

## Item: 7.1

<b>Report to:</b>	Primary Care Commissioning Committee – Part 1
<b>Date of Meeting:</b>	23 <sup>rd</sup> April 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, Head of Primary Care, NHS Hull CCG
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<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 checked="" type="checkbox"/>		

<b>PURPOSE OF REPORT:</b>
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.
<b>RECOMMENDATIONS:</b>
It is recommended that the Primary Care Commissioning Committee:
<ul style="list-style-type: none"> <li>• Note the contents of the report for the list closure extension for Dr Cook</li> <li>• Consider if the practice application to extend its list closure is to be supported</li> <li>• Make a decision as to whether this is for the requested time period or another period.</li> </ul>

- Approve a Section 96 payment to reflect the impact of the pandemic on student registrations at the Newland Health Centre practice.
- To continue to provide support for the PCN roles of Lead Nurse, Lead Pharmacist and Business Intelligence Lead
- 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)*

Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.

Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.

The updates in this report address a number of priorities within the NHS Long Term Plan and the commissioning of services to meet the reasonable needs of the people of Hull.

**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**

#### **3.1 List closure extension**

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

#### **Recommendation**

The Primary Care Commissioning Committee is recommended to:

- Note the contents of the report for the list closure extension for Dr Cook
- Consider if the practice application to extend its list closure is to be supported
- Make a decision as to whether this is for the requested time period or another period.

#### **3.2 GP Practices serving significant student populations (university practices)**

In December 2020 NHE England and NHS Improvement published some guidance for commissioners in relation to practices serving significant student populations and the impact of the pandemic on patient registrations. It was noted that there had been a sustained reduction in new patient registrations since the start of the pandemic as well as a, less significant, reduction in patient deductions. The net impact of these changes could be significant for an individual practice. The document recognised that a significant net reduction could result in a significant fall in income whilst costs remain for the practice concerned and provided scope to support such practices through Section 96 payments in 2020/21.

On the back of the guidance the CCG was approached by the Newland Health Centre practice which is located within University of Hull premises and has a significant proportion of its list size comprised of students. A review of the practices list size in October 2020 compared to October 2019 showed a reduction of weighted list size of 256 which equated to a

reduction of 4.89%. When compared to other practices list size changes across the city this reduction makes the practice a significant outlier. The guidance requires support to be linked to a direct impact on patient care, supporting maintenance or enhancement of services for current registered patients or the wider population under an agreed plan – the practice has supported the PCN delivery of the COVID Vaccination programme through provision of GP, Vaccinator and Administration sessions at the PCN Vaccination site. It is therefore proposed to make a payment to the practice to address the reduced income. It is recommended that a Section 96 payment reflecting 6 months of the reduced list size is made to the practice which equates to approximately £11,000.

### **Recommendation**

The Primary Care Commissioning Committee is recommended to:

- Approve a Section 96 payment to reflect the impact of the pandemic on student registrations at the Newland Health Centre practice.

## **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/>

### **4.2 QOF 21/22**

During 20/21 QOF and other services provided by Primary Care have been income protected. From 1/4/21, both QOF and other services commissioned by NHS England are being reinstated based upon the indicator set already agreed for 2020/21, with very limited changes. The focus will be on restoration of services alongside delivery of the COVID vaccination programme.

### **4.3 Additional £120m Funding to Support General Practice April to September 2021**

To provide further support to general practice at this critical moment, the General Practice COVID Capacity Expansion Fund is being extended from 1 April to 30 September 2021.

The conditions attached to the allocation and use of this funding are as set out in the initial letter of 9<sup>th</sup> November 2020 and systems are expected to use the funding to make further progress on the seven priorities identified in that letter:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model, arrangements for which will be set out in a parallel letter shortly
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

Though this funding is not allocated to support COVID-19 vaccination directly, systems are expected to prioritise spending on any PCNs committed to deliver the COVID Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.

Discussions at Humber Coast and Vale level will consider the approach to allocation of these monies to practices across the ICS.

#### **4.4 GP Forward View and other 2021/22 Monies**

We are awaiting confirmation of the budgets for the above for 2021/22.

Other monies are expected for the areas of workforce and GP Access. We are awaiting more information about these schemes.

