

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
02 May 2018	7

List Closure Application – Oxford Street Surgery, Workington

Purpose of the Report								
To provide information to NHS North Cumbria CCG in order for a decision to be reached on the application from Oxford Street Surgery for approval to temporarily close the list to new patients.								
Outcome Required:	Approve	X	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):
Consider the application by Oxford Street Surgery together with the information contained in the attached report and to reach a decision on the application by Oxford Street Surgery for a temporary list closure.

Executive Summary:
Key Issues: Oxford Street Surgery has asked for approval to temporarily close the list to new patients. The practice acknowledges that the list had been closed for a period of 12 months up to 31 March 2018 and has set out in the application the reasons for requesting a further list closure.

Key Risks:

The impact of a further list closure on local practices as well as the sustainability of services delivered by Oxford Street Surgery.

Implications / Actions for Public and Patient Engagement:

N/A

Financial Impact on the CCG:

No anticipated financial impact.

Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	N/A
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	N/A
Continuously improve our organisation and support our staff to excel	N/A

Impact assessment:

(Including Health, Equality, Diversity and Human Rights)

Conflicts of Interest

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

N/A

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Date Report Written	April 2018



NHS NORTH CUMBRIA CCG
APPLICATION FOR LIST CLOSURE
OXFORD STREET SURGERY, WORKINGTON
(A82050)

1. INTRODUCTION

- 1.1 Oxford Street Surgery is a GMS practice in Workington providing essential, additional and enhanced services to a registered population of 6,832 patients (weighted 7,464.41) as at 01 April 2018.
- 1.2 The practice was given approval in March 2017 to close the practice list for a period of 6 months. In August 2017, the practice applied for an extension to that list closure for a period of 12 months; approval was given for the practice list to remain closed until 31 March 2018.
- 1.3 The practice has applied for a further list closure of between 6 to 9 months; a copy of the application is attached at **Appendix 1**. The reason for the request of between 6 and 9 months is to cover the maternity leave of one of the GPs and it is not yet known how long the GP will take as maternity leave.
- 1.4 The purpose of this report is to provide information to enable NHS North Cumbria CCG to reach a decision in respect of the application from Oxford Street Surgery for a temporary list closure.

2. BACKGROUND

- 2.1 Oxford Street Surgery applied for a list closure in January 2017 due to the resignations of 2 GPs (one partner and one salaried GP) effective from 01 April 2017. The original application requested a list closure of 9 months. This application was considered by NHS England's Primary Care Operational Group in March 2017 and a 6 month closure period was approved.
- 2.2 As the list was due to re-open on 15 September 2017, the practice submitted a request for an extension to the list closure. Whilst this application was received out of the required time-limits (applications to extend list closures should be received 8 weeks prior to the date the practice list is due to re-open) the Primary Care Commissioning Committee considered the application at the meeting on 14 September 2017 and agreed to approve the application enabling the list to remain closed until 31 March 2018.
- 2.3 The practice was required to produce an action plan setting out the steps the practice would take to ensure the list would re-open on 01 April 2018. The practice submitted

the action plan which was considered by NHS North Cumbria's Operational Group at its meeting on 14 December 2017.

3. CURRENT SITUATION

- 3.1 In March 2018 Oxford Street Surgery contacted both NHS England and NHS North Cumbria CCG to discuss a further temporary list closure although the practice acknowledged that the deadline in which an application for an extension should have been made had passed (the letter sent to the practice in September 2017 confirming the extension to the list closure also confirmed the practice had until 04 February 2018 in which to submit an application for a further extension).
- 3.2 The practice has confirmed that the list re-opened on 01 April 2018 and, therefore, this application is a new application for a list closure.
- 3.3 As part of the request for a temporary list closure, the practice has set out the actions that the practice has taken in order to change the way in which it delivers services. The practice has also explained that in respect of the number of GP sessions per week, the practice now has one session less per week than at the time of the first application to close the list.

