

Our Ref: BTC

Redacted

4 November 2024

## **Private & Confidential**

Dear Members of Brynmawr Town Council,

### **RE: General Medical Services Provision at Brynmawr Medical Practice**

Thank you for your email on 29 October 2024 raising concerns regarding the health care provision at Brynmawr Wellbeing Centre. You highlight that this has come to your attention after receiving over fifty public complaints.

Members specific concerns relate to notices on the main entrance to the practice stating that the surgery was closed due to lack of clinicians; postponement of appointments and prescription delays. Also highlighted is the impact on the wider system as a result of the closure during the winter period. The practice manager has informed you that they can only contact e-Harley Street Primary Care Solutions by emails and have no direct phone contact.

The email from yourselves outlines that you have had information from patients where referrals to specialists have been entered into the system but not moved forward to the relevant team.

Members feel that this service is unacceptable for the 11,000 people that this surgery services and needs an immediate response from the Aneurin Bevan University Health Board.

You raise that other e-Harley Street Primary Care Solutions surgeries in the local vicinity such as Blaenavon and Pontypool are also experiencing similar issues, but not to the level of the Brynmawr Medical Practice.

Members have also spoken to Locum Doctors who are having issues with their salary payments, who are now refusing to carry out any further work for e-Harley Street Primary Care Solutions and are seeking advice from the General Medical Council.

Your email describes how members feel the private health care provider who took over the Well Being Centre contract are not operating at a sufficient level, and that the Health Board should not abdicate responsibility for service that is letting the general public down. The Borough Council and Town Council Members, are requesting a direct response from the Health Board as soon as possible in order to rectify the situation for the short term, and look at the longer-term plan, as it is obvious that the current provider has lost the confidence of the people it serves.

You will be aware, Brynmawr Medical Practice was previously directly managed by the Health Board and, following a robust recruitment process, in line with the Health

Boards Vacant Practice process the General Medical Services (GMS) contract for Brynmawr Medical Practice was awarded to the GP partnership of Dr Allinson and Dr Ahmed, from 1 April 2024. I can confirm that the GP partnership of Dr Allinson and Dr Ahmed also hold several other GMS contracts in the Aneurin Bevan University Health Board area.

For clarity, these contracts are standard NHS Wales GMS Contracts, with Dr Allinson and Dr Ahmed as the GP partnership to the contract. This is the same NHS GMS contract that is in place for all other GP partnerships across Aneurin Bevan University Health Board. GP partnerships provide care to their population as independent contractors to the NHS, this is the model that has been delivered since the inception of the NHS.

The GMS contract has not been awarded to e-Harley Street Primary Care Solutions, but to the two individual GPs as a partnership. Their way of working supports the delivery of some of the back-office functions associated with providing independent contracts at scale, enabling the practice team to focus on service delivery at a local level.

This particular model is based on the GP partnership employing salaried GPs and utilising locums, where required. The salaried GPs will be supported by a wider multidisciplinary practice team, that may include advanced nurse practitioners, pharmacists, and physiotherapists, for example. This is a similar workforce model adopted by other GP practices, albeit with GP partners delivering all/some of the clinical sessions on site.

The Health Board is aware of a number of concerns that have been raised and continues to support the transition process, and is regularly meeting with the managers and GP Partners to seek assurances on contractual compliance. However, it is not for the Health Board to comment on employment issues at a local level and any such issues including in respect of locum pay and local staffing relationships are a matter for the employers, Dr Ahmed and Dr Allinson, to address. The Health Board is responsible for managing and monitoring the partnership and practices against their GMS contractual requirements, not employment issues.

Due to unforeseen, on-the-day sickness, of two clinical members of the practice team on Friday 25 October, the local team at Brynmawr Medical Practice informed the Health Board that they would be increasing their escalation level to level 5 that afternoon due to an absence of clinical cover from 5pm onwards. The Health Board requested confirmation of this from the GP partnership and their senior management, Mr Clare, as only a senior partner can authorise level 5 as this results in practice closure and they have a contractual obligation to make appropriate arrangements for their patients during core hours.

The management team confirmed that they were successful in securing appropriate urgent cover up until 6.30pm that afternoon, with the provision for face-to-face appointments if required. Additional support was also made available by the Health Board Urgent Primary Care (UPC) team, in line with the usual Health Board escalation processes.

Despite the arrangements that were made, the local practice team still made the decision to close Brynmawr Medical Practice at 5pm, a decision that was made outside of both internal and external processes.

The Health Board has applied the relevant contractual management process in response to this incident and both Dr Allinson and Dr Ahmed, and Mr Clare, apologise that this incident occurred. As a result, the practice team will be changing their internal escalation process to ensure a single point of contact for the Health Board and to improve communication between themselves and the local team. They have also informed the Health Board that they have engaged a GP who will be able to provide short notice physical cover in the future, if required.

With regards to specialist referrals, the team are not aware of any issues and confirm that each GP working in the practice is aware of how to process referrals. If specific examples are provided then this can be investigated further.

The Health Board has not received any concerns directly from patients with regards to accessing services at Brynmawr Medical Practice. In fact, only one patient concern has been raised to date, since Dr Allinson and Dr Ahmed took on the GMS contract for Brynmawr Medical Practice and relates to the rejection of a referral from a different service (Leisure Centre). Health Board colleagues recently met with a representative of Llais who also confirm that they have not received any patient concerns regarding access to Brynmawr Medical Practice, or any other practice which Dr Allinson and Dr Ahmed are partners.

We appreciate that this is a different way of working, I hope that this response provides some assurances in respect of the Health Boards management of the GMS contracts held by the partnership of Dr Allinson and Dr Ahmed.

We would like to extend an offer of a meeting for members to discuss this further, if that would be helpful, with Health Board colleagues, representative from the practice partnership and a Llais representative.

If you have any further queries, or would like to arrange a meeting, please contact redacted

Yours sincerely,

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