

**Abbey Lane Surgery (C88046) and Topley Rise Medical Practice (C88068)  
Merger Application****D****Primary Care Commissioning Committee meeting****18 March 2021**

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<b>Sponsor Director</b>	Sandie Buchan, Director of Commissioning Development
<b>Purpose of Paper</b>	
To seek approval for the merger of Abbey Lane Surgery and Topley Rise Medical Practice	
<b>Key Issues</b>	
The practices have submitted a case of change and other information in support of their proposed merger and this has been reviewed by the CCG. The CCG's recommendations to Primary Care Commissioning Committee (PCCC) are set out in the cover paper.	
<b>Is your report for Approval / Consideration / Noting</b>	
<b>Approval</b>	
<b>Recommendations / Action Required by Primary Care Commissioning Committee</b>	
The Primary Care Commissioning Committee is asked to:	
<ul style="list-style-type: none"> <li>• Approve the merger application subject to the following recommendations:</li> <li>• 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 by implementation of the recommendations set out at section 10.1 of this paper.</li> <li>• Complete a full and comprehensive IT Checklist template to be signed off by lead GP for appending to the merger application closer to the time of the system merge.</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>	
<b>Strategic Objectives:</b>	
<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>	
<b>If so please state which function?</b>	
Yes – delegated function 5 – Future Planning	

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

Yes, funding to support practice systems merger of £2,089.16 plus VAT, subject to RPI increase in April (which is the norm)

Additional resource from the CCG including Primary Care , the Merger Group, IT data quality and IT service engineers as part of core business.

**Have you carried out an Equality Impact Assessment and is it attached?**

Yes, Equality Impact Assessment (EIA) and Quality Equality Impact Assessment (QEIA) attached within practice case for change **Appendix 7** and referenced at point 10 of this paper

**Have you involved patients, carers and the public in the preparation of the report?**

The practices have discussed the merger with their Patient Participation Groups (PPGs). The Committee is asked to note the recommendation that the practice continues to identify the effect of the merger on patients (using the QEIA tool) and embeds feedback mechanisms post-merger.

## **Application to Merge Abbey Lane Surgery (C88046) and Totley Rise Medical Practice (C88068)**

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

**18 March 2021**

#### **1. Introduction**

Abbey Lane Surgery and Totley Rise Medical Practice wish to merge and have provided a case for change and other documentation in support of their application.

In 2014 following a retirement Dr Annie Makoka became a single handed contractor at Abbey Lane while at the same time continuing as partner at Totley Rise Medical Practice. In 2018 Dr Majoka also became the single handed contractor at Totley Rise Medical Practice following the retirement of the other partner to that contract

These arrangements secured the future of both of the contracts which could otherwise have resulted in the dispersal of the lists adding further pressure on surrounding practices at that time.

This application is the culmination of a period of transition by the leadership and staff of both practices to bring the contracts clinical systems and back office functions together as one practice. It has been reviewed by the CCG and approval is recommended.

#### **2. Contracts**

Dr Majoka holds the respective GMS and PMS contracts for the two practices and subject to approval by PCCC, a GMS contract would be issued with an effective date for the merger of 1 April 2021. The staff, who work across the two practices, have chosen to name the new practice The Beauchief Medical Practice.

There have been no contract notices or remedial action issued against either contract in the last three years.

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

#### **3. Supporting Information**

The Committee is provided with supporting information in the appendices to this paper as follows:

Appendix A - Practice Business Case

Appendix B - additional information for the Committee:

- Summary of work undertaken as part of the merger review process
- Patient Experience - National Survey Results

- Premises information
- Provider networks
- Patient Demographics
- Deprivation quartiles
- List sizes
- Estates information
- Network information

#### **4. Premises**

Both premises are owned by Dr Majoka. 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.

#### **5. Access and Services**

The practices have been undergoing a transition in preparation for formal merger request and commenced a 'soft merger' process in 2019 starting to review and identify back office functions that could be streamlined and realising efficiencies and better ways of working across both practice sites.

Details of current and proposed access arrangements and service provision are included within the business case. As part of the transition there has already been an offer of choice of clinician time and site. In addition there will be access to additional services especially for the patients of Totley Rise Medical Practice.

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

The practices have been set a system merger date of Monday 19 April 2021 subject to the email being sent to SystmOne (TPP) by the practice nearer the time, to confirm they have completed all required pre-merger activities.

No additional system training has been identified as the practices are using the same systems and the CCG Clinical Application team are supporting the practice and are available for further support as required.

#### **7. Workforce, Recruitment and Retention**

The practices have made clear in their business plan that no redundancies have or will be made as a result of this merger. The practice have introduced a new nurse manager role which an existing ANP has now moved into, and have also recruited to a new 22hr practice nurse role.

Further information regarding workforce is provided in the Support Information.

#### **8. Financial and Operational Considerations**

The practices have provided assurances that there are no known financial or operational concerns which may destabilise the new practice post-merger. It is not anticipated that the merger will present any financial pressures.

## 9. Quality Assessment

Both practices have been risk assessed using the CCG '*Framework for Managing General Practice Performance and Quality*'. Currently both are at stage one. .

## 10. Quality and Equality Impact Assessment (QEIA)

The practices completed an initial QEIA in February 2021. This is included within their practice business case. The practice have been provided with feedback and offered support to address outstanding issues.

### 10.1 Quality Impact Assessment

The QEIA is an iterative process and should continue to be developed as the practice moves through the merger process.

The CCG has provided feedback to the practice on areas to consider and PCCC are asked to consider that approval is given subject to the following recommendations:

#### 10.1.1 Quality

- To measure the impact of change and to work with the Quality and Engagement teams to further mitigate against these post-merger including the updating of the QEIA tool
- To consider any environmental impact the merger may have.

#### 10.1.2 Patient Experience

The practice implements robust methods, approved by the CCG Patient Experience Lead, 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 (when re-introduced) to elicit feedback on the merger
- Provision of a link to Care Opinion available digitally and in practice.
- Inviting local community and voluntary sector groups to provide feedback.

## 10.2 Equality Impact Assessment (EIA)

Due to the circumstances of the merger, i.e. no change in service provision at the sites the practices report no change and therefore no impact.

The practices have not sought the views of patients specifically and therefore have not received feedback from patients. The recommendation will be to continue to report any impacts and to consider the implications for any specific protected characteristics.

### **10.3 Patient Involvement**

The practices have kept patients informed about the progress of the merger and have discussed it with the PPGs. The practices have not actively sought patients' views (other than the PPG members) about whether the practices should merge.

Due to the lack of substantial service change as part of this merger, there is no requirement for the practices to formally consult their patients.

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

### **11.1 Benefits**

The key benefits for merger include:

- enhanced future sustainability and resilience at both sites with a robust clinical model and practice team structure that will minimise any future risk
- additional clinical support gained by realising back office function efficiencies and economies of scale.
- supporting high standards of sustainable healthcare to the practice populations
- increased availability of clinical appointments across both sites as additional nursing capacity has recently been employed.

### **11.2 Risks**

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

## **12. Action for Primary Care Commissioning Committee / Recommendations**

The Primary Care Commissioning Committee is asked to:

- Approve the merger application subject to the following recommendations:
  - i. 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 by implementation of the recommendations set out at section 10.1 of this paper.
  - ii. Complete a full and comprehensive IT Checklist template to be signed off by lead GP for appending to the merger application closer to the time of the system merge.

Paper prepared by: Joanne Ward, Primary Care Co-Commissioning Manager for the Merger Group

On behalf of: Sandie Buchan, Director of Commissioning Development

## **APPENDICES**

### CCG Paper appendices

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

### Practice Business Case appendices

APPENDIX 1	Deprivation figures 2015
APPENDIX 2	Distance between practice sites
APPENDIX 3a	Abbey Lane Practice Population
APPENDIX 3b	Totley Rise Practice Population
APPENDIX 4a	CQC Registration Abbey Lane
APPENDIX 4b	CQC Registration Totley Rise
APPENDIX 5 a, b, c)	National Patient Survey Results 2020
APPENDIX 6	Mobilisation plan – Engagement
APPENDIX 7	QEIA
APPENDIX 8	Practice Assurance Checklist
APPENDIX 9a	Practice Newsletter June 2019 (Abbey Lane)
APPENDIX 9b	Practice Newsletter June 2019 (Totley Rise)
APPENDIX 9c	Practice Newsletter November 2019 (Abbey Lane and Totley Rise)
APPENDIX 9d	Patient FAQ sheet

## **Business Case for Practice Merger**

### **Practice statement**

We hope the Committee will approve our application based on the information provided within this business case. The key message for us is that the merging of our two contracts will be highly beneficial to patients, as outlined in the points below.

- It is a move towards larger, more sustainable services and creates opportunities to widen their accessibility to the total registered group. The sharing of premises and resources will support providing the best possible care.
- Totley Rise patients will benefit primarily, as this brings them in line with the services Abbey Lane can provide (more detail at section 2).
- As we progress and develop primary care networks, we feel that our patients will profit from access to additional clinical roles (ARRs) along with community / voluntary partners. Merging contracts and clinical systems at this time will allow us to further explore clinical ways of working as the technology will be in place to do so.
- The aim is for patients to benefit from a wider skill base and the sharing of clinical expertise from a more multi-disciplinary workforce that includes community partners. The merging our clinical systems is therefore crucial to continuing on this path.
- Consistent engagement and further stability for Central Locality as well as the Heeley City Primary Care Networks (PCN)
- Both practices offer a range of services from attached staff including IAPT, CBD, Counselling, Baby Clinic & antenatal, cryotherapy, CSW, travel clinic which will continue to be delivered at both sites and which in turn offers patients a greater choice of available appointments to fit their lifestyle.
- Developing an agile and skills-based workforce is key to the practices' continued success. We embarked on a soft merge from April 2018, and since then there has been a continuous review of back office functions, including alignment on policies and procedures (discussed at practice meetings). We have felt this has been essential in order to maximise efficiencies and ensure we are in the best position to take forward the primary care agenda.
- During this process and the ultimate merging of the two contracts, we have clearly explained to our staff that no jobs are at risk and staff will continue to be employed by Dr Majoka. (more detail at section 1 including the additional roles of nurse manager and part time additional nurse)
- Both practices are performing at very similar levels with regards to their patients making use of online services with only a 2% difference in terms of their patient list registered for these services. As such, there is expected to be no negative impact on patients accessing these services.
- Patients and staff of all age groups have embraced new technologies with the onset of the pandemic which has enabled the practice to consider its strategies for working remotely moving forward. E.g. positive feedback to virtual PPGs from all members.

- While we understand that our practices are currently not nationally recognised as ‘most deprived ‘- (see **Appendix 1** ), national patient expectation is high across all primary care providers and our two practices have felt the impact of this especially during the pandemic .
- We are committed to maintaining high standards of care for our patients and we believe the ongoing review and system merger is an essential part of this process.
- Historically the two practices did work independently however, since June 2019, work has been undertaken to explore how we can utilise all clinical and administrative staff /functions flexibly across both sites, taking all staff on the journey with us. This has been paramount for us to continue to achieve a high level of care.
- Since June 2019, our patients have been able to utilise both sites and have the choice to see named GPs. (Except Dr Pressley who previously only worked at Totlely Rise, but now has sessions at Abbey Lane see section 2).

**Please note:**

Although we appreciate that the sites are some way apart and there are no direct bus routes, there is, and will continue to be, no need for patients to make an extra journey as there will be **minimal change** to the essential services we are providing. We are only looking to position ourselves for the future demands of primary care with the infrastructure in place to better integrate with our community and with our system partners who can support the delivery of wrap around services.

We hope the committee will support our request to merge contracts and clinical systems given the preparatory work already completed to this date.

Dr Annie Majoka and Mrs Teresa Tromans  
On behalf of Abbey Lane and Totlely Rise Surgeries  
March 2021

## Practices – Abbey Lane and Totley Rise Surgery

### 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 noting that Dr Majoka is a single handed contractor for both contracts.

(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**

##### **Conversations to date with the CCG**

In line with policy guidance our business case has been further discussed and developed in line with advice from the CCG's Merger Group. We have been working towards presenting the case for merger approval to the Primary Care Commissioning Committee (PCCC) at the meeting due to be held on Thursday 18 March 2021.

Additional meetings with colleagues from Quality and Patient Engagement to further discuss our QEIA and identify any further actions have been ongoing and we are committed to continuing these post-merger as we monitor any impacts this merger will have on our total registered patient population.

The practice has been working closely with IT colleagues from the CCG prior to commencing merger preparations as we have done extensive work around data quality already in preparation. We are confident that the actual system merge given our comprehensive work will not cause any major issues and have concentrated on minimising any risks and operational issues especially during the pandemic.

Current conversations with IT colleagues have confirmed a provisional go live date of 19 April 2021 can be secured with SystemOne which coincides with year-end for all financial arrangements and a clear start moving forward. This would be the optimum time for the merger to go ahead.

We are requesting that a new contract follows post approval (issued by NHSE) confirming an effective date of 1st April 2021 for

contractual purposes.

## **The practices and timelines**

### **Abbey Lane**

Dr Davis retired from Abbey Lane in 2014 and Dr A Majoka continued as a single handed contractor

### **Totley Rise**

Dr Pressley retired from Totley Rise in 2018 and Dr Majoka continued as a single handed contractor. Dr Pressley continues to work at Totley Rise as a salaried GP.

Dr Majoka employed Teresa Tromans as her new practice manager across both sites towards the end of June 2019 with a view to ensuring Totley Rise was brought in line with Abbey Lane as at the present time it was noted that patients could not access the same range of services ( as listed below).

From June 2019 as part of a strategic review (referenced above) patients were given the flexibility to choose to access services delivered from both sites.

In November 2019 in a practice newsletter we continued to engage with our patients to inform them of the work were we doing behind the scenes to align our administrative systems and back office functions – this was referred to in the newsletter as a ‘soft merge’ and pending a full merge in the near future. We continue to bring our patients on our journey with us and continue to engage with them including our PPG’s, in order to gain feedback. We have consistently put our patients at the heart of our decision and direction of travel.

**As referenced in our opening statement there are a number of key drivers for the proposal to formally merge which put us in the best place to continue to drive standards and efficiencies in line with current national guidance, these include but not exhaustive;**

- Ensuring future sustainability of existing practice sites in the best interests of the patient population
- Establishing a strong foundation in order to continue to move with the times and to future proof the practice.

- Continuation of improvement as part of the long term plan for Totley Rise site, following the change in partnership arrangements for Dr Pressley ( partner for approx. 35yrs with a strong relationship with his patients) .
- Increasing accessibility to patient services as well as choice, across both sites. (NB we are aware that our national survey results especially for Totley Rise have shown some variations in recent years. We continue to review these but do feel that one of the key factors in our patients responses could be associated with Dr Pressley stepping down as a partner and him returning as a salaried GP but on much reduced sessions, therefore his accessibility is reduced for this cohort of patients. We are aware this could continue as it is part of our merger plan for Dr Pressley to carry out some of his session at the Abbey Lane site , thus offering Abbey Lane patients the opportunity of a male GP). Work has been ongoing to continue to build relationships with the newer GP's however this will take time to be established given the previous history.
- Full and consistent engagement with one Primary Care Networks (PCN)
- Full and consistent engagement with one Locality ( previously we were represented across two Localities)
- The merger will enable us to have conversations with our system partners including community (midwife and District nursing teams) to understand how more efficiently we can work together and map across geographical areas.
- We believe this proposal and direction of travel agreed by the leadership :
  - Will be in the best interest of patients registered at both sites for the reasons outlined in this business case.
  - Ensures a progressive practice that will attract new GPs in the future to sustain the level of work required in primary care
  - will allow a full contractual and IT system merger ensuring the practice has one merged clinical IT system which can then be maximised to its full potential
  - Allows for one ODS code for efficiencies within accountancies (NHSE and practice). As two separate contracts we are under pressure to deal with the current challenges e.g. two sets of claims each month / quarter is time consuming, preparation of x2 sets of accounts can be managed more efficiently. This work is currently completed by the practice manager and is extremely time consuming. Post-merger this will release more time to focus on other priorities.
  - As the practice continues to grow and links in to the PCN our practice structure will continue to develop. We would like to position ourselves so we are able to be in the best position to realise potential future increases in services that will come and be delivered through contractual arrangements e.g. new DES, additional Locally Commissioned Services.
  - Extensive work has been undertaken already in the clinical systems to ensure consistency of data quality as we prepared and have subsequently completed the process of 'shared admin' across SystemOne whilst have two separate system units. (Functionality to link into systems within merging) . By working through this process it has been acknowledged that the clinical records within the systems are of a standard where we do not anticipate any clinical

risks to be identified however there will continue to be safeguards in place to pick up on any areas of improvement. As part of the system merge we will work with SystmOne colleagues who review our clinical system and identify any anomalies. We will continue as good practice post-merger to review /audit our clinical records.

