

AGENDA ITEM NO: 6.0.

Meeting Title/Date:	Primary Care Co-Commissioning Joint Committee - 28 June 2017		
Report Title:	Liverpool House Surgery List Closure Application		
Paper Prepared By:	Lorraine Boyd/ Sarah Bloy	Date of Paper:	14 June 2017
Executive Sponsor:	Kevin Parkinson	Responsible Manager:	Sarah Bloy
Committees where Paper Previously Presented:	N/A		
Background Paper(s):	N/A		
Summary of Report:	This report contains information from a practice in South Cumbria who are applying to close their list to new patient applications.		
Recommendation(s):	The committee are recommended to decline the request to close the list based on the impact to surrounding practices experiencing similar workforce issues.		
			Please Select Y/N
Identified Risks:			Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)			N
Strategic Objective(s) Supported by this Paper:			Please Select (X)
To Improve the health of our population and reduce inequalities in health			X
To reduce premature deaths from a range of long term conditions			X
To develop care closer to home			X
To commission safe, sustainable and high quality Hospital Health Care			
To commission safe, sustainable and high quality Mental Health Care			
To improve capacity and capability of primary care services to respond to the changing health needs of our population			X
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Liverpool House Surgery List Closure Application

Moor Lane Mills

28th June 2017

Introduction

The Primary Care Co-commissioning Joint Committee is requested to consider the list closure application received from Liverpool House Surgery, 69 Risedale Road, Barrow In Furness, LA13 9QY. The practice is experiencing difficulties due to GP recruitment issues.

Background

Liverpool House Surgery which holds a GMS contract has requested to close its registered practice list for a period of 12 months.

The table below details the opening hours for the practice

Day	Opening Hours	Extended Hours (if applicable)
Monday	7.30 – 18.30	07:30 – 08:00
Tuesday	8.00 – 18.30	None
Wednesday	7.30 – 18.30	07:30 – 08:00
Thursday	8.00 – 18.30	None
Friday	7.30 – 18.30	07:30 – 08:00

The practice has advised as part of the application that it feels that it has reached capacity.

Workforce

The historic GP staffing establishment at the practice consisted of the following:

- 2.57 Full Time Equivalent (FTE) partners
- 0.43 FTE Locum
- Total 3.00 FTE including locum cover

One full time GP partner left the practice two years ago and the practice has been unable to recruit to the vacancy. The practice is using regular locum cover for 4 sessions and one ad-hoc locum for 2 hours per week, and one GP has increased from working part time to full time.

The practice has indicated that it has changed the appointment system offering fewer routine and more emergency appointments. In terms of skill mix, the practice has two part time Practice Nurses with delegated duties.

The current establishment at the practice is:

- 2.0 FTE partners
- 0.44 FTE regular locum

- 0.22 FTE ad hoc locum
- Total 2.66 FTE including locum cover

The table below illustrates the list size per year for the practice from 2013 – 2017 and shows a fairly static list which has actually decreased slightly this year.

Year (March)	List size
2017	5262
2016	5315
2015	5333
2014	5301
2013	5333

GP to Patient Ratio

At the full historic establishment of 3.00 FTE GPs, the GP to patient ratio was 1754 compared to the CCG average of 1622 in September 2016. At the current establishment of 2.66 FTE GPs, which includes locums, the GP to patient ratio is 1978.

At September 2016 Cumbria CCG average was 1602 and Lancashire North CCG Average was 1622. A comparison between Liverpool House and nearby practices showing list sizes and workforce is available in Appendix A.

It should be noted that this is only considering GP skill mix and not the wider skill mix of all health care professionals within different practices.

Policies/Regulations

The NHS England Policy Book for Primary Medical Services, January 2016, should be followed to consider this application.

Chapter 9, Part C, paragraph 2.1 of the policy details the process which should be followed:

2.1 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 application (annex 1) must include the following information:

- options the contractor has considered, rejected or implemented in an attempt to relieve the difficulties encountered about its open list and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;
- any discussions between the contractor and its patients and a summary of them, including whether those patients believe the list of patients should or should not be closed;
- any discussions between the contractor and other contractors in the practice area and a summary of the opinion of the other contractors as to whether the list of patients should or should not be closed;

- the period of time during which the contractor wishes its list of patients to be closed, which must be more than three months and up to 12 months;
- any reasonable support from the area team that the contractor considers would enable its list of patients to remain open or for the period of proposed closure to be minimised;
- any plans the contractor has to alleviate the difficulties mentioned in that application while the list of patients is closed so the list can re-open at the end of the proposed closure period without such difficulties; and
- any other information the contractor considers ought to be drawn to the attention of NHS England."

If NHS England and the CCG decide to reject an application to close a list, the points listed in the extract from the standard operating procedure (appendix D) should be followed.

