A MEETING OF THE POLICY AND ORGANISATION BOARD WAS HELD ON 18 JANUARY 2023

Councillors Burgess, Chegwyn, Hylands, Marshall, Pepper, Philpott and Raffaelli

68. DEPUTATIONS - STANDING ORDER 3.4

The Chairman put to the Board that a late deputation be heard from Dr Ananadan from the Bury Road Surgery and Keeley Ellis from the Integrated Care Board.

The Board RESOLVED that the deputations be heard.

Dr. Ananadan was invited to address the Board, he thanked the Council for allowing him to speak. He advised that he felt the that the Integrated Care Board (ICB) had tunnel vision, and lacked compassion and were fixed on the closure of the surgery as they had given no consideration to any alternative, viable options including nurse led, and alternative GP cover. He advised that he had offered to rescind his resignation to allow more time to consider the proposal.

He advised that there was a practice willing to take on the Bury Road Surgery lease, contract, patients and staff and that the ICB had caused worry and stress to patients and staff in announcing the closure to the press. He advised that there had been false and malicious rumours spread about the practice and that work was being undertaken to address the issues raised at the recent CQC inspection. External support had been sought to address issues with record keeping and that they were satisfied that shortcomings had been addressed and that and an improvement in grading would be seen.

The surgery had been rated the best in Gosport through patient surveying and that this should not be ignored and that closure was not in the best interest of staff or patients and was damaging their reputation and that it seemed that all smaller surgeries were being allowed to close, as had happened with the Brockhurst surgery.

Concern was expressed that the options more preferable to patients had been dismissed as unviable and that people were concerned about the legality of the decisions that had been made and that the wishes of the staff and patients had been ignored. The decision would result in a popular, excellent practice being closed.

The Board was advised that a presentation was being arranged for an upcoming Council meeting to address the Council on health matters in the Borough.

A Member sought clarification from Dr. Anandan regarding the two available options. He advised the Board that there was a proposal for a nurse led model or the option to satellite from a different GP surgery.

A nurse led approach was currently used in a surgery in London, this method would still utilise the two GPs based at the practice and locums as well as the nurses and the practice manager on site.

If a satellite was set up the GMS contract would be signed by the owning practices and the practice would be renamed as copartners.

The Board was advised that external contractors had been engaged with to address the improvements required for the CQC and that recording polices and clerical records had been vastly improved. The service delivery and the patient satisfaction were high and there had been no consultation with the practice patients about the closure.

The Board was advised that the ICB had not advised why they did not support the satellite practice, and concern was expressed that other surgeries were fit to bursting and could not accommodate additional patients with the care being received being compromised.

Members expressed concern that with the practice scheduled to close in March, it was disappointing that consultation had not been undertaken, just corropospondence to inform patients that the surgery was closing. Concern was expressed that consultation should have taken place under the Health and Care Act 2022 as this required constitution on significant changes, which this was. Concern was expressed that if a consultation should have taken place and didn't and why other business models had not been considered.

Dr Anadan advised that these had been rejected without explanation, with no chance of remaining open, the surgery were aware of a late proposal for consultation but expressed concern that this would not be meaningful.

Dr Anandan advised that it was too late to consult patients now and felt that the decision was being pushed through and this was wrong as an offer of recension of the notice had been made. Other surgeries in the area were bursting, contrary to what the ICB was advising and that the reality would be that it would be impossible to close the surgery without their being a detrimental impact to patients.

Members sought clarification with regard to the events leading up to the present situation.

They were advised that the resignation of Dr Anadan had initiated the process and that the alternative options for the practice had been identified after it had been submitted and as a result he had offered to rescind his resignation to allow for matters to be progressed.

This had been rejected, which had allowed no time to plan for the alternative options, including nurse led practice and GP cover. It had been stated that the nurse led practice would not have GP cover but that would not be correct as there were two salaried GPs as well as locums. There were currently no partners, but one had been identified to allow for the retention of the surgery, the leader and the medical contract. This had been rejected due to the short timescale.

