Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Crookes Valley and Harold Street Merger Application

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Primary Care Commissioning Committee meeting

23 November 2017

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Purpose of Paper

To inform the Committee and seek approval of the request from Crookes Valley and Harold Street GP Surgeries to proceed to a formal merger process.

Key Issues

- Two single-handed GP Providers, with a combined list of 3500
- Impact on other GP providers if patients migrate
- Crookes Valley registered population has a wide geography across Sheffield
- Additional workforce required in order to accommodate a merger
- Patient impact on the closure of a site

Is your report for Approval / Consideration / Noting

Consideration and approval.

Recommendations / Action Required by the Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

1. Discuss the content of this report, in particular the advantages and risk to the proposed merger
2. Approve the individual stages as identified under section 3.1 Committee Approval

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

2. To improve the quality and equality of healthcare in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield

Are there any Resource Implications (including Financial, Staffing etc)?

Resource implications include the potential release of revenue funding due to the reduction in reimbursable premises and rates costs in the region of £19,000 p.a.

GPIT capital spend will be required to support the merger of the clinical systems. This cost will be factored into 2018/19 Capital IT spend and is in the region of £2500.

Have you carried out an Equality Impact Assessment and is it attached?
Please attach if completed. Please explain if not, why not The GP Providers will be supported to work through the formal EIA as part of the merge. The equality impact is being worked through as part of the patient consultation and the service provision requirements to meet the population needs which are expressed under section 2.4.
Have you involved patients, carers and the public in the preparation of the report?
Both patient groups have been consulted with currently by survey (at least 10%).The providers will continue to consult/inform/engage as part of the on-going merger process.

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1. Introduction / Background

Dr Gabwari, a single-handed GP at Crookes Valley, informed the CCG of his intention to resign from his contract in October 2016. This was followed shortly by a communication to the CCG with an intention to explore a potential merger with Dr Patrick at Harold Street in order to support his succession plan.

This paper advises PCCC of the process undertaken to-date and seeks approval of the merger of the two practices.

2. Merger Application Process

Following a number of meetings with the two providers, NHS England and CCG Commissioning team, a merger application was received at the CCG in June 2017.

A number of points for clarity were sought from the providers during the summer 2017 in order to bring a clear proposal to the Committee.

1.2 Clarification Meeting 26 October 2017

A further meeting was held with the practices during October 2017, to review all of the information received in relation to their merger proposals.

The providers and commissioners worked through the details required in order to satisfy a proposal to move to the next stage and make a recommendation to merge. This also included making a commitment to communicate and consult effectively with stakeholders moving forward.

The majority of the outstanding queries and questions have been answered and it is now at the stage that the Committee is required to approve the proposed merger.

2. Provider Information and Demographics

2.1 Crookes Valley Medical Centre & Harold Street Contract

Crookes Valley Medical Centre is a single-handed GMS practice. The GP, Dr Gabwari is one of a limited number of GPs' in Sheffield who speaks a certain Arabic dialect which attracts patients far outside his practice boundary. A previous analysis suggested that 45% of patients were from outside the practice boundary.

Harold Street Medical Centre is also a single-handed practice with a PMS contract. The GP, Dr Patrickhas previously attempted to merge with another practice, which was not successful.

2.1.1 Contract Notices

Both providers are in receipt of breach and remedial breach notices below. It is confirmed that the providers responded within the given timescales::

Harold Street
2016 – Failure to return Electronic Declaration
2015 – Non-submission of Friends and Family Test data
2014 – Non-compliance of CQC Requirements

Crookes Valley
2017 – Failure to return the Bi-Annual Access return
2015 – Non-submission of Friends and Family Test data
2012 – No medical cover on site

2.2 List Size

Both practices have experienced a significant reduction in lists sizes in the last 10 years, when compared to the Sheffield trend.

Both have a significant higher turnover of patients, a third (Harold Street) and nearly half (Crookes Valley) more than the Sheffield average. Both boundary maps can be seen at appendix 1, and although these are dated 2012 they remain current.

