



OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 5 March 2019	Paper No: 5
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Title of Paper: South Oxford Health Centre

Paper is for: (please delete tick as appropriate)	Discussion		Decision		Information	✓
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Conflicts of Interest (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

<p>Purpose and Executive Summary:</p> <p>At the end of January 2019, the CCG received notification from South Oxford Health Centre that they were giving 6 months' notice to terminate their contract. In line with the CCG statutory responsibilities, the CCG has immediately commenced the process for developing service provision options when this contract expires.</p> <p>This paper sets out the strategic case for South Oxford Health Centre as well as the options available.</p> <p>Given the small contract size of the practice, the need to strengthen sustainability of practices across Oxfordshire and to ensure efficient use of Oxfordshire resources the first step should be to seek a local solution.</p> <p>With Primary Care Network contracts not in place until July 2019 (as part of the GP contract reform 2019), the CCG has written to all Oxfordshire practices to seek expressions of interest from local practices currently holding a GMS contract to provide a branch surgery from the Lake Street site. Alongside this the CCG has issued a Public Information Notice (PIN).</p>
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<p>Engagement: clinical, stakeholder and public/patient: The CCG has met with the PPG and a joint letter to patients has been prepared.</p>
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The PPG will support the practice in providing updates to patients.

Regular updates will be provided on the CCG website which will have a page dedicated to South Oxford Health Centre

Financial Implications of Paper:

It is likely that additional funds will be required to support the transition from old to new provider. Any APMS contract will likely cost more than a GMS contract

Action Required:

OPCCC are asked to

- 1) Note that our statutory responsibility is to ensure medical services provision for the patients registered at South Oxford Health Centre;
- 2) Agree that the CCG should use the process as outlined in the Decision Tree
- 3) Note the outline process and steps needed to achieve a solution for South Oxford Health Centre and the proposed timescales, understanding that this will be the responsibility of the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) to oversee and deliver.

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

This will be undertaken when considering each step of the process and its likely outcomes. The CCG is currently seeking a solution to maintain access at the Lake Street site.

Link to Risk:

AF26 – Delivery of Primary Care Services

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Clinical / Executive Lead: Diane Hedges. Chief Operating Officer

Date of Paper: 22 February 2019

South Oxford Health Centre

Background

South Oxford Health Centre is a small city practice with approx. 4,470 patients. One of the two partner moved abroad in October, which increased its vulnerability with the remaining partner not wanting to remain the sole partner. In November 2018, the CCG reported that OxFed¹ and South Oxford Health Centre (SOHC) had come to the CCG with a proposal for OxFed to take over the running of South Oxford Health Centre.

Although OxFed went through an assurance process to assure OCCG that OxFed could deliver a safe and quality service to its patients, pressure on the remaining GP ensued and at the end of January the CCG received notification from the remaining partner that he was giving 6 months' notice to terminate his contract (effective end date 31 July 2019).

In line with our statutory responsibilities, the CCG has immediately commenced a process for developing service provision options when this contract expires. The purpose of this paper is to set the strategic context and the proposed process for development and decision on future services for the existing patient list.

The CCG, through the OPCCC is asked to:

- 1) Note that our statutory responsibility is to ensure medical services provision for the patients registered at South Oxford Health Centre;
- 2) Agree that the CCG should use the process as outlined in the Decision Tree
- 3) Note the outline process and steps needed to achieve a solution for South Oxford Health Centre and the proposed timescales, understanding that this will be the responsibility of the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) to oversee and deliver.

Context

South Oxford Health Centre is a small practice in Lake Street, Oxford. It serves a defined population along the Abingdon Road. It has an interest in research for which it has won awards

¹ OxFed is a new kind of not-for-profit healthcare organisation providing NHS services. Our members care for the city's 224,000 strong population, providing healthcare in people's homes and in local general practices across the city. OxFed also helps its member practices become stronger and more efficient, so they can care for people even better. We speak out for our patients and practices across the city.

