

Subject to approval
at next meeting

**MINUTES OF A MEETING OF THE
PRIMARY CARE COMMISSIONING COMMITTEE
Tuesday 18 February 2020 at 10.00 am
Askam Band Hall, Askam-in-Furness**

PRESENT:

Mike Bone	Lay Member, Morecambe Bay CCG (Chair)
Hilary Fordham	Chief Operating Officer, Morecambe Bay CCG
Jerry Hawker	Chief Officer, Morecambe Bay CCG
Gareth James	Chief Finance Officer, Morecambe Bay CCG
Hazel Parsons	Lay Member, Morecambe Bay CCG
Dr Andrew Severn	Secondary Care Doctor for the Governing Body
Margaret Williams	Chief Executive Nurse, Morecambe Bay CCG

In attendance:

Sarah Bloy	Senior Primary Care Manager, NHS England and NHS Improvement - Lancashire and South Cumbria
Peter Higgins	Chief Executive, Lancashire and Cumbria Consortium of Local Medical Committees
Kate Hudson	Head of Primary Care, Morecambe Bay CCG
Dr Rahul Keith	GP Executive Lead - Quality and Performance
Kay Wilson	Primary Care Commissioning Manager, Morecambe Bay CCG

(Minutes)

Action

24/20 **WELCOME AND INTRODUCTIONS**

Mike Bone (MB) welcomed members of the public to the Primary Care Commissioning Committee meeting and explained that the Committee was responsible for the commissioning of primary medical services across Morecambe Bay, and the Committee had delegated powers to make decisions in respect of Primary Care related matters.

The Committee, he explained, was a meeting held in public rather than being a public meeting and as such members of the public could observe, but not take part in, the Committee's discussion. MB confirmed that there would be an opportunity, once the meeting had closed, for anyone to raise a point of clarification. Members of the Committee were introduced to the members of the public and each confirmed their role as a member of the Committee.

MB informed the Committee that the purpose of the extra-ordinary meeting was to discuss a single agenda item; the future provision of primary medical services in Askam-in-Furness. Approval of the

minutes of the meeting from 15 January 2020 would be delayed until the next scheduled meeting.

The Committee noted that a number of questions and comments had been received from patients in advance of the meeting and these would be reported to the Committee as part of the discussion of the Options Appraisal paper.

MB invited Kate Hudson (KH) to present the Options Appraisal Paper the Paper to the Committee as well as the additional questions and comments that had been received.

25/20 **DECLARATIONS OF INTEREST**

Declarations of interest were requested that would be relevant to the items to be discussed on the agenda. No declarations of interest were made. Recorded declarations of interest can be viewed on MBCCG's website.

26/20 **COMMENTS AND QUESTIONS RECEIVED IN ADVANCE OF PRIMARY CARE COMMISSIONING COMMITTEE MEETING (FOLLOWING ENGAGEMENT EVENTS)**

KH explained to the Committee members that extensive patient and stakeholder engagement had taken place; the CCG's aim had been to speak to as many patients of the practice as possible. Patients had been asked to complete a 'Patient Survey' and KH confirmed that all comments made in the 446 completed surveys received had been presented to Committee members; this was in addition to the summary contained in the Paper which had been, and remained to be, available on the CCG website publically prior to the meeting. In addition, KH confirmed the comments which had been received following the end of the survey period had also been made available to all Committee members including the two letters which had been received from patients on the morning of 18 February 2020.

KH confirmed that a letter had been received from Askam and Ireleth Parish Council which reiterated the strength of feeling in the community in terms of retaining a surgery within Askam and which also made a generous offer to support the CCG in resolving the issue. KH confirmed that this letter from the Parish Council had similar content to a letter received on 17 February 2020 from a local Councillor.

A letter had also been received (28 January 2020) from a patient that contained a lot of helpful information, for example: travel times to Kirkby-in-Furness and possible alternative sites. This letter, however, also raised some questions particularly in relation to the ownership of the premises.

