at Platform One Practice. We will ensure the outcomes are as positive as possible as they transfer to their new provider, especially where we identify services that support our most vulnerable patients.

Early discussions have taken place with the Lead Commissioner for Nottingham Crime and Drugs Partnership relating to their services that support the patients of Platform One Practice.

Services discussed include;

- Shared Care Clinics
- Framework – Drug and Alcohol Services
    - Nottingham Recovery Network
    - CleanSlate
- Wellbeing Hub at Houndsgate
- Harm Reduction Service including Needle Exchange

The CCG will continue to liaise with commissioners at the Local Authority in relation to services accessed by the patients of Platform One Practice. During mobilisation we will work with the providers of the services detailed above that support our most vulnerable patients. As we disperse patients to practices closer to home consideration will be given to the support needed if a transfer of service is required. We have already compiled a comparison of city and county services as part of the planning process.

## Ongoing Dialogue and Updates

The CCG will consider at the 16 December meeting of the CCG's Primary Care Commissioning Committee the decision to make the APMS contract award for the new inner city practice to deliver services to the population of Platform One Practice that live within the new practice boundary. The outcome of this contract award will be notified to all stakeholders following the standstill period once all bidders in the local process are informed of the outcome.

We shall ensure that the Committee are regularly updated on progress throughout the mobilisation period to 30 June 2021 and will of course share our mobilisation plans with you at the earliest opportunity.

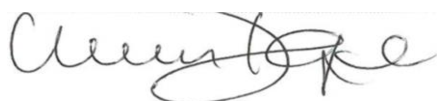
We have hugely valued the input of the Health Scrutiny Committee over the last few weeks and wish to continue this useful dialogue over the coming months, in the same spirit of helpful scrutiny and challenge.

**Conclusion**

I trust the additional information provided will assure Nottingham City Health Scrutiny Committee members that the CCG has given detailed consideration to the patient population of Platform One Practice during the period of trying to secure a replacement provider and that patients will remain at the centre of the process as we move towards developing mobilisation plans with the newly identified and incumbent providers.

I would like to record my personal thanks for the detailed scrutiny and due diligence undertaken by the Committee on this matter, and sincerely hope that we are able to move towards identifying the best possible commissioning solution for this vulnerable patient group based on our joint discussions and through working together constructively in the best interests of our local population.

Yours sincerely



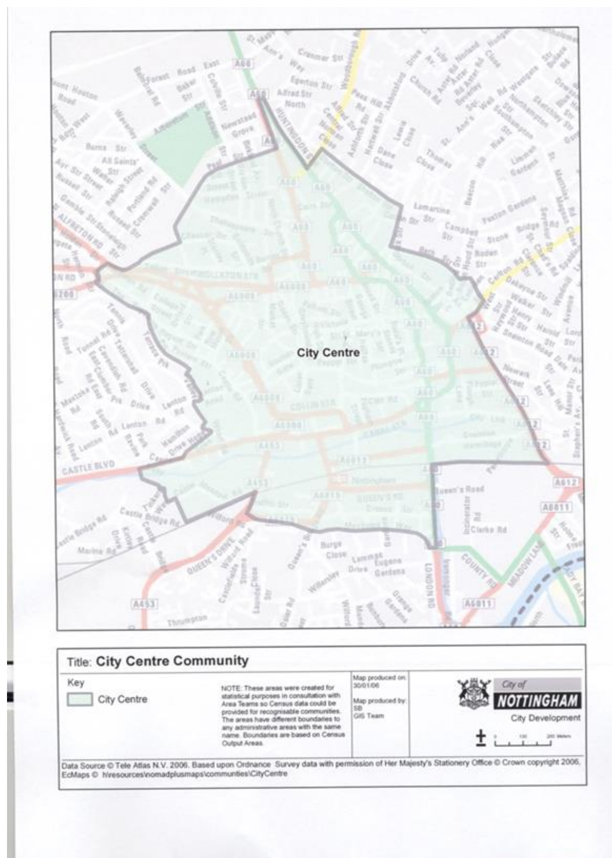
Lucy Dadge
**Chief Commissioning Officer**
**NHS Nottingham and Nottinghamshire CCG**

cc. Jane Laughton, Chief Executive, Healthwatch Nottingham and Nottinghamshire

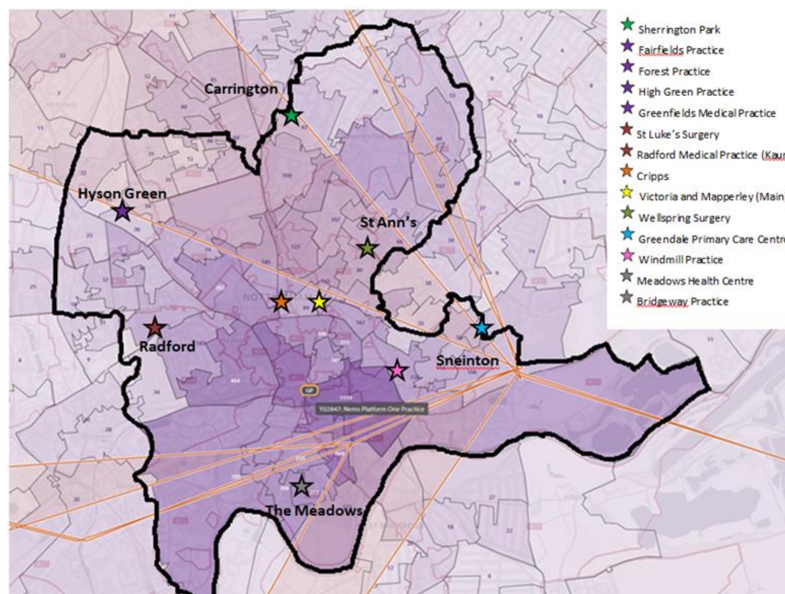
Encs.

**Appendix 1**

Boundary Map for registered patients from the original APMS contract for Platform One Practice dated 24 December 2008




The revised Inner City boundary for the local Expressions of Interest process shown below is wider than the 2008 original (patients outside of this boundary will be dispersed/allocated back to practices more geographically aligned to patients home residence):-



**Nottingham and Nottinghamshire CCG's**
**Equality and Quality Impact Assessment**

When public sector organisations undertake any work involving changes that will impact service users there is a duty to consider the impacts of that change / project. The aim of such an impact assessment is not to eliminate risk, but for both project leads and organisations to be fully informed of any risks and impacts before deciding to proceed with a change / project. This Equality and Quality Impact Assessment (EQIA) template has been developed to bring together equality and quality impact considerations into a single assessment process. It should be completed whenever there is a change to a service / pathway that is directly commissioned by the CCG, a CCG Quality Innovation Productivity and Prevention (QIPP) scheme and any new CCG business or project where it is appropriate to assess the impact of the proposed piece of work.

**To support understanding and completion of the EQIA, please refer to the glossary at EQIA Glossary July 2020.docx, the CCG's EQIA Standard Operating Procedure (see below) and EQIA Process Flowchart (see below).**

The EQIA is designed to:

- Assess the impact of proposed changes in line with the CCG's duty to reduce health inequalities in access to health services and in health outcomes
- Assess the impact of proposed changes to services in line with the CCG's duty to maintain and improve the three elements of quality (patient safety, patient experience and clinical effectiveness)
- Assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010
- Identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public
- Consider the impacts on people from relevant inclusion health groups (e.g. carers, homeless people, people experiencing economic or social deprivation)
- Identify where any information to inform the assessment is not available, which may indicate that patient engagement is required
- Provide a streamlined process to enable the escalation of any risks and prevent equality and quality risks from being considered in isolation
- Support in determining whether a project can proceed, proceed with identified action, or not be progressed

EQIAs are 'live' documents, and as such, are required to be revisited at key stages of project development and implementation, particularly following the conclusion of any engagement and consultation activities to inform decision-making.

**Section 1: Project Overview**

| **Proposal / Project Title:** Platform One Practice – next steps (Confidential) |
|---|
| **Project / Commissioning Lead:** Primary Care Commissioning Team |
| **EQIA Completed By:** Primary Care Commissioning Manager |
| **Senior Responsible Lead:** Associate Director of Primary Care |
| **Date EQIA Completed:** September 2020 |

**Description of Project:** Following three failed procurements, the most recent one being in April 2020, the Primary Care Commissioning Committee (PCCC) decided to look at alternative options. In July 2020, the PCCC supported the option to reduce the current list size of Platform One Practice by way of a partial patient dispersal and the remaining patient list be secured under a new APMS contract via a local expression of interest process. It is anticipated that by reducing the list size (and subsequently redrawing the practice boundary) there may be more available premises options for the new contract from 1st April 2021. Note - the reason for the most recent unsuccessful procurement was due to lack of suitable premises. Legal advice has been sought on this approach which confirms that the CCG can proceed with risk mitigating actions in place.

**This EQIA covers both phases of the project; A) Partial dispersal and allocation and B) Procurement.**

At the time of preparing this, the current list size of platform one is circa 10,800. They have a large practice boundary which covers the whole of Nottingham City and have patients from outside of City, see below for breakdown.

| No. of patients resident | Within City ICP | South Nottinghamshire ICP | Mid-Notts ICP | Outside Nottinghamshire |
|---|---|---|---|---|
| | 9,900 | 660 | 50 | 218 |

Part of the outer City population is likely to be commuter patients who work in the City (example at Loxley House, Capital One etc.) or use the train station for commuting and the city centre location of Platform One was more convenient. However, as a result of COVID and greater working from home it may be that some of these patients are already considering registering at a practice closer to their home to avoid travel into the City centre.

**A) <u>Partial dispersal & allocation</u>**

The primary care team have reviewed the boundary, individual patient postcodes and impacts on surrounding practices and determined that it *may* be possible to move circa 3,000 patients from the Platform One Practice list and allocate these patients to another practice closer to where the patient lives. The primary care team are to explore allocating patients to practices, rather than writing to patients and asking them to re-register themselves. The allocation approach has been adopted recently for the closure of Radford Health Centre and Bilborough Surgery as it does not require patient action (as their registration will be physically transferred to another practice by the CCG) and reduces public movement which is preferred during the current COVID situation. However patients continue to have the right to choose to register at another GP practice.

