

Northumberland Primary Care Commissioning Committee

This meeting will be held at 12 noon on Wednesday 21 February 2018
Corn Exchange, Morpeth Town Hall

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1200	Welcome and questions on agenda items from the public		J Guy
2		Apologies for absence		J Guy
3		3.1 Declarations of conflicts of interest (agenda items) 3.2 Quoracy*		J Guy
4	1205	4.1 Minutes from the previous meeting and Matters Arising 4.2 Action Log	✓ ✓	J Guy J Guy
5	1215	Operational 5.1 Finance Update 5.2 Marine Boundary	✓ ✓	I Cameron S Young
6	1235	Strategic 6.1 GP Forward View Workplan - Presentation		P Leveny
7	1300	Any other business		J Guy
8	1305	Date and time of next meeting: TBC		

* 3 members, including at least the Lay Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee
20 December 2017, Committee Room 2, County Hall, Morpeth

Members Present:

Karen Bower	Deputy Lay Chair, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Jane Lothian	Local Medical Committee

In attendance:

Jenny Long	NHS England
Pamela Leveny	Head of Commissioning, Northumberland CCG
David Thompson	Chair, Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Business Support Team, Northumberland CCG (Minutes)

NPCCC/17/72 Agenda item 1 - Welcome and questions on agenda items from the public

Karen Bower welcomed all members to the meeting. No members of the public were present.

NPCCC/17/73 Agenda item 2 – Apologies for absence

Apologies were received for Janet Guy, Siobhan Brown, Scott Dickinson and Denise Jones.

NPCCC/17/74 Agenda item 3.1 – Declarations of conflicts of interest

There were no conflicts of interest declared.

NPCCC/17/75 Agenda item 3.2 – Quoracy

The meeting was quorate.

NPCCC/17/76 Agenda item 4.1 – Minutes of the previous meeting and matters arising

The minutes were accepted as a true and accurate record.

Matters Arising

Stephen Young stated that the Rothbury Practice had relocated into purposely renovated facilities on the ground floor at Rothbury Community Hospital but further discussions were required with the practice before the final contract variation could be issued.



NPCCC/17/77 Agenda item 4.2 Action Log

Action NPCCC/17/46/01: Ian Cameron to report Northumberland PCCC's concerns about the impact of rent and service charge changes to regional NHSE. Ian Cameron stated that the issue of rent and service charge changes was ongoing. The Primary Care Commissioning Committee (PCCC) agreed that the situation should continue to be monitored by the Primary Care Commissioning Operational Group (PCCOG) and issues will be raised by exception to the PCCC. Action agreed as complete and to be removed from the action log.

NPCCC/17/78 Agenda item 5.1 Finance Update

Ian Cameron stated that in a response to a request from the PCCC, GP Forward View (GPFV) allocations and other NHS Northumberland Clinical Commissioning Group (CCG) funded services had now been added into the primary care services financial position. He explained that a narrative for each element of the budget had been added to the Primary Care Overview (Appendix 1 of the PCCC report).

Ian outlined the CCG's primary care services financial position for the period ending 30 November 2017, highlighting the following key variances and risks:

- **General Practice GMS / PMS:** Movement in forecast position of £25k due to the impact of Q3 list size changes. The variance between the GMS and PMS lines was due to the Greystoke practice changing contract type in month
- **Enhanced Services:** The opening budgets for Enhanced Services were based on an assumption that all practices would sign up to all services. The reported position includes slippage regarding practices that have declined to provide Enhanced Services. The forecast slippage moved by £10k (£39k to £29k) due to increased charges in Q2 for the learning disabilities DES. Further slippage may occur regarding the Extended Hours DES
- **Other GP Services:** Forecast pressure £92K. £23k movement in month based on the increased charges from GP Locums and Suspended GPs. The pressure on the area totals £208k. There has been an increase in claims for Locum reimbursement under the Statement of Financial Entitlements (SFEs) for Parental Leave and Sickness. This is in addition to the contract change in the SFEs at the beginning of 2017 in line with national guidance
- **GPIT:** Cost of provision is greater than the national allocation received and further funding must be provided by CCG. Spend managed by the North of England Commissioning Support Unit (NECS) on behalf of the CCG
- **GPFV:** Two allocations received in year for access funding and GP Clerical training

Karen Bower stated that the CCG Primary Care Overview was very comprehensive. Pamela Leveny requested that the GPFV Access funding narrative be amended to reflect actual national funding received by the CCG.

Action NPCCC/17/78/01: Ian Cameron to amend GPFV Access funding narrative to reflect actual national funding received.

David Thompson stated that the Primary Care budget was very close to the actual financial position apart from locum maternity costs which were very high. Ian explained that high



locum maternity costs were a national issue resulting from a change in the application of SFE. David asked if the 2017/18 allocation had more or less than the 2016/17 allocation. Ian stated that the 2017/18 allocation was higher but he did not have the exact figure available.

NPCCC/17/79 Agenda item 5.2 White Medical Group – Stamfordham Branch Closure

Jenny Long outlined White Medical Group's application to close its branch surgery at Stamfordham. She explained that White Medical Group's main site was located at Ponteland Primary Care Centre (5200 patients) with branch sites at Wylam (1600 patients) and Stamfordham (650 patients). The Stamfordham site currently delivers 27 hours of reception and dispensary services and 10 hours of GP appointments each week.

Jenny stated that the practice had applied to close the Stamfordham branch surgery as the majority of patients were from outside the local area, a Care Quality Commission (CQC) inspection had highlighted lone working issues, and that the current access and services were considered inadequate.