- Streamline and enable clear communications utilising all technologies. Clinical and administrative meetings will be facilitated by MS teams and lead by Dr Majoka and or/ Teresa Tromans and include as outlined below:
  - a) MDT meetings – led by Dr Majoka, within clinical meetings ( third Wednesday in every month)
    - \*MDT defined as ; representatives from district nursing team, St Lukes, pharmacy, practice nursing team – fully minuted.
  - b) Safeguarding meetings – led by Dr Fenton - monthly
  - c) Team brief – 9am every day via teams – clinical team led by Teresa Tromans ( attended by Dr Majoka when on shift)
  - d) Full practice meeting – last Wednesday in the month – led by both Dr Majoka and Teresa Tromans
- Allows the practice to consider its environmental impact and consider greener strategies / effective action where appropriate

### **Estates**

Both properties are entirely owned by Dr Majoka and are now in good repair. We would like it noting that Tottle Rise surgery has gone through a large estates improvement plan to modernise decoration internally and to ensure it is more patient friendly and up to date.

It continues to be the case that car parking has had to be on the street for both sites, this is a historical arrangement due to location.

### **Staffing**

We have continued to engage with all staff throughout this process. Our approach has been to consult with staff on their opinions and suggestions throughout this process and to update them on the changes as we progressed. Any new initiatives or pieces of work have been discussed in advance and have been open to review and learning post implementation. Feedback from staff has always been encouraged and welcomed, in order to ensure learning has been implemented. Any changes are included as standard items on our practice meetings and are open for full discussion. Staff continue to have various ways of communicating

with the leadership of the practice which includes confidential conversations and / or feedback in anonymised letter format. We do feel by implementing these key lines of communication that we have the support and engagement of all our staff and have been open to individual conversations during staff appraisal. This will continue as part of the merger as it is embedded within our culture to have open and transparent communication with staff.

As previously noted, there will be no redundancies as a result of this merger and no requirement for TUPE.

**COVID including vaccination programme**

Our practices are part of Heeley Primary Care Network and are actively involved in the Covid Vaccination Rollout Programme. Figures from the Network show our practices are leading the way for the number of patients who have been vaccinated against Covid. We continue to fully engage with the programme to ensure the success of this national incentive.

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

	<b>Practice 1</b>	<b>Practice 2</b>	<b>Merged Practice</b>
Name and address of practice	Abbey Lane Surgery 23 Abbey Lane Sheffield S8 0BN	Totley Rise Medical centre 96 Baslow Road Sheffield S17 4DQ	Beauchief Medical Practice  Please note change of name chosen by vote between all staff.  The staff felt that the name had close ties to the local community (geographical area) and feel this symbolises a new era for both practices especially following Dr Pressley's change in partnership and moving out of wave 3 of the

			COVID pandemic. . The practices are committed to continuing to run 2 sites. The main site being Totlely Rise and the branch will be Abbey Lane
Distance between both sites – <b>Appendix 2</b>	Driving 2.7 miles 7 minutes Walking 2.7 miles 54 minutes Bus routes (no direct bus) between 28 - 40 minutes		
ODS Code	C88046	C88068	C88068 (taking Totlely Rise ODS code so Abbey Lane would no longer be used)
Contract type	PMS	GMS	GMS
Proposed Variation Date	-	-	01 April 2021
Name of contractor As at 31 03 2021	Dr Annie Majoka	Dr Annie Majoka	Dr Annie Majoka
Practice populations	<b>See Appendix 3a</b>	<b>See Appendix 3b</b>	Agreement to cover both existing boundaries
List size as of: 01 01 21			
Actual	3275	3857	7,132
Weighted	3062	3678	tbc
Surgery Opening Times	Monday 08:00-18:00 Tuesday 08:00-18:00 Wednesday 08:00-18:00 Thursday 08:00-16:00 Our Reception is open but	Monday 08:00-18:00 Tuesday 08:00-18:00 Wednesday 08:00-18:00 Thursday 08:00-2.30pm Our Reception is open but	Monday 08:00-18:00 Tuesday 08:00-18:00 Wednesday 08:00-18:00 Thursday 08:00- 4.00pm for Abbey Lane and 2.30pm for

	<p>telephone lines are diverted to the Out of Hours Service from 13:00.</p> <p>Friday 08:00-18:00</p> <p>Saturday Closed</p> <p>Sunday Closed</p>	<p>telephone lines are diverted to the Out of Hours Service from 13:00.</p> <p>Friday 08:00-18:00</p> <p>Saturday Closed</p> <p>Sunday Closed</p>	<p>Totley Rise *</p> <p>Our Reception is open but telephone lines are diverted to the Out of Hours Service from 13:00.</p> <p>Friday 08:00-18:00</p> <p>Saturday Closed</p> <p>Sunday Closed</p> <p>*the practice will be working to align Thursday afternoon opening times post pandemic but would like the committee to acknowledge that reception staff are already working additional hours on the vaccine delivery and at this time we do not feel it is appropriate to approach staff to increase again. Staff are aware of our intention and have shown a willingness to align however the timing you will appreciate is not ideal to make these changes. Please note Totley Rise patients can have access now as an improvement at Abbey Lane between 2.30 -4.00pm.</p>
Number of GPs and clinical sessions	<p>Dr Annie Majoka (Clinical Lead) – 2 sessions</p> <p>Dr Jenna Green (salaried) – 3 sessions</p>	<p>Dr Annie Majoka (Clinical Lead ) – 4 sessions</p> <p>Dr Jenna Green (salaried) – 2 sessions</p>	<p>Dr Annie Majoka (Clinical Lead )</p> <p>Dr Jenna Green (salaried)</p> <p>Dr Alice Fenton (salaried)</p>

	<p>Dr Alice Fenton (salaried) – 4 sessions</p> <p>Total – 9 session</p> <p>*please note clinical model and more access to ANP's as below</p>	<p>Dr Alice Fenton (salaried) – 2 sessins</p> <p>Dr Kieran Pressley (salaried) – 4 sessions</p> <p>Totley – 12 sessions</p>	<p>Dr Kieran Pressley (salaried)</p> <p>21 GP sessions to work flexibility across both sites.</p> <p>In addition the ANPs will also work flexibly across both sites to meet the demands of the population</p> <p>Dr Majoka is the Clinical lead for the practice and makes herself available to all clinical staff. The merging of the two systems will enhance the mechanism for continued communication as SystOne allows for internal prompts and messages to work instantly within the system.</p> <p>We also have our internal telephone system for direct access, MS teams accessibility and practice 'whats app' groups.</p>
<p>Number of other practice staff</p>	<p>X1 Senior Patient Care Coordinator / Administrator</p> <p>X1 Senior Patient Care</p>	<p>X1 Senior Patient Care Coordinator / Administrator</p> <p>X1 Senior Patient Care</p>	<p>X1 Senior Patient Care Coordinator / Administrator</p> <p>X1 Senior Patient Care</p>

	<p>Coordinator / Healthcare Assistant</p> <p>X1 Senior Patient Care Coordinator</p> <p>X2 Patient Care Coordinators</p> <p>X1 Apprentice Patient Care Coordinator</p> <p>X1 Data Coder &amp; Administrator</p> <p>X1 Data Coder &amp; Summariser 2 x HCA -</p> <p>X1 Practice Pharmacist</p>	<p>Coordinator / Healthcare Assistant</p> <p>X1 Senior Patient Care Coordinator</p> <p>X2 Patient Care Coordinators</p> <p>X1 Apprentice Patient Care Coordinator</p> <p>X1 Data Coder &amp; Administrator</p> <p>X1 Data Coder &amp; Summariser 1 x HCA</p> <p>1 X Phlebotomist</p> <p>X1 Practice Pharmacist</p>	<p>Coordinator / Healthcare Assistant</p> <p>X1 Senior Patient Care Coordinator</p> <p>X2 Patient Care Coordinators</p> <p>X1 Apprentice Patient Care Coordinator</p> <p>X1 Data Coder &amp; Administrator</p> <p>X1 Data Coder &amp; Summariser 3 x HCA *cumulative this is 54hrs of HCA and Phlebotomy time.</p> <p>1 X Phlebotomist</p> <p>X1 Practice Pharmacist – 24hrs for the practice</p>
Number of hours of nursing time	<p>X1 ANP 13.5</p> <p>X1 ANP 3</p> <p>X1 Locum ANP 3.5</p> <p>1X Nurse 5.5</p>	<p>X1 ANP 13.5</p> <p>X1 ANP 3</p> <p>X1 Locum ANP 3.5</p> <p>1X Nurse 9</p>	<p>X1 ANP - Nurse manager ( <b>new role</b>) 27hrs</p> <p>X1 ANP 6hrs</p> <p>X1 Locum ANP 7hrs</p> <p>2 X Nurse 36.5 (<b>new nurse</b> for 22 hrs recently recruited)</p>

			<b>Total Nurse Hours 76.5</b>
Attached / Community staff and additional services	Midwife IAPT Link Worker (PCN) Physio (PCN) Dietician (PCN) Mental Health Worker (PCN) PCN Phlebotomist Physician Associate PCN	Midwife IAPT Link Worker (PCN) Physio (PCN) Dietician (PCN) Mental Health Worker (PCN) PCN Phlebotomist Physician Associate PCN	Midwife IAPT Link Worker (PCN) Physio (PCN) Dietician (PCN) Mental Health Worker (PCN) PCN Phlebotomist Physician Associate PCN
CCG area	Sheffield CCG	Sheffield CCG	Sheffield CCG
Which computer system/s	S1	S1	System One (TPP)
Clinical governance/ complaints lead and systems	Dr Annie Majoka	Dr Annie Majoka	Dr Annie Majoka
Training practice	N/A	N/A	N/A
Reception opening hours	08.00-13.00 – 14.00-18.00 08.00-13.00 – 14.00-18.00 08.00-13.00 – 14.00-18.00 08.00-13.00 – 13.00-16.00 08.00-13.00 – 14.00-18.00	08.00-13.00 – 14.00-18.00 08.00-13.00 – 14.00-18.00 08.00-13.00 – 14.00-18.00 08.00-13.00 – 13.00-14.30 08.00-13.00 – 14.00-18.00	Our reception opening hours will continue as they are but with a view to bringing Topley Rise in line with Abbey Lane in the near future. This has been difficult to facilitate sooner due to staffing levels and the how the practice has had to work during the pandemic.
Telephone Line access	At present we have a separate incoming telephone line for each practice however this is currently		

for patients	<p>under review.</p> <p>We have an internal telephone system that works across both sites.</p>		
Extended hours	<p>We offer extended hours telephone consultations on a Tuesday evening.</p> <p>These appointments are for non-emergencies and are pre-bookable only to patients who cannot access the Practices in the week (for example patients who work away from home during the week).</p>	<p>We offer extended hours telephone consultations on a Tuesday evening.</p> <p>These appointments are for non-emergencies and are pre-bookable only to patients who cannot access the Practices in the week (for example patients who work away from home during the week).</p>	<p>Extended hour's telephone consultations will continue and remain accessible to all patients following merger.</p>
Enhanced services	<p>LD</p> <p>DMARDS</p> <p>Anti Coag</p> <p>Ring pessaries</p> <p>Minor surgery DES</p> <p>Zoladex</p> <p>Quality Contract</p> <p>Network DES</p> <p>Over and Above</p>	<p>LD</p> <p>DMARDS</p> <p>Ring pessaries</p> <p>Minor surgery DES</p> <p>Zoladex</p> <p>Quality Contract</p> <p>Network DES</p> <p>Over and Above</p>	<p>LD</p> <p>DMARDS</p> <p>Anti Coag</p> <p>Ring pessaries</p> <p>Minor surgery DES</p> <p>Zoladex</p> <p>Quality Contract</p> <p>Network DES</p> <p>Over and Above</p>
Premises	Owned by Dr Majoka	Owned by Dr Majoka	<p>Owned by Dr Majoka</p> <p>*Request in to CCG to support change of admin room to clinical room to support new network role.</p>

<p>CQC – Appendix 4 (a and b)</p>	<p>Overall : Good</p> <p><a href="https://www.abbeylanesurgery.nhs.uk/practice-information/4262-2/">https://www.abbeylanesurgery.nhs.uk/practice-information/4262-2/</a></p>	<p>Overall : Good</p>	<p>CQC have been kept fully informed that an application to merge the two practices has been made.</p>
<p>Website</p>	<p><a href="https://www.abbeylanesurgery.nhs.uk/">https://www.abbeylanesurgery.nhs.uk/</a></p>	<p><a href="https://totleyrisemedicalcentre.nhs.uk/">https://totleyrisemedicalcentre.nhs.uk/</a></p>	<p>1 Website will be created following the merger.</p>
<p>PPG</p>	<p><a href="https://www.abbeylanesurgery.nhs.uk/practice-information/patient-participation-group/">https://www.abbeylanesurgery.nhs.uk/practice-information/patient-participation-group/</a></p>	<p><a href="https://totleyrisemedicalcentre.nhs.uk/practice-information/patient-participation-group/">https://totleyrisemedicalcentre.nhs.uk/practice-information/patient-participation-group/</a></p>	<p>We will be looking post-merger of supporting both PPG groups to merge into 1 virtual group.</p> <p>Our individual PPG’s have embraced the change and move to virtual meetings due to the pandemic and we are pleased to report that this has not been a barrier to date (our eldest active PPG member is over 80 and is happy to use virtual technology).</p> <p>We intend to continue with virtual meetings and have already prepared our PPG’s (discussions with Chairs’) for the pending merge so everyone is aware and has the opportunity to feed into processes and practicalities.</p> <p>We are excited about the prospect of continuing to work, and further embed the work of</p>

			our PPG.
Newsletters	<a href="https://www.abbeylanesurgery.nhs.uk/practice-information/about-us/practice-newsletters/">https://www.abbeylanesurgery.nhs.uk/practice-information/about-us/practice-newsletters/</a>	<a href="https://totleyrisemedicalcentre.nhs.uk/practice-information/about-us/practice-newsletters/">https://totleyrisemedicalcentre.nhs.uk/practice-information/about-us/practice-newsletters/</a>	Post-merger will allow communication of practice information to be streamlined through one newsletter and one website page.
Digital Technology	Accurx currently mobilised Lexacom IGPR (electronic reporting and screening tool) INR Star	Accurx currently mobilised Lexacom IGPR (electronic reporting and screening tool)	Accurx currently mobilised Lexacom IGPR (electronic reporting and screening tool) INR Star  The merger of both practices will enable the practice to have 1 system for the above digital technologies and be cost effective
National Patient Survey Results	See <b>Appendix 5 a, b and c</b> National Patient Survey Results for the practice	See <b>Appendix 5 a, b and c</b> National Patient Survey Results for the practice	We will continue to work with our patients with a view to reviewing feedback and considering where possible changes can be made to enhance the service and the overall experience for our patients.  Please note:  In section 1 we referred to Dr Pressley retiring after 35yrs and reducing his commitment at Totley Rise surgery. Dr Pressley was a well-established and liked

			<p>GP with over 35yrs experience who is now a salaried GP for 4 sessions a week working across both sites.</p> <p>We appreciate that for some patients at Toley Rise this change in GP is significant and may be a contribution to our national patient survey results. We are committed to working hard to continue to build our relationships up with Toley Rise patients and are pleased that Dr Pressley has stayed and is supporting this transition. .</p>
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### 3. 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.