There are 96 practices that have been identified as potentially receiving patients (41 City, 37 South Nottinghamshire, 18 Mid-Nottinghamshire). This project is confidential at this stage and is dependent upon discussions with the 96 practices around their capacity and appetite to accept additional patients, this will be undertaken at a PCN level. At this stage it is not anticipated that practices will be allocated more than 70 patients; the breakdown of allocation at present is:

- 21 practices receiving between 60 & 70 patients
- 17 practices receiving between 40 and 59 patients
- 58 practices receiving less than 40 patients

Should the allocation proceed as planned it is anticipated that all patients will be written to during Q4 2020/21 to advise them that their registration has been transferred to a named practice closer to their registered address. Discussions are being held with the CCG Communications and Engagement Team regarding stakeholder and patient engagement and communication. Note - Platform One Practice does not have a formed PPG group therefore alternative patient engagement approaches will be explored with the CCG engagement team.

**B) Procurement**

*To support this phase B, please also see EQIA completed in January 2020 for the most recent procurement of Platform One Practice. This has been attached as it provides further background information on the practice and because the impacts stated in that EQIA in response to the procurement exercise will remain the same here albeit the impacts will now be on a slightly smaller list size than those quoted in the January 2020 EQIA.*

The CCG has to re-procure the Platform One Practice APMS contract for core primary care services. This decision was reviewed in 2015/16 when all APMS contracts were reviewed, concluding they should be re-procured in line with the National Direction to align practice income (APMS contracts regionally and centrally were offered out at global sum and our offer is reducing down to global sum over 5 years). The APMS contract will be to provide core primary care services, any additional services to be provided should / will be commissioned as enhanced services and should be available to all GP practices at either an ICP or ICS level. This reduces inequality amongst the GP practice offer.

For the remaining circa 7,800 patients that will stay on the Platform One Practice list a local expression of interest process will be run to identify a new provider, this will involve a mini competitive Expression of Interest process. The new provider will be required to identify new premises within 0.5miles of the City centre (Old Market Square) for the contract start date of 1st April 2021. The current premises are owned by the incumbent provider NEMS and they have indicated that they would not be willing to rent these out to another provider. It is standard practice within procurements to also assess the bidders knowledge and understanding of the patient population and how they will tailor their services to meet these needs.

**Identify Area Affected (CCG wide / Locality / Primary Care Network (PCN)):** Platform One Practice is located in Nottingham City East PCN. The 96 receiving practices are located across all ICP areas and across the majority of the 20 Nottingham and Nottinghamshire PCNs.

**Details of Any Supporting Evidence:**

*(When completing this section a review of the latest evidence should be undertaken. Use the checklist provided for sources of evidence and trusted websites to visit to find evidence. Describe the key findings from your evidence search and how they have informed this scheme)*

**If you have been unable to find evidence, please describe what you have based this project on instead (e.g. activity data, population data, patient experience or public engagement intelligence, clinical opinion etc.):**

The practice profile used for the January 2020 EQIA provides an overview of the total practice population. Additional information gathered in recent weeks is included in the impact assessment below. A list of the postcode dispersal areas has been provided to NEMS who are reviewing the patients' resident in those areas and will flag patients that may require a care plan and detailed handover to a new GP practice and/or support services (if not already accessing them).

The latest GP Patient Survey results for the practice are available here https://www.gp-patient.co.uk/.

## Section 2: Health Inequalities Assessment

**Identify the impact of the project on health inequalities in terms of both outcomes and access for service users?** *The WHO describes health inequalities as differences in health status or in the distribution of health determinants between different population groups.*

| Positive impact | ☐ | Negative impact | ☐ | No impact | ☒ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:** *When completing this section include:*

- *Details of the specific under-served people/groups that will benefit from the project (i.e. where health inequalities are likely to reduce)*
- *Details of the specific people/groups for which health inequalities are likely to increase and any proposed mitigations*
- *Details of any differential impact between CCG populations.*

No impact is anticipated at this stage for either Part A (dispersal) or Part B (procurement) because:

Access

- Core opening hours (8am – 6:30pm) will remain the same at all practices for the A) dispersed patients, and for the B) newly procured practice as these are based on national standard contract hours.
- Extended hours – at this stage anticipate minimal changes. Any change in extended hours for the new procured practice would need to be agreed within their PCN during the mobilisation period of the new APMS contract. For those patients being dispersed to another GP practice (and PCN) there may be different arrangements in place for extended hours, but all PCNs have to offer extended hours for their practice population. This may mean that extended hours are provided on a different day/time and location to what the patient is currently used to.
- The minimum number of clinical hours provided (quoted in the specification) remains the same. If a bidder fails to meet this minimum threshold then they will be rejected during the procurement process.

- Discussions are underway re: the TUPE implications however at this stage it is anticipated that some staff will transfer over if the contract is awarded to a new provider. It is assumed that this will happen therefore access to male and female clinicians should remain the same. TUPE will not apply for phase A of the project therefore patients who are allocated to another practice will see different staff members however access to male and female clinicians should be in place across the other 96 practices.
- If a mini competitive expression of interest process is run then patient feedback on access (from survey results, NHS choices etc.) will be provided with the tender documentation and bidders will be expected to include a response in their submission on how they plan to maintain and improve (where necessary) the access results. For the dispersed patients GP access results vary between practices but all practices are expected to review and continually try and improve on patient experience of access.
- For phase B the physical location of the practice is likely to change which could result in some of the circa 7,800 patients having to travel a further or lesser distance (depending upon where they live / work). Patients can continue to exercise their choice and choose to register at another practice. As previously stated a maximum radius of 0.5miles of the City Centre has been set for the re-location. At this pre-procurement stage we do not know what the proposed premises will be however they will be expected to be compliant with NHS premises requirements and reviewed during the expression of interest and tender.
- Where patients are allocated to another GP practice they will continue to be able to access CCG wide commissioned primary, community and secondary care services. One of the aims of standardising the APMS contracts is to reduce inequity between primary care GP services, ensuring that patients receive a consistent level of service regardless of which GP practice they are registered at. If they require enhanced levels of care then this should be available to be delivered by all GP practices by way of commissioned enhanced services at an ICP or ICS level. For example, enhanced homeless support should be offered by way of the enhanced homeless service to all GP practices, for enhanced mental health support this should be provided by community, secondary or PCN wide services that are available to all local practices. Further reference is made to this in the assessments below for vulnerable and protected groups.

Outcomes

- QOF performance – it is expected that the new provider will achieve similar or improved results. This has a direct impact on outcomes as many of the QOF indicators are linked to better outcomes for a range of health conditions e.g. blood pressure reading for diabetes patients and CKD patients with readings within NICE recommended range which is linked to better management of the condition, annual CHD health checks etc. QOF performance for other practices (including the 96 practices) does vary but all practices are expected to aspire to the same QOF performance targets.
- The specification for the procured practice states that the provider is expected to achieve a CQC rating of ‘Good’ or above, this includes an assessment on service outcomes which is expected to be consistent or an improvement on the current CQC rating of the practice. The Platform One Practice is currently rated as “Outstanding”.
- For the patient dispersal and allocation, the vast majority of the circa 3,000 patients are being allocated to either a Good or Outstanding GP practice. There are however approximately 37 patients due to be allocated to Beechdale Surgery which is currently a Requires Improvement practice and 2 patients allocated to Queens Bower which is Inadequate rated. The primary care commissioning and quality teams are working closely with Beechdale Surgery regarding the improvements to be made there. The 2 patients allocated to Queens Bower are being reviewed and will be allocated to another practice.

## Section 3: Protected Characteristics and Inclusion Health Groups Assessment:

Could the project have a positive or negative impact on people who may, as a result of being in one or more of the following protected characteristic or inclusion health groups, experience barriers when trying to access or use NHS services? In addressing this question, consider whether the scheme could potentially have a positive or negative impact in any of the following areas:

- ***The CCG’s duty to maintain and improve the three elements of quality*** *– patient safety, patient experience and clinical effectiveness*
- ***Access to services*** *(including patient choice and physical accessibility – access to and within buildings, public transport routes, parking for disabled people)*
- ***Accessibility*** *in terms of communication (availability of spoken language interpreters, British Sign Language Interpreters, hearing loops, translated written information)*
- ***Transfers between services*** *(whether between specialties, care settings, or during a person’s life course)*
- ***Safeguarding adults and children***
- ***Dignity and respect*** *(including privacy)*
- ***Person-centered care*** *(whether patients experience the service as culturally competent / welcoming – not just in terms of patients’ race, but also, for example, their gender identity, religion or belief and sexual orientation and whether patients feel that the service considers both their physical and mental health needs.*

- ***NICE requirements***
- ***Shared decision-making***

*It is also important to consider the combination of patients' characteristics and how those combinations may impact on accessibility. An example is the combination of older age, certain types of disability and economic deprivation; potentially limiting access to services if they are not near a patient's home or easy to get to by public transport. Also, many of the prompts under specific characteristic / health groups may apply to other groups.*

- *Try to put yourself in patients' or carers' shoes*
- *They are accessing health services because they have a physical and/or mental health need*
- *Think about your own experiences, or those of friends or family, when accessing health services.*
- *Not everyone has a regular income, drives, can see or hear, speaks English, is literate or health literate / understands the way health systems work, has a home or safe and supportive networks. Therefore we will all experience access to health services in different ways, often regardless of clinical need.*

**The Equality Impact Assessment Checklist and Quality Impact Assessment Checklist below will help with your considerations:**

EIA Assessment Checklist July 2020.do

QIA Assessment Checklist July 2020.do

## i) Impact on the protected characteristic of Age:

**Positive impact** ☐ **Negative impact** ☒ **No impact** ☐ **N/A** ☐

**Comments/rationale**

The practice has a predominantly young working age population. Patients aged 60 and over make up a small proportion of the list (see age breakdown in January 2020 EQIA). The January 2020 EQIA also highlighted CQC report references to the practice having a high number of vulnerable children (280).

