

# Business Case: Merger of Health and Beyond with Parkfields Medical Centre (including Woodcross Medical Centre)

VERSION 2.0

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## Introduction

Health & Beyond is a corporate body has GMS and APMS contracts within the Locality of South East of Wolverhampton. The GMS contracts are held by Health and Beyond partnership and APMS contracts by Health and Beyond Limited.

The GMS sites which are All Saints Medical Practice, Grove Medical Centre, Caerleon Surgery, Church Street Surgery and Bradley Medical Centre, the three are Ettingshall Medical Practice, Bilston Urban Village and Pennfields Medical Centre.

Historically, existing GMS practices merged together to create this corporate body. Together they have agreed to work together to improve patient experience and to deliver more efficient, effective high-quality services by using the available resources to its optimum.

The aim of these GMS merger was to help patients but also to introduce modern digital practices, patient services and procedures as this will be beneficial to all of the stakeholders of this corporate body. It will benefit the stakeholders in a several ways i.e. enhance the efficiency, enable them to compete and continue in the challenging environment this health-care industry.

Since November 2017, the corporate body has created a total list size of 38,500 across the 5 GMC sites and 3 AMPS practices. This figure is the latest figure up till April 2019. This has been a massive achievement within a space of 17 months. The corporate body has progressed immensely and will continue to so.

This initial document helps to summaries the recommendations and key proposals that can be used for due diligence of the proposed merger of Parkfields Medical Practice and Woodcross Medical Centre these are currently held under one contract in the name of Parkfields and the merger into Health and Beyond Partnership.

### 1.1 Goal, Vision, Principles

Our Vision is to develop a “corporate general practice”, merging our GMS Contracts and assimilating our APMS contracts to form a larger, more corporate business structure, allowing us and our patients to benefit from the resources, economies and efficiencies of a larger organisation to survive, compete and prosper in the new and evolving competitive landscape, including the newly formed Wolverhampton South East Collaboration (WSEC), which has the majority of the patient list for that group.

Our aim is to develop cost-effective community solutions by working closely with social care and other community and voluntary sector assets to manage and deliver holistic health and social care. Creating an integrated health and social care ecosystem within Health and Beyond and sharing it within the WSEC.

We have the vision to work with mental health services to create a corporate and business solutions, legal, HR solutions for Primary Care Networks, Dental, Mental Health and Transport.

The company holds its current properties portfolio in its H&B properties company, with Parkfields premises added to that portfolio, while Woodcross will continue as a leased premises from NHS property services.

It is also working closely with universities and research teams to expand and form Health and Beyond digital healthcare space.

### **1.1.1 Core principle**

Our core principle is to continue to nurture and preserve all the excellence of traditional GP services. We want local GPs leading and working in local surgeries to provide long-term doctor/patient relationships based on the established values of trust and personalised care, enabling us to improve the range and quality of patient services, access, patient responsiveness and organisational learning.

## **1.2 Background**

This document details the merger of the following stated practices into a partnership called Health and Beyond, the current locations are, All Saints, Grove Medical Centre, Caerleon Surgery, Church Street Surgery, Bradley Medical Centre and the proposed new practices of Parkfields (including Woodcross) the initial merger took place in November 2017).

The appetite for transformational change and integration is strong within the region of Wolverhampton. There is clear recognition to move from traditional, fixed models of delivery to ones which are flexible and responsive, and focused on early proactive intervention and integration, therefore, we need to maximise the synergies and opportunities we have available to us across the health and social care commissioning and provider communities, particularly enhancing those which exist between primary and community care.

As part of our journey, we have agreed to come together to develop a Super-Partnership Model to continue to enable GP practices to work together to pool their clinical skills and financial resources whilst being able to continue to deliver outstanding primary care to the patients to the South East Location of the Wolverhampton CCG. This in turn would extend the patients numbers to 52,168 across Wolverhampton CCG, with only the Pennfields site sitting outside the South East Locality.

Currently Parkfields and Woodcross, has a strong, well balance workforce, 5 GP's, 2 AP's, 4 Nurses, 3 Healthcare Assistants, 1 Practice Manager, 8 Admin Staff, 12 Receptionists, 1 Apprentice, 1 Physicians Associate, 1 Pharmacist, and 3 non employed GP Registrars who have been involved in a number of engagement meetings, which have had positive feedback. The meetings have included information around processes should the merger be agreed and their positions moving forward in relation to TUPE and ongoing employment. Three of the current GP's will be offered partnerships within Health and Beyond Partnership, which they have agreed to. There has also been engagement meetings with the PPG and open public meetings, again these have been positive towards the proposed merger, and the PPG openly supporting the merger as the solutions to the practices moving forward in a positive and sustainable way.

