

Paper: 6B

Date	Tuesday, 14 August 2018
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Title of paper	GP at Hand – Subcontracting Notification
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The Committee is asked to:

Note the update on the subcontracting application and agree the recommendations in the paper.

Summary of purpose and scope of report

At the Primary Care Commissioning Committee in July, the Committee considered a subcontracting application from the GP at Hand practice relating to a proposed expansion to Birmingham.

The Committee reviewed the information received and agreed to raise an objection to the proposed subcontracting notice on the grounds that:

- The variation to the Sub-Contract would put at serious risk the safety of GP at Hand's patients (Patient Safety); and
- The sub-contractor would be unable to meet GP at Hand's obligations under the GMS Contract (Compliance).

The Committee did not consider further information submitted by the practice due to its being received on 16th July, the day before the Committee was due to meet. The information received specifically addressed concerns and issues raised by the paper considered by the Committee in July, specifically:

1. Confirmation that there is sufficient clinical capacity, skill mix and robust processes in place for the proposed expansion
2. Assurance of the management, governance, clinical leadership structures

operating within the practice and how they will work once the model has expanded to another part of the country.

3. Confirmation of knowledge of and access to local pathways in Birmingham.
4. Confirmation on how patients can access local and national screening services in their local area.
5. Confirmation that the practice have completed the premises checklist and identified any issues that need addressing including any mitigations.

On review of the additional information received by CCG and NHSE colleagues on the 16th July, further requests were made to the practice relating to outstanding concerns on the 25th July. These requests covered the following:

1. Detail on the demand and capacity modelling undertaken by the practice to assure itself it is able to provide the appropriate capacity within the practice to accommodate the anticipated level of registrations from Birmingham residents.
2. Evidence of ability to meet GMS requirements around continuity (part 13, para 13.8.1 and 2 Preference of Practitioner)
3. Detail on proposed clinical governance structure & management arrangements for Birmingham.
4. Confirmation from Birmingham & Solihull CCG that access to local clinical pathways and the DoS will be facilitated and there is an effective working relationship in place with the local commissioner.
5. The SOPs and governance put in place by the practice to ensure that patients will have appropriate access to local and national screening and prevention programmes.
6. Confirmation that the premises checklist has been completed and that arrangements for reception staffing in the proposed premises in Birmingham are in place.

A response was received on the 2nd August and reviewed by CCG and NHSE teams with specific advice from clinical colleagues on the elements relating to clinical safety. The assurance submissions are appended to this document (**Appendix A**).

The clinical advice received from NHS England (London) medical directorate is that whilst further assurance has been received on the areas outlined in the July PCCC, there continue to be outstanding concerns regarding access to clinical pathways and arrangements for GPAH patients accessing screening services. Access to local clinical pathways could be addressed as part of the mobilisation and prior to registering any patients in Birmingham. However, the concerns regarding patients accessing screening services and related follow up services is more complex to resolve at a local level and currently there is not a satisfactory or sustainable solution to ensure that patients will be able to participate in screening easily. It is therefore the view of the NHS England (London) medical directorate,

incorporating feedback from the NHSE screening team, that it would not be reasonable to lift the objection until a safe and sustainable solution is in place.

In light of these outstanding issues and the advice received from the NHSE (London) medical directorate, it is proposed that the Committee consider whether the outstanding issues could be satisfactorily resolved if the notice of objection was withdrawn. Any withdrawal of the objection would be subject to the following proposed conditions:

1. The practice will adhere to a revised rollout plan (which has been proposed by the practice), capping the rate of registration, adjusted for the relative population size of Birmingham.
2. The practice will work with NHS England, Birmingham & Solihull CCG and Hammersmith & Fulham CCG to agree an MOU detailing respective roles and responsibilities including how the practice will gain access to appropriate clinical pathways, local and national screening and prevention programmes and the local Directory of Services. This will include the identification of priority clinical pathways, the arrangements for which will need to be in place prior to the service commencing in Birmingham.
3. The practice will provide ongoing reporting to a monthly clinical review meeting, attended by NHSE, Birmingham & Solihull and Hammersmith & Fulham CCG colleagues. The exact reporting requirements for this meeting will be finalised by the Chair in consultation with the practice, but will need to include information and papers considered by the practice partners that provide assurance that the practice is delivering a safe, effective service to its registered patients.
4. The practice will inform the CCG of any proposed operational or organisational changes before they take place to ensure any consequences can be considered/mitigated.
5. The practice will engage in the assurance process as an outcome of the work by NHS England regions to establish an ongoing assurance framework, incorporating any recommendations from that process into plans for Birmingham and other existing or proposed sites.

In finalising this paper, further advice was sought from NHS England regarding the terms of the delegation agreement between NHS England and Hammersmith & Fulham CCG. NHSE have clarified that the service (or withdrawal) of a notice of objection to a sub-contract for clinical services is a decision relating to the management of primary medical services contracts and therefore a function delegated to the CCG by NHS England under the terms of the relevant delegation agreement. However, NHS England has informed the CCG that the matter could be considered to be 'novel, contentious or repercussive' and therefore subject to the relevant decision-making limits set out within Schedule 5 of the delegation agreement.

Accordingly, the Committee is invited to consider whether the patient safety and compliance issues identified at its previous meeting have now been satisfactorily resolved (such that the committee no longer considers that the variation to the Sub-Contract would put the safety of GP at Hand's patients at serious risk or that the sub-contractor would be unable to meet GP at Hand's obligations under the GMS Contract) or whether further assurance is required.

Paper: 6B

This matter will then be referred to NHS England for approval in accordance with Schedule 5 of the delegation agreement. The notice of objection will remain in force unless and until such further decision is taken by NHS England and the CCG in accordance with Schedule 5.

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

The proposed subcontracting arrangements relate to an expansion of the GP at Hand practice to enable it to operate from a site in Birmingham. Should the objection be raised, this will therefore have an impact on any prospective patients of the GP at Hand practice in Birmingham.

This would be overseen by a monthly clinical review process with membership from the relevant affected organisations (with Hammersmith & Fulham CCG remaining the lead commissioner and contracting authority for the practice).

Finance, resources and QIPP

NHS England have provided assurance to the CCG that the costs associated with the GP at Hand practice will be 'neutral'. However, the continued expansion of the practice does have significant resource implications for the CCG team.

Equality / Human Rights / Privacy impact analysis

The Equality Impact Assessment conducted by the practice is being considered in the public committee.

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

Paper: 6B

Supporting documents

- Appendix A – further assurance received by the practice

Governance and reporting

Committee name	Date discussed	Outcome
Name	DD/MM/YYYY	
H&F Primary Care Committee	17/07/18	Objection