**Phase A impact** (partial list dispersal and allocation)

At the time of preparing this EQIA the age breakdown of the patients who are to be dispersed to another Nottinghamshire practice is:

| Age | 0 – 17 years | 18 – 30 years | 31 – 49 years | 50 – 65 years | 66+ years |
|---|---|---|---|---|---|
| No. of pts. | 456 | 802 | 1,214 | 300 | 61 |

There is a small number of patients aged 66+ who are on the dispersed list, these patients are being re-allocated to either another City practice or a South Nottinghamshire practice – mostly within the West Bridgford area. These patients are being re-allocated to a practice closer to where they live however depending on how they travelled to NEMS (car, public transport etc.) there may be a negative impact as public transport routes may not be as direct to their new practice. Due to the small numbers there is limited impact on the whole population in relation to age as a result of this dispersal, acknowledging that the impact for a small number of people may be significant we would recommend that this is mitigated through a robust transition plan.

The majority of the dispersed patients are student / working age 18 – 49 who *may* have chosen to register at NEMS because they work/study in the City and this provided more convenient access for them around their working hours. Allocating them to a practice closer to their home could have a potentially negative impact; however, this is in part mitigated as there are extended hours available within locality PCN areas for all patients to access. Also, with the increased remote working from home following COVID it should be acknowledged that it may no longer be as convenient for a patient to be registered at a practice close to where they work / study.

**Phase B impact** (re-procurement)

The impact of the re-procurement on Age is the same as that quoted in the January 2020 EQIA i.e. no impact is anticipated overall. The location change of the new service may have both positive and negative impact on age, particularly the elderly dependent upon how far they have to travel to the new practice. The impact is reduced slightly as the new practice is required to be within 0.5 miles from the City centre (Old Market Square) and that is well served by public transport. As previously recommended acknowledging that the impact for a small number of people may be significant we would recommend that this is mitigated through a robust transition plan

## ii) Impact on the protected characteristic of Disability:

| Positive impact | ☐ | Negative impact | ☒ | No impact | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

**Phase A impact** (partial list dispersal and allocation)

For the patients who are being allocated to a practice closer to home there may be a positive impact on disability in terms of a lesser travel distance to the practice however depending on how they travelled to NEMS (car, public transport etc.) there may be a negative impact as public transport routes may not be as direct to their new practice. There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team.

**Phase B impact** (re-procurement)

The impact of the re-procurement on Disability is the same as that quoted in the January 2020 EQIA. The location change of the new service may have both positive and negative impact on disability, particularly the disabled population depending upon how far they have to travel to the new practice. The impact is reduced slightly as the new practice is required to be within 0.5 miles from the City centre (Old Market Square). The premises will need to be compliant with NHS premises rules and regulations including accessibility standards for premises.

There may be some negative impacts on continuity of care as it is likely that not all staff will TUPE over to a new provider and provide services for the smaller list size.

**Mental Health**

The January 2020 EQIA refers to the reported higher numbers of patients with mental health conditions.

NEMS diagnosis information is provided below – this is information on patients with a diagnosed mental health condition. These may include past or inactive mental health conditions; mild mental health conditions e.g. phobias and does not include patients who do not engage with secondary care and therefore have no diagnosis code. A full list of the mental health coded conditions is included at appendix B.

- Of the circa 11,000 patients registered at NEMS 7,163 patients have a mental health diagnosis code (*note caveats above). We do not currently have this level of data for other City practices, however, 2019/20 QOF prevalence for the following disease areas demonstrates that prevalence is above CCG average but is broadly in line with some of their neighbouring PCN practices in that PCN*

| NHS Digital: 2019/20 QOF Results Clinical Prevalence | Depression | Schizophrenia, bipolar affective disorder & other psychoses |
|---|---|---|
| NEMS Platform One | 15.67% | 1.67% |
| Family | 14.14% | 1.69% |
| Victoria | 14.11% | 1.68% |
| Windmill | 12.32% | 1.65% |
| Wellspring | 11.05% | 1.53% |
| **CCG Average** | **10.84%** | **0.81%** |
| Bakersfield | 9.9% | 0.59% |
| Greendale | 9.72% | 1.14% |

- Of this 7,163 total who have a mental health diagnosis code 2,389 appear on the dispersal list
- 294 of the 2,389 dispersed patients have either a major or severe MH diagnosis code e.g. psychosis, severe depression, schizophrenia, personality disorder etc. See appendix B for a list of codes.

Local Mental Health Teams (Notts Healthcare Trust) are linked to specific GP practices; the City South Local Mental Health Team covers NEMS Platform One GP Practice. They have 160 patients 'open' from Platform One Practice and they *anticipate* that due to NEMS working model (i.e. large practice boundary area) there could be approximately 100 patients that will be allocated to another GP practice and therefore may need re-allocating to another Local Mental Health Team. *However, we have not yet validated this information; this team is unlikely to know what the new practice boundary is therefore this number could change. We will work with the team and NEMS to understand which patients are affected.*

There may be a negative impact on this patient group for both Phase A and Phase B as these patients may not receive the same service that they have been receiving to date from NEMS e.g. the new provider and other practices may not have dedicated Mental Health Nurses (further information below). However as a result of this project those patients will continue to be able to access mental health services on the same basis as other mental health patients across the City and County i.e. via the CCG commissioned mental health services where they meet the necessary service criteria. A list of these services is available at https://www.asklion.co.uk/kb5/nottingham/directory/advice.page?id=fvGQCJXp_WY and includes IAPT, Turning phone MH telephone line, 24/7 crisis line and Community Mental Health Team support. The CCG Mental Health commissioners also advise that as part of the transformation of community MH services in the next 3 years there is expected to be additional staff provided for community mental health and in a more integrated primary and community

care model. There are also discussions at PCN level regarding the additional roles with some PCNs exploring whether to employ Mental Health Nurses to work across their PCN and work at an ICP level for additional Link Workers.

***Mental Health Nurses*** – In January 2020, NEMS employed 1 Mental Health Nurse who worked 9 hours a week, equivalent to 2 clinics per week. Platform One Practice APMS contract is currently paid at a very higher £ per patient compared to other practices and higher than available under the new contract. It is understood that NEMS have been able to use this increased funding to offer their patients an above core GMS service e.g. they can provide more mental health support whilst the patient waits for secondary care mental health services. Other practices may not currently be able to do this within their core GMS funding and therefore patients at other practices may access to mainstream mental health services only. NEMS have confirmed that the Mental Health Nurse does not have a specific case load or offer specific mental health programs to patients. They support the GPs by seeing these patients in place of a GP. The Mental Health Nurse would be eligible to TUPE over to a new provider if that new provider included this role in their service model.

**iii) Impact on the protected characteristic of Gender re-assignment:**

| **Positive impact** | ☐ | **Negative impact** | ☒ | **No impact** | ☐ | **N/A** | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The core services for this group that are commissioned and provided at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care.

**Phase A impact** (partial list dispersal and allocation)

There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team who may not be familiar with their history. Patient records will transfer and be available to the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

**Phase B impact** (re-procurement)

There may be some negative impacts on continuity of care as it is likely that not all staff will TUPE over to a new provider therefore patients may be receiving care from a different member of staff who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

**iv) Impact on the protected characteristic of Pregnancy and maternity:**

| **Positive impact** | ☐ | **Negative impact** | ☒ | **No impact** | ☐ | **N/A** | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The core primary care services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care and location of baby and health visitor clinics.

**Phase A impact** (partial list dispersal and allocation)

The CQC report indicated that Platform One run a weekly baby clinic. This is common practice amongst other GP practices. If NUH (as the provider of the baby clinics) does not run a clinic from the new GP practice then patients may have to travel to another location. However it is the location rather than the service availability that will change and NUH will continue to provide access to this service for all eligible patients. There may be some short term negative impacts on continuity of care for women who are currently pregnant patients will be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

**Phase B impact** (re-procurement)

At this stage of the procurement we do not know what the potential bidders will propose in terms of meeting the needs of this population however we anticipate no impact on this group. There may be some negative impacts on continuity of care as patients may be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new procured practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

**v) Impact on the protected characteristic of Race (Includes Gypsies, Roma and Travellers):**

| **Positive impact** | ☐ | **Negative impact** | ☒ | **No impact** | ☐ | **N/A** | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The practice serves a diverse inner City population which includes patients seeking asylum. We are not aware of particularly high numbers of patients from a specific ethnicity group, the population is diverse. The practice boundary (appendix 1) still covers the inner city therefore we anticipate that a large proportion of the diverse patients will remain with the practice and not be dispersed to other practices.

Nottingham and Nottinghamshire Refugee Forum have contacted the CCG to advise that due to some issues they experience with registering clients at GP practices their current procedure is to ask for clients to be registered at Platform One Practice using their Refugee Forum address as a care of address. We have checked this address against the patient list, there are 26 patients registered at this address and this address remains within the new practice boundary therefore these patients will remain on the Platform One Practice list i.e. they will not be dispersed.

**Phase A impact** (partial list dispersal and allocation)

We do not hold demographic information on the patients that are being dispersed and allocated to another GP practice. Where patients are being allocated to another City practice we anticipate a lesser impact because those practices may serve similar populations and the access to GP interpreting services will be the same i.e. it includes face to face GP interpreting.

Where patients are being allocated to an out of City practice, closer to their home, there may be some negative impact if the practice does not have the same level of cultural or language expertise / knowledge. Similarly, a different level of service is available for GP interpreting in the County areas. It does not include face to face language interpreting. However, with COVID there may be a greater reliance on telephone based GP interpreting.

**Phase B impact** (re-procurement)

Some staff are expected to TUPE over to a new provider therefore staff with cultural or language expertise / knowledge for the local patient population may continue to provide services under the new APMS contract.

There will be no change to the way in which the practice accesses GP interpreting services (spoken language or sign language) under the new contract as this is a separately commissioned service.

