

IN PURSUIT OF PATIENT CHOICE: APMS IN STAPLEHURST

The Patients Speak - NO to Alternative Provider Medical Services!

Part 1 2006

Following mergers this is in the South East Coast SHA - West Kent Primary Care Trust

Staplehurst, a Wealden commuter village of 6,000 had three 'Single Handed' GMS Practices. In the mid 90's one doctor retired and two practices merged, that was not of great concern, they were opposite one another in adapted domestic premises in the High Street and had a working arrangement

I, and the late Bryn Crooks, in 2001/2, knowing others were soon to retire, pursued through Community Health Council and the Parish Clerk, the provision of a Health Centre. Public meetings were held it was understood that when we got a building the merged practice would move in, the third GP had indicated he did not wish to.

The District Valuer was asked to investigate potential sites, over a couple of years planning applications for two were rejected and negotiations were started with Kent County Council (KCC) for part of the school playing field. Work started two years ago. Great Crested Newts (protected species) were found on the site - not surprising they are common in the village. The site was 'newt proofed' and work got underway in earnest. Now after several months slippage, occupation will be in January 2007.

Meantime the second GP had retired and leased his premises to the Primary Care Trust (PCT). Healthcare went into 'free fall' we were probably classified as a "brownfield" practice; it became a Primary Care Trust Medical Service (PCTMS) contract - inadequate premises, replacement GP's leaving, poor recruitment and retention.

At the PCT board meeting in June 2006, a paper was presented extolling the virtue of 'Alternative Provider Medical Services' (APMS) over other types of GP contract. The paper contained a time table for implementation. By now (Dec. 2006) we would have been at the final selection stages. (Dec2006) This was adopted and a press release issued in July. There was to be discussion with the LMC, and the Parish Council (meeting in private) to discuss a draft tender document. The Parish Council were to be invited to nominate a member of the selection panel, A Public Meeting was to follow to announce the successful bidder QED job done!

I got wind of the plot before the press release. An hour or so on Google and I had details of the Pam Smith v NE Derbyshire PCT Judicial Review and the pending High Court appeal. Within a week I had details of another APMS in Sunderland and another in Essex, nearly a dozen in all. In fact in three months I have combed through a five ream carton full of legislation, some documents are 200 pages!

So where had it gone wrong?

The relativity of the three acts was tested in law by the Judicial Review in April 2006. The Judge found the PCT were required to consult PPIF and Public, he found against Pam Smith in that she had not used the remedy of going to the PPI Forum before going to litigation (this has now been refined further as the appeal was successful)

I wrote to the FSO asking what the PCT PPIF were doing,
"Nothing. It's not in their work plan"

That was changed when I went to their next 'Meeting in Public' and I must say that Margaret Brown and June Harrison joint chairpersons (PPI Forum) of the November 2006 public meetings have at the end of the day excelled, . . . but it has been a long haul.

Meantime the Parish Clerk put the matter in the public domain locally at the Parish Council (PC) meeting. Robin Oakley (retired PC member and former Chairman) and I had a discussion. As a SECamb PPI Forum member I had the knowledge to access information, but could not advocate any direction. A group in the village started a petition. The Village Forum web page was used, and by the time the PCT met the Parish Council they had been fully briefed. In no time at all there was a library of 50 different expressions of concern.

Those employed under the PCTMS contract had to keep a low profile. Borough and County Councillors, our MP, the Sec. of State, CPPIH and KCC OSC were written to among many others, patients wrote to their MP and the PPI and PCT.

We met the Local Medical Council (LMC), attended PPIF and PCT meetings; I went to the High Court appeal hearing. Each Parish Council meeting was briefed, the Parish Clerk and assistant contributed extensively, it became a campaign for a Public Consultation. By this time the third independent GP practice doctor had decided to retire. The PCT asked the PCTMS practice to take over; there was a lock out as the PCT had not signed a lease with the retiring GP for use of his premises!

So what has patient and PPI Forum pressure achieved in 2006?

