

Primary Care Commissioning Committee – Extraordinary Meeting
13 March 2019
12:30 – 13:30Hrs
Salford & Worsley Rooms, St James’s House, Salford

AGENDA

- 12:30 **Public Meeting**
Welcome and Introductions
- 12:30 **Start of Primary Care Commissioning Committee – Extraordinary Meeting**

| Item | Time | Description | Lead |
|---------------------|-------|---|-----------------------------|
| 1 | 12:30 | a) Apologies for absence b) Declarations of Interest | Chair |
| For Decision | | | |
| 2 | 12:35 | a) Practice Mergers | Service Improvement Manager |
| 3 | 13:25 | Reflections | Chair |
| 4 | 13:30 | Meeting to close | Chair |

Date and Time of Next Meeting:
 Tuesday 24 March 2020, 15:00-16:30hrs
Venue: Salford & Worsley Rooms, St James’s House

**PRIMARY CARE COMMISSIONING COMMITTEE
PART I**

AGENDA ITEM NO: 2a

Item for: Decision/Assurance/Information

13 March 2020 (Extraordinary meeting)

| | |
|---|---|
| Report of: | Sam Glynn-Atkins Senior Service Improvement Manager |
| Date of Paper: | 6 March 2020 |
| Subject: | Practice merger applications – Eccles & Irlam neighbourhood |
| In case of query Please contact: | Sam Glynn-Atkins Senior Service Improvement Manager samantha.glynn-atkins@nhs.net 0161 212 4129 |
| Strategic Priorities: | Please tick which strategic priorities the paper relates to: |
| | <input type="checkbox"/> Quality, Safety, Innovation and Research |
| | <input type="checkbox"/> Integrated Community Care Services (Adult Services) |
| | <input type="checkbox"/> Children's and Maternity Services |
| | <input checked="" type="checkbox"/> Primary Care |
| | <input type="checkbox"/> Enabling Transformation |
| Purpose of Paper: | |
| This paper is supplied to the Primary Care Commissioning Committee, to request a decision on three merger applications received, which involve seven practices within the Eccles & Irlam neighbourhood. | |

Further explanatory information required

| | |
|---|---|
| HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP? | Discussed within the main body of the paper |
| WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED? | Discussed within the main body of the paper |
| WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED? | Equality Analysis considered and no equality concerns were identified at this time |
| DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM? | Not applicable |
| PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER. | There is potential for any member practice, or stakeholder contacted, to have a conflict of interest associated with this paper. |
| PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER: | Chapel Medical Centre Irlam Group Practice St Andrews 2 Medical Practice St Andrews 3 Medical Practice Drs Casey, Regan & Walker (formerly St Andrews 4 Medical Practice) Mosslands Medical Practice Irlam Medical Centre |

Footnote:

Members of Primary Care Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

| Primary Medical Care Commissioning Principles | Addressed in this paper? |
|---|--------------------------|
| 1. Salford will have the <u>safest, most effective healthcare and wellbeing system</u> in England; with consistently high quality service standards and outcomes. These services should be provided in a timely, equitable and person centred way. | Yes |
| 2. The PCCC will support general practice in Salford to be an <u>attractive place to work</u> . This will include encouraging and supporting general practice to: <u>embrace digital technology, innovation and new ways of working</u> ; adapt, train and up-skill the workforce to meet patient need; reduce its carbon footprint; and <u>work from modern and fit for purpose premises</u> . The PCCC will consider the impact of commissioning proposals upon bureaucracy and workload in general practice and seek to minimise the burden. | Yes |
| 3. Investment decisions will focus on <u>strengthening capacity and improving access to general practice</u> (e.g. implementing additional roles across primary care networks). The PCCC will <u>maximise opportunities to commission primary medical services at scale</u> where this is expected to improve patient experience or be more efficient and effective. | Yes |
| 4. The PCCC will consider the evidence about local health care needs and assets. In understanding these, the PCCC will support primary medical services in Salford to <u>meet the needs of a growing and increasingly diverse population</u> . This will include prevention, promoting patient choice, inclusion, equality and support for vulnerable groups. The PCCC will ensure commissioning decisions improve the economic, environmental and social wellbeing of the Salford community. | Yes |
| 5. The PCCC will ensure that general practice services are commissioned from <u>providers that are able to demonstrate high quality, safe and holistic care</u> (in line with the Salford Standard), which results in good outcomes for patients and value for money for the NHS. The same opportunities will not be available to providers that are unable to demonstrate these attributes. | Yes |
| 6. The CCG will <u>connect, involve, empower and engage the local population</u> . The PCCC will take into account patient views when making primary medical services commissioning decisions. | Yes |

| | |
|--|-----|
| 7. The CCG will encourage and support primary care networks to play a pivotal role within the <u>integrated care system</u> , thus giving general practice a strong voice. This will support the improvement of patient pathways in secondary and community services. | No |
| 8. The PCCC will embrace opportunities to <u>commission primary medical services in an integrated way</u> where this has benefits for patient care and helping people stay well, e.g. through pooling budgets for health and social care services, or commissioning community services to be delivered on a neighbourhood basis from multidisciplinary integrated teams. | No |
| 9. The PCCC will <u>consider new contracting mechanisms</u> when they are expected to improve patient experience or be more efficient. This includes <u>practices working collaboratively</u> in primary care networks to deliver agreed outcomes and to share resources such as staff and back office services. | Yes |
| 10. The CCG will <u>proactively work with partners</u> (including primary care networks, Salford Primary Care Together - as Salford's GP provider organisation, the Salford and Trafford Local Medical Committee and the voluntary sector) in a <u>transparent and supportive manner</u> . | Yes |
| 11. The CCG, as a commissioner of primary medical services, <u>cannot assume responsibility for</u> , or become involved in, matters relating to the <u>management of GP practices</u> (including practice disputes and legal matters). However, action will be taken where such matters affect patient care and/or delivery of contractual requirements. | No |
| 12. When commissioning decisions need to be made regarding primary medical service contracts, there will be <u>full consideration of each of the available options</u> in order to determine the approach that is <u>most likely to meet the needs of the population</u> and most likely to deliver the strategic ambitions of the Salford Locality Plan. This may not always be re-procuring a 'like for like' service. | Yes |

| |
|-----------------------------|
| Document Development |
|-----------------------------|

| Process | Yes | No | Not Applicable | Comments and Date (i.e. presentation, verbal, actual report) | Outcome |
|---|-----|----|-------------------|---|---|
| Public Engagement (Please detail the method i.e. survey, event, consultation) | ✓ | | | Patient consultation forms part of the requirements of a merger – this is undertaken by each practice involved, usually following a decision in principle from PCCC | The practices have commenced their patient consultation work. |
| Clinical Engagement (Please detail the method i.e. survey, event, consultation) | | ✓ | | Due to potential conflict of interest | |
| Has 'due regard' been given to Social Value and the impacts on the Salford socially, economically and environmentally? | ✓ | | | | |
| Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed) | ✓ | | | EIA considered | No equality concerns were identified |
| Legal Advice Sought | | ✓ | | Practices to seek their own legal advice in relation to any merger | |
| Presented to any informal groups or committees (including partnership groups) for engagement or other formal governance groups for comments / approval? (Please specify in comments) | ✓ | | | Primary Care Operational Group – shared virtually and is scheduled to be discussed after this paper is circulated, at the meeting on 10 March 2020 | |

Note: Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

Practice merger applications – Eccles & Irlam neighbourhood

1. Executive Summary

This paper outlines three merger applications that have been submitted by seven practices within the Eccles & Irlam neighbourhood.

Each application proposes to formally merge either two, or in the case of the St Andrews application, three, contracts. Each approved merger would result in the creation of a single organisation, which would be operating under one single contract with a single registered list.

The paper summarises the quality of care at the practices using various datasets and uses this information to inform the recommendation.

It is recommended that PCCC members approve each application to merge the practices (subject to appropriate patient and stakeholder consultation and agreed merger date).

2. Introduction

- 2.1 NHS Salford Clinical Commissioning Group (CCG) has received three merger applications from seven practices within the Eccles & Irlam neighbourhood. The applications can be viewed as follows:
- Appendix 1a – Chapel Medical Centre and Irlam Group Practice (2 practices)
 - Appendix 1b – St Andrews 2 Medical Practice, St Andrews 3 Medical Practice and Drs Casey, Regan & Walker (formerly St Andrews 4 Medical Practice) – 3 practices
 - Appendix 1c – Mosslands Medical Practice and Irlam Medical Centre (2 practices)
- 2.2 The three applications are considered in this single report due to all seven practices involved, being located within the same neighbourhood (Eccles & Irlam). There are likely to be overarching factors that may affect all three practice mergers, and therefore it was felt to be of benefit to consider these together.
- 2.3 When making decisions regarding merger applications, there are a number of considerations for the Primary Care Commissioning Committee (PCCC) to take into account:
- Benefits for patients
 - Financial implications/value for money
 - Patient access
 - Patient choice
 - Competition and procurement Risk
 - Alignment with the CCG's commissioning principles
- 2.4 When making the decision regarding each merger application, the PCCC have the following options available to them:

Option 1 – Approve the merger

(subject to appropriate patient and stakeholder consultation and agreed merger date)

Option 2 – Reject the application to merge**3. Practice data – Chapel Medical Centre and Irlam Group Practice**Services Offered

3.1 The practice list sizes are as follows:

| Practice | Registered list size at 01/02/20 |
|-----------------------|----------------------------------|
| Chapel Medical Centre | 2,749 |
| Irlam Group Practice | 3,930 |
| Total | 6,679 |

3.2 Current practice opening times are core hours (8.00am – 6.30pm) plus the following additional hours:

| Practice | Day | Additional hours |
|-----------------------|-------------------------------|---|
| Chapel Medical Centre | Tuesday | 6.30pm – 8.00pm |
| Irlam Group Practice | Monday Wednesday Friday | 7.30am – 8.00am 7.30am – 8.00am 7.30am – 8.00am |

The intended opening hours of the new merged practice are outlined within Section 6 of the application (Appendix 1a). Essentially this will be core hours plus 7.30am – 8.00am on a Monday, Wednesday and Friday morning and 6.30pm – 8.00pm on a Tuesday evening (i.e. all the additional hours noted in the table above).

