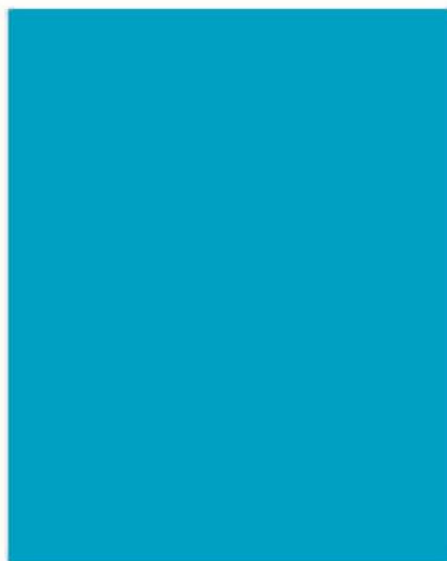


Application for
temporary List
Closure
Extension –
Hastings Medical
Centre



Introduction

Hastings Medical Centre (Practice Code – B81075) has applied to temporarily close its list for a further period of 9 months when the current closure period of 12 months ends on 25 April 2022. The practice is located at the following address:

919 Spring Bank 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 now	WTE now	Total Number employed at original application August 2021	WTE original
GPs	5	1.375-1.5 depending on capacity at all sites	5	1.22-1.33
Practice Based Pharmacists				
Advanced Care Practitioners				
Physicians Associates				
Practice Nurses	2	0.6	2	0.6
Health Care Assistants	2	0.4	2	0.4
Other: (Please define)				

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

Quarter 0 31/12/2020	Quarter 1 31.03.21	Quarter 2 30.6.21	Quarter 3 30/09/21	Quarter 4 31.12.21	Total movement during year	% decrease during year
3654	3757	3805	3804	3771	-33	-0.87%

The corresponding figures from the original report are shown below:

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:

Code	Q0 31.12.2020	Q1 31.03.21	Q2 30.06.21	Q3 30.09.21	Q4 31.12.21	Total movement during the year	%
B81104	6981	6847	6686	6747	7633	652	9.34
B81035	6957	6994	7072	7099	7061	104	1.49
B81032	4243	4242	4301	4391	4522	279	6.58
B81038	7502	7529	7574	7568	7577	75	1.00
B81047	7364	7417	7420	7427	7438	74	1.00
B81054	8641	8599	8602	8511	8537	76	0.90
B81075	3654	3757	3805	3804	3771	117	3.20
B81058	8388	8481	8456	8436	8414	76	0.91
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

NB When the practice's current list closure period 25 October 2021 – 25 April 2022 was approved the following action plan was agreed:

- **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.

2. Recruitment

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

3. 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.

The practice's new application included the following information:

- Progress against agreed actions:

The new cloud-based telephone system was finally installed this month (February 2022) after two failed attempts before Christmas. The team are adjusting to the change and already note improved answering times for patients as there are more lines/handsets. Note of the upgrade was included in the original application. Once additional space is available to house more admin/care navigators, staffing levels will be re-assessed and adjusted accordingly.

Since the list closed in October 2021, the partners have engaged the services of an architect who has completed the drawings for four possible schemes. The partners are currently reviewing the options which range from minor reconfiguration of existing footprint to obtain an additional consulting room and a sluice room, to extending the existing the ground floor footprint to create two additional consulting rooms and a sluice room.

Digitising of records continues within current resource constraints. Currently 9% of records are digitised.

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

We will continue to utilise clinical space as efficiently as possible and any off-site network-provided services, for example paramedic-led home visiting service, Access Plus.

In addition to the information supplied in the original application, we have recently looked at the possibility of additional capacity from Push Doctor available through the Winter Access Fund. Push Doctor have advised that it is neither efficient or effective for them or the practice to offer fewer than 30 appointments per week; the CCG are recommending 25 appointments. Both targets are unrealistic for Hastings' patients. The care navigators promote Access Plus provided through Bevan PCN as much as possible, but many patients are reluctant to accept this alternative. Daily remote support is offered by GPs from the Eastgate site in the form of telephone consultations and as this is provided by GPs who also work on-site at Hastings, continuity of care can be achieved. It is unlikely to be the case for Push Doctor consultations.

