

**Item: 4.1**

Item 4.1

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	22 <sup>nd</sup> November 2019
<b>Title of Report:</b>	Strategic Commissioning Plan for Primary Care & Primary Care Update
<b>Presented by:</b>	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS England Nikki Dunlop, Head of Commissioning – Integrated Delivery, NHS Hull CCG
<b>Author:</b>	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Nikki Dunlop, Head of Commissioning – Integrated Delivery, 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 in relation to the contract changes:

- Make a decision in relation to revised list closure application from Kingston Health (Hull)
- Make a decision in relation to the list closure application from Dr Cook

**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)

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)

	<b>Tick relevant box</b>
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 primary medical care matters including contract issues within Hull

## 2. BACKGROUND

Not applicable

## 3. CONTRACT CHANGES

3.1 There are the following contract changes to report:

Practice	Contract Change	Action
Kingston Health B81011	Closed List Application (see action plan)	For a decision
Dr Cook B81xxx	Closed List Application (see report including action plan)	For a decision

### 3.2 Kingston Health Closed List Application (Appendix A – action plan)

Kingston Health (Hull) applied to close their practice list for a period of 12months. The initial application was discussed at PCCC on 25<sup>th</sup> October 2019. The outcome of this discussion was to request an action plan from the practice and an email was sent asking for this information along with an offer of a visit to work through this to include the CCG, NHS England and the LMC. An example action plan was included in this email as a guide for the practice.

Due to annual leave, an updated action plan was submitted to be considered at the PCCC meeting on 22<sup>nd</sup> November 2019.

PCCC are asked to make a decision in relation to the revised application which now includes an action plan

1. Decline the application
2. Support the application
3. Support the application for a reduced period of time

### 3.3 Dr Cook Closed List Application (Appendix B – report)

Please see report

## 4 RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee in relation to the contract changes:

- Make a decision in relation to revised list closure application from Kingston Health (Hull)
- Make a decision in relation to the list closure application from Dr Cook

## Appendix A – action plan – Kingston Health (Hull)

Issue/Risk	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
<p>GP Partner possibly retiring approx. 2.5 FTE GP's for 9600 patients.</p> <p>Despite numerous attempts the practice is experiencing difficulties in recruiting clinicians, we have the possible retirement to consider as well as a full time use vacancy to fill as at November 2019.</p> <p>Our inability to recruit has a huge impact on availability for patients as well as completion of other third party works such as clinical improvement, MDT's.</p>	<p>The practice has had near on permanent vacancies listed on NHS Jobs for both salaried and partner GP vacancies.</p> <p>We are also running an advert for a Practice Nurse, we have had interest but no uptake on job offers as yet.</p> <p>The practice will explore recruiting other health care professionals and utilising any workforce available from the grouping, we have recently been advised we have 8 hours of pharmacist support per week from the grouping and intend to utilise this time to begin Electronic Repeat Dispensing</p> <p>Explore further support from practices within the grouping</p>	Partners, Practice and Business Manager.	Ongoing	<p>Job advertisements edited to note flexibility.</p> <p>Nursing vacancy salary added to Band 6 to attract applicants.</p> <p>Secured pharmacist clinical support from within the Grouping due to begin w/c 18/11/2019</p>	<p>To secure permanent workforce within the practice which will provide resilience and sustainability going forward</p> <p>To ensure we utilise all options to reduce administrative burdens on the practice. We hope that moving suitable patients on to ERD we can reduce clinical time generating and signing thousands of stable monthly prescriptions.</p>
Practice Pharmacist providing basic consultation and clinical services	To develop clinical governance and standard operating procedures in writing which increase the scope for the practice pharmacist to allow him to see and treat a larger variety of clinical cases via face to face and telephone; also consider online consultation	Dr Pannuri	February – May 2020  February 2020	Pharmacist has been with the practice for the last 2 years working toward a clinical masters degree in Bradford which is due to complete shortly. Alongside we have been supervising and	Pharmacist able to offer more face to face and telephone consultations to reduce burden on GP's. Chronic disease management clinics to follow once general consult training complete.

	dependant on governance.			offering clinical support throughout that time and are now focusing on one to one training/supervision (with GP) on common ailments and presentations, we expect this will take 3-6 months.	
Increased workload - document management	<p>Implement document management process within the practice team:</p> <ul style="list-style-type: none"> <li>To develop practice protocols and standard operating procedures</li> <li>To implement the written protocols and SOPs within the administration/reception team to utilise their skills to reduce admin burden on clinical team.</li> </ul> <p>To train the F2 trainees in document management and practice nurse(s) in reading and filing blood results</p> <p>To investigate the use of technology to streamline dictation of referrals (an app that converts speech to text) which</p>	Business Manager/Partners		Action Complete - All correspondence now runs through the established document handling protocol which has been audited for safety and quality and is running well at present.	<p>Reduction of the administration workload on GPs enabling time to be utilised for clinical care which cannot be signposted elsewhere.</p> <p>Secretarial time released to address the increasing amount of patient related correspondence coming into the practice</p> <p>Upskilling members of the practice team from reception to secretarial.</p> <p>Increased use of available technology wherever possible to streamline process within the practice.</p>

<p>Registrations of whole list at St Andrews Court Care Facility, Wheeler Street.</p>	<p>Discuss with St Andrews Court and the CCG, the implications for them on the practice list being closed and other options as discussed to the right. The practice would struggle to cope with any increase in clinical workload should we be required to take the entire population of the new complex care home across the road. Planning and clear guidance may assist the home and residents and practice.</p>	<p>Practice Manager/ CCG?</p>	<p>December 2019</p>	<p>Home Manager made aware verbally of our request to close lists however list is not currently closed and registrations and requests for home visiting have already been received by the practice. Will inform in writing once further information is available. Can CCG supply a list of practice with open lists within area?</p>	<p>If the home/residents could be advised of all GP registration options and therefore some may choose to register at other local practices which would reduce the burden on one practice taking all patients.</p>
<p>Recruit New Experienced Practice Manager to provide additional management hours</p>	<p>An increase in management hours is required to assist the practice going forward. The additional workload generated from PCN and GPFV works will require more managerial time.</p>	<p>Partners/Busi ness Manager</p>	<p>September 2019</p>	<p>Action Complete – New manager in post and training at present.</p>	<p>Additional management hours will allow us to engage with the PCN and attend meetings as needed as well as assistance with new policies, clinical governance and recruitment. This also allows for contingency and future proofing within the management team.</p>
<p>Instigate twice monthly clinical/partnership meetings</p>	<p>Due to the rapid changes within primary care and the need for regular MDT and clinical staff support we intend to double the monthly number of clinical MDT meets to ensure we meet every 2 weeks. This will mean we are able to react quickly and prepare in good time for any changes to workload it will also offer the clinical staff a chance to</p>	<p>Partners</p>	<p>Complete – October 2019</p>	<p>Action complete, bi-monthly meetings agreed and in place.</p>	<p>To allow us to ensure we can communicate and drive change through regular meetings. Roll out of new or changed services, products and technology, clinical alerts, guidance changes, quality improvement works, PCN news, strategy and business planning.</p>

	catch up and support one another.				
Reduce DNA DNA was having a significant impact on access with around 500 DNA's per quarter in 2015.	Reduce DNA to free up clinical appointments for use. Put in place robust management of DNA with clear protocol.	Business Manager	Complete – Ongoing	Protocol in place, audit shows a reduction of almost 26% in total DNA over a two year period. This has released hundreds of appointments for patient use and is still in place.	To release unutilised clinical appointments increasing capacity and access for patients.
Utilisation of International GP recruitment Scheme	Continue to engage with IGP scheme to try to attract an international GP to the practice	Practice Manager	Ongoing – Applied for acceptance on to project list, authored and sent practice information to project co-ordinator.	Await further contact and next steps from project co-ordinator. Last updated October 2019	To increase clinical capacity.

