

WOLVERHAMPTON CCG

Primary Care Committee
Tuesday 3rd September 2019

TITLE OF REPORT:	Application for the merger of Parkfields Medical Centre, with Grove Medical Practice
AUTHOR(s) OF REPORT:	Gill Shelley, Primary Care Contracts Manager
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	To inform the committee of the request to merge the 2 practices and to gain committee approval for this to go ahead
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the private domain
KEY POINTS:	<ul style="list-style-type: none"> • Application received to merge 2 practices with GMS contracts
RECOMMENDATION:	<p>For the committee to review the information submitted to make a decision with regard to the application.</p> <p>For the committee to approve the application</p>
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Improved quality of services for patients by increasing access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce.
2. Reducing Health Inequalities in Wolverhampton	The planned merger supports the CCG Primary Care Strategy in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost.

1. BACKGROUND AND CURRENT SITUATION

1.1 The following practices have submitted a business case (**appendix 1**) to the CCG for the merger of Parkfields Medical Centre (M92024) with Grove Medical Centre (M92612)

1.2 Parkfields Medical Centre

1.3 Parkfields Medical Centre has a main surgery at 255, Parkfield, Parkfields, and a branch surgery at Woodcross Medical Centre Coseley. The GMS contract is currently held by the following partners

- Dr Alison Johnson
- Dr Akinwumi Latunji
- Dr Neja Hussian

1.4 The number of patients registered at this practice is c.13680.

1.5 Grove Medical Centre

Grove Medical Centre has a main surgery at 175, Steelhouse Lane with the following branch surgeries at:

- All Saints Medical Centre, All Saints Road, Wolverhampton
- RoseVillas Surgery, Shale Street, Bilston
- Caerleon Surgery, Dover Street Bilston
- Church Street Surgery, Bilston
- Bradley Medical Centre, Hall Green Street, Bradley Bilston

1.6 Grove Medical Practice currently provides medical services to a population of c23,700 patient population

2. Key issues

The proposal as detailed in the business case is to merge these 2 GMS practices

The merged practices will use the current practice code for Grove Medical Centre: M92612.

3 Premises and Location of practices.

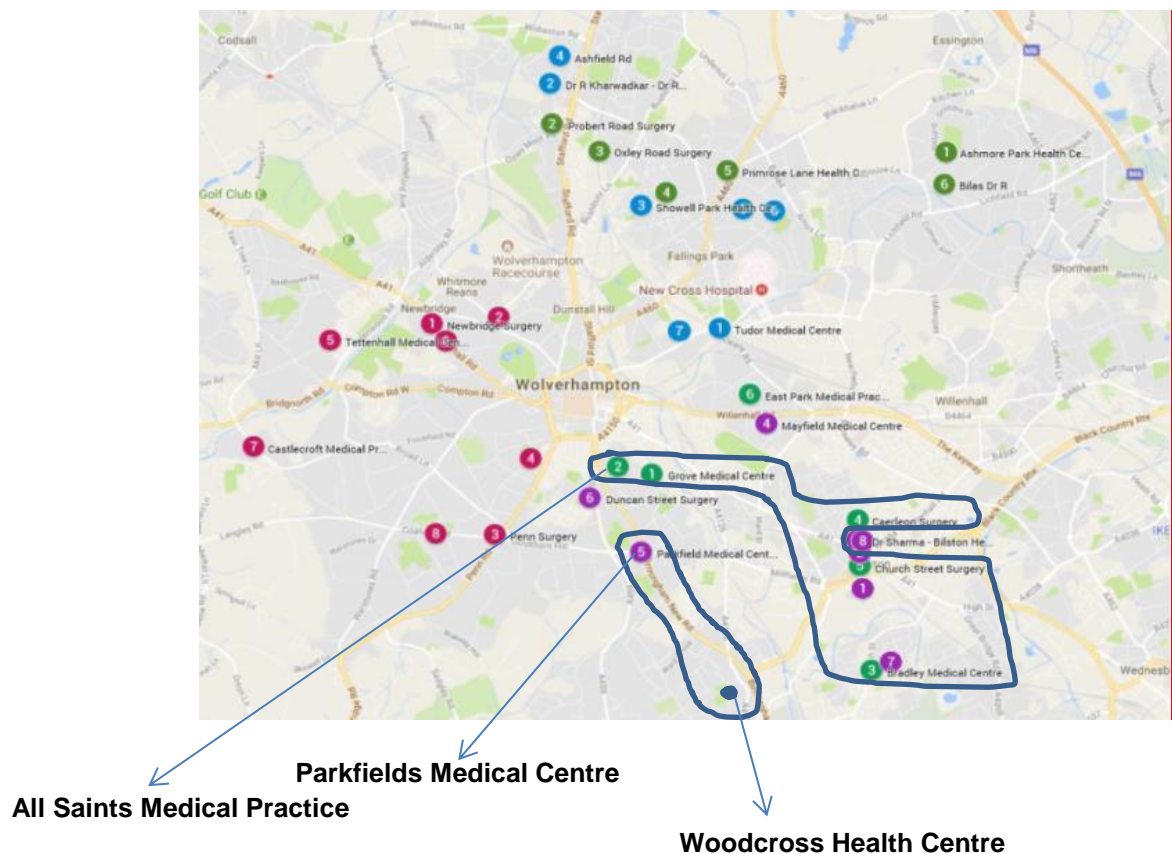
All current practices are located in the South East Locality of Wolverhampton.

