

NHS Herts Valleys Clinical Commissioning Group

Board Meeting

Date of Meeting: 13 September 2018

Title	West Herts Medical Centre			Agenda item 8
Purpose* (click appropriate box)	Decision <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/> Information only <input type="checkbox"/>
Author and job title	Responsible director and job title		Director signature	
<i>The director is signing to indicate their approval of the paper and to confirm that any EQIA, QIA or DPIA has been approved.</i>				
Carolyn Hook Contract Manager - GP	Lynn Dalton Director of Primary Care			
Short summary of paper	This paper asks the board to consider the future of West Herts Medical Centre (WHMC) as the APMS contract comes to an end on 31 October 2018. The board decision not to re-procure this service remains and this paper is to update on the outcome of expressions of interest to offer a branch surgery at the Hemel site in order to maintain primary care services for the registered list at WHMC following contract expiry.			
Recommendation(s)	The Board is being asked to: To approve the recommendations in the paper: <ul style="list-style-type: none"> To agree to close and support WHMC patients to re-register with practices. This will be carefully managed by the Primary Care Team To agree to increase extended access provision at the Hemel Hempstead Hospital site, in-hours through the existing Alternative Provider of Medical Services (APMS) pilot contract held with Dacorum Healthcare Providers Ltd, to support local practices with increased numbers of new registrations. 			
Engagement with patients/public/staff and other stakeholders	Between 31 January and 28 March 2018 the CCG consulted patients, public, clinical and other stakeholders on the future of WHMC.			
Links to Strategic Objectives (click on all boxes that apply)				
Effective Engagement. We will continually improve engagements with member practices, patients, the public, carers and our staff to contribute to and influence the work of Herts Valleys CCG.				<input checked="" type="checkbox"/>
Quality. We will commission safe, good quality services that meet the needs of the population, reducing health inequalities and supporting local people to avoid ill health and stay well.				<input checked="" type="checkbox"/>
Transforming Delivery. We will work with health and social care partners to transform the delivery of care through the implementation of "Your Care, Your Future", the Strategic Review in west Hertfordshire and its fit with the wider STP strategy, "A Healthier Future".				<input type="checkbox"/>
Affordable & Sustainable Care. We will ensure that we fulfill our statutory duty to deliver a financially sustainable and affordable healthcare system in west Hertfordshire.				<input checked="" type="checkbox"/>

Board Assurance Framework

Refer to latest BAF report here for current and target risk scores: [N:\Nursing & Quality\8 Risk Management System\2. Board Assurance Framework\BAF 201819\Current versions for front sheet refe0072ence](#)

Ref.	Risk Owner	Risk description	Current risk score and movement	Target risk score	*Assurance Level
<i>*Refer to assurance levels table below.</i>					
2.2a	DC	Risk that we are unable to ensure good quality, safe and sustainable services for the population and patients of west Hertfordshire.	12→	8	Medium
1.1	LD /DE	Risk that we do not engage effectively with a range of our patients, population and stakeholders.	12↑	8	Medium
2.5	LD / CH	Risk that we are unable to commission good quality and sustainable healthcare for the population of west Hertfordshire.	12→	8	Medium

New strategic risks identified by this report

Other significant risks related to this report (from the Corporate Risk Register)					

Resource implications	The in-hours extended access element will be funded within the existing WHMC financial envelope.	CFO Signature 
Potential conflicts of interest	There are potential conflicts of interest as the Dacorum GP board members are affected by this decision. Conflicts will be managed within the meeting.	
Equality and quality impact analyses (EQIA and QIA)	Equality and quality impact analysis has been carried out and is included as appendix one.	
Equality delivery system	<i>Identify which goal your proposal/paper supports and click the appropriate box(es)</i>	
	Better Health Outcomes	<input checked="" type="checkbox"/>
	Improved Patient Access and Experience	<input checked="" type="checkbox"/>
	A Representative and Supported Workforce	<input type="checkbox"/>
	Inclusive Leadership	<input type="checkbox"/>
Data Protection Impact Assessment (DPIA)	DPIA has been completed as part of the current Dacorum extended access service	
Report history	PCCC meeting 21 June 2018	
Appendices	Appendix 1 EQIA	

1. Executive Summary

This paper relates to three of HVCCG's strategic risks, as outlined on the front sheet. Taking account of the issues identified in this paper, whilst the Board can take *some assurance* that the controls upon which the organisation relies to manage these risks are suitably designed, consistently applied and effective, action needs to be taken to ensure these risks are managed.