A separate e-mail had been received on 1 February 2020 asking

the CCG whether the surgery was staying and whether a pharmacy service would be retained.

Following publication of the Paper, two subsequent questions were received. The first one related to page 49 of the Paper which made reference to the catchment area for Atkinson Health Centre although the map showing the boundary was unreadable. The question posed was whether Askam lay within the boundary of Atkinson Health Centre and KH confirmed that this was not the case. The second question asked for details of the catchment area of the new Alfred Barrow Health Centre and KH confirmed that the three practices occupying the new Alfred Barrow Health Centre each had its own catchment area and relevant maps had been included in the Paper. KH confirmed that there were three practices with boundaries covering Askam-in-Furness although only two of these also covered Ireleth. KH confirmed that approaches to local practices had been made in relation to the potential for patients to be dispersed and the results of these discussions were included in the Health Needs Analysis section of the Paper.

One of the questions received related to the response from the practice survey. KH explained there had been some confusion because there had been a mixed response from the neighbouring practices. KH confirmed that from the 14 practices approached, ten had submitted a response and of these ten, six had expressed a preference for a procurement exercise to be undertaken whilst 4 had expressed a preference for the list to be dispersed. KH said that it was important to note that the Mid-Furness Primary Care Network (PCN) had sent a message to the CCG confirming that the PCN membership, which included practices located closest to the Askam site, felt strongly that the list should be dispersed.

A further query had been received asking whether the Health Authority could own the premises and KH confirmed that it was not possible for the CCG to own premises, particularly on behalf of a service provider.

KH confirmed that two questions had been received from the local MP, Simon Fell, via e-mail on 17 February 2020 which related to the impact of travel on patients as well as the impact on neighbouring practices if patients had to register elsewhere. KH confirmed that the Health Needs Analysis contained as much information as could be found in relation to public transport and that the CCG did appreciate the limitations of local public transport. In relation to the impact on local practices and wider health services, KH confirmed this was covered on page 7 of the Paper which explained the services which would remain the same irrespective of the decision made in relation to the practice.

A separate e-mail was received on 17 February asking why the Primary Care Commissioning Committee was being held at 10:00 am which meant that anyone working would be unable to attend;

this question had also been included in the two letters received on the morning of the Committee meeting. KH explained that Committee meetings were always held within business hours to allow members to attend but apologised to those who would not be able to attend. KH confirmed that the outcome of the meeting, together with the minutes, would be published.

KH confirmed that the letter from the local MP reiterated the strength of feeling in relation to the number of patients who contacted local MPs with a view to ensuring a local service was maintained in Askam. The letter received on 18 February asked whether Askam-in-Furness could be the same as Barrow and Ulverston in relation to the premises and KH confirmed that this issue together with how patients might access medicines would be addressed throughout the meeting.

KH went on to explain that the number of patients registered at the practice (the 'list size') was currently decreasing and she informed the Committee that this was not unusual in the circumstances. There was, KH said, an expectation in the correspondence received, that the list would increase due in part, to the number of new houses to be built in the area.

KH confirmed this reflected all the comments and questions received from patients and stakeholders.

MB asked the Committee if members wished to raise any specific questions in relation to the engagement exercises undertaken.

27/20 **PRIMARY CARE SERVICES IN ASKAM-IN-FURNESS OPTIONS APPRAISAL**

Background to Options Appraisal/Health Needs Analysis

KH confirmed that the Paper represented the current situation in relation to the practice at Askam-in-Furness following Dr Jain's resignation from the contract and also contained the two options for consideration.

Option 1 was for the list to be dispersed whilst Option 2 was to initiate a procurement process to source a new provider (GP). The risks and benefits of both options were discussed in the Paper which also outlined the services which would remain in place, ie home visits for housebound patients; 'out of hours' services; District Nurses and Accident and Emergency Services.

