

Mosborough Health Centre
Application to Close Practice Registered List

Primary Care Commissioning Committee meeting

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29 June 2016

Author(s)	Katrina Cleary, Programme Director Primary Care, Sheffield CCG Victoria Lindon, Senior Primary Care Manager, NHS England
Sponsor	Katrina Cleary, Programme Director Primary Care, Sheffield CCG
Is your report for Approval / Consideration / Noting	
Approval	
Are there any Resource Implications (including Financial, Staffing etc)?	
There are no additional resource implications.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
Strategic Objective 1. To improve patient experience and access to care Strategic Objective 2. To improve quality and equality of healthcare in Sheffield	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i>	
<i>If not, why not?</i>	
An EIA has not yet been carried out.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
The practice has discussed its proposal with its PPG.	
Recommendations	
The Primary Care Commissioning Committee is asked to discuss the content of this paper and to consider not supporting the application to close the list of this practice.	

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1. Introduction / Background

Mosborough Health Centre is a Personal Medical Service (PMS) practice with an actual registered list of 6,471 (weighted list of 6,045.80) as at 1 April 2016.

The actual registered list figures for the period April 2014 to April 2016 are set out in the table below:

Date	Actual Registered List	+/- since previous quarter	
		Figure	%
April 2014	6,500		
July 2014	6,502	+2	+0.3%
October 2014	6,486	-16	-0.25%
January 2015	6,524	+38	+0.59%
April 2015	6,472	-52	-0.8%
July 2015	6,471	-1	-0.02%
October 2015	6,475	+4	+0.06%
January 2016	6,456	-19	-0.29%
April 2016	6,471	+15	+0.23%

Mosborough Health Centre is located at 34 Queen Street, Mosborough, Sheffield, S20 5BQ. The building is GP owned and the practice receives reimbursement of notional rent.

2. Application to Close Practice Registered List

The following is a summary of the practice application to close its registered list of patients (the full application is enclosed at Appendix 1).

2.1 Reasons for the application

The practice provides a significant level of training to GP Registrars, medical students, nursing students and Physician Associate students.

The practice has increased the number of available appointments and offer daily telephone triage.

The practice has seen an increase in the number of patient contacts and the complexity of the patient's needs.

The practice has experienced difficulties in securing locum cover for both planned and unplanned absence.

2.2 Other options considered, rejected or implemented

The practice has considered increasing its clinical hours but is constrained by a lack of space within the practice. The practice building has previously been reconfigured to provide additional space and does not have any scope for further expansion.

2.3 Patient engagement

The practice has discussed its list closure application with its Patient Participation Group. A summary of patient views expressed to the practice is attached at Appendix 2. This shows mixed support for the proposed list closure.

2.4 Local Practices

The practice has been in contact with local practices, two of whom have expressed a wish to increase their current registered patient list (Owlthorpe Surgery and Crystal Peaks Medical Centre).

2.5 Timescale

The application is to close the practice list for six months.

2.6 Commissioner Support

The practice would be willing to not close its practice list, subject to reassurance that, should the registered list begin to increase, they would submit an application to close the practice list and would seek the support of the CCG.

2.7 Alleviating actions during proposed list closure

The practice anticipates that the registered list will decrease slightly during the period of the list closure, meaning that upon the list re-opening, the practice will have a registered patient list of approximately 6,450.

3. Contractual Position

The contractual position for applications to close the practice registered list is set out in Schedule 5 of the PMS Agreement.

A Contractor which wishes to close its List of Patients must send a written application (“the Application”) to close its list to the Board and the Application must include the following details:

- 3.1. The options which the Contractor has considered, rejected or implemented in an attempt to relieve the difficulties which the Contractor has encountered in respect of its open list and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;
- 3.2. Any discussions between the Contractor and its Patients and a summary of those discussions including whether in the opinion of those Patients the List of Patients should or should not be closed;