**vi) Impact on the protected characteristic of Religion or belief:**

| Positive impact | ☐ | Negative impact | ☒ | No impact | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of staff with knowledge and experience of local cultures. However this may be mitigated if staff have received cultural awareness training.

**Phase A impact** (partial list dispersal and allocation)

We do not hold demographic information on the patients that are being dispersed and allocated to another GP practice. Where patients are being allocated to another City practice we anticipate a lesser impact because those practices may serve similar populations and have some understanding of local cultures.

Where patients are being allocated to an out of City practice, closer to their home, there may be some negative impact if the practice does not have the same level of cultural or language expertise / knowledge. However this may be mitigated if staff have received cultural awareness training.

**Phase B impact** (re-procurement)

Some staff are expected to TUPE over to a new provider therefore staff with cultural or language expertise / knowledge for the local patient population may continue to provide services under the new APMS contract.

**vii) Impact on the protected characteristic of Sex:**

| Positive impact | ☐ | Negative impact | ☐ | No impact | ☒ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice.

**Phase A impact** (partial list dispersal and allocation)

It is expected that all of the 96 practices will be able to offer appointments with both male and female clinicians.

**Phase B impact** (re-procurement)

Some staff are expected to TUPE over to a new provider therefore the population should continue to have access to male and female clinicians.

**viii) Impact on the protected characteristic of Sexual orientation:**

| Positive impact | ☐ | Negative impact | ☒ | No impact | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

The core services for this group that are offered at other GP practices and under the new APMS contract will not change i.e. they should be the same as those currently available at Platform One Practice. The main impacts may be observed around continuity of care.

**Phase A impact** (partial list dispersal and allocation)

There may be some negative impacts on continuity of care as patients will be receiving care from a different practice team who may not be familiar with their history. Patient records will transfer and be available to the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity.

**Phase B impact** (re-procurement)

There may be some negative impacts on continuity of care as patients may be receiving care from a different practice team who may not be familiar with their history. However patient records will be available at the new practice and all practice staff are expected to receive training in relation to confidentiality, privacy and dignity

**ix) Impact on people in any of the following Inclusion Health and other Disadvantaged Groups:**

- **Carers**
- **Homeless people**
- **People who misuse drugs**
- **People working in stigmatised occupations (such as sex workers)**
- **New and emerging communities, including refugees and asylum seekers**
- **People experiencing economic or social deprivation, including those who are long-term unemployed / are geographically isolated / have limited family or social networks**
- **Members of the travelling community (who do not belong to an ethnic group recognised under the Equality Act)**

| Positive impact | ☐ | Negative impact | ☒ | No impact | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:** *(with an indication of which of the above groups have specifically influenced your impact conclusion)*

- **Carers**

The practice has a young population. In their CQC report the practice identified 68 patients as carers and a similar number of patients who had a carer. These are low numbers; this is to be expected with the nature of their patient population.

The CQC report noted this as an area for improvement – *'the provider should … identify further patients who are carers and direct them to available support to enable them to carry out their role'*. The practice also recognised the need to appoint a carer's lead to support with this, have a carer's strategy/policy and develop links with the local carers association.

**Phase A impact** (partial list dispersal and allocation)

Carer's may be impacted by having to travel further if the person they are caring for is allocated to another GP practice. The carer and the cared for may have chosen to register at the same practice for ease of access to services. However this could also have a positive impact for carers if the practice is closer to their home.

**Phase B impact** (re-procurement)

Carer's may be impacted by having to travel further to a new practice location, however, this is mitigated by the requirement for the new location to remain central to the City and be within 0.5miles of the City centre. This could also have a positive impact for carers if the practice is closer to their home.

- **Homeless people**

The inner city location of this practice and close proximity to homeless hostels means that the practice does have a number of patients who are from this disadvantaged group. The CQC report indicated that 350 people were registered as homeless. The current practice has recently chosen to end the support (a weekly drop in clinic) that they were providing alongside Nottingham CityCare to the Emmanuel House (this was not specifically commissioned by the CCG) and whilst this will have an impact on the homeless population it is not linked to the Platform One Practice dispersal and expression of interest exercise being considered. It is impossible at this stage to predict the level of engagement that any new provider may have with Emmanuel House.

**Phase A impact** (partial list dispersal and allocation)

It is anticipated that the homeless population will remain with the new GP practice as it is understood that they may use the practice's address as their home address and so they will remain within the boundary of the new practice. Using the patient list there are 346 patients registered at Platform One Practice who have the Platform One Practice address as their main home address.

**Phase B impact** (re-procurement)

Due to the potential location change of this practice there could be a negative impact on this group as they may need to travel further to access services; however, this is mitigated by limiting the distance to 0.5miles of the City centre. Staff that are experienced with this population may be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise. However they may be some disruption to continuity of care if not all staff TUPE over.

At an ICS and ICP level there is progress being made to pool resources for complex patient populations, including homeless, and the additional needs of this population group should be addressed by this approach. It was expected that a new approach will be in place by the time that this new APMS contract commences in April 2021 however this may have now been delayed due to COVID. As a result of the re-procurement of this APMS contract the provider will still be expected to register homeless patients and provide core primary care services. The Homeless Local Enhanced Service continues to be available for the practice to participate in.

During the mobilisation of the new service a new bidder will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group. The support groups for these patients will be key in communicating this change to the cohort.

The homeless patients temporarily housed in [redacted] remain within the practice boundary. We are aware of 17 individuals who are being temporarily housed during COVID in [redacted]. This location falls just outside of the new practice boundary and these individuals did receive a letter notifying them of the dispersal. However, we should review this as part of a robust transition plan and if these individuals are still living at this hotel in January 2021 will consider keeping them on the Platform One Practice list.

- **People who misuse drugs**

The impacts described above for the homeless population also apply here (requirement to travel further, access to specialist staff etc.).

The CQC report from 2017 noted that 8% of the patient list (800) had a substance misuse diagnosis. NEMS have provided a list of their substance misuse patients; there are a total of 49 patients. 21 of these live outside of the new

practice boundary and will therefore be dispersed. Based on resident address 1 patient lives outside of Nottinghamshire, the remaining 20 patients will be allocated across 16 GP practices – 14 GP practices in the City, 2 GP practices in the County.

The 2017 CQC report indicated that the practice run a weekly shared care clinic with the specialist drug worker from the central recovery team. The Nottingham City Local Authority commissions this via their enhanced service. There are 5 practices in the City signed up to provide this Shared Care Service for patients who are primary or secondary opiate users (excludes alcohol only users who are referred to Nottingham Recovery Network (NRN) which is run by Framework from The Wellbeing Hub, Hounds Gate). Practices work in close partnership with specialist substance misuse workers currently provided by NRN to provide prescribing-based drug treatment within a primary care setting. Practices are paid £410 per patient per annum. There are around 300 patients in total on the scheme, 50 of which are registered at Platform One Practice (with 21 of being to be dispersed in this project). The enhanced service / shared care service means that participating practices can see patients from any GP practice i.e. the patient does not have to be registered at that practice in order to receive this enhanced support.
Framework also runs 'Clean Slate' from The Wellbeing Hub, a service to reduce reoffending through engagement and treatment of people who are addicted to drugs and alcohol. NRN Harm Reduction Service at Broad Street provides needle exchange. NRN holds joint clinics as part of the Shared Care Service. Patients generally attend NRN via signposting by GP / self-referral therefore the service is unable to provide practice level activity data. These services will continue to be available to patients.

In the County there is no similar enhanced shared care service, however Change Grow Live have been commissioned to provide Drug & Alcohol support. They prescribe methadone and work with the patient's registered GP practice.

We will continue to work with both Local Authority's over the coming months to ensure a safe and appropriate patient allocation and handover of the 20 patients. We are also informed that some Pharmacies provide substance misuse support in the form of "supervised consumption".

Concerns have been raised by the Nottingham City East PCN (which Platform One Practice is in) about the ability of practices to manage substance misuse patients and a possible influx of patients to the Nottingham Recovery Network in the City. This will be discussed with the Local Authority as the lead commissioners of this service.

It is expected that following the expression of interest process a new provider for the 7,800 patients will continue to deliver this substance misuse enhanced service for the 28 patients remaining on the list.

Staff that are experienced with this population may be eligible to TUPE over to a new provider and offer continuity of care and knowledge/expertise. This continuity of care will not be available for patients on the dispersed list; however, there may be clinical staff within the new practice that have an interest of specialism in this area.

During the mobilisation of the new service a new provider will be expected to clearly communicate any service changes to this population group and build relationships with organisations that support this group.

Platform One Practice also provide primary medical services to approximately 70 male patients who reside at ***Willoughby House*** in Upper Broughton on the Nottinghamshire / Leicestershire border. This arrangement was made between Platform One Practice and Teen Challenge UK, who is a registered charity helping young people with drug and alcohol additions. It is a not an arrangement which is commissioned separately by the CCG.

Willoughby House is outside of the new Platform One Practice boundary and therefore all of these patients will be allocated to their closest practice which is the Village Health Group (Keyworth Surgery). There will be an impact on continuity of carer as their core primary care services will be provided by this different GP practice however these patients will continue to receive the specialist support and treatment from Willoughby House for the time period that they are resident at the rehabilitation centre. Willoughby House does not receive support from Change Grow Live (referred to above), they manage this in house. Willoughby House have confirmed the following:

- They have a private GP who deals with all of their medical detoxification programmes, therefore they do not require detox medical intervention from a GP practice
- They look to only register their residents for general medical health purposes
- They have a very good relationship with Mr Singh from Keyworth Pharmacy who has worked with them for over 7 years. The CCG plans around dispersal should not affect this
- Current arrangements with Platform One Practice = patients are triaged and primarily receive telephone / skype consultations as necessary. Should they need a face to face appointment this is then arranged
- There are some medications that Teen Challenge do not accept, they do not accept patients on antipsychotic medications as they are not equipped to deal with the acute mental health needs. They also do not allow any Benzodiazepine, Opiod or SRRI based medications, and do not accept sleeping tablets or Pregablin. They are happy to work with GP's to discuss the needs of the resident and look for alternatives as appropriate and GP led.

