

## **Rooksdown and Beggarwood surgeries update September 2019**

### **1. Introduction**

In discussion with North Hampshire CCG, Cedar Medical Limited gave notice in March 2019 to withdraw from its contract to deliver primary care services at the Rooksdown and Beggarwood practices (in the north and south west of Basingstoke, respectively). The standard six month notice period in the national NHS contract meant that the services they provided would come to an end on 8<sup>th</sup> September 2019.

North Hampshire CCG has been working to ensure that the patients (around 13,800) registered with Cedar Medical Ltd at the two practices will still be able to access clinically appropriate and safe primary care services, with no impact on the continuity of their care.

The CCG has arranged for a new provider at each of the practice sites. Rooksdown Practice is now run by neighbouring Bramblys Grange Medical Practice as a branch surgery. Bramblys Grange is a well-established local practice and this development provides an opportunity for the practice to develop the range of services it provides as well as offering core primary care services out of both its sites.

Beggarwood Practice is now run by North Hampshire Urgent Care (NHUC) through an initial two year contract. NHUC, through its Hantsdoc division, is a well-established, local, not for profit community benefit society, that has provided out of hours GP services for over 20 years and more recently bookable weekend Improved GP Access for the area. This development allows NHUC to provide high quality GP services maintaining the site as a GP surgery.

### **2. Key issues**

The CCG recognise the importance of providing an effective and safe primary care presence in both the current Rooksdown and Beggarwood surgery areas, and in doing this, we have considered a number of important factors:

- **Patient safety and service quality:** the need for patient safety is paramount, whether to improve the services being provided to patients at the sites or in planning for the future. CQC inspections at both practices earlier in the year required urgent action to be taken. The inspections rated Rooksdown 'inadequate' and Beggarwood as 'requires improvement' overall. This meant there was a need to quickly improve in a number of important areas – many focused on patient care and how this is provided. We took immediate action and put in place a series of interim measures to tackle the concerns as well as ensuring they were considered in any future solution (see section four below).
- **Primary care pressures - the national picture:** it is well documented that primary care services generally, both locally and nationally, are having to face up to a range

of challenges in recent years. We recognise that demand and expectations from patients are increasing, particularly from those with more complex conditions. We know that GP surgeries are under pressure in terms of workforce, with difficulties in replacing the older cohort of GPs, with one in five retiring over the next five years. Meanwhile, we must adapt our offer to attract new GPs to the area by providing the flexibility in the role that many new incumbents to the profession are looking for. Some surgeries, and we have seen this already in the North Hampshire area, are looking at mergers as a solution, to deliver greater resilience but also as an opportunity to develop services in a different way.

- **New approaches to delivering primary care:** the NHS Long Term Plan, published in January this year, signalled a new approach to how primary care generally could be delivered in future, within the framework of Primary Care Networks. These networks, linked to the new GP contract, encourage practices to align more closely together around geographical areas to build resilience and provide a greater choice of services and appointment options for patients. This gives us scope to develop the way services are provided in future in the area, particularly in view of the support required for the new housing developments (see below), and to look at ways we can use a wider team of primary care, community health and social care professionals working together more closely to deliver out of hospital care more effectively.
- **New housing developments:** we are, of course, aware that both surgery areas contain new, or planned, housing development. This is particularly the case with Beggarwood, and this will have an impact on population growth. We have planned for this in our estates strategy and there is an opportunity for all local practices surrounding these developments to work within their Primary Care Networks to develop their services so they can continue to provide primary care to the population as it increases.
- **Financial implications:** working to the national formula means that funding per head of population for Beggarwood is lower than many others. This makes it a less attractive proposition to potential new providers. As the population grows, the funding arrangement will improve but until the housing development is complete, affordability may be an issue.

### **3. Engagement with practice patients**

To ensure that the views of patients were taken into consideration as we developed our proposals for the future, we invited all patients to complete a survey and attend drop-in events held at the practices. The key themes from the feedback we received were:

- People want to see permanent clinical staff through flexible appointments (online, telephone, pre-bookable)
- Customer service needs to improve, particularly communications with patients
- The quality of services needs to improve, particularly some of the care provided by locums
- The range of services needs to be broader: such as dieticians, sexual health, cervical screening, health checks, increased blood tests, extended access and online services
- Continuity of care is important: being able to see the same healthcare professional when needed.

Patients also raised concerns about the travel distances to alternative sites for some services.

