

APPLICATION TO CLOSE PRACTICE LIST

PRACTICE CODE	C84124
PRACTICE STAMP Whyburn Medical practice. The health Centre Curtis St Hucknall NG15 7JE	

PLEASE COMPLETE THE FOLLOWING:

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

The practice is facing enormous pressures currently and this is reaching crisis point. An application to close our list was granted last year due to severe workload and staffing pressures. Unfortunately the situation has significantly worsened since then. A huge factor in our difficulties is our ongoing dispute with NHS property services. This unresolved dispute has left us in an impossible situation where we are unable to recruit partners or permanent staff due to the uncertainty surrounding the viability of our business. Essentially the service charges for our NHS owned building have more than tripled over the last 5 years. This huge increase, which we remain in dispute about, has resulted in the business becoming financially unviable. Due to this we are facing the strong possibility of our handing back our contract in the near future. A more detailed chronology of events explaining our current pressures is detailed below:

June 2016- Nov 2016 Full time business manager on sick leave.

July 2016: Retirement of longstanding partner (6 sessions). Replacement partner left after 6 months. This led to the use of locums Doctors from April 2017- 2017 to cover these sessions. A second new partner was then recruited however she left in Sept 2018 due to the uncertainty relating to the building issue. Her post remains unfilled and due to the ongoing dispute we are unable to recruit a permanent member of staff to fill this position. We are therefore left having to use locums Doctors to cover these sessions. However as Locum doctors they will generally only see face to face appointments the remaining Doctors are left with huge amounts of additional admin, home visits and other work.

December 2016- Feb 2017: Partner off sick.

May 2017 onwards: Resignation of above GP who has been in practice for 13 years on grounds of stress due to increasing burden of workload. This GP is the practice IT lead and QOF lead and also the named GP lead for care of patients at Nottingham Neurodisability Centre, Fernwood unit. A unit with patients in a low awareness state with severe complex neurological features which the practice has long argued is beyond the scope of core general practice and should have oversight from a secondary care rehabilitation consultant (unit under investigation at time of writing). This GP also offered the dermatology clinic and his loss will result in loss of income to the practice, further decreasing our ability to recruit and pay sufficient locum costs.

This post remains unfilled. We did have one of our trainees who was keen to take up this position however again due to the property issues they have now understandably declined our offer.

August 2018: Two current partners reduced their sessions from six down to five on grounds of stress due to increasing burden of workload.

July 2018: Practice Nurse resigned. Due to the ongoing uncertainty surrounding the business and its viability we are unable to replace this member of staff leaving our nursing team short staffed and under considerable pressure and stress.

July 2018: ongoing: Business manager off sick. This has left us without a practice manager. Management tasks are therefore left to the already overburdened partners.

October 2018: Salaried Doctor is off sick. Not expected to return prior to her impending maternity leave starting in December 2018.

The practice is therefore down a total of 19 clinical sessions: 14 clinical sessions from partners who have left and 5 clinical sessions from our salaried Doctor who is off sick. In addition to this we have lost a fulltime nurse. This acute shortage of clinicians means that the practice is struggling to maintain clinically safe services to its existing patient list and certainly is not able to take on any new patients at the current time. In addition to this our business manager also being absent has resulted in a huge amount of extra work for both the remaining partners and our administration staff.

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 continued to advertise for clinicians and maintained flexibility in our request for Advanced Nurse Practitioners as well as GPs. However due to the uncertainty of our future employment can only be on a locum basis at present.

Support and training of one of our Nurses towards prescriber role and towards Advance Nurse Practitioner status. The progress here is gradual. The nurse has completed the prescriber's course (August 2017).

Use of long-term locums, rather than adhoc cover where possible. This has helped to maintain continuity of care. Partners have also been doing extra sessions where feasible, though this may result in increased risk of burn out.

We have contacted the CCG to request support with reviewing the classification of the neurodisability unit with a view to either the unit engaging consultant physician level care to support the general practice input, or the unit not being classified as core general practice, thus allowing the practice the

option to withdraw.

