

Primary Care Commissioning Committee

Part I

19 September 2018

Committee Room 5, Civic Centre, Victoria Avenue, Southend

Agenda item 7

Contractual requests

Submitted by: Sally Simmonds, Head of Primary Care Contracting

Prepared by: Sally Simmonds, Head of Primary Care Contracting

Status: For decision

Overview

1. Recommendations

1. The Primary Care Commissioning Committee are asked to agree:
 - a. Extension of the list closure at the Hollies practice
 - b. Pall Mall surgery application to close their branch surgery
 - c. Discretionary payments to a practice in respect of locum payments for sickness cover

2. Reason for the Report

This report has been prepared to enable the Primary Care Commissioning Committee to re-consider two applications for variations to GP held contracts across Southend and Castle Point and Rochford CCGs submitted to the Committee, initially, for virtual consideration on 3 September 2018. The response from the committee in these two matters (a and b above) was a request for additional information to enable a fully informed decision to be made and this was communicated to the two applying practices. Further information has now been sought and received, consequently the Committee are asked to consider this further report for decision.

Item (c) above is a new item for consideration. North Shoebury Surgery were supported during a period of sick leave of the main GP, however, were not aware that they could claim locum cost reimbursement for this period and the window for that opportunity has now passed. This report seeks consent from the Committee to request that a discretionary payment be made to this practice to satisfy their entitlement.

Introduction

In respect of:

1(a): The committee accepted an initial request to extend the list closure for a further three months at the Hollies practice by virtual consideration in June 2018, enabling the list to remain closed up to 20 August 2018. A new application was received to further extend the closure period for an additional six month period, to the GMS maximum allowable total period of one year (12 months). A full paper for consideration and Committee virtual decision was provided on the 3 September 2018 where it was agreed that the application was incomplete and a request made for the practice to submit additional information. This additional information is now included in the full report at Appendix 1 and the practice have been given permission to maintain their closed list status pending the final decision.

1(b): The Pall Mall surgery took over Dr Chaturvedi's surgery in Southbourne Grove on the 20th September 2017 following a CQC report and short local procurement process. At that time Dr Chaturvedi's contract ceased to exist and he became a salaried GP working for Pall Mall. Part of the issue at the practice had been Fire and Safety and the Pall Mall surgery commissioned a full review of the needs at the Southbourne Grove Branch. This has identified that in order to bring the site up to code and to ensure it is fit for purpose there would need to be a significant financial commitment made to premises alternations. Following unsuccessful applications for funding and negotiations with the Dr Chaturvedi as the Landlord, the practice has submitted an application to close this branch site. A full paper for consideration and Committee virtual decision was provided on the 3 September 2018 where it was agreed that the application was incomplete and a request made for the practice to submit additional information. This additional information is now included in the full report at Appendix 2.

1(c): The North Road Surgery in Shoeburyness is a single handed contractor, Dr P Moss. Last year it was necessary for Dr Moss to take an extended period of sick leave. Whilst this practice always runs on high use of Locums, this did result in that usage increasing further and subsequently the practice bearing additional costs. They were not aware that some of these costs could be reclaimed under the Statement of Financial Entitlements (SFE). They have now been supported to pull together the information, however, this is now outside of the time period ordinarily allowed for these types of claims. Consequently the Committee are being asked to authorise that a discretionary payment be made under the SFE. A full report is provided at Appendix 3.

Conclusion and recommendation

The Committee are asked to consider the full reports provided at Appendix 1 and 2, including the additional information requested by virtual consideration, in order to reach a decision on whether to support or decline the applications submitted for contractual variations.

The Committee are asked to provide instruction on any further information required or instruction they would give for additional actions to be taken in order to satisfy themselves of the appropriateness of these variation applications.

The Committee are asked to consider the full report provided at Appendix 3 in order to reach a decision on whether to authorise the request for a discretionary payment to be made.

Our recommendations would be to support all of the applications submitted based on the information provided in these reports.