Parkfields Medical Centre is owned by the doctors, with the Woodcross Practice being leased from NHSE. Health and Beyond are looking at purchasing the Parkfields Medical Centre property.

The current Parkfields Partners, are looking to secure the practices in the longer term in a progressive and organic way, with two of the partners due to retire in early 2022.

Partner Doctors:

Dr Alison Johnson (f) Joint Property Owner

Dr Akinwumi Adewale Latunji (m) Joint Property Owner

Dr Nejla Hussain (f)

(Dr Helen Hibbs Joint Property Owner)

The new merger plans will mean that Parkfield and Woodcross will form part of a fourth hub in relation to administration options but will retain its own clinical identity, however, in line with the Equality Impact Assessment we undertook, the merger will increase patients' access across the partnership to a female doctor, and this has been restricted in the past. All four Hubs are within 2.2 miles of each other.

Within the Parkfield merger we have already performed a due diligence equality impact exercise, which highlights that an improved mix of clinicians will deliver greater equality. There will be more managerial and administration support in the Group to offset the increase in patient numbers.

Currently the Health and Beyond 7 GMS sites are under one M code and the 3 APMS under individual contracts.

Parkfield will also be integrated into the single M Code. Clinical service delivery will remain unchanged and reflect the current services in each of the sites; patients will experience no changes to the traditional practice mechanism and the future proofing of their practice, or a change of name.

In an ever evolving NHS that is focused on delivering primary care at scale, the partners within the sites feel it was still a good idea to work together and develop clinical services which will benefit the patients. This still remains the same concept that led to the idea of a mergers between the original three practices, and in the long- term, delivering scaled up primary care services for our patients, which will make Health and Beyond more resilient in the longer term. This business case details the scope and benefits of the merger in detail.

There will be NO IMMEDIATE CHANGE to service delivery.

In the City of Wolverhampton, we have three models outside Health and Beyond:

- 1) GP Chambers Model-Unity – this is a loose collaboration of GP practices working together on common issues;
- 2) Vertical Integration Model- this is a salaried model for GPs and lead by the Acute Trust.
- 3) Primary Care Networks - Super practice GMS with APMS contracts working together as a Network as the lead provider of services and employer in the Wolverhampton South East of Collaboration: Health and Beyond practices working together on common issues with two further practices.

The above baseline models are all aiming to deliver primary care at scale however, the first one are still unable to achieve a financial assimilation of assets, hence why it is difficult for these models to work with Partner Organisation's such as: Social Care and Mental Health Trusts. Furthermore, as they are incapable of managing their finances, this still has not yet become a business organisation's because they will not have the ability to hold capitated budgets. For these reasons, the VI Model is the most viable option in the current settings, after Health and Beyond, although this is not a preferred model by most GPs in the City of Wolverhampton.

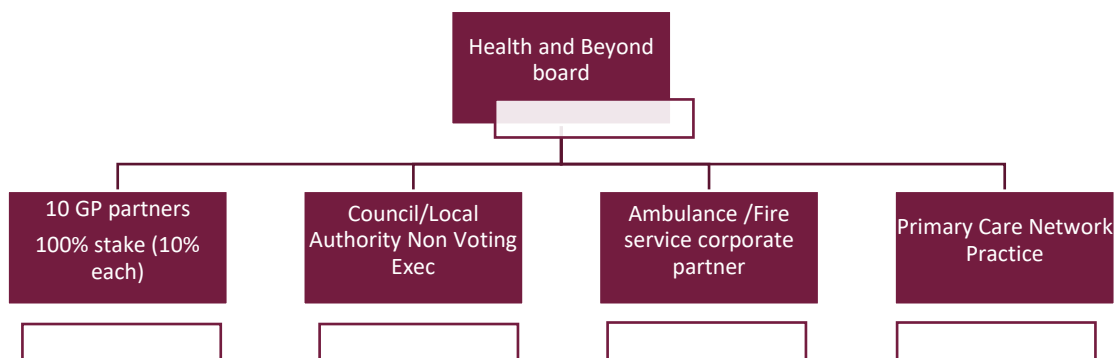
3) Health and Beyond has the Aspiration to become a lead provider for the PCN.