Table 1 – Actions Taken by the Practice

Clinical Workforce:	
Situation in April 2017	Two GPs resigned reducing the overall number of GP sessions from 24 per week to 13.
Actions taken by practice	Dr Misra increased her commitment from 7 sessions per week to 8 sessions.
	Appointment of Dr Ralley in December 2017 providing an additional 4 sessions per week in the practice increasing the number of regular sessions per week to 18 [Dr Ralley works 4 sessions per week in secondary care (Neurology) as part of the joint post facilitated through the Alliance].
	The practice had also intended to appoint a second salaried GP with a proposed start date of May 2018. However, due to personal circumstances, the GP is not able to commence work until February / March 2019.
	The practice has signed-up to the International GP Recruitment scheme including the minimum salary and benefits package offered.
	The practice continues to advertise for additional GPs.
Changes to staffing during list closure period	One GP (Dr Lyall) commenced maternity leave in February 2018 which reduced the number of regular GP sessions per week from 18 to 12. This position is slightly worse than the position the practice was in at the time of the original list closure in April 2017.

Joint working:	
Actions taken by practice	The three practices in Workington have reviewed how joint working across the practices can be developed specifically in relation to chronic disease management. The intention is to begin with respiratory conditions with the aim of delivering improvements in the services offered; once established this would be rolled-out to other disease areas.
	The three practices in Workington successfully piloted a GP Home Visiting Scheme for one week in September 2017 with a further two week pilot in October / November 2017. The benefits of this were: the visiting GP had full access to the patient's record; the practice on-call had the certainty of not being required to leave the practice to attend urgent home visits and therefore see patients as part of pre-booked appointments and gave GPs time to deal with other tasks within the practice.
	The practice has said that there is a firm commitment from three practices in Workington (Solway Health Services, Oxford Street and James Street) to work together and the practice managers have been meeting weekly to progress this. It is anticipated that the practices will join the Alliance model around September 2018.
	The practice says it has been successful in recruiting GPs through the integrated care model (Alliance) and is confident that it can build on the success in recruiting GPs with continued involvement with the Alliance model.
GP On-call arrangements:	
Current situation	On-call duties were split between the remaining GPs; with Dr Misra picking up the majority of on-call duties, particularly in view of the absence of one GP on maternity leave.
Actions taken by practice	In March 2018 the practice employed a locum Nurse Practitioner to work alongside the GPs. The Nurse Practitioner currently works two days per week but it is proposed to increase this mid-April to 4 days per week. The practice is keen to develop the role of the Nurse Practitioner with the aim of freeing up time for more routine appointments for the GP on call and additional admin time for GPs.

Actions taken by practice (continued)	The practice has reviewed the structure of the GP on-call day. Currently the on-call GP deals with: urgent triage, urgent visits / consultations, signs prescriptions and deals with urgent messages and the daily post. The new system has been drawn-up in the appointment system and will be tested once locum GPs are in place. The practice hopes that the new system will maintain the current number of routine appointments and reduce the pressure and workload of the on-call GP which will help to ensure the medium to long term sustainability of the service that the practice provides.
	The practice has also changed the way in which it manages daily post. A new protocol has been developed which clearly identifies documents that need to be flagged to a GP and those which don't. The new system has been in place for a number of months and it has been found to reduce the workload. This new protocol remains a working document in order for further improvements to be made.

- 3.4 **Table 2** shows the list sizes for Oxford Street Surgery over the last 18 months. During the list closure from April 2017 to September 2017, the list increased slightly (by 13 patients). During the full list closure period (April 2017 to April 2018) the list size has dropped by 437 patients.

