## 

Report to: (Board/Sub-Committee): Primary Care Commissioning Committee

Date of Meeting: 4th February 2020

Subject: Merger Application – Beacon Medical and Dr AP Kumar

Presented by: Rachel Barrowcliff, Service Manager

**Agenda Item 13**

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

|  |  |  |
| --- | --- | --- |
| **PURPOSE OF REPORT:** | This report is to seek approval for;   1. The formal merger where the patient list for Dr AP Kumar will merge into the Beacon Medical Practice patient list as at 1st April 2020 on a contractual basis and the clinical systems will merger soon after.   In December 2018, the Committee agreed to support in principle the merger of these two practices. Subsequently, consultation with patients and stakeholders is now complete, and for information, the practice report has been shared with the Scrutiny and Committee Advisor from North East Lincolnshire Council.  It should be noted that in Section 4 of the merger application, there is reference to an issue regarding the enhanced service for extended hours. This is an historical matter which is in the process of a resolution with the Beacon Medical Practice, NHS England and Improvement and the CCG and relates to the period pre April 2019. We have no ongoing concerns regarding the practice that will impact on this merger. | |
| **Recommendations:** | It is recommended that the Primary Care Commissioning Committee approve the;     1. Formal merger between Beacon Medical Practice and Dr AP Kumar | |
| **Committee Process and Assurance:** | N/A | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | |  | | --- | | The CCG and NHS England & Improvement are working closely with the practices to ensure that any risks are managed appropriately with regards to contractual, financial and patient safety issues. | | |
| **Legal Implications:** | PMS (Primary Medical Services) contract requirements adhered to. | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | **No** |
| Does this project involve the processing of personally identifiable or other high risk data? | **No** |
| If yes to the above has a DPIA been completed and approved? | **No** |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  Individual services will have had an equality impact assessment, but these will be reviewed to reflect any changes.  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | There are no financial issues to the CCG, and financial implications to the practice regarding this merger have been managed directly with the practice. | |
| **Quality Implications:** | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | The CCG has paid due regard to its obligations as set out in the Delegation Agreement(Schedule 2, Part 2, Paragraph 3). | |
| **Engagement Implications:** | Patient and stakeholder engagement has taken place and is detailed within this report. | |
|  |  | |
| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available*  Yes  No  A conflict of interest applies to all GPs present, therefore, they will be excluded from the decision making process applicable to this paper. | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** | Appendix 1 Merger Application  Appendix 2 Report to Overview and Scrutiny Committee | |

