


**Agenda Item 17**

Report to: Joint Co-Commissioning Committee (Part A in Public)  
 Date of Meeting: 30<sup>th</sup> January 2018  
 Subject: Extension to Closed List – Birkwood Medical Centre  
 Presented by: Erica Ellerington, NHS England

<b>STATUS OF THE REPORT</b>	
For Information	x
For Discussion	<input type="checkbox"/>
For Approval / Ratification	<input type="checkbox"/>

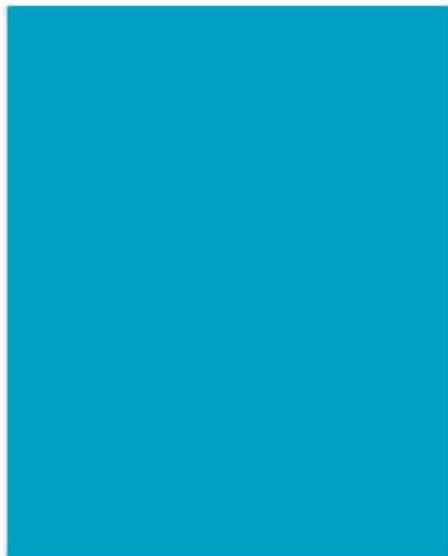
<b>PURPOSE OF REPORT:</b>	<p>The purpose of this report is to seek a decision on the application made by Birkwood Practice to extend their current period of list closure until the end of June 2018.</p> <p>The Committee made a virtual decision to allow the practice to continue to operate with a closed list until 31<sup>st</sup> January 2018 until such time a full review of the application could be made.</p>
<b>Recommendations:</b>	<p>Committee members are requested to note the contents of this report and, following review of the action plan to be provided at the Committee meeting, come to decision on whether the practice may extend their list closure period.</p>
<b>Sub Committee Process and Assurance:</b>	N/A

<b>Implications:</b>	
<b>Risk Assurance Framework Implications:</b>	N/A
<b>Legal Implications:</b>	N/A
<b>Equality Impact Assessment implications:</b>	<p><i>An Equality Impact Analysis / Assessment is not required for this report. Yes/ No</i></p> <p>If Yes:  <i>An Equality Impact Analysis / Assessment has been completed in accordance with CCG policy. <b>Yes /No</b></i></p> <ul style="list-style-type: none"> <li>• <i>There are no actions arising from the analysis / assessment</i></li> <li>• <i>There are actions arising for the analysis / assessment which are included in section in the enclosed report</i></li> </ul>
<b>Finance Implications:</b>	None
<b>Quality Implications:</b>	N/A
<b>Procurement Decisions/Implications (Care Contracting Committee):</b>	N/A
<b>Engagement Implications:</b>	N/A
<b>Conflicts of Interest</b>	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Yes</i></p> <p><i>Please state any conflicts that need to be brought to the attention of the meeting.</i></p>
<b>Strategic Objectives</b> <i>Short summary as to how the report links to the CCG's strategic objectives</i>	<i>1. Sustainable Services</i>
	<i>2. Empowering People</i>
	<i>3. Supporting Communities</i>
	<i>4. Delivering a fit for purpose organisation</i>

<b>NHS Constitution:</b>	 NHS_Constitution_WE B.pdf <i>Does the report and its recommendations comply with the requirements of the NHS constitution? Yes / No</i>  <i>If Yes, please summarise key issues</i>
<b>Report exempt from Public Disclosure</b>	No
<b>Appendices / attachments</b>	None

Application for  
Extension to  
current  
Temporary List  
Closure –

Birkwood  
Medical Centre



## Introduction

Birkwood Medical Centre (Practice Code – B81087) has applied to extend their current temporary list closure for a further six month period. Their original application was approved from 8/6/17 – 7/12/17 with a temporary extension granted by virtual decision until 31/1/2018 dependent on a formal decision. The practice is located at the following address:-

Westward HO

Grimsby

DN34 5 DX

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

Health Care Professional	Total Number employed	WTE
GPs	4	3.5
Practice Based Pharmacists	0	0
Advanced Care Practitioners	0	0
Physicians Associates	0	0
Practice Nurses	3	2
Health Care Assistants	2	1.5
Other: (Please define)	0	0

The table below confirms the list size over the preceeding 12 month period:-

Q/E 31/12/16	Q/E 31/3/17	Q/E 30/06/17	Q/E 30/09/2017	Q/E 31/12/17	Total movement from 31/12/16 to 31/12/17	% increase / decrease
7,290	9,102	9,039	8,914	8,787	1,497	20.53%

## **Regulations**

The Policy Book for Primary Medical Services – Chapter 7.13 – Managing Patient Lists allow for a contractor to apply to NHS England to close their list.