This document details the merger of the following practices into a super-partnership called Health and Beyond

1. All-Saints Medical Practice
2. Grove Medical Centre
3. Caerleon Surgery
4. Church Street Surgery
5. Bradley Medical Centre
6. Pennfield's Medical Centre
7. Eттingshall Medical Centre
8. Bilston Urban Village Medical Centre
9. Parkfields (Merger Proposed)
10. Woodcross (Merger Proposed)

(The AMPS sites are not merge, therefore they are separate, but they are part of H&B Ltd).

### 1.3 Partnership Model

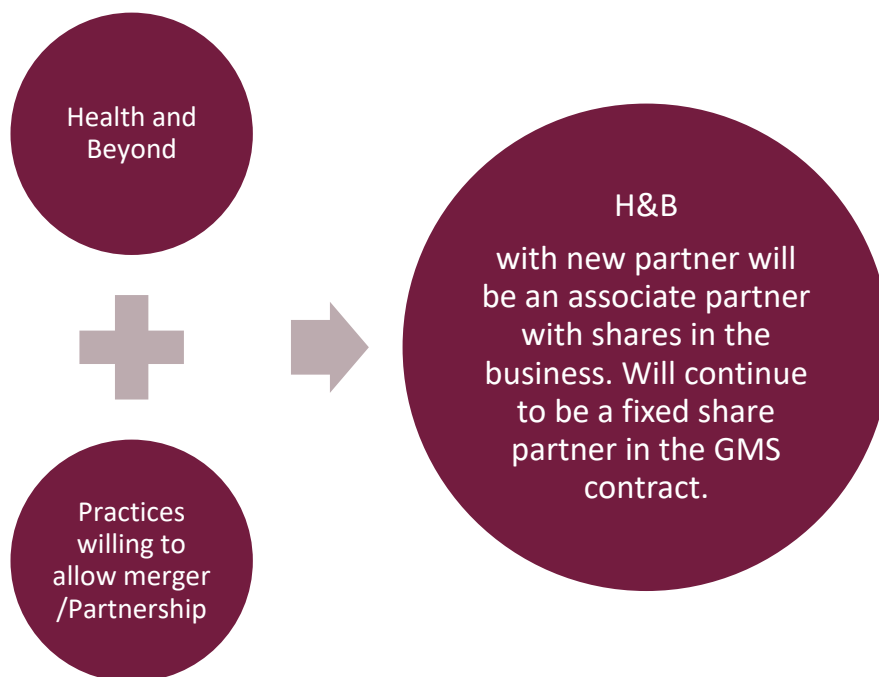


Our Future Business Model:

- All the models detailed below will be used till H&B reaches a 50,000 list size.
- Similarly, the operational team will look for potential practices who are up for acquisition to create the model in another city.
- Our aim is to create third sector partners.
- Originally, our vision was to create a list size of 50,000 patients and for this reason our current GMS sites (Grove Medical Centre, All Saints, Church Street, Bradley Medical Centre and Caerleon came together which together formed a list size of 22,000.

- After the 5 sites merged together to form part of Health and Beyond, in April 2019 we took on three AMPS practices (Ettingshall, Bilston Urban Village and Pennfields Medical Centre) taking our list size to 38,500 patients.
- As our global vision is to serve a million patients across the globe and for us to make this happen we need to form a cohort of 50,000 patients within the locality of Wolverhampton, which will be the case once the proposed merger of Parkfields and Woodcross is in the fold.
- Furthermore, Health and Beyond will not only be providing healthcare support to their patients but in the future will be offering the patients with the services such as: transport solutions, legal solutions and dental solutions.
- We wish to be the lead provider for the PCN. The practices in the network will jointly sign up to the network agreement.

### Model 1: Acquisition Model



### Model 2:

# GP Super-Partnership Ltd JV between H&B and other GMS practices



## New 'Super-Partnership' Entity

A partnership agreement has been formed between the partners of the practices will be sufficient for a merger to take place between the GMS and PMS practice, however, there is a need for an additional structure, e.g. a company limited by guarantee or a company limited by shares, thus limiting individual partner liability. Our Super-Partnership Entity includes an APMS contract into the partnership.

## Health and Beyond Strategic SWOT

### Strengths

- Ability to offer high quality services
- Enables rationalisation of quality frameworks and policies
- Partners are well motivated and are always striving achieve the success of the company.
- NHS is less expensive that the medical systems which may come into our favour when organizing structures.
- According to WHO, we have the best systems with outcomes

### Weaknesses

- May require extensive 'soft change management' to facilitate a new, standardised set of operational and managerial processes and protocols within a newly merged group of personnel
- Individual GPs may have less influence in the decision-making process within a large partnership.