Jenny stated that White Medical Group had undertaken full practice engagement activity with limited feedback from patients and no formal responses received from stakeholders. She explained that key patient feedback concerned transport between Stamfordham and Ponteland and prescribing/dispensing services. Jenny stated that dispensing would continue from the Ponteland and Wylam sites and patients could also use community pharmacists.

Jenny stated that the branch surgery building at Stamfordham was owned by White Medical Group and if it closed it would provide an annual £11,600 rent reimbursement saving to the CCG. She explained that if all White Medical Group's Stamfordham branch patients registered with other practices, those practices would receive an enhanced payment for each new patient in the first 12 months resulting in a cost of £12,206 for the CCG, and a loss of income to White Medical Group.

Jenny stated that NHS England (NHSE) had received a formal application from Riversdale Surgery to close its main site in Wylam and relocate to Oaklands Medical Centre in Prudhoe. She explained that the application was currently being assessed.

Jenny explained that if the application was approved, White Medical Group would be required to submit action and communication plans to mitigate patient concerns as far as possible. A contract variation to remove the branch surgery at Stamfordham from the practice's contract would also be issued.

Ian Cameron stated that Scots Gap Medical Group had a branch surgery in Stamfordham but that NHSE had received no response from them, or any other local practices, regarding the proposed branch closure or their capacity to take patients from White Medical Group's Stamfordham branch. Pamela Leveny stated that one of the GPs at Scots Gap Medical Group was due to retire which could result in addition pressure for the practice. She explained Scots Gap Medical Group's registered list size was currently open to new patients. Jane Lothian asked what the opening hours of the Scots Gap Stamfordham branch surgery were.



Karen Bower asked what new housing developments were planned for the area. Pamela stated that new housing development had not been outlined in the business case.

David Thompson stated that there was an overlap in geographical coverage between White Medical Group, Riversdale Surgery and Scots Gap Medical Group. He questioned why the practices had not worked together and discussed where patients from White Medical Group's Stamfordham branch could move to. Jane stated that practices were under no obligation to undertake that work and did not have oversight. David asked who was responsible for patient safety/care. Stephen Young stated that NHSE and the CCG could encourage and facilitate discussions but did not have the remit to force practices to undertake discussions regarding site relocations or closures. David stated that he was disappointed and that it did not demonstrate putting patients first. Jane stated that there was a CCG Primary Care strategy in place but it did not cover the issues raised. She explained that she had previously requested a more proactive Primary Care strategic approach from the CCG.

Pamela stated that the consolidation of practices into one area resulted in reduced patient choice. She explained however that patients at White Medical Group's Stamfordham branch surgery still had a choice of another branch surgery in Stamfordham as well as other practices in the wider area. Ian stated that there would always be planned branch closures in primary care but also unplanned closures. Jenny explained that nationally a large number of practices were consolidating into a single site due to economies of scale and difficulties in recruiting GPs into partnerships with partner owned premises. Jane stated that only a small amount of branch surgeries were NHSE sites and that very few partner owned premises had been bought into during the last 10 years.

David stated that he was concerned about elderly patients and asked if the two branch surgeries in Stamfordham had discussed the possibility of transferring elderly patients between the practices. Jenny stated that discussions between practices could not be undertaken due to patient confidentiality issues and that it was an individual patient's choice. Ian stated that patients could not be denied choice and that capacity at the Scots Gap Medical Group needed to be confirmed. Karen asked if elderly patients could be prioritised in the action and communication plans if the application was approved. Pamela stated that the Scots Gap Medical Group's list was currently open to new patients. Jenny stated that further information was needed regarding the replacement of the GP retiring at Scots Gap Medical Group.

Stephen stated that the Northumberland County Council (NCC) Primary Care Application Group had approved the application on behalf of NCC's Health and Wellbeing Overview and Scrutiny Committee. He explained that the group were surprised that the branch surgery had been sustainable due to the low patient numbers. Stephen stated that he had spoken to Veronica Jones, Councillor for Stamfordham Ward and Health and Wellbeing Portfolio Holder. She had raised concerns about bus services between Stamfordham and Ponteland and the flexibility of appointments for patients using these services.

Ian asked for clarification regarding prescribing/dispensing services. Jenny explained that the NHS Pharmaceutical Regulations stated that patients living in a rural area qualify for dispensing services from a practice if they live more than 1.6km from the nearest community pharmacy. She stated that all the patients living in the Stamfordham area and using the branch had dispensing status, and if the branch closed their status would not change. Jenny explained that patients would have to collect dispensed medication from



either White Medical Group's Ponteland or Wylam sites or could use a local community pharmacy, many of which offered a delivery service. She stated that White Medical Group did not offer prescription delivery. David asked if White Medical Group could offer a free delivery service. Jane stated that some practices offered the service as a 'loss leader' but that it was a business risk to the practice. She explained that patients could choose to use a community pharmacy. Ian stated that online pharmacy options were also available.

Ian questioned if the application was not approved, whether it would threaten the sustainability of the practice and highlighted the quality and workforce issues. Jane stated that partnership owned branch surgeries would continue to close unless the system invested in them. Pamela agreed to undertake a review of Northumberland branch surgery sustainability for forward planning purposes.

Action NPCCC/17/79/01: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability.

David stated that the closure of White Medical Group's Stamfordham branch surgery would result in transport issues for patients and there was no guarantee that a request for a flexible appointment due to transport would be met. Stephen stated that the need for the practice to continue to consider flexible patient appointments around local bus times to and from Stamfordham would be made a condition of the approval.

Ian stated that he would support the closure of White Medical Group's Stamfordham branch surgery on the grounds of clinical safety, workforce and quality issues, and the sustainability of the practice overall. He stated that clarification was needed regarding Scots Gap Medical Group's current and future capacity.

