

Primary Care Co-Commissioning Committee

Application from Roe Lee Surgery and The Montague Practice to terminate one practice P code resulting in a Practice Merger

Date of Meeting 19 th September 2017		Agenda Item	10
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CCG Corporate Objectives	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	✓
To work collaboratively to create safe, high quality health care services	✓
To maintain financial balance and improve efficiency and productivity	✓
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	✓
To maintain and improve performance against core standards and statutory requirements	✓
To commission improved out of hospital care	
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	✓
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	✓
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	✓

Decision Recommendations

Members of the Blackburn with Darwen CCG Primary Care Commissioning Committee are asked to approve the termination of contract P81607 which will enable both practices to operate under one GMS contract P81704.

Clinical Lead:	Dr Malcolm Ridgway
Senior Lead Manager	Mrs Sarah Danson
Finance Manager	Mrs Linda Ring
Equality Impact and Risk Assessment completed:	n/a
Patient and Public Engagement completed:	Yes
Financial Implications	Contained within the Document
Risk Identified	Contained within the Document
Report authorised by Senior Manager:	Dr Malcolm Ridgway

Application from Roe Lee Surgery and The Montague Practice to terminate one practice P code resulting in a Practice Merger

Fusion House

19 September 2017

Introduction

The purpose of this report is to present the application received from:

- Roe Lee Surgery – P81704
- The Montague Practice – P81607

The two practices have applied to terminate one of the P codes and to merge the contracts working to a timescale of the 1st October 2017.

Background and Summary of Application

The application from Roe Lee Surgery and The Montague Practice is to merge contracts resulting in the termination of P81607 (currently The Montague Practice's P code). This will follow the inclusion of all of the GPs onto each of the respective contracts. The process of the addition of partners onto the respective contracts is an administrative merger with no formal approval required.

Practice	P Code	Contract Type	List Size - June 2017	Number of GP partners
Roe Lee Surgery	P81704	GMS	4,973	2 partners
The Montague Practice	P81607	GMS	6,181	2 partners

The practices are located at:

Roe Lee Surgery – 367 Whalley New Road, Blackburn, BB1 9SR

The Montague Surgery – The Barbara Castle Way Health Centre, Simmons Street, Blackburn, BB2 1AX

The application from the practices indicates that both practices are small and need to enlarge to ensure financial sustainability and to attract additional medical and non-medical staff to the practice.

Benefits to Patients

The proposed merger would allow the practices the opportunity to increase the range of services that they are able to offer to their patients including minor surgery, diagnostic services and substance misuse services. Approval would allow for better continuity of care and would afford patients improved access through a choice clinicians and being able to access services at both sites.

Hours and Boundary

Hours

The current hours of surgery opening times for both practices are:

Monday to Friday: 8.00 am – 6.30 pm

The practices have confirmed that they have no current plans to alter core opening hours. However, they intend to offer extended opening from 06:30am on one day during the week at one of the sites.

Boundary

Roe Lee Surgery and The Montague Practice have combined their boundaries and have proposed a slightly larger boundary incorporating both existing catchment areas. The proposed boundary is detailed further in Appendix B.

Benefits to the Practice

Workforce and recruitment issues are ongoing concerns to both practices. It is hoped that the merger of the practices would help them to reduce their reliance on locums and agency staff. In turn, this will help to normalise the work life balance of staff within the practice.

It is expected that a combined practice would allow for the surgery's running costs to be reduced resulting in the development of its financial and organisational resilience.

The practice has longer term interests in becoming a training practice and feel that a merger would allow them to train registrars, medical students and allied professionals, together with developing a programme of in house training and education to practice staff.

Patient Consultation

Roe Lee Surgery met and discussed their proposal with their Patient Participation Group on 29 June 2017. They took the opportunity to share details of the proposed merger and provided information regarding the rationale for the proposal.

Patient engagement has been developed and conducted with patients from both surgeries. The practices have provided and shared information regarding the proposal at both surgeries. Both surgeries have tried to maximise distribution with information being included in other correspondence to patients, shared during appointments and issued with prescriptions. Information has also been available on websites including an electronic version of the questionnaires. The surgeries have estimated that they have contacted approximately 350 patients. To date there have been no comments received as a result of the consultation exercise.

The practice has met with the CCG to discuss the merger proposals on both 19 May 2017 and 23 June 2017.

Financial Impact

There are no financial implications as both practices hold GMS contracts, allowing for the merger of the two contracts and clinical systems.

Risks

The following risks have been highlighted should the merger not be approved:

- Inefficiencies in running separate contracts if the P Code termination is not approved.
- Inability to attract additional medical and non-medical staff to the practices.
- May impact on benefits to patients noted above.

Policies

The application meets all relevant regulatory requirements and is consistent with the Policy Book for Primary Medical Services which requires consideration in relation to the benefits to patients and the financial consequences.

This policy describes the process to determine any contract variation, whether by mutual agreement or required by regulatory amendments, to ensure that any changes reflect and comply with national regulations so as to maintain robust contracts.

The underlying principle for the CCG and NHS England to consider when any such proposal is made to them is the benefit to the patients and the financial implications of the merger.

[Policy context in relation to primary care contract changes are attached as appendix A.](#)

Options

There are three ways in which practices can propose to merge contracts:

1. Each contractor becoming a party to the other contractor's contract (through variations of the contracting parties); or
2. Terminating one existing contract, continuing the other contract but varying it to include the other contractor as a party to the contract followed by the termination of one P code; or
3. By terminating the two existing contracts and creating a single organisation or partnership which will enter into one new contract;

In the case of the two practices concerned, they are proposing to merge utilising option 2, becoming parties to each other's contracts, then requesting a termination of one P code, as indicated above, to operate under one single contract.

