



NCL Primary Care Committee in Common meeting – Thursday 21 February 2019

Questions from the public (received in advance of the meeting). Questions sent in by Mr Richards

"Management of Practices who close half day" i.e.

a) there are 11 Practices (4 in Barnet, 1 in Camden, 5 in Haringey & 1 in Islington) where it is being recommended that "NCL PCCC in April 2019 will be requested to approve the issue of a Breach notice". As this will have implications for 46,049 patients, what are the stages of the process following the issuing of that notice?

Every effort will be made to support practices comply with cover arrangements for any half-day closures, with the paper to the Committee in February 2019 setting out the process undertaken to help practices comply. The next steps are to issue a formal request for information from practices that have not confirmed reasonable cover, and only then if an adequate response is not received will a breach notice be issued. The breach notice is a formal contractual procedure and requires practices to submit a remedial action plan to ensure any half-day closure coverage is reasonable.

b) is "The Surgery Myddleton Road" [page 110 (of 139)] the same as "F85645 Myddleton Road Surgery" [page 88 (of 139)] where the Committee is recommended to approve the "Addition of GP signatory"?

Yes is the same practice.

c) re: the Prince of Wales Practice [page 108 (of 139)] and 13.1 & 13.2 of the minutes of the previous PCCC meeting on 20/12/18 - it is clear that CQC rated the Practice as "inadequate". However one notes that the Practice reports "High patient satisfaction". Is it known if this a self-rating by the Practice or from an independent source e.g. the GP patient survey?

A rounded view of practice performance is taken including the results of CQC inspections and patient surveys. The Quality report for the Committee references the Friends and Family Test and the GP Patient Survey run by IPSOS-MORI

Agenda item 3 - Minutes from the previous meeting on 20 December 2018.

7.1. Which are the "2 large practices in Haringey receiving an inadequate rating"?

Staunton Group Practice and Tynemouth Medical Practice. CQC ratings are summarised for each practice on the appendix to the quality report.

8.2. When is it anticipated that review of HLP will be reported back to the Committee?

The report will be received before September 2019 to inform commissioning intentions from HLP in 2019/20. The report, alongside commissioning intentions for 2019/20 will then go CCG Governing Bodies, as HLP support covers broader CCG business and not just delegated primary care.

9.2. re: the NCL Primary and Community Estates Board. How and to whom will it report? How will its decisions/recommendations be made known to the public?

Responsibility for strategic estates planning and delivery of developments within Primary and Community will be held at and shared by this Sub-committee. The Subcommittee is a subcommittee of both the NCL STP Estates Board and the NCL Primary Care Commissioning Committee in Common. The Subcommittee is ultimately accountable to CCG Governing Bodies.

9.3. - in view of the need for clarity in the governance of the process it is regrettable that this will take the form of another verbal, not written, report.

The process is confirmed as relating to surplus space rather than practices. CCGs incur void costs on space not utilised so important that surplus space without an identified use is declared.

Agenda item 4 - Actions from the previous meeting.

Action No.4 - page 17 (of 139) - Have you an estimate of the numbers of patients (if possible by CCG) affected by the DOCMAN document flow problems?

Most practices have completed the analysis of DOCMAN document flow problems. Results to date indicate that the vast majority of the documents were duplicates and that appropriate action for patients had been undertaken.

Action No.2 - page 17 (of 139) - I note the Committees response to Question 1 (from the public at the last meeting) but must re-iterate that you are ignoring the fact that a high proportion of the NCL population does not have unlimited access to their own computers and therefore is not aware of the information on the CCGs websites. However I would ask that all websites make it clear that ANY member can request (in advance of the meeting) a hard copy of the agenda papers in order to submit questions.

To be determined, the work for CCGs needs to be proportionate. Need to check if any policy to support our approach.

Re: agenda item 5 –

Why is Mr. Piesse again making a verbal report on "the governance of the process by which GP Practices may be declared surplus to requirements"? Despite the clarification in 9.1. of the minutes of 20/12/18, the agenda wording does raise concerns that it does mean "Practices" rather than "space in Practices". As regrettably I am unable to be present at the meeting, I find it frustrating that I will need to wait until the minutes of this meeting are presented before I find out Mr. Piesse's clarifications.

The process is confirmed as relating to surplus space rather than practices. CCGs incur void costs on space not utilised so important that surplus space without an identified use is declared.

Agenda item 9 - page 52 (of 139) –

"Utilisation of Patients Online as measured through use of online appointments and ordering repeat prescriptions online" is an ambitious objective but, as so often, ignores the fact that a high percentage of patients do not have access to their own computers but access the internet through public facilities e.g. libraries.

The Quality Report has been used to identify differential digital / on-line access, to help ensure commissioning plans address this. Traditional forms of access and ordering will also be maintained.