## **Appendix B – report and action plan – Dr Cook**

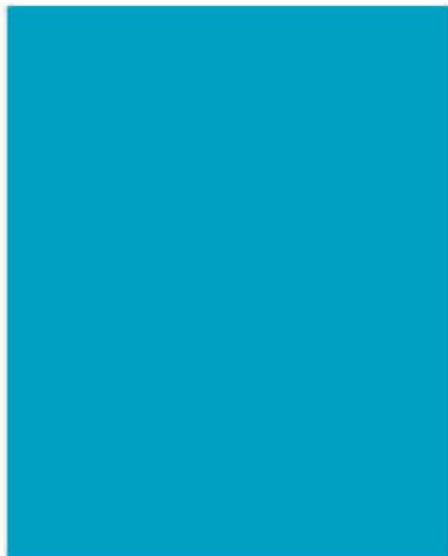


## Introduction



Application for  
temporary List  
Closure –

**Dr B F Cook**



Dr B F Cook's practice (Practice Code – B81095) has applied to temporarily close its list for a period of 12 months. The practice is located at the following address:

Field View Surgery  
 840 Beverley Road  
 Hull  
 HU6 7HP

The practice is made up of the following GPs and Health Care Professionals:

Health Care Professional	Total Number employed	WTE
GPs	1	1.12
Practice Based Pharmacists		
Advanced Care Practitioners		
Physicians Associates		
Practice Nurses	1	0.96
Health Care Assistants	1	0.75
Other: (2 locums am and pm – 1 full day)	1	0.27

The table below confirms the list size over the past 12 months:

Quarter 0 30/9/18	Quarter 1 31/12/18	Quarter 2 31/3/19	Quarter 3 30/6/19	Quarter 4 30/9/19	Total movement during year	% increase during year
3564	3576	3778	3824	4071	+507	+14.2%

### Regulations / Policy

The practice contract and GMS/PMS regulations allows for a contractor to apply to NHS England to close its list.

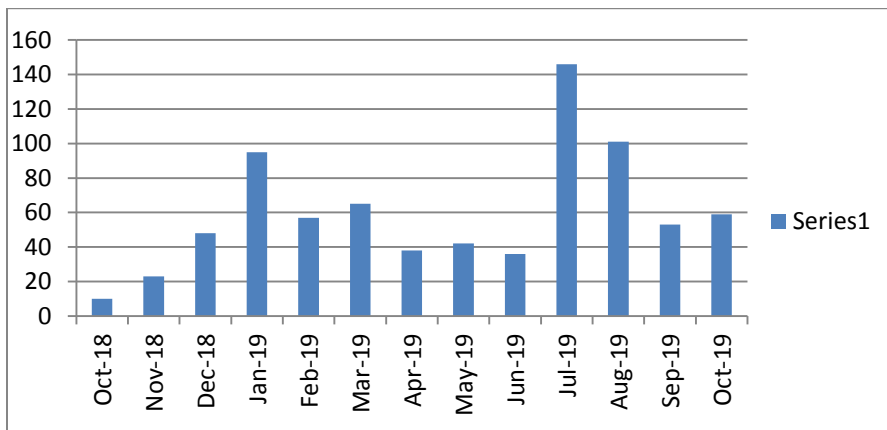
The Policy Book for Primary Medical Services – Chapter 9 – Managing Patient Lists sets out the requirements to manage the applications

### Practice application

The practice's application included the following information:

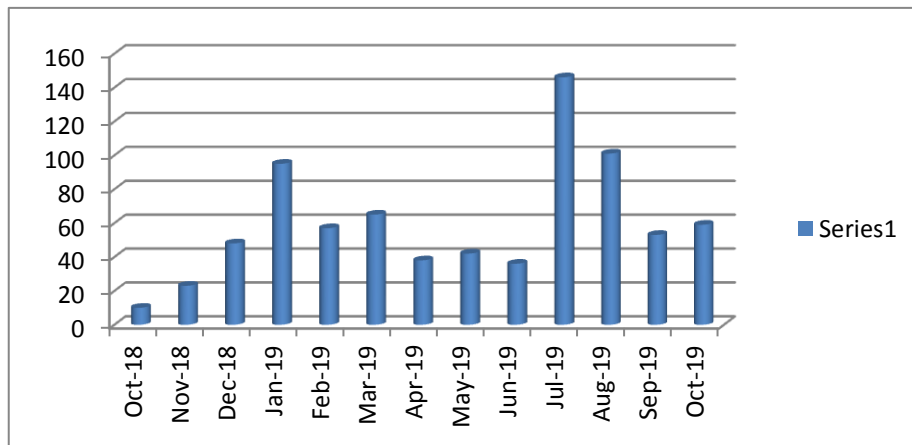
#### Main reason(s) for application

The increase of our practice list size; we have increased from 3546 (3.12.2018) to 4115 (5.11.19) due to the relocation of a neighbouring practice. The graph below outlines the number of registered patients per month. We noticed the increase started in December 2018 when, we believe, a text/letter was sent to all the neighbouring practices patients asking for opinions on their relocation. This caused upset with their patients and you can see from audit the influx started from December 2018.



Below you will see the number of patients registered monthly and how it has increased since October 2018.

Month	No of newly registered patients	
Oct-18	10	
Nov-18	23	
Dec-18	48	letter/text to patients re: opinion on closing
Jan-19	95	
Feb-19	57	
Mar-19	65	
Apr-19	38	
May-19	42	
Jun-19	36	
Jul-19	146	
Aug-19	101	texts out to patients re: change of practice
Sep-19	53	
Oct-19	59	



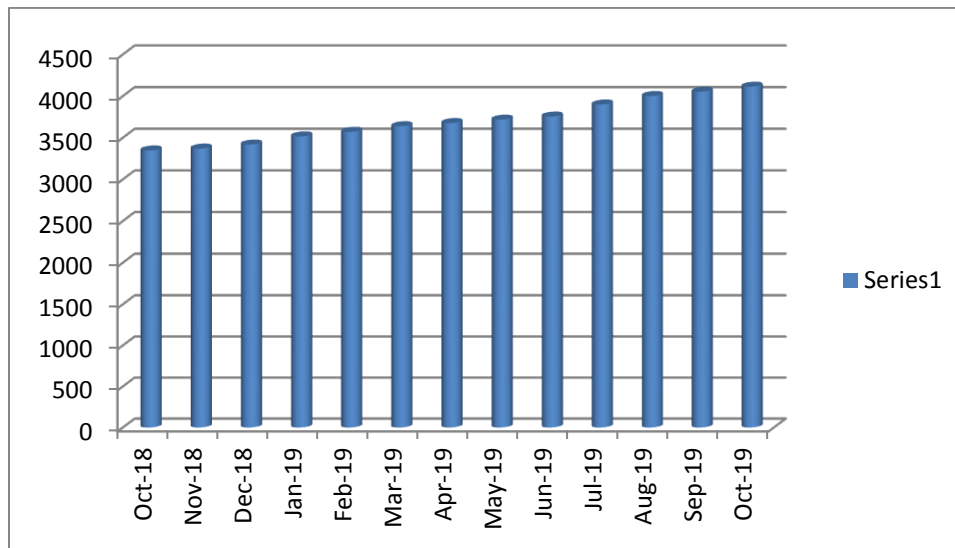
See **Appendix A** – outlining the age groups per monthly capitation increase. The increase has been more of an influx of frail, multi-comorbidity, elderly patients, poly pharmacy and unusual combinations of drugs thus creating a larger increase in workload than numbers suggest.