## **Practice application**

The application has included the following information:-

- The Practice described how, since the merger with Dr Hussain's Practice, the workload for the Clinician's has increased significantly and this level of workload has not changed since the initial application for list closure was made. The Partners feel they need to concentrate on the patients currently registered to ensure that a safe service continues to be provided.

During their current list closure the Practice have considered the following options and have confirmed the following actions:

- The Practice has tried to recruit a Salaried GP but have been unsuccessful. The Partners are currently negotiating with a GP Colleague to join them on a Part Time basis.
- The Practice have successfully appointed 2 Part time Practice Nurses
- The Practice continues to trial alternative ways to operate the GP Clinics, i.e. Triage, Appointments, Walk in etc.
- The Practice remains involved in the NELCCG International Recruitment Campaign.
- The Practice continues to utilize Locum GP's where necessary to try and alleviate the pressures and reduce the workload and backlog.
- The Practice continues to experience abusive and aggressive Patients who are making unreasonable demands for service. The Practice has enforced their zero Tolerance Policy and where the Practice feels that the relationship has broken down with these patients, they have requested a 7 day removal.
- The Practice has reviewed the Practice Catchment Area and where patients fall outside of this, the patients have been contacted to register with a GP practice within their locality.

- The practice has highlighted that they would appreciate support in the Provision of a Salaried GP or a long term Locum to help with appointments, paperwork, visits and all relevant GP services,
- The Practice did submit a bid for Resilience funding to be used for Locum fees which was initially approved but after further guidance was issued this was confirmed that the funding has indicated that this cannot be used for Locum fees and backfill monies.
- Practice Plans to alleviate the difficulties the practice is currently experiencing have included the following:
  - Continue their search for an additional Salaried GP
  - The Practice continues to trial alternative ways to operate the GP clinics, i.e. Triage, Appointments, Walk in etc.

### **Consultation with neighbouring practices and LMC**

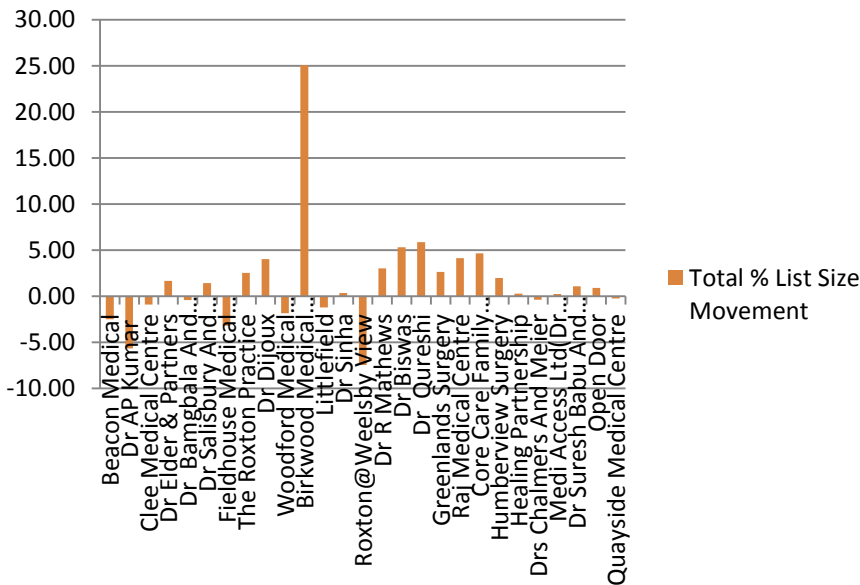
In line with NHS England’s “Managing Closed lists” policy, the following neighbouring practices, the CCG and the LMC Group Humberside have been consulted.