2. Background

West Herts Medical Centre (WHMC) APMS contract expires on 31 October 2018, a service provided by Herts Urgent Care (HUC) since 2009. Board have taken the decision not to re-procure this service and agreed to ask for expressions of interest from local General Medical Services - GP contract holders to offer the site as a branch surgery taking on the current patient list, subject to patient choice.

Since April 2017 Herts Valleys CCG (HVCCG) has been in delegated commissioning arrangements with NHS England with responsibility for managing primary medical services on their behalf. HVCCG are required to assure the NHS England Central Midlands Team their statutory functions are being appropriately discharged. Board have previously taken the decision in May 2018 not to re-procure the service following expiry of the current APMS contract awarded to HUC in 2009. Previous recommendation from Board is to invite patients to register elsewhere, if this is their choice, and to request expressions of interest from all practices in HVCCG to continue to run the established site at Hemel Hospital as a branch surgery.

3. Proposal for WHMC contract

Following the board's approval, the primary care team received a total of 4 expressions of interest, all of which signed a non-disclosure agreement and were subsequently sent further information, business case templates and scoring criteria, including the financial envelope. Only one business case was submitted.

The single business case was evaluated by the nominated staff and a representative from the Local Medical Committee (LMC) using the published scoring criteria. The evaluators agreed the only submission did not provide the required level of assurance to HVCCG that the bidder will be able to deliver a robust and comprehensive service nor was assurance received this could be delivered within the timescales required to mobilise. The bidder has been informed of the decision to decline their application.

Board were previously keen to retain primary care services on the WHMC site. In addition to this there are a number of factors which also mean that the retention of the WHMC premises is considered important:

1. The response to the public consultation indicated a strong preference for retaining this site. Patients feel they received a good service; it is conveniently located and flexible in terms of access and appointments.
2. The nationally mandated Extended Access service for the Dacorum locality is utilising this site as an access hub
3. Primary Medical Care premises capacity in Hemel Hempstead, particularly in a town centre location, is constrained. Discussions with locality practices have indicated a willingness to work with the CCG regarding any potential re-registration of patients, however, it was noted a major concern is premises constraints
4. WHMC has clinical and administration staff which are prepared to remain at this site.

Therefore, following the decision not to re-procure, the immanency of contract expiration and due regard to the unsuccessful attempt to secure a GMS contractor to deliver the service as a branch surgery, we believe the only available option is to carefully manage a 'close and support patients to re-register' of the patient list currently registered with WHMC.

To maintain the premises at the Hemel site, we propose to offer a higher proportion of 'extended access' activity for the Dacorum locality at the WHMC site. The Dacorum locality is mandated to offer 83.5 hours per

week in extended access for their population. The Hemel site is in a central location with good travel links and parking for the majority of patients in Dacorum and is already an established site known to many.

It is suggested that the current APMS Pilot contract with the Dacorum Federation is varied to revise their extended access model as follows:

- Pilot in-hours Extended Access – pre-bookable appointments initially over the winter months to March 2019 from e.g. 8 or 9 am to 1 or 2 pm Mon- Fri only.
- The Extended Access service evenings and weekends will commence at 4.30pm – 8pm Monday to Friday and current weekend (extended access) hours will remain unchanged
- Funding – The pilot in-hours extended access element will be funded within the existing WHMC financial envelope.

We believe the offer of additional extended access capacity in the Hemel area would also reduce the perceived impact on local Hemel Hempstead practices subject to contractual choice.

4. Recommendation – Board to approve:

- To agree to close WHMC and support patients to re-register with other practices. This will be carefully managed by the Primary Care Team
- To agree to increase extended access provision at the Hemel site, in-hours through the existing APMS pilot contact with Dacorum Healthcare Providers Ltd, to support local practices with increased numbers of new registrations. The benefits of this being:
 - The mechanism for pre-booking the appointments is through the patients registered practices, so it will in essence encourage patients to register with local practices if they want to be seen at the in-hours Extended Access service.
 - It will also support WHHT to absorb the additional activity in the UTC over the winter months.
 - Support our practices giving them time to adjust to the increased demand on their appointment system
 - It will also assure NHSE - they are aware we consulted and patients preference was to retain a service at the Hemel Hospital site