

## Deputation to PCC 19/12/23 re St **Anns** Contract and sell off to HCRG (final )

Patients at St Anns Surgery and Haringey Keep Our NHS Public are shocked to hear that contracts under AT Medics (including St Anns ) are planned to be sold off once again this time to HCRG (previously Virgin Health)

Patients have previously brought a deputation to this committee in April 23 objecting to AT Medics being given an extended contract because of its failure to provide local patients with a stable, reliably high quality, safe and accessible GP service

And there appears to be few consequences for contract terms not being met and that companies like AT Medics can be just easily sell out if they make a profit resulting in a failing GP service,

### **We note that the PCC Decision April 2023 as follows:**

- The practice embarks to recruit, rapidly, the required GP and clinical workforce as well as increase access to deliver the required appointment numbers.

*Note that the number of GPs at St Anns was well below national guidelines, as per the report; Using the list size of 16,370, according to BMA and national workforce guides there appears to be a shortfall of 3-5 FTE GPs*

- A further patient survey is carried out by the ICB in 6-9 months' time to seek patients views on any service changes implemented by the provider
- Wider performance – including against clinical KPIs - will continue to be monitored through a KPI quarterly and annual review process and any deterioration in performance could be referred back to this committee for consideration and response.

*NB This does not reference that 7/8 KPI indicators were below the National Target – and 3 /8 KPIs indicators were below the ICB averages .*

•[Part-1-PCCC-Papers-for-13-June-2023.pdf \(ncihealthandcare.org.uk\)](https://www.ncihealthandcare.org.uk/Part-1-PCCC-Papers-for-13-June-2023.pdf)

*However major problems with the appointment system, and Dr IQ were meant to be rectified and have not been*

*And the PPG that was meant to be activated has so far not happened*

**Diane Paice has written a statement to give the patients perspective on St Anns and the failures with the GP Services in the past few years but especially under the mismanagement under AT Medics and before (see appendix)**

Please read to understand the full extent of the problems that patients face on a day to day basis which is not addressed by the PCCs monitoring of the contract or by the PCCs review processes as promised in April

I quote her last paragraph which seems to go to the heart of the problem

“Whilst the NCL have made assurances that there will be no change to the services with a change of ownership or control, they don’t seem to understand that change is exactly what we patients want, change for the better not a continuation of the chaotic and underperforming management we currently have.”

**So patients should be front and centre to the decision on ownership which are patently not .**

**As Diane and other patients say a full public consultation is required**

**Haringey Keep Our NHS Public** believe that the main issue with St Anns that it is an APMS contract which has attracted large commercial companies like Operose and Virgin who can keep selling it on and any assurances about quality of care are practically worthless.

Stability and sustainability in organisational and workforce arrangements are essential to achieving continuity and safety in primary care, This sale in our opinion will further damage this goal.

Given the imminence of the sale, there has been a concerning **lack of communication or publicity** from the ICBs or any other NHS organisation about the plans for patients, who learned of it in the general media, and are understandably very anxious about future care – accessing a GP is key to getting diagnosis, treatment and access to specialist care.

**We have major concerns with this particular APMS contract ie:**

1. AT Medics is stated by the ICS to hold the contract, but it sold the business in 2021 to Operose /Centene. Operose is now selling its GP practices to HCRG Care Group Holdings Ltd previously known known as Virgin healthcare Holding Ltd, until 2021. The majority holding in HCRG is T20 Osprey Midco Limited, and T20 Pioneer Midco ltd, in turn owned by Twenty 20 Capital, an investment fund or private equity company. T20’s directors are also directors of Twenty20 Capital.
2. This **separation of contract holding and ownership, and the very complicated ownership organisational and financial structures of HCRG/T20** makes scrutiny and accountability, and the due diligence necessary for procurement difficult; private equity companies operate without accountability to shareholders and are not publicly listed.
3. 2 . **HCRG** was incorporated in September 2023, and filed accounts in 2022. T20 osprey was incorporated in as a private company in 20 November 2023, and T20 Pioneer in August 2022. The latter two are apparently **new companies and have published no accounts** so it is difficult to see how

credible, transparent **due diligence** can be conducted into the financial viability needed to provide stability to the GP practices concerned.

4. This is even more relevant given Operose's stated reason for selling being the **inability to make an adequate profit** despite being paid 14% more per patient than the other GMS contract holders, and that private equity business model requiring rapid profit maximisation before onward sale. If the HCRG/ T20 are not strong financially they may need to borrow, thereby **loading debt** onto the NHS.