- What reasonable support could be given by the Commissioner to enable the practice to reopen at the end of the current closure period?

As per the original application.

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.

- Practice’s plan to use any agreed list closure extension period to improve its situation:

Issue	Action Needed	Person Responsible	Timescale	Actions to date	Intended Outcome
Building re-development and modernization.	Selection of scheme. Tendering process. Sourcing of funding/application for improvement grants. Planning application depending on scheme chosen. Arrangements for service delivery during building works.	GPs/Practice Manager in conjunction with the architect.	TBC and dependent on the scheme chosen.	Drawings received; currently being reviewed	Premised upgraded and modernised to include additional consulting and admin space.

- It is difficult to assign timescales as the project is in the early stages, but we are keen to progress things as quickly as possible.
- Any further information presented by the practice:

The local medical school has increased capacity and the practice would like to host HYMS students at Hastings. Building relationships with medical students can only aid recruitment of locally trained doctors in the future. Our

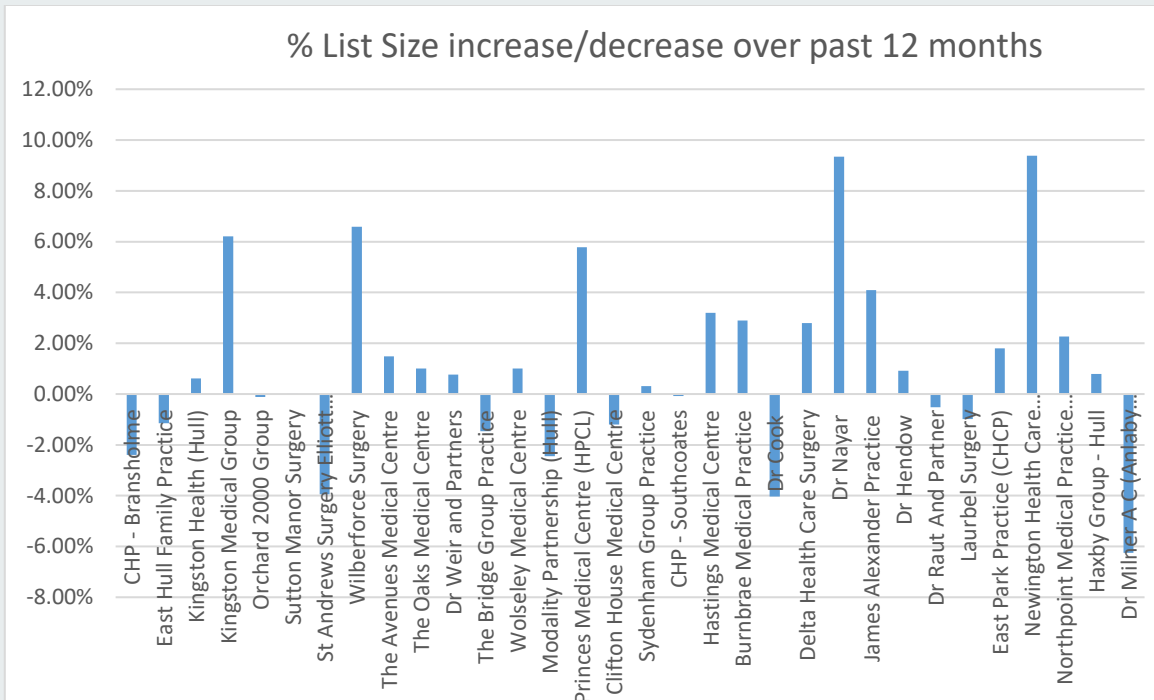
sister practice in Hornsea already hosts HYMS students and some of the Hastings GPs are experienced tutors. Likewise, our sister practice is a training site for registrars and we are keen to arrange the same for Hastings.

Neither of these options are currently workable because of the lack of clinical space.

