

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	13 September 2017	
REPORT TITLE:	Practice Merger : Parkside Surgery and Oxford Road Medical Centre	
SUMMARY OF REPORT:	Application from Parkside Surgery and Oxford Road Medical Centre to terminate one practice P code and merge the two practices requested.	
REPORT RECOMMENDATIONS:	The Committee are recommended to approve the termination of contract P81104 which will enable both practices to operate under one GMS contract P81047.	
FINANCIAL IMPLICATIONS:	None	
REPORT CATEGORY:		Tick
	Formally Receipt	
	Action the recommendations outlined in the report.	
	Debate the content of the report	
AUTHOR:	NHS England	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	NHS England	
OTHER COMMITTEES/ GROUPS CONSULTED:		
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below
RISKS:	Have any risks been identified / assessed? Outlined in the report.	Y
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	Y
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	Y
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	
2	Optimise appropriate use of resources and remove inefficiencies.	
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

EL CCG PRIMRY CARE COMMITTEE

13 September 2017

Application from Parkside Surgery and Oxford Road Medical Centre to terminate one practice P code resulting in a Practice Merger

1. Introduction

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

- Parkside Surgery – P81047
- Oxford Road Medical Centre – P81104

The two practices have applied to terminate one of the practice P codes and to merge the contracts working to a timescale of the 1st April 2018.

2. Background and Summary of Application

The application from Parkside Surgery and Oxford Road Medical Centre is to merge contracts resulting in the termination of P81104 (currently Oxford Road Medical Centre’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 June 2017	Number of GP partners
Parkside Surgery	P81047	GMS	10,154	6 partners
Foxcroft Surgery (Branch)				
Oxford Road Medical Centre	P81104	GMS	4,530	3 partners

The practices locations are:

- Parkside Surgery, Colne Road, Burnley, BB11 1PS
- Oxford Road Medical Centre, 25 Oxford Road, Burnley, BB11 3BB

The practices have stated that merging the two existing practices will allow them to develop the sustainability of the practice, transform their organizational structure, and offer enhanced patient safety and choice.

3. Benefits to Patients

Both practices will have GP vacancies; Oxford Road Medical Centre currently has a 0.5 GP vacancy (since 1 July 2017) and Parkside Surgery will have 1 GP vacancy (with effect from 1 April 2018).

The practices have stated that merging will allow them to generate economies of scale which will support skill mixing within the clinical and administrative teams and maintain the service to patients. The GP Forward View identifies 10 high impact changes which the surgeries feel will

be easier to facilitate within a larger organisation. Experience from recent years has indicated to the partners at Oxford Road Medical Centre that an organisation with 2 partners is less stable should a significant event happen to one of the partners.

Oxford Road Medical Centre want to reconfigure its services and the practice feel that they are currently too small to be able to do this without the support from a larger, more developed organisation. Both practices have nurses nearing retirement and feel that they need to “grow their own” next generation of practices nurses. The practice feels this will help them ensure continuity of care to their patients.

Parkside Surgery will have 1 male and 4 female GPs and Oxford Road Medical Centre will have 2 male GPs. The merger will extend the access that patients will have to both genders of GP. Existing GPs with special interests will be available to the combined list of patients. The practices are looking to employ a pharmacist to help fill the gap in GP recruitment. They feel that Pharmacists are better placed to deal with issues such as polypharmacy and frailty and de-prescribing in general. It is expected that a stronger, diverse clinical team will result in the GPs being better placed to withstand the pressures on the practice by the secondary care system.

4. Hours

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

Parkside Surgery		Oxford Road Medical Centre	
Monday	07:00am – 18:30pm	Monday	08:00am – 18:30pm
Tuesday	08:00am – 17:30pm	Tuesday	08:00am – 18:30pm
Wednesday	08:00am – 18:30pm	Wednesday	08:00am – 18:30pm
Thursday	08:00am – 18:30pm	Thursday	08:00am – 18:30pm
Friday	08:00am – 18:30pm	Friday	08:00am – 18:30pm

The practices have confirmed that they have no current plans to alter core opening hours.

5. Boundary

The proposed new boundary would take in the outer boundary for each practice, incorporating the 3 venues from which to access services (see Appendix B).

6. Benefits to the Practice

The practices have identified that the merger would allow both practice teams to flourish within a larger supportive framework. The surgeries have experienced recruitment difficulties and are expecting further pressures with a partner due to leave the surgery in April 2018. It is hoped that combining both clinical and administrative teams will place the practice in a stronger more resilient position.

Merging would allow for economies of scale to be achieved and opportunities to create a larger skill mix amongst colleagues. Staff will be able to take opportunities to learn and develop their skills. This is expected to create opportunities for staff development, promotion and will assist with retaining knowledge and skills within the practice.

7. Patient Consultation

The practice ran an extensive consultation exercise from 19 June 2017 to 28 July 2017. The aim was to inform as many patients as possible using all the methods of communication available including:

- Both practices’ Patient Participation Groups (separately and at a combined meeting)
- Information Leaflets
- Questionnaires

- Noticeboard Presentations
- Websites
- Text Messages
- Emails
- Face to face discussions with patients

Feedback received from the Patient Participation Group meetings was positive and patients were happy with the methods used to communicate the proposal. The group were fully supportive of the practices' proposals and advised that they were willing to provide any additional support should it be required.

4000 patient information leaflets were produced by the surgery and were made available to patients throughout the surgery. The leaflets were in all 3 reception areas and staff actively distributed them as patients presented themselves at the surgery. Included in the practice leaflet was a patient questionnaire.

Information boards were displayed within the surgeries and provided patients with more information regarding the proposal, including details of the benefits to patients and answers to concerns.

The practices provided information from the patient leaflet on their websites. They were able to record the numbers of people viewing the information. Numbers indicated that during June and July 43.1% - 44.8% of patients registered with the surgery had viewed the information.

Where the practice had mobile phone numbers recorded for a patient, a text message was also sent advising them of the proposal. 10,590 texts were sent to patients across the sites.

Where the practice had an email address recorded for a patient, an email was also sent advising them of the proposal. 3,404 emails were sent to patients across the sites.

In addition, both surgeries included consultation during face to face interactions with patients. Feedback received was positive and patients were keen to see the surgeries develop.

8. 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.

9. Risks

The risks to the practices and patients are that if the proposal is refused, the vacancies within the surgeries will put an unsustainable pressure on remaining partners. Individually the practice may continue to experience difficulty in attracting new partners, whereas it is hoped that merging will enable them to be more resilient should vacancies occur and could result in increased interest in those vacancies from potential partners.

10. Policies

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.

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

[Policy context in relation to primary care contract changes are attached as appendix A.](#)

11. 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.

12. Recommendation

Members of the East Lancashire Primary Care Committee are asked to approve the termination of contract P81104 which will enable both practices to operate under one GMS contract P81047.

NHS ENGLAND

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