It was noted from a previous audit that a large percentage of Dr Gabwari's patients reside outside of his agreed boundary. Boundaries are there to protect practices from having to service patients that are too far a-field. If a practice is willing to accept patients from outside their boundary they are well within their rights to do so and this supports patient choice.

	List size October 2007	**List Size October 2017**	**% Change**	**Annual Turnover of Patients**
Crookes Valley	2,912	2,362	-19%	15%
Harold Street	2,000	1,272	-36%	12%
Sheffield Total	**566,688**	**601,157**	**+8%**	**8%**

2.3 Premises

Harold Street

Premises are GP owned and the practice receives notional rent of £28,050 per annum.

The District Valuers most recent report includes the following remarks:

Brick construction under a pitch tiled covered roof, uPVC double-glazed windows protected externally with mesh cages, gas central heating. No air conditioning, disabled ramp to front, but no power assisted doors. Dated but well maintained, the only changes

since the 2013 review are new carpets in the reception and waiting areas and the installation of emergency lighting. 8 car parking spaces.

Crookes Valley

Premises are leased from actual rent of £14,000 pa.

2.4 Demographics

In terms of the demographic of the practices the most significant outlying indicators show both practices have a higher proportion of male patients, a significantly higher proportion of patients from a Black and Minority Ethnic background and significantly higher rate of deprivation.

The equalities impact of the merger with Dr Gabwari retiring will be to ensure that service access is maintained for non-English speaking patients, and any other vulnerable populations. Dr Patrick intends to continue to employ the existing Arabic speaking staff, and proposes to recruit an Arabic speaking doctor to mitigate this.

There is an assumption with a higher percentage of registered young males, that the proportion of chronic illness is lower and a relatively well, mobile population, thus reducing the impact of a move to Harold Street. Where this is not the case, e.g. housebound, elderly, chronic illness, Dr Patrick has confirmed that under a proposed merge, those that require visits will continue to be visited in the same way, across the geography of the registered list, be that further afield than currently at Harold Street.

	National	Sheffield CCG	Crookes Valley	Harold Street
Male Patients	50%	51%	62%	60%
Female Patients	50%	49%	38%	40%
Patients in a Nursing Home	1%	1%	0%	0%
Patients from a BME population	16%	13%	47%	31%
Index of Multiple Deprivation (IMD)	23%	29%	34%	35%
Patients aged 0-4 years	6%	6%	4%	3%
Patients aged 5-14 years	11%	11%	11%	8%
Patients aged 15-44 years	41%	41%	51%	40%
Patients aged 45-64 years	25%	25%	23%	32%
Patients aged 65-74 years	9%	9%	5%	10%
Patients aged 75-84 years	5%	6%	4%	6%
Patients aged 85 years or older	2%	2%	2%	1%

2.5 Quality and Outcomes Framework

Both practices for the previous 3 years have performed below the Sheffield average in terms of QOF achievement. However in 2016/17 Harold Street made significant improvements.

	2014-15	**2015-16**	**2016-17**
Crookes Valley	90.01%	89.46%	89.22%
Harold Street	91.43%	91.38%	97.53%
Sheffield Average	**94.95%**	**92.86%**	**96.27%**

3. Proposal

3.1 Merger Plan

The propose stages of the merger are outlined below including those areas that require approval by the Committee:

Action	**For approval by the Committee √/X**
December – March 2018	
1. Dr Patrick will work at the Crookes Valley site. He confirms that he has been working there during this year to support the patients to have a smooth transition from Dr Gawbari to Dr Patrick. We are informed this has been well received.	**X**
2. Both practices confirm that they will continue to work with their respective patient groups to ensure that they are consulted and fully informed of any proposed changes. Both providers have confirmed that all patients will be written to, to inform of the changes and the potential to register with another practice. The CCG/NHSE has agreed to support the development of this communication.	√
3. The results of the patients consultation (see section 3.4) undertaken by both practices will be responded to, highlighting to patients how their concerns will be addressed. As part of this work a formal Equality Impact Assessment will be completed but these areas are being addressed currently by Dr Patrick.	√
4. Dr Patrick has confirmed that in advance of the proposed changes, he will be appointing a new GP (he confirms that he is already in discussions with two female GPs to take up this post). He intends to employ (if possible) an Arabic speaking GP to continue to support the language needs of the patient group from Crookes Valley. Recruitment of new clinicians is pertinent to this merger.	√
5. In addition to the GP, there will be an increase to nursing and HCA hours. We are informed that the existing nurse at Crookes Valley	√