3.3 Information in relation to Enhanced Services being delivered by each of the practices is included in Section 5 of the practice application (Appendix 1a). There are no plans to reduce this provision or cease any of the services following the proposed merger.

Following the agreement of a merger, the patients at Irlam Group Practice would have access to minor surgery at their practice, which Irlam Group Practice do not currently deliver.

Current Quality of Services

Quality Assurance Dashboard

3.4 Performance against the Salford Quality Assurance Dashboard that has been developed by the Primary Care Quality Group, has been viewed for the two practices proposing to merge. More detailed information regarding performance in relation to Care Quality Commission inspection, QOF and the Salford Standard has been detailed below. However, other points to note include:

- Overall, quality of care (as measured by the dashboard) is higher at Chapel Medical Centre who have a green or dark green rating for 9 quality indicators, and 1 amber rating.
- Irlam Group Practice has a green or dark green rating for 8 quality indicators, 1 at amber (for attendance at the Safeguarding Leads Forum), and 1 red rating (for prescribing of Antibacterial items).
- Whilst Irlam Group Practice scores highly on the GP Patient Survey indicator, with only one indicator being below the CCG average, Chapel Medical Centre has 14 indicators below the CCG average.
- Chapel Medical Centre is performing very well in their patient's uptake of Patient Online services (at 36.8%), and Irlam Group Practice is working towards the required 25% target, at 20.5%
- A merger would create greater opportunity for shared learning, and the ability to fulfil the requirements, that are acknowledged to be more difficult for single handed practices to be able to fulfil. This would in turn benefit the patients of both practices.

Care Quality Commission Inspection

3.5 The practices ratings from the Care Quality Commission (CQC) are as follows:

| Practice | Overall rating | Date of inspection | Breakdown | Rating |
|-----------------------|----------------|--------------------|------------|--------|
| Chapel Medical Centre | Good | 9 Feb 2017 | Safe | Good |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |
| Irlam Group Practice | Good | 18 May 2018 | Safe | Good |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |

Chapel Medical Centre

An annual regulatory review was carried out on 23 October 2019, and the following outcome was published on the CQC website:

We reviewed the information available to us about Chapel Medical Centre on 23 October 2019. We did not find evidence of significant changes to the quality of service being provided since the last inspection. As a result, we decided not to inspect the surgery at this time. We will continue to monitor this information about this service throughout the year and may inspect the surgery when we see evidence of potential changes.

The information in the table above relates to the previous CQC rating. There were no actions noted that the service either must or should take to improve, at that time.

Irlam Group Practice

In March 2017, the practice had received a Requires Improvement CQC rating and was therefore re-inspected on 1 December 2017. At this re-inspection the overall rating was Good, however the Safe element remained rated as Requires Improvement.

At the last inspection on 18 May 2018, the practice received a Good rating for all elements of the inspection, with the following guidance being issued by the CQC:

The areas where the provider **should** make improvements, were as follows:

- Update the recruitment policy to include the pre-employment check list

Quality and Outcomes Framework

3.6 The practices' performance on the Quality Outcomes Framework (QOF) for 2018/19 is as follows:

| Quality Outcome Framework | Maximum points possible | Chapel Medical Centre | | Irlam Group Practice | |
|---------------------------|-------------------------|-----------------------|---------|----------------------|---------|
| | | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| Year | | | | | |
| Clinical | 435 | 426 | 425 | 426 | 416 |
| Public Health – All* | 124 | 124 | 124 | 122 | 121 |
| Total | 559 | 550 | 549 | 548 | 537 |
| | 100% | 98.4% | 98.2% | 98% | 96% |
| Clinical exception rate | | 8.55% | 9.9% | 12.2% | 13.4% |

* 'Public Health – All' incorporates the following two separate Public Health domains:

- Public Health – Blood Pressure, Cardiovascular disease (CVD) primary prevention, Obesity 18+ and Smoking 15+
- Public Health Additional Services - Cervical Screening & Contraception

Salford Standard

- 3.7 The table below shows that in 2018/19, Irlam Group Practice had below average performance against the Salford Standard key performance indicators (KPIs), however Chapel Medical Centre's performance was rated 'Green' due to the achievement of more than 85% of the KPIs. It would be expected that by merging the two practices, there would be an overall improvement in delivery against the Salford Standard due to harmonisation of practice procedures which could result in improved quality standards being delivered to patients. It should be noted that merger would prevent the CCG from being able to accurately compare performance across years for the two practices.

Salford Standard Performance 2018/19

| Practice | Overall rating* | Rank** | Percentage*** | KPI status | Number of KPIs |
|-----------------------|-----------------|--------|---------------|------------|----------------|
| Chapel Medical Centre | Green | 17th | 91.6% | Red | 3 |
| | | | | Amber | 0 |
| | | | | Green | 40 |
| Irlam Group Practice | Amber | 43rd | 76.8% | Red | 9 |
| | | | | Amber | 0 |
| | | | | Green | 34 |

*Green = >85%

Amber = 75%- 84.9%

Red = <75%

** out of 45 practices

*** CCG average = 88%

NB Practices that did not have the Salford Standard contract were still being monitored on achievement of the KPIs)

Other matters

- 3.8 It is acknowledged that the partnership issues at Chapel Medical Centre have now been resolved, and the practice is being operated by a single handed practitioner. Irlam Group Practice is also run by a single handed practitioner.
- 3.9 It is also acknowledged that there have been issues with Irlam Group Practice historically being a practice whose performance has been at the lower end of the CCG rankings. The merger application makes reference to the fact that the Chapel Medical Centre Practice Manager is now also the Practice Manager for Irlam Group Practice, and there has been a significant amount of work undertaken to harmonise processes in anticipation of a merged practice. The application makes reference to a move for Irlam Group Practice to 5th on the Salford Standard dashboard for Quarter 3 in 2019/20, as compared with their place in the bottom 5 practices at the end of the 2018/19 year.
- 3.10 Both GP contract holders have already started working together and providing cross cover in terms of staffing, and are keen to work together from one building as soon as possible, should the application be approved.

- 3.11 It is considered that a merger would offer the practices the opportunity to reduce duplication, and the ability to focus on the required areas of improvement using harmonised processes.
- 3.12 Should the merger application be approved, the patients at Irlam Group Practice would have access to minor surgery at their practice, which Irlam Group Practice do not currently deliver, and a more modern, secure and accessible building as their GP practice. It is also felt that this would be more attractive to incoming staff, since the GP practitioners have expressed a wish to become a training practice.

4. Practice data – St Andrews Medical Practices

Services Offered

- 4.1 The practice list sizes are as follows:

| Practice | Registered list size at 01/02/20 |
|---|----------------------------------|
| St Andrews Medical Practice 2 | 6,619 |
| St Andrews Medical Practice 3 | 3,971 |
| Drs Casey, Regan & Walker (formerly known as St Andrews Medical Practice 4) | 4,103 |
| Total | 14,693 |

- 4.2 Current practice opening times are core hours (8.00am – 6.30pm).
- 4.3 Information in relation to Enhanced Services being delivered by each of the practices, is included in Section 5 of the practice application (Appendix 1b). There are no plans to reduce this provision or cease any of the services following the proposed merger.
Following the agreement of a merger, the patients at St Andrews Medical Practice 3 would have access to joint injections and Long Acting Reversible Contraception (LARCs) at their practice, which St Andrews Medical Practice 3 do not currently deliver.

Current Quality of Services

Quality Assurance Dashboard

- 4.4 Performance against the Salford Quality Assurance Dashboard that has been developed by the Primary Care Quality Group, has been viewed for the three practices proposing to merge. More detailed information regarding performance in relation to Care Quality Commission inspection, QOF and the Salford Standard has been detailed below. However, other points to note include:
- Overall, quality of care (as measured by the dashboard) is high at all the St Andrews practices. Both practice 2 and practice 4 have a green or dark green rating for all 10 quality indicators.

- St Andrews Medical Practice 3 has a green or dark green rating for 9 quality indicators, and a red rating for 1 indicator (Safeguarding training).
- All three practices score highly on the GP Patient Survey indicator.

Care Quality Commission Inspection

4.5 The practices ratings from the Care Quality Commission (CQC) are as follows:

| Practice | Overall rating | Date of inspection | Breakdown | Rating |
|---|----------------|--------------------|------------|--------|
| St Andrews Medical Practice 2 | Good | 12 Oct 2018 | Safe | Good |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |
| St Andrews Medical Practice 3 | Good | 24 Sept 2015 | Safe | Good |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |
| Drs Casey, Regan & Walker (formerly known as St Andrews Medical Practice 4) | Good | 24 Sept 2015 | Safe | Good |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |

St Andrews Medical Practice 2

There were no actions noted that the service either must or should take to improve at the last full inspection. An annual regulatory review was carried out on 10 January 2020.