Table 2 – Oxford Street List Sizes

QUARTER END	LIST SIZE
01 October 2016	7,235
01 January 2017	7,236
<i>List Closure Effective – April 2017</i>	
01 April 2017	7,269
01 July 2017	7,282
<i>List Closure Extended – September 2017</i>	
01 October 2017	6,994
01 January 2018	6,909
01 April 2018	6,832

4. ISSUES TO CONSIDER

4.1 Practice profile

4.1.1 Clinical Staffing information

Table 3 shows the current clinical staffing in the practice

Table 3 – Clinical Staffing – Oxford Street Surgery

CLINICIAN	WTE (BASED ON FULL-TIME EQUALLING 9 SESSIONS)
GP Sole Practitioner	1.0 WTE
Salaried GP	0.44 WTE
GP Locums	0.55 WTE
Nurse Practitioner	0.5 WTE *
Salaried GP (on maternity leave)	0.44 WTE

* The Nurse Practitioner commitment is due to increase to 0.8 WTE in mid-April 2018

4.1.2 The practice is open during core hours (08:00 – 18:30) Monday to Friday. The practice has not signed-up to provide the Extended Hours DES, but the practice does provide the Zero Tolerance Scheme (Violent Patient Scheme) and is one of 3 providers of this service in North Cumbria.

4.1.3 The practice also provides GP cover to the Primary Care Centre (PCC - based at Workington Hospital) on Monday mornings and Wednesday afternoons. The practice employs a regular locum for the Wednesday afternoon session at the PCC but this GP does not work in the practice. If this GP is unable to cover the PCC shift for any reason, then it falls to the GPs in the practice to cover that session also.

4.2 Contractual and Regulatory Implications

4.2.1 GMS Contract and Regulations

Regulation 13.18 of the GMS contract allows practices to apply to close their list to new patients for a minimum of 3 months up to 12 months.

However, the practice has already had a 12 month list closure (April 2017 to April 2018). The GMS contract states:

*“A Contractor **may not** submit more than one application to close its list of patients in any period of 12 months beginning with the date on which the Board makes its decision on the Application unless:*

(a) clause 13.20 applies; or¹

(b) there has been a change in the circumstances of the Contractor which affects its ability to deliver services under the Contract.”

[Contract signed by Oxford Street - Clause 13.18.11]

In terms of this particular application, it is considered that the practice circumstances have changed due to the unexpected maternity leave of a GP and this has led to the application.

4.2.2 NHS England Policy

In November 2017, NHS England released an updated Policy Book for Primary Medical Services which includes a standard operating policy to undertake a temporary

¹ Clause 13.20 refers to timescales in which a practice may re-apply for a list closure following the refusal of an application by the commissioner; this period is 3 months

list closure and the associated contract variation. This policy has been applied to this application.

4.3 Financial Impact

The practices in Workington are all GMS practices, with the exception of Solway Health Services (PMS), but all are funded at the same rate and it is not anticipated, therefore, that there would be any financial implication if the list was to close.

4.4 Impact on Neighbouring practices

In total, there are 5 practices in Workington.

Table 4 below shows the impact on neighbouring practices.

Table 4 – Neighbouring Practices – List Sizes as at 01 April 2018

Practice Code	Practice	WTE GPs	WTE NPs	Registered List	Pts per GP	Pts per GP & NP	Open / closed	Distance from Oxford Street Surgery (miles)
A82050	Oxford Street Surgery*	1.99	0.5	6,832	3,433	2,858	Open	
A82623	Solway Health Services**	1.66	1.32	4,926	2,967	1,976	Open	0.1
A82047	James Street Group Practice	5.90	0	9,163	1,553	1,553	Open	0.2
A82049	Orchard House Surgery	2.20	0	5,770	2,622	2,622	Open	0.2
A82048	Beechwood Group Surgery	2.75	1.2	6,425	2,336	1,851	Open	0.2
Mean of Practices in Table		14.5	3.02	33,116	2,284	2,030		

NB: A full-time Nurse Practitioner equates to 0.6 GP WTE

* Oxford Street Surgery has engaged regular GPs and this has been reflected in the calculation. The increased commitment of the Nurse Practitioner (due in mid-April 2018) has not been included in this figure.