Prior to COVID, NEMS also confirmed that patients either arrive by mini bus as a group or attend individually with their support workers to receive primary care services and advised that the average contact for these patients is 5 times per year for physical health check only (as their addiction support is provided at the rehabilitation centre).

- **New and emerging communities, including refugees and asylum seekers**

The CQC report noted that the practice had a high number of families from overseas and their patient population had 100 different ethnic groups recorded with 5% of the patient list recorded as non-English speaking. This is to be expected and is not dissimilar to other neighbouring practices in the inner City locations. We are not aware of the practice providing any specific services to this patient population over and above core primary care services.

**Phase A impact** (partial list dispersal and allocation)

It is likely that many of these patients reside within the inner city and so will remain on the list of the new practice. If there are patients who are to be dispersed there may be some impact depending upon which practice they are allocated to. If the patient is allocated to another GP practice in the City then this practice may have experience of managing patients from this protected group and also signed up to the Asylum Seekers enhanced service. The enhanced asylum seekers service is also available to the County practices. Practice staff may also have received cultural awareness training.

**Phase B impact** (re-procurement)

The re-procurement of the new APMS contract should not change the level of service provided to this patient group. The practice is expected to continue to be signed-up to the Asylum Seekers enhanced service and access to translation service will continue as these are commissioned separately.

The change in location of the service could have an impact as some patients may have to travel further and this could cause some confusion if not communicated and managed appropriately. Some patients may have to travel a shorter distance therefore having a positive impact. Staff with experience and understanding of these patients will be eligible to TUPE over to a new provider.

- **People experiencing economic or social deprivation, including those who are long-term unemployed, have limited family or social networks**

Due to its inner city location the practice does serve populations from this group. Under the new APMS contract these patients may be expected to travel further for services or travel a shorter distance (depending upon where they live and how they access the services). The new premises are required to be within 0.5miles from Market Square and is central to the City with easy access to public transport. Due to its central location patients from this group may not incur additional financial costs if they access services via public transport e.g. bus or tram, as the cost of ‘all day tickets’ for example are fixed are likely to cover the city centre radius. The APMS contract does not stipulate how services are to be provided (providers are required to meet the health needs of their population) therefore at this stage we do not anticipate an impact on this patient population.

It is unlikely that patients from this group will be on the dispersed list, if they are there may be positive impacts as they have to travel a lesser distance from their home to access primary care services at their new allocated practice. However it is acknowledged that public transport routes may not be as direct as they are to the City Centre.

- **Gypsies, Roma and Travellers**

It is not anticipated that there will be any changes to the services received by this group at this stage of the procurement process. Patients may have to travel further however this is mitigated by restricting the location of the new premises to be within 0.5 miles of the Market Square. Similarly, it is unlikely that these patients will be on the dispersed list. If they are there may be positive impacts as they have to travel a lesser distance from their home to access primary care services at their new allocated practice.

**Probation Hostels**

NEMS register patients from 2 probation hostels in the City and we have confirmed that they are within the new practice boundary and will therefore remain on the Platform One Practice list (they will not be dispersed / allocated to another GP practice).

- Trent House Probation Hostel, 392 Woodborough Road, NG3 4JF – the patient list indicates that 23 patients were resident here at the end of September
- Nottingham Probation Service, 106-108 Raleigh Street, NG7 4DJ – the patient list indicates that 44 patients were resident here at the end of September.

NEMS advised that when patients leave the hostels they tend to remain registered with Platform One Practice unless they move completely out of area. These patients should then be treated in the same way as other registered patients and supported to access primary care services within the appropriate practice boundaries of long term addresses.

**Section 4: Assessment of Likely Impact of Controversy**

**a) Is the proposal likely to result in controversy due to:**

- **The nature of the service**
- **The patients or carers affected**

| Highly Likely | ☐ | Likely | ☒ | Unlikely | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

**Phase A impact** (partial list dispersal and allocation)

Phase A could be considered controversial as we are allocating patients to another practice and the legal advice received highlighted two risks here (see below) in relation to challenge from patients who may not be amenable to the proposed plans.

1) Patients who are identified as being on the list for dispersal but wish to remain on the list for the new APMS contract. This is considered to be a higher risk and the CCG needs to demonstrate the objective basis on which the decision to allocate patients to the dispersal list has been made.
2) Risk of challenge from dispersed patients who are unhappy with the new practice that they have been allocated to. This is considered a lower risk if the CCG follows an engagement process to make patients aware of this forthcoming change and if there remains a number of other practices from which patients can choose to re-register with then.

There may also be controversy from Nottingham and Nottinghamshire practices who are being allocated patients as there is a perception that Platform One Practice has a complex difficult patient population. There could also be some controversy from Willoughby House (male residential rehabilitation unit) around being allocated to another GP practice. Similarly there is likely to be some local councillor interest. We are working with the CCG Communications and Engagement Team to prepare communications and engagement plans to support this project.

**Phase B impact** (re-procurement)

The services are expected to remain the same however the location and provider organisation that will be running those services will change. The level of controversy for this element of the project is expected to be low so long as we are able to clearly communicate why this is happening i.e. the practice has to be reprocurred via the local expression of interest process as we are at the end of a time limited contract and NEMS own the current building and have indicated that they would not be willing to rent this out to another provider.

Although the decision to reprocure and/or disperse has being made following three failed procurement attempts, and the decision by NEMS not to bid to continue to provide core GMS services at Platform One Practice, there may be impact or controversy surrounding this procurement and change of location and provider .

To mitigate this the CCG and PC teams should ensure that the rationale plans and decisions made are shared

**b) Has there been previous controversy around the service resulting in:**

- **Complaints / enquiries - Contact the CCG's Patient Experience Team: ncccg.patientexperience@nhs.net**
- **Media coverage - Contact the CCG's Communications Team: ncccg.team.communications@nhs.net**

| Large Amount | ☐ | Minimal | ☒ | None | ☐ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

GP practices in Nottingham have in the past attracted media attention for a variety of reasons; there have been a small number of practice closures in the past few months which may mean that there could be greater media attention on local primary care, especially given the current COVID situation.

Following a patient engagement exercise earlier in the year around the procurement one patient did contact NHS England about why the practice has to be re-procured. We have recently allocated patients following another City practice closure. This process did attract some patient feedback and confusion, however, that was mainly around confusion caused by NHS England sending out the wrong letters to the wrong patient groups. Further controls are in place to prevent this from happening in future.

A comprehensive transition plan including a clear communication strategy will help mitigate against these risks.

**c) Are you aware of any controversy (complaints or media coverage) when this proposal was introduced elsewhere?**

| Large Amount | ☐ | Minimal | ☐ | None | ☒ | N/A | ☐ |
|---|---|---|---|---|---|---|---|

**Comments/rationale:**

As noted above, re-procuring an APMS practice is standard practice across primary care commissioning. The CCG has recently completed a round of 4 APMS procurements and has just started another round. Media attention was received for bundle 2 whereby the local Nottingham Post just reported the facts that these contracts are being procured.

As noted above, there was patient contact following a recent patient dispersal and allocation and this is planned to be mitigated through an appropriate transition plan.

**d) What engagement activity has been undertaken or planned to gain the views of patients and carers?**

**Comments/rationale:**

The communication and engagement plan is as follows:

GP practice engagement (for 96 practices receiving patients)

- Meeting held with LMC to share dispersal methodology and engagement approach (10th September)
- Meeting with Locality Directors and CCG Clinical leads on Thursday 17th September
- Meeting with Clinical Directors on an ICP foot print (24th Sept City, 29th Sept Mid-Notts, 2nd October Nottinghamshire South)
- 7th October presentation to all GP practices about the project (presentation was also recorded and available on Team Net)
- GP FAQ's produced based on questions raised at all engagement events – being finalised and will be circulated w/c 12th October
- NEMS – CCG have kept NEMS informed throughout and the CCG comms and engagement team are linking with NEMS re: staff communication.
- Meetings at PCN level with all affected GP practices to answer questions and "agree" their patient allocation numbers

Patient Engagement & Stakeholder

- Letter posted 7th October to all 3,000 patients who are on the dispersal list. Letter advises patients of upcoming change (that boundary is being reduced, they will be written to in the new year allocating them to another practice) letter points to FAQs on CCG website and Patient Experience Team and advises patients that they **do not need to take any action now** and also highlights that patient still have a choice (can register at any practice where they are within the boundary).
- Associate Director of Primary Care and Head of Primary Care are responding to enquires from stakeholders including the Health Scrutiny Committee around this procurement process.
- Meeting with the Health Scrutiny Committee scheduled for 19th November.
- In January 2021 the allocation list will be reviewed and updated with the latest list size, the 3000 dispersed patients will be written to advising them of their new GP practice. Vulnerable patients will be highlighted to ensure a safe transfer between providers. Letters will also be sent to the 7,800 patients who are remaining on the list to advise them of arrangements from 1st April i.e. the outcome of the expression of interest process and their GP practice and location

PCCC

- Decision to disperse was made in July 2020 by the PCCC
- Update papers taken to September and October meeting
- Final decision on the outcome of the expression of interest for a provider from 1st April is expected to be made at the December PCCC meeting

**Section 5: Assessment of the Likely Impact on Privacy**

Please review the questions below, answering yes or no, to assess the requirement for a Data Protection Impact Assessment (DPIA). **DPIA completed and sent to IG Team 25/9/2020**

If you have responded 'Yes' to any of the above questions please contact the Information Governance Team regarding completion of a DPIA (ncccg.ig.greater-nottingham@nhs.net).

**Section 6: Impact Assessment Summary and Recommendation**

**Summary of any impacts / risks identified:**

This is a complicated project which has identified that there are likely to be impacts on a number of protected groups for both phases of the project. The communication and engagement with these groups and local stakeholders will be key to managing the impacts.

