

ICB Extraordinary Primary Care Commissioning Committee

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| Date of meeting | 25 November 2024 |
| Title of paper | ELA (Dill Hall) Contract Extension |
| Presented by | Peter Tinson, Director of Primary & Community Care Collette Walsh, Associate Director Primary Care |
| Authors | Collette Walsh, Associate Director Primary Care |
| Agenda item | 4 |
| Confidential | No |

Executive summary

Hyndburn is the 16th most deprived local authority in the country and among the top 5 most deprived local authorities in LSC (IMD, 2019).

Alongside most of East Lancashire (apart from Ribble Valley) Hyndburn has a slightly younger age profile than Lancashire overall (Fingertips), and approximately 15% of the population are Asian/British Asian, with large South Asian communities (mainly Pakistani/Bangladeshi) (Census, ONS 2021); a community we know consistently has some of the worst health outcomes, including higher rates of infant deaths, year 6 childhood obesity and diabetes (Kings Fund, The health of people from ethnic minority groups in England, 2023). Hyndburn, alongside Burnley and Pendle, is home to several asylum seekers and refugees, and we have several traveller sites in Hyndburn (local insight).

P81711 Dill Hall Surgery was a single-handed GP Practice which formally operated from Church Street, Accrington with a registered patient population of 2,742 patients. [Weighted list size as of September 2023].

This primary medical services contract was terminated on 12 December 2023.

On 12 December 2023, an APMS (caretaker) contract was directly awarded to the East Lancashire Alliance (ELA) for a period of 9 months (with the option to extend by 3 months). This initial caretaker contract was extended by 3 months and will end on 11 December 2024.

The ELA have stabilized service provision and maintained business continuity. In addition the ELA were asked to focus on a number of quality improvement areas which have been reported upon separately.

The ELA have prioritised key areas for attention and action and have significantly improved care and reduced risk for patients.

Options for the continuity of care are included within this report, however, please note that in the immediate Hyndburn area, there are three (potentially four) complex practice relocations planned which will be ongoing until at least 31 December 2024. Patients and staff at their new locations will need time to embed and become familiar with the new access arrangements.

In addition to the practice moves, minor injuries and community-based services are urgently moving out of the Accrington Victoria site in Hyndburn, adding to a busy scenario which requires considered management.

Advise, Assure or Alert

The purpose of the report is to

Alert the committee:

- To the number of GP Practice and other community service relocations in Hyndburn, and the requirement to stabilise service provision in the area.

Assure the committee:

- That the ELA have stabilised service provision.

Advise the committee:

- Of the options to ensure ongoing continuity of care for these patients and highlight the benefits and risks associated with these options.

Recommendations

The recommendation is that Primary Care Committee approve the proposal to continue to contract with the ELA, for a further twelve months (6m + 6m) as described in **Option 2; by way of a contract modification to vary the current contract term** under the Healthcare Services (Provider Selection Regime) Regulations (PSR) 2023.

This will ensure continuity of safe primary medical services to the practice population and allow us to prepare a full Options Appraisal for long-term service provision.

| Which Strategic Objective/s does the report contribute to | | Tick |
|---|--|-------------------------------------|
| 1 | Improve quality, including safety, clinical outcomes, and patient experience | <input checked="" type="checkbox"/> |
| 2 | To equalise opportunities and clinical outcomes across the area | <input checked="" type="checkbox"/> |
| 3 | Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees | <input checked="" type="checkbox"/> |
| 4 | Meet financial targets and deliver improved productivity | |
| 5 | Meet national and locally determined performance standards and targets | <input checked="" type="checkbox"/> |
| 6 | To develop and implement ambitious, deliverable strategies | |

Implications

| | Yes | No | N/A | Comments |
|---|-----|----|-----|------------------------------|
| Associated risks | Yes | | | As articulated in the report |
| Are associated risks detailed on the ICB Risk Register? | | No | | |

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|---|-------------|-----------|-----------------|-----------------|
| Financial Implications | | | N/A | |
| Where paper has been discussed (list other committees/forums that have discussed this paper) | | | | |
| Meeting | Date | | Outcomes | |
| - | - | | - | |
| Conflicts of interest associated with this report | | | | |
| Not applicable | | | | |
| Impact assessments | | | | |
| | Yes | No | N/A | Comments |
| Quality impact assessment completed | Y | | | |
| Equality impact assessment completed | Y | | | |
| Data privacy impact assessment completed | | | N/A | |

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| Report authorised by: | Craig Harris, Chief Operating Officer |
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Extraordinary Primary Care Commissioning Committee

25 November 2024

P81711 Dill Hall Surgery- Continuity of Primary Care Medical Services in Hyndburn

1. Introduction

1.1 The purpose of this report is to:

- a) Provide the Primary Care Commissioning Committee with relevant background information
- b) Make a recommendation for consideration, to ensure continuity of primary medical services to the registered patients of Dill Hall Surgery.

