

Brook House Inquiry

Second Witness Statement of Sarah Bromley

I provide this statement in response to questions raised on 1 February 2022 in supplement to a request under Rule 9 of the Inquiry Rules 2006 dated 21 December 2021.

I, Sarah Bromley, of **DPA** will say as follows:

Dr PA Limited

1. Dr PA Limited was the incumbent GP provider at Brook House at the time PPG took over the contract from G4S. For the sake of stability and to maintain continuity of services, we agreed to continue with them in the first year with a view to reviewing this arrangement within the first 12 months. Our current plan is to seek a blended model of sessions from Dr PA and directly employed GPs working for PPG.
2. The contract between Dr PA and PPG requires that Dr PA will provide daily GP sessions. Initially, all sessions are being provided by Dr PA but the intent is to move to the following model as we are able to recruit new GPs:
 - Five days out of seven, with four of those to be provided Monday to Friday;
 - PPG currently plan to provide cover for Sundays plus one day Monday to Friday, although planned leave can be provided by the Contractor with sufficient notice (approximately three months);
 - Rotas are to be agreed in advance for the following two months;
 - Dr PA will provide escalation / on call support for GPs, as required; and
 - Dr PA also currently provide Rule 35 training for any newly recruited GP's.

3. Dr PA is also required to provide a Leadership role in the delivery of GP Services to include:
- Overseeing the safe transition to new service;
 - Providing attendance at and a meaningful contribution to Quality Assurance meetings, both local and regional;
 - Observance of PPG Local Operating Procedures, PPG Policies and PPG Formulary;
 - Mentoring and support of non-clinical prescribing and developmental roles;
 - 1-2-1 with GPs, including evidence of development, training and supervision of Dr PA's staff;
 - Duty GP to lead the Multi Professional Complex Case Clinic (MPCCC);
 - Providing effective leadership to the clinical team in advocating for patients to ensure that their healthcare needs are being met;
 - Engage with PPG GP forum activities, either regionally or nationally; and
 - Working in partnership with the Head of Healthcare and Regional Manager, Regional Governance Manager and Regional Medical Lead to ensure the service is safe and effective.
4. The contract with Dr PA stipulates that the relevant KPIs from the main contract for PPG to provide services at Brook House are to be dropped down into this subcontract as appropriate including.
- KPIs;
 - Meeting Schedules;
 - Reporting requirements and timescales; and
 - Any other information.
5. A quarterly review meeting between Dr PA and PPG was planned, but did not happen, in December and is now scheduled for 18 February 2022. Dr PA submitted a brief report outlining

their workforce and included a narrative update. This will be discussed at the February meeting and expectations regarding future reporting and information required will be agreed.

6. PPG will be looking to ensure reliability (i.e. that sessions are being provided as agreed) and quality of the service using information such as;
 - Workforce data including overview of sessions provided and consistency of GPs;
 - Data sets routinely collected that are related to the entire service performance which will form the basis of a discussion regarding the contribution of Dr PA to overall quality. These datasets include:
 - Prescribing Quality;
 - Quality Outcomes Framework (a standard tool in primary care to assess long term condition management);
 - Mental Health data set including activity, responsiveness and referrals to hospital;
 - Blood Borne Virus screening and management; and
 - HJIPs as required by the commissioners.
7. Our approach recognises the importance of informal local discussions in creating a culture of continuous quality improvement as this is more effective in ensuring timely responses to concerns about quality than quarterly contract review meetings. Dr PA will be active participants in the local Quality Assurance and Medicines Management Meetings. In addition to the formal and informal processes noted above, the lead doctor for Dr PA will receive 1:1 supervision from regional medical lead.
8. PPGs approach to performance and quality uses a mixture of quantitative and qualitative data which is triangulated to ensure quality care is provided. The quantitative data includes the datasets noted above and this is reviewed with the regional manager in monthly performance review meetings and with commissioners at the contract meeting. Information regarding performance is also shared at the Local Delivery Quality Board (LDQB) to which Dr PA is routinely invited. Qualitative data refers to a governance report that includes information drawn from incident reporting, action plans, complaints, patient feedback, investigation reports

as well as inspections from the PPG governance team, NHS England and the Care Quality Commission (CQC). This information is reviewed in monthly Quality Assurance meetings in which Dr PA actively participate, and it is shared as required with commissioners.

9. In addition to the above, the national clinical team review both quantitative and qualitative information in bimonthly Regional Quality Review Meetings to ensure senior oversight of services.
10. Performance is approached collaboratively with a view to supporting improvements in any identified poor performance. No contractual penalties are stipulated: however, we retain the right to cease contracting with Dr PA if PPG are dissatisfied with their performance.
11. Any concerns regarding clinical practice are escalated via our clinical leadership structure, initially via our Regional Medical Lead during 1:1 meetings. PPG have a robust medical leadership structure which can support clinicians in difficulty. To the best of my knowledge, there have been no concerns with clinical practice identified since the start of the contract.
12. PPG and Dr PA have agreed the number of sessions to be provided as noted above. This will be reviewed during the first 12 months of the contract as discussed earlier. The reliability of the service is to be discussed at each contract review meeting. Any absence of Doctors is escalated to the Regional Manager and recorded on our Datix Risk Management System.
13. There have been no material breaches of the contract to date, nor have there been any remedial plans or 'notices of step-in'.
14. There has been no specific audit of Dr PA's compliance with the terms of the contract to date, other than the information noted above.

Rule 35(2)

15. The Rule 35 pathway noted was designed by the Head of Healthcare whilst working with G4S and I believe it is still in use, pending the design of a new PPG Rule 35 pathway. This is planned as a joint exercise with IRC Heathrow following contract commencement in April 2022, providing an opportunity for a peer review of the pathway and redesign to meet the needs of the current population of IRC Gatwick.

16. Since this is not a PPG document I cannot describe the document or how it is currently used. As noted above, this will be reviewed shortly. Likewise, I am unable to comment on when it was brought into force and whether there is further guidance on the pathway since it was designed and implemented prior to PPG commencing the contract. We have plans to review this pathway but this review has not been undertaken yet and therefore I am unable to comment further at present.

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I am willing for this statement to form part of the evidence before the Inquiry and published on the Inquiry's website.

Signature

Signed.....

Dated... 17.02.2022.....