

**Item 7.1**

**Item: 7.1**

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| **Report to:** | Primary Care Commissioning Committee – Part 1 |
| **Date of Meeting:** | 22nd October 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 |
| **Author:** | 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:**  X |  |
| To approve | To endorse |
| To ratify | To discuss |
| To consider | For information |
| To note  X |  |

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| --- |
| **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:   * 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 Modality, 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 in particular the GP Access and delegation assessment framework sections |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | | x  No | Yes |
| If yes, detail grounds for exemption |  | | |

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| **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. |

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| **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. |

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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 |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*)  None |

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| **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. |  | |

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| **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 Hastings Medical (Practice Code – B81075) List Closure Application** Appendix 1 is the report

In relation to support with digitising the paper records, the practice is exploring options for storing notes off site as well as putting themselves forward for the digitisation of medical records

The practice is seeing an increase in patients wanting to register with them from practices close by which is stretching capacity both administratively and clinically.

They are also experiencing, due to the use of PCN additional roles staff and the new ways of working introduced by COVID, limitations of the current building. Time to explore a reconfiguration of the building would enable them to utilise the whole building better, both upstairs and downstairs, and allow additional roles staff to undertake additional sessions and for clinicians to undertake telephone triage in a non-clinical room. It would also enable them to explore the possibility of Hastings becoming a training practice.

They acknowledge that they were offered the opportunity to move into the new build but declined to do so for reasons highlighted in the report.

In relation to the patients who live outside of their current practice boundary, work is ongoing to encourage these patients to register closer to their home address

**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 practices applications to close their lists are:
  + Not to be supported
  + Supported for the period of time requested or a different period

**3.2 Modality Practice (Practice Code – B81048) Boundary Change**

Appendix 2 is the report

Modality Practice have applied to revise their practice boundary so that it aligns to the geographical boundary of Hull. This will minimise the inequalities in service provision for the patients who currently reside between Hull & East Riding. The amendment will only affect new registrations and those existing patients who subsequently move out of the amended area. The practice are putting forward a boundary change as an alternative to a list closure application as they feel this will adversely impact patients living in Hull, particularly in the HU5 area where they receive a significant proportion of new patient registrations from an ethnically diverse population. Due to the alignment of Care Homes to PCNs and CCG boundaries there are not expected to be any Care Homes or Nursing Homes affected by this proposal. This proposal has been discussed with East Riding CCG.

**Recommendation**.

In relation to the boundary change request from Modality, 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

**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/>

**4.2 COVID Vaccine Delivery – Phase 3**

All 5 PCNs in Hull have signed up to deliver the Phase 3 of the Vaccine Programme. This will see Boosters being delivered to all those aged 50 years of age and over, those who are deemed clinically at risk and at-risk cohorts who are 16yrs and over.

Practices have started to invite their patients in already and the Pharmacies have provided available clinics on the National Booking System so that people can book into online.

Care Home Boosters have already commenced, and we have a timeframe of completion by 1st November, which we are confident that the PCNs can deliver.

NHS England have requested that we have an ‘evergreen offer’ open to all those individuals that have yet to take up the offer of a vaccine.

Co-administration of Flu and COVID vaccine has been approved; the operational aspect from PCNs/Practices to deliver this will depend on availability of both vaccines for joint clinics.

**4.3 Community Pharmacy Sites**

All 3 existing Community Pharmacy sites have expressed an interest in delivering Phase 3. In addition, 7 new sites have been identified to support delivery across the city. Some of these are across the Hull / East Riding border but have been agreed as they enable additional capacity to be provided.