2. Background

2.1 Hyndburn is the 16th most deprived local authority in the country and among the top 5 most deprived local authorities in LSC (IMD, 2019).

2.2 P81711 Dill Hall Surgery was a single-handed GP Practice which formally operated from Church Street, Accrington with a registered patient population of 2,742 patients. [Weighted list size as of September 2023].

2.3 This primary medical services contract was terminated on 12 December 2023.

2.4 On 12 December 2023, an APMS (caretaker) contract was directly awarded to the East Lancashire Alliance (ELA) for a period of 6 months (with the option to extend by 3 months). This initial caretaker contract was extended by 3 months and will end on 11 December 2024.

2.5 The current financial value of the contract is **701,783.56** per annum.

3. Current contract

3.1 The ELA are a not-for-profit Federation of the 9 PCNs in Lancashire East. They are currently subcontracted by the PCNs to deliver Enhanced Access Services across East Lancashire and also five Acute Respiratory Hubs.

3.2 The ELA mobilised at extremely short notice to ensure business continuity for patients at Dill Hall and later moved the provision of services to a modernised, fit for purpose setting at the Acorn Health Centre.

4. Key Achievements of the ELA

- 4.1 The ELA have stabilized service provision and maintained business continuity. In addition the ELA were asked to focus on a number of quality improvement areas which have been reported upon separately.
- 4.2 The ELA have prioritized key areas for attention and action and have significantly improved care and reduced risk for patients.
- 4.3 ELA have largely retained the practice population, with a growing list size as shown in Table 1 below. ELA state that a practice search shows the list size as 2748 actual patients on 12 November 2024.

Table 1

| June 23 | Sep 23 | Dec 23 | March 24 | June 24 | Sep 24 |
|---------|--------|--------|----------|---------|--------|
| 2746 | 2742 | 2733 | 2635 | 2632 | 2670 |
| | | | | | |

5. Strategic Context

- 5.1 Alongside most of East Lancashire (apart from Ribble Valley) Hyndburn has a slightly younger age profile than Lancashire overall (Fingertips), and approximately 15% of the population are Asian/British Asian, with large South Asian communities (mainly Pakistani/Bangladeshi) (Census, ONS 2021) ; a community we know consistently has some of the worst health outcomes, including higher rates of infant deaths, year 6 childhood obesity and diabetes (Kings Fund, The health of people from ethnic minority groups in England, 2023). Hyndburn, alongside Burnley and Pendle, is home to several asylum seekers and refugees, and we have several traveller sites in Hyndburn (local insight).
- 5.2 With the exception of Preston, the districts of Burnley and Hyndburn have the lowest life expectancy in Lancashire, and they have highest rate of premature deaths. Other key measures of poorer health outcomes are below and highlight that in general Burnley and Hyndburn have poorer health and more risk factors. (Lancashire Priority and 'Focus' Wards report, 2024).
- 5.3 There are 12 GP Practices in the Hyndburn Area (covered by two PCNs) and currently three (potentially 4) complex practice relocations planned which will be ongoing until at least 31 December 24. These changes require careful co-ordination to ensure patient care is not adversely effected and will influence the future options for the provision of long term care for the patients of the former Dill Hall Surgery.
- 5.4 Furthermore, a small number of patients may choose to register with a different practice in Hyndburn as a result of practice relocations.
- 5.5 In addition to the practice moves, minor injuries and community-based services are urgently moving out of the Accrington Victoria site in Hyndburn.

6 Continuity of Primary Care Medical Services to the Registered Population

6.1 The ICB has a statutory duty to ensure the provision of primary care services for patients.

6.2 Table 3 below explores options for next steps, along with their benefits and risks.

Table 5

| Option | Benefits | Risks |
|---|--|--|
| <p>1. Service ceases – patient list is dispersed</p> | <p>The NHS England Primary Care Policy Book for Primary Care Services advises that list dispersal should be considered when a contract ends.</p> <p>A managed list dispersal may typically take up to 6 months and will form part of the longer term options for future consideration.</p> <p>None of the GP Practices in Hyndburn are currently operating a closed list.</p> <p>Please note, in the event of a list dispersal, the ICB would implement a managed dispersal, through allocating each patient a local GP to ensure all patients have continuity of care available to them with no gap in service. This does not take away from patient choice and any patients unhappy with their allocation will be free to register with an appropriate GP of their choice.</p> | <p>A list size dispersal of 2670 patients at this stage would likely have a significant negative impact on surrounding GP practices and the care they provide to their patients.</p> <p>There are 12 GP Practices in the Hyndburn Area (covered by two PCNs) and currently three (potentially 4) complex practice relocations planned which will be ongoing until at least 31 December 24.</p> <p>Services at the Accrington Victoria Hospital in Hyndburn are currently being urgently relocated locally.</p> <p>GP patient survey results suggest that there are challenges with GP access in the Hyndburn area.</p> <p>All practice changes need to be undertaken in line with strategic intentions and robust impact assessments.</p> <p>GP Practices may apply to formally close their patient list, because of workload pressures, especially as patient movement is already expected as a result of three other practice relocations in the area.</p> |