The Paper also contained a Health Needs Analysis which had been discussed at the patient engagement events. KH confirmed that it had not been possible to interrogate the clinical system at the practice and, therefore, a lot of information was from the national Quality and Outcomes Framework (QOF). The Health Needs Analysis also included a summary of the patient engagement

including the outcome of the patient survey results. The important aspect to note, KH said, was the high response rate which was evidenced by the number of people in attendance at the meeting. The approximate number of patients attending the engagement events was 150 which represented 10% of the total number of registered patients. The number of responses to the survey was 446 which was almost one third of the number of registered patients and KH said that this demonstrated the strength of feeling regarding the decision.

KH again confirmed that patients had taken the time to make a number of comments in the surveys and that all of these comments had been presented to Committee members and had been stored electronically. The views of neighbouring practices and other stakeholders had also been provided to Committee members and a summary was set out in the Paper. The Health Needs Analysis also contained publically available information in relation to neighbouring practices. Information gathered in respect of travel times was also included in the Paper.

KH explained that following the publication of the Paper, two subsequent pieces of information had been presented to the CCG and these had been presented to Committee members as an addendum. The information was around train times and fares to Kirkby-in-Furness as well as the fact that there was a caravan park in Askam-in-Furness.

KH also confirmed that a 'market engagement' exercise had been undertaken; this had advertised the potential contract available in relation to primary medical services for Askam. This exercise involved providing all contractual information as well as the current situation in respect of the premises. The results of this exercise would not be known until after the publication date of the Paper and, consequently, could not be included in the Paper. KH explained that whilst three initial expressions of interest had been received, only one completed document had been submitted. KH explained that unfortunately this submission was not in line with the published contractual requirements as part of the market engagement process. The information in respect of the market engagement had been shared with Committee members.

The CCG had also undertaken some brief investigations in relation to pieces of land available and buildings for development and this document had also been shared with Committee members. Whilst there were buildings which could be developed at Station Yard, KH said, these were industrial units which would need some conversion. Furthermore, land opposite the Co-op, which had also been identified as a possible solution, was overgrown and currently flooded. Whilst it was acknowledged that the land could be developed, this would be subject to the appropriate planning applications being made.

KH confirmed that the CCG had approached Dr Jain to understand the opportunity for leasing the current premises to a new provider and Dr Jain had asked for his response to be read out:-

“In the spirit of co-operation and goodwill he will contribute the following:-

- 1) We agree a new end date for the contract.
- 2) The caretaker could act as the Locum.
- 3) An added advantaged would be that patients can continue to benefit from dispensing service until either dispersal or procurement is completed.”

The CCG understood this to mean that the current service and premises could be available for a longer period of time irrespective of the decision made by the Committee. However, KH said it was important to note that Dr Jain had confirmed that the premises were for sale.

MB asked Committee members to consider the two options and discuss any mitigation in respect of these.

Sarah Bloy (SB) said that there had been a similar process followed elsewhere in NHS England Lancashire and South Cumbria and that NHS England did appreciate how difficult these situations were. The national direction of travel, she said, was moving away from single handed practices, particularly in relation to issues of patient safety issues and practice sustainability.

In relation to the dispensing element of the contract, SB confirmed this would cease at the end of March 2020. If a caretaker was appointed, it would be possible for a clause to be included providing the opportunity for routine and emergency dispensing to be available, however this would not, SB said, include the dispensing of controlled drugs. If the list was dispersed SB explained that there were on-line pharmacies and other community pharmacies which provided a collection and delivery service. In respect of patient transport, SB asked if the CCG had considered a short term transport solution.

In answer to a question from Dr Andrew Severn (AS), Dr Rahul Keith (RK) explained the group of controlled drugs which would not be able to be dispensed under caretaking arrangements.

Peter Higgins (PH) confirmed that the Local Medical Committee (LMC) had been working with Dr Jain and neighbouring practices to see if a solution to the issue was possible which would see the continuation of a service based in Askam-in-Furness.