Recommendation

Members of the Blackburn with Darwen CCG Primary Care Commissioning Committee are asked to approve the termination of contract P81607 which will enable both practices to operate under one GMS contract P81704.

Sarah Danson
Primary Care Manager
NHS England

Steven Harris
Project Officer
NHS England

Appendix A

Contract Variations

- Chapter 6 – *Contract Variations* of the Policy Book for Primary Medical Services

The policy focuses on primary medical care contracts in their various forms and has been developed in line with national legislation and regulations.

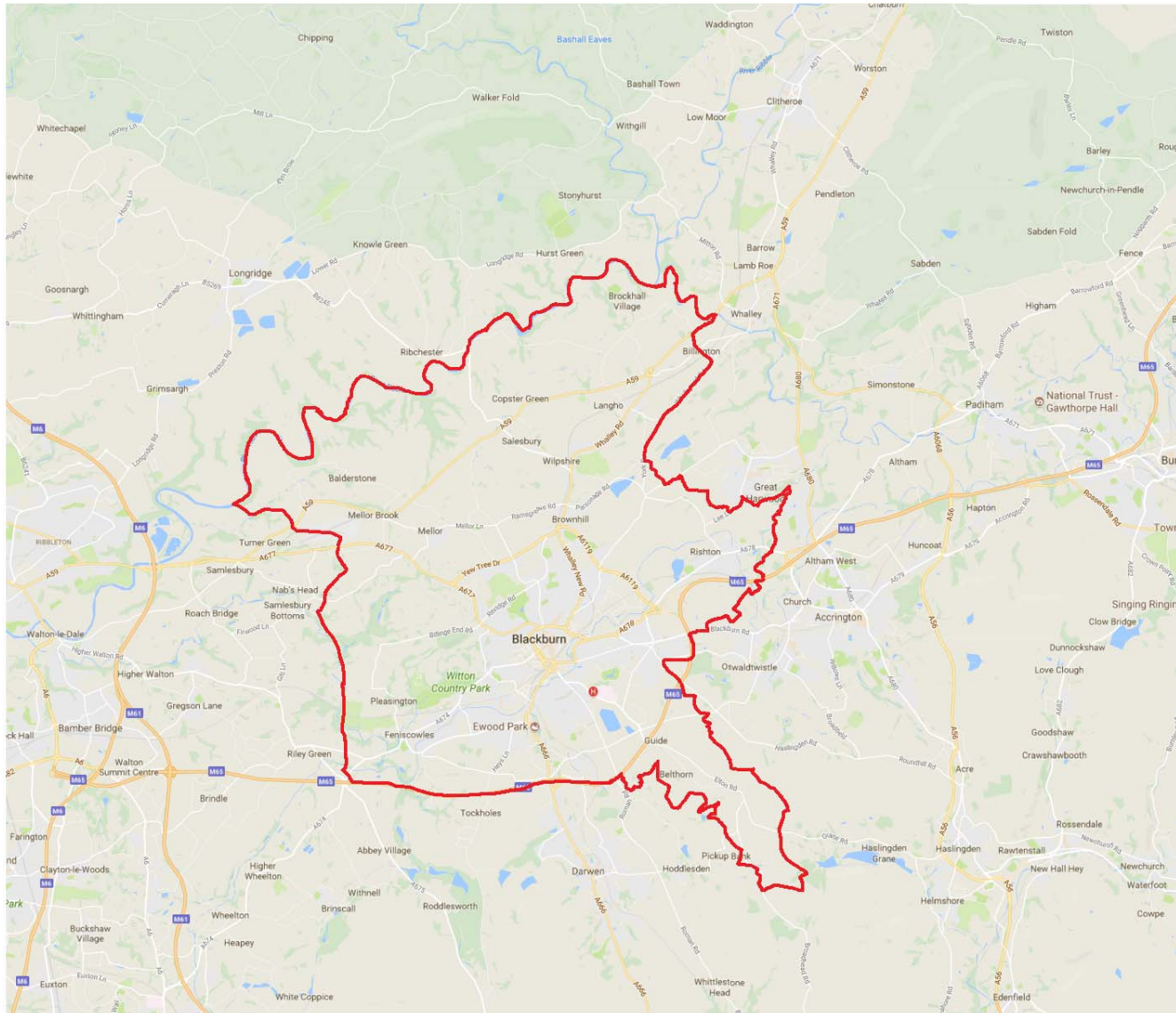
General Medical Services (GMS) arrangements are governed by the GMS Contract Regulations (SI No.2004/291, as amended from time to time).

Variations to contracts fall broadly within three categories: changes to the detail of the contracting parties/organisational structure, alterations in the service provision covered and/or changes to the payment mechanisms. In determining all variations the following guidance, legislation and regulations are considered:

- *GMS regulations.*
 - *PMS regulations and guidance.*
 - *APMS directions.*
 - *Statement of Financial Entitlements.*
 - *NHS Act(s).*
 - *EU procurement legislation.*
 - *The public contracts regulations.*
 - *Department of Health procurement guide.*
 - *Principle and rules of co-operation and competition (issued by the*
 - *Department of Health).*
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Appendix B – Proposed Practice Boundaries

Inner Boundary



Outer Boundary