The Board was advised that there had been no consultation with patients and that it was normal for this to take place. There had been significant changes to the GPs surgeries in Gosport with the creation of the Willow Group and there had not been consultation when this had happened. Patients were satisfied and happy with the service they received from BRS and were unhappy at its proposed closure. Patients had simply been sent letters advising that the surgery was closing.

Keeley Ellis was invited to address the Board.

She advised that she welcomed the opportunity to address the Board and also advised that there had been a lot of emotion and opinion detailed so far and that she could only comment with the facts.

She advised the Board that the ICB took the closure of any surgery extremely seriously and recognised the distress that such changes can cause. She advised that any allegation that the ICB had not taken the matter seriously was false and incorrect.

She advised that the ICB had received the resignation letter of Dr Ananad on 9th December 2022 by email, and the subsequent day in hard copy. Instantly the process to consider available options for the practice was triggered. This was followed some 10 days later with an offer to rescind the resignation. This in turn prompted entry into a contractual process and action which and meant the normal consultation process could not be undertaken.

The usual process upon the resignation would be that the views of patients would be sought, a consultation undertaken detailing potential options, with the feedback from said consultation taken on board. This would be followed by a second letter detailing the outcome and any steps that would be taken followed by confirmation of any changes. This could not take place as there was a contractual dispute meaning that the process could not be intervened with.

The notice date given was 31 March, legal advise had been sought, and as a result, the Board was advised that BRS had been contacted on Monday, 16 January requesting that the surgery support a consultation, and the surgery had declined supporting the ICB to do this. As a result, the ICB would need to obtain patient details through a wider means, this complexity however meant that the consultation would not be able to begin for another 5-7 days.

The Board was advised that they had looked at the proposal for a nurse led option, but that the surgery had not provided details of the named contract holder as required for the BMS. This could not be a nurse and the proposal put forward did not detail who was eligible to hold the contract.

Subsequently Dr Peters had advised that he would be prepared to hold the contract but he was currently a locum at the practice.

The Board was advised that the recent CQC inspection had also set out that there was a lack of assurance for succession planning, quality record keeping and as a result the practice had been put into special measures that required improvement. This did not demonstrate that nursing stuff understood the liability associated with the GMS contract. In addition the London model referred to as existing was a social enterprise, social enterprises were also not permitted to hold the GMS contract.

In offering to rescind the resignation had placed the existing contract in statue.

The Board was advised that although they had been advised there was a high level of personal satisfaction with the surgery, the surgery had fallen short of all the ICB average scores for patient satisfaction.

The Board was advised that the surgery becoming a satellite surgery could not be explored as this would need to be undertaken via a procurement process. The surgery would not be eligible to do this as it had 4500 patients which was not inline with the NHS strategy for satellite surgery options.

It was reiterated to the Board that locums could not sign the GMS, but in addition, salaried partners could not sign it, not could nurses, it was only partners that could. It was also advised that legal advice has been sought on the contractual arrangements.

It was advised that in its simplest form, as a recap the following had occurred.
Dr Andanadn had submitted his resignation, which had then been offered to be rescinded, this had not been accepted. The consultation could not be undertaken as a result of the resulting contractual dispute and therefore consultation could not take place.

Satisfaction figures for the practice sat below those of the average for the trust.

Dr Andanad could not hold the GMS contract as he had resigned, and therefore the practice was not viable under section 86. Alternative ways had been sought of holding the GMS, it could not be held under another practice nor could it be nurse led.

Active conversations had been undertaken with other practices, but these had had to stop because of the contract negotiations, and no practice had been identified that could take on 4500 additional patients in their current state.

It was confirmed that action had been taken to achieve a resolution as the time between submitting notice and retirement of Dr Andand was minimal at just over three months, but plans to progress a consultation had been halted be Dr Anandan's offer of rescinding.

It had not been an individual decision but a board decision to take the action proposed.

There was not a surgery currently capable of accepting 4500 patients in their entirety.

Members felt the surgery had good access and was in a good venue for a surgery, and recognised that the proposed rescinding of the resignation had prevented merger options with other surgeries being considered. In addition, for this to happen a surgery would need to be prepared to take on the contract and the lease for the building.

