

## Meadowgreen Health Centre (C88015) and The Avenue Medical Practice (C88024)

### Merger Application

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#### Primary Care Commissioning Committee meeting

23 July 2020

<b>Author(s)</b>	CCG: Joanne Ward, Primary Care Co-Commissioning Manager Business Case: Joanne Johnson and Elaine Rissbrook , Practice Managers, Meadowgreen Health Centre
<b>Sponsor Director</b>	Brian Hughes, Director of Commissioning and Performance
<b>Purpose of Paper</b>	
To seek approval for the proposed merger of Meadowgreen Health Centre and The Avenue Medical Practice.	
<b>Key Issues</b>	
<p>Primary Care Commissioning Committee (PCCC) has previously supported the principle of a merger between the two practices and agreed to receive a formal merger application in due course.</p> <p>The practices have submitted a business case and supporting information. This has been reviewed and the merger is supported subject to the caveats set out in the cover paper.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
Approval	
<b>Recommendations / Action Required by Primary Care Commissioning Committee</b>	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the merger application</li> <li>• Approve the recommendations outlined within this paper for the merged practice to continue to review and measure the impact of change and to work with the Quality and Engagement teams to further mitigate against these post-merger.</li> </ul>	
<b>What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	
<p>Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. To improve patient experience and access to care</li> <li>4. To ensure there is a sustainable, affordable healthcare system in Sheffield</li> </ol>	
<b>Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?</b>	
<p><i>If so please state which function?</i></p> <p>Yes – delegated function 5 – Future Planning</p>	

<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
Yes, funding to support practice system merge is being funded by the CCG. Total costs are approximately £2,089 plus VAT for the clinical merger. Additional resource from the CCG including colleagues from Primary Care , the Merger Group, IT data quality and IT service engineers as part of core business.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
Yes, EIA and QEIA attached at Appendix C
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
The Committee is asked to note the specific recommendations in relation to patient, carer and public involvement set out in this report

## **Meadowgreen Health Centre (C88015) and The Avenue Medical Practice (C88024**

### **Merger Application**

#### **Primary Care Commissioning Committee meeting**

**23 July 2020**

#### **1. Introduction**

Primary Care Commissioning Committee (PCCC) has previously supported the principle of a merger between the two practices and agreed to receive a formal merger application in due course.

The Meadowgreen Health Centre and The Avenue Medical Practice have requested approval to merge and have provided a Business Case (BC) (CCG Appendix A) and key supporting documents.

The GPs and practice staff at Meadowgreen Health Centre have managed significant change over a number of years which culminated in the relocation into a purpose built LIFT building at Jordanthorpe from 1 April 2020. The proposed merger would enable the practice to bring together clinical systems and staff to provide services across to sites – Jordanthorpe and The Avenue.

The merger application and business case have been reviewed by the CCG and subject to recommendations about ongoing patient involvement, approval is recommended.

#### **2. Contracts**

Both practices hold PMS contracts and on merger have requested to continue on this basis. As of August 2019 the GP partners of The Meadowgreen Health Centre hold the contract for practices. In approving this variation, it was acknowledged that the intention was for the partners to merge the practice contracts following the completion of the site move to Jordanthorpe (March 2020).

Subject to approval by PCCC, a new PMS contract would be issued by NHS England & Improvement confirming a merger date of 29 July 2020.

There have been no contract notices or remedial action against either set of contractors in the last 3 years.

The merger and direction of travel has been discussed with and is supported by the Local Medical Committee (LMC).

#### **4. Supportive Information**

Appendix B provides additional information for the Committee:

- Summary of work undertaken as part of the merger review process
- Combined populations and boundary area
- Distance between practices
- List sizes – including surrounding practices
- Patient demographics
- Age profiles
- Premises information
- Patient Experience - National Survey Results
- Provider networks

#### **5. Premises**

The practices have confirmed that legal advice has been taken and all relevant arrangements agreed formally. The proposed merger aligns with the CCG Primary Care Estates Strategy. Further background information on the premises has been included within the supportive information in Appendix B above.

#### **6. IT and Digital**

Both practices use SystemOne and on clinical merger will transfer to a single ODS code currently assigned to Meadowgreen Health Centre. The practices have worked with the CCG IT service to secure arrangements for clinical system migration. A provisional 'go live' date of 29 July 2020 can be secured subject to PCCC agreement.

The Practice Digital Dashboard Progress Report to June 2020 indicates no areas of concern to highlight to the Committee based on the current assessment.

#### **7. Quality Assessment**

As set out in the CCG '*Framework for Managing General Practice Performance and Quality*' both practices have been risk assessed and are currently at stage1 which indicates 'Routine Quality Assurance monitoring' and therefore no concerns have been identified with the merger proposal.

#### **8. Quality and Equality Impact Assessment (QEIA)**

The practices have completed a QEIA report, attached at Appendix C. Further work is required in both the quality and equality sections of the QEIA and this is included in the practices mobilisation plan.

## 8.1 Quality Impact Assessment

The QEIA outlines number of positive benefits to the merger although further work is needed to demonstrate that the potential negative impacts of a merger have been identified and mitigated against.

It is anticipated that a further revised QEIA would find that a merger would have a low, yet positive impact providing an overall improvement in quality, a low, yet positive impact on the 'system and other impacts' and a neutral equality impact.

The practices have evidenced within their business case that there are no detrimental changes to services and have confirmed there will be *additional services* to be accessed by The Avenue patients, which is a positive development.

## 8.2 Equality Impact Assessment (EIA)

The EIA identifies benefits for two groups. Firstly, people from the most deprived parts of the population will benefit from closer access to services. Secondly, people with physical disabilities will benefit from "access to fully Equality Act compliant buildings"<sup>1</sup>. No adverse impacts are identified. However, specific engagement with particular groups may have identified some adverse impacts that the practices have not thought of<sup>2</sup>.

Further work to support completion of a robust EIA is required and is included in the practices' mobilisation plan.

### Patient Involvement

Meadowgreen Health Centre previously conducted patient engagement as part of their relocation to Jordanthorpe. During the relocation process patients from both practices have been informed of the direction of travel and the commitment to seek approval to merge once the move to Jordanthorpe had been completed.

Although patients have been invited to raise any concerns that they may have this process does not fully meet the CCG expectations for engagement. It is possible that patients may have been discouraged from expressing their views by the clear intent to merge set out in practice communications.

There has also been some engagement with the PPG and the Meadowgreen website does encourage further feedback. Further support around developing an active PPG has been offered for the future and is included within the practices mobilisation plan. The practices websites can be viewed at: <https://meadowgreenhealthcentre.co.uk/> and <https://www.theavenuemedicalpractice.co.uk/>.

It is the opinion of the Team that, as the practices are stating that there will be no reduction in service delivery, the lack of involvement should not prevent the merger taking place. However, it is recommended that approval should be given subject to the

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<sup>1</sup> It is not clear how this benefit would result from the merger, as the business case does not state that any changes are going to be made to the buildings. However, it could be said that people with physical disabilities who find it difficult to travel will benefit from having a choice of sites.

<sup>2</sup> The EIA states that specific engagement has been carried out with every group. However the practices have confirmed that whilst all patients have been informed of the merger and given the opportunity to comment, specific engagement with particular groups with protected characteristics has not taken place.

implementation by the practice of robust methods to receive and act on patient feedback immediately after the merger and on an ongoing basis.

Feedback methods should include:

- Patient survey and/or a question in the Friends and Family Test to elicit feedback on the merger (noting previous uptake was low (Meadowgreen submitted data for 6 out of 12 months, The Avenue for 4 out of 12 months)
- Provision of a link to Care Opinion available digitally and in practice.
- Inviting local community and voluntary sector groups e.g. Lowedges Community Centre, Lowedges Carers Support Group to provide feedback.

It is recognised that practices require further support to fully understand and implement engagement with patients to ensure a consistent and comprehensive standard across the city and the use of the QEIA. The CCG is now considering how to support practices with this essential process as we look at new post COVID-19 ways of working.

## **9. Assessment of Risks and Benefits**

### **9.1 Benefits**

The key benefits for the proposal to formally merge include are:

- Supporting future sustainability and resilience at both sites and developing a robust clinical model and practice team structure that will minimise any future risk given there will be two GPs considering retirement in the future.
- Providing viable, long-term, high standards of sustainable healthcare to the practice populations of Jordanthorpe, Batemoor, Lowedges, Greenhill and Bradway given they have already gone through a significant amount of historical change. The alternative to the practice taking over The Avenue Medical Practice would have been the re-procurement of a new practice or dispersal of the practice list to surrounding practices.
- Increased availability of appointments across both sides including access to extended hours – The Avenue patients will see increases to opening times every day of the week.
- Current access arrangements will continue to be supported with access by separate telephone numbers to each site however clinical systems will be merged to offer choice of clinician, time and site.
- The merger is in line with Primary Care and Estates Strategy.
- At present Meadowgreen Health Centre is a GP training practice (GP Registrars, Physician Associates, Nurses and Early Year's Medical Students). It is intended to offer training across both sites, increasing opportunities for trainees in number, scope and opportunity. The partners will take steps to engage with patients at The Avenue to for whom this is a change.

- The merger will offer access to both an occupational health service and smoking cessation service not currently available to patients of The Avenue
- Both practices offer a range of services from attached staff including long term condition management, diabetes, COPD, atrial fibrillation and travel clinics which will continue at both sites but offer patients a greater choice.
- The practice are confident that following a merger they will have the flexibility and increase clinical capacity to provide more care in the community – and example they would like to aspire to includes more home visit patients to carry our reviews and Patient Centred Care Planning
- The future workforce is key to the practices continued success and it is felt that the retention of clinical staff does not pose a risk in the short to medium term. The practices have made clear in their business plan that no redundancies will be made as a result of this merger.

### **9.3 Risks**

The merger presents very minimal risk to patients, practices and Sheffield's healthcare system.

The Practices have provided assurances to the CCG that there are no known financial or operational concerns which may destabilise the new practice post-merger and it is therefore not anticipated that the merger will present any financial pressures.

To mitigate risk both practices already explored ways of working between staff at the two sites. We are informed that in-house meetings at clinical and administrative levels have taken place and no sudden changes to the operations of the merged practice are therefore anticipated given the prior preparations already undertaken and planned.

### **10.0 Action for Primary Care Commissioning Committee / Recommendations**

The Primary Care Commissioning Committee is asked to:

- Approve the merger application
- Approve the recommendations outlined within this paper for the merged practice to continue to review and measure the impact of change and to work with the Quality and Engagement teams to further mitigate against these post-merger.

Paper prepared by: CCG: Joanne Ward, Primary Care Co-Commissioning Manager  
Business Case: Joanne Johnson and Elaine Rissbrook,  
Practice Managers, Meadowgreen Health Centre

On behalf of: Brian Hughes, Director of Commissioning and Performance

## **APPENDICES**

### CCG Paper appendices

APPENDIX A	Practice Business Case – to include all BC appendices below
APPENDIX B	Supporting Information
APPENDIX C	QEIA

### Practice Business Case appendices

APPENDIX 1	Boundary Maps
APPENDIX 2	IT Checklist and declaration
APPENDIX 3	Bus route confirmation
APPENDIX 4	Practice Engagement Plan
APPENDIX 5	Practice Assurance Checklist
APPENDIX 6	Practice Mobilisation Plan

## **Business Case for Practice Merger**

### **Statement from the practice:**

We would ask that the Business case below is considered as part of an ongoing process of the partnerships long term strategic planning culminating in the merger of these two practices. However, it is appreciated that since March 2020 globally we have faced a pandemic.

The partners and the dedicated staff across both sites have continued to support the needs of our practice populations during these challenging times and are fully committed to continuing with the merger as now more than ever we can recognise the benefits this will bring to patients.

COVID – 19 has highlighted that as a practice we do need to move as quickly, safely and efficiently as possible to one clinical system, capitalising on the work that has already been completed whilst continuing as part of our full mobilisation plan to continue towards full alignment of processes and adapt to the now new ways of working as they emerge.

We do feel we have an opportunity with the approval of the merger to stabilise primary care provision within the two practice boundaries and to be an active partner across all levels; practice, neighbourhood and network, in order to further identify unmet needs and to work in partnership with wider stakeholders to address these.

9 July 2020

## 1. Explanation of the practice merger

Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.

In line with the guidance this application would be for a model 3 merger,

(Model 3: GP partners from Practice A join the partnership of Practice B and Practice A ceases trading. The Commissioner terminates Practice A's contract and varies Practice B's contract to include the services originally provided by Practice A)

### **Background information:**

PCCC were informed at a meeting on 29 May 2019 that The Avenue Medical Practice had approached the then Peak Edge Neighbourhood to inform them that they wanted to hand back their PMS Contract as they no longer wanted to practice as GP Partners. Expressions of interest were requested from the other practices of the Neighbourhood at that time and Meadowgreen HC was the only practice who expressed such an interest.

The Partners from both practices met many times to discuss the future provision and agreed that the Meadowgreen Health Centre Partners would sign on to The Avenue Medical Practice contract with the intention of The Avenue Medical Practice Partners varying off to take up salaried GP positions instead. This was subsequently completed on 1<sup>st</sup> August 2019 and now the partners at Meadowgreen Health Centre are applying to merge the two contracts to become one with the Jordanthorpe site considered as the main site and The Avenue a branch site.

The catalyst for Meadowgreen Health centre considering registering an interest to vary onto The Avenue Medical Practice contract was based upon the approval by PCCC to relocate Meadowgreen Health Centre to Jordanthorpe Health Centre in 2018. The Equality Impact Assessment at that time highlighted issues that the relocation would have an impact on the more elderly/deprived patients in

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the Lowedges/Greenhill area as the new practice site was going to be further away than the original Low Edges premises. At a similar time the partners of The Avenue with a boundary area also covering the Lowedges and Greenhill were considering to service notice and potentially hand back their contract to NHSE.

By registering the interest and pursuing this direction of travel both sets of partners were of the opinion that this would strengthen the services provided to the patients of Jordanthorpe, Batemoor, Lowedges, Greenhill and Bradway, deliver benefits to both practices registered populations, provide stability, security and minimise any further impacts on surrounding practices. It was also felt that there was great potential to support the requirements of the GP Forward View, the new long-term plan of improving care closer to home, offer efficiencies both financial (practice, NHSE and CCG) and operational (back office functions and consistency with policies and procedures along with economies of scale, security for staff of The Avenue practice by providing out of hospital services in a community setting, and additional patient choice.

**Current position:**

On 31<sup>st</sup> March 2020 the Meadowgreen practice successfully completed the move across to the new Jordanthorpe site and as part of our strategy outlined above we now seek to apply formally to merge the two contracts becoming one entity, as a final stage to progressing to secure stable, long term medical provision that meets the needs of our registered population.

The partners are committed to;

- delivery of a programme of continued improvement to meet the challenges for medical provision as they present currently with COVID-19)
- continuing to plan for the future and to developing strong links at a network and neighbourhood levels
- continuing to actively embed engagement and consultation with our patients during this ongoing process and for the future seeking support from the CCG
- working with the CCG Quality teams to embed the new QEIA process as a tool to identify impacts of service change and to put

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actions in place to address these.

For a GP practice perspective we have found this new process and the detailed associated with the Devon model of QEIA challenging given its our first time using this, however given this is a 'live tool' we will look to work with quality colleagues to maximise its potential as it appreciated that it will give us the additional assurance that we are identifying any new issues and / or negative /positive impacts in order to put plans in place to address them. We are keen to ensure patients are able to maximise the benefits from the practices coming together and maximising economies and efficiencies of scale.

