

Item: 7.1

Report to:	Primary Care Commissioning Committee – Part 1
Date of Meeting:	17 th December 2021
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
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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:
In relation to the closed list application for Hastings Medical, the Primary Care Commissioning Committee are asked to: <ul style="list-style-type: none"> • Note the contents of the reports • Consider and confirm if the practice application to close its lists is:

- To be supported
- Supported for the period of time requested or a different period

In relation to the boundary change request from The Oaks, the Primary Care Commissioning Committee are asked to confirm:

- Note the contents of the report
- Consider and confirm if the practice application to amend their practice boundary is supported

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

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

None

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE & PRIMARY CARE UPDATE

1. INTRODUCTION

The purpose of this report is to provide national updates around primary medical care.

2. BACKGROUND

Not applicable

3. CONTRACT CHANGES

3.1 Delta Health Care (Practice Code – B81097) List Closure Application

Appendix 1 is the report

Recommendation

In relation to the closed list applications for Hastings Medical, the Primary Care Commissioning Committee are asked to:

- Note the contents of the reports
- Consider and confirm if the practice's application to close its list are:
 - Not to be supported
 - Supported for the period of time requested or a different period

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/>

5. NHS ENGLAND UPDATE NON COVID

5.1 System Letter in response to the Omicron Variant (Appendix 2)

Letter published on Friday 3rd December 2021 in response to the Omicron variant. JCVI guidance was updated to accelerate the COVID Vaccination programme to increase protection and reduce the impact of this new variant. To support this GP Practices have been given the opportunity, where they are taking part in the vaccination programme, to create capacity by income protecting certain areas of QOF and IIF and all of Minor Surgery where contractors consider it clinically appropriate. Dispensing Services Quality Scheme (DSQS) requirements are also reduced with practices being asked to prioritise patients who they would consider to be higher risk or who would benefit from a review. For the indicators that are suspended, funding will be re-purposed. This additional

capacity **MUST** be used to support the vaccination programme. Details can be found in the letter. QOF and IIF will recommence in full April 2022.

In relation to Community Pharmacy, it is being explored what opportunities can be made available to create additional capacity so they too can support the acceleration of the vaccination programme.

Additional financial support offered to PCN vaccination sites and Community Pharmacy sites:

- an increase to the Item of Service (IoS) fee to £15 per jab administered on weekdays and Saturdays from 1st December 2021 to 31st January 2022 (exclusive of days designated as a Bank Holiday) and an increase to the IoS fee to £20 per jab administered on Sundays or Bank Holidays over the same period
- an increase in the supplement for third dose and booster vaccination of house-bound patients to £30 from £20 until 31st December, backdated for those already carried out
- a temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1st December 2021 to 31st January 2022 from 1st December 2021.
- **FOR PCNS ONLY** - an enhanced payment to support Clinical Director and management leadership of PCN sites to 1 WTE for the period 1st December 2021 to the end of March 2022.

Routine CQC inspections will continue to be paused, and only risk-based assessment will be undertaken, where deemed critical to safety and quality.

Additional workforce is also being made available to support this vaccination programme acceleration.

A further letter was published on 7th December which detailed temporary GP contract changes to support the COVID Vaccination Programme (Appendix 3).

5.2 General Practice Electronic Declaration (e-Dec)

The e-Dec is an annual contractual requirement in which practices provide responses to a series of questions with the purpose of providing assurances of contract compliance. The collection window for the 2021 General Practice Annual Electronic Self-Declaration (eDec) will open to receive submissions from Monday 18th October 2021. The deadline for submitting the eDec was Friday 26th November 2021.

As at that date, 6 of the Hull practice declarations were either not started or in progress

5.3 Primary Care Flexible Staff Pools

The primary care flexible staff pool arrangements reflect the People Plan commitment to establish GP banks, and replaces the Locum Support Scheme commitment made in '[Update to the GP Contract Agreement 2020/21-2023/24](#)'.

The ambition is for these flexible staff pools to support groups of primary care networks (PCNs), increase capacity in general practice and create a new offer for local GPs wanting to work flexibly.

