Creating a healthier Hull

NHS Hull Clinical Commissioning Group

Item: 7.2

Report to:	Primary Care Commissioning Committee
Date of Meeting:	27th April 2018
Subject:	Primary Care Update
Presented by:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS England Phil Davis, Head of Primary Care, NHS Hull CCG
Author:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS England

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) The contract changes are noted and a decision is made in relation to:

i. the list closure at Wilberforce Surgery

(b) In relation to NHS England, the Committee notes the updates

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*)

None

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 Care matters within Hull and provide national updates around Primary Care

2. BACKGROUND

Not applicable

3. INFORMATION

3.1 Contract Changes

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

Practices	Further Information	Action Needed
Wilberforce Surgery (B81032)	Application received to request a list closure for 12 months (Appendix I)	For a decision
Holderness Health Open Door Surgery (B81097)	Partnership & Practice Name Change • Commencement of Dr D Igoche 28/3/2018 • Departure of Dr R Alsudani 2/4/2018 • Change of practice name to Delta Healthcare Surgery 3/4/2018	For Information
Princes Medical Centre (B81052)	Application received to novate the GMS contract to a limited company (Humber Primary Care Limited) (Appendix II)	For Information

4. NHS England Update

4.1 Key changes to GP contracts for 2018/19

Contract uplift and Expenses: summary

We have agreed an investment of £256.3 million for 2018/19 which is an overall contract uplift of 3.4% This incorporates a one percent uplift to pay and a three percent uplift to expenses in line with consumer price index inflation from 1 April 2018 and the increase also covers:		
Details	**Amount (£ millions)**	**Comments**
Uplift of pay and expenses	102.9	Based on DDRB formula and latest OBR inflation forecast for CPI
Volume increase cost	59.7	NHS England estimate based on ONS population projections
Locum reimbursement	0.4	Locum allowances for sickness, maternity, paternity and adoption leave increased by 1% Maternity / paternity increased from £1,131.74 to £1,143.06 in the first week and from £1,734.18 to £1,751.52 in subsequent weeks Sickness ceiling has increased from £1,734.18 to £1,751.52
Indemnity	60.0	Payments made directly to practices based on registered patients (not weighted list size) at £1.017 per patient
QOF CPI adjustment	22.3	Value of QOF point increased from £171.20 to £179.26 No changes to QOF, but are some minor coding changes
V&I Item of Service (IoS) fee	0.9	Uplift to IoS fee for nine V&I programmes from £9.80 to £10.06, three stayed the same as has pneumococcal PCV Some changes made to some V&I programmes
Electronic Referrals System	10.0	Non-recurrent payment made directly to practices based on number of weighted patients at £0.170 per patient
Total	**256.3**	**An overall 3.4% increase**

Contractual Changes to come into force from October 2018/19

EPS – Phase 4

The Electronic Prescription Service (EPS) was introduced to allow prescriptions to be sent directly to pharmacies through IT systems used in GP surgeries. This was introduced in phases; the latest is EPS – Phase 4. When this is introduced fully it will remove the need for most paper prescriptions and is the point at which electronic rather than paper prescriptions become the default. It is therefore most advantageous for patients who receive regular medication and who tend to collect their prescriptions from the same pharmacy most of the time.

NHS e-Referral

The target for this programme is to have near 100% delivery of e-RS by October 2018 so all CCGs and trusts will be using e-RS for all their practices to book patients first, consultant-led, outpatient appointments and to have switched off paper referrals

Where paper switch off has been achieved, practices will be expected, through a contractual change, to use e-RS for these referrals from October 2018. Where a practice is struggling to use e-RS, there will be a contractual requirement to agree a plan between the practice and for CCGs to resolve issues in a supportive way as soon as possible

Violent Patients

Regulations currently allow practices to refuse registration where there are reasonable grounds for doing so. The presence of a “VP flag” against a patient record would constitute reasonable grounds.
The regulations are to be amended to allow a practice that has mistakenly registered a patient with a “VP flag” to be able to deregister that patient by following the same procedures for removing patients who are violent from a practice list.