will retire at the same time as Dr Gabwari. Dr Patricks' nurse at Harold Street will increase to full time to cover this role.	
6. Both providers continue to seek, separate legal, specialist (HR) and financial advice.	**X**
7. A detailed merger mobilisation plan would be worked up during this period, supported by the CCG and NHSE commissioning team	√
April – June 2018	
8. Following discussions in October, the providers have confirmed that as an initial stage, Dr Patrick would become a party to Crookes Valley Medical Centre, a GMS contract, on 1 April 2018. Dr Gabwari would then retire both as a partner and as a GP on 7 April. Note: A GMS contract can move from a single-handed GP to a partnership without needing the permission of the commissioner and the provider needs to give at least 28 days notice of the proposed change.	**X**
9. Dr Patrick will then be a singe-handed contract holder of both Crookes Valley and Harold Street contracts, holding a GMS and a PMS contract.	**X**
10. Dr Patrick, along-with his new GP and additional nurse hours will work across both sites to ensure that all core contract obligations are met for both practices. Dr Patrick will sign a 3-month lease for the premises at Crookes Valley.	√
11. The practice would look to utilise a 'shared administrative' module of the clinical system (SYSTM1) in order to access records of both patient groups to support the streamlining of the clinical administrative functions of the practice.	√
12. A merger mobilisation plan would be in place to work towards the closure of the Crookes Valley site. The practices are in close proximity (0.8 miles).	√
13. Dr Patrick would then become the employer of the remaining staff at Crookes Valley. TUPE would not apply.	**X**
14. Dr Patrick will continue to operate from Crookes Valley site for a period of 3-months until the end of June 2018.	√
15. Patient consultation will continue to take place, with a view that all patients will be informed by letter of the changes and the imminent move to Harold Street premises on 1 July.	√
16. Patients will be supported to register elsewhere if they so choose, with a view that from the patient consultation, and the knowledge that the Crookes Valley list covers a wide geographical spread, up	**X**

to 30% may move closer to home.	
July 2018	
17. There are various GP providers (6) that provide services in the Crookes Valley catchment area and therefore it is considered that no one provider will be impacted significantly. As a number of patients reside outside of the catchment, there are also a number of other GP providers that also cover those areas. There are possibly between 10-15 GP providers in total working in areas where Dr Gabwari's patients reside.	**X**
18. Through the merger plan, the two contracts would then be formally merged and the Crookes Valley site would be closed down. As part of this merger, there would be a formal IT merger plan also. Costs incurred approximately £2500 to the CCG.	√
19. All staff would be transferred to Harold Street. It is confirmed by Dr Patrick, that these premises can accommodate a merged list and staff group due to the premises previously having a registered of 4500 and current capacity within existing rooms.	**X**
20. Dr Patrick would seek to develop the premises at Harold Street in the future, with a view to develop the upper floor. He has confirmed that he does not need to do this in order to accommodate the merger, but sees that this is a future development to enhance the services on site.	√

3.2 Patient Consultation, Engagement and Feedback

Both practices were asked to begin their patient consultation in June 2017 following receipt of the merger request. To date this has included questionnaires and local discussions. The providers have agreed that they will continue to consult with the patient populations in a variety of means including individual patient letters.

The practices were supported by the Communications and Engagement Team at the CCG to develop a suitable questionnaire (appendix 2).