3. Appendices to this report	
Appendix 1	<ul style="list-style-type: none"> List Closure Extension request for the Hollies Surgery
Appendix 2	<ul style="list-style-type: none"> Closure of branch site application for Pall Mall Surgery
Appendix 3	<ul style="list-style-type: none"> Discretionary payment for locum reimbursement for GP sickness cover
4. Associated Papers	
Papers previously considered by this CCG	<p>PRIMARY CARE COMMISSIONING COMMITTEE **VIRTUAL AGREEMENT**</p> <ul style="list-style-type: none"> 29 May 2018 Application to EXTEND Practice List Closure: The Hollies Surgery (F81075), 41 Rectory Road, Hadleigh <p>COMMITTEE **VIRTUAL AGREEMENT**</p> <ul style="list-style-type: none"> 3 September 2018 Application to EXTEND practice list closure: The Hollies Surgery (F81075), 41 Rectory Road, Hadleigh Application to CLOSE branch site: Pall Mall Surgery(F81144), branch site 314 Southbourne Grove, Westcliff on Sea, SS0 0AF:
CCG Policy Documents	N/A
External Documents	<p>NHS England Primary Medical Care Policy and Guidance Manual</p> <p>The National Health Service (General Medical Services Contracts) Regulations 2015 (as amended)</p> <p>NATIONAL HEALTH SERVICE, ENGLAND</p> <p>The General Medical Services Statement of</p>

	Financial Entitlements (Amendment) Directions 2018
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Monitoring and Assurance Summary	
This report links to the following Assurance Domains	<p><i>[Delete any that are not applicable]</i></p> <ul style="list-style-type: none"> • Quality • Equality and Diversity • Engagement • Outcomes • Governance • Partnership-Working • Leadership
Internal governance	
Not applicable	
Stakeholder and community engagement	
Details included within the Appendix reports	

Impact Assessments

I confirm that I have considered the implications of this report on each of the matters below, as indicated.

Report authors initials: _____ Submitting officers initials: _____

	Any action required?		
	No	If action is required then:	
		Identify location of proposed action in report (paragraph number)	Identify which appropriate officer of the CCG has agreed action is sufficient
All three Domains of Quality (Safety, Quality, Patient Experience)			
Board Assurance Framework/ Risk Register			
Budgetary Impact			
Legal/ Regulatory			
People/ Staff			
Financial/ Value for Money/ Sustainability			
Information Management & Technology			
Equality Impact Assessment			
Freedom of Information			

19 September 2018

**Application to EXTEND Practice List Closure:
The Hollies Surgery (F81075), 41 Rectory Road, Hadleigh**

Submitted by: Sally Simmonds – Head of Primary Care Contracting

Prepared by: Sally Simmonds – Head of Primary Care Contracting

Status: For Decision

Executive Summary

i) Summary

This report is presented to the Joint Primary Care Commissioning Committee following receipt of a further application received on the 9 August 2018 and virtual consideration of that application on 3 September 2018 from:

The Hollies Surgery
41 Rectory Road
Hadleigh
Essex SS7 2NA

To extend their list closure for new patient registrations, for a further period of **six months**, taking their total period of closure to the maximum allowable of 12 months, reopening for new registrations as at **18 February 2019**.

This report recommends that the committee supports the application based on the reasons set out below.

ii) Overview

The practice have willingly engaged with the CCG throughout the previous six month closure period in order to keep us advised of progress in developing their workforce and in managing other influencing and impacting factors.

The practice has undertaken the steps set out in the last application to recruit more GP performers to the practice, however, within the last month have been given notice by all three of their practice nurses who are taking on new roles within the federation service or with other local practices. The practice has already gone out to advert to recruit to these vacancies but recognise that there will be a period of instability whilst new healthcare professionals become settled in.

Furthermore the practice have had a long period of high profile challenges and court cases, significant changes in the partnership structure and now feel that they need some time for reflection and stability to ensure that they can retain the remaining workforce, with a view to supporting ongoing growth over the next six months.

Their full application is included below for consideration.

Following virtual consideration the Committee requested additional information to enable them to make a fully informed decision in this matter. It was noted that:

1. The application to extend practice list closure at The Hollies Surgery (F81075) is not approved at this time and we would like to review again on the 19th with further information.