#### **4.5 General Practice Annual Electronic Self-Declaration (eDec) 2020**

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 23rd March 2021. This has been completed by all but 5 Hull practices. These practices have been sent a manual form to complete.

#### **4.6 COVID Vaccination Approval**

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) alongside the Pfizer and Oxford Vaccines. The vaccine is expected to be available shortly and has the same observation period as Pfizer which may have implications for the Community Pharmacies providing the COVID vaccination programme.

#### **4.7 Changes to GP Contract 2021/22**

As a result of the ongoing pandemic and general practices' contribution to the delivery of the vaccination programme minor changes to the GP contract for 2021/22 have been agreed.

A summary of the changes is provided in Appendix Two

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

### **5 Other updates**

#### **5.1 Hull PCN COVID Vaccinations**

All the PCNs in the city have been approved by NHS England to undertake cohorts 10-12 as per the JCVI guidance. Cohort 10 has now been opened up by NHS England and PCNs can start to vaccinate those aged over 40 years of age, vaccine permitting. The programme in Hull has been very successful to date with approx. 55% of the population receiving their first vaccination. The PCNs have worked extremely hard in a very fast paced and constant moving programme, which has not been without its challenges. An average of 89.6% of first doses have been administered across cohorts of 1-9 (as at 14th April 2021) which is a remarkable achievement, with 100% being offered. Work is ongoing with PCNs to look at health inequalities data and put plans in place to focus efforts around particular areas or practice population that have been resistant or not taken up the offer of the vaccine to date. This work will continue throughout the programme. The expectation is that all first doses will be complete by July 2021, and second doses continuing until September/October 2021.

#### **5.2 2021/22 priorities and operational planning guidance**

The 2021/22 priorities and operational planning guidance was published on 25th March 2021 – work is underway to meet the the national requirements for plans.

The document set out priorities for the year as follows:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

Elements relating specifically to primary medical care and Primary Care Networks include:

*B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19*

- General practice will retain an important role in the COVID-19 vaccination programme, with PCN groupings having the option to vaccinate cohorts 10-12 (18-49 year olds) (when the national supply availability means those groups can begin to be vaccinated) if they can also fulfil the requirements of the GMS contract.
- PCNs will also have an important ongoing role in response to the pandemic that will involve the continued use of home oximetry, alongside hospital-led 'virtual wards', proactive care pathways delivered virtually in people's homes. As well as enabling safe and more timely discharge, COVID Virtual Wards have the potential to support some COVID patients who would otherwise be admitted to hospital. Systems are encouraged take this into account as they continue to prepare for any future potential surge requirements for COVID patients.
- We will continue national funding to maintain the dedicated Post COVID Assessment clinics that have been established and all systems are asked to ensure that they provide timely and equitable access to Post COVID Syndrome ('Long COVID') assessment services.



*C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services*

- delivery of physical health checks for people with Serious Mental Illness (SMI), noting that GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators
- To support integration with general practice, the NHS contract and GP contract have introduced new co-funding requirements for embedded additional PCN posts.

*D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities*

*restoring and increasing access to primary care services*

Additional Roles further increases

GP numbers expansion

All practices to deliver pre-pandemic appointment levels and make progress towards 50 million more appointments in general practice by 2024

support for PCNs to work with local communities to address health inequalities

reintroduction of QOF indicators from April 2021 to help tackle backlogs

Community Pharmacy Consultation Service implementation

*implementing population health management and personalised care approaches to improve health outcomes and address health inequalities*

NHS E and NHS I to develop real-time data tools and techniques including segmentation and risk stratification

Systems to develop plans for prevention of ill-health

Personal health budgets, social prescribing referrals and personalised care and support plans

*Transforming community services and avoiding unnecessary hospital admissions and improving flow, in particular on the emergency pathway.*

### **5.3 Extended Access and Extended Hours**

In 2018 CCGs were required to commission an improved access service for their patient population. The service was intended to be an extension of GMS services and provide additional capacity and improved access for patients with appointments being available on an evening and at weekends. Following a procurement exercise, the service was awarded to

City Health Care Partnership (CHCP) as lead provider and the Access+ service commenced on the 1st October 2018.