### Opportunities

- Merging parties do not need to have equal viability
- Can offer significant benefits through economic of scale
- Can establish joint ventures with other GP, NHS, Social and Healthcare organisations in the future.
- There is fragmented healthcare across the globe whereas there is more standardization within the NHS. The NHS PC comes across as an organized system with available systems in place to look at payment models and hence forth could be adapted to the current insurance models too.

### Threats

- Poor planning and preparation can lead to future splits following disintegration of relationship
  - Collaborating with a largers GP organisation can temporarily incur an initial decline in income due to profit sharing arrangements
  - Substantial risk of losing local connections and continuity with patients if staff become remote or too centralized.
- There is financial risk to practices if not also incorporating a limited company (in a standard partnership model the individual partners are, unless contrary written agreement dictates otherwise, all equally and personally liable for the liabilities and losses of the partnership they are involved in);

Others:

- Practices would need to assess and determine the most appropriate legal entity, subject to their individual contract-types, and seek further advice/guidance from their core commissioner prior to agreement on the kind of merger they wish to achieve.

## 1.4 Process

### 1.4.1 Legal Process

A comprehensive partnership constitution has been developed including various deeds, management and profit-sharing principles and policies which will be templates for any future mergers or new partner appointments. The model allows for straightforward expansion and increase of size to whatever we feel will best suit future needs.

The legal process has been robust throughout our organization. Our partnership operates in accordance with our written Partnership Agreement which forms part of the governance of the partnership.

Furthermore, we have an extensive Shareholder's Agreement between our shareholders listing their roles, rights, power's and obligations in relation to Health and Beyond Ltd. We have Articles of Associations in place which forms the constitution of the Limited Company which all Shareholder's must adhere to.

Health and Beyond partnership and Health and Beyond Limited have a Service Level Agreement (SLA) which sets out that Health and Beyond Limited is the Service Provider and Health and Partnership is the Customer. The SLA also defines the services that the Customer will receive from the Limited Company. The SLA helps to draw a clear distinction and clarity between the two entities.

Health and Beyond also has a number of other agreements in place such as: Merger Agreements and Heads of Terms.

As an organisation we would like to use these expertise's and experience in helping practices/networks.





## 1.6 Quality and Patient Safety

### 1.6 .2 QOF RESULTS

To ensure a high standard is maintained when practice’s merge, they will agree to have a dedicated administrator who will organize by monthly QOF meetings with nurses and GPs to focus on areas where performance is low, develop a practice action plan where the admin will monitor and ensure delivery. The newly formed practice intends to improve nursing capacity by employing an additional nurse.

Practice Name	QOF Overall Performance (2017-2018)
Grove Medical Centre	98.5%

The data used is from 2017-18 collected from (<http://qof.digital.nhs.uk/search/index.asp>)

### 1.6.3 Quality and Patient Safety

Health and Beyond are adopting new quality improvement methods and factors that promote high and robust quality across both service delivery and safe patients care, our actions are at multiple levels within the health system to nurture and support improvements of quality in general practice.

We have increased the number of members our governance team, not only to include GP’s but also a range of other skills, to match modern day workings across both our on-going growth and promote new reassurance to patients and commissioners.

We are making commitments to building a culture and capability to support continual quality improvement, which includes validate our vision and values by ensure practice teams to actively embrace an ethos of putting patients first and seeking to provide excellent care, involving every member of staff in the mission of continually improving care, and valuing and incorporating patients in measuring and improving their care.

All our practices will evaluate their shared values and norms regarding the safety and quality of their care, we will be using staff surveys of culture and team discussions to take stock of the current

situation and identify areas for improvement. Quality improvement flourishes best in a culture that promotes: engaging and empowering all staff in measuring, understanding and improving quality accountability for improving, employing openness about performance and variability and incorporating rewards and penalties continual, rather than periodic, improvement, where improvement contributes to the fabric of the practice and is a part of every person's working day.

We are increasing the number and quality and skill of our leadership team to impart vision, enthuse staff and shape a bespoke culture. This is a distinct skill from the previous role of practice management. Effective leadership in a practice does not necessarily have to be given by a doctor, but it must be acceptable and effective for all staff. Adopting structures that value the contribution of all disciplines may sometimes involve non-medical partners – a move that a growing number of practices are finding helpful to fulfil ongoing improvement.