The Practice has been working with the CCG since the start of 2018 to look at their sustainability. They have been encouraged to work with neighbouring practices to explore options. One of the two partners moved abroad in October 2018.

Oxford City facts and figures

- There are 20 practices in Oxford City of which three cover the SOHC practice boundary.
- A map of surrounding practices is taken from NHS choices where

Practice A is South Oxford Health Centre

Practice B is King Edward Street Medical Practice

Practice C is St Clements Surgery

Practice D is Luther Street Medical practice

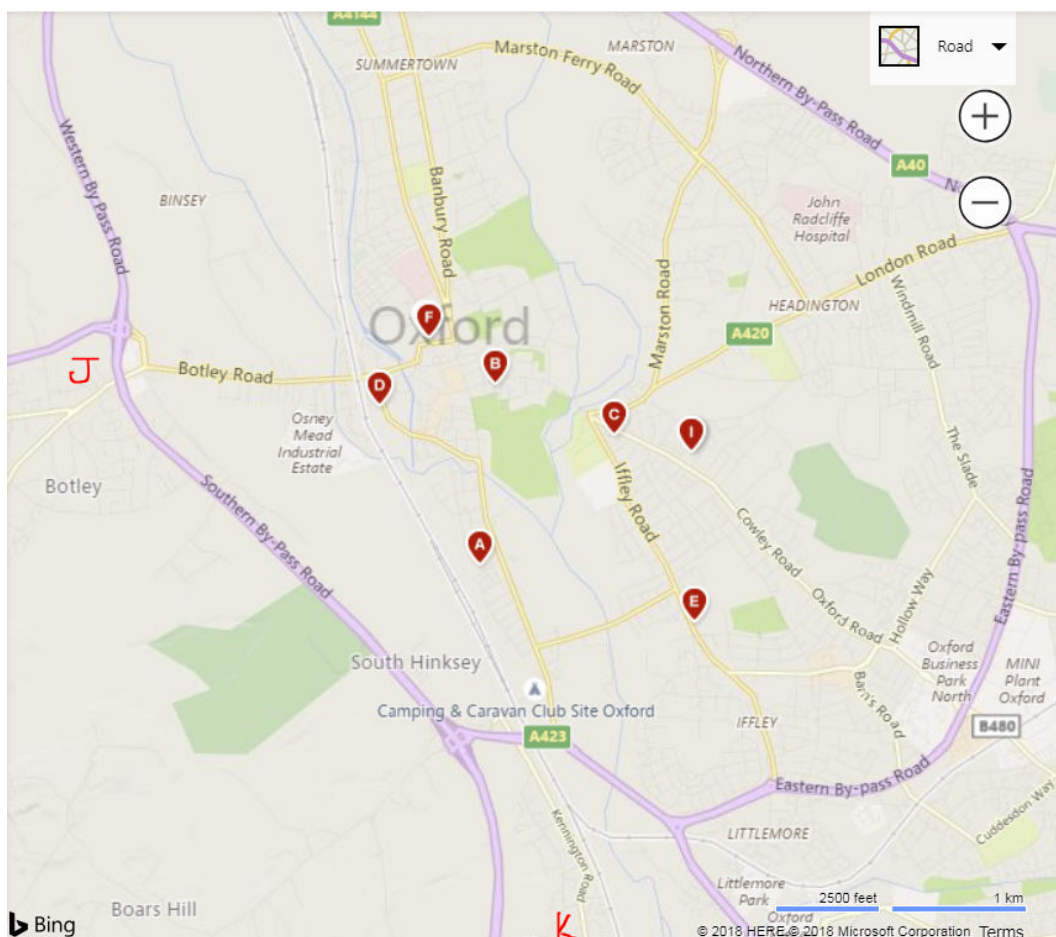
Practice E is Donnington Medical Partnership

