

Goodrest Croft Surgery

Joint Health Overview and Scrutiny Committee

Summary and Purpose

- The GP partners at Goodrest Croft Surgery handed back the contract without notice, and as a result all responsibility for their patients in October 2019
- The Clinical Commissioning Group (CCG) as required by NHS England identified a temporary interim provider, at less than weeks notice
- The uncertainty regarding the future intention of the surgery building ongoing availability remained unclear for a year. This influenced the CCG decision to disperse the list in best interest of patients due alternative local provision.
- This overview report details the chronology at summary level of the key events and the activities in relation to public consultation.



Chronology 1

Date	
21 October 2019	<p>GP Partners escalated breakdown in relationship, CCG and LMC attempted to mediate, however GP handed back the contract to CCG</p> <p>CCG commissioned an alternative local provider at less than a weeks notice to provide an immediate temporary caretaking service for the patients of Goodrest Croft Surgery to ensure services continue</p>
14 January 2020	<p>The CCG Primary Care Commissioning Committee granted approval to procure patient services from Goodrest Croft Surgery premises</p>
16 January 2020	<p>Unsuccessful in obtaining assurance or availability of the existing or alternative premises</p> <p>Procurement of a new Alternative Primary Medical Service (APMS) provider was not possible without access to premises.</p>

Chronology 2

Date	
14 February 2020	<p>A further attempt to secure clarity on the GP (landlords) intentions in relation to the future availability of the building was undertaken. The CCG met with two of the owners to allow primary care to be delivered from the site for at least 10 years.</p> <p>The owners requested more time to discuss and consider their options.</p> <p>Caretaking arrangements continue with temporary clinical staff continuing to be funded by the CCG,</p>
11 August 2020	<p>The CCG agreed to a rent uplift of £9,328 per annum at the request of the landlords. We understood the rent review was key element in informing the landlords decision regarding the ongoing use of the premises.</p>
23 September 2020	<p>A request for backdated in part payment to 2009 was received while the uplift approval was pending- this was considered at an Extraordinary Primary Care Commissioning Committee and was declined.</p>

Chronology 3

Date	
29 September 2020	Premises meeting with the landlords requesting a final decision around the ongoing availability of the premises by 9 October 2020.
9 October 2020	E-mail received from the landlords confirming the premises availability. The landlords declined to provide a legal undertaking to that effect.
13 October 2020	The CCG considered all options and made the decision to disperse the patient list.

Chronology 4

Date	
4 December	Stakeholder briefing provided to Birmingham and Solihull HOSC members
15 December 2020	<p>Patient Participation Group (PPG) members were contacted individually by the CCG Primary Care Contracting Team.</p> <p>Patient communication, including a dedicated support telephone line for patients.</p>

Consultation requirement summary

As set out in the NHS publication [Legal duties for service change: a guide](#):

NHS Birmingham and Solihull CCG decided to change (close) the primary care service at Goodrest Croft without allowing time for full public consultation with patients due to consideration of imminent risk to the welfare of patients (and staff) based on the uncertainty of the premises and unfeasible scope of procurement of a new provider.

Exceptions also cover the requirement to consult with the local council, however the CCG did consult with the health overview and scrutiny committee and have worked closely with a number of councillors to inform and advise them of the reasons for the change and keep them abreast of the how the change will impact patients and the support being offered to patients to register elsewhere.

Where services need to be closed or suspended at short notice, NHS bodies and their partners should act in accordance with the [Joint Working Protocol](#), which the CCG has followed.

The CCG has acted in accordance with their legal duties, including:

- keeping good records of the factors we considered in making these decisions;
- communicating the changes to affected people; and
- informing the local authorities in the areas affected about changes and reasons for not consulting under the regulations

In terms of the National Health Service Act 2006, section 14Z2, which states that as the commissioning body we “must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways” – we have informed and supported patients through providing letters to all registered patients, holding patient meetings and providing a dedicated helpline for support in registering elsewhere.

Learning

- Engagement with patients
 - Introduce more virtual patient sessions
- Communication with members of the Joint HOSC
 - Make a call clear to action regarding email briefings
- Inform some stakeholders earlier in the process
 - Engage with community services to ensure smooth transition of patients when living on borders of different areas
- Transparency regarding the main driver of the issues
 - A key driver was the uncertainty of the availability of the premises and this could have been communicated more openly



**Thank you for
listening.
Any questions?**