#### **4. Interim support measures**

As a result of this engagement feedback, and linking these to the findings from the CQC inspections, the CCG worked with NHS England to fund additional support in the practices to ensure that services could be maintained. In conjunction with the practices, the following interim actions were taken:

- Changed the appointment booking system so patients could book appointments in advance rather than just on the day
- Stabilised the locum provision to ensure patients received continuity of care during the interim period
- Promoted the services currently available to patients (such as extended access appointments)
- Secured an interim practice manager to provide support to the team to make sure patients' concerns were addressed.

#### **5. Options appraisal process for future provision**

We undertook a full and thorough options appraisal process, the results of which were presented to the CCG's Primary Care Commissioning Committee at the end of May. Nine options were considered. There were a range of approaches linked to the following three broad options:

- Disperse the list to other practices – this would involve patients being given details for other neighbouring practices that have capacity and asked to register themselves. This option relies on nearby practices having the capacity to take on additional patients and can result in greater operational pressures on these practices if this process is not handled carefully.
- Transfer the list to other practices in a managed way – this identifies a practice or practices able to take responsibility for the full, or a significant part of the patient list. It enables appropriate arrangements to be put in place with those practices and the provision of financial support if required.
- Going out to procurement for a new provider, this option would generally take longer to implement.

Our preferred option after the appraisal was the 'managed transfer of patients to two practices keeping both sites open' – ideally, finding an alternative provider, or providers, to deliver primary care services from each surgery. This would allow patients to stay with their preferred surgery, unless they themselves chose to move.

This option fulfilled a number of benefits:

- It creates a logical, geographically sensible way to provide care for people
- It delivers the best situation for patients in terms of patient experience and services, and is aligned to the feedback received from our engagement work
- Patient choice remains in place (i.e. individuals could still move to other practices but we anticipated the vast majority of people would opt for remaining with their current practices, being the closest to them)
- It supports the CCG's strategic direction.

## **6. Taking forward the preferred option**

Our intention was to deliver the preferred option as one solution for both surgeries but given the slightly different circumstances between the two, the arrangements for doing this were adapted. The preferred option also took into account the lack of geographical proximity between the sites which was a key theme in the patient engagement.

After careful consideration, Bramblys Grange Medical Partnership confirmed that it would like to take over Rooksdown Practice as a branch site.

We worked with the practice to determine when they would start to operate services from the Rooksdown site. This included further discussions with the staff to support them during the transition.

Patients registered within the Rooksdown Practice boundary and used this site as their preferred surgery did not need to do anything, as they were automatically re-registered with Bramblys Grange Medical Partnership and the practice remains open.

Whilst the range of services available will initially remain as they currently are, the practice is keen to develop these in the future.

The situation with Beggarwood was more complex. The funding formula and the current population numbers meant that it may not be a viable proposition for an alternative provider. This is expected to improve as the population numbers grow with the housing development.

North Hampshire Urgent Care (NHUC) confirmed that it would like to take over the Beggarwood Surgery as this is an opportunity for them to provide more quality GP services within the North Hampshire area.

To minimise the potential financial risk the CCG and NHUC have agreed a two year APMS (Alternative Provider Medical Services) contract. This means that the practice remains open but gives us a period of time to fully consider the long-term future and how this can be achieved. This will include working with local providers and NHUC to create a sustainable model of care. We will also continue to work with local authorities to understand how communities can be best served and determine the timescales for local population growth.

Both new providers have met with representatives from the Patient Participation Group and supported them to form as two groups – one for each site. Engagement with the groups is ongoing and includes discussions about the development of future services.

## **7. Developing services at both sites**

The way Primary Care Networks (PCN) will develop means that there is now more scope to look at new and innovative ways of meeting demand for primary care services.

We expect both new providers to be reviewing and revising the services that are delivered, in line with recommendations in the NHS Long Term Plan and our own work, locally in North Hampshire, in developing local care models.

Any revision will continue to be based on the clinical needs of the overall population, taking into account the views of patients, and align with developments of new models of care. The focus of this is to help people remain healthy by providing services that help them live

more healthily or manage their own conditions more effectively. It is also about improving people's confidence in health and care services so that they know how and when to use them. This, in turn, should mean that health and care services are accessed at appropriate times and that people are helped to return normal living rapidly after an episode of ill health/care need.

We will continue to engage with all stakeholders over any major service change and /or service provision. We are also supporting each PCN to engage with local stakeholders in the development of their plans and to co-produce services with local people.