## 2. Practices' characteristics and intentions for the merged practice

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)	Meadowgreen Health Centre 1 Dyche Close Sheffield S8 8DJ	The Avenue Medical Practice 7a Reney Avenue Sheffield S8 7FH	Both sites to remain open. Dyche Close site to be known as main site, Reney Avenue to be known as branch site. *The practice are committed to continuing to have two sites
Contract type (GMS, PMS, APMS)	PMS	PMS	PMS

Name of contractor(s)	Meadowgreen Health Centre	The Avenue Medical Practice	Meadowgreen Health Centre
Location (provide addresses of all premises from which practice services are provided)	Meadowgreen Health Centre 1 Dyche Close Sheffield S8 8DJ	The Avenue Medical Practice 7a Reney Avenue Sheffield S8 7FH	Meadowgreen Health Centre <b>Main site</b> 1 Dyche Close Sheffield S8 8DJ  <b>Branch site</b> 7a Reney Avenue Sheffield S8 7FH
Practice area (provide map of area)	<b>See Appendix 1</b>	<b>See Appendix 1</b>	<b>See Appendix 1</b>
List size (provide figure)	9,200	7,100	16,300
Number of GPs and clinical sessions (provide breakdown)	7 Partners 4 Salaried GP 37 Partner Sessions 16 Salaried Sessions	7 Partners 3 Salaried GP 37 Partner Sessions 14 Salaried Sessions	7 Partners (Partners on both contracts) 7 Salaried GPs 37 Partner Sessions 30 Salaried Sessions
Number of other practice staff (provide breakdown) All staff to TUPE across	5 Practice Nurses 3 HCA 1 PA	1 ANP 1 ECP 2 Practice Nurses	1 ANP 1 ECP 1 PA

	<p>13 Receptionists 2 Practice Managers 2 Coders 3 Secretaries</p>	<p>2 HCA 1 Phlebotomist 8 Receptionists 1 Asst Manager 1 Coder 2 Secretaries 2 Housekeepers</p>	<p>7 Practice Nurses 5 HCA 1 Phlebotomist 21 Receptionists 2 Practice Managers 1 Assistant Manager 1 Rota Manager – this is a new role that has been created 3 Coders 5 Secretaries 2 Housekeepers</p>
<p>Number of hours of nursing time No reduction in nursing hours</p>	<p>137 hours Nurse</p>	<p>30 hours ANP 37 hours ECP 45 Hours Nurse</p>	<p>30 Hours ANP 37 Hours ECP 182 Nursing hours</p>
<p>Attached / Community staff</p>	<p>Midwife IAP Mental Health Practitioner Occupational Health Memory Service MIND Councillor Social Prescribers Clinical Pharmacist Smoking Cessation</p>	<p>Midwife IAP Mental Health Practitioner Memory Service MIND Councillor Social Prescribers Clinical Pharmacist</p>	<p>Midwife IAP Mental Health Practitioner Occupational Health Memory Service MIND Councillor Social Prescribers Clinical Pharmacist Smoking Cessation</p>

			Note : Increased access to occupational health and smoking cessation for The Avenue patients
CCG area(s)	Sheffield NHS Sheffield CCG	Sheffield NHS Sheffield CCG	Sheffield NHS Sheffield CCG
Which computer system/s	SystemOne	SystemOne	SystemOne
System migration	<p>The practice has worked with IT colleagues from the CCG's merger group to prepare and co-ordinate arrangements for the system merger. We have continued to consider the implications of the two systems merging and have completed the assurance checklist below as requested by the CCG. By signing the assurance checklist we are confirming that we have received all the relevant information required from both the CCG and system supplier in order for us to prepare and action the clinical system merger safely.</p> <p>As part of ongoing auditing and staff engagement / development we will continue to review the data post merger in order to minimise any risks or issues.</p> <p><b>See IT Assurance Checklist – Appendix 2</b></p>		
Clinical governance/ complaints lead and systems	Dr C Egdell	Dr N Hegde	Dr N Hegde
Safeguarding lead Child Adult	Dr Deborah Turner Dr Sophie Rawlings	Dr Deborah Curran Dr Deborah Curran	Dr Deborah Turner Dr Sophie Rawlings
Training practice	Yes	No	Yes – aspire to expand across both sites. Consideration will be taken for the Avenue practice patients that will not be used to having trainee GP's.
Opening hours	Monday 07:00-19:30 Tuesday 08:15-18:30	Monday 08:15-18:00 Tuesday 08:15-18:00	Monday 07:00-19:30 Tuesday 08:15-18:30

	<p>Weds 08:15-18:30  Thursday 08:15-18:30  Friday 07:00-18:30</p>	<p>Weds 07:00-18:00  Thursday 08:15-13:00  Friday 08:15-18:00</p>	<p>Weds 07:00-18:30  Thursday 08:15-18:30  Friday 07:00-18:30</p> <p><i>Note: Increased access for both practice populations as consistently delivered on both sites</i></p> <p>To confirm telephone lines will be open:</p> <p>Monday 08.15 - 18.30  Tuesday 08.15 - 18.30  Wednesday 08.15 - 18.30  Thursday 08.15 – 18.30  Friday 08.15 - 18.30</p>
Extended hours	<p>Monday 07:00-08:00  Monday 18:30-19:30  Friday 07:00-08:00</p>	<p>Weds 07:00-08:00</p>	<p>Monday 07:00-08:00  Monday 18:30-19:30  Wednesday 07:00-8:00  Friday 07:00-08:00</p> <p><i>Note : Increased access for both practice populations as consistently delivered on both sites</i></p>
Enhanced services (list all enhanced services delivered)	<p>Care Home LCS  Learning Disability DES  Dmards LCS  Anti-Coagulation LCS  Ring Pessary LCS</p>	<p>Learning Disability DES  Dmards LCS  Anti-Coagulation LCS  Ring Pessary LCS</p>	<p>Care Home to be provided by the Practice on behalf of the Network under the new Network DES  Learning Disability DES  Dmards LCS  Anti-Coagulation LCS</p>

	<p>Minor Surgery DES Joint Injections DES Zolodex LCS</p>	<p>Minor Surgery DES Joint Injections DES Zolodex LCS</p>	<p>Ring Pessary LCS Minor Surgery DES Joint Injections DES Zolodex LCS</p> <p>Note: No change to Enhanced service provision at this time but can consider as new ones come on line. .</p>
Premises	<p>Leased</p> <p>Meadowgreen Health Centre is sited within the Jordanthorpe LIFT building which we currently share space with The Clover Group – Jordanthorpe branch site.</p>	<p>Leased</p> <p>The former Avenue partners who have now become salaried GP's own this building and a long term lease has been agreed with the Meadowgreen partners which was approved by the CCG in September 2019.</p>	<p>Leased – see individual arrangements.</p> <p>Premises referenced separately below.</p> <p>Both premises are fully compliant under the Equality Act 2010</p> <p>Our website confirms:</p> <p><i>Our Practice premises have suitable access for people with disabilities and there are designated car parking spaces close to the surgery entrance. Toilet facilities enable wheelchair access and support for disabled people.</i></p>
Websites	<p><a href="https://meadowgreenhealthcentre.co.uk/">https://meadowgreenhealthcentre.co.uk/</a></p>	<p><a href="https://www.theavenuemedicalpractice.co.uk/">https://www.theavenuemedicalpractice.co.uk/</a></p>	
CQC	<p>Overall : Good</p> <p><a href="https://www.cqc.org.uk/location/1-556214182">https://www.cqc.org.uk/location/1-556214182</a></p>	<p>Overall : Good</p> <p><a href="https://www.cqc.org.uk/location/1-570690572">https://www.cqc.org.uk/location/1-570690572</a></p>	<p>CQC have been kept fully informed that an application to merge the two practices has been made.</p>

PCN Network	Peak PCN	Peak PCN	Note: The practice is actively involved with the development of the network and Dr D McCallister is the Clinical Director for the Peak Edge Network and a GP Partner at Meadowgreen Health Centre. Joanne Johnson and Elaine Rlssbrook are the Managerial Leads for the Network. The Practice is very engaged and at the heart of the network.
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## 2. Patient benefits

Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

The proposed practice merger would ensure the provision of long-term sustainable health care to the practice population of Meadowgreen Health Centre and The Avenue Medical Practice .This will enable innovative approaches to delivering primary care and extending opening hours to offer increased access to patients, the Practice would upon the merger open both sites on a Thursday afternoon (previously switched over to GP Collaborative to cover up to 6.30pm) and therefore deliver core hours from across both sites Monday to Friday.

We would continue to build on the strong relationship we have developed through working as part of the Peak Edge Network with staff already working across both sites. The Partners are already partners at both Practices and have we have started to align our working processes for benefit of our patients.

We believe this proposal if successful will have a significant benefit for patients offering them more sustainable access to general practice services and it will put the practice in a stable position to deliver the clinical services in line with ambition set out in the Five Year Forward View and now the new working arrangements relating to COVID- 19.

As well as aspiring to maintain the existing high level of services in place through audit, regular Significant Event and Complaint Audits, it will enable better access to general practice and associated community services through continued close work with the Peak Edge

Network and the Voluntary Services whom form part of this. It would give easier access to those Meadowgreen patients who feel the move to the Jordanthorpe site created an access problem as they would be able to see the GP of their choice at The Avenue Medical Practice site. We are aware that this potentially could impact the access for The Avenue patients and so will increase the amount of appointments offered at The Avenue and also the skill mix of clinicians.

Other benefits would include:

- Deliver and maintain core services to high measurable standards across a larger patient population ie QOF, flu targets
- Provide the opportunity to increase locally commissioned services and national enhanced services across a large patient population
- Improve information management and technology systems – training is planned to ensure that we are using SystmOne to the best of its capability and therefore the service we provide to patients is as efficient as it possibly can be
- A larger Practice has potential to deliver a wider range of services and greater specialist knowledge due to its wider skill mix
- Offer greater access to a variety of appointments (telephone and e-consults) Both Practices are starting to use Doctorlink (online access and appointment booking) and ACCURx (video consulting)
- Having a GP partner who is Clinical Director for the PCN and two practices managers that are PCN managerial leads will ensure full engagement within the network
- Having two practice managers that are PCN network managers ensures engagement within the network
- Further aligning and embracing of Digital technology in order to achieve key contractual targets are met eg online appts
- Consistent messages in relation to care system and the appropriate use of additional out of hours services ie extended hours hubs, walk in center etc
- Services will be accessible at an enhanced range of times (early mornings, lunchtimes, evenings until 7:30pm) these will be provided at both sites by a range of clinicians
- Wider access to a multidisciplinary health service team in the community – The Avenue patients will have access to occupational Health and smoking cessation services
- Improve the quality of services for all patients noting GP Patient survey results for The Avenue in recent years
- Ability to provide more care in the community – increased availability to GP's, nurses and HCA's to go and visit patients in their homes to carry our reviews and Patient Centred Care Planning
- Enable improved integration of care with voluntary sectors through the Link Workers. This can be achieved by working closely with the Network.

- We are already in the process of recruiting another Physician Associate and Clinical Pharmacist for each Practice in the Network. These roles will add to the expertise of our Clinicians and at the same time free up the Doctors to deal with more acute illness.
- The practices commitment to training is fundamental and the training we will be able to offer across both sites will include: GP Registrars, Physician Associate, Medical and Nurse Students with potential to train staff to Advanced Clinical Practitioner status.
- It will offer patients the opportunity to access a wider range of experienced GPs with a greater differential of skill mix. Whilst providing appointments with Advanced and Nurse practitioners, Advanced Clinical Practitioners, Clinical Pharmacists, Physician Associates and a wide range of multi-disciplinary teams across both practices.
- We do not envisage any adverse effects on patients as we are retaining both premises and all currently employed staff. Patients will retain their choice of where they want an appointment and who they want to see. The merger will potentially offer more options for patients.
- It will enable greater efficiency for scope and scale, facilitating shared clinical roles, flexibility of sessions for patients and training for a wide variety of students. We feel it will provide us with an opportunity to develop and offer more services by changing the model of care and streamlining the process.

We are assured that our staff value the practices aspirations through regular staff meetings, and open door policy and communications in order to keep them updated of the progress and that this has enabled them to see what we are aiming to achieve and that the CCG is also supportive and understands our aims and direction.

We believe the success of this will be measured through staff retention, increased list size, complaints logged and increased positive feedback via NHS Choices, Care Opinion, Healthwatch, FFT (Friends & Family) and the GP Survey in time.

As a fully merged practice and independent business we hope we continue to grow and flourish in a changing world. We strongly believe the merger will create a larger and more sustainable practice fit for the future.

### 3. Financial considerations

Please provide comments <b><u>from a financial perspective</u></b> on the following matters if they are relevant to the proposed practice merger.	
<b>Premises</b>	None
<b>IT</b>	Initial cost of clinical systems merging within TPP will be covered by CCG . New PC's to support the reorganising of a back office function will also be allocated by the CCG . The practice is committed to costs for cabling of new equipment and any other additional cost over and above what has been stated above.
<b>TUPE</b>	No – all staff going through a consultation period in line with requirements
<b>Redundancy</b>	None planned
<b>QOF</b>	No – financial illustrations have been considered as part of due process
<b>Pension/seniority</b>	<p>The CCG deduct pension contributions (employees and employers) on a monthly basis, this is based on the pensionable profit information that the practices have sent to PCSE. Each month, the CCG will payover these contributions to the NHS Pensions Agency on behalf of all our GPs that are opted into the scheme.</p> <p>No seniority payments are being paid to practises in 20/21, as these have ceased now and paid through the new Global Sum rate.</p>
<b>MPIG/PMS Premium</b>	No – part of equitable funding arrangements that have been confirmed
<b>Dispensing</b>	Not applicable

#### 4. Service delivery

<p>Please provide comments <b><u>from a service delivery perspective</u></b> on the following matters if they are relevant to the proposed practice merger.</p>	
<b>QOF</b>	<p>All staff will be working to agreed protocols and system templates to be consistent with the delivery and capturing of the requirements of QOF</p>
<b>Access</b>	<p>The practices are approximately 1.4miles apart and can be reached by car within a 5-10 minute drive depending on traffic. There is a direct bus (M17) which the practice negotiated to be re-directed due to the Lowedges site closing and the relocation to Jordanthorpe. The bus stops on Reney Avenue and also outside Jordanthorpe Health Centre. <b>See Appendix 3</b></p> <p>Patients will have access via both of the existing telephone numbers or through the online system. The practice has committed to renewing the telephone contract with the provider at The Avenue for a further 2 years after which it will review all available options.</p> <p>A single merged clinical system will ensure accessibility to all appointments and all clinicians at both sites. We are looking to recruit a new rota manager specifically to oversee the coordination and availability of clinical staff.</p> <p>Patients will be given more choice, given there will be more flexibility on times offered, preferred site and/or with their preferred clinician.</p> <p>Anecdotal feedback already from patients whilst talking to the reception team seems positive in that they can choose a site which is closer to their home if needed.</p> <p>It is acknowledged that some patients that are currently registered with Meadowgreen Health Centre and attend the Jordanthorpe site may, following a merger wish to attend The Avenue premises at Reney Avenue as it is more convenient and closer to home. In anticipation of this, the rota manager will be increasing appointment availability at the Reney Avenue branch site and will closely monitor the demand especially during the first few months. This will be reviewed by the partners and discussed as part of regular clinical / full team meetings.</p>

Please provide comments <b><u>from a service delivery perspective</u></b> on the following matters if they are relevant to the proposed practice merger.	
<b>Primary Care Web Tool</b>	No longer available
<b>Recent of ongoing breaches of contract</b>	None for either practice
<b>Recent or pending CQC matters</b>	CQC are aware of business case for approval to merge and we continue to be in conversation with them regarding the subsequent changes on approval.
<b>If one practice's service delivery is of a lower standard, is there a proposal to improve performance</b>	<p>As part of existing systems and processes we continually strive to improve performance across both sites. We continually review our procedures and protocols, and especially as a result of any complaints and/ or significant events to ensure they are fit for purpose and meet the needs of our patient populations.</p> <p>Staff have access to online mandatory training through Blue Stream Academy, have an annual Personal Development Review ( PDR's) and we organise regular team meetings.</p> <p>Clinical staff have regular MDT meetings and minutes are taken and acted upon to ensure consistent standards are delivered across both sites.</p> <p>The Practice holds Learning Events throughout the year and encourages attendance at CCG organised PLI's to ensure consistent high standards are delivered across each site.</p>
<b>Will there be any cessation of services post-merger?</b>	None planned.
<b>Will there be a reduction of hours for which services are provided post-</b>	No – there will be an increase for The Avenue patients as the Practice site will now open until 6:30 pm every day. .

Please provide comments <b><u>from a service delivery perspective</u></b> on the following matters if they are relevant to the proposed practice merger.	
<b>merger?</b>	
<b>Will there be a change in the hours at which services are provided?</b>	Increase in hours at The Avenue site as more extended hours provided by Meadowgreen Health Centre– See above
<b>Will there be a reduction in the number of locations or a change in the location of premises from services are provided?</b>	No both sites remain open.  The partners are committed to having two sites to accommodate the large practice population and associated boundaries. Having a branch site in the Reney Avenue area was reinforced as part of the wider consultation and engagement exercise when relocating Meadowgreen Health Centre to the Jordnathorpe site.
<b>Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.</b>	<p>The merged practice will continue to invest in its staff and expand the range of skills within its clinical team. This can be achieved by working closely with the Network. We are already in the process of recruiting another Physician Associate and Clinical Pharmacist for each Practice in the Network. These roles will add to the expertise of our Clinicians and at the same time free up the Doctors to deal with more acute illness. As we continue to work together and align our processes via Systmone and Ardens, this will ensure that the patient experience is consistent and maintained throughout the Practice.</p> <p>The risk of two very experienced GPs retiring in the next two to three years has been the motivating force for us to consider a merger of the practices to ensure sustainability; resilience and future proof our service legacy for patients.</p> <p>The practices have similar patient demographics and values, all are committed to being a learning organisation, encourage development and innovation of services and skill mix.</p> <p>We aim to maintain the high quality services we currently offer and believe the merger will enable us to work</p>

Please provide comments <b><u>from a service delivery perspective</u></b> on the following matters if they are relevant to the proposed practice merger.	
	<p>to each other's strengths both clinically and administratively. It will allow clinicians to increase their skills and do the job they enjoy.</p> <p>The merger will support the practices succession planning and future sustainability of services. It will also support and provide us with a robust Business Continuity Plan for both sites, giving access to the same clinical system from one site should the need arise.</p>

## 5. Patient and stakeholder engagement

Please provide comments on the following matters.	
<p><b>Have the practices engaged with patients and/or stakeholders on the practice merger?</b></p>	<p>Yes texts and letters have been sent to patients. Information has been posted on both websites and posters have been displayed at both Practices and in local Pharmacies.</p> <p>Unfortunately COVID-19 has reduced the amount of face to face engagement that has been possible with our patients in recent months. .</p> <p>Patients in our respective PPG's have been kept informed throughout this process. And are aware of this application.</p> <p><b>See Engagement Plan – Appendix 4</b></p>
<p><b>Do the practices intend to engage with patients/stakeholders?</b></p>	<p>Already done so regarding the merge and PPG kept up to date.</p> <p>Systems in place to continue to receive feedback and additional actions are set out in the mobilisation plan at point 8 below.</p>
<p><b>When did/will you</b></p>	<p>We have informed patients and stakeholders throughout our journey and especially the direction of travel for</p>

Please provide comments on the following matters.	
<b>engage with patients/stakeholders?</b>	the merger over the past 18 months, and specifically at the beginning of the process. It is acknowledged that the pandemic has made conventional face to face ways of engagement through public meetings etc challenging.
<b>In what form did/will you engage with patients/stakeholders?</b>	As above
<b>With whom did/will you engage?</b>	As above
<b>If you have already carried out engagements, what was the outcome?</b>	Feedback from patients already is positive in that they can choose a site which is closer to their home. Feedback from staff is also positive as a merged system allows better functionality across the two sites. Eg efficient and instant communication for clinicians and administrative functions will become available as well as increase in availability of rotas when trying to book clinical appointments for patients.

