

<b>Date:</b>	14 July 2016
<b>Meeting:</b>	Joint Commissioning Committee
<b>Item Number:</b>	10.0
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Report Title:</b>	NHS England
<b>Decisions to be made:</b>	Merger application – agreement in principle

<b>Author:</b> <i>(Name, Title)</i>	Rachel Singyard
<b>GB Lead:</b> <i>(Name, Title)</i>	Primary Care Business Manager NHS England

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
<p>This report is to update the Committee on matters pertaining to primary medical care within NHS England.</p> <p>These being:-</p> <ul style="list-style-type: none"> <li>• Temporary list closure request from Bridge Street Surgery</li> <li>• Market Hill Procurement update</li> <li>• Merger Application – Scotter and Kirton Surgeries</li> <li>• Transformation Fund update</li> <li>• Consideration of a temporary list closure application policy</li> </ul>

<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>		<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>
<b>Patient:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	May 2016	<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## North Lincolnshire update

Prepared by Rachel Singyard

Primary Care Business Manager

NHS ENGLAND – North (Yorkshire & The Humber)

6 July 2016

## **1. Bridge Street Surgery Temporary Closed List report**

The temporary closed list application for Bridge Street Surgery in Brigg was circulated as a virtual report on 29 June 2016 due to the timescales involved. A copy of the report is appended to this update.

### **Action for the Joint Committee:**

This report was circulated by virtual means to members of the Committee due to the timescales as to when a decision was required, with a request to note the contents of the report and confirm that they supported the request to temporarily close the practice list. The responses to the request for virtual approval were noted by the CCG and NHS England and the following decision was made in line with the terms of reference.

The Joint Commissioning Committee considered the application and recommended that the 12 month list closure request is reduced to a three month temporary approval thus enabling the Joint Commissioning Committee to assess progress made in implementing the proposed action plan(to enable the list to reopen) at its September meeting.

The proposed action is for the practice to prepare a plan by engaging with neighbouring practices in the East Care Network to address care home support and also to work with the CCG to address the issues raised in the practices closed list application around Secondary Care. The recruitment issues at the practice and possible solutions to this should also be reflected.

The plan should be shared and agreed jointly with NHS England and the CCG and a review will be arranged during the three month closure period.

The practice were duly informed of this decision by NHS England and notified of their right of appeal. The Committee is asked to note the report appended and the virtual decision.

## **2. Market Hill Procurement update**

Following a CQC visit in January to the Market Hill 8-8 practice, the contract held by Danum Medical Services was terminated and an interim provider put in place, Core Care Lincs, who following a procurement have been awarded the contract to expire on 31 March 2017.

NHS England in discussions with the CCG have jointly agreed to commence a procurement for a further 12 month contract to expire on 31 March 2018. This procurement will be advertised at the end of July 2016.

This will enable the CCG to take the opportunity to review how this contract would fit in within the Care Networks. A Project group will be required to develop a work plan for the review in line with the Networks.

### **Action for the Joint Committee:**

The Committee is asked to note the points above.

### **3. Practice Merger Application Scotter and Kirton Lindsey Surgeries**

The Committee is asked to consider an application received by NHS England from Hawthorn Surgery, Scotter, and Kirton Lindsey Surgery, to proceed with a merger process.

There has been a number of discussions between representatives from Hawthorn Surgery, Scotter, Kirton Lindsey Surgery, Lincolnshire West CCG, North Lincolnshire CCG and NHS England – Midlands & East to date.

The Committee is asked to consider the following:-

- An application from Hawthorn Surgery to merge with Kirton Lindsey; including the implications, benefits and risks of doing so.
- Whether the committee supports the application at this stage and allow further work to be undertaken with regards to patient and public consultation in order to progress the application.

Hawthorn Surgery is a rural practice in the village of Scotter which is in the north of West Lincolnshire CCG, close to the border with North Lincolnshire CCG. The surgery has 4176 registered patients. Following the retirement of one of the partners, the contract is now held by 1 GP. Kirton Lindsey Surgery currently has 5578 patients and 3 WTE GPs.

Kirton Lindsey Surgery currently has GP vacancies and Hawthorn Surgery have struggled to find a replacement GP partner. This is not unusual in the current climate, however Hawthorn Surgery is relatively small to be able to sustain a vacancy for a long period and the partners at the surgery have concerns about the long term viability of the practice if a vacancy remains unfilled. The surgery has a long history of working with the surgery in Kirton Lindsey which is approximately 4.4 miles away.

