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| MEETING | Health Overview Scrutiny Committee (HOSC) 21 st November 2018 |
| REPORT | GP Primary Care Provision at Finchley Memorial Hospital Update Paper |
| DATE OF REPORT | 10 th November 2018 |
| LEAD DIRECTOR | Colette Wood, Director Primary Care Transformation |
| DIRECTOR SIGN OFF and DATE | Colette Wood 12 th November 2018 |
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Background

Barnet Clinical Commissioning Group (CCG) have been seeking to put a GP practice into Finchley Memorial Hospital (FMH) because we recognise the potential benefits to the local community and the possible wider benefits of FMH to all residents of Barnet in terms of the scope of service provision.

The building provides the estate infrastructure for integrated working across primary care, community care, mental health and social care services and the opportunity to deliver seamless patient care. This approach supports the redesign, development of New Models of Care as detailed in the GP Five Year Forward View, and the Strategic aims of Barnet's Primary Care Strategy and the Care Closer to Home Programme, which is via the Barnet Care and Health Integrated Networks (CHINs). In this model, Health and Care providers are embedded within a local community, work collaboratively to provide care for a defined population, and are jointly accountable for an agreed set of outcomes. This person-centred, coordinated care ensures peoples' experience is joined up across all parts of their engagement with the health and care system. This minimises duplication in the system and ensures health and care professionals are enabled to work at the top of their licence.

FMH was originally developed on the basis that it would include a GP practice and that this would be at the "centre" of primary healthcare delivery at FMH. In addition, the absence of a GP practice at FMH is currently costing the CCG £210k per annum in void costs for the space that is allocated for a GP practice.

The CCG made a commitment to the HOSC to try and secure a GP practice at FMH. To ensure equity and fairness in this aim, all Barnet GP practices were invited to express their interest in moving to FMH via an Expression of Interest (EOI) process in April 2018.

The outcome of this competitive process was a successful applicant was selected which

consists of three Barnet practices (Ravenscroft Medical Centre, Millway Medical Practice and Lane End Medical Group) working together in a multispecialty community provider (MCP) model, alongside Central London Community Healthcare NHS Trust (CLCH). The proposal is that one of these practices Ravenscroft Medical Centre will move into FMH and close their existing premises.

The practice vision is to be a “super practice” who will look at new opportunities around workforce, digital enablers and the estate to enhance patient experience and outcomes. They recognise the FMH estate as an opportunity to establish a ‘Multispecialty, Community-based Provider’ (MCP). The practices have listed the below possible innovations that they would want to achieve at FMH:

- Ability to address wider determinants of health and tackle inequalities through the building of social capital, mobilising citizens and voluntary sector by providing an accessible community venue to engage community partners (i.e. drop in events for wellbeing advice).
- Ability to integrate the urgent care pathway of the WIC, 111 services, community pharmacies, GP extended access with GP in-hours appointments in primary care to create efficiency and appropriate use of each pathway element.
- Integrated extensive care pathways for people with complex needs, by utilising the hub to provide frailty, Multidisciplinary Team (MDT) or Long Term Condition (LTC) pathways.
- Ability to integrate workforce, with a strong focus on partnership spanning primary, community as a priority, with the potential to extend to secondary and social care.
- Alignment of clinical and financial drivers with appropriate shared risks and rewards.

The proposal is that the three practices will operate within an integrated delivery model, in partnership with CLCH. This innovative and visionary model of care will enable collaborative leadership based on a shared clinical vision.

If a decision is taken to proceed to move the practices to FMH the CCG will explore the implementation of the above innovations/opportunities with the practices, where they can be offered under the practice’s existing contractual arrangements.

Compliance

The CCG will comply with all of its NHS Act 2006 duties that the CCG is obliged to take into account in making commissioning decisions and any guidance issued on the same by NHS England.

In particular, NHS England is clear that when relocating a practice, consultation duties must be complied with. The CCG, as it is acting on delegated authority from NHS England, needs to carry out consultation, which puts NHS England in compliance with its own consultation duty as well as the CCG’s own duty. A consultation is therefore required as there will be a significant change to the manner in which services are delivered to the successful practice’s patients.

Compliance with and consideration of all of the CCG’s duties under the NHS Act 2006 and associated legislation/guidance will need to be carried out before a final decision is made to approve or reject the successful application. Accordingly, it is possible that as a result of the considerations the CCG undertakes in compliance with its duties (including the outcome of any consultation process) that the CCG will decline to allow the relocation of the practices that submitted the successful response.

The CCG will not prejudice the outcome of any consultation process and CCG’s ultimate

decision, but if the CCG moves to a final decision to move forward with this practice relocation, the CCG will facilitate a meeting with Transport For London with the support of other interested representatives to explore the possibility of a bus service to FMH.

The timeline for the public consultation to be undertaken by the CCG is expected to run in a period from December 18 to February 19.

Governance

Once the CCG has complied with all of its duties under the NHS Act 2006 and associated legislation/guidance a report will be prepared with the CCG's considerations, comments and findings following this process. If the recommendation is to approve the relocation of the preferred practice(s), this will be taken to the NCL Primary Care Committee in Common (PCCC) for a formal decision, in accordance with the CCG's Delegation Agreement and the PCCC terms of reference.

RECOMMENDED ACTION

TO NOTE – To note CCG actions on securing GP Provision at FMH and the next steps around consultation

Objective(s) / Plans supported by this paper: (*How does this report help to deliver the objectives plans and strategies of the CCG?*)

- Barnet Primary Care Strategy
- Care Closer to Home Strategy
- GP Five Year Forward View
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Audit Trail: (*Details of the groups or committees that have received the paper including dates*)

Paper is for HOSC and provides an update on this project

Patient & Public Involvement (PPI):

Patient and Public engagement will be conducted through consultation process

Equality Impact Assessment:

An Equalities Impact Assessment will be conducted as part of process to comply with the CCG's duties under the NHS Act 2006 and associated legislation/guidance.

Risks:

CCG will continue to incur void costs at FMH if the project is not completed and a GP practice does not relocate

Resource Implications:

Associated costs will be funded from void costs currently incurred

Next Steps: (*This section will set out what will happen next, including when the item may next be reported to a committee or the Board. It should include explicitly any communication plan*)

An updated paper will be presented to HOSC following the CCG's compliance with its duties under the NHS Act 2006 and associated legislation/guidance.

