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<b>Date</b>	10 <sup>th</sup> July 2018
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<b>Title of paper</b>	<b>GP at Hand Variation to Sub Contracting Application</b>
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<b>Confidential</b>	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;"><b>Yes</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><b>No</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> Items are only confidential if it is in the public interest for them to be so	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>
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**The Committee is asked to:**

- Consider if the variation to sub-contracting notice from GP at Hand is a valid application.
- Consider the variation to sub-contracting notice from GP at Hand against the criteria set out in the GMS Regulations.
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**Background**

GP at Hand practice submitted a request dated 22<sup>nd</sup> June 2018, to vary their sub-contracting arrangements by adding the following site:

- Badger House, 121 Glover Street, Birmingham B9 4EY

As this is a material change it is considered a new sub-contracting application.

Previously, in November 2017, the Primary Care Committee considered and approved a variation to a sub-contracting notice which added 3 additional sites (branch surgeries) in London where GMS services would be offered under the sub-contracting arrangement.

That approval was given following the completion of a clinical and contractual review of the proposed model in London by Commissioners.

The committee should note that this application proposes to expand the sub-contracting arrangements and service model to provide services across a wider geographic area beyond

London, in this case in Birmingham.

Under the sub-contracting arrangement that is requested, appointments would be provided on behalf of the practice at an additional site in Birmingham via a sub-contracting arrangement with Babylon Healthcare Services Limited. The services to be sub-contracted and provided at other sites on behalf of the practice are:

- face to face consultations
- for face to face consultations through home visits
- provision of digital appointments to patients
- patient administration and management services.

#### **Assessing the application**

The PCCC should primarily assess the variation on the following criteria as set out in the GMS Regulations Part 5 (5):

- Is the sub-contractor able to meet its obligations under the contract. This includes gaining assurance on provision of the full range of GMS services, safety of the services, meeting the regulatory requirements and provision of suitable premises which the contractor has an agreement to use.
- Would the sub-contract put the safety of the contractor's patients at serious risk or
- Put the Board at risk of material financial loss.

The CCG, who have delegated responsibility for the commissioning of primary medical services, must advise the contractor before the end of the period of 28 days beginning with the date on which the Board received the notice, whether they wish to raise an objection and therefore the sub-contract not proceed.

Additional information was requested from the contractor and stakeholder CCGs to gain assurance against the criteria and inform the committees decision making.

- **Meeting obligations under the contract**

Should the contractor not be able to confirm that they, the sub contractor and the arrangement comply with their contractual obligations, the application could be considered invalid. Alternatively, it could be considered grounds to raise an objection to the sub-contracting arrangement against their ability to meet their obligations under the contract.



- The additional premises
  - The landlord is Badger Medical Limited who have been involved in providing out of hours services in Birmingham for over 15 years.
  - The contractor has provided a redacted premises agreement has been signed by both the Landlord, Badger Health Limited and Babylon Healthcare Services Limited. The clinical space identified is not currently used.
  - The contractor is using two consulting rooms plus space for carrying out administrative tasks.
  - The contractor has used a standard premises checklist to assure themselves that the premises are suitable for the delivery of primary care services although this has not been included in the submission from the practice.
  
- Provision of GMS services from each site
  - Patients will have the ability to attend a pre-bookable face to face appointment
  - Ability to book / cancel appointments
  - Ability to collect / order a prescription, via Electronic Prescribing Service
  - Ability to access urgent appointments / advice as clinically necessary
  - The GP at hand partnership will provide home visits as necessary for patients living within the practice boundary for the 139 Lillie Road practice. There is no requirement for a GMS contractor to do so for patients registering outside the practice boundary under the Out-of-Area GP choice policy.
  - Ability to ring for telephone advice (video and voice call options)
  - Ability to be referred to other services where clinically urgent. (including for example suspected cancer)
  - Ability to access urgent diagnostics and take action in relation to urgent results
  - GP at hand partnership provides essential services across all GMS core hours. Access to GP consultations are available 24/7 through the Babylon app, with the full NHS medical record available. Face to face appointments are and will continue to be available at multiple GP at hand clinic locations throughout and beyond GMS core hours.
  - Confirmation that the reception area will be staffed
  - Indemnity and liability cover has been confirmed.