**So how will the ICS conduct due diligence in these circumstances, and if it is done behind closed doors how can it guarantee and reassure patients that the due diligence is robust and that a safe service will be provided that represent a good use of taxpayers i.e. their money?**

5. **Assurances** that NCL say they are seeking appear worthless, as was found with the AT Medics sale to Operose. That was done apparently on the assurance that the six GP directors of AT medics would be staying on. In fact they all resigned in February 2021 despite assurances that they would stay on, and the current three directors were appointed subsequently, only one of whom is a doctor who holds at least nine of chief medical officer appointments. It is difficult to see how active AT Medics involvement in contract holding could be as they are a very small part of a much larger company, and ownership trumps all.

**How will the ICS strengthen the contract specifications, its due diligence in really analysing the suitability of HCRG/T20 in the procurement process, and to whom ever awarded, a rigorous contract monitoring, compliance and sanctions/termination regime?**

6. The speed of transfer from Operose to HCRG/T20 is concerning, for the stability that health care requires, and private equity's short time scales for profit maximisation, make it likely that the business will be sold on again soon. **The speed of this sale, and the likelihood of a further sale undermines service stability and continuity.**

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**7 Transparency** We note that the only announcement of this potential change in service has been made by NCL recently about this change even though it affects more than 17000 patients (via the NCL Website under "News") . The sale will inevitably result in a **change to the services** offered by the practices, as sales always do, as every new owner buys with a view to making changes and putting a new stamp on the services. This change will affect staffing numbers and skill levels, services offered in relation to patient numbers, etc

8 As well as the record at St Anne's it should be noted that **Virgin and HCRG have a poor track record in delivering primary care and other healthcare** as judged by the CQC. They have taken over well performing services that then became inadequate

under their watch, terminating contracts early if they are not given extra funding, have refused to share information when board members and are extremely litigious if they fail to win contracts or have them terminated. Patient care should be the deciding factor in contract awards, nor the fear and costs of **legal challenge**.

**Below are some examples of this .**

Virgin care took over Sunderland Lodge Surgery in Chelmsford which had been rated outstanding by the CQC, but within two years of being run by Virgin it received an inadequate rating, despite being paid more money for the service than the previous GPs

The CQC has raised concerns about Virgin care's use of receptionists to triage patients after deaths. .

Virgin handed back the contract an elder care service in East Staffordshire early, because the CCG would not offer the funds it said it needed to provide the service.

In 2022 after the acquisition of Virgin care by Twenty20 Capital, Bath, Northeast Somerset, Swindon and Wiltshire then CCG, decided not to extend a community services contract beyond 2024 because a review had highlighted uncertainties arising from the change in ownership including ongoing contractual and financial risk.

In 2021 a Virgin director on the Partnership Board in Bath, North Somerset, Swindon and Wiltshire made it clear that they were reluctant to share any information with the public and the minutes reported a discussion about the extent to which private sector partners, would be required to be financially transparent with the other providers.

**These examples do not bode well for the way St Anns Surgery will be managed in future**

And if course Virgin are famous for being particularly aggressive and litigious when going for health contracts. Does the NCL want to risk valuable NHS resources in legal wrangling with Virgin ?

**Need for proper consultation with patients**

We note that the only announcement of this potential change in service has been made by NCL recently on its website (under "News"!)

This is even though it affects more than 17000 patients

We understand that St Anns patients will individually be informed about this potential change . **When will this happen and will the full implications of being taken over by a company linked to T20 be explained ?**

Given our list of 8 major concerns about this very quick change of ownership and the inevitable impact on St Anns GP service provision, the NCL proposal to merely allow questions to the PCC for a date yet to be announced does not fulfil the full consultation requirements which we consider should apply

**Will the ICS therefore conduct a full and widely publicised consultation on the proposed sale so the public, patient and carers can participate meaningfully in the decision making?.**

**HKONP and St Anns' patients urge the PCC to recommend to the NCL Integrated Care Board .**

**Furthermore ,we would like he ICB and PCC to consider alternatives to the APMS contract to secure a safer, more stable future for St Ann's and other practices in NCL, and better value for money.**

**We wish to know why no other options, such as those that follow are being considered?**

- ***Support PCN and the GP federation(s)*** to support an existing practice(s) to ***take over*** the Operose/ St Anne's practice, or support a ***merger*** of the Operose practices /St Annes' with another practice
- ***Award a GMS contract to the PCN*** to run St Anne's as has happened in Hoddesdon and Broxbourne PCN. Hertfordshire and West Essex made this decision to secure the long-termsustainability of the practice and care provided. Or an APMS contract for the PCN.

