

## Item: 7.1

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	24 <sup>th</sup> April 2020
<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 E Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
<b>Author:</b>	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E

<b>STATUS OF THE REPORT:</b>			
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 note and approve the updates in relation to the merger of Dr Gopal and Goodheart Surgery

It is recommended that the Primary Care Commissioning Committee make a decision in relation to the list closure extension from Dr Cook

It is recommended that the Primary Care Commissioning Committee note the NHS

England 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.
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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
- Provide national updates around primary medical care

### 2. BACKGROUND

Not applicable

### 3. CONTRACT CHANGES

There are the following contract changes to report:

Practice	Contract Change	Action
Dr Gopal (B81688) and Goodheart Surgery (B81119)  Please see appendix one for merger plan	<p>Application received for Dr Gopal to merge with Goodheart Surgery to facilitate the retirement of Dr Gopal.</p> <p>There is a staged approach to this merger:</p> <p>A contract variation has been drawn up to allow a GP from Goodheart Surgery to go onto the contract of Dr Gopal on 30/3/2020</p> <p>Dr Gopal retired on 31/3/2020</p> <p>On 1/4/20 Dr Gopal's contract will be known as Goodheart Surgery (Dr G)</p> <p>The final stage is for the contracts and clinical system to merge at which point the GMS contract of Dr Gopal will be terminated. The clinical system merge date is yet to be confirmed</p> <p><b>Action: for the PCCC to note the 'for information' stages and approve the final stage of the merger</b></p>	<p>For information</p> <p>For information</p> <p>For information</p> <p>For approval</p>
Dr Cook B81095 Appendix Two	Extension to Closed List Application (see report including action plan)	For a decision

#### 4. NHS ENGLAND UPDATE

##### 4.1 COVID-19

Links below to regular updates provided to primary care and general practice regarding the emerging COVID-19 situation

<https://www.england.nhs.uk/coronavirus/primary-care/>

<https://www.england.nhs.uk/coronavirus/primary-care/general-practice/>

A more detailed paper setting out the local response is included as agenda item 8.3.

##### 4.2 PCN Network DES

Updated Network DES documentation

<https://www.england.nhs.uk/gp/investment/gp-contract/#network-contract-des>

##### 4.3 Online Consulting Update

Hull practices have made good progress with the implementation of online consulting, however, there is still some progress to be made to ensure that the contractual deadline of April 2020 is achieved.

The current position across Hull is detailed below (data as at 16<sup>th</sup> April 2020):

Code	ODS	Practice Name	Engage Consult Checkpoint	EC Live	EC Launch Date	Expected EC Launch Date	Engage Consult Status
B81002		CHP Bransholme		Yes	05/04/2019	N/a	Klinik
B81008		East Hull Family Practice	Launched	Yes	09/03/2020	N/a	Launched
B81011		Kingston Health	Demo Booked	No		10/04/2020	Implementing
B81017		Kingston Medical Group		Yes	30/06/2018	N/a	Klinik Launched
B8101702		The Quays		Yes	30/06/2018	N/a	Klinik Launched
B8101703		Riverside Medical Centre		Yes	30/06/2018	N/a	Klinik Launched
B81018		Orchard 2000	Accel.Imp.	Yes		03/04/2020	Accel. Imp.
B81020		Sutton Manor Surgery	Klinik to be installed	Yes	25/03/2020		Klinik Launched
B81027		St Andrews Group Practice	Implementing	Yes	10/04/2020	10/04/2020	Launched
B81032		Wilberforce Surgery	Accel.Imp.	Yes	25/03/2020	20/03/2020	Accel. Imp.
B81035		The Avenues Medical Centre	Accel.Imp.	Yes	30/03/2020	03/04/2020	Launched
B81038		The Oaks Medical Centre	Launched	Yes	02/03/2020	N/a	Launched