Hilary Fordham (HF) confirmed that the CCG continued to be open

to discussion around the establishment of a branch surgery within Askam.

Option Appraisal

KH summarised by saying there were two options, the first one was the dispersal of the patient list. KH said that listed within the Paper was a number of potential risks; particularly in respect of the overwhelming response from patients which had demonstrated a strong desire for the practice to remain open.

KH confirmed the CCG had engaged with neighbouring practices in view of the impact if the list was dispersed. The practice at Askam-in-Furness was part of the Mid-Furness PCN which had stated it was keen for the patients to be dispersed and for those practices to offer a robust and continued service within their local area. The wider response from practices had been a preference for a procurement exercise to be undertaken, although the CCG had received offers from two practices to take all registered patients. KH explained, however, that course of action could present significant challenge, particularly for those patients with poor mobility and she confirmed the CCG was aware of the limitations of public transport as well as the costs of taxi fares.

Option 2, KH said, was to find a new provider. A market engagement had been undertaken to identify whether there were potential providers. The information received as a result of this, however, had not resulted in a viable expression of interest that was in line with the CCG's contractual requirements.

KH confirmed that the LMC had suggested a third option and asked PH to explain this to the Committee in order for the Committee to ask any questions.

PH explained that the LMC believed that there needed to be a GP presence in Askam-in-Furness and the loss of a service for local residents would not be something the LMC could support. The LMC had made efforts to get a neighbouring practice to take on the services in Askam-in-Furness which could be managed as a branch surgery rather than as an independent practice as the LMC believed the potential contract was too small to be viable as a stand-alone entity.

PH confirmed that the LMC was aware that there were two practices interested but he explained the difficulty related to premises and that, potentially, a neighbouring practice would need to identify suitable premises. The LMC did recognise that it was not going to be possible to finalise that option before the end of March 2020 and therefore there would need to be some sort of interim arrangement.

MB asked how the options could be implemented. KH explained

that in respect of the dispersal of the list, it was a complex process which involved a number of agencies and the process could take up to three months to complete. KH explained that there were not three months available now before Dr Jain was due to retire, but Dr Jain had offered to extend his current contract which would allow a short period of stability whilst patients chose another GP practice.

A procurement exercise, KH said, would take anywhere between six and eight months to complete but again there was an offer from Dr Jain to extend the contract.

In relation to the third option, KH explained that it would depend on the practice wishing to open a branch surgery. KH confirmed the CCG had also discussed this option with local practices but to date had not received any applications from practices for this contract change which would create a branch surgery. In relation to the premises, KH explained the information obtained by the CCG, had not highlighted there were premises available which could be used in the short term. KH acknowledged this was a basic survey, she confirmed that the CCG had also approached the Local Authority to check if premises would be available. Furthermore, any premise would require the appropriate authority to undertake the transformation of the site into a GP practice. There were also a number of requirements that would need to be met, in terms of Care Quality Commission (CQC) registration and NHS Premises Regulations, in order for the premises to be used. KH confirmed that the requirement to find premises lay with the GP provider and she said she did not want to give the impression that this was a simple solution and it was not possible to guess what the costs of adapting premises might be.

In terms of the comments received from patients and stakeholders all had commented on the lack of public transport and the difficulty in getting prescriptions dispensed. Committee members asked what action could be taken in relation to these issues. KH said that the CCG had been very pleased to receive the letter from the Parish Council offering to work with the CCG and the CCG wished to work with the Council to address these issues.

In relation to Option 2, Procurement, PH explained that in his experience a stand-alone contract would not be attractive to potential bidders. There were, he said, private companies managing ten small practices across an area some of which, however, have failed. Furthermore, if the CCG was successful in attracting a new provider, PH felt the main issue would be in attracting GPs to work at the practice. There was, he said, an overall shortage of GPs being felt across the whole country with the west coast of Cumbria being an area of particular difficulty.