The PCCC unanimously agreed to approve the application by White Medical Group to close permanently the branch surgery operating in Stamfordham on 31 March 2018, subject to the following conditions of the practice submitting:

- A communication plan for patients and stakeholders
- An action plan designed to ensure that current patient concerns are mitigated, including how patient appointments are flexibly arranged around local bus times to and from Stamfordham

Action NPCCC/17/79/02: Stephen Young to draft a letter to White Medical Group informing them of the approval to permanently close the branch surgery at Stamfordham and the conditions of the approval.

David highlighted the Equality Act 2012 and stated that the decision to approve the application disadvantaged older people, a specific group of the population. Pamela stated that patients at White Medical Group's Stamfordham branch surgery still had a choice of another branch surgery in Stamfordham as well as other practices in the wider area.

David asked if White Medical Group's action and communication plans would be reviewed by the PCCC. Jenny stated that the plans would first be submitted to NHSE. Karen explained that the plans would then be reviewed by PCCOG as part of normal operational business. She stated that the minutes from PCCOG are considered by the PCCC so



oversight would be maintained. Karen explained that the PCCC was a strategic decision making committee, not operational.

NPCCC/17/80 Agenda item 5.3 Northumberland Contract Baseline Report

Jenny Long presented the Contract Baseline Report outlining the current contracting status of primary medical care in Northumberland and explained that it was a new report. She stated that the report contained details of contract type and list size for Northumberland practices, information regarding mergers, branches, dispensing and provided a status update on Directed Enhanced Services (DES).

Ian Cameron stated that the report was very useful and should be refreshed and considered by the PCCC on a quarterly basis.

Karen Bower asked why four practices had not signed up for the Dispensing Services Quality Scheme (DSQS) in 2016/17. Jenny explained that it was a voluntary scheme providing enhanced provision and that more practices were signing up for 2017/18.

Pamela Leveny stated that the last review of NHSE regional pharmacy services was carried out 10 years previously. She explained that other CCGs in the region were considering a Dispensing Services Review and proposed that the CCG also consider being involved. The PCCC agreed that a paper should be presented at the February 2018 meeting.

Action NPCCC/17/80/01: Pamela Leveny to present a Dispensing Services Review paper at the February 2018 meeting.

Karen asked what the practice assurance status outlier points were. Jenny stated that outlier points were linked to CCG outcomes and exception reporting as part of the quality assurance framework data and NHSE quality dashboard.

Action NPCCC/17/80/02: Stephen Young to ask Annie Topping to include quarterly assurance framework data in a PCCC Quality Update Report.

NPCCC/17/81 Agenda Item 6 Any other business

David Thompson asked for an update regarding the proposed closure of Riversdale Surgery in Wylam and the relocation of services to newly converted premises at Oaklands Medical Centre in Prudhoe. Stephen Young stated that NHSE was currently assessing the formal application.

NPCCC/17/82 Agenda item 7 Date and time of next meeting

Wednesday 21 February 2018, 12 noon. Morpeth Town Hall.



NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: February 2018		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/17/78/01	20/12/2017	21/02/2018	Ian Cameron to amend GPFV Access funding narrative to reflect actual national funding received.	Ian Cameron	Complete	
NPCCC/17/79/01	20/12/2017	21/02/2018	Pamela Leveny to undertake a review of branch surgeries at risk of closure.	Pamela Leveny	Ongoing	Starting Summer 2018
NPCCC/17/79/02	20/12/2017	21/02/2018	Stephen Young to draft a letter to White Medical Group informing them of the approval to permanently close the branch surgery at Stamfordham and the conditions of the approval.	Stephen Young	Complete	
NPCCC/17/80/01	20/12/2017	21/02/2018	Pamela Leveny to present a Dispensing Services Review paper at the February 2018 meeting.	Pamela Leveny	Complete	Considered at PCCOG and agreed and determined as a contracting decision.
NPCCC/17/80/02	20/12/2017	21/02/2018	Stephen Young to ask Annie Topping to include quarterly assurance framework data in a PCCC Quality Update Report.	Stephen Young	Ongoing	

Members of the Northumberland Primary Care Commissioning Committee are asked to:

1. Consider the financial summary for the period ended 31 January 2018.

Purpose

This report outlines the CCG's primary care services financial position for the period ending 31 January 2018.

Summary Position

The table below sets out the year to date position and the forecast outturn position as at 31 January 2018.

FMR Heading	Annual Budget 2017-18	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Forecast Movement
General Practice - GMS	6,962,243	5,801,798	6,009,848	208,050	7,314,257	352,014	4,219
General Practice - PMS	22,501,314	18,750,816	18,559,747	-191,069	22,193,092	-308,222	17,453
QOF	4,983,561	4,152,592	4,137,993	-14,599	4,974,523	-9,038	0
Enhanced Services	1,927,994	1,605,982	1,591,958	-14,024	1,910,122	-17,872	0
Premises Cost Reimbursement	4,280,796	3,566,733	3,594,109	27,376	4,308,706	27,910	14,894
Dispensing/Prescribing Drs	1,644,678	1,370,285	1,310,360	-59,925	1,583,861	-60,817	72
Other GP Services	879,539	732,689	831,648	98,959	1,007,004	127,465	35,677
CCG Prescribing	-190,597	-158,747	-152,740	6,007	-183,984	6,613	0
Reserves - 1% Headroom	440,000	0	0	0	440,000	0	0
Reserves - 0.5% Contingency	181,325	0	0	0	63,272	-118,053	-72,314
Reserves - Indemnity Fees	157,147	0	0	0	157,147	0	0
Grand Total	43,768,000	35,822,148	35,882,924	60,776	43,768,000	0	0

Explanation of Variances

- **General Practice GMS / PMS:** Movement in forecast outturn due to Q4 list size changes. The pressure in this area is £22k.
- **Quality and Outcomes Framework (QOF):** The overall QOF forecast outturn is £9k underspent against the original plan due to the 2016-17 slippage. This is in line with the position reported in previous months.
- **Enhanced Services:** The position is in line with that reported at M9 and shows a forecast underspend of £18k.



