

Primary care Commissioning committee meeting

Questions received from the public with responses from the CCG

MEETING DATE: 7 April 2021

Question 1	When is it hoped to resume live meetings ‘in the flesh’ in this year
Response	CCG continues to review how best to hold meetings in public including providing streaming meetings with Q&A functions. At the moment there is no date set for the next physical meeting in public.
Question 2	1 When will GPs start seeing patients face to face again? My concern is that the numbers of people being diagnosed with diabetes has dropped massively during the last year and this is partly because patients are not having the opportunity to mention small changes in their health which may lead to a diagnosis of diabetes. I think patients have very much not wanted to bother their GPs with what they consider to be small issues but a face to face appointment often teases out the relevance of minor symptoms.
Response	<p>2 Is there a rehabilitation programme for post covid patients who are still suffering from health problems?</p> <p>GPs continue to provide face to face appointments where this is the most clinically appropriate route for the delivery of care or where the patient is not able to receive care via email, telephone or video consultation. It is understood that some patients may have been reluctant to seek help during stages of the Covid-19 pandemic. General practice has, is and will remain open and we urge patients to make early contact with their GP if they have concerns about their health and wellbeing. In line with national guidance, Post-Covid Assessment Clinics in locations across South East London are available to support patients who are experiencing ‘Post-Covid Syndrome’ which is defined as having a variety of symptoms such as breathlessness, chronic fatigue, ‘brain fog’, stress and anxiety for 12 weeks or more post-infection. The assessment clinics are run by multi-disciplinary teams, including neurologists, respiratory physicians, cardiologists, therapists and mental health practitioners so that patients can have a holistic assessment to understand their personal circumstances and needs.</p>
Question 3	1) Why was this change of control deemed to be urgent enough to be addressed in December 2020? (especially since I note that the Operose 2019 accounts had not yet been filed by that date, thus limiting the value of Due

	<p>Diligence)</p> <p>2) Was Centene recognised as the ultimate beneficial owner of Operose when the due diligence report was done, and was this shared with the Chair who had the final responsibility for agreeing under Chair's action?</p> <p>3) What does "the current directors of ATML would retain their active involvement in the organisation" mean? How will this be monitored? What is the relevance of their resignation and replacement on 11/2/21 to this requirement?</p> <p>4) Did AT Medics Ltd seek approval for change of control when they transferred control to the new company AT Medics Holdings Ltd in 2019?</p>
<p>Response</p>	<p>1) <i>Why was this change of control deemed to be urgent enough to be addressed in December 2020? (especially since I note that the Operose 2019 accounts had not yet been filed by that date, thus limiting the value of Due Diligence)</i></p> <p>Urgency is not exclusively determined by one contract party over another. The contract holder in this case requested that the matter be dealt with by 20 November 2020. Given that there was no legal or contractual impediment to the request, provided due process was followed, and because the CCG would not be able to determine the duration of Pandemic arrangements (under wave two), commissioners regarded it as reasonable to progress without undue delay. CCGs across London that needed to consider this change in control request also agreed to consider this matter within similar timescales, in recognition that the change in control could not be enacted by AT Medics until all PCCCs had concluded their due diligence.</p> <p>2) <i>Was Centene recognised as the ultimate beneficial owner of Operose when the due diligence report was done, and was this shared with the Chair who had the final responsibility for agreeing under Chair's action?</i></p> <p>Yes</p> <p>3) <i>What does " the current directors of ATML would retain their active involvement in the organisation" mean? How will this be monitored? What is the relevance of their resignation and replacement on 11/2/21 to this requirement?</i></p> <p>In so far as the APMS contracts across London are concerned AT Medics remain directly responsible for their performance.</p>

	<p>Director changes are not relevant to the operation of these contracts.</p> <p>4)Did AT Medics Ltd seek approval for change of control when they transferred control to the new company AT Medics Holdings Ltd in 2019?.</p> <p>Control of AT Medics Holdings Ltd was held by the same officers who were directors of AT Medics Ltd.. There was therefore no change in control.</p>
<p>Question 4</p>	<p>Did the AT Medics contract go through the same levels of assessment as are set out on page 17 in the Officers decision summary for the Greenwich Peninsula APMS contract procurement process? I can't see any record of it in previous minutes.</p>
<p>Response</p>	<p>The Greenwich Peninsula APMS contract was a new contract being procured, and in this situation patient engagement would be essential. In the case of AT medics change of control, the company continued to hold the existing APMS contracts and there were no change to the contract or changes to service provision which would require public consultation.</p>
<p>Question 5</p>	<p>Minutes of the December 2021, say there are potential risks such as service failure. Please could someone give the reasons for the contrasts below: Please could someone give the reasons for the contrasts below:</p> <p>Feb 2021 PCCC p 12: Minutes of Dec 2020 meeting say that there are potential risks of the Operose/Cenene takeover of AT Medics' contract:</p> <ul style="list-style-type: none"> - service failure (greatest risk) - changes to governance and staffing - unable to be safeguarded legally by terms of contract - no mention of patient engagement with decision, or even information to them. - concerns raised re NHS money leaving the country <p>But minutes say there is 'no perceptible change in patient services' (my emphasis). No doubts expressed re possible delay to change, due to pandemic No transparency - issues dealt with under commercial confidentiality in part 2</p>