## 6. Contractual actions

Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.
None – Contract variation took place 1 <sup>st</sup> August 2019.

## 7. Procurement and competition

Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.

N/A

## 8. Merger mobilisation

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at AnnexB.

### **Practice assurance checklist declaration**

The practice assurance checklist declaration at **Appendix 5** confirms the current status of actions taken to prepare for this merger.

### **Practice Mobilisation Plan**

The mobilisation plan at **Appendix 6** confirms the further actions identified to date that will be completed following approval. The plan will continue to be a live document will continue to reviewed post merger.

### **Summary ; Main areas completed:**

Bank Account merged

Accounts merged

Accounting year end changed to same as Meadowgreen

Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at AnnexB.

Staff working across both sites – staff engagement

Partners are Partners at both sites – contractual

Process aligned all complete

Engaged with PPG – however due to recent COVID, we have been unable to meet recently however we have engaged with them verbally.

Regular staff meetings

**To Complete**

Income to be merged

Clinical System to be merged – date 28 July following approval

Approval to be obtained

TUPE Staff – within 1 month of merger

## 8. Additional information

Please provide any additional information that will support the proposed practice merger.

It is appreciated that the COVID-19 pandemic has created new ways of working and by merging the clinical systems, back office functions and clinical teams across the two sites the partners and staff feel they will be more resilient , flexible and responsive to meet the needs of our merged patient population.

We are committed to continuing to build on the relationships with our patients and key stakeholders both within our inner and our outer boundaries, and feel the combined clinical model post merger will give us an opportunity to further progress at a time when innovation especially through digitalisation is becoming key to delivering a full range of primary care services especially to the most vulnerable at this time.

A combined clinical system will enhance communication across the practice thus minimising clinical risk. It will enable the flexibility of patient and clinician at a time when the practice needs to support its patient population. It will also create additional patient choice and opportunities to continue to build on an integrated clinical model The practice are excited and following the merger would be well placed to progress to continue its further development.

We are at the heart of the Peak Network with clinical director and practice manager involvement and are committed to new ways of working.

We hope the committee will approve our merger application at this time

## 9. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

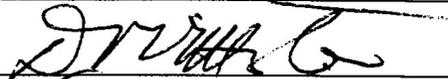
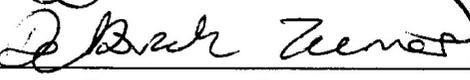
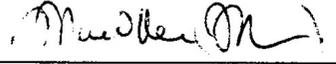
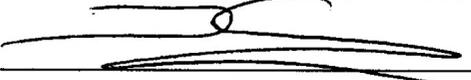
Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

<b>Dr David McAllister</b>	
<b>Dr Sophie Rawlings</b>	
<b>Dr Deborah Turner</b>	
<b>Dr Mairead Knox</b>	
<b>Dr Carl Egdell</b>	
<b>Dr James Gray</b>	
<b>Dr Nakul Hegde</b>	

#### Appendices attached to the Business case

<b>Appendix 1</b>	<b>Boundary Maps</b>
<b>Appendix 2</b>	<b>IT Checklist and declaration</b>
<b>Appendix 3</b>	<b>Bus route confirmation</b>
<b>Appendix 4</b>	<b>Practice Engagement Plan</b>
<b>Appendix 5</b>	<b>Practice Assurance Checklist</b>
<b>Appendix 6</b>	<b>Practice Mobilisation Plan</b>

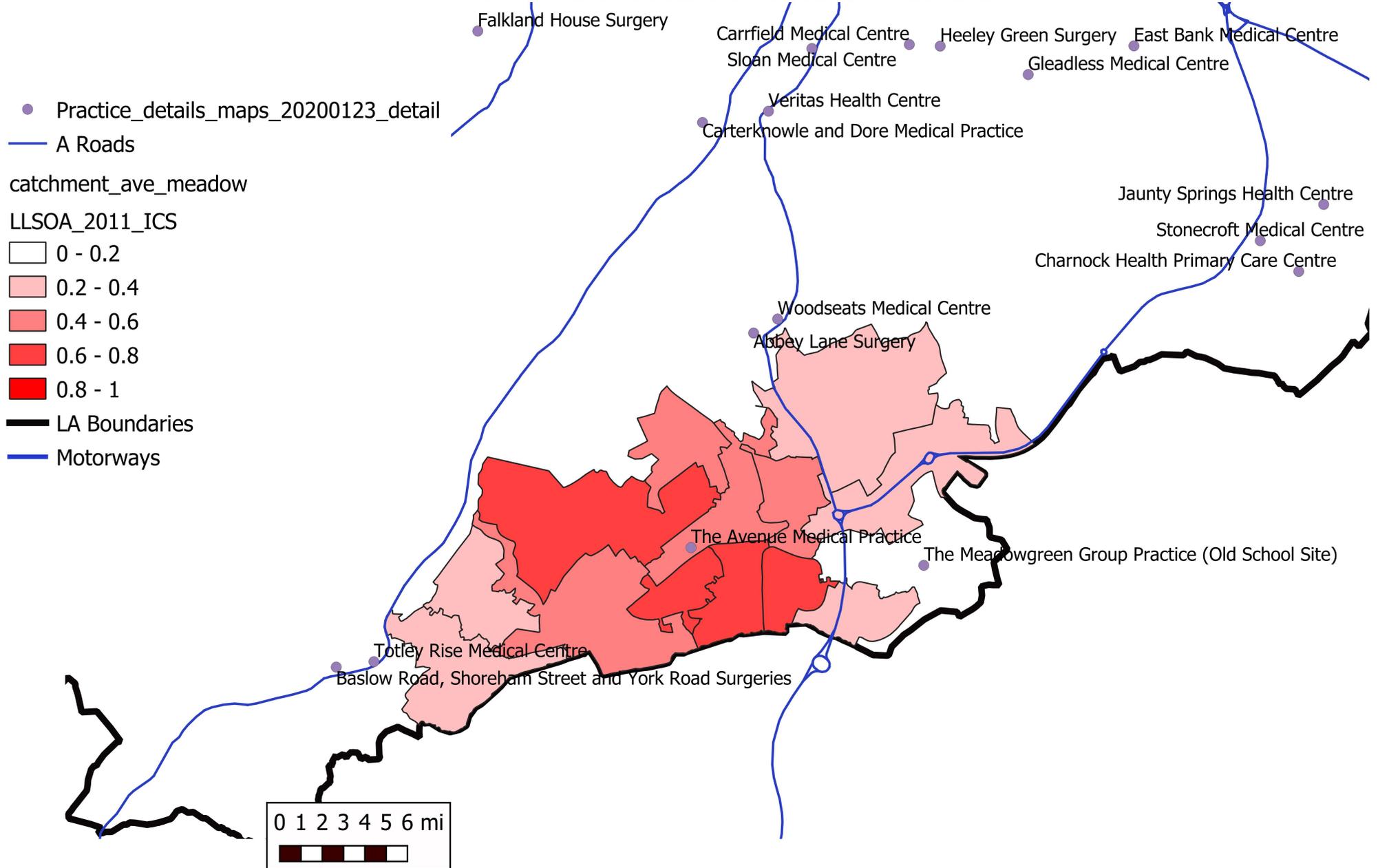
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# April 2020 population combined practice: Meadowhead and Avenue



**SystemOne Merger - Practice Checklist – (assumes that main site ODS code is retained by the ‘new’ merged practice)**

Receiving Unit	ODS Code	Outgoing Unit	ODS Code
Meadowgreen Health Centre	C88015	The Avenue Medical Practice	C88024
<b>Merger date (occurs overnight)</b>		<b>Go live date (ie date as one unit)</b>	

Key practice contacts	Practice Manager Name: Elaine Rissbrook/Joanne Johnson Email: <a href="mailto:erissbrook@nhs.net">erissbrook@nhs.net</a> <a href="mailto:joannejohnson1@nhs.net">joannejohnson1@nhs.net</a>  Tel number: 0114 2378899  Outgoing unit main contact: As above Email: As above Tel number: As above
Number of existing branch sites	None

Clinical Applications Contact: Lesley Grindey – [Lesley.grindey@nhs.net](mailto:Lesley.grindey@nhs.net) 0114 305 1242

The practice/s should review the below activities and add details into the end column to advise if the streamlining has been completed, and the date if so. For some areas of functionality, streamlining may not be able to be completed until post merger – for example scanning and workflow. In these instances the practice should details their intentions on how this will be achieved post merger.

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Prior to merging practices should aim to work towards having the same work processes. The below details areas of the system to review along with actions required to provide a successful merge.

**Areas of clinical system to review prior to merger:**

Area	Activity	Completed by practice/ comments
<b>Data quality</b>	Run the below reports at outgoing unit and action any items as required: <ul style="list-style-type: none"> <li>• Restricted patient reports (reporting &gt; miscellaneous reports) – share awareness with receiving unit if not already known</li> <li>• SystmOne/ Spine consents conflicts (audit &gt; patient) – resolve any conflicts</li> <li>• FP69's – (links &gt; FP69) – process as many as possible, print out the rest as these will not transfer</li> <li>• Incomplete registrations – (reporting &gt; incomplete registrations) – rectify any patients without NHS numbers, shown as 'applied' not fully GMS</li> <li>• Review in-house created reports at outgoing unit and replicate at receiving unit if required</li> <li>• Review in house created templates at outgoing unit and replicate at receiving unit if required</li> </ul>	Done Done – None Done Done – None Done Done
<b>Smartcards/ staff set up</b>	Review sponsors – should sponsors at the outgoing unit become sponsors at the receiving unit?  Assign positions on smartcards for the receiving unit to staff currently at the outgoing	Done

	<p>unit, if not already in place</p> <p>Assign temporary access to CASO supporting staff if required</p> <p>Review list of users, are there any that no longer work at the practice and can be archived? (remember to check on Care ID to remove any smartcard access if no longer required)</p> <p><b>All staff need to have logged in the receiving unit with their smartcards–prior to go live day – for clinicians this will need to be done before the appointment rota's can be assigned.</b></p>	<p>Done</p> <p>Done</p> <p>Done</p>
<b>Recalls</b>	<ul style="list-style-type: none"> <li>Go to the Recall Types screen</li> <li>Review the recall types</li> <li>Delete any duplicates IN THE OUTGOING UNIT – ie those that appear in the outgoing unit and also the receiving unit, to avoid duplication</li> </ul>	Tracy to look at Recall types
<b>Reporting</b>	<ul style="list-style-type: none"> <li>Identify any report recipients (eg CCG) and advise on the merger and changes to ongoing reports</li> <li>Communicate changes to Child Health</li> <li>Liaise with NHSEngland re vaccinations and CQC (Immform)</li> <li>Run reports and check capitation</li> <li>At outgoing unit review in house created reports, and recreate in the receiving unit (if required) as these will NOT transfer across</li> </ul>	<p>Done</p> <p>ER</p> <p>ER</p> <p>ER</p> <p>ER</p>
<b>Prescriptions</b>	<ul style="list-style-type: none"> <li>Consider ways to reduce footfall in reception (outgoing unit) – get patients to order early</li> </ul>	Done

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	<ul style="list-style-type: none"> <li>Determine how prescriptions will be processed for ETP – as will view all sites in one queue – although this can be filtered by main and branch sites</li> </ul>	OK
<b>Status Markers</b>	<ul style="list-style-type: none"> <li>review status markers in use across both sites and ensure they match in terms of naming and colour marker used. Any status markers in outgoing unit will NOT transfer across, so any that are not in the receiving unit or differ, will need to be amended/ recreated in receiving unit prior to merger</li> </ul>	OK
<b>Forms/ Views</b>	<ul style="list-style-type: none"> <li>review forms and views setup in outgoing unit and replicate (if required) in the receiving unit prior to merger – these do NOT transfer across from the outgoing to the receiving unit.</li> </ul>	Done
<b>Clinical Templates</b>	<ul style="list-style-type: none"> <li>review clinical templates created in house at the outgoing unit and replicate (if required) in the receiving unit prior to merger – these do NOT transfer across from the outgoing to the receiving unit.</li> </ul>	Done
<b>Configured lists</b>	<ul style="list-style-type: none"> <li>review any configured lists created in house at the outgoing unit and replicate (if required) in the receiving unit prior to merger – these do NOT transfer across from the outgoing to the receiving unit.</li> </ul>	Done

**Activities to complete prior to merger –**

(may prompt some review of ways of working also so ensure considered in time to implement any changes that may be required.)

Area	Activity	Practice completed?
General	<ul style="list-style-type: none"> <li>• <b>TPP required documentation:</b> complete and send back the email from TPP confirming all activities will be completed prior to merger (Appendix A)</li> </ul>	OK
System Setup	<ul style="list-style-type: none"> <li>• <b>Create a branch site at the receiving unit (if applicable)</b> – this needs to match <b>exactly</b> the name on the paperwork (above) sent to TPP to enable them to transfer patients from outgoing unit, to usual branch in receiving unit (if required) <i>(this needs to be created if the practice wish to be able to identify the patients as being at the ‘branch site’ once the merger has been completed.</i></li> </ul>	OK
User Management	<p><b>BELOW CAN ONLY BE DONE ONCE USER HAS LOGGED ONTO RECEIVING UNIT WITH SMARTCARD.</b></p> <ul style="list-style-type: none"> <li>• Set GMC codes /PPA IDs for prescribing staff if not already entered – check local codes are entered for clinicians if applicable</li> <li>• Give clinicians ‘see patient’ access right via tickbox in SystemOne</li> <li>• Set user preferences/ toolbars/ clinical trees for ‘new’ staff when they first log on(assistance with this can be provided)</li> </ul>	ER JJ ER JJ ER JJ ER JJ ER JJ

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	<ul style="list-style-type: none"> <li>• Set up/amend user groups for tasks (add new staff to existing groups and check rules)</li> <li>• Set up referring staff</li> <li>• Set up Staff for visits, usual GPs and registered GPs</li> <li>• <i>need to add branch site as a user specific field for tasks</i> <i>(user preferences &gt; tasks &gt; task list – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on.</i></li> </ul>	<p>ER JJ</p> <p>ER JJ</p> <p>ER JJ</p>
<b>User specifics</b>	<ul style="list-style-type: none"> <li>• Tasks - as a user specific field (user preferences &gt; tasks &gt; task list – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on.</li> <li>• Patient Search – search for patient, ‘columns &amp; Settings’ – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on.</li> <li>• System&gt; PC settings &gt; site selection – check this is correct based on the PC location – this will affect the display board (patient call system) if not set correctly</li> </ul>	OK
<b>Letters</b>	<ul style="list-style-type: none"> <li>• Design new letterhead * phone numbers and systems may need changing</li> <li>• Review existing letters and ensure naming convention reflects letterhead if letters are site specific</li> <li>• Delete any letters in outgoing unit that are no longer required, or are already set up in the receiving unit</li> </ul>	<p>Done</p> <p>Done</p> <p>Done</p>
<b>Appointments/ Rotas and Visits</b>	<ul style="list-style-type: none"> <li>• Create new rotas in receiving unit for branch site (<b>needs to be done after branch site creation and smartcard matching tasks</b>)</li> </ul>	RN JJ

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	<ul style="list-style-type: none"> <li>• Create any appointment templates in receiving unit – eg Nurse 20min for asthma review if different to those that exist in receiving unit</li> <li>• Ensure all future appointments for branch site are booked into the receiving unit rotas (as textual appointments – for common names use DOB as well) – can have two units running to enable bookings on a day to day basis</li> <li>• Reduce future booking or minimise clinics on merger go live day and 2 day window prior. Consider later start time for clinics on merger go live day – avoid clinics starting before 9am if possible</li> <li>• Print off rota's and patient summary for go live day morning – in case the merger is delayed – ensure reason for appointment is shown if Nurse appointment</li> <li>• Print off all future booked appointments in the 'outgoing unit' – need to have cut off when no more appointments are booked to ensure that duplicates do not occur</li> <li>• Consider printing out the appointment list and patient summaries for closure night / first thing the merger go live morning for those patients at OUTGOING UNIT only</li> </ul> <p><b>Visits</b></p> <p>About week prior to merger review any visits, and ensure there are no outstanding visits from historic dates</p> <p>Print out any visits booked for post merger date, these will NOT transfer to receiving unit</p>	<p>RN JJ</p> <p>ER JJ</p> <p>ERJJ</p>
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<b>Mobile working</b>	<ul style="list-style-type: none"> <li>Remove all Mobile Working devices from the Device Manger screen by going to Setup&gt;Mobile Working &amp; Integration&gt;Device Manager, This need to be done on the outgoing unit and the receiving unit, then reinstall Mobile Working the following day once the merge has been completed.</li> </ul>	ER
<b>Jayex/ touchscreens</b>	<ul style="list-style-type: none"> <li>Need to be identified by the practice in advance – there will be a period when these will not be available at outgoing unit and practice need to have contingency for this.</li> </ul>	NA not set up
<b>Patient Online</b>	<ul style="list-style-type: none"> <li>Cease all patient online activity at ‘outgoing’ site – preferably a week before merger occurs</li> <li>Communicate to patients re non availability of service until merger has occurred</li> <li>Contingency for those patients who normally order prescriptions on line/ book appointments online</li> <li>Patient online is disabled as part of the merger completion at 4.30pm so this needs to be reactivated at go live. Think about whether this affects patient access/ prescription ordering</li> </ul>	LH LH LH ER JJ
<b>SMS</b>	<ul style="list-style-type: none"> <li>Communicate that SMS will cease from outgoing unit and will reflect message being sent from new site</li> <li>Cease SMS 2 days prior to merger</li> <li>Contingency process for patients in 2 days during cutover</li> </ul>	LH LH ER JJ
<b>Summary Care Record</b>	<ul style="list-style-type: none"> <li>Email : <a href="mailto:scr.comms@nhs.net">scr.comms@nhs.net</a> to advise of merger and of outgoing practice closure date</li> <li>Resolve any summary care record update exceptions prior to the merger</li> </ul>	ER JJ
<b>Tasks/ EDI/ path links –</b>	<p><b>in the OUTGOING UNIT ONLY</b></p> <ul style="list-style-type: none"> <li>File all pathology/radiology reports in timely manner – clear any backlogs</li> </ul>	GPs/REC