St Andrews Medical Practice 3

There were no actions noted that the service either must or should take to improve at the last full inspection. An annual regulatory review was carried out on 19 April 2019.

Drs Casey, Regan & Walker (formerly known as St Andrews Medical Practice 4)

There were no actions noted that the service either must or should take to improve at the last full inspection. An annual regulatory review was carried out on 19 April 2019.

Quality and Outcomes Framework

4.6 The practices' performance on the Quality Outcomes Framework (QOF) for 2018/19 is as follows:

| Quality Outcome Framework | Maximum points possible | St Andrews Medical Practice 2 | | St Andrews Medical Practice 3 | | Drs Casey, Regan & Walker (formerly known as St Andrews Medical Practice 4) | |
|--------------------------------|-------------------------|-------------------------------|---------|-------------------------------|---------|---|---------|
| | | 2018/19 | 2017/18 | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| Clinical | 435 | 434 | 433 | 425 | 419 | 422 | 418 |
| Public Health – All* | 124 | 114 | 124 | 122 | 112 | 114 | 112 |
| Total | 559 | 548 | 557 | 547 | 531 | 536 | 530 |
| | 100% | 98% | 99.6% | 97.8% | 95% | 95.9% | 94.8% |
| <i>Clinical exception rate</i> | | 5.4% | 4.9% | 7.8% | 5.6% | 10.85% | 8.8% |

* 'Public Health – All' incorporates the following two separate Public Health domains:

- Public Health – Blood Pressure, Cardiovascular disease (CVD) primary prevention, Obesity 18+ and Smoking 15+
- Public Health Additional Services - Cervical Screening & Contraception

Salford Standard

4.7 The table below shows that in 2018/19, all three practices were rated Green in relation to their performance against the Salford Standard key performance indicators (KPIs), having achieved more than 85% of the KPIs. Again, it should be noted that a merger would prevent the CCG from being able to accurately compare performance across years for the three practices.

Salford Standard Performance 2018/19

| Practice | Overall rating* | Rank** | Percentage*** | KPI status | Number of KPIs |
|---|-----------------|--------|---------------|------------|----------------|
| St Andrews Medical Practice 2 | Green | 1st | 98.2% | Red | 1 |
| | | | | Amber | 0 |
| | | | | Green | 42 |
| St Andrews Medical Practice 3 | Green | 10th | 95.4% | Red | 2 |
| | | | | Amber | 0 |
| | | | | Green | 41 |
| Drs Casey, Regan & Walker (formerly known as St Andrews Medical Practice 4) | Green | 9th | 95.9% | Red | 2 |
| | | | | Amber | 0 |
| | | | | Green | 41 |

*Green = >85%

Amber = 75%- 84.9%

Red = <75%

** out of 45 practices

*** CCG average = 88%

NB Practices that did not have the Salford Standard contract were still being monitored on achievement of the KPIs)

Other matters

- 4.8 It is noted that the three St Andrews practices have been sharing some staff (nursing and administrative staff, including a shared Practice Manager), for a number of years.
- 4.9 It is considered that a merger would offer the practices the opportunity to reduce duplication, as currently every piece of contractual work needs to be done three times, and there would therefore be a reduction in administrative burden in a move to work at scale.
- 4.10 There would be minimal disruption to patients as the practices are already co-located in the same building.
- 4.11 Should the merger application be approved, the patients at St Andrews Medical Practice 3 would have access to joint injections or Long Acting Reversible Contraception (LARCs) at their practice, which St Andrews Medical Practice 3 do not currently deliver, and all patients would have a greater choice of clinician.

5. Practice data – Mosslands Medical Practice & Irlam Medical Centre

Services Offered

- 5.1 The practice list sizes are as follows:

| Practice | Registered list size at 01/02/20 |
|----------------------------|----------------------------------|
| Mosslands Medical Practice | 9,101 |
| Irlam Medical Centre | 4,157 |
| Total | 13,258 |

- 5.2 Current practice opening times are core hours (8.00am – 6.30pm) plus the following additional hours:

| Practice | Day | Additional hours |
|----------------------------|-----------|------------------|
| Mosslands Medical Practice | Tuesday | 7.30am – 8.00am |
| | Wednesday | 6.30pm – 8.00pm |
| | Thursday | 7.30am – 8.00am |
| Irlam Medical Centre | Wednesday | 6.30pm – 8.00pm |

The intended opening hours of the new merged practice are outlined within Section 6 of the application (Appendix 1c). Essentially this will be core hours plus 7.30am – 8.00am on Tuesday and Thursday and 6.30pm – 8.00pm on a Wednesday evening (i.e. all the additional hours noted in the table above).

- 5.3 Information in relation to Enhanced Services being delivered by each of the practices, is included in Section 5 of the practice application (Appendix 1c). There are no plans to reduce this provision or cease any of the services following the proposed merger.

Following the agreement of a merger, the patients at Mosslands Medical Practice would have access to minor surgery, which Mosslands do not currently deliver, and Irlam Medical Centre patients would have access to the IUCD/Coil service that Mosslands currently offer.

Current Quality of Services

Quality Assurance Dashboard

- 5.4 Performance against the Salford Quality Assurance Dashboard that has been developed by the Primary Care Quality Group, has been viewed for the two practices proposing to merge. More detailed information regarding performance in relation to Care Quality Commission inspection, QOF and the Salford Standard has been detailed below. However, other points to note include:

- Overall, quality of care (as measured by the dashboard) is very similar
- Mosslands Medical Practice has a green or dark green rating for 9 quality indicators, and 1 amber rating.
- Irlam Medical Centre also has a green or dark green rating for 9 quality indicators, plus 1 red rating – this relates to the practice's performance on Electronic Prescribing which falls marginally short of the 56% target, at 54%.
- Mosslands Medical Practices has 14 indicators below the CCG average on the GP Patient Survey indicator, which accounts for the amber rating
- Whilst both practices are ranked as green, there is a difference in performance for GP Online usage, with Irlam Medical Centre performing well in their patient's uptake of Patient Online services (at 31.2%), and Mosslands Medical Practice working towards the required 25% target, at 18%

Care Quality Commission Inspection

- 5.5 The practices ratings from the Care Quality Commission (CQC) are as follows:

| Practice | Overall rating | Date of inspection | Breakdown | Rating |
|----------------------------|----------------|--------------------|------------|--------|
| Mosslands Medical Practice | Good | 22 Aug 2019 | Safe | RI |
| | | | Effective | Good |
| | | | Caring | Good |
| | | | Responsive | Good |
| | | | Well led | Good |

| | | | | | |
|--------------|---------|------|-------------|------------|------|
| Irlam Centre | Medical | Good | 16 Aug 2019 | Safe | Good |
| | | | | Effective | Good |
| | | | | Caring | Good |
| | | | | Responsive | Good |
| | | | | Well led | Good |

Mosslands Medical Practice

The areas where the provider **must** make improvements, were as follows:

- The practice must ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.

Irlam Medical Centre

There were no actions noted that the service either must or should take to improve at the last full inspection.

Quality and Outcomes Framework

5.6 The practices' performance on the Quality Outcomes Framework (QOF) for 2018/19 is as follows:

| Quality Outcome Framework | Maximum points possible | Mosslands Medical Practice | | Irlam Medical Centre | |
|--------------------------------|-------------------------|----------------------------|---------|----------------------|---------|
| | | 2018/19 | 2017/18 | 2018/19 | 2017/18 |
| Clinical | 435 | 434 | 435 | 426 | 423 |
| Public Health – All* | 124 | 115 | 119 | 116 | 111 |
| Total | 559 | 549 | 554 | 542 | 534 |
| | 100% | 98.2% | 99.1% | 97% | 95.5% |
| <i>Clinical exception rate</i> | | 6.6% | 5.9% | 6% | 6% |

* 'Public Health – All' incorporates the following two separate Public Health domains:

- Public Health – Blood Pressure, Cardiovascular disease (CVD) primary prevention, Obesity 18+ and Smoking 15+
- Public Health Additional Services - Cervical Screening & Contraception

Salford Standard

5.7 The table below shows that in 2018/19, both practices were rated Green in relation to their performance against the Salford Standard key performance indicators (KPIs), having achieved more than 85% of the KPIs.

Again, it should be noted that a merger would prevent the CCG from being able to accurately compare performance across years for the two practices.

Salford Standard Performance 2018/19

| Practice | Overall rating* | Rank** | Percentage*** | KPI status | Number of KPIs |
|----------------------------|-----------------|--------|---------------|------------|----------------|
| Mosslands Medical Practice | Green | 5th | 97.3% | Red | 1 |
| | | | | Amber | 0 |
| | | | | Green | 42 |
| Irlam Medical Centre | Green | 30th | 87.3% | Red | 6 |
| | | | | Amber | 0 |
| | | | | Green | 37 |

*Green = >85%

Amber = 75%- 84.9%

Red = <75%

** out of 45 practices

*** CCG average = 88%

NB Practices that did not have the Salford Standard contract were still being monitored on achievement of the KPIs)

Other matters

- 5.8 There would be minimal disruption to patients as the practices are already co-located in the same building.
- 5.9 Should the merger application be approved, the patients at would have access to services that are not currently delivered by their own practice, but are delivered by the practice they would merge with, and all patients would have a greater choice of clinician.
- 5.10 Patients registered with Irlam Medical Centre would benefit from the opportunity to attend the Mossland Medical Practice branch site in Cadishead (Longfield Lodge).

6. Patient and stakeholder engagement

Patient engagement

- 6.1 The practices have been made aware of NHS England policy and requirements for consultation, which should be appropriate and proportionate to the individual circumstances.
- 6.2 The applications contained within Appendix 1a, 1b and 1c detail the stakeholder engagement that is either planned or has already taken place for each of the practices.