B81040	Marfleet Group Practice	Launched	Yes	17/03/2020	N/a	Implementing
B81046	The Bridge Group Practice	Klinik to be installed	Yes		02/04/2020	Klinik
B81047	Wolseley Medical Centre	Launch Meeting Complete	Yes	18/03/2020	31/03/2020	Implementing
B81048	Newland Group Medical Practice	Launch Meeting Complete	Yes			Implementing
B8104801	New Hall Surgery	Elevate	Yes	14/12/2018	N/a	Launched
B8104802	Springhead Medical Centre	Elevate	Yes	19/12/2018	N/a	Launched
B8104803	Diadem Medical Practice	Elevate	Yes	14/12/2018	N/a	Launched
B81052	Princes Medical Centre	Launch Meeting Complete	Yes		31/03/2020	Implementing
B81054	Clifton House Medical Centre	Implemented	No		03/04/2020	Implementing
B81058	Sydenham Group Practice	Elevate	Yes	28/08/2019	N/a	Launched
B8107401	Southcoates		Yes	30/06/2018	N/a	Klinik Launched
B8107402	Marfleet Lane Surgery		Yes	30/06/2018	N/a	Klinik Launched
B81075	Hastings Medical Centre	Planning Meeting Complete	No		03/04/2020	Implementing
B81085	Burnbrae Medical Practice	AskMyGP	Yes	20/07/2018	N/a	Klinik
B81095	Dr Cook	Elevate	Yes	03/07/2018	N/a	Launched
B81097	Delta Healthcare	Initiated	No			
B81104	Newland Health Centre	Elevate	Yes	02/07/2018	N/a	Launched
B81112	James Alexander Family Practice	Demo Attended	Yes	27/03/2020	30/03/2020	Launched
B81119	Goodheart Surgery	Meeting Booked	No	30/03/2020	03/04/2020	Accel. Imp.
B81616	Dr Gt Hendow's Practice	Initiated	No		31/03/2020	Implementing
B81631	Dr Raut Partnership	Launch Meeting Booked	Yes	26/03/2020	31/03/2020	Launched
B81635	Laurbel Surgery	Elevate	Yes	08/11/2019	N/a	Launched
B81645	East Park Practice		Yes	23/10/2018		Klinik
B81675	Newington and Calvert Practice		Yes	28/06/2018	N/a	Klinik Launched
Y02344	Northpoint	Elevate	Yes	03/09/2018	N/a	Launched
Y02747	Haxby Group Hull		Yes	20/07/2018	N/a	Klinik Launched

The *NHS Long Term Plan* commits that every patient will have the right to be offered digital-first primary care, this includes the right to online consultations by **April 2020**.

Other CCGs have made the decision not to breach practices who have not met the contractual deadline if there is a plan in place to do this. The NHS England funded patient engagement materials for online consulting across Humber Coast and Vale will be finalised shortly and provided to CCG Communications teams and GP Practices.

A website has been developed to track progress in North Yorkshire and the Humber

<https://sites.google.com/riperian.co.uk/hcv-online-consultation/home>

### **Recommendation**

Not to issue a breach notice for not meeting the contractual deadline as long as the practice has a plan in place to implement online and video consultations

## **5. RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee note the updates in relation to the merger of Dr Gopal and Goodheart Surgery

It is recommended that the Primary Care Commissioning Committee make a decision in relation to the list closure extension from Dr Cook

It is recommended that the Primary Care Commissioning Committee note the NHS England updates. In relation to online consultation, the Committee is asked to support the recommendation in line with other CCGs

# Appendix One – Merger Application and Mobilisation Plan for Dr Gopal and Goodheart Surgery

## 1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

### 11.4.2.2 Terminating one of the existing contracts, continuing the other contract.

Goodheart Surgery operates from the first floor (Side A) of the Bransholme Health Centre.

Dr Gopal's Surgery currently operates from the third floor (Side A) of Bransholme Health Centre




#### Objective

In order to allow Dr Gopal to retire at the end of March 2020, Goodheart Surgery and Dr Gopal's practice are coming together. Initially they will be run as 2 separate contracts with Dr Gopal's Surgery changing its name to Goodheart Surgery (Dr Gopal).

The practices are currently on 2 different clinical systems. The intention is for Goodheart Surgery to migrate over to S1 before merging the 2 clinical systems together. It is around this time that the contracts will merge with the practice being known as Goodheart Surgery. From a contractual point of view this would mean the Dr Gopal (B81688) will merge into Goodheart Surgery (B81689) as this has the higher list size

The practices currently sit on 2 different floors within the same health centre (Goodheart Surgery operates from the first floor (Side A) of the Bransholme Health Centre and Dr Gopal's Surgery currently operates from the third floor (Side A) of Bransholme Health Centre). Work is needed both with CHP and the other services in the building to explore the possibility of bringing both surgeries together onto the same floor to maximise efficiency and effectiveness and provide ease of access to patients of the merged practice.



