

HEALTH SCRUTINY PANEL

25 SEPTEMBER 2014

REVIEW OF ALTERNATIVE PROVIDER MEDICAL SERVICES

PURPOSE OF THE REPORT

1. To provide the scrutiny panel with a briefing on a number of minor changes to GP provision in Middlesbrough.

BACKGROUND

2. The documents outline the vision for the future of Alternative Provider Medical Services (AMPS) in Middlesbrough.
3. The NHS England, Durham, Darlington and Tees Area Team have been reviewing AMPS provision in the area to ensure they provide high quality, sustainable and affordable services for the future. The attached paper provides the reasons for the review and details on the individual proposals. (See appendix 1)
4. There are 2 providers contracted to deliver services under the AMPS contract arrangement which are being reviewed in Middlesbrough (there are also others throughout the Tees Valley)
 - **Hemlington Medical Centre – Viewley Centre** – consultation is about whether there is an appropriate level of choice and availability for Hemlington Medical Centre patients that may need to register at neighbouring/alternative practices.
 - **Resolution Health Centre, North Ormesby Health Village** – consultation is about the creation of a replacement practice/ contract to ensure an appropriate level of choice and availability for all patients registered with Resolution Health Centre.
5. The period of consultation is from 6 August to 29 September. Sheila Lister, Head of Primary Care Commissioning from the NHS England Durham, Darlington and Tees Area Team will be in attendance to discuss the proposals with the panel. Members are requested to comment on the approach to the consultation. The details of which can be found at appendix 2 and 3.

6. Results of the consultation could then be reported to the panel in September/October. The panel would have the opportunity to make any final comments before a decision was taken.

Areas for Discussion

7. Members may wish to focus their attention on a number of issues, for example
 - What demographic assumptions have been used and what are the future projections of these?
 - The practices provide enhanced services, in the case of Hemlington do the 2 alternative providers within the 2 mile radius and the 8 within the 3 mile radius provide enhanced services?
 - How are patients in institutionalised care facilities being consulted?
 - Have transport links, including public transport provision, to the alternative practices been considered?

RECOMMENDATIONS

8. It is recommended that the scrutiny panel
 - i) Note the information contained within the briefings.
 - ii) Confirm to the Area Team whether it is supportive, or not, of the proposed approach to the consultation.
 - iii) Ask the Scrutiny Support Officer to write, on behalf of the panel, to NHS England to outline the panel's comments by an agreed deadline.
 - iv) Ask the area team to return to the panel with the results of the consultation.

BACKGROUND PAPERS

No background papers were used in this report.

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Briefing from NHS England (Area Team)

Alternative Personal Medical Services (APMS) contracts are one of the ways Area Teams have to enable them to commission primary medical services within their area. The other routes are General Medical Services (GMS) and Personal Medical Services (PMS) which includes Specialist PMS.

These APMS contracts were initially set up by Primary Care Trusts (the NHS organisations at the time with responsibility for commissioning primary medical services) who were expected to open a practice under the national APMS scheme, regardless of local need.

These APMS contracts were originally agreed to run for a period of 5 years and most are due to expire by the end of March 2015. In line with the NHS England policy entitled 'Managing the end of time limited contracts for primary medical services', this has provided the Area Team with the opportunity to review and determine:

- Quality of the existing service.
- The current need for a service.
- The potential future need for a service.

If NHS England were simply to allow the contracts to expire, we believe that this may result in a shortfall of quality services in some areas with patients not being able to access essential NHS primary care. Similarly, we do not feel that the current arrangements are sustainable in the longer term, either for the current APMS providers or for neighbouring practices.

There several APMS contracts across the Durham, Darlington and Tees (DDTA) area. In some of the cases across the DDT area, we are confident that there is sufficient choice and availability within the area for patients to register with alternative practices. In others, we are not confident of this.

The Area Team has been reviewing the APMS provision across their area to ensure that they provide high quality, sustainable and affordable services well into the future. The initial review has taken into consideration the following criteria:

- Patient numbers, distribution and demographics
- Local health need
- Service quality, patient experience and clinical outcomes
- Neighbouring service provision and access
- Value for money and future sustainability of all primary care service providers

Following this initial review, the Area Team is wanting to seek views from local stakeholders such as Overview and Scrutiny Committees, MPs, Councillors, HealthWatch, Clinical Commissioning Groups, GPs, dentists, pharmacists, optometrists and community groups about their proposals to change the number of APMS contracts (practices) held.

The Area Team will also be separately seeking views from patients registered with local practices which may be affected by the proposals.

Following this consultation with stakeholders and patients a decision will be made on the needs of the local area and how to address the issue of the potential expiry of the APMS contracts. This will also be influenced by the current APMS contract providers view on whether or not they still wish to continue being a provider of services under the APMS arrangement.

The options available to the Area Team would be to either:

- Decommission the service and oversee a dispersal process that would ensure that the patients are found alternative high quality and accessible primary care services
- Extend the contract with the current provider or identify an alternative provider of the APMS service. In both cases, the Area Team would need to conduct a formal procurement process to ensure compliance with competition law.

Due to the length of time needed to undertake a procurement, should one be necessary, the Area Team are proposing to undertake an 10 week consultation period with stakeholders and patients as outlined between approximately July 2014 and September 2014 (with a decision on the way forward in each instance being made by the end of October 2014).

Following the decision being made, the Area Team will write again to all patients advising them of the outcome of the review, where necessary advising them of the new arrangements i.e. either that they will have a choice of local practices to register with, that we are putting in place a replacement practice that they will transfer to or that the current provider will continue to provide their service under a new contract.

The Area Team feels that this period of consultation would enable all patients and stakeholders to give their insight and concerns regarding their APMS service whilst also allowing enough time to carry out an open and robust procurement process to secure a high quality services from the 1st April 2015, such this approach be necessary.

For your local authority, the following practices are affected:

- In the Middlesbrough area, there are 2 providers contracted to deliver services under the APMS contract arrangements – Hemlington and Resolution.

It would be helpful for the Area Team to understand if the Overview and Scrutiny Committee (OSC) is supportive of the approach in principle. On agreement of the approach, the Area Team will supply each OSC with a detailed report on each of the affected practices containing the most up-to-date information on utilisation and quality of the current service and proposals for each APMS contract based on the findings of the initial reviews.