Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Manor Park Medical Centre and Park Health Centre Merger Application

Primary Care Commissioning Committee meeting

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23 November 2017

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Purpose of Paper

To inform the Committee and seek approval of the request from Manor Park Medical Centre and Park Health Centre GP Surgeries to proceed to a formal merger process.

Key Issues

- Two GP Providers, one previously classed as a vulnerable practice with a combined list of approximately 9500
- Practice locations 1.8 mile apart
- Patient impact on the closure of a site, long term
- Ascertain any short-term impact on existing patient populations
- The public consultation is not yet complete

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 recommendations under section 3.1, Approval for Committee column

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)?
GPIT capital spend will be required to support the merger of the clinical systems. This cost will be factored into 2018/19 Capita IT spend and is in the region of £15,000 due to a system migration from EMIS to SYSTM1.

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 merger however; as part of the patient consultation the practices are gathering in data currently around equalities to ensure their service provision requirements meet the population needs (appendix 2).
Have you involved patients, carers and the public in the preparation of the report?
Both patient populations are being consulted with currently as well as local MPs and Councillor open meetings. The providers will continue to consult/inform/engage as part of the on-going merger process. Every registered patient has received a letter regarding the proposed merger inviting them to an evening meeting (appendix 1). Separate PPG discussions have already taken place.

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1. Introduction / Background

This paper advises PCCC of the process undertaken to-date and seeks approval of the merger of the two practices, subject to the assurances and responses provided through the outcomes of patient consultations.

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 October 2017.

A number of points for clarity were sought from the providers in order to bring a clear proposal to the Committee. Guidance was provided in relation to the patient and public engagement and a very clear robust plan is in place in relation to this.

2. Provider Information and Demographics

2.1 Manor Park and Park Contracts

Both practices are two partner practices, similarly both practices have lost 2 long-standing partners over the last couple of years. Manor Park is a GMS contract and Park is PMS.

Park Health Centre previously applied to be considered under special cases; however they were not considered to have met the criteria under special cases due to the small numbers of atypical populations not achieving the critical mass required under the criteria.

Park Health Centre applied and was identified as a 'vulnerable practice' under the NHS England scheme in 2016/17. This was supported and including working with Manor Park as part of exploring a potential merger to support the future sustainability of both practices.

2.1.1 Vulnerable Practice

Park Health Centre received funding as part of the scheme. This funding allowed Manor Park and Park to assess the workforce across both sites and to develop a training program to up skill all teams (nursing, admin, management and GPs). The training they competed as part of this support package included:

- HCA up skilled to do ear care, spirometry, injections, wound care
- Nurse unskilled to asthma and COPD reviews & sexual health clinics
- Receptionist trained to undertake phlebotomy
- Administrator up skilled and trained to do clinical coding

- 2 x admin staff on ILM 3 course
- 1 x Assistant PM on the ILM 5 course
- PM 1 attended a 3 day strategic planning course
- PM 2 attended an update course on finance and book keeping
- Up skilled and supported GP's to enable provision of new services to enable increased income and are now offering:
- Coil insertions/removals,
- Ring Pessary changes,
- Implanon insertion and removals and
- Minor surgery such as Joint injections and cryotherapy.

2.1.2 Contract Notices

Both providers were in receipt of remedial breach notices which were responded to within the given timescales in relation to:

Manor Park
2015 – Non-return of Friends and Family Test data

Park
2015 – Non-return of Friends and Family Test data

2.2 List Size

Manor Park Medical Centre and Park Health Centre

A previous analysis of the registered population suggested Manor Park has 7% of its registered list from outside their practice boundary and Park has over 11% neither of which would be unusual.

Both practices have experienced a reduction in lists sizes affecting their viability and supporting their drive to merge to support their future sustainability. A reduction is contrary to the trend in Sheffield.

Manor Park has a slightly higher turnover of patients than the Sheffield average.

	List size October 2007	**List Size October 2017**	**% Change**	**Annual Turnover of Patients**
Manor Park	4,894	4,420	-10%	10%
Park	5,381	5,108	-5%	8%
Sheffield average	**566,688**	**601,157**	**+8%**	**8%**

2.3 Premises

Park Health Centre

Park Health Centre is GP owned and in receipt of notional rent of £72,000pa with a ground floor of 499.5 m2

The District Valuer made the following comments at the most recent rent review:

Purpose built single storey surgery that was built in 1978 and refurbished in the 1990s. Brick/tile construction, single glazed Perspex windows, gas central heating, suspended ceilings, CCTV throughout, no external shutters. Central waiting area with circular reception desk, separate staff areas, good patient supervision. Internally dated but well maintained. The former PCT offices still continue to be vacated and are let to a dental practice at £10,500 per annum. There have been no changes to this property since the last review.

