

Platform One Practice

Briefing for Health Scrutiny Committee

11 February 2021

Dear Colleagues,

CCG colleagues attended the Health Scrutiny Committee in November and December 2020 in relation to the process underway to secure continued Primary Medical Services for the patients of Platform One Practice.

At the December 2020 meeting, the Health Scrutiny Committee asked for a further update to be provided at the February 2021 meeting in relation to the new provider and the points below included in the minutes of the meeting:-

- Communication and engagement with service users
- Stakeholder engagement to ensure the interests of patients and service users are reflected in communication and mobilisation
- Mobilisation plan

The CCG was also asked to present to a future meeting of the Health Scrutiny Committee in relation to lessons learnt from the process.

The brief below provides an overview of the new provider and an update on progress made on mobilisation, stakeholder engagement and ongoing communication with patients.

Joe Lunn

Associate Director of Primary Care

Joe.lunn@nhs.net

Platform One Practice: transition, engagement and mobilisation approach

1. Introduction

This brief is to update the Health Scrutiny Committee with the transition, engagement and mobilisation approach for the registered population of Platform One Practice following the outcome of a competitive expression of interest process.

2. Contract Update

The contract for the provision of primary medical services between NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and NEMS (Platform One Practice) will come to its natural end on 31st March 2021.

The competitive process concluded on the 30th December 2020 and the outcome of this process resulted in the successful award of an APMS contract to Nottingham City General Practice Alliance. The APMS contract ensures the continued provision of primary medical services to the registered population that resides within the new practice boundary. Contract term of 10 years; with an option to extend for a further 5 years.

The new practice will be called 'Parliament Street Medical Centre'.

The Health Scrutiny Committee asked the CCG to consider an extension to the current Platform One Practice contract. The CCG approached NEMS and an agreement is now in place to extend the contract for a further 3 months to support the seamless transition of patients to the new provider. The Platform One Practice contract will now end on 30 June 2021, the new provider will commence delivery of services on 1 July 2021.

3. New provider Introduction: Nottingham City General Practice Alliance

Nottingham City General Practice Alliance (NCGPA) was formed in 2016 and is Nottingham City's first GP Federation (or referred to as the Alliance). The NCGPA is a Company Limited by Shares and has a membership of 48 Practices and covers a population of over 336,000.

3.1. Premises

The new premises are located on Upper Parliament Street, which is within walking distance of Station Street. This location offers very good transport links for buses from Market Square, Upper Parliament Street and Maid Marian Way and tram links from Market Square.

Disabled access is available from the Angel Row entrance; where patients can park in disabled parking bays and access the practice via the lift (patients will be escorted from the Angel Row entrance by NCGPA staff).

A high percentage of the Platform One Practice registered population will be familiar with this location as the GP+ service, extended access primary medical care services, is provided from this location. Platform One Practice is the highest referrer to this service. In addition, this is the same location which was previously the branch site to the Platform One Practice main site on Station Street.

3.2. Other services

Other services provided by NCGPA include:

Primary care medical services:

NCGPA have been operating a caretaking arrangement at Bilborough Medical Centre for nearly two years. The outcome of a recent procurement has resulted in NCGPA being awarded APMS contracts to deliver primary medical services for the registered population of Bilborough Medical Centre (9,923 patients) and Grange Farm Medical Centre (5,899 patients).

GP+: Extended Access:

NCGPA have been delivering the GP+ service for Extended Access since April 2018. This service was commissioned through the NHS England GP Forward View programme of work with a requirement to provide 30 appointments per 1,000 population. For Nottingham City services this resulted in an additional 192 hours per week appointments for the delivery of routine primary medical care services. Access to this service is for all patients registered with a Nottingham City GP practice and is available from 4pm until 8pm Monday to Friday and 10am until 2pm Saturday and Sunday, the service is also available on Bank Holidays. The service offers appointments with GPs, Practice Nurses, Clinical Pharmacists, Physiotherapists and other Health Care Professionals.

Stop smoking 'Stub it!' service:

The NCGPA stop smoking service 'Stub it!' supports patients in the city that want to quit smoking. Stub It! provides a 12-week programme of stop smoking support. The first appointment is with a specially trained pharmacist to help develop an individual plan, based on a patient's need and patterns of smoking. The service commenced in 2018 and uses a combination of products and behavioural support.