- **Premises Cost Reimbursement:** The premises cost reimbursement shows a FOT pressure of £28k. There is a movement of £15k in month.
- **Dispensing / Prescribing Drs:** The £61k underspend on prescribing is in relation to the release of 2016-17 accrual balances and some release of 2017-18 balances where no claims have been received for the first part of the financial year. There is a small movement from the position reported at M9.
- **Other GP Services:** The £36k movement in month relates to increased costs relating to locum and suspended GPs. This results in a forecast pressure of £127k. This is largely made up of a pressure on GP Locum of £244k, which is offset by the release of 2016-17 slippage against seniority of £114k.

- **Reserves:**

The revised breakdown is shown below:

1% Contingency	£440k
0.5% Headroom	£181k
Indemnity	£157k
Total	£778k

The forecast variance movement of £72k on the 0.5% contingency reserve offsets the pressures highlighted through the report.

Risks

- **Enhanced Services:** The reported position includes slippage re practices who have declined to provide these services. However, further slippage may be recognised in relation to the Extended Hours DES.
- **Premises Cost Reimbursement:** Changes to the charging policies in respect of NHSPS and CHP represent a significant financial risk to the CCG. Discussions are ongoing at national, regional and CCG level to clarify the extent of the risk involved.
- **Locum Parental Leave / Sickness:** There has been an increase in the number of claims for Locum reimbursement under the SFEs for Parental Leave and Sickness. This coupled with the change in the SFEs from April 2017 which removed the pro rata rules around reimbursements will represent a financial risk to the CCG.
- **GP Indemnity Fees:** Budgets were set for 17/18 on the basis that reimbursements to contractors will be made on the same basis as 16/17 i.e. 59p per patient. Discussions are ongoing nationally as to what the level of reimbursement will be in this financial year. Discussions are also on going about whether this will be funded centrally, however no decision will be made until Q4.

Other CCG Primary Care

Along with the Delegated budgets the CCG has a number of other areas in which it makes payments into primary care.

- **Out of Hours:** The CCG has a contract with Northern Doctors Urgent Care (NDUC) for the provision of GP access out of hours.
- **Local Enhanced Services:** The CCG has a number of Local enhanced service schemes available for GP practices to sign up to, these include;
 - Practice Activity Scheme (PAS)
 - Practice Engagement scheme (PES)
 - Practice Wide Quality Scheme (PWQS)
 - Practice Medicines Management (PMM)
 - Deep Vein Thrombosis treatment and prophylaxis service (DVT)
 - Prostate Specific Antigen blood monitoring service (PSA)
 - Immune Modifying Drugs blood monitoring service (IMD) (formally DMARDs(disease-modifying anti-rheumatic drugs))
- **GPIT:** The North of England Commissioning Support Unit (NECS) manage this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.
- **Extended Access Seed Funding:** Payments made to GP Hubs for the mobilisation of GP extended Access.
- **GP Forward View:** The CCG has received two allocations in year for GP Forward View funding. These are access funding and GP Clerical training.