Practice F is 19 Beaumont Street, 28 Beaumont Street, 27 Beaumont Street

Practice I is Cowley Road Medical Practice

Practice J is Botley Medical Centre

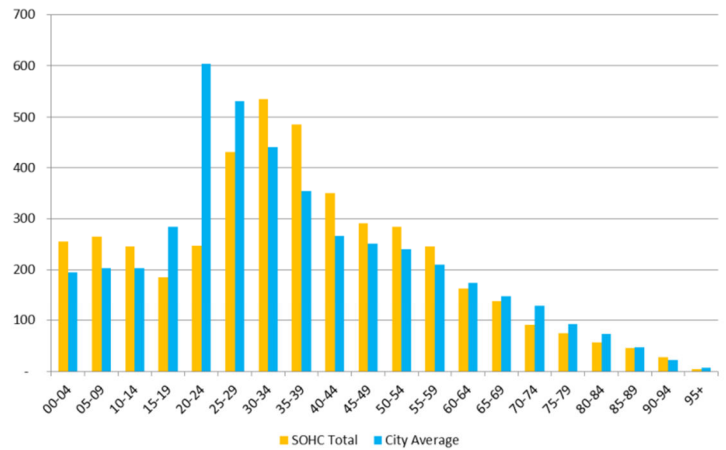
Practice K is Kennington Health Centre



South Oxford Health Centre

Key Facts

- 4,470 patients
- Younger than average population
- High percentage of people on learning disability register
- Practice is in the top 20% of practices in Oxfordshire who have deprived patients.
- List size has grown 15% since Oct 2015