To inform that discussion we will:-

a. ask the practice to provide a more detailed plan from the practice outlining actions and timeframes that the practice will take in respect to opening their list at the end of the period, and we will also advise the practice that in view of the fact that they have already been closed for six months we would expect their application to demonstrate the progress made to date.

b. Contact the neighbouring practices to advise that we have received a further application and to ask them for comment.

iii) Reasons

One GP (1 WTE) retired in May 2017 and another (0.8WTE) retired on 31.1.18.

The Practice continues to actively try to recruit additional GP and health care professional capacity to assist with the ongoing high demand and diminishing workforce that they are currently experiencing.

They have secured a salaried GP who started in August, taking them to approx. 2.6WTE GPs working in the practice, under a 2 GP partnership GMS, with a list size of approximately 13,500 (as at 1 August 2018).

The practice have been given notice by their three nurses so will now need to go through a further period of recruitment and training to bring their workforce back up to the required compliment just to maintain service provision as it currently stands.

iv) Financial Implications

There would be no direct financial implications for Castle Point and Rochford CCG.

There would be financial implications for the Practice in view of their global sum which may reduce as they would not be replacing any patients who may leave during this period of closure.

v) Background and Application

The Hollies list size as at 01August 2018 is 13,547.

This represents a 200 patient reduction since 1 May 2018 when the list was nationally recorded as 13,743 and a total reduction of **313** patients since the original application to close the list in February 2018 (13,860).

During this period other locality practices list sizes have changed as set out below:

Practice	February	May	August	September	Total change
Hollies	13860	13743 (-117)	13547	13447	- 413
Dr Khan	12746	12840 (+94)	12916	12941	+ 195
Dr Patel	2466	2573 (+107)	2680	2745	+ 279
Dr Baker	6464	6522 (+58)	6583	6617	+ 153
Dr Voltmar	3879	3862 (-17)	3854	3843	- 36
Dr Gill	3335	3308 (-27)	3272	3261	- 74
Dr Khalil	5566	5564 (-2)	5571	5578	+ 12
Totals	48,316	48,432 (+116)	48,423	48,432	+ 116

This represents a total locality list growth of 116 patients within a six month period, the vast majority of which is likely be attributed to the closure of another local practice (Lydia House) just on the outskirts of the patch on 3 April 2018.

Clearly there have been some practices experiencing a large increase in registrations over this period, much of which is clearly local movement of patients from those practices whose lists have reduced, predominantly that of The Hollies.

For complete consideration it was also important, however, to look at any trend in registrations at The Hollies, prior to the list being formally closed.

It is noted that the list had already reduced by 184 patients over the six (6) months prior to list closure, from 14044 patients in August 2017 to the February data above (1.31%). The reduction rate during the closure period is currently recorded at (2.97%) so whilst it is likely that the list size would have continued to reduce, regardless of the list status, it is evident that the rate of patient movement from this practice is significantly increased due to the current closed list for new patient registrations.



Closed list extension
revised application.tif

Application:

The practice have been asked to provide a more detailed plan outlining actions and timeframes that the practice will take in respect to opening their list at the end of the period, and that the application demonstrates more clearly what progress has already been made to date, during the first six months of list closure for new registrations.

As requested the practice have submitted some additional information for the Committee's consideration:



**Additional
information - LIST CL**

vi) Comments from others

A letter was sent to all practices listed above advising them that the Hollies had submitted an application to further extend their period of closure for new registrations and seeking their comments. To date three responses (representing four of the practices) have been received and are included below:

1) Whilst I appreciate the Hollies are under pressure at present, I would also like it to be noted that our Surgery is too. Carlos is now off sick from today for approximately 8 weeks and as a single handed practice, we are reliant upon locum cover. We have noticed more patients registering recently ; April 19, May 24, June 36, July 43, August 31 and obviously any increase in our register will put us under more pressure at a difficult time. I do however realise all Surgeries are under increasing population demands and that we are not alone and I would therefore still support The Hollies in their application for an extension to close their list.