Further Information

NHS Choices indicates that Liverpool House is not accepting new patients which is inaccurate as the application has not been approved. NHS Choices indicates that the nearby practices are all accepting new patients.

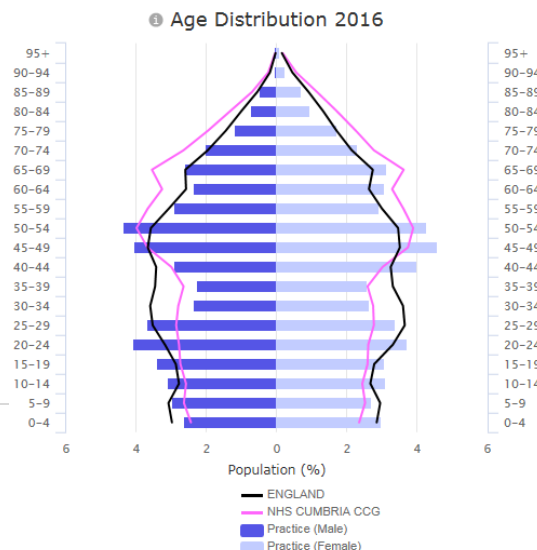
The practice has submitted an application for support through the Resilience Programme in conjunction with four nearby practices. The application was selected for support by NHS England (North East and Cumbria).

The information below indicates the Social Deprivation for the practice area

Indicator	Period	Practice Count	Practice Value	CCG Value	England Value	England Lowest
Deprivation score (IMD 2015)	2015	-	31.5	21.2	21.8	3.2
Deprivation score (IMD 2010)	2012	-	31.6	21.1	21.5	2.9
IDACI (Income Depr. - Children)	2015	-	21.7%	15.4%	19.9%	1.4%
IDAOP1 (Income Depr. - Older People)	2015	-	18.9%	12.4%	16.2%	3.9%

The information above shows the Index of multiple deprivation score (IMD) at the practice is above both the National and the CCG averages. The practice is in the third most deprived decile. A comparison between Liverpool House and nearby practices showing deprivation indicators is available in Appendix B.

The information below details the 2016 practice age distribution compared to NHS Cumbria CCG average (newly formed Morecambe Bay data was not available). The practice population is in line with CCG average which is similar to the national average.



The table below provides a view from NHS Choices in terms of patient satisfaction of the nearby GP practices compared with Liverpool House Surgery.

Practice Code	Organisation Name	Distance (miles)*	Registered patients	Would recommend the surgery
A82077	Liverpool House Surgery	0.0	5261	94.0% - Among the best
A82072	Dr Jolliffe GC & Partner	0.1	6850	84.0% - In the middle range
A82009	Bridgewater Medical Centre	0.1	8967	82.7% - In the middle range
A82007	Duke Street Surgery	0.7	9530	80.9% - In the middle range
A82008	Dr J Young and Partners	0.7	10942	54.8% - Among the worst
A82062	Atkinson Health Centre	0.8	4711	80.2% - In the middle range
A82629	Dr R Karamchandani & Partner	0.8	3579	67.4% - In the middle range
A82010	Abbey Road Surgery	0.9	6680	63.8% - Among the worst
A82071	Burnett Edgar Medical Centre	1.9	4241	81.9% - In the middle range

*Please note the distances quoted are in a straight line not travel distances

Benefits to Patients

The practice has indicated that the list closure would reduce the risk to patients.

Consultation

- Patient consultation

The practice has not indicated that they have undertaken formal patient consultation although the GP does discuss the situation during a consultation if a registered patient enquires.

- Other Stakeholders

The practice manager has discussed the issues with other managers at the practice manager forum. There has not been any formal consultation, although they have approached NHS England and the LMC to discuss the resilience programme. However NHS England has approached nearby practices and the LMC.

- Nearby Practices

NHS England contacted eight neighbouring practices with a deadline for comments of the 16th June 2017. Comments received from nearby practices are available in Appendix C.

There has been one response to date (full response attached as appendix C).

- We have had a GP vacancy for the last 15 months and feel that the closure of the list at Liverpool House will have a negative impact on all the surgeries throughout the town as we all have an ever increasing workload.

NHS England contacted the LMC for comment and they have not yet responded.