COVID Clinical Management Centre:

Delivery of the Nottingham City COVID Clinical Management Centre

Primary Care Network Additional Roles Reimbursement Scheme:

NCGPA is the lead employer of the Primary Care Network Additional Roles Reimbursement Scheme (ARRS) staff for the eight City Primary Care Networks, including Social Prescribing Link Workers, Clinical Pharmacists, Network Managers and Care Coordinators.

Signposting Health resource:

Development and delivery of an active signposting training programme for GP practice reception and clerical teams to help navigate patients to access community services, through care navigation and active signposting.

3.3. Population

The service will offer a range of appointments including pre-bookable, urgent on-the-day, and ad hoc walk-in appointments to ensure that the needs of all clinically vulnerable groups are met. Clinicians will work with members of the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) workforce (including social prescribers and clinical pharmacists) and the wider Multi-Disciplinary Team (MDT), which includes Care Co-ordinators and Community Nurses. NCGPA has strong links with other ICP stakeholders including Framework, Nottingham City Homes, Nottinghamshire Healthcare NHS Trust and the City Council, which will be utilised to ensure a truly multi-disciplinary offer is made to these patients.

The NCGPA workforce has significant experience of working with vulnerable patients and those with Severe Multiple Disadvantage (SMD). Platform One Practice is the highest referrer of patients to the GP+ service, delivered by NCGPA, and they will actively seek feedback from these groups of patients to enable the service offer to be tailored and adapted in a responsive way. NCGPA already have experience of working with the nearby Wellbeing Hub to support vulnerable groups.

3.4. Workforce

The service will be delivered by a range of clinicians and administrative staff employed with skillsets matched to the needs of this population; all staff will have appropriate training to ensure that they are sensitive to the needs of these groups. Discussions are taking place between the current and new providers regarding TUPE responsibilities. Mobilisation plans have been developed and NCGPA are entering into discussions with NEMS to ensure that a smooth transition take place.

3.5. Service provider

NCGPA is a stakeholder in the Nottingham City Integrated Care Provider (ICP) and has strong links with other ICP stakeholders including CityCare, Framework, Nottingham City Homes, Nottinghamshire Healthcare NHS Trust and Nottingham City Council. As part of the mobilisation discussions NCGPA will be seeking to ensure that all partner agencies that currently work with NEMS are engaged to work with NCGPA.

Patients who reside within the defined practice boundary should not have to change Mental Health teams. However, the CCG has had discussions with Nottinghamshire Healthcare NHS Trust in relation to the 3,000 patients that will be dispersed to another practice. These patients will remain with their current team until they can be transitioned to a new team related to their new practice in a safe way. This is dependent on each patient's needs, and the speed of transition to a new team is dictated by the patient's condition and individualised care plan.

4. Practice boundary

The new practice boundary will result in approximately 3,000 patients, currently registered with Platform One Practice, being allocated to practices nearer their home address. The remaining approximately 7,800 registered patients will transfer to the new provider.

A letter was sent to the 3,000 patients to be allocated to practices nearer their home in October 2020. A follow up letter has recently been sent to these patients to make them aware that they will remain registered with Platform One Practice until 30 June 2021, as a result of the contract extension with NEMS. A further letter informing patients of their allocated practice will be sent in June 2021. Stakeholder groups were made aware the letter recently sent to patients and will be engaged going forward in future communications.

A separate letter is due to be sent to the residents of Willoughby House and all Homeless patients temporarily located in Nottingham City hotels. Willoughby House residents will transfer to a GP practice in East Leake. Homeless patients temporarily residing in hotels will be retained within the new practice boundary and will transfer to the new provider.

A letter will be sent to the 7,800 patients transferring the new provider, to notify them of the change in provider and the change location during February 2021. This letter will be shared with stakeholder groups prior to it being circulated to patients.

The mapping of patient postcodes indicates that a high % of the most vulnerable patients will reside in the new boundary and therefore transfer to the new provider.

4.1. Dispersed patient offer

The 3,000 patients to be allocated to a neighbouring practice will have the same access to primary medical services they have always received. All practices that patients will be allocated to have a CQC rating of either outstanding or good.