AS asked if there was a critical mass in terms of patient numbers which would make a practice viable. PH confirmed that the LMC working across Lancashire and Cumbria had produced a GP

Charter which gave an optimum list size. He reiterated that the LMC supported all practices, irrespective of size, but the work had shown the optimum list size was between 7,000 to 12,000 patients.

Margaret Williams (MW) asked about the Equality Impact Assessment, particularly that it would be monitored through the Quality Monitoring Group which would have a watching brief all through the process. KH confirmed that the Equality Impact Assessment undertaken had tried to address both options but the impact differed in terms of the decision made. The intention was that once the decision was made the document would be revised.

Hazel Parsons (HP) asked in relation to Option 1, List Dispersal, what the mechanism would be for the CCG to be assured that patients continued to be offered flexible appointments. KH confirmed that the CCG would not be able to make any amendments to GP contracts in relation to the dispersal of the list but would continue to monitor practices through the normal contract monitoring process. The CCG's Primary Care Commissioning Operational Group (PCCOG) had responsibility for monitoring primary care issues which included GP providers.

HF confirmed that in the event the list was dispersed, the CCG would work with the Parish Council to address the issue of public transport. A member of Askam and Ireleth Parish Council spoke at that point to confirm that the Council did not support the option of dispersing the list and the mitigation offered related to keeping services in Askam. However, the lack of public transport remained the biggest issue to be resolved.

MB summarised by saying that the Committee had been presented with an Option Appraisal document containing two options, with a third being introduced at the meeting, which the Committee had to consider. He said that Dr Jain had taken the decision to retire although Dr Jain had subsequently confirmed he was willing to postpone this. MB went on to confirm Dr Jain owned the premises and he had indicated he was looking to sell the premises rather than rent or lease these to another practice. MB confirmed that it was possible that the dispensing service could continue for a limited period of time but it would not be possible to dispense controlled drugs and, as this service was managed by NHS England, it was not something the CCG could make a decision on.

MB said that the Committee appreciated Dr Jain's offer to extend his contract to allow sufficient time for dispersal arrangements to be made or for a procurement exercise to be completed. However, the Committee had heard from PH that the second option was unlikely to result in another GP wanting to take on the contract and this would involve the purchase of the premises from Dr Jain or alternative premises to be sourced. This was supported by the response received to the market testing exercise. He asked the Committee members if they had any further questions before a

decision was made.

Summary of Discussion

HF said that it was a very difficult decision for all Committee members to make. She confirmed that the Committee appreciated all the input into the process to date as well as all the comments made. HF said that the Committee now had to make a decision which ensured there was sustainable provision of primary medical care going forward and that she felt Option 2 was not likely to achieve that. However, the Committee had heard the offer from PH to work with the LMC and local practices to source a branch surgery. HF proposed that this option was pursued on the basis that if it was not possible to find a practice to open a branch surgery in the next few weeks, the patient list would be dispersed.

MB said that he thought it would be helpful for the Committee members to talk through this proposal.

PH said that he welcomed the Committee supporting that third option. He felt that the procurement process would not be favourable and in terms of the dispersal of the list, PH said that he was not sure that practices had the workforce, the physical space or the appointment slots to make this work.

KH said that it was an exceptionally difficult decision especially having heard the views and experiences of patients. Unfortunately, KH said, she did not believe trying to identify a new provider was viable. In terms of the dispersal, the current contract only allowed a six week period in which to undertake this and KH believed that, having experience of similar circumstances, this period of time was not adequate to run the process in a safe way which could force the CCG into a managed dispersal process meaning patients would not have the right to choose which practice they wanted to go to. KH said that she did not believe that in terms of formal options presented in the Paper, there was another option; however, if it was possible to get to a position where a practice wished to open up a branch surgery, this would be an extremely positive outcome. KH said that she had some concerns in relation to the provision of premises and she believed this remained a risk. However, in order to progress the third option, KH confirmed that she was happy for this to be pursued. KH confirmed that her decision was to disperse the list but to work with the LMC and other practices to receive and consider a branch surgery application. KH said that she was very grateful for Dr Jain's offer and would speak to him about postponing his contract end date. In respect of the practice staff, KH said that the staff had been through a period of uncertainty for some considerable time and the CCG would need to speak to the staff about this option. KH confirmed that the CCG was grateful for the hard work of the staff at the practice.