Chapel Medical Centre & Irlam Group Practice – engagement has been underway for a number of months to gauge patient response to the proposed merger. The Practice Manager has already merged the Patient Participation Groups (PPGs) and has actively responded to individual comments raised as a result of the text

messages, emails, letters, and social media. Chapel Medical Centre have made plans to alter the car parking available as a response to some of the feedback that was received from patients.

St Andrews practices – the practice has developed a survey for patients that has received several hundred responses as at the date of this paper. The practice has responded by email to any patients that have raised concerns. Information has been provided via leaflets, notices, the practice Facebook page and a question and answer session is planned. The practices also have a combined virtual PPG Group with several hundred members in addition to the practice Facebook page.

Mosslands Medical Practice & Irlam Medical Centre – the practices intend to send text messages to patients with a link to a survey, add the topic of the merger to the TV screens in the practice, use questionnaires and the practice websites, and use the PPG meeting in March to gather further views and feedback.

Stakeholder consultation

- 6.3 As part of the commissioner responsibility to consult, correspondence was sent to key stakeholders (see Appendix 2a), to provide them with the opportunity to express views/comments on the proposal. The stakeholders consulted are shown in Appendix 2b. Very few responses were received (see Appendix 2c).
- 6.4 Whilst the stakeholder letter was not specifically sent to the Health & Scrutiny Committee, a representative attended the meeting held on 4 March 2020, and the following comments were received, in relation to the merger applications:

The panel engaged in wide ranging discussion in relation to these specific mergers and related issues. The panel confirmed that they were minded to support the mergers and that there were three specific areas which they wished to be considered:

- *Continuity of Care – the panel recommended that patients with Long Term Conditions had a named Dr to ensure continuity of care*
- *Triaging – the panel felt there were some issues with the care navigation training programme which meant that some elderly and disabled people may struggle with the triaging processes*
- *Irlam Group/Chapel Medical – the panel felt this merger had the potential to have the greatest impact on patients because of the proposal for the merged practice to operate out of a single site (i.e. Chapel Medical Centre). The panel wished the impact on patients and additional travel requirements be taken into account. They had also enquired whether the building was big enough to accommodate the Irlam Group patients.*

7. Summary

- 7.1 All three applications are considered to be well thought through by the practices submitting them.

Benefits for patients

- 7.2 The applications from the three St Andrews practices, and the Mosslands Medical Practice/Irlam Medical Centre, would result in minimal patient disruption due to the practices already being co-located.
- 7.3 The Chapel Medical Centre/Irlam Group Practice and the St Andrews applications benefit from already sharing a Practice Manager, and these management arrangements will be useful in supporting the work that follows any decision to approve the applications. A merger would offer these practices the opportunity to reduce duplication, and the ability to focus on any required areas of improvement using harmonised processes. This in turn would benefit the patients.
- 7.4 If the applications to merge are approved, all patients at the seven practices involved may benefit from:
- access to additional services that are not currently delivered by their own practice
 - a greater choice of clinicians
 - both male and female permanent GPs (in the case of Chapel Medical Centre/Irlam Group who are single handed practitioners)
 - better resilience in the practice staffing structure
 - a more modern, and more importantly, a physically accessible practice (in the case of the Irlam Group Practice patients)

Patient choice

- 7.5 Patients in the Irlam area would have less choice, if all the applications were approved i.e. a choice of three practices, instead of the five that are currently available.
However, if this is an alternative to a practice having to close, particularly thinking about the two single handed practitioners who are struggling to cope, it could be argued that on balance the reduction in the number of practices, would be more beneficial for patient care.
- 7.6 Patients in the Eccles area, would have five practices to choose from, rather than seven. This is not a significant concern due to the way that the St Andrews practices have historically worked together. The shared patient facing workforce, and lack of any segregation that is visible to the public, means it is possible that a number of patients are unaware that there are indeed three separate practices in the St Andrews Medical Centre building.

Patient access

- 7.7 The 30,700 patients registered at the St Andrews practices, Mosslands Medical Practice, Irlam Medical Centre and Chapel Medical Centre would experience no negative change to the way they access their GP practice.
- 7.8 Dependent on their address, access for some of the 3,930 Irlam Group Practice patients would change. For some patients, the Chapel Medical Centre site may be a maximum of 0.8 miles farther away, for some it may be closer. Appendix 1a outlines the changes that the practice would be making in terms of car parking for those patients that drive, along with the transport links that serve the site.
- 7.9 The new practice boundaries were proposed to be formed as follows:

Chapel Medical Centre & Irlam Group Practice – the proposal is to combine both practice boundaries, so that all areas currently covered will continue to be part of the merged practice boundary.

St Andrews practices – the three current practice boundaries are all the same and this boundary is proposed to continue to be used following the merger, if approved.

Mosslands Medical Practice & Irlam Medical Centre – the proposal is to combine both practice boundaries, so that all areas currently covered will continue to be part of the merged practice boundary.

Financial implications/value for money

- 7.10 It is anticipated that, given the arrangements for GMS contracts and PMS agreements are now broadly similar for practices in Salford, there would be no additional cost pressure to Salford CCG in terms of core contract payments, if the merger applications were approved.
- 7.11 A quote for the IT costs for each proposed merger has been requested by Greater Manchester Shared Services (GMSS) colleagues.
- 7.12 A possible outcome of the mergers would be improved QOF and Salford Standard performance, however this would be desirable regardless of whether the mergers were approved or not, and is within the planned finances.

Competition and Procurement Risk

- 7.13 In terms of risk of procurement challenge, the Policy & Guidance Manual (PGM) makes provision for practices to merge their contracts and this is a common occurrence nationally. There could, however in theory, still be a risk of procurement challenge.

Alignment with the CCG's commissioning principles

- 7.14 Salford CCG has expressed support for practices wishing to work collaboratively, and approval for practices to merge and work in that way, would support this.

8. Recommendations

- 8.1 Based upon the information contained, both within the applications and this paper, it is recommended that the Primary Care Commissioning Committee support a decision in favour of Option 1 and approve all three applications to merge (subject to appropriate patient and stakeholder consultation for the Mosslands Medical Practice & Irlam Medical Centre merger).
- 8.2 If approved, the CCG will work with all the practices who have applied to merge, and other project stakeholders, to support a smooth transition to the new arrangements within the agreed timescales. Updates will be provided via the Primary Care Operational Group.

Sam Glynn-Atkins
Senior Service Improvement Manager

Application from Chapel Medical Centre & Irlam Group Practice

00443.6 – Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

| Name and Address Practice A | Name and Address Practice B |
|---|--|
| Chapel Medical Centre 220 Liverpool Road Irlam Manchester M44 6FE | Irlam Group Practice 523 Liverpool Road Irlam Manchester M44 6ZS |
| Practice Code | Practice Code |
| P87649 | P87014 |
| GMS/PMS | GMS/PMS |
| GMS | GMS |
| Number GPs | Number GPs |
| One | One |
| WTE GP's | WTE GP's |
| One | One |
| Premises: Owned/Leased/NHS Property | Premises: Owned/Leased/NHS Property |
| Leased | Leased |
| Patient List Size | Patient List Size |
| 2599 | 3998 |

Premises Arrangements**2. Indicate whether you intend to operate from two premises****No**

a. If Yes, which premises will be considered the main and which is to be considered the branch (if applicable):

| |
|--|
| |
|--|

b. If No, which premises do you intend to practice from:

| |
|-----------------------|
| Chapel Medical Centre |
|-----------------------|

Application from Chapel Medical Centre & Irlam Group Practice

220 Liverpool Road
Irlam
Manchester
M44 6FE

c. Do the proposed premises have the capacity and infrastructure to accommodate the additional patients and services?

Yes

Chapel Medical Centre has nine consultation rooms and only five are currently being used at present, therefore the other four consultation rooms would be used for the additional Practice Nurse, HCA and two GP's.

We also have a dedicated minor surgery room which will be used by Dr Kapur and Dr Dillon for patients of the practice who require minor surgical procedures.

The car parking may pose an issue as we currently only have five patient parking spaces, but we may be able to rectify this issue by switching the car parking areas. The staff car park can hold thirteen cars and it would be an easy option to open this up as a patient car park. We could then alter the outside of the practice to allow easier access for patient to the practice entrance. However, we would encourage all patients in the local area to walk to the practice or use the good transport links. The majority of staff walk to work as they are local and this will cut down on the number of staff members who would require a parking space. Chapel Road outside of the practice does offer street parking and this would be an alternative area where staff and patients could park their car if needed.

Chapel Medical Centre was refurbished in 2017, all the consultation rooms have all the equipment that is required and therefore no additional costs would be incurred when merging the practices.

The reception area would need to be restructured as at present there are only five workstations. The plan would be to remove all the cabinets that currently hold all the Lloyds George Records. Once removed we would replace these cabinets with an additional five workstations. Both practices would fund this refurbishment and this would be carried out at a weekend well in advance of the merger to make sure this is completed on time.

In regards to the Lloyd George Records, we are currently looking at options of storing these off site at a local secure storage unit. This storage unit would also store Irlam Groups' Lloyd George Records. This would free up valuable space within Chapel Medical Centre to house the additional admin workstations required. The idea would be to eventually scan all the Lloyd George Records onto the patient's electronic records.

d. Details of the distances between the 2 practices

Chapel Medical and Irlam Group Practice have a distance of 0.8 miles

e. Details of car parking arrangements currently in place at both practices

Chapel Medical Centre currently has thirteen staff parking spots and five patient parking spots (please see above for planned change)

Irlam Group Practice has four staff parking spots and ten patient parking spots

f. Details of access to Public Transport to proposed site

Application from Chapel Medical Centre & Irlam Group Practice

Chapel Medical Centre has good transport links. There is a bus stop directly opposite the practice on Liverpool Road, this services the number 67 and 100 bus route from Manchester and Eccles and the Trafford Centre.