Hawthorne Surgery sits within Lincolnshire West CCG and they, and Kirton Lindsey Surgery are requesting that both surgeries merge and sit within North Lincolnshire CCG as their natural patient flow is to Scunthorpe.

A recent meeting has been held with the respective CCG's, NHS England Regional teams and both practices to discuss further and to clarify the proposal being made. Advice has also been obtained from NHS England national team with regards to the process and timescales.

It is NOT proposed to change the CCG boundary areas as the statutory obligation of a CCG is to ensure that all of the patients residing in the CCG area have access to Primary Medical Services and there is no stipulation that a practice providing such services has to be a constituent member of the CCG.

Ordinarily the process for approving practice mergers, where both/all practices are within the CCG boundary, is relatively straight forward. West Lincolnshire CCG already has delegated responsibility for approving practice mergers and could do so following consultation, demonstrating that there are grounds for the change, identifying the impact of the proposed changes, demonstrating other options which might be available and understanding with the contractor how the merger will be managed. The same applies for North Lincolnshire CCG,

however the decision would fall under the joint commissioning arrangements with NHS England.

However, as the practices fall in different CCG areas there are key issues as follows:

1. Patient views on the merger; a patient consultation over a 45 day period would be required in order to gain patient views of the proposal. In order to do this there needs to be a full analysis of the implications for patients as a result of the merge. Some of these may be positive, e.g. patients being able to access more services than were previously available, however there may be some more negative outcomes for patients, e.g. a reduction in services according to the services commissioned by North Lincolnshire CCG and North Lincolnshire Council. North Lincolnshire CCG have already offered to lead on a consultation however Lincolnshire West CCG Communication and Engagement Team would need to be involved.
2. The merger would require a change to Lincolnshire West CCG's constitution as the merger would result in a change to the number of constituent practices and therefore a change to the CCG's funding allocation. As such the process with regard to changing the constitution needs to be followed. West Lincolnshire CCG need to apply to NHS England to change their constitution. However at this point in time, it is not expected that North Lincolnshire are required to do the same. Further advice will be sought to clarify this.
3. Changes to a CCG's constitution need to be made by the 1<sup>st</sup> June in any year in order for the change to come into effect from the following April. As the deadline has passed for this year the earliest a change to an allocation can be made is April 2018, therefore in order to provide funding for a merged practice in 2017/18, both CCGs would need to agree a financial envelope for that practice which would be reconciled at year end.
4. There needs to be a full analysis of the impact of the merger on other provider services, for example, Community Trusts, Acute Trusts, Mental Health Services and Local Authority Services, particularly in relation to activity and funding

The Committee is asked to make a decision as to whether they agree in principle to Hawthorn Surgery merging with Kirton Lindsey Surgery and if they do, whether they would support the further work required in order to progress the application.

Following approval from the Committee, colleagues from each CCG, the respective NHS England Regional teams and Hawthorn and Kirton Lindsey Practices would meet to agree the actions and timescales identified through the application to merge process, and would produce an action plan so that there is clarity on what is required and who is responsible for each action. It should be noted that West Lincolnshire CCG have approved in principle.

Both practices are proposing to maintain as a minimum the current level of services on both sites. They feel that as a result of making efficiencies through merging, they may, in some cases, be able to extend the level of services currently offered.

A financial envelope would need to be agreed for 2017/18 between both CCGs as this years' deadline for changing the CCG's funding allocation has passed.

The following risks have been identified if the Committee agree to proceed with the application.

1. At consultation there is not support for the merger to take place. Both practices feel this is unlikely as they have already undertaken some informal consultation through their Patient Participation Groups who have indicated their support for the proposed merger.
2. The proposed changes are approved by one CCG or NHS England Regional Team and not the other. This will be mitigated by working closely with key stakeholders to ensure there is agreement and support for the proposed changes.
3. There may be a negative impact on other provider services and implications for their funding as a result of a merger. This needs to be investigated and analysed more thoroughly.

The following risks have been identified if the Committee do not agree to proceed with the application:

1. Both surgeries may become more vulnerable, and Hawthorne Surgery possibly unviable, due to increasing demands on Primary Care, risking the provision of services to their registered patients.
2. Negative impact on relationship with both surgeries if they feel unsupported by their respective CCGs.

**Recommendation and action for the Joint Committee:**

- To note the contents of the update above
- Decide if the committee supports the application at this stage and allow further work to be undertaken with regards to patient and public consultation in order to progress the application. Any such consultation will be then submitted to the appropriate Health Scrutiny Panels.