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	<ul style="list-style-type: none"> <li>Action all EDI messages – including reviewing FP69s and action if possible</li> <li>Action all OOH and Hospital Discharge Letter tasks – clear any backlogs</li> <li>Inform all relevant pathology labs and Health Authorities that a unit merge is taking place. From the date of the merge, labs and HAs previously linked to the outgoing unit will need to send all reports or EDI messages to the receiving unit.</li> <li>Determine how tasks/ EDI/ path links will be processed– as will view all items for both sites in one list – although this can be filtered by main and branch sites –</li> <li>need to add this as a user specific field (user preferences &gt; tasks &gt; task list – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on.</li> </ul>	ER JJ Coder ER JJ ER JJ ER JJ
<b>Document management</b>	<p><b>in the OUTGOING UNIT only</b></p> <ul style="list-style-type: none"> <li>Process all documents on the Acquired Documents screen and all updates on the Documents Inbox screen</li> <li>Clear any backlog of scanned images awaiting scanning / processing</li> <li>Determine how document management will be processed – as will view all items for both sites in one list, regardless of which site patient usually visits</li> </ul>	<b>Coder</b> <b>Coder</b> <b>Coder</b>
<b>ETP/ GP2GP</b>	<ul style="list-style-type: none"> <li>Ensure that all GP2GP tasks are processed and completed, with all transfers in integrated into the patient record, and all outgoing transfers processed</li> <li>Sign all ETP scripts and cease processing from approx. 4 pm on day of merger, to ensure they have been sent to spine before merger process starts</li> </ul>	MT GP
<b>Reporting</b>	<ul style="list-style-type: none"> <li>Review existing reports in both units and delete any no longer required</li> </ul>	LH

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	<ul style="list-style-type: none"> <li>As reports are amalgamated into one, as part of the merger, ensure that any duplicates are deleted (in the outgoing unit)</li> </ul>	LH ER
<b>Stock Control/ Doctors Bag/ Dispensing</b>	This information would transfer if both units are enabled. If the outgoing unit is enabled but the receiving unit is not, then the receiving unit needs to activate this functionality to enable the data to be imported as part of the merger.	NA
<b>Staff Leave</b>	This does not transfer from outgoing unit, so needs to be noted separately and transferred manually across to the receiving unit	RN
<b>Restricted patient records</b>	If a patient record is restricted to a User Group at the outgoing unit and no matching User Group exists at the receiving unit, the restriction will be removed after the merge. These patients can be identified by the report detailed at the start of this document.	ER
<b>Other</b>	<p>Review current ways of working – streamline and synchronise as required – both sites need to be working the same way</p> <ul style="list-style-type: none"> <li>Consider letterheads</li> <li>Generic ‘in boxes’ in S1 for path, scanning – will these be covered by on duty doctor or split per site?</li> <li>Determine how post will be received and where it will be scanned. Which site will deal with EDI and incoming medical records. How will medical records be stored, process for returning to HA. – there will be one ‘blue bag’ delivered to main site</li> <li>Ensure practice decision making support is available at each site on ‘go live day’ (merge can not go ahead if key staff are on leave)</li> <li>Patient communication – ensure patients are aware of changes and that there may be delays with</li> </ul>	<p>Done DD ER JJ ER JJ</p> <p>OK</p> <p>ER JJ LH</p>

	<p>some tasks – eg appointment availability, prescriptions</p> <ul style="list-style-type: none"> <li>• REMIND all staff to be available on site with smartcards on go live day</li> <li>•</li> </ul>	ER JJ
<b>3rd party software/equipment</b>	<p>Reminder: Scriptswitch, INRStar, Patient Partner, Voice Connect, Patient call boards/ touchscreens, ICE requesting</p> <ul style="list-style-type: none"> <li>• Any changes to dictation, prescribing software, decision support tools, Docman, etc need to be identified by the supplier and arranged via the practice support contract in place</li> <li>• Arrange with suppliers in relation to multifunctional equipment – eg scanner/copier/ fax all in one unit (where ODS code is changing)</li> </ul> <p>A list of contacts is in Appendix B – note that these are SY contacts, but the list will provide as an aide memoire of 3<sup>rd</sup> parties to contact.</p>	MT ER MT ER
<b>Hardware</b>	<p>Create a list of PC and printers on site – and determine which priority for go live day for engineer configuration</p> <p>Collate details of touchscreen/s in use at outgoing site, Jayex patient call systems that will need configuration by engineer on go live day</p>	MT MT
<b>Shared Admin</b>	<p>If shared admin is in place then the outgoing unit will need to leave the shared admin organisation group the day before the merger.</p>	NA

**NOT TRANSFERRED – these items are not transferred as part of the merger, and practice contingency should be put in place if required**

Area	Activity	Discussed with practice
<b>Rota templates</b>	Rota templates from outgoing unit are not transferred and will need to be recreated within receiving unit and applied to relevant staff (once set up and smartcard matched)	YES
<b>Future appointments</b>	Any patients booked into appointments at the outgoing unit after the merger date will not transfer, and need to be added as textual appointments in the receiving unit until merger has completed	YES
<b>Future Visits</b>	Any patients booked into visits at the outgoing unit after the merger date will not transfer – these need to be noted and added to the receiving unit once the merger has completed	YES
<b>Status markers</b>	Any status markers created by the outgoing unit will not transfer across, so will need to be recreated in receiving unit if still required	YES
<b>Staff Leave</b>	This does not transfer from outgoing unit, so needs to be noted separately and transferred manually across to the receiving unit	YES

### DAY BEFORE GO LIVE DAY – Key tasks to be completed IN THE OUTGOING UNIT

Location	Area in S1	Tasks	Practice completed
Both units	Staff setup	Archive all staff members' profiles at the outgoing unit which you do not wish to include in the merge if not already done so	OK
Both units	Reporting	Run QOF/ capitation reports/ bespoke reports if required and print off/ export to Word / Excel	ER JJ
Outgoing unit	Staff setup	Archive users in outgoing unit to avoid duplication (where possible) – ie if not working on day before go live	LH
Outgoing unit	Pathology	Ensure all pathology reports are filed prior to 3pm	LH
Outgoing unit	Radiology	Ensure all radiology reports are filed prior to 3pm	LH
Outgoing unit	EDI messages	Ensure all EDI links are actioned prior to 3pm	LH
Outgoing unit	Labs	Remind labs that all reports will need to be sent to receiving unit code	ER JJ
Outgoing unit	EDI messages	Remind PCSE that all EDI links will need to be sent to the receiving unit code	ER JJ
Outgoing unit	Acquired documents	Ensure all documents in the acquired documents screen are processed	MT

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Outgoing unit	Mobile working	Check in all patients from mobile working (if applicable)	OK
Outgoing unit	Mobile working	Remove all mobile working devices from the device manager screen (if applicable)	OK
Outgoing unit	Recall types	Delete any duplicates, ensuring the remaining one has any required restrictions on which patients they can be given to	TB
Outgoing unit	Visits	Print out any future dated visits as these will NOT transfer to the receiving unit	ER JJ
Receiving unit	Appointments	Ensure that all rotas have been created and applied for staff members from the outgoing unit and that all pre-booked patients are booked in	JJ RN
Receiving unit	Organisation setup	Ensure that branch site is set up correctly to receive outgoing unit patients when merge is actioned	JJ ER
Receiving unit	Management	Ensure key contact available until 5pm – TPP will complete checks at 12 noon, 3pm & 4pm to ensure all tasks are completed and merger can proceed	ER JJ
<b>Both units</b>	<b>ALL STAFF</b>	<b>Ensure that all staff are logged off the system by 4.30pm (BOTH UNITS)</b>	<b>ER JJ</b>

### GO LIVE DAY – Key tasks to be completed

Location	Area in S1	Tasks	Practice completed
<b>At 'new' branch site:</b>	Appointments	Match all textual appointments to patients Check rota's have applied correctly Apply branch site filters on appointment ledgers and patient search settings	RN
	Organisation preferences:	Appointments > Block appointments > ensure staff are in 'can block appointments' – subject to practice requirements  Prescribing > Prescribing Warnings Authorisation – add everyone to be enabled to configure own prescribing warnings (if required) Prescribing > Prescribing Warnings – change to 'only check warnings when prescribing acutes' and 'permit prescribing against allergies and sensitivities'  Clinical Policy ->referrals out – add appropriate staff from new site to be referrers	ER JJ
	User Preferences		ER JJ
	Hardware Configuration	Site selection setting on PCs at 'new' branch site and pointing at correct Gateway Check PCs settings for Jayex and Touchscreen settings Check Gateway settings at 'new' branch site – eg leave on/ configure settings <i>(may be engineer on site to assist with this)</i>	ENGINEER MT
<b>Main site</b>	General	Run reports and check capitation Ensure all 3rd party communication is being received – ie EDI, path, OOH, 111 Check SMS sending, patient online working for new branch site patients Check members of user groups to ensure all staff from incoming site are included	ER JJ

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	Hardware Configuration	Check each user is printing out correctly System > PC settings > site selection – check site selection is correct (may be engineer on site to do this) <i>(may be engineer on site to assist with this)</i>	MT
	Configuration	Review the below areas of the system and remove any duplicates: Staff members, recall types, letter types, status markers, clinical templates, letter templates, views	OK
<b>Both sites</b>		Ensure ALL users have smartcard on site Confirm support available to practice in relation to Patient Call Boards/ Touchscreens or recommend third party Reinstall mobile working if appropriate Reception staff may need to adjust bookmarks on the appointment ledger	OK
<b>Touchscreen</b>		Ensure this is working as expected – site selection in PC settings will need to be changed	OK
<b>Online services</b>		Reactivate online services for both sites	OK
<b>SMS</b>		Check SMS is activated and configured as expected	OK

## User Checklist

The aim of this list is to print out and circulate to each user and for them to tick off that the below aspects are working as expected for them.

	<b>Activity</b>	<b>Configured?</b>
	Clinical Tree set – individual or organisation wide	
	Toolbar/s configured – individual or organisation wide	
	Able to see own appointment rotas (clinical staff only)	
	Bookmarks configured on appointment ledger	
	Able to receive relevant tasks <ul style="list-style-type: none"> <li>- as a user specific field (user preferences &gt; tasks &gt; task list – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on</li> </ul>	
	Patient search configured <ul style="list-style-type: none"> <li>• search for patient, ‘columns &amp; Settings’ – add new column ‘usual branch’ and adjust accordingly in column list. Needs to be done on individual user basis when user is logged on.</li> </ul>	
	PC settings configured (particularly important for clinical staff) <ul style="list-style-type: none"> <li>• System&gt; PC settings &gt; site selection – check this is correct based on the PC location – this will affect the display board (patient call system) if not set correctly</li> </ul>	
	Able to print prescriptions correctly	

**Appendix A – email from TPP – usually initially sent by TPP to the practice – needs to be returned with below information completed to confirm the merger.**

TPP require all units involved in a merge to read and understand the following important information.

In preparation for your unit merge you must also complete the actions listed below. **The unit merge will not proceed if you do not complete these actions by 16:30 on the agreed date of the merge. You will then need to schedule an alternative date for the merge.**

A manager from each unit involved in the merge must reply to this email consenting to the merge before it can take place. In doing this you will be confirming that you have understood the information that this email contains and have completed/will complete the actions listed below before the specified time.

### Important information

When two units are merged on SystmOne, only the following information will be transferred to the receiving unit:

- Patients (including deducted patients)
- Staff
- Drug formularies
- Recall types
- Forms
- Views
- Vaccination templates
- New templates
- Old templates
- New letter templates
- Word letter templates
- Care plan templates
- Pharmacies
- Caseloads
- Dispensary stock/pending jobs/wholesaler orders
- Outstanding issues on Contact Tracking
- SystmOnline registrations
- Patient-related tasks (including Scheduled Tasks)
- Address book
- Local Clinical reports
- Patient Status Alerts

TPP cannot transfer any other information (e.g. appointments) from the outgoing unit. **This information will be lost after the merge has taken place.** By consenting to the merge, you confirm that you understand and are happy to proceed on this basis.

- TPP recommend that all users who have access to the outgoing unit remove the role profile associated with that unit from their Smartcard and ensure they have access to the receiving unit.
- If a patient record is restricted to a User Group at the outgoing unit and no matching User Group exists at the receiving unit, the restriction will be removed after merge.
- If staff members at the outgoing unit are using the PPA ID of another user, these details will need to be re-entered after the merge. The 'Using PPA ID' field (found in Amend Staff Details > Local Settings) will be populated with a PPA ID which refers to the outgoing unit. It will therefore need to be re-entered.
- The way that practices are merged can affect CHS treatment centres if your Child Health Unit uses SystemOne. If a patient is registered at GP Practice A and the Child Health Unit has this practice set as their treatment centre, the following will happen after the merge:
  - a. If GP Practice A is merged directly into GP Practice B, the child's treatment centre will change at the Child Health Unit to be GP Practice B.
  - b. If GP Practice A is merged into a branch site of GP Practice B, the child's treatment centre will change at the Child Health Unit to be the selected branch site at GP Practice B.

This means that the Child Health Unit may have to amend their scheduling setup accordingly.

- The merge taking place on the agreed date is subject to the approval of TPP's Technical Operations team. TPP retain the right to cancel/reschedule any merges without notice.

## Actions

1. Archive all staff members' profiles at the outgoing unit which you do not wish to include in the merge prior to the agreed merge date. They will show as archived at the receiving unit after the merge.
2. File all pathology/radiology reports at the outgoing unit prior to the merge. The merge cannot proceed if there are outstanding pathology/radiology reports at the outgoing unit.
3. Action all EDI messages at the outgoing unit prior to the merge. The merge cannot proceed if there are outstanding EDI messages at the outgoing unit. This relates to GP practices only.
4. Action all OOH and Hospital Discharge Letter tasks at the outgoing unit prior to the merge. The merge cannot proceed if there are outstanding OOH and Hospital Discharge Letter tasks at the outgoing unit.

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5. Inform all relevant pathology labs and Health Authorities that a unit merge is taking place. From the date of the merge, labs and HAs previously linked to the outgoing unit will need to send all reports or EDI messages to the receiving unit.
6. Process all documents on the Acquired Documents screen and all updates on the Documents Inbox screen. The merge cannot proceed if there are documents/updates on either screen.
7. Create a branch site at the receiving unit if you want the outgoing unit's patients to be transferred to a branch at the receiving unit. Please also complete the details of the branch you have created, if applicable, below. TPP will not move patients to a branch site after the merge has taken place.
8. Complete the details below if the receiving unit will need to be renamed after the merge.
9. Check in all patients from Briefcase, if applicable, at the outgoing unit prior to the merge. Any information added to a patient record in Briefcase will be lost if you do not check that patient back into SystmOne before the merge. TPP cannot retrieve that information after the merge.
10. Go to the Recall Types screen. Delete any duplicates, ensuring that the remaining one has any required restrictions on which patients they can be given to. (Deleting/amending recall types will not affect the information on patient records or clinical reporting.)
11. Remove all Mobile Working devices from the Device Manger screen by going to Setup>Mobile Working & Integration>Device Manager, This need to be done on the outgoing unit and the receiving unit, then reinstall Mobile Working the following day once the merge has been completed.

### Confirmation

Please reply to this email with your consent to this unit merge taking place. When sending your reply please provide the relevant details from the 'Merge details' section below. By replying to this email, you confirm that:

- You have read, understood and agreed to the important information above.
- You have completed/will complete the actions listed above before 16:30 on the agreed date of the merge and understand that the merge will not proceed if you have not.
- The details of the units to be merged that you have provided are correct.

