

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	14 December 2018
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Nikki Dunlop, Head of Commissioning - Integrated Delivery Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
Author:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Nikki Dunlop, Head of Commissioning - Integrated Delivery Phil Davis, Strategic Lead - Primary Care, NHS 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 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) Make a decision in relation to the list closure for Wolseley Medical Centre;
- (b) Note the updates

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.
HR	HR implications where relevant are covered in the report.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

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.

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
- 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 close the practice list for a period of 6months (Appendix 2 - report)	For a decision

3.1.1 Wolseley Medical Centre – list closure application

The Committee were informed on 26th October 2018 of the practice application to temporarily close their practice list for 6months with a review after 3months. Committee members agreed that more information was required in order for the application to be considered, this included:

- An action plan detailing the actions the practice will take whilst closed to enable it to re-open
- Information on how the practice are being supported by their Grouping
- Information on Patient turnover and how this was impacting on the practice
- Information on A&E attendances
- For the practice to have discussions with Loran House (a local nursing home) in relation to new registrations whilst closed

Action Plan - Wolseley Medical Centre

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
<p>GP Partner retiring which will leave 2 partners in the practice - 1 x GP and 1 x ANP</p> <p>Despite numerous attempts the practice is experiencing difficulties in recruiting on a permanent basis</p> <p>The lack of clinician availability has impacted on appointments and the practice are experiencing an increase in waiting times for patients to be seen</p>	<p>The practice will continue to advertise for another GP - the practice have registered with 2 recruitment agencies and will look to accessing resilience funding to support with this</p> <p>The practice will explore recruiting other health care professionals</p> <p>Explore further support from practices within the grouping</p>	JB / CH	Ongoing	<p>The practice have secured commitment from 2 GPs to work in the practice from April 2019</p> <p>The practice have secured long term Locums for first quarter of 2019</p> <p>Secured some clinical support from a practice within the Grouping</p>	To secure permanent workforce within the practice which will provide resilience and sustainability going forward
Locums providing basic consultation services	<p>To develop practice protocols and standard operating procedures which increase the scope for the locums</p> <p>To train locums in practice protocols and standard operating procedures so able to fully assist the practice</p>	<p>Dr Pande</p> <p>Dr Pande</p>	<p>January 2019</p> <p>February 2019</p>		Locums able to do more and reduce pressure on GP within the practice
Increased workload - document management	<p>Implement document management process within the practice team:</p> <ul style="list-style-type: none"> To develop practice protocols and standard operating procedures To implement the protocols and SOPs within the administration team. 	<p>JB / CH</p> <p>CH</p>	<p>January 2019</p> <p>February 2019</p>		<p>Reduction of the administration workload on GPs enabling time to be realised for clinical care</p> <p>Secretarial time released to address the increasing amount of patient related correspondence coming into the practice</p>

	To train the F2 trainees in document management and practice nurse(s) in reading and filing blood results	Dr Pande	January – February 2019		Upskilling members of the practice team
	To investigate the use of technology to streamline dictation of referrals (an app that converts speech to text) which	Dr Pande/secretarial team	February – March 2019		Better use of technology
Registrations from Loran House	Discuss with Loran House the implications for them on the practice list being closed	JB / CH	December 2018	Loran House aware that no new registrations during period of closure	

Patient Turnover

The practice turnover is high and explains why the overall list size growth is small. In the six months between June and November 2018, the practice has registered 273 new patients. In the same period, 234 patients were deducted. This creates additional workload for the practice both for the administration team (registering patients, summarising records, booking appointments) and for the clinicians (new patient health checks, medication reviews). The practice undertakes a medication review for each new patient to align them with the clinical practice within the surgery. This often results in the patient needing one or more appointment with the GP to discuss and make the necessary changes. If the practice were to cease registrations for a period this would free up both administration and clinical time to devote to our current workforce issues.

Level of A&E Attendances

Practice Name	Rate per 1,000 2017/18	Rate per 1,000 2018/19
Hull Health Forward	144.83	147.91
Wolseley Medical Centre	156.90	163.88
Practice A	151.99	149.51
Practice B	240.50	258.44
Practice C	140.38	130.99
Practice D	159.27	157.99
Practice E	126.58	120.64
Practice F	157.77	157.42
Practice G	188.98	205.00
Practice H	150.67	141.04
Practice I	106.35	136.83
Practice J	112.22	136.18
Practice K	58.94	59.90
Practice L	90.41	105.12

3.2 Updates

3.2.1 Modality Hull reconfiguration

Following the Primary Care Commissioning Committee approval of the engagement plan proposed by Modality Hull in relation to services delivered by three of their practices in the west of the city papers were taken to the Hull City Council Health & Wellbeing Overview and Scrutiny Commission and North Area Committee in November. A GP from Modality Hull Division attended both meetings along with the CCG Associate Director of Communications and Engagement and Strategic Lead - Primary Care. The Modality Hull patient engagement exercise in relation to the proposed changes commenced in early December.

3.2.2 New primary care facility in west Hull

The Project Initiation Document (PID) for the new primary care facility in west Hull has received NHS England regional support. Further consideration is being given to whether Estates and Technology Transformation Fund (ETTF) capital will be available to support the scheme. A meeting was held in early November with NHS England Project Appraisal Unit (PAU) where comments were received regarding some of the capacity modelling work and the options appraisal. Work is continuing involving the relevant CCG practices, the CCG, Citycare and others to address these issues and develop the Stage 1 business case.

4 RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

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