Members felt that there was the potential for HOSP to be involved in finding a solution, to consider whether there were any other practices willing to take on the existing contract.

The Board were advised that in order to take on the additional consultation and extend the negotiations as to options for the surgery, Dr Anandan would need to consider extending his notice period. This was not something that could be insisted by the ICB, and it was also acknowledged that an extension of the consultation period would give no guarantee of the surgery remaining open.

Dr Anandan would need to consider the personal implications of the surgery remaining open as he was currently practicing at the surgery.

This process would allow for the surgery to give further detailed consideration to other options and provide them to the ICB for evaluation. It was reiterated that the satellite option

did not fall within the strategy of the NHS due to the size of the patient list. In addition, for any merger to take place sufficient due diligence would need to be undertaken.

For Dr Anandan to extend his notice period he would need to be comfortable with the risk associated with it and it was recommended that both he and the ICB get their own legal advice.

Members discussed the deputations and the implications of the proposals. It was felt that there was room for better communications and further discussions on both side.

Members accepted that there was not a straightforward solution to keeping he surgery open but proposed a motion that
The Council expresses concern about the proposed closure and the timeframe in which the decision has been made.
The Council asks that consideration be given to delay the proposed closure of 31st March long enough for both sides to undertake full due diligence and consideration of various options to enable an informed decision of a viable solution to maintain a general practice on the site.

70. HONORARY FREEMAN PROPOSAL

Consideration was given to a report of the Chief Executive requesting that consideration be given to appointing former Councillor Mark Hook as an Honorary Freeman.

The Board recognised the usual process followed and accepted that the proposal was emotive.

RESOLVED: That the Board does not recommend to Full Council that former Councillor Mark Hook be made an Honorary Freeman.

71. ADOPTION OF COMMERCIAL PROPERTY ASSET STRATEGY AND ASSOCIATED NEW POLICY

Consideration was given to a report of the Chief Executive setting out the principles of the commercial property asset strategy, together with a proposal for three new policies covering the leasing and licensing of commercial land and buildings categorised under investment assets, community assets, and a specific policy on beach huts.

The Board were advised of a number of small amendments to the polices as follows.

Beach Huts Licensing Policy

Paragraph 6.3 – time limit amended to 21 working days.

Numbering needs updating to include paragraph 6.7

It was acknowledged that the asset lists were working documents and would need updating to include such amendments as the criterion being included.

A Member questioned why leases were not subject to increase in line with RPI as many other commercial leases were, this would insure that any annual increases met with inflation and as a result. The Board was advised that leisure assets can and should have appropriate increases added to them but these but that it would be unrearsonable on community assets, most of which were at a reduced rate.

A Member question whether reconsideration of concessions for beach huts was appropriate, given that 50% were allocated as a concession for those over 60. It was suggested that 60 was no longer an appropriate concession age and that it would perhaps be more beneficial to remove a concession reduction, but reduce the cost for all. Members were advised that 60 was the concession age set in the Council's fees and charges.

Members welcomed the work that had been undertaken to bring the report together and welcomed its presentation to the Board.

Members felt that the statement 'in consultation with the Leader' should be removed from the points in the report at which it was felt they were not required, with decisions either being delegated to Council Officers, or requiring approval of the Policy and Organisation Board.

It was agreed that this could be removed from the strategy at point 2.2.2. 2.2.3 and 2.2.4.

Members sough clarification on the process of claiming exemption on business rates and were advised that all non residential properties were liable for non domestic rates. It was recognised that support would need to be offered to ensure that residents were able to complete the exemption request.

The rateable value of the huts was £680 each so would qualify for exemption but it was reiterated how important it would be to support those renting to apply.

It was requested that an amendment be made to paragraph 6.3.1 of the Community Buildings and Land Leasing Policy to add 'if applicable' after the Charity Number request as it was recognised that not all Charities had a charity number.

RESOLVED: That the Board:

1. Approves the Commercial Property Asset Strategy
2. Adopts the three policies listed in the report.

72. ANY OTHER ITEMS

There were none.

CHAIRMAN

Concluded at 8.26 pm