**Appendix 1**



### Practice Merger Application – Beacon Medical & Dr A Kumar

**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. |
| --- |
| Dr Kumar, a single-handed GP, will join the partnership of Beacon Medical and Dr Kumar’s practice will cease trading. The CCG will terminate Dr Kumar’s contract and vary Beacon Medical's contract to include the services originally provided by Dr Kumar.  The parties will enter into a business transfer agreement for the transfer of assets and staff.  It is anticipated that Dr Kumar’s practice will continue to operate in a similar manner to at present, but will become a satellite site of Beacon Medical. |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Provision – Practice 1** | **Current Provision – Practice 2** | **Merged Practice** |
| **Name and address of practice**  **(provide name and address)** | Beacon Medical  Cleethorpes Primary Care Centre  St Hugh’s Avenue  Cleethorpes  DN35 8BE | Dr A Kumar  Stirling Medical Centre  Stirling Street  Grimsby  DN31 3AE | Beacon Medical  Cleethorpes Primary Care Centre  St Hugh’s Avenue  Cleethorpes  DN35 8BE |
| **Contract type**  **(GMS, PMS, APMS)** | PMS | PMS | PMS |
| **Name of contractor(s)** | Dr S K Gupta  Dr A K Nayyar  Dr M Ismail | Dr A Kumar | Dr S K Gupta  Dr A K Nayyar  Dr M Ismail  Dr A Kumar |
| **Location**  **(provide addresses of all premises from which practice services are provided)** | Cleethorpes Primary Care Centre  St Hugh’s Avenue  Cleethorpes  DN35 8BE | Stirling Medical Centre  Stirling Street  Grimsby  DN31 3AE | Cleethorpes Primary Care Centre  St Hugh’s Avenue  Cleethorpes  DN35 8BE  Stirling Medical Centre  Stirling Street  Grimsby  DN31 3AE |
| **Practice area**  **(provide map of area making clear both the inner boundary and outer boundary, if any)** |  |  |  |
| **List size**  **(provide figure)** | 12282 | 3718 | 16000 |
| **Number of GPs and clinical sessions**  **(provide breakdown)** | 3 x partners (28 sessions)  2 x salaried (11 sessions) | 1 x partner (9 sessions) | 4 x partners (37 sessions)  3 x salaried (17 sessions) |
| **Number of other practice staff**  **(provide breakdown)** | 2 x NP  1 x trainee NP  6 x practice nurse  3 x medical assistant  3 x HCA  1 x business manager  2 x managers  21 x reception/admin | 1 x practice nurse  1 x manager  4 x reception/admin | 2 x NP  1 x trainee NP  7 x practice nurse  3 x medical assistant  3 x HCA  1 x business manager  3 x managers  25 x reception/admin |
| **Number of hours of nursing time (*weekly*)**  **(provide breakdown)** | Urgent care nursing team = 164.5hrs  Practice nurse = 149hrs  HCA = 110.5hrs | Practice nurse = 30hrs | Urgent care nursing team = 164.5hrs  Practice nurse = 179 hours  HCA = 110.5hrs |
| **CCG area(s)**  **(list CCG(s) in which practices are located)** | North East Lincolnshire | North East Lincolnshire | North East Lincolnshire |
| **Which computer system/s**  **(list system(s) used)** | TPP SystmOne | TPP SystmOne | TPP SystmOne |
| **Clinical governance/ complaints lead and systems**  **(provide names)** | Clinical governance – Dr Gupta  Complaints & systems lead – Bronya Glet | Clinical governance – Dr Kumar  Complaints & systems lead – Annalise Walker | Clinical governance – Dr Gupta  Complaints & systems lead – Bronya Glet |
| **Training practice**  **(yes/no)** | Yes | No | Yes |
| **Opening hours**  **(list days and times)** | Monday to Friday  0800-1830hrs | Monday to Friday  0800-1830hrs | Monday to Friday  0800-1830hrs |
| **Extended hours**  **(list days and times)** | Tuesday 1830-2000hrs  Wednesday 1830-2000hrs | Thursday 0730-0800hrs  Tuesday 1830-1915hrs  Wednesday 1830-1915hrs | Tuesday 1830-2000hrs  Wednesday 1830-2000hrs  Thursday 0730-0800hrs |
| **Out of hours cover provided**  **(list days and times)** | None | None | None |
| **Additional services provided**  **(list of addl svcs)** | Alcohol-related risk reduction scheme 2018/19 | Alcohol-related risk reduction scheme 2018/19 | Alcohol-related risk reduction scheme 2018/19 |
| **Enhanced services**  **(list all enhanced services delivered)** | Anti Coagulation Level 3 Warfarin  Anti Coagulation Level 4 Warfarin  Diabetes Insulin Initiation  Diabetes GLP-1 Initiation  Dementia Shared Care  IUCD/Nexplanon  Learning Disability  Minor Surgery  Phlebotomy level 1  Phlebotomy level 2  Post -Op Care Service  Rheumatology NPT  Skin Cancer  Urology Level 1  Urology Level 2  Extended Access  Chronic & Complex  Quality & Consistency  Childhood flu (fluenz)  Hepatitis B (newborn babies)  HPV Booster  Meningococcal ACWY  MenB Infant Vac Programme  MMR Aged 16 & over  Pertussis in pregnant women  Pneumo HIB MenC child  Pneumococcal  Rotavirus (routine Childhood)  Seasonal Flu  Seasonal Flu Care Workers  Shingles  Shingles (catch up)  Network Contract | Anti Coagulation Level 3 Warfarin  Anti Coagulation Level 4 Warfarin  Diabetes Insulin Initiation  Diabetes GLP-1 Initiation  Dementia Shared Care  Learning Disability  Phlebotomy level 1  Phlebotomy level 2  Post -Op Care Service  Rheumatology NPT  Urology Level 1  Urology Level 2  Extended Access  Chronic & Complex  Quality & Consistency  Childhood flu (fluenz)  Hepatitis B (newborn babies)  HPV Booster  Meningococcal ACWY  MenB Infant Vac Programme  MMR Aged 16 & over  Pertussis in pregnant women  Pneumo HIB MenC child  Pneumococcal  Rotavirus (routine Childhood)  Seasonal Flu  Seasonal Flu Care Workers  Shingles  Shingles (catch up)  Network Contract | Anti Coagulation Level 3 Warfarin  Anti Coagulation Level 4 Warfarin  Diabetes Insulin Initiation  Diabetes GLP-1 Initiation  Dementia Shared Care  IUCD/Nexplanon  Learning Disability  Minor Surgery  Phlebotomy level 1  Phlebotomy level 2  Post -Op Care Service  Rheumatology NPT  Skin Cancer  Urology Level 1  Urology Level 2  Extended Access  Chronic & Complex  Quality & Consistency  Childhood flu (fluenz)  Hepatitis B (newborn babies)  HPV Booster  Meningococcal ACWY  MenB Infant Vac Programme  MMR Aged 16 & over  Pertussis in pregnant women  Pneumo HIB MenC child  Pneumococcal  Rotavirus (routine Childhood)  Seasonal Flu  Seasonal Flu Care Workers  Shingles  Shingles (catch up)  Network Contract |
| **Dispensing practice** | No | No | No |
| **Health service body** | No | No | No |
| **Patient list** | 12282 (open) | 3718 (open) | 16000 (open) |
| **Premises**  **(for each premises listed above, indicate whether premises are owned or leased and provide details of the terms of occupation)** | Lease  MXF Properties OM Ltd - due for renewal December 2027  Copy of lease available upon request | Lease  Octopus – due for renewal 30 November 2020  Copy of lease available upon request | Both leases will continue as now, with partners’ names (leaseholders) being changed as soon as possible. |