<https://www.england.nhs.uk/gp/the-best-place-to-work/primary-care-flexible-staff-pools/>

The ICS undertook a procurement exercise using the NHS England framework following which a contract was awarded to a supplier called Lantum. A 2-year agreement has been put in place using System Development Funding and is currently being mobilized, which will provide all interested Practices in Humber, Coast and Vale with access to the system.

Recommendation: that the Primary Care Commissioning Committee note the NHS England updates

6. WINTER ACCESS FUND

Systems have been asked to support the development of schemes that would benefit from enhanced support on access over the winter. The two main uses of the WAF will be to:

- Drive improved access to urgent, same day primary care ideally from patients own general practices services by increasing capacity in GP practice or PCN level or in combination
- Increase resilience of NHS urgent care system during winter by expanding same day urgent care capacity

NHS Hull CCG, in discussion and agreement with PCN Clinical Directors, decided to work on PCN led schemes to ensure we provided efficiency, effectiveness and equality across the whole city and all practices.

All schemes that had been put forward by HCV was presented to the Regional Team in mid-November. The feedback was positive, and we have moved forward into implementation and mobilisation stage. The funding is expected to cover schemes that can be implemented at pace, for delivery between December 2021 – March 2022, to support winter pressure and provide additional capacity.

NHS Hull CCG will receive the funding for the ICS and a process has been set up to utilise the Primary Care Workforce Portal for claims.

The schemes that have been agreed to take forward at scale across Huber Coast & Vale are as follows:

- Creating a central human resources service to support primary care, specifically with recruitment
- Creating a centre PALS service to free up capacity in practices
- Standardise Opel reporting across primary care
- At scale training programme and training resources
- Common approach to coding and collection of key activity data to assist with capacity and demand
- Work with Secondary Care to make interfaces with primary care more efficient and effective, including digital aspects
- Engage with national communications programme and support local rollout
- Establish ICS side fellowship programme
- GP Retainer offer

In addition to the above, we are working with our Hull PCNs on schemes that include:

- Primary Care Winter Hubs to provide additional urgent same day capacity
- Increase remote and face to face GP/nurse/clinician consultations
- Increase in administration and telephony support to deal with specific high-volume areas
- Mental Health support working directly in Primary Care
- Local training to enhance HCAs/TNAs
- Self-care equipment to support patients and triage
- Work with the voluntary and community sector to implement training to public and patients on NHS App and GP clinical systems

Updates can be provided to the Committee on the outcome of the schemes, as per the requirements of NHSE on monitoring.

Recommendation: that the Primary Care Commissioning Committee note the Winter Access Fund update

Appendix 1 – Delta Health Care Closed List Report

Introduction

Delta Healthcare (Practice Code – B81097) has applied to temporarily close its list for a period of 6 to 12 months. The practice is located at the following address:

**DELTA Healthcare
Park Health Care Centre
700 Holderness Road
HULL
HU9 3JA**

With branch surgeries at the following:
None

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

Health Care Professional	Total Number employed	WTE	Sessions worked
GPs	1	0.7	6
Practice Based Pharmacists			
Advanced Care Practitioners			
Physicians Associates			
Practice Nurses	1	0.2	2
Health Care Assistants	1	0.2	2
Other: (Please define)			

The table below shows the practice's list size during the past 12 months:

Quarter 0 30/09/20	Quarter 1 31/12/20	Quarter 2 31/03/21	Quarter 3 30/06/21	Quarter 4 30/09/21	Total movement during year	% increase during year
2819	2832	2882	2935	2914	+95	+3.37%

The practice is part of the Hull Modality Partnership PCN. List sizes during the past 12 months for all practices within that PCN are as follows:

Code	Q0 30.09.20	Q1 31.12.20	Q2 31.03.21	Q3 30.06.21	Q4 30.09.21	Yr chng	%
B81011	9710	9732	9761	9784	9799	+89	+0.92%
B81027	8592	8554	8408	8339	8284	-308	-3.58%
B81048	58431	58295	57848	57420	56953	-1478	-0.81%
B81095	4008	3965	3902	3843	3811	-197	-4.92%
B81097	2819	2832	2882	2935	2914	+95	3.37%
Totals:	83560	83378	82801	82321	81761	-1799	-2.15%

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:**

DELTA Healthcare inherited a mismanaged surgery in early 2018. Despite efforts and input over the past three years to clear the back logs, at the sole expense of DELTA Healthcare and without help from HA, the ever-increasing new patient registrations along with the associated workload is hindering the above effort.

