



## DEPUTATION REQUEST FORM

<b>NAME OF COMMITTEE FOR DEPUTATION:</b> Primary Care Committee Meeting on 18 June 2024	
<b>NAME OF DEPUTATION LEADER:</b> Diane Paice	
<b>ADDRESS:</b> To be provided	
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<b>Name and contact details of other proposed attendees (maximum of 6 plus deputation leader):</b>  Rod Wells      Mob: 07584 253699 Brenda Allan      Mob: 07596 858066 Tammy Hymas      Mob: 07747 749373	
<hr/> <b>Have you submitted a deputation request to the NCL ICB before? If so, please give details:</b>  Yes - as HKONP at the PCC Extraordinary meeting on 21 May 2024	

**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.**

HKONP Deputation to PCC 18/6/24 on St Anns GP surgery

We very much welcome the PCC's recommendation to terminate the AT Medics contract and re procure from 1/7/24.

This was decided because amongst other failings "*The rate of the decline over 6 years in comparison to local averages was 10-20%. And • Against National targets, the practice achieved below target in 2022/23 for all measures (23/24 practice submission - shows achievement remains below national target in all measures) " And that they failed on 7 out of 8 indicators below local averages (22/23 data) "*

As you state in your PCC May 24 papers

*"Operose Health have shown a **deceptive and cavalier attitude to what is clearly a major breach.....** they have "**demonstrated contempt for the rules set by the NHS to protect patients, the workforce and the public purse.***

*• **This raises concerns about the impact on patient trust in their practices."***

We and more importantly patients will be relieved that the PCC is finally recommending this decision. HKONP have been campaigning for the removal of Centene/Operose /AT Medics since 2021 because of their failings and dire service to the public.

We welcome the PCC's stated concern to look after patients' interests. Patients need safe, effective care, continuity of care and service stability, and this can only exist if supported by ownership, organisational, financial and workforce arrangements, committed to the long term and sharing an ethos that respects good healthcare, and the needs of patients and staff

Operose/AT Medics failed in these regards and the new owners promised to be even less suitable. It is crucial that there is learning from these events, and that there is not a repetition of reprocurring with competitive tendering, that leaves the ICB and patients open to unnecessary costs and poor service.

**We urge the PCC to accept the recommendation to terminate the contract**, and then move to organise **caretaker arrangements** for St Ann's either with another practice or the Haringey Federation which has acted as caretaker for 157 medical practice and Charlton House. This would help stabilise the service for patients and give the PCC time to a longer-term solution. The PCC has already used local GPs as caretakers for JS Medical Surgery

Our understanding is that the **NHS Provider Selection Regime** which came into force January 2024 would allow the PCC to award a contract using the Most Suitable Provider Process, which would avoid costly competitive tendering and poor outcomes that have been experienced since the sale of AT Medics to Operose.

If the **caretaker arrangement** proved successful, on cost and healthcare grounds, it would be prudent to directly award to that provider, and resource the provider accordingly.

We advocate that a similar solution would be more appropriate for the other practices in NCL. When considering new providers, the PCC must not pursue re procurement on the large corporation/private equity route.

**There are alternatives as we have indicated in our previous deputation that the PCC/ICB could adopt, if good healthcare and patient needs are the priority.**

These 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 below). We consider them more culturally attuned and experienced in primary care and community health care delivery, and preferably would be on GMS/PMS contracts.

**Alternatives for PCC to consider:**

- *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 the 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 AT Medics 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 a body within the ICS, e.g.** PCN, GP Federation or a new body e.g. a primary care board, to **hold primary care 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.*