**2. Patient benefits**

| Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements. |
| --- |
| Taking the best from both practices to create excellence across all areas.  Improving clinical outcomes for patients  Extending choice for patients – both sites will remain open and accessible  Improving range of services, clinical staff and access at both sites – enhanced services for Dr Kumar’s patients.  Sharing higher nursing skills (diabetes, respiratory) with more patients.  Expanding the range of clinical skills/specialties and, therefore, care provided to both practices.  Expanding range of clinicians – PAs, NPs, GPs, CPs to be flexible and responsive to changing health needs.  “Right clinician first time, every time” approach – reliable and responsive care.  Improved clinical governance for a previously single-handed practice  Dr Kumar intends to retire within three years. The proposed merger protects and secures future provision of service at Dr Kumar’s practice and enables continuity of service.  Improved access and continuity of care.  Consistency of provision and approach to a wider population.  Same day access for urgent care model enables planned, ongoing care to be protected, increasing time slots for these appointments appropriately.  Variety and increased specialism should help recruit and retain GPs and other clinical staff and create a sustainable workforce.  Shared back office functions leads to greater efficiency and consistency.  Improved telephone access.  Strengthening chronic & complex team structure and, therefore, preventing more avoidable admissions and improving elderly care.  Ongoing excellence in clinical training – nurses and GPs |

**3. Financial considerations**

| Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger. Practices to decide between themselves in relation to costs pre-merge that are paid post-merge | |
| --- | --- |
| **Premises**  (include any VAT recoveries made in respect of actual rent reimbursements) | Legal costs associated with premises transfer – the practice will seek financial support from the CCG/NHSE’s resilience funding |
| **IT** | Costs associated with merging SystmOne – the practice will seek financial support from the CCG/NHSE’s resilience funding |
| **TUPE** | Legal costs associated with staff transfer – the practice will seek financial support from the CCG/NHSE’s resilience funding |
| **Redundancy** | Not applicable |
| **QOF** | Both practices are expected to continue to achieve well in QOF which should have no significant financial impact |
| **Pension/seniority** | No issues |
| **MPIG/PMS Premium** | PMS premium already being phased out |
| **Other costs** | Legal expenses (due diligence, pre-merger agreement, partnership changes etc) **£4560** (Beacon only)  Patient consultation/information letters **£4253** (Beacon) plus **£1298** (Dr Kumar)  Accountancy fees – expected around **£4000** (Beacon only) |
| **Dispensing** | Not applicable |

Has the NHSE finance office provided formal confirmation of the new income for the merged practice? (no – *requested several times but not yet received*)

If ‘no’ then please contact [england.gpclaims@nhs.net](mailto:england.gpclaims@nhs.net) to request this information