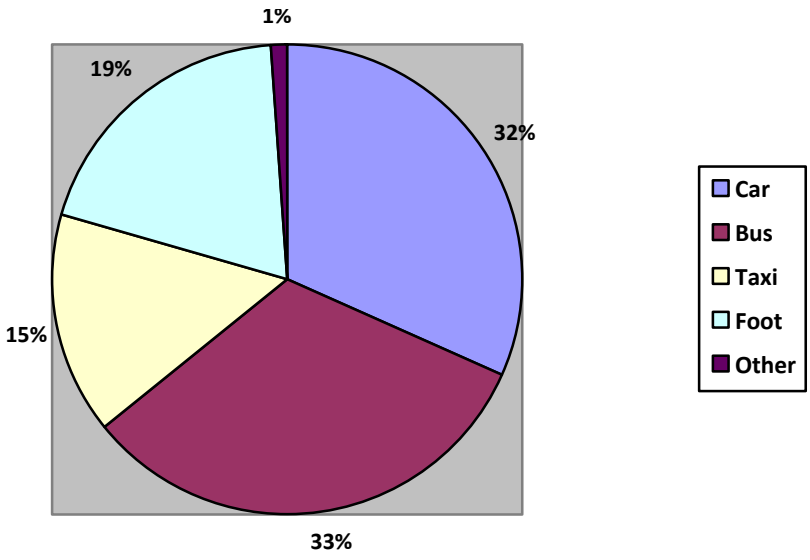
A total of 361 surveys were completed during this period representing approximately 10% of the combined patient list.

3.4.1 Crookes Valley

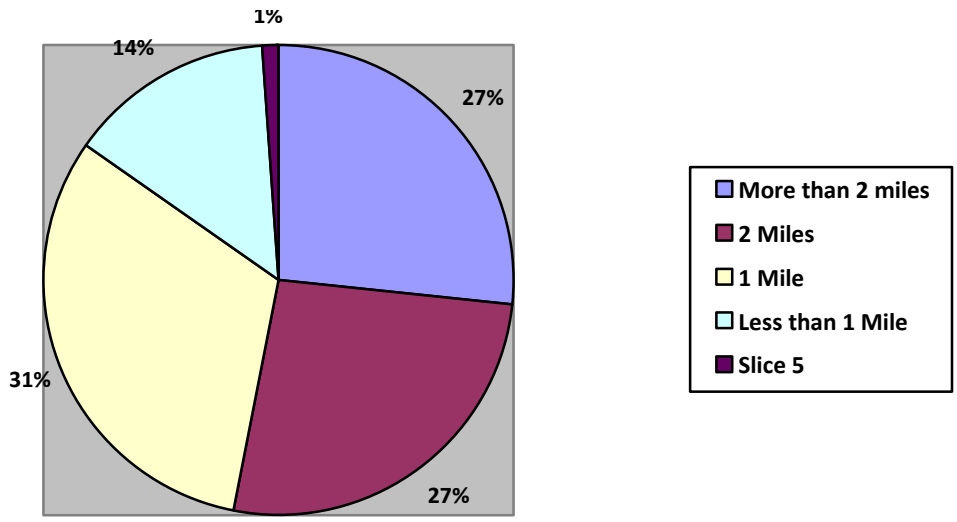
A significant factor for the Crookes Valley patients is the consideration of the travel implications to the Harold Street site, although this is stated as 0.8 miles distance, clearly this is potentially a further 0.8 mile travelled.

There are 3 direct bus routes, however due to the nature of the large geographical spread of Crookes Valley registered list, the majority of the patient responses to the questionnaire stated that they already travelled by car or public transport/taxi to get there. More than half travelled 2 miles or more to get to the surgery:

Pie 1 – Mode of Transport



Pie 2 – Distance Travelled



The numbers that expressed a wish to move due to different stated reasons, but mainly further travel were approximately 27% potentially representing just over 600 of the registered list.

Elements of the questions were 'free text' where patients were asked about how they felt about merging, and any other comments. Some themes have emerged from the free text answers:

- Access to appointments
- Access to Arabic speaking staff
- Retention of staff

The practice will be expected to work with Dr Patrick in order to provide a response to these questions and concerns fully.