For both practices we anticipate many benefits as previously outlined. To help summarise, these include :

- Increase choice in accessing services with clinical staff across both sites – please note this will be patient choice as both sites will have the offer of accessing all the same services.
- More access to preferred clinical staff for continuity of care through offer of choice (although it is appreciate there is a distance between the sites not easily accessed by one direct bus route).
- Increase in nursing team capacity as efficiencies realised and team expands – e.g. nurse manager role and new part time nurse

- For Totley patients only ; access to anticoagulation LCS and warfarin management ( not previously offered)
- Increase access to dedicated phlebotomy services as part of skill mix and development of clinical nursing team
- Access to practice pharmacy across both sites will not be affected and patients will still have the same access to community pharmacies post-merger.
- Since the start of the pandemic, Totley Rise had a low uptake of patients using ETP (Electronic Transfer Pharmacy) for their prescriptions. We actively engaged with patients to increase take-up and please to report a significant increase. This has benefited patients ensuring prescriptions were requested and dispensed efficiently and with minimal contact with the Practice.
- Additional roles provided by the Primary Care Network as these become embedded within the practice
- The success of the merger will be measured by; increased engagement from patients, staff morale, staff satisfaction, reduce impact on practice manager workload, release of GP Partner time, reduction in bureaucracy, complaints and feedback, patients reviews ( Care opinion, Healthwatch and NHS Choices)

#### 4. Financial considerations

Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger.

<b>Premises</b>	Both owned by Dr Annie Majoka – no impact
<b>IT</b>	Both sites using System One (TPP) so merge of clinical system and have moved to shared admin in preparation for the merger (entailed detailed data quality validation). CCG agreed to fund : Cost at the current time £2089.16 plus VAT, subject to RPI increase in April ( which is the norm)

<b>TUPE</b>	Not applicable – contracts will be updated in line with practice name change
<b>Redundancy</b>	Not applicable
<b>QOF</b>	To continue under one C-code
<b>Pension/seniority</b>	Not applicable
<b>MPIG/PMS Premium</b>	Not applicable
<b>Dispensing</b>	Not applicable

## 5. Service delivery

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>QOF</b>	We will continue to review QOF and maximise outcome. We are both high achievers and will continue to ensure this is a priority. We have already completed a lot of data coding which will benefit QOF. The practice intends to hold a GMS contract.
<b>Access</b>	No change initially but with a view to an alignment on a Thursday afternoon
<b>Recent of ongoing breaches of contract</b>	Not applicable
<b>Recent or pending CQC matters</b>	Not applicable – see section 2 for link to CQC reports
<b>If one practice's service delivery is of a lower standard, is there a proposal</b>	We believe both practices have attained high standards of care and service delivery. We are committed to maintaining these and looking at ways we can continually improve.

<b>to improve performance</b>	<p>We have a dedicated and professional workforce with strong patient ethics, along with a strong leadership team (supported by robust systems and processes).</p> <p>Through clinical audit , ongoing review of systems and processes, patient feedback we hope to continue to maintain high standards.</p>
<b>Will there be any cessation of services post-merger?</b>	<p>No</p>
<b>Will there be a reduction of hours for which services are provided post-merger?</b>	<p>No</p>
<b>Will there be a change in the hours at which services are provided?</b>	<p>No change initially but with a view to an alignment on a Thursday afternoon</p>
<b>Will there be a reduction in the number of locations or a change in the location of premises from services are provided?</b>	<p>No</p>
<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>Not applicable</p>

## 6. Patient and stakeholder engagement and experience

Please provide comments on the following matters.- Please read in conjunction with Mobilisation Plan – **Appendix 6**. Further detail at point 9

<p><b>Have the practices engaged with patients and/or stakeholders on the practice merger?</b></p>	<p>Due to the patients already being aware of our soft merge as far back at September 2020 we have consistently reviewed the direction of travel we have discussed at formal stakeholder events with the engagement team at the CCG and feel an approach is proportionate to the change</p>
<p><b>Do the practices intend to engage with patients/stakeholders?</b></p>	<p>Ongoing utilising of all avenues of communication over a period of time as previously referenced in the business case</p>
<p><b>When did/will you engage with patients/stakeholders?</b></p>	<p>Previously referenced in the business case and will continue to be monitored post-merger</p>
<p><b>In what form did/will you engage with patients/stakeholders?</b></p>	<p>Referenced within the application, although see attached recent FAQ (pdf attached)  <a href="https://www.abbeylanesurgery.nhs.uk/wp-content/uploads/2021/03/Patient-info-document.pdf">https://www.abbeylanesurgery.nhs.uk/wp-content/uploads/2021/03/Patient-info-document.pdf</a></p>
<p><b>With whom did/will you engage?</b></p>	<p>Patients, voluntary organisations, PCN, STH, SCC, Local Councillors</p>
<p><b>If you have already carried out engagements, what was the outcome?</b></p>	<p>Feedback mechanism established during transition period.  PPGs have been kept informed.</p>
<p><b>Patient experience / feedback</b></p>	<p>The practice welcomes all forms of feedback from patients and will seek to act upon this as soon as possible and to refer to it as part of ongoing improvement.</p> <p><b>Below are links to NHS choices and current reviews.</b></p> <p><a href="https://www.nhs.uk/services/gp-surgery/totley-rise-medical-centre/C88068/ratings-and-reviews?currentpage=2">https://www.nhs.uk/services/gp-surgery/totley-rise-medical-centre/C88068/ratings-and-reviews?currentpage=2</a></p> <p><a href="https://www.nhs.uk/services/gp-surgery/abbey-lane-surgery/C88046/ratings-and-reviews?currentpage=1">https://www.nhs.uk/services/gp-surgery/abbey-lane-surgery/C88046/ratings-and-reviews?currentpage=1</a></p> <p><b>Below are links to care opinion reviews:</b></p>

	<p><a href="https://www.careopinion.org.uk/opinions?phrase=totley+rise">https://www.careopinion.org.uk/opinions?phrase=totley+rise</a>  <a href="https://www.careopinion.org.uk/opinions?nacs=c88046">https://www.careopinion.org.uk/opinions?nacs=c88046</a></p> <p><b>Website – feedback pages</b></p> <p><a href="https://totleyrisemedicalcentre.nhs.uk/navigator/feedback/">https://totleyrisemedicalcentre.nhs.uk/navigator/feedback/</a>  <a href="https://www.abbeylanesurgery.nhs.uk/navigator/feedback/">https://www.abbeylanesurgery.nhs.uk/navigator/feedback/</a></p> <p><b>FFT</b></p> <p><a href="https://totleyrisemedicalcentre.nhs.uk/nhs-friends-and-family-test/">https://totleyrisemedicalcentre.nhs.uk/nhs-friends-and-family-test/</a>  <a href="https://www.abbeylanesurgery.nhs.uk/nhs-friends-and-family-test/">https://www.abbeylanesurgery.nhs.uk/nhs-friends-and-family-test/</a></p> <p>We will continue to monitor all avenues of patient feedback post merger at both sites to consider both the individual and collective impacts of the full merger. At this stage given the transition, we are not anticipating any major impacts and have assessed the risks as low.</p>
<p><b>Actions as a result of QEIA – to be read in conjunction with Appendix 7</b></p>	<p>We will continue to work with CCG colleagues to maximise the benefits of using this tool, however, this is new to us. This is very challenging and quite overwhelming and we will need continual support</p>

## 7. Contractual actions

<p>Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger.</p>
<p>We will require a new GMS contract to be issued using the C88068 ODS code from the effective date of 01 April 2021  Please See <b>Appendix 8 – Practice Assurance Checklist</b> to demonstrate actions to date.</p>

## 8. 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.

Not applicable

## 9. 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. Please see **Appendix 6**

### **Appendix 6 – Mobilisation plan**

- Provide details of potential changes with CCG Comms and Engagement Team at earliest opportunity to allow team to refine messages
- Complete Quality and Equality Impact Assessment – Practice Manager
- Include information on website – Practice Manager
- Send information to PPG – Practice Manager
- Update all PPG Members and explore how PPG can support patient engagement by spreading message
- Inform local community organisations – Practice Manager and PPG
- Identify if any local community organisations have any local feedback that may be helpful and explore how they can help support patient engagement – Practice Manager
- Liaise with CCG Comms team about any media requests – Practice Manager
- Send an SMS to all patient of the practices – Practice Manager
- Create posters / newsletter/articles and flyers etc. Display in waiting rooms and ensure information is available – Practice Manager
- Generic practice email addresses encouraged to be used for feedback – Practice Manager
- Analyse all feedback returned and summarise common themes – Practice Manager
- Write Business case Present report at PPG – Chairman PPG

## 10. Additional information

Please provide any additional information that will support the proposed practice merger.
We have informed our staff, network, Localities, CQC and LMC of the direction of travel and merger request and have received positive feedback and support for this for all parties.

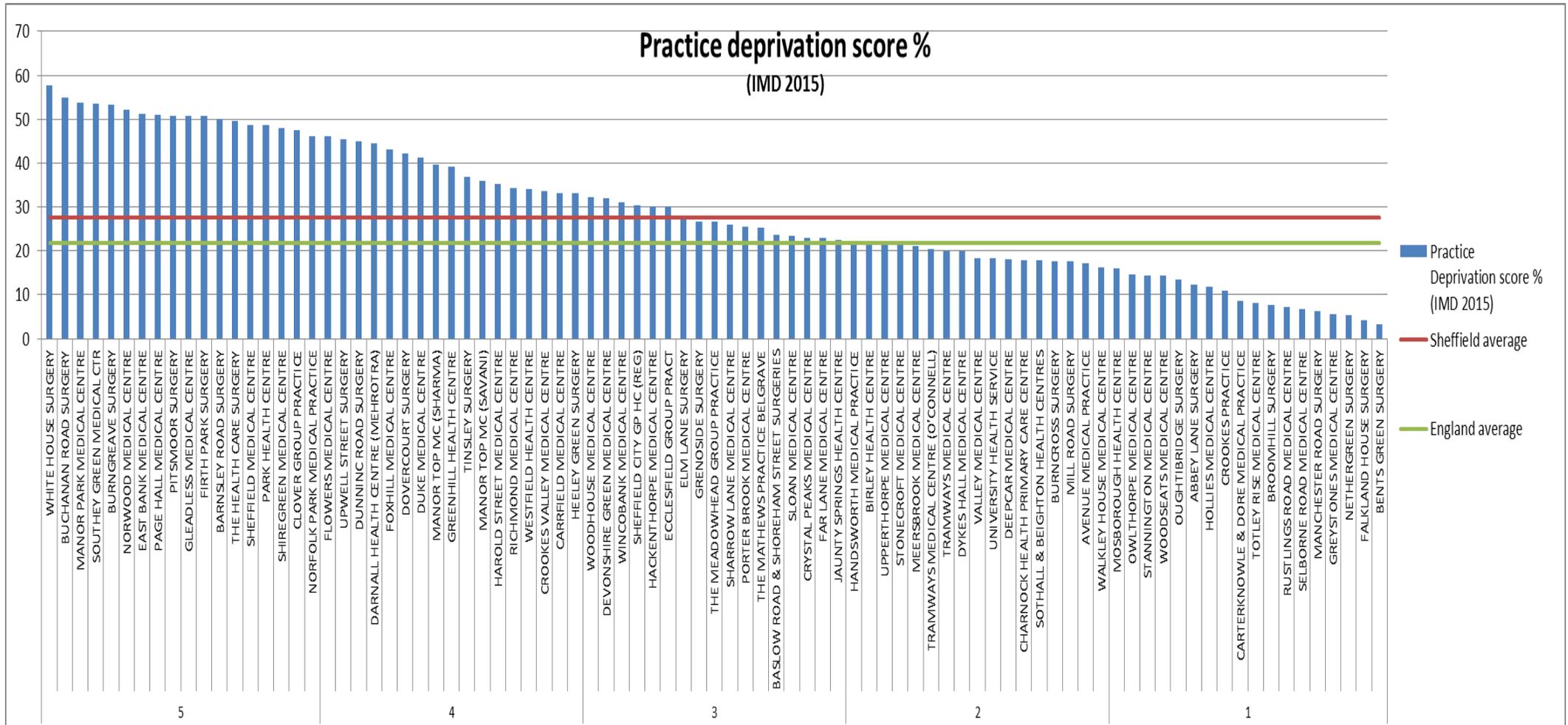
## 11. Signatures

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 Annie Majoka</b>	GP sole contractor	Agreed virtually. Signature to follow.	09 March 2021

**Appendices attached to the Business case**

<b>Appendix 1</b>	Deprivation figures 2015
<b>Appendix 2</b>	Distance between practice sites
<b>Appendix 3a</b>	Abbey Lane Practice Population
<b>Appendix 3b</b>	Totley Rise Practice Population
<b>Appendix 4a</b>	CQC Registration Abbey Lane
<b>Appendix 4b</b>	CQC Registration Totley Rise
<b>Appendix 5 (a,b,c)</b>	National Patient Survey Results 2020
<b>Appendix 6</b>	Mobilisation plan – Engagement
<b>Appendix 7</b>	QEIA
<b>Appendix 8</b>	Practice Assurance Checklist
<b>Appendix 9a</b>	Practice Newsletter June 2019 (Abbey Lane)
<b>Appendix 9b</b>	Practice Newsletter June 2019 (Totley Rise)
<b>Appendix 9c</b>	Practice Newsletter November 2019 (Abbey Lane and Totley Rise)
<b>Appendix 9d</b>	Patient FAQ sheet

Sheffield Deep End Practices: Who's in?



Sheffield Deep End practices are all those practices in deprivation quintiles 4 and 5. Total = 35 practices

# APPENDIX 2

Abbey Lane Surgery to Totley Rise

google.com/maps/dir/Abbey+Lane+Surgery,+Abbey+Lane,+Woodseats,+Sheffield/Totley+Rise+Medical+Centre,+Baslow+Road,+Totley,+Sheffield/@53.3281408,-1.52...