	<b>Current Provision – Practice 1</b>	<b>Current Provision – Practice 2</b>	<b>Merged Practice</b>
Name and address of practice (provide name and address)	Dr K V Gopal Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW	Goodheart Surgery Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW	Goodheart Surgery Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW
Contract type (GMS, PMS, APMS)	GMS	GMS	GMS
Name of contractor(s)	Dr K V Gopal	Dr K P Korathu	Dr K P Korathu
Location (provide addresses of all premises from which practice services are provided)	Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW	Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW	Bransholme Health Centre Goodhart Road Bransholme Hull HU7DW
Practice area (provide map of area making clear <b>both</b> the inner boundary and outer boundary, if any)			
List size (provide figure)	2034	4651	6685
Number of GPs and clinical sessions (provide breakdown)	1 ( 9 sessions) Dr Gopal x 9 sessions	3 (16 sessions) Dr Koshy x 8 sessions Dr Mabadeje x 7 Sessions Dr Sivarajan x 1 session	7 GP's 25 sessions Dr Koshy x 10 sessions Dr Mabadeje x 7 sessions Dr Sivarajan x 1 Session Dr Bunting x 3 Sessions Dr Farah x 1 session Dr Asher x 1 session Dr Abbie x 2 sessions
Number of other practice staff (provide breakdown)	5 x Admin/reception staff 1 x Practice Manager 1 X Practice Nurse	1 X Practice Nurse 1 X HCA 1 X Nurse Prescriber 2 X Nurse Practitioners 1 X Practice Manager	21 staff in total 1 x Practice Manager 1 x Branch Manager 1 x Office Manager 1 x Secretary

		1 X Office Manager 1 X Secretary 6 X Receptionist	11x Admin/Reception staff 1 x HCA 2 x Practice Nurses 2 x Nurse Practitioners 1 X Nurse Prescriber
Number of hours of nursing time (provide breakdown)	22.5	82 hours in total Practice Nurse - 36hrs Nurse Prescriber – 24 Hrs 2 X Nurse Practitioner – 22 hrs 1@ 7hrs 1@ 15 hrs	104.5 in Total Practice Nurse 58.5hrs Nurse Practitioner 24hrs Nurse Practitioner 20hrs Nurse Practitioner 15 Hours
CCG area(s) (list CCG(s) in which practices are located)	Hull	Hull	Hull
Which computer system/s (list system(s) used)	System One	Emis	Emis (temporary, changing to system one) System One
Clinical governance/complaints lead and systems (provide names)	Michelle Wilkinson - Complaints Dr K V Gopal – Clinical Governance	Julie Charles - Complaints Dr K P Korathu – Clinical Governance	Julie Charles / Michelle Wilkinson or Samantha Chapman TBC Dr K P Korathu Clinical Governance
Training practice (yes/no)	No	Yes	Yes
Opening hours (list days and times)	8.00 – 6.30 Monday - Friday	8.00 – 6.30 Monday - Friday	8.00 – 6.30 Monday - Friday
Extended hours (list days and times)	Bevan PCN Monday, Wednesday - Friday's 07.00 – 07.45 & 18.30 -17.45 Tuesday & Friday 7.00 – 7.45 & 18.30 – 20.45 Saturday 08.00 -12.15 Proportionate allocation based on list size	Bevan PCN Wednesday' & Friday's 07.00 – 07.45 & 18.30 -17.45 Tuesday & Friday 7.00 – 7.45 & 18.30 – 20.45 Saturday 08.00 -12.15 Proportionate allocation based on list size	Bevan PCN Monday, Wednesday - Friday's 07.00 – 07.45 & 18.30 -17.45 Tuesday & Friday 7.00 – 7.45 & 18.30 – 20.45 Saturday 08.00 -12.15 Proportionate allocation will be based on list size
Out of hours cover provided (list days and times)	Monday – Friday 18.30pm – 08.00am	Monday – Friday 18.30am – 08.00am	Monday – Friday 18.30pm – 08.00am