Grove Medical Centre is the main surgery in this hub.

The distance between Grove Medical Centre and Parkfields Medical Centre is 0.8 miles and 2.1 miles between Grove Medical Centre and Wood Cross Medical Centre

3.1 The business case provides considerable detail on the current premises occupied by the practices.

3.2 The map below shows where the Grove Medical Practices are located in relation to practice of the proposed merger.



4. Timescales

4.1 The merger is dependent on the merging of clinical systems but will be completed by December 2019

5. Benefits to Patients

5.1 The business case provides full details of benefits to patients but included are:

- Increased access through increased opening hours, the practice will be open full core hours with no half day closing and will offer extended opening via the Directed Enhances Service and the Local Incentive Scheme.
- Patient choice of clinician will be improved along with continuing access to a female GP and a range of other clinicians and specialist skills.
- All patients will have access to a full range of enhanced services.
- Patients can be seen at any practice site.

6 Patient Engagement

6.1 A varied communication process has been implemented including:

- Leaflets/notices in the practice
- Messages added to prescriptions
- Use of local pharmacist
- Statement on practice website
- One to one discussions with patients
- Practice meeting with patients
- PPG
- Letters to patients

So far feedback from patients appears to be positive with patients keen to make use the increased patient access and the wider range of health care professionals.

7. CLINICAL VIEW

7.1 The view of the clinical partners involved in this scheme is that a larger practice along with a more corporate business structure will allow for the multiple benefits a larger organisation can offer and is detailed in the business case.

8. PATIENT AND PUBLIC VIEW

8.1 To date the views of the patients have been positive. Further events for patients are being arranged through August and September

9. KEY RISKS AND MITIGATIONS

- 9.1 There are risks relating to IT/System mergers and data collection issues (QOF) should this merger not be planned within appropriate timescales. To mitigate this risk the merger will be planned to go ahead before December 2019.
- 9.2 The timescales allow for adequate and appropriate planning for the systems merger.

10. IMPACT ASSESSMENT

Financial and Resource Implications

- 10.1. There are no adverse financial implications to this process

There are resource and finance implications attached to the merger of the clinical systems. The IT team are aware of the proposals and have plans in place and to meet the requirements.

Quality and Safety Implications

- 10.2 There are no implications for Quality and Safety as long as the planning stages are completed and the merger takes place within the planned timescales

Equality Implications

- 10.3 See appendix 2 EIA

Legal and Policy Implications

- 10.4 There are no legal and policy implications

Other Implications

- 10.5 The partners are consulting/engaging with all staff and there are no plans for any reduction in staff numbers and no redundancies are anticipated.

11. Recommendation

- 11.1 The recommendation is that approval is given for this merger, dependent on assurance that the merger is well planned, timescales are in line with IT workload and can be managed safely and there is no detriment to patient care during this process.

Name Gill Shelley
Job Title Primary Care Contracts Manager
Date: September 3rd 2019

ATTACHED:
Business Case health and Beyond Partnership
Finance spreadsheet

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	As per business plan	
Public/ Patient View	As per business plan	
Finance Implications discussed with Finance Team	Sunita Chhokar	3/9/19
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	David King	13/8/19
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	IT – Ramsay Singh	3/9/19
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	G Shelley	N/A



Wolverhampton
Clinical Commissioning Group

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BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’ c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.