Abbey Lane Surgery, 23 Abbey Ln, Wood

Totley Rise Medical Centre, 96 Baslow R

Add destination

Leave now

OPTIONS

Send directions to your phone

via Abbey Ln/B6068 and A621 **9 min**  
Fastest route, lighter traffic than usual 3.4 miles  
DETAILS

via B6054 **11 min**  
4.3 miles

11:57 AM–12:26 PM **29 min**  
25 > walking

Explore Totley Rise Medical Centre

Gas Groceries Hotels More

9 min 3.4 miles

11 min 4.3 miles

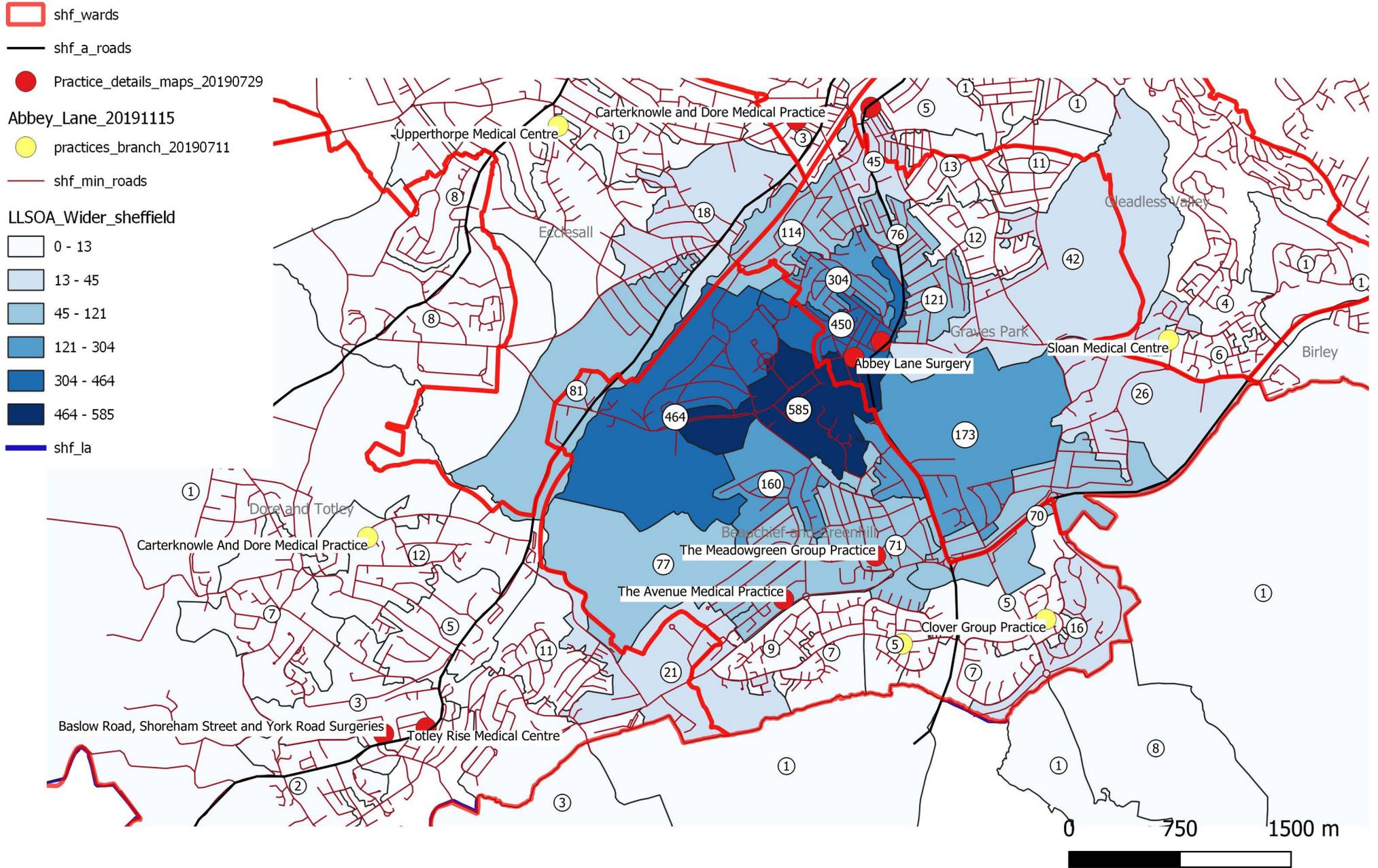
29 min every 30 min

Satellite

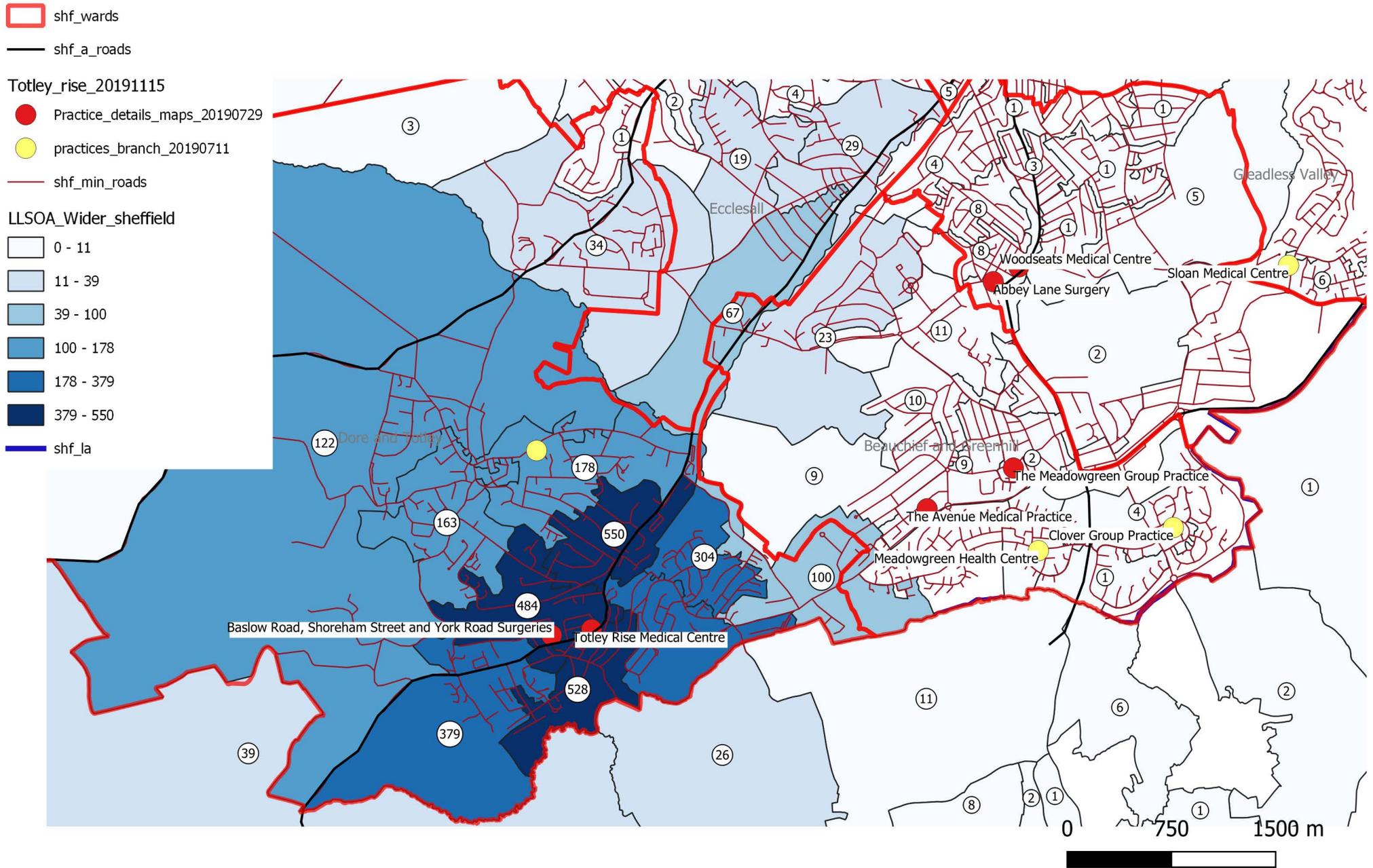
Map data ©2021 Google United Kingdom Terms Send feedback 500 m

11:57 01/03/2021

# Abbey Lane Surgery Practice Populations (Populations as at April 2019)



# Totley Rise Medical Centre Practice Populations (Populations as at April 2019)



## Appendix 4a – CQC Registration

### Abbey Lane Surgery

The screenshot shows a web browser window displaying the CQC registration page for Abbey Lane Surgery. The browser's address bar shows the URL [cqc.org.uk/location/1-4704226343](https://cqc.org.uk/location/1-4704226343). The page header includes the service name "Abbey Lane Surgery" with a "Good" rating badge, and navigation tabs for "Overview", "Inspection Summary", "Reports", "Registration Info", and "Contact".

The main content area is titled "Overview and CQC Inspections" and features a large green box on the left stating "Overall Good" with a "Read overall summary" link. To the right, a table lists specific service categories and their ratings:

Service Category	Rating
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good
People with long term conditions	Good
Families, children and young people	Good
Older people	Good
Working age people (including those recently retired and students)	Good
People experiencing poor mental health (including people with dementia)	Good
People whose circumstances may make them vulnerable	Good

Below the table, the page provides inspection details: "Latest inspection: 11 January 2018" and "Report published: 28 February 2018". It also includes a link to "Download CQC inspection report PDF 246.1 KB" and "All reports". The "Latest review" is dated "18 December 2019".

At the bottom, the "Who runs this service" section states "Abbey Lane Surgery is run by Dr Qurat-ul-Ain Majoka". The "Type of service" is listed as "Doctors/GPs, NHS GP practice".

The Windows taskbar at the bottom shows the system clock as 12:11 on 01/03/2021, along with various application icons.

## Appendix 4b – CQC Registration

### Totley Rise MC

The screenshot displays the CQC website for Totley Rise Medical Centre. The browser address bar shows the URL [cqc.org.uk/location/1-5084319467](https://cqc.org.uk/location/1-5084319467). The page title is "Totley Rise Medical Centre" with a "Good" rating badge. A notification states "The provider of this service changed - see old profile". The navigation menu includes "Overview", "Inspection Summary", "Reports", "Registration Info", and "Contact".

**Overview and CQC Inspections**

Click for key ✓ ✗ ⚠ ☆ ● ● ● ● ●

Category	Rating	Specific Services	Rating
<b>Overall Good</b> Read overall summary	Safe	Good ●	
	Effective	Good ●	People with long term conditions Good ●
	Caring	Good ●	Families, children and young people Good ●
	Responsive	Good ●	Older people Good ●
	Well-led	Good ●	Working age people (including those recently retired and students) Good ●

Our inspector's description of this service

Latest inspection: 11 December 2018  
Report published: 29 January 2019

- Download CQC inspection report PDF 179.38 KB (opens in a new tab)
- Download evidence table 584.92 KB (opens in a new tab)
- All reports

Latest review: 14 December 2019

Who runs this service  
Totley Rise Medical Centre is run by Dr Qurat-ul-Ain Majoka

Type of service  
Doctors/GPs, NHS GP practice

Specialisms/services

# APPENDIX 5a

## 2020 National Patient Survey Results

Practice Comparison x +

gp-patient.co.uk/compare?practices=C88068,C88046&cs=0&w=1&g=0&a=0&e=0&h=0

### Making an appointment

% of patients who were offered a choice of appointment when they last tried to make a general practice appointment	48%	47%	
	Local (CCG) average: 62% National average: 60%	Local (CCG) average: 62% National average: 60%	
<a href="#">Show breakdown</a> +			
% of patients who were satisfied with the type of appointment they were offered	71%	71%	
	Local (CCG) average: 73% National average: 73%	Local (CCG) average: 73% National average: 73%	
<a href="#">Show breakdown</a> +			
% of patients who took the appointment they were offered	95%	96%	
	Local (CCG) average: 94% National average: 93%	Local (CCG) average: 94% National average: 93%	
<a href="#">Show breakdown</a> +			
% of patients who describe their experience of making an appointment as good	62%	62%	
	Local (CCG) average: 64%	Local (CCG) average: 64%	

Type here to search

13:08  
01/03/2021

### Making an appointment

# APPENDIX 5b

## 2020 National Patient Survey Results Overall Experience

NOTE : CCG average 81%

Practice Comparison x +

gp-patient.co.uk/compare?practices=C88068,C88046&is=0&w=1&cg=0&a=0&e=0&h=0

Show breakdown +

### Overall experience

% of patients who describe their overall experience of this GP practice as good	<b>75%</b>	<b>80%</b>
	Local (CCG) average: 81% National average: 82%	Local (CCG) average: 81% National average: 82%

Hide breakdown x

Showing responses from all patients : Overall, how would you describe your experience of your GP practice?

	Practice 1	Practice 2	Practice 3
Very good	32%  14	46%  18	
Good	43%  19	34%  13	
Neither good nor poor	17%  8	8%  3	
Poor	5%  2	10%  4	
Very poor	3%  1	1%  1	

Showing weighted results ? Please note: due to rounding, some figures may not add up to 100%

Windows taskbar: Type here to search, 13:06 01/03/2021

# APPENDIX 5c

## 2020 National Patient Survey Results

### Your local GP Services

Practice Comparison x +

gp-patient.co.uk/compare?practices=C88068,C88046&s=0&w=1&g=0&a=0&e=0&h=0

#### Your local GP services

	Tolley Rise Medical Centre	Abbey Lane Surgery	Add Practice
% of patients who find it easy to get through to this GP practice by phone	63% Local (CCG) average: 83% National average: 65%	86% Local (CCG) average: 83% National average: 65%	
	Show breakdown		
% of patients who find the receptionists at this GP practice helpful	87% Local (CCG) average: 89% National average: 88%	91% Local (CCG) average: 89% National average: 89%	
	Show breakdown		
% of patients who are satisfied with the general practice appointment times available	47% Local (CCG) average: 82% National average: 63%	54% Local (CCG) average: 82% National average: 63%	
	Show breakdown		
% of patients who usually get to see or speak to their preferred GP when they would like to	50% Local (CCG) average: 44% National average: 45%	38% Local (CCG) average: 44% National average: 45%	
	Show breakdown		

Type here to search

13:11 01/03/2021

**Appendix 6**

**Abbey Lane and Totley Rise - Engagement plan and activity report**

Item		When	Who	Activity
Messages	Provide details of potential changes with CCG Comms and Engagement team at earliest opportunity	Ongoing	Practice Manager	Linking in with CCG Merger group
	CCG Comms and Engagement team will help to refine messages	Ongoing	Practice Manager	Linking in with CCG
	Complete Quality and Equality Impact Assessment	Ongoing	Practice Manager	In conversation with CCG Quality colleagues – continue to review
Digital & social media	Include information on Practice website	Ongoing	Practice Manager	Further updates on website with FAQ sheet
	Include information on social media channels where used by practice		N/A	
PPG	Send information to all PPG members	02.03.2021	Practice Manager	Email sent to PPG members with FAQ attached
	Update PPG members	Ongoing	Practice Manager	PPG will continue to be updated
Local community organisations	Inform local community organisations	Ongoing	Practice Manager	Communication sent
	Identify if they have any local feedback that may be helpful to consider		Practice Manager	Available on website
Media	Liaise with CCG Comms team about any media requests		Practice Manager	Linked in with Richard Kennedy
	Send patient letter and text to all patients of Practice	02.03.2021	Practice Manager	SMS sent to all patients updating them on timelines FAQ
Communication tools	Create poster / Practice newsletter article / flyers etc	02.03.2021	Practice Manager	Updated restricted footfall due to COVID
	Display / use in Practice waiting room and in other local venues	Ongoing	Practice Manager	Updated restricted footfall due to COVID
Spreading the word	Receptionists available to speak to patients during face to face contact on all aspects of merger and what it means to them	Ongoing	Practice Manager	Updated restricted footfall due to COVID
	Make information available in waiting rooms	Updated	Practice Manager	Posters available –Restricted footfall during COVID
	Make anonymous return box available at Practice for feedback	02.03.2021	Practice Manager	Website update gives generic practice email addresses for feedback

	Item	When	Who	Activity
Analyse any feedback	Analyse all feedback returned, summarising common themes	Ongoing	Practice Manager	Ongoing and will continue post-merger
	Write Business Case	02.03.2021	Practice Manager	Completed
	Present report at PPG	TBC	Chairman PPG	Pending
Post-Merger	Practice will continue to review all above	Ongoing	Practice Manager	To include review of QEIA

NHS Sheffield CCG Template filled in by Teresa Tromans – Updated March 2021

DRAFT



## Equality Impact Assessment

**In order to demonstrate compliance with the Equality Act 2010**

**Do I need to complete this analysis?**

- If you are introducing change, you should complete this analysis.