To the left of the practice there is another bus stop which services the number 67 and 100 from Warrington and Cadishead.

1.2 miles away is Irlam railway station, this services train from Manchester Oxford Road to Liverpool Lime Street.

g. Details of the current practice boundary (inner/outer if outer agreed) Practice A:

Chapel Medical Centre has patient registered from the following area's:
Irlam, Cadishead, Eccles, Rixton, Culcheth, Trafford, Warrington, Leigh

h. Details of the current practice boundary (inner/outer if outer agreed) Practice B:

Irlam Group Practice has the patients registered from the following areas:
Irlam, Cadishead, Eccles, Rixton, Culcheth, Trafford, Warrington

Please indicate the practice boundary for the proposed merged practice

The practice boundary would remain as:

Irlam, Cadishead, Eccles, Rixton, Culcheth, Trafford, Warrington, Leigh

I.T. Information

3. Indicate which IT systems are currently in use at each practice

| Practice A | Practice B |
|---|------------|
| EMIS Web | EMIS Web |
| Has IT been consulted to assess if the 2 systems are compatible to be merged | Yes |
| Has IT confirmed the costs of the IT systems merger | No |
| Has IT confirmed the timescale of merging the databases | No |
| Have the costs been approved by the CCG | N/A |
| Additional Comments | |
| <p>We have been in touch with EMIS Web and they have informed us that this is a straightforward task. All records from Irlam Group Practice would be sent via GP2GP then merged into the Chapel Medical Centre system. This can be done in batches over a number of weeks before the merger. All records would still remain on Irlam Groups Practice clinical system until the day of the merger. All records would then be fully transferred to Chapel Medical Centre's system. We are working closely with Janice Gilbert from IT GM Shared Services who will be coordinating the IT merger between the practices. She has already made contact with EMIS and DOCMAN.</p> | |

Application from Chapel Medical Centre & Irlam Group Practice**4. Provide full details of the benefits you feel your registered patients will receive as a result of this proposed merger.**

At present both Chapel Medical Centre and Irlam Group Practice have one WTE GP working at each of the practices and are both employing locum's to cover the rest of the sessions required to meet the 9% capacity. This is unsustainable as there is no continuity of patient care.

Irlam Group Practice approached Chapel Medical Centre in regards to merging the two practices as they felt they could not survive as a single handed practice in the long term. It was agreed that the best way forward for both practices would be to merge and that Irlam Group Practice would move to Chapel Medical Centre.

Irlam Group Practice premises are inadequate and limited with only five consultation rooms and therefore they cannot grow as a practice. The consultation rooms are small and they are limited to the amount of equipment they can have in the consultation rooms. The practice entrance is not fully compliant with the disability act and the narrow corridors make it difficult for wheelchair users to get around the practice. They do not have a meeting room; therefore it is difficult to hold meetings due to limited space. The staff have no staff room and no place to eat their lunches, except at their workstation, this is not ideal. The reception area is not confidential as this is open and patients are limited to private areas where they can speak to a member of the admin team in confidence. This was picked up by CQC on the last visit, but they agreed that the practice is limited on how to resolve this issue.

Chapel Medical Centre's building will offer spacious accommodation to all 6597+ patients and 20+ members of staff. As mentioned above, Chapel Medical Centre was refurbished in 2017 and we have adequate consultations rooms, meeting room, staff room and kitchen. The building is modern and is secure, they have CCTV throughout the building and all staff areas are only accessible to staff members who know the key code. The building also meets the disability act and disabled and wheelchair bound patients will be able to access all clinical areas of the practice with ease.

In regards to patient benefits from the merger, we believe that patient care will increase as both practices will streamline patient care and bring the level of care up even higher. There will be a greater skill mix and we would be able to offer more patient choice, clinics and services. This would include male and female clinicians, experienced Practice Nursing team, onsite mental health workers. Irlam Group Patients will benefit from in-house minor surgery and eventually both practice population will benefit from IUD and implants.

Chapel Medical Centre is a high achieving practice, whereas Irlam Group Practice has been struggling through no fault of their own. We are already working closely together to improve patient care at Irlam Group Practice. Clare Richardson, Practice Manager has taken over as Practice Manager at Irlam Group Practice. This was agreed by both practices to make the transition of the potential merger more streamlined. Clare will be looking at systems in place at Irlam Group Practice and will be making changes to bring them in line. We have already seen a difference this has made, especially to the quarterly Salford Standards leader board. Irlam Group Practice was sat within the bottom 5 at the end of

Application from Chapel Medical Centre & Irlam Group Practice

2018/19, but at the end of Q3 2019/20 they sit in 5th position.

Clare will also be working closely with the practices on Salford Standards, QOF, patient care, finances, appointment capacity etc. We have already merged out PPG's and hope to use this to talk to and to inform patients about the potential merger and how this will affect them and gauge their thoughts on how the local population feels about this.

We are also working closely together to put into place clinical protocols for Diabetes, Asthma, COPD, Hypertension, Stroke, Cancer and other chronic disease areas. The reasoning behind this is to make sure both practices are following the same protocols to improve patients overall care and experience within both practices before the potential merger takes place, this will improve health outcomes for patients.

Despite both of the practices going through tough times in the last 12 months or so, they have both shown resilience throughout. Dr Kapur has attended the PED course in 2019, this was based around reliance, management and leading within General Practice. Both Clare and Dr Kapur attended the Red Whale course. Lead, Manage and Thrive and Dr Kapur attend the Merger training in 2019 to give her more insight into what is expected. Dr Dillon, Dr Kapur and Clare all recently attend the LMC Law Merger meeting, again this gave further knowledge and insight into practice mergers.

Chapel Medical Centre is an established medical student training practice and Dr Dillon has now passed his PRIME training and is ready to take on medical students of his own when we merge. Dr Dillon and Dr Kapur will be able to continue with this work and the practice will be able to offer more medical student placements at the practice. We feel this is important to ensure appropriate and excellent training to our future doctors and hopefully GP's of the future. Chapel Medical Centre has received positive feedback from patients in regards to the medical students and has received Gold awards from the University two years running. Dr Kapur is also looking to enrol on the basic trainers' course and in time we hope that we will be able to support a GP trainee which would not be possible as a single handed practice.

Overall we feel that merging the two practices will have a big impact on patient health and outcomes.

Services Currently Provided

5. Details of services currently provided Practice A

| Home Visits | Booking Appointments |
|---|---|
| Offered Daily – no limited | On the day urgent appointment offered daily Telephone consultations offered daily Advanced booking (up to 3months ahead) Patients can book appointment over the phone, via the MyGP app, via our website |
| Opening Hours | Extended Hours |
| Monday – 8am – 6.30pm Tuesday – 8am – 8:00pm | Tuesday – 6.30pm-8.00pm |

Application from Chapel Medical Centre & Irlam Group Practice

| | |
|--|--|
| Wednesday – 8am – 6.30pm Thursday – 8am – 6.30pm Friday – 8am – 6.30pm | |
| Single IT and Phone System | Premises facilities |
| IT – GMCSU Phone System – NEC provided by Octagon | 9 consultation room 1 minor surgery room Admin offices 18 car parking spaces Modern refurbished building CCTV Secure staff areas |
| Additional Services | Enhanced Services |
| Minor Surgery Travel Vaccinations | Childhood Immunisations Immunisations Smoking Cessation Learning Disabilities Health Checks NHS Health Checks |

Details of services currently provided by Practice B

| | |
|--|--|
| Home Visits | Booking Appointments |
| Offered Daily – no limited | On the day urgent appointment offered daily Telephone consultations offered daily Advanced booking (up to 3months ahead) Patients can book appointment over the phone, via the MyGP app, via our website |
| Opening Hours | Extended Hours |
| Monday – 7.30am – 6.30pm Tuesday – 8am – 6:30pm Wednesday – 7.30am – 6.30pm Thursday – 8am – 6.30pm Friday – 7.30am – 6.30pm | Monday 7.30-8.00am Wednesday 7.30-8.00am Friday 7.30-8.00am |
| Single IT and Phone System | Premises facilities |
| IT – GMCSU Phone System – NEC provided by illy | 5 consultation room Admin office 14 car parking spaces |
| Additional Services | Enhanced Services |
| | |

Application from Chapel Medical Centre & Irlam Group Practice

| | |
|---------------------|---|
| Travel Vaccinations | Childhood Immunisations Immunisations Smoking Cessation Learning Disabilities Health Checks NHS Health Checks |
|---------------------|---|

6 Please provide as much detail as possible as to how the current registered Patients from the existing practices will access a single service

| | |
|--|---|
| Home Visits | Booking Appointments |
| Offered Daily – no limited | On the day urgent appointment offered daily Telephone consultations offered daily Advanced booking (up to 3months ahead) Patients can book appointment over the phone, via the MyGP app, via our website |
| Opening Hours | Extended Hours |
| Monday – 7.30am – 6.30pm Tuesday – 8am – 8:00pm Wednesday – 7.30am – 6.30pm Thursday – 8am – 6.30pm Friday – 7.30am – 6.30pm | Monday – 7.30am-8.00am Tuesday – 6.30pm-8.00pm Wednesday – 7.30am-8.00am Friday – 7.30am-8.00am |
| Single IT and Phone System | Premises facilities |
| IT – GMCSU Phone System – NEC provided by Octagon Phone system to be upgraded in 2020 | 9 consultation room 1 minor surgery room Admin offices 18 car parking spaces Modern refurbished building CCTV Secure staff areas |
| Additional Services | Enhanced Services |
| Minor Surgery Travel Vaccinations IUD and Implants | Childhood Immunisations Immunisations Smoking Cessation Learning Disabilities Health Checks NHS Health Checks |

7. How do you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout?

The practices have already merged their PPG's and our aim is to use the PPG to engage with patients from both practices. We feel that the patients should play a big part of the merger and we need to

Application from Chapel Medical Centre & Irlam Group Practice

take into account their opinions, concerns and ideas. Information has been posted on both of the practice websites since July 2019 about the possibility of the merger and we have received both positive and negative feedback from patients about this.

