

OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 4 June 2019	Paper No: 10
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Title of Paper: Report from the Deputy Director, Head of Primary Care and Localities

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary: This paper is to provide an update on Primary Care in Oxfordshire
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Engagement: clinical, stakeholder and public/patient: List and boundary changes have been discussed with local Practice Patient Participation groups (PPG) A large event was organised in Bicester with respect to Bicester primary care and the need for new premises.
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Financial Implications of Paper: Primary care delegated budget 19/20 = £96,813k

Action Required: OPCCC are asked to <ul style="list-style-type: none"> • note the report

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:**Link to Risk:**

AF26 – Delivery of Primary Care Services

789 – Primary care estate

799 – Workforce in primary Care

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Report from the Head of Primary Care and Localities

February, March and April 2019

This report provides an update on the issues arising and the work that has taken place by the Primary Care team between February and April 2019.

1. Practice Contract Changes & Updates

There were 3 applications for contractual changes made to the CCG since the last report. A summary of the application and reasons for the decision made is provided below.

1.1 Islip Surgery boundary change

The practice applied to expand its practice boundary as they had some capacity and receive regular requests from patients in wider areas to register with them. The CCG has discussed the application including comments from the neighbouring practices impacted by the change that were not supportive of the application, but agreed that on the grounds of patient choice and surrounding housing growth the application be approved.

1.2 Hightown Surgery list closure

The practice had successfully applied for a list closure of 6 months in February 2018. However, issues around workforce, space constraints and a growing patient list had resulted in a further application. The CCG discussed the application and agreed that a list closure could be in put in place, but with some conditions. The OCCG Primary Care Team was asked to hold further discussions with the practice to discuss the terms of the list closure. Discussions are now taking place across the Banbury Town Network to ensure support is available.

1.3 Montgomery House Surgery list closure

In April 2019, the CCG received an application from Montgomery House Surgery to close its list. The issues cited were list growth of 1,100 patients in the last 12 months and continuing to grow at 100 patients net per calendar month; 2 GPs currently on maternity leave; shortage of staff and patient car park spaces; premises constraints and increased waiting times. The PPG and local practices were supportive of a list closure. The CCG agreed to an initial 4 month closure with effect from 8 April 2019 with the opportunity to extend to 12months. During

the first 4 months period the CCG will work with the practice to allow them to be maintain an open list in the future..

1.4 South Oxford Health Centre

This will be a separate item presented to the committee.

2. Primary Care in Banbury

The issues of sustainability in Banbury have been discussed publically in OPCCC in November 2017, May 2018, September 2018 and at the Community Partnership Network (CPN) in December 2017. A solution for sustainability for primary care in Banbury was agreed in July 2018 with PML working towards bringing together Woodlands Surgery, West Bar Surgery and Banbury Health Centre under PML to deliver primary care 'at scale' in line with the national direction as part of a new integrated practice.

The end of the Banbury Health Centre (Alternative Provider Medical Services (APMS) contract on 30 June 2018 allowed the CCG to seek a solution that would bring sustainability to Banbury primary care. The CCG determined that for the General Medical Services (GMS) elements of the service it wished to identify a provider who would provide primary care services at the Banbury Health Centre site and also work with existing practices in order to develop a long term sustainable solution for primary care in Banbury. The provider would be expected to actively collaborate with local Primary Care Providers and the CCG were aware of a number of Practices who were keen to collaborate with others to deliver more resilient services and offer a wide range of care through working at scale.

The first stage of the process resulted in the award of the APMS contract for Banbury Health Centre to PML from 1 July 2018 as part of a step towards the longer term solution. The second stage was transacted at the start of May 2019 with PML now responsible for the West Bar Surgery GMS contract. There is no change to the provision of services and GPs and staff have remained. PML and the practice have been engaging the Patient Participation Groups (PPG).

Horsefair Surgery in Banbury has faced significant pressure over the last three years in its efforts to ensure patients get good quality services with the loss of a number of partners and with difficulty in recruitment of new staff. In December 2016 the practice partnered with two new partners and then engaged Integrated Medical Holdings¹ (IMH) to provide the business administration support at the practice and bolster resilience. Subsequently, for a number of personal reasons the three longstanding GP partners tendered their resignation and left the practice at the end of June 2017. Since then the clinicians and staff have managed to improve Horsefair Surgery from a 'requires improvement' to a 'good' CQC rating.

