

## Item: 7.1

<b>Report to:</b>	Primary Care Commissioning Committee – Part 1
<b>Date of Meeting:</b>	26 <sup>th</sup> February 2021
<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 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 checked="" 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 the contents of the closed list report for Dr Jaiveloo
- Consider and confirm if the practice application to close its list is to be supported for the period requested or shorter
- 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.
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)

	<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 provide national updates around primary medical care.

### 2. BACKGROUND

Not applicable

### 3. CONTRACT CHANGES

There is a list closure application to consider from Dr Jaiveloo (Appendix 1)

#### **Recommendation**

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report
- Consider and confirm if the practice application to close its list is to be supported for the period requested or shorter

### 4. NHS ENGLAND UPDATE INCLUDING A LOCAL POSITION IN RELATION TO THE COVID-19 VACCINATION PROGRAMME

#### 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/>

[Coronavirus » Updates and guidance for general practice \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/primary-care/general-practice/)

#### 4.2 COVID Vaccination Approval

On 30<sup>th</sup> December 2020, the Oxford Vaccination was approved for use in the UK alongside the Pfizer Vaccine. Vaccine deliveries from w/c 4<sup>th</sup> January will include both vaccines allowing more people in the at-risk groups to be vaccinated. On 8<sup>th</sup> January 2021 the Moderna vaccine became the third COVID-19 vaccine approved by the Medicines & Healthcare products Regulatory Agency (MHRA). The vaccine is expected to be available later in the year.

#### **4.3 Change in dosing of COVID Vaccination**

A communication was released on 30<sup>th</sup> December 2020 regarding the COVID Vaccine, specifically the timing of the second dose of the vaccine. Priority is to be given to maximising the numbers of first doses of the vaccine delivered with second doses being deferred to the latter end of the 3 to 12week window (Pfizer) and 4 to 12week window (Oxford / AstraZeneca).

Below is a link to the CMOs statement released:

<https://www.health-ni.gov.uk/news/statement-uk-chief-medical-officers-prioritisation-first-doses-covid-19-vaccines>

The implication was that any second doses planned for week commencing 4<sup>th</sup> January 2021 should be deferred and the vaccines used for first doses for another cohort of the over 80s.

Locally in Hull a decision was made by the PCN Clinical Directors representing Waves 1 and 2 to continue with the second doses for patients already booked into clinics for that week.

#### **4.4 Collaboration agreement**

The current collaboration agreement is being updated. A verbal update will be given at the meeting.

#### **4.5 Vaccination of Housebound Patients – additional resource**

Some patients will need to receive their COVID-19 vaccinations at home because they are housebound. A letter published on 4<sup>th</sup> February 2021 recognised the additional time and resources needed to deliver the COVID-19 vaccines in a residential setting for current cohorts and as other cohorts are announced. In light of this, an additional supplement of £10 per visit to a housebound patient, or household, is being made available on top of the £12.58 Item of Service fee. This applies retrospectively to any first dose vaccinations that have been administered since 14<sup>th</sup> December 2020 and will apply to second doses too.

#### **4.6 Income Protection**

Letters were published on 21<sup>st</sup> January and 3<sup>rd</sup> February 2021 around supporting General Practice and protecting income.

In relation to local services, CCGs are being asked to suspend local enhanced services unless they support the COVID-19 vaccination programme, reduce hospital admissions or increase hospital discharges.

In relation to NHS England enhanced services and QOF:

- The Minor Surgery Direct Enhanced Service (DES) is income protected until March 2021
- The Quality Improvement Domain and 8 Prescribing Indicators are income protected until March 2021

Given the continued priority attached to flu immunisation, social prescribing referrals and health checks, the Investment and Improvement Fund (IIF) indicators are not suspended.

QOF is to be reinstated from 1/4/21 based upon the indicator set already agreed for 2020/21, with very limited changes.

