

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
<p>Current GP practice partnerships:</p> <ol style="list-style-type: none"> 1. Aylesbury Partnership 2. Princess Street Group Practice 3. Walworth Partnership 4. Bermondsey & Lansdowne Medical Mission Partnership <p>Lead officer contacts: Dr Amr Zeineldine (Aylesbury Partnership). Email: amr.zeineldine@nhs.net Ms Catherine Arden (Princess Street Group Partnership). Email : catherine.arden@nhs.net</p>	<p>NHSE (London). Jill Webb, Head of Primary Care. Email: jill.webb3@nhs.net</p> <p>NHS Southwark CCG. Andrew Bland. Chief Officer. Email: andrewbland@nhs.net</p> <p>NHS England and NHS Southwark CCG entered joint commissioning arrangements for primary care on 1 April 2015 and have a joint responsibility for decision making as it relates to the commissioning of general practice services. The statutory responsibility remains with NHS England, the contract holder for the current and future (proposed) contracts</p>

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	<p>Merger of 4 current general practice partnerships listed above into a single partnership to continue to deliver general medical services from 8 current sites. This will result in a merged list size of about 60,000 patients.</p> <p>Currently the partnerships have 4 PMS contracts for the delivery of general practice services from 7 sites. In addition Walworth partnership have an APMS contract (procured for time limited period) for Sir John Kirk Close partnership.</p> <p>Negotiations are underway to have one PMS contract with NHSE (London) as one new partnership. This PMS contract will reflect the PMS contract that will be in use locally within Southwark with other local GP practices. The APMS contract would also be delivered via the new partnership.</p>
Why is this being proposed?	To ensure that patients continue to experience high quality care from our practices whilst ensuring our continued organisational and financial sustainability. The existing

	<p>partnerships have recognised a continuing growth in demand for services that has not been met by growth in funding. To ensure that our high quality care and accessibility continues to be provided we consider that this merger is required.</p> <p>Working at scale from the existing 8 sites we consider that our patients will:</p> <ul style="list-style-type: none"> • Experience greater access to care through a choice of locations and services. • Improving quality of care, reducing inequalities and variation across a larger population. • Benefit from a consistent offer across a significant geographical and population basis. • Continue to receive continuity of care. • Benefit from our ability to identify and implement innovative ways of working at scale. <p>In addition our enhanced organisation will have the ability to:</p> <ul style="list-style-type: none"> • Further develop and sustain a learning environment. • To plan and develop our workforce including exploring new way of working and new roles. • Develop in response to changes in commissioning and health policy and to be part of the transformation of primary care. • To be an active and significant contributor to local health economy • To enhance our support and input into the north Southwark GP federation.
What stage is the proposal at and what is the planned timescale for the change(s)?	<p>Reviewed with patient groups of respective practices and staff over past 12 months.</p> <p>Agreement in principle of all four partnerships to pursue merger.</p> <p>In discussion with commissioners NHSE/CCG regarding approval process to merge general practice contracts. Early indications from the commissioners have been extremely positive.</p>
What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.	<p>Combined value of PMS contracts for all existing partnerships is £7.255 million.</p> <p>The APMS contract value is £720K</p> <p>The value of the contracts will continue in the merged partnership incorporating any changes from planned PMS review in Southwark for 16/17.</p>
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	<p>Already engaged with individual patient participation groups affiliated with each partnership.</p> <p>Consultation and engagement strategy agreed (attached at Appendix A) to engage with our patients, local stakeholders and community. This includes:</p> <ul style="list-style-type: none"> • Common material provided via practice communication methods including website, posters, attachment to existing patient material and leaflets.

	<ul style="list-style-type: none"> • Consultation questionnaire including opportunity to comment, make suggestions and raise concerns will be made available via websites and internal patient communication by end January 2016. • Engagement event planned for patients and local community in February 2016. • Engagement plan to meet/communicate with local stakeholders including: <ul style="list-style-type: none"> a) Local voluntary and other citizen forums including Community Action Southwark, Blackfriars Settlement, Cambridge House, Time and talents, Borough, Walworth and Bankside community councils and Bermondsey & Rotherhithe Community Councils and local faith and community groups b) Southwark Health Watch c) Local ward councillors d) Local acute and community care providers (KCH and GSTT) and SLAM e) Out of hours services and 111 f) LMCs in both Southwark & Lambeth g) Local GP practices and GP federations h) Local faith and community group i) Local Medical Committees in both Southwark and Lambeth j) Local MPs <p>We will use feedback and comments received via our engagement activities to improve our implementation and service development plans. We will also provide updates on changes we make as a result of this work.</p>
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2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	No reduction in current opening times planned for implementation. We are committed to reviewing the current hours and opening times as one partnership and identify any potential to enhance these within our combined resources.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	<p>None in next 3-5 years.</p> <p>There may be opportunities in longer term (e.g. as part of regeneration) to develop new premises to replace existing sites to improve premises and meet projected population growth needs.</p>
Changing methods of accessing a service such as the appointment system etc.	<p>Current systems will be maintained and then improved via the use of more integrated telephony/IT and on-line access to appointments.</p> <p>Consistent offer to be provided to patients across all sites will be implemented within the first 2 years.</p>
Impact on health inequalities across	Current access to these groups will be maintained as

all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	there will be no reduction of current services offered.
3 What patients will be affected? (please provide numerical data) Briefly describe:	
Changes that affect a local or the whole population, or a particular area in the borough.	<p>60,000 patients registered with existing practices at 8 sites in Southwark*:</p> <ol style="list-style-type: none"> 1. Aylesbury Partnership = 20,725 patients at: <ul style="list-style-type: none"> • Aylesbury Medical Centre, Thurlow Street. Faraday ward • Commercial Way Surgery. Peckham ward. • Dun Cow Surgery, Old Kent Road. Grange ward. 2. Bermondsey & Lansdowne Medical Mission. 15,713 patients at: <ul style="list-style-type: none"> • Decima Street Surgery. Chaucer ward. • Artesian Health centre. Grange ward 3. Walworth Partnership. 12,256 patients at: <ul style="list-style-type: none"> • Manor Place Surgery. Newington ward • Sir John Kirk Close Surgery. Camberwell green ward. 4. Princess Street Group Practice. 11,397 at: <ul style="list-style-type: none"> • Princess Street, Elephant & Castle. Cathedral