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| | | <p>Insufficient time for patients to be notified and then to secure provision elsewhere potentially leaving vulnerable patients without access to GP services.</p> <p>Significant media and political challenge likely if there is further patient disruption in an already challenging situation with the closure of Accrington Victoria Hospital site.</p> <p>Given the history of the practice wherein the previous contract was terminated, patients and staff would again be faced with an uncertain future.</p> <p>Potential disruption of continuity of care.</p> |
| <p>2. Continued service provision from the ELA for a period of 12 months (6m + 6m)</p> <p>PREFERRED OPTION</p> | <p>Offers continuity of care for patients.</p> <p>Provides continuity for staff.</p> <p>Would ensure that ICB staff were able to prioritise working on stability of practices within the Hyndburn Area.</p> <p>The service provider has made considerable strides in stabilising operations, enhancing patient care, and building a strong and capable team. The practice is well-positioned to continue delivering high-quality healthcare, thanks to its clear strategic direction, innovative service improvements, and strong leadership. A continuation of current provision would enable the practice to build on these achievements and fully realise the potential of the work initiated in December 2023.</p> <p>Further time would allow for continued contract monitoring at</p> | <p>NECS have advised that a contract modification to vary the contract term would be possible under PSR if the following applies:</p> <p>If the modification is attributable to a decision of the relevant authority and does not materially alter the character of the contract, and the cumulative change in the lifetime value of the contract, compared to its value when it was entered into, is under £500,000 or under 25%</p> <p>Subject to the above, the modification is permissible under PSR and would allow sufficient time for a full procurement process to be carried out for the future service delivery should a competitive tender be selected as a future decision. This would also mitigate any risks of a representation as it would allow providers an opportunity to express an interest to deliver the service in the future.</p> |

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| | <p>the practice and for further proactive screening for any residual risks from the previous contract.</p> | <p>The ICB would assert that a contract modification is in the best interests of patients due to the changes taking place to primary care services in Hyndburn at the moment and the requirement for safe, continuity of care. There is evidence that the current contract is meeting key performance indicators and due diligence has been undertaken to provide assurance of service delivery.</p> <p>Regular contract review meetings will continue with service provider.</p> |
| <p>3. Procure a new service provider</p> | <p>We anticipate that there may be market interest in this contract for the long-term, (not least from the current provider). A procurement may stimulate healthy competition which may bring further innovation.</p> <p>However, whilst procurement would be one of the options available to the ICB for the long-term provision of the service, procurements for a list size this small may not be increase resilience and sustainability in primary care.</p> <p>In the short term the ICB could consider the option of inviting expressions of interest from providers who are qualified to carry out the service, to run a mini-tender exercise for a 12-month interim provider but this would further destabilise provision in an already complex scenario.</p> | <p>A competitive tender process at this time would likely affect business continuity in an already challenged primary care environment.</p> <p>There is insufficient time to undertake this process prior to the contract end date of the current contract on 11 December 2025.</p> <p>A continuation of current provision for 12 months would allow a procurement to be prepared and initiated should competitive tender be a selected future decision.</p> |

7 Conclusion

7.1 The ELA have stabilised service provision and delivered the requested quality improvements which have been reported elsewhere.

7.2 If the current service provision comes to an end on 11 December 2024 there is a risk to the continuity of patient care.

7.3 There are several other service changes taking place and planned which will influence the future options for the provision of long term patient care for these patients.

8 Recommendations

8.1 The Committee is asked to:

- a) Consider the information within this report.
- b) Approve option 2 as the safest option. This involves continuing to contract with the ELA, for a further twelve months (6m + 6m); by way of a contract modification to vary the current contract term under the Healthcare Services (Provider Selection Regime) Regulations (PSR) 2023. This will ensure continuity of safe primary medical services to the practice population and support the preparation of a full Options Appraisal for long-term service provision.
- c) Approve the commencement of engagement with local practices regarding the long-term future of service provision for these patients.
- d) Approve the commencement of engagement with patients regarding the long-term future of service provision.
- e) Delegate authority to the Chief Operating Officer Strategy, Commissioning & Integration, the Director of Primary Care and the Associate Director of Finance to agree the contract value with the ELA which will not exceed the current value.

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