See **Appendix B** - appointments booked within 1 month of new patient registering.

As you will see the GP appointments are in double figures, creating more work, in addition to his already increasing workload with existing patients, for our single-handed GP.

We feel our practice has reached the limit of capitation for the safe and effective care of our patients. The practice understands that a larger capitation increases the practice payment but this does not easily translate to workforce.

The graph below shows the monthly increase over the last year.



- We have always been a high performing practice and we do not want this affected by the increase of patient numbers as it has now started to have an impact on our existing patients. This has recently shown in booking our next available routine appointment as patients are now having to wait up to 2 weeks rather than 3-4 days.
- The Practice have utilised Locum GPs over 3 consecutive Mondays in October, to try and alleviate the pressures and reduce the workload and backlog. This helped the practice deal with the pressure of incoming requested routine appointments, but only for a short period of time. This cost the practice £800 in locum fees.

**Options the practice has considered, rejected or implemented in an attempt to relieve the difficulties:**

- We have advertised for a salaried GP via NHS jobs website and Indeed job search engine. This was advertised end of May 2019 and up to now we have had no interest. The advert does not have a closing date.

- Evidence of this below:



**FIELD VIEW  
SURGERY**

--- NHS **DR B F COOK**  
**840 BEVERLEY HIGH ROAD**  
**HULL**  
**HU6 7HP**

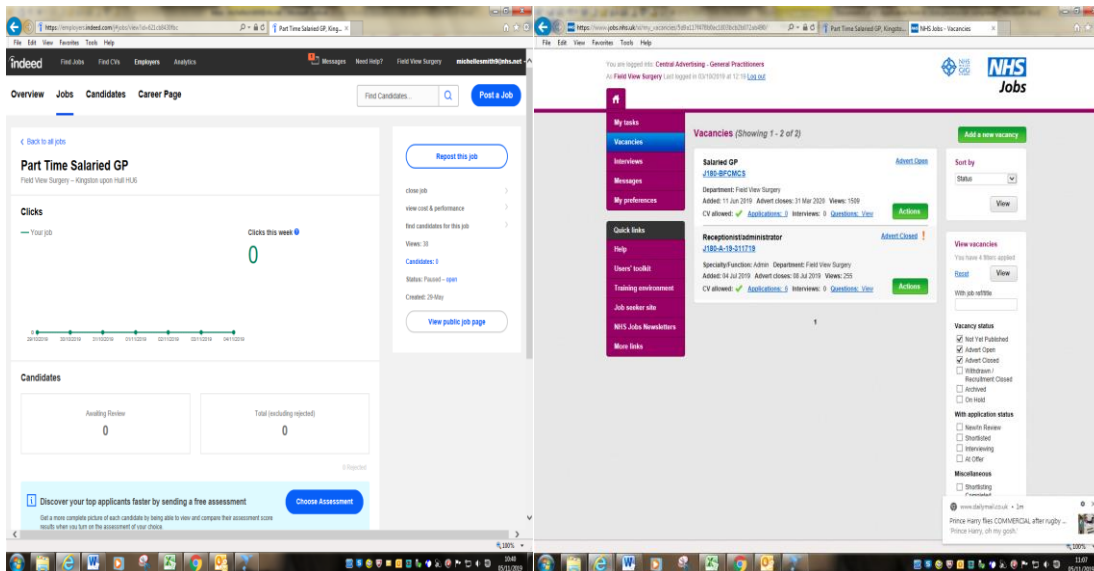
**WANTED  
PART-TIME  
SALARIED GP  
5 Sessions Per week**

We are a small, friendly, family orientated GMS practice located close to Beverley and the beautiful Yorkshire Wolds and Coastline.

Due to our increasing list size we are now looking for the right person to join our team and we are willing to wait for the right candidate.

We are a SystemOne practice and our list size is currently 4090. We hit full QOF points every year. We were rated Hull's top GP Practice for patient satisfaction in 2018 and have a 5 star rating on NHS choices; we also have a GOOD CQC rating.

This position would suit a part-time or portfolio GP, 6 weeks annual leave entitlement (pro-rata) and 1 week study leave (pro-rata). We also have a visiting service attached to the practice and we have no out of hour's commitment.



- An email with our advert was also sent out (twice) to all Practice Managers and GPs across Hull and East Yorkshire.
- It has also been emailed to Hull University Teaching Hospital's Medical Education department to be cascaded to all the upcoming newly qualified GP's.

All email evidence available if needed.

- We were without a Practice Nurse for around 5-6 weeks during the summer period - End July until first week in September. This put increasing pressure on the GP for the following, as we had no other available clinician to undertake: B12's, Depo-Provera's, contraception pill reviews, Coil fits, dressings, zoladex injections and etc.
- We have also increased our use of locums over the last 6 months, which is not ideal due to the lack of continuity and styles of working. The practice staff have noticed the increase of pressure on everyone, including the GP, for which we have had to increase our locum usage to one full day, instead of our routinely half day per week allowing relief cover for our single handed GP.
- On discovering our increase of list size/work load, we initially asked the CCG for help with our workforce issue and this was signposted back to us by asking us to involve our PCN. The practice has asked the CCG if they have any opportunities/funding that may help the practice with our staff/workforce shortage. They mentioned that there is some admin training in the pipeline and this will be sent out in due course. This will be inputted in our action plan.
- We contacted our PCN who responded with having their own difficulties with the lack of workforce. Our allocated pharmacist time has now been confirmed as 3.29hrs per week. We are in discussions to organise this to start ASAP. Before this they have been completing opiate reviews/audits for the practice and they will also be implementing training on care navigation to improve our existing staff in sign posting patients.

- We have discussed the option of recruiting a nurse practitioner; however we feel this would not be the ideal choice for us as we have worked hard in educating our patients to self-manage their minor ailments, and our new practice nurse is very good and proactive in managing her clinics

### **Patient engagement**

- No patient engagement has taken place but we have had a lot of verbal feedback from existing patients and even from newly registered patients asking how a single handed GP can handle the influx of new patients as well as managing his existing list size.
- Many have commented on the length of wait for a routine appointment and have stated that we should not be allowed to carry on accepting new patients if we cannot offer them appointments in a timely manner.
- The practice is in the middle of setting up a new PPG group and this will be on the agenda for discussion.

### **Discussions with other local contractors**

- Not regards to maintaining list size only brief contact with CCG and PCN regarding workforce.

### **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)**

- After recent practice discussions we would like closure period of 12months, this will hopefully give us enough time to get on top of the new patients. We believe 12months will give us plenty of time to put our action plan into place, addressing the issues underlined throughout this application.
- At the moment we have a back log of patients to register and summarise due to the large influx of new registrations; this closure will help all staff, admin and clinicians to concentrate on the current capitation of patient's health and needs. This will also help us continue to work on getting our next routine available appointment back to 3-4days.



