

Governing Bodies in Common – 3 November 2020**Minutes to be Received**

Title of Meeting	FWCCG Primary Care Commissioning Committee	
Date of Meeting	4 August 2020	
Status (ratified/draft)	Ratified	
CCG Representatives	See minutes	
Summary of key issues discussed:		
This was a one agenda item only meeting to discuss the potential closure of the Hambleton Branch Surgery (of the Over Wyre Medical Centre).		
Issues requiring action:		
Details:	By whom:	Timescale:
None.		

Recommendation

Members of the Governing Bodies are asked to review and note the contents of the minutes.

Kevin Toole
Lay Member
Chair – FWCCG Primary Care Commissioning Committee

**Minutes of the Fylde and Wyre Clinical Commissioning Group
Primary Care Commissioning Committee
Held on Tuesday 4 August 2020 at 9.30am
Via Microsoft Teams Video Conference**

Part I

Present: Mr K Toole, Lay Member (Chair)
Dr I Stewart, Secondary Care Doctor
Mr M Nuttall, Lay Member (Governance)
Mr A Harrison, Chief Finance Officer
Dr B Butler-Reid, Clinical Director
Mr D Bonson, Chief Operating Officer

In attendance: Mr J Gaskins, Deputy Chief Finance Officer
Mrs F Ollis, Executive Lead, Lancashire Coastal Medical Committee
Mrs J Harrop, Head of Primary and Community Care
Mrs M Ashton, Senior Commissioning Manager, Primary Care
Mr P Hargreaves, Head of Estates
Mr N Medway, Deputy Director of Nursing
Mrs S Bloy, Senior Primary Care Manager, NHS England/Improvement
Mr D Clough, Senior Communications and Engagement Officer
Mr N Milne, Patient Representative
Mrs J Tilley, Patient Representative (*joined the meeting by telephone*)
Mrs P Bowling, Secretary to the Governing Body

Member of the public/observer:

Dr L Holmes, GP at Over Wyre Medical Centre (joining as a member of the public but with a significant interest in the agenda item).

The Chair welcomed everyone to the meeting and introductions were made. Members were reminded of the house rules for using Microsoft Teams.

1) Apologies for Absence

Ms J Scattergood

2) Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda

There were no declarations of interest in the agenda item.

3) Branch Site Closure – Hambleton (Over Wyre Medical Centre)

Mrs Ashton and Mr Hargreaves presented a set of slides and summarised the background to the proposal for the branch site closure along with the current position, the options appraisal, the patient engagement and mitigating actions.

Mr Hargreaves drew attention to the photographs which showed the areas lacking compliance with infection prevention control requirements as follows: small room sizes; carpeted floors; non-compliant sinks with tiled surrounds; rooms not sound proofed with insufficient lighting. In addition Mr Hargreaves pointed out the waiting room which not of a sufficient size to allow social distancing and there is no access for prams or wheelchairs.

Mrs Ashton described the current position. Prior to the COVID-19 pandemic, the CCG had begun to work with the Over Wyre Medical Centre (OWMC) to potentially look at changing service provision from Hambleton due to concerns about the lease and the partners'

reluctance to commit as the site required significant investment. The site had not been used since the start of the pandemic due to the condition of the premises and the introduction of remote consultations. The OWMC GPs were given an eviction notice when they refused to sign a new lease up until March 2022, which was due to come into force on 7 August 2020.

An options appraisal had been carried out and the five options were explained to the committee along with the positives and negatives of each:

- Option 1 – retain status quo with no building alterations
- Option 2 – reopen branch site and make alterations to the practice
- Option 3 – find alternative accommodation in Hambleton
- Option 4 – centralise services at Preesall and remove service from Hambleton
- Option 5 – re-procure a new service for patients in Hambleton.

Mrs Ashton also described the patient engagement which had been undertaken and the mitigating actions.

The Chair thanked CCG colleagues, Mrs Ashton, Mr Hargreaves and Mr Clough for the work they had undertaken over the last few weeks and also Mrs Bloy, NHS England (NHSE), who had worked alongside. Mrs Harrop added that these individuals were experts in their fields. The Chair also expressed his thanks to the public of Hambleton who responded so well to the surveys. It was apparent from the engagement that the public had a very high regard for the NHS, for Hambleton Surgery and Over Wyre Medical Centre in general. The Chair then invited questions and comments from the committee.