**Please note: User's will no longer be able to access the outgoing unit once the merge has completed.**

### Merge details

28<sup>th</sup> July 2020

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**Outgoing Unit(s):** *(this is the practice that is 'closing' as part of the merger process)*

**Unit Name:** *(Practice name)*

**Unit ID:** *(practice ODS/ NACS code - eg C12345)*

**Manager:**

**Date:**

**Receiving Unit:** *(this is the practice that is being retained as part of the merger process)*

**Unit Name:**

**Unit ID:**

**Branch Site (if applicable):** *(name that is being given to the branch site to enable patients to be identified once the merger is complete)*

**Unit to be named (if applicable):** *(if the practice is changing its name)*

**Manager:**

**Date:**

Email to be sent to: [SystemOneSetup@tpp-uk.com](mailto:SystemOneSetup@tpp-uk.com)

**Appendix B – list of 3<sup>rd</sup> party contacts – this list covers South Yorkshire area but the Areas of Work should act as an aide memoire for other CCG remits – some contacts may be the same regardless (eg CQRS helpdesk)**

Area of Work	Barnsley	Bassetlaw	Sheffield
<b>Anglia ICE (ICE requesting)</b>		Angela Turner – Patient Systems Manager, Order Comms (ICE) 01302 644257 <a href="mailto:Angela.turner@dbh.nhs.uk">Angela.turner@dbh.nhs.uk</a>	Shakeel Ahmed - Assistant ICE System Manager Sheffield Teaching Hospitals NHS Foundation Trust 0114 226 9296
<b>Bowel Screening</b>	North East Hubs – Central Number: 0800 707 6060 <a href="mailto:nehub.bcsp@ghnt.nhs.uk">nehub.bcsp@ghnt.nhs.uk</a>	North East Hubs – Central Number: 0800 707 6060 <a href="mailto:nehub.bcsp@ghnt.nhs.uk">nehub.bcsp@ghnt.nhs.uk</a>	North East Hubs – Central Number: 0800 707 6060 <a href="mailto:nehub.bcsp@ghnt.nhs.uk">nehub.bcsp@ghnt.nhs.uk</a>
<b>BSS Mailbox</b>	<a href="mailto:Yhcs.bss@nhs.net">Yhcs.bss@nhs.net</a>	<a href="mailto:Yhcs.bss@nhs.net">Yhcs.bss@nhs.net</a>	<a href="mailto:Yhcs.bss@nhs.net">Yhcs.bss@nhs.net</a>
<b>Cervical screening RESULTS</b>			Sheffield Teaching Hospitals – cervical screening labs David Drew 0114 226 5968 <a href="mailto:david.drew@nhs.net">david.drew@nhs.net</a>
<b>Child Health</b>	Angela Ford		
<b>CQRS</b>	CQRS Helpdesk – 0800 440 2777 <a href="mailto:support@cqrs.co.uk">support@cqrs.co.uk</a>	CQRS Helpdesk – 0800 440 2777 <a href="mailto:support@cqrs.co.uk">support@cqrs.co.uk</a>	CQRS Helpdesk – 0800 440 2777 <a href="mailto:support@cqrs.co.uk">support@cqrs.co.uk</a>

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<b>e-discharges and A&amp;E</b>			Sheffield email discharge letters- <a href="mailto:Gordon.Jamieson@sth.nhs.uk">Gordon.Jamieson@sth.nhs.uk</a> 0114 305 2828
<b>EMIS Helpdesk</b>	0845 111 22 33 Customer Fulfilment: 08451 255 529 Option 1 and then Option 1 again	0845 111 22 33 Customer Fulfilment: 08451 255 529 Option 1 and then Option 1 again	0845 111 22 33 Customer Fulfilment: 08451 255 529 Option 1 and then Option 1 again
<b>ImmForm</b>	George Ayles - ImmForm Helpdesk Wellington House Ground Floor – South Wing 133-155 Waterloo Road London 0844 3760040 (9am - 5pm) <a href="mailto:helpdesk@immform.org.uk">helpdesk@immform.org.uk</a> <a href="http://www.immform.dh.gov.uk">www.immform.dh.gov.uk</a>	George Ayles - ImmForm Helpdesk Wellington House Ground Floor – South Wing 133-155 Waterloo Road London 0844 3760040 (9am - 5pm) <a href="mailto:helpdesk@immform.org.uk">helpdesk@immform.org.uk</a> <a href="http://www.immform.dh.gov.uk">www.immform.dh.gov.uk</a>	George Ayles - ImmForm Helpdesk Wellington House Ground Floor – South Wing 133-155 Waterloo Road London 0844 3760040 (9am - 5pm) <a href="mailto:helpdesk@immform.org.uk">helpdesk@immform.org.uk</a> <a href="http://www.immform.dh.gov.uk">www.immform.dh.gov.uk</a>
<b>IT Service Desk</b>	0114 305 1030 <a href="mailto:Sheffield.itservicedesk@nhs.net">Sheffield.itservicedesk@nhs.net</a>	0114 305 1030 <a href="mailto:Sheffield.itservicedesk@nhs.net">Sheffield.itservicedesk@nhs.net</a>	0114 305 1030 <a href="mailto:Sheffield.itservicedesk@nhs.net">Sheffield.itservicedesk@nhs.net</a>
<b>Local Pharmacies</b>	Practice specific	Practice specific	Practice specific
<b>LPC</b>	<a href="mailto:Richard.stainforth@nhs.net">Richard Stainforth – Richard.stainforth@nhs.net</a>	Rob Wise – 01777 863402	Emily Peach – 0114 305 1027

	<a href="mailto:chris.lawson@nhs.net">Chris Lawson: chris.lawson@nhs.net</a> <a href="mailto:Elizabeth.Lafferty@nhs.net">Elizabeth Lafferty – Elizabeth.lafferty@nhs.net</a> <a href="mailto:thomas.barnsleylpc@live.co.uk">thomas.barnsleylpc@live.co.uk</a>	<a href="mailto:Rob.wise@nhs.net">Rob.wise@nhs.net</a> Nick Hunter – 07595 069178 <a href="mailto:Nickhunter19@gmail.com">Nickhunter19@gmail.com</a> <a href="mailto:chiefofficer@nottinghamshirelpc.co.uk">chiefofficer@nottinghamshirelpc.co.uk</a> Alison Ellis – (admin) – 07882 289 083 <a href="mailto:doncasterlpc@gmail.com">doncasterlpc@gmail.com</a> <a href="mailto:secretary@nottinghamshirelpc.co.uk">secretary@nottinghamshirelpc.co.uk</a>	<a href="mailto:Emilypeach@nhs.net">Emilypeach@nhs.net</a> Steve Freedman – 0114 305 1129 <a href="mailto:Steve.freedman@nhs.net">Steve.freedman@nhs.net</a> Head of Medicines Management – Peter Magirr – 0114 305 1330 <a href="mailto:Peter.magirr@nhs.net">Peter.magirr@nhs.net</a> Kerry Wade – 0114 305 1133 <a href="mailto:kerrywade@nhs.net">kerrywade@nhs.net</a> <a href="mailto:Susie.Coates@sheffieldlpc.co.uk">Susie Coates – LPC Support Manager – 0114 253 6870 or 07939 560 641 – Susie.coates@sheffieldlpc.co.uk</a> James Wood – 0114 253 6870 <a href="mailto:secretary@sheffieldlpc.co.uk">secretary@sheffieldlpc.co.uk</a>
<b>NHS England (LAT)</b>	See Appendix C	See Appendix C	See Appendix C
<b>NHS111</b>	Andrew Kedge <a href="mailto:Andrew.kedge@yas.nhs.uk">Andrew.kedge@yas.nhs.uk</a> Andrew Maxfield <a href="mailto:Andrew.maxfield@yas.nhs.uk">Andrew.maxfield@yas.nhs.uk</a>	Andrew Kedge <a href="mailto:Andrew.kedge@yas.nhs.uk">Andrew.kedge@yas.nhs.uk</a> Andrew Maxfield <a href="mailto:Andrew.maxfield@yas.nhs.uk">Andrew.maxfield@yas.nhs.uk</a>	Andrew Kedge <a href="mailto:Andrew.kedge@yas.nhs.uk">Andrew.kedge@yas.nhs.uk</a> Andrew Maxfield <a href="mailto:Andrew.maxfield@yas.nhs.uk">Andrew.maxfield@yas.nhs.uk</a>
<b>OC1</b>	Andy Eames <a href="mailto:andy.eames@nhs.net">andy.eames@nhs.net</a>	Andy Eames <a href="mailto:andy.eames@nhs.net">andy.eames@nhs.net</a>	Andy Eames <a href="mailto:andy.eames@nhs.net">andy.eames@nhs.net</a>

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<b>Open Exeter (Screening)</b>	Julie Russell – Screening 01302 566 604  Exeter Helpdesk – 0300 303 4034	Nayna Mistry – 0116 295 7879 <a href="mailto:SBS-I.EMOpenExeter@nhs.net">SBS-I.EMOpenExeter@nhs.net</a>  Exeter Helpdesk – 0300 303 4034	Julie Russell – Screening 01302 566 604  Exeter Helpdesk – 0300 303 4034
<b>Out of Hours</b>		Sally Cannon <a href="mailto:sally.cannon@nottshc.nhs.uk">sally.cannon@nottshc.nhs.uk</a> 01909 502586 / 07817 331572	GP Collaborative – Kenny Greig <a href="mailto:Kenny.greig@nhs.net">Kenny.greig@nhs.net</a> 0114 305 1434
<b>Pathology Labs</b>	Ian Dunston Pathology Dept  The Rotherham NHS Foundation Trust Barnsley Hospital NHS Foundation Trust  Telephone (when at Rotherham): 01709 428008 Telephone (when at Barnsley): 01226 433010 Pathology IT mobile: 07944 647076	Angela Turner – Patient Systems Manager, Order Comms (ICE) 01302 644257 <a href="mailto:Angela.turner@dbh.nhs.uk">Angela.turner@dbh.nhs.uk</a>	<a href="mailto:David.drew@nhs.net">David Drew – STH</a> <a href="mailto:david.drew@nhs.net">david.drew@nhs.net</a> 0114 271 3396 0114 271 4257  Childrens Hospital – Clive Brady  0113 305 3064

<b>RA Team – smartcards</b>	<a href="mailto:embed.smartcards@nhs.net">embed.smartcards@nhs.net</a>	<a href="mailto:embed.smartcards@nhs.net">embed.smartcards@nhs.net</a>	<a href="mailto:embed.smartcards@nhs.net">embed.smartcards@nhs.net</a>
<b>Registrations (EDI Links)</b>	<a href="mailto:england.sycareregistrations@nhs.net">england.sycareregistrations@nhs.net</a>	<a href="mailto:england.sycareregistrations@nhs.net">england.sycareregistrations@nhs.net</a>	<a href="mailto:SBS-I.emgdi@nhs.net">SBS-I.emgdi@nhs.net</a>
<b>TPP Helpdesk</b>	0113 20 500 95 <a href="mailto:enquiries@tpp-uk.com">enquiries@tpp-uk.com</a> (only use when advised by TPP to do so)	0113 20 500 95 <a href="mailto:enquiries@tpp-uk.com">enquiries@tpp-uk.com</a> (only use when advised by TPP to do so)	0113 20 500 95 <a href="mailto:enquiries@tpp-uk.com">enquiries@tpp-uk.com</a> (only use when advised by TPP to do so)

<b>Other Considerations</b>	INR Star VPN tokens to access clinical system from home	INR Star VPN tokens to access clinical system from home	INR Star VPN tokens to access clinical system from home
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Dore - Bradway - Jordanthorpe

[View In Website Mode](#)

The M17 bus line (Dore - Bradway - Jordanthorpe) has 2 routes. For regular weekdays, their operation hours are: (1) Dore: 9:20 AM - 5:20 PM (2) Jordanthorpe: 9:50 AM - 4:50 PM  
Use the Moovit App to find the closest M17 bus station near you and find out when is the next M17 bus arriving.

**Direction: Dore**

21 stops

[VIEW LINE SCHEDULE](#)

**Jordanthorpe Bus Terminus**

Dyche Close, Sheffield

**Dyche Road, Jordanthorpe**

**Bochum Parkway, Meadowhead**

Dyche Lane, England

**School Lane, Greenhill**

**James Andrew Crescent, Greenhill**

57 Greenhill Main Road, Sheffield

**Torwood Drive, Greenhill**

Torwood Drive, Sheffield

**Bocking Lane, Greenhill**

Reney Road, Sheffield

**Gervase Avenue, Lowedges**

**Gervase Drive, Lowedges**

**Gresley Road, Lowedges**

Lowedges Road, Sheffield

**The Grennel Mower, Lowedges**

**Greenhill Parkway, Lowedges**

Lowedges Road, Sheffield

**Greenhill Parkway, Bradway**

**Everard Avenue, Bradway**

Prospect Road, Sheffield

**Main Avenue, Totley**

**M17 bus Time Schedule**

Dore Route Timetable:

Sunday	Not Operational
Monday	9:20 AM - 5:20 PM
Tuesday	9:20 AM - 5:20 PM
Wednesday	9:20 AM - 5:20 PM
Thursday	9:20 AM - 5:20 PM
Friday	9:20 AM - 5:20 PM
Saturday	9:20 AM - 3:20 PM

**M17 bus Info**

**Direction:** Dore

**Stops:** 21

**Trip Duration:** 27 min

**Line Summary:** Jordanthorpe Bus Terminus, Dyche Road, Jordanthorpe, Bochum Parkway, Meadowhead, School Lane, Greenhill, James Andrew Crescent, Greenhill, Torwood Drive, Greenhill, Bocking Lane, Greenhill, Gervase Avenue, Lowedges, Gervase Drive, Lowedges, Gresley Road, Lowedges, The Grennel Mower, Lowedges, Greenhill Parkway, Lowedges, Greenhill Parkway, Bradway, Everard Avenue, Bradway, Main Avenue, Totley, The Crescent, Totley, Marstone Crescent, Totley, Marstone Crescent, Totley, Grove Road, Totley, Abbeydale Road South, Totley Brook, Leyfield Road, Dore

The Crescent, Totley

Marstone Crescent, Totley

Marstone Crescent, Totley

A621, Sheffield

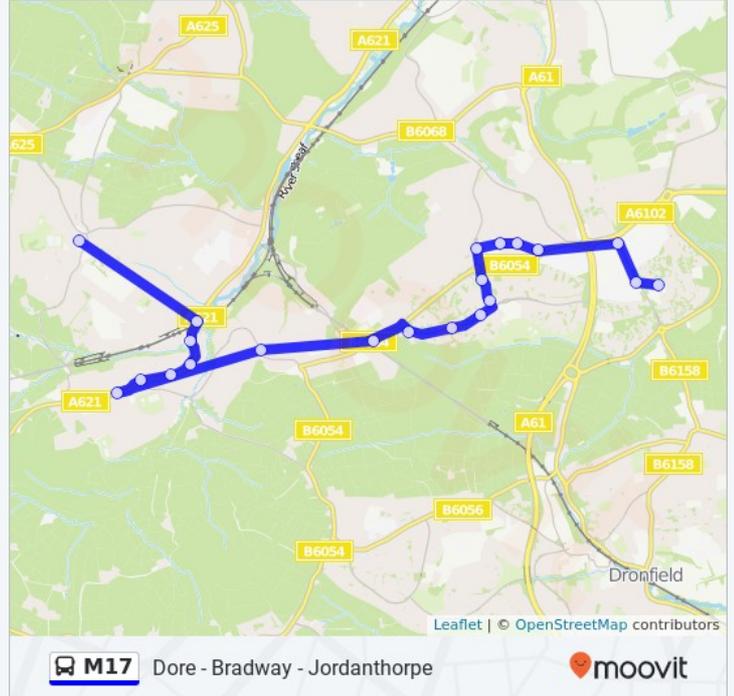
Grove Road, Totley

Mill Lane, Sheffield

Abbeydale Road South, Totley Brook

Leyfield Road, Dore

Devonshire Terrace Road, Sheffield



## Direction: Jordanthorpe

29 stops

[VIEW LINE SCHEDULE](#)

### Leyfield Road, Dore

Devonshire Terrace Road, Sheffield

### King Ecgbert School, Totley Brook

Kings Coppice, Sheffield

### Wessex Gardens, Totley Brook

Totley Brook Croft, England

### Oakview, Totley Brook

### King Ecgbert Road, Totley Brook

Sherwood Chase, Sheffield

### West View Close, Totley Brook

Abbeydale Road South, Sheffield

### Mill Lane, Totley

Mill Lane, Sheffield

### Glover Road, Totley

A621, Sheffield

### Laverdene Road, Totley

### Mickley Lane, Totley

### Main Avenue, Totley

### Everard Avenue, Bradway

Prospect Road, Sheffield

### Birchitt Road, Bradway

### Atlantic Road, Lowedges

### Boland Road, Lowedges

### The Grennel Mower, Lowedges

Lowedges Road, Sheffield

### Gresley Road, Lowedges

Lowedges Road, Sheffield

### Atlantic Road, Lowedges

### Reney Avenue, Greenhill

Reney Road, Sheffield

### Bocking Lane, Greenhill

Hemper Lane, Sheffield

## M17 bus Time Schedule

Jordanthorpe Route Timetable:

Sunday	Not Operational
Monday	9:50 AM - 4:50 PM
Tuesday	9:50 AM - 4:50 PM
Wednesday	9:50 AM - 4:50 PM
Thursday	9:50 AM - 4:50 PM
Friday	9:50 AM - 4:50 PM
Saturday	9:50 AM - 2:50 PM