- Patient Safety
  - GP at Hand practice have provided information on their engagement with Birmingham and Solihull CCG. This includes a proposal to ensure that a safe and effective full GMS service is provided in a new location. They also report that they have had a number of direct conversations with senior CCG staff and have made contact with Sandwell and West Birmingham CCGs.
  - GP at Hand have stated that there will be a dedicated lead for all clinical and administrative matters related to people living in Birmingham, with clear accountability to the GP at hand partners. They also confirm that have been given advance access to Local Directories of Service.
  - GP at Hand have confirmed that they will provide a service that fits with local CCG commissioning approaches whilst at the same time meeting their GMS obligations. GP at Hand have clearly stated that they will 'prudently' manage the number of Birmingham residents registering with the service in the early stages following service commencement to enable them to manage any challenges they encounter in the early days of the service roll-out. It is unclear as to how the registration numbers will be managed.
  - The practice is proposing that patients will only be able to register with GP at Hand if they live or work within 30-40 minutes of a GP at Hand Birmingham site. No detailed definition of this has been provided.
  - The practice have not fully described in detail or given assurance of the management, governance, clinical leadership structures and how they will work in practice now the model has expanded to another part of the country.
  - The practice have also not offered information on the clinical and support resources that will be available to accommodate the new site, the additional patients and the work needed to navigate the local systems.
  - The practice have made a proposal on how to ensure access to locally commissioned community services such as IAPT is managed, with the onus on the local commissioner to make changes to how they commission currently. However, if this is not possible, access to those services will need to be via individual arrangements. In London this has been a significant challenge causing delay to patients accessing care in their local area. In Birmingham this arrangement may have an even greater level of complexity to achieve access for patients.
  - The practice has confirmed they have in place a complex care team that reviews and plans care for patients with more complex needs. However, more detail on its structure, capacity, current activity, skill mix and SOPs is necessary for assurance.
  - The practice have not confirmed that clinical records will be electronically available to other local services in Birmingham in-keeping with the



arrangements that are in place for record sharing in the region

- The practice have not demonstrated how it will ensure that patients registered in other regions will have access to local and national screening and prevention programmes

- **Material Financial Risk to the Board**

- As a delegated CCG, Hammersmith and Fulham CCG would remain the responsible commissioner for services and costs related to all patients registered with GP at Hand practice including any registered in the Birmingham area.
- The risk to NHS Commissioning Board is not considered to be material due to the way funding flows between different parts of the NHS commissioning system. This will be kept under review.

Feedback from Birmingham and Solihull CCG

- The CCG have asked that more assurance is obtained as to the clinical safety of the proposed variation and model. Their concerns also relate to the ability of the contractor to integrate and work with the locally agreed pathways for services in an effective and safe manner. They suggest this would require assurance from your Committee to their CCG that the practice are able to deliver this way of working through a digital platform.
- In addition, they have requested assurance from the Committee around how the service remains safe and effective around safeguarding issues, medicines management and delivery of local policies as well as dealing with complex patients.
- Birmingham and Solihull CCG also comment that this new digital offer could potentially significantly de-stabilise a number of local practices if a large number of patients (particularly young adults) register with GP at Hand. This would have consequences on the wider population and the chronically sick who would need alternative care if a practice becomes unviable.
- They also comment that at this time the overall assurance framework is not yet robust or tested for a service to be expanded to other parts of the country from a single practice outside of Hammersmith and Fulham.

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Conclusion

- In assessing the application against the criteria set out, there is evidence of concern regarding the risk to patient safety of implementing the proposal without further

assurance being undertaken or received.