**What do I need to do?**

- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

**When considering the potential impact on those that share protected characteristics, think about:**

- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff

**Have you identified any potential discrimination or adverse impact that cannot be legally justified?**

**Geography, hospital, department or other area this applies to:**

**A description of the clinical area(s) the change impacts on.**

Abbey Lane and Totley Rise practice merger	Dr Annie Majoka is currently the sole contract holder for two contracts Abbey Lane surgery (C- 88046 PMS contract) and Totley Rise surgery. (C-88068 GMS contract). The proposal is to merge the contracts into one ( preferred C-code C88046) and to also merge clinical systems ( currently both SystmOne (TPP) to realise efficiencies . The merging of the clinical system will affect all clinical areas as it will allow for a consistent clinical approach to the unifying of polices and procedures across a large population ( merged list size anticipated to be c 7732 patients) which in turn builds on financially stability , whilst offering efficiencies by working at scale inc PM time.
--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Equality and Diversity Profile Screening

Protected Groups	Potential People with protected characteristics	Does this group currently use/access the service?	What impact will there be on each group from the proposal?	No's people Affected	Impact Score	Is there any particular information on this group relating to the proposal? Outline any evidence of current use. Outline evidence from engagement activities including involving communities. Any further information?	Has there been specific engagement or consultation with this group?
Sex	Women	Yes	Benefit	3688	5	Merger will enable streamlined clinical systems and support further data validation and improvements in consistent clinical coding . Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . In discussions with CCG colleagues agreed minimal impact on patient population as a result of this merger and therefore proportionate engagement through newsletters , updates, texts as outlined in the business case and mobilisation plan. Its is acknowledged there may be some perceived negative impacts by Abbey Lane patients and this will be considered and addressed with additional assurances in all documentation and updates cirulated to patients.	Yes
	Men	Yes	Benefit	1080	5	Merger will enable streamlined clinical systems and support further data validation and improvements in consistent clinical coding .Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times. In discussions with CCG colleagues agreed minimal impact on patient population as a result of this merger and therefore proportionate enagement through newsletters , updates, texts as outlined in the business case and mobilisation plan. Its is acknowledged there may be some perceived negative impacts by Abbey Lane patients and this will be considered and addressed with additional assurances in all documentation and updates cirulated to patients.	Yes
Ethnicity	Arab	Yes	Neutral	0	0		Yes
	Asian	Yes	Neutral	0	0		Yes
	Black African	Yes	Neutral	0	0		Yes
	Black Caribbean	Yes	Neutral	0	0		Yes
	Chinese	Yes	Neutral	0	0		Yes
	Irish	Yes	Neutral	0	0		Yes
	Roma	Yes	Neutral	0	0		Yes
	Mixed ethnicity	Yes	Neutral	0	0		Yes
	White British	Yes	Neutral	0	0		Yes
	White other	Yes	Neutral	0	0		Yes
other ethnic backgrounds	Yes	Neutral	0	0		Yes	
Physical		No	Neutral	0	0		Yes
	Sensory (hearing/visual)	No	Benefit	14	1	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times	Yes

<b>Disability and additional needs</b>	Learning Disabilities	No	Benefit	28	1	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times	Yes
	Autistic Spectrum Condition	No	Neutral	0	0		Yes
	Mental Health	Yes	Neutral	65	0		Yes
	Dementia	Yes	Neutral	40	0		Yes
	Other long term conditions	No	Neutral	0	0		Yes
<b>Sexual Orientation</b>	LGBT+	No	Neutral	0	0		Yes
<b>Gender reassignment</b>		No	Neutral	0	0		Yes
<b>Age</b>	0-4 years old	No	Benefit	499	3	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . No other impact . Same as total population.	Yes
	5 - 17 years old	No	Benefit	1080	5	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . No other impact . Same as total population.	Yes
	18 - 64 years old	No	Benefit	4209	5	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . Increased access to anticoagulation LCS for Totley patients. No other impacts - same as total population.	Yes
	65 - 85 years old	No	Benefit	1211	5	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . Increased access to anticoagulation LCS for Totley patients. No other impacts - same as total population.	Yes
	>85 years old	No	Benefit	169	2	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . Increased access to anticoagulation LCS for Totley patients. No other impacts - same as total population.	Yes
	<b>Faith or Belief</b>		No	Neutral	0	0	
<b>Maternity and Pregnancy Marriage and Civil Partnership</b>		No	Benefit	34	1	Increased accessibility to GP of choice as these can be accessed now at both sites by merged population - previously only accessed at limited times . Increased access to anticoagulation LCS for Totley patients. No other impacts - same as total population.	Yes
		No	Neutral	0	0		Yes
<b>Others</b>	Asylum seekers and refugees	No	Neutral	0	0		Yes
	Digitally excluded	No	Neutral	0	0		Yes
	Homeless	No	Neutral	0	0		Yes
	Carers	No	Neutral	0	0		Yes
	Rurally Isolated	No	Neutral	0	0		Yes
<b>Inequalities Check</b>	Least deprived parts of the population	No	Neutral	0	0		
	Most deprived parts of the population	No	Neutral	0	0		Yes
<b>Have you engaged in public engagement activities?</b>							Yes
<b>Total number of groups affected</b>		15	10	Groups covered by engagement activities.		35	
<b>Total Impact Score</b>		33					
<b>Next Steps (Summary)</b>							
<b>Outline any actions to ensure equality and engagement?</b>							
<p>The practice are committed as part of the practice merger to further develop and embed an active PPG especially as we come out of the pandemic. The merged practice is due to be renamed ( symbolising a new start and to be more representational of the area /community it serves). This links in with the further development of clinical networks and maximising the benefits from closer working together for all groups within the population and through the PPG , practice newsletters , posters, linking in with voluntary and community services, local councillors , MPs within the local area we intend to ensure the patient is at the heart of our decision making processes. Engagement will continue to be considered across all groups as part of the ongoing review cycle, as it is our intention to keep considering and reaching all patients within protected characteristic groups.</p>							
<b>EIA Completed?</b>		Yes					

**Abbey Lane and Totley Rise Surgery**

**NHS Sheffield CCG**  
**Practice Merger**  
**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>

Abbey Lane and Totley Rise surgery merger

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	No Change	
		Communicate via notice boards, website and letter (if appropriate)	Practice Manager	As soon as changes are known/agreed		
	Continued Patient Engagement & 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	Post merger / covid Action
Establish a system to measure and evaluate service user experience - FFT			Practice Manager	3 months post merger	Post merger	
	Meeting with MP and local councillors to discuss next steps.	Confirm patient participation, and rationale for merger / closure	Practice Manager / Rachel Pickering / Victoria London	Following PCCC agreement in principle	No Change	
	Meeting with local Chemists to discuss next steps.	Confirm patient participation, and rationale for merger / closure	Practice Manager / Rachel Pickering / Victoria London	Following PCCC agreement in principle	No Change	
	Meeting with Healthwatch to discuss next steps.	Confirm patient participation, and rationale for merger / closure	Practice Manager / Rachel Pickering / Victoria London	Following PCCC agreement in principle	No Change	

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	New Contracts to be updated	
		Begin communication with staff identified as being eligible to TUPE.	Practice Manager	2 months prior to merger	N/A	
		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	N/A	
		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	N/A	
		Request information regarding any current disciplinary or grievance issues.	Practice Manager	2 months prior to merger	N/A	
		Request information regarding current leave (annual leave & sickness or other absence) status and allowances.	Practice Manager	1 month prior to merger	N/A	
		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	N/A	
		Ensure relevant employment checks for all staff are in place (e.g. DBS, Performers List etc)	Practice Manager	1 month prior to merger	N/A	
		Obtain Job Descriptions & Person Specs for all staff	Practice Manager	2 months prior to merger	N/A	
		Handover of Personnel/Personal Files (Electronic or Paper)	Practice Manager	day of merger	N/A	
		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	N/A	
		Formulate & maintain Q&As for all staff	Practice Manager	1 month prior to merger	N/A	
		Formal communication to staff welcoming into new provider.	Practice Manager	1 month prior to transfer	N/A	
			Bespoke local induction including fire safety and building layout	Practice Manager	week of merger	N/A
	New model of service delivery		Practice Manager	6 weeks post merger	N/A	
	Team building		Practice Manager	during first 2 months merger	STAFF WORK ACROSS BOTH SITES CURRENTLY	
	Conduct training needs analysis (TNA) of new model's workforce		Practice Manager	2 months prior to merger	N/A	
	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	N/A	
	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	N/A
		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	N/A	
	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	N/A		

Abbey Lane Surgery and Totley Rise Medical Practic

Objective	High Level Tasks (Reference Timeline)	Detail	Responsibility	By When	Premises owned outright by Contract Holder, no significant operational change other than to update on name change	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		
		Tranfser 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			
		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		

Abbey Lane Surgery and Totley Rise 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				

Abbey Lane Surgery and Totley Rise Medical 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	Pending	
		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		

Abbey Lane Surgery and Totley Rise Medical 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		

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	No Change		
		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	Ongoing		
		Ensure online patient access available – set up if not – appts, px, summary record	Practice Manager	ID prior to merger	No Change		
	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			
	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	To be reviewed	

		Determine length of contract remaining and find solution to transfer or terminate contracts	Practice Manager	6 weeks prior to merger	No Change	
		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	No Change	
	N3	Ensure N3 connection transferred to merged provider	Practice Manager	day of merger		
		Contact EMBED with closure date	Practice Manager	As soon as closure date known		
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)  Ensure new IM&T protocols adhere to the following information governance principles, maintaining confidentiality of service user data at all times:	Check status of all staff	Practice Manager	6 weeks prior to merger		
		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	discuss IT	
		Compliance with statutory & legal requirements such as Caldicott and Data Protection Act.	Practice Manager	6 weeks prior to merger	No Change	

Abbey Lane and Totley Rise

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	N/A	
		Asset/equipment - detailed under premises and equipment tab	Practice Manager	1 month prior to merger date	N/A	
	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		

Abbey Lane and Totley Rise

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		



## ABBHEY LANE SURGERY

### Abbey Lane and Totley Rise Medical Centre

Abbey Lane and Totley Rise Medical Centre completed a soft merge of both practices last year.

We are currently moving forward with a fully merger and are extremely excited for the future of the practices. This merger will allow patients to have access to services at both sites.

As part of this process access to appointments is high on the agenda. Please bear with us during this transition period.

More News Follow.....

### New Members of the Practice Team

Abbey Lane Surgery welcomes some new members of the Practice Team.

**Jill Sheppard** has joined the Practice as the Practice Manager. Jill is new to Health but brings a wealth of managerial experience.

**Teresa Tromans** has joined the Practice as the Practice Business Manager. Teresa has many years' experience within Primary Care and clinical systems.

**Delyse Baldwin** – Joins the Practice as a Patient Care Coordinator within the Reception Team.

**Abby Kitchen** joined the Practice in April as a Health Care Assistant. Abby is trained in Blood Tests, Annual Reviews and Blood Pressure Checks and will work across both Abbey Lane and Totley Rise Practices.

**Amy Hoyland** (Health Care Assistant) will be returning to the Practice after Maternity Leave and is an experienced HCA in all aspects of patient care

**Dr Ami Kundu** will be joining us from the 1st July as a long term locum. Dr Kundu has been a well-established GP in Derbyshire and Sheffield.

We also have 2 new GPs starting with us from the 1st July.

**Dr Jenna Green** will be working across our Abbey Lane and Totley Rise Practices. Dr Green graduated with honours from the University of Sheffield in 2013 and completed her GP training in Barnsley. She enjoys the variety that General Practice brings but is also keen to further develop her interest in women's health and palliative care. She likes to watch football and plays netball in a local league. She will be working across both sites doing 5 sessions

**Dr Alice Fenton** is an experienced GP. Dr Fenton has worked in Primary Care for many years and specialises in Palliative Care and Minor Surgery. Her hobbies are Gardening and Rugby. Dr Fenton will be doing sessions per week across both sites.



## ABBEY LANE SURGERY

### Practice Team Meetings 2019

The Practice will close between **12pm – 2pm** on the last Wednesday of the Month for Practice Meetings.

The Dates are below:

**26<sup>th</sup> June**  
**24<sup>th</sup> July**  
**28<sup>th</sup> August**  
**25<sup>th</sup> September**  
**30<sup>th</sup> October**  
**27<sup>th</sup> November**  
**18<sup>th</sup> December**

When you telephone the surgery during this time and if your call for urgent medical advice you will be directed to the Out of Hours Provider, 111.

### Prescriptions

We require 48 hours in order to process repeat prescriptions and any prescription queries. We **do not** offer any on the day prescriptions unless requested to do so by a clinician.

It is your responsibility as a patient to order your medication in plenty of time and before you are due to run out.

Please ask at reception for your login details if you would like to order prescriptions and book appointments online.

### Missed appointments

For the month of May we had a total of **58** missed appointments. We cannot stress enough how important it is that if you cannot attend your appointment you contact the surgery to let us know as soon as possible and in a reasonable amount of time.

### Website

For all the latest news, Practice information and online services please visit our website

[www.abbeylanesurgery.nhs.uk](http://www.abbeylanesurgery.nhs.uk)

### Patient Participation Group

We would like to invite all interested patients to join our Patient Participation Group.

We invite active volunteers – people with time and commitments to action decisions  
Interested professionals – the doctors and administrative staff who work within and know the system and can be co-opted onto the group as required

Key supporters – people with influence within your locality, e.g. local councillors, community workers or business people who help raise the profile of the group, and improve the chances of your group finding financial or other forms of support

If you would like to join please contact a member of the reception team.



## TOTLEY RISE MEDICAL CENTRE

### **Abbey Lane and Totley Rise Medical Centre**

Abbey Lane and Totley Rise Medical Centre completed a soft merge of both practices last year.

We are currently moving forward with a fully merger and are extremely excited for the future of the practices.

As part of this process access to appointments is high on the agenda and as we welcome our new staff to the Practice we are hopeful

### **Dr Felicity Paling**

It is with great sadness that we have to announce Dr Paling will be leaving the Practice at the end of June.

We would like to wish Dr Paling all the best for the future and thank her for her commitment and dedication to the Practice and patients during her time with us

### **New Members of the Practice Team**

Abbey Lane Surgery welcomes some new members of the Practice Team.

**Jill Sheppard** has joined the Practice as the Practice Manager. Jill is new to Health but brings a wealth of managerial experience.

**Teresa Tromans** has joined the Practice as the Practice Business Manager. Teresa has many years' experience within Primary Care and clinical systems.

**Delyse Baldwin** – Joins the Practice as a Patient Care Coordinator within the Reception Team.

**Abby Kitchen** joined the Practice in April as a Health Care Assistant. Abby is trained in Blood Tests, Annual Reviews and Blood Pressure Checks and will work across both Abbey Lane and Totley Rise Practices.

**Amy Hoyland** (Health Care Assistant) will be returning to the Practice after Maternity Leave and is an experienced HCA in all aspects of patient care

**Dr Ami Kundu** will be joining us from the 1st July as a long term locum. Dr Kundu has been a well-established GP in Derbyshire and Sheffield.

We also have 2 new GPs starting with us from the 1st July.

**Dr Jenna Green** will be working across our Abbey Lane and Totley Rise Practices. Dr Green graduated with honours from the University of Sheffield in 2013 and completed her GP training in Barnsley. She enjoys the variety that General Practice brings but is also keen to further develop her interest in women's health and palliative care. She likes to watch football and plays netball in a local league. She will be working across both sites doing 5 sessions

**Dr Alice Fenton** is an experienced GP. Dr Fenton has worked in Primary Care for many years and specialises in Palliative Care and Minor Surgery. Her hobbies are Gardening and Rugby. Dr Fenton will be doing sessions per week across both sites.



## TOTLEY RISE MEDICAL CENTRE

### Practice Team Meetings 2019

The Practice will close between **12pm – 2pm** on the last Wednesday of the Month for Practice Meetings.

The Dates are below:

**26<sup>th</sup> June**

**24<sup>th</sup> July**

**28<sup>th</sup> August**

**25<sup>th</sup> September**

**30<sup>th</sup> October**

**27<sup>th</sup> November**

**18<sup>th</sup> December**

When you telephone the surgery during this time and if your call for urgent medical advice you will be directed to the Out of Hours Provider, 111.

### Prescriptions

We require 48 hours in order to process repeat prescriptions and any prescription queries. We **do not** offer any on the day prescriptions unless requested to do so by a clinician.

It is your responsibility as a patient to order your medication in plenty of time and before you are due to run out.

Please ask at reception for your login details if you would like to order prescriptions and book appointments online.

### Missed appointments

For the month of May we had a total of **64** missed appointments. We cannot stress enough how important it is that if you cannot attend your appointment you contact the surgery to let us know as soon as possible and in a reasonable amount of time.

### Website

For all the latest news, Practice information and online services please visit our website

[www.totleyrisemedicalcentre.nhs.uk](http://www.totleyrisemedicalcentre.nhs.uk)

### Patient Participation Group

We would like to invite all interested patients to join our Patient Participation Group.