**Current Community Pharmacy Sites**

|  |  |
| --- | --- |
| HULL LATE NIGHT PHARMACY | 124-127 WITHAM, HULL, HU9 1AT |
| ORCHARD 2000 PHARMACY | 480 HALL ROAD, HULL, HU6 9BS |
| SUTTON MANOR PHARMACY | SUTTON MANOR PHARMACY, ST IVES CLOSE, WAWNE ROAD, HULL, HU7 4PT |

**New** **Community Pharmacy Sites**

|  |  |
| --- | --- |
| KEITH'S PHARMACY LIMITED | 404 COTTINGHAM ROAD, HULL, HU6 8QE |
| Asda Pharmacy - Bilton | ASDA STORES LTD, MAIN ROAD, BILTON, HULL, HU11 4AL |
| Tesco | TESCO STORES LTD, ST STEPHENS SHOPPING CENTRE, PARK STREET, HULL, HU2 8RW |
| HESSLE PHARMACY | 225 BOOTHFERRY ROAD, HESSLE, HU13 9BB |
| CITY HEALTH PHARMACY | 81 SOUTH BRIDGE ROAD, HULL, HU9 1TR |
| CITY HEALTH PHARMACY | 16 GOODWIN PARADE, HULL, HU3 2HA |
| BROCKLEHURST CHEMISTS | 801-803 HOTHAM ROAD SOUTH, HULL, HU5 5JX |

**5. NHS ENGLAND UPDATE NON COVID**

**5.1 Improving Access for Patients and Support for General Practice**

**(Appendix 3)**

This document was published on 13th October in relation to winter planning with access to general practice being an essential part of winter plans. The document describes several further actions that now need to be taken by the NHS, Government and partner organisations, to support general practice and ensure it has the support, technology and time to deliver the right care for patients in the right way and at the right time to improve access including face-to-face appointments with GPs. They include steps to:

(a) increase and optimise capacity

(b) address variation and encourage good practice and

(c) improve communication with the public, including tackling abuse and violence against NHS staff

To support the delivery of the above, additional capacity funding has been made available for systems. During the first half of the 21/22 financial year, an additional £120m was made available to general practice to expand capacity via local commissioners. The amount tapered to £10m for September. A further **£10m** of continued funding will be distributed in the same way in October 2021. For the five months November to March, a new **£250m** Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.

The two main uses of the fund will be:

(i) to drive improved access to urgent, same day primary care, ideally from patients’ own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination

(ii) to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings

In relation to the funding:

* The amount deployed will depend on local systems being able to demonstrate value including quantification of the scale of increased capacity and expected impact
* A maximum indicative amount will be calculated on the CCG primary care weighted capitation formula, which takes account of inequalities
* Funding up to this indicative ceiling will be released in early November to lead CCGs within ICSs, following plan submission and then NHS England approval
* Local systems should continue to make decisions now, within existing resources to increase same day urgent capacity
* A partway checkpoint will apply; funding could be reduced or discontinued if demonstrable progress has not been made by mid-December

All systems must develop and submit a plan, by Thursday 28 October, assured by the ICS board, in line with a simple standard template which is yet to be published. The plan will be developed with ICS Clinical Leads, PCN clinical directors, CCGs and LMC Colleagues.

Full document available here:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

**5.2 Delegation**

With the dissolution of CCGs, Integrated Care Systems (ICSs) will be **required** to assume delegated responsibility for the commissioning and contract management of primary care medical services **from 1st April 2022**. We are also required to assume delegated responsibility for the commissioning and contract management of community pharmacy (including Dispensing Doctors), dental services and community optometry services from **1 April 2023**.  We can take responsibility sooner than that if we feel we are able to do so.

To support this the ICS had to submit, by 24th September 2021, expressions of interest’ via the completion of a pre-delegation assessment framework for each of the contractor groups. These reflected the intentions of the ICS and we worked with CCGs on these so that the submission reflected the closer working relationships and to ensure together we can assume these responsibilities.

Appendices 5-8 are an overview of the process and the pre-delegation assessment frameworks for each contractor groups.