¹ The **IMH Group** is a network of primary care sites across the UK whose aim is to help the NHS to deliver its 5-year plan. It is a clinically led group of over 50 sites, including GP Practices, Walk-In Centres, and Urgent Care Centres

Following another partnership change in late 2018, Horsefair has been run under a GMS partnership with two executive GP Partners with IMH providing back office support. However at the end of March 2019, IMH withdrew from supporting Horsefair Surgery and a number of other practices across the South East region. Prior to this, IMH had been working with PML to pass the Horsefair Surgery contract to PML.

In order to provide stability for Horsefair Surgery, OPCCC have made a decision virtually for PML to take over the running of Horsefair surgery subject to due diligence exercise. This is in line with the longer term solution for Banbury. This will ensure that stability of the practice is maintained.

3. Primary Care Estate

3.1 Bicester Primary Care

In line with primary care across the country, Bicester's GP practices are faced with the challenge of a growing population in the town which is expected to grow from 30,000 to 50,000 over the next decade. Cherwell District Council's Local Plan is the prime mover for this expected population increase and is a long term vision for the district over the next 15 years. It includes significant investment in Bicester for 10,000 new homes, thousands more jobs and better transport links including new train, cycle and pedestrian provision.

All GP practices in Bicester need more physical space to meet demand and to provide quality care for a growing population. In addition, primary care in the town will need to be multidisciplinary and offer more enhanced healthcare which would mean fewer patients travelling to Oxford or Banbury for hospital treatment.

It is clear that the existing premises at the Alchester Medical Group practices and Montgomery House Surgery are not big enough to accommodate their growing patient list, and they have limited options to expand on their existing sites

All three GP practices in Bicester have been talking together over the past year to find a way forward to meet the challenge of a growing population. Their proposal is to relocate Alchester Medical Group's three sites into a new purpose built premises with Montgomery-House Surgery – this would be on a site (yet to be identified) in Bicester in 2022.

The Bicester Health Centre has the space to expand at its current site. The practice GP partners did consider moving into the new building shared with Montgomery-House Surgery but the practice partners have agreed the best option is to remain in their building and develop plans for expansion as their patient list expands.

There has been ongoing discussion over a number of years by both the practices and CCG with local stakeholders including MPs, Cherwell District Council and Bicester Town Council on the requirements for primary care as a result of the housing growth. A recent engagement event led by the practices was held in the middle of May with nearly 200 residents attending. The current

issues were presented by GPs from the local practices whom also provided answers to questions from the public. The main themes from the discussion were the choice of site and transport options for those who are unable to drive.

An outline business case has been presented to the CCG Finance committee.

4. Primary Care Commissioning Activity Report (PCAR)

The Primary Care Commissioning Activity Report was introduced in 2016/17 to support greater assurance and oversight of NHS England's primary care commissioning responsibilities, and as part of the delegated co-commissioning process responsibility for completion passed to Oxfordshire CCG.

The report was completed and submitted by the deadline of 17 May 2019. A copy of the submission is attached in Annex 1 of this report.

5. Primary Medical Care Policy and Guidance Manual (PGM)

The policy and guidance manual has been updated to reflect the changing landscape in primary care co-commissioning. It presents a suite of policies which should be followed by all commissioners of NHS Primary Medical Care. This approach ensures that all commissioners, providers and most importantly patients are treated equitably and that NHS England and CCG's meet their statutory duties.

In 2016, the first 'Policy Book' for Primary Medical Services was published (Gateway Ref 04171), which provided commissioners of GP services with the context, information and tools to commission and manage GP contracts. The 'policy book' was superseded in November 2017 by the Primary Medical Care Policy and Guidance Manual (PGM)

NHS England committed to review the PGM, its use and application and the feedback received each year. The amendments and additions of this refresh are summarised in the document <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

Oxfordshire Primary care Team continues to follow its guidance when making decisions.

6. NHS E returns

The following returns were made during the period

- GPFV monthly return
- GP Resilience Programme 2018-19
- National Easter CCG Assurance template
- Exiting EU Situation Reporting

Annex 1

[Back to question status](#)

Template to be completed

Please ensure all applicable questions are filled in. You can check to ensure all necessary questions have been filled in on the question status sheet

Guidance Notes

Further details can be found in the notes and guidance information.

Click on drop down arrows on the right to enter area and CCG data is being submitted for.