We invite active volunteers – people with time and commitments to action decisions

Interested professionals – the doctors and administrative staff who work within and know the system and can be co-opted onto the group as required

Key supporters – people with influence within your locality, e.g. local councillors, community workers or business people who help raise the profile of the group, and improve the chances of your group finding financial or other forms of support

If you would like to join please contact a member of the reception team.



## ABBHEY LANE SURGERY

### Abbey Lane and Totley Rise Medical Centre Appointments

Abbey Lane and Totley Rise Medical Centre completed a soft merge of both practices last year.

When you request a pre-bookable appointment we will always try to facilitate the GP or Clinician of your choice and this can be at either Abbey Lane or Totley Rise site. If you require an urgent on the day appointment it will be for the GP or Clinician who is available at your registered site.

### Christmas and New Year Opening Times 2019

Day	Time
Thurs 19th Dec	Normal hours <i>Last day to order repeat prescriptions</i>
Fri 20th Dec	Normal hours
Sat 21st Dec	<b>CLOSED</b>
Sun 22nd Dec	<b>CLOSED</b>
Mon 23rd Dec	Normal hours
Tue 24th Dec	Normal hours
Wed 25th Dec	<b>CLOSED</b>
Thurs 26th Dec	<b>CLOSED</b>
Fri 27th Dec	Normal hours <i>Last day to order repeat prescriptions</i>
Sat 28th Dec	<b>CLOSED</b>
Sun 29th Dec	<b>CLOSED</b>
Mon 30th Dec	Normal hours
Tue 31st Dec	Normal hours
Wed 1st Jan	<b>CLOSED</b>
Thurs 2nd Jan	Normal hours

#### Out of hours

Please call NHS **111** for all medical advice or **999** for emergencies.

#### Prescriptions

Please note the last day to order prescriptions before Christmas is Thursday 19th December and the last day before New Year is Friday 27th December.



## FLU VACCINATION SEASON 2019 /2020

We have notified as many patients as possible by the usual methods of text, email, website, newsletters and internally at the surgery to book their flu vaccine. If you have not yet had this, do please call the surgery and book your appointment.

The surgery purchases flu vaccines on your behalf so please have your vaccine with us. GP surgeries run like businesses and in order to survive, the flu vaccine programme helps generate income by meeting NHS England targets. If that money goes elsewhere, surgeries struggle to survive and can no longer offer the service. When we vaccinate you against flu we also obtain vital data that is necessary for your medical record and care. If you choose to go elsewhere for your vaccine such as a pharmacy or supermarket, we cannot gather this information, and they do not gather this for us, so please book in here. We work fast and are practised in vaccinating you, informing you of updates required and gathering data so this does not take long. This saves all of us a lot of additional work and crucially, also saves on valuable appointments.



## Prescriptions over the Christmas Period

We would like to remind you that if you require a repeat prescription we need your request with at least 48 hours' notice. Please ensure that you take in to consideration that Christmas falls on a Wednesday this year.

We **CANNOT** take requests for your repeat medication over the telephone for any requests that are not routine please allow an extra day (72 hours) as these queries have to be added and checked before being issued.

## Expected Behaviour Policy

Unfortunately, we have been experiencing an increase in offensive behaviours from some of our patients and their families. We would like to remind you that in order to protect both the staff and other patients, there is a zero tolerance policy across the NHS and point out that the following inappropriate behaviour will not be tolerated:

- Insulting
- Offensive
- Discourteous
- Rudeness
- Swearing
- Shouting
- Threatening or abusive behaviour
- Drunkenness
- Verbal/physical abuse

Such behaviour has a marked effect on staff and other patients and therefore, where such behaviour is observed, we reserve the right to withdraw from treating the patient and ensuring removal of those involved from the premises. **A patient displaying such behaviour may be removed from our list.**



## ABBEY LANE SURGERY

### Practice Team Meetings 2019

The Practice will close between **12pm – 2pm** on the last Wednesday of the Month for Practice Meetings.  
The Dates are below:

**27<sup>th</sup> November**  
**18<sup>th</sup> December**

When you telephone the surgery during this time and if your call for urgent medical advice you will be directed to the Out of Hours

### Private Work

Please note all private services, non NHS work such as private letters, forms and travel vaccines must be paid for upfront at the time of the request/appointment.

Unfortunately we cannot carry out the work involved without prior payment.

We accept cash and cheques

### Patient Participation Group

We would like to invite all interested patients to join our Patient Participation Group.

We invite active volunteers – people with time and commitments to action decisions

Interested professionals – the doctors and administrative staff who work within and know the system and can be co-opted onto the group as required

Key supporters – people with influence within your locality, e.g. local councillors, community workers or business people who help raise the profile of the group, and improve the chances of your group finding financial or other forms of support

If you would like to join please contact a member of the reception team.

### Website

For all the latest news, Practice information and online services please visit our website

[www.abbeylanesurgery.nhs.uk](http://www.abbeylanesurgery.nhs.uk)

### Missed appointments

For the month of October we had a total of **88** missed appointments. We cannot stress enough how important it is that if you cannot attend your appointment you contact the surgery to let us know as soon as possible and in a reasonable amount of time.

## **Patient Questions and Answers**

### **Why is your surgery merging?**

Over the past year, during the pandemic, there has been unprecedented pressure placed upon General Practice to ensure that we continue to deliver excellent patient care whilst also protecting our staff. To enable us to provide good quality and safe healthcare for all our patients we needed to adapt quickly to meet these needs.

When the soft merger was completed in April 2018, both practices remained as two separate GP contracts with two clinical systems still in place. This has been a challenge during the pandemic for both clinical and administrative staff who work across both sites.

When the practices complete a full merger, the clinical systems in each practice will merge into a single system. The new single system will allow the merged practice to continue to work as a more efficient organisation, providing you with safe and effective care.

### **Will I need to re-register to become a patient of the single GP Practice? What will happen to my health records?**

No, you will not need to re-register.

All our patients will automatically be merged into a single GP Practice and your health records will reside within a single patient database. The NHS safeguards in relation to patient confidentiality of information will continue to remain in place throughout the transition.

### **What will happen to my medical records?**

When practices merge, the clinical systems in each practice will also merge into a single system. This is an automated process and patient information will be transferred automatically. The new single system will allow the merged practice to work as a single organisation, providing you with safe and effective care.

### **Will I still be able to make an appointment to see my usual doctor or nurse at my preferred site?**

Yes. We very much value all of the one to one relationships our patients have with our doctors and nurses at a preferred site. It is therefore expected that the merging of the practices will further increase our ability to provide you with continuity of care and access to your usual doctor and/or nurse with the added availability of access to both sites, although some services will be streamlined.

### **Will I still be able to make appointments at my usual doctor's surgery?**

Yes. We will continue to provide access to see doctors, nurses and healthcare support workers although some services will be streamlined.

**Will there be any changes to the website and generic practice email address?**

We will be looking to merge our practice websites into one. We will be in discussion with our IT colleagues as to the best solution for our generic email addresses.

**Will I have to go to another GP practice site for consultations and/or treatments?**

No. However, if we feel that one of the other sites provides a better or more appropriate service for specific patients – for example a particular nurse at one site may specialise in COPD or diabetes – you may be asked if you would like to attend there in order to gain access to more specialised care if this is appropriate and you choose this option.

**Will my usual surgery opening times stay the same?**

Yes. We are not currently anticipating any changes to our core opening times. We also expect in the future to be able to improve and extend our opening times for all our patients.

**Will there be changes made to the way I book appointments?**

No. We are not currently anticipating any changes to the way you book appointments. We may in the future look at integrating both surgery telephone systems to a single number. We will continue to contact all our patients who require scheduled vaccinations, chronic disease reviews or routine screening e.g. cervical screening tests, etc.

**Will any service that is currently offered by my usual surgery be removed or stopped?**

No. We do not anticipate services being removed or stopped. If anything, we anticipate that this merger will bring about a greater choice of services. In the event that the contracts against which we deliver are changed by NHS Sheffield Clinical Commissioning Group, we would be unable to influence these changes.

**Will there be any changes to how I access the GP out of hour's service?**

No. In order to access a GP when the new practice is closed, you will still continue to telephone the practice and be diverted to the GP Collaborative. Patients can also telephone NHS 111 service who would either signpost you to the most appropriate service or arrange for you to gain access to a GP.

**Will the current arrangements that I have in place for getting my medicines stay the same?**

Yes. You will be aware that we do not accept telephone requests for repeat prescriptions. This is for reasons of accuracy and safety. Please continue to order your prescriptions via the methods below:

- Order via our Online Services
- Make a written request using the Practice tear-off prescription request slip.
- Send your request to your normal surgery of attendance. (If you make your request by post, please enclose a stamped addressed envelope or ensure that we have your nominated pharmacy recorded on our system).

**Will the intended merger affect any treatment or medication I am currently receiving either at my usual surgery or any hospital?**

No. Any current treatments, medications or investigations will not be affected by our intentions to merge.

**How will the merger affect the Patient Participation Group?**

We will be advising members of our intention to request both groups to merge into one group. PPG members are an integral part of our practice and we are fully committed to working with them in the future.

**Will the single GP Practice be able to provide new services to patients?**

One of the main reasons to merge and form a larger practice is for us to be able to expand the services that we provide locally in a more efficient manner.

**How will the new arrangement benefit clinical and non-clinical staff at the practice?**

We anticipate that the current level of administrative tasks that our clinical and non-clinical staff perform will be streamlined through merging to one clinical system, therefore allowing more time for all our staff to spend on responding to and delivering the care our patients need. We will be able to cover planned or unplanned absences more efficiently, thereby easing the burden for remaining staff. This will help to reduce our reliance on locum and bank staff.

**I have further questions I would like to ask and / or comments I would like to make. How do I do this?**

You can put these in writing for the attention of the Practice Manager at your usual surgery OR...

Email: [SHECCG.AbbeyLaneSurgery@nhs.net](mailto:SHECCG.AbbeyLaneSurgery@nhs.net) or [SHECCG.TotleyRiseMC@nhs.net](mailto:SHECCG.TotleyRiseMC@nhs.net)

We will aim to respond to any questions / comments within 10 working days of receipt.

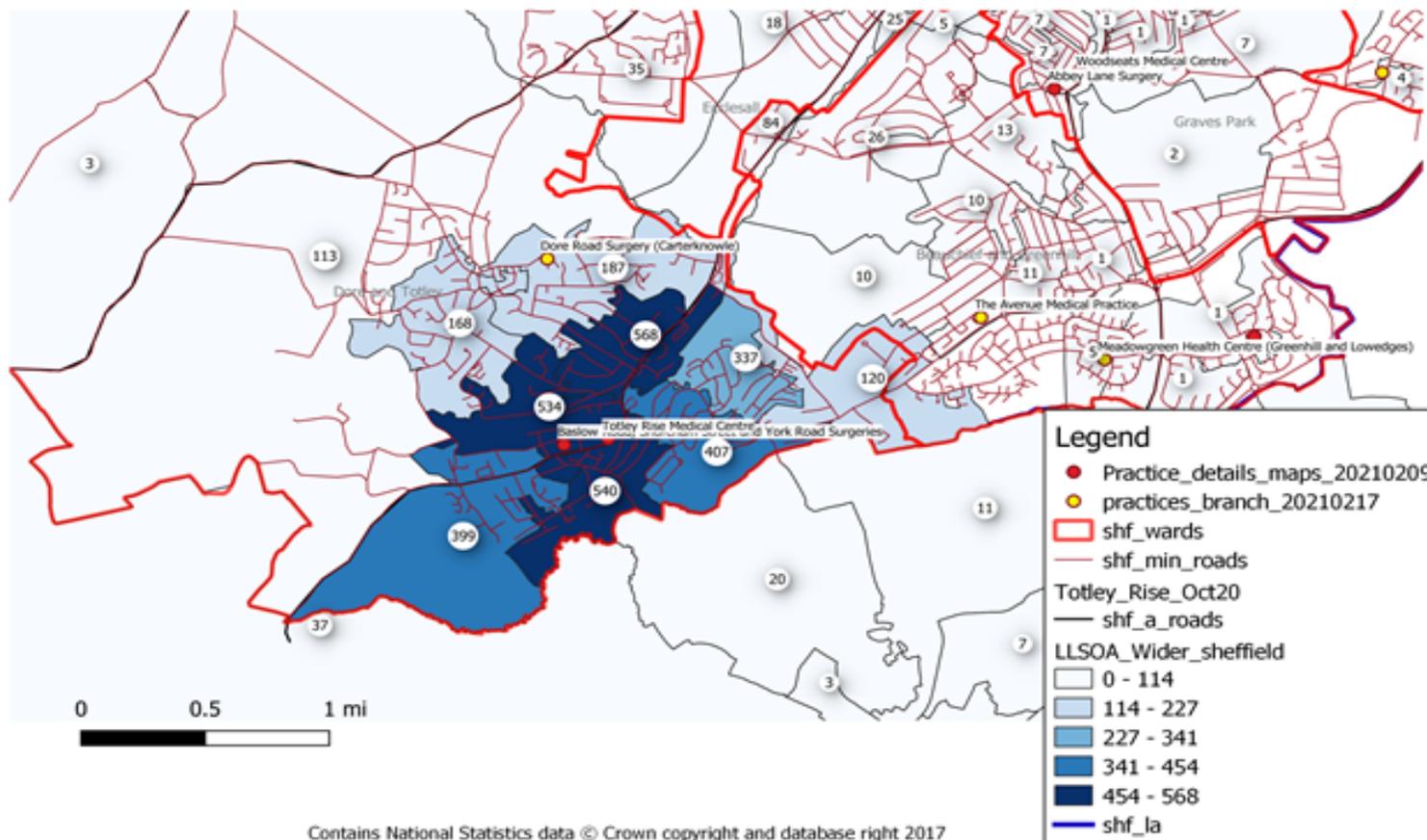
## APPENDIX B Supporting Information - Merger Application Proposal

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

	<b>April 2018 – December 2020</b>	<b>For approval by the Committee Yes / No</b>
1	Practices embarked on preparations and activities associated with completing a soft merge of both sites and back office functions	No
2	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
3	Patients were offered the choice off accessing services across both sites – updates given to PPG and shared with patients via newsletter, website, face to face, posters in waiting rooms	No
4	Practices continued with preparations through COVID pandemic to ensure continued alignment in policies and procedures was in place recruitment to new clinical nurse manager role and recruitment of new 22hrs practice nurse	No
5	Practices worked with IT system analyst colleagues in the CCG to prepare clinical systems and ensure data quality leading up to go live with ‘ shared admin’ across two sites on SystmOne.	No
	<b>January 2021 – Current date</b>	
6	Meeting held with the Merger Group in preparation for formal business case submission – 21 January 2021	No
7	Patient engagement and experience meeting – 21 January 2021 It was agreed due to the minimal change that a full patient engagement exercise was not required to take place due to evaluation of minimal change.	No
8	QEIA meeting with Maggie Sherlock, Quality Manager , 22 January 2021	No
9	Initial Business case shared with the merger group and as required included discussions regarding completion of QEIA *	
10	Further development of Business Case and QEIA to inform impact of change in light of feedback – note name change request to Beauchief Medical Practice	No
11	Proposal was to seek formal approval to merge on 1 April 2021 from PCCC at the public meeting on 18 March 2021	No
12	Practice to link in with CCG colleagues to Initiate consultation with system suppliers to merge clinical systems, agree plan	No
13	Beauchied Medical Practice e to continue to review, measure the impact of change and to work with the Quality and Engagement teams to further monitor these post-merger	YES ( as part of recommendation)
14	Formal application received. PCCC to review 18 March 2021 Contract variation proposed : 01 April 2021 Clinical Merger currently proposed for: 19 April 2021	YES

