

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	26 th October 2018
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Head of Primary Care, Hull CCG
Author:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Head of Primary Care, Hull CCG Nikki Dunlop, Head of Commissioning - Integrated Delivery, Hull CCG

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to update the committee on the Strategic Commissioning Plan for Primary Care, 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:

- Make a decision in relation to the boundary change for Wolseley Medical Centre;
- Make a decision in relation to the list closure for Wolseley Medical Centre;
- Note the updates included in the report

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE (See guidance notes on page 4)

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services at scale, the implementation of incentive schemes in primary care to manage need and the development of pathways across primary, community and acute care.

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

Finance	Financial implications where relevant are covered within the report.
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HR	HR implications where relevant are covered in the report.
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Quality	Quality implications where relevant are covered within the report
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Safety	Safety implications where relevant are covered within the report.
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ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

Engagement has taken place with the Wolseley Medical Centre in relation to the boundary change and list closure. Engagement has taken place with GPs and secondary care colleagues in relation to the development of minor surgery services.

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.

STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE & PRIMARY CARE UPDATE

1. INTRODUCTION

The purpose of this report is to:

- Update the committee on the Strategic Commissioning Plan for Primary Care
- Present primary medical care matters including contract issues within Hull
- Provide national updates around primary medical 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
Wolseley Medical Centre (B81047)	Application received to redefine the current practice boundary (Appendix 1 - report)	For a decision
Wolseley Medical Centre (B81047)	Application received to closure the practice list for a period of 6months (Appendix 2 - report)	For a decision

3.1.1 Wolseley Medical Centre – redefinition of practice boundary (Appendix 1)

The practice would like to redefine its boundary which currently covers a large area of Hull. This is due to the pressures in workload and is linked to the application to close the practice list.

The proposed boundary removes East Hull and Hessle Road and will affect new registrations only. Existing patients who currently live outside the new boundary will continue to be serviced until they move residence when they will be advised that they will need to find an alternative GP Practice.

The practice list size has grown 1.56% in the last 12months to June 2018 and continues to grow (7157 in June 2018 and 7208 in August 2018).

There are 20 practices affected by this change, the majority of those have also experienced an increase in list size although some are due to practice mergers.

3.1.2 Wolseley Medical Centre – list closure application (Appendix 2)

The practice has applied to temporarily close their practice list for 6months with a review in 3months. The reasons behind this are due to workforce pressures with a reduction from 5 partners to 3 compounded by the recent resignation of another partner. Their next available appointment has historically been within 3 days but has recently increased to 10 days resulting in a number of patient complaints. They

have recently taken on a new care home (Loran House) with an additional 40 patients added to the list, 25 of whom have dementia which means longer visits.

The practice list size has grown 1.56% in the last 12 months to June 2018 and continues to grow (7157 in June 2018 and 7208 in August 2018).

Having being unsuccessful in the traditional methods of recruitment, the practice is using an agency in an attempt to recruit another clinician. They have asked for financial support from NHS England in relation to any finders fees that may be payable if they are successful. The likelihood of replacing the outgoing partner in a short timescale is unlikely due to the current recruitment crisis in the region. This will present significant difficulties with appointment availability in the short to medium term.

In order to manage the workload, the practice has also applied to redefine its boundary to remove for new patients the east of the River Hull.

4. NHS ENGLAND & CCG UPDATES

4.1 International Recruitment

As part of the local GP International Recruitment programme Hull CCG recently held a “taster weekend” which took place from Thursday 27th September until Sunday 30th September. 4 Spanish candidates attended the weekend giving them the opportunity to:

- Receive further information in relation to the Induction & Refresher (I & R) Scheme;
- Spend time in a local GP practice observing clinics and to gain an understanding of how primary care fits in with the wider organisation of the NHS;
- Visit the local area;
- Meet representatives from the CCG, NHS England and Health Education England.

Initial feedback from both the candidates and local GP practices was very positive with a full evaluation report being drafted for presentation at the International GP Recruitment Programme Board to be held on 22nd November 2018.

Of the four candidates, 2 of them are already qualified as Family Medicine Doctors and will now progress with specialist language support to help them meet the GMC requirements for competency in English prior to entering the I & R scheme and relocation to the UK. The remaining 2 will qualify as Family Medicine Doctors in May 2019 and will then be supported with their language assessments.

A future Taster Weekend has been planned for April 2019.

4.2 Extended Access Service

On the 1st October 2018 the new Extended Access Service, Access+ was launched in Hull. This was in response to the requirements detailed within the refreshed NHS Operational Planning and Contracting Guidance 2017 – 2019, to provide extended

access to GP services, including at evenings and weekends, for 100% of the population by 1 October 2018.

Following a short and challenging mobilisation period, the service provider met the requirement to deliver 100% of the capacity (149.5hrs) to the full patient population. Whilst the service is not yet required to submit utilisation reports until after the first Quarter, as part of mobilisation they have provided the following information on the first two weeks of the service delivery:

- Week one utilisation of appointments - 43%
- Week two utilisation of appointments - 46%
- 24 out of the 39 GP practices across the city have actively used the service and booked appointments for their patients
- Healthcare professionals available within the service: GPs, ANPs, PNs, Physios, Clinical Pharmacists and Health Care Assistants

The Provider continues to work through their mobilisation plan which includes a communications and engagement plan for both local GP Practices and the patients and public. Dr Scot Richardson, Clinical Lead for the Access+ service, along with operational managers from CHCP will be attending the Provider Forum to be held on 7th November 2018 to discuss how the service can work with local GP Practices to provide the best outcomes for patients. The national communication re Extended Access has been delayed until the end of November.

4.3 British Heart Foundation Blood Pressure Programme

Following a joint submission to the British Heart Foundation Blood Pressure Programme NHS East Riding and NHS Hull CCGs have secured resources to support a project to diagnose hypertension through community pharmacies - people meeting certain criteria will be offered a blood pressure test within a community pharmacy and then provided, where indicated, with home blood pressure monitoring devices to use in line with CG127 (NICE).

Lifestyle advice will be provided where necessary and referral to general practice for potential treatment where required. The details of the project are being developed with the intention that the service specification will be considered by the CCG Planning & Commissioning Committee at its November meeting.

4.4 Primary Care Home

Through the Humber, Coast and Vale Health and Care Partnership an expression of interest has been submitted to the National Association of Primary Care (NAPC) to access their offer of support around the development of Primary Care Networks. An NAPC support scoping meeting is being held on 23rd October and all Hull GP Practice groupings have been invited.

4.5 Delegation agreement

In August NHS England provided the CCG a Variation Agreement to update the Delegation Agreement between the CCG and NHS England. The variation updates the documentation to reflect the General Data Protection Regulation (GDPR). The Variation Agreement has been signed by the CCG Chief Officer and the Chief Financial Officer of NHS England. It should be noted that this does not materially change any of the arrangements for delegated commissioning.

5 RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- (a) Make a decision in relation to the boundary change for Wolseley Medical Centre;
- (b) Make a decision in relation to the list closure for Wolseley Medical Centre;
- (c) Note the updates included in the report.