The PCT have recognised the requirement to consult and involve PPIF and patients on changes to Service Delivery

The PCT met with PPIF members (Informal due to the Trust and PPI mergers)

The PCT published a discussion paper "The Future of Health Services in Staplehurst"

The PCT held two public meetings chaired by PPI, there will be three "Drop In sessions"

David Barr of LMC joined the team and ably explained the contracts (To much applause)

The PCT have included in the above discussion document a three choice preference for every patient in all the practices, with preference tick boxes and comment space

The PCT have put the discussion document on the web, submission of choice and comment is open till 22nd of December 2006.

The PCTMS staff will move into the medical centre in January on the present contract

The PCT unreservedly, paid public tribute to the staff; they have 'turned round' the practice in three years "We are proud of them". An accolade to a 'Greenfield Practice'

The PCT promised a dental contract to provide two NHS dentists when the centre opened.

The patients of Staplehurst have spoken!

There was only one voice supporting APMS out of over 400 representing about a 1200 patients taking account of family ties and mobility on a wet winters night.

A resounding expression of opinion in Open Transparent Public Consultation.

Unfortunately that is not going to be the end of the matter.

Will the PCT heed it? The PCT will look at the possibility of variation to a GMS con-tract

Will the PCT publicly rescind it's decision?

Have the PCT followed all the correct procedures for the merging of two independent practices (GMS & PCTMS), there is a feeling that this merger will remove an element of "Choice"

Is there sufficient capacity in the practices on the periphery of the area that the PCT say patients can apply to be transferred to if they don't like the new provider?

What ancillary services are to be provided?

Though both Practices had dispensing rights neither use them It was confirmed that Lloyds would continue to provide dispensing service to the Practice

There was a promise of two NHS Dental chairs in the early spring

Not to mention will there be enough parking spaces!!!

Some documentation:-

1. Procurement Guide to APMS; Delivering Investment in General Practice.
2. Corrigan Report; Guidance for Overview and Scrutiny Committees on the OSC Regs;
NHS Act 1977s.28d, ss28q and 28w; Health and Social Care Act 2001 s.7 & 11;
NHS Reform of Health Care Act 2002 s.15 & 16, Patients Forum Reg.7; APMS no.2 Directions

Part 2 - 2007

The story continues drearily through the spring of 2007, the PCT played it close to their chest Their Working Group met. Central DoH announced through Parliament several changes to the procurement regulations the need for all contracts to be similar seemed to have been recognised. (I have not found this particular guidance document that was reported in the media) The NE Derbyshire PCT had restarted its process as the court had directed, the local GP bid was unfortunately eliminated and the contract was eventually awarded to Chilvers McCrae

In Sunderland the TPCT made the following announcement

“• note that a full and rigorous competitive tendering process has been undertaken.
• endorse the decision to award an APMS contract to Drs Liston and Lucas (Encompass Healthcare) for a period of 5 years commencing from 1 October 2007”.
They were the current local GP’s.)
(Extract from Board Papers)

There is a concise account of events in Derbyshire at:
EM Strategic Health Authority
Proposal to award an Alternative Provider Medical Services (APMS) contract for the ... The selected preferred provider is Chilvers McCrea Healthcare.

The Sunderland result had given us hope, only to be dashed by the Derbyshire award. Events were closely watched in Staplehurst with regular patient comment on the Village Forum, on the Parish Council Website. The Parish Council kept the matter under close scrutiny.

The New Staplehurst Medical Centre eventually opened its doors on 5th March 2007. The doctors and the staff from the two practices, and the Health Visitors and Community Nurses moved in to 35 rooms, er. . well about a third of them.

The PCT had provided 18 incoming telephone lines, up to a dozen calling simultaneously there was only one member of staff to answer and man reception as well. The single cleaner did not get paid for two months due to an admin failure. The PCT provision has been generally minimalist not even a clock any where in the building! There is a leak in the tanking in the lift well and foul water seeps in. The practice manager left in the summer, the PCT provided one day a week support and an agency receptionist was employed. He has proved to be an asset. The PCT supported the GP’s bid providing consultancy help.