5. PCN engagement

Discussions have already taken place with PCNs to share the number of patients that will be allocated to the PCN and to individual practices. Vulnerable patient groups have been discussed with PCNs and practices that have more experience of working with specific vulnerable groups have agreed that patients should be allocated to them (i.e. substance misuse). Follow up discussions are planned with all PCNs to ensure all practices understand the allocation of patients.

6. Patients with Mental Health conditions

Services commissioned for Mental Health (MH) patients are consistent across the whole of Nottingham and Nottinghamshire. Local Mental Health Teams (LMHTs) (run by Nottinghamshire Healthcare Trust) are linked to a specific practice registered list. The City South LMHT covers NEMS Platform One GP Practice; they have 160 patients 'open' from the

Practice. Discussions have already taken place with the Trust in relation to LMHTs and 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. This is dependent 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.

A Severe Mental Illness (SMI) LES is being developed, with the CCG Mental Health Commissioning Team, this will develop an SMI Health Check service to support practices in improving access to and quality of physical health checks for these vulnerable patients during 2021/22. The funding has been secured through the Community Mental Health Transformation Programme.

7. Patients with Severe Multiple Disadvantage (SMD)

As shared with the Health Scrutiny Committee at the December 2020 meeting, the CCG is committed to commissioning an SMD Local Enhanced Service (LES) to support this vulnerable population group. A working group has been established, and a number of meetings have already taken place, to provide valuable input to develop and shape this LES. The scope of the current Homelessness LES has been widened to incorporate the complex needs of vulnerable SMD patients within the service specification. This LES will be available to all Nottingham and Nottinghamshire practices, making it available to this vulnerable cohort of patients wherever they live.

8. Asylum seeker patients

The CCG is fully aware of the challenges asylum seekers face in accessing primary care services. The CCG has worked with 'The Refugee Forum' to look at simplifying the registration process to capture as much data prior to the patient appointment, and to look at how their experience of primary care can be improved. This has included the development of training and education for both clinical and non-clinical practice staff. A translation assisted service has also been developed to reflect the need for double appointments in primary care, in particular for health checks, to ensure that access to translators is available. All Nottingham and Nottinghamshire GP practices can participate in these services and a high percentage of practices have signed up to deliver these services. The CCG also supports the Home Office Syrian Refugee Resettlement Programme and practices across Nottingham and Nottinghamshire have been integral in ensuring that this cohort of patients can access primary care services near to their home.

9. Communication and Engagement

Part of the commitment made in relation to patient engagement was to form a stakeholder group to help steer communications and engagement for the mobilisation of the new provider for the service. The purpose of this group will be to steer communications and engagement with the patient cohorts impacted by the transition of the practice to a new provider, particularly those that are vulnerable and have additional support needs.

To ensure that we properly involve the service users who will be impacted by the transition we have engaged with the Nottingham City Integrated Care Partnership (ICP); Healthwatch Nottingham and Nottinghamshire (HWNN); the Nottingham Homelessness Voluntary Sector Forum and representatives from the ICP's Severe Multiple Disadvantage (SMD) Group to gather feedback on the most appropriate representatives to invite to join the stakeholder group. These conversations have informed the development of a draft Terms of Reference for a group, included at Appendix 1.

The stakeholder group will be comprised of key organisations that are connected to the wider network of organisations and forums that support the practice's most vulnerable patients.

HWNN have agreed to act as the independent chair for the group, which will ensure that the process has good external challenge and leadership. The following organisations/individuals have been approached to join the group:

- Head of Primary Care, CCG
- Senior Commissioning Lead, Nottingham Crime and Drugs Partnership
- Rough Sleeper Coordinators, Framework and Nottingham City Council
- Nottingham and Nottinghamshire Refugee Forum
- Emmanuel House
- The Friary
- Street Outreach team.

We are also seeking representation from Nottingham City GP Alliance (NCGPA) and organisations supporting SMD patients.

We are aiming to meet within the first two weeks of February. The stakeholder group will help establish a programme of engagement activity that will enable the CCG to reach the practice's most vulnerable patients.

In addition to the core stakeholder group we have established a database of the wider network of organisations and groups supporting vulnerable people in Nottingham City. We shared information about the new provider and the timescales for mobilisation through this network on 11 January 2021, noting that we would be establishing a full communications and engagement plan alongside a stakeholder group.