Additional services provided (list of additional services)	Cytology Childhood Immunisations Minor Surgery Maternity Medical Services Cervical Screening Contraceptive Services Immunisations and Vaccinations	Cytology Childhood Immunisations Minor Surgery Maternity Medical Services Cervical Screening Contraceptive Services Immunisations and Vaccinations	Cytology Childhood Immunisations Minor Surgery Maternity Medical Services Cervical Screening Contraceptive Services Immunisations and Vaccinations
Enhanced services (list all enhanced services delivered)	Extended Hours (PCN) Phlebotomy Shared Care Monitoring GnRH Analogues Pertussis Menningococcal ACWY Pneumococcal Shingles catch up and routine Hepatitis B at Risk Influenza seasonal Influenza Childhood HPV Men B MMR Rotavirus Family & Friends Wound management Dementia + Social prescribing Renew Pre-addictions	Extended Hours (PCN) Phlebotomy Shared Care Monitoring GnRH Analogues Pertussis Menningococcal ACWY Pneumococcal Shingles catch up and routine Learning Disabilities Hepatitis B at Risk Influenza seasonal Influenza Childhood HPV Men B MMR Rotavirus Family & Friends Carers association	Extended Hours (PCN) Phlebotomy Shared Care Monitoring GnRH Analogues Pertussis Menningococcal ACWY Pneumococcal Shingles catch up and routine Learning Disabilities Hepatitis B at Risk Influenza seasonal Influenza Childhood HPV Men B MMR Rotavirus Family & Friends Wound management Dementia + Carers association Social prescribing Renew Pre-addictions
Dispensing practice (yes, list locations/ no)	No	No	No
Health service body (yes / no)	Yes	No	Yes
Patient list (open closed, until)	Open	Open	Open

date)			
Premises (for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)	BHC Leased	BHC Leased	BHC Leased

## 2. Patient benefits

**Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.**

### **Benefits:**

- Like minded practice with a shared vision to improve clinical Quality, service delivery, safety and patient experience
- Service delivered in same building as pre-merger
- Improved access
- Improved resources
- Essential services maintained
- Quality care on a sustainable basis
- Sharing of best practice
- Wider Skill mix
- Workload better managed
- Financial Savings
- Additional services delivered (renew pre-addictions, learning disabilities, dementia, wound management & social prescribing)
- Improved Governance

### **Potential initial Barriers:**

- Addressing patient concerns & anxiety
- Integration of IT systems
- Unifying clinical protocols & staff working systems
- Change of telephone & contact numbers
- Changes of processes and procedure's
- Operating from 2 locations

### 3. Financial considerations

<b>Please provide comments from a financial perspective on the following matters if they are relevant to the proposed practice merger. Practices to decide between themselves in relation to costs pre-merge that are paid post-merge</b>	
<b>Premises</b> (include any VAT recoveries made in respect of actual rent reimbursements)	The practice currently operates from the same building but on different floors, it would not be practical to continue with this, request has been made to consider relocation to the same floor.  Lease amendments would be required in relation to an increase in the occupancy of shared and sole use of demised space – Funding assistance Requested
<b>IT</b>	Migration from Emis to system one – Funding Requested
<b>TUPE</b>	Approved
<b>Redundancy</b>	N/A
<b>QOF</b>	Up to 31 <sup>st</sup> March 2020
<b>Pension/seniority</b>	Will cease as person specific
<b>MPIG/PMS Premium</b>	Reduction in both practices
<b>Dispensing</b>	N/A

Has the NHSE finance office provided formal confirmation of the new income for the merged practice? **No but this will be an amalgamation of the 2 contracts. 2 exeter statements will be produced whilst the contracts are separate.**

#### 4. Service delivery

<b>Please provide comments from a service delivery perspective on the following matters if they are relevant to the proposed practice merger.</b>	
<b>QOF</b>	Continuation
<b>Access</b>	Same as current position
<b>Primary Care Web Tool</b>	To be update appropriately
<b>Recent or ongoing breaches of contract</b>	None Identified
<b>Recent or pending CQC matters</b>	Registered manager
<b>If one practice's service delivery is of a lower standard, is there a proposal to improve performance?</b>	Not a lower standard of service delivery but a difference is services provided. Renew pre-addictions, dementia, learning disability, wound care and social prescribing will be provided in the merged practice – currently offered at either Dr Gopal or Goodheart Surgery
<b>Will there be any cessation of services post-merger?</b>	None
<b>Will there be a reduction of hours for which services are provided post-merger?</b>	None
<b>Will there be a change in the hours during which services are provided?</b>	None
<b>Will there be a reduction in the number of locations or a change in the location of premises from services are provided?</b>	No
<b>Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved?</b>	N/A