Page 56 (of 139) - is it not possible to find alternative wording to % list "non-black & ethnic minority"?

The report construct comes from NHS England.

Page 57 (of 139) - which are the "Four practices, as at October 2018, have received an overall inadequate rating to date"?

The four practices are Village Practice (Barnet), Staunton Group Practice (Haringey), Tynemouth Medical Practice (Haringey), and Dr. Haffiz (Islington). CQC ratings are summarised on CCG scorecards Appended to the Quality Report.

**Page 58 (of 139) - 4.4. Patient experience.
the GP patient survey - how did Ipsos Mori send the survey? Was it by post, email etc.?**

The IPSOS MORI survey is sent out to a million homes nationally by post.

Page 58 (of 139) - 4.5. Complaints.

Re: complaints escalated to NHSE - presumably NHSE advise the Practice whether, or not, the complaint has been upheld? Is this also relayed to NCL or the CCG?

This information has been requested from NHS England, and will be reported back to the Committee once received.

Agenda item 10 - NHS Long Term Plan etc.

**Page 69 (of 139) - Item 2.1. New Service Model for 21st Century.
"Greater use of on-line/digital access to GP consultations and outpatient appointments (reduce latter by 1/3)". How is it proposed to help the high % of patients who do not have access to their own computers etc. to use on-line/etc.?**

**Page 70 (of 139) - 2.5. Digitally enabled care.
How is it proposed to help the high % of patients who do not have access, to use on-line/digital facilities?**

**Page 71 & 72 (of 139) - Primary Care Impact of the NHS Long Term Plan.
Could "Incentives to primary care networks for admission avoidance", no matter how dressed up, not create a breach of trust in the GP?**

"Digital first to access primary care". How is it proposed to encourage digital use by patients?

**Page 72 & 73 (of 139) - 3. GP Contract.
There are so many references to technology/digital services - How is it proposed to encourage digital use by patients?**

A combined response to these questions is set out below.

Plans for digital access have yet to be fully formulated locally.

Knowledge gained from the Quality Report about differential access to on-line / digital access will inform our plans. Face-to-face access, and telephone booking will be maintained for people requiring it for GP consultations and outpatient appointments. For outpatient appointments much of the digital use will accrue from GPs requesting advice and guidance from consultants as an alternative to referral to manage care locally in primary care where required. Plans will be subject to an Equality Impact Assessment.

Any incentives to reduce emergency admissions will be based on agreed service developments with hospitals, so the incentive is not out of kilter with local services. In 2018/19 we have seen no growth in emergency admissions lasting for more than 1 day.

Agenda item 12 - Report to NCL PCCC.

Page 81 (of 139) - E83638 Mountfield Surgery - what is the object of Dr. Robinson taking 24 hour retirement on 2/3/19, returning 3/3/19?

24-hour retirement is an option available to GPs through the national GP contract.

Page 82 (of 139) - E83006 Greenfield Medical Centre - how did NHS England National team engage with patients?

NHS England carried out the engagement nationally, we were not involved locally.

Agenda item 13 - Brunswick Medical Centre - page 92 (of 139) - what is the London-wide Tranche 7 procurement?

Procurements for Alternative Personal Medical Services (APMS) contracts are carried out collectively across London to ensure efficient access to procurement expertise. Brunswick Medical Centre is part of the 7th wave (tranche) of London-wide procurements.

Agenda item 15 - East Barnet Merger - page 97 (of 139) - Nursing Staff - are the figures of 341, 318 & 28 correct? I believe that it should be an excess of 23 appointments?

Thanks for this – the benchmark level of nursing appointments is being delivered.

Agenda item 18 - NCL PCCC Risk Register.

PCCC13 - pages 131 & 134 (of 139) - When is the National Workforce Strategy due to be published?

NHS workforce implementation plan will be published by NHS England later in 2019. Local workforce plans in response to the NHS Long Term Plan will be published in autumn 2019.

PCCC14 - pages 131 & 134 (of 139) - Where are the 2 sites for the new NCL service?

St Ann's Hospital in Haringey and Margarete Centre in Camden.

PCCC 18 - pages 131 & 134 (of 139) - Have you been advised by NHS England when Capita will recommence the process?

Capita and NHS England have yet to confirm this. Plans will be shared with the Committee once confirmed.

Bearing in mind that we are within 5 weeks of the end of March, I must repeat the question that I put to the Committee on 20/12/18 i.e. why is Brexit not on the Risk Register or has NHS England issued the expected guidance? If so, what is it?

The majority of preparations are being handled centrally by NHSE, CCGs have been asked to carry out an assurance process on local Trust plans. The workforce risk has eased through the removal of the registration fee.

Agenda item 19 - Committee Forward Planner.

When will the paper "on how bids for the estates capital funding will be managed" be brought to the Committee?

To be determined.