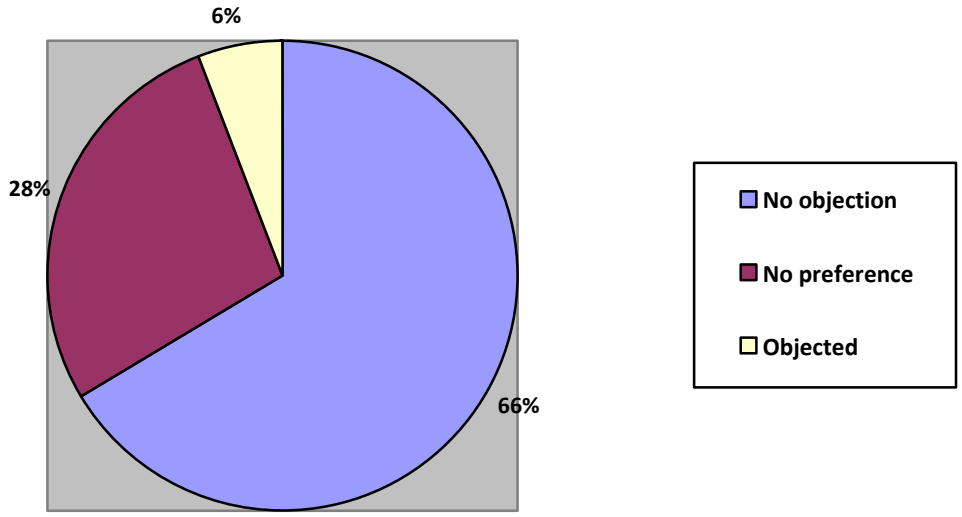
3.4.2 Harold Street

The Harold Street survey responses differed from that of the Crookes Valley survey due to the proposed merger of the practices to the Harold Street site.

The patients were asked if they opposed the merger and their reasons for doing so.

Most responders had no objection or no preference to the merger.

Pie 3 - Merger Support



An element of the questionnaire was also free text where patients were given the opportunity to express their concerns. Some themes have emerged from the free text answers:

- Access to appointments & capacity
- Staff changes and access to female GP

The practice will be expected to provide a response to these questions and concerns fully.

3.5 National GP Patient Survey

From the National GP Patient Survey results in 2017 the

GP access survey July 2017	**Crookes Valley**	**Harold Street**	**Sheffield CCG**
Ease of getting through to someone on the phone	92%	93%	65%
Frequency of seeing preferred GP	98%	97%	55%
Convenience of appointment	98%	97%	92%

Overall experience of making an appointment	91%	94%	70%
Would recommend this surgery	75%	65%	77%
Overall experience of surgery	89%	82%	85%
Helpfulness of receptionist	98%	97%	87%
Satisfaction with opening hours	83%	86%	74%
Confidence and trust in GP	91%	86%	93%
Confidence and trust in nurse	79%	85%	85%

4. Implications of the Merger – Advantages and Risks

4.1 Advantages

The closure of existing premises will release approximately £19,000 (rent and rates) to the revenue budget of the CCG.

The merger of two very small single-handed providers is a move towards bigger, more sustainable services and creates opportunities to increase the availability of services to the registered group.

Dr Patrick has stated numerous benefits to the merger of both practices, in summary he states:

- Provision of Extended Hours DES provided in the evenings thus improving access (DES no longer provided by Dr Gabwari);
- Practice opening hours confirmed as 8 – 6.30 pm every day, an extension to both patient groups and particularly as there is a Thursday pm closure at Crookes Valley;
- A female GP (recruitment dependent) that will also look to provide implanon and ring pessaries (not currently provided by both sites);
- Provision of all locally and nationally commissioned services Enhanced Services – Harold Street is commissioned to provide Extended Hours, Learning Disabilities and Minor Surgery, while Crookes Valley currently provides none, extending the services available;
- An increase in the number of ‘on site’ available services due to working with attached staff to ensure on-site provision, e.g. baby and midwife clinics;
- Introduction of triage to support on the day requests for urgent care matters;
- Improvements in QOF due to the increase in outcomes at Harold Street supporting improved outcomes for Crookes Valley patients.