- Birmingham and Solihull's point regarding the lack of a robust assurance framework to test a service provided in different parts of the country from a single practice in London, has been noted and further discussion is currently taking place with colleagues across Regions in England about how this may be achieved.
- From the assessment of the application and submissions, further information is required to provide assurance on the safety of patients in the following areas:
  - Confirmation that there is sufficient clinical capacity, skill mix and robust processes in place for the proposed expansion
  - Confirmation of the clinical leadership, governance and managerial structure to support the safe roll out of the proposed expansion
  - Confirmation of knowledge of and access to local pathways prior to approval is required to ensure patients who require such services can do so in a timely and safe way and to avoid any delay
  - Confirmation on how patients can access local and national screening services in their local area.
  - Confirmation that the practice have completed the premises checklist and identified any issues that need addressing including any mitigations.
- **Assurance Framework**
  - It has been agreed to work with colleagues from different regions to develop a robust assurance framework to support H&F CCG PCCC in their assessment, taking into account the essential criteria and factoring in the complexity of the model being implemented in different parts of the country from a single practice base.

Therefore it is recommended at this stage to raise an objection to the sub-contracting variation on the grounds of risk to patient safety as set out above and to allow the assurance framework to be completed. This will provide a robust process to support H&F CCG to engage with GP at Hand in requesting and assessing their plans to provide the right level of assurance for any objection to be lifted.

**Quality & Safety/ Patient Engagement/ Impact on patient services:**

The ways in which patients can access services will be expanded to include digital access, physical access at additional sites across London and the rest of the country but those registering through this model are not eligible for home visits and those with complex needs may not be appropriate to be registered under this model. Some patient engagement has been undertaken previously by the practice about this evolving model and expansion to the services, list size and practice sites but there is no confirmation any has taken place more

recently with their patient list or with patients in Birmingham. Engagement with local CCGs in the Birmingham area has been undertaken and their comments are reflected above. The clinical review in August 2017 explored the potential patient safety risks of the proposed model and the risk to the service provision; this has been be under continual review. The August 2017 review did not taken into account any expansion beyond London and did not consider the implications of further expansion to other parts of the country.

### **Finance, resources and QIPP**

Under the patient choice agenda, practices can register patients who live beyond their boundary, and this affords the ability to implement the model proposed by GP at Hand. However, it poses the following key risks:

#### **CCG**

- Increased cost pressures to the CCG associated with the rapidly increasing list size of the practice. This incorporates payments to the practice and payments to other providers associated with providing community, mental health and acute care to GP at Hand registered patients.
- Increased running cost pressure for the CCG associated with the management of the GP at Hand practice contract, relating to ongoing assurance, media and FOI enquiries and oversight of the independent evaluation process.

#### **Wider Primary Care**

- The growth of GP at Hand list size could destabilise other GP practices. Thus far this has been distributed across a large number of practices in London. However, expansion to another city could result in a more localised impact, significantly impacting on the list size and viability of other GP practices.
- This will be considered in the economic analysis conducted by Ipsos MORI as part of the independent evaluation.

### **Equality / Human Rights / Privacy impact analysis**

The practice has been advised to undertake an equality impact assessment and provide assurance to the commissioner that the model of care is not adversely affecting:

- 1) patients with protected characteristics already registered at the practice (prior to the service being initiated) as well as;
- 2) patients with protected characteristics who choose to register with the practice

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directly, as these are non-delegable duties under the Equalities Act;  
The Committee is due to receive an update on this process at the July meeting.

Risk	Mitigating actions
<ul style="list-style-type: none"> <li>- Potential impact on general practices in the area.</li> <li>- That the service does not deliver value for money</li> <li>- Expansion of the model across a wider geographic area have not been tested robustly</li> </ul>	<ul style="list-style-type: none"> <li>- This will be included within the scope of the Independent Evaluation.</li> <li>- Agreed assurance approach agreed across regions</li> </ul>

#### Supporting documents

- Application for variation to a sub-contracting arrangement from Gp at Hand

#### Governance and reporting

Previous

Committee name	Date discussed	Outcome
Name	DD/MM/YYYY	
Hammersmith & Fulham CCG Primary Care Committee		
Hammersmith & Fulham CCG Primary Care Committee		
H&F CCG PCCC		