Manor Park Medical Centre

Manor Park is GP owned and in receipt of notional rent of £36,600pa with purpose built ground floor 150.0m2, purpose built first floor 36.3m2, conversion ground floor 47.5m2 & conversion first floor 45.2m2

The District Valuer made the following comments at the most recent rent review:

Two store post-war conversion with large 1990s extension to side and rear. Brick/tile construction, uPVC double glazed windows, gas central heating, external electric shutters, internal and external CCTV, burglar alarm, panic alarm, steel security fence to outside boundaries. The surgery is in good condition but now becoming dated with the majority of the consulting rooms having carpeted floors. There have been no changes since the 2013 review.

A further rent review is in progress for Park Health Centre.

2.4 Demographics

In terms of the demographic of the practices, the most outlying indicators show Park as having a significantly higher proportion of patients from a Black and Minority Ethnic community. Both practices have significantly higher rates of deprivation than the Sheffield average. Both lists also show a younger demographic than the average.

	National	**Sheffield CCG**	**Manor Park**	**Park**
Male Patients	50%	51%	50%	52%
Female Patients	50%	49%	50%	48%
Patients in a Nursing Home	1%	1%	0%	1%
Patients from a BME population	16%	13%	12%	32%
Index of Multiple Deprivation (IMD)	23%	29%	54%	49%
Patients aged 0-4 years	6%	6%	6%	7%
Patients aged 5-14 years	11%	11%	13%	14%

Patients aged 15-44 years	41%	41%	42%	45%
Patients aged 45-64 years	25%	25%	25%	22%
Patients aged 65-74 years	9%	9%	8%	7%
Patients aged 75-84 years	5%	6%	4%	4%
Patients aged 85 years or older	2%	2%	1%	1%

2.5 Quality and Outcomes Framework

QOF achievement for both practices has shown some variability which could be linked to the loss of staff and the vulnerability of the practices, however despite this QOF achievement remains good.

	2014-15	**2015-16**	**2016-17**
Manor Park	86.87%	95.09%	93.35%
Park	97.65%	91.53%	99.75%
Sheffield Total	**94.95%**	**92.86%**	**96.27%**

3. Proposal

3.1 Merger Approval Process

If the merger of the two practices is supported by the Committee, then the stages below are what is proposed:

November – March 2018	**For approval by the Committee √/X**
1. Agreement in principle to merge from the Committee in November 2017	√
2. Formal consultation with patient groups and stakeholders including a series of public meetings with Councillors and MPS during November	**X**
3. Patient consultation outcomes and practice response, service model to be brought back to January PCCC	√
4. A merger mobilisation plan to be worked up in detail working closely with the CCG/NHSE	√
5. An IT migration and then IT merger plan to be worked in in detail with indicative costs of £15,000	√
April 2018 - 2020	
6. A non-physical merger of the two sites, that includes the retention of all existing services and staff of the both sites for a period of approximately 3 years.	√
7. Park HC to become the main site and Manor Park the branch site from April 2018	√
8. Merge to one clinical system (SystmOne) to enable full service provision across both sites but also to allow collaborative working within the District Nursing Team, Community Nursing, OOH, 111, Health Visitors and the Safeguarding Teams.	**X**

9. One merged telephone system whereby all patient calls will be handled from one site; this will reduce cost but increase access for patients, as fully trained care navigators will man the phones all day to enable appropriate triage to the correct health care professional.	**X**
2020	
10. Close Manor Park site and work solely out of the Park site. The freehold at Manor Park has been purchased from Sheffield City Council and the covenant has been removed that states that the building must remain as a GP Surgery.	√

3.2 Patient Consultation, Engagement and National Survey Results

Both practices were asked to begin their patient consultation in October 2017 following receipt of the merger request. This is underway and will be completed by December 2017 with a full report to Committee January 2018.

To date this has included questionnaires, letters and local discussions. The providers have agreed that they will continue to consult with the patient populations in a variety throughout the process. Individual patient letters have already gone out and can be seen at appendix 1.

A series of evening community meetings have been set up during November. The practices have started communicating already with the MPs and Councillors in order to ensure that everyone is fully briefed on progress which has been well supported.

The practices have also informed Central Locality of their intentions.

The practices were supported by the Communications and Engagement Team at the CCG to develop a suitable questionnaire (appendix 2). This includes an optional element around equalities in order for the practice to respond effectively and appropriately to all the population demographics supporting their equality impact assessment.

The consultation plan/timescales:

1. Patient Survey to commence in-house and on line= Mon 23.10.17
2. PPG meeting = Mon 30.10.17
3. Letter and survey out to all patients 31.10.17
4. Public meetings Week Commencing 13.11.17

3.2.1 National Survey Results

The results of the National GP Patient Survey from July 2017 demonstrates some areas where patients record some under average (compared to Sheffield) satisfaction results with the practices. The merger plan starts to address these issues, with increased options, services and merged systems e.g. telephones.