** For the purposes of the calculation, the regular locum sessions have been included in the calculation for Solway Health Services as an average number of sessions, particularly over the summer months.

Oxford Street Surgery currently has a ratio of 3,433 patients per WTE GP (based on the number of sessions the GP Locums work in the practice. This figure is above the local average of 2,284 patients per WTE GP (and 2,030 per WTE GP & NP).

It is planned that the Nurse Practitioner will increase the number of sessions in mid-April 2018; following this change the revised number of patients per WTE GP & NP would be 2,766 patients which is still above the average for the area.

As indicated in paragraph 4.1.3 above, the practice also provides GP cover for the GP-led PCC based at Workington Hospital. All practices in the town cover these sessions and the number of sessions each practice is responsible for is based on list size. James Street Practice, therefore, is responsible for 3 sessions per week, Oxford Street and Beechwood Surgery both cover 2 sessions per week with Solway Health Services and Orchard House Surgery covering 1.5 sessions each.

4.5 Stakeholder / Patient Engagement

4.5.1 Neighbouring practices

Oxford Street Surgery has not discussed this application with neighbouring practices, neither has it discussed this with the practice's Patient Participation Group although the practice has indicated that it will begin to hold these types of discussions if this is required.

NHS England has consulted with neighbouring practices and the views are shown below.

- Solway Health Services is supportive of the application to close the list. Solway Health Services has re-opened its list following a period of closure although the practice is also reliant on Locum GPs and informed NHS England that one of the practice's Nurse Practitioners has recently reduced their commitment.
- Comments from Orchard House are awaited.
- Full comments from James Street Practice are awaited although the practice has indicated its initial comment would be that the practice would be supportive of this application.
- Comments from Beechwood House Practice are awaited.

4.5.2 LMC

NHS England has contacted North West LMC Consortium to seek comments on the application by Oxford Street Surgery for an extension to the list closure; comments are awaited.

4.6 Impact on patients

A copy of the practice boundary is shown at **Appendix 2**. There are 4 other practices within Workington town all of which have an open list at the current time. Therefore patients trying to register with a practice in the area will retain a choice of practice.

4.7 Practice Performance

4.7.1 Patient Experience

A selection of questions from the GP Patient Survey published in August 2017 is shown in **Table 5**.

Table 5 – GP Patient Survey 2017

Practice	Ease of telephone access %	Convenient appointment offered %	Satisfied with opening hours %	Satisfied with overall experience of GP surgery
Oxford Street Surgery	72%	62%	71%	72%
Solway Health Services	70%	70%	68%	74%
James Street Group Practice	25%	69%	74%	84%
Orchard House Surgery	90%	80%	75%	91%
Beechwood Group Practice	86%	70%	78%	83%
Cumbria CCG average	73%	81%	79%	88%
National average	71%	81%	76%	85%

Red / Green / Amber is the rating against both the North Cumbria CCG and national average with Red indicating performance below North Cumbria CCG and National average, Amber falling between the North Cumbria CCG and National average and Green falling above the North Cumbria CCG and National average.

Oxford Street Surgery's performance has worsened since the practice applied for the first list closure in March 2017; the practice was ranked "green" for ease of telephone access, "amber" for satisfaction with surgery opening hours and "red" for the other two indicators. However, results for all practices in Workington have deteriorated since the previous survey which was published in July 2016.

4.7.2 Primary Care Web Tool

The practice is shown as "Approaching Review" in respect of the General Practice Outcomes Standards (GPOS) with 7 Level 1 triggers in: patient experience, %Naproxen & Ibuprofen, satisfaction (quality), satisfaction (overall care), depression est-diag rate, SMI physical health (BP), SMI physical health (d1 & d2).

In respect of the General Practice Higher Level Indicators (GPHLIs), the practice is an outlier in 2 areas: antidepressants and insulin prescribing.

