Item: 7.2

Report to:	Primary Care Commissioning Committee
Date of Meeting:	27th October 2017
Subject:	Primary Care Update
Presented by:	Nikki Dunlop, Commissioning Lead Primary Care, NHS Hull CCG
Author:	Nikki Dunlop, Commissioning Lead Primary Care, NHS Hull CCG Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E

STATUS OF THE REPORT:

To approve	x	To endorse	
To ratify		To discuss	
To consider		For information	
To note			

PURPOSE OF REPORT:

The purpose of this report is to update the committee on primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

(a) Note the contract updates;
(b) Consider the application received from Kingston Health Hull to close their list.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No [x] Yes [ ]

If yes, grounds for exemption

(*FOIA or DPA section reference*)

CCG STRATEGIC OBJECTIVE *(See guidance notes below)*	**ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE** *(See guidance notes below)*
The report links with 21st Century Primary Care and to ensure that patients receive clinically commissioned, high quality services.	• 21st Century Primary Care • Patients receive clinically commissioned, high quality services

IMPLICATIONS: (*summary of key implications, including risks, associated with the paper*),

Finance	Financial implications where relevant are covered within the report.
HR	None
Quality	None
Safety	None

ENGAGEMENT: (*Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this*)

The application to close a practice list has been shared with all practices in Hull and with the LMC.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

None.

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA).* ***All*** *reports relating to new services, changes to existing services or CCG strategies / policies* ***must*** *have a valid EIA and will not be received by the Committee if this is not appended to the report*)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

1) The NHS aspires to the highest standards of excellence and professionalism
2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
3) Quality of care
4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

PRIMARY CARE UPDATE

1. INTRODUCTION

The purpose of this report is to update the committee on primary medical care matters within Hull and provide national updates around primary medical care.

2. INFORMATION

2.1 Contract Changes

The following table confirms any contract changes that are currently under discussion:

Practices	Further Information	Action Needed
Kingston Health (Hull) (B81011)	Application form requested to close the practice list (Appendix 1)	For a decision

3. NHS England Update

3.1 Clinical Pharmacists in General Practice

An application was received for Phase 2, Wave 3 of the Scheme from Modality Partnership, Hull Division (application for 2 Clinical Pharmacists). The application was approved by the local panel on 4th October 2017 subject to minor amendments and will be forwarded to the regional panel. The regional panel will consider the application on the 24th October 2017 and if approved will be forwarded to the national panel for consideration and final approval. The national panel is due to meet on 2nd November 2017. The deadline for Wave 4 submissions is **19th January 2018.**

3.2 GP Career Plus Pilot

City Health Care Partnership (CHCP) CIC is continuing to promote the scheme but have yet to recruit into the pool of GPs. Those GPs who have expressed an interest are to be contacted to ascertain if there are any particular reasons why they have not signed up to the scheme.

The administrative support is contacting other schemes for any lessons learned that can be transferred to the Hull scheme.

A site visit from the national team was scheduled to take place on Monday 16th October. The national team were keen to understand the employment model to be used in the Hull scheme and the current issues being encountered.

3.3 International recruitment

Templars recruitment agency has been appointed to work with the STP to support international recruitment. This will be to recruit 65 GPs (17 for Hull) predominantly from Poland, Holland, Sweden and Spain.

Humber Coast and Vale, along with Templars, are currently finalising the recruitment drive advertisement material that is set to go live imminently. The development of the advertising material has been a rapid process due to linking with the new Local Medical Committee (LMC) advertising material which has recently been launched highlighting the CCG areas and what they have to offer.

https://medical-staging.careers.global/job/2633042

3.6 NHS Charging Policy and Project 600

NHS Charging Policy

NHS Property Services (NHSPS) in conjunction with NHS England and the Department of Health has published a refreshed charging policy for 2017-18. The policy is most relevant for those practices with no formal lease in place.

Project 600

Project 600 commenced after the Department of Health and NHS England in April 2016, authorised NHS Property Services to charge a market rent to GP tenants within its estate.

Directors of Commissioning Operations and CCG Primary Care Commissioners have been asked to support the delivery of this project by conducting a check on each CMR form (Current Market Rent) provided to GP practices for completion, thus ensuring that the list of rooms and numbers of car parking spaces in the GP practice are accepted for reimbursement by NHS England.

