

**Platform One Practice**

**Briefing for Health Scrutiny Committee**

**11 March 2021**

Dear Colleagues,

Following the February 2021 Health Scrutiny Committee, CCG colleagues were asked to provide a further update at the March 2021 meeting on the points below which were included in the minutes of the meeting:-

- Lessons learnt
- Updated Stakeholder Task and Finish Group Terms of Reference
- TUPE and transfer of skills arrangements

The brief below provides an update on the areas requested.

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## **1. Introduction**

This briefing updates the Health Scrutiny Committee on the procurement of the Platform One Practice contract and lessons learnt during this process. It also provides further information on the TUPE implications arising from the process. We would stress that the level of detail that we can provide on TUPE reflects what can reasonably be shared in a public meeting, taking into account the impact on individual members of staff. The briefing also includes the latest Terms of Reference for the Stakeholder Task and Finish Group being formed to support two-way communication and engagement with the practice's patients.

## **2. Service Development and Change**

An over-riding concern expressed has been that the CCG did not engage with the Committee on the changes to the Platform One Practice early enough to enable proper scrutiny. The CCG has acknowledged that it did not enable the Committee to have a full awareness of the policy context that gave rise to the procurement of a new provider for the services until a preferred outcome had been identified. We have in previous briefings described that the driver for the change has been national policy rather than a local decision. However, we fully accept that earlier engagement in the process would have enabled the Committee to work with the CCG to ensure that issues likely to adversely impact the population served by the practice were considered, understood and addressed at the earliest opportunity.

Decisions in relation to the commissioning, procurement and management of Primary Medical Services contracts are made by the Nottingham and Nottinghamshire CCG Primary Care Commissioning Committee (PCCC). The PCCC was established as the corporate decision-making body for the management of primary care functions delegated to the CCG by NHS England & Improvement (NHSE/I).

The previous three open market procurements undertaken in 2016, 2018 and early 2020 failed to secure primary medical services for the patients of Platform One Practice. The decision to undertake a local Expression of Interest approach was made following feedback from City Councillors, in May 2020. This process was intended to follow Best Value Decision Making and build upon the strengths and assets of the Nottingham City General Practice offer.

The CCG are confident that the local Expressions of Interest process has been robust and has produced a positive outcome in the identification of a city-based provider. We do however acknowledge that we could have been more proactive in engaging with the Health Scrutiny Committee earlier and in engaging with the practice's patients and local organisations that work with and support them, particularly given the vulnerability of some of the patient cohorts.

The CCG further acknowledges that it should in future, at the outset of any service change proposal, provide greater clarity of the policy context in which it is operating – clinical, financial, contractual and otherwise. This will enable parties to agree the extent to which changes proposed are the result of national policy development, and therefore have limited scope for variability; or alternatively where the service change/development has been devised locally to address local needs/requirements. This will enable a clear framework for scrutiny and a shared starting point for all parties to understand the impact of the changes proposed.

We are aware that the predecessor Nottingham City CCG was invited to provide an update to the Committee on GP services across Nottingham City, which included workforce, access and quality issues

across the sector as a whole. We would like to take this opportunity to establish this as an annual update and request that this be factored into the Committee's work programme.

### **3. Patient and Stakeholder Engagement**

The CCG has previously shared details of the engagement event held with patients registered with Platform One Practice in January 2020. This event was supported by Platform One (NEMS) who recruited attendees to ensure that there was a good cross-section of patients representing the practice population. The feedback from this event was included in the Expression of Interest documentation to ensure bidders reflected the practice profile and needs of the practice population in their tender.

The CCG has, through recent conversations with the Committee, acknowledged that more proactive and early engagement could have been undertaken. In particular, the CCG has acknowledged that early engagement with wider stakeholders who represent and support the practice's most vulnerable patients would have been beneficial in ensuring that two-way dialogue was established from the outset between the CCG and the practice's patients. The CCG has also acknowledged that more tailored and targeted forms of communication and engagement could have been used to enable us to reach out across the practice's diverse population.

The CCG has committed to establishing a Stakeholder Task and Finish Group to guide communications and engagement for the transfer and mobilisation of the Platform One service. The group will also help to facilitate feedback from service users and ensure that dialogue is established between the CCG, the new provider and the patients who will access the service. This includes both those patients transferring to the new provider and those being dispersed to other practices.

The first meeting of the Stakeholder Task and Finish Group is taking place on Wednesday 3 March 2020, with Healthwatch established as the independent Chair. Updated draft Terms of Reference, to be agreed within the first meeting, are included as Appendix A.

The CCG further acknowledges that there is a role for wider stakeholder and patient and patient input into the development of the Equality Impact Assessment (EQIA). This will be published as a public document only subject to redaction where due process requires (e.g. commercially sensitive information, data protection etc.).

### **4. TUPE**

The Committee has asked for more information on the TUPE implications arising from the process of transferring the service to the new provider. TUPE refers to the 'Transfer of Undertakings (Protection of Employment) Employment) regulations 2006' as amended by the 'Collective redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) regulations 2014'. TUPE regulations protect employees' rights when they transfer to a new employer.

For the Platform One Practice Expression of Interest process, bidders were expected to determine their own staffing model for the service in accordance with the service specification to meet the needs of the patient population. Upon award the successful bidder (Nottingham City GP Alliance) would then be required to work with the incumbent provider (NEMS) to agree staffing transfers or TUPE requirements that will apply to the Contract.

TUPE applies to a role that is delivered in the current service that will transfer to the new service. If a member of staff is eligible for TUPE they can decide whether they wish to transfer to the new employer or not.

Discussions between the Nottingham City GP Alliance and NEMS have started to progress in relation to TUPE, as part of the wider mobilisation. NEMS are due to provide a list of staff for potential transfer to Nottingham City GP Alliance and a meeting to progress further has been arranged. It is the responsibility of the both parties to work together to identify and consult with eligible staff in accordance with the TUPE regulations to ensure a successful handover.

This is a confidential process involving employment rights and liabilities of the transfer, including contract of employment and terms and conditions for staff. All parties are also obligated to follow the General Data Protection Regulation (GDPR) and TUPE regulations.

We are unable to provide detail on specific arrangements for TUPE for staff members, due to the regulations and the confidentiality of the process.

However, the CCG with both NEMS and Nottingham City GP Alliance are committed to retaining knowledge and expertise for Parliament Street Medical Centre and the wider health community.

## **5. Conclusion**

In conclusion, the CCG are committed to ensuring lessons learnt are embedded into future development of proposals that impact upon current service delivery models. We welcome the opportunity to work with wider stakeholders as part of the engagement and communication for patients transferring to other GP practices and those transferring to Parliament Street Medical Centre.

We are 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 is appropriate.

Key lessons learnt are detailed below:-

- a) The CCG will seek to engage the Committee earlier in any service change process, including setting out the policy context driving change. We will actively work the Committee including offering to do an annual primary care update.
- b) We acknowledge we could have engaged stakeholders and patients earlier in the process, and are incorporating this into future procurements. We have also extended the mobilisation period for this transfer to enable patient and stakeholder engagement to be undertaken.
- c) We acknowledge that we need to do more tailored and targeted engagement for the Platform One practice population, and will work with the Stakeholder Task and Finish Group to support this.
- d) We will continue to work with Healthwatch as a critical friend going forward in this and other procurements that impact patients.
- e) We will involve stakeholders in the developing EQIA for the service.