

DEPUTATION REQUEST FORM

NAME OF COMMITTEE FOR DEPUTATION: Haringey Keep Our NHS Public	
NAME OF DEPUTATION LEADER: Brenda Allan	
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Have you submitted a deputation request to the NCL ICB before? If so, please give details: A previous deputation was delivered on 11/4/23 regarding the renewal of the contract at St Ann's Road Surgery with Operose/AT Medics.	

Please summarise below the key points you wish to make and what action you would like the Committee to take. The summary should not exceed 2 pages in length.

Deputation to Primary Care Committee 21/5/24

AT Medics contract and St Anns Surgery

We are patients of St Ann's Road Surgery and we wish to draw the committee's attention to the serious concerns about the sale and Change of Control of the GP practices bought by T20 Osprey Midco. We wish to highlight the impact this instability is having on patients, and why we think the contract with Operose must be terminated.

Concerns

- 1. Impact of reliance on private investment:** The experience with Operose which has been poor for patients. It was reported that the reason for selling the clinics was an abandonment of Centene's UK strategy, meant to create a seamless pathway to private healthcare by buying up taxpayer-funded GP services and encouraging doctors to refer patients to its chain of 53 Circle or BMI hospitals in England. Centene disposed of its clinics because of 'rising operating costs in the UK.' These same constraints on profitability will exist for any future private investment firm, and therefore may result in dilution of services or a reduction further risking service quality and patient safety.
- 2. Stability of Management:** Safe care, continuity of care and service stability, can only exist if supported by ownership, organisational and workforce arrangements committed to the long term and sharing an ethos that respects good healthcare, and the needs of patients and staff. We wish to highlight the high level of staff turnover, lack of salaried, staff GPs, unstable practice management and badly managed patient participation
- 3. New Ownership:** Patients are concerned that the new owners do not have patients interests at heart, and that T20 Osprey Midco's knowing breach of the contract, bodes ill for their future behaviour regarding the spirit and the letter of the contract, and compliance. This raises serious issues as to their trustworthiness and suitability to run primary care, and the implications for patient safety and service stability at St Anns Road Surgery and the other GP practices, should they be allowed to retain the contract. (This is acknowledged in the PCC report on the public's concerns "*It is seen as a fundamental breach in trust that falls below the standards expected from an organisation contracted to deliver NHS services.P30*).
- 4. HCRG Track Record.** We have previously provided examples of [HCRG](#), formerly known as Virgin Care, poor history in the delivery of GP services. This includes in 2022 after the acquisition of Virgin care by Twenty20 Capital, Bath, Northeast Somerset, Swindon, and Wiltshire CCG, decided not to extend a community services contract beyond 2024, because of uncertainties arising from the acquisition, including ongoing **contractual and financial risk**.
- 5. Patient experience and AT Medics/Operose performance.** Patients remain concerned with the quality of care provided at St Ann's Road Surgery. A petition calling for the Primary Care Committee to reject the takeover has reached more than 360 signatures from patients. In our spoken deputation, we will provide examples of inability to access appointments, poor practice management and staff retention, issues with prescribing, incompetent patient participation and overreliance on locum GPs. We do not believe that the improvements laid out in last year's contract extension have been met.
- 6. Contract Breach** Whilst welcoming the ICB's proposal to issue breach notices and having considered the due diligence evidence collected so far, we have concerns about options 1 and 2 that the ICB had outlined. We agree with the concerns about taking no further action, and highlight that should the ICB fail to terminate the contract, this sets a concerning precedent that APMS providers can breach contracts without consequence. Similarly, public trust has already been significantly eroded through the handling of the Operose/AT Medics contract and

this is an opportunity for the ICB to demonstrate its commitment to listening to patient voice.

Proposed Action

For the above reasons we consider that **contract termination is the only viable option if good healthcare and patient needs are the priority. We believe that the ICB could adopt alternatives, following a contract termination**, that are supported by evidence, to deliver better long-term, cost-effective health outcomes and patient and other stakeholder satisfaction. These focus on taking the practices back into NHS control via local Federations, PCNs, or other models outlined (see appendix). We consider them more likely more culturally attuned and experienced in primary care and community health care delivery, and preferably on GMS/PMS contracts.

Appendix 1

- **Enable PCNs and GP Federations to take over** the Operose practices or support a **merger** of the Operose practices with other practices.
- **Award a GMS contract to PCNs** to run practices, as has happened in Hoddesdon and Broxbourne PCN. Hertfordshire and West Essex made this decision to secure the long-term sustainability of the practice and care provided.
- **Other practices and partners** might be encouraged to take over the Operose practices if offered even a percentage of the extra 14% funding awarded to APMS contract holders. as with **extra resources**, the task of running practices would be more attractive.
- In the longer term, **establish or work within ICSs a body, e.g.** PCN, GP Federation or a new body e.g. a primary care board, to **hold NHS GMS contracts**.
- Encourage practices to convert to an **Employee Ownership Trust (EOT)** as in Minehead., Somerset. Dubbed a "John Lewis" model it gives all staff shares in the company. EOTs cannot be sold and thus the practice becomes a community asset, fixed by their GMS contract to the community they serve. GP EOT accounts are open and transparent.

GUIDANCE FROM THE PCC TERMS OF REFERENCE*

Deputations

The Committee may receive, at its absolute discretion, deputations to make the Committee aware of a particular concern(s).

Deputations need to be sent to the Committee Secretary no later than 12noon, three working days before the meeting to which it relates.

If the deputation is not received within the timeframe, the deputation will not be eligible to be heard at the meeting.

Deputations must take the form of a written request together with this deputation request form setting out the reason why the deputation should be received. If the Deputation fails to set out this information, it will be rejected.

Any deputation which is not relevant to the Committee's business will be rejected.

The Chair may accept or reject any relevant and properly completed deputations on strictly case by case basis at their absolute discretion and without setting any precedents for further discussions.

At the meeting

If a request is agreed, the interested party (ies) will be invited to the Committee meeting where the Committee will consider the Deputation. The spokesperson may speak for five minutes. The Chair will ensure that the remarks are relevant, and that the speaker refrains from personal attacks.

The Chair may decide how much time to allocate to any deputations at their absolute discretion on a case by case basis and without setting any precedents for future or further decisions on time allocated for deputations.

Please return this form to the relevant Committee Secretary by email to: nclib.meetingsquestions@nhs.net