There have been several revised dates for the start of a dental service, and I understand there is a list of 1000 seeking NHS treatment.

The Brownies and Guides have produced Halloween and Christmas decorations for the waiting room, and local artist Ken Collins has donated the whole of the proceeds from the sale of the Staplehurst Calendar to The Friends

What have the patients done? The issue has been kept fired-up by postings and some bouquets on the Village Forum. An ad-hoc committee has met regularly and drafted a constitution for the setting up of ‘The Friends of Staplehurst Health Centre’. Charitable Trust status has been obtained and it is affiliated to the National Association for Patient Participation

Activity started with a membership recruitment and Health Information Stand at the Village Carnival. The Charity Commission requires us to keep a register of members; there is no joining fee every Patient is eligible to register. It has obtained sponsorship for and issued three A4 news letters delivered to every home in the community. It has held two open mornings with coffee and cakes provided and parties being taken on a conducted tour of the building. It has been granted its own page on the Parish Council web site

It has arranged a program of health Information/Promotion evenings so far Migraine and Mouth to Mouth Resuscitation have been covered. The heart Failure Specialist Nurse is booked for January and a list of

potentials is lined up for further evenings. This will hopefully be with the approval of the successful bidder They have raised nearly £6,000 for equipment. Donations can be gift aided

At the December open morning the Christmas Prize Draw was drawn and a presentation of equipment was made to the practice nurses of a corded otoscope and an ophthalmoscope. The ad - hoc committee:-

Rev Andrew Mills Chairperson, Robin Oakley Secretary/Treasurer,

Trustees:- Dr Spencer Webb, Barry Franks, Lester Gosbee and Robin Kenworthy will offer themselves for election and seek further active committee members in February at the First Annual General Meeting.

The PCT have conducted a fair, open and transparent tender process with a PPI nominee, a Parish Council nominee and the LMC Representative as members of the team. Twenty one expressions of interest were received; these were reduced to ten, then six bidders. It had been a condition of tendering that each bidder would make a public presentation and could be questioned by patients. I have not been able to find a similar precedent, bidders were not permitted to be present at competitor's presentations and each produced a 'Flyer'. This took some of the "mystique" out of the bidding process and gave patients a feeling of ownership.

After the Tendering process was advertised by the PCT, they arranged in September and paid for distribution of a notice of the public meeting, to be held on the 5th December in the Village Centre North Hall. The distribution was flawed in as much as Double Glazing advertisements were delivered with it and it is doubtful if it went to the outlying areas. It was pointed out to the PCT that the seating would be restricted to less than 250 as the Dramatic Society would have it's stage up for 'Alice in Wonderland' it could have been billed as "For one night only PCT in Wonderland"

The meeting was therefore moved to All Saints' Parish Church by courtesy of the Rev Gill Carver. The time was changed from six o'clock to seven in order that more commuters might attend. The PCT said they would not pay for additional advertisements. A patient donated the printing of 3000 leaflets and distribution was by volunteer hand delivery. There was a rash of fluorescent posters announcing the change and when it was announced that the incumbent GP's bid had been eliminated a slogan was produced:

Primary Care Trust = Patient Choice Trashed

One lady even offered on the forum to chain herself to the tower in the 'buff!' another was willing to join her but it was a chilly evening.

The PCT staff volunteered for no extra pay, I understand, to distribute the Agendas an information sheet from each bidder and a multi page preference document with multiple choice tick boxes. The PCT did not print enough so some will be distributed by post and postal returns will be accepted Each bidder produced a flyer, a patient sort to have a motion of 'No Confidence in the PCT' put on the Agenda - this too was circulated as were a list of cogent questions. Estimates of attendance are around 650. Taking account of carers and family responsibilities this represents perhaps 1200 or over 30% of adult patients. PCT staff took a roving microphone around during the proceedings. The Church has a loop audio system.

John Cunningham (PPI Forum Chairman) was asked to be Chairman of this meeting, he opened the meeting with words that conveyed that the Church was for tonight to be considered a meeting hall but he expected reservation and dignity in behaviour.