**Action/s to be taken to minimise adverse impacts / risks:**

Robust patient and stakeholder communication plan – currently being developed.

| **Recommendation from project lead:**<br><br>Proceed with project but with constant consideration and review of risks. |
|---|

**Submit completed EQIA to:** nnccg.eqia@nhs.net

**Section 7: EQIA Meeting Outcome**

| Date of EQIA Meeting: | *15/09/20* |
|---|---|
| Summary of EQIA Meeting Considerations and Outcome: | *Considered and recommended to undergo appropriate Quality Team Review.* |
| Data Protection Impact Assessment Required: | Yes |
| Engagement Plan Required: | Yes |
| Quality & Equality Link Identified: | Head of Quality Primary Care<br>Quality Health Inequalities Lead |
| Date of Feedback to Project Lead: | 15/09/20 |

**Section 8: Quality & Equality Link Review**

| Date of Review: | 15/09/20 |
|---|---|
| Review Undertaken By: | Head of Quality Primary Care<br>Health Inequalities Lead |
| Review Summary: | To consider below comments and amend EQIA where appropriate prior to submission to EQIA Panel (30/09/20)<br><br>Page 5<br>• Age: Further explore impact on working age (access pre and post working hours)<br>• Age & Disability: Acknowledge public transports routes for dispersed patients may be less convenient despite being closer<br>• Disability: Identify mitigations for accessing alterative mental health services<br>Page 6<br>• Gender reassignment: Confirm that all staff will undergo training in relation to confidentiality, privacy and dignity” in respect of continuity of carer (phase A and B)<br>• Pregnancy / Maternity: Acknowledge there may be some negative impacts re continuity of carer and that patient records will transfer and be available to new practice<br>• Race: Requested demographic information to support identification of disadvantaged groups<br>• Race: To identify what interpreting provision is available in the County to mitigate against impact identified<br>Page7 |

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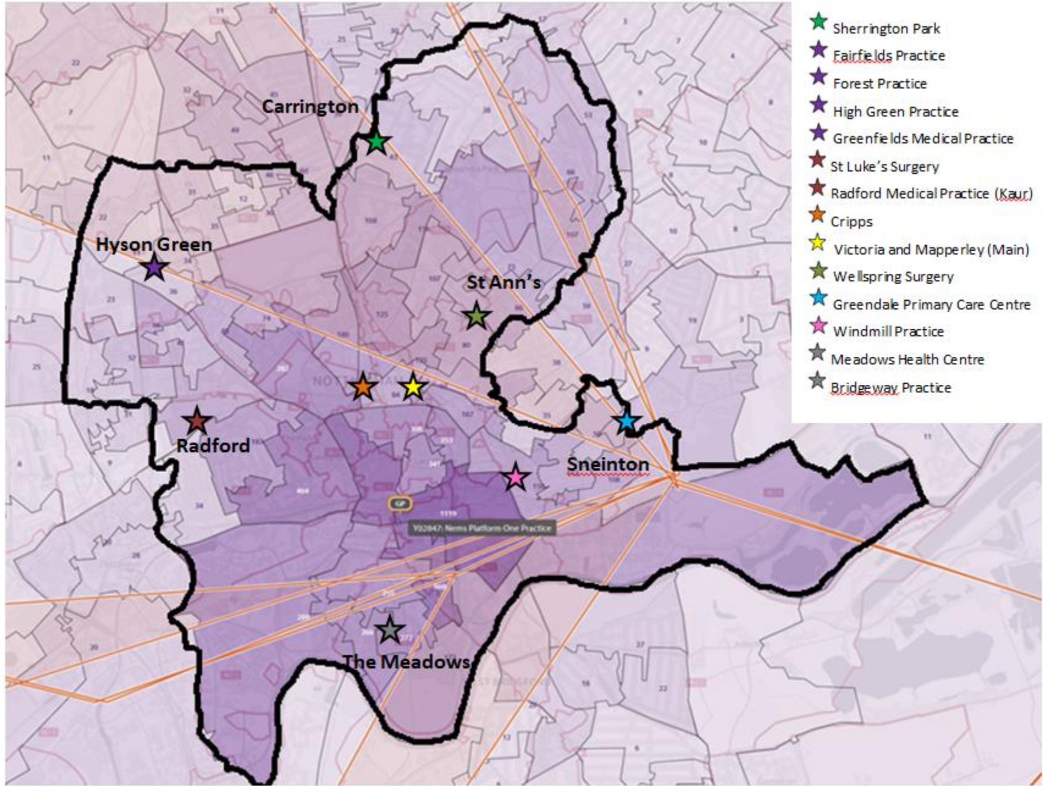
| Further review with project manager: 12.10.2020 | • Religion: Confirm that all staff will undergo cultural awareness training<br>• Sexual Orientation: Acknowledge that phase B may result in some negative impact and confirm that all staff will undergo training in relation to confidentiality, privacy and dignity" in respect of continuity of carer (phase A and B)<br>Page 8<br>• Carers: Consider that this may have a positive impact on carers also<br>• Homelessness: acknowledge this may have a negative impact re continuity of carer<br>Page 9<br>• Substance misuse: further assurance required re review of patients currently accessing specialist support and contingency / care plan for patients that are identified to be dispersed. To further consider whether any patients from this group should be dispersed if there is no contingency in place<br>• Substance misuse: further assurance required re Willoughby House patients and request for further information re outcome of review referenced (have Teen Challenge been engaged)<br>• Substance misuse: adverse impact on continuity of carer to be considered<br>• New and emerging communities: To confirm if an enhanced asylum seeker service exist in the County and to address mitigations if not<br><br>Head of Quality Primary Care<br>Quality Health Inequalities Lead<br><br>The above comments have been addressed within the EQIA.<br>Some additional concerns were discussed in relation to the patients with mental health needs and those who are homeless / have substance misuse issues. These have also been subsequently addressed within the EQIA and the project team have agreed to undertake work to identify these cohorts of patients and review whether they fall within the cohort that will stay at the practice or not. Where it is identified that they do not, the individual patient case will be assessed as to the suitability to be allocated to a different practice or not.<br>Although some other negative impacts have been referenced throughout the EQIA, the majority have been mitigated, including access to alterative mental health services, interpreting provision and assurance required re Willoughby House patients.<br><br>It is noted that there have been 3 recent failed procurements have already taken place and that failure to procure on this occasion could result in a lack of safe and effective primary care services for several thousand patients.<br>The model proposed supports the longer term resilience of primary care and the allocation of patients ensures access to primary care services during the middle of a pandemic. |

**Section 9: EQIA Panel Outcome**

| | |
|---|---|
| Date of EQIA Panel: | **18 November 2020 Virtual Review** |
| Summary of EQIA Panel Considerations and Outcome: | The comments in Section 8. largely acknowledge the potential impacts of the options described.<br><br>Continuity of Care is a key theme across all identified groups with particularly focus on pregnancy / homeless / and mental health. |

| | |
|---|---|
| | It is recommended that further engagement is conducted with maternity and mental health services to ensure safe and effective transition to new caseloads. Concerns are flagged about the potential action to transfer circa 100 to another Local Mental Health Team, can plans be built in to ensure this cohort maintain their teams / leads. It is also recommended to ensure there is a robust handover where gender reassignment cases are identified<br><br>Access is another key theme and the location to the Homeless Hub and placements around the current location. If plan b was to be mobilised it is recommended that rather than 'clearly communicating' that this is strengthened as part of the procurement process.<br><br>The nature of patient engagement is a fairly standard approach via a letter however it is recommended that further work is undertaken as part of the planning to continue to engage with the patient group through alternative routes and methods in order. The current patient population suggests 100 different ethnic groups recorded with 5% of the patient list recorded as non-English speaking – what additional plans are in place to engage and update.<br><br>It is recommended that a comprehensive transition plan be used to manage the impacts identified, incorporating all of the considerations identified above.<br><br>It is acknowledged that the impact for a small number of people may be significant especially in cases where people may transect a number of the groups affected. This should be considered in the planning and handover of complex cases and for people who are in the 'dispersal group' with exceptional circumstances to be considered on a case by case basis by the new practice, |
| Date of Feedback to Project Lead: | **18 November 2020 Danni Burnett** |

### Appendix 1 – new practice boundary for Platform One practice



Appendix B – list of major or severe diagnostic codes used to identify the 294 patients on the dispersal list

| **Column A – Minor/ Low MH Diagnosed Patients** | **Column B – Major/ Severe MH Diagnosed Patients**<br>**294 patients on the dispersal list** |
|---|---|
| Other mixed anxiety disorders<br>Anxiety State NOS<br>Mixed Anxiety and depressive disorders<br>Moderate depression<br>Feeling Anxious<br>Depression<br>Depressive Disorder<br>Anxiety Disorder/ anxiety disorder unspecified<br>Depression NOS<br>Emotionally unstable personality disorder<br>Personality disorder<br>Endogenous depression – recurrent<br>Generalised anxiety disorder<br>Post-traumatic stress disorder<br>Other post-traumatic stress disorder<br>Mild depression<br>Agoraphobia<br>Recurrent depressive disorder<br>Chronic depression<br>Panic Attack<br>Borderline personality disorder<br>Maternal concern<br>Obsessive compulsive disorder<br>Parental anxiety<br>Reactive Depression<br>Single major depressive episode<br>Dysthymia<br>Anankastic personality disorder<br>Bulimia nervosa<br>Eating disorder | Psychotic disorder due to use of cocaine/ drug induced psychosis<br>Severe depression<br>Psychotic disorder<br>Manic-depression psychosis, depressed, no psychotic symptoms<br>Other schizophrenia<br>Paranoid schizophrenia<br>Schizophrenia/ schizophrenia disorder<br>Unspecified schizophrenia<br>Non-organic psychosis NOS<br>Single major depressive episode, severe with psychosis<br>Personality disorder (& neurotic)<br>Brief reactive psychosis<br>Bipolar affect disorder, now depressed, severe with psychosis<br>Unspecified nonorganic psychosis<br>Schizotypal personality disorder<br>Acute transient psychotic disorder<br>Schizoaffective disorder<br>Major depressive disorder<br>Narcissistic personality disorder<br>Severe major depression with psychotic features<br>Emotionally unstable personality disorder<br>Psychotic episode NOS<br>Catatonic schizophrenia in remission<br>Non-organic psychosis NOS<br>Non- organic psychosis in remission<br>Schizoaffective disorder |

