NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 4.0.

Meeting Title/Date:	Primary Care Co-Commissioning Joint Committee - 28 June 2017		
Report Title:	Windsor Surgery (P81006) and Landscape Surgery (P81190) Practice Merger		
Paper Prepared By:	Mark Lindsay/ Sarah Bloy	**Date of Paper:**	19 June 2017
Executive Sponsor:	Kevin Parkinson	**Responsible Manager:**	Sarah Bloy
Committees where Paper Previously Presented:	N/A		
Background Paper(s):	N/A		
Summary of Report:	The purpose of this report is to present to the Primary Care Co-commissioning Joint Committee the application received from two practices to merge with effect from 1 October 2017.		
Recommendation(s):	Members of the committee are asked to approve application to terminate one of the practice P codes.		

		Please Select Y/N
Identified Risks:		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
To Improve the health of our population and reduce inequalities in health		X
To reduce premature deaths from a range of long term conditions		X
To develop care closer to home		X
To commission safe, sustainable and high quality Hospital Health Care		
To commission safe, sustainable and high quality Mental Health Care		
To improve capacity and capability of primary care services to respond to the changing health needs of our population		X

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Application from Windsor Surgery and Landscape Surgery to Terminate one practice P code resulting in a Practice Merger

Moor Lane Mills

28th June 2017

Introduction

The purpose of this report is to present the application received from:

- Windsor Surgery - P81006
- Landscape Surgery – P81190

The two practices have applied to terminate one of the P codes and to merge the contracts working to a timescale of the 1st October 2017.

Background and Summary of Application

The application from Windsor Surgery and Landscape Surgery is to merge contracts resulting in the termination of P81190 (currently Landscape Surgery's P code). This will follow the inclusion of all of the GPs onto each of the respective contracts. The process of the addition of partners onto the respective contracts is an administrative merger with no formal approval required.

Practice	P Code	Contract Type	List Size as at March 2017	Number of GP partners
Windsor Surgery	P81006	GMS Dispensing	10,976	7 partners
Landscape Surgery	P81190	GMS Dispensing	7,242	3 partners

The practices are located at Windsor Surgery, Garstang Medical Centre, Kepple Lane, Gartsang, PR3 1PB and Landscape Surgery, Garstang Medical Centre, Kepple Lane, Gartsang, PR3 1PB, in the same premises and both hold GMS contracts.

The application from the practices indicates that merging the two existing practices into one team will allow them to support the 5 year Forward View by coming together to explore new, innovative ways of delivering Primary Care at scale.

Both practices share many services and functions already. They both work within the same building and have similar practice boundaries covering a large rural area of Lancashire. They have developed together with support from Morecambe Bay CCG to integrate care for elderly and frail patients. They are also jointly about to provide a shared same day access service that has been underpinned by the PCIF (now ETTF).

Working together closely led to considering the next step of a merger for two main reasons:

- The practice area has been identified by Wyre Borough Council as a priority for housing development and, as such, is expecting a significant increase in the practice population over the next 10 years. Dependent on permissions, the population increase is expected to be at least 3,000 and very likely significantly higher.

- Both practices have significant clinical workforce challenges with GP retirements next month and later this year, along with having just lost two GPs to the newly merged Lancaster practice, and currently being unable to recruit to any of these vacancies. Despite developing alternative models of care (clinical pharmacists and nurse practitioners) the practices are looking to work together in order to share senior clinical workforce and leadership. They are very concerned about the future viability of separate practices and merging will give more resilience and enable the practices to offer a better service to patients in the future than could otherwise be provided as individual practices.

The New Models of Care, now being proposed and developed nationally, aim to provide health care to wider populations rather than traditional practice list sizes. By combining the two practices they feel that they will be in a better position to deliver health care to their whole community patient population. The practices plan to engage patients in helping them to promote well-being and self-care to the wider community of Garstang and the rural areas they serve. Working as one larger practice will also facilitate improved liaison and relationships with other health care providers with whom they already liaise jointly to some extent through a shared integrated care community (ICC). Having only one GP practice to liaise with will ease communication and save time and resources for all.

Ahead of the proposed merger date, it is expected that they will have a new IP telephony system installed.

The clinical database merger date is proposed in collaboration with EMIS for the end of September / beginning October weekend.

Benefits to Patients

The proposed merger will provide the new practice with greater ability to address the scope of clinical practice. Enabling utilisation of existing or new doctor skills would mean that they are able to provide these on a more sustainable and flexible basis to the needs of patients. In particular, the doctors within the two practices who currently pursue particular avenues of care, for example, dermatology, minor surgery and renal disease will have the opportunity to effect change in the primary care provision under the umbrella of a more robust, comprehensive organisation.

