



AGENDA ITEM

3.1.4

CTM BOARD

**PROPOSAL TO RETURN FERNDALE / MAERDY MEDICAL PRACTICE
BACK TO INDEPENDENT STATUS**

Date of meeting

29.09.2022

FOI Status

Open/Public

**If closed please indicate
reason**

Not Applicable - Public Report

Prepared by

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Presented by

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(COO, DPCMH)

Approving Executive Sponsor

Chief Operating Officer (COO, DPCMH)

Report purpose

FOR APPROVAL

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)**

Committee/Group/Individuals

Date

Outcome

Primary Care Board

ENDORSED FOR
APPROVAL

ACRONYMS

GMS	General Medical Services
GP	General Practitioner
ANP	Advanced Nurse Practitioner
PCSU	Primary Care Support Unit
GPwSI	GP with special interest

1. SITUATION/BACKGROUND

- 1.1 Cwm Taf Morgannwg Health Board has a long history of directly managing GPs practices. The majority of these have been taken on

as part of a proactive approach to improving the range and quality of services being delivered to a patient population and also to influence strategic delivery of GMS services.

- 1.2 At the current time the Health Board manages one GP practice. This is Ferndale Medical Practice in North Rhondda Cluster (and includes the branch surgery in Maerdy). The practice has been managed by the health board since 1st May 2016. It has a patient list size of 7,542.
- 1.3 When the practice transferred to the management of Health Board the administrative and nursing staff come across under TUPE regulations. The challenge for the Health Board was to find a team of enthusiastic GPs who would be committed to working in the practice and at the same time drive forward quality improvement.
- 1.4 It is now time for Ferndale/Maerdy practice to be reverted back to independent status. The reasons for this are outlined in the paper and the structured tender process, which is supported by the Health Board's procurement team, is detailed in Appendix 1, while the timeline is shown in Appendix 2.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Maintaining managed practices is only intended to be a short term option and the objective has always been to return Ferndale to Independent Contractor Status.
- 2.2 Significant improvements have been made over the time the practice has been under the Health Board's management, this includes:
 - Embracing the multi-disciplinary team approach, including enhancement of pharmacist input and ANP.
 - Participation in the cluster initiatives providing patients with the benefits of the cluster commissioned initiatives, such as MIND, Physiotherapy service etc.
 - Joined the Rhondda Urgent Primary Care Centre initiative therefore giving patients improved access for urgent care.
 - Introduced care navigation training of practice staff to enable appropriate signposting to appropriate alternative service.
 - Increased delivery of a range of enhanced services
 - Introduced more robust administrative systems
 - Introduction of governance processes which are required for a practice to gain training status accreditation.

- 2.3 Managed practices are not without their challenges mainly because the services are managed remotely, securing sufficient clinical sessions is not easy and salaried GPs do not always give the commitment as GPs who own their own practice. This is not unique to Cwm Taf Morgannwg, but a common feature of managed practices across other Health Boards in Wales. Experience shows that when practices revert back to independent status improvements in access and continuity of care are seen.
- 2.4 To deliver safe, responsive general medical services to the registered patient population across 2 sites requires a minimum of 38 GP sessions i.e. just over 4 w.t.e. GPs. In recent times it has proved very difficult to achieve this shift fill, due to issues such as long term and short term sickness, maternity leave, performance issues, and a small number of GPs still not wanting to undertake face to face consultations in accordance with Covid-19 workplace risk assessment. This position looks unlikely to change.
- 2.5 If the practice is to remain a Health Board managed practice there will be a requirement to either expand the Primary Care Support Unit workforce or continue to rely on ad-hoc locum support. Both of which will be an additional financial cost at a time when the Primary Care budget is showing a forecast of £1.2 million recurrent overspend position. This will also not necessarily deliver a sustained improvement in access for the cost incurred.
- 2.6 In recent years the ability to directly manage the GP Practice within the allocated budget is proving more challenging particularly from a resource perspective. The salaried GP service is from a financial perspective resource hungry. This primary care budget cost pressure could be offset and the financial impact reduced by returning the practice back to independent status. The GP practice is supported by £700,000 worth of PCSU budget. This would equate to 6 WTE PCSU GP's. This GP resource could be used to maintain practice stability in other independent practices and improve access across a wider footprint within the Health Board area, or could be used to reduce overall primary care cost pressures if the GP's were to leave and not be replaced.
- 2.7 The PCSU was established in 2002 as part of a recruitment and retention plan. The main objective was to attract supernumerary GPs who were placed within independent practices. The remit of these GPs was to provide backfill releasing principle GP's from practices to either upskill or to pursue portfolio careers such as GPwSI, other clinical roles or research etc. At its height the PCSU employed 36 salaried GPs. This was supported by short and long term agreements with practices, where recruitment was an issue. The desktop

sustainability exercise undertaken by the Primary Care team in April 2022 revealed that there are 14 practices who require immediate support. Reverting Ferndale Medical Practice back to independent status will release GPs to be deployed across a wider CTM footprint, and in turn help to improve access and sustainability further field.