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## Strategic Needs Review – Platform One Practice – June / July 2020

| Objectives for strategic review | Rationale |
|---|---|
| **1. Understand the population health needs of the registered patients** | The practice has a diverse population ranging from extremely vulnerable inner city patients to the “working well” population that commute into the city from outer suburb areas.<br><br>The health needs and demands on services of the distinct groups of patients needs to be further understood. The ICS Population Health Management Team has been approached for support in this area and there are plans to work with the incumbent provider. |
| **2. Identify the additional services provided by the practice above and beyond core general medical services (GMS)** | This is partly documented within the latest CQC inspection report (published in October 2017) and based on information gathered from a discussion with NEMS in November 2017.<br><br>This area will require clinical support as well as LMC involvement. |
| **3. For services above core (GMS) identify whether alternative commissioned services are in place or whether commissioning gaps exist** | To identify whether the higher current contract value is supporting the provider to deliver a primary care service that is not comparable with other practices also serving these populations. Identifying whether this has led to inequity amongst the population groups and could be filling unknown commissioning gaps. |
| **4. Understand the strategic direction of the Primary Care Network and ICP including commissioning intentions for complex patients.** | To understand how the PCN proposes to design and deliver services to its local patient population and to understand how the ICP complex patient approach will impact upon the commissioning of primary care services for this practice. |
| **5. Identify whether there are suitable premises available in the City for a new GP practice (list size to be determined by this review) and timescales to make ready for clinical use** | The CCG’s Associate Director of Estates will be leading this area of work. A fee proposal for an initial premises search is referenced above in section 3.5. As previously noted two prospective bidders had identified potential premises but neither had progressed in any real depth to understand impact on mobilisation. The premises search commissioned will further explore the work and time required to make potential premises suitable for a GP practice.<br><br>This objective has interdependencies with objective 6 below. This objective can be started immediately but will need to be revisited as the review progresses and the future commissioning options in objective 6 are determined. |
| **6. Determine the options for future commissioning arrangements based on need and the factors identified above. Options may include:**<br>**6.1 Full dispersal of the list with separate commissioning of the Special Allocation Scheme**<br>**6.2 Commission a new APMS practice**<br>**6.2.1 With the Special Allocation** | This objective has interdependencies with objective 6 above.<br><br>6.1 Will include consideration of impact on patients, capacity and resilience of other practices, political and reputational impact, and alignment with strategic directions of ICS, ICP and PCN.<br><br>1.2 Will include determining the practice list size, population characteristics and specialisms, boundary, delivery model e.g. more online remote working. It will also include consideration of procurement routes for this contract including; full competitive process, use of national frameworks, competitive negotiation or direct aware. |

| | |
|---|---|
| **Scheme**<br>**6.2.2 Without the Special Allocation Scheme** | |

**Services to be considered as delivered by Platform One Practice under the APMS Contract**

| Specialty / Services | Commissioned Service |
|---|---|
| CQC reported high coding of MH however this is not necessarily supported by QOF prevalence which is line with their PCN peers.<br>Employ(ed)Primary Care Mental Health Nurse<br>➢ Complete mental health assessments<br>➢ Bridge gaps and support patients that do not meet the criteria for commissioned mental health services – caught in the gap between general community MH services, IAPT and specialised secondary MH services<br>➢ Supports ante-natal clinic discharge to NEMS who can provide the required mental health support thereby reducing impact on secondary care | Primary Care Mental Health Offer<br>Primary Care Mental Health Service, funded by BCF ended Jan 19 modelled on the NEMS Platform 1 MH Nurse role to bridge the gap between primary, community and secondary care services. The service was not evaluated.<br>The MH Commissioning Team is considering a business case to provide an Adult ADHD Service to commence 2020/21. LES would fund primary care monitoring.<br>Children's ADHD Shared Care Protocol approved by APC, funds practice monitoring via a LES<br>*Need to discuss impact of service change with ante-natal services should the current level of primary care support reduce* |
| Aligned to two Probation Hostels in Nottingham City providing primary care services to c43 patients, visits conducted in secure environments, managing difficult prescribing protocols | *Need to confirm if this is through a contract / sub- contracting arrangement with NHS England as commissioners of Offender Health services.* Tudor House Medical Practice contracted to support HMP Nottingham as sub-contract to CityCare. May require similar procurement |
| Homeless<br>➢ Around 350 pts. / 40% of Nottingham City homeless are registered with Platform 1<br>➢ Established weekly GP drop in clinic at Emmanuel House in partnership with the homeless team | Homeless LES available to practices across the CCG to sign up and support this cohort of patients. Focus on transition from specialist support to accessing mainstream services.<br>Due to the practice location and additional resources they are willing & able to take on large proportion of the most complex rough sleepers and individuals experiencing severe multiple disadvantages<br>Review of Homeless services is on-going, Nottm City ICP considering service model options, may be delayed due to COVID. |
| Asylum seekers<br>➢ Agreed to register around 200pts currently residing in a Nottingham City centre hotel<br>➢ Platform 1 Practice not signed up to IAA, may reflect lack of longer appts | The needs of asylum seekers go beyond "ordinary" primary care services. The need for an interpreter means each patient contact takes longer. Asylum Seeker and Interpreter Assisted Appointments LESs developed to support practices registering this patient group. NEMS not signed up to Interpreter LES. |

| | |
|---|---|
| Special Allocation Scheme<br>NEMS provide a 'step down' service in order to keep patients in mainstream services and not on the scheme. | Provided by NEMS Platform One, accessible to Greater Nottingham registered patients, separate service in Mid-Notts commissioned by NHSE. *Need to confirm commissioner and contract end date.*<br>As a consequence of holding the SAS contract they advise they provide a step down service. |
| Teen Challenge UK (Willoughby House, Leicester) – according to postcode mapping = approx., 91 patients<br>Pts. arrive individually or in a group with support worker(s). NEMS liaise with Drug and Alcohol residential rehabilitation centre to offer | *Arrangement set up by NHS England but not documented in contract.* Need to understand the commissioning of this service*. Believe NEMS took it on because no Rushcliffe or Leicester GP practices would accept responsibility these patients at this private rehabilitation centre.* |
| Work with Capital One and Loxley House to provide convenient appointment times for staff and link with the Workplace Chaplaincy | Not believed to be formally commissioned. An additional service provided by NEMS tailored to their population. |
| GP Clinical Lead for Substance Misuse holds / held weekly shared clinic with specialist drug worker from central recovery team<br>Pharmacist mentored to set up prescription medicine misuse clinics with support of GP lead | *Need to understand the commissioning of this service*<br>Potential loss of skilled staff providing targeted support. *Could this be a PCN scheme?* |

# Appendix 4 - Patient Experience Team contacts relating to the letter to the 3000 patients to be dispersed

| Reference Number | Enquiry Type | Current Stage | Organisation | Date Received | Category | Sub Category | Provider | Practitioner Organisation | Contact Source | Enquiry Description | Date Closed | Outcome | Outcome Reason |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GP/20/276 | Enquiry | Closed | South Nottinghamshire Locality | 08/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Unhappy that GP practice is closing, even though lives out side of the area. Does not think his local surgeries are clean and is not happy about having to be moved to one. He was advised that Platform 1 will be closing 31.3.21 and that could contact NHSE if not happy with this. | 08/10/20 | Enquiry resolved | |
| GP/20/277 | Enquiry | Closed | City Locality | 08/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Patient was confused by the letter. We confirmed that it was to notify them of the changes happening next March, he will be automatically found a new GP and that he wont have to do anything. | 08/10/20 | Enquiry resolved | Patient reassured they do not have to do anything. Letter for information only. |
| GP/20/278 | Enquiry | Closed | City Locality | 08/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Very distressed patient shouting down the phone that 'you can't send me a letter saying you're taking my GP away. You can't do this to me. No contact details left. | 08/10/20 | Enquiry not resolved - unable to contact enquirer | No contact details left. |
| GP/20/279 | Enquiry | Closed | City Locality | 09/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Enquirer advises is devastated that Platform 1 is closing. Patient advised they are disabled and has to be accompanied by their partner to the surgery because their partner works close to the practice . Since receiving the letter the partners personal circumstances has changed and will now be available to take patient to a closer practice. Would prefer to be moved to Netherfield which they say is closest to them but will wait for second letter to advise on the new practice. | 14/10/20 | Enquiry resolved | Patient devastated surgery is closing down as needed to be accompanied due to disability. |
| GP/20/280 | Enquiry | Closed | City Locality | 09/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Patient is distressed in having to move surgeries. Suffers from anxiety and depression and has got to know all staff and has formed a comfortable relationship with the clinical staff. I confirm the process and that the surgery was closing. Patient assured having spoken to someone, confirming the what was happening. | 14/10/20 | Enquiry resolved | Patient felt better for having spoken to someone who confirm what was going to happen and was re-assured. |
| GP/20/281 | Enquiry | Closed | City Locality | 09/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Patient said was worried about Platform 1 closing, was previously homeless and has been registered there since then. I explained the process and the patient said they reassured having spoken to someone. I explained that the practice would still be seeing patients as normal up until the end of March. | 09/10/20 | Enquiry resolved | Patient felt assured having spoken to someone. |
| GP/20/282 | Enquiry | Closed | City Locality | 09/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Is really concerned that has received letter about Platform 1. Is currently undergoing investigations for condition and is concerned will have to build a relationship with a new GP and go through all health issues with them. I confirmed that medical records should be automatically transferred to new practice at the end of March. I gave assurances practice was not opening else where. Finished call patient still unsettled. | 14/10/20 | Enquiry not resolved - enquirer not satisfied | Felt unsettled as is currently undergoing investigations and will have to start from the beginning with the new practice. |
| GP/20/283 | Enquiry | Open | City Locality | 09/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Left voicemail wanting to speak about the closure of Platform 1. Unable to contact patient. | | | |
| GP/20/284 | Enquiry | Closed | City Locality | 13/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Has received letter advising about the closure of Platform 1, is ok with this but the letter was sent to their previous address. Is concerned that will not get the second letter advising of the new surgery being allocated to. I was unable to speak with patient but left a message apologising for this situation and to contact us at the end of January 2021 if has received their second letter. | 14/10/20 | Enquiry resolved | Left message for patient call back end of January if not received letter. |
| GP/20/286 | Enquiry | Closed | City Locality | 13/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Enquirer is the carer of the patient registered at Platform 1 and suffers from mental health and physical disabilities. Enquirer says that this change will cause a drama and additional stress for this patient, is the first time they have got settled at surgery, he is taking GP advice, has a really good relationship with Dr Courcha and feels comfortable with them and would like to stay at the surgery. I advised that the surgery was closing and that all patients would be transferred to an alternative practices. I apologised for any distress this would cause. | 14/10/20 | Enquiry resolved | Explained surgery was closing and all patients are being transferred to alternative practices. I apologised for any distress this process would cause. |