2) On behalf of both practices at Rushbottom Lane we would like to know what plans the CCG are going to make for the next 6 months to ensure that both practices can accommodate this influx of patients being added to our list size. We are already struggling to accommodate the extra patients from the locality as we have estate capacity issues. We appreciate the situation the Hollies are in and are supportive.....and us continuing to be the main practice registering patients in the area is highlighting the problem of our capacity to maintain this. I am dealing with patient complaints around our capacity and patients wanting us to close our lists. We was wondering that if the issues Hollies is facing continues what other things are going to be put into place to support them

3) We have reviewed your most recent letter regarding the list closure of the Hollies and we do not agree that they should continue to remain closed for a further 6 months. The closure of the list has resulted in our list to grow by 400 patients in the year and is still steadily growing on a weekly basis. This increase is beginning to put a strain on the surgery and if it continues to grow at this rate, it will start to put our patients care at risk. We are a small surgery and the infrastructure is not big enough to be able to handle another 500 patients. If this continues we will have to apply to have our list closed.

vii) Practice Performance

Overall this practice is now registered as 'Red' on our internal Primary Care Dashboard recording a score of 3/13 with the influencing factors being that of patient numbers per WTE GP, closed list status and patient experience.

Current areas of concern are:

- High ratio of patients:GPs – despite a reducing list size
- Not enough responses received to give a score for the Friends and Family Test
- Poor results in the National Patient Survey for the two monitored questions (Overall Experience 'Good' – only 65% which is significantly lower than both the CCG and National averages and only 42% of respondents had a good experience when making an appointment)

What this Practice does best:

- 88% of respondents say they have had enough support in the last 12 months to help manage their long-term condition(s)
Local (CCG) average: 79% National average: 79%
- 95% of respondents took the appointment they were offered
Local (CCG) average: 94% National average: 94%
- 92% of respondents felt their needs were met during their last general practice appointment
Local (CCG) average: 95% National average: 95%

What this Practice could improve:

- 41% of respondents are satisfied with the general practice appointment times available
Local (CCG) average: 65% National average: 66%
- 33% of respondents were offered a choice of appointment when they last tried to make a general practice appointment
Local (CCG) average: 54% National average: 62%

viii) Recommendation

Members of the Primary Care Commissioning Committee are asked to decide whether to approve or reject this application to extend the closure period of the Practice List for the requested period of six (6) months.

It would be our recommendation that this application is approved on the basis that:

- they have made all reasonable endeavours to recruit prior to this request being submitted,
- they have considered their position in more detail and have now established that a longer closure would support their overall objective to provide high quality services with a developing workforce over the next six month period,
- they continue to actively seek to recruit to wider clinical posts to address the capacity issues and are continuing to implement new ways of working to reduce unnecessary demand on their clinical team.

We would recommend that a condition of acceptance is that the practice instigate and evidence more focused discussions with other local practices to consider a wider, longer term solution to local capacity challenges and develop a clear local strategy for managing any similar issues post any agreed extended period of closure.

Challenges:

The acceptance of a closure request of one practice list can have a significant ripple effect which may result in a number of other near by practices either following the same formal route or taking a less manageable informal approach to managing new registration requests. This has been indicated in two of the three responses received from local practices.

It is recognised that many GP practices are in similar situations and all are feeling the pressures of increasing workloads alongside clinical vacancies or sickness. This decision

may establish a precedent for the consideration of future applications, particularly given the increased demand on those local practices with an open list, and could significantly increase the workload for the CCG in resolving patient registrations for the area. The practice list closures ripple effect will result in enforced allocations of patients to closed lists.

A small local practice did close on the outskirts of this locality in March which may be responsible for the overall growth during this period of closure. It will be essential that we continue to monitor list sizes across the patch during any agreed extended closure period.

From the information provided above, it is clear that there is an increase generally in patients registering in this locality and it would be important to ensure that the Hollies are supported to open their list sooner than the proposed end date, through agreement with the CCG, if they feel able to do so and if this application is successful.