Prior to 30th June 2019 practices could sign up to deliver additional hours to their practice population via the Extended Hours Access DES. On the 1st July 2019 Primary Care Networks were formed and the Extended Hours Access DES was withdrawn from individual practices and included in the Network Contract DES for delivery by PCNs.

The Update to the GP Contract Agreement 2020/21 - 2023/24 dated 6th February 2020 confirmed that from April 2021, the funding currently included in the Network Contract DES for extended hours together with the wider CCG commissioned improved access service (Access+) will fund a single, combined access offer as an integral part of the Network Contract DES and be devolved down to PCNs.

In the communication from NHS E/I "Freeing up practices to support COVID vaccination" dated 7 January 2021 it was announced that a decision had been made to delay the planned introduction of the new standardised specification for improved/extended access as part of the Network Contract DES and that the anticipated start date would not be before April 2022. The letter went on to "strongly encourage commissioners to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness".

Hull CCG had already begun discussions with the 5 PCNs based in Hull at the latter end of 2020 and based on their confirmation to deliver the service, notice was served to CHCP to terminate their contract from 1st April 2021. Following the letter of the 7th January 2021, Hull CCG sought confirmation from the PCNs that it was still their intention to deliver the service from 1st April 2021. 4 out of the 5 PCNS confirmed that they wished to deliver the service and 1 PCN opted to make arrangements for another PCN to deliver the service on their behalf.

As of 1st April 2021, Bevan, Medicas, Modality and Nexus are all delivering extended access with Bevan also delivering the service on behalf of Symphonie. The PCNs are delivering the service against the current service specification with some flexibility to ensure that the service was up and running from 1st April with no gap in service provision.

Funding arrangements are to continue as per 2020-21 at £6 per head of weighted population and will be paid directly to the PCN.

It is expected that a national service specification will be developed throughout 2021/22 and the CCG will work with the PCNs to ensure that

they meet the requirements of this service specification. A patient engagement exercise will be undertaken to understand the current delivery model and inform future provision.

#### **5.4 CCG support to PCNs**

The Primary Care Commissioning Committee in June 2019 approved continued support to each PCN for the following roles (4 hours per week per role) to the practice groupings for the following roles:

- Lead Nurse
- Lead Pharmacist
- Business Intelligence Lead

It is recommended that this support be continued for the year 2021/22 but for the Business Intelligence support being for 3 months (April – June) in the first instance as work is underway regarding business intelligence support for population health management in PCNs.

**Recommendation: to continue to provide support for the PCN roles of Lead Nurse, Lead Pharmacist and Business Intelligence Lead**

#### **5.5 Targeted Lung Health Check restart**

The local Targeted Lung Health Check Programme for current or ex-smokers aged 55-75 was paused in March 2020 due to the COVID-19 pandemic and pressures within the hospital system. NHS England subsequently published in June 2020 an addendum to the pathway to be used in the pandemic. This addendum requires programmes to conduct lung health checks by telephone or video. Patient consent is obtained verbally for those undergoing a lung health check and in written form for those subsequently referred for a low-dose CT scan. The requirement for spirometry and blood pressure measurement has been deferred during the pandemic. Individuals requiring a low-dose CT scan experiencing symptoms, testing positive for COVID-19 or having a positive test within the household, will be rescheduled.

The original plan developed for the restart of the lung health (reported to the August 2020 Primary Care Commissioning Committee) would have seen the service recommencing in October 2020. However the subsequent increase in COVID-19 infections in the autumn resulted in the restart being delayed further.

Local discussions recommenced in early 2021 and agreement was reached to recommence the service, in line with the addendum pathway, from week commencing April 12th 2021. The restart is on a phased basis with checks being undertaken 2 days per week in April increasing to 3 days per week in May and June, 4 days per week July – November and 6

days per week thereafter to April 2022. Stop smoking services will remain part of the service for both those only having a telephone/video assessment as well as those attending for a low-dose CT scan. The workload impact for general practices will be reduced due to the absence of spirometry as part of the check and participants are to be invited from more than one practice at a time in order to spread the impact on individual practices.

**Recommendation: to note the other updates**

**Appendix One**  
**List Closure Extension Application from Dr Cook**

**Introduction**

Dr Cook’s Practice (Practice Code – B81095) has applied to temporarily close its list for a further period of 12 months when the current closure period of 6 months ends on 31/5/2021. The practice’s list has been closed continuously since 01/12/2019.