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| GP/20/275 | Enquiry | Closed | South Nottinghamshire Locality | 14/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Email | Enquiry from patient following receipt of letter saying that Platform 1 will close in March 2021. Patient says that's Dr Graham has kept him alive during the last 10 years as he suffers from chronic depression and is the only GP he has come across who understands him. The letter has set the patient back and now needs further therapy in order to be able to deal with the effect of the letter. Patient says that he needs to be wherever Dr Graham is as he is a crucial part of the patient's wellbeing. | 12/10/20 | Enquiry resolved | Enquirer advised to contact Platform 1 and ask where Dr Graham will be transferring to when the surgery closes. Patient also advised that he can register at any practice as long as he is in the catchment area. |
| GP/20/114 | Enquiry | Closed | City Locality | 14/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Anxious Platform 1 is closing. Is concerned as is being well supported at the Stonebridge Centre and doesn't want to have to be referred elsewhere if they have to register at a GP practice closer to their home address. | 21/10/20 | Enquiry resolved | |
| GP/20/290 | Enquiry | Closed | City Locality | 15/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Email | Patient is furious about the changes being made, has previously had some poor experiences with local practices and is feeling very anxious about having to go back. would like the family to be continue to be registered with the practice. | 15/10/20 | | |
| GP/20/296 | Enquiry | Closed | City Locality | 19/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Telephone | Enquirer wanting to speak with some regarding the changes at Platform 1 Practice. | 27/10/20 | Enquiry not resolved - unable to contact enquirer | Unable to get through and speak to patient. |
| GP/20/300 | Complaint | Closed | South Nottinghamshire Locality | 23/10/20 | Primary Care | GP practice closed | GP | NEMS Platform One | Email | Complaint about complainant and family being moved from NEMS Platform One next year as they do not live within the new practice boundary. Complainant says this is not a person centred decision as he has 2 adult sons with autism and LD and wants to be able to stay with Platform One. Complainant says patients should be consulted about this decision and is raising the issue with the local authority and his MP. | 10/11/20 | Complaint not upheld | The current provider does not wish to tender for services once the contract ends so the practice will close. The CCG has to look at alternative options. The complainant is not able to stay with the practice as it will not exist. |

**Health Scrutiny Committee**
**17 December 2020**

**Support for people in mental health crisis**

**Report of the Head of Legal and Governance**

## 1. Purpose

1.1 To review the support and pathways for people who are in mental health crisis.

## 2. Action required

2.1 The Committee is asked to identify if any further scrutiny is required and if so, the focus and timescales.

## 3. Background information

3.1 The Committee is aware of the 111 First programme that aims to improve the way that patients access urgent care by ensuring that they receive the right care in the most appropriate setting first time, for both physical and mental health issues. The Committee has also heard reports of increases in the number of people presenting in mental health crisis at the Emergency Department, including increasing numbers not previously known to services, and anecdotally in relation to Police services and increases in mental health issues associated with the current Covid-19 pandemic. The Care Quality Commission recently published a national report about how people's mental health needs are met in acute hospitals including the barriers faced in accessing help at a time of crisis.

3.2 In this context, the Committee wanted to explore what support and pathways are in place locally for people in mental health crisis, whether this is sufficient to meet the level of need and how the healthcare system works to ensure that people are able to access the right service at the right time in the right place.

3.3 Attached is a joint briefing from Nottinghamshire Healthcare NHS Foundation Trust and Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) about mental health crisis pathways in place and further plans for improvement. Representatives of the Trust and CCG will be attending the meeting to discuss this with the Committee.

## 4. List of attached information

4.1 Briefing on Mental Health Crisis Pathways from Nottinghamshire Healthcare NHS Foundation Trust and Nottingham and Nottinghamshire Clinical Commissioning Group

## 5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

## 6. Published documents referred to in compiling this report

6.1 CQC (October 2020) 'How are people's mental health needs met in acute hospitals, and how can this be improved?'

Minutes of the meetings of the Health Scrutiny Committee held on 17 September and 15 October 2020

**7. Wards affected**

7.1 All

**8. Contact information**

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Email: jane.garrard@nottinghamcity.gov.uk

**Mental Health Crisis Pathways**
**Nottingham City Health Scrutiny Committee**
**17 December 2020**

## 1. Introduction

The purpose of this briefing is to provide an outline of services and support that is available in Nottingham City if a person is experiencing a mental health crisis.

## 2. The mental health crisis and urgent care pathway

The following section provides information on services within the mental health crisis and urgent care pathway.

- **Crisis Resolution and Home Treatment Teams:** operate 24/7 the teams provide face to face assessments and home treatment to people who would otherwise be admitted to hospital. Team capacity has been increased over the last year with specific services for children and young people and older people.

- **Mental Health Liaison Services:** operate 24/7 in Sherwood Forest Hospital and Nottingham University Hospital and provide rapid assessment of patients who are referred due to concerns for their mental health while they are being treated for physical health problems or symptoms. The Service takes referrals from the Emergency Department or from inpatient wards.

- **Children and Young People Mental Health Service (CAMHS) crisis and liaison team**: The team provide a home treatment service and in-reach into the Emergency Department and acute hospital wards. Children and young people can self-refer to the team

- **24/7 Crisis Line**: providing 24/7, all age, open access/self-referral to urgent NHS mental health support, advice and triage, staffed by the Crisis Resolution and Home Treatment Team. Since starting in April 2020 the line has received over 7000 calls.

- All age **Mental Health helpline**: delivered in partnership with Turning Point and provides emotional and therapeutic support and onward signposting to other services. This helpline is available 9am-11pm, 7 days per week

- **Crisis House**: delivered in partnership with Turning Point provides a residential and provides practical and emotional support, including coping strategies, for people who are feeling distressed or experiencing a crisis that is affecting their mental health, and may otherwise need to be admitted to hospital. Haven House has 6 individual bedrooms and communal areas and residential stays may be up to 7 days

- **Street triage:** is a partnership between Nottinghamshire Healthcare NHS Trust, Nottinghamshire Police and the CCG and delivers a joint response to mental health related calls received by the police. The service operates 9am- 1am

- **Harmless**: The Tomorrow Project- Designed as an all age primary care, short-term crisis management support pathway providing emotional and practical support for crisis – e.g. safety planning, having a named worker, liaising with other professionals involved in care

- **Mental Health Crisis Sanctuaries**: A series of collaborative workshops were held in 2019 to jointly develop a local model for Mental Health Crisis Sanctuaries, with a plan to pilot the sanctuaries model from summer 2020. Due to the COVID-19 pandemic, the original timescale has not been feasible. However, planning for the sanctuaries has recommenced and a pilot will be implemented during early 2021 through a partnership of voluntary sector organisations. The sanctuaries will be a safe space where people can go at times of crisis which is impacting on their mental health; the service will provide practical and emotional support.

In addition to commissioned services outlined above there are services which are funded nationally or by charities which support the local system.

**3. Increasing Service Provision**

To increase capacity within commissioned services, additional staff are being recruited to the Crisis and Urgent Care pathway, including expanding the Crisis line and Crisis Resolution and Home Treatment Teams and additional capacity in the Emergency Department. There will also be increased communications to the public on mental health services available to support them.

As part of the NHS Long Term Plan Priorities for Mental Health, over the next 3 years there will be investment in complementary and alternative crisis services, to support traditional crisis resolution and home treatment teams and reduce presentations at the Emergency Department.

Over the last 12 months investment into the community teams has taken place, despite some delays in recruitment due to the covid-19 pandemic there has been a reduction in waiting times across all teams with an average waiting time of 49 days from referral down from 66 this time last year. New roles are being tested as part of the investment including peer support workers and pharmacy technicians working in the teams. Plans are in place to develop the early intervention in psychosis service to meet NICE level 3 standards including and maintain the 2 week waiting standard. Investment in to personality disorder specialist services will offer specialist support across the community pathways including evidence based therapeutic interventions and partnership working with the voluntary community sector to provide more robust community pathways and support.

**4. Collaboration and Partnership working**

An ICS Mental Health Urgent Care and Out of Area Placement Taskforce focuses on joint planning and system solutions to improve the urgent and crisis mental health care pathway for people of all ages.

**5. Health Inequalities**

It is recognised that there is on-going work required address health inequalities and understanding local needs. There is also a recognition that we need to utilise information about health inequalities in our planning.

Work is on-going with the ICS population health management team and the Nottinghamshire Healthcare Foundation Trust data analyst teams to better understand the needs of the local area, how caseloads are currently made including understanding under and over represented groups when compared to the local demographic profiles.

## 6. Conclusion

The briefing provides an overview of services that are available if a crisis is experienced that is impacting on mental health. There have been a number of developments in Nottinghamshire over the past 3 years and the briefing outlines further plans to increase services and ensure early access to support.