19 September 2018

**Application to Close branch surgery at
314 Southbourne Grove, Westcliff on Sea, SS0 0AF:
Pall Mall Surgery (F81144)**

Submitted by: Sally Simmonds – Head of Primary Care Contracting

Prepared by: Sally Simmonds – Head of Primary Care Contracting

Status: For Decision

Executive Summary

i) Summary

This report is presented to the Joint Primary Care Commissioning Committee following receipt of an application received on the 20 August 2018, considered virtually by the Committee on the 3 September 2018, from:

Pall Mall Surgery
1st Floor, Leigh Primary Care Centre,
918 London Road,
Leigh-on-Sea, Essex, SS9 3NG

to close their branch surgery at Southbourne Grove in Westcliff as from the 28 November 2018 (originally 1st October 2018)

This report recommends that the committee supports the application based on the additional information set out below.

ii) Overview

Prior to September 2017, Dr Chaturvedi was the sole practitioner operating under a single handed contract from the Southbourne Grove Surgery site in Westcliff. The premises is owned by Dr Chaturvedi and he had provided patient services from this site for many years.

Following a CQC visit and report a number of areas requiring improvement were identified and a Section 28 notice issued setting out the CQC's intention to remove Dr C's registration.

In order to ensure continuity of services for this population, a short selection process was undertaken to identify suitable alternative providers. Through this process Pall Mall surgery were identified as the successful applicants and it was agreed that they would take over the care for this patient population, establishing Southbourne Grove site as a branch of their main practice and would, over the following months, address the areas of CQC concern. The Pall Mall practice took over the running of this site, at very short notice, on the 20th September 2017 and TUPE'd staff, transferred the utilities and entered into a new five year

lease agreement for the phone system, successfully taking over the service delivery from Southbourne Grove branch with as little disruption to patient services as possible.

Dr Chaturvedi's ownership of the premises was not affected and consequently the Pall Mall surgery partnership became his tenant at the Southbourne Grove site, though the final lease details were yet to be agreed.

One of the CQC requirements was that full Health & Safety and Fire Risk assessments be carried out at the premises, which the Pall Mall partnership quickly arranged, during which it was discovered that the building required some major works to bring it in line with current Regulations.

Colclough Electrical	Rewiring building to make safe	£5717
Flooring – Nurses room and GP Side Room	Make Infection Control compliant	£2856
WFP	Emergency lighting and fire door works	£4756
WFP	Increase coverage of fire alarm to meet L3 standards	£5890
Blinds for downstairs consulting rooms		£376
Safety Glass	Replace Safety glass to leadlite window on stairs. Current glass not approved kite mark.	£576
Total		£20171

The Pall Mall partners endeavoured to secure NHS funding to support the premises improvements which was unsuccessful on the basis that such works would be the responsibility of the Landlord not the tenant.

Throughout this time the lease was still being negotiated, however, no agreement has been reached and Pall Mall believe that it would be unsafe to continue to deliver patient health services from the site in its current condition.

The full application (included below) was submitted to the Committee for virtual consideration on the 3 September 2018. The result of that consideration is set out below:

The closure of branch surgery at 314 Southbourne Grove (F81144) – we will **not** support this application at present and respond to say that we feel the information submitted to date is incomplete. We will:-

- a. Advise the practice that the additional information listed under viii Recommendation (listed as points 1 to 7) would need to be collected / collated by the practice and submitted as part of an application prior to a decision being made, and
- b. request that this is submitted in sufficient time to review the application on 19th September

iii) Reasons

- The current site is not fit for purpose and requires significant investment to ensure that it meets Health & Safety, Fire and DDA requirements.
- The branch is currently running without a lease in place
- Patients historically registered with the Southbourne Grove Surgery have been accessing services at the main branch over the past twelve months

iv) Financial Implications

Castle Point and Rochford CCG are currently reimbursing notional rent at a rate of £19,600 for the premises at Southbourne Grove. If the site is no longer used for medical services then this will no longer be payable.

The practice has indicated that they would be looking for support with regard to patient communications and this may result in a minimal financial impact for the CCG, either in respect of the cost of the service itself and/or as a result of resource utilisation for preparing the communications with the practice.

The Pall Mall surgery will gain some financial efficiencies from reducing the overheads incurred through maintaining two surgery sites.

There is currently no indication as to any additional financial efficiencies that might be achieved through workforce restructuring following any such branch closure.

v) Background and Application

Southbourne Grove list size as at 01 September 2017 was 3334. As this list is now merged with that of the Pall Mall surgery it is no longer possible to measure the patients that are still accessing services from this site other than through a specific report prepared by the practice.