Some of the main concerns were:

- Parking – many patients from Irlam Group were unhappy about the lack of parking at Chapel Medical Centre compared to that of Irlam Group Practice
- ‘Lack of appointments’ – some patients from both practices had the option that that there would be less appointments
- Patient want to see ‘their GP’ – patient concerned that they would not be able to see their usual GP
- Service would ‘go bad’ – some patients from Chapel Medical Centre believed that merging with Irlam Group Practice would turn Chapel Medical Centre into a ‘bad practice’.

Some positive feedback:

- More appointments
- More services
- Better access to GP’s and nurses (early morning and evenings)
- Many patients from Irlam Group Practice mentioned the premises and that how lovely Chapel Medical Centre is
- Easy access to the building for disabled patients
- Lovely staff at both practices

As you can see there has been a mixed response to the proposed merger and I believe that we have received more positive feedback than negative. We believe that no matter what you do, you are not going to have 100% of support from all of the patients as some patients do not like change. We feel that we have given the patients a long period of time in which to get used to the idea and send in their opinions of the proposed merger and we now have patients asking us when this is happening as they cannot wait. One thing to come out of the feedback is that we are looking at changing the parking arrangements at Chapel Medical Centre. The changes will allow patients to use to existing staff car park as a patient parking and the patient parking will become the staff car park. Most of the staff working at Chapel Medical Centre and Irlam Group Practice live in the area and will walk to work, therefore there will not be as many staff using the car park as we first envisaged.

Both practices have the means to send out information via text message, emails and letters and will use all these media’s to inform patients of the merger and also to keep them up to date with this. We will arrange fortnightly meetings for the patients to attend and print information booklets with the latest news. This information will be available on Facebook and Twitter and we hope to engage the local magazine of the merger so that all 22,000 residents of the area are aware of the changes.

Irlam Group Practice will have the most work to do in regards to their patient population and the practice moving premises. We must ensure that ALL patients registered at Irlam Group Practice are contacted well in advance of the merger to inform them of the changes. Now that Clare Richardson is managing Irlam Group Practice as well as Chapel Medical Centre we hope that this will help streamline the merger and patient communication.

To be signed by all parties to both contracts being proposed for merger

Application from Chapel Medical Centre & Irlam Group Practice

Signed

Print

Date

***Please note: Each party is advised to seek their own financial advice in respect of areas such as superannuable earnings under each contract and a recommendation for the parties to have a formal partnership deed prepared to underpin the arrangements.**

Any changes to any partnership will require a new registration with CQC

Note: this application does not impose any obligation on the NHS CB to agree to this request.

Application from St Andrews Medical Practices

00443.6 – Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Practice stamp

Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

| Name and Address Practice A | Name and Address Practice B | Name and Address Practice C |
|---|---|---|
| 2 St Andrews Medical Centre 30 Russell Street Eccles M30 ONU | 3 St Andrews Medical Centre 30 Russell Street Eccles M30 ONU | 4 St Andrews Medical Centre 30 Russell Street Eccles M30 ONU |
| Practice Code | Practice Code | Practice Code |
| P87020 | P87659 | P87003 |
| GMS/PMS | GMS/PMS | GMS/PMS |
| GMS | GMS | GMS |
| Number GPs | Number GPs | Number GPs |
| 6 (4 partners 2 salaried) | 3 | 2 |
| WTE GP's | WTE GP's | WTE GP's |
| 3.9 | 1.8 | 1.2 |
| Premises: Owned/Leased/NHS Property | Premises: Owned/Leased/NHS Property | Premises: Owned/Leased/NHS Property |
| Leased NHSP | Leased NHSP | Leased NHSP |
| Patient List Size | Patient List Size | Patient List Size |
| 6624 | 3990 | 4106 |

Premises Arrangements**2. Indicate whether you intend to operate from two premises**

Yes / No

a. If Yes, which premises will be considered the main and which is to be considered the branch (if applicable):

b. If No, which premises do you intend to practice from:

Application from St Andrews Medical Practices

St Andrews Medical Centre
30 Russell Street
Eccles
M30 0NU

c. Do the proposed premises have the capacity and infrastructure to accommodate the additional patients and services? **Yes / No**

There is no proposal to accommodate new services or patients other than by list expansion which may occur due to local patient flows

d. Details of the distances between the 2 practices

No distance, in the same premises

e. Details of car parking arrangements currently in place at both practices

No difference, in the same premises

f. Details of access to Public Transport to proposed site

No difference, in the same premises

g. Details of the current practice boundary (inner/outer if outer agreed) Practice A:

No Change

h. Details of the current practice boundary (inner/outer if outer agreed) Practice B.:

No Change

h. Details of the current practice boundary (inner/outer if outer agreed) Practice C.:

No Change

Please indicate the practice boundary for the proposed merged practice

No Change

Application from St Andrews Medical Practices

I.T. Information

3. Indicate which IT systems are currently in use at each practice

| Practice A | Practice B | Practice C |
|--|------------|------------|
| Vision | Vision | Vision |
| Has IT been consulted to assess if the 2 systems are compatible to be merged | | Yes / No |
| Has IT confirmed the costs of the IT systems merger | | Yes / No |
| Has IT confirmed the timescale of merging the databases | | Yes / No |
| Have the costs been approved by the CCG | | Yes / No |
| Additional Comments | | |

4. Provide full details of the benefits you feel your registered patients will receive as a result of this proposed merger.

The merger would be in keeping with the local and national visions of healthcare for the future: Nationally, the Five Year Forward View (5YFV) sets out a compelling vision of the future for the NHS that closes three widening gaps (in health and wellbeing, in care and quality and in finance and efficiency) The 5YFV is clear that the 'foundation of NHS care will remain list-based primary care'

By merging contracts within St Andrews we will benefit from a consolidated patient list which enables us and our patients to maximise the opportunities offered by working at scale and will be better able to respond to our patient's needs. At scale working will make all 3 practices more financially viable and avoid potential future list closures at a time when the population of Eccles and surrounding areas will continue to increase with further new housing developments coming. Ultimately, we want to be able to continue to provide a great service for the people of Eccles that meets their current and future needs.

There is a significant amount of clinical and administration duplication across the practices which use up capacity. For instance, there are always at least 3 doctors on call for home visits, we have 3 Safeguarding Leads and 3 clinicians attending Neighbourhood meetings and 3 Salford Standard submissions every quarter. By having a single contract we will have a single workforce across current Practice contract barriers to eliminate duplication, improve skill levels and improve capacity to better meet the needs of our patient population.

We will review the capacity of the clinical teams across St Andrews to ensure that the clinical time made available to all patients is spread across the week and at different times of the day to offer the best levels of choice to address peaks in demand. We will retain the patients' right to see their GP.

We will continue to offer Enhanced Services and maintain our high QOF and Salford Standard achievement. We will pool our specialised skills to offer increased delivery and

Application from St Andrews Medical Practices

range of LARC and Minor Surgery with an ability through our complement of clinical staff to ensure that waiting times are minimised to ensure increased patient satisfaction.

Use of locums does not facilitate the provision of high quality care, does not support the development of GP/patient relationships, hinders continuity of care and places further administrative burden on the partners thereby reducing the amount of time they can spend on patient care. Alternatively, in order not to reduce the amount of patient time, partners work into the evenings and weekends in order to ensure the administration is done. This is neither sustainable nor safe and dissuades potential new partners. Merging the three practices will increase the resilience of the provision of primary medical services to the residents of Eccles and in the surrounding area currently served by the three practices.

