North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
11th May 2017	7

Anticipated Forthcoming Actions

Purpose of the Report								
This report provides the Primary Care Commissioning Committee with an idea of the future issues relating to Primary Care that the Committee may be asked to consider and approve.								
Outcome Required:	Approve		Ratify		For Discussion		For Information	X
Assurance Framework Reference:								

Recommendation(s):
The Primary Care Commissioning Committee is asked to note the content of this paper.

Executive Summary:
Key Issues: This paper is intended to brief the Primary Care Commissioning Committee on some potential matters that it may be required to consider in the coming months and to raise awareness of the associated issues that might be considered. **Key Risks:** The paper is intended to consider potential matters that might arise in the future and as such the paper is intended to mitigate future potential risk. **Implications/Actions for Public and Patient Engagement:** There are no direct implications for Public and Patient Engagement arising from the issues contained within this paper. **Financial Impact on the CCG:** There are no direct financial implications arising from the issues contained within this paper.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	**X**
Commission a range of health services appropriate to Cumbria's Needs	**X**
Develop our system leadership role and our effectiveness as a partner	**X**
Improve our organisation and support our staff to excel	**X**

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	None Applicable

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	Not applicable.

Lead Director	Caroline Rea
Presented By	Jon Rush
Contact Details	Jon.Rush@north cumbriaccg.nhs.uk
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Primary Care Commissioning Committee
Potential Matters for Future Consideration

The Primary Care Commissioning Committee will carry out a range of functions relating to the commissioning of primary medical care services. Within the coming months it is anticipated that the Committee may potentially be asked to consider the following matters:

Approval of Practice Mergers

At its initial meeting on 28th April the Committee was asked to consider a report regarding the merger of the two practices, Bank Street Surgery and Castlehead Medical Practice, and to support the decision by the practices to merge the two practices.

The 5 Year Forward View confirms the need for practices to come together to explore new, innovative ways of delivering Primary Care at scale.

Any merger application must demonstrate patient and stakeholder engagement; any objections or concerns have been addressed adequately; and there are mitigating plans in place. Consideration should be given to practice catchment areas, distances, transport links between the two sites, impact on the frail and elderly, continuity of care, availability of clinical staff, future service provision, state of the premises etc. In more complex cases, a wider patient consultation may be expected.

As a level 3 commissioner the CCG is required to support the merger. Under co-commissioning arrangements submissions of business cases are jointly considered and decided upon by the CCG and NHS England as part of their joint co-commissioning committee meetings.

NHS England does provide a template for the preparation of merger business cases. From start to finish the application and decision making process can take anything between three and six months, possibly longer, depending on the circumstances and logistics of each case.

If any of the practices looking to merge are in “special measures” (i.e., they have received an inadequate rating from CQC), then a merger application is unlikely to be approved until the practice comes out of “special measures”.

Application to Close a List (temporarily)

The GMS and PMS contracts allow for a Practice to request permission from its commissioner to close its list to new patients. This option exists to give practices a degree of workload control over the management of their services, particularly when there is unusual and sustained demand from patients or in situations of workforce or recruitment difficulties that affect a practices ability to provide services to an acceptable and safe standard.

As the commissioner also has a duty to ensure the availability of primary care services for the resident population it has certain powers with regard to these requests including agreeing to the length of the closure and the conditions that would need to exist to trigger a re-opening of the list. The commissioner will also need to consider the availability of alternative provision for new patients and any impact on neighbouring practices.

When a practice does formally close its list, the requirement is to close between three and twelve months; not less than three months. An application from a contractor to temporarily close their list must state the length of time requested. Similarly, an approved closed list must specify the time period.

Commissioners have a duty to ensure that patients have access to primary care.

- The NHS Act confers a duty on the commissioner to ensure the provision of services.
- Any actions considered by the commissioner should ensure, system wide, safe, quality and accessible core services to patients and be proportionate and sensitive to the providers concerned.
- Commissioners have a responsibility to address health inequalities.
- Commissioners and providers must work together to ensure compliance with the Equality Act, ensuring the rights of those with protected characteristics are not directly or indirectly compromised.
- Good medical practice states that if a GP is aware that patient safety is being compromised, then they have a professional duty to act.
- The unintended impact of any action needs to be considered in relation to both registered patients and unregistered patients in the locality as well as the impact on other local providers both primary (GP and pharmacy) and secondary care.

The commissioner has the right to assign patients throughout the period that the list is not formally closed having due regard to the quality and safety of services and the reasons behind the list closure in the first place.

In all but exceptional circumstances practices should approach the commissioner in advance of applying to close their list. This should allow time for the preparation of an action plan minimising the impact on patients to be put into action. A request to temporarily suspend patient registration should be considered by the commissioner as a trigger for support as it should for a formal application to close the list.

Upon receiving an application for list closure the commissioners should:

- Seek to understand the reasons behind the action.
- Engage the LMC at the time of a decision as the LMC also carries a responsibility for representing all their affected parties.
- Facilitate what action needs to take place by the practice and/or by the commissioner to prevent the list from closure. If actions can reasonably be expected to take longer than 3 months then the practice should be asked to make a formal application to close its list.

Application to Close a Branch Surgery

A number of practices in Cumbria deliver services through branch surgeries. These can prove particularly useful in serving a rural population. Should a practice choose to close a branch surgery then this would necessitate a variation to the existing practice contract to reflect the premises listed in the contract.

The closure of a branch surgery may be as a result of an application made by the contractor to commissioners or in extremely rare occurrences due to the commissioner instigating the closure following full consideration of the impact such a closure would have.

In the circumstances that the commissioner is instigating a branch closure, then the commissioner must be able to clearly demonstrate the grounds for such a closure and have fully considered any impact on the contractors registered population and any financial impact on the actual contractor. Commissioners will also be expected to demonstrate that they have considered any other options available prior to instigating a branch closure and entering into a dialogue with the contractor as to how the closure is to be managed.

Where a contractor wishes to close a branch surgery, the contractor should have preliminary discussions with the commissioner to determine appropriate and proportionate consultation requirements prior to the consideration of such a service provision change. The contractor in agreement with the commissioner must ensure the consultation process is appropriate and proportionate to the individual circumstances of the branch closure. Where it is deemed appropriate for a full consultation process to be followed, the contractor must consult all key stakeholders.

The closure of a branch surgery would be a significant change to services for the registered population and as such the commissioner and contractor should consider the consequences and implications of the proposed change and discuss any possible alternatives that may be available.

Contractor and Area Team discussions about a branch closure may consider amongst other things:

- Financial viability;
- Condition, accessibility and compliance to required standards of then premises;
- Accessibility of the main surgery premises;
- The strategic NHS plans for the area and
- Other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues)
- Rurality issues; and
- Patient feedback.

Ultimately the commissioner will assess the application regarding the closure with a view to either accepting or declining the proposal.