#### **4.7 Additional Clinical Director (CD) Payments**

Additional PCN CD support has been made available between January to March 2021. This is an increase equivalent from 0.25WTE to 1WTE for this period. The additional monies will be paid separately to the usual CD payment by the NHS England Public Health team as part of the COVID-19 vaccination programme. At the time of writing, the actual claims process is still to be confirmed.

#### **4.8 General Practice Electronic Declaration (e-Dec)**

The e-Dec is an annual contractual requirement in which practices provide answers to a series of questions with the purpose of providing assurances of contract compliance. In relation to the current collection, the deadline has been extended to Friday 26<sup>th</sup> February 2021. In Hull, there are 9 practices whose submission is in progress or not yet started.

#### **4.9 Primary Medical Care Policy and Guidance Manual**

This is the manual that NHS England and GP practices use to support contract changes such as list closures etc. It is regularly updated, the most recent of which was February 2021. The link below is to the updated document and also highlights the changes

[NHS England » Primary Medical Care Policy and Guidance Manual \(PGM\)](#)

**Recommendation: to note the NHS England updates**

**Appendix One**  
**List Closure Application from Dr Jaiveloo**

**Introduction**

Laurbel Practice (Practice Code – B81635) has applied to temporarily close its list for a period of 9 months. The practice is located at the following address:

Laurbel Surgery  
14 Main Road  
Bilton  
HULL  
HU11 4AR

The practice is **not** a training practice

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

Health Care Professional	Total Number employed	WTE
GPs	3	1.56 (14 sessions)
Practice Based Pharmacists		
Nurse Practitioner	1	0.11 (1 session)
Physicians Associates		
Practice Nurses	2	0.89 (4 x 8-hour days)
Health Care Assistant	1	1.0
Other: (Please define)		

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

Quarter 0 31/12/19	Quarter 1 31/3/20	Quarter 2 30/6/20	Quarter 3 30/9/20	Quarter 4 31/12/20	Total movement during year	% increase during year
3411	3425	3425	3469	3482	+71	+2.08%

Current list size as at 1/2/21 was 3482

## **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:

*Struggling to provide service due to increased demand from patient's, initially from change to Modality at Diadem practice, then merger took place at Longhill Health Centre and now we have a sudden influx of patients from Holderness health. Dr receiving roughly 150 tasks a day, dealing with more patients due to easier access. Dr working day and night but still struggling to keep on top of workload.*

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

*We have also 5 extra locum sessions per week, but restricted due to clinical room space.*

*Dr Jaiveloo works remotely from home. Locum GP is working in the surgery for those patients who need to be seen face to face and to sign any prescriptions.*

*Tried encouraging patients when leaving the area to register elsewhere, even though they seem very reluctant to do so.*

*Pharmacist helping with certain conditions.*

- Patient engagement

*An email has been sent to all PPG members for their views on this list closure. Their responses supported a closure (See Appendix A for detailed comments).*

- Discussions with other local contractors

*Clinical pharmacist supplied through PCN, sentinel project looking at patients with a high use of Salbutamol.*



*Work is being undertaken as agreed by the PCN with Lead Nurse looking at heart failure patients.*

*A clinical pharmacist has been doing work on diabetic patients that are not very well controlled through interface.*

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

*I think we have already exhausted other attempts to increase workforce, within the space we have. Plans to expand and increase rooms are currently being discussed.*

*We are also making use of extended hours and access plus for extra access for patients when necessary.*

- Practice's plans to alleviate the difficulties currently being experienced

<b>Issue</b>	<b>Action Needed</b>	<b>Person Responsible</b>	<b>Timescale</b>	<b>Actions to date</b>	<b>Intended Outcome</b>
Space	Extension for more clinical rooms	Dr Jaiveloo	12 months	Discussed with builder & architect. Further quotes needed	Increased workspace / capacity
Look at removal of patients' who live long distances from the practice	Encourage them to register nearer to home	Sue Moody	6 months	Ongoing	Free up capacity for patients already registered and residing in our practice area.