Appendix 1: Northumberland CCG Month 10 – Primary Care Overview

Northumberland CCG Month 10 - Primary Care Overview

FMR Heading	Detail	Annual Budget 2017-18	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Description of budget area
General Practice - GMS	Correction Factor	90,936	75,753	75,780	27	90,936	0	Payment to practices, both GMS and PMS, for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
	Global Sum	6,841,412	5,701,140	5,909,156	208,016	7,193,426	352,014	
	Transition Fund	29,895	24,905	24,913	7	29,895	0	
	Total	6,962,243	5,801,798	6,009,848	208,050	7,314,257	352,014	
General Practice - PMS	PMS Contract	22,434,666	18,695,382	18,504,207	-191,175	22,126,444	-308,222	
	Transition Fund	66,648	55,434	55,540	106	66,648	0	
	Total	22,501,314	18,750,816	18,559,747	-191,069	22,193,092	-308,222	
QOF	QOF - Achievement	1,363,756	1,136,323	1,124,285	-12,038	1,347,193	-16,563	Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for practices based upon achievement against set indicators.
	QOF - Aspiration	3,619,805	3,016,269	3,013,707	-2,562	3,627,329	7,524	
	Total	4,983,561	4,152,592	4,137,993	-14,599	4,974,523	-9,038	
Enhanced Services	DES - Extended Hours	582,116	484,888	485,825	937	582,115	-1	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	DES - Learning Disabilities	125,020	104,079	143,221	39,142	162,704	37,684	
	DES - Minor Surgery	598,806	498,820	444,292	-54,528	543,251	-55,555	
	Northumberland Premium	622,052	518,195	518,620	425	622,052	0	
	Total	1,927,994	1,605,982	1,591,958	-14,024	1,910,122	-17,872	
Premises Cost Reimbursement	Rates	343,962	286,492	308,633	22,141	353,850	9,888	Reimbursements made to practices in respect of their premises costs.
	Rent	3,869,596	3,224,406	3,232,852	8,446	3,890,054	20,458	
	Water Rates	67,238	55,835	52,624	-3,211	64,802	-2,436	
	Total	4,280,796	3,566,733	3,594,109	27,376	4,308,706	27,910	
Dispensing/Prescribing Drs	Dispensing	1,333,194	1,110,910	1,070,319	-40,591	1,292,296	-40,898	Costs of GP prescribing reimbursed on a cost per script basis.
	LES - Dispensing Quality Sch	88,668	73,809	78,498	4,689	93,435	4,767	
	Prescribing	222,816	185,566	161,543	-24,023	198,130	-24,686	
	Total	1,644,678	1,370,285	1,310,360	-59,925	1,583,861	-60,817	
Other GP Services	CQC Fees	199,414	166,096	166,178	82	199,414	0	Reimbursement to practices for their Care Quality Commission annual charges.
	GP Retainer	14,546	12,120	10,244	-1,876	12,669	-1,877	Support scheme for GPs and practices who may be considering leaving the profession.
	Locum Maternity	71,614	59,671	298,448	238,777	350,711	279,097	Reimbursement to practices for the costs of locum cover for both maternity and sickness. This is in line with national guidance.
	Seniority	506,600	422,002	313,097	-108,905	391,609	-114,991	The seniority payment that is awarded to an individual GP is dependent on their years of reckonable service in the NHS.
	Suspended GP	87,365	72,800	43,681	-29,119	52,601	-34,764	Cumbria and the North East wide risk share agreement to contribute to the costs of suspended GPs.
	Total	879,539	732,689	831,648	98,959	1,007,004	127,465	
CCG Prescribing	Prescribing	-190,597	-158,747	-152,740	6,007	-183,984	6,613	Patient charges recovered against prescribing costs.
	Total	-190,597	-158,747	-152,740	6,007	-183,984	6,613	
Reserves	Reserves - 1% Headroom	440,000	0	0	0	440,000	0	Reserves set as part of the national planning guidance
	Reserves - 0.5% Contingency	181,325	0	0	0	63,272	-118,053	Reserves set as part of the national planning guidance
	Reserves - Indemnity Fees	157,147	0	0	0	157,147	0	Reserve set to cover potential costs for GP indemnity costs
	Total	778,472	0	0	0	660,419	-118,053	
Primary Care Co Commissioning Total		43,768,000	35,822,148	35,882,924	60,776	43,768,000	0	
Other CCG funded services								
Out of Hours		2,800,868	2,334,054	2,313,707	-20,347	2,776,449	-24,419	Main out of hours contract with Northern Doctors.
Enhanced Services		2,440,553	2,033,638	1,851,766	-181,872	2,221,216	-219,337	Local Enhanced services, including; Practice Activity Scheme (PAS), Practice Engagement Scheme (PES), Practice Wide Quality Scheme (PWQS), Practice medicines Management (PMM). Smaller schemes through Claim IT; DVT, Prostrate and IMD. Also includes Pharmacy first and shape end payments and optical contract.
GPIT		408,259	340,210	813,333	473,123	976,000	567,741	GPIT contract with North of England Commissioning Support Unit. Overspend offset with Vanguard funding retention
Extended Access Seed Funding		484,000	403,331	402,550	-781	483,058	-942	Mobilisation funding for GP Extended Access.
GP Forward View Allocations								
GPFV Access funding (REC)		1,925,000	1,604,162	1,604,167	5	1,925,000	0	£6 per head.
GP Clerical training (NR)		55,000	45,831	45,833	2	55,000	0	GP admin and receptionist training delivered through Productive Primary Care.
Total CCG Primary care		51,881,680	42,583,374	42,914,281	330,907	52,204,723	323,043	

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the application by Marine Medical Group to reduce its practice boundary to exclude the area of Bebside.**
- 2. Approve the application.**
- 3. If approved, consider process and actions to ensure patients living in the affected area remain registered with the practice.**
- 4. Determine the length of time, if any, before the Primary Care Commissioning Committee would consider a further application from Marine Medical Group to amend the practice area.**

Purpose

This report outlines Marine Medical Group's application to reduce its practice boundary.

Background

Marine Medical Group (A84014) is a GP practice based in Blyth Health Centre, Thoroton Street, Blyth. The practice holds a PMS agreement with NHS England for the provision of essential, additional and enhanced services. The current (raw) patient list size of Marine Medical Group is 10,916 (weighted list 12,067.03) as at 1 January 2018. The practice has applied to amend the current practice boundary to exclude Bebside, a small part of the current boundary area. The current and revised boundary areas are shown in Appendix 2 and 3.

Discussion

The practice has requested to reduce its boundary due to housing developments in the area and the impact the practice feel this will have on the standards of service they deliver. The full application is in Appendix 1.

Four other local practices cover the Bebside area:

- Gables Medical Group
- Railway Medical Group
- Bedlingtonshire Medical Group
- Guide Post Medical Group

All of the practices listed above are open to new registrations in the affected area will retain a choice in the practice they choose to register.

Marine Medical Group has confirmed that the patients currently registered in the excluded area (55 in total) will remain with the practice until they move out of the area.

Conclusion

The Primary Care Commissioning Committee (PCCC) is asked to approve the application by Marine Medical Group to reduce its practice boundary.

If approved, the PCCC is asked to consider the inclusion of an outer boundary to the revised practice area to include Bebside to ensure that patients currently registered with the practice are not de-registered as a result of the change.

If approved, the PCCC is asked to determine the length of time, if any, before the PCCC would consider a further application from Marine Medical Group to amend its practice area.