The deadline of 24th September 2021 was met, and the dates submitted for assuming delegated responsibility for commissioning and contract management were:

* Primary Medical Services from 1st April 2022
* Dental Services from 1st April 2023 and in shadow form from 1st October 2022
* Community Optometry from 1st April 2023 and in shadow form from 1st October 2022
* Community Pharmacy from 1st April 2023 and in shadow form from 1st October 2022

**5.3 Clinical Pharmacist on General Practice Programme**

Clinical Pharmacists that have remained on the Clinical Pharmacists in General Practice Scheme and are in post on 31 March 2021 can transfer to PCNs and be reimbursed under the Additional Roles Reimbursement Scheme (ARRS), in line with previous transfer arrangements. The opportunity will be available from 1 April 2021 to 30 September 2021.

**5.4 General Practice Appointment Data (GPAD)**

Guidance for practices on standard national general practice appointment categories was published earlier in the year to support the mapping of local appointment slots to these new categories. This follows on from guidance published in August 2020 jointly with NHS England and NHS Improvement and the British Medical Association General Practitioners Committee, which introduced an agreed definition of a general practice appointment.

Practices are required to record all appointments in their clinical systems in line with this definition. Primary care networks will be incentivised through the Investment and Impact Fund for their practices completing both the mapping and improvements in overall appointment data quality by 31st July 2021.

**5.5 Contraceptive Pilot**

At the last PCCC, the Committee were informed that NHS England had been asked to submit jointly with the CCG and the Local Authority an expression of interest in relation to the above. This was submitted on 18th June 2021.

We have been informed that this was successful, and we are working with the Community Pharmacy sites, the CCG, the Local Pharmacy Committee, the Local Authority, PCNs to implement this pilot

To date there are 7 Community Pharmacy sites signed up to deliver this pilot in Hull

**5.6 Enhanced Services – Long COVID and Weight Management**

Two new enhanced services have been published; Long COVID and Weight Management. These were offered to practices by 8th July who then had to sign up to deliver these if they wish by 31st July 2021. Practices were offered these services on 24th June 2021.

Two new enhanced services were made available to GP Practices to support recovery from the pandemic in the updated GP contract arrangements for 21/22.

* The Weight Management Enhanced Service encourages practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight and provides up to £20m funding for referrals to weight management services.
* The Long COVID Enhanced Service will support professional education, training and pathway development that will enable management in primary care where appropriate and more consistent referrals to clinics for specialist assessment. It will also support accurate coding and planning to ensure equity of access. NHS England will provide up to £30m for the service.

In Hull, 25 practices have signed up to the Weight Management Enhanced Service. 3 declined to sign up and 4 did not return their sign-up sheet by the 31st July deadline. In relation to Long COVID, 26 practices have signed up, 3 declined to sign up and 3 did not return their sign-up sheet.

In relation to both Enhanced Services, options are being explored to offer the service to those practice patients who have not signed up

**5.7 Primary Care Network Additional Roles**

Under the terms of the Network Contract Directed Enhanced Service PCNs were asked to complete and return a workforce plan by 31st August using a national template providing details of its updated plans for 21/22.

PCNs are also asked to submit their indicative future recruitment plans to the CCG by 31st October 2021.

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

**Appendix 1 – Hastings Medical Closed List Report**

**Introduction**

Hastings Medical Centre (Practice Code – B81075) has applied to temporarily close its list for a period of 12 months. The practice is located at the following address:

**Hastings Medical Centre**

**919 Springbank West**

**Hull**

**HU5 5BE**

With branch surgeries at the following:

**N/A**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Health Care Professional | Total Number employed | WTE | Sessions Worked (per clinician) |
| GPs | 5 | 1.22-1.33 | 11-12 |
| Practice Based Pharmacists |  |  |  |
| Advanced Care Practitioners |  |  |  |
| Physicians Associates |  |  |  |
| Practice Nurses | 2 | 0.6 | 6 |
| Health Care Assistants | 2 | 0.4 | 4 |
| Other: (Please define) |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quarter 0**  **30/06/20** | **Quarter 1**  **30/09/20** | **Quarter 2**  **31/12/20** | **Quarter 3**  **31/03/21** | **Quarter 4 30/06/21** | **Total movement during year** | **% increase**  **during year** |
| 3541 | 3606 | 3654 | 3757 | 3805 | +264 | +7.46% |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practice Code** | **30.06.20** | **30.09.20** | **31.12.20** | **31.3.21** | **30.06.21** | **Total movement during year** | **%**  **increase/**  **decrease**  **during year** |  |
| B81032 | 4255 | 4233 | 4243 | 4242 | 4301 | 46 | 1.08% |  |
| B81035 | 6899 | 6944 | 6957 | 6994 | 7072 | 173 | 2.51% |  |
| B81038 | 7506 | 7531 | 7502 | 7529 | 7574 | 68 | 0.91% |  |
| B81047 | 7316 | 7334 | 7364 | 7417 | 7420 | 104 | 1.42% |  |
| B81054 | 8663 | 8642 | 8641 | 8599 | 8602 | -61 | -0.70% |  |
| B81058 | 8473 | 8427 | 8388 | 8481 | 8456 | -17 | -0.20% |  |
| B81075 | 3541 | 3606 | 3654 | 3757 | 3805 | 264 | 7.46% |  |
| B81104 | 7159 | 7031 | 6981 | 6847 | 6686 | -473 | -6.61% |  |
| **Totals:** | **53812** | **53748** | **53730** | **53866** | **53916** | **104** | **0.19%** |  |

**Regulations / Policy**

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

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

**Practice application**

The practice’s application included the following information:

* **Main reason(s) for application:**
* The list size has more than doubled in the last 12 months. Prior to the pandemic, resources were becoming stretched, but over the last 6 months demand for services has grown significantly. Concern is growing that the workload could become unmanageable if no action is taken, and the list continues to grow.
* Pressure from additional workload is felt not only by clinicians, but by the support staff as the first point of contact, inevitably bearing the brunt of patient dissatisfaction. This is becoming increasingly stressful for the team. As their employers, the practice has a responsibility for the welfare of their staff, as much as their patients.
* It is not possible to provide more resources as space is a limiting factor. Restrictions with the current layout have raised the prospect of reconfiguring or extending to create the much-needed extra space. The practice is asking for the list to be closed pending this reconfiguration and to allow a pause to evaluate the current risk profile and how it is managed.
* **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?**
* **Recruiting additional GP capacity**

A new (part-time) GP joined the partnership in January 2021 creating additional capacity as he did not replace someone who had left or retired. Half of this new capacity has been allocated for Hastings’ patients through regular remote support of 5 – 10 hours per week depending on overall capacity. Support is also provided by GPs working from the Hornsea site and although this has been beneficial, it is not ideal in the long-term as working remotely means that GP cannot see patients face to face. There is no possibility of offering the extra resource on-site because of the lack of space.

* **Additional practice nursing/healthcare technician capacity**

Since 2016 there has been a significant increase in resource, with 3 practice nurse days and 2 healthcare assistant days per week. They are maximizing use of clinical space available but are aware of unmet demand with extra appointments often ‘squeezed in’. There is no space to accommodate additional capacity despite the demand.

* **Recruitment of nurse prescriber and efficient use of staff**

The skills and expertise the nurse prescriber appointed in November 2019 has brought to the team has allowed the transfer of the majority of chronic disease management workload from the GPs.

Clinics are planned and configured using each clinician’s skill set efficiently. Reception staff are ensuring appointments are booked with the appropriate person. Health care assistants have been given additional training to carry out further assessments such as diabetic foot checks.

* **Other support – network services**

The paramedic home visiting service has since been reinstated after the pandemic, and the practice are utilising again, whenever possible.

A variety of appointments are available through Access Plus, provided by Bevan PCN, however this can sometimes meet resistance from patients who prefer to come to the surgery.