5. OPTIONS APPRAISAL

The following options are available:

5.1 Option 1(a) – Agree to the application to close the list – for period of 6 months

The benefits of this option would be:

- To enable the practice to close its list to new patients whilst one of the GPs is on maternity leave. Whilst the full period of maternity leave is not yet known, if the GP was to take 6 months maternity leave this would mean that the GP would

return to work in October 2018 and a six months list closure would cover that period;

- The practice has said that it wishes to recruit additional GPs through the Alliance model which means that the GP works part-time in the practice and part-time in secondary care. A six months list closure would allow the practice to pursue this option further;
- The GP Patient Survey highlights the practice is struggling to meet the expectations of patients. Closing the list would allow the practice time to continue addressing these issues;
- The practice has said that there is a firm commitment to joint working for 3 practices based in Workington; a six months list closure would enable this piece of work to be completed by the expected date (September 2018).

The risks identified with this option include:

- Reduction in the choice of practices where patients can register; whilst there are four other practices within a ½ mile radius, some of the practices in the area also have high patient to GP ratio and this could continue to increase pressure on the other practices where registration remains open currently;
- Patient access at other practices in the locality may suffer due to the extra patients who would ordinarily have registered with Oxford Street Surgery and other practices might, therefore, apply to close the patient list.

5.2 **Option 1(b) – Agree to the application to close the list – for a period of 9 months**

This option would have the same benefits as a list closure for 6 months. However, approving a list closure for 9 months would increase the pressure on other practices and restrict patient access to services for a longer period of time, particularly in view of the previous list closures within the town.

5.3 **Option 2 – Refuse the practice’s application to temporarily close the list for the period requested but allow this to close for a short period, of 3 months**

The benefits of this option would be the same as Option 1(a), but a shorter period would reduce the impact on local practices as well as on patients in Workington. A 3 month list closure would mean that the practice would have part of the maternity leave of one GP covered by the list closure and would allow a period of time for the practice to secure additional GPs to work at the practice.

The risk with this option would be that Oxford Street Surgery continued to feel pressure to deliver the contract and applied for an extension to this period.

5.4 **Option 3 – Reject the application**

This option would:

- Give patients the opportunity to register at Oxford Street Surgery and increase choice for the number of practices where patients would be able to register;
- Recognise that other practices in the area are also under pressure and are managing that pressure within the practice, which in turn would prevent additional strain on neighbouring practices having to register patients who would have ordinarily gone to Oxford Street.

The risks identified with this option include:

- Continued lack of GPs and increasing pressure on the practice may reduce access that currently registered patients have and has the potential to reduce the standard of care;

- The practice has said the staffing situation within the practice is slightly worse than it was when the list first closed in April 2017; a rejection of the application could continue to cause strain on the partners within the practice.

6. SUMMARY

- 6.1 The practice has requested permission to close the list for a period of between 6 and 9 months to cover the maternity leave of one of the GPs.
- 6.2 The practice has previously had a list closure of 12 months. During that time the practice recruited one additional GP; a second GP was unable to take up the post at the current time. However, whilst the practice has recruited an additional GP, another GP has taken maternity leave.
- 6.3 Three practices in Workington were successful in applying for vulnerable practice funding (James Street Surgery, Oxford Street Surgery and Solway Health Services).
- 6.4 The ratio of patients to WTE Clinician (GP & Nurse Practitioner) is the highest in the local area (Workington town).
- 6.5 The GP Patient Survey results show deterioration in patient satisfaction with all practices in the area.
- 6.6 There is no expected financial impact if the list closure is approved.
- 6.7 A further approval to close the list at Oxford Street Surgery may however prompt other local practices to seek a list closure.
- 6.8 The GMS contract states that the practice is unable to apply for a further list closure for a period of 12 months as the practice list has recently re-opened following a list closure. The contract does allow this to be considered but only if there has been a change of circumstances within the practice; the unexpected maternity leave could be considered as such a circumstance.

