

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 January 2022
Subject:	Lakeside Medical Practice, Stamford – Lessons Learnt Report

Summary:

This report advises the Committee on the outcome of NHS Lincolnshire Clinical Commissioning Group's Lessons Learnt Review in relation to Lakeside Healthcare General Practice at Stamford. The Review looked at the factors leading up to Lakeside Healthcare's request to the Clinical Commissioning Group to close the St Mary's branch site in Stamford and the process taken to resolve the matter.

Actions Requested:

The Committee is requested to review and consider the contents of this report.

1. Background

As part of considering the impact of the proposed closure of the St Mary's site in Stamford by Lakeside Health Care NHS Lincolnshire CCG's (CCG) Primary Care Commissioning Committee (PCCC) requested a Lessons Learnt Review and report to be undertaken to ensure any opportunities to improve outcomes were identified and put into practice.

The following is a summary of the Lessons Learnt report submitted to the CCG's Primary Care Commissioning Committee (Private session) on 19 May 2021. The scope of the report requested by PCCC was to review the CCG's actions within the context of Stamford primary care premises issues, identify where outcomes could have been improved and make recommendations.

Abridged Lessons Learnt Report

The Lessons Learnt Report paper aimed to update PCCC following the reflective review of the key actions in respect of the proposed closure of Lakeside Stamford, St Mary's branch, and the timeline leading up to that point. The report was divided into the following phases:

- Phase 1 - Initial discussions
- Phase 2 - Working with a range of alternative options
- Phase 3 - Temporary premises options
- Phase 4 - Extension of current lease/closure application
- Phase 5 - Reinstatement of Primary Care services

This paper was shared with the CCG's internal auditors Price Waterhouse Cooper for their comments and observations; these were included in the final report.

It is worth noting at this point that throughout the process a significant amount of support and advice was offered to Lakeside Health Care, covering all aspects of each phase.

Phase 1 – Initial discussions on a new primary care site for Stamford – up to October 2018

In 2018, the South Lincolnshire Clinical Commissioning Group was approached by Lakeside Healthcare to discuss a proposed new-build surgery on a greenfield site, adjacent to the Morrison's supermarket in Stamford. This would have consolidated both the Sheepmarket Surgery and the St Mary's branch.

The CCG took the view that it needed to understand the need and affordability when compared to current costs. The CCG also needed to understand the phasing of a project designed to deliver healthcare for the longer-term growth in the population of Stamford.

This conversation led to discussions about building on the Stamford Hospital site, which was something the CCG had always aspired to. This option had been approved in principle by South Lincolnshire CCG.

There were meaningful conversations and a contractor was engaged by Lakeside to undertake some option appraisal work. As part of preparations Lakeside gave notice to the owner of St Mary's of their intention to exercise a break clause in December 2020 and advised the CCG of this. Lakeside had not sought formal approval from the CCG to exercise the break clause or close the St Mary's premises at this point.

Phase 2 – Working with a range of alternative options – October 2018-August 2019

The CCG, working with the local council and stakeholders, scoped a number of alternative site options. These options were explored and a shortlist of schemes was put together with development on the Stamford Hospital site the preferred option. It is during this period that the option of Stamford Hospital site became more complicated. North West Anglia Foundation Trust (NWAFT) owns the majority of the Stamford Hospital site and offered for sale a number

of parcels of land in 2019. Lakeside Stamford reviewed all of the plots offered for sale but did not bid for them due to financial, planning or archaeological constraints.

Lakeside then approached the CCG in the summer of 2019 looking for support for a longer-term solution, either on the hospital site or elsewhere in Stamford. The CCG worked with both South Kesteven District Council (SKDC) and NWAFT to find a longer-term solution to the St Mary's relocation and the growth in patient numbers that will be seen in the coming years. These early outline proposals were shared with Lakeside Stamford who agreed to work with all parties on this longer-term solution. As any such solution would not be in place before the end of December 2020, the CCG and SKDC worked together to support Lakeside Stamford to negotiate a new St Mary's lease for at least the next three years to provide an opportunity for a new development to be progressed, with appropriate public and stakeholder consultation.