* **Investment in infrastructure**

Work is ongoing towards the replacement of the phone system to a new EMIS integrated, cloud based system which will be installed shortly. Once the system is updated, it is likely additional support staff will be needed, however due to lack of space this will not be possible.

*The measures outlined above have been relatively successful and provided growth in resources contributing to meeting the needs of the growing patient list. The practice feel they have done as much as they can to maximise output from current resources (staff and space) and there is no scope to achieve anymore.*

* **Patient engagement**

Currently the practice does not have any members in the PPG despite details of the group being advertised on our website and in the practice waiting room. Historically we had very few members, all of whom have left the list.

* **Discussions with other local contractors**

No information provided by practice.

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

1. Support for digitising of paper records to free-up office space.
2. Support with building redevelopment/extension through business as usual/improvement grants and help with finding alternative accommodation for the duration of the redevelopment.

3. A significant number of patients registered live beyond the practice boundary, some living a considerable distance away. Help encouraging them to register at a practice nearer to where they live would be useful. We have written to some, but with no success.

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

1. **Building development**

Agreement has been reached by the partners to reconfigure or extend the building and create much-needed clinical and admin space. During the refurbishment period services will inevitably be disrupted, and although we will keep this to a minimum, additional workload will be unmanageable.

1. **Recruitment**

Once the site has been re-developed, resource levels will be reviewed and recruitment carried out as needed.

1. **Training practice**

The GPs are looking at the viability of developing Hastings as a training practice and for practical reasons this may be achievable in conjunction with another practice in the network. As well as providing additional capacity, training registrars gives us the opportunity to establish relationships with newly qualified GPs improves the chances of success in future recruitment. We would also like to host HYMS students in the future as several of the GPs are already involved as tutors. Hosting medical students gives an opportunity to showcase general practice as a potential future career.

**4. Network services**

We will continue to maximise use of services provided by Symphonie PCN, including the home visiting service, Access Plus and social prescribers. The positive effects on capacity brought about by delivery of network services will contribute to alleviating the difficulties faced and as the services become more established, their contribution will increase.

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

*No further information provided by the practice.*

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 | -2.11% | Open |
| B81008 | East Hull Family Practice | -1.07% | Open |
| B81011 | Kingston Health (Hull) | 0.44% | Open |
| B81017 | Kingston Medical Group | 2.44% | Open |
| B81018 | Orchard 2000 Group | 0.24% | Open |
| B81020 | Sutton Manor Surgery | -0.24% | Open |
| B81027 | St Andrews Surgery Elliott Chappell | -3.64% | Open |
| B81032 | Wilberforce Surgery | 1.08% | Open |
| B81035 | The Avenues Medical Centre | 2.51% | Open |
| B81038 | The Oaks Medical Centre | 0.91% | Open |
| B81040 | Dr Weir and Partners | 0.65% | Open |
| B81046 | The Bridge Group Practice | -1.64% | Open |
| B81047 | Wolseley Medical Centre | 1.42% | Open |
| B81048 | Modality Partnership (Hull) | -1.89% | Open |
| B81052 | Princes Medical Centre (HPCL) | 4.01% | Open |
| B81054 | Clifton House Medical Centre | -0.70% | Open |
| B81058 | Sydenham Group Practice | -0.20% | Open |
| B81074 | CHP - Southcoates | -0.84% | Open |
| **B81075** | **Hastings Medical Centre** | **7.46%** | **Open** |
| B81085 | Burnbrae Medical Practice | 1.66% | Open |
| B81095 | Dr Cook | -5.32% | Closed |
| B81097 | Delta Health Care Surgery | 7.04% | Open |
| B81104 | Dr Nayar | -6.61% | Open |
| B81112 | James Alexander Practice | 3.79% | Open |
| B81616 | Dr Hendow | -0.94% | Open |
| B81631 | Dr Raut And Partner | -0.15% | Open |
| B81635 | Laurbel Surgery | 1.14% | Open |
| B81645 | East Park Practice (CHCP) | 1.15% | Open |
| B81675 | Newington Health Care Centre (Haxby) | 6.42% | Open |
| Y02344 | Northpoint Medical Practice (Humber) | 2.13% | Open |
| Y02747 | Haxby Group - Hull | 9.13% | Open |
| B81100 | Dr Milner A C (Anlaby Surgery ERY CCG) | -6.81% | Closed |