The practices are constantly aware of access for primary care in their rural area and see this in two particular ways. The initial concept of on the day access for problems which need to be addressed urgently would fall under the scope of the same day access unit they are planning to open. However, they are also aware of a secondary need for patients to access their regular or routine doctor for ongoing healthcare needs on a time appropriate basis. With this joining of teams they will have a framework to enable this to be standard practice when they merge. They value continuity of care but are aware that in many parts of the country this is a patient desire which is unable to be met.

As a result of the merger they will be able to offer patients a more responsive, flexible and suitable service to meet not only the needs of the individual patient but also the larger needs of the population.

They aim to integrate further (and will be able to do this more effectively) as a single practice with community services to provide wrap around timely care to the population.

Specifically, they would be able to offer a broader range of appointments including same day access appointments for acute single issue episodes of care; deliver more co-ordinated and effective care to housebound and care home patients; manage a large and increasingly complex frail elderly population with proactive anticipatory care planning.

Currently each practice runs regular clinics for minor surgery, contraception, baby clinics and cryosurgery. As one practice they will be able to run these services more efficiently and free up GP time for other patient services.

Prior to merging they will have developed a stand-alone, same day access unit adjacent to the main shared health centre building. This is a joint venture between both practices supported by both the CCG and the PCIF (now ETTF). This unit was previously an administrative area which is now being converted to clinical use. They will use this for enhancing on the day care for patients. The clinicians involved in this unit will be doctors, nurse practitioners, practice nurses and pharmacists. This will not only provide the most comprehensive wrap-around care for patients, it will also promote self-care, health promotion and continuity of care in the broadest sense possible. The use of this unit will be an evolving process but initially they see the ability to service a defined patient need while using the skill mix in the most appropriate and efficient manner. They see the promotion of health and wellbeing and self-care as essential in the new primary care framework and hope that they can embrace this given the resourcing of this unit. They also hope that this acts as a focus for the extended primary health care team and community matrons and care co-ordinators.

Hours and Boundary

Hours

The current hours of surgery opening times for both practices are:

Monday, Tuesday, Wednesday and Friday: 8.00 am – 6.30 pm
On Thursdays the surgeries open from 8.00 am to 1.00 pm. From 1.00pm until 6.30pm on Thursdays, core primary care services are currently provided by Go To Doc Ltd., although GPs from both practices provide an acute visiting service during these hours. This is something they intend to review post-merger.

The practices have confirmed that they have no current plans to alter core opening hours. However, as a result of local and national changes, they will be looking to review operational hours after the merger dependent on workforce considerations.

They are aware that opening hours are an issue which is discussed with the Patient Reference Group and aim to review this once workforce issues have been reviewed following the proposed merger. They do currently offer some limited evening and early morning appointments outside of the context of the national extended hours Directed Enhanced Service (DES). It is hard to gauge at present the most efficient opening times to address the needs of their elderly population. Combine this with the new housing developments locally, which will increase patient numbers significantly, they are aware that they need to make sure the skill mix, resources and staffing levels are used in the most appropriate, comprehensive and reasonable manner. As such, they will be reviewing opening hours and appointment times, following the proposed merger and assessing whether they need to put in place further provision for patients' needs.

Boundary

Landscape Surgery currently has a slightly wider boundary than Windsor Surgery, therefore, it is proposed to adopt the boundary already served by Landscape for the new practice (see Appendix B).

Benefits to the Practice

As stated above, workforce and recruitment issues are a significant concern to both practices and both practices currently have unfilled clinical posts. By merging, they will not be competing when recruiting in

the future and will also not be competing for locum cover. By pooling the clinical workforce they will be better able to continue to provide a high standard of care to their patients.

As detailed above, by becoming a single practice it is expected that by sharing back office administrative functions the merged practice will be more efficient with supporting the clinicians to minimise the amount of unnecessary administrative tasks they undertake.

Working at scale will enable the practices to have a unified and stronger voice when services are being commissioned for their community and working as one, larger primary care provider, will be more efficient for both themselves and for the other providers they work with.

As one practice, they will be able to reduce the amount of time clinicians currently have to take out of patient contact time to attend meetings, for example, instead of having to send two GPs representing two practices to CCG or Federation meetings, they will be able to send one, allowing the second GP to stay in practice. Other regular in-house meetings, such as palliative care, will also be reduced to one rather than two, again saving clinical time.

Patient Consultation

Patient information regarding the proposed merger and feedback questionnaires have been handed out in both surgeries for the past 8 weeks. These have also been available on websites including an electronic version of the feedback questionnaires. Patients have also been informed via articles in the local newspaper and the local community 'Focus' booklet that is delivered to all houses locally each month. Patients have been contacted via text messaging to increase awareness of the information and questionnaire available on the website. Both practices have held patient engagement meetings on the 27th and 30th of March 2017. The district nursing team and care co-ordinators have taken information and questionnaires to housebound patients whilst visiting.