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	2	1.39
Practice Based Pharmacists		
Advanced Care Practitioners		
Physicians Associates		
Practice Nurses	1	0.96
Health Care Assistants	1	0.75
Other: (Phlebotomist)	1	2 sessions / week

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	% decrease during year
4,168	4,096	4,059	4,008	3,965	-203	-4.87%

## 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:

Progress on previous action plan with updates following the meeting in red and some additional actions:

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
1 full time GP per full capitation list size	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	Ongoing	Advert, emails To resend/update monthly Recent email sent out 24.3.21 <i>Ann Brown</i> <i>Administrator for GP Specialty Training</i> <i>Hull University Teaching Hospitals</i> <i>NHS Trust</i> <i>Medical Education Centre</i> <i>Hull Royal Infirmary</i> Mail also sent out to all PMs	We had a GP interested however now signed up for partnership elsewhere  One GP shown interest- had informal chat and no follow up  At informal zoom interview with another GP – not suitable for post  Since email 24.3.21 – 2 GP interests- TBD
The practice to invest in recruitment drive for salaried GP via a recruitment agency	Received email from locum agency who deals with recruitment – will give her call next week for details	MS	6.10.20  Closed not perusing	Emailed agency to speak to them next week for information	Not suitable

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
Daily increased workload	Restructure of admin/reception area Re-introduce our document management process	MS MS/SF/BFC	October 2020 September 2020 Complete	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 New team leader in place 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  Ongoing  Monies identified for this	Discussions with CCG regarding upcoming admin training – TBC Emailed CCG for update 25.3.21 Emailed CR at modality	PCN Pharmacist once a week for 3.5hrs Pharmacist currently working remotely on certain medication reviews Waiting further information from CCG- nothing to date Emailed CCG 25.3.21 for update
PCN staff	To make use of the clinical PCN staff available to the practice  To further explore with the PCN the use of other ARRS roles & how they can support the practice	All staff	Ongoing  Complete	Our PCN pharmacist allocation 3.29hr per week Social prescriber allocation – 3.30hrs	Pharmacist allocate own work into appointment slots Staff can refer into SP via the PCN hub
Storage, Cabinets and space	Need space for new cabinets if re-open list	MS	Ongoing Closed	Discussed with BFC	Space availability for new cabinets not available
Registering of new patients creating hundreds of new patient files to be summarised	Allocation of staff time to summarise all new patient files	MS/SF	Ongoing  Monies identified for this	Summarising proving to be a difficult task- not enough staff and room availability	Need more staffing hours for summarising of notes and room availability

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome
Practice nurse skills set	To book our new nurse on all the appropriate training sessions	MS/HB	Ongoing  Complete except LARC training & prescribing	Actively looking into LARC training Booked on prescribing course with at Hull University to start in summer	Pessary training completed Medical prescribing with at Hull University course on hold until Sept 21 – due to COVID Red whale nurse update training completed Waiting on HCC to reply with update on LARC training
Room shortage	To look at clinicians' clinics	MS	Ongoing  Complete	Locum room needs to be available for phleb/hca/pn downstairs patients Locum room renovation – started January 2020 due to water leak BFC room renovation started 12.10.20	Easier for clinicians to use either rooms
Upskilling receptionist	To book all reception staff on care navigation course	MS	Ongoing  Monies identified to provide this	Emailed CCG and CR from Modality PCN	Waiting on response for appropriate courses
COVID clinics	Allocation of staff to work the clinics via the PCN  Practice to look at priorities and balance of BAU and supporting vaccine clinics	MS	Until all patients are vaccinated  Ongoing	Practice manager, Dr Cook, Practice nurse and PA have attended the majority of COVID clinics so far	Dr Cook not receiving day off as vaccinating at the COVID clinic every Wednesday Workload of the staff members building up



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

The previous patients we registered, when neighbouring GP practice closed (approx. 800pts) these have been a huge variety of co-morbidity patients and over 65's this having an increasing impact on our clinicians, however we have decreased in 103 patients due to patients moving out of the area/RIP etc.