#### 5. Patient and stakeholder engagement

<b>Please provide comments on the following matters.</b>	
<b>Have the practices engaged with patients and/or stakeholders on the practice merger?</b>	Yes 2 patient consultation days have taken place. Neighbouring practices notifications is on going CCG Notified LMC Notified Suppliers notifications on going Other services users notification on going
<b>Do the practices intend to engage with patients/stakeholders?</b>	Yes

<b>Please provide comments on the following matters.</b>	
<b>When did/will you engage with patients/stakeholders?</b>	2 open days arranged 18/03
<b>In what form did/will you engage with patients/stakeholders?</b>	Letters, website, PPG, 2 open days arranged, MJog messaging, Patients leaflets, Jayex and notice boards
<b>With whom did/will you engage?</b>	Patients, Service users, CCG
<b>If you have already carried out engagements, what was the outcome?</b>	In progress

## 6. Contractual actions

<b>Please provide below an explanation of any contractual variations that you consider are necessary to affect the proposed practice merger.</b>
Dr Koshy Puthukkeril Korathu to be added to Dr K V Gopals's contract on 30/03/2020. Dr K V Gopal to be removed from his contract on 31/03/2020 due to retirement. Dr K V Gopal's contact to be known as Goodheart Surgery (Dr Gopal) from 01/04/2020

## 7. Procurement and competition

<b>Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.</b>
None identified

## 8. Merger mobilisation

<b>Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.</b>
To be provided in a separate document (in progress)

## 9. Additional information

<b>Please provide any additional information that will support the proposed practice merger.</b>
Both practices feel that a merger can benefit patients by helping to deliver safe, high quality and sustainable care, through a shared approach.  Existing staff and doctors are familiar with each other and have a shared vision of how practices can come together to explore new and innovative ways of delivering primary care.





Area	Action	Due Date	Comments	Lead Person/ Key Contacts	Status
<b>Practice Merger Template</b>	Complete merger template & send to CCG	ASAP		Julie Charles Michelle Wilkinson	Completed 23/03/2020
<b>Patients</b>	Draft letter for patients	ASAP	Letters to be approved by Colin Hurst CCG engagement Manager before sending	Julie Charles Michelle Wilkinson	Completed 12/03/2020 Completed 10/03/2020
	Distribution of letter to patients	ASAP	Approved by Colin Hurst to Send Mjog notified of Delay in sending Goodheart letter due to high demand of messages being sent to patients regarding Coronavirus advice, message will send to patients Sunday 15/03/2020	Michelle Wilkinson Julie Charles	Completed 12/03/2020 Completed 13/03/2020
	Notify Goodheart PPG verbally	ASAP	Notify before sending letters out	Julie Charles	Completed 13/03/2020
	Telephone message to be put onto practice telephone answer machine	30/03/2020		Michelle Wilkinson Julie Charles	Pending Pending
	Notification of merger on website Update to one site after merger completion	10/03/2020 ASAP		Michelle Wilkinson Julie Charles	Completed 13/03/2020 Pending
<b>Staff</b>	Send TUPE letters to Dr Gopal's Staff Send Welcome letter to Dr Gopal's staff	30/03/2020 01/04/2020		Michelle Wilkinson Julie Charles	Completed 23/03/2020 Completed 30/03/2020
<b>Premises</b>	Submit proposal to Phil Davis for relocation of Dr Gopal's surgery to floor one	30/04/2020	Discussed at merger meeting on 12/03/2020 Phil Davis to hold initial discussion with estates partner	Julie Charles	Completed 16/03/2020  Scheduled for 16/03/2020
	Request Key staff to have fob access to floor one and floor 3 in the interim	ASAP		Julie Charles Michelle Wilkinson	Completed 30/03/2020