- 3.3. 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;
- 3.4. The period of time during which the Contractor wishes its List of Patients to be closed and that period must not be less than three (3) months and not more than twelve (12) months;
- 3.5. Any reasonable support from the Board which the Contractor considers would enable its List of Patients to remain open or would enable the period of proposed closure to be minimised;
- 3.6. Any plans the Contractor may have to alleviate the difficulties mentioned in that Application during the period the List of Patients may be closed in order for that list to re-open at the end of the proposed closure period without the existence of those difficulties; and
- 3.7. Any other information which the Contractor considers ought to be drawn to attention of the Board.
- 3.8. The Board must acknowledge receipt of the Application within a period of seven (7) days starting on the date the Application was received by the Board.
- 3.9. The Board must consider the Application and may request such other information from the Contractor which it requires to enable it to consider the Application.
- 3.10. The Board must enter into discussions with the Contractor concerning:
 - 3.10.1. The support which the Board may give the Contractor; or
 - 3.10.2. Changes which the Board or Contractor may make, to enable the Contractor to keep its List of Patients open.
- 3.11. The Board and Contractor must, throughout the discussions referred to in paragraph 3.10, use its reasonable endeavours to achieve the aim of keeping the Contractor's List of Patients open.
- 3.12. The Board or the Contractor may, at any stage during the discussions, invite the Local Medical Committee for the area in which the Contractor provides Services under this agreement (if any) to attend any meetings arranged between the Board and Contractor to discuss the Application.
- 3.13. The Board may consult such persons as it appears to the Board as may be affected by the closure of the Contractor's List of Patients, and if it does so, the Board must provide to the Contractor a summary of the views expressed by those consulted in respect of the Application.
- 3.14. The Board must enable the Contractor to consider and comment on all the information before the Board makes a decision in respect of the Application.
- 3.15. A Contractor may withdraw its Application at any time before the Board makes a decision in respect of that Application.

- 3.16. Within a period of twenty one (21) days starting on the date of receipt of the Application (or within such longer period as the parties may agree), the Board must make a decision:
- 3.16.1. to approve the Application and determine the date the closure is to take effect and the date the List of Patients is to re-open; or
 - 3.16.2. to reject the Application
- 3.17. The Board must notify the Contractor of its decision to approve the Application in accordance with paragraph 18, or in the case where the Application is rejected, in accordance with paragraph 19.
- 3.18. A Contractor must not submit more than one application to close its List of Patients in any period of twelve (12) months starting on the date on which the Board makes its decision on the Application unless:
- 3.18.1. Paragraph **Error! Reference source not found.** applies; or
 - 3.18.2. There has been a change in circumstances of the Contractor which affects its ability to delivery Services under this Agreement.

4. Sheffield CCG Primary Care Strategy

The primary care strategy does not specifically set out how applications to close practice lists should be dealt with. This is primarily an operational issue. However the strategy does reference the intention to support practices which are struggling to maintain viable services – although the practice clearly feels that it will struggle to offer a service to an increased list it is not regarded as being at that point as yet – and promotes a neighbourhood way of working which encourages practices to collaborate and consider issues on a collective basis. This application is (in-part) an individual practice's reaction to that which might occur within the neighbourhood, rather than part of an overall neighbourhood way forward.

Based on the above it is difficult to see how this application to close the list can be supported.

5. Recommendation

The Primary Care Commissioning Committee is asked to discuss the content of this paper and to consider not supporting the application to close the list of this practice.

Katrina Cleary, Programme Director Primary Care, Sheffield CCG
Victoria Lindon, Senior Primary Care Manager, NHS England

June 2016

Application to Close Practice List of Patients

Practice stamp



Please complete the following:

Briefly describe your main reasons for applying to close your practice's list of patients to new registrations:

Mosborough HC aims to provide the excellent services for the registered patients and promote teaching, training and innovation within primary care. We teach medical students at 3 stages of their training, we teach and support nursing students and PA students. We are a training practice for GPs and support between 1 and 3 GP registrars and our GP trainers are involved in education supervision for other trainees.

Historically we were one of the first practices in Sheffield to have a nurse practitioner providing minor illness clinics, and in the past year we have employed a Physician Associate to improve access to care for our patients. We have increased the number of appointments for face to face consultations for acute care, increased nursing and HCA appointments and we have continued to offer daily telephone surgeries which offer telephone triage or advice every morning. We fit in extra patients when our routine appointments are full. Our patients are relatively low users of A+E which we believe is in part due to the efforts we make to provide accessible and responsive services and our engagement with care planning and admission avoidance initiatives. The workload for practices has been increasing even without increases in list size. The average number of patient contacts per patient per year has increased as has the complexity of the problems we deal with. We have used skill mix and expansion of our staffing to deal with this increase without compromising safety or quality of service provided.

It is increasingly difficult to get locum cover for partners or staff holidays or sick leave and there have been times when it has been extremely difficult to maintain levels of service. It has only been possible by the GPs in particular working many more hours than they would wish to in order to provide and maintain the quality of

services that are excellent for patients and give clinicians pride in their work and job satisfaction.

With our current list size we are managing to provide a very high quality responsive service for our patients and give appropriate time to teaching and training the next generation of primary care workers. However we feel that with a significant further increase in list size we will not be able to provide the same level of service to patients and support for learners.

