

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
15 November 2018	6

Copeland – List Closure Application

Purpose of the Report								
To provide the Committee with information regarding the proposals submitted by the Copeland Practices for the management of the registered patient lists.								
Outcome Required:	Approve		Ratify		For Discussion	X	For Information	
Assurance Framework Reference:								
2, Better Care – Commission services that ensure the delivery of high quality and safe care patients								
3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy								
4, Leadership - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.								

Recommendation(s):
The Committee is asked to consider the options presented in this paper with a view to determining a preferred option. The practices would need to submit a formal application signed by each practice before the application could be formally accepted and considered.

Executive Summary:
Key Issues:
Following the unsuccessful application by Queen Street Medical Practice for a list closure which was considered by the Committee in October 2018, the practices in Copeland were asked to work together to design a joint proposal for the management of the practices’ list of registered patients.
The practices involved in this work are:
<ul style="list-style-type: none"> • Fellview Healthcare Ltd • Mansion House Surgery • Lowther Medical Group

- Queen Street Surgery
- Distington Surgery
- Westcroft House Surgery
- Seascale Health Centre

This work has initially produced two proposals:

- (i) A joint application from all practices within Copeland to close the list to all new patients which would mean all patients would need to be allocated by NHS England to a GP practice. The practices propose this allocation is on a fair share basis.
- (ii) A joint agreement whereby practices would continue to register patients new to the Copeland area, whilst existing patients who are already registered with a practice in the area but who wish to change practices, would be allocated by NHS England to a new practice. These allocations would be made on a pro-rata basis to ensure that they were shared equitably across all practices.

The second proposal is the preferred option by the practices in the area.

Following discussions between NHS England and NHS North Cumbria CCG a third option has been identified which would be:

- (iii) To write to the patients previously registered with Whitehaven Medical Practice and request that, where possible, patients remain with the GP practice they are currently registered with for a further 3 month period. [As part of the initial allocation process, patients were requested to remain with the allocated practice for a period of 3 months, ie until November 2018.]

Key Risks:

In respect of the all three proposals, the following risks should be borne in mind:

- (a) Patient Choice: The proposals would mean that patients would not be able to choose the practice they register with. This applies not only to patients new to the area (in the case of option i) but also to those patients who are currently registered with a practice in the area who may, as a result of these options either be allocated to a practice which may not be of their choosing or may be asked to remain with the practice they have been allocated to. The NHS Constitution enables patients to have a choice in respect of the practice they choose to register with.
- (b) Allocation process: GMS and PMS Regulations stipulate a clear process which must be followed when practices have closed lists and patients need to be allocated to a practice. This process involves establishing a panel consisting of appropriate NHS England, LMC and CCG representation. Panel members would need to determine each request from a patient to change practice or register with a practice in the area; this is likely to be an onerous and time-consuming task to manage, depending on the numbers of patients wishing to move and there is limited resource available to manage this process.

(c) In respect of Option (ii), as the request to remain with the same practice would only be sent to the former Whitehaven Medical Practice patients, this would mean that this group of patients would be treated differently insofar as existing patients (ie those registered with practices before 01 July 2018) will retain the ability to move practices which is inequitable.

(d) Queen Street has already had their list closure rejected and therefore the Regulations prohibit them from applying to close their list.

Implications/Actions for Public and Patient Engagement:

Engagement with appropriate stakeholders and Patient Participation Groups would need to be considered. Whilst the practices within Copeland have discussed Options (i) and (ii) further discussions would be needed in respect of Option (iii); the CCG would need to consider the appropriate level of engagement with stakeholders in respect of which option, if any, is to be pursued.

Financial Impact on the CCG:

The financial implication of these options for the CCG is the New Patient Registration fee. Patients registering with a new practice attract a higher level of payment for the first year. Dependent on the option pursued, this would have a different level of impact on the CCG.

Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	X
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	X
Continuously improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	Not undertaken

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	

Lead Director	Caroline Rea
Presented By	Kay Wilson
Contact Details	kay.wilson2@nhs.net
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