The map below identifies the location of practices within the local area (green circles), Hastings Medical Centre’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 nearby practice Dr A C Milner (Anlaby Surgery, ERY CCG) and the LMC Group have been consulted.

*No comments were received.*

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

The CCG and NHS England met with the practice on 7th October to discuss the application, the issues they are facing and actions that will be undertaken whilst the practice is closed.

In relation to support with digitising the paper records, the practice is exploring options for storing notes off site as well as putting themselves forward for the digitisation of medical records

The practice is seeing an increase in patients wanting to register with them from practices close by which is stretching capacity both administratively and clinically.

They are also experiencing, due to the use of PCN additional roles staff and the new ways of working introduced by COVID, limitations of the current building. Time to explore a reconfiguration of the building would enable them to utilise the whole building better, both upstairs and downstairs, and allow additional roles staff to undertake additional sessions and for clinicians to undertake telephone triage in a non-clinical room. It would also enable them to explore the possibility of Hastings becoming a training practice.

They acknowledge that they were offered the opportunity to move into the new build but declined to do so for reasons highlighted in the report.

In relation to the patients who live outside of their current practice boundary, work is ongoing to encourage these patients to register closer to their home address.

**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.

**Recommendation**

The Primary Care Commissioning Committee are asked to:

* Note the contents of the reports
* Consider and confirm if the practice application to close its list is:
  + To be supported
  + Supported for the period of time requested or a different period

**Appendix 2 – Modality Boundary Change Application**

|  |  |  |
| --- | --- | --- |
| 1. Affix practice stamp: | Modality Practice | |
| 1. Provide full details of the proposed practice area: | It is proposed that Modality Partnership (Hull) revise their practice boundary to the City of Hull geographical boundary. | |
|  | The current practice boundary is as follows: | The proposed revised practice boundary is as follows: |
| 1. Explain the reasons for the change of practice area: | This change of boundary will allow Modality Partnership (Hull) to focus on the care of patients living in Hull. It will also minimise the inequities in service provision for our patients between those who live in Hull or East Riding. Modality Partnership (Hull) remains committed to the care of all our patients and the registration status of patients currently registered with the practice will not be affected by this proposal. The proposal will mean that patients living in the East Riding will no longer be able to register with the practice, which will enable us to better serve our existing patient population and new patient registrants who live in Hull. Patient registration information shown below (table and heatmap) indicate that the vast majority of new patient registrations in the past 12 months were for patients living in Hull, particularly the HU5 area. This proposal serves as an alternate approach to requesting a temporary closure of our patient list which we believe would adversely impact patients living in Hull, particularly in the HU5 area where we receive a significant proportion of new patient registrations from an ethnically diverse population as shown below.  It is believed that East Riding CCG has sufficient GP capacity to provide care to patients who live within the East Riding. East Riding CCG have 46 FTE GPs per 100,000 patients while Hull CCG have 30 FTE GPs per 100,000 patients. East Riding have approximately the national average number of GPs per 100,000 while Hull has the second lowest number of GPs per 100,000 patients in the country. Modality partnership (Hull) have 15 FTE GPs serving a population of 56,940 which equates to 26.34 GPs per 100,000 patients. Colleagues at East Riding CCG have noted that although the figures for the ER overall of 46 FTE GPs per 100,000 patients is correct, the Haltemprice PCN (covering Willerby, Anlaby, Cottingham, Hessle) has a much lower GP FTE per 100,000 due to the individual practice sizes either run as single handed or with 2 partners only. There are temporary list closures in operation at practices who do not have capacity to accept new registrations at present. | |
| 1. Provide any additional supporting evidence that may be relevant: | Due to the alignment of Care Homes to PCNs and CCG boundaries there are not expected to be any Care Homes or Nursing Homes affected by this proposal.  Figure 1 Hull CCG workforce information    Figure 2 East Riding CCG workforce information    Figure 3: Patient registrations in past 12 months by postcode   |  |  | | --- | --- | | **Count of Registration date by postcode** | **20.09.20 - 20.09.21** | |  |  | | **HU1** | **8** | | **HU2** | **11** | | **HU3** | **122** | | **HU4** | **37** | | **HU5** | **1151** | | **HU6** | **539** | | **HU7** | **26** | | **HU8** | **188** | | **HU9** | **311** | | **HU10** | **88** | | **HU11** | **29** | | **HU13** | **11** | | **HU14** | **2** | | **HU16** | **38** | | **Grand Total** | **2561** |   Figure 4: Heat map showing new patient registrations by postcode in the past 12 months.    Figure 5: New patient registrations by postcode who are not British or white British | |
| Signed by [insert name] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| [All persons who constitute the contractor must sign this notice. Please add further signatures lines as necessary] | | |