There is growing concern that if we continue to put the existing clinicians who are already working more hours than they would choose to under greater pressure due to increased numbers of patients, services will be less responsive, partners and staff sickness will increase and partners or staff will leave. The services will not be of the same quality, there will be less patient and worker satisfaction.

Over recent years we have had building alterations done to maximise the number of rooms for clinical care. There is no easy way of increasing patient accommodation within our building, and the site does not lend itself to further extension of the building. We do not have physical space to accommodate more clinicians.

We request permission to close our list for 6 months to allow a small decrease in our registered list, due to patients moving out or dying. We would then be happy to allow new registrations and aim to provide services for a registered list of approximately 6,450 patients.

We would want permission to register new babies and children, born to or moving in with our registered patients.

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 considered increasing our clinician hours, but this is very difficult as our clinical rooms are full.

We have considered further expansion of the building, but we have already had building work done to increase the number of clinical rooms and there is nowhere else within the building that can be reconfigured to provide another room.

The site does not easily lend itself to expansion of the building. We would lose the already small car park. Even if this were to happen, it would not solve the difficulties we foresee over the next 6 months.

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?

We have consulted our PPG group who have responded with thoughtful and considered replies.

They are concerned about the effect an increased list size would have on service provision.

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

We have spoken to other contractors in the area. Two other contractors in the area, Crystal Peaks and Owlthorpe practices, are keen to register new patients and provide primary care services for them.

Owlthorpe practice has informed us that they have both the space to expand services and clinicians already in post who wish to increase their hours.

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)

For 6 months

What reasonable support do you consider the Commissioner 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 would consider leaving the list open if we could be reassured that if the list size does start to increase significantly, a further application to close the list would be viewed sympathetically.

We feel very strongly that we want to avoid getting to the point that we fail our patients our staff and ourselves by allowing our workload to become unmanageable.

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?

We would anticipate being able to re-open the list in 6 months. We would by then anticipate that there would have been a small decrease in list size. We want to provide Quality services for a list size of approximately 6,450 patients.

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

No

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

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

Signed:



Print:

S. Keenock

Date:

13/4/16

Signed:



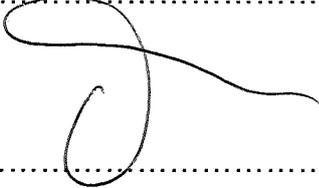
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K CLARK

Date:

13.4.16.

Signed:



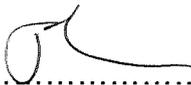
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T. HOLDSWORTH

Date:

13/4/16

Signed:

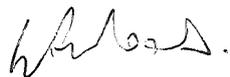


Print:

JANE SEAMER

Date:

13/4/16



E. WOODS

13-04-16.

Appendix 2: copy of email received from Mosborough Practice summarising PPG views on proposed list closure:

Further to our meeting last Thursday, as requested please find below a few of the comments received from our PPG representatives. All members were contacted and the majority of them replied.

- Will support the practice with whatever it decides, however don't want an increase in numbers to be to the detriment of patients already registered.
- We don't think the facilities are adequate to cope with more patients, i.e. waiting room, staff shortages, car parking
- From a selfish point of view, want to retain the status quo, but maybe not fair to penalise prospective patients through no fault of their own find themselves without adequate medical services.
- MHC is a great practice and the GPS work extra hard to give patients the best possible care, but would an increase in fees received by MHC enable another GP and more staff to be employed?
- If new patients would cause a deterioration of any services at MHC, then those services would need to be strengthened to cope with an influx
- Whilst I feel that it is an unfortunate situation at Westfield, I think that Mosborough is currently overstretched and this can lead to difficulties that we can do without
- Could we accept some, what numbers could we cope with?
- Can there be a halfway house - don't close the list but allow a set number of patients to join and then close?
- Already issues with longer waiting times and roads and car park much busier
- It is for MHC to decide what an optimum list they can cover and if necessary as a last resort to close the lists
- What a dilemma - close the list or get more patients and the quality suffers!

Dr Liz Woods has spoken to practice managers at 2 of our nearest practices in Derbyshire and both Barlborough and Moss Valley practices are open to any of Westfield patients who wish to register.

As we touched upon briefly, we are also open to the idea of shrinking our boundary area. If we are unsuccessful in closing the list temporarily, we would like to accept Mosborough Village patients only. This is due to the possibility of patients currently registered at Sothall living in the village and the forthcoming development of 150 properties on the old Westfield School site which is also situated in the village boundary.