Services Currently Provided

5. Details of services currently provided Practice A

| | |
|---|---|
| Home Visits | Booking Appointments |
| Home visits are provided | Online 24/7 Telephone from 8am – 6:30pm MyGP app |
| Opening Hours | Extended Hours |
| 8am – 6:30pm Monday - Friday | Provided by SWEAP |
| Single IT and Phone System | Premises facilities |
| Phone System provided by Digital Telecoms GP System provided by Vision | Supplied by NHS Property Services |
| Additional Services | Enhanced Services |
| NIL | Early morning appointments Saturday long term condition appointments Evening group consultations Joint Injections LARCS |

Details of services currently provided by Practice B

| | |
|---|--|
| Home Visits | Booking Appointments |
| Home visits are provided | Online 24/7 Telephone from 8am – 6:30pm MyGP app |
| Opening Hours | Extended Hours |
| 8am – 6:30pm Monday - Friday | Provided by SWEAP |
| Single IT and Phone System | Premises facilities |
| Phone System provided by Digital Telecoms | Supplied by NHS Property Services |

Application from St Andrews Medical Practices

| | |
|------------------------------|--|
| GP System provided by Vision | |
| Additional Services | Enhanced Services |
| NIL | Early morning appointments Saturday long term condition appointments Evening group consultations |

Details of services currently provided by Practice C

| | |
|---|---|
| Home Visits | Booking Appointments |
| Home visits are provided | Online 24/7 Telephone from 8am – 6:30pm MyGP app |
| Opening Hours | Extended Hours |
| 8am – 6:30pm Monday - Friday | Provided by SWEAP |
| Single IT and Phone System | Premises facilities |
| Phone System provided by Digital Telecoms GP System provided by Vision | Supplied by NHS Property Services |
| Additional Services | Enhanced Services |
| NIL | Early morning appointments Saturday long term condition appointments Evening group consultations Joint Injections LARCS |

6 Please provide as much detail as possible as to how the current registered Patients from the existing practices will access a single service

| | |
|---|--|
| Home Visits | Booking Appointments |
| Home visits are provided | Online 24/7 Telephone from 8am – 6:30pm MyGP app |
| Opening Hours | Extended Hours |
| 8am – 6:30pm Monday - Friday | Provided by SWEAP |
| Single IT and Phone System | Premises facilities |
| Phone System provided by Digital Telecoms GP System provided by Vision | Supplied by NHS Property Services |
| Additional Services | Enhanced Services |
| NIL | Early morning appointments Saturday long term condition appointments Evening group consultations |

Application from St Andrews Medical Practices

| | |
|--|---------------------------|
| | Joint Injections LARCS |
|--|---------------------------|

7. How do you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout?

We will undertake a consultation process with patients. Our key messages will be:

- The reasons for the merger
- The benefits for patients
- Reassurances about ongoing levels of service
- Reassurance of retaining the patients' right to see their GP
- Requesting their views and concerns regarding the merger

Written communication will be sent to each patient, it will include a patient survey asking for their views and if they have any concerns.

SURVEY example:

Do you support the merge the 3 St Andrews Practices?

- Yes
- Unsure
- No

If you answered "No" or "Unsure", please say why:....

What concerns do you have regarding the merger of the two practices?

Please choose all that apply:

- Uncertainty about who will provide the services
- Uncertainty about the types of services to be provided
- Concerned about other issues
- I have no concern

Please say what other issues concern you about the merger:....

We will also include a FAQ sheet:

Frequently Asked Questions

- What does the merger mean for patients?
- Will both surgeries have the same facilities and services?
- Will I need to re-register with my GP if the practices merge?
- Will I still be able to see my usual GP if the practices merge?
- How will you provide enough appointments?
- Where will I get my prescriptions from?
- If the surgeries do merge, when is it likely to happen?
- What happens now?
- What do I need to do?
- Will I still be able to request home visits?

Based on the feedback we will hold a question and answer session with the patients that have raised concerns, this will be done via a public meeting.

Information about the merger will be made available to all patients in surgery via information

Application from St Andrews Medical Practices

leaflets and notices and via our Facebook page.

To be signed by all parties to both contracts being proposed for merger

Signed
Print
Date

*Please note: Each party is advised to seek their own financial advice in respect of areas such as superannuable earnings under each contract and a recommendation for the parties to have a formal partnership deed prepared to underpin the arrangements.
Any changes to any partnership will require a new registration with CQC
Note: this application does not impose any obligation on the NHS CB to agree to this request.

Application from Mosslands Medical Practice & Irlam Medical Centre

00443.6 – Application for consideration of a contractual merger

(Please add additional pages if you have insufficient room to complete fully)

Practice stamp

Mosslands Medical Practice

Irlam Medical Centre

MacDonald Road

Irlam M44 5LH

Please complete the following:

1. Details of the two contractual agreements you are proposing to merge

| Name and Address Practice A | Name and Address Practice B |
|--|---|
| Mosslands Medical Practice Irlam Medical Centre MacDonald Road Irlam Manchester M44 5LH | Dr J White & Partners Irlam Medical Centre MacDonald Road Irlam Manchester M44 5LH |
| Practice Code | Practice Code |
| P87610 | P87039 |
| GMS/PMS | GMS/PMS |
| PMS | GMS |
| Number GPs | Number GPs |
| 6 | 4 |
| WTE GP's | WTE GP's |
| 4.87 | 2.09 |
| Premises: Owned/Leased/NHS Property | Premises: Owned/Leased/NHS Property |
| Leased | Leased |
| Patient List Size | Patient List Size |
| 9107 | 4116 |

Premises Arrangements**2. Indicate whether you intend to operate from two premises****No**

a. If Yes, which premises will be considered the main and which is to be considered the branch (if applicable):

N/A as both practices currently operate from Irlam Medical Centre

b. If No, which premises do you intend to practice from:

Irlam Medical Centre

c. Do the proposed premises have the capacity and infrastructure to accommodate the additional patients and services?

Yes

Application from Mosslands Medical Practice & Irlam Medical Centre

Irlam Medical Centre is already accommodating the additional patients and services as both practices are currently operating from here anyway. We also have a branch surgery at Longfield Lodge in Cadishead which has the capacity to increase the hours there.

d. Details of the distances between the 2 practices

Dr White's surgery and Mosslands Medical Practice already work from the same building which is Irlam Medical Centre

e. Details of car parking arrangements currently in place at both practices

Adequate parking facilities as no increase in patient foot flow

f. Details of access to Public Transport to proposed site

N/A

g. Details of the current practice boundary (inner/outer if outer agreed) Practice A:

M6 East, M62 North, M60 West, Manchester Ship Canal to the South

h. Details of the current practice boundary (inner/outer if outer agreed) Practice B:

East to Chapel Lane on A57, Dam Lane North, West M60, South Manchester Ship Canal

Please indicate the practice boundary for the proposed merged practice

M6East, M62 North, M60 West, Manchester Ship Canal to the South

I.T. Information

3. Indicate which IT systems are currently in use at each practice

| Practice A | Practice B | |
|--|------------|-----------------|
| Vision | Vision | |
| Has IT been consulted to assess if the 2 systems are compatible to be merged | | Yes |
| Has IT confirmed the costs of the IT systems merger | | No |
| Has IT confirmed the timescale of merging the databases | | No |
| Have the costs been approved by the CCG | | Yes / No |
| Additional Comments | | |

Application from Mosslands Medical Practice & Irlam Medical Centre

| | |
|---|--|
| <p>Same IT system within the same building so no issues anticipated. Awaiting quote from INPS Assuming that the CCG will fund the costs if the merger is approved</p> | |
|---|--|

4. Provide full details of the benefits you feel your registered patients will receive as a result of this proposed merger.

| |
|--|
| <ul style="list-style-type: none"> • Being a larger practice with a very experienced GP skill mix as well as nursing/health care workers will give the patients greater choice. • Being a larger practice will bring greater working efficiencies which will free up greater consultation time with the patients i.e. 1 doctor can represent the practice for safeguarding meetings, network meetings, MDG etc. • Also as a larger practice , the effect of sudden sickness/absences can be dealt with more efficiently as there is a larger practice team to deal with it so patient experience will be less disrupted. • With the efficiencies a larger practice will bring, it should give us greater finance to invest in other different job roles: increased pharmacy role within the practice, physiotherapy services, paramedic services, an administrative prescription co-ordinator • Doctors currently working within both practices can develop their services to a wider population of patients: Minor Surgery services, Coil/implant services, Travel services offered by the nurse. • By the combination of both practices' Patient Participation Group, we will be able to form a new larger group which should work better as there should be a wider range of views for new ideas to improve the practice. • As a larger practice we have ambition of becoming a training practice on both the medical and nursing side. • We would also plan as a future ambition to develop the practice premises for future expansion as there is going to be new houses built in the area. |
|--|

Services Currently Provided

5. Details of services currently provided Practice A

| | |
|------------------------------|--|
| Home Visits | Booking Appointments |
| Morning and afternoon visits | Routine doctor appointments available on line through Patient online services and the web site Selective nurse appointments including smears, blood tests, Diabetic Annual review, Asthma review available online. All appointments available through the phone line |
| Opening Hours | Extended Hours |

Application from Mosslands Medical Practice & Irlam Medical Centre

| | |
|--|--|
| Monday - Friday 8am- 6:30pm | Tuesday/Thursday mornings 7:30 – 8:00 for both Doctors and nursing team. Wednesday evening smear clinic 6:30pm – 8pm SWEAP |
| Single IT and Phone System | Premises facilities |
| Vision IT NEC phone system | Disabled Toilet Disabled Access Disabled/baby changing facilities Clinic rooms all on lower ground so no lift required |
| Additional Services | Enhanced Services |
| Ultrasound Services offered in the Building | Smoking Cessation IUCD/COIL Extended Hours |

Details of services currently provided by Practice B

| | |
|--|---|
| Home Visits | Booking Appointments |
| Morning and afternoon visits | Routine doctor appointments available on line though Patient online services and Patient Partner All appointments available through the phone line |
| Opening Hours | Extended Hours |
| Monday - Friday 8am- 6:30pm | Wednesday Evening 6:30 – 8:00 SWEAP |
| Single IT and Phone System | Premises facilities |
| Vision IT NEC phone system | Disabled Toilet Disabled Access Disabled/baby changing facilities Clinic rooms all on lower ground so no lift required |
| Additional Services | Enhanced Services |
| Ultrasound Services offered in the Building | Smoking Cessation Minor Surgery Extended Hours |

6 Please provide as much detail as possible as to how the current registered Patients from the existing practices will access a single service

| | |
|------------------------------|---|
| Home Visits | Booking Appointments |
| Morning and afternoon visits | Routine doctor appointments available on line though Patient online services and the web site Selective nurse appointments including smears, blood tests, Diabetic Annual review, Asthma |