**Appendix 3 –**



**Appendix 4 - overview of the Pre-Assessment Delegation Assessment process**

With the dissolution of CCGs, ICSs will be **required** to assume delegated responsibility for the commissioning and contract management of primary care medical services **from 1 April 2022**.

Under the same arrangement, ICSs will be **required to assume** delegated responsibility for the commissioning and contract management of community pharmacy (including Dispensing Doctors), dental services and community optometry services from **1 April 2023**.  For those that choose to take responsibility for these services sooner i.e. from 1 April 2022, the opportunity is being given.

To be able to support transition into the new commissioning arrangement, for community pharmacy (including Dispensing Doctors), dental services and community optometry services specifically, it is important that the intentions of each ICS is understood. It is also important that the intentions of each ICS is understood with regard to assuming delegated responsibility for primary care medical services. ICS will need to work with their CCGs to ensure they are content and able to assume this responsibility.

Four pre-delegation assessment frameworks, one for each of the four primary care contractor groups have been made available. It is suggested that this process is followed for primary care medical services, although a final decision about the national process for these services has yet to be taken.

**Action required:**

By 24th September 2021 each ICS is asked to ‘express an interest’ in taking on the delegation of primary care medical services, community pharmacy, dental services and community optometry, the following action is required:

**Step 1:**

ICS will assume delegated responsibility for commissioning and contract management of Primary Medical Services from April 1 2022

Please confirm when you plan to assume delegated responsibility for:

* Dental Services from 1st April 2023 and in shadow form from 1st October 2022
* Community Optometry from 1st April 2023 and in shadow form from 1st October 2022
* Community Pharmacy from 1st April 2023 and in shadow form from 1st October 2022

**Step 2:**

Please complete each template (one for each contractor group) and submit to the Regional team by 24th September, ahead of Regional and ICS PDAF meetings w/c 27 September

*If you answer no to any of the questions being asked, please follow up with clarity as to what additional information or support is needed to answer yes*

Within your responses, please make the following clear;

* Additional information and support needed going forward
* Anticipated barriers
* Anticipated risks

Please submit on or before 24 September 2021 to[england.ney.pctransformation@nhs.net](mailto:england.ney.pctransformation@nhs.net)

**Appendices 5 - pre-delegation assessment frameworks for medical**



**Appendices 6 - pre-delegation assessment frameworks for Optometry**



**Appendices 7 - pre-delegation assessment frameworks for Pharmacy**



**Appendices 8 - pre-delegation assessment frameworks for Dental**