- Any further information presented by the practice

*Dr working day here and then doing paperwork at home on an evening until 12pm, actioning tasks, letters and pathology results to try to keep on top of workload.*

*We are receiving a minimum of 5 new patients a week, which then initiates new patient checks, blood tests, and medication reviews and changes.*

*Telephone triage calls generate more work, these begin with the phone call and discussion and then further actions may need to be taken, which could be face to face appointment, task to staff to book in for tests, waiting for patient to send photo's to review, referral's etc., Each day after triage we are then bringing in 3 – 4 patients a day.*

*Patient registrations and deductions in the last 12 months are:*

<b>Quarter</b>	<b>New Registrations</b>	<b>Deductions</b>
<i>02.01.2020 – 01.04.2020</i>	<i>61</i>	<i>9</i>
<i>02.04.2020 – 01.07.2020</i>	<i>36</i>	<i>12</i>
<i>02.07.2020 – 01.10.2020</i>	<i>58</i>	<i>18</i>
<i>02.10.2020 - 01.01.2021</i>	<i>63</i>	<i>42</i>

*This shows each month we are taking on more patients than we are removing.*

*More patient contacts due to easier telephone and e-consult access.*

*GP tasks relating to patient queries and medication each day are around 150, which generates further work, which could be anything from telephone calls to face to face, to tasks sent to receptionists for booking appts, to relaying messages back.*

*Receive around 120 pathology results a day as well as around 50 letters from the hospital. These again generates tasks, actions and telephone calls.*

*We are continuing, where possible, to keep up to date and continue to do QOF work. We have only postponed COPD spirometry review, still working towards all other targets to keep on top of patient care. Current points as on today (5<sup>th</sup> February) achievement is 393.9.*