We are aware we can remove patients outside our practice boundary- which would decrease our list population, however we do not feel this is fair to the patients as they have been registered with us a long period of time, even before we shrunk our boundary.

Previous changes made initially are still implemented, i.e. video consultations, intercom fitted, changed to telephone system, GP telephone triage etc.

The changes to our consultation pattern within the practice has proven to be more staff friendly. All consultations will continue to be telephone triaged and patients are given the option of video consultation by Dr Cook.

COVID-19 will still play a relevant factor within the NHS and general Practice once guidelines change. We will continue with telephone triage, video consultations, the use of SMS, social media, online consultations etc.

Our Practice nurse was due to undertake the prescribing course in January but unfortunately this was delayed until September 2021 due to Covid-19.

Online consultations continue to increase and our practice is still very pro-active in advertising this.

For 18months we have been advertising for a salaried GP which has proven very difficult, but we are still currently advertising as per action plan. We have had 2 GP's interested but unfortunately did not fit our/their requirements. As of 30.3.21 we have a further 2 GPs apply.

We do have lack of storage within the practice and registering new patients will therefore see a dramatic increase of paper records and as a practice we are at storage capacity.

We have lack of room availability on some weekdays this sometime causing problems with the amount of admin/clinical member of staff in the building but this is regularly managed by the practice manager and luckily never overlaps.

We are all currently experiencing lots of issues during the current climate but as a practice we are adhering to all the services that are offered to us.

We have use of our PCN pharmacist and social prescriber for 3hrs 30mins per week.

<b>GP Telephone Consultations</b>	<b>AM</b>	<b>PM</b>
	50	60 + 4 emergency 6-6.30pm
<b>GP Face to Face appoint</b>	<b>AM</b>	<b>PM</b>
	15	14

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

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

We would definitely benefit from extra storage; however we do not have the room availability for it.

- **Practice plans to alleviate the difficulties the practice is currently experiencing**

See updated action plan above

- **Any further information presented by the practice**

Dr Cook works tirelessly everyday 8-6.30pm (7.30am on extended access days) to keep on top of the practice workload; he completes all the clinical work himself with the help of no other GP. To release the pressure we employ a locum GP for a full day on a Wednesday, however this is not extra cover.

After speaking to my reception staff we are currently receiving between 5-10 telephone calls/practice visits via intercom per day requesting to join our practice.

We have lost our Wednesday morning extended hours allocation partly due to supporting the COVID clinics falling on Wednesdays and due to the HCA not being able to deliver her phlebotomy time as there is no supervision on site.

We now have our new year allocation from 1.4.21 which has increased dramatically due to the combination of extended access and extended hours from 1.45hrs to 4hrs 10mins. This will need further discussion within the PCN and the practice as this will have an impact on the practice.

