



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, 11 February 2021

Time: 10.00 am

Place: Remote - To be held remotely via Zoom -
<https://www.youtube.com/user/NottCityCouncil>

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Report for Nottingham City Health Scrutiny Committee meeting on 11th February 2021

The purpose of this report is to summarise the position of Healthwatch Nottingham and Nottinghamshire (HWNN) following the discussion of Platform One at the Nottingham City Health Scrutiny Committee (HSC) meeting held on 17th December 2020. It draws on HWNN's communication with the CCG and reflects the HWNN priority focus on vulnerable patient groups.

In December 2020, the HSC directed that a mobilisation task and finish group be set up and requested that HWNN oversee and scrutinise the mobilisation of patients from exiting primary care provider to new provider which is now being put in place. The role of HWNN is to scrutinise that the 11,000 patients who will have a new primary care provider due to the CCG procurement will have equivalent service as they have received thus far and the same access to such services.

In addition, HWNN will be asking the CCG to respond to three actions as part of the transition of patients from the existing to the new provider or alternative GP practice.

1. Engagement around right to choose

The view of HWNN is that patients have a right to choose their GP practice. The CCG's Equality Impact Assessment (EQIA) highlights that 'patients still have a choice (can register at any practice where they are within the boundary).' The EQIA states that, while homeless patients are not to be dispersed and are to remain with new provider, people who misuse drugs, new and emerging communities including asylum seekers and refugees, people experiencing economic social deprivation etc. are among the patients who are to be dispersed.

There has been no engagement with this category of patients and as such no meaningful information has been provided. They were sent one letter by the CCG on 7th October 2020 and informed that they will be assigned a new GP practice. The letter did not state the patients' right to choose. The lack of engagement with patients, in particular some of the vulnerable groups means they may not realise impact of the changes nor their right to make a choice.

The EQIA also states that "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." According to HWNN, they should be part of this support and communication mechanism in order to ensure meaningful engagement, seamless transition.

ACTION: The CCG to demonstrate their action in response to this recommendation in the EQIA: "The CCG should have an action plan to ensure

that all patients are aware of and enabled to make a choice about their GP practice, including those who may not respond to a standard letter”.

2. Mitigation of negative impacts

The EQIA highlights the impact of this two-phase process of procurement of primary care for 11,000 patients. Some of these impacts are positive, some negative and some neutral.

ACTION: CCG should have a detailed action plan to mitigate the negative impact as result of this procurement. This evidence has not been provided to HWNN and a clear mitigation plan and implementation timeline will be useful to HWNN and to the City HSC.

3. Access to service:

The CCG has provided assurance that this procurement will not lead to a change in service. Although overall services may remain the same, it will not be a ‘one stop shop’ for patients and this may impact access to services for SMD patients.

ACTION: It will be good practice if the CCG is able to demonstrate, using the needs assessment from the existing provider, that this procurement and dispersal will not exacerbate existing health inequalities.

Ajanta Biswas
Vice-Chair
Healthwatch Nottingham and Nottinghamshire

9.2.21