If ‘yes’ then have you agreed to this new income confirmation? (yes / no)

**4. Service delivery**

| Please provide comments **from a service delivery perspective** on the following matters if they are relevant to the proposed practice merger. | |
| --- | --- |
| **QOF** | Both practices have previously achieved high QOF points. QOF will be reviewed at both practices before the merger to ensure a consistent approach as early as possible, particularly in relation to exceptions as Dr Kumar’s practice tends to have a higher exception rate than Beacon. |
| **Access** | Access will be reviewed at both sites to ensure a flexible and appropriate level of access to all patients. |
| **Primary Care Web Tool** | None |
| **Recent or ongoing breaches of contract** | Beacon Medical’s issue of extended hours payments from October 2014 to March 2018. |
| **Recent or pending CQC matters** | None outstanding  Beacon Medical will apply to have their CQC registration varied before the merger, to include Dr Kumar’s as a new satellite surgery and any new services which were previously provided by Dr Kumar but not Beacon.  The merger cannot take place until a decision notice has been received.  Notification will also be required to terminate Dr Kumar’s registration. |
| **If one practice's service delivery is of a lower standard, is there a proposal to improve performance?** | Prescribing – Beacon was one of the few practices to achieve the prescribing budget last year. A review will take place of Dr Kumar’s prescribing to assess where any improvements can be made. |
| **Will there be any cessation of services post-merger?** | No |
| **Will there be a reduction of hours for which services are provided post-merger?** | Dr Kumar’s surgery will become a satellite surgery.  Opening hours will be reviewed as to what is operationally needed at the satellite surgery site. |
| **Will there be a change in the hours during which services are provided?** | Dr Kumar’s surgery will become a satellite surgery.  Opening hours will be reviewed as to what is operationally needed at the satellite surgery site. |
| **Will there be a reduction in the number of locations or a change in the location of premises from services are provided?** | No |
| **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?** | Beacon’s list is already over 10,000 and efforts have been made over the last few months to improve access and patient experience.  Performance in terms of A&E attendances, unavoidable admissions and prescribing will continue to be monitored.  Beacon has an active PPG which engages regularly with the practice in terms of assessing patient experience. This will continue and be extended to include Dr Kumar’s practice.  The combined workforce, both clinical and administrative, should provide resilience in terms of skills and experience which will be shared across the two sites.  Before the formal merger on 1 April 2020, the practices will work closely together to ensure that systems are as well aligned as possible in advance. This will include ensuring QOF is done in the same way at each site. |

**5. Patient and stakeholder engagement**

| Please provide comments on the following matters. | |
| --- | --- |
| **Have the practices engaged with patients and/or stakeholders on the practice merger?** | Yes |
| **Do the practices intend to engage with patients/stakeholders?** | Already completed |
| **When did/will you engage with patients/stakeholders?** | Patient engagement period 23 October to 30 November 2019. |
| **In what form did/will you engage with patients/stakeholders?** | Initial letter and FAQ document to all households with registered patients of both practices. Four informal open patient engagement events (daytime and evening) at both sites were held. |
| **With whom did/will you engage?** | Patients at both practices  PPG  Local councillors  Local MPs  NELCCG  NHSE  HealthWatch |
| **If you have already carried out engagements, what was the outcome?** | 65% in favour  20% neutral  15% against |

**6. Contractual actions**

| Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger. |
| --- |
| Dr Kumar, a single-handed GP, will join the partnership of Beacon Medical and Dr Kumar’s practice will cease trading. The CCG will terminate Dr Kumar’s contract and vary Beacon Medical's contract to include the services originally provided by Dr Kumar. |

**7. Procurement and competition**

| Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger. |
| --- |
| **None anticipated** |

**8. Merger mobilisation**

| Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B. |
| --- |
|  |

**9. Additional information**

| Please provide any additional information that will support the proposed practice merger. |
| --- |
| Beacon Medical has traditionally been a high achieving, pioneering and well-respected practice. In recent years patient satisfaction has fallen due to changes in partners and other staff. However, there is now a new team and structure in place and the current management are determined to see Beacon perform well again. The partners actively support staff development and encourage training and learning. The practice takes on GP and nurse trainees and there is an embedded culture of learning from mistakes and significant event analysis at MDTs.  Beacon recognises that single-handed practices work in a different way and will respect the differences whilst sharing best practice and the learning opportunities. |