We are adding a number of clinical posts to our team, these include additional Clinical Pharmacists, Advanced Clinical Practitioners, and First Contact Practitioners, over the next three months. Working towards on development of First Contact Physiotherapy (FCP) service within Health and Beyond which view of extending it to larger MSK service consisting of multidisciplinary team of professionals involved in providing Physiotherapy/MSK/T&O/Rheumatology/Pain Management services.

With the NHS Long Term to development of new ways of working in primary and community will increase the focus on safety. We believe the inclusion and development of integrated care pathways with new types of clinicians in primary care and with patients moving seamlessly between primary, community care services is an opportunity for local systems as described above will develop robust clinical governance with clear lines of accountability for safer and bespoke care.

Our new primary care network gives us the opportunity to promote a robust safety culture couple with continuous quality improvement around patient safety in primary care. We see the role of the PCN clinical director will be developed to ensure the right expertise is in place to facilitate this within the group to support the new safety ascendancies.

These changes to improving the quality and safety of care across Health and Beyond. While meeting the demands of a more outcomes-based performance framework, together with the regulatory requirements of Commissioning Boards and Care Quality Commission. Making greater time commitments to patients in such a way we can use and adapt quality concepts of continual improvement, imparting practical skills, and the coaching of staff through their application and face to face values towards patient safety and proven quality becoming a key aspect of the practice's and patients environment.

We believe that the above not only moves toward a robust change in the quality of patients care but also enhances patients safety by:

Improving understanding of safety by drawing on our own intelligence from multiple sources of patient safety research.

Involvement in schooling patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system.

Improvement by redesigning and supporting programs that deliver effective and sustainable changes in the key areas of patients care within local communities and by local clinicals.

Whilst encompassing the introduction of patient safety and engagement leads whilst integrating with the National Patient Safety Improvement Program guidance. As of September 2019, we will have a monthly Patient Safety Meeting, outside of our monthly clinical meetings

#### 1.6.4 Contract Review

Grove Medical (T/A Health and Beyond Partnership), a contract review was undertaken by members of Wolverhampton CCG, in July 2019, and the results are included in this business case (see attached appendices 1)

As a group we also use the QCS Management Systems, to take guidance and solace in all areas to support decision making and as a management tool.

#### 1.7 Health and Beyond Premises & Portfolios

##### Grove Medical Centre

Grove Medical Centre is located in Steelhouse Lane, Wolverhampton. It has a detached building and has limited availability of parking spaces.



Currently the building is owned by Health and Beyond. This building is fit CQC Compliant with disability access and has scope for expansion.

##### All Saints

All Saints Medical Practice has got two sites. One of the site is located in Cartwright Street of Wolverhampton. It is a semi-detached property with an extension and has got limited car spaces. This property is mortgaged and Dr. Praveen Mundlur has 100% ownership. This building has got disable access is CQ compliant and has decent internal facilities.



##### Caerleon Surgery



The Caerleon surgery is owned by Dr. Arshad Asghar who had 100% stake and the building is mortgaged. This surgery is located in Dover street, Bilston. This site has got the basic disability provisions but has lack of parking facility. There is off road parking available but the road being very narrow it makes it very difficult to park and the patients might have to park on other roads during busy times in surgery.

#### Church Street Surgery



This a freehold premises which is currently owned by Dr Saini and Dr Mehta as Tenancy in Common.

#### Bradley Medical Centre



The premises is a freehold property and leased to Health and Beyond.

#### Parkfields Medical Centre

Owned by the Parkfield GP Partners however Purchased is agreed with H&B



### **1.7.1 Property Business Plan:**

We will have 4 hubs. Hub 1 Grove Medical Centre and All Saints Surgery. We shall have a Hub 2 which is Bilston Super Hub which will consist of: Bilston Urban Village, Ettingshall, Church Street and Caerleon Surgery, then Hb 3 Bradley and Hub 4 Parkfields and Woodcross.

Out of the available sites the Grove Medical Centre has got the capacity for premises expansion. The existing building can be replaced by a new building which can accommodate All Saints practice to enhance the patient experience, and can house modern amenities in accordance with the CQC compliance. There is a provision of sufficient car parking adjacent to the building which is owned the Temple which is proposed to be built just opposite (across the road) to the surgery premises. The All Saints practice is located 0.4 miles away so this merger can be done without any disruption to the patients.