Appendix 1: Marine Medical Group – Boundary Change Application

NHS NORTHUMBERLAND CCG

**MARINE MEDICAL GROUP – BOUNDARY CHANGE APPLICATION
(A84014)**

- 1.1 Marine Medical Group (A84014) is a GP practice based in Blyth Health Centre, Thoroton Street, Blyth. The practice holds a PMS agreement with NHS England for the provision of essential, additional and enhanced services. The current (raw) patient list size of Marine Medical Group is 10,916 (weighted list 12,067.03) as at 01 January 2018.
- 1.2 The practice has applied to amend the current practice boundary to exclude a small part of the current area (application attached at **Appendix 1**). The purpose of this report is to provide information to enable the Primary Care Commissioning Committee to reach a decision in respect of the application.

2. CURRENT SERVICE PROVISION

- 2.1 The current practice area includes Blyth, extending along the coast to include Seaton Sluice; to the west the practice boundary includes parts of Bebside. The practice wishes to reduce the boundary to the west and exclude these parts of Bebside aligning the boundary to the spine road (A189).
- 2.2 The reasons given by the practice are:

“At a recent meeting within the practice the partners discussed the amount of new housing developments within the Blyth area and those that we have just been made aware of which are due to be built on the very edge of our current boundary. Due to the number of houses being built and people moving into the town we are concerned that we will not be able to continue to provide the high standard of care we give to our patients as our current boundary stands. Thinking ahead into the future and the amount of fields around the town and it’s outskirts that could be built on, we wanted to be proactive in protecting the service we give to patients by applying to change our boundary very slightly.

“ ... This will make no difference to patients currently registered, we won’t be asking anyone to leave the list, unless they move outside of the boundary. It means anyone moving into the housing estates where we may have patients now will not be able to register with the practice. As you can see we currently include patients living just over the railway lines at Bebside, however this will change with the new boundary and our cut off will be the spine road. We have looked at our current patients registered and this will affect 55 of our 10,936 list size. “

Marine Medical Group

- 2.3 A copy of the existing boundary and the proposed new boundary are attached as **Appendix 1** and **Appendix 2** respectively.
- 2.4 The breakdown of the current clinical staff within the practice is shown in **Table 1** below.

Table 1 – Clinical Staffing

Clinician	Headcount	WTE*
GP Partners	4	3.01
Salaried GPs	5	3.11
GP Registrars (Years 3 & 4)	2	1.34
Total	11	8.46
Average number of patients per WTE GP (including GP Registrars)		1,290
Average number of patients per WTE GP (excluding GP Registrars)		1,784

* whole time equivalent based on full-time equalling 9 sessions per week

- 2.5 Marine Medical Group employs two practice nurses and one health care assistant. The practice is a GP Training Practice.

3. IMPACT ON PATIENT CHOICE / LOCAL PRACTICES

- 3.1 The area of Bebside falls within the Kitty-Brewster ward of Northumberland. Public Health England's profile of the ward in 2017 gave the population of the ward as 5,630 (based on population estimates in 2012)^{1, i}
- 3.2 If the application to revise Marine Medical Group's practice boundary was approved, patients living within the area of Bebside, would, potentially, have the choice of four other practices with which to register. Two of the practices fully cover the area; these are The Gables Practice and The Railway Practice, whilst the Bedlingtonshire and Guidepost practices cover part of the area. The approximate travel distances are shown in **Table 2** below. The practice boundaries for each of these practices are attached as **Appendices 3 to 6** respectively.

Table 2 – Distance between practices

From	Distance To			
	Railway Medical Group	The Gables Medical Group	Bedlingtonshire Medical Practice	Guidepost Medical Group
Marine Medical Practice	0.9 miles	3.4 miles	4.7 miles	6.4 miles

- 3.3 **Table 3** below shows the staffing levels of each of the local practices together with the average number of patients per WTE GP. These figures show that the average number of patients per WTE GP for Marine Medical Group is higher than the local average, although for the purpose of comparison GP Registrars working at Marine

¹ Source: Northumberland County Council Joint Strategic Needs Assessment (JSNA)

Medical Group have been excluded. If GP Registrars were included then the figure would be significantly lower (at 1,290 patients per WTE GP).

Table 3 – List Sizes and Staffing Levels of Local Practices

	WTE GPs	List Size	Nurse P'ners*	Total clinical staff	Average Number of Patients per WTE GP
Marine Medical Group**	6.12	10,916	0.00	6.12	1,784
Railway Medical Group	13.47	23,251	0.84	14.31	1,625
The Gables Medical Group	2.89	6,064	0.39	3.28	1,849
Bedlingtonshire Medical Group	5.78	11,502	0.86	6.64	1,732
Guide Post Medical Group	4.62	8,223	1.11	5.73	1,436
Local average					1,685

* WTE Nurse Practitioners converted to GP equivalent (1 WTE NP – 0.6 GP)

** GP Registrars have been excluded for the purposes of the comparison to neighbouring practices

- 3.4 Marine Medical Group shares premises with Collingwood Medical Practice. However, Collingwood Medical Practice does not include the area of Bebside within its practice boundary.
- 3.5 The practice has stated that the reason it wishes to reduce the practice boundary is due to the proposed housing developments for the area. Further information from Northumberland County Council regarding planning permission is awaited, although a planning application for housing estate of approximately 124 houses in the Bebside area is currently under consideration.
- 3.6 Marine Medical Group has confirmed it anticipates approximately 55 current patients will be affected by the change. However, the practice would not be asking patients to leave the list unless the patient moves outside the revised practice boundary. If the change in practice boundary was approved, the practice would not, therefore, register new patients from the area of Bebside (with the exception of new babies born to existing patients as confirmed by the practice as part of the FAQs).
- 3.7 The practice does not currently have an outer boundary defined as part of its practice area. The purpose of an outer boundary is to allow existing patients who move into the outer boundary to remain registered and receive the full range of services. The practice has said in the application that it will retain existing patients who live outside the proposed new boundary. However, NHS England Primary Medical Care Policy and Guidance Manual states that where a practice requests a reduction in its practice area and this is approved, the practice should be advised that:

“Registered patients who subsequently fall outside of the new agreed area, but who are within the original practice area (main and outer

boundary) can only be removed from the list if one or more of the provisions of the relevant regulations / directions that relate to removal of patients from the practice's patient list apply."