7. NEXT STEPS

- 7.1 NHS North Cumbria Primary Care Commissioning Committee is asked to consider the information contained in this report in relation to the request by Oxford Street Surgery for a temporary list closure.
- 7.2 If approval is given for the list closure, it is recommended that the practice is:
 - Asked to provide an updated action plan detailing the action, together with timescales, the practice will take to ensure that the list is able to re-open by the agreed date;
 - The practice is required to sign a variation notice to the GMS contract to cover the period of the list closure.

APPENDIX 1 – APPLICATION TO EXTEND LIST CLOSURE



Application to close patient list – for completion by contractor

Application to close patient list

Practice stamp

A large, empty rectangular box with a thin black border, intended for a practice stamp.

Please complete the following:

Briefly describe your main reasons for applying to close your practice's register to new registrations:

Our list is currently closed following a successful application in January 2017 when 2 GPs resigned, both of whom left at the end of March 2017 and a further an application to extend close practice list in August 2017. (see previous applications for more details).

Since our list closure in April 2017 we have put in place multiple things to alleviate the current difficulties in maintaining an open list and to minimise the period of list close, and we have had some success, e.g. we successfully recruited a salaried GP in to a joint role working 4 sessions per week in general practice and 4 sessions in Neurology with Secondary

Care. We also very nearly recruited a second salaried GP to start in approximately May 2018, again with a view to a having a joint role in general practice and training, however due to personal circumstances this GP is no longer available until Feb/Mar 2019.

In April 2017 the resignation of 2 GPs, reduced our GP sessions from 24 to 13 per week. Dr Misra subsequently increased from 7 to 8 session per week increasing our overall weekly sessions to 14. In December 2017 Dr Ralley joined us as a salaried GP working 4 sessions/week, thus increasing our regular sessions to 18/week. However mid-February 2018, Dr Lyall went on maternity leave which decreased the GP sessions to 12/week, i.e. 1 session less than at April 2017.

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your open list and, if any were implemented, what was your success in reducing or erasing such difficulties?

We have had a closed list since April 18 and we have considered, tried and implemented many options to relieve the difficulties we currently face as follows:

- We have continuous job adverts in place for GPs
- We have signed up to the International GP scheme including the minimum package offered.
- We have a firm commitment from three practices in Workington to work together and we have been meeting weekly (a GP and PM from each practice) to progress this. How we formally do this is still being worked through but the preferred option is the Alliance model and we are progressing this with Prof. John Howarth and Romana Duguid. We are in the second group of practices to join the Alliance with a current timescale of September 2018 at the earliest.
- The three Workington practices have agreed to look at how we can structure joint chronic disease management across the practices. We have agreed to start with respiratory. We are still in the development stage but are confident this can deliver improvements in service and we plan to extend this to other disease areas.
- The integrated care model that the Alliance offers involving CPFT, CHOC and UCLan delivers the opportunity of offering more diverse posts which we understand are becoming more important to medical practitioners. Through our involvement with the Alliance model we have successfully recruited Dr Ralley in to a joint post working between general practice and Neurology and we came close to recruiting a second GP interested in a joint role in general practice and training medical students. We are confident we can build on our success recruiting GPs with continued involvement with the Alliance integrated care model.
- The three practices in Workington successfully piloted the GP Home Visiting Scheme for one week in September 2017 and a further two week pilot in October/November 2017. Although there were some teething difficulties with IT, the pilot otherwise worked well. The main successes of the GP HV Scheme were:
 - it allows the visiting GP to visit the patients with full access to the medical records and a direct contact to the practice on-call GP if required.