It is quite important to plan the transition and following tasks would need to be accomplished for a smooth merger of premises:

- Evaluation and disposing the existing premises
- Formation of a company with all participating stakeholders
- Identifying the development company
- Finalising designs, pricing, plans with appropriate permissions and approvals
- Temporarily moving Grove Medical Centre to All Saints during the construction period
- Identifying new premises to merge Caerleon with other Bilston Sites
- On accomplishing the construction/ Acquisition, moving the partner surgeries to the new location.





The purposed date for this would be January 2020

We have now purchased the proposed shared parking space. The Practices that will closed down will be potentially be converted to i.e. providing for mental health, learning disabilities, day Centre or care facilities or community clinics. This way we are trying to utilize the space from a network prospective.

### 1.8 Practice Analysis

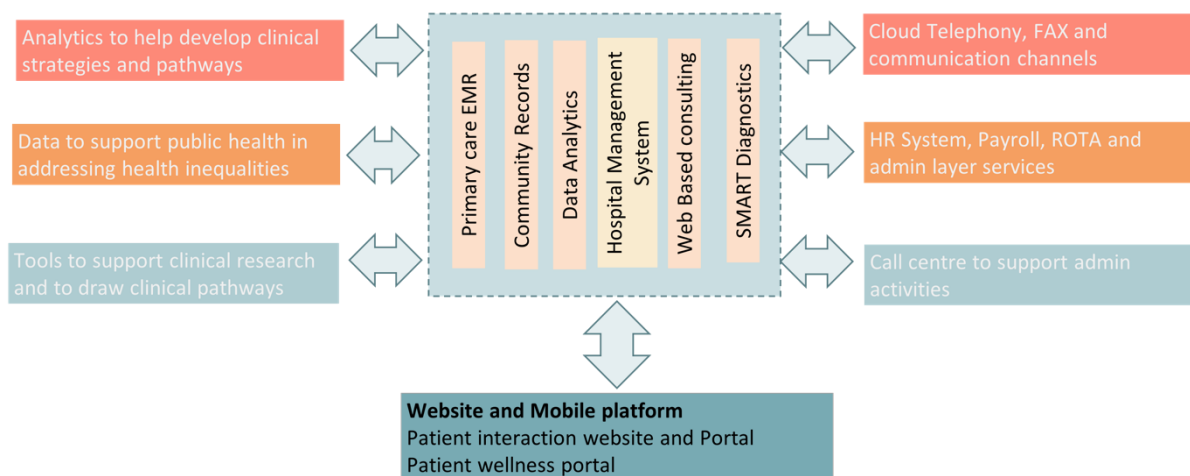
The merger will have a patient strength of **52,000** and will increase on addition of 3 more partners with whom the discussions are being carried out. After the merger, the partnership will have a strength of 11 GP partners, 5 Salaried GP, 12 nursing staff, 60 in reception and 15 in the Admin teams. One of the partners has already discussed his plans of retirement and would be reducing his sessions.

Post-merger, the advanced nurse practitioners and nurse practitioners and will integrate with clinicians to ensure the sharing of good practice and a consistent approach to the delivery of high quality care. By merging the practices, it can be ensured that a stable practice partnership is maintained that is reassuring to the staff and patients, and appealing to prospective new partners. It is anticipated and top priority to ensure that there will be no decline in the way the current contractual work is delivered. Access to the surgery will be improved as there will be a wide range of clinical staff that will be able to complement the delivery of primary care.

There will be a change in organisation structure and possibly there will be a reduction in staff post-merger and moving into a single premise. The existing staff can be retained for the time being till the new premise is constructed. The new premise is anticipated to be a fast-paced environment and realignment of work force is anticipated. It is although important to do staff consultations to make sure that they understand the importance of this merger and contribute in shaping this new organisation.

#### 1.8.2 Systems and Processes:

The merger will give an opportunity to do a due diligence of the existing systems and replacing them with more efficient and latest systems. The existing clinical records system can be merged to make two new systems, one at each hub. Such initiative allows to draw pathways, behavioral patterns etc. and using data in more meaningful ways. Before the merger, the IT road map should be clearly identified and the outcomes should be clearly defined. A proper risk assessment is recommended before initiating the merger process of the IT systems.