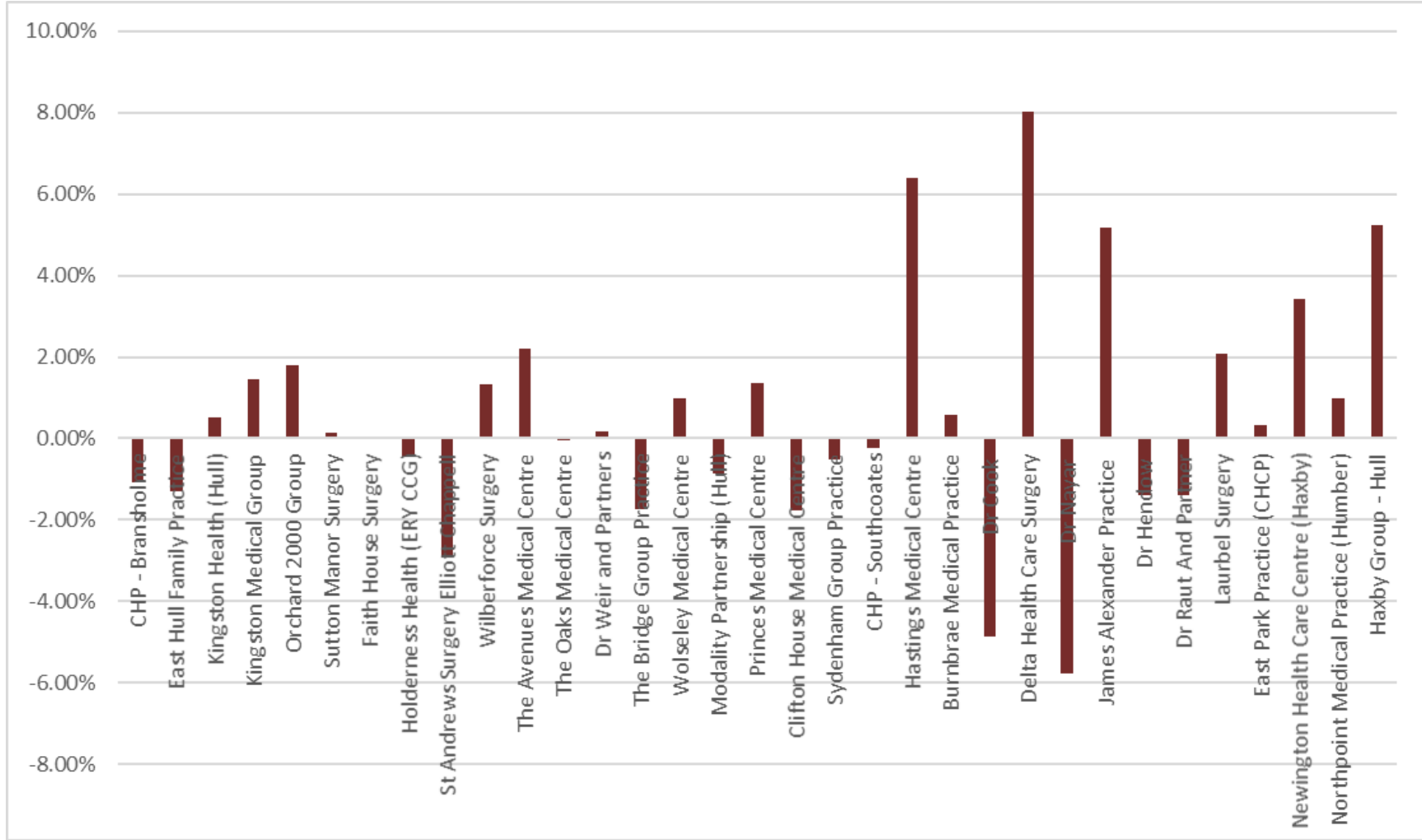
## List Sizes

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

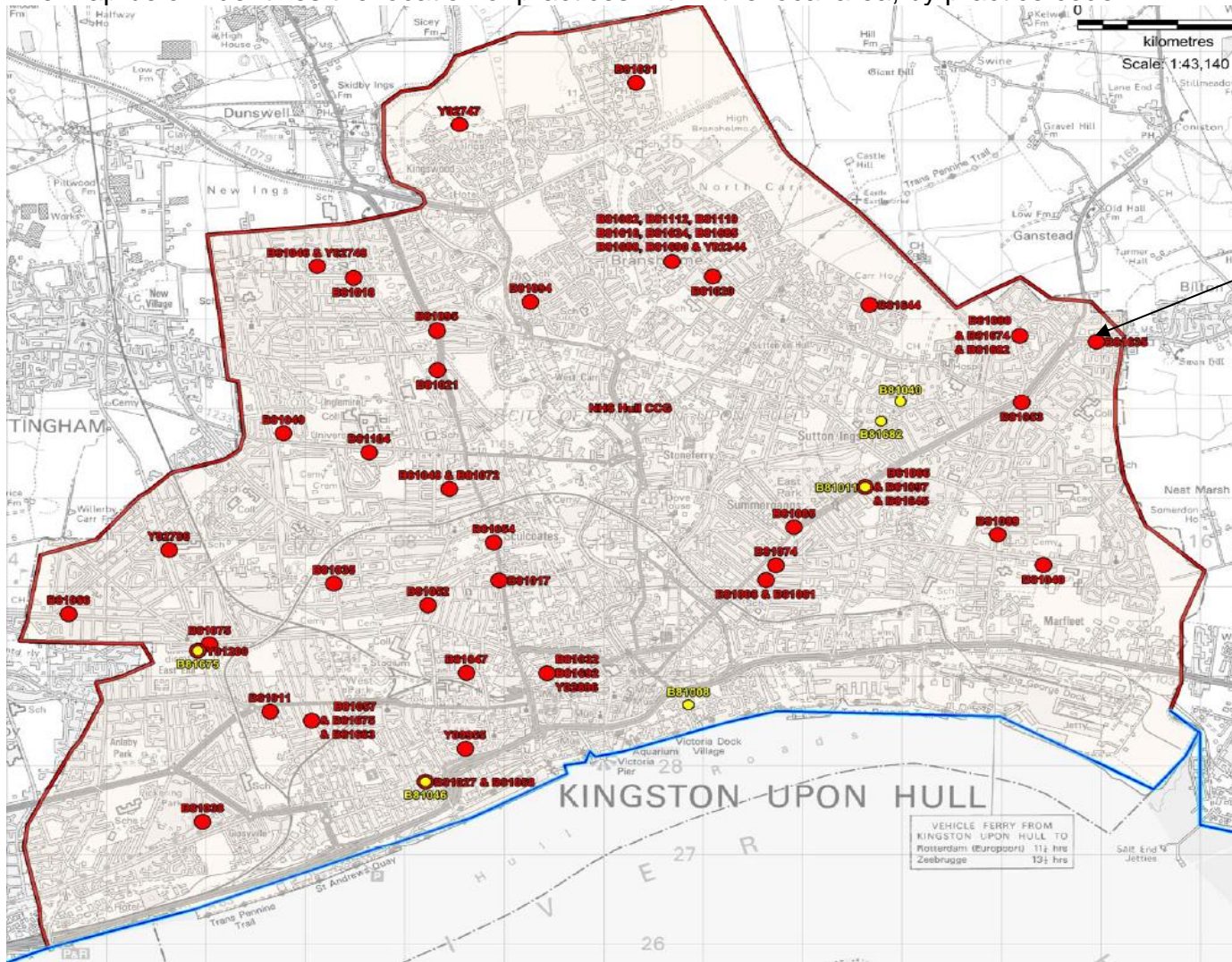
<b>PRACTICE CODE</b>	<b>PRACTICE NAME</b>	<b>% List size increase / decrease over last 12 months</b>	<b>Open / closed list</b>
B81002	CHP - Bransholme	-1.08%	Open
B81008	East Hull Family Practice	-1.28%	Open
B81011	Kingston Health (Hull)	0.53%	Open
B81017	Kingston Medical Group	1.46%	Open
B81018	Orchard 2000 Group	1.78%	Open
B81020	Sutton Manor Surgery	0.14%	Open
B81025	Holderness Health (ERY CCG)	-0.46%	Open
B81027	St Andrews Surgery Elliott Chappell	-2.94%	Open
B81032	Wilberforce Surgery	1.31%	Open
B81035	The Avenues Medical Centre	2.22%	Open
B81038	The Oaks Medical Centre	-0.05%	Open
B81040	Dr Weir and Partners	0.18%	Open
B81046	The Bridge Group Practice	-1.74%	Open
B81047	Wolseley Medical Centre	0.97%	Open
B81048	Modality Partnership (Hull)	-0.87%	Open
B81052	Princes Medical Centre	1.37%	Open
B81054	Clifton House Medical Centre	-1.77%	Open
B81058	Sydenham Group Practice	-0.52%	Open
B81074	CHP - Southcoates	-0.23%	Open
B81075	Hastings Medical Centre	6.41%	Open
B81085	Burnbrae Medical Practice	0.58%	Open
B81095	Dr Cook	-4.87%	Open
B81097	Delta Health Care Surgery	8.01%	Open
B81104	Dr Nayar	-5.76%	Open
B81112	James Alexander Practice	5.16%	Open
B81119	Goodheart Surgery*	41.83%	Open
B81616	Dr Hendow	-1.39%	Open
B81631	Dr Raut And Partner	-1.38%	Open
B81645	East Park Practice (CHCP)	0.33%	Open
B81675	Newington Health Care Centre (Haxby)	3.42%	Open
Y02344	Northpoint Medical Practice (Humber)	0.99%	Open
Y02747	Haxby Group - Hull	5.23%	Open

\*merger with Dr Gopal

The following graph excludes B81119 (Goodheart Surgery) which merged during the year with another practice:



The map below identifies the location of practices within the local area, by practice code:



Laurbel practice

### Comments received in response to the consultation:

In line with NHS England's "Managing Closed lists" policy, all GP practices within the Hull CCG area, plus Holderness Health practice (ERY CCG area) and the LMC Group have been consulted. The following comment was received:

Organisation	Comment received
Humber LMC	<p>General practice is currently under significant pressure in terms of workload and practices that apply to close their lists do not undertake such an application lightly. If a practice considers that their level of workload is jeopardising their ability to provide safe care for their registered patients, or to carry out their contractual obligations to meet their patients' core clinical needs then it may be appropriate for a practice to apply to close their list and in such circumstances the LMC would support this approach.</p> <p>The LMC supports the application for closure and will be present at the PCCC meeting to contribute to discussion regarding the application. I have contacted the practice to discuss what additional support we are able to offer them at this time.</p>

Prior to submitting its application, the practice solicited comments from members of its PPG. Those comments are set out at Appendix A.