He introduced Mark Hayman Associate Director of Facilities, Kent and Medway NHS Facilities There was a considerable amount of barracking and disturbance as he explained how the decision was taken to shortlist the three bidders and eliminate the incumbent GP's bid. Don Wood (Parish Council representative) confirmed that the process was robust, open, transparent and that he was satisfied it was fair.

ADP Healthcare Ltd were first to make a presentation with power point slides and a role play scenario reminiscent of the "Doctor!, Doctor! Doctor" jokes this was greeted with derision and provoked stamping of feet and a slow hand clap. Order was restored, questions asked and a break taken to complete the tick boxes.

At this point some left not wanting to be associated with this conduct disgusted at the presentation, others left feeling they had made their point.

Next was a presentation from West Malling Group Practice, which was a crisp matter of fact delivery by the bidding doctors. With easily understood power point slides. It was well received and after searching questions applauded.

After another tick box break it was the turn of Care UK Clinical Services Ltd to give a power point presentation, unfortunately with type that was too small for the venue. It was informative but when they implied they intended to open a dispensing service there was a spontaneous eruption, as it was felt this would detract from the local Lloyds chemist branch. (Lloyds is within a 100 yards and is one of less than a dozen shops still trading from nearly 50 forty years ago. Take-aways and Estate Agents excluded)

As the Chairman started to draw the meeting to a close the Rev. Andrew Mills (United Reformed Church) sought a show of hands as a straw poll which resulted as :-

ADP Health Care nil
West Malling Group Practice almost every one present
Care UK 1

There were some abstentions mainly because they are concerned about events if there should be a failure to deliver the standard of care we expect. The final financial discussions will take place between now and the end of January.

So now its wait and see time till the 31st of January when the PCT Board will announce the decision. Meantime there are about 30 posts on the Village Forum. The whole community waits for this announcement and hopes that it will be West Malling Group Practice that wins and that equitable TUPE arrangements will ensure the continuity of our GP's, nurses and reception staff. It would only be fair to say that in the end the PCT had done more than was required of them but would they if not for patient pressure?

Part 3 2008

The new contract with Malling Health as they are now stilled was signed on time and after a bit of staff shuffling and some teething problems with snagging of the PFI the GP contract is doing very nicely.

Malling health already had two other contracts for surgeries on the west side of Maidstone; they have now been awarded three others in the Medway area.

The Dentistry contract for 18,000 UDA was awarded to Beaconsfield Dental Practice, a dentist lead concern, it was functioning with in a month. Some 1500 patients had expressed a wish to register and have I understand all been contacted.

Staff recruitment has gone ahead and the new Practice Manager started a formidable task in July. Being joined by a phlebotomist and several part time office and reception staff and a caretaker.

The Friends have the start of a harmonious relationship with the staff and management of the contracts. As I write this I have the draft of the eighth News letter that will have a print run of 2500 and will be distributed to every household in the community. Over £8,000 (including some bequests) has been raised A local artist produced a calendar monthly line drawings of the village this raised over £400. The village Art Groups have produced a 15ft ceramic mural for an otherwise blank corridor wall.

Purchases to date:-

An Otoscope
An Ophthalmoscope
Children's furniture for the waiting room
Sat Navs for the community Nurses
Partitioned Boxes for the Community Nurses to carry supplies
Scales to cater for the over-weight
Notice Boards
A suction Suite.

The first of several hub and spoke or outreach clinics has commenced with regular visits from an ophthalmic consultant. Audiology and Chiropody will probably be the next ones

The Health education evenings have continued, four volunteers and a team leader to train as community responders have been identified, and a Stop Smoking Group formed, a series of emergency care events are to be arranged for young mothers (removing foreign objects, recognising symptoms)

A coffee morning has been arranged in December and a Community Responder will be giving a demonstration of his equipment, this will coincide with other community Christmas activity in the village. As part of the land transfer from the school and Kent County Council the new sports hall seems to be functioning well, but the draining of the school playing field sub contract (necessary due to disturbing of natural water courses) is a hopeless mess an independent survey estimated that it would cost £60K to rectify the work. The levelling has been completed this week.