GP Practices located near SOHC

The majority of the patients (3767) live within the practice boundary

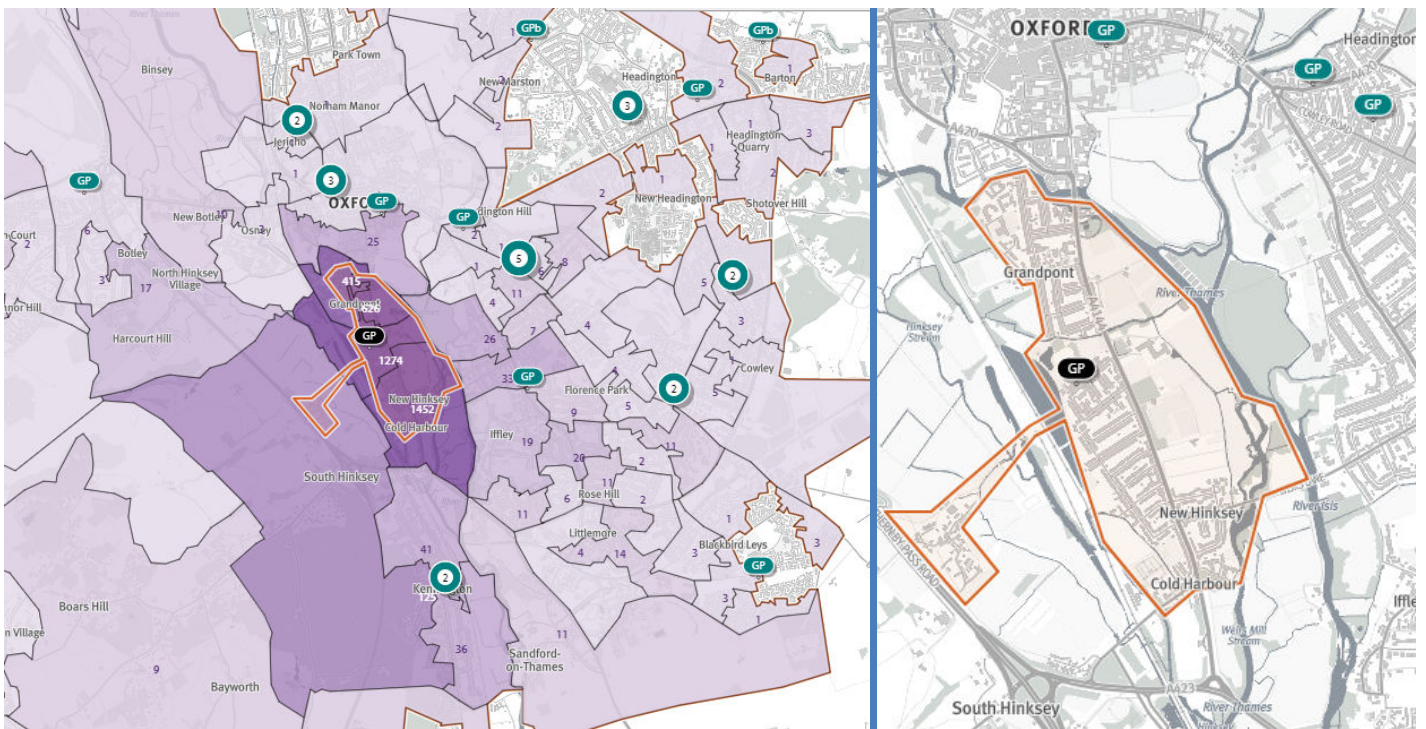


Diagram showing where the SOHC patients live
Contracted Boundary

SOHC

Nearby Practices whose boundary covers SOHC's patients

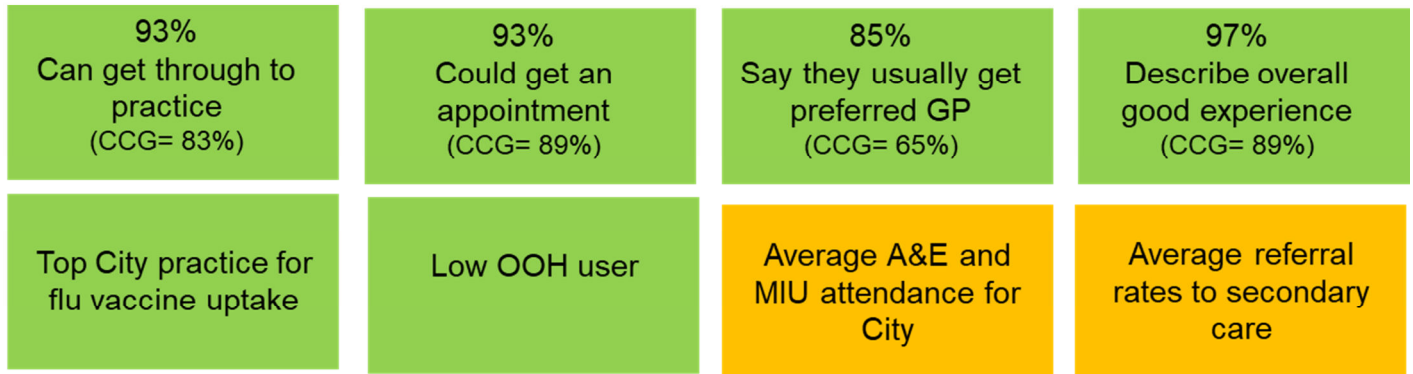
- King Edward Street Medical Practice = 1.2 miles (one bus)
- Kennington Health Centre (Botley) = 1 mile (one bus)
- Cowley Road Medical Practice = 2.3 miles (2 buses) ** practice boundary only covers half the patients

Nearby Practices whose boundary does not cover SOHC's patients

- Donnington Medical Partnership = 1.5 miles (1 bus)
- St Clements Surgery = 2.1 miles (2 buses)
- St Bartholomews Surgery = 2.3 miles (2 buses),
- Bartlemas Surgery = 2.3 miles (2 buses)

South Oxford Health Centre quality and performance

Practice Performance



Estates

- Located in Lake Street
- Limited parking but many patient's walk
- Owned by NHS Property Services
- Very little housing growth is expected to affect SOHC.
- Has 1 treatment room, 5 consulting rooms (best practice indicates should be 1 treatment and 4 consulting rooms).
- Additional Services offered= Care Navigator (1 session), midwife (1 session), counsellor (1 session), medical student (6 sessions), research sessions (where necessary).