**To clarify matters surrounding this proposed "change of ownership"/change of service we would like the following questions minuted and ask that the PCC to be provide answers :**

- 1. What is the process for decision making and what are the timescales?**
- 2. When will patients at St Anns be told individually and will the full implications of being taken over by a company linked to private equity firm T20 be explained ?**
- 3. What will take place at Part 2 of today's meeting ?**
- 4. When is the decision about ownership of AT Medics to be taken?**
- 5. How will due diligence be carried out given lack of necessary published company account and how will the ICS strengthen the contract specifications,?**
- 6. What will decided in the February or April 2024 PCC meetings? Change of ownership or continuation of St Anns contract ending 30/6/24 ?**
- 7. And will the PCC recommend the ICS conduct a full and widely publicised consultation on the prosed sale so the public, patient and carers can participate meaningfully in the decision making?.**

APPENDIX

**Diane Paice, Patient at St Ann's Road Practice**

I have been a patient at the Laurels Healthy Living Centre since 2013. Firstly with the Laurels Medical Practice, then Chestnuts Park Surgery, then new owners Hurley Group, then new owners AT Medics, then new owners Centene/Operose as St Ann's Road Practice.. This experience for patients of changing management and ownership over 10 years has had a number of problems which have all successively deteriorated to date.

I have been a member of various PPG's started at the Practice since 2013 and in my experience there has never been a functioning group with any real impact on the Practice. Lip service has been paid over the years but no real understanding of the role a Patients Group can have involving the local community.. I have never attended a PPG meeting where there were more than 5 patients, usually 2 (often including me) and always outnumbered by staff. I have never directly received any minutes or notes of those meetings, although they now (recently) appear on Operose website, hidden behind at least 2 tabs. They are not agreed minutes.

For the last few years, and particularly since the Pandemic, St Anns Road Surgery under its current ownership and management Operose, has failed to tackle these longstanding issues

- Constantly changing staff, both GP's, Nurses and Reception. This means that every appointment means there is little continuity of care when you have to explain to a doctor any chronic issues before talking about current problem. You rarely see the same GP consecutively.
- Appointments can sometimes be up to 10 days hence, most often a telephone appointment to triage need and then an actual face to face a week later. You are often referred to their app to make an appointment but this is not easy to navigate, with very few or no appointments offered online. Their ansaphone message refers patients to NHS 111 in emergencies. How do we know if it's an emergency?
- Every time we ask for how many GP's there are and their names they are out of date within a month. I have been given 3 staff charts since November 2022 the last one in March 2023 but it has completely changed since then as the management team at Local and Regional level has changed too...
- You never know whether you are seeing a GP or a Physician Associate. I have only found out afterwards, by chance. Receptionists tell everyone they are "all qualified" which is not the same.
- Such discontinuity means that often patients are unsure whether the Doctor they've seen has understood the multiple concurrent health issues for older people
- There have been more changes to the appointments system than I have fingers; Every patient I have spoken to finds getting an appointment difficult – do you ring at 8am or 8.30 but, by then there are no appointments on their (useless) app. You cannot make a recurring appointment.
- Various clinics have disappeared from the Laurels –e.g foot health
- There are problems with access to the building and access to the Haematology Service. Every patient has to be taken upstairs by a member of staff as it's been moved behind office security doors. This is very frustrating for patients (and for staff)

- Inexperienced, poorly trained and unsupported Reception staff are often left to deal with too many patients in line and so increasing the stress of waiting (and often being late for) the Doctor or Nurse appointment.

All this is to explain that the practical everyday concerns of patients have not been seriously addressed by the current owners and now we are facing new commercial owners taking over a failing business. I note from public data that Operose have not achieved all their KPIs since they took over, with this last year being particularly poor. So from a patient perspective we have been unhappy about the continuing management of the Practice which has resulted in at best poor service and at worse fears for the safety of patients.

New owners will inevitably look for cost savings and there is little left to cut. Staff turnover is high and use of locums and temporary staff will not address the issues we already have.

There appears to be little room or appetite for staff development or research which might attract better qualified GP's to the Practice. We are in an area of multiple deprivation but with a very interesting and shifting population; St Ann's Road Surgery has nearly 17000 patients and is one of the largest in the Borough. This is a missed opportunity whether academically or professionally...and it is also very dispiriting to be told by a pompous locum GP that the reason we have long waiting times is "diseases of poverty, my dear!".

I have been asking for any plans the Practice has for when all the new development at the Hospital site is completed (which is actually opposite the Laurels) and the inevitable increase in patient demand. The management have refused to discuss this at a PPG or any forum. Any new owner would surely have to take this potential growth in numbers into account for their future planning.

There must be a full consultation of patients taken before any change of ownership. Patients are very dissatisfied at their service and a hasty change of control without consulting us will make efforts to involve the local community even more difficult. As patients we were not consulted about the previous change of ownership and any new owner should find this information useful in their considerations. It's what we deserve, to at least have a voice in such important changes.

**Whilst the NCL have made assurances that there will be no change to the services with a change of ownership or control, they don't seem to understand that change is exactly what we patients want, change for the better not a continuation of the chaotic and underperforming management we currently have.**

**Rod Wells and Brenda Allen HKONP and Diane Paice St Anns patient**