**10. Signatures**

| Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case. | |
| --- | --- |
| **Dr Sanjay K Gupta** |  |
| **Dr Arun K Nayyar** |  |
| **Dr Mahdi F Ismail** |  |
| **Dr Annapurna P Kumar** |  |

**Appendix 2**



**Report to**

**North East Lincolnshire Council – Health Scrutiny Panel**

**Date of Report: 13 January 2020**

**Application by**

**Beacon Medical & Dr A Kumar**

**Report Prepared by:**

**Bronya Glet, Beacon Medical**

1. **Introduction**

1.1 This document is to provide a briefing on the engagement process undertaken by the practices.

1.2 **Proposal to merge**

1.2.1 Beacon Medical and Dr A Kumar have requested to merge their practices.

1.2.2 Both surgeries currently operate across one site each, namely:

**Beacon Medical**

Address: Cleethorpes Primary Care Centre, St Hugh’s Avenue, Cleethorpes, DN35 8EB

**Dr A Kumar**

Address: Stirling Street Medical Centre, Stirling Street, Grimsby, DN31 3AE

* + 1. If agreement is given by the Commissioning Organisation to merge, Dr A Kumar will operate as a satellite surgery within Stirling Street Medical Centre and the combined practices will be known as Beacon Medical.
    2. An engagement exercise has been undertaken to obtain the views of patients and their feedback on the proposals will be taken into consideration at North East Lincolnshire CCG Primary Care Commissioning Committee when making its final decision on whether to allow the surgeries to merge.
    3. As part of the engagement process, staff across all sites and local GP practices have been informed and offered the opportunity to provide feedback on the proposals.
    4. A map showing the locations of the surgeries is shown as *Appendix 1*

**2. Background**

2.1 The practice demographics are as follows:

|  |  |  |
| --- | --- | --- |
|  | Beacon Medical | Dr A Kumar |
| No. of Partner GPs | 3 | 1 |
| No. of Salaried GPs | 2 | 0 |
| No. of sites | 1 | 1 |
| No. of patients | 12,282 | 3718 |

2.2 All GPs will be able to work across all sites to ensure continued service delivery, which will enable better continuity of care to patients. It is anticipated that each practice will essentially continue to be staffed in its current form, but GP partners from Beacon Medical will provide cover to Dr Kumar’s satellite surgery as necessary.

2.3 Feedback from the engagement exercise has been limited. A total of 8536 letters were sent to patients and stakeholders and 247 replies received with 65% in favour of the merger, 20% were neutral and 15% of responses opposed to the merger.

The full report produced by Beacon Medical is shown at *Appendix 2.*

2.4 Both surgeries have car parks for utilisation by both staff and patients. If and when these are full, on-street car parking is also available. All sites are also easily accessible via public transport.

**3. Staffing**

3.1 The Practice will utilise their existing staff across all sites. No redundancies or loss in staffing numbers are planned.

**4. Medication/Pharmacies**

4.1 Neither practice is dispensing, therefore there are no dispensing implications of the merger.

4.2 There are a number of pharmacies covering both sites where prescriptions can be dispensed to patients.

**5. Alternative Local Provision**

* 1. There are a number of GP practices within the area where patients could register with if they choose to seek an alternative surgery, namely:
* The Lynton Practice
* Dr Qureshi’s Practice
* Clee Medical
* Blundell Park Surgery
* The Roxton Practice Weelsby View
* Weelsby View Health Centre
* Weelsby View Health Centre - Drs Chalmers And Meier
* Dr Babu
* Greenlands Surgery
* Pelham Medical Group
* Dr Mathews
* Quayside Medical Centre

5.2 It is hoped that all patients will continue to stay with the merged practice; however any patients wishing to move to another practice would be supported in doing so.

**6. Engagement**

* 1. Agreement to the proposal has been given in principle subject to completion of satisfactory consultation and engagement programme.

6.2 To support the engagement process, a comprehensive Stakeholder Engagement & Communication Plan has been prepared (see Appendix 3). This was done with the full co-operation and engagement of Beacon Medical’s patient participation group (PPG).

6.3 The practices have been advised that the Commissioner expects a form of engagement to be undertaken. The process has been clearly identified and outlined. The Commissioner has supported the practices to ensure the engagement process was followed.