Patient engagement

The practice has an active PPG which has previously discussed sustainability and lack of funding for small practices. The practice has already met with the PPG and explained that Dr Wooding was to give notice to the CCG to terminate his contract. The PPG are extremely supportive of the practice and are helping the CCG with communication to the wider patients.

Possible options going forward:

Option 1: Seek Oxfordshire practice to merge with SOHC to provide a branch surgery from the Lake Street site

Benefits

- Services at SOHC likely to be maintained.

- Patients would see very little difference
- SOHC staff likely to be retained
- Would avoid consultation as negligible impact on patients
- Local Practices offered opportunity to increase their resilience through scale.

A practice in Oxford City has expressed an interest so we know there could be potential in this solution

Risks

- Need to find a practice that is willing to provide a branch surgery from Lake Street
- Does not test the market to see if any other providers are interested
- It may not be the most efficient model to run a branch surgery from SOHC

Option 2: Merge with a nearby practice and move GMS services away from SOHC

Benefits

- Provides sustainability to merged practice
- May retain staff in the area and so patients would be able to remain with existing GP
- Service continuity may be maintained during transition
- Local Practices offered opportunity to increase their resilience through scale.

Risks

- Likely to be public interest and concern
- Need for engagement and likely consultation
- Does not test the market to see if any other providers are interested

Option 3: Procure a new APMS contract for the South Oxford Health Centre area

Benefits

- May provide opportunity for innovation
- May retain local staff in the area and so patients would be able to remain with existing GP and staff

Risks

- May not be any providers willing to work from SOHC the size is significantly below our minimum recommended for new procurement of 8,000
- Length of APMS contract can bring additional costs to cover risks and set up
- New player introduced to the Primary care network so need to create new relationships

- Other local Practices not offered opportunity to increase their resilience through scale.
- Risks associated with an APMS contract in that it is a time limited contract
- Time to undertake a full procurement would mean that an interim provider would need to be found for a 12month period

Option 4: Dispersal of patients

Benefits

- No requirements to find a new provider
- Local Practices offered opportunity to increase their resilience through scale.

Risks

- Existing practices may not have capacity
- Services will no longer be provided from Lake Street
- Disruption for patients of SOHC and wider Oxford City patients

Oxfordshire Decision Tree

The challenge of not having a national guide for making decisions when an existing practice contract ends or when significant population growth is planned has been discussed at HOSC and all agreed a local process should be explored. As a result a Decision Tree has been co-produced with stakeholders for use in situations such as these.

It is recommended that OPCCC follow the Decision Tree.

Given the small contract size of the practice, the need to strengthen sustainability of practices across Oxfordshire and to ensure efficient use of Oxfordshire resources the first step should be to seek a local solution.

With Primary Care Network contracts not in place until July 2019 (as part of the GP contract reform 2019), the CCG has written to all Oxfordshire practices to seek expressions of interest from local practices currently holding a GMS contract to provide a branch surgery from the Lake Street site. Alongside this the CCG has issued a Public Information Notice (PIN).

The PPG is supportive of this option which aligns with Option 1 above.

Process

It is recommended that the CCG follow the same process as that used for Cogges Surgery (see <http://bit.ly/cogges>). A local solution is thus being encouraged with expressions of interest currently being sought from Oxfordshire Practices. A Public Information notice (PIN) has been posted on the Contract Finder portal. If more than one practice is interested then a light touch procurement will be considered involving representatives from the PPG as part of the evaluation panel. It should be known by

end of May if a local solution has been found. In what we hope to be an unnecessary additional precaution, work has started on if a local provider cannot be found. We are seeking to identify a possible interim provider from the NHS England Framework.

DRAFT time table

8 March 2019 – Closing date for expressions of interest through Public Information Notice (PIN) and from local practices

5 April 2019 – Closing date for applications

31 May 2019 – Decision available

JD 22/2/19 v1