Phase 3 – Temporary Premises Options – August 2019-December 2019

As options for alternative premises appeared to be limited, particularly given the timescales, the Practice was asked to focus on the temporary accommodation options. Lakeside were keen to explore using the Dental Surgery (Lakeside owned premises) adjacent to Sheepmarket Surgery.

This option was withdrawn when Lakeside extended the lease with BUPA; this resulted in the only viable option as an alternative to St Mary's being temporary accommodation on the New Sheepmarket site.

Phase 4 – Extension of current lease/closure application – December 2019-December 2020

Lease discussions relating to St Mary's were ongoing from December 2019 with some specific premises issues forming the main points for discussion. In July 2020 Lakeside Health Care informed the CCG that discussions on future use of the building beyond December 2020 were not progressing and that the break clause would mean their lease ending on this date.

The CCG confirmed to Lakeside that any closure of the St Mary's site would require approval by the CCG in advance of any change and that Lakeside would need to engage with patients in respect of their proposals. Patient engagement would be considered by the CCG as part of the decision-making process with the Primary Care Commissioning Committee (PCCC) taking the decision. The CCG advised Lakeside that if PCCC didn't approve the proposed closure then ceasing provision of core primary care services from St Mary's would effectively be a breach of contract. The CCG confirmed to Lakeside it would work to support Lakeside comply with the required process, undertake the necessary public engagement and to present a formal proposal to PCCC in November 2020.

Initial messaging from Lakeside about St Mary's caused concerns amongst patients and the wider public and appeared to suggest that a decision, supported by the CCG, had already been made to close St Mary's prior to any public consultation or application to the CCG. Communication around the lease appeared to be confusing in relation to the lease expiring in December 2020.

As part of considering all options and planning for continued provision from St Mary's the option of extending the current lease arrangements was explored with the landlord and Lakeside with steps to mitigate the issues previously raised. Progress was made in November 2020, just prior to PCCC considering the proposal to close St Mary's with Lakeside Health care indicating they would provide services from St Mary's whilst a longer-term solution was found (subject to necessary consultation and considering the future needs of the population).

PCCC Decision on St Mary's

Agreement on extending the St Mary's lease was brokered at the last minute and after a formal proposal to close St Mary's had been submitted by Lakeside Health Care to PCCC for consideration at the Committee's November meeting. Given that this solution would provide continuity of provision at St Mary's it was agreed by PCCC that the decision would be set aside pending agreement on the lease.

Extending the Lease at St Mary's

Discussions on extending the lease were progressed over November and December 2020 with Lincolnshire Community Health Services (LCHS) agreeing to act as the tenant and leaseholder at St Mary's with Lakeside as a sub-tenant of LCHS.

Phase 5 – reinstatement of primary care services at St Mary's

Core primary care services are being provided from St Mary's premises, there have been some periods where reduced services have been provided to enable the covid vaccination programme to be delivered from the premises.

Lessons Learnt Report

The key summary of the output from the Lessons Learnt Review can be seen at Appendix 1.

As a result of the Lessons Learnt Review and considering the impact of the proposed closure of St Mary's the CCG has identified the following recommendations:

- The CCG clearly articulates its approach to managing primary care provider contractual compliance with clear roles and responsibilities defined across commissioning, contracting and quality teams. This should involve pro-active identification and management of potential issues where possible and include management of providers working across system boundaries in partnership with neighbouring commissioners where appropriate.
- The CCG articulates the requirement for providers to pro-actively engage on communications and engagement relating to service or premises changes.
- The CCG reviews its approach to primary care commissioning project management – including clear approaches to stakeholder management and defining roles and accountability.
- The CCG's Primary Care Estates Working Group monitors and reviews lease and premises related risks and issues with escalation via Primary Care governance routes

where required.

