

## North East London Primary Care Contracts Sub Committee – Questions from the public

Reference	Meeting date	Agenda item ref	Question	Answer
PCC-04	16 07 2024	2.0	<p><b>Action following breach of contract for former AT Medics Practices</b></p> <p>In the light of the major breach of contract, as well as significant concerns raised about our GP Practices now being controlled by venture capitalists, will the PCCG follow the lead taken by North Central London, which has already decided not to renew the contract for St Ann’s Road in Haringey,(one of its former AT Medics surgeries), and terminate the contracts for all the former AT Medics Practices in NE London.</p> <p><b>Further</b>, will the PCCG set out what action can be taken to either restore these surgeries as GP-led practices and/or develop an NHS-led bid to take over management of these practices.</p>	<p>Our proposed approach to the six APMS (Alternative Provider Medical Services) contracts held by AT Medics in north east London is outlined in the report to the Primary Care Contracts Sub Committee, published on our website (item 3). Each contract will be considered on a case-by case basis as it reaches a review point for renewal or expiry, following a commissioning intentions review process, in the same way as we do for all APMS contracts. As many of these decision points are coming up shortly, decisions on three of the six contracts can be made by September 2024. Decisions on the remaining three contracts will be made within the next two years.</p>
PCC-03	21 05 2024	3.0	<p>On 15 April 2024, NHS NE London confirmed that a change of control of GP surgeries from Operose Health/AT Medics (Centene Corporation) to T20 Osprey Midco Ltd (HCRG) had been effected without permission on 28 December 2023 – and that this had not been communicated to the ICB until 15 March 2024.</p> <p>This ‘change of control’ clearly breaches the requirement set out in s54.1 of the APMS contract, which states:</p> <p>54.1 The Contractor shall not sell, assign, sub-contract or in any way dispose of any of its rights</p>	<p>AT Medics have been served with a breach notice and have been informed that we consider this to be a serious breach and are currently considering next steps. The findings from the Due Diligence report will be considered alongside further information on the quality and performance of AT Medics practices. The July meeting of the NEL ICB Primary Care Contracts Sub Committee will be looking at this.</p>

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			<p>or duties under the Contract in relation to the Services or any part thereof without the prior written authorisation of the Commissioner and subject to such conditions as the Commissioner in its absolute discretion may impose.</p> <p>Why, given the clear and serious breach of contract, has the ICB not adhered to s62, by serving notice on the contractor terminating the contract forthwith?</p>	
PCC-02	21 05 2024	3.0	<p>On April 15<sup>th</sup>, your Managing Director, Sarah See, stated that “the NHS will continue its due diligence process to ensure the NHS has all the information needed regarding the companies involved” (in the take-over of AT Medics.)</p> <ul style="list-style-type: none"> <li>• My first question is: how can you carry out due diligence on a company that was only incorporated on November 30<sup>th</sup> 2023, just 4 weeks before it assumed control, without authorisation, of 10 GP surgeries in the NELICB area, including 6 in my own borough of Newham, (and over 60 in the whole country), and which appears to have had no previous experience of providing actual healthcare, the nature of its business being listed as “Temporary employment agency activities”? (Source: Companies House)</li> <li>• My second question relates to the parent company: Twenty20 Capital Investments Ltd. which would be the ultimate owner of the contracts for all these surgeries, and whose business classification is listed as: “Activities of venture and development capital companies”</li> </ul>	<p>The due diligence report has now been published and can be found in the Due Diligence Report published with the papers on our website <a href="#">here</a>.</p> <p>The NHS commissions GP practices by entering into contracts with providers of primary medical services. Most GP practices are operated by private businesses that are either owned by GPs or other organisations such as AT Medics Ltd who hold the contracts. As a</p>

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			<p>as well as “Activities of employment placement agencies” etc. The Chairman, Tristan Ramus, recently stated that: "The core principles of Twenty20 Capital’s investment philosophy have driven an outstanding shareholder return in under three years." Yet this is a company that is listed as having liabilities of £398 million and a debt ratio of 95.69%. (Source: Endole). Do you consider such a Venture Capital company, driven by the model of maximising profits in the shortest possible time (and the risks associated with such a high level of debt) is suitable to take care of the health care of thousands of patients in North East London?</p>	<p>provider of NHS services, care remains free at the point of delivery.</p>
PCC-01	18 03 2024	Not on agenda	<p>The NHS Act 2006 sets out a number of general duties that apply to an ICB in exercising its function of which item 1 is "The duty to bring improvement in the quality of services". So the question is "Could you please detail how the proposed changes to the contract at Aldersbrook Medical Centre will satisfy this requirement?"</p>	<p>The current contract in place at Aldersbrook Medical Centre is a fixed-term contract which is reviewed every 5 years.</p> <p>Along with other ICBs across London, our policy is to gradually move away from short-term contracts like the one held by the current provider at Aldersbrook to longer-term contracts. The aim of this is to ensure patients have less uncertainty and more longevity over who runs their practice.</p> <p>We have been in discussions with the provider about how we provide care at this practice in the future. However, they have said they do not wish to extend their contract beyond 30 June 2024.</p> <p>Our aim is to ensure the patients of this practice have access to safe, high-quality care through a sustainable and long-term arrangement. While we will continue to talk to the current provider, we are now exploring</p>

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				<p>alternative solutions for the running of the practice, so patients continue to receive services and care.</p> <p>If we are able to secure a new provider, the contract would include all the essential services we provide patients across north east London, including access to routine and urgent GP appointments on weekdays, evenings and weekends; and access to a broad range of healthcare professionals either at the practice or via the local Primary Care Network.</p> <p>We have been working closely with practices across north east London to improve GP services and will continue to work with the future provider of Aldersbrook Medical Centre to improve services and health outcomes for local people registered with the practice.</p> <p>Some examples of improvements we have already been making recently in primary care across north east London include:</p> <ul style="list-style-type: none"> <li>• Introducing routine appointments bookable in the evenings and weekends</li> <li>• Ensuring access to urgent GP appointments seven days a week</li> <li>• Increasing the number of appointments available to patients. The rate of GP practice appointments in north east London has increased by 5.3% over the past year. We are now offering over a million appointments a month – more than pre-pandemic levels.</li> <li>• Investing to modernise and digitise telephone systems at around 160 (61%) of local practices to make it easier for patients to book and to enable video consultations.</li> </ul>

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				<ul style="list-style-type: none"> <li>Improving access to a range of healthcare professionals at practices and PCNs - such as community pharmacists, nurses, physiotherapists, social prescribers etc.</li> <li>Working with local pharmacies to introduce the new Pharmacy First scheme, enabling residents to get prescriptions for a range of conditions from their pharmacists that they could previously only get from their GP. This will help reduce demand on local practices. We have the highest uptake in London for this scheme with 97% of our pharmacies signed up.</li> </ul>