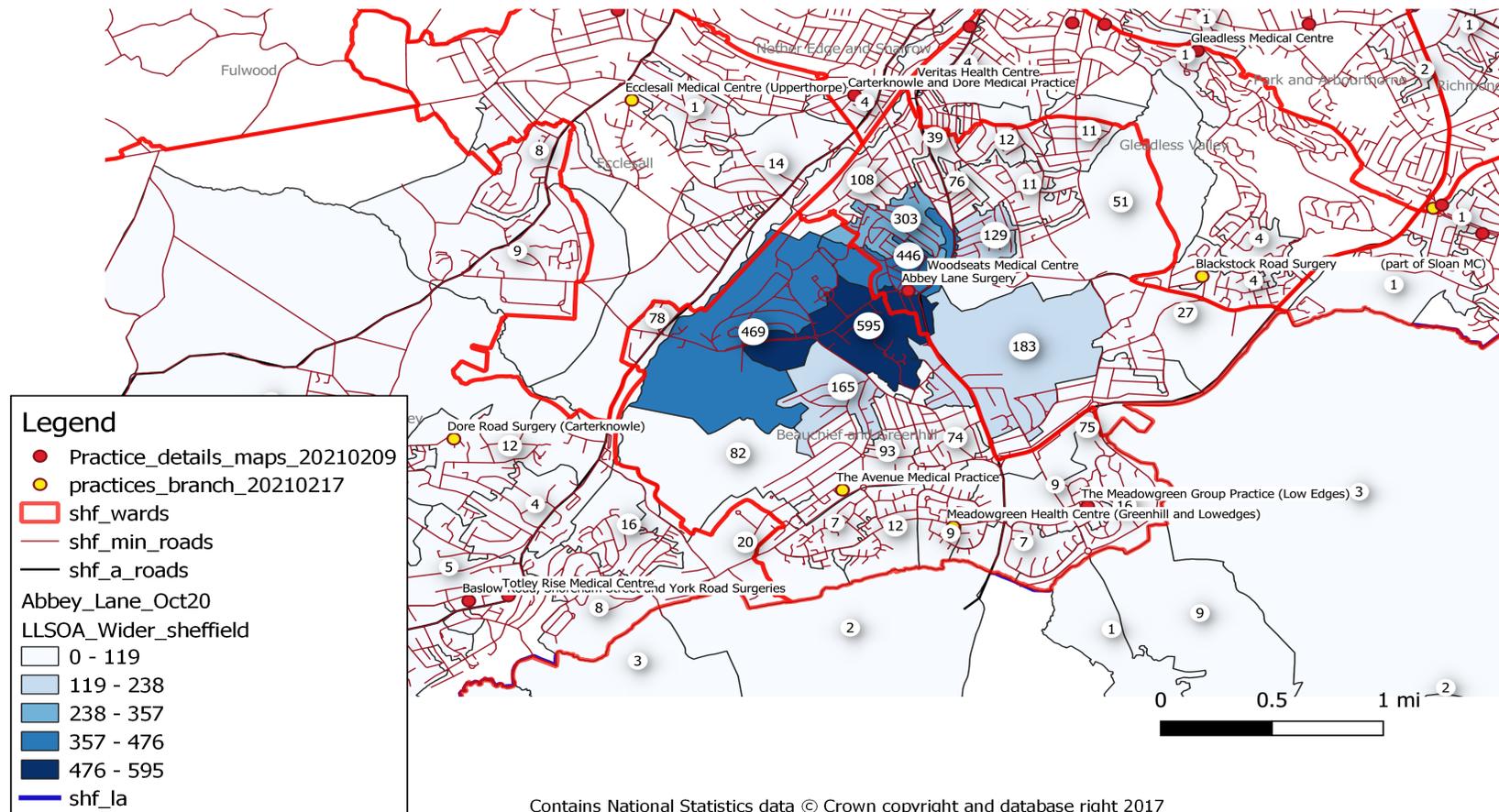
## 2. Registered Populations Totley Rise Medical Centre

### Totley Rise Medical Centre Practice Populations



### 3. Registered Populations Abbey Lane practice

## Abbey Lane Surgery Practice Populations (population at October 2020)



Contains National Statistics data © Crown copyright and database right 2017  
Contains OS data © Crown copyright and database right 2017

#### 4 . Distance between practices

Distance between practices

Driving 2.7 miles 7 minutes

Walking 2.7 miles 54 minutes

Bus takes between 28 - 40 minutes

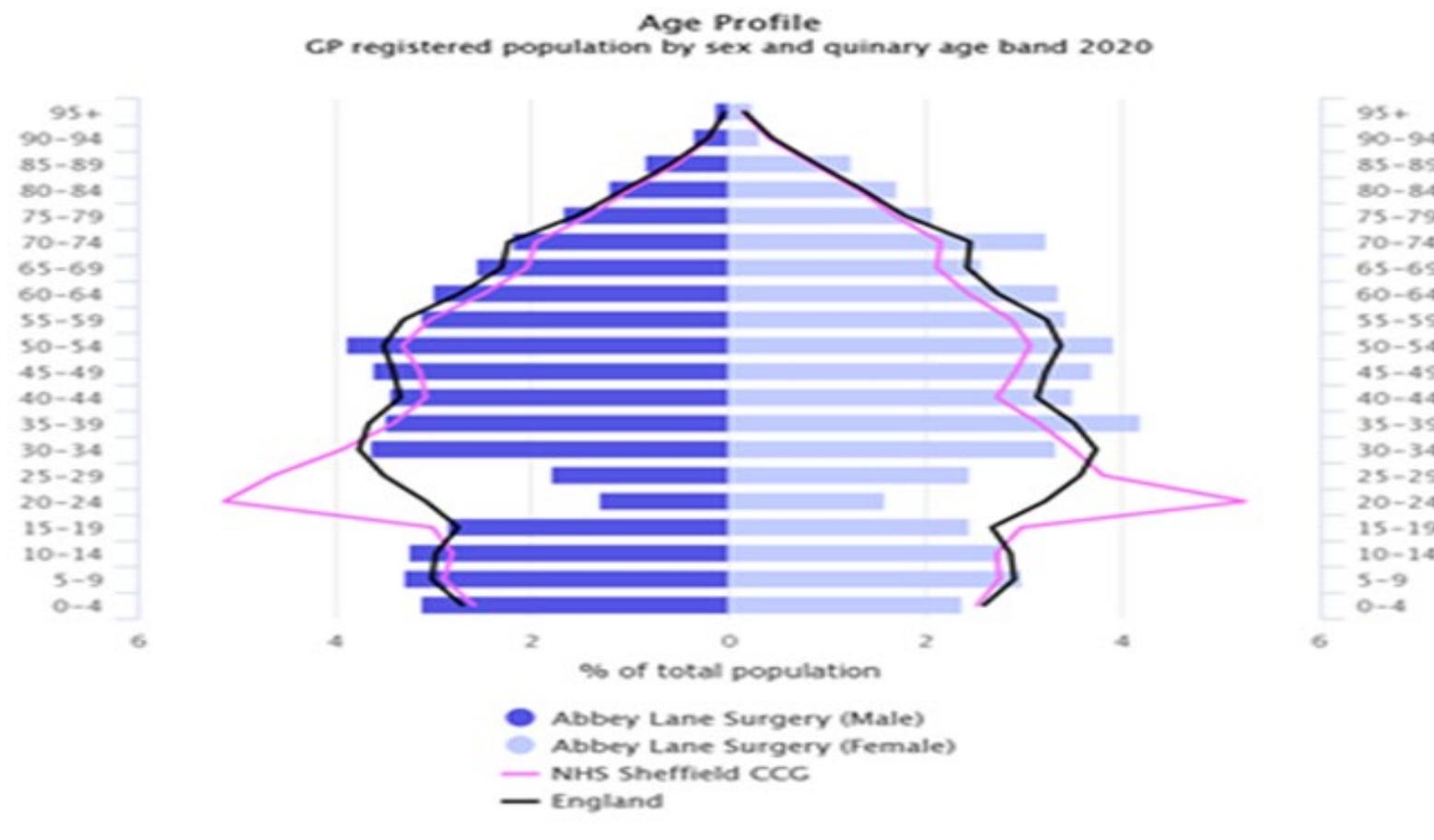
#### 5. Registered List sizes

Registered list size												
Practice code	Practice name	Jan-19	Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jan-21	Change Jan 19 - Jan 21	% change
C88046	Abbey Lane Surgery	3239	3226	3204	3212	3248	3254	3265	3284	3275		1.39%
C88086	Totley Rise Medical Centre	3557	3609	3635	3649	3724	3776	3804	3814	3857		7.23%

#### 6. Patient Demographics

Demographics							
Practice code	Practice name	Network name	Locality	Main surgery	Branch surgery	IMD 2019	IMD 15/16
C88046	Abbey Lane Surgery	Heeley City	Central	Abbey Lane		12.56	13.58
C88086	Totley Rise Medical Centre	Heeley City	HASL	Totley Rise		9.35	8.5

## 7. Age Profile – Abbey Lane Surgery



## 8. Age profile – Totley Rise Medical Centre





## 10. 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
Abbey Lane	1900s	3	220	0
Totley Rise	1903s	2	244	0

A 6 Facet Survey (undertaken 2016)

### Abbey Lane Surgery

The building is owed by Dr Majoka the contract holder and receives notional rent reimbursement of £26k(p/a).

There is no patient parking facilities.

The premise survey (2016) reported that the building was in need of refurbishment to bring it into the modern era. The practice has requested SY&B Capital to make some necessary alterations.

### Totley Rise Surgery

The building is owned by Dr Majoka the contract holder and receives notional rent reimbursement of £18k (p/a).

There is no patient parking facilities.

The premise survey (2016) reported that condition of the building was fair and would require future investment in the future to keep it maintained.

## 11. Patient Experience - National Survey Results

The following is a representation of the most recent 2019/20 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>Overall experience of making an appointment</b>			
C88046	Abbey Lane Surgery	61.40%	61.55%
C88086	Totley Rise Medical Centre	75.62%	61.97%
03N	NHS Sheffield CCG	66.87%	63.98%
<b>Overall experience of surgery</b>			
C88046	Abbey Lane Surgery	81.33%	79.94%
C88086	Totley Rise Medical Centre	90.07%	74.70%
03N	NHS Sheffield CCG	84.14%	81.38%
<b>Helpfulness of receptionist</b>			
C88046	Abbey Lane Surgery	90.94%	87.20%
C88086	Totley Rise Medical Centre	95.34%	90.53%
03N	NHS Sheffield CCG	89.34%	89.31%
<b>Satisfaction with general practice appointment times</b>			
C88046	Abbey Lane Surgery	61.34%	53.93%
C88086	Totley Rise Medical Centre	66.01%	46.91%
03N	NHS Sheffield CCG	63.63%	62.50%
<b>Confidence and trust in the person they saw or spoke to on that occasion</b>			
C88046	Abbey Lane Surgery	76.48%	76.48%
C88086	Totley Rise Medical Centre	89.18%	92.94%
03N	NHS Sheffield CCG	93.71%	90.10%

It is noted that within the practices business case they have referred to the retirement of Dr Pressley at Totley Rise Medical Practice after 35yrs of being a GP partner as a significant change for patients and whilst this doesn't directly influence some of the questions asked on the survey it may have been a factor for consideration.

### 11.1 Patient experience Summary - Abbey Lane and Totley Rise Merger

Provided by - Nicolle Smith, Patient Experience, Complaints and Freedom of Information Officer, Sheffield CCG

#### 1. Online Feedback

Practice Code	Practice	No. of comments left	No. +ve	No. -ve	No. mixed	Percentage positive comments	Percentage negative comments	RAG RATING Online feedback - content Nov19 to Dec20	No. responded to	No. constructive responses	Percentage responded to	Percentage responded to constructively	RAG RATING - Nov19 to Dec20 Online feedback – practice responses	Deprivation Level	Compared to CCG deprivation
C88046	<a href="#">ABBEY LANE SURGERY</a>	25	24	1	0	96%	4%	3+ pieces of feedback received and maj feedback is positive: +ve ≤70%, -ve ≥30%	21	21	84%	84%	Responds constructively to 80%+ feedback	12.57	Lowest quintile
C88068	<a href="#">TOTLEY RISE MEDICAL CENTRE</a>	4	4	0	0	100%	0%	3+ pieces of feedback received and maj feedback is positive: +ve ≤70%, -ve ≥30%	4	4	100%	100%	Responds constructively to 80%+ feedback	9.35	Lowest quintile

### a) Response Rate

November 2019 through to December 2020 Abbey Lane and Totley Rise received majority positive feedback. Abbey Lane saw a high volume of online reviews during this time frame, whilst Totley Rise received four pieces of online feedback. Responses made by both practices provided constructive feedback to comments left. Abbey Lane Surgery did not respond to feedback that was predominantly negative or where individuals expressed slight dissatisfaction.

*Note: Totley Rise has not registered their practice as a Care Opinion user like Abbey Lane Surgery. Both practices are seen as actively seeking patient feedback on their practice website through NHS Choices.*

### b) Key themes

Thematic analysis of online feedback identified staff, patient engagement and organisation as three key trends which were consistent throughout the positive and negative reviews for both practices. The trends 'staff, patient engagement and organisation' can be further subcategorised to common themes that emerged from the data.

#### Staff:

- Care and Treatment
- Clinical attitude
- Non- Clinical attitude

#### Patient Engagement

- Patient involvement in decisions about their care and treatment

#### Organisation

- Efficiency of Flu Clinic
- Patient safety on site (Social distancing measures)

#### Top themes per practice

	Positive	Negative
<b>Abbey Lane Surgery</b>	(18) Efficiency of Flu clinic	(2) Clinical attitude
	(8) Care and Treatment	(2) Care and Treatment
	(7) Clinical attitude	(2) lack of patient involvement
<b>Totley Rise</b>	(3) Efficiency of Flu clinic	N/A
	(3) Care and Treatment	N/A
	(2) Non-clinical attitude	N/A

(N)= Number of reviews that discussed the themes.

Of the feedback left it is clear that patients at both practices felt that the organisation of Flu Clinics was efficient and effective (75% of online feedback left for Abbey Lane positively commented upon their flu clinic). Flu feedback for both practices also commented upon patient safety on site, reporting that both sites practiced social distancing measures. Feedback suggests patients at both practices felt that they received high levels of care and treatment and experienced positive clinical and non-clinical attitudes. Nonetheless a small minority of negative reviews for Abbey Lane discussed poor clinical attitude, poor care and treatment and a lack of patient involvement in decisions about their care and treatment

## **2. Friends and Family (FFT) Data**

### **Data submission**

Since July 2018 Abbey Lane has submitted two months of FFT data, whilst Totley Rise has submitted three months, for the remaining months both practices failed to submit any data including nil returns.

### **Data Results**

- *Abbey Lane:* Nil returns
- *Totley Rise:* 85% recommend rate

*Note: In 2020 FFT data collection was suspended due to COVID19*

### 3. GP Patient Survey

A snapshot of 2020 GP Patient Survey results.