**What reasonable support could be given by the Commissioner to enable the practice to remain open?**

- The help and support to enlist a part-time salaried GP.

**Practice plans to alleviate the difficulties the practice is currently experiencing (see also Appendix C for action plan)**

- The recruitment of a salaried GP, which has been advertised again and emailed out to all Practice managers and GP's across Hull and East Yorkshire. It has also been emailed to Hull University Teaching Hospital's Medical Education department to be cascaded to all the upcoming newly qualified GP's.
- We are also educating ourselves on the Tier 2 sponsorship to see if this is something we can accommodate within our practice.
- The PM has a meeting with the IGP Lead for Humber Coast and Vale to look at the possibility of International recruitment due to our ongoing part time salaried GP vacancy.
- Our new nurse is not trained in LARC therefore we are looking into course for her to attend after the Christmas period. Currently Dr Cook has them booked in with him at a 30minute appointment as well as a 10 minutes chaperone appointment from the nurse/healthcare assistant. Once our nurse is fully competent this will release 3 x 10min GP appointments plus 1x PN/HCA appointment.
- Our new nurse is also booked on a vaginal prolapse training beginning December, for insertion of pessaries. Currently she is not trained thus meaning they are currently being booked in with Dr Cook and a chaperone – 20mins. This again will free up 2 x 10min appointments with the GP.
- Our Practice Nurse has also shown an interest in nurse prescribing, so this is something we will be looking at in the future once we have the above completed.
- The practice discussed the continuation of the minor surgery enhanced service and we agreed this is something we no longer feel we can provide. So as from 1<sup>st</sup> October 2019 we no longer are signed up for this enhanced service. This creating an extra GP clinic of 8-10 appointments per week and an extra Practice nurse clinic of 10 appointments per week from November 2019.
- The practice is in the middle of an admin/reception restructure, changing our

telephone messages and allowing patients to order prescriptions over the telephone within a certain time frame. All admin staff will be receiving training on care navigation for triaging, and the admin team rota will change to suit flexibility and work flow management.

- Our new extended hour's starts beginning of November. We will have an extra 1hour and 45mins of clinical time per week for our Practice nurse, GP and Healthcare assistant, giving us a total of 8 extra clinical appointments per week.

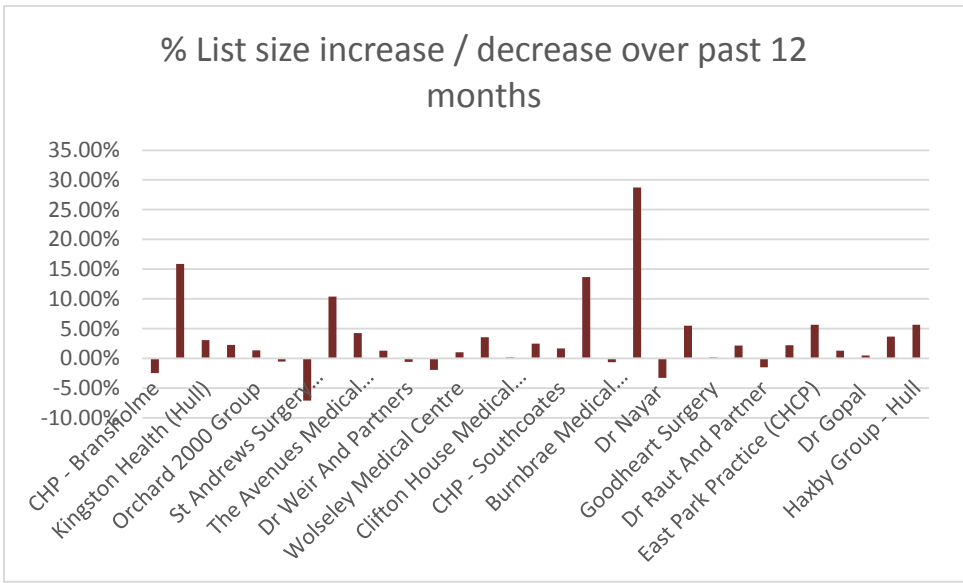
**Any further information presented by the practice**

- Dr Cook and I feel that the current situation is unsustainable; We would appreciate if you give our request to close the practice list size for 12months serious consideration. We feel the practice now needs breathing space and time to re-group and play catch up

## List Sizes

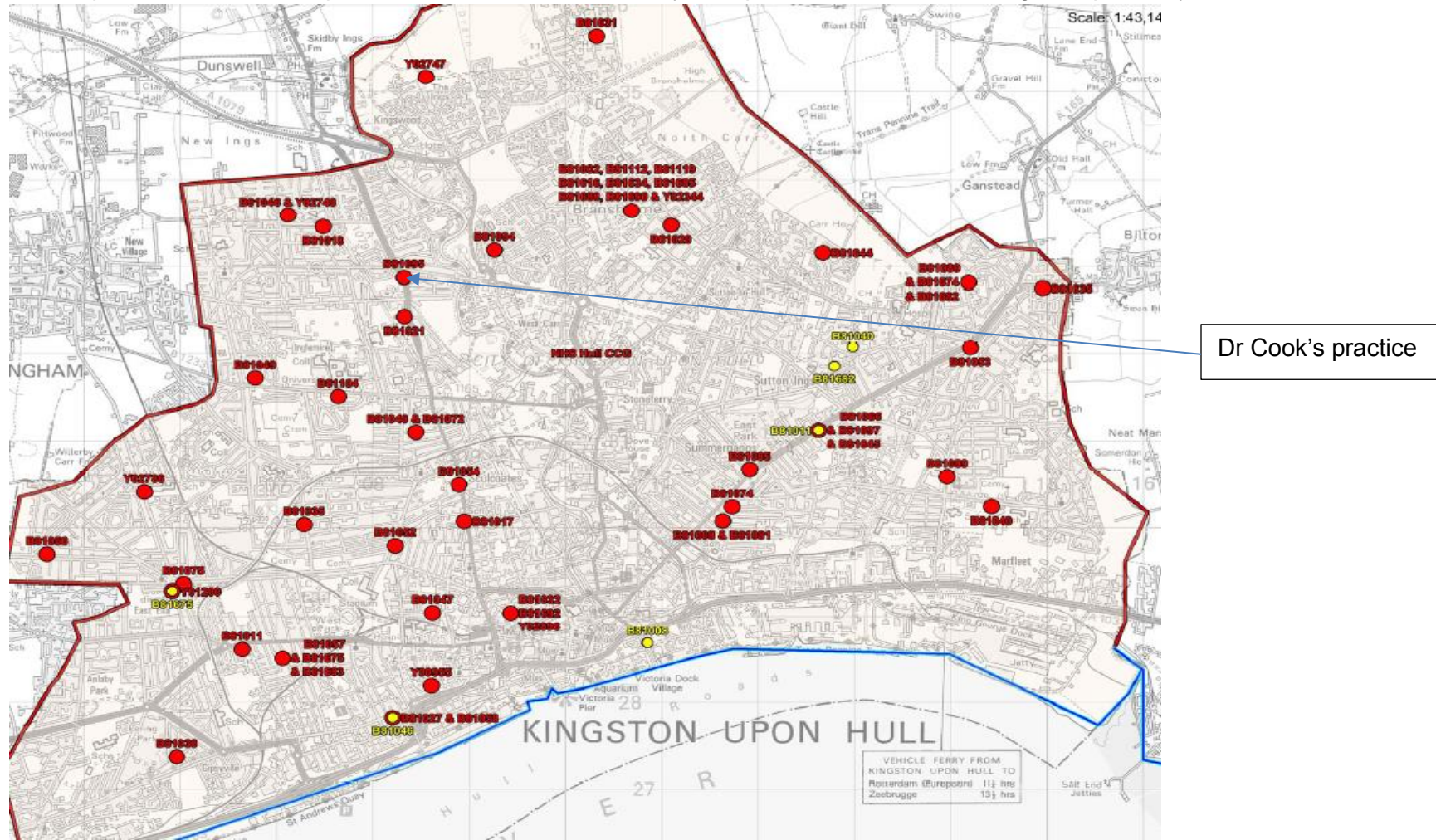
The following table and graph demonstrate the changes in list sizes over the past year for the neighbouring practices:

PRACTICE CODE	PRACTICE NAME	% List size increase / decrease over past 12 months	Open / Closed
B81002	CHP - Bransholme	-2.47%	Open
B81008	East Hull Family Practice	15.87%	Open
B81011	Kingston Health (Hull)	3.03%	Pending
B81017	Kingston Medical Group	2.23%	Open
B81018	Orchard 2000 Group	1.32%	Open
B81020	Sutton Manor Surgery	-0.57%	Open
B81027	St Andrews Surgery Elliott Chappell	-7.11%	Open
B81032	Wilberforce Surgery	10.36%	Open
B81035	The Avenues Medical Centre	4.23%	Open
B81038	The Oaks Medical Centre	1.30%	Open
B81040	Dr Weir and Partners	-0.58%	Open
B81046	The Bridge Group Practice	-1.93%	Open
B81047	Wolseley Medical Centre	1.02%	Open
B81048	Modality Partnership (Hull)	296.77%	Open
B81052	Princes Medical Centre	3.52%	Open
B81054	Clifton House Medical Centre	0.13%	Open
B81058	Sydenham Group Practice	2.45%	Open
B81074	CHP - Southcoates	1.67%	Open
B81075	Hastings Medical Centre	13.65%	Open
B81085	Burnbrae Medical Practice	-0.68%	Open
B81097	Delta Health Care Surgery	28.73%	Open
B81104	Dr Nayar	-3.31%	Open
B81112	James Alexander Practice	5.45%	Open
B81119	Goodheart Surgery	0.17%	Open
B81616	Dr Hendow	2.16%	Open
B81631	Dr Raut and Partner	-1.50%	Open
B81635	Laurbel Surgery	2.20%	Open
B81645	East Park Practice (CHCP)	5.64%	Open
B81675	Newington Health Care Centre (Haxby)	1.28%	Open
B81688	Dr Gopal	0.45%	Open
Y02344	Northpoint Medical Practice (Humber)	3.65%	Open
Y02747	Haxby Group - Hull	5.61%	Open



[Chart excludes Modality]

The map below identifies the practices within the local area, by their practice code, establishing their proximity:



### Comments received following the consultation:

In line with NHS England's "Managing Closed lists" policy, practices within the Hull CCG area and the LMC Group have been consulted. The following comment was received:

Organisation	Comments received
LMC	The LMC supports this application for list closure to new registrations as outlined in the practice application. The LMC will provide further comment during the discussions at the Primary Care Commissioning Committee meeting.

In April 2017 the practice submitted an application to close their list. Representatives from NHS England and Hull CCG met with the practice to discuss alternatives to closing their list. Following this visit, the practice withdrew their application and submitted an application to reduce their boundary instead as a way of managing new patient registrations. This boundary change was submitted to the Primary Care Commissioning Committee for information. In February 2019, due to an influx of patients requesting registration following the announcement of Faith House Surgery relocating, the practice submitted an application to extend their boundary. This was considered by committee members at the February 2019 Primary Care Commissioning Committee. The application was not approved. In October of this year, the practice submitted a further application to close their practice list. Upon receipt of the application a visit was undertaken with the practice. In attendance were:

Dr Dan Roper - Clinical Chair Hull CCG  
Hayley Patterson - Primary Care Contracts Manager, NHS England  
Nikki Dunlop - Head of Commissioning - Integrated Delivery, Hull CCG  
Dr Brian Cook, GP, Fieldview Surgery  
Michelle Smith, Practice Manager, Field View Surgery

### Summary of practice discussion to be considered by the Committee

A meeting took place with the practice in relation to their current situation. The practice would like to apply to close their list for 12months due to:

- Workload pressures as a result of an influx of new patients due to the relocation of Faith House
- Recruitment difficulties

### Workload pressures as a result of an influx of patients

The practice is currently working with 1.12WTE GPs, 0.09WTE Clinical Pharmacist (3.29hrs per week), 0.96WTE Practice Nurses and 0.75WTE Health Care Assistants, 0.27WTE locum with a list size (as at 5<sup>th</sup> Nov 2019) of 4115. This is an increase from 3546 (as at 3<sup>rd</sup> Nov 2018) and is due to the relocation of a neighbouring practice.

The patients that are registering with the practice are those who are frail and elderly, who have multi co-morbidities, are poly pharmacy and on unusual combinations of drugs and are therefore creating a larger increase in workload than numbers suggest. Due to the location of the practice, an increased number

of foreign students have also registered with the practice which has resulted in an increased use of interpreters.

### **Recruitment Difficulties**

The practice has advertised for a salaried GP via NHS jobs website and Indeed job search engine. This was first published at the end of May 2019 with no closing date. To date there has been no interest.

The practice was without a nurse for a number of weeks but has recently recruited a new nurse who will relieve some of the pressure on Dr Cook. The intention is for the new nurse to undertake specific training to support the practice and is looking in the future to undertake prescribing training which will further support the practice. The nurse is also providing mentoring to the Health Care Assistant and Phlebotomist and is taking the lead on Diabetes and Respiratory conditions within the practice.

The practice has expressed an interest in the International GP Recruitment scheme and are meeting with the Programme Support over the coming weeks. We discussed how their PCN or another PCN could support them with this.

We discussed the use of other roles within the practice i.e. Advanced Nurse Practitioner. Whilst the practice agreed that this could be an option, this does not negate the need for another GP within the practice.

### **Other factors**

There has been an increase in the feedback from patients in relation to the waiting time to the next routine appointment which is now up to 2 weeks rather than the usual 3-4 days.

In terms of working with the PCN, this is in its early stages and discussions are ongoing in relation to the support it can provide to the practice e.g. Clinical Pharmacist support. The practice is using the PCN visiting service for home visits.

The practice would utilise the time to:

- Consolidate new team members
- Implement a new administration structure
- Catch up on note summarisation
- Undertake the backlog of new patient checks for new registrations
- Publish updated communications to patients to introduce the new structure and new team members to the patients

The Committee will need to consider the impact this closure would have on neighbouring practices and whether or not it would be reasonable to agree to a shorter closure period with a review during this period to consider the impact the closure is having.