NHS England Primary Medical Care Policy Guidance Manual

- 3.8 The Policy Guidance Manual also states that following the determination of the application for a boundary change, Commissioners may wish to advise the practice that a specified period of time should elapse before a further application (from the same practice) would be considered by the Commissioner. There is no set guidance on the length of time this should be and would be for local determination.

4. CONSULTATION

- 4.1 Marine Medical Group has taken advice on the appropriate level of patient engagement and was advised that, in view of the relatively small number of patients potentially affected, the practice needed to inform patients via posters as well as provide information on the practice's website. A "FAQ" document has also been produced which is available on the website.
- 4.2 NHS England has consulted with the Local Medical Committee (LMC) and local practices. Feedback from the LMC is awaited.
- 4.3 Railway Medical Group has confirmed that it has no concerns about the proposed change in practice boundary. The reason for this is that the practice does not envisage a high number of patients from the Bebside area wishing to seek registration at Railway Medical Group; the practice is aware of the proposed housing developments.

5. SUMMARY

- 5.1 Marine Medical Group has a total list size of 10,916 patients as at 01 January 2018 (weighted list size 12,067.03). The practice has requested an amendment to the current practice boundary to exclude new patients from Bebside registering with the practice.
- 5.2 Marine Medical Group has confirmed it intends to continue providing the full range of general medical services to existing patients from these areas. However, once a boundary change has been agreed the mechanism by which to enforce this is through the adoption of an outer boundary by Marine Medical Group which would include the relevant areas of Bebside as confirmed in NHS England's Primary Medical Care Policy and Guidance Manual.
- 5.3 New patients from the area of Bebside would be able to register with an alternative practice should the boundary change for Marine Medical Group be approved and, therefore, this change would not result in any area of NHS Northumberland CCG not being covered by a medical practice.
- 5.4 Currently there are approximately 55 patients living in the Bebside area that are registered with Marine Medical Group; the practice has confirmed it would continue to provide services to these patients including any babies born to patients from this area.
- 5.5 Marine Medical Group has taken advice on the level of patient engagement needed for the proposed change and has met these requirements. The proposed change would

only affect new patients from the area wishing to register in the future and the practice is unable to engage with this group of patients.

6. OPTIONS

6.1 The options for consideration are:

Option 1: Approve the application – in line with NHS England Policy Guidance Manual, the area of Bebside would form an outer boundary to the revised practice boundary.

If this option was approved, the practice would be able to refuse new patient registrations from Bebside. The practice has said the advantage of this would be that it would enable the same level of service to be provided to all existing patients and would prevent an increased workload for the practice should the list size grow significantly once the proposed housing developments were completed and this group of patients sought registration with the practice.

A summary of the risks associated with this option are:

Risk	Mitigation
A reduction in patient choice for residents of Blyth	The number of patients from Bebside choosing to register with Marine Medical Practice is 55; which is approximately 1% of the population of Bebside. Patients would still be able to choose from other local practices; dependent on the exact area of Bebside in which they lived this could be up to 4 other practices.
The practice could de-register existing patients living in the Bebside area.	The practice has confirmed that it would not remove this group of patients unless the patient changed address. NHS England Policy Guidance Manual states that in the event a practice wishes to reduce its practice area, the part excluded should form an outer boundary to the practice area thereby ensuring that the affected group of patients is not automatically de-registered (unless the patients subsequently change address).
The proposed change will increase the workload for the remaining practices which cover the area of Bebside.	The small number of patients registered with Marine Medical Group who reside in Bebside (55) would indicate that the practice may not be the preferred choice for patients living in Bebside.

Option 2: Reject the application for the contract variation

If the application was rejected, then the boundary would remain as it is currently and patients living in Bebside would be able to register with Marine Medical Group.

The risks associated with this option are:

Risk	Mitigation
Marine Medical Group may feel that it is unable to cope with the potential workload from new patients living in the new housing developments seeking to register with the practice.	The current number of patients living in Bebside (55) who are registered at the practice would suggest that the additional number of patients seeking to register at Marine Medical Group may be small.
The practice may apply to close its list to new patients.	The practice would need to submit an application to close its list which would be considered by the Primary Care Committee.

7. PRIMARY CARE COMMISSIONING COMMITTEE CONSIDERATION

- 7.1 Using the information within this report, the Primary Care Commissioning Committee is asked to determine whether Marine Medical Group can be given authority to reduce its practice boundary to exclude the area of Bebside.
- 7.2 If approval is given, the Committee is asked to also consider the inclusion of an outer boundary to the revised practice area to include the Bebside area to ensure that patients currently registered with the practice are not de-registered as a result of the change (in line with NHS England policy).
- 7.3 The Committee is also asked to determine the length of time, if any, before which the Committee would consider a further application from Marine Medical Group to amend the practice area.