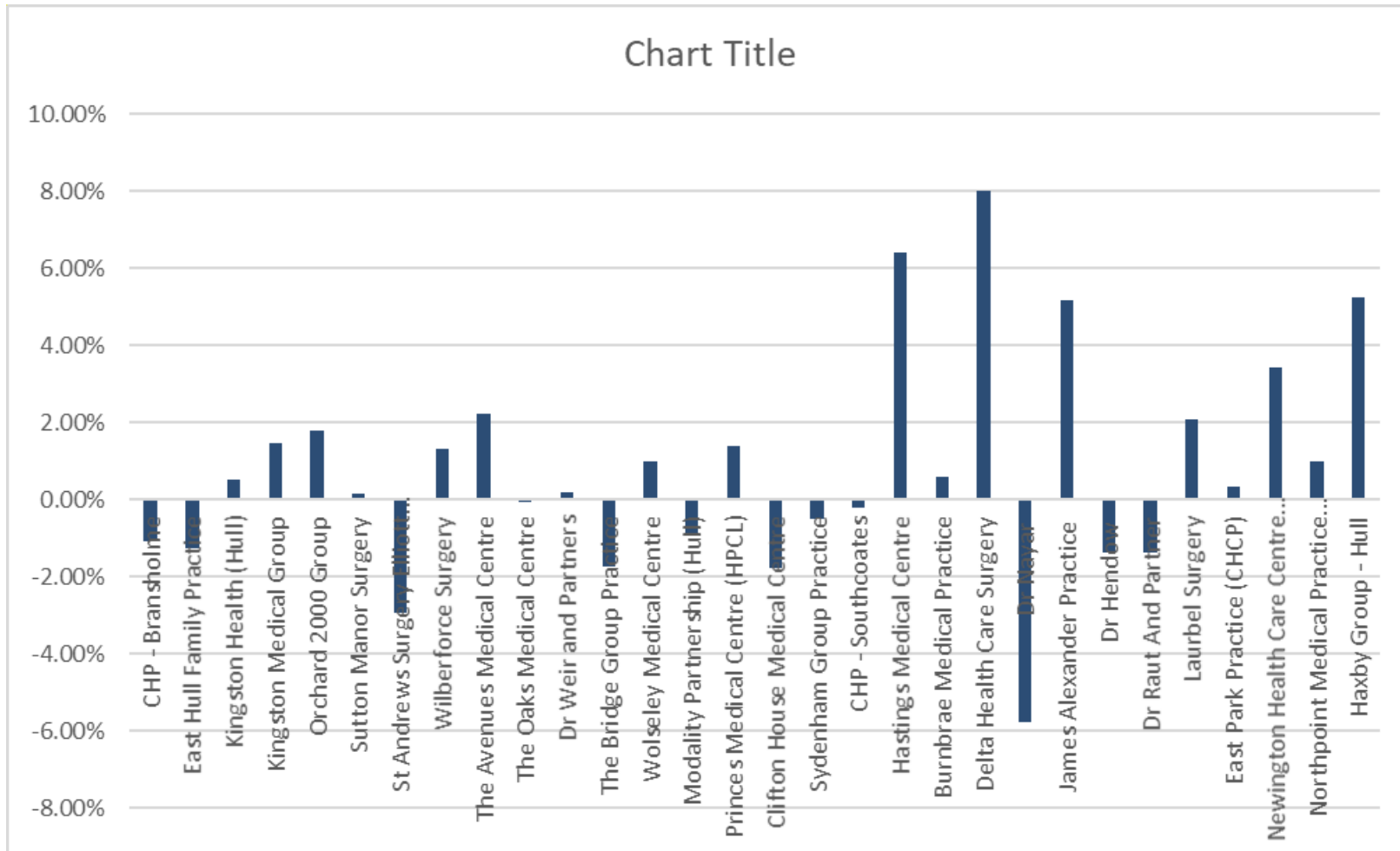
Due to everything I have outlined within this application my action plan we feel with all the information we have provided you with it is still not viable to open the practice list.

