

Extract from Primary Care Forum held on 10th January 2023.

Burntwood Health and Wellbeing Centre APMS Contract

XX presented the report to the Forum and highlighted the key points.

The current Alternative Provider Medical Services (APMS) contract for Burntwood Health and Wellbeing Centre (BHWC) is due for re-procurement in March 2024 and a commissioning decision is required regarding future provision.

Burntwood Health and Wellbeing Centre was opened in 2009 as a temporary measure to support the local area with general practice provision. As more housing estates were erected there was not enough provision for the growing population. The temporary building was situated on land owned by the local council and is located in Burntwood, at the side of Burntwood Leisure Centre.

The registered practice population is currently 4,914 and has been gradually reducing over recent years. The Centre was last inspected by the Care Quality Commission (CQC) in February 2020 and was rated Good overall. Patient satisfaction is sitting below ICB and national averages but is sitting in the 'good' boundaries.

Due to the growing estates, there has been a new provision has been built in the Burntwood area, Greenwood Health Centre has been built which houses Darwin Medical Practice and they have capacity at present. A business case has been shared with estate colleagues for a Burntwood2 which is in planning now. That is due to be built close to where the Health and Wellbeing Centre is and that is due to be complete by 2025.

The paper contains two recommendations. Option 1 is to disperse the practice list and Option 2 is to reprocure the contract in March 2024.

Option 1 would be the preferred recommendation. XX advised that this was the preferred option at the end of the previous contract term, however it was reprocured due to the Burntwood estate not yet being ready to expand the neighbouring practices. The contract was therefore issued in 2019 as a 5-year APMS with no option to extend.

XX advised that there have been informal discussions within the area and another practice has agreed to take the patient list in the event of a dispersal, however patient choice will also need to be made clear. The QIA and EQIA will be completed based on the recommendation if approved. XX confirmed that the current contract is for 5 years with no extension and the team have looked at merging contracts but this is not possible. The two recommendations are either to disperse the list or reprocure.

XX asked whether there has been engagement with the LMC. XX responded to say this hasn't been the case at this time until approval of the option and then the conversations will take place. XX asked about the purpose of engaging with the LMC and whether you had to. XX responded to say that he thought this was the case if there was a dispersal. XX commented that the lead partner for the practice is the LMC rep and therefore there is a conflict of interest and so will need to look at a process for these kinds of scenarios. This is a conflict that would need to be managed for this individual but XX highlighted that there would be other LMC members if needed and the North LMC could be approached for support.

XX also commented that a few years ago there was a similar practice with their APMS contact coming to an end with a similar list size and the principle around this is that the re-

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procurement does not fall in line with the general practice or primary care strategy which is around working at scale and creating sustainability. This was the reason why a 5-year contract was put in place at the time with no extension.

XX questioned where the practices listed in the table are situated. XX confirmed the Darwin practice has moved into the new building Greenwood Health Centre and there is a second build due to be completed in 2025 that would house Salters Meadows and BHWC should the contract be re-procured.

XX stated that Burntwood PCN is a strong PCN with some good performing practices in that area and by dispersing the list and allowing patients to go to other practices in the area will improve the overall experience for those patients based on the national patient survey results. She commented that the Wellbeing Centre has lower patient satisfaction rates than Darwin and Salters Meadow.

XX commented that when talking about quality comparisons that if the decision was to reprocure then there is nothing to say that the current provider would be successful in getting the contract because it is an APMS contract and not a GMS contract. XX also stated, in response to the query around LMC engagement, that the process is not the same for an APMS contract therefore it isn't contractual requirement to engage with the LMC, however we do want to this locally to ensure there is an LMC view considered if the decision is made to disperse. In terms of the conflict, it would be possible to have a contact from the North LMC .. If the list was dispersed then this would be done in a controlled way working out the best place for those patients and factoring in patient choice.

XX also agreed with utilising another LMC where there is a conflict. In terms of estate, XX advised that looking at Burntwood North and the Business Case the current thinking is that Salters Meadow would have a presence in there and Darwin would have a presence in Chasetown as well so would be a view to consolidating that estate. These are ongoing conversations. He also commented that if dispersing the lists, patients will vote with their feet and go with where they want to go but acknowledge that there is a practice willing to take the patients.

XX advised that on checking the latest version of the APMS contract that if you are looking to close the list to patients you must engage with the LMC in the area in which it falls. XX commented that is for closing lists to patients and this is dispersing patients which are two different things, but again we will look to engage with LMC in any case.

XX commented that there are still some questions around dispersal and the methodology and ensuring that there is continuity of service as the contract runs up till March 2024. He raised about patients receiving a quality service and asked whether there is a requirement to speak to all the patients who are registered. XX responded to say that once the decision has been made then patients will be consulted with and will work with PCSE so that everyone on the list is engaged. XX asked whether patient should be engaged with as part of the decision making rather than telling patients the decision has been made. XX advised that this is not part of the process as it is a commissioning decision rather than a patient decision.

XX commented that if the decision is to disperse the list, then the LMC engagement should be expedited.

The Forum **approved** the recommendation to disperse the list.

XX left the meeting