**Recommendation**

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report
- Make a decision in relation to the closed list application from Dr Cook

4. Decline the application
5. Support the application for the requested period of 12months with a review at 4 & 8 months
6. Support the application for a reduced period of time with regular reviews

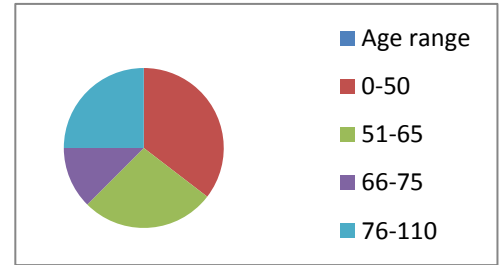
Hayley Patterson, 13<sup>th</sup> November 2019



**APPENDIX A**

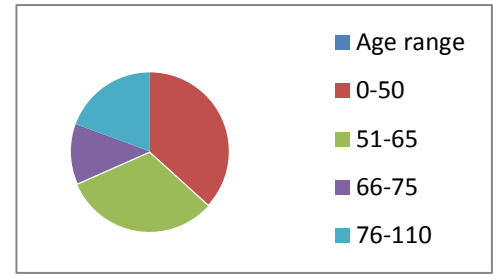
**Breakdown NP registered by age group - Dec 18**

Age range	Patient Count
0-50	17
51-65	13
66-75	6
76-110	12



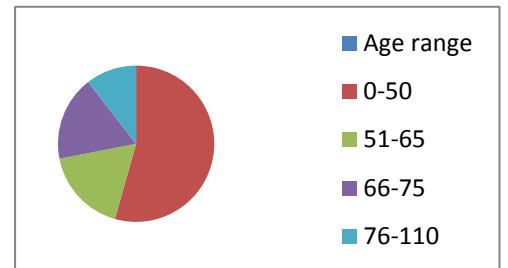
**Breakdown NP registered by age group - Jan 19**

Age range	Patient Count
0-50	36
51-65	31
66-75	12
76-110	19



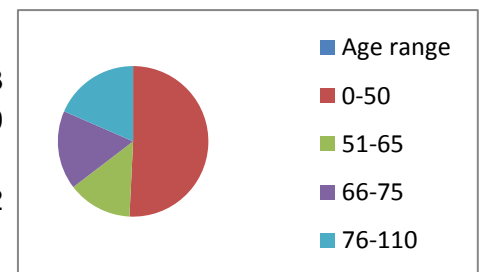
**Breakdown NP registered by age group - Feb 19**

Age range	Patient Count
0-50	31
51-65	10
66-75	10
76-110	6



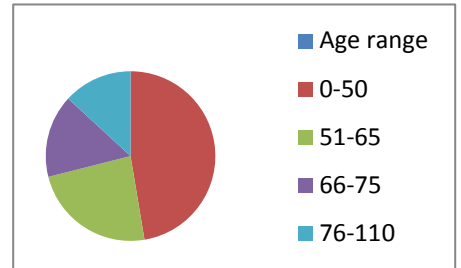
**Breakdown NP registered by age group - mar19**

Age range	Patient Count
0-50	33
51-65	9
66-75	11
76-110	12



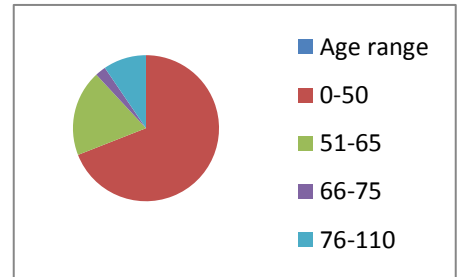
**Breakdown NP registered by age group - apr 19**

Age range	Patient Count
0-50	18
51-65	9
66-75	6
76-110	5



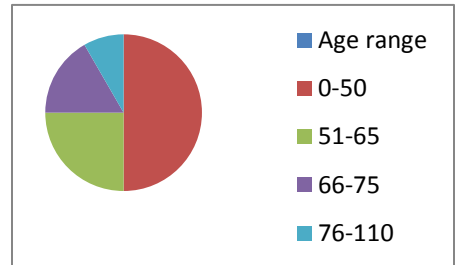
**Breakdown NP registered by age group - may 19**

Age range	Patient Count
0-50	29
51-65	8
66-75	1
76-110	4



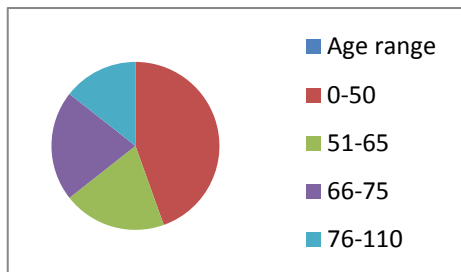
**Breakdown NP registered by age group - june 19**

Age range	Patient Count
0-50	18
51-65	9
66-75	6
76-110	3



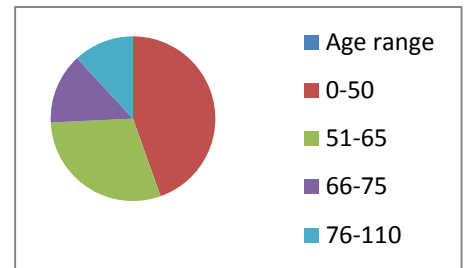
**Breakdown NP registered by age group - jul 19**

Age range	Patient Count
0-50	65
51-65	29
66-75	31
76-110	21



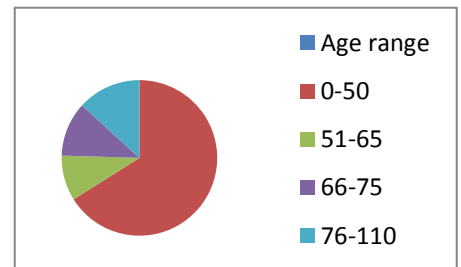
**Breakdown NP registered by age group - aug 19**

Age range	Patient Count
0-50	45
51-65	30
66-75	14
76-110	12



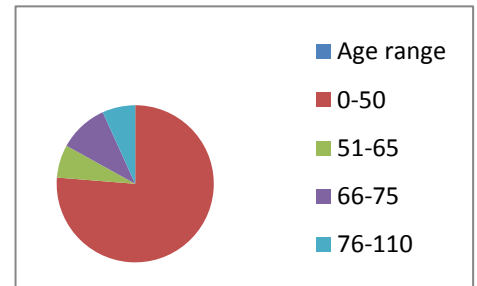
**Breakdown NP registered by age group - sept 19**

Age range	Patient Count
0-50	35
51-65	5
66-75	6
76-110	7



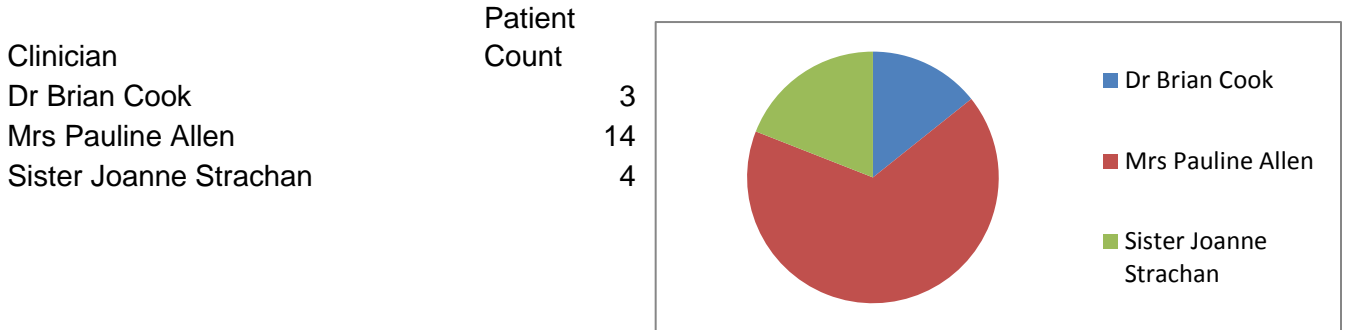
**Breakdown NP registered by age group - oct 19**