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

A virtual meeting took place with the practice in order to discuss the list closure application.

The way work is currently undertaken has changed since the COVID-19 pandemic began. This has meant that the volume of work feels higher due to the way that patients are contacting the surgery. Each contact generates multiple additional tasks which adds to the workload within the practice.

The practice is exploring additional space at the surgery in order to accommodate additional staff to support the practice.

The practice is utilising video / telephone / e-consultations and will continue to use these to ensure that only those who need too are coming into the practice. The tables below illustrate video and online consultation activity.

### Video consults:

ODS Code	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Mar-Jan
B81635	0	82	81	52	27	16	49	24	7	5	343

### Engage Consult:

APRIL - OCTOBER 2020 ENGAGE CONSULT ACTIVITY BY PRACTICE					
PRACTICE_CODE	CCG	Medical	Admin	Self-help	Other services
B81635	Hull CCG	103	15	8	119

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 with regular reviews
- To allow the practice to close its list for 9 months with regular reviews

The Committee will need to consider the impact this closure would have on neighbouring practices, although there are no other lists currently closed, 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
- Consider and confirm if the practice application to close its list is to be supported for the period requested or shorter

## **Appendix A – Comments received by practice from PPG members**

I fully agree with all you have said. especially about proposed closing of the patient list.

Dr Jaiveloo has more than enough to do with patients, paperwork, training, referrals, and much, much more. I do not know how he manages all the work at present without an influx from Holderness Health.

Also, you must be having more work to do.  
RS – 08.02.2021

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I think that closing the practice list for just a couple of months is the most sensible solution at the present time, for everyone.

I would like to thank you all for the work that you do, especially at the present time with the COVID pandemic and the organisation for the vaccine.  
PL – 06.02.2021

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Temporary closure of list seems the only way to firefight but long term it poses the question of staffing if the practice is taking on more administration. In the present situation I can only commend everyone at the surgery for the way they are coping.  
BD – 06.02.2021

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Thank you for your email seeking our opinion.

Until we read the word 'modality' in your email we knew nothing of how things had progressed, or should I say regressed.

After visiting some of the websites we were horrified to see what is happening. Pity the many people without the internet and transport. There is no wonder A & E is overcrowded and the 111 service overwhelmed.

When you read patients comments the situation is a total disaster.

Dr Jaiveloo should be protected from the numerous people voting with their feet. The health authorities should not have allowed the situation to have progressed as far as this. This should make them wake up to what they have created. I doubt if it will.



We wholeheartedly agree the practice should not take on more patients until things settle down. I cannot see that happening though under the present circumstances.

As we have said in the past, we will back the practice and do everything practical to fight to maintain its independence providing the excellent personal service it does.

BD and AD – 05.02.2021

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Thank you for your email which I have read carefully. Your explanation is very precise and really speaks for itself in that the service offered by Laurbel Surgery must be protected. If that means a list closure, then I have no problem with that.

On the positive side it does show that the surgery's reputation is something to be admired.

KP - 05.02.2021

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Thank you for your email and I hope you are keeping well.

My understanding is the proposal is to temporarily stop new patients from joining the practice.

I would agree with the proposal in order to protect the health of existing patients, given that it is a small practice with limited resources, and we are in a pandemic.

I hope this is of help and should you require anything further then please contact me.

KH – 05.02.2021

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I think it's the right thing to do, this could be an ideal opportunity to expand the practice and take on a second full time doctor.

DW – 05.02.2021

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