GP access survey July 2017			
	Manor Park	Park	Sheffield CCG
Ease of getting through to someone on the phone	44%	38%	65%
Frequency of seeing preferred GP	59%	46%	55%
Convenience of appointment	89%	91%	92%
Overall experience of making an appointment	66%	57%	70%
Would recommend this surgery	66%	75%	77%
Overall experience of surgery	86%	85%	85%
Helpfulness of receptionist	87%	79%	87%
Satisfaction with opening hours	87%	69%	74%
Confidence and trust in GP	95%	94%	93%
Confidence and trust in nurse	78%	76%	85%

4. Implications of the Merger – Advantages and Risks

4.1 Advantages

The merger of two practices, with lower that the national average list size, some identified vulnerability, is a move towards bigger, more sustainable services and creates opportunities to increase the availability of services to the registered group.

Long term, the closure of existing premises at Manor Park will release approximately £36,600 (rent) to the revenue budget of the CCG. There will also be rates reimbursements savings.

The providers state the benefits of the merge as being:

1. The merger will increase access for all registered patients across both sites there is a plan to merge the telephone system (currently both use the same phone provider) and merge the clinical systems to SystmOne;

2. Urgent access for patients “on the day” by means of a drop in clinic at Manor Park for all patients;
3. Extended hours which will provide extra weekly appointments for all patients between:
   07.30am – 08.00am on Mon, Tue, Wed Thur and Fri
   06.30am – 08.00am on Thursday’s and,

08.30am -11.00am on Saturday's

4. Pre-bookable appointments in all afternoon clinics with GP's and Nurses at both sites;
5. Joint working with the district nurses, community teams, community support worker and 3rd sector teams to ensure their hard to reach patients who are; elderly, frail, housebound and/ or palliative have access to the best care within their homes, by means of the virtual ward MDT approach;
6. Long Term Condition clinics with the nursing teams at both sites;
7. The practices are currently up skilling clinical and admin staff to enable a care navigated approach across both sites to ensure service delivery by the most appropriate health care provider;
8. The practices have signed up to employ a pharmacist onsite via PCS, and they are hopeful that this resource will support our the CCG Meds management team with their targeted work streams, it will also free up GP time and support the Prescription Order Line for which both sites are engaged;
9. With the extra rooms available at Park they will be able to extend the following clinics to offer weekly clinic to all patients and also to the wider Neighbourhood if necessary in:

A. Sexual Health (Implanon, Coils) current receive inter practice-referrals from our neighbourhood practices at Gleadless & Norfolk Park
B. Long Term Condition Review Clinics
C. Mental Health clinic (IAPT, CBT, Counselling)
D. Ring Pessary Changes
E. Ante Natal
F. Baby Clinic
G. Joint Injections
H. Wound clinic
I. Travel Clinic
J. Immunisation clinic
K. Prostate Cancer treatment (Prostap injections)
L. Ante coag clinic (INR monitoring)
M. DMARDS monitoring
N. Cryotherapy
O. Advocacy Support (M&CDT)
P. Community Support Worker
Q. Health Trainer (M&CDT)

13. Both sites will remain open in the next 3 years;

14. The practices state that they are a prime site within their neighbourhood and even at a citywide site level to offer urgent care both in hours and out of hours, as the Park site is in a prime accessible location on the outskirts of the city centre. They are within walking distance of all major transport links, the infrastructure for such a service is already in place;

15. As part of the business development plan they are looking at the viability of the use of community transport to offer a transport link between both sites for patients and other non-employed service providers e.g. IAPT, Advocacy Workers etc. We are informed the transport links are excellent between sites (1.6 miles)

- 5 minute car journey
- 30 minute walk

- Number 24 bus serves both sites

16. Patients will have the choice on which site they would like to be seen/treated at.

4.2 Risks

We believe there to be some limited risks associated with the delivery of the merged contract:

- Above National average list size but sustainability over two sites may continue to limit the practices viability due to the functions required to maintain two sites. This is a provider risk and will be;
- The risk that patients do not support the merge and migrate, both have a history of reducing list size. This is a provider risk to manage and we would expect that the partners will have undertaken the required due diligence to determine the financial risk of any patients dispersing;
- The risks to recruit new clinical staff remain in the current climate, creating a potential risk of a reduced service due to clinical capacity.

4. 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 recommendations under section 3.1, Approval for Committee column

Paper prepared by: Rachel Pickering, Senior Primary Care Co-commissioning Manager
On behalf of: Katrina Cleary, Programme Director for Primary Care
8 November 2017

Appendix 1

Manor Park Medical Centre
204 Harborough Avenue
Sheffield, S2 1QU
T: 0114 2398602
Partners:
Dr T W Mothersdale
Dr R A Addison
Mrs Clare Normington

27.10.2017

Dear Patient,

We are writing to you to let you know that we are proposing to merge Manor Park Medical Centre and Park Health Centre into one practice.