Mrs Tilley highlighted the difficulties experienced by disabled people in using public transport as there is only one disabled space and no help available. Mrs Tilley asked if any enquiries had been made about using the Dial-a-bus service. Michelle Ashton agreed to make enquiries.

Action: M Ashton

Dr Stewart asked if the problems highlighted at the surgery regarding compliance had been known to the committee in the past. The Secretary agreed to review previous minutes of meetings of the PCCC for any references to this.

Action: P Bowling

Post-meeting note: There is no record in the minutes of previous PCCC meetings, of this matter being brought to the attention of the committee.

Mr Milne commented that one of the problems experienced by the elderly was getting basic reviews carried out. He asked if it would be possible to explore using a room at the attached Pharmacy premises for a medical professional to offer these non-urgent review appointments, for those people in the area that could otherwise easily slip through the net and end up visiting A&E. Michelle Ashton agreed to explore this further.

Action: M Ashton

Mr Nuttall referred to the internal assurance process set out in the report and to some matters, for example the DPIA, still being progressed and asked if this would impact on the committee's decision-making. Mr Toole advised that this fast moving situation had resulted in these reports being delayed, however, he confirmed that he had been advised that these processes had now been completed to an acceptable standard and agreed to share the reports with members of the committee. Mr Harrison confirmed that whilst the committee should view these reports as part of the process, the committee could make a recommendation 'subject to' receipt of the reports.

Action: M Ashton

Mr Clough confirmed that the engagement survey had been left open to allow people to continue to comment on how they may be affected and to allow the practice to consider how they may address any issues. The Chair added that this was for the benefit of the practice and would not impact on the decision-making of the committee.

Mr Nuttall again referred to the internal assurance process set out in the report and to the reference to 'financial implications' which indicated 'not applicable', however, the report referred to costs of bringing the building into a compliant state and asked if this was a relevant consideration of the committee. In response it was said that the report had been prepared on the basis of the recommended option which was to centralise services at Over Wyre Medical Centre (OWMC) for which there were no financial implications.

Mr Nuttall commented that transport seemed to be the biggest issue in terms of access and that in the longer term the CCG would have no influence on public transport arrangements. Mr Nuttall sought clarification as to what the committee's role was in considering this and if enquiries had been made about accessing S106 funding to secure public transport or if there had been any discussion with the Local Authority about other local solutions for alternative transport provision.

Mr Hargreaves advised that community transport, supported from S106, was more likely to be for vehicles as S106 was a fixed sum not a recurrent funding source. Since the CCG adopted the S106 policy, it had always been considered however, there were no opportunities at present and the CCG had not received any requests in the Hambleton area to submit an application.

Mr Clough advised that in the past the OWMC had successfully lobbied the Transport Service to move a bus stop closer to the OWMC and suggested that the Patient Participation Group (PPG) would probably be willing to look at this again. Mrs Ashton added that the CCG would be willing to work with the PPG on this.

Mrs Ollis commented that the Lancashire Local Medical Committee had no issues to raise related to the recommended option.

Mr Bonson referred to the poor state of repair of the premises and commented that the future of primary care, particularly at the present time, was about operating in a different environment in clinically appropriate space and it was essential that the premises would have to be brought up to standard and made fit for purpose.

Mr Gaskins made reference to the 5 options described in the report and the exit date of Friday 7 August. In view of this, and irrespective of whatever decision the committee made, some of those options were therefore not viable. He referred to Option 4 and the comment "expansion on this site" and asked if this expansion was to meet the current activity at Hambleton that would have to transfer to OWMC and if so, if this could be fit into the current capacity of the building? If the building could cope with it then there would be no revenue consequences, however, if there was a capital bid there would be revenue consequences.

Mr Hargreaves responded that when the OWMC was extended a couple of years ago it was done so on the basis of inbuilt future proofing due to the additional housing planned in the area so, in his view, the current premises could cope with additional pressure from these patients. However, in the longer term the continued expansion of housing developments may be an issue in line with other GP practices across the patch.

In response to a question from the Chair Mr Hargreaves confirmed there would running cost and rental cost savings from the closure of the Hambleton site.

Mr Harrison sought clarification as to whether there was a legal basis for the eviction notice, as the committee needed to be clear as to whether the site would have to close on 7 August 2020, or whether it could remain open and the practice could be asked to maintain the site and provide services. Also, the patient engagement did not provide information on the number of patients that would be impacted by the closure.