4.2 Risks

Due to the relatively small size of the merged list and the change in location, we believe there to be some risks associated with the delivery of the merged contract:

- Still half the National average list size and therefore viability remains vulnerable, although potentially stabilises the smallest list size in the city (Dr Patrick);
- The risk that patients do not transfer due to the geographical spread of patients creating additional risk to Dr Patrick. This is a provider risk to manage and we would expect that Dr Patrick will have undertaken the required due diligence to determine the financial risk of patients dispersing;
- The ability to recruit to a new GP post in the current climate, putting the patients at risk of a reduced service due to clinical capacity. The CCG would need assurance that the workforce increase is in hand with some guarantees;
- High turnover of patients, which is a potential indictor of the level of service provision and/or linked to this being a single-handed provider, thus reducing patient choice;
- Potential to reduce the overall QOF outcomes across the board one the demographics are merged, creating a financial pressure on the practice. This is a provider risk to manage.

5. Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to:

1. Discuss the content of this report, in particular the advantages and risk to the proposed merger

2. Approve the individual stages as identified under section 3.1 Committee Approval

Paper prepared by: Rachel Pickering, Senior Primary Care Co-commissioning Manager
On behalf of: Katrina Cleary, Programme Director for Primary Care
8 November2017

Crookes Valley and Harold Street Medical Centres

Patient Survey April 2017

We are considering merging Crookes Valley Medical Centre and Harold Street Medical Centre into one practice. The two practices have recently been sharing some nursing services and we now feel that our patients would benefit from bringing the two practices together.

If the proposal to merge is successful we would potentially look to offer services from one site only. Providing services at just one site could mean that we are able to offer more appointments and services with extended opening hours. As the Harold Street site offers better clinical spaces to run health services, it would be most likely that we would consider operating from this site.

Before we make any decisions though, we would like to ask our patients what they think about this and what impact it may have on them. We would like to know what you think about this, so we would very grateful if you could complete the following questions to help us make the best decisions for our practices and patients.