**4. Transformation fund update**

The guidance for the Estates and Technology Transformation Fund (ETTF) has now been published. The scheme has previously been called the Primary Care Infrastructure Fund (PCIF) and the Primary Care Transformation Fund (PCTF). The purpose of the ETTF programme is to help GP Practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends to meet locally determined demand.

CCGs were required to submit their proposals using the secure access programme portal which closed on 30<sup>th</sup> June 2016. CCGs will also be required to prioritise their recommendations. NHS England will then complete an initial review of all submissions and feedback to CCGs by the end of August 2016. Schemes will either be assessed as meeting the criteria and moving to the due diligence stage or not meeting the criteria and therefore not progressed

A further update will be provided at the next meeting.

## **5. Consideration of a temporary closed list application**

All practices are entitled to submit an application to their Commissioner to request a temporary closure of their list. There are a number of reasons for this, e.g. recruitment issues and an influx of new patients.

NHS England have detailed the process in their "Policy Book for Primary Medical Services" which should be adhered to if an application is received.

It was felt that it would be useful to outline the procedure and options to the Committee as there have been two applications received within the last year. Historically North Lincolnshire Primary Care Trust did not have any closed lists.

At all stages throughout these processes, it is essential that the Commissioner works with the contractor and the LMC to ensure clear and transparent decision making and that all decisions are made in line with internal governance arrangements.

### **1. Applications to Close a Patient List**

Sometimes a contractor may wish to close its list to new registrations e.g. where there are internal capacity issues or premises refurbishments. The Contractor must seek approval from the Commissioner by a written application (the "Application") before this may happen. The Contractor should use the template application to ensure it completes all the required information.

- 1.1 The Commissioner must acknowledge receipt of the Application within seven days of its receipt and may request further information from the contractor to enable it to consider the Application thoroughly.
- 1.2 With a view to possibly enabling the contractor to keep its list of patients open, the Commissioner and the Contractor must talk openly to establish:
  - 1.2.1 what support the Commissioner may give the Contractor; or
  - 1.2.2 changes the Commissioner or Contractor may make.
- 1.3 The Contractor or the Commissioner may at any time throughout these discussions invite the appropriate LMC to be included in the dialogue about the application.
- 1.4 The Commissioner should ensure compliance with the general duties of NHS England. There is no expectation that practices should consult with their patients, however it would be encouraged that the Contractor's Patient Participation Group are informed and discussion with neighbouring practices would be encouraged.
- 1.5 The Contractor may withdraw the application at any time before the Commissioner makes its decision on the proposed list closure.

The Commissioner must make a decision, within a period of 21 days starting on the date of receipt of the Application (or within a longer period as the parties may agree):

- 1.5.1 to approve the Application and determine the date the closure is to take effect and the date the list of patients is to reopen; or
- 1.5.2 to reject the Application.
- 1.6 The Commissioner must notify the Contractor of its decision in writing as soon as possible after the 21 day period.

## **2. Approval of Patient List Closure: Closure Notice**

- 2.1 Where the Commissioner has granted approval for closure of the patient list, a closure notice must be issued to the Contractor as soon as possible after the decision is reached, with a copy to the LMC for its area (if any) and to any person consulted in the decision-making process.
- 2.2 The Contractor must close the list on the date in the notice and the list should remain closed for the time specified unless the Commissioner and the Contractor agree that the list should be re-opened to patients before the expiry of the closure period.

## **3. Rejection of Application for List Closure**

- 3.1 When the Commissioner decides to reject an application to close a list of patients it provides the contractor with a notification including the reasons why the application was rejected and at the same time, send a copy of the notification to any affected LMC for its area and to any person it consulted in the decision-making process.
- 3.2 When the Commissioner decides to reject a Contractor's application to close its list of patients, the Contractor must not make a further application until:
  - 3.2.1 the end of the three-month period, starting on the date of the decision of the Commissioner to reject; or
  - 3.2.2 the end of the three months, starting on the date of the final determination regarding a dispute arising from the decision to reject the application made pursuant to the NHS dispute resolution procedure (or any court proceedings)whichever is the later.
- 3.3 A Contractor may make a further application to close its list of patients where there has been a change in the circumstances of the Contractor which affects its ability to deliver services under the contract.
- 3.4 The Commissioner may decide to reject a closed list application for the following reasons:-
  - 3.4.1 there are no other practices within the area that would be able to accept patients due to the proximity of the practice making the application



3.4.2 there have been no major changes to the practice i.e. staff vacancies, increase in patient list size