## M17 bus Info

**Direction:** Jordanthorpe

**Stops:** 29

**Trip Duration:** 26 min

**Line Summary:** Leyfield Road, Dore, King Ecgbert School, Totley Brook, Wessex Gardens, Totley Brook, Oakview, Totley Brook, King Ecgbert Road, Totley Brook, West View Close, Totley Brook, Mill Lane, Totley, Glover Road, Totley, Laverdene Road, Totley, Mickley Lane, Totley, Main Avenue, Totley, Everard Avenue, Bradway, Birchitt Road, Bradway, Atlantic Road, Lowedges, Boland Road, Lowedges, The Grennel Mower, Lowedges, Gresley Road, Lowedges, Atlantic Road, Lowedges, Reney Avenue, Greenhill, Bocking Lane, Greenhill, School Lane, Greenhill, School Lane, Greenhill, Bochum Parkway, Meadowhead, Batemoor Road, Lowedges, Chesterfield Road South, Batemoor, Whinacre Place, Batemoor, Dyche Road, Jordanthorpe, Dyche Drive, Jordanthorpe, Jordanthorpe Bus Terminus

School Lane, Greenhill

School Lane, Greenhill

Bochum Parkway, Meadowhead

Chesterfield Road South, England

Batemoor Road, Lowedges

Chesterfield Road South, England

Chesterfield Road South, Batemoor

Batemoor Road, England

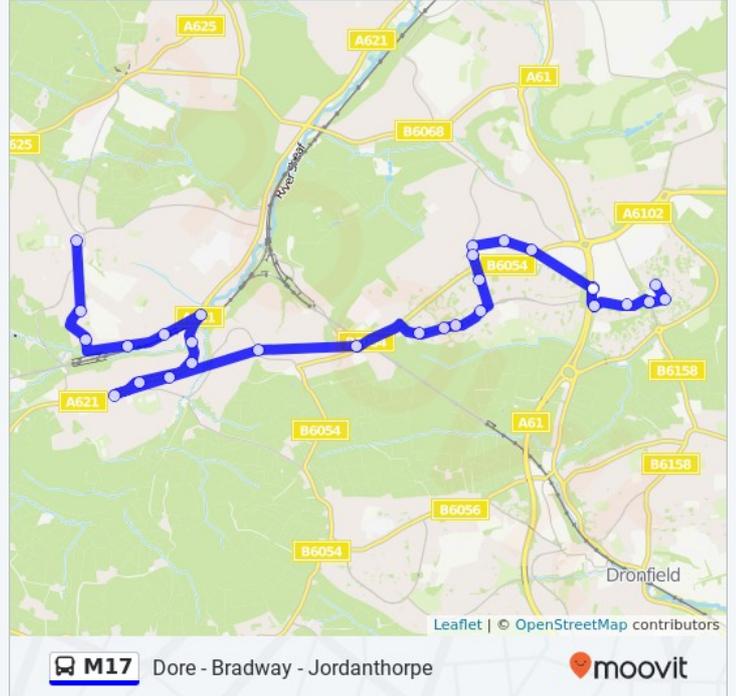
Whinacre Place, Batemoor

Dyche Road, Jordanthorpe

Dyche Drive, Jordanthorpe

Jordanthorpe Bus Terminus

Dyche Close, Sheffield



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## Check Live Arrival Times



**Appendix 4**

**Meadowgreen and The Avenue - Engagement plan and activity report**

	<b>Item</b>	<b>When</b>	<b>Who</b>	<b>Activity</b>
Messages	Provide details of potential changes with CCG Comms and Engagement team at earliest opportunity	2018	Louise Robinson CCG	Practice Manager in contact with CCG and NHS England – referenced as part of practice checklist
	CCG Comms and Engagement team will help to refine messages	2018 /2020	Richard Kennedy CCG	Practice Manager in contact with CCG – as part of practice checklist
	Complete Quality and Equality Impact Assessment	2019/20	Richard Kennedy, Sarah Neil, Maggie Sherlock CCG	Practice Manager – ongoing
Digital & social media	Include information on Practice website	2019	Practice Manager	Website – on practice checklist
	Include information on social media channels where used by practice	N/A	N/A	N/A
PPG	Send information to all PPG members	2018	PPG	Meetings with PPG
	Update PPG members	2020	Practice Manager	Identified in mobilisation plan
	Explore how PPG can support patient engagement by spreading message – discuss further with Richard Kennedy at CCG	2019	PPG	Meeting.
		2020	Practice Manager	Advertised on practice website and discuss with R Kennedy
Local community organisations	Inform local community organisations	2019	Practice Manager	Network Meeting - Completed
	Identify if they have any local feedback that may be helpful to consider	2019	Practice Manager	Network Meeting - Completed
	Explore how they may be able to support patient engagement	2019	Practice Manager	Network Meeting - Completed
Media	Liaise with CCG Comms team about any media requests	N/A	Practice Manager	Practice Manager
	Send patient letter and text to all patients of Practice	2020	Practice Manager	Practice Manager/Admin
Communication tools	Create poster / Practice newsletter article / flyers etc	2020	Practice Manager	Practice Manager
	Display / use in Practice waiting room and in other local venues	2020	Practice Manager	Practice Manager
Spreading the word	Hand out information to patients during face to face contact	2020	Practice Manager	Restricted due to COVID
	Make information available in waiting rooms	2020	Practice Manager	Restricted due to COVID
	Make anonymous return box available at Practice for feedback	2020	Practice Manager	Practice Manager
Analyse any feedback	Analyse all feedback returned, summarising common themes	2020	Practice Manager	Practice Manager
	Write Business Case	2020	Practice Manager	Submitted 13 July 2020
	Present report at PPG	2020	Chairman PPG	At next planned meeting

# NHS Sheffield CCG

## Practice Merger / Closure Checklist v1.2

This plan comprises the following phases and workstreams:

<a href="#">Phase 1</a>	Pre-Contract Commencement	Workstream	<a href="#">1. Patient Transition</a>
<a href="#">Phase 2</a>	Transition & Implementation		<a href="#">2. Human Resources &amp; Workforce</a>
<a href="#">Phase 3</a>	On-going Service Delivery & Exit Strategy		<a href="#">3. Premises &amp; Equipment</a>
			<a href="#">4. Governance &amp; Quality Assurance</a>
			<a href="#">5. IM&amp;T</a>
			<a href="#">6. Finance</a>

Meadowgreen Health Centre and The Avenue General Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure	
		Identify all Enhanced services and continuing work	Practice Manager	2 months prior to merger			
		Staff Meetings to arrange merger task leads	Practice Manager	1 month prior to merger			
		Provide a list of vulnerable and complex patients.	Practice Manager	1 month prior to merger			
		Provide a care summary for the above patients.	Practice Manager	2 weeks prior to merger			
		Ensure QOF/CQRS is up to date and extract critical data	Practice Manager	1 month prior to merger/ closure			
		Consider QOF Achievement Lump Sum and pro-rata apportionment, to be paid by NHSE.	Practice Manager	1 month prior to merger/ closure			
	Understand current clinical pathways re access, prescriptions and identify differences in merged model. Adapt as necessary.	Agree single way of working for appointment arrangements / repeat prescriptions etc following merger	Practice Manager	2 months prior to merger			
		Identify merger arrangements for issue and management of prescriptions	Practice Manager	2 months prior to merger			
		Identify process for referral letters and any dictations in process	Practice Manager	2 months prior to merger			
	Communication with patients about any changes in service and any impact to them post merger	Identify changes to patient services	Practice Manager	2 months prior to merger			
		Identify major changes that require communication as a result of above.	Practice Manager	2 months prior to merger			
		Communicate via notice boards, website and letter (if appropriate)	Practice Manager	As soon as changes are known/agreed			
	Conitued Patient Engagemene & Involvement with the development of the Practice	Instigate links with any pre-existing PPG s	Merge PPGs and continue patient involvement post merger	Practice Manager	1 month post merger		
			Establish a system to measure and evaluate service user experience - FFT	Practice Manager	3 months post merger		
		Meeting with MP and local councillors to discuss next steps.	Confirm patient participation, and rationale for merger / closure	Practice Manager / PC	Following PCCC agreement in principle		
Meeting with local Chemists to discuss next steps.		Confirm patient participation, and rationale for merger / closure	Practice Manager / PC	Following PCCC agreement in principle			
Meeting with Healthwatch to discuss next steps.		Confirm patient participation, and rationale for merger / closure	Practice Manager / PC	Following PCCC agreement in principle			

Meadowgreen Health Centre and The Avenue general Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure			
To ensure active communication and engagement with the workforce is maintained	Open communication with incumbent existing providers to agree TUPE obligations.	Agree any measures associated with the transfer.	Practice Manager	2 months prior to merger / closure					
		Begin communication with staff identified as being eligible to TUPE.	Practice Manager	2 months prior to merger					
		Those eligible to TUPE will be briefed on any measures (e.g. change of pay date, pension arrangements etc.)	Practice Manager	6 weeks prior to merger					
		Identify use of temporary or locum staff in place post merger date and negotiate continuation or termination in line with proposed new staffing model	Practice Manager	2 months prior to merger/ closure					
		Request information regarding any current disciplinary or grievance issues.	Practice Manager	2 months prior to merger					
		Request information regarding current leave (annual leave & sickness or other absence) status and allowances.	Practice Manager	1 month prior to merger					
		Send measures letter and other communication directly to staff.	Practice Manager	2 months prior to merger					
		Ensure relevant indemnities are in place for clinical staff.	Practice Manager	1 month prior to merger					
		Ensure relevant employment checks for all staff are in place (e.g. DBS, Performers List etc)	Practice Manager	1 month prior to merger					
		Obtain Job Descriptions & Person Specs for all staff	Practice Manager	2 months prior to merger					
		Handover of Personnel/Personal Files (Electronic or Paper)	Practice Manager	day of merger					
		Outline plan for consultation for changes to job descriptions and terms and conditions as part of the service redesign	Practice Manager	6 weeks prior to merger					
		Formulate & maintain Q&As for for all staff	Practice Manager	1 month prior to merger					
		Formal communication to staff welcoming into new provider.	Practice Manager	1 month prior to transfer					
		Bespoke local induction including fire safety and building layout	New model of service delivery	Practice Manager	6 weeks post merger				
			Team building	Practice Manager	during first 2 months merger				
			Conduct training needs analysis (TNA) of new model's workforce	Practice Manager	2 months prior to merger				
			Develop and deliver training to ensure all staff are able to function at the required levels (i.e. through gaps identified in TNA)	Practice Manager	starting from day of merger				
			Implementation of staffing model through Organisational Change Management process	Match of discipline / numbers of staff at a particular skill/grade that are identified in the new service model.		Practice Manager	6 weeks prior to merger		
					Higher number of staff at particular discipline / grade than is identified by new model. Identify HR implications and action plan to respond.	Practice Manager	6 weeks prior to merger		
	Lower number of staff of a particular discipline / grade than is proposed by new model, to form part of recruitment drive.	Practice Manager			6 weeks prior to merger				

Meadowgreen Health Centre and The Avenue Medical Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure
Premises: Finalise and deliver an estates programme that ensures economical and best fit solutions for the contract lifespan	Lease negotiations re transfer to be completed	Once contract confirmed, agree rent of premises formally under contract.	Practice Manager(s) & Partners (if premises owned)	3 months prior to merger or once contract signed, whichever is sooner		
		If leasehold premises serve notice to quit	Practice Manager	Dependant on terms of lease		
	Transfer of building contracts	Identify existing contracts	Practice Manager	3 months prior to merger or once contract signed, whichever is sooner		
		End or transfer alarm servicing	Practice Manager	2 weeks prior to merger		
		End or transfer fire equipment servicing	Practice Manager	2 weeks prior to merger		
		Consider cleaning service - TUPE if employees	Practice Manager	3 months prior to merger or once contract signed, whichever is sooner		
		Advise general, confidential and clinical waste suppliers of transfer for invoicing purposes, or serve notice	Practice Manager	2 months prior to merger		
		Notice to end/transfer facilities management agreements if necessary	Practice Manager	2 months prior to merger		
		Transfer of utilities including council services e.g. water	Practice Manager	2 months prior to merger or closure		
		Security arrangements	List of keyholders/swipecard holders	Practice Manager	1 month prior to merger	
	Hand in/over keys/swipecards (if applicable)		Practice Manager	Date of Closure		
	Notify relevant parties re change of keyholders (if applicable)		Practice Manager	1 week prior to merger / closure		
	Handover of premises	Premises audit to consider obligations to re-instate / paint / make good. Take pictures of condition	Practice Manager	2 weeks prior to merger		
		Ensure clean and tidy premises in line with lease requirements at closure	Practice Manager	By closure date		
		Take meter readings on transfer day for gas, electricity, water and advise utility companies.	Practice Manager	Date of merger / closure		
	Redirection of mail	Arrange for the redirection of external post to (12 months), for closure redirect to Primary Care Team, Sheffield CCG	Practice Manager	one month prior to merger / closure		
	Ensure public liability & building insurances in place	Detailed in Finance tab of plan	Practice Manager	see finance tab		

Meadowgreen Health Centre and The Avenue Medical Practice

	Infection control	Arrange for existing infection control audits to be transferred	Practice Manager	3 months prior to merger		
		Identify issues for remedial actions	Practice Manager	3 months prior to merger		
		Complete infection control audit	Practice Manager	1st week after merger		
	Signage	Replace all signage and literature to new provider	Practice Manager	1st week after transfer		
Equipment: To have an equipment strategy in place which supports operational and service delivery.	Ensuring equipment available	Obtain Inventory of equipment and condition	Practice Manager	2 months prior to merger / closure		
		Valuation of "The Practice" assets, potentially financial agreement between practices	Practice Manager	2 months prior to merger		
		Agree sale or transfer of equipment.	Practice Manager	6 weeks prior to merger/closure		
		Remove equipment that will not transfer.	Practice Manager	date of merger / closure		
		Identify additional equipment for procurement, with comprehensive schedule and costings	Practice Manager	2 months prior to merger		
		procure additional equipment	Practice Manager	1 month prior to merger		
	Asset register and risk assessments	Asset registers for equipment in place and training needs identified	Practice Manager	1 month prior to merger		
		All Health and Safety checks and comprehensive risk assessments undertaken and necessary training identified	Practice Manager	1st week after merger		
	Ensuring consumable equipment available	Stock take of all consumables, medicines, drugs, etc, potentially for financial settlement between practices	Practice Manager	date of merger		
		Collate list of all suppliers (equipment, clinical waste, stationery, medical supplies, mobile phones, alarm, maintenance, photocopiers, etc)	Practice Manager	3 months prior to merger / closure		
	Ensuring 3rd party owned equipment and ongoing leases / contracts transferred or ended	Assign / novate 3rd party contracts, maintenance or servicing agreements.	Practice Manager	2 months prior to merger		
		take management of all documents, forms, computer hardware and software, appliances and medical equipment which belongs to CCG (effectively remains on site)	Practice Manager	Date of closure		

Meadowgreen Health Centre and Meadowgreen General Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure
Ensuring clinical records are in an acceptable standard for high quality patient care	Validating Records and Disease Registers	Use of Interface Clinical Services to provide a full clinical audit of all QOF fields including case finding and register validation	Practice Manager	first month following merger		
		Acting on results of above audits to ensure prevalence levels are validated internally and clinical queries are actioned with consultations where required	Practice Manager	first 6-12 months following merger		
		Identify any additional resource needed in year one to improve the clinical / information governance and ensure safe baseline data.	Practice Manager	6 weeks after merger		
	Validate Information Governance standards	Perform self assessment using IG toolkit in line with IMT04 response.	Practice Manager	within 2 months following merger		
		Identify areas for improvement and produce an action plan	Practice Manager	within 3 months following merger		
	Ensuring clinical safety around statutory requirements	Ensure compliance with statutory requirements, the service specification and national and local policy (VARM, MAPPA, MARAC etc.) including use of relevant protocols, identified leads, staff training and programmed review.	Practice Manager	first month following merger		
		Ensure Safeguarding frameworks in place, lists validated with Health Visitors / Midwives. Correct protocols, staff training and programme of work.	Practice Manager	within 1 week following merger		
		Identify practice responsibilities for risk management, patient safety, medicines management & prescribing, infection control, information governance and medical devices.	Practice Manager	1 month prior to merger		
		Registration to be updated under CQC registration - if merging adding a new site to existing registration is advised	Practice Manager	3 months prior to merger		
	Ensuring consistent approach to care between clinicians and staff	Procedures and protocols developed and implemented as required to support the service models, including:	Operational Protocols in place	Practice Manager	2 months prior to merger	
Out of Hours arrangements in place			Practice Manager	2 months prior to merger		
Business continuity plans in place			Practice Manager	2 months prior to merger		
Full set of local clinical, HR and procedural protocols in place that meet CQC requirements			Practice Manager	2 months prior to merger		
Ensure staff training matrix populated against mandatory training requirements.			Practice Manager	first month following merger		
Review of patient information leaflets etc. Replacement programme (pre-mob).			Practice Manager	first 2 months following transfer		
Ensure complaints, SEAs, audits and other qualitative and learning procedures in place and staff trained.			Practice Manager	first month following merger		

Meadowgreen Health Centre and Meadowgreen General Practice

		Operational meetings mobilised for oversight of practice	Practice Manager (s) a Partners	3 months prior to merger		
		Named leads identified to all staff (clinical and administrative)	Practice Manager	2 months prior to merger - communicated in first week of merger		
Ensure a safe, confidential environment	Buildings to be compliant with Health and Safety legislation	Ensure H&S risk assessment carried out and weaknesses identified and planned for rectification	Practice Manager	within 1 week following merger		
		Ensure Infection control assessment carried out and plan in place to rectify weaknesses	Practice Manager	within 1 week following merger		
	Ensure confidential environment	Ensure policies and training in place to promote confidential environment	Practice Manager	2 months prior to merger - implementation on day of merger		
		Ensure building assessed for compliance with confidentiality policy	Practice Manager	first month following merger		
	Ensure DDA compliance	Practice self-assessment for compliance with DDA legislation. Identify shortcomings and plan to rectify	Practice Manager	first month following merger		