Summary

With reference to the policy requirements quoted in paragraph 2, the table below provides a summary of how these criteria have been met:

Policy Requirement	Action
Options the contractor has considered/rejected	The practice <ul style="list-style-type: none">• has advertised for a new GP for 2 years without success• is employing locums• part time GP working full time• changed appointment system, fewer routine appointments and more emergency appointments• duties delegated to Practice nurse and admin staff
Any discussions between the contractor and its patients	The GP discusses issues with patients during consultation when asked. Those who have asked are supportive
Any discussions between the contractor and other contractors in the practice area	The practice manager has discussed the issues with other practice managers from practices in their locality who are supportive. NHS England has contacted nearby practices.
The period of time during which the contractor wishes its list of patients to be closed	12 months
Any reasonable support from the area team that the contractor considers would enable its list of patients to remain open	Discussing support options through the resilience programme with NHS England and LMC
Any plans the contractor has to alleviate the difficulties mentioned in the application while the list of patients is closed	None stated
Any other information the contractor considers ought to be drawn to the attention of the area team	None stated

Recommendation

Members of the Primary Care Co-commissioning Joint Committee are asked to:

- Consider the information contained in this report
- Consider the impact on surrounding practices
- Decline to approve the list closure
- Agree a combined NHS England/CCG approach to working with the practice to support them in staying open

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Senior Primary Care Manager
NHS England

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Business Manager
NHS England

Appendix A

List sizes and Workforce: Liverpool House compared to Nearby Practices

Practice Code	Organisation Name	List Size Mar 2017	List Size Sep 2016	Total GP HC Sep 2016	Total GP FTE Sep 2016	Patients Per GP (HC) Sep 2016	Patients per GP (FTE) Sep 2016
A82077	Liverpool House Surgery	5261	5296	2	2.66	2648.00	1990.98
A82072	Dr Jolliffe GC & Partner	6850	6900	5	5.85	1380.00	1178.82
A82009	Bridgewater Medical Centre	8967	8922	7	5.92	1274.57	1507.09
A82007	Duke Street Surgery	9530	9551	7	6.64	1364.43	1438.40
A82008	Dr J Young and Partners	10942	10964	7	7.47	1566.29	1468.39
A82062	Atkinson Health Centre	4711	4728	4	3.39	1182.00	1396.06
A82629	Dr R Karamchandani & Partner	3579	3661	2	2.68	1830.50	1366.04
A82010	Abbey Road Surgery	6680	6652	4	3.07	1663.00	2169.13
A82071	Burnett Edgar Medical Centre	4241	4326	2	2.00	2163.00	2163.00

Source: NHS Digital - General and Personal Medical Services in England September 2016

Key: HC Headcount
FTE Full Time Equivalent

Appendix B

Deprivation Indicators: Liverpool House compared to Nearby Practices

Practice Code	Indicator Name	Deprivation score (IMD 2015)	Deprivation score (IMD 2010)	IDACI (Income Depr. - Children)	IDAOPi (Income Depr. - Older People)	Deprivation Decile*
	Time period	2015	2012	2015	2015	
A82077	Liverpool House Surgery	31.5	31.6	21.7	18.9	3
A82072	Dr Jolliffe GC & Partner	34.3	32.8	23.8	19.7	2
A82009	Bridgegate Medical Centre	34.6	34.5	23.8	20.2	2
A82007	Duke Street Surgery	35.5	35.0	24.2	20.2	2
A82008	Dr J Young and Partners	32.0	31.8	21.4	19.1	3
A82062	Atkinson Health Centre	38.2	36.7	26.2	21.2	2
A82629	Dr R Karamchandani & Partner	38.8	37.1	27.2	21.9	2
A82010	Abbey Road Surgery	27.1	27.7	17.8	17.0	4
A82071	Burnett Edgar Medical Centre	28.8	29.9	18.5	20.0	4
	CCG	21.2	21.1	15.4	12.4	
	England Value	21.8	21.5	19.9	16.2	
	England Lowest	3.2	2.9	1.4	3.9	

Source: Public Health GP Profiles

*Note: Lower deciles indicate more deprived

Appendix C - Comments from Nearby Practices

Practice A

- Whilst we are aware of the issues arising at Liverpool House after discussion we would like consideration to be taken into account that we also have a GP vacancy here at our Practice and this has been the case for the last 15 months. The closure of the list at Liverpool House may therefore have an impact on our new registrations which would in turn affect our ability to offer access for appointments should our patient numbers increase as a result of this.

We feel that the closure of their list will in essence have a negative impact on all the surgeries throughout the town as we all have an ever increasing workload. The Practice view is that it is better for patients to continue to have a wide choice thus reducing the load on all Practices.

Appendix D

Rejection of application for list closure

When the area team decides to reject an application (annex 6) to close a list of patients it must:

- provide 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.

When the area team decides to reject a contractor's application to close its list of patients, the contractor must not make a further application until:

- the end of the three-month period, starting on the date of the decision of the area team to reject; or
- 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.

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. The NHS dispute resolution procedure is set out in the managing disputes for primary medical services policy.

Source: NHS England, Managing Closed Lists – Standard Operating Policies and procedures for Primary Care (July 2013).