The list size at presents is growing at a geometric rate. The new patient registrations are predominantly the Polish community which deserves lots of both medical and language support. The language support is putting more pressure on clinicians and reception staff. We have to consider the welfare of our staff and that of the patients.

We are limited for space as we have one consulting room which does not allow for us to employ another GP. DELTA Healthcare had applied for an additional room, over a year ago, but up until today we have received no response from CCG other than to say they will look into it.

DELTA Healthcare is actively engaged with HYMS in teaching medical students.

- **Options the practice has considered, rejected or implemented in an attempt to relieve the difficulties. If any were implemented, what success was achieved in reducing / erasing those difficulties?**

To recruit an additional GP, but room capacity does not allow this to be an option at present.

DELTA Healthcare had asked for resilience funding and also a refund of promised money to help with the workload and the replacement of dis-functional and outdated equipment, for example, Lloyd George cabinets to help safeguard patient's confidential data. An ECG machine, new couches as the old ones were not suitable for elderly patients, and a defibrillator machine. However, Hull CCG has not paid any of the monies even though this had been allocated and promised to us.

We were also promised money to bring up to date our summarising and medical reviews but as above even though this was promised to us, we have never received this, and therefore DELTA have paid to cover all of these resources.

DELTA Healthcare had successfully used intensively telemedicine to manage patient's but due to the continued surge in new patient registrations we have asked as above.

- **Patient engagement**

We intend to consult our patients as our PPG group has spiralled in a downward direction due to COVID-19 pandemic and members failing in health. We are advertising in our waiting room area at Park Health Centre, and also have advertised on the Practice's website.

- **Discussions with other local contractors**

Yes.

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

Appropriate financial support and the addition of another consulting room would allow us to employ another clinician.

A large proportion of our patients live outside of our practice boundary, we are encouraging them to move to a new Practice closer to where they live.

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

Appropriate financial support and an additional consulting room would allow us to employ another clinician.

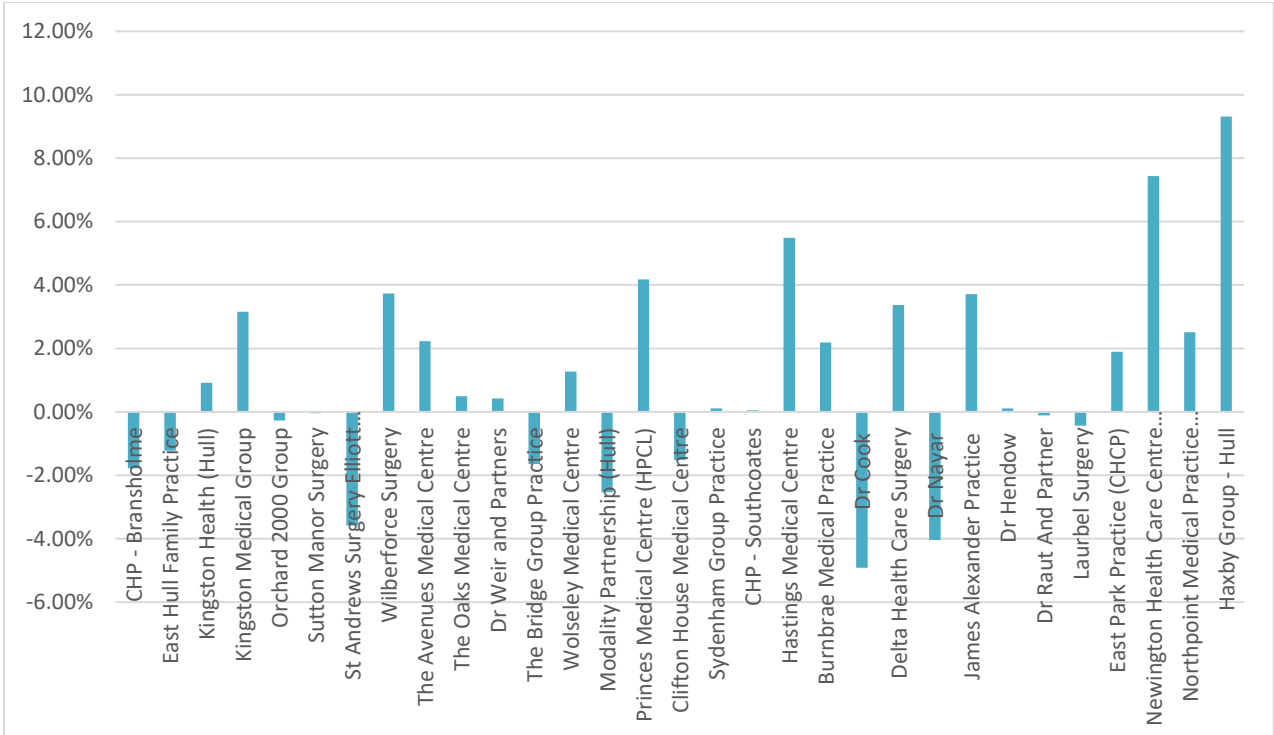
- **Any further information presented by the practice**