The two practices have recently been sharing staff and other resources, we now feel that our patients would benefit from bringing the two practices together. This could mean that we are able to offer a wider range of services and extended opening hours to all patients.

There are currently no plans to close either of the practices and you will still be able to access care at the practice that you currently do.

If the two practices were to merge into one building in the future, the way that you receive care may be slightly different but there will be no changes to how you receive your care**.**

With the continuing changes and financial cuts being made within the NHS and particularly within Primary Care, we feel that this merger will secure our future and allow our GP's and Nurse's to continue to provide care to you, close to your home.

Park Health Centre is located on Duke Street, close to the Parkhill Flats; it is also very close to the city centre, tram stop, train station and the bus station at Pond Street.

Manor Park Medical Centre is located on the Manor Estate, close to the Parkway, Wybourn and Prince of Wales Road.

The distance between the Practices' is 1.6 miles.

Before we make any firm decisions, we would like to know what you think about this and what impact it may have on you. We would therefore like to invite you to attend a public meeting; the meeting will give you the opportunity to ask any questions that you may have and to hopefully allow us to reassure you that this proposed merger will enable you to have more access to a Health Care Professional as and when you need it. The date and location of the meeting is.

Wednesday 15th November 2017, at,

William Temple Church Hall, Harborough Avenue, Sheffield, S2 1QT.

Starting at: 6.30pm

Please come along and share your views. If you are unable to attend the meeting we have included a merger questionnaire for you to complete, Please complete it and either, bring it along to the above meeting/s, or alternatively you can drop it in to the reception team at either surgery before 23rd November 2017, Your feedback will help us to make the best decisions for our Practice's and Patients.

We look forward to receiving you feedback, many thanks,

Yours faithfully,

Mrs Clare Normington,
Managing Partner
Manor Park Medical Centre

Enc: Patient questionnaire

Appendix 2

The Proposed Merger of

Manor Park Medical Centre and

Park Health Centre

Patient Survey

October 2017

Which Medical Centre are you currently registered with?			
	Manor Park Medical Centre		Park Health 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?			

	Morning Drop in Clinic, Daily (Manor Park)
	Midwife Clinic
	Mental Health Support (IAPT)
	Smoking Cessation
	Diabetes Clinic
	COPD/Asthma Clinic
	Health Lifestyle Clinic
	Weight Management
	Long Term Condition Review Clinics
	Blood Sample Clinic
	Wound Care and Dressing Clinic
	Ear Care Clinic
	Sexual Health Clinic (Pill check, Coil, Implanon)
	Baby Clinic (Immunisations, Well Baby/Mother)
	Advocacy Support
	Occupational Health
	Community Support Worker
	Pharmacy Clinic/ Medication Reviews
	Health Checks
	Travel Clinic

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.

Both sites offer extended access by running clinics at the following times

Thursday Morning 06.30 -08.00

Saturday Morning 08.30 -11.00

Do these appointments suit your needs?

	Yes		No (If no, please use the space provided below to inform us which days/times would suit your needs and why?)

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?

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. S9, S35)		
Please enter here	Prefer not to say	

What is your gender?					
Female		Male		Prefer not to say	

Transgender					
Is your gender identity different to the sex you were assumed to be at birth?					
Yes		No		Prefer not to say	

What is your age?			
	years	Prefer not to say	

What is your sexual orientation?							
Bisexual (both sexes)		Lesbian (same sex)		Gay man (same sex)		Heterosexual/ Straight (opposite sex)	
Other:	Please specify					Prefer not to say	

What is your ethnic background?									
Asian, or Asian British		**Black, or Black British**		**Mixed / multiple ethnic group**		**White**		**Other**	
Chinese		African		Asian & White		British		Arab	
Indian		Caribbean		Black African & White		Gypsy/Traveller			
Pakistani				Black Caribbean & White		Irish			
Other Asian background		Other Black background		Other Mixed / multiple ethnic background		Other White background			
Prefer not to say		Other:		Please specify any other ethnic group here					

Do you consider yourself to belong to any religion?					
Buddhism		Christianity		Hinduism	
Islam		Judaism		Sikhism	
No religion		Prefer not to say		Other:	Please specify

Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'					
Yes		No		Prefer not to say	

If yes above, what type of disability do you have? (Tick all that apply)					
Learning disability/difficulty		Long-standing illness or health condition		Mental Health condition	
Physical or mobility		Hearing		Visual	
Prefer not to say		Other:	Please specify		

Do you provide care for someone?					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes		No		Prefer not to say	

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 desk at either Manor Park Medical Centre or Park Health Centre