If a patient is removed under the violent patient provisions further care will be managed in line with agreed national policies, including where appropriate special allocation schemes.

Out of Hours (OOH) KPIs

The National Quality Requirements (NQR) for OOH will be replaced with new KPIs. The new indicators and thresholds will be tested with the intention of amending the regulations by October 2018 when reference to the NQR will be replaced with a reference to the new urgent care KPIs

Patient Access to on-line services

Practices who have not yet achieved a minimum of 10% of patients registered for online services will work with NHS England to help them achieve greater use of online services.

There are a number of other agreed principles within the paper which is attached for your information (Appendix III).

4.2 Online Consultation Procurement

The STP wide procurement for the online consulting provider is now complete. The contract has been awarded to Wiggly Amps.

Undertaking the procurement at scale across Humber Coast and Vale has drastically reduced the licence fees we will pay per patient. Costs within the successful tender are £0.26 per patient in year one, and £0.24 per patient in years two and three. For comparison, practices currently using an online consulting platform in Hull and East Riding are paying £0.88 per patient on a one year contract term.

For those practice already using online consultations, they will have the opportunity to move over to the new supplier as their licences expire

A short pilot will be undertaken in North Lincolnshire on behalf of Humber Coast and Vale so that we can fully understand how the system does and could operate at federation/network level. This will also be the opportunity to highlight any issues and teething problems before rolling out more widely. Those practices leading the pilot in North Lincolnshire will receive a higher level of technical and project support in practice.

In keeping with delivering this programme at STP level, all CCGs have agreed to ring fence 30% of their year one funding to deliver effective patient communications and engagement. We are currently working with Hull CCG with a view to hosting this service and a further update will be available for the next meeting.

We have secured additional national funding to supply participating practices with iPads so that patients can be encouraged to ‘try it out’ whilst visiting the practice.

4.3 Estates, Technology & Transformation Fund (ETTF) Update

Title of Scheme	Type of Scheme	Estimated Value	Latest position
Hull Building 1 - Springhead	New Build	£3,181,818	PID being finalised for submission to NHS E
Hull Building 2 -	Improvement Grant	£1,000,000	Scheme already progressed

Calvert Health Facility			
Hull Building 3 - Alexandra Health Centre	Improvement Grant	£280,000	PID has been developed. Decision on CHP capital allocation to scheme expected end April 2018.
Hull Building 4 - Longhill Health Centre	Improvement Grant	£280,000	PID has been developed. Decision on CHP capital allocation to scheme expected end April 2018. Interim building moves taking place mid May 2018.
Hull Building 5 - North 2 Facility/West Hull review	Estate review	£23,000	Resource allocated to CityCare to undertake estate review for west of city
Hull Building 6 - Park Health Centre	Improvement Grant	£500,000	Discussions ongoing with key GP stakeholders to finalise agreement for the scope of the project and individual requirements. Report and PID to be finalised mid 2018.

5. RECOMMENDATIONS

It is recommended that:

a) The contract changes are noted;

b) A decision is made in relation to the list closure at Wilberforce Surgery;

c) In relation to NHS England, the Committee notes the updates.

Appendix I – List Closure report for Wilberforce Surgery

List Closure Pack

Please find included:

1. Practice NHS England list closure application form
2. List Closure application form with local information gathered from visit
3. Action notes from practice meetings
4. Local Checklist

1. Practice NHS England list closure application form

Practice stamp:	Wilberforce Surgery Wilberforce Health Centre Hull

Please complete the following:

Briefly describe your main reasons for applying to close your practice's list of patients to new registrations:
High demand of new registrations, 67 new registrations in Feb and 159 in total since Jan 18 for which we have to give new patient appointment checks and takes up a lot of the GP'S, HCA AND NURSES appointments. This puts a strain on the already overstretched clinical team as an inner city surgery we have a very high demanding complex patient population. Total population 3539 for 2 whole time Clinicians, one part time nurse and 2 part time HCA's.