The above diagram shows the IT ecosystem that is visualized to support this merger. Following outcomes are anticipated from the ecosystem:

- Two clinical systems one at each hub.
- Setting up a call Centre where in the patient can call to book appointments, order repeat prescriptions and to sign post the patients etc.
- A single system to manage the HR, Payroll and all administrative activities including staff ROTA and patient surveys.
- Introduction of new telephony systems which can cater for the hubs with multiple lines with automated call handling facility, this is planned for January 2020
- Introduction of analytics tools which will enable to enhance the patient care, social care and community care.
- One website which will have information for patients and enable them to access relevant healthcare apps.
- Provision of web consultation to be integrated to the website
- Tools for Inventory management, budget management etc.
- Insurance sector support integration

### 1.9 Finance analysis:

This analysis is still not robust as some data is missing but we can draw an average analysis out of the present data. All the three practices have different patient numbers and different income levels. Caerleon surgery has the highest staff expenses to Income ratio (54.54% in 2015 and 48.58% in 2016) and the finance expenses also due to an existing loan of GBP 40,000. (See Appendix 1 for financial assessment) All Saints surgery is being efficiently managed with moderate expenses and a high NET income to Income ratio (64%) for year 2015. The annual accounts for 2016 are still being drafted and are expected by end of Feb 2017. Caerleon Surgery has the lowest Net income ratio which is ~26% and Grove Medical Centre has ~54% for the same financial year.

The merger will garner a combined income of GBP 1.3 – 1.5 million per annum. Looking at law of averages and economies of scale the combined expenditure can vary between GBP 550 – 650K. Caerleon surgery can benefit from this merger as their NET income can be improved by just merging the admin services. There a clear scope for optimizing the financial performance and all the GP partners can draw a huge benefit out of it.

It is recommended that the three practices should go ahead with the due diligence of the merger. An in depth financial analysis needs to be carried out with projections and latest accounts statements. A viable exit option needs to be strategized to keep the working model flexible. It is important to carry on a risk assessment on availability of 2016 accounts of All Saints. Moreover, before making a final decision the partners should analyse the expected increase in the cost of capital over next 2 years. They also need to take into consideration economic conditions before making the final merger decision.

### **1.9 Advantages and outcomes of Merger**

#### **i) For Patients:**

- Centralised patient appointment booking facility through call center.
- Implementation of longer opening hours to accommodate more patients in a day.
- Value-added Patient care from a modern, fit for purpose building with modern facilities.
- Access to experienced primary care health team with an excellent skill mix.
- Patients will have increase in access and more flexibility in terms of appointment times and choice of clinician.
- Provision of enhanced services and community based services as well as continuing to maintain high QOF achievement in order to maximise quality of service provision for patients.
- Focus upon long term conditions, developing and maintaining care plans for patients and ensuring access to the appropriate services for these patients.
- Provision to deliver enhanced services such as minor surgery and family planning for the patients.
- Enhanced services from the WSEC

#### **ii) For Stakeholders:**

- Enhanced buyer power. This merger will give the partnership the power to bargain and get the best prices from suppliers.
- Centralised admin team reducing admin burden.
- Integrated services to be delivered through common premises to ensure the sharing of good practice and a consistent approach to the delivery of high quality care.
- Guaranteed cost saving using unified and better systems, moving completely to digital and reducing paper administration.
- Proper exit strategy for partners who want to retire.
- Development of new innovative care pathways which will work at the interface of social and healthcare system.
- Proposal of incorporation of two existing pharmacy units at each proposed new hub which will be a value add service and will provide rental for such initiative which is and added advantage.
- Discussion with private insurance providers/insurers to facilitate private clinical work and insurance work.



- Enhanced services from the WSEC

## **Equality Analysis – Proposed Merger Between Health and Beyond Partnership with Parkfields and Woodcross Medical Practices**

### **EQUALITY IMPACT ASSESSMENTS (EIA)?**

We have a legal responsibility to assess how they will monitor any possible negative impact on (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) equality, whilst promoting good relationships among communities.

The key purpose of our Equality Impact Assessment is to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any adverse (negative) impact on particular groups.
- Promote good relations between people of different equality groups.
- Act as a method to improve services.

Other reasons for our Equality Impact Assessments are:

- It increases user/public/staff trust.
- It enhances value for money.
- It informs business plans.
- It increases social inclusion.
- It promotes understanding and sensitivity.

Equality Impact Assessment should not be seen as a separate exercise for Managers to undertake. It should be built in as an integral part of continuous service and performance review. Assessing for equality impact is an aspect of delivering service improvements. For some of the services, equality considerations may already be well integrated into service planning and review. The Equality Impact Assessment Process will simply enable services to document equality deliberations and conclusions and show transparency and accountability to the wider community.

As both parties are existing providers of services for patients for some years in close proximity to areas that form part of the South East locality of Wolverhampton CCG, we have identified several groups who have cosseted characteristics by analysis of our combined patient data. We as an organisation will ensure that due regard is given to the needs of our patient population during the said service mergers, including that of vulnerable groups, through effective engagement aligned with the profile of those possible affected by such changes.