AS said that he was very pleased that the concept of a branch

surgery had been raised as a major mitigation. He was concerned about the lack of pharmacy provision and acknowledged that that had to be negotiated with a separate organisation. AS said that his first thought had been to pursue the procurement option but he noted the comment about the optimum patient list size. Therefore, AS said that his decision was for the list to be dispersed with the caveat that the branch surgery option had to be pursued.

HP said she would support the dispersal of the patient list with the caveat that a branch surgery option was pursued. HP said that she did think it was really important that the CCG took account of the concerns that had been raised. HP asked if there were innovative ways, such as the use of technology, which might help to overcome these issues.

Gareth James (GTJ) supported the option to disperse the list but also supported the option of extending the current contract to allow work on mitigating actions in the meantime.

SB confirmed she was not a voting member. However, she said that it had been demonstrated that the option of procuring a replacement GP was not viable. SB said she thought finding suitable premises would be really hard and that there needed to be a set timescale; if it was not possible to source a practice to open a branch surgery then the dispersal of the list needed to be undertaken. SB confirmed that NHS England/NHS Improvement would work with the CCG in ensuring that options were available in terms of pharmacy provision.

MW agreed that the dispersal of the list should be pursued but agreed that it was key to get an extension to the current contract. MW said that a branch surgery could mean multiple things and could be set up in a number of different ways as it was not just about medical workforce. MW confirmed that she would not support a procurement process.

Dr Rahul Keith (RK) agreed that the CCG should move to disperse the list and pursue a three months' extension of the current contract to ensure that the dispersal was carried out in a safe and managed way.

Jerry Hawker (JEH) said he appreciated the amount of work undertaken by the Primary Care Commissioning Team in working with the public and service providers to find a solution. He said that the CCG had a duty of care to make sure GP services were available for patients in Askam and he felt it was important to have a timeframe for a definitive proposal. He too said the CCG had to consider the staff and the situation could not be left open ended indefinitely and the CCG also needed to make sure services were safe.

JEH went on to say that the work done to date showed the scale of

the challenge in trying to find a sustainable solution. He welcomed the exploration of the branch surgery option but he said there needed to be clear timelines set for doing this piece of work. He acknowledged the solution needed to be affordable although he reiterated the issue was not about affordability as such. His view was to disperse the list but with a three months' extension to the current contract to check with local practices if a branch surgery was an option. He said that the branch surgery option meant that the list was dispersed anyway and that the Committee needed to be clear about the terminology.

MB said that the Committee had given a clear indication that the list should be dispersed. In summary he said that the CCG would work with Dr Jain to explore the option of extending the contract for a three month period whilst work was on-going with local practices to explore the option of a branch surgery. Discussions in respect of the premises would need to be between the local practices and Dr Jain direct. Discussions would be held with the staff to understand the implications of the three month extension.

It was also reiterated that the CCG would work with local partners to investigate transport options for Askam residents.

In conclusion the decision of the Committee was to disperse the list. This should be done by 30 June 2020 if Dr Jain was in agreement to extend the current contract for a three month period. At the same time, there would be a piece of work with local practices to determine whether a branch surgery, or any derivative of this, could be agreed.

PH

KH confirmed that the CCG would confirm the outcome of the Committee to patients by writing out to each Head of Household registered with the current practice. This letter would set out the ways in which patients could register with an alternative GP as well as details of the neighbouring practices.

KH

The meeting closed at 11.15 am.

28/20 **DATE AND TIME OF NEXT MEETING**

Thursday 2 April 2020 at 10.30 am, Main Lecture Theatre, Moor Lane Mills, Lancaster.