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 have increased the Clinical hours to 40 face to face and 10 telephone appointments per GP to cope with the demand, also the staff are very pro-active in signposting the patients who can be seen elsewhere and to using telephone appointments where possible. We are also looking to implement E consult but with the demand increasing daily it will be a struggle to get it up and running at present, if closure was to be supported then we could work on E consult whilst closed.

Have you had any discussions with your registered patients about your difficulties maintaining an open list of patients and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?
I have emailed our virtual PPG and have also run a patient Questionnaire over the past week 8th March – 15th March 2018 regarding the list closure and 92% of the participants has stipulated that they would prefer the closure as it will help with the routine appointment bookings time frame.

The question we asked: We are considering temporary closing our patient registration list for new patients as we feel it will help reduce the time frame for booking routine appointments. Do you agree or not agree or any other suggestions?

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list of patients and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?
Yes as most of the new patients are coming from the local practice within this building from their own GMS or they will not register new patients which leaves us as the only option for the patients in the area.

How long do you wish your practice list of patients to be closed? (This period must be more than 3 months and less than 12 months)
12 months, which will enable us to embed E consult and MJOG into the surgery before we re-open the list.

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?
At this present time there is nothing that can help with the influx but closure, we are already been supported (transformational funding) with additional hours to summarise patient records.

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 reopen at the end of the proposed closure period?
Yes - e consult and MJOG. Also HHFC are in the process of employing 4 ECP'S that will be shared with the group members for either visits or if like our surgery we have very low visit demand we will be given clinical hours which will hopefully help with the demand when we re-open the list.

Do you have any other information to bring to the attention of the Commissioner about this application?
We have a very low DNA rate but have signed up to MJOG which will enable the patients to cancel appointments which they cannot do now with our current SMS messaging , we are also very proactive in sign posting patients to minor ailments.

2. List Closure application form with local information gathered from visit

Practice stamp:

Wilberforce Surgery
Wilberforce Health Centre
Hull

Please complete the following:

Practice Information

Health Care Professional	*Total Number employed*	*WTE*
GPs	*2*	*2*
Practice Based Pharmacists	*0*	*0*
Advanced Care Practitioners	*0*	*0*
Physicians Associates	*0*	*0*
Practice Nurses	*1*	*0.5*
Health Care Assistants	*2*	*0.7*
Other: (Please define)	*Renu 1*	*1*

Briefly describe your main reasons for applying to close your practice's list of patients to new registrations:

The practice does not have any workforce issues. The reason the practice is applying to close their list is due to the influx of new patient registrations that they are currently experiencing. List size as at 8/3/17 was 3,221 and as at 8/3/18 it is 3,539. This is an increase of 9.9%

In February 2018 alone there were 67 new patient registrations which has implications around workload as each new patient requires a new patient check. The patients registering are complex and therefore the note summarising is also having workload implications.

Between January and March 2018, there have been 169 new patient registrations in total.

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?

Considered
The practice has considered reducing the boundary but decided against this

Implemented
To ensure that the practice is in the best possible position to cope with the increase in patients, they have:

- Undertaken staff training in clinical triage so patients are seen by the right health care professional first time
- Undertaken training in document management. This has meant that the GPs only see the hospital letters they need to see.
- Increased the number of face to face appointments
- Increased the number of telephone consultations
- Introduced signposting so patients are directed to other services if appropriate

The practice has explored advertising for alternative health professionals but due to the rooms available to the practice being utilised to their full capacity, this isn't something that can be taken forward

Future Options
The practice has expressed an interest in MJOG and is part of the CCG project to implement this. The practice has a low DNA rate but MJOG will allow patients to cancel appointments if they cannot attend so making them available to other patients

The practice has also expressed an interest in implementing e-consult

The grouping is putting together a bid for an Emergency Care Practitioner of which the practice will get a share. Due to the low number of home visits requested, the practice will look to utilise this role differently so that it is of benefit to them and so will look to use it for additional clinical hours.