- 2.8 It is apparent that there are practices who are looking to take on new partnerships and or practices as branch surgeries. The Health Board has been approached by a number of GPs enquiring as to the future of Ferndale / Maerdy. As part of the offer the interested parties would have to demonstrate how they would improve upon access and service delivery.
- 2.9 Prior to any decisions being made around dispersals and mergers the question raised by Community Health Council (CHC) and patients is always, has the Health Board tried to secure a new contract with GPs; this process will demonstrate the Health Board commitment to having a clear strategic plan for the continued delivery of services.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The failure to engage sufficient clinical shift fill in the managed practice will lead to:-
- GPs and administrative staff within the practice feeling the service is unsafe
 - There will be an ongoing need to consolidate services into the Main Surgery at Ferndale at times, which will lead to further temporary closures at the branch surgery, in Maerdy, which will lead to a flurry of complaints from patients and from politicians.
 - Reliance on adhoc locum cover and or further recruitment of more salaried GPs into the PCSU will continue to put cost pressures on the Primary Care budget at a time when the Health Board is trying to achieve a balanced plan.
- 3.2 Reverting the practice back to independent status will enable the Health Board to divert valuable GP resource to other practices who are struggling therefore contributing to the sustainability agenda. This will provide valuable support while other models of commissioning GMS services are being explored.
- 3.3 The release of PCSU GPs from the directly managed practice will help alleviate the cost pressures on the wider Primary Care Budget. In order to make the necessary savings the proposed timeline for tender will need to be followed to enable the full impact to be realised at the start of the next financial year 2023/24.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The tender of the practice to independent status is a robust process and will ensure that the practice is taken on by suitable group of GPs who will take the practice forward and lead it into the next phase of development.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	There are implications for revenue and workforce as outlined in the paper
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 To **approve** the proposal to return Ferndale Medical Practice back to independent contractor status.

PROCUREMENT AND TENDERING PROCESS

- 1.1 The rules covering procurement and tendering are governed primarily by EU Directives which originally date back to 1989. The current applicable UK Regulations are the Public Contract Regulations 2006 which apply in England, Wales and Northern Ireland. The Public Contract Regulations apply to contracts worth a minimum of 211,000 euros.
- 1.2 Provision of health and social services fall within Part B of the Public Contract Regulations, and therefore it is probable that the context of procurement and tendering that is pertinent to GPs and, in this case, managed practices, generally fall within this section. Effectively, this means that Health Boards may not always have to go through the full tendering processes as set out in the regulations, however, it is imperative to ensure the obligations of transparency and fairness are paramount. The process adopted by Cwm Taf Morgannwg University Health Board promotes transparency and non-discrimination.

THE PROCESS – FIRST STAGE EXPRESSION OF INTEREST (OPTIONAL)*

- 1.3 An advert is circulated to all GP Practice Managers in the Health Board area, put on the LMC website and in the BMJ. The advert invites a simple expression of interest by a certain date.
- 1.4 Where an expression of interest is received and considered by the Health Board to be above the line by the panel (consisting Assistant Medical Director, Head of Primary Care and other senior manager) the interested applicant is invited to proceed to the second stage.

**There may be circumstances when it is appropriate to omit Stage 1 Expressions of Interest and proceed directly to Stage 2 Submission of Full Business Case. There are occasions when it is a useful part of the process in that it informs with regard knowing how many bids to expect and it provides a summary that shows the potential provider is interested in and capable of delivering the service.*

THE PROCESS – SECOND STAGE FULL BUSINESS CASE

- 1.5 Successful applicants are requested to produce a full business case detailing the proposal. In order to assist all applicants are provided with an information pack enclosing all relevant up to date information about the practice, a template for the business case and the scoring criteria used when evaluating the submissions. A deadline is provided to all applicants for the receipt of the completed business case, and

provisional details of the award panel they will be expected to attend and present.

- 1.6 Panel members include representation from LMC, Patient Rep, Community Health Council, Lay Member, Pharmacy, Medical Director neighbouring Health Board and senior management from Cwm Taf Morgannwg University Health Board (to include Finance and Primary Care and Community).
- 1.7 Applicants are expected to prepare a 15 minute presentation, followed by a question and answer session related to their submission and presentation. After which the panel evaluate and allocate scores for each of the headings identified in the scoring template. The decision of the panel then goes to the appropriate Board meeting for ratification in line with internal processes.

FERNDAL/MAERDY TENDER PROCESS TIMETABLE

COMMENCE TENDER PROCESS	AWARD CONTRACT	DATE OF TRANSFER	PERIOD TO REMAIN MANAGED
w/c 19 th September 2022	December 2022	1 st April 2023	7 Months

VACANT PRACTICE STAGE 1 Expression of Interest

Action	Lead	Timescale
Primary Care Board agreement in principle to proceed		18 th May 2022
ELG/SLG approval of agreed proposal to transfer		15 th August 2022
Share proposal with CHC SPC and Exec		SPC 10 Oct
Full Health Board sign off agreed proposal to transfer		Thursday 29 th September 2022
Meetings with staff to explain process		Monday 3 rd October 2022
Letters to all key stakeholders outlining proposal		Monday 3 rd October 2022
Patient Information to be displayed in practice reception		Week commencing 3 rd October 2022
Preparation of information pack to be provided to FBC		On going
Advertisement of managed practices (1 st stage – requesting EOI)*		w/c 3 rd October
Closing date expressions of interest		21 st October 2022
Panel to be convened to consider EOIs		w/c 24 th October 2022
Letters to all key stakeholders detailing outcome of 1 st stage		w/c 24 th October 2022

VACANT PRACTICE STAGE 2 Full Business Case

Action	Lead	Timescale
Patient information to be displayed in practice reception area		w/c 24 th October 2022
Patient engagement/consultation to commence (to include drop in sessions, patient information leaflet etc.)		w/c 24 th October 2022
Public Meetings		w/c 7 th November and 14 th November 2022
Additional information to be provided by HB to those shortlisted		w/c 24 th October 2022
Full Business Case to be submitted		Friday 18 th November 2022
Panel assessment		w/c 28 th November 2022
Operational Management Board		Tbc
Full Board		21 st December 2022
Contract Award		22 nd December 2022
Inform Key Stakeholders		22 nd December 2022
Proposed Transfer Date		1 st April 2023