6.4 The Stakeholder Engagement & Communication Plan has been implemented by the practices and feedback from patients and stakeholders was submitted to the Commissioner on 9 January 2020. This information will be used to inform the Commissioner of the views and opinions expressed by patients, the public and stakeholders when making its decision on whether to grant permission to merge the practices.

6.5 All staff within the practices have been informed and advised of the plans and are supportive of the proposed merger.

6.6 Patients received letters, along with comments cards and a Question & Answer document advising of the proposal to merge both surgeries. Patients and stakeholders have been asked to feedback comments through the following ways:

* by completing the comments cards attached with the letters and returning to the reception desk
* by writing to the practice
* by completing the comments cards attached with the letters and returning to the NELCCG by freepost.

6.7 A stakeholder letter was sent by email to the local MPs, councillors and pharmacies.

6.8 The merger letter and FAQs were displayed on the practices’ websites.

**7. Timeline**

7.1 A timeline was recommended to ensure the comprehensive engagement process is undertaken within due course, as follows:

* A six week patient and stakeholder engagement exercise (commenced 23 October 2019 and completed by 30 November 2019).
* The practice collated and analysed all patient and stakeholder feedback and submitted a report to Primary Care Commissioning Committee for consideration on 9 January 2020.
* If the committee grant permission for the practices to merge, the practice will notify patients by notices in the waiting rooms and on the practices’ websites.

**8. Benefits of Merger**

The following benefits have been identified through the merger:

* underpins the resilience of the practice and the clinical team for the future.
* secures access to male GPs and clinicians for patients across all sites.
* expanding work with clinical training for medical students and GPs
* supports the development of the skill mix of the practice clinical team to include physiotherapists.
* ensures access to a wider range of clinical services to patients with specialist skills (diabetes nurses, COPD nurses etc).
* supports recruitment of GPs and other clinical staff in the future

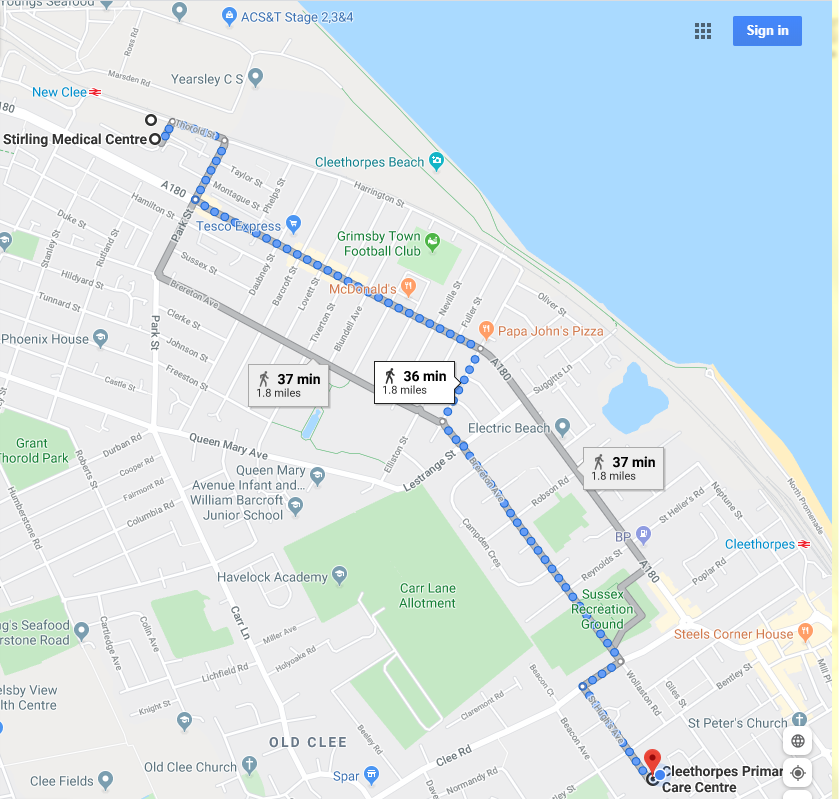
**Appendix 1** Map

**Appendix 2** Practice Engagement with Patient Report

**Appendix 3** Stakeholder Engagement & Communication Plan

**Appendix 1**

**Map of practices showing distances between**



**Appendix 2**

**Practice Engagement with Patient Report**

Total number of letters sent = 8536

*6358 households plus 18 stakeholders (Beacon) and 2160 households (Dr Kumar)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total comments** | **Positive** | **Neutral** | **Negative** | **Total** |
| **Patient** | **160** | **50** | **37** | **247** |
| **%** | **65%** | **20%** | **15%** | **100%** |
| **Provider** | **0** | **0** | **0** | **0** |
| **%** |  |  |  |  |
| **Total** | **160** | **50** | **37** | **247** |
| **%** | **65%** | **20%** | **15%** | **100%** |