Application from Mosslands Medical Practice & Irlam Medical Centre

| | |
|---|--|
| | review available online. Telephone Footflow |
| Opening Hours | Extended Hours |
| Monday - Friday 8am- 6:30pm | Tuesday/Thursday mornings 7:30 – 8:00 for both Doctors and nursing team. Wednesday evening smear clinic 6:30pm – 8pm SWEAP |
| Single IT and Phone System | Premises facilities |
| Vision IT NEC phone system – looking to upgrade the telephony | Disabled Toilet Disabled Access Disabled/baby changing facilities Clinic rooms all on lower ground so no lift required |
| Additional Services | Enhanced Services |
| Ultrasound Services offered in the Building SWEAP will be operating from the building from April | Smoking Cessation Minor Surgery IUCD/COIL Extended Hours |

7. How do you propose to consult with your patients about this proposal, communicate actual change to patients and ensure patient choice throughout?

| |
|---|
| <p>Test message all patients with a link to a google questionnaire to allow feedback which will be acted upon.</p> <p>Advertise on the television screens in the building</p> <p>Web site</p> <p>In practice questionnaire for patients to complete</p> <p>PPG Meeting in March</p> |
|---|

To be signed by all parties to both contracts being proposed for merger

Signed

Print

Date

***Please note: Each party is advised to seek their own financial advice in respect of areas such as superannuable earnings under each contract and a recommendation for the parties to have a formal partnership deed prepared to underpin the arrangements.**

Any changes to any partnership will require a new registration with CQC

Note: this application does not impose any obligation on the NHS CB to agree to this request.

CCG letter to stakeholders

7th Floor, St James's House
Pendleton Way
Salford
M6 5FW

Telephone number: 0161 212 4960
Email: salccg.primarycare@nhs.net

Friday, 14 February 2020

Dear Colleagues,

Eccles and Irlam Neighbourhood – GP practice mergers

I am writing regarding three applications received from the following GP practices to NHS Salford CCG, requesting to formally merge their contracts creating three single organisations each holding a single registered list:

1. Mosslands Medical Practice & Irlam Medical Centre
2. Chapel Medical Centre & Irlam Group Practice
3. St Andrew's Medical Practice 2, St Andrew's Medical Practice 3 & Dr's Casey, Regan & Walker (formerly St Andrew's Medical Practice 4)

As you may be aware, all of the practices listed above are located within the Eccles & Irlam neighbourhood. There will be no reduction in the services provided to patients.

The applications will be considered at an extraordinary Primary Care Commissioning Committee (PCCC) meeting to be held on 13 March 2020.

Therefore, we are writing to all key stakeholders to provide them with the opportunity to express their views about the proposed practice mergers. I should be grateful if you would please provide any feedback by no later than **Friday 28 February 2020** to salccg.primarycare@nhs.net

All the comments/views received will be shared with the practices and PCCC, before a PCCC decision is ratified.

If you require any further information regarding the process, please do not hesitate to contact the CCG primary care team on the email above.

Yours faithfully

Steve Dixon
Chief Accountable Officer

List of stakeholders

| Stakeholder | Contact name | Job title | Email address |
|---|---|------------------------------------|--|
| Salford Royal Foundation Trust | Dr Pete Turkington | Chief Officer and Medical Director | peter.turkington@srft.nhs.uk |
| Northern Care Alliance (Pennine Acute Hospital) | Raj Jain | Chief Executive PA to Raj Jain | raj.jain@srft.nhs.uk Sarah.Fryers@srft.nhs.uk |
| Trafford General Hospital | Sir Michael Deegan | Chief Executive | mike.deegan@mft.nhs.uk |
| Community Midwives | MFT – Mary Symington Pennine – Simon Mehigan | Head of Midwifery | mary.symington@mft.nhs.uk simon.mehigan@pat.nhs.uk |
| Infection Control | Gillian McLauchlan Bev Wasp | | gillian.mclauchlan@salford.gov.uk beverley.wasp@salford.gov.uk |
| Health watch | Delana Lawson | Chief Officer | manager@healthwatchsalford.co.uk |
| City Mayor | Paul Dennett | City Mayor | citymayor@salford.gov.uk |
| Councillor – Barton | Michele Barnes | | councillor.barnes@salford.gov.uk |
| Councillor – Barton | David Jolley | | councillor.Jolley@salford.gov.uk |
| Councillor – Barton | John Mullen | | councillor.mullen@salford.gov.uk |
| Councillor – Cadishead | Lewis Nelson | | councillor.nelson@salford.gov.uk |
| Councillor – Cadishead | Joan Walsh | | councillor.joanwalsh@salford.gov.uk |
| Councillor – Cadishead | John Walsh | | councillor.walsh@salford.gov.uk |
| Councillor – Eccles | Sharmina August | | councillor.august@salford.gov.uk |
| Councillor – Eccles | Mike McCusker | | councillor.mccusker@salford.gov.uk |
| Councillor – Eccles | Michael Wheeler | | councillor.wheeler@salford.gov.uk |
| Councillor – Irlam | Darren Goulden | | councillor.goulden@salford.gov.uk |
| Councillor – Irlam | Roger Jones | | councillor.jones@salford.gov.uk |
| Councillor – Irlam | Tracy Kelly | | councillor.kelly@salford.gov.uk |
| Councillor - Winton | Paula Boshell | | councillor.boshell@salford.gov.uk |
| Councillor - Winton | David Lancaster | | councillor.lancaster@salford.gov.uk |
| Councillor - Winton | Margaret Morris | | councillor.Morris@salford.gov.uk |

List of stakeholders

| | | | |
|--|--------------------------------|-----------------------------|--|
| Neighbourhood Lead | Kate Jones | | Kate.jones2@nhs.net |
| Local Dental Committee | Jim Hamilton John Maclean | Chairman Secretary | jehhamilton@gmail.com mjgmaclean@aol.com |
| Salford & Trafford Local Medical Committee (LMC) | Eve Mannerings Jenny Walton | Chief Executive | eve.mannerings1@nhs.net jwalton@nhs.net |
| Salford and Trafford Local Optical Committee | Nigel Burgess | | salford.traffordloc@hotmail.com |
| Local Pharmacy Committee | Aneet Kapoor | Director | aneet.kapoor@nhs.net |
| MP | Rebecca Long-Bailey | MP – Salford & Eccles | rebecca.longbailey.mp@parliament.uk |
| MP | Barbara Keeley | MP – Worsley & Eccles South | barbara.keeley.mp@parliament.uk |
| Salford Primary Care Together | Lance Gardner | Chief Executive | lance.gardner1@nhs.net |
| GMMH | Neil Thwaite | Chief Executive | neil.thwaite@gmmh.nhs.uk |
| PPG Chair – St Andrews | Mark Pitchford | PPG spokesperson | drpitchford@icloud.com |
| PPG Chair – Irlam Group | Tony Hunt | PPG spokesperson | tonyhunt41@gmail.com |
| PPG Chair – Chapel | Tony Hunt | PPG spokesperson | tonyhunt41@gmail.com |
| PPG Chair – Mosslands | Fiona Poll | Staff member | Fiona.poll@nhs.net |
| PPG Chair – Irlam MC | John Jones | PPG spokesperson | johnnj@btinternet.com |

Plus all the Eccles & Irlam practices – GP partners and Practice Managers

Responses from stakeholders

| Stakeholder | Contact name | Comments |
|---------------------|-----------------|--|
| Councillor – Barton | John Mullen | <p><u>Email from Cllr Mullen:</u> Hi The St Andrews information is not clear. I am not clear on the effects to the community Lower lists / moving out of building etc....</p> <p><u>Response from Service Improvement Team:</u> Hi Councillor Mullen The 3 St Andrews practices are already co-located so there will be very little impact on patients of any of the 3 practices. There would be no reduction in the services that are offered to the patients, and there would be no relocation in terms of the building that patients visit. There would, however, be a greater choice of clinicians for patients to choose from - currently patients can only see clinicians that are linked to their own practice, whereas if the application were approved, patients would be able to choose to see any clinician from the bigger merged practice. I trust this information is helpful.</p> <p><u>Email from Cllr Mullen:</u> Many thanks That's very clear now</p> |
| Councillor - Winton | Margaret Morris | <p><u>Email from Cllr Morris:</u> Steve Scrutiny panel Does not meet until the first Wednesday in March. It would be useful to know the reason why. I must declare an interest as one of the practices is the one I attend I do feel it is short notice though.</p> <p><u>Email from Steve Dixon:</u> Hi Margaret The two weeks' period for stakeholder engagement is the standard timeframe for the CCG to consult on proposed GP practice mergers. However, given that Health Scrutiny is meeting on 4th March, then</p> |

Responses from stakeholders

| | | |
|--|----------------|---|
| | | <p>that would be an ideal time to have a conversation at your Health Scrutiny committee on this for you /scrutiny to feed into the process.</p> <p>Harry has agreed to come along to Health Scrutiny on the 4th March to explain a bit about the process for proposed GP practice mergers- and also to give a bit more detail on these specific 3 proposals in terms of the reasoning behind the requests.</p> |
| St Andrews Medical Practice 2 | Dr Tom Tasker | I'm supportive of the proposed mergers. (COI noted for myself!). |
| St Andrews Medical Practice 2 | Dr Pete Budden | No objections to any of that |
| Salford & Trafford Local Medical Committee (LMC) | Eve Mannerings | The LMC support the mergers. |