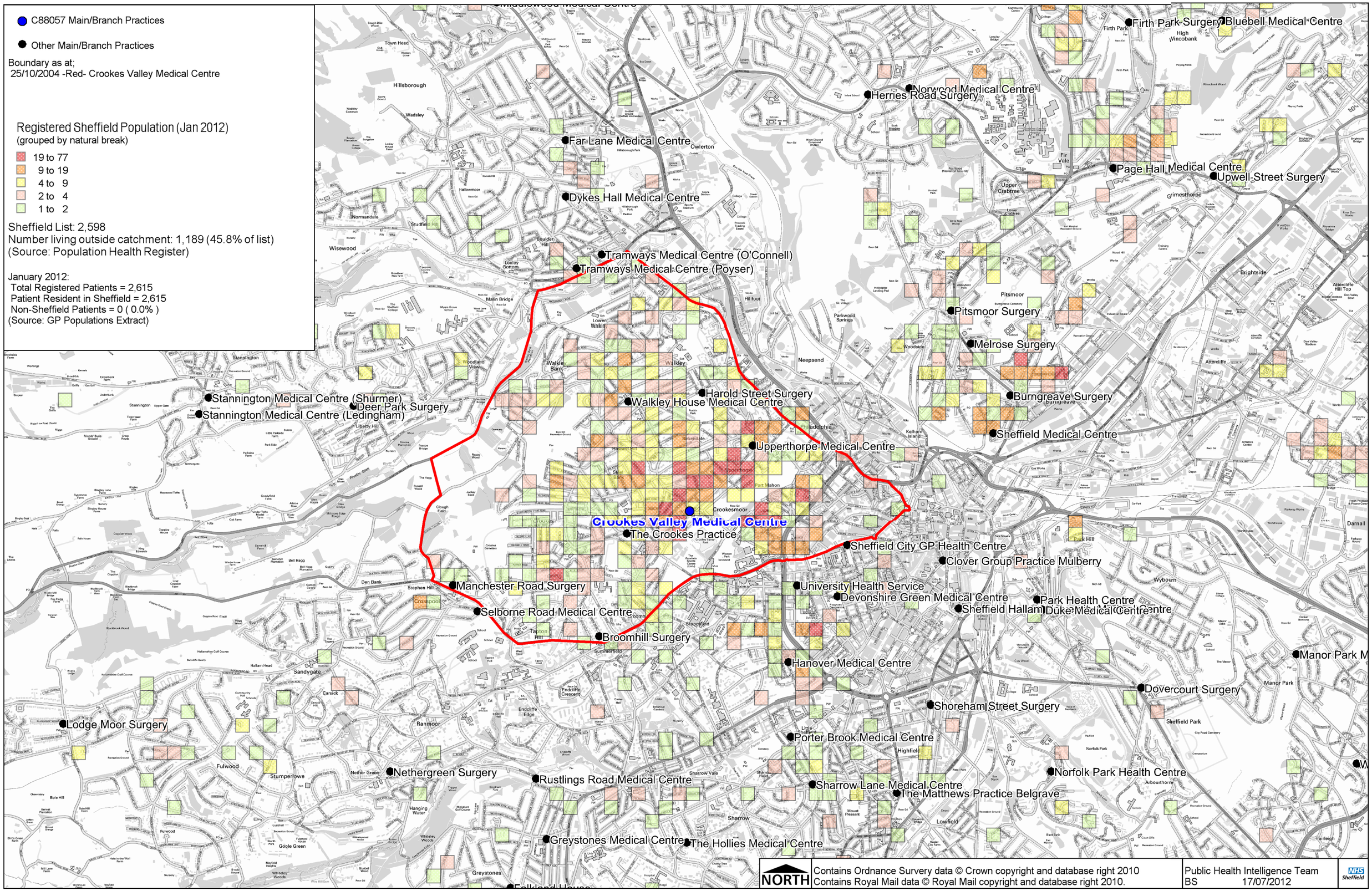
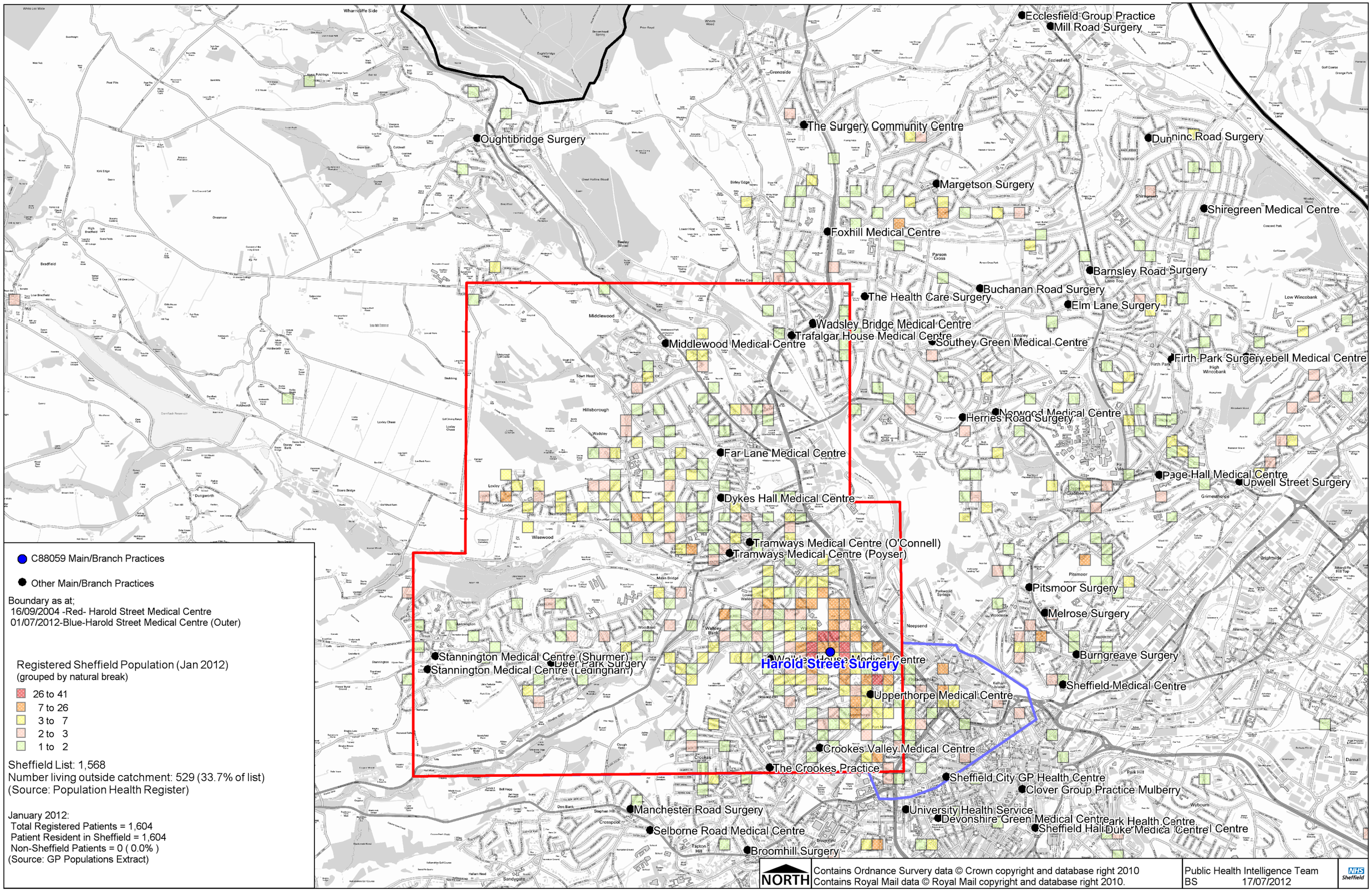
Which Medical Centre are you currently registered with?			
	Crookes Valley Medical Centre		Harold Street Medical Centre
How often do you use the Medical Centre?			
	Less than once a year		
	Once a year		
	Every six months		
	Every three months		
	Every month		
	More often than once per month		
	Never		
What is your most common reason for visiting the Medical Centre?			
	To see the doctor		To see a nurse
	Collect or order a prescription		
How far do you travel from your home to the Medical Centre?			
	More than two miles		
	Two miles		
	One mile		