The Practice is a training practice, teaching year 4 and gateway medical students.

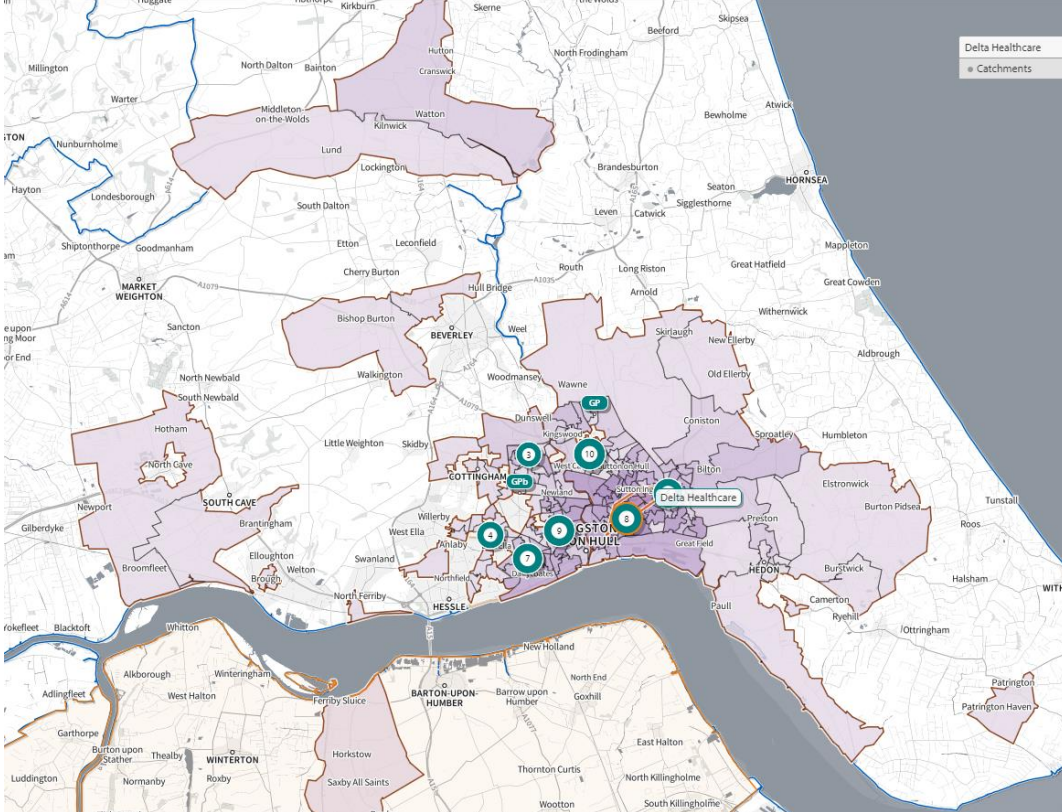
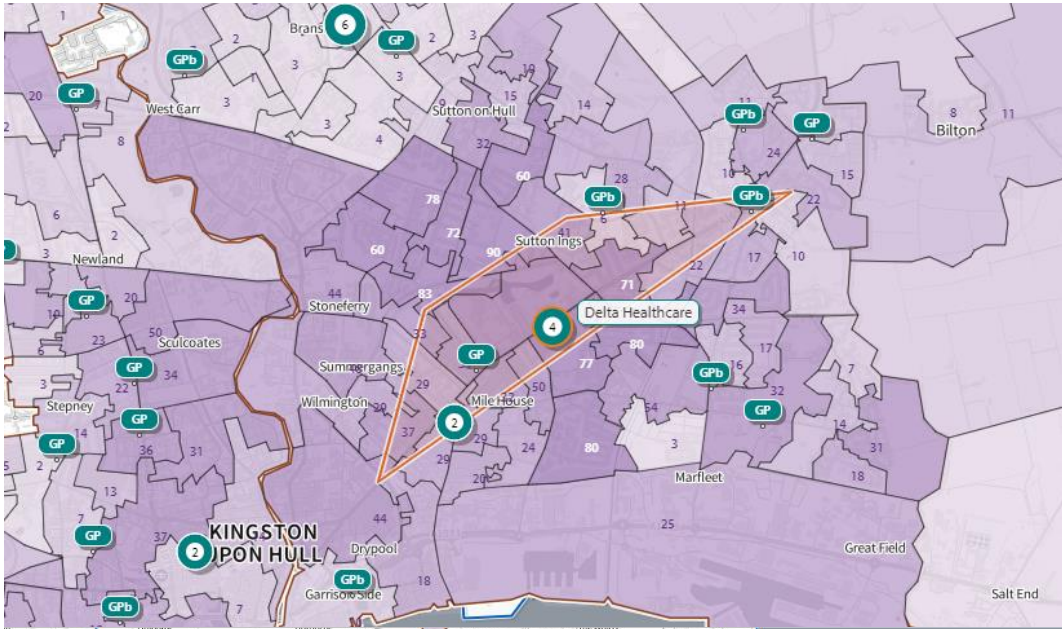
List Sizes

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

PRACTICE CODE	PRACTICE NAME	% List size increase / decrease over past 12 months	Open / Closed List
B81002	CHP - Bransholme	-1.78%	Open
B81008	East Hull Family Practice	-1.22%	Open
B81011	Kingston Health (Hull)	0.92%	Open
B81017	Kingston Medical Group	3.16%	Open
B81018	Orchard 2000 Group	-0.27%	Open
B81020	Sutton Manor Surgery	-0.04%	Open
B81027	St Andrews Surgery Elliott Chappell	-3.58%	Open
B81032	Wilberforce Surgery	3.73%	Open
B81035	The Avenues Medical Centre	2.23%	Open
B81038	The Oaks Medical Centre	0.49%	Open
B81040	Dr Weir and Partners	0.42%	Open
B81046	The Bridge Group Practice	-1.64%	Open
B81047	Wolseley Medical Centre	1.27%	Open
B81048	Modality Partnership (Hull)	-2.53%	Open
B81052	Princes Medical Centre (HPCL)	4.18%	Open
B81054	Clifton House Medical Centre	-1.52%	Open
B81058	Sydenham Group Practice	0.11%	Open
B81074	CHP - Southcoates	0.05%	Open
B81075	Hastings Medical Centre	5.49%	Closed
B81085	Burnbrae Medical Practice	2.19%	Open
B81095	Dr Cook	-4.92%	Open
B81097	Delta Health Care Surgery	3.37%	Open
B81104	Dr Nayar	-4.04%	Open
B81112	James Alexander Practice	3.71%	Open
B81616	Dr Hendow	0.11%	Open
B81631	Dr Raut And Partner	-0.11%	Open
B81635	Laurbel Surgery	-0.43%	Open
B81645	East Park Practice (CHCP)	1.90%	Open
B81675	Newington Health Care Centre (Haxby)	7.43%	Open
Y02344	Northpoint Medical Practice (Humber)	2.51%	Open
Y02747	Haxby Group - Hull	9.31%	Open