## List Sizes

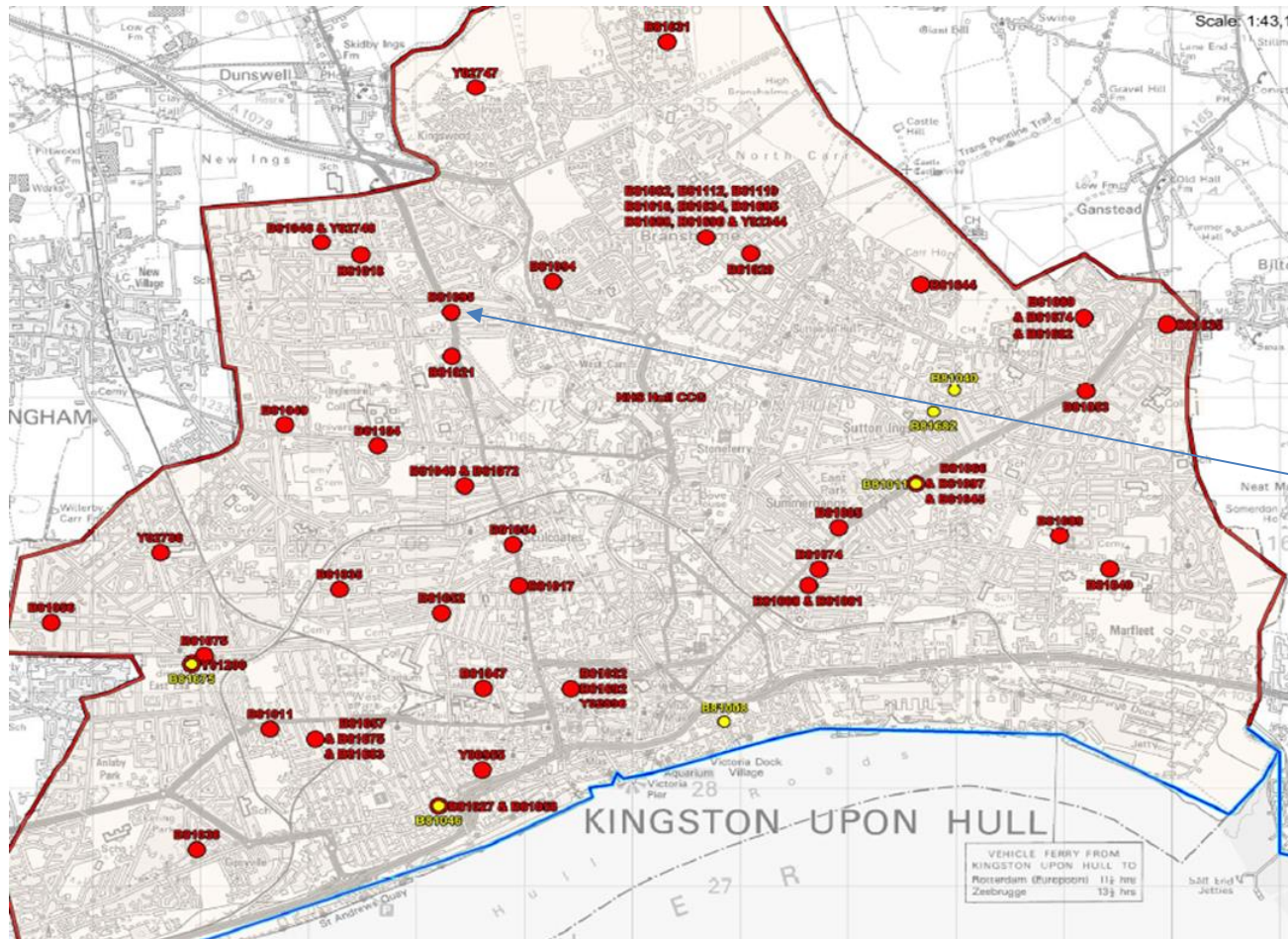
The following table and graph demonstrate the changes in list sizes over the past year for the neighbouring practices:

<b>PRACTICE CODE</b>	<b>PRACTICE NAME</b>	<b>% List size increase / decrease over past 12M</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
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 (HPCL)	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
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
B81635	Laurbel Surgery	2.08%	Closed
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

The following map excludes B81119 which was involved, during the year, in a merger (list increase = 41.83%):



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



Dr Cook's Practice

### Comment received in response to the consultation:

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

Organisation	Comment received
B81048 (Modality)	We are happy to support an extension of the current list closure
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>In the case of Dr Cook's surgery they highlight the ongoing recruitment challenges, demands from the covid vaccination programme and an extremely heavy workload which should be considered as further support towards an application for list closure.</p> <p>A further update will be provided at the meeting following a discussion with Dr Cook</p>

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

A meeting took place with the practice on 12<sup>th</sup> April 2021 between the practice, the CCG and NHS England to discuss progress against the action plan and issues the practice are still facing.

The practice has been closed since December 2019 working through the action plan submitted. As the Committee can see, the majority of the actions are now closed or no longer being pursued. Of those still open, the table below summarises these:

### Open Actions:

Action	Update	Comments
1 full time GP per full capitation list size	1 - wants locum work only 1 - zoom call with the other In discussions with retainer GP for 2 sessions	Following a discussion with the practice it was confirmed that an additional GP would be utilised to allow for Dr Cook to have time away from the practice rather than providing additional capacity within the practice.
Care navigation training and admin training for all staff	Monies identified to provide this	Practice to organise training for staff and explore use of staff to summarise records
Allocation of staff time to summarise all new patient files	Monies identified to provide this	
To book our new nurse on all the appropriate training sessions	LARC and prescribing outstanding	Prescribing course booked for Sept 2021 LARC – to make contact with the LA re training

### New actions

Action	Update
To make use of the ARRS PCN staff available to the practice	To further explore with the PCN the use of other ARRS roles & how they can support the practice
Allocation of staff to work the COVID vaccination clinics via the PCN	Practice to look at priorities and balance of BAU and supporting vaccine clinics

**For Action**

The Primary Care Commissioning Committee is asked to:

- Note the contents of this report
- Consider if the practice application to extend its list closure is to be supported
- Make a decision as to whether this is for the requested time period or another period.