Do you have any concerns with GPs ability to appropriately assess the patients' needs and plan accordingly i.e; patient safety issues relating to record keeping with insufficient time to fully complete notes in between consultations.

The GPs work in accordance with the GMC principles of good medical care and fully understand their professional duty of care to each and every patient. The concern here is that if a stage is reached where they do not feel able to provide a safe level of cover and their requests for support are unheeded, then patient safety issues may arise. The partners wish to do all that is necessary to avoid such an undesirable situation. We have now had two partners resign because they felt that the effort required to maintain the highest level of professionalism to which we all aspire was achievable only at great personal expense and would lead to deterioration of their health. The need for support of the remaining partners therefore merits urgent consideration in order to avoid further resignations or indeed burnout or sickness.

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 should or should not be closed?

The proposal to close our list has been discussed with our PPG group who are fully in support of this action given our current staffing levels.

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 should or should not be closed?

Discussions with our neighbouring practices suggests that they are all struggling with workload issues due to the expanding population of Hucknall. We are all frustrated that in spite of our joint history of nearly 2 years of regular meetings (together with NHSE and with LMC involvement) that we have arrived at no sustainable strategy for managing the health care demands that this will generate. Therefore it has not come as a surprise to any that an unexpected shortfall in manpower has now pushed our practice into this perilous situation. One other neighbouring practice has previously discussed its desire to close its list, but has recruited and remains open.

**How long do you wish your list of patients to be closed?
(this must be at least 3 months but no more than 12 months)**

12 months

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

1. Support with sourcing and funding consistent locum cover for a minimum of 7 months, or until we are able to recruit to the post which ever is the earlier event.
2. Support with resolving the issues with NHS PS as soon as possible.
3. Removal of classification of Nottingham Neurodisability centre as core general practice nursing home cover, thus freeing up GP time to cover other traditionally recognizable nursing and residential homes in Hucknall and maintain quality of care for the practice population.
4. Support to partners with management issues in the absence of our business manager such as help with processing claims.
5. Financial support to fund a full time locum practice manager and support to find a suitable locum practice manager.
6. Support with sourcing and funding a locum practice nurse.

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 the list could reopen at the end of the proposed closure period?

We will continue to advertise in the hope of recruiting suitable clinicians.

We remain in the process of changing the management structure within the team to create a more resilient and flexible team.

The options remain open for further discussions with our neighbouring practices as to how Hucknall as a group can embrace the on-going challenge of population increase.

Do you have any other information to bring to the attention of NHS England and the CCG about this application?

As a practice we aspire to high quality care of our patients and have sought to develop skills and services which serve our community. We are deeply disappointed to find ourselves in this current predicament. We are a training practice for the Nottingham Vocational training scheme. We enjoy the learning challenges posed by trainees and our patients enjoy helping to train new learners and future GPs. Our registrars have felt sufficiently confident in our practice organisation to the extent that 3 partners are ex-registrars of this practice. We support undergraduate medical student training and take students from year 1-5. For 11 years up to the end January 2017 we provided the Substance misuse service for all of Hucknall (in 2016 tender won from NHS by CGL who decommissioned us).

We provided a dermatology service for our patients for many years and then a CCG commissioned service which led to expansion from 1 clinician to 2 with thoughts of further expansions of the service before our partner resigned.

We would welcome the opportunity to close our list for a period of time to allow for internal re-organisation which would help us to develop and maintain a highly motivated workforce able to respond appropriate and safely to the needs of our patients and colleagues.

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

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

<p>Signed: </p> <p>Print name: <u>Dr. S. Cunniff</u></p> <p>Date:</p>	<p>Signed: </p> <p>Print name: <u>K. G. LA MATTY</u></p> <p>Date:</p>
<p>Signed: </p> <p>Print name: <u>A. NDIRIKA</u></p> <p>Date:</p>	<p>Signed: </p> <p>Print name: <u>ALVA</u></p> <p>Date: <u>10/10/18</u></p>