

List Closure Pack

Please find included:

1. NHS England list closure application form
2. Action notes from practice meetings
3. Local Checklist

1. NHS England list closure application form

Practice stamp:

Wolseley Medical Centre
Londesborough Street
Hull
HU3 1DS

Dr K Pande Dr A Kalwani Sister J
Alland

Please complete the following:

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

- We have historically been a 5 partner practice. We are now 3 (including one nurse partner). This is due to retirements and the recruitment crisis that exist locally.
- Our list size has grown despite fewer GPs.
- Next available appointment has historically been within 3 days, it is now c10 days.
- Extended hours is always booked to capacity
- There is a reduction in clinicians availability for appointments due to increasing non-clinical workload.
- The recent resignation of a Partner from general practice (Dr Kalwani), motivated by the demands of the work load, will result in recruitment issues and further increase in workload on remaining clinicians
- Increased reliance on locums who do not cover admin tasks
- We have recently taken on a new care home (Loran House) with around 40 patients added to our list. We have an important role keeping these patients out of hospital as 25 have dementia so longer visits are needed to ensure complete health check which places demands on resources.
- Involved in primary care research for many years but having to scale down our activities and have refused projects recently
- We currently provide nurse training in conjunction with the University of Hull. This is in jeopardy due to increased workload pressures
- High ethnic diversity of patient presents higher demand on appointment time (double the appointment time and regular use of interpreters)

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?

- Increased reception team by 67hrs to cope with patient demand.
- Increased delegation of tasks from GP to other team members (Admin etc)
- Extra phlebotomist hours to remove workload from Nursing Team.
- Engaging locums where financially viable.
- Considered Physician's Associates but unable to commit at this time due to the time pressures on implementation.
- Practice nurse trained to read and file blood results
- As part of HHFC confederation we have set up a service where paramedics can attend some home visits.
- We have above average nursing provision to try and remove demand on GP appointments
- We continuously try to recruit
- We fully utilise the F2 doctor whilst being mindful of their training needs
- We try and engage regular locums to help with continuity of care and reduce repeat visits from patients
- We have adjusted our rota to include more time efficient telephone slots during the on call sessions
- The patients are rung the day before their appointment to reduce number of DNAs and release appointments
- Telephone triage is used as much as possible to ensure patients see the right health care professional or are signposted to a more appropriate service

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?

In the process of consulting with patients

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?

No

The grouping is interested in a clinical pharmacist and will explore once the revised guidance is released

The practice has employed a GP from another practice within the grouping to cover 1 of the 2 sessions lost

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)

6 Months to take stock and get back on an even keel with review in 3

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?

Financial support for recruitment of a Salaried GP – recruitment agencies fees can be around £10-12k.
Reduction in practice boundary has been applied for to remove for new patients the East of the River Hull

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?

Recruitment of GPs
Reduction in boundary

Do you have any other information to bring to the attention of the Commissioner about this application?

We have historically been a 5 partner practice. We are now 3 (including one Nurse Practitioner Partner). We provide teaching to medical students, which has become increasingly time consuming and we also supervise F2 doctors which requires time input. This teaching is important and appreciated – we have received HYMS individual teaching award and have been nominated for the team award. We are the only practice in our federation to provide teaching. We ideally wish to mentor other practices in this field but time pressure will not permit this at present. This is despite HYMS increased recruitment of students who will need placing somewhere. Patient care is our first priority but we contribute to training future doctors and nurses – this is now at risk. It took us around 18 months to recruit our last salaried GP. The likelihood of replacing our resigning partner within 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.

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:	electronically signed by business manager. Document completed collaboratively with partners. Partners not available to sign J C Backhouse 10/10/2018
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2. Action notes from practice meeting

In attendance - Nikki, Hayley, Jackie, Dr Pande & Dr Kalwani

Nikki & Hayley met with the practice to discuss reasons behind wanting to close their list to new registrations

Current list size is 7208 as at 24th Aug 18

30.6.17	30.09.17	31.12.17	31.03.18	30.06.18	24.8.18
7047	7049	7063	7115	7157	7208

In April 2018 the practice took on 40 patients from a care home, 25 of whom have dementia so more time consuming to ensure complete health check

Why want to close the list?

Due to capacity, next routine appointment used to be in 3 days now its 10 days, starting to get complaints

GPs	2 (FT)
Practice Nurse x 2	30hrs
ANP	1 (FT)
Salaried GP	6 sessions
Had a lady GP for 2 sessions who has left but have replaced 1 session	
Phlebotomy	5 mornings

Practice is involved in research and development

Has foundation doctor, medical students both doctors and nurses on 16 week rotations & 20min appointments, want to take PA students but might not be able to if closed

Like teaching and don't want to stop doing this

Foundation doctor will see some students and also does the hospital letters where need no action

Have recently employed an additional 67hrs of admin to keep up with the paperwork
Extended hours is always full

Room capacity ok - 2 rooms spare

Clinical Pharmacists - grouping interested

Action: to send forms once revised criteria known

Action: check if can take direct relatives / temp residents when closed complete

Action: check if can do immediate & necessary when closed complete

Refer to physio if know appointment is for pain / MSK

e-consult - not using due to capacity

Grouping - pharmacist & home visiting

Anyone in grouping out to advert?

Frailty lead - Dr Pande

Nursing lead - Jackie

Good QOF

Good childhood imms

Other options considered?

Practice already:

- International recruitment but not quick fix
- Double appointments due to ethnicity
- Receptionist rings patient day before to reduce DNAs
- Telephone triage before appointing - reason asked so can give appointment with best person, also have task system if not sure who patient should see
- Hull Health Forward visiting service - using this for acute visits which is helping

Discussions with PPG

Help from grouping?

One practice from the grouping has covered 1 of the 2 sessions previously done by lady GP

How long like to close for?

6month closure with review in 3months

Any reasonable support that can be offered? Any plans to alleviate current difficulties?

Looking for salaried GP to cover, advertised everywhere

Action: Ask Helen re resilience monies to help with recruitment fees complete

Boundary Reduction. Stopped taking patients East of the river, need to formalise this

Action: send boundary change forms to Chris complete

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

Practice Details:

Wolseley Medical Centre
Londesborough Street
Hull
HU3 1DS

Reasons for Closure taken from the application form

Workforce Issues	Yes	The practice has historically been a 5 partner practice and now has 3 partners (one of whom is a nurse practitioner). This is due to retirements and the recruitment crisis locally. A further resignation has recently been tendered motivated by the demands of the workload which will further compound the issues the practice are facing.
Increase in List size	Yes	The practice list size has increased by 110 between June 2017 and June 2018 and using today's figures has increased by 161
Estates Issues	No	Details

Other information gained from the visit that will help to inform the decision to be made:

Recommendation given for 6 month closure with a review in 6months