There are 5 other practices within a reasonable distance from the Southbourne Grove site and whose practice boundaries cover that of the original surgery, providing a choice for patients in the area, should the application be granted and patients did not want to travel to Pall Mall main surgery.

Those practices are:

Dr Krishnan – Kent Elms

Dr Malik – Kent Elms

Dr Zaidi – Eastwood Group

Dr Sooriakumuran – (Prince Avenue – partially covers historic boundary)

Dr Jayatilaka – (Elmsleigh Drive – partially covers historic boundary)

Application:



Application Notice to
Close Branch Premise

vi) Comments from others

Dr Chaturvedi has expressed his concern with this proposal to members of the CCG Senior team. Dr Chaturvedi has been advised both verbally and in writing that the CCG will not get involved in discussions between a Landlord and their tenant.

Dr Chaturvedi has approached the LMC to present a letter to the PCCC on his behalf expressing his concerns with this proposal.

vii) Practice Performance

- The Pall Mall surgery were rated as Good in all areas by the CQC in February 2016.
- GP patient survey results show that 83% of patients describe their overall experience of this GP practice as good.
- The practice achieved 97.5% in QOF for 2016/17
- 87% say they have had enough support in the last 12 months to help manage their long-term condition(s)
Local (CCG) average: 79% National average: 79%
- Only 36% of respondents usually get to see or speak to their preferred GP when they would like to
Local (CCG) average: 48% National average: 50%

On the GP Dashboard the practice are currently rated as “Amber” with a score of 9/13 – the main issue currently being the use of Locums.

viii) Recommendation

Members of the Primary Care Commissioning Committee are asked to decide whether to approve or reject this application to support the closure of the Pall Mall branch site situated on Southbourne Grove in Westcliff on Sea having had the opportunity to consider the additional information provided within this report at points 1 – 7 below.

It would be our recommendation that this application is approved based on the additional information provided below:

- 1) What is the outcome of the Patient Participation Group meeting and how can we be assured that this group is representative of the patients accessing services from the branch site.

Outcome was all patients understood the reasons for the relocation and whilst some would like to have remained, they all see the benefits from attending a modern, purpose built surgery with full facilities, including disability access. They all agreed to facilitate the move from the branch to the main surgery. As a group they agreed to meet to discuss this.

- 2) How will the practice ensure the patient population who use the branch site the most are consulted appropriately and their feedback collected and considered

There will be information in the branch surgery about the proposed move as well as information on services and access to Leigh Primary Care Centre. Concerns raised

will be considered by the Partnership of the surgery and wherever possible these will be addressed in a positive fashion.

- 3) How will the practice ensure that those groups of patients protected by the Equality Act 2010 have been fully included in the consultation process.

One PPG member is 'protected by the equality act' and understands fully the benefits of coming to a purpose built DDA compliant building. Since taking over the surgery, Pall Mall have been undertaking thorough LD checks and are now on the second wave of these, these patients are now attending the main surgery where access and facilities to other treatments are easy to access. The old building is not DDA compliant, and only one consulting room can be used for a patient who is unable to climb stairs or who is a wheelchair user. This causes reception issues with booking appointments and many patients with the inability to access nursing care and some medical care.

- 4) What communications with other local practices who may be effected by this closure should be undertaken and how with this be demonstrated

The Highlands Surgery, Eastwood Group and Valkyrie Road surgery are aware of our plans. The Practice Managers for West Locality practices will be informed at their next meeting on 18th September. Dr Sooriakumuran – (Prince Avenue – partially covers historic boundary) and Dr Jayatilaka – (Elmsleigh Drive – partially covers historic boundary) will be contacted via email to inform them of our proposal.