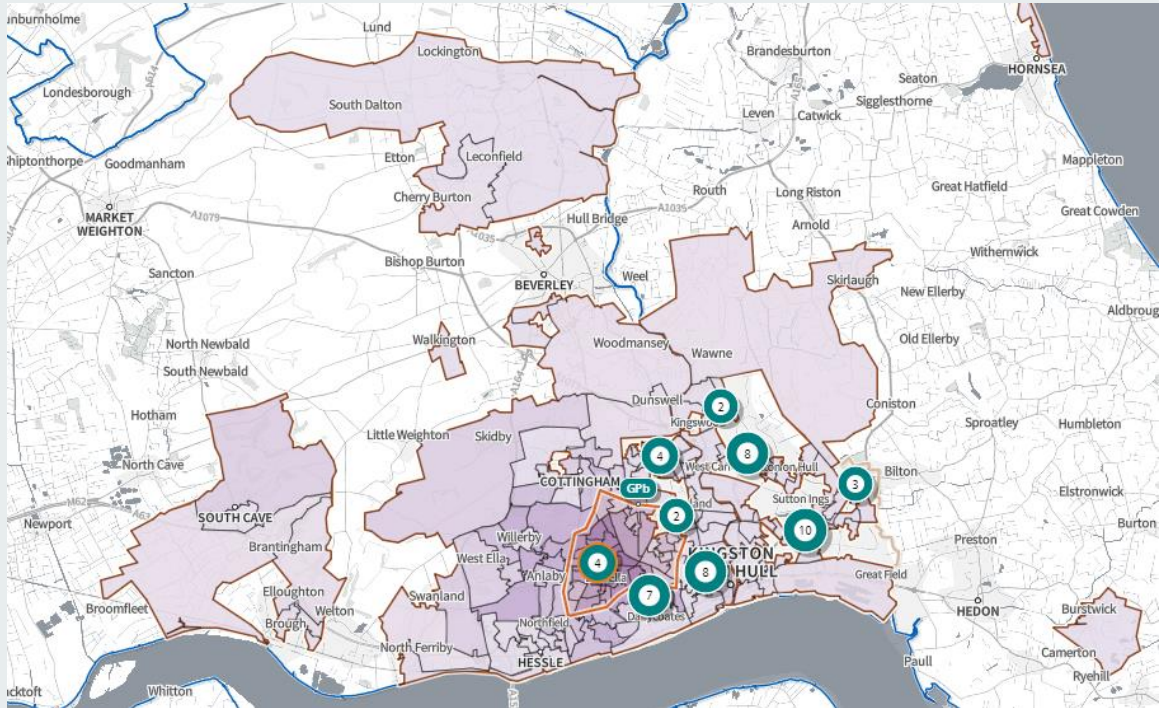
List Sizes

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	-2.40%	Open
B81008	East Hull Family Practice	-1.15%	Open
B81011	Kingston Health (Hull)	0.62%	Open
B81017	Kingston Medical Group	6.21%	Open
B81018	Orchard 2000 Group	-0.12%	Open
B81020	Sutton Manor Surgery	0.01%	Open
B81027	St Andrews Surgery Elliott Chappell	-3.94%	Open
B81032	Wilberforce Surgery	6.58%	Open
B81035	The Avenues Medical Centre	1.49%	Open
B81038	The Oaks Medical Centre	1.00%	Open
B81040	Dr Weir and Partners	0.76%	Open
B81046	The Bridge Group Practice	-1.47%	Open
B81047	Wolseley Medical Centre	1.00%	Open
B81048	Modality Partnership (Hull)	-2.45%	Open
B81052	Princes Medical Centre (HPCL)	5.78%	Open
B81054	Clifton House Medical Centre	-1.20%	Open
B81058	Sydenham Group Practice	0.31%	Closed
B81074	CHP - Southcoates	-0.08%	Open
B81075	Hastings Medical Centre	3.20%	Closed
B81085	Burnbrae Medical Practice	2.89%	Open
B81095	Dr Cook	-4.04%	Open
B81097	Delta Health Care Surgery	2.79%	Open
B81104	Dr Nayar	9.34%	Open
B81112	James Alexander Practice	4.09%	Open
B81616	Dr Hendow	0.92%	Open
B81631	Dr Raut And Partner	-0.52%	Open
B81635	Laurbel Surgery	-0.98%	Open
B81645	East Park Practice (CHCP)	1.80%	Open
B81675	Newington Health Care Centre (Haxby)	9.38%	Open
Y02344	Northpoint Medical Practice (Humber)	2.27%	Open
Y02747	Haxby Group - Hull	0.79%	Open
B81100	Dr Milner A C (Anlaby Surgery ERY CCG)	-6.25%	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. The following comments were received:

Organisation	Comments received
<p>Susan Wardlow Service Manager, Humber Teaching NHS Foundation Trust</p>	<p>I disagree with this extension to continue closure. All the reasons in this application are all concerns that every other practice has had to work through.</p> <p>When list closures are agreed it puts further pressure on the other practices in the area. Closing lists does not help the system. This area has a large amount of non English speaking patients which puts further pressure on the system as appointment times are doubled to incorporate translators. Hull CCG have not supported practices in this area to help with non English speaking patients and support is required. Practices in this area have already seen a huge increase in registrations due to their closure.</p> <p>If everyone closed their lists this would put further pressure on UTC and A&E</p>
<p>Dave Sutton Practice Manager Northpoint Medical Practice</p>	<p>I don't believe the application should be granted for a further period, as other surgeries lists remain open which is putting increased pressures on them to register patients.</p> <p>With the current situation in Ukraine and the UK possibly taking in refugees the area of Springbank, Princes Ave the Avenues generally is the settling place for refugees as is already has a high population of Eastern Europeans.</p> <p>Bearing this in mind practices are already at full stretch and a further list closure would put more pressure on practices who remain open to offer care to new patients.</p> <p>We also offer appointments via extended access and also patients refuse to travel but this is their choice.</p> <p>At Princes Medical we also have undertaken renovations and still have some to complete but these are done out of hours before surgery opens and after it closes also on weekend.</p> <p>A further list closure will just put too much pressure on us a practice as we have seen a huge increase in new patients registering in the last 6 months.</p>

Following the consultation exercise, the practice provided the following additional remarks in relation to the responses:

Our second application was not submitted without consideration of the impact on other practices in the city and we are mindful of the pressures in the system. Upgrading the premises will allow us to house the additional clinical capacity needed to safely manage our existing cohort and new registrations once the list re-opens. Additional capacity is part of the solution to the pressures being exerted in primary care in Hull.

Whilst we are working towards the upgrade, there has been no material change in our situation from October 2021 when the initial list closure was approved.

Summary of practice discussion to be considered by the Committee

The practice is currently at capacity and unable to meet patient demand for appointments. They are grateful for the 6 month closure period and during that time have managed to 1) upgrade their telephone system to improve handling of patient calls, 2) write to patients from out of area, 3) work with architects to draw up plans for extension, and 4) recruit to some vacancies.

The practice is requesting a further 9 month closure period which will enable them to 1) embed the new phone system and train staff effectively, 2) continue their review of existing patients, signposting/removing those from out of area, 3) take action to extend the premises to include 2 new consultation rooms, and 4) continue with recruitment and re-allocation of staff to work more effectively in their new space. From discussions with architects, the proposed timescale for the building extension would be 5 months (if the practice could relocate during this time) or 10 months if the practice remained open. A 9 month extension to the list closure would assist the practice to manage their list size whilst undergoing significant building work.

The practice is currently advertising for reception Care Navigators, HCAs and medical secretaries. They are making effective use of their PCN ARRS roles and have a paramedic, pharmacist and PA on site, when space allows. The building extension will create more space so that all rooms are used effectively for administrative or clinical staff. With more space, they have ambitions to become a training practice, creating further capacity to open their lists in due course.

NHSE&I Recommendation

A closure would enable the practice to:

- Embed the new phone system and ensure staff are fully trained in its use. Early indications show an improvement in waiting times for patients calls.
- Continue to manage their existing patient list to signpost/remove patients from out of area.
- Proceed with a significant building extension.
- Implement changes as a result of the additional building space e.g. digitisation of records, improved use of office and clinical space, re-allocation of staff / clinics to meet demand.

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

In relation to the closed list applications for Hastings Medical Centre, 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