Mr Hargreaves advised that the lease was currently held by doctors who had retired from OWMC or gone to work at other practices. The incoming GPs at the practice had not taken on the lease. Mr Hargreaves had advised the practice to seek legal advice because in his view the negotiations on the new lease should include a request for the building improvements to be undertaken and under normal circumstances a 3 month extension could be granted to resolve any issues. However there was no feedback from the landlord and the current GPs at the practice had signed the eviction notice and entered into a contract. The GPs had requested an extension to the eviction notice but there had been no response to this request.

Mr Harrison commented that the CCG's advice would have been not to sign the eviction note, however as it had been signed by the current GPs, the CCG's negotiating stance was neutralised and its options reduced.

In terms of patient welfare, Mr Harrison, said that it was incumbent therefore on the practice to provide a facility/arrangement that allowed continuity of service to patients in Hambleton in a safe and appropriate environment although not necessarily for clinical intervention/invasive procedures as described by Mr Milne earlier in the discussion. Mr Harrison stressed that the practice must work hard to continue to provide access to services for the people of Hambleton and any resolution by the committee must make reference to this.

Mrs Ashton confirmed that the CCG was working hard with the practice on mitigating steps. This activity would be captured and the committee kept updated.

Action: M Ashton

The Chair referred to the patient engagement and the response from the majority of respondents about accessibility, including public transport links. He added that without any issues relating to the lease, the committee had a duty to consider patient safety and welfare and a host of reasons had been described today about the inadequacy of the premises and the reasons why it was not fit for purpose and not suitable for the purpose of carrying out clinical interventions. Value for money for the health economy also had to be a consideration.

Dr Butler-Reid concurred with Mr Harrison's comments about the position the CCG found itself in due to the GPs having signed the eviction notice, whilst they had a contract in place to provide services to patients on both the Hambleton and Preesall sites. He added that it was clearly more financially viable for the practice to operate on one site.

The Chair requested that a record be made of the committee's displeasure that the practice had bypassed procedure to the detriment of their patients, leaving the CCG with no decision to make but to try and support those patients who would be disadvantaged by the closure of the Hambleton site. Mrs Ashton assured the committee that the practice did initially embark on the correct process, working with the CCG and NHS England, however the eviction notice had been issued unexpectedly. Since then both the CCG and the practice had worked hard to try to reduce the impact on patients and would continue to look at how the consequences of the closure could be mitigated. In addition, under normal circumstances, a patient engagement exercise would be undertaken at the beginning of the process.

The Chair advised that he had carefully reviewed the NHSE primary medical care policies and the current Fylde Coast Integrated Care Partnership (ICP) and Estates Strategies. The

direction of travel described in these documents was that wherever possible longer term plans should be around increasing services, improving equipment and expertise that are available within general practice and by default this means providing services from a larger health hub, similar to the Over Wyre Medical Centre. This fit with the future plans of OWMC but would always result in accessibility issues for some patients.

Mr Harrison commented that the CCG's contractual levers were muted at present due to the changes in CCG's operating arrangements due to the COVID-19 pandemic, however, high quality primary care was always better than local convenient primary care. Quality could not be sacrificed for convenience. Mr Harrison added that high quality primary care was essential and if the ability to deliver this was enhanced by this arrangement, he would ask that this was done in a way that also supported patients in transition by providing services for them in the locality.

Mr Toole thanked everyone for their input and asked if the committee had any objections to the recommendation to agree to option 4. No objections were raised.

RESOLVED:

- (i) That the primary care commissioning committee agree to the recommendation, that option 4 is the only viable option in the circumstances, and that this decision is taken on the understanding that the practice and CCG continue to seek to provide as much local, innovative and high quality health services as possible for the residents of Hambleton and Over Wyre.**
- (ii) That the above decision is subject to satisfactory completion of the outstanding internal assurance process as set out in the report header to be signed off by the committee chair, subject to there being nothing of concern emerging from this assurance work.**
- (iii) That the practice keeps the primary care commissioning committee/CCG updated on the actions they propose to take to mitigate any negative impact on patients with a particular emphasis on accessibility.**

Mr Nuttall made reference to the Hambleton premises being non-compliant and of concern and asked if there was a wider issue about the general state of facilities across the patch that the committee should be concerned about. Mr Hargreaves responded that where there were such issues, the CCG had plans in place to deal with them.