#### Abbey Lane:

##### Where patient experience **is best** ⓘ

✔ **86%** of respondents find it easy to get through to this GP practice by phone  
Local (CCG) average: 63% | National average: 65%

✔ **81%** of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)  
Local (CCG) average: 78% | National average: 77%

✔ **96%** of respondents took the appointment they were offered  
Local (CCG) average: 94% | National average: 93%

##### Where patient experience **could improve** ⓘ

↗ **47%** of respondents were offered a choice of appointment when they last tried to make a general practice appointment  
Local (CCG) average: 62% | National average: 60%

↗ **54%** of respondents are satisfied with the general practice appointment times available  
Local (CCG) average: 62% | National average: 63%

↗ **78%** of respondents felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment  
Local (CCG) average: 86% | National average: 85%

#### Totley Rise:

##### Where patient experience **is best** ⓘ

✔ **50%** of respondents usually get to see or speak to their preferred GP when they would like to  
Local (CCG) average: 44% | National average: 45%

✔ **95%** of respondents took the appointment they were offered  
Local (CCG) average: 94% | National average: 93%

✔ **63%** of respondents find it easy to get through to this GP practice by phone  
Local (CCG) average: 63% | National average: 65%

##### Where patient experience **could improve** ⓘ

↗ **47%** of respondents are satisfied with the general practice appointment times available  
Local (CCG) average: 62% | National average: 63%

↗ **62%** of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)  
Local (CCG) average: 78% | National average: 77%

↗ **48%** of respondents were offered a choice of appointment when they last tried to make a general practice appointment  
Local (CCG) average: 62% | National average: 60%

#### Completion rate

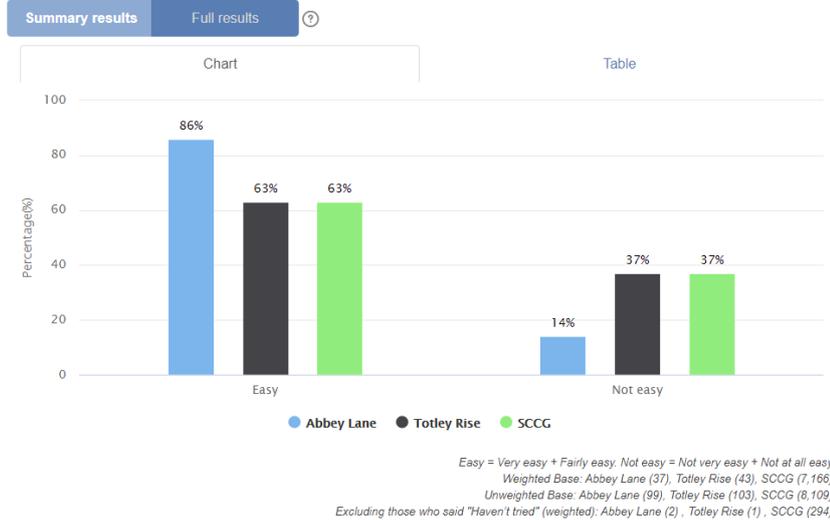
- Abbey Lane: 44%
- Totley Rise: 44%

## Comparison and analyse of GPPS data:

### Local GP Services

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

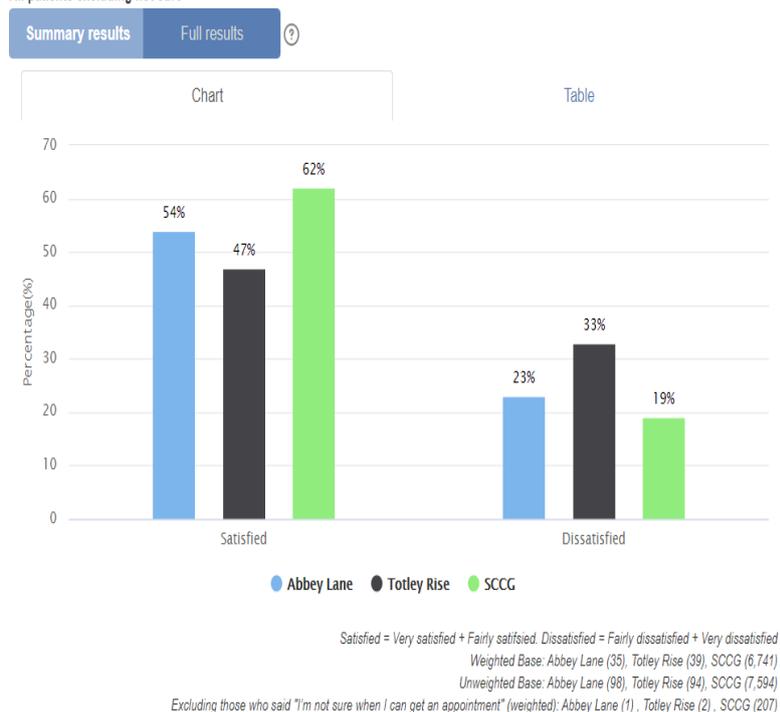
All patients excluding haven't tried



23% of patients at Abbey Lane found it easier to access their GP practice via phone than Totley Rise. Both practices have seen a significant reduction in these figures since 2018. Patients' finding it easy to access Abbey Lane by phone has decreased from 95% in 2018 and has consistently stayed the same since 2019, however; despite this reduction Abbey Lane still sits above the Sheffield average. Totley rise has seen a continual reduction since 2018 (95%-2018, 83% in 2019 and 63% in 2020).

Q8. How satisfied are you with the general practice appointment times that are available to you?

All patients excluding not sure

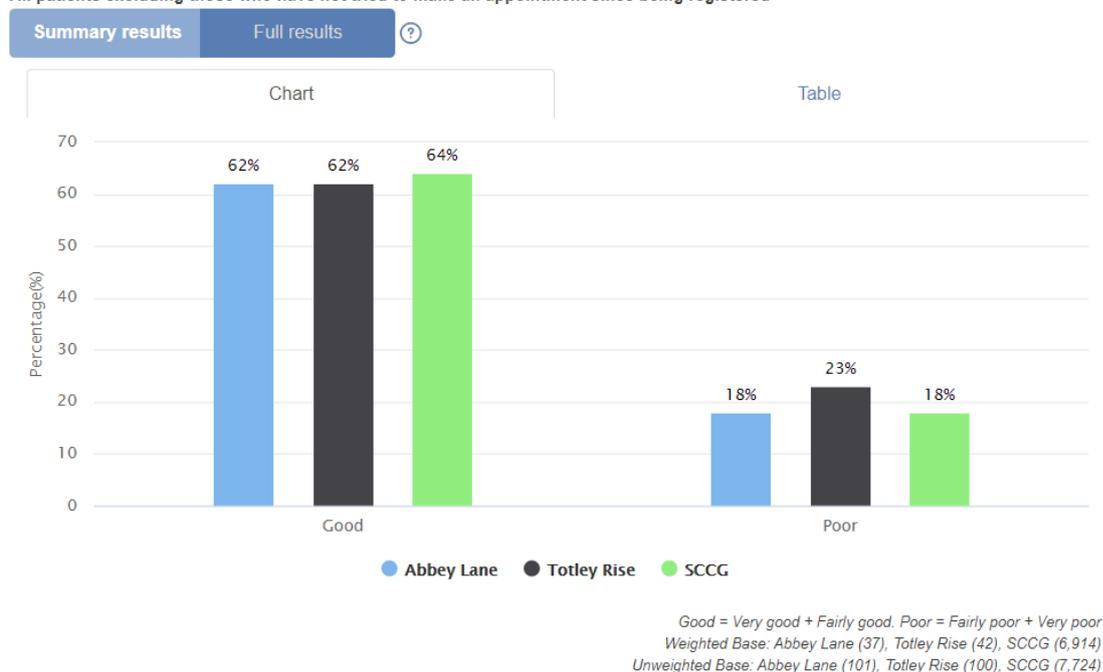


Patients at both practices have expressed reduced satisfaction in appointment times available when compared to the local average. Data also suggests that patient satisfaction of appointment times, has significantly reduced since 2018; Abbey Lane has seen a 19% decrease, whilst Totley Rise has experienced a 27%. This is against the local trend which has consistently stayed between 62% and 64% satisfaction levels since 2018.

## Making an appointment

### Q22. Overall, how would you describe your experience of making an appointment?

All patients excluding those who have not tried to make an appointment since being registered

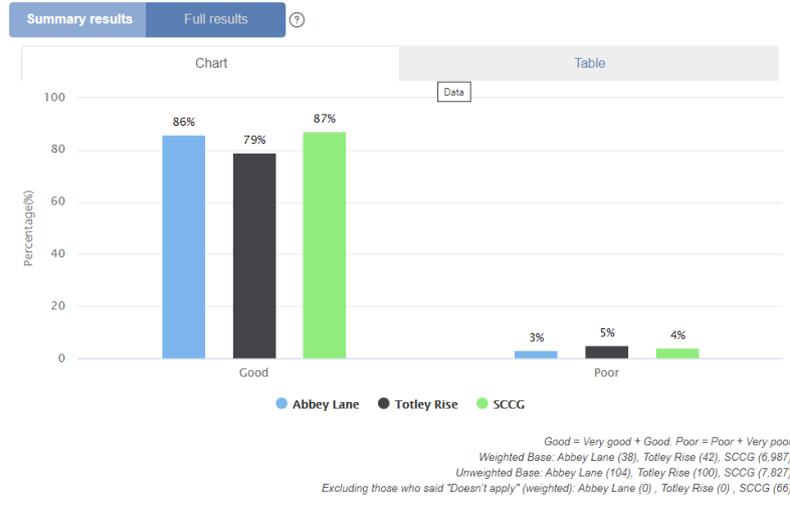


The overall experience of making an appointment is consistent throughout Abbey Lane and Totley Rise with 62% of patients describing the process as 'Good'. Nonetheless, both practices sit below the local CCG average, and have experienced a significant reduction since 2018. In comparison to 2018 and 2019 figures, Abbey Lane decreased 20% from 2018 to 2019 (81%-61%) and increased 1% from 2019 to 2020 (61%-62%). Totley Rise decreased 8% from 2018 to 2019 (84%-76%) and further reduced 14% from 2019 to 2020 (76%- 62%). Both practices trends conflict the slight downward trend demonstrated by the local average since 2018 (66%- 64%).

## Patient's last appointment

**Q26a. Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?**

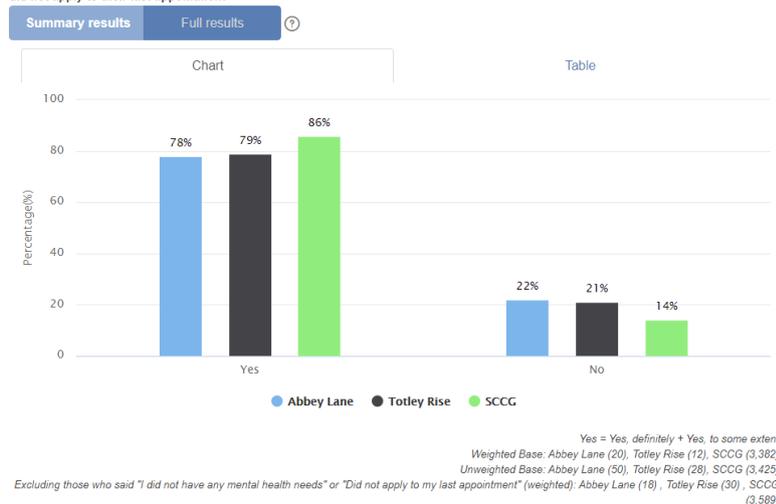
All patients who had an appointment in the last 12 months, excluding doesn't apply



There is a 7% reduction of patients at Totley Rise (79%) who reported that healthcare professionals were good at giving them enough time when compared to patients at Abbey Lane (86%). A further 8% reduction is evident when compared to the local CCG average (87%). Both practices have seen a downward trend since 2018, going against the local average which has consistently sat at 87% since 2018. Satisfaction at Abbey Lane has reduced 9% since 2018 (95%-86%), and stayed consistent during 2019. Totley Rise saw a 5% reduction 2018 – 2019 (95%-90%) and a further 11% reduction since 2019 (90%-79%).

**Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?**

All patients who had an appointment in the last 12 months, excluding those who did not have any mental health needs and who say this did not apply to their last appointment

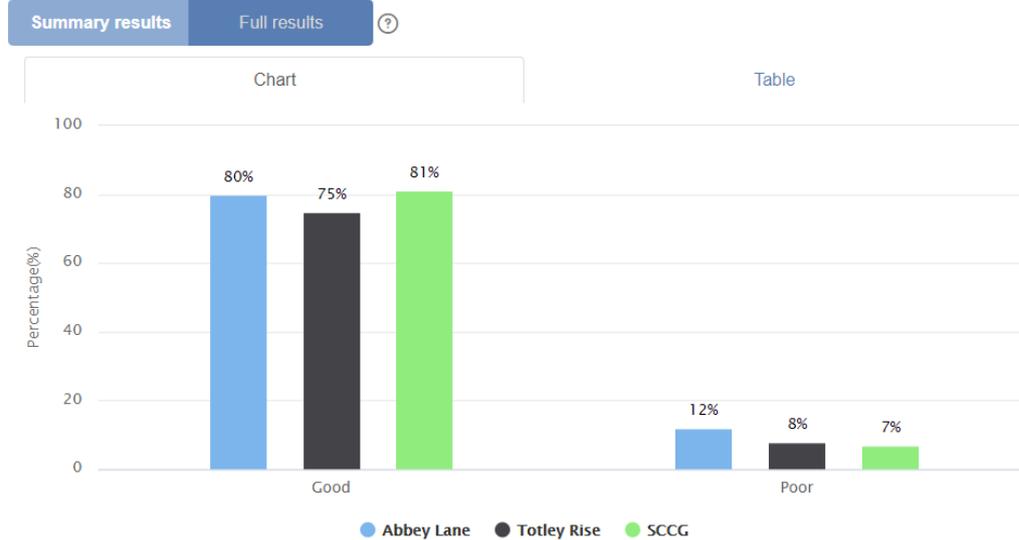


Recognition of Mental Health needs across Sheffield CCG saw a 1% increase since 2019 (85%-86%). Going against the national average, Totley Rise experienced a 9% decrease in recognition of mental health needs since 2019 (88%-79%). Patients at Abbey Lane saw an increase in recognition of Mental Health needs, increasing 12% since 2019 (67%-78%). Despite this both practices still sit below the local CCG average.

## Overall Experience

Q31. Overall, how would you describe your experience of your GP practice?

All patients



Good = Very good + Fairly good. Poor = Fairly poor + Very poor  
 Weighted Base: Abbey Lane (39), Totley Rise (43), SCCG (7,291)  
 Unweighted Base: Abbey Lane (106), Totley Rise (103), SCCG (8,190)

Figures show overall 'good' patient experience at Totley Rise (75%) to be poorer than that of the Sheffield CCG (81%) and Abbey Lane (80%). Totley Rise has seen an 18% reduction in patients describing their experience of their GP Practice as 'good' since 2018 (93%-75%), whilst Abbey Lane has seen a 15% decrease since 2018 (95%-80%). Both trends highlight a significant decline of patient experience when compared to the local trend that has reduced 2% since 2018.

## 12. Workforce – declaration June 2020

Workforce June 2020		
<b>Abbey Lane</b>	DESCRIPTION	
	All Regular GPs (excludes Locums) Full Time Equivalents	2.348762
	Total Admin/Non-clinical Apprentice Full Time Equivalent	1.786667
	Total Admin/Non-clinical Full Time Equivalent	8.122015
	Total Admin/Non-clinical Other Full Time Equivalent	0.426667
	Total Advanced Nurse Practitioner Full Time Equivalent	0.6
	Total Manager Full Time Equivalent	0.986667
	Total Nurses Full Time Equivalent	1.733333
	Total Practice Nurse Full Time Equivalent	1.133333
	Total Receptionist Full Time Equivalent	4.922015
	Total Direct Patient Care Full Time Equivalents	1.066667
	Total Health Care Assistant Full Time Equivalents	1.066667
<b>Totley Rise</b>	All Regular GPs (excludes Locums) Full Time Equivalents	1.653333
	Total Admin/Non-clinical Full Time Equivalent	3.268682
	Total Medical Secretary Full Time Equivalent	0.64
	Total Nurses Full Time Equivalent	0.56
	Total Practice Nurse Full Time Equivalent	0.56
	Total Receptionist Full Time Equivalent	1.628682
	Total Direct Patient Care Full Time Equivalents	0.64
	Total Health Care Assistant Full Time Equivalents	0.64

## 13. Primary Care Network

The two practices are already active and established members of the Heeley City Primary Care Networks (PCN'). All PCN member practices have been aware of the proposed merger for some time which has also been discussed at Locality and Network meetings and events.

The practice has given the merger team assurances that they have received very positive support from all members of the PCN Network as it has been recognised for some time now that back office functions have been aligned and a full merger with contract and clinical system was being prepared for.

### Practices within Heeley City PCN include:

Heeley Green Surgery  
 Sharrow Lane Medical Centre  
 Sloan Medical Centre  
 The Mathews Practice  
 Totley Rise Medical Centre  
 Abbey Lane surgery  
 Veritas Health Centre  
 Gleadless Medical Centre  
 Carrfield Medical Centre