Have you had any discussions with your registered patients about your difficulties maintaining an open list of patients and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?
The PPG is a virtual group with only 3 members but when told that the practice was considering closing its list they did feedback as did other patients who responded to a questionnaire. The feedback from patients was that a temporary closure may mean that the time to book a routine appointment would reduce and so was supported by them

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list of patients and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?
The practice is working with its grouping in relation to future support that may be available The only comment NHS England received was from the LMC who supported the list closure

How long do you wish your practice list of patients to be closed? (This period must be more than 3 months and less than 12 months)
12 months to ensure e-consult is properly embedded into the practice

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?
The practice has already received monies from NHS England to help employ an existing member of staff for additional hours to help with the note summarising.

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 reopen at the end of the proposed closure period?
There are plans to implement e-consult and MJOG into the practice so they need time to ensure that these are properly embedded to make sure they are successful The practice is also working with the grouping to explore employing an Emergency Care Practitioner

Do you have any other information to bring to the attention of the Commissioner about this application?
The practice has a low DNA and home visiting rate The practice is very proactive in sign posting patients to minor ailments and other services if appropriate

3. Action notes from practice meeting

In attendance - Nikki, Wendy, Hayley & Dr Grada

Nikki & Hayley met with the practice to discuss their reasons behind wanting to close their list to new registrations. The current list size is 3,539

Why want to close the list?
There are no workforce issues within the practice, the practice has:

GPs	2	2WTE
Practice Nurse	1	0.5WTE
HCAs	2	0.5WTE & 0.2WTE
Renu	1	1WTE

- For those patients under shared care, Dr Grada puts on one dedicated session per week for those patients
- The patient population is diverse with many ethnic groups being registered with the practice, the patient group are demanding and have complex needs
- In Feb there were 67 new patient registrations which has implications around work load as each new patient needs a new patient check and their notes summarising
- There have been 169 new patient registrations since Jan 2018
- The list size on 8/3/17 was 3,221 and on 8/3/18 it is 3,539
- Anecdotally patients are coming from another practice within the building who are saying they are closed. The practice were advised to send these patients back as the list is not closed and ask for reasons why they will not register them in writing.

Other options considered?

- DNAs and requests for home visits are low so there is little work to do around these areas that will have an impact on the list size. However, text messaging is not currently used and the practice have expressed an interest in MJOG
- In relation to looking at different skill mix, this raises premises issues as all of the available rooms are utilised
- To sign up for e-consult

The practice has already:

- Increased clinical time and telephone appointment slots

- Triages patients so they see the right person first
- Signposts patients' to other services if appropriate

Discussions with PPG
This is a virtual group with only 3 members

Help from grouping?
- The practice is working with the grouping on a joint bid for an ECP which may help the practice. Usually this role is utilised for home visits but because the number of these within the practice is low then they will be utilised for additional clinical time. Also looking to implement e-consult

How long like to close for?
12months to enable bedding in of on-line consultations

Is there any reasonable support that can be offered?
Practice has had resilience funding to help with summarisation of notes

Any plans to alleviate current difficulties?
To implement e-consult so will do this whilst closed

4. Checklist to be completed in conjunction with list closure extension application form and action notes from visit

Reasons for Closure taken from the application form

Workforce Issues	No	N / A
Increase in List size	Yes	March 2017 the list size was 3,221 March 2018 the list size was 3,539 169 new patients since Jan 2018
Estates Issues	Yes	All rooms utilised to capacity but not the reason for applying to close the list

Approval given for 3 / 6 / 9 / 12 month closure

Appendix II - Humber Primary Care Limited Novation Paper

FULLY SIGNED
CO-COMMISISONING

Appendix III – Contract Changes 18/19

gp-contract-18-19-letter-to-service.pdf