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
Beacon Medical	B81003	-2.52	Open
Dr AP Kumar	B81012	-5.67	Open
Clee Medical Centre	B81015	-0.92	Open
Dr Elder & Partners	B81016	1.65	Open
Dr Bangbala And Partners	B81023	-0.43	Open
Dr Salisbury And Partners	B81030	1.43	Open
Fieldhouse Medical Group	B81031	-3.21	Open
The Roxton Practice	B81039	2.53	Open
Dr Dijoux	B81055	4.02	Open
Woodford Medical Practice	B81077	-1.86	Open

Birkwood Medical Centre	B81087	25.06	Application
Littlefield	B81091	-1.22	Open
Dr Sinha	B81108	0.33	Open
Roxton@Weelsby View	B81603	-7.47	Open
Dr R Mathews	B81606	3.01	Open
Dr Biswas	B81620	5.31	Open
Dr Qureshi	B81642	5.85	Open
Greenlands Surgery	B81655	2.64	Open
Raj Medical Centre	B81656	4.14	Open
Core Care Family Practice - Grimsby	B81663	4.63	Open
Humberview Surgery	B81664	1.96	Open
Healing Partnership	B81665	0.28	Open
Drs Chalmers And Meier	B81677	-0.38	Open
Medi Access Ltd(Dr Amin)	B81693	0.24	Open
Dr Suresh Babu And Partners	B81697	1.07	Open
Open Door	Y01948	0.88	Open
Quayside Medical Centre	Y02684	-0.27	Open

### Total % List Size Movement







	<p>registrations end up being re-directed, as there are several other practices in the area that also have either a closed or partially closed lists (they just need to ensure they maintain numbers) and together they can all have a knock on effect for those of us with open lists.</p>
<p>Dr Qureshi</p>	<p>Dr Qureshi's practice has no objection in Birkwood applying to extend their list closure but can we please seek some advice from you.</p> <p>Our practice list size has increased considerably over the past few years and with practices in the area temporarily closing their lists, and some now requesting patients that change their address and only moving a few miles away to re-register elsewhere we are accepting a lot of new patients.</p> <p>Historically our previous GP partner Dr Zaro allowed patients that moved out of area to remain registered with him and we've just identified that we still have 51 patients registered that are outside our practice boundary and not even registered with NE Lincs Health Authority. We would not be able to provide visits, district nurse care etc. to any of these. (All patients that have changed address in the last 4years have been told to re-register in their new area).</p>
<p>LMC</p>	<p>The LMC has considered the application for Birkwood Medical Centre for temporary list closure.</p> <p>General practice is currently under significant pressure in terms of workload and practices that apply to close their lists do not undertake such an application lightly. If a practice considers that their level of workload is jeopardising their ability to provide safe care for their registered patients, or to carry out their contractual obligations to meet their patients' core clinical needs then it may be appropriate for a practice to apply to close their list or apply to extend their period of closure and in such circumstances the LMC would support this approach.</p> <p>The practice is continuing to look at a number of options to manage the pressures they are experiencing which are outlined in their original application.</p>

	The LMC supports the application for an extension to the closure period.
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### **Additional factors to be considered by the Committee**

A meeting was held with the Practice, NHS England, CCG and LMC on 23<sup>rd</sup> January 2018.

Actions taken since the last review meeting back in April 2017 were discussed.

It was noted that the list size versus doctors does not look any better or worse than other practices, so it is difficult to understand why this practice require to operate with a closed patient list. A salaried GP is leaving the practice soon and it is not planned to replace this position. The practice would like to use this opportunity to look at an alternative workforce model. Currently, the practice have identified 2 nurses who would like to train as prescribers. NHS England have commissioned additional training which will be available soon. It was suggested to the practice that there could be other, trained nurses available across the federation who would be willing to work more hours which they could utilise.

It was noted that Panacea are commencing work on reviewing population and agreeing what can be managed collaboratively and what can be managed in practice (as part of chronic and complex service). Collaboration within the federation is currently being discussed however any plans will not have an impact to the surgery in the short term.

The options of a practice boundary review was discussed. The practice have written to patients outside of the current boundary but most reluctant to move. The practice will consider restricting new patients registering outside of the boundary.

It was agreed that in order for the Joint Commissioning Committee to be in a position to make a decision on the extension application, a clear and timed action plan would need to be provided. It was agreed that this would include but not be limited to the following;

- Understand volumes of patients effected if deregistering of those outside of boundary were to be undertaken
- Upskilling staff and changing skill-mix
- New ways of working, with external support (PCC support)

## **Recommendation**

The North East Lincolnshire Joint Co-Commissioning Committee is asked to consider the contents of this report and, upon review of the detailed action plan which will be tabled at the meeting, make a decision whether to extend the list closure period.