	Less than one mile		
How do you normally travel to the Medical Centre?			
	By car		By bus
	By taxi		On foot
	Other (please specify)		
Which of the following extra services do you think you would take advantage of?			
	More doctor appointments		More nurse appointments
	Better access to appointments		Counselling and other services under one roof
	In-house interpreter for few languages e.g. Arabic, Hindi		Surgery open on Thursday afternoons
Please tell us how you feel merging the two practices would affect you and if there is anything you think we could do to make things easier for you.			
Please tell us how operating from one site would affect you and if there is anything you think we could do to make things easier for you.			
If the practices did merge you would automatically be registered with the new merged practice, or you could choose to register with a different GP practice. **Would you continue to use this practice or move to an alternative practice?**			
	I would continue to use this practice		I would move to an alternative practice
If you would move to another practice, please tell us why:			
Do you have any other comments that you would like to make?			

Thank you for completing this survey. Your feedback will help us make the best decisions for our patients.

Please return your completed survey to the reception at either Crookes Valley Medical Centre or Harold Street Medical Centre.

C88057 - Crookes Valley Medical Centre(Main)
Distribution of Registered Patients (Sheffield residents) as at January 2012, with Catchment Area



C88059 - Harold Street Medical Centre(Main), Harold Street Medical Centre (Outer)(Branch)
Distribution of Registered Patients (Sheffield residents) as at January 2012, with Catchment Area