- 5) What other steps have the practice taken in an endeavour to resolve the issue, i.e. there is currently no indication that the Landlord has refused to commit to making the necessary premises improvements

We have embarked upon a full assessment of the needs of the building in making it a fit for purpose GP surgery for both patients and staff. We have presented the estimates to the landlord, but he is not willing to cover these costs, believing it to be the tenants responsibility to do so. Our advice has been that in signing a lease for such a building, the building should be fit for purpose. Discussions with NHS England, exploring the idea of the assisting in paying to improve the building was rejected as this is not within their estates plan. Thus we have a stalemate and feel it is better overall that we move the Southbourne Grove patients to the main site. Should all of the works be done, there is still a big issue over access for disabled people.

- 6) What plans do Pall Mall have for those staff currently working at the Southbourne Grove site

All the employed staff have been informed of the proposed move and are looking forward to coming to the main site. During the past year, administration staff have already been working dual – site. The nursing team are integrating from 1st October with clinics being run by Southbourne nurses at the Pall Mall site to ease future working and continue to introduce Southbourne patients to the benefits of the main site. Pall Mall have already built additional desk spaces in reception and administration to accommodate the additional staff. All the doctors at Southbourne Grove are locums, one of which is already doing sessions at the main site.

- 7) The PCCC should be provided with a copy of the Branch Closure plan which should include (but not be limited to) full details of :

- patient communications having full regard to the internal delays created by

third party engagement with the process (PCSE), posters and other forms of notification, etc.

- *we would hope the CCG will support us with patient communications in respect of the closure.*
- the safe transfer of patients Lloyd George records through the correct processes having full regard to the NHS Code of Practice
- *the Lloyd George notes are already stored at the main site – this work was undertaken immediately following the merger last year as safe, secure, storage was a problem at Southbourne Grove*
- the retrieval of all/any NHS owned equipment, etc.
- *all PC and IT equipment will be needed at the main site for transferring staff*



SBG Closure list.odt

Given the timelines required for some of this work to be undertaken, the Committee considered that the original 1st October date for closure would be too ambitious particularly given any delay resulting in awaiting the required submissions for further consideration.

On that basis the Pall Mall practice have now proposed a later date for the branch site closure of the 28 November 2018.

Challenges:

The acceptance of this branch closure application may have a ripple effect on other local practices who may already be struggling with capacity issues. Whilst it is considered that the majority of patients will remain registered with Pall Mall and access services from the main site, it is likely that there will be some patients who would prefer to stay more local. It would be important to understand what the potential impact of this would be and ensure, wherever possible, that those practices are not overwhelmed with new patient registration applications.

Should the Committee decide not to support the closure of this branch site, there will be the challenge of ensuring that services are provided to our registered population from safe and accessible premises where there are further challenges with the leasing arrangements.

Whilst the closure of this small branch site may be in line with the CCGs strategic plans we must be prepared for any media noise that may be generated due to the closure of a well established primary care service.

19 September 2018

**Discretionary payment for Locum reimbursement for GP sickness cover
North Shoebury Surgery (F81684)**

Submitted by: Sally Simmonds – Head of Primary Care Contracting
Prepared by: Sally Simmonds – Head of Primary Care Contracting
Status: For Decision

Executive Summary

i) Summary

This report is presented to the Joint Primary Care Commissioning Committee following discussions with the GP and practice manager from:

Dr P Moss
North Shoebury Surgery
Frobisher Way
Shoeburyness
Essex, SS3 8UT

in respect of reimbursement payments that the practice would have been entitled to claim in financial year 2017/18, for a period of GP sickness, had they been aware of this right.

This report recommends that the committee supports the application based on the information set out below.

ii) Overview

Dr Moss has been a GP practicing as a single hander in the Southend area for many years, providing services from a modern site neighbouring the Asda store in Shoeburyness.

During the financial year of 2017/18, it became necessary for Dr Moss to take an extended period of sickness absence between April and September, resulting in the practice's already high use of locums to increase even further, along with the financial pressure to support that.

Whilst the CCG were able to provide considerable support for the practice during this time, in helping to source local alternative GP cover, the level of knowledge in respect of contractors financial entitlements within the organisation was somewhat limited. To that end the practice were not made aware of their entitlement to reclaim some of the costs associated with this arrangement.

During recent support meetings with the practice this matter was discussed and it was agreed that the PM would submit a claim to NHS England along with copies of relevant

invoices for the period of absence, highlighting only those sessions that were specifically required to cover the absence of Dr Moss, rather than ordinary booked provision.