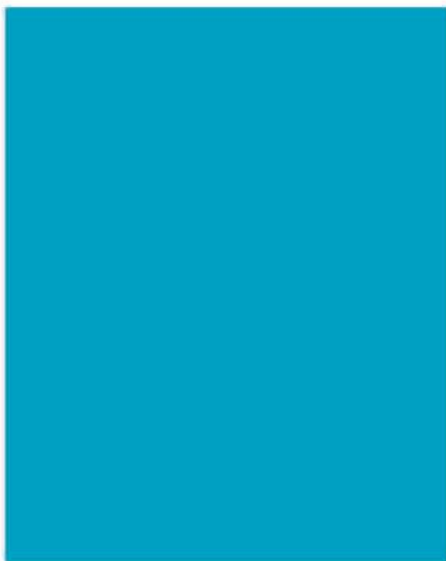
There may other reasons for the rejection, and each application should be considered on its merit.

#### **4. Application to Extend a Closure Period**

- 4.1 A Contractor wishing to extend an agreed closure period must submit an application to the Commissioner no less than eight weeks before the closure period is due to end.
- 4.2 The Commissioner must acknowledge receipt of the application within seven days, then if necessary, discuss potential support that could be offered to the Contractor, discuss with any affected LMC and consult other affected parties before reaching a decision on the application to extend within 14 days from receipt of the application.
- 4.3 If the decision is to accept the application the Commissioner must issue An extended closure notice as soon as possible after the decision is reached to the Contractor, with a copy to the LMC for its area (if any) and to any person it consulted in the decision-making process.
- 4.4 If the decision is to reject the application then the Commissioner must provide the Contractor with a notification, including the reasons for the rejection of the application, with a copy to the LMC for its area (if any) and to any person it consulted in the decision-making process.
- 4.5 The Contractor may re-open its list of patients before the closure period expires if Commissioner and Contractor agree.
- 4.6 Where an application for the extension of the closure period has been made in accordance with the policy, and that application has been rejected, the list of patients will remain closed until such time as any dispute arising from the application has been resolved through the NHS dispute resolution procedure (or any court proceedings) or until such time as the expiry of the original closure notice.

Application for  
temporary List  
Closure –

Bridge Street  
Surgery



## Introduction

Bridge Street Surgery (Practice Code – B81063) has applied to temporarily close their list for a period of 12 months. The practice is located at the following address:-

53 Bridge Street

Brigg

DN20 8NT

With branch surgeries at the following:-

8 Brigg Road

Broughton

DN20 0JW

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

Health Care Professional	Total Number employed	WTE
GPs	5	3
Practice Based Pharmacists	0	0
Advanced Care Practitioners	0	0
Physicians Associates	0	0
Practice Nurses	2	1
Health Care Assistants	2	1
Other: (Please define)	0	0

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

Quarter 1 30/6/15	Quarter 2 30/9/2015	Quarter 3 31/12/15	Quarter 4 31/3/16	Total movement from June 2015 to March 2016	% increase / decrease
6,608	6,643	6,705	6,737	129	1.95%

## Regulations

The GMS regulations schedule 6, part 2 and PMS regulations schedule 5, part 2 allow for a contractor to apply to NHS England to close their list. Amendments to the regulations were made in April 2012 which provided a clearer, more detailed process to ensure applications for list closure were applied more consistently.

## Practice application

The practice application has included the following information:-

- Following the resignation of a Salaried GP in March 2016 the practice have tried to recruit a replacement GP, but have not been successful. The practice have a high level of elderly patients on their list and are having to look after a large volume of patients that are from outside the practices' area, who are being discharged from hospital into a local nursing home for end of life palliative care. The nursing home advises the patients to register with the practice and they are currently unable to refuse; this is having a significant and negative effect on the practice in their ability to cope with their other registered patients. The Practice has tried engaging locums to meet the need but have found this to be unreliable and very expensive. Of the five doctors currently working in the practice, three have previously taken 24 hour retirement and are receiving pensions, it is felt that if the current workload is not reduced that this will result in these GPs retiring from the practice in full adding to the ongoing recruitment issues.
- The practice has discussed the issues with patients. The patients are disappointed that the practice is not as accessible as previously. The patients are supportive to the practice closing its list on a temporary basis with a view to reducing the patient list.
- The practice have discussed the application with their immediate neighbouring practice, Riverside Surgery, who are willing to work with the practice during the proposed temporary list closure.
- The Practice would appreciate more help in recruiting well qualified GPs and nurse practitioners.
- The Practice are continuing to try and recruit another GP.

## Consultation with neighbouring practices and LMC

In line with NHS England policy, neighbouring practices, the CCG and the LMC Group Humberside have been consulted.

