

From Mr. Geoffrey Catlin

Peterborough PCT Conduct Complaint

I refer to the above complaint and the previously submitted case documents. It is my personal belief that NHS Peterborough Primary Health Care Trust has failed to uphold some basic key standards related to good quality transparent governance as is expected from those who hold positions of authority in public life. The guidelines and objectives set out in the Nolan Principles which are a major guideline to NHS governance standards, appear to highlight significant shortfalls in the Peterborough PCT Primary and Urgent Healthcare Review "The Right Care at the Right Time".

It is noted that two local GP's serve as "GP Commissioners" within the executive of NHS Peterborough Primary Care Trust and are both key members of the committee responsible for the "Primary Healthcare Review" data, conclusions and recommendations as published in the Peterborough PCT consultation documents (page 2). It is further noted on page 34 of the PCT's document that patients who attend GP practices recommended for closure (Alma Road & Burghley Road) by the PCT's preferred option are being offered alternative GP practices. Featuring high on the lists of alternatives are Park Medical and Thomas Walker Surgery which are GP practices where the serving two GP Commissioners are based. As patients carry funding there appears to be a clear and concise conflict of interest issue, whereby both the the GP Commissioners serving on the executive of NHS Peterborough PCT can stand to gain financially from the significant number of patients who would have to transfer practices if the PCT's proposed closures take place. This is surely a most basic conflict of interest issue and one I believe is in clear breach of Nolan's principles and thus seriously undermines the PCT's Primary Healthcare Review and Consultation Process.

Furthermore as the city has two "Walk in Centres" it appears that a further breach of Nolan's principles has occurred, as the remunerated Clinical Director of the "Walk in Services" at the NHS City Care Centre is one of the two GP Commissioners serving on the "Primary Healthcare Review" and the Executive of NHS Peterborough, he has been at the heart of a committee which recommends the closure of the alternative centre located in Alma Road. Quality governance surely demands that clear independence, openness, transparency and impartiality should be at the forefront of all NHS committees dealing with sensitive public service issues. It also appears that the second GP Commissioner was involved in the bid process, it appears as an unsuccessful bidder, for the "Alma Road" Walk in Centre contract - This again can only reflect on further conflict of interest issues which serve to undermine such public service projects when they are highlighted.

I personally challenged the "Conflict of Interest" issues with the GP Commissioners concerned during the Peterborough City Council, Healthcare Scrutiny Committee Meeting (via public Questions) on 14th June 2011 and reasonably expected both GP Commissioners to stand down or be stood down by the PCT from the Primary

Healthcare Review committee to uphold the appropriate high standards of NHS governance. It is of much concern that neither party stood down and the conflict of interest issues still clearly appear to remain whereby the GP's concerned could gain either personally or in relation to their practices or other roles.

Whilst much emphasis has been placed on the need to restructure Primary Healthcare in Peterborough to save money, I personally raised the issue of the Executive Structure within the Board of NHS Peterborough and Cambridgeshire (Many directors share responsibility within both PCT's). By working more efficiently with a vastly smaller executive team operating to high levels of efficiency (Bringing this PCT 's executive board structure more in line with many larger NHS PCT's across England) NHS Peterborough/Cambridgeshire could effect significant annual savings from their budgets, rather than recommending closures that remove preferred patient choice. The importance of real "Patient Choice" appears to be a cornerstone of the current Healthcare Reforms before Parliament but appears to fall short in the outlines of the Peterborough primary healthcare commissioning strategy.

As a member of the Botolph Bridge Patients Participation Action Group, it is disappointing to note the comments and implications in the (case documents) correspondence from Mr. Stewart Jackson MP in respect of what is a very serious complaint made in writing to the Secretary of State for Public Health in respect of the Peterborough PCT, a complaint possibly unprecedented in respect of NHS governance.

Furthermore as a patient with a long term condition I was very disappointed that the document circulated by Peterborough LINK in respect of the Consultation Process was of a nature that it could be easily be described as a "leading document" "designed to influence the person completing the form toward ticking off the PCT's preferred choices" I would have personally advocated LINK distributing a form which just presented facts and enabled me to make "a totally personal free choice" without suspicions being raised that LINK were involved in circulating a document to support of the PCT's preferred option rather than collating the independent views from patients.

The enthusiasm to rush the Peterborough Primary Healthcare matter causes personal concern, surely good decisions need to be facilitated by presenting clear high quality "up to date" data, outlined in a fully transparent and open manner, with clear financial "back up" support documentation being publicly available and for the process to be totally free of any "conflict of interest" issues at all times.

If the financial consequences caused by delay are of a serious nature, then surely, is it not imperative that the PCT practices the highest standards of good quality NHS Governance at all times. Perhaps it is also time for the PCT's Board to seriously

take into account the significant savings which surely can be achieved by achieving more efficiency within it's own "executive structure" rather than proposing to remove the democratic freedoms of preferred customer choice from many of Peterborough's patients/citizens.

It appears that in pursuing a policy of reducing the number of GP surgeries available to patients Peterborough and establishing a smaller number of very large "Supersize Practices" a risk factor exists in respect of maintaining care quality levels, maintaining acceptable levels of good patient access to GP's at supersize surgeries. At present many large practices already appear to experience difficulty in providing appointments to satisfy their patient's needs with present list sizes. Perhaps a strong argument exists for customers (Patients) to lead the market and providers who achieve customer satisfaction will thrive and those who fail to provide appropriate levels of customer (patient) satisfaction will fall by the wayside.

I believe the highest standards must be upheld at all times in Public Life, without compromise. Had this appeared to have been applied throughout the Primary Healthcare Project in Peterborough, I firmly believe that this matter would not have required such referral.

Yours Sincerely

G. Catlin