**List of patient comments and practice responses:**

|  |  |
| --- | --- |
| **Patient comment** | **Practice response** |
| Don't want to travel to Grimsby for appointments | There is no need - you can choose which site to go to |
| Don't agree with one number for both sites | This will not happen immediately and will be carefully considered before implemented |
| Concerns about getting appointments | There should be no change to appointment availability |
| Where will these extra patients go? | They are not extra patients - two practices are merging but continuing to operate as now |
| It is difficult enough now to get to see a doctor | There should be no change to appointment availability |
| Happy with current surgery - no need for change | You shouldn't notice any significant changes |
| If nothing is to change, what's the point in merging? | To build resilience by securing the continuation of both practices |
| Dr Kumar is rude and ignorant with no respect for patients or staff | This is a personal and subjective statement |
| Want to remain a patient at Beacon Medical | You are not being asked to change |
| We will struggle to get to Grimsby | There is no need - you can choose which site to go to |
| Access is horrendous at Beacon | Access is constantly under review |
| Can't get an appointment now, let alone with more patients | Access is constantly under review |
| Don't see how combining will lead to an improved service | To build resilience by securing the continuation of both practices |
| If we wanted to use Stirling Street we would've changed already | There is no need - you can choose which site to go to |
| Specialising will lead to longer distances for patients to travel | The distance is short and you do not have to go to a different site |
| Dr Kumar's practice has a very poor reputation | This is a personal and subjective statement |
| One telephone number across both sites will exacerbate problems | This will not happen immediately and will be carefully considered before implemented |
| Can't cope with amount of patients on list currently | Access is constantly under review |
| Don't want to be forced to go to Stirling Street | There is no need - you can choose which site to go to |
| GPs won't know their patients as numbers rise - the family rapport is more important than finance | Both practices pride themselves on providing personal care - this will not change |
| It will be harder than ever to get an appointment | Access is constantly under review |
| Need more staff answering the phones at Beacon Medical | Access is constantly under review |
|  |  |
| Any merger must improve patients' ability to see doctors as soon as possible | Access is constantly under review |
| I think this will take some of the burden off each surgery | Shared resources will certainly help support this |
| Merger will be an advantage to both practices |  |
| Hope there is going to be a new telephone system | This will not happen immediately and will be carefully considered before implemented |
| The merger sounds promising |  |
| I'm pleased I can stay at Beacon Medical |  |
| We have no concerns |  |
| It is in everybody's interest - it is better to be one large practice as it's more economical, rather than forcing one to close |  |
| Hope the merger results in easier appointment allocation and a variety of doctors with varying skills |  |
| It may benefit Dr Kumar's practice more than Beacon, but that is no bad thing |  |
| I hope it will be as good as it is now | You shouldn't notice any significant changes |
| We believe the proposed merger is both necessary and wise |  |
| Practitioners can be used more effectively, resources shared and patients will see benefits of a streamlined service |  |
| It seems beneficial for staff and patients |  |
| If it relieves pressure booking appointments, I'm in favour |  |
| Prefer to see a doctor at Beacon Medical | You can choose which site to go to |
| If it preserves good quality of care - don't want service to deteriorate | You shouldn't notice any significant changes |
| Hope this means patients continue to receive high quality care | You shouldn't notice any significant changes |
| Hope a female doctor is appointed | There will be a female GP at each site |
| Will the other practices at Stirling Street be involved? | No |
| Agree so long as Beacon Medical doesn't close | It will not close |
| Want to know more about Dr Kumar's specialisms | None, but Beacon GPs have specialisms which will be shared to Dr Kumar's patients |
| As long as I don't have to go to Stirling Street for appointments | You can choose which site to go to |
| Would prefer to book in advance | Access is constantly under review |
| Don't mind which doctor I see |  |
| Will more doctors mean continuity of care is thinner? | No |
| Will we be able to book in advance? | Access is constantly under review |
| OK as long as we can continue to see doctor of choice | This will continue |
| If it secures the future of both practices to succeed and develop for the future, I am all for it |  |
| This will relieve some of the load on Dr Kumar who has been on her own too long |  |
| Access to more doctors means more appointments available - excellent idea |  |
| Good idea - in New Zealand you can walk into any doctor's office and be seen as there are central records |  |
| As long as the merger does not affect the current quality and standards of care and support | You shouldn't notice any significant changes |
| It will help create more flexibility for doctors to have more focus on patients |  |
| It is very welcomed and an excellent proposal, both in respect of a geographical aspect for us as a family and in respect to additional access to healthcare |  |
| Dr Kumar has been an excellent GP for all of us and the admin staff are a credit to this surgery |  |
| I think it's very good for the changes to the practice and Dr Kumar gives her a break and mite take a bit of strain off all the staff. Good luck to all |  |
| Good idea as it is difficult to always see Dr Kumar at Stirling Street |  |
| We will both be happy to go to both practices |  |
| It is good for the people and also for the long term commitment |  |
| If you do not do this I think the practice will go and no one person would like to see that happen |  |
| I hope the merger will help all, and we continue to have good treatment |  |
| We are happy for the merger to happen if both Sterling Medical and Beacon Surgery can be used |  |
| No queries or concerns. I go to the dentist upstairs in the same building clinic Cleethorpes |  |
| I am pleased about the merger as I have been sent to Clee Medical Centre for my last two appointments |  |
| I think it is a good idea as more doctors will be available |  |
| As I am 92 years old and am very bad on my legs I cannot visit these surgeries as I have no transport | Housebound patients will not be affected by the merger - home visits will continue as now |