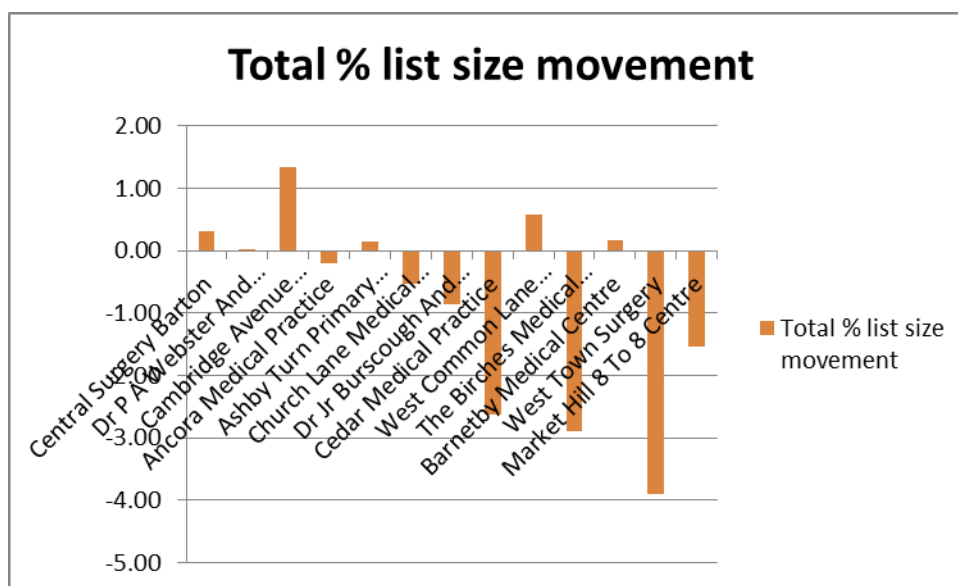
## Comments received following the consultation:-

Practice	Comments received
B81109, Riverside Surgery	Confirmed that Riverside Surgery is willing to work with Bridge Street in closing their list and proactively manage patient care within the area.
LMC Humber	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

	<p>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 Bridge Street Surgery a further consideration is that they have a higher than average elderly and complex end of life care patients' workload that are registering with them and they feel this is having a negative effect on their ability to cope with other registered patients. The LMC would support a period of list closure to alleviate the situation which has been compounded by the inability to recruit currently.</p>
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The two following tables demonstrate the changes in list sizes over the past year for the neighbouring practices.

Practice	Practice Code	% List size increase / decrease over past 12 months	Open/Closed List as at 28.6.2016
Central Surgery - Barton	B81005	0.31	Open
Dr P A Webster & Partners	B81007	0.02	Open
Cambridge Avenue Medical Centre	B81022	1.33	Open
Ancora Medical Practice	B81026	-0.21	Open
Ashby Turn Primary Care Partners	B81045	0.14	Open
Church Lane Medical Centre	B81064	-0.54	Open
Riverside Surgery	B81109	-0.85	Open
Cedar medical Practice	B81113	-2.63	Open
West Common Lane Teaching Practice	B81118	0.57	Open
The Birches Medical Practice	B81617	-2.89	Open
Dr S Ahmad	B81628	0.17	Open
West Town Surgery	B81647	-3.90	Closed until 21/10/16
Market Hill 8 to 8	Y02787	-1.55	Open



Please see attached Map which identifies the practices within the local area by their practice code, establishing proximity of neighbouring practices.

#### **Additional factors to be considered by the Committee**

NHS England and the CCG visited the practice on 27 June 2016 to discuss this request. All of the above points were clarified with the practice. The main concern is the inability to recruit GPs. The skill mix in the practice does not include a Nurse Practitioner and this is not a consideration going forward for the practice at this moment in time.

At the meeting the practice did again raise the matter of local care homes reregistering patients on discharge from hospital with them, hence adding to their workload. This point was noted.

The Committee will need to consider the impact this closure would have on neighbouring practices, bearing in mind the list closure currently in place with West Town Surgery in Barton. However there are alternative practice where patients could register during the temporary closure..

## **Recommendation**

North Lincolnshire Joint Co Commissioning Committee is asked to:-

- Note the contents of this report and the request of the practice to temporarily close their list for a twelve month period.
- Agree that the practice are granted a closure for three months

This recommendation is subject to a requirement for the practice to implement an action plan in agreement with NHS England and the CCG (to address the issues raised by the practice) to put them in position to be able to reopen the list.