## Appendix Two

### Summary of GP contract changes 2021/22

#### Core funding

- A 2.1% global sum uplift go ahead as part of the five-year deal that began in 2019 to cover pay and expenses increases.
- The cervical screening additional service will become an essential service.

#### QOF and childhood immunisations

- the childhood immunisations DES will be replaced with item of service payments and a new vaccination and immunisation domain will be added to the QOF.
- The new domain will have four indicators, worth 64 points and be funded by transferring almost £60m from the DES to the QOF.
- An additional £24m will be invested into the QOF to bolster the physical health check indicators for people with serious mental illness.
- Minor changes to the cancer care domain and to specific indicators for asthma and heart failure diagnosis.
- The QI indicators from 2020/21 on learning disabilities and early cancer diagnosis will roll over to become the QI indicators for 2021/22. There may be some minor changes to take account of how the pandemic has affected patient care.

#### Primary care networks (PCNs)

- The additional four service specifications that were put on hold last year, will not be introduced in April 2021 to allow networks and practices to focus on the pandemic.
- Minor updates will be made to the structured medication review and early cancer diagnosis services within the network contract DES from April 2021.

#### Additional roles

- The additional roles reimbursement scheme (ARRS) which funds new staff working in PCNs will increase from £430m in 2020/21 to a maximum of £746m in 2021/22 as per the agreement last year.
- Further roles will be covered by the ARRS from April 2021 - paramedics, advanced practitioners and mental health practitioners.
- From April 2021, PCNs will be entitled to a full-time equivalent mental health practitioner who will be employed and by the PCN's local provider of community mental health services. Under this new model, 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), but the practitioner will work full time in the PCN.

- Limits on the number of pharmacy technicians and physiotherapists that can be employed using ARRS funding will be removed.
- PCNs will be able to transfer over more pharmacists from the Clinical Pharmacist in General Practice scheme to the network between 1 April 2021 and 30 September 2021.

### **Investment and Impact Fund**

- At least £30m of the £150m of the Investment and Impact Fund (IIF) money will be used to incentivise improved access for patients in 2021/22, as agreed last year. There is no decision on how the rest of the funding will be used.
- IFF indicators on flu vaccination, learning disability health checks and social prescribing referrals will continue for 2021/22.
- There will be phased approach to any new IIF indicators introduced in 2021/22.

### **Digital**

- The agreement defines the 'core digital offer which all practices must provide to patients':
  - Offer online consultations that can be used by patients, carers and practice staff on a patient's behalf to gather submitted structured information and to support triage.
  - Ability to hold a video consultation. Practices are expected to 'use them ordinarily', the agreement says.
  - Two-way secure written communication between patients, carers and practices
  - An up to date accessible online presence, such as a website, that links to online services prominently
  - Signposting to a validated symptom checker and self-care health information via their website, such as to nhs.uk
  - Shared record access, including patients being able to add to their record
  - Request and management of prescriptions online
  - Online appointment booking
- Practices that have implemented a total triage model and continue to do this from April 2021 do not need to meet the 25% online booking contract requirement.
- Patients must be able to inform their practice of a change of address, contact details or of their demographic information, including ethnicity electronically.
- A new contractual requirement for more timely transfer of patient records when patients move between practices will be introduced

### **Possible future changes**

- The agreement says that 'a nationally consistent enhanced access service specification will be developed by summer 2021, with the

revised requirements and associated funding going live nationally from April 2022'. Commissioners are being encouraged to make local arrangements to transfer services and funding to PCNs before April 2022.

- NHS England and the BMA have agreed to discuss an enhanced service on obesity and weight management with a view to introducing this as early as circumstances allow during 2021.
- Both organisations plan to review and agree terms and conditions for practice staff during 2021/22.