Contrast with:

April 2021 agenda p18 - Officers' decision re Greenwich Peninsula practice change of contract requests:

- **publish information about new contract on website and next steps**
- **issues with patient engagement must be dealt with prior to contract signing**
- **advise patients' of successful bidder and relevant dates**
- **No urgency - agreement that there may be delays due to pandemic.**

Response

As part of due diligence, commissioners sought assurance that the change of control of the holding company would not affect service provision in any way and that patients would not see any difference in their GP practice. Due diligence was undertaken jointly with the 13 CCGs affected by the change of control and took account of the following:

- AT Medics Ltd. would continue to be responsible for providing the primary care services
- There would be no change to the personnel involved in providing care under the contracts as a result of the change although over time there may be some natural changes in staff as people choose to move to new jobs
- The current directors of ATML would remain actively involved in the organisation.
- The proposed change did not constitute a change in contract holders and therefore was not a novation
- Solicitors also carried out searches on financial stability and Good Standing to provide further assurance to commissioners in respect of Operose Health Ltd, Operose Health Group Ltd; MH Services International (UK) Ltd. ; and MH Services International Holdings (UK) Ltd.

All reports and responses were judged to provide assurance as to the financial stability and provision of services related to the companies involved and there were no grounds to reject the change of control.

AT Medics requested that the matter be dealt with by 20 November 2020. Given that there was no legal or contractual impediment to the request, provided due process was followed, and because the CCG would not be able to determine the duration of Pandemic arrangements (under wave two), commissioners regarded it as reasonable to progress without undue delay. CCGs across London that needed to consider this change in control request also agreed to consider this matter within similar timescales, in recognition that the change in control could not be enacted by AT Medics until all PCCCs had concluded their due diligence.

Patient involvement is not required for changes in partnerships or changes of control, such as with AT Medics, unless there

	<p>is a change in service provision. Where there is a significant change in service provision e.g. practice re-location or closure of a branch surgery, or where a contract is being re-procured as is the case with the Greenwich Peninsula contract, there will always be patient involvement.</p>
<p>Question 6</p>	<p>AT Medics - In due diligence, what consideration was give to the links in Greenwich between AT Medics (Thamesmead Health Centre), Circle MSK, and BMI Blackheath. How has this been dealt with by SEL and Greenwich Primary Care working party ? What engagement took place with patients including the PPG ? I have asked this at SEL level and to Greenwich. I have yet to receive an answer on this specific matter.</p>
<p>Response</p>	<p>A briefing note has been published setting out the changes. AT Medics hold a number of contracts across London, one of which was the Thamesmead Health Centre. Patient engagement is required for new contracts or service changes, however the change of control did not involve a new contract, a new contract holder or a change in service provision.</p>
<p>Question 7</p>	<p>On behalf of a patient of Woodland Surgery Has never been closed it was the Charlton Rd. Before closure the practice did a survey, and then a consultation. The Practice has had a functioning PPG even on ZOOM. She has never had any communication from Healthwatch. She is aware that the Pts. attending Woodland Surgery are unhappy with the increase of 'Digital service.</p>
<p>Response</p>	<p>The Woodlands surgery remains open and only the Charlton road branch has closed. We welcome feedback from patients regarding digital services, which have been useful during the pandemic to help with infection prevention and control. Many patients have found digital tools useful such as Zoom. However patients are still able to see primary care teams, including doctors, nurses and other healthcare professionals face to face, and only a proportion of calls are conducted through digital channels.</p>
<p>Question 8</p>	<p>With regards to the takeover of AT Medics by the Centene Corporation, what mechanisms does the SEL CCG/ICS have to ensure that its GP surgeries deliver services of the expected quality?</p>

Response

The briefing note also available on this website provides an update on how the quality of GP surgeries is ensured.

Question 9

AT Medics transfer of ownership: What was the date the legal advice was sought and who sought it? What date was it received and who provided it? What date was the legal advice sent to other Committees around London as it is my understanding SEL CCG was asked to get this advice on behalf of all CCGs in London? Can the detailed legal advice or a summary be provided?

Response

Legal advice was sought by SEL CCG officers on behalf of the affected London CCGs. Advice was initially sought shortly after receipt of AT Medics request for consent to a change in control and engagement with solicitors continued as required during the process leading to consent. Similarly, advice was shared with all affected CCGs at various times during the process. All PCCCs were made aware of the due diligence processes, including legal advice received, prior to their meetings.

In summary legal advice was to the effect that:

- The proposed change in control did not constitute a change in contract holder and was therefore not a novation;
- Authorisation of the change in control should be via the relevant PCCCs;
- A process of due diligence, including the carrying out of searches on financial stability and good standing to provide further assurance to commissioners in respect of Operose Health Ltd, Operose Health Group Ltd; MH Services International (UK) Ltd. ; and MH Services International Holdings (UK) Ltd. should be followed.
- The searches were carried out by solicitors and all reports and responses were judged to provide assurance as to the financial stability and provision of services related to the companies involved and there were no grounds to reject the change of control.

One 'certificate of good standing' requested by solicitors had not been received prior to the PCCCs and consent to the proposed change was made subject to receipt of this assurance which was received on 23 December 2020.