-
- the practice on call GPs who are triaging the calls have the certainty of not having to leave the practice to attend urgent home visits hence are able to see some pre booked patients.
 - the visiting GP had spare capacity some days which could be better used to support the practices, e.g. helping practice on call GPs with telephone triage, seeing urgent patients, signing prescriptions etc.
 - Currently with only two regular GPs, Dr Misra and Dr Ralley, they are covering most of the on call GP duties with Dr Misra picking up the majority of the call with her working more sessions per week in the practice. For example, some weeks, Dr Misra was on call Mon, Wed, Thurs and Fri and this is not sustainable in the medium/long term. It therefore soon became clear when Dr Lyall went on maternity leave that we need to look at reducing the on call GP workload:
 - On 26 March 2018 we employed a locum NP to support to work alongside the on GP, picking up urgent visits, triaging patients and seeing patient back in practice. From 26 March 2018 to 13 April 2018 the locum NP is available on Mon/Tues only. Week beginning 16 April, we are trialling this with the NP 4 days per week (Mon, Tues, Thurs and Fri). So far we have only had this in place for one and a half days (medical indemnity wasn't in place until mid-morning on 26 March so NP unable to start until 2 pm), but Dr Misra and Dr Ralley have both reported that this was a good support and were able to spread the workload better over the day. We are keen to develop this with the aim to create some routine appointments for the on call GP and more admin time to deal with messages, sign prescriptions etc.
 - We have been working closely on restructuring the GP on call day. Currently the on call GP does all the urgent triage and visits, sees urgent patients, signs prescriptions (paper and electronic), deals with urgent messages and the daily post. The aim of the new structure is to spread the workload across the GPs working that day (providing we have more than one GP, which isn't always the case!). We are trying to achieve this by having 3 sessions of urgent triage throughout the day and structuring the scheduled appointments to allow all GPs working that day to work through the triage together. All GPs will have some capacity to see patients they have triaged rather than bring in for the on call GP see which would create duplication of history taking etc. We have mocked up a new structure and created this ahead in our appointment book. With all GPs sharing the on call GP workload this does mean less routine appointments for the non on call GPs but it generates some routine appointments for the on call GP, and overall we shouldn't lose any routine appointments and may see a small increase in routine appointments. We are keen to trial this soon but we need locum GPs on board first. If the new structure maintains the number of routine appointments and reduces the pressure and workload of the on call GP this will be a key to the medium/long term sustainability of the service that we provide. If it also generates a few more routine appointments this will be a welcome bonus!
 - With a high reliance on locum GPs the post is mainly directed to the regular GPs. To minimise the number of workflow our regular GPs receive we have changed our procedure for managing the daily post. Working closely with the GPs, we have

developed a new protocol which clearly identifies documents that need to be work-flowed to a GP and those that they don't need to see. The new procedure has been in place for a number of months and is definitely reducing the regular GP work-flow, although this is a working document and still room for further improvements to be made.

Have you had any discussions with your registered patients about your difficulties maintaining an open list and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?

No, but if this is something that we should be doing, we can start the process.

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?

Not recently, but neighbouring practices are aware that Dr Lyall is on maternity and we are still short of GPs.

How long do you wish your list of patients to be closed? (This period must be more than three months and less than 12 months)

6-9 months to support us while we are working towards the Alliance model and through Dr Lyall's maternity leave.

.....
.....

What reasonable support do you consider the AT would be able to offer, which would enable your list of patients to remain open or the period of proposed closure to be minimised?

We have signed up to the International GP scheme including the minimum package offered. Any support you can offer to speed up this process and/or direct GPs to our practice as a struggling practice, for consideration, would be helpful. Likewise, any support you can offer to speed up/prevent further slippage in progress with the Alliance model would be welcome.

Do you have any plans to alleviate the difficulties you are experiencing in maintaining an open list, which you could implement when the list of patients is closed, so that list could reopen at the end of the proposed closure period?

As already described in the earlier bullet points.

Do you have any other information to bring to the attention of the AT about this application?

.....
.....
.....

Please note that this application does not concert any obligation on the NHS CB to agree to this request

To be signed by all parties to the contract (where this is reasonably achievable):

Signed:

Print: Dr Pratima Misra.....

Date: 30 March 2018.....