- The CCG co-develops estates strategy and management principles with GP practices, PCNs and wider system partners

2. Finance and Resource Implications

Making the proposed changes set out in the Lessons Learnt report will be managed within existing CCG resources.

3. Legal Considerations and NHS Constitution

The CCG has a statutory duty to engage with patients and the public under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The section 13Q duty ensures that the CCG acts fairly in making plans, proposals and decisions in relation to the health services it commissions and where there may be an impact on services.

The CCG also has a duty to secure the continuous improvement of services.

This recommendations in the Lessons Learnt report supports the CCG in discharging its duties and in supporting the patient rights set out in the NHS Constitution.

4. Outline Engagement – Clinical, Stakeholder and Public/patient

The Lessons Learnt Report was the output of an internal CCG review, Price Waterhouse Cooper provided support and guidance.

5. Consultation

This is not a direct consultation item with the Committee. The Committee is being requested to consider the report for information.

6. Conclusion

Recommendations following the Lessons Learnt Review and report are being included within an ongoing review and reorganisation of the CCG's Primary Care Commissioning team and associated CCG functions.

7. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Lessons Learnt

8. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the compilation of this report.

This report was written by the following officers from Lincolnshire Clinical Commissioning Group, who may be contacted via the email addresses listed: Nick Blake, Head of Transformation and Delivery (South Locality) nickblake@nhs.net

Appendix 1 - Lessons Learnt – Lakeside Mary’s

Category	Description	Impact & Analysis	Recommendation
Expectations of Provider	<ul style="list-style-type: none"> • Clear understanding of the providers requirements and associated timescales. 	<ul style="list-style-type: none"> • Potential for the lack of clarity • Potential for uncertainty over actions leading to providers not taking full responsibility for their actions. • Reduces the ability to hold the provider to account. <p>➔ Improved Contract Management</p> <p>➔ Potential for better outcome</p> <p>➔ Timely and improved engagement with patients</p>	<ul style="list-style-type: none"> • In the future, for the avoidance of doubt and to set expectations, this should be formalised in a letter outlining the requirements of the provider, together with outlining the approvals process. • Clearly articulated approach to supporting providers in meeting their obligations and managing non-compliance. Developed in conjunction with CCG Contracting Teams - clear definition of roles and responsibilities.
Engagement with external stakeholders	<ul style="list-style-type: none"> • Clear understandings of the role external parties have in the delivery of a project. 	<ul style="list-style-type: none"> • Potential for delays. • Lack of an understanding has the potential for incongruent outcomes. <p>➔ Reduced criticism of the system</p> <p>➔ Aligned outcomes</p>	<ul style="list-style-type: none"> • Assure ourselves that the systems and governance are in place to support such issues. • Develop and implement stakeholder management systems within defined project planning methodology

Appendix 1 - Lessons Learnt – Lakeside Mary’s

Category	Description	Impact & Analysis	Recommendation
Agreement of providers obligations	<ul style="list-style-type: none"> Providers are clear on contractual requirements and obligations. 	<ul style="list-style-type: none"> Potential for complaints. Risk that due process will not be followed and the CCG obligations will not be met. <p>➔ Reduces risk around decision making</p> <p>➔ Improved patient engagement</p>	<ul style="list-style-type: none"> Obligations needed to be formally reiterated in writing as required. Contract management approach supports providers to meet obligations
Lease Documentation	<ul style="list-style-type: none"> Understand the signatories to the lease and practices lease obligations. Understand the lease end dates and any break clauses. 	<ul style="list-style-type: none"> Risks with not understanding the signatories to lease. Possible financial risks around dilapidations. Lack of understanding when signatories are not the same as the contract holder. <p>➔ Improved understanding of lease and associated risks</p> <p>➔ Assists with Estates Strategies</p>	<ul style="list-style-type: none"> Awareness of signatories to leases and have a methodology for ensuring that these are updated by practices. Lease end dates – these are known to the CCG and are flagged with Commissioning staff well in advance. The Estates Group have added this as an agenda item for its monthly meeting CCG Officers are working with NHS England and NHS Improvement colleagues to understand the current break clauses within leases. Estates Working Group includes lease issues within a risk and issues register. These are actively kept under review using CHP database.