Area	Action	Due Date	Comments	Lead Person/ Key Contacts	Status
	until practices are consolidated. Request reconfiguration all staff fobs when practice is relocated to same floor.				Pending
	Lease – discuss current situation regarding lease- Dr Gopal lease expired		Discussed at merger meeting ND – will arrange for practice to be invoiced on a monthly basis until premises situation has been resolved	Nikki Dunlop Julie Charles Michelle Wilkinson	
<b>Clinical System/IT</b>	Goodheart Surgery to request change from Emis clinical system to System One  Complete Notice to Emis?	ASAP	Discussed with Nikki Dunlop and Hayley Patterson (12/03/20) who will arrange meeting with new IT contractors ASAP	Julie Charles Hayley Patterson CCG Nikki Dunlop CCG Julie Charles/Samantha Chapman	Pending  Pending
	Ensure both sets of clinical and admin staff have access to both clinical systems in the interim	01/04/2020		Michelle Wilkinson Julie Charles Samantha Chapman	GP's covering Dr Gopal completed 12/03/2020  Other staff completed 23/03/2020
	Goodheart staff system one training	ASAP	Contact IT training – Tawnie Clayton or Sandra Rimmington	Julie Charles	Pending
<b>Records</b>	Merge manual medical records		MW & JC to delegate to appropriate staff	Julie Charles Michelle Wilkinson	Pending
	Migrate Emis & System One electronic patients records	ASAP		IT Contractor  Julie Charles Michelle Wilkinson Samantha Chapman	Not Started

Area	Action	Due Date	Comments	Lead Person/ Key Contacts	Status
<b>Appointment Capacity</b>	Engage/employee additional	ASAP		Koshy Puthkkeril Korathu Julie Charles	Completed 13/03/2020
<b>Telephone Systems</b>	Discuss telecommunication needs/requirement with provider on resolution of premises situation			Julie Charles Michelle Wilkinson Samantha Chapman	Pending
<b>External Contracts</b>	Update and amend all external contracts - pat testing, Equipment Maintenance, telephones etc	ASAP		Michelle Wilkinson Julie Charles	Pending
<b>GP Collaborative &amp; Bevan PCN</b>	Notify both parties of merger	ASAP		Michelle Wilkinson Julie Charles	Completed 30/03/2020
<b>Admin</b>	Update, amend & amalgamate protocols and practice procedures Amalgamate staff Records IG update and amend as necessary	ASAP		Michelle Wilkinson Julie Charles	Pending
<b>CQC</b>	Update registrations	ASAP		Michelle Wilkinson Julie Charles	Completed 30/03/2020  Pending in progress

## Appendix Two - Dr Cook Extension to Closed List Report

### Introduction

Dr Cook (Practice Code – B81095) has applied to extend the list closure for a further period of 6 months. The practice is located at the following address:

Field View Surgery  
87 Beverley road  
Hull  
HU6 7HP

The table below illustrates the staffing at the time of the initial practice closure and at the time of applying for an extension:

Health Care Professional	17/10/19		7/4/20		
	Total Number employed	WTE	Total Number employed	WTE	Sessions worked
GPs	1	1.12	1	1.12	
Practice Based Pharmacists	0	0	0	0	
Advanced Care Practitioners	0	0	0	0	
Physicians Associates	0	0	0	0	
Practice Nurses	1	0.96	1	0.96	
Health Care Assistants	1	0.75	1	0.75	
Other: (Please define)	1	0.27	1	0.27	
Receptionist Receptionist/Admin Admin Practice Manager	2 locums am and pm- 1 full day		2 locums am and pm-1 full day		

The table below illustrates the list size movement in the 12months prior to the initial list closure and at the time of applying for an extension:

Quarter 0 31/12/18	Quarter 1 31/3/19	Quarter 2 30/6/19	Quarter 3 30/9/19 (List closed 17/10/19)	Quarter 4 31/12/19	Total movement during year	% increase during year
3578	3778	3824	4071	4168	+590	16.55%

### Regulations / Policy

The practice contract and GMS/PMS regulations allows for a contractor to apply to NHS England to extend its list closure at least 8 weeks before it is due to re-open.

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

### List Sizes

The table below illustrates the list size movement in the 12 months at the time of applying for an extension for the neighbouring practices

PRACTICE CODE	PRACTICE NAME	7/4/20	
		% Change during year	Open / Closed
B81631	Dr Raut	-1.54%	Open
Y02747	Haxby Kingswood	5.78%	Open
B81046	The Bridge Group Practice	-1.46%	Open
B81048	Modality Partnership (Hull)	162.72%	Open
B81020	Sutton Manor	-0.26%	Open
B81002	CHP Bransholme	-3.54%	Open
B81018	Orchard 2000	1.13%	Open
Y02344	Northpoint	3.05%	Open
B81119	Goodheart	-0.27%	Open
B81616	Dr Hendow	1.29%	Open

### Practice application

What progress has been made against each of the items contained within the action plan submitted with the original application to close and was to be implemented during the current agreed list-closure period?