We have written to the 3,000 patients who are being dispersed to other practices to inform them that the transition to the new provider will be extended to 1 July 2021 and that they

should continue to access GP services through the existing practice until that point. We will also write to the patients remaining on the practice list to make them aware of the transition.

We are developing a set of Frequently Asked Questions, including how patients accessing specialist support through the practice will continue to do so, and will publish these soon and share them with organisations supporting vulnerable people in the city.

We are clear that writing to patients to inform them of changes is part of a wider programme of communications and engagement that we will develop, and we will be guided by our stakeholder group in the most appropriate methods to use to make sure patients are informed of any changes that may affect them. We want to assure the Committee that we will undertake a wider programme of activity to make sure that we target and reach the practice's most vulnerable patients.

10. Transition and mobilisation approach

10.1. Mobilisation

To ensure a safe and seamless transfer of patients to the new provider a mobilisation plan has been prepared, this detailed plan remains a live document which will continue to be updated as we progress.

The mobilisation plan captures the following key areas:

- Governance
- Procurement and APMS Contract Management
- Communications – main stakeholders
- Patient Communication
- Engaging with wider commissioners and their provider
- Engagement - Stakeholders to support patient transfer
- Staff – TUPE
- IT and Premises
- GP Practice Allocation - for the 3,000 patients
- Finance

The Primary Care Commissioning Committee (PCCC) has oversight and approval of the mobilisation process for all primary care contracts. The live plan has been presented to PCCC and will be subject to regular review to ensure tasks remain on track..

Following the award of the contract, mobilisation meetings are being scheduled with the new provider. The CCG will also support, and facilitate discussions between the new provider and NEMS, where required. Workforce discussions are ongoing to reflect TUPE requirements and the outcome will then determine what additional recruitment is required by the new provider to ensure the staffing model in place meets population needs.

Once mobilisation has been completed, scheduled meetings will become contract meetings to support ongoing service delivery.

The CCG has a significant work plan to ensure all technical transfers remain on schedule to ensure that the new provider has access to all patient clinical information and the IT equipment to enable the delivery of the service. The CCG has engaged with NHS England and Primary Care Support England to ensure that all technical transfers of patient records, including practice related coding, reflects the new provider from 1st July 2021.

Stakeholder and patient communication will be led by the formation of the stakeholder group to reflect the role that they play in patient communications and wider stakeholder communications. In addition to this, the mobilisation plan reflects the involvement of internal stakeholders and partners.

Although separate from the APMS contract, the CCG will also ensure that additional services (local enhanced services) that will be provided to the patient population are transacted from a contractual and technical perspective, and form part of mobilisation discussions.

10.2. Engagement with Wider Commissioners and Providers

The CCG is working with our partner commissioning colleagues in 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.

Initial discussions have taken place with the Lead Commissioning Manager for Nottingham Crime and Drugs Partnership (Nottingham City Council). Follow up meetings are taking place with commissioners in February and subsequent discussions with providers will follow.

Services include:

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

We will continue to work with commissioners and providers during mobilisation to ensure positive patient outcomes as they transfer to their new provider, especially where we identify services that support our most vulnerable patients. As we disperse patients to practices closer to home consideration will be given to any additional support needed if a transfer of service is required for our most vulnerable patients. We have already compiled a comparison of city and county services as part of the planning process.

11. Equality Impact Assessment (EQIA)

The EQIA is currently being updated to reflect the award of the APMS contract to the new provider. This incorporates the change in location of where primary medical services are delivered and reflects the successful providers service model. Once this has been through the full CCG sign-off process it will be made available to the Health Scrutiny Committee.

12. Patient feedback

Health Scrutiny Committee members raised a query relating to the information collected on outcome of patient concerns raised.

The CCG will liaise with the Stakeholder group to consider how this qualitative information is collated in the future to improve this process in relation to how this is captured and articulated.

The CCG has reviewed the processes undertaken to engage our Patient Experience Team as part of this process and this will included in the lessons learnt update.

13. Conclusion

In conclusion, the CCG are committed to ensuring the safe and seamless transfer of the patients that will move to the new provider and the 3,000 patients that will move to a GP practice nearer to their home. A detailed mobilisation plan has been developed, it is a live document, and is underpinned by the work of the Stakeholder Group in the engagement and delivery of key messages to patients. The mobilisation plan will continue to evolve to reflect the completion of key milestones.