The PM submitted the application, however, was advised that this was now outside of the window of opportunity and subsequently would not be reimbursed.

The Statement of Financial Entitlements (SFE) sets out the financial rules for calculating payments to GP contractors and the rules governing how practices can seek reimbursement from some costs associated with the delivery of medical services.



GMS contract -
Statement of Financie



protocol-in-respect-o
f-locum-cover-payme

SFE Part 5 (Payment for Specific Purposes) Section 16 (Payments for locums or GP performers covering sickness leave) establishes the entitlement of a contractor to reclaim the actual costs of “cover” or up to the ceiling amount of £1,734.18 per week (2017/18), whichever is the lesser of the two for a maximum of 28 weeks and half of that amount for any subsequent weeks up to a maximum of 54.

Unfortunately the practice were not advised of this entitlement in time to submit their claim within the required timeframe and NHS England refused to reimburse on this basis.

However, the SFE also sets out the right for commissioners to exercise discretionary powers to make payments only in exceptional circumstances, for example (but not limited to) consideration of:

- demonstrable financial hardship
- areas of significant deprivation
- GP recruitment difficulties
- applications from single-handed GPs
- applications from nurse-led PMS practices

iii) Reasons

- Dr Moss meets all but one of the “exceptional circumstances” set out in the section above and was not aware of his entitlement as a contract holder to seek this reimbursement.
-

iv) Financial Implications

The attached scanned copies of invoices demonstrate the level of Locum usage during the period of GP absence, though only those marked with an asterix were for sessions that Dr Moss would have delivered himself. All other sessions were part of the practices everyday normal running costs and as such are to be discounted.

To this end the total amount they are seeking reimbursment for is £16,372.37

At no point did the practice go over the ceiling for reimbursement in any one week so are not

seeking the higher reimbursement level, only actual costs.

This reimbursement, if agreed, would be paid from the Southend CCG GMS reserves budget and would present a cost pressure for the CCG.



Invoices batch 1.pdf Invoice batch 2.pdf

v) Background and Application

Dr Moss currently has a list size of 3081 patients in an area of high demand and relative deprivation, being in the fourth more deprived decile.

He has had considerable challenges in recruiting to permanent GP posts and is subsequently reliant, to approximately 70%, on locum coverage, though much of this is on a longer term basis.

Dr Moss has made significant and ongoing financial commitments into maintaining the service and has, in recent years, had modernisation work completed at the premises, which is owned by him.

vi) Comments from others

The financial impact of this request has been explored to understand the affordability and the non-recurrent payment can be made within the financial envelope

vii) Practice Performance

The surgery have been overall rated as Requires Improvement by CQC, specifically for safe and caring with all other areas being rated as good in their report of May 2018.

- Safe - Requires improvement
- Effective - Good
- Caring - Requires improvement
- Responsive - Good
- Well-led - Good

GP Patient survey results demonstrate that of the 112 respondents (34%):

- 73% of respondents find it easy to get through to this GP practice by phone
- Local (CCG) average: 64% National average: 70%
- 93% of respondents find the receptionists at this GP practice helpful
- Local (CCG) average: 88% National average: 90%
- 97% of respondents were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment
- Local (CCG) average: 93% National average: 93%

All above the CCG and national reported averages

It was also reported that:

- 22% of respondents usually get to see or speak to their preferred GP when they would like to
- Local (CCG) average: 48%National average: 50%
- 74% of respondents say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment
- Local (CCG) average: 85%National average: 87%
- 54% of respondents are satisfied with the general practice appointment times available
- Local (CCG) average: 63%National average: 66%

79% described their overall experience of this GP practice as good
(Local (CCG) average: 80%National average: 84%)

The practice achieved 96.9% in QOF for 2016/17 and are rated as Amber on the primary care dashboard, achieving 8/13 points.

viii) Recommendation

It is recommended that the Primary Care Commissioning Committee exercise its discretionary powers in making this exceptional payment to Dr Moss as reimbursement for costs incurred during his period of extended sickness.

Challenges:

No current challenges known.