Age range	Patient Count
0-50	45
51-65	4
66-75	6
76-110	4

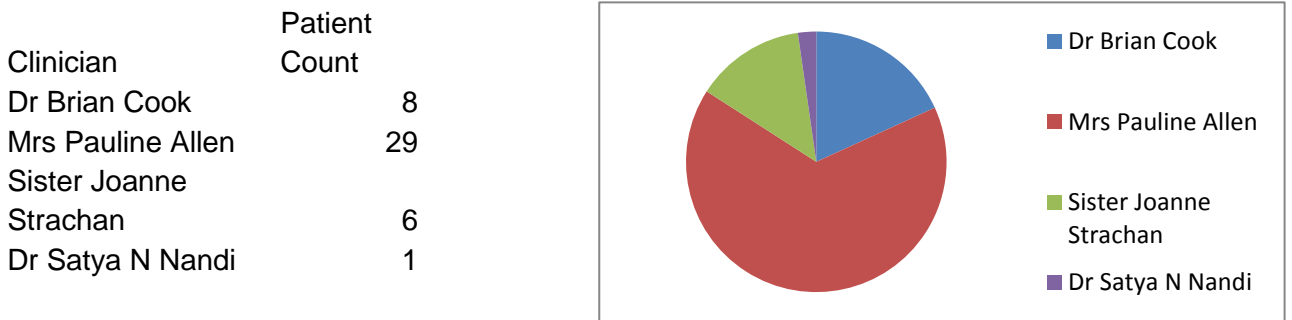


**APPENDIX B**

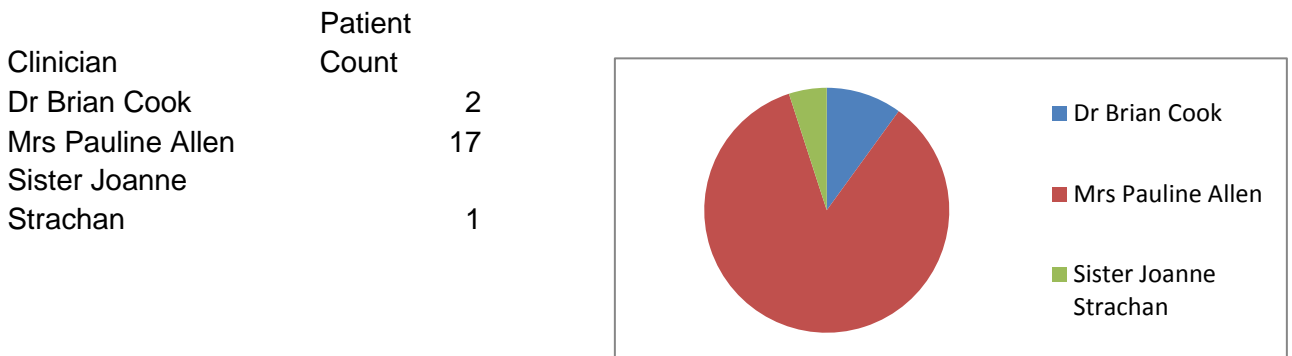
**new patients appointment within 1 month of registering - dec 18**



**new patients appointment within 1 month of registering -Jan 19**

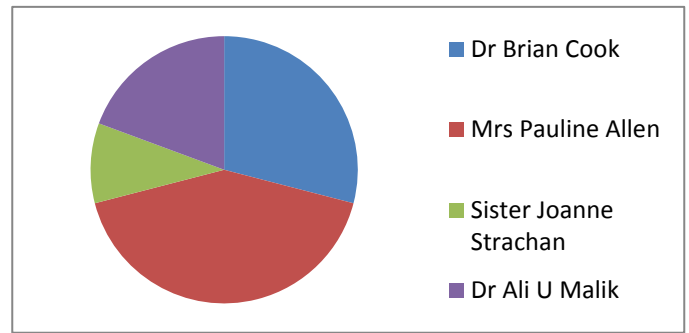


**new patients appointment within 1 month of registering -Feb 19**



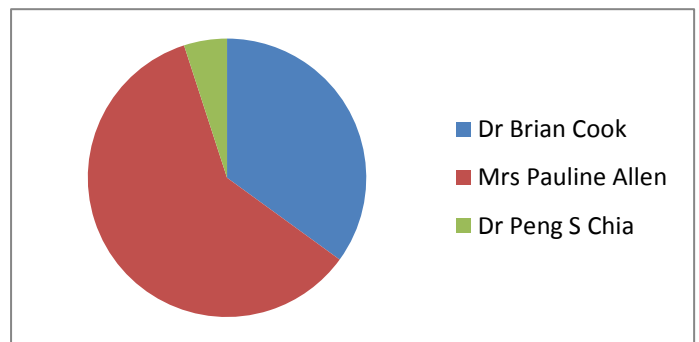
**new patients appointment within 1 month of registering - mar 19**

Clinician	Patient Count
Dr Brian Cook	9
Mrs Pauline Allen	13
Sister Joanne Strachan	3
Dr Ali U Malik	6



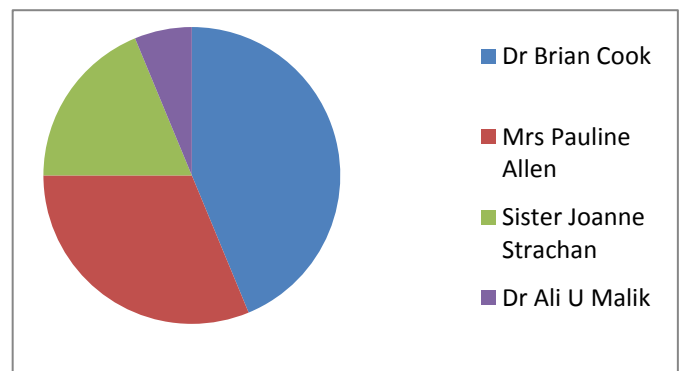
**new patients appointment within 1 month of registering - Apr19**

Clinician	Patient Count
Dr Brian Cook	7
Mrs Pauline Allen	12
Dr Peng S Chia	1



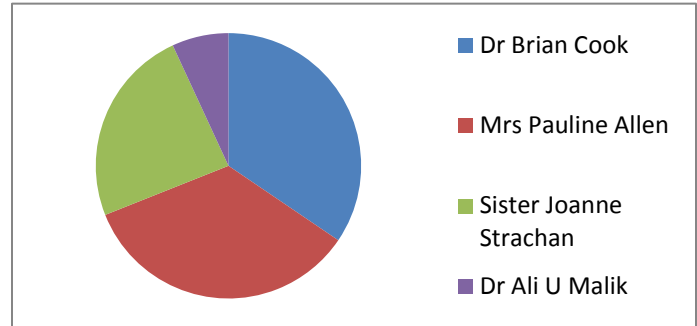
**new patients appointment within 1 month of registering - may 19**

Clinician	Patient Count
Dr Brian Cook	7
Mrs Pauline Allen	5
Sister Joanne Strachan	3
Dr Ali U Malik	1



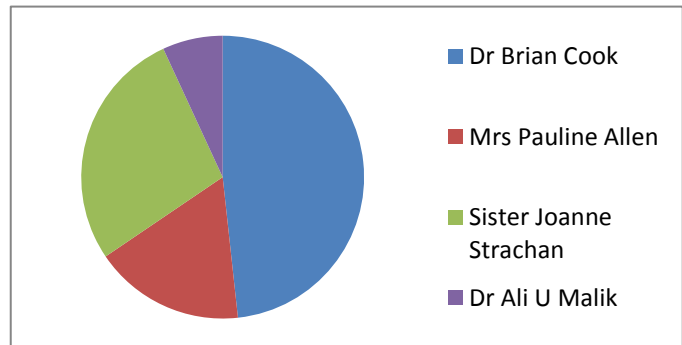
**new patients appointment within 1 month of registering - june19**

Clinician	Patient Count
Dr Brian Cook	10
Mrs Pauline Allen	10
Sister Joanne Strachan	7
Dr Ali U Malik	2



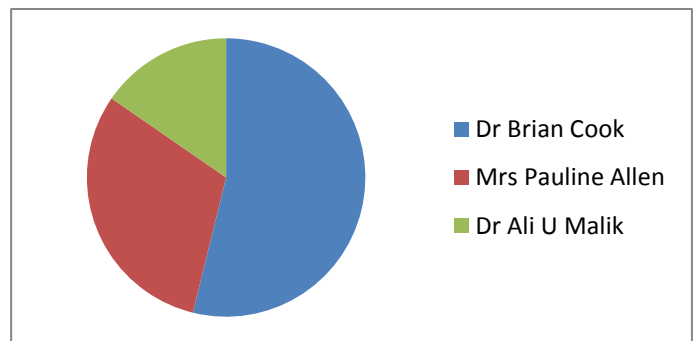
**new patients appointment within 1 month of registering - jul 19**

Clinician	Patient Count
Dr Brian Cook	14
Mrs Pauline Allen	5
Sister Joanne Strachan	8
Dr Ali U Malik	2



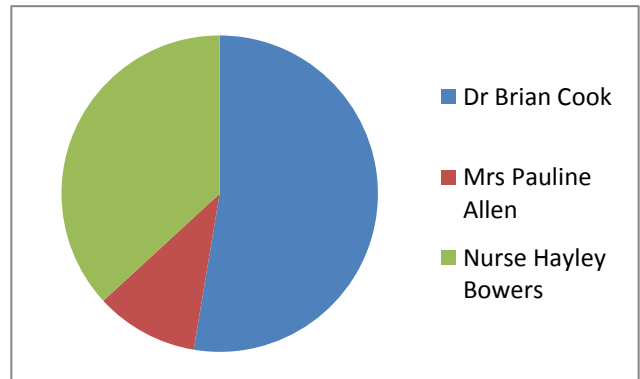
**new patients appointment within 1 month of registering - aug 19**

Clinician	Patient Count
Dr Brian Cook	7
Mrs Pauline Allen	4
Dr Ali U Malik	2



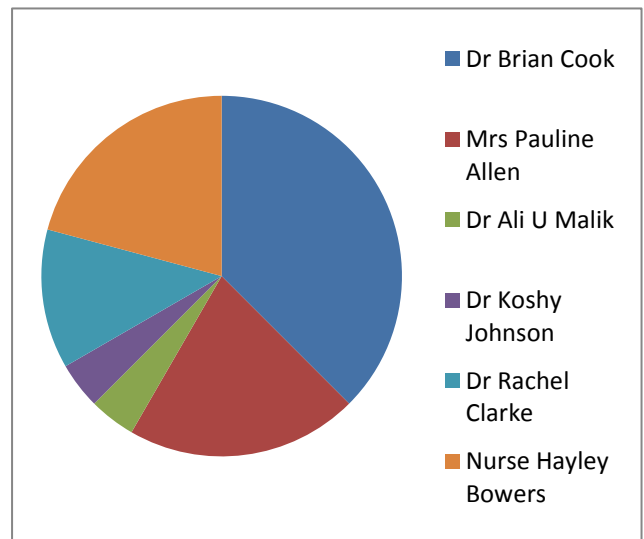
**new patients appointment within 1 month of registering - sept 19**

Clinician	Patient Count
Dr Brian Cook	10
Mrs Pauline Allen	2
Nurse Hayley Bowers	7



**new patients appointment within 1 month of registering - oct 19**

Clinician	Patient Count
Dr Brian Cook	9
Mrs Pauline Allen	5
Dr Ali U Malik	1
Dr Koshy Johnson	1
Dr Rachel Clarke	3
Nurse Hayley Bowers	5



### Appendix C

<b>Issue</b>	<b>Action(s)</b>	<b>Person Responsible</b>	<b>Timescale</b>	<b>Actions to date</b>	<b>Outcome</b>
1 full time GP per full capitation list size – approx. 4115	To continue to search for additional salaried part-time GP via job adverts in NHS Jobs, Indeed job site and emails to external service users.	MS	June 2020	Advert, emails  To resend/update monthly	No current interest in the post to date
Lack of GP's per capitation size – part 2	Speak to lead in international recruitment for further information	MS/BFC	End Nov 2019	Emailed lead and we have telephone discussion in place for 14.11.19	This may help with recruitment of a salaried Part time GP, as they have spent time with us
The practice to invest in recruitment drive for salaried GP via a recruitment agency	Contact Practice managers who have used recruitment agencies and speak to those who have been successful in recruiting with them	MS	January 2020	2 emails sent to local practice who have been successful in recruiting this way  Email sent to all local PM's asking for their experience	No reply as at 11.11.19
Lack of clinical appointments	To introduce our extended access and to release our Minor surgery clinics as we are no longer signed up to the ES.	MS	January 2020	Extended access in place as from wk com 11.11.2019- creating extra Nurse and GP appointments  Minor surgery appointments now released to regular patient appointments again this creating an extra 9-10 appointment per week.	Process in place and extra appointment now available to all patients
Daily increased	Restructure of admin/reception	MS	June 2020	Spoke to KCOM regarding	Upskilling all members



workload	area Re-introduce our document management process	MS/SF/BFC	Sept 2020	putting auto attendant Changing staff admin rota	of the admin team releasing pressure on our receptionists
The practice to introduce new ways of working for admin staff	Care navigation training and admin training for all staff with PCN and CCG	MS	June 2020	<ul style="list-style-type: none"> <li>• Our PCN pharmacist allocation 3.29hr per week and part of this will be used for admin care navigation training</li> <li>• Discussions with CCG regarding upcoming admin training - TBC</li> </ul>	Discussions in process with dates and times  Waiting further information from CCG
Registering of new patients created hundreds of files to be fitted into existing cabinets	Allocation of staff time to re-arrange all existing patient files and new patient files in cabinets	MS/LM and admin team	Sept 2020		All New patient files will be alphabetically arranged in patient cabinets for ease of access.
Registering of new patients creating hundreds of new patient files to be summarised	Allocation of staff time to summarise all new patient files	MS/LM/CN	Sept 2020		All new patient files will hopefully be summarised to date
Practice nurse skills set	To book our new nurse on all the appropriate training sessions	MS/HB	Sept 2020	Booked onto pessary insertion training  Actively looking into LARC training	This will build up her skill set and enhance the practice services we offer