1) Age: Older people preferred to see their named GP coupled with a regular Nurse and Health Care Assistant, which is dealt with within our workforce planning and recruitment, in the case of locums, we will be using affiliated GP's to the practice, and of course the current partners to ensure continuity of care, which is key to this proportion of the population. In the case of the merger then

all clinicians will be available across the locality thus meeting the patient's wishes, and supporting allaying their anxiety.

2) Disability: Carers and people with disabilities were concerned primarily about journey times, the difficulties of getting on and off buses, ample disabled parking facility and access within practices including vulnerable groups. Carers of people with LD were concerned about a lack of understanding of the impact of intellectual disabilities that relate to their charges and their on-going illness e.g. pain control. They preferred to request a visit from their own GP due to issues with access. People with mental health problems were described as finding busy practice environment as an issue. We have protected supervised area for patients to discuss or sit and wait if they had severe and enduring mental illness which needed urgent medical appointment and plan to develop inclusive, supportive values and competencies across this sector. This has been considered when looking at the merger and having 7 sites within the South East locality of Wolverhampton CCG and each site have close proximity to at least one other. There is a mixture sites facilities both which match the needs identified in this analysis and in fact the merger gives improved access by public transport and has improved general parking and disabled parking across the 7 sites.

3) Gender reassignment: We have limited numbers to undertake an analysis current across the group, all requests are dealt with in line with the equality act 2010 in relation to gender dysphoria and plan to develop inclusive, supportive values and competencies Parkfields have had three patients who successfully transitioned and a further three currently transitioning.

4) Pregnancy and maternity: pregnant and expectant mothers prefer to see midwife's in practices, therefore avoiding unnecessary drawn out hospital journeys. There is also preference to see a female GP who has special interest in women's health. The merger will enhance this with great access across the locality and the increase in female doctors and a viable appoint scheduled to match patient's needs, which will include a request for a great depth of information and consistency which many younger mothers feel is missing and increasing concerns around Pre-eclampsia. The merger of Parkfields and Woodcross will increase the female population by 6946

5) Race: We found very little to differentiate minority ethnic experiences within our local practices from those of the white British population. There was a sense from some professionals that people from ethnic minorities had language and cultural barriers to access and needed longer appointment times creating a wait in the waiting room, there is very little if any evidence to support this statement. When auditing the clinical system there was no differential between timings, the main difference was around presenting conditions. Our population demographics by race shows that 68% of the population is white, with 64.5% of this number being White British and the remaining being Eastern European. Over 17% of the population is South Asian and are mainly Indian, almost 2% is Black, 2.5% are Chinese or other Asian, 5% are mixed race with 25% unknown.

6) Religion or belief: The South Asian population is mainly split between Sikhism, Muslim or Hindu, Christian was the highest and the remainder between, then low numbers of that worshipping Judaism, the Mormon Faith and Jehovah Witness's, and the complex needs that this collection of faiths present to patients healthcare needs, there are a number registered as having no religious beliefs.

7) Sexual Health: We found no differentiation between the reported experience of men and women, with the exception of females in many cases preferring female GP's.

8) Sexual orientation: No specific issues have been acknowledged for this group.

9) Civil Partnerships and Marriage: all our current staff are trained and have mandatory equality training which if not in will be extended to new staff allowing for everyone to be treat without any prejudice, we offer impartial accessible and equitable services to all patients.

10) Access to Services (opening times), is a topic that always divides young, old and carers and those that work and those that do not, to bridge this gap against normal opening times within our practices that are in close proximity to areas that form part of this merger, we have extended hours that cover five nights to 8pm, Saturday and Sunday 8am to 12.30pm and that gives additional appointments beyond the national average set against patient lists.

We have ensured that we have the right clinical skills in our practice's to meet the diverse needs of our patients, including those with protected characteristics, such as dermatology, diabetes, respiratory disease-asthma and COPD, child health surveillance, minor surgery , orthopedics, rheumatology, mental health, dementia, obstetrics, gynecology and cardiology. We also have strong values around safeguarding both in adult and children areas. Our entire clinical workforce will interchange within our sites to maximise and provide such skills locally, whilst promoting community healthcare, and providing familiar faces with admin staff, doctors across South East locality of Wolverhampton CCG and the South East PCN. The rationalisation will also offers a larger range of services to patients that was previous the case with prior to the newly proposed merger.