Clinical Commissioning Group	
NHS Oxfordshire CCG	10Q

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General	
How many GP practices (including all commissioning routes) were there as of the 1 April 2018 within your local commissioning area	73
If you dispute the above pre-generated figures, please enter the new figure: (Figure is approximate - see guidance for caveats about ODS source)	70

[Link to Guidance here](#)

Please complete all yellow sections of the form - for the purposes of this return, the re

1. Equitable funding

[Click here for further guidance](#)

1. When providing a value for this question please consider all payments that are not covered under standard arrangements such as the global sum, a DES or other enhanced services (ES). However, it is essential that DCO's/CCGs DO NOT include payments funded from the General Practice Resilience Programme in their returns as we want to measure genuine discretionary spend by local commissioners.

Discretionary payments made outside of standard contracting agreements	
1.1 How many GP practices received payments under Section 98 Support and Assistance during the reporting period? <i>(Remember to exclude any payments funded from the General Practice Resilience Programme)</i>	3
1.2 What was the value of those Section 98 payments in pounds (£):	£35,951.00

2. Procurement and expiry of contracts

2.2a APMS refers to Alternative Provider Medical Services
GMS/PMS refers to General Medical Services or Personal Medical Services

Automatically generated numbers displaying on the right (grey box) do not need editing

2.1 How many completed procurement exercises were undertaken for primary medical services during the reporting period	1	
2.2 How many of these were: a. re-procurement of existing services	Expiring APMS	1
	GMS/PMS Termination	0
	GMS/PMS Closure	0
	Total	1
	b. procurement of new services to fill identified need or gap	0
2.3 How many of the total procurement exercises (question 2.1) were:		
a. Appointed (please confirm by provider type)	Existing GP practice	0

Automatically generated numbers displaying on the right (grey box) do not need editing

	Commercial provider	0
	GP Federation	1
	Local NHS Trust	0
	Other	0
	Total	1
b. Failed to appoint (quality grounds)		0
c. Failed to attract a bidder		0
If a procurement exercise failed (either on quality grounds (2.3b) or through a failure to attract a bidder (2.3c)) please click here to provide the practice details.		

3 Availability of services

Closed GP patient lists

3.1a If the same practice has sent through several requests within the reporting period please record each separately.

3.1a Please click the below link to enter practices which have requested to close their lists between 1st April 2018 and 31st March 2019. If the practice in question is not visible in the drop down lists, please email england.primarycareops@nhs.net with the missing practice name and code and the additional information required in the question.

[Click here to list closure requests](#)

Automatically generated numbers displaying on the right (grey box) do not need editing

3.2 How many practice applications to close patient lists were received during the reporting period ?	6
3.3 How many applications to close patients' lists were approved during the reporting period	2
3.4 How many GP practices were still operating with a closed patient list by 31st March 2019?	1

GP practice closures

Automatically generated numbers displaying on the right (grey box) do not need editing

3.5. Please click the below link to enter practices which have closed during the reporting period . If the practice in question is not visible in the drop down lists, please email england.primarycareops@nhs.net with the missing practice name and code and the additional information required in the question.

[Click here to list practice closures](#)

3.6. How many patient lists have been dispersed as a result of these closures ?	0
3.7 How many patients were dispersed in total as a result of these closures ?	0

Review includes a visit from the local team, contractual management or risk assessment.

4. Managing Contractual Reviews

4.1 How many practices were identified for a contractual review during the reporting period?	0
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4.2 How many of these contractual reviews were completed during the reporting period?	0
4.3 Proportion of CCG practices identified for contractual review	0%
4.4 Proportion of identified contractual reviews completed	

5. Contractual Notices	
5.1 (a) How many <u>remedial</u> notices have been issued during the reporting period?	0
5.1 (b) If there was a main or common theme for these remedial notices please provide brief details below	
Free text response: Nothing to Comment	
5.2 (a) How many <u>breach</u> notices have been issued during the reporting period?	0
5.2 (b) If there was a main or common theme for these breach notices please provide brief details below	
Free text response: Nothing to comment	
5.3 (a) How many <u>termination</u> notices have been issued during the reporting period?	0
5.3 (b) If there was a main or common theme for these termination notices please provide brief details below	
Free text response: Nothing to report	

Free text responses: bullet list only and no contractual references to be used, e.g opening hours, CQC improvement, CQC registration, patient reference group)

6. Primary Medical Care Policies	
6.1 Are you aware of the new Primary Medical Care Policy and Guidance Manual (PGM) that has been released and have you planned to update local procedures to ensure compliance in 2019/20?	Yes
6.2 (For delegated CCGs only to complete) Has the Primary Care Commissioning Committee planned to review and considered the new PGM?	Yes