Questionnaires were handed out over an 8 week period within the two surgeries and were available online. The actual number of questionnaires handed out was not recorded. Windsor Surgery received a total of 748 questionnaires completed and Landscape Surgery received a total of 632 completed which is a combined total of 1380, almost 8% of total list sizes.

Overall patient feedback has been very positive. The feedback questionnaire asked whether patients felt positive, neutral or negative about the proposal. Results showed 44% positive, 13% negative and 43% neutral. Feedback at the patient engagement meetings was very positive as was feedback from the Patient Reference Group. Patients are seeking reassurance in respect of continuity of care and ability to continue to see their usual GP and it is felt that the practices have been able to reassure them on both of these aspects. Patients from both practices raised concerns around obtaining the same high level of care in a larger organisation and both practices had very positive feedback regarding the current high standard of care provided. Patients' concerns regarding the increase of housing locally and how this will impact on health care services locally were a concern prior to the merger proposals and these concerns have also come across in the feedback regarding the merger proposals. Explaining the plans for the same day access unit and the pooling of resources to free up clinical time and strengthen the resilience of both practices has been helpful in addressing these concerns. The practices have received a lot of comments about wanting the car parking facilities to improve, particularly in the light of all the additional housing and unfortunately they have had to explain that this is not something that they are able to address. Patients have expressed a wish for longer opening hours and for the new practice to be open on Thursday afternoons; this is something the practice plan to review once merged, having re-assessed the clinical workforce.

One of the key messages that came out of the public consultation process was the wish to keep the patients fully informed of developments and of the impact on service access. As a result, they will be

posting regular updates in newsletters, in local media and using social media and their website to continue the conversation that was started at the consultation sessions.

The practice has met with Alex Gaw, Clinical Chair and Andrew Bennett, Accountable Officer, at Morecambe Bay CCG to discuss the merger proposals and they are fully supportive of the plans.

The LMC supports the application.

Financial Impact

As both practices hold GMS contracts, there are no financial implications in relation to the merger of the two contracts and clinical systems. There are no minimum practice income guarantee (MPIG) or personal medical services (PMS) premium implications with these two practices.

Risks

The practice have identified the following risks, which are supported by the evidence presented in this paper:

- Inefficiencies in running separate contracts if the P Code termination is not approved.
- May impact on benefits to patients noted above.

Policies

The underlying principle for the CCG and NHS England to consider when any such proposal is made to them is what the benefit is for the patients and what the financial implications are.

This policy describes the process to determine any contract variation, whether by mutual agreement or required by regulatory amendments, to ensure that any changes reflect and comply with national regulations so as to maintain robust contracts.

The application meets all relevant regulatory requirements and is consistent with the Policy Book for Primary Medical Services which requires consideration in relation to the benefits to patients and the financial consequences.

Policy context in relation to primary care contract changes are attached as appendix A.

Options

There are three ways in which practices can propose to merge contracts:

1. Each contractor becoming a party to the other contractor's contract (through variations of the contracting parties); or
2. Terminating one existing contract, continuing the other contract but varying it to include the other contractor as a party to the contract followed by the termination of one P code; or
3. By terminating the two existing contracts and creating a single organisation or partnership which will enter into one new contract;

In the case of the two practices concerned, they are proposing to merge utilising option 2, becoming parties to each other's contracts, then requesting a termination of one P code, as indicated above, to operate under one single contract.

Recommendation

Members of the Morecambe Bay Primary Care Co-commissioning Joint Committee are asked to approve the termination of contract P81190 which will enable both practices to operate under one GMS contract P81006.

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Appendix A

Contract Variations

- Chapter 6 – *Contract Variations* of the Policy Book for Primary Medical Services

The policy focuses on primary medical care contracts in their various forms and has been developed in line with national legislation and regulations.

General Medical Services (GMS) arrangements are governed by the GMS Contract Regulations (SI No.2004/291, as amended from time to time).

Variations to contracts fall broadly within three categories: changes to the detail of the contracting parties/organisational structure, alterations in the service provision covered and/or changes to the payment mechanisms. In determining all variations the following guidance, legislation and regulations are considered:

- *GMS regulations.*
- *PMS regulations and guidance.*
- *APMS directions.*
- *Statement of Financial Entitlements.*
- *NHS Act(s).*
- *EU procurement legislation.*
- *The public contracts regulations.*
- *Department of Health procurement guide.*
- *Principle and rules of co-operation and competition (issued by the*
- *Department of Health).*

Appendix B – Proposed Practice Boundary