

## **Agenda Item 16**

**Future management of  
Kersiebank, Bannockburn and  
Hallpark Board – managed (2C)  
General Medical Practices**



### Falkirk Integration Joint Board

#### Future management of Kersiebank, Bannockburn and Hallpark Board-managed (2C) General Medical Practices

20 March 2020

For Noting

#### Executive Summary

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1. Following expressions of interest received from a number of independent groups of practitioners the NHS Board initiated a tender process to award the General Medical Services (GMS) Contracts of three of NHS Forth Valley's four Board-managed (2C) practices, Bannockburn, Kersiebank and Hallpark, and return these practices to independent contractor status. This is in line with national and local strategic direction.
2. Transferring the management of these three Practices back to GPs is a very positive development which will provide long-term sustainability, continuity of care for local patients and release resources which can be reinvested by the Health Board to develop local services.
3. Following a tender process in line with the OJEU procurement process and regulations, Lanarkshire Medical Group have been awarded the GMS Contract. Locally this Group of practitioners will be known as Forth Medical Group.

#### Recommendations

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The Integration Joint Board is asked to note:

4. The tendering process that has been undertaken in line with OJEU regulations
5. The outcome of the tendering process with the GMS Contracts awarded to Lanarkshire Medical Group, who will be known locally as Forth Medical Group
6. The ongoing work to support an effective transition.

#### Background

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7. Following expressions of interest received from a number of independent groups of practitioners the NHS Board initiated a tender process to award the General Medical Services (GMS) Contracts of three of NHS Forth Valley's four Board-managed (2C) practices, Bannockburn, Kersiebank and Hallpark, and return these practices to independent contractor status, in line with national and

local strategic direction. Transferring the management of these three Practices back to GPs is a very positive development which will provide long-term sustainability, continuity of care for local patients and release resources which can be reinvested by the Health Board to develop local services.

8. The three General Practices became Board-managed after the previous GPs left or retired and no other viable option for management of these practices was possible. It has previously been agreed, in line with local and national strategy, that the preferred long term outcome is to enable Board-managed practices to revert to independent contractor status bringing them in line with the arrangements in place for other GP practices across Forth Valley.
9. The three 2C practices have a combined list size of 21,765 patients and a total General Medical Services (GMS) contract income in the region of £3m. Under current procurement regulations, a contract of this financial value can only be awarded through an open competitive tendering process and brought to market via the Official Journal of the European Union (OJEU) under the “light touch regime” as per the Procurement Reform Act 2015. All interested parties that submitted tender bids highlighted the practical benefits and efficiencies of a single GP group co-ordinating activity across all three NHS Forth Valley sites.
10. Detailed risk assessment has formed the basis of the criteria set for the tendering process and in determining the award decision.
11. Tender bids were assessed based on the following weighted criteria;
  - Quality of future service
  - Resilience of proposed model
  - Governance
  - Prescribing
  - Community focussed multi-agency working
  - Contract and Performance Management
12. All tenders were considered to be of high quality however, following a detailed interview and assessment process by a panel which included local GPs and an external adviser, Lanarkshire Medical Group emerged as the preferred applicant.
13. The Group, which will be known as Forth Medical Group, has a proven track record in managing GP services and already operate three GP practices in Lanarkshire and two in Ayrshire, providing primary care services to more than 31,000 patients across Central Scotland. They have developed a reputation for delivering high quality, innovative and stable services.
14. The applicants were informed of the outcome of the tender process on 30th December 2019.

15. NHS Forth Valley HR and staff-side representatives have held initial meetings with staff on all three sites and Forth Medical Group have met with the local practice teams. They also plan to arrange meetings with local community representatives over the next few months.
16. Staff currently employed by NHS Forth Valley in the three Practices will be eligible to transfer to work with the new GP group and there will therefore be no job losses as a result of the new contract arrangements. A total of 56 non-clinical and clinical staff are in scope for TUPE and these staff have received further information and individual meetings, as required.
17. A transition period has been set out over the next few months aiming to initiate the transition to the new practices in March 2020 and complete transition by the 1<sup>st</sup> May 2020. This will allow sufficient time for the requirements of the TUPE process to be met and any workforce issues to be addressed to ensure the ongoing continuity of high quality general medical services. It will also enable IM&T work to be carried out to support the future management of the three Practices.

## Conclusions

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18. The independent contractor model remains the preferred service delivery route for General Practice locally and nationally.
19. Transferring the management of these three Practices back to General Practitioners is a very positive development which will provide long-term sustainability and continuity of care for local patients.
20. Forth Medical Group has a proven track record in managing GP services and a reputation for delivering high quality, innovative and stable services. They are also keen to explore opportunities to develop new services tailored to meet the needs of the local patients.
21. Significant organisational capacity and funding is currently utilised in supporting the Board-managed 2C model of care. The responsibility for ensuring sustainability and service delivery for patients of these practices will revert to the new GMS Contract holders, bringing them back into line with the arrangements currently in place for other independent GP contractors across Forth Valley.

### Resource Implications

Ongoing financial planning will be set within the existing ring-fenced GMS allocations for these 3 practices. The transition and TUPE process is being led by the NHS Forth Valley Human Resources team.

### Impact on IJB Outcomes and Priorities

Sustainability of primary care, enabling access to high quality primary care and delivering on the principles of the GMS contract are core to our strategic priorities.

The independent contractor model remains the preferred service delivery route for General Practice locally and nationally.

Transferring the management of these three Practices back to GPs is a very positive development which will provide long-term sustainability and continuity of care for local patients.

### Legal & Risk Implications

No significant additional risks for the Health and Social Care Partnership identified.

### Consultation

The NHS Board awards the GMS Contract. There has been consultation with both Health and Social Care Partnerships and through the professional advisory committee structure. There is no requirement for public consultation in the award of contracts to independent providers.

### Equalities Assessment

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

Further to an evaluation it is noted that: *(please tick relevant box)*

- X Paper is not relevant to Equality and Diversity
- ☐ Screening completed - no discrimination noted
- ☐ Full Equality Impact Assessment completed – report available on request.

## Report Author

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Approved for submission by: Dr Stuart Cumming, Associate Medical Director

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