The maps below identify the location of practices within the local area (green circles), Delta Healthcare's boundary (orange) and the home addresses of its registered patients (purple shading – the highest densities are shown in the darkest colours):



Comments received in response to the consultation:

In line with NHS England’s “Managing Closed lists” policy, nearby practices within the Hull CCG area and the LMC Group have been consulted. The following comments were received:

Organisation	Comment received
LMC	<p>Delta Healthcare is a single-GP practice, with a significant proportion of registered patients who do not speak English as their first language. This does require additional time and resources in providing translation services, which is largely done by the GP himself. Despite recently declining to register out-of-area patients, the practice list has continued to increase by over 3% in the last year (2914 for one WTE GP). The practice contributes to training HYMS medical students too. One of the big limiting factors in increasing workforce capacity at the moment is lack of room space – this issue has been raised on several occasions by the practice. The use of locum GPs or the consideration of employing a salaried GP is being hampered by the lack of room availability.</p> <p>General practice is under even more pressure this winter given the effects of the pandemic, the provision of COVID and flu vaccinations, significant secondary care-generated work, as well as staff illness and isolation. In general, practices that apply to close their lists don’t undertake this decision lightly, and make this decision if they feel that any increase in workload will potentially impact the ability to provide safe care for their registered patients, or that it will affect their ability to undertake their core contractual obligations to meet patients’ needs. In these instances, it may be appropriate to request a list closure for a period of time, and the LMC would support this approach.</p>

Summary of practice discussion to be considered by the Committee

NHS Hull CCG and NHS England met with the practice on 13th July to discuss their practice list closure application.

The practice has a significant proportion of patients who live outside of their practice area. In a meeting with the CCG prior to the pandemic, they were advised to only take patients who lived within their practice area but continued to accept patients who lived outside of it. They are now asking these patients to find another practice closer to where they live.

As they state in their application, a significant number of their patients are Polish and for whom English is not their first language. This requires additional time and resource which is provided by Dr Igoche himself. The practice was reminded of AA Global which is a service commissioned by the CCG to provide interpretation support to practices and who could be utilised to release Dr Igoche's capacity.

Dr Igoche did take over a practice where there were issues and have worked hard to resolve those. The practice has been supported in addressing these by the CCG. These issues resulted in the practice being rated as "Requires Improvement" by the CQC, as with all practices who are given this rating, the CCG and NHS England supported the practice action plan with a contribution from the Resilience Funding. Despite several requests to the Practice Manager and GP to forward the invoices for items purchased to address areas in the action plan, these are still to come in which has meant that no funding has been passed to the practice.

In relation to the limitation of clinical space, the practice has been advised that there is another room within the Health Centre that they can utilise and need to have a discussion with the other practices within the Health Centre. The CCG understands that this discussion has not yet been progressed but this is the route to obtain additional clinical space.

NHSE&I Recommendation

A closure would enable the practice to:

- Work through those patients who are out of their practice area and request that they find a GP closer to home
- Explore support they can obtain from AA Global to enable Dr Igoche to free up his time to see other patients
- Progress discussions with the other practices in relation to additional clinical space

For Action

The Committee will need to consider the reasonableness, or otherwise, of the timescale requested in order to implement the agreed actions.

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

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

Appendix 2 - System Letter in response to the Omicron Variant



C1468 JCVI advice
in response to the e

Appendix 3 - Temporary GP contract changes to support COVID-19 vaccination programme



C1475_Letter re
temporary GP contrac