Meadowgreen Health Centre and The Avenue General Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure
Ensuring appropriate hardware	Identify hardware for continuity of care	Inventory of hardware	Practice Manager	2 months prior to merger/ closure		
		Identifying existing software solutions and what needs to change/remains the same – e.g. digital dictation, document management processes	Practice Manager	6 weeks prior to merger		
		Ensure online patient access available – set up if not – appts, px, summary record	Practice Manager	ID prior to merger		
	Licenses transferred	Transfer of System One /GPSOC licenses or agree change of name to merged name	Practice Manager	day of merger - initiate 3 months in advance		
		Transfer of GP2GP, ETP2, System Online and other systems identified under the inventory or agree change of name to merged name	Practice Manager	day of merger		
		Identify gaps in provision and purchase software as required	Practice Manager	6 weeks prior to merger		
	Emails	Confirm generic email accounts to be used	Practice Manager	1 month prior to merger		Provide CCG with access to
	Permissions	Change smart cards and ensure RBAC authority updated from retired practice number	Practice Manager	1 week prior to merger		
		Ensure system administration rights granted to superusers on system one and admin passwords for local domain server issued	Practice Manager	1 week prior to merger		
		Remove permissions for outgoing users.	Practice Manager	day of closure		
	Website	Development of external website or transfer of existing website agreed	Practice Manager	go-live on day of merger		
		Ensure new details uploaded to NHS Choices or account closed	Practice Manager	go-live on day of merger / closure		
		Update practice website and NHS Choices at once closure dates have been agreed	Practice Manager	Minimum 6 weeks to closure		
Telecomms	Phones	Identify phone providers, numbers and lines to be used post merger, or give notice for closure	Practice Manager	2 months prior to merger/ closure		
		Determine length of contract remaining and find solution to transfer or terminate contracts	Practice Manager	6 weeks prior to merger		
		Put message on answerphone to direct patients who need to re-register at a new provider	Practice Manager	On last day, continue contract for minimum 3 months		
	N3	Ensure N3 connection transferred to merged provider	Practice Manager	day of merger		
		Contact CCG IT Team with closure date	Practice Manager	As soon as closure date known		

Meadowgreen Health Centre and The Avenue General Practice

Ensure the safe and complete transfer of existing service user data from incumbent providers to enable uninterrupted care and treatment	Safe transfer of data	Transfer of registered practice on patient records to merged provider	Practice Manager	day of merger		
		Work with local IT/data staff to ensure correct datasets and data quality	Practice Manager	day of merger		
		work as described in governance tab to ensure quality of clinical information and data quality.	Practice Manager	completed over first 6-12 months		
		Transfer path links, patients records, workflow and any other documentation to merged provider.	Practice Manager	day of merger		
		Obtain all records, service delivery reports and service documentation	Practice Manager	day of merger		
Ensure a complementary IM&T strategy which supports the operating model of the service	Identify IT access requirements (systems & functions)	Check status of all staff	Practice Manager	6 weeks prior to merger		rights for all staff to all systems linked
		Ensure new IM&T protocols adhere to the following information governance principles, maintaining confidentiality of service user data at all times:	Agreed Consent to treatment policy in place	Practice Manager	6 weeks prior to merger/ closure	
		Agreed unified systems access processes in place and named leads	Practice Manager	6 weeks prior to merger		
		Compliance with statutory & legal requirements such as Caldecott and Data Protection Act.	Practice Manager	6 weeks prior to merger		

Medowgreen Health Centre and The Avenue General Practice

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Merger	Closure
Ensure income and expenditure are apportioned to correct provider	Reconciliation of incoming payments	Reconcile NHSE payments	Practice Manager	3 months prior to and 3 months post merger)		
		Reconcile CCG and SCC LCS payments	Practice Manager	3 months prior to exit (and 3 months post merger)		
		Consider QOF position	Practice Manager	1 month prior to merger / closure		
		Ensure Drug claims up to date	Practice Manager	1 month prior to merger / closure		
	Provide ongoing contract provision	Review all Enhanced Services contracts with SCC and CCG	Practice Manager	2 months prior to merger		
	Reconciliation of all outgoing payments	Notify all utilities of change / cessation	Practice Manager	2 months prior to merger / closure		
		Notify all suppliers of change / cessation	Practice Manager	2 months prior to merger / closure		
		Set up direct debits and standing orders	Practice Manager	By merger date		
	Stock check (including costs) at each provider prior to merger	Asset/drugs list to identify if buying from outgoing provider.	Practice Manager	1 month prior to merger date		
		Asset/equipment - detailed under premises and equipment tab	Practice Manager	1 month prior to merger date		
	Provide new financial systems	Replace cheque books, transfer petty cash and all associated sundries	Practice Manager	In place by date of transfer		
		Agree merged practice specific bank accounts	Practice Manager	In place by date of transfer		
		Information, financial and performance reporting systems in place and available a performance and operational levels	Practice Manager	from week one		

Medowgreen Health Centre and The Avenue General Practice

Ensure insurance in place to limit impact of unknown incidents against continuity of service	Ensure insurance in place to provide continuity	Agree merged insurance policies to be used	Practice Manager	In place by date of merger		
		Add relevant clinicians to locum insurance policy	Practice Manager	In place by date of merger		
	Ensure liability against accident and clinical mistakes	Ensure indemnity for all clinicians with medical defence	Practice Manager	6 weeks prior to merger		
		Ensure public liability insurance in place	Practice Manager	6 weeks prior to merger		

## Appendix 6 - Mobilisation Plan for Practice Merger : Meadowgreen Health Centre and The Avenue General Practice

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
<b>1. Patients</b>						
1.1 Communication	Draft letter for patients		Practice	Letters to include details of: <ul style="list-style-type: none"> <li>• Neighbouring practices,</li> <li>• Care Opinion / Health Watch</li> <li>• FAQs such as               <ul style="list-style-type: none"> <li>○ Next steps,</li> <li>○ Contact details of new practice</li> <li>○ Background new practice - Introduction</li> <li>○ Prescriptions</li> <li>○ Referrals</li> </ul> </li> </ul>	Practice Manager	Complete
	Distribution of letter to patients		Practice	Practice to arrange distribution	Practice Manager	Complete
	Telephone message to be put onto practice telephone.	August	Practice	To be done once merger confirmed	Practice Manager	Pending
	Notice on doors & local pharmacy		Practice	Practice to arrange distribution	Practice Manager	Complete

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Consider welcome message / patient group work		Practice	Practice to consider: <ul style="list-style-type: none"> <li>• Patient group invite</li> <li>• Welcome Leaflet</li> <li>• Poster</li> </ul>	Practice Manager	Pending due to COVID
1.2 Records	Medical records		Practice	N/A Records to remain at Branch		N/A
1.3 Clinical Overview	Share Plan with Medical Director		Commissioner	Updated through PCC Primary Care update report	Practice Manager	Ongoing
2.1 Communication	Inform staff of current situation and options.		Practice	TUPE of staff pending. Staff meetings throughout process	Practice Manager	Ongoing

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
3.1 Lease	Ensure premises lease are in place	Sept 2019	Practice	CCG approved September 2019	Practice Manager	Complete
4.						
4.1 IT Plan	<ul style="list-style-type: none"> <li>IT Plan</li> <li>IT checklist – signed off</li> <li>System</li> </ul>	July 2020	Practice	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Checklist to be signed – July 2020</li> <li>Tpp informed and provision migration booked for 28/29 July</li> <li>Continue to work with IT colleagues</li> </ul>	Practice Manager  Sarah Cooper Lesley Grindey	Ongoing
4.2 BSU Transfer of Patients	<ul style="list-style-type: none"> <li>BSU/ LASCA – merger of registered patients</li> </ul>	Pending merger approval	Practice	<ul style="list-style-type: none"> <li>Practice need to confirm pooled list or GP List</li> <li>Update practice information</li> <li>Agreed dates</li> </ul>	Practice Manager	Pending merger of clinical system
5.						
5.1 OTMG / RRMG	Letter to Practice to confirm approval for merger	July 2020	CCG	Await PCCC feedback	Primary Care team	Pending approval

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
5.2 Practices	Letter/email to neighbouring practices to inform of merger confirmation		Practice	Confirmation at Network and Locality Meetings All surrounding practices aware of application to PCCC	Practice Manager	Done
5.3 Overview and Scrutiny	Liaise with PCCC committee to seek formal approval and merger date.		Commissioner	Following PCCC meeting on 23 July 2020	Primary Care team	Pending
5.4 LMC	Communication with LMC to confirm merger date.	Post PCCC meeting 23 July 2020	Commissioner	Initial conversations with LMC to confirm direction of travel and business case for approval.  LMC support.	Primary Care team	Pending
5.5 PCT comms team	Email to comms to inform them of potential media interest	Post PCCC meeting 23 July 2020	Practice /Commissioner	To keep all parties internally informed	Primary Care team	Pending
5.6 FT/s Provider arm	District Nurses/Health Visitors to be notified to liaise with patients on caseload.	Post PCCC meeting 23 July	Practice	Pending confirmation date	Tracy Bradfield Lead Nurse	Pending

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
		2020				
	Palliative care manager to be informed to liaise with nurses.	Post PCCC meeting 23 July 2020	Practice	Pending confirmation date	Practice Manager	Pending
	Common Mental Illness – all mental health workers to be notified and liaise with patients.	Post PCCC meeting 23 July 2020	Practice	Pending confirmation date	Practice Manager	Pending
	Severe and Enduring Mental Health	Post PCCC meeting 23 July 2020	Practice	Pending confirmation date	Practice Manager	Pending
	Mental Health Trust		Practice	Pending confirmation date	Practice Manager	Pending
	Midwifery		Practice	Pending confirmation date	Practice Manager	Pending
	Business Managers at FT's to be informed		Practice /Commissioner	Patients Discharged from Hospital Local Hospitals and Trust Mental health trust Ambulance Service	Practice Manager/ Primary Care Change to ODS Code	Pending

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
5.7 PALS	Inform complaints teams CCG & NHSE of merger	Post PCCC meeting 23 July 2020	Practice	Inform of contact details for practice	Practice Manager/ Primary Care	Pending
5.8 BSU	Need to update lists/practice information		Commissioner	Pending confirmation date	Practice Manager	Pending
	Inform courier services		Practice	Pending confirmation date	Practice Manager	Pending
5.9 CCG	Need Email to CCG to cascade to Directors.		Practice	Pending confirmation date	Practice Manager	Pending
5.10 OOH	Need to notify OOH - NHS111		Practice	Pending confirmation date	Practice Manager	Pending
5.11 Regional Team	Notify directors of regional NHS England team		Commissioner	NHSE represented on PCCC	Practice Manager	Pending
5.12 Notify other agencies	Local Pharmacies		Practice	Pending formal approval	Practice Manager	Pending
	Local Hospitals					
	Business Services agency (BSA)					

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	SHA					
6.						
6.1 Contract	Need to prepare contract schedule to reflect contract termination / merger contract value	Post PCCC meeting 23 July 2020	Finance	Finance to prepare and agree sign off with practice Capitation list size 31 <sup>st</sup> March	Practice Manager	Informed Linda McDermott
6.2 Exeter / QMAS	Administer closure of contract on Exeter system/QMAS		Commissioner		N/A	
	Practice to print off copy of population manager		Practice		Practice Manager	Pending
6.3 Bank Accounts	Payments and recoveries		Practice	To confirm: <ul style="list-style-type: none"> <li>New / same bank accounts</li> <li>If new bank account confirm term for old account staying open for payments and recoveries</li> </ul>	Practice Manager	Complete
7.						

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
7.1 Contractual	Contract Variation to add all Partners to contract		Commissioner	Date to be confirmed	Practice Manager	Complete
	Confirm Practice agreement in place		Practice / Commissioner		Practice Manager	Complete
	Confirmation of provider name		Practice	Confirmation received that the name Meadowgreen Health Centre will be staying the same C88015 to be ODS Code	Practice Manager	Complete
7.2 BSU	BSU/LASCA to add end date to the Exeter contract and transfer patients . PSCE notification via agreed form		Practice	Practice to complete for PCSE	Practice Manager	Pending
<b>8. ACTIONS FROM PATIENT ENGAGEMENT</b>						
8.1 Appointments	Capacity of appointments		Practice	<ul style="list-style-type: none"> <li>Following merger existing clinics to be reviewed to consider better allocation across the two sites;</li> <li>Following merger cross site working to be implemented for clinicians, and;</li> </ul>	Practice Manager	Complete

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Continuity of GP		Practice	<ul style="list-style-type: none"> <li>The practices have discussed with patients that they will still be able to see their doctor although it may be at either Practice 1 or Practice 2. The practice will monitor continuity of care throughout the merger.</li> </ul>	Practice Manager	Ongoing
8.2 Adequate facilities	Telephone System		Practice	<ul style="list-style-type: none"> <li>The practice has informed patients that the telephone system will remain the same for the foreseeable future.</li> <li>Continue to review calls post merger to ensure patients are able to access the two sites</li> </ul>	Practice Manager	Ongoing
	Capacity of waiting room		Practice	<ul style="list-style-type: none"> <li>Following merger existing clinics to be reviewed to consider better allocation across the two sites;</li> <li>Following merger cross site working to be implemented for clinicians</li> <li>Consideration for COVID-19 – risk assessments in line with guidance being undertaken</li> </ul>	Practice Manager	Ongoing
8.3 Staffing	Concerns for staff		Practice	<ul style="list-style-type: none"> <li>The practice has informed patients that the merger will be a significant change for all. We plan to work with</li> </ul>	Practice Manager	Ongoing

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
				<p>all of the staff to ensure a smooth positive change with benefits for our staff and patients.</p> <ul style="list-style-type: none"> <li>• Regular staff meetings</li> <li>• Open door policy</li> <li>• Review TUPE arrangements</li> </ul>		
QEIA and EIA	Ongoing work with CCG to further embed QEIA as live tool		Practice	<ul style="list-style-type: none"> <li>• Continue to review / update QEIA process to understand and maximise its full potential for identification and reviewing any unforeseen risks and put plans in place to mitigate where required.</li> </ul>	Practice Manager Sarah Neil Richard Kennedy Maggie Sherlock	Ongoing

As at 13 July 2020

## APPENDIX B

### Supporting Information - Merger Application Proposal

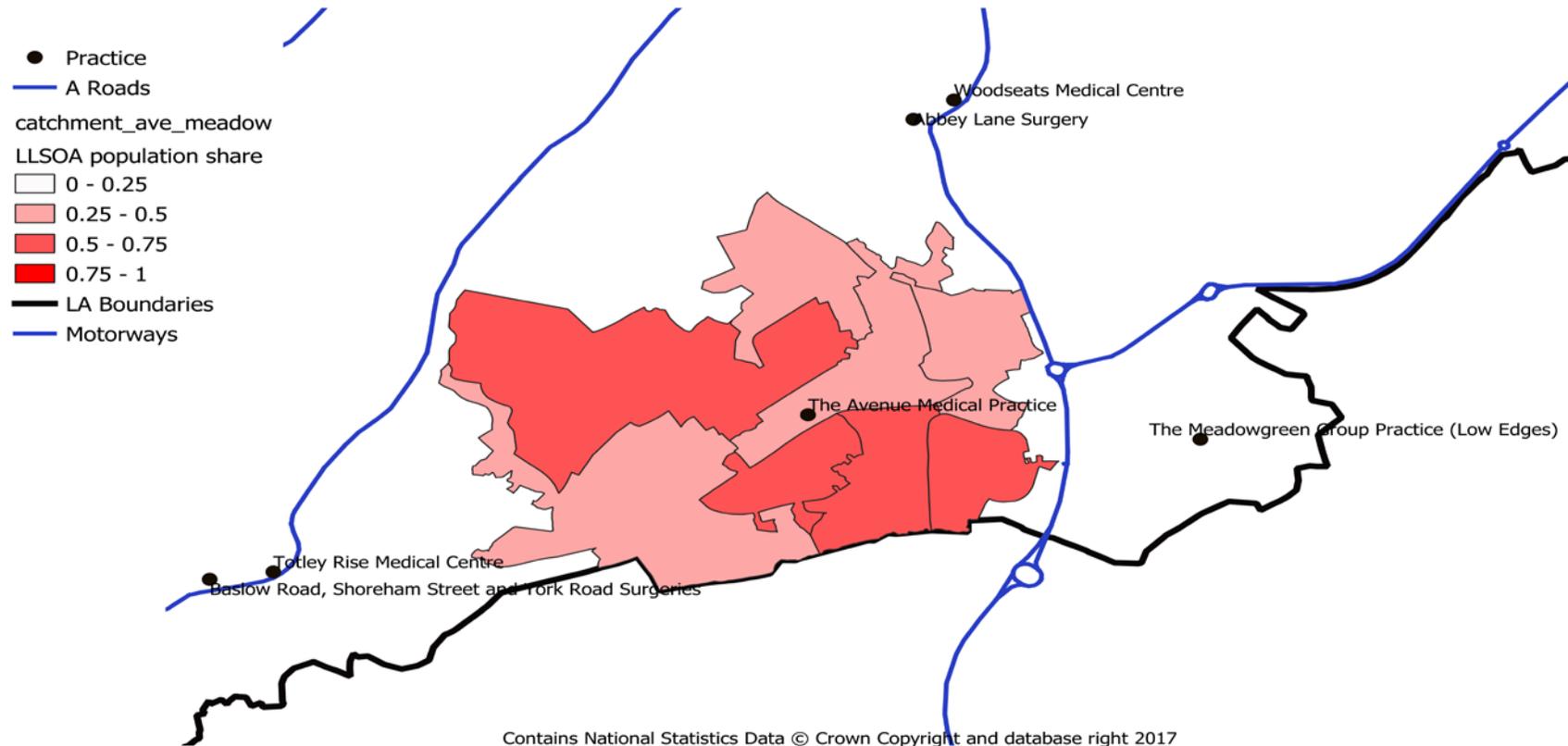
1. A summary of work undertaken as part of the merger application in set out below to provide assurance to PCCC:

	<b>Pre October 2019</b>	<b>For approval by the Committee Yes / No</b>
1	A period of negotiation took place with both sets of partners to ensure full disclosure, with legal advice being sort around contractual arrangements.	No
2	Completion of legal due diligence	No
3	Engage with staff across both sites. Undertake staffing review to inform workforce planning	No
4	Include consideration for TUPE of staff	No
5	Contract Variations agreed by CCG / NHSE – August 2019	No
5	Completion of premises lease arrangements with solicitors – agreement by PCCC September 2019	No
6	Commence alignment of admin functions, policies and procedures to improve operational efficiencies, ensure a standard of quality for service provided across both contracts, mitigate risk as part of best practice.	No
	<b>October 2019 – April 2020</b>	
7	Detailed conversations with all stakeholders to ensure relocation into Jordanthorpe site for Meadowgreen Health Centre could be completed by April 2020 as planned. (new financial year)	No
8	Initial conversations started with CCG colleagues November 2019 around the requirements for a merger business case post Jordanthorpe site move for Meadowgreen Health Centre, and an initial EIA was completed at this time.	No
9	Review of Business Case and discussion on 28 January 2020 and again on 12 March 2020 with all colleagues from the 'Merger Group' to offer further support and guidance when developing a business case for approval. Full QEIA (Devon model) requested to be completed with support from quality colleagues. ( It was appreciated that this was to be a retrospective submission whereas moving forward this is planned to be requested at the beginning of any change including merger process , however this was not available at the time)	No
	<b>May 2020 – August 2020 onwards</b>	
10	Further merger group zoom meetings took place with the practice in June and July 2020 - additional feedback, support	No

	and assurances gained in relation to finalising the Business case.	
11	Practice resubmitted Business case and revised QEIA on 15 June 2020 and had further conversations with primary care and colleagues from the merger group	No
12	<p>QEIA reviewed. Due to COVID-19 and Command and Control arrangements being in place the QEIA Review Group have been stood down. We have engaged with members of the group to seek their views under the current situation.</p> <p>Given this is a new process requiring embedding in Primary care It has been agreed with the practice that the following recommendation would be made – <i>That the new merged practice would continue to review, measure the impact of change, and to work with the Quality and Engagement teams to further mitigate against these post-merger. Support to be accessed around further ongoing development of an active PPG made up of representatives from both practice populations and sites.</i></p>	No
11	PCCC paper submitted for Approval including practice business case. PCCC meeting to be held virtually on 23 July 2020	Yes
12	<p>Subject to PCCC Approval, confirm all arrangements for Clinical system Merger (SystemOne to SystemOne)</p> <p>TPP have the dates of 28/29 July 2020 pencilled in.</p> <p>CCG IT network colleagues also informed.</p>	Yes

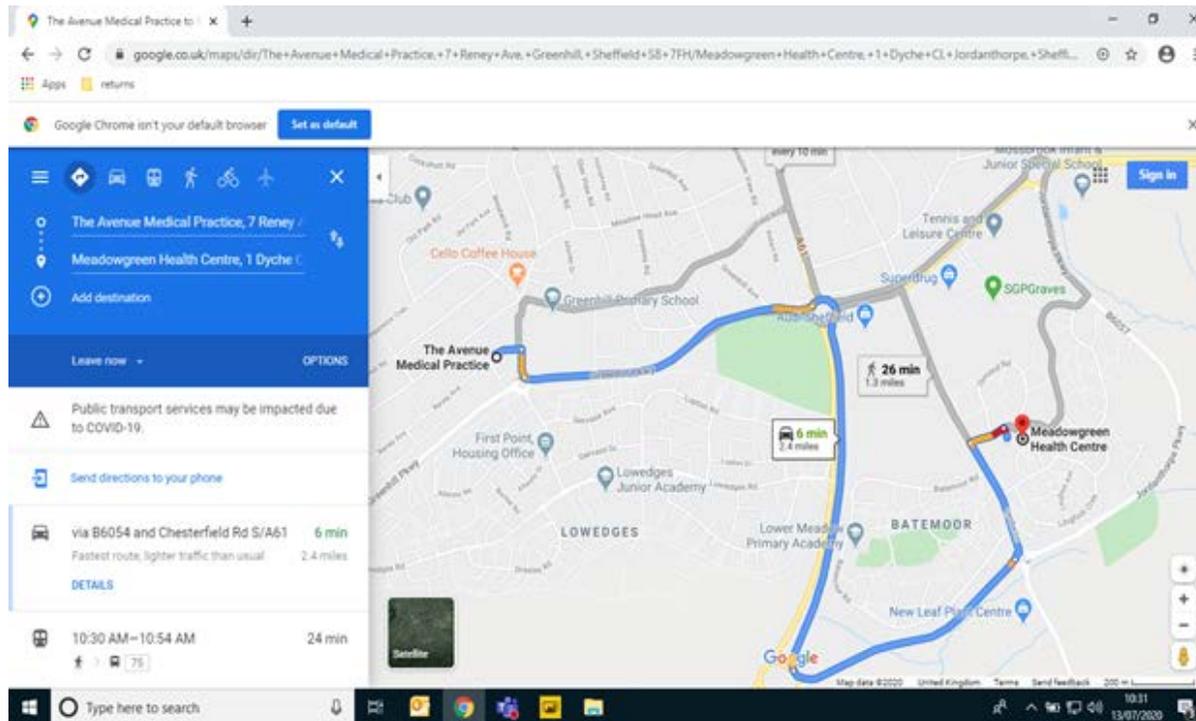
2. Combined population as at April 2020

April 2020 population combined practice:  
Meadowhead and Avenue



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Contains ONS data © Crown Copyright and database right 2017

### 3 .Distance between practices



Distance between practices  
Driving 2.4 miles 6 minutes  
Walking 1.3 miles 26 minutes  
Bus 24 minutes

#### 4. List size

		Apr-16	Jul-16	Oct-16	Jan-17	Apr-17	Jul-17	Oct-17	Jan-18	Apr-18	Jul-18	Oct-18	Jan-19	Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Change Apr 16 - Jan 19	% change
C88015	Meadowgreen Health Cent	9703	9750	9772	9794	9868	9880	9878	9846	9841	9642	9495	9450	9370	9401	9384	9329	9309		-4.06%
C88024	Avenue Medical Centre	7690	7592	7516	7448	7403	7363	7265	7190	7130	7147	7166	7183	7174	7156	7142	7109	7069		-8.08%

Between April 2017 and April 2020 the net number of patients registered at Meadowgreen Health Centre has reduced by 559 and the net number of patients registered at The Avenue Medical Centre has reduced by 334. It is likely that the recent re-location to Jordanthorpe is a contributing factor to the reduction at Meadowgreen

The table below compares changes in list size for the merging practices and those nearby. Baslow Road and Jordanthorpe are part of larger practices which are included below for reference but lists cannot be separated.

PRACTICE	Apr-17	Jul-17	Oct-17	Jan-18	Apr-18	Jul-18	Oct-18	Jan-19	Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Movement	% Change
MEADOWGREEN HEALTH CENTRE	9,868	9,880	9,878	9,846	9,841	9,642	9,495	9,450	9,370	9,401	9,384	9,329	9,309	-559	-5.7%
AVENUE MEDICAL PRACTICE	7,403	7,363	7,265	7,190	7,130	7,147	7,166	7,183	7,174	7,156	7,142	7,109	7,069	-334	-4.5%
WOODSEATS MEDICAL CENTRE	9,114	9,186	9,361	9,524	9,643	9,859	9,958	10,032	10,166	10,293	10,384	10,435	10,508	1,394	15.3%
ABBAY LANE SURGERY	3,117	3,109	3,118	3,136	3,129	3,193	3,222	3,239	3,226	3,204	3,212	3,248	3,254	137	4.4%
TOTLEY RISE MEDICAL CENTRE	3,330	3,344	3,361	3,402	3,442	3,460	3,516	3,557	3,609	3,635	3,649	3,724	3,776	446	13.4%
BASLOW RD, SHOREHAM ST & YORK RD SRGIES	12,527	12,509	12,587	12,656	12,642	12,633	12,661	12,670	12,668	12,682	12,637	12,544	12,506	-21	-0.2%
CLOVER GROUP PRACTICE	16,369	16,405	16,386	16,384	16,394	16,471	16,543	16,735	16,873	16,998	17,178	17,274	17,363	994	6.1%

## 5. Patient Demographics

### 5.1 BME

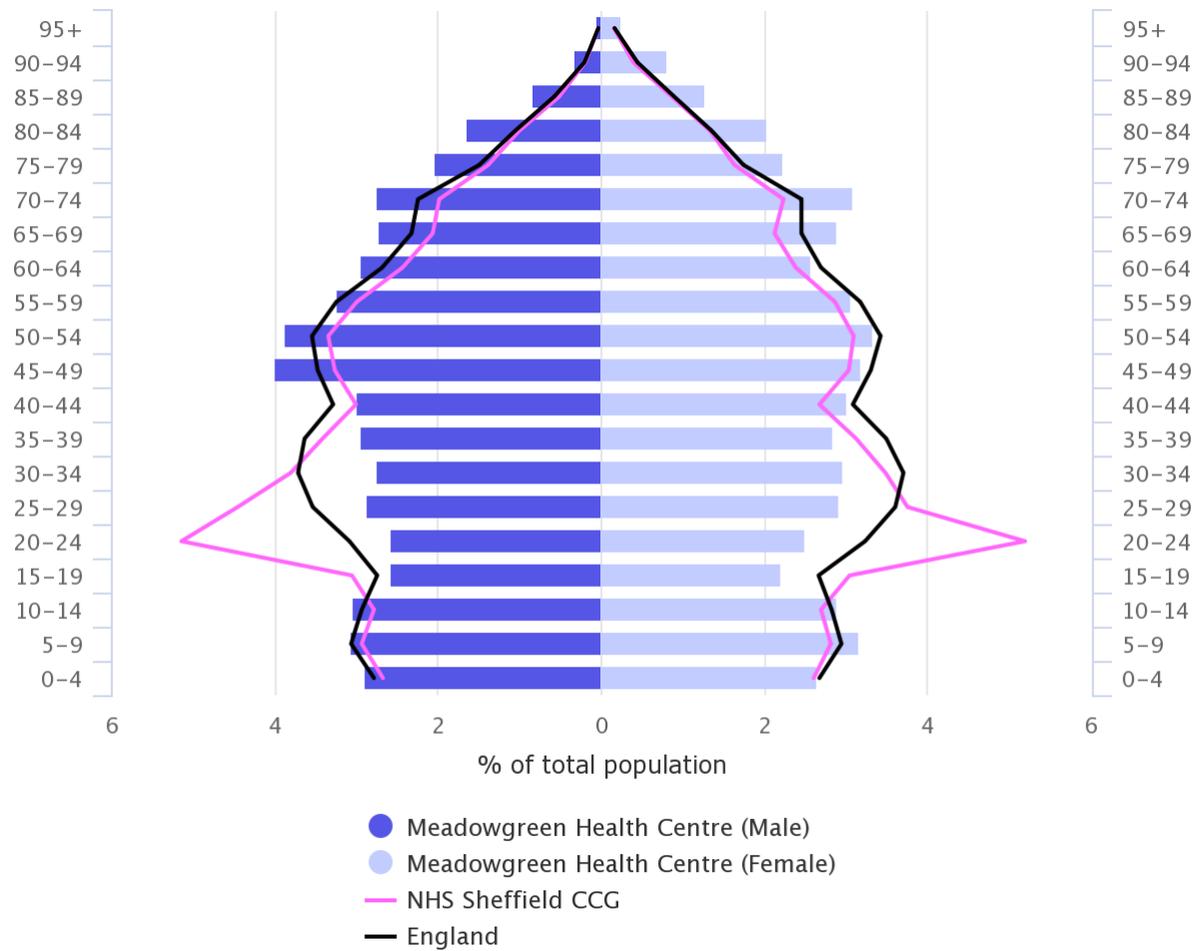
Practice code	Practice name	Network name	Locality	Main surgery	BME 2019	BME 2015	BME 2010
C88015	Meadowgreen Health Centre	Peak Edge	HASL	Meadowgreen	30.03	29.2	12.8
C88024	Avenue Medical Centre	Peak Edge	HASL		19.03	17.7	16.2

### 5.2 Deprivation quartiles

Deprivation quartiles - current data 2015				
Practice code	Practice name	Locality	Main surgery	Citywide deprivation position
C88015	Meadowgreen Health Centre	HASL	Meadowgreen	44
C88024	Avenue Medical Centre	HASL		69

## 6. Age profile – Meadowgreen Health Centre

**Age Profile**  
 GP registered population by sex and quinary age band 2019



## 7. Age profile – The Avenue Medical Practice

**Age Profile**  
GP registered population by sex and quinary age band 2019



## 8. Premises information

The premises occupied by the two practices are described below.

Premise site	Date Constructed/ Age of building	No floors	Total size (m2)	No parking spaces
Meadowgreen Jordanthorpe site	2005	2	2250	32 + 4 disable
The Avenue Reney Avenue site	40-50y	2	241	7 shared with church and off road parking

A 6 Facet Survey of The Avenue was completed in 2016 however, as a LIFT building, this was not conducted on the premises at Jordanthorpe.

### The Avenue Practice – Reney Avenue site

This building is leased by the contractors from the former partners. Lease agreed September 2019. Actual rent of c£66k is reimbursed.

There is shared car parking with the local church and off side road parking around the premises.

### Jordanthorpe Health Centre (Meadowgreen Health Centre)

Jordanthorpe Health Centre is a purpose built primary care building and the practice occupies 39% of the total demise on a leasehold basis, receiving actual rent of c £312k per annum. The Clover Group's Jordanthorpe branch site is co-located within the same premises.



### Former Premises of The Meadowgreen Health Centre

The two former premises occupied by Meadowgreen Health Centre were about to be sold to two separate buyers as the COVID-19 pandemic escalated. Both buyers decided to defer completion until further information was known nationally. The practice continued with their planned relocation to Jordanthorpe as this had reached a point where it was untenable to stop this.

Given the extraordinary circumstances the CCG agreed to offer the practice short term financial support to cover the cost of rent for the former premises (The Old School and Lowedges) subject to a three month review.

## 9. Patient Experience - National Survey Results

The following is a representation of the most recent National Patient survey results for both practices and gives an indication of the key areas they will need to prioritise as part post-merger.

GP PATIENT SURVEY RESULTS		2019	2020
<b>Ease of getting through to someone on the phone</b>			
C88015	Meadowgreen Health Centre	63.3%	62.7%
C88024	Avenue Medical Practice	58.2%	48.1%
03N	NHS Sheffield CCG	66.3%	62.6%
<b>Frequency of seeing preferred GP</b>			
C88015	Meadowgreen Health Centre	40.5%	28.7%
C88024	Avenue Medical Practice	41.9%	18.1%
03N	NHS Sheffield CCG	49.1%	44.5%
<b>Overall experience of making an appointment</b>			
C88015	Meadowgreen Health Centre	68.7%	67.5%
C88024	Avenue Medical Practice	59.1%	51.7%
03N	NHS Sheffield CCG	66.9%	64.0%
<b>Overall experience of surgery</b>			
C88015	Meadowgreen Health Centre	85.0%	86.8%
C88024	Avenue Medical Practice	73.5%	66.0%
03N	NHS Sheffield CCG	84.1%	81.0%
<b>Helpfulness of receptionist</b>			
C88015	Meadowgreen Health Centre	90.3%	84.7%
C88024	Avenue Medical Practice	91.0%	91.1%
03N	NHS Sheffield CCG	89.3%	89.3%
<b>Satisfaction with opening hours</b>			
C88015	Meadowgreen Health Centre	70.1%	56.0%
C88024	Avenue Medical Practice	50.5%	47.7%
03N	NHS Sheffield CCG	63.6%	62.5%
<b>Confidence and trust in the person they saw or spoke to on that occasion</b>			
C88015	Meadowgreen Health Centre	96.0%	97.8%
C88024	Avenue Medical Practice	100.0%	93.8%
03N	NHS Sheffield CCG	93.7%	90.1%
Satisfaction with opening hours is the indicator that stands out where patients are most dissatisfied compared to last year and the CCG average			

## 10. Provider networks

The two practices are established within the Jordanthorpe, Batemoor, Lowedges, Greenhill and Bradway areas and are actively engaged as member practices of the CCG, HASL Locality, Peak Edge Primary Care Network (PCN), and are shareholders within Primary Care Sheffield (PCS)