It is expected that when this project is completed, NHS Property Services will have ability to move from a cost recovery approach of calculating rent to a more definitive market rental approach as well as achieving a leasehold rent for new GP leases to enhance the NHS Property Services Lease Regularisation Programme.

Within NHS Hull, Project 600 affects Morrill Street and Highlands Health Centres in relation to agreeing the list of rooms and numbers of car parking spaces utilised in the GP practice. This work will be undertaken by NHS England and any decisions needed, including those with financial implications, will be considered and approved by the CCG.

4. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

(a) Note the contract updates;

(b) Consider the application received from Kingston Health Hull to close their list.

Appendix 1

Application to close patient list (CPL 001)

Please note that your practice list is still open until the closure process is complete and you have received formal notification from NHS England. Please also note that a practice with a closed list can still have patients allocated to its list

Practice stamp/address

Kingston Health (Hull) Wheeler Street, Hull HU3 5QE Park Healthcare Centre, 700 Holderness Road, Hull HU9 3JR

Please complete the following:

Briefly describe your main reasons for applying to close your practice's register to new registrations:

We are unable to safely offer quality services to any more patients, we have tried to recruit additional clinical staff and have two practice pharmacists but demand has increased beyond our capacity, particularly with regard to home visit pressures. Our historical boundary was the entire of Hull and although we have now reduced this the pressure from existing patients registered in outlying areas remains.

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your open list and, if any were implemented, what was your success in reducing or erasing such difficulties?

We had implemented triage for all home visits with minimal success and increased dissatisfaction and complaints. We have looked at various non clinical and clinical triage routes none of which has shown appreciable results. We have reduced pre-bookable appointments due to high DNA rates however this has caused dissatisfaction amongst patients. We have employed two practice pharmacists and potentially another GP partner to join shortly but also have a GP of retirement age. We are due to have patient partner installed shortly and have looked at reducing other commitments such as training and research due to a lack of clinical time. We have reduced the practice boundary significantly.

Have you had any discussions with your registered patients about your difficulties maintaining an open list and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?

We have had no direct consultation as have been unsuccessful in maintaining a patient group despite our best efforts including posters, script messages, website and direct approach.

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?

No formal discussions with other contractors however many local surgeries have also closed their lists for similar reasons. We are happy to engage with other contractors should they wish.

How long do you wish your list of patients to be closed? (This period must be more than three months and less than 12 months)

12 Months

What reasonable support do you consider the Commissioner would be able to offer, which would enable your list of patients to remain open or the period of proposed closure to be minimised?

We would like to see a home visiting service commissioned within Hull CCG, we are aware this is under consideration at the present time.

We would also like to see some clarification and support with an increasing workload due to secondary care requests such as monitoring, referring on behalf of consultants, issuing of medication and med3's and testing on behalf of other services where not covered by LES. We have tried to utilize BMA letters but this has had little effect.

Do you have any plans to alleviate the difficulties you are experiencing in maintaining an open list, which you could implement when the list of patients is closed, so that list could re-open at the end of the proposed closure period?

Please include the action, a lead person and a completion date

We have non-clinical triage training booked in October 2017 to manage the huge demand which we hope when implemented will allow us to signpost patients who could be treated elsewhere thereby increasing available appointments for those that need them. Lead C Ross.

We would like to focus our efforts on engaging with our practice population and forming a PPG. Lead C Ross

We will shortly have a wellbeing service running from the practice (within the next 3 months). We are also in the process of setting up a grouping with other surgeries to discuss possible efficiencies working at scale. Lead C Ross

Practice Pharmacists are currently half-way through their clinical training, we would like to invest more clinical time training on physiological measurement, consultations and quality to align with university course to allow these clinicians to increase their capacity and scope thereby offering more appointments. Lead Dr D Yu

n.b. This plan will be shared with the Primary Care Commissioning Committee as part of the report submitted for your application to be considered

Please note that this application does not place any obligation on the Commissioner to agree to this request

To be signed by all parties to the contract (where this is reasonably achievable):

Signed: *C Ross*

Print: Claire Ross

Date: 09.08.2017

Signed: *Danny Yu*

Print: Dr Danny Yu

Date: 09.08.17

Signed: Abdel Ahmed

Print: Dr A Ahmed

Date: 09.08.17

Signed: *A Ogunba*

Print: Dr Abayomi Ogunba

Date: 09.08.17

Signed: *M Singh*

Print: Dr Monisha Singh

Date: 09.08.17