**Appendix 3**

**Stakeholder Communication and Engagement Plan**

**Plan**

* One letter was sent to each household with a registered patient of either Beacon Medical or Dr Kumar. Letters were posted on 23 October 2019 (see below).
* A FAQ document was enclosed with the letters (see below). The FAQ document was based on research of other practice mergers and both the letter and FAQ were approved by Beacon’s PPG before being sent.
* The letter and FAQ documents were sent to Birmingham’s pharmacy, the MPs for Grimsby and Cleethorpes as well as all councillors in the following wards: Heneage, Croft Baker, Sidney Sussex, Humberston & New Waltham and Haverstoe.
* The letters included details of how to make a comment, including a freepost address for people who preferred not to contact a practice directly.
* The letters included details of the four informal patient engagement events, two at each practice. At each practice there was one engagement event at lunchtime and one in the evening. Beacon’s PPG members ensured that they would attend each patient engagement event and this information was included in the letter.
* Full details, including copies of the letter, FAQs and patient engagement event dates were posted on each practice’s website.
* Patients were asked to respond by 30 November 2019.

**Outcomes**

* No comments were received from any stakeholders.
* Beacon’s PPG members attended each patient engagement event.
* Written responses were received and analysed (see Appendix 2).
* The patient engagement events were very mixed in terms of attendance. One or two people attended the first on at Beacon Medical. The PPG representatives and managers proactively spoke to patients individually at the first session at Beacon Medical and the first session at Dr Kumar’s. No patients attended the final session at Dr Kumar’s.
* The third session, at Beacon Medical, was well attended and there were several patients there who were openly hostile to the merger. On the agreement of all patients in attendance, Bronya Glet, business manager at Beacon Medical, held a group question and answer session instead of the individual discussion style at the other events. The main concerns raised at this session were:
  + Reputation of Dr Kumar
  + Why were the other practices in Stirling Street Medical Centre not merging with Dr Kumar
  + Complaints about access at Beacon Medical, including by telephone

Dr Ismail joined the discussion he and Bronya Glet were able to help allay patients’ concerns by explaining the importance of the right personalities merging, explaining how the appointments system works at Beacon Medical and assuring patients that being part of a larger practice is a safer way for GPs to work. Other patients were reassured that nothing would change immediately as far as services were concerned, but that most changes would be behind the scenes in terms of administrative processes.

* Questions raised at the engagement events were published on Beacon Medical’s website.

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**Recommendation**

The Primary Care Commissioning Committee is asked to:-

* Consider the formal merger application and the Report to the Health Scrutiny Panel
* approve the Formal merger between Beacon Medical Practice and Dr AP Kumar as from 1st April 2020.