APPENDIX 1 – REQUEST FOR ALTERATION TO PRACTICE BOUNDARY

Template B3

<p>APPLICATION FOR VARIATION TO GMS/PMS CONTRACT</p> <p>PRACTICE BOUNDARY</p> <p>Schedule 16 GMS / Schedule 19 PCTMS; PMS & APMS</p>
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SECTION ONE: PRACTICE DETAILS

Contract in the Name of	Marine Medical Group
GP Code	A84014
Address of Practice	Byth Health Centre Thoroton Street Byth NE24 1DX
Telephone Number	01670 544125
Name of Practice Contact	Natalie Armstrong
Telephone No. of Practice contact	01670 544125

SECTION TWO: PATIENT ACCESS

- 1. Practice Population as at 9/1/18 10,936

- 2. **If allocation is to reduce boundary:**
How many patients of the total practice population would be outside of the proposed boundary change. 55

If the application is approved those patients who would be outside of the new boundary should remain on the practice list until their circumstances change in line with the contract. This will be monitored by NHS England.

- 3. If the application is approved what procedures will the practice put in place to inform those patients who would be residing outside of the new boundary e.g. The practice may consider sending a letter to all the patients (only writing to heads of families) affected by the new boundary change explaining that if they move and remain outside the new boundary they could requested to find another GP practice nearer to their new address.

NB: NHS England will require a copy of the current and proposed practice boundary maps.

Please provide details

Patients will be written to, to explain that whilst their address is outside of the practice boundary the practice will be happy to keep them registered however should they move out of the boundary area they will be requested to register with a practice which services their new address.

5. Premises capacity – please provide the number of consulting rooms currently in the practice:

GPs	<input type="text" value="7"/>
Practice Nurse/Nurse Practitioner	<input type="text" value="2"/>
Additional consulting rooms for Community/ district staff	<input type="text" value="0"/>
Treatment rooms	<input type="text" value="1"/>

6. Has the practice attempted alternative methods to manage the practice list e.g. filling vacant posts:

	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to Question 6 is 'Yes' please provide details:

The practice is fully staffed.

7. Please provide details of the future planning intentions of services and/or premises
(Should be an extract from the current Practice Development Plan).

There are currently no future planning intentions for services or premises.

8. Distance from the furthest patient address currently registered with the practice (in miles/kilometres).

9. Distance from the closest patient address currently registered with the practice (in miles/kilometres).

10. Will the proposed boundary change impact on the current services provided by your CCG or other CCG areas i.e 'Cross boundary' working for Community nursing/ midwives

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to 10 is 'Yes' please provide details:

)

SECTION FOUR - PATIENT ISSUES

- | | Yes | No | N/A |
|--|--------------------------|-------------------------------------|--------------------------|
| 11. Has any consultation taken place with the patients that could be affected by the proposed boundary change: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to question 11 is 'Yes' please provide details of what consultation has taken place:

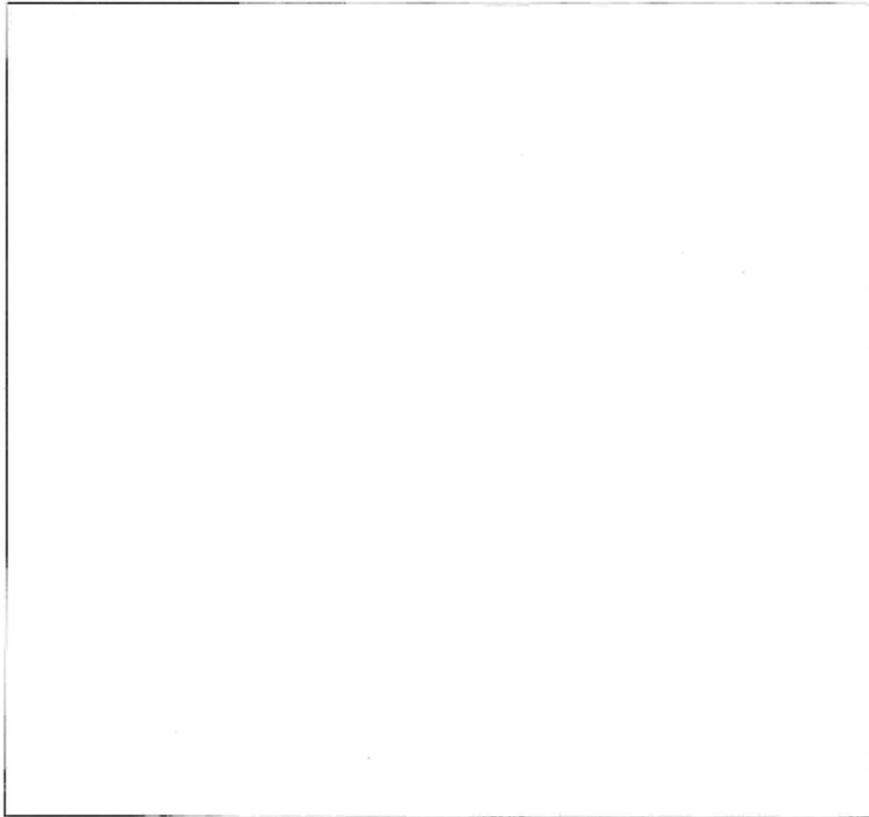
SECTION FOUR - PATIENT ISSUES

- | | Yes | No | N/A |
|--|--------------------------|-------------------------------------|--------------------------|
| 11. Has any consultation taken place with the patients that could be affected by the proposed boundary change: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to question 11 is 'Yes' please provide details of what consultation has taken place:

SECTION FIVE: ADDITIONAL INFORMATION & SIGNATURE

12. Please provide any additional information to support the application:



Signed on behalf of the Lead GP: E. Norfolk

Print Name: E. NORFOLK Date: 9/6/18

Practice Stamp:

MARINE MEDICAL GROUP
BLYTH HEALTH CENTRE
BLYTH
NORTHUMBERLAND
NE24 1DX

APPENDIX 2 – CURRENT BOUNDARY



APPENDIX 3 – PROPOSED BOUNDARY