Signed:

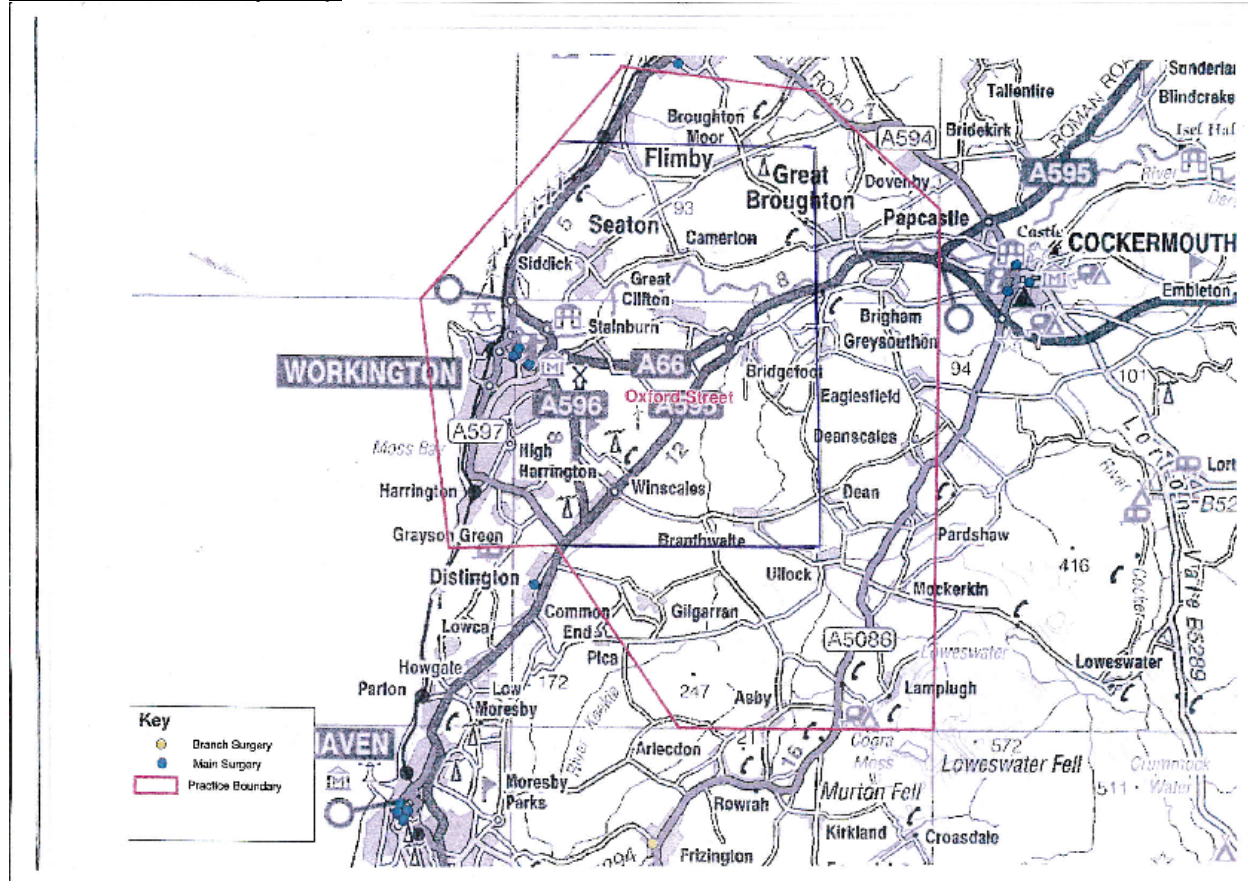
Print:

Date:

NB SIGNED COPY SUBSEQUENTLY RECEIVED

Appendix 2

Practice Boundary Map



NB: The practice boundary is outlined in black, the area outlined in red shows the practice's outer boundary (ie: the areas of Broughton Moor, Dovenby, Papcastle etc).