Appendix 1 - Lessons Learnt – Lakeside Mary’s

Category	Description	Impact & Analysis	Recommendation
Condition of Premises	Understand the physical to the lease.	<ul style="list-style-type: none"> • Potential for risk to Patients, staff and other entrants to surgery (such as CCG staff). • Potential for issues around dilapidations. These may have financial implications. With the potential for the commissioner paying twice. <p>➔ Understand Level of Risk</p> <p>➔ Gives assurance in relation to safety</p> <p>➔ Reduced Risks</p> <p>➔ Assists with Estates Strategies</p>	<ul style="list-style-type: none"> • The CCG also needs a system that is in place to gain assurances around the condition of premises, for which it reimburses rent. • Oversight to sit under Primary Care Estates Groups
Communications	Consistent and accurate communications	<ul style="list-style-type: none"> • Lack of consistent, incorrect information may undermine public confidence in the process. • Increases the number of complaints and representations made to the CCG <p>➔ Reduction in patient, public and stakeholder complaints</p> <p>➔ Improved confidence in process</p>	<ul style="list-style-type: none"> • Agreeing that all communications are shared and where possible agreed between both parties. • Link to setting out providers expectations. • Further development of work to involve and engage PCNs in estate’s planning and strategy development.

Appendix 1 - Lessons Learnt – Lakeside Mary’s

Category	Description	Impact & Analysis	Recommendation
Exercising of a lease Break Clause	Provider prevented from unilaterally exercising break clause	<ul style="list-style-type: none"> • Practices undertaking a new lease are expected to gain CCG approval. • To prevent future issues arising CCG approval should be given to exercising of break clauses. <p>➔ Alignment of processes; lease and applications to close/change premises.</p> <p>➔ Provides leverage for the commissioner</p>	<ul style="list-style-type: none"> • Should a practice wish to exercise a break in future, in the same way that the lease was approved by the CCG, the break should also be approved. • Develop estate management principles and clearly articulate to enable and support pro-active management. • Communicate above with practices and PCNs.
Reinstatement of Primary Care Services	Understanding the plans for reinstating service delivery from St Mary’s	<ul style="list-style-type: none"> • Lakeside has indicated the services to be reinstated (needs some points clarifying). • Likely to be the measure of the CCG which patients and stakeholder use. <p>➔ Reduction in patient, public and stakeholder complaints</p> <p>➔ Improved confidence in process</p>	<ul style="list-style-type: none"> • An initial meeting has been held with Lakeside on 23rd April with follow up meetings taking place and updates from Lakeside (currently on hold as Lakeside deal with their CQC inspection issues).

Appendix 1 - Lessons Learnt – Lakeside Mary’s

Category	Description	Impact & Analysis	Recommendation
Contracting	Changes within the CCG regarding contracting and primary care commissioning. Also changes to the NHSE&I support in relation to Primary Care Medical Services.	<ul style="list-style-type: none"> • Understanding of where primary care contracting responsibilities reside given the CCG changes and changes to NHSE&I support . <p>➔ Understanding any knowledge and skills gaps</p>	<ul style="list-style-type: none"> • Ensure that there is clarity on roles and responsibilities within the CCG on such issues. • Undertake an assessment to ensure that knowledge and skills are appropriately assessed/transferred.
Quality Meetings	Impact of Covid on Quality Meetings	<ul style="list-style-type: none"> • Deferment of formal quality meetings reduced the opportunity to discuss practice quality and risks. <p>➔ Improved understanding of risks ➔ Increased ability to proactively manage issues</p>	<ul style="list-style-type: none"> • Quality meetings have been reinstated and report through to PCCC.

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