

1 Standard Court  
Park Row  
Nottingham  
NG1 6GN

Telephone: 01623 673140  
Email: [lucy.dadge@nhs.net](mailto:lucy.dadge@nhs.net)

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

**Sent via email to:** [Georgia.Power@nottinghamcity.gov.uk](mailto: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%
<b>CCG Average</b>	<b>10.84%</b>	<b>0.81%</b>
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	
PCN 7	Deer Park Family Medical Practice
	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 1<sup>st</sup> 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 14<sup>th</sup> 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.

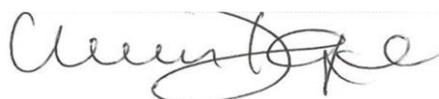
We have hugely valued the input of the Health Scrutiny Committee over the last few weeks and wish to continue this useful dialogue over the coming months, in the same spirit of helpful scrutiny and challenge.

### **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.