#### Updated 3.4.20- ACTION PLAN

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
1 full time GP per full capitation list size – approx. 4104	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	One GP shown interest- nothing further discussed
Lack of GP's per capitation size – part 2	Speak to lead in international recruitment for further information	MS/BFC	End September	Nothing discussed due to COVID-19, but to speak to international recruitment once settled	Nothing further discussed
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	Have a contact but being made aware expensive Closed – not sure if the correct route for the practice financially
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- working well Still running but under used due to ~COVID-19 Closed
Daily increased workload	Restructure of admin/reception area Re-introduce our document management process	MS MS/SF/BFC	June 2020 September 2020	Spoke to KCOM regarding putting auto attendant Changing staff admin rota Team leader left 2 part time admin members employed	Upskilling all members 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	Our PCN pharmacist allocation 3.29hr per week and part of this will be used for admin care navigation training Discussions with CCG regarding upcoming admin training - TBC	To email PCN pharmacist regarding care navigation training – not sure how we stand in current COVID-19 climate Waiting further information from CCG- nothing to date
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	September 2020	Staff members coming in at weekends to re-arrange all note into cabinets	All New patient files will be alphabetically arranged in patient cabinets for ease of access. Lack of cabinet space is coming to light All new patients now filed away in cabinets however no more storage left for any new patients once re-opened. Closed
Storage, Cabinets and space	Need space for new cabinets if re-open list	MS	September 2020	To discuss further with BFC regarding space and cabinet storage	To assess space availability for new cabinets
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	December 2020	Nothing in place until new members of staff are employed	All new patient files will hopefully be summarised to date when new members of staff in place
Practice nurse skills set	To book our new nurse on all the appropriate training sessions	MS/HB	ongoing	Actively looking into LARC training Booked on Red whale nurse update training Booked on non-medical prescribing with at Hull University to start in summer	Pessary training completed non-medical prescribing with at Hull University course on hold until COVID-19 This will build up her skill set and enhance the practice services we offer



**Options the practice has considered, rejected or implemented in an attempt to relieve the difficulties encountered during the closure period or which may be encountered when the closure period expires?**

Before COVID-19, we started the discussion around the implementation of video consultations. We have, since COVID-19, introduced a complete change of consultation pattern within the practice. All consultations are telephone triaged and patients are given the option of video consultation with Dr Cook.

We believe that once the practice re-opens, 1.6.20, COVID-19 will still play a relevant factor within the NHS and general Practice. We will be continuing with telephone triage, video consultations, the use of SMS, social media, online consultations etc. We have seen an increase of online consultations and our practice has been very pro-active with the COVID-19 changes.

**How long do you wish your closure to be extended by?**

6months

**Is there any reasonable support the Commissioner would be able to offer, which would enable your list of patients to re-open at the end of the current closure period?**

We would appreciate help and support with our recruiting campaign for a part-time salaried GP

**What further plans do you have to alleviate the difficulties you are experiencing during your closure that could be implemented during the proposed extension period? These plans would ensure your list of patient's re-opens at the end of the extended period without such difficulties**

Please see above action plan

**Do you have any other information for the Commissioner regarding this application?**

*Please see attached job advert link*



advert.doc

<https://www.jobs.nhs.uk/xi/vacancy/916023057>

### **Comments received following the consultation**

In line with NHS England's "Managing Closed lists" policy, neighbouring practices within the Hull CCG areas and the LMC Group have been consulted.

The following comments were received:

Modality	Modality Partnership (Hull) fully support an extension to list closure, particularly in these challenging times
LMC	The LMC has reviewed the application from Dr Cook's practice B81095 for an extension to the list closure period. The LMC supports this application to extend the period of closure for a further six months

### **Additional factors to be considered by the Committee**

Due to the current situation a meeting with the practice has not been possible and therefore, a decision has to be made based on the updated action plan and content of the report.

There are the following options in relation to the above:

- To decline the list closure
- To allow the practice to close for a shorter period of time with regular reviews
- To allow the practice to extend its list for 6 months with regular reviews

### **For Action**

The CCG's Primary Care Commissioning Committee is asked to:

- Note the contents of this report
- Consider and approve the recommendations
- Confirm if the practice application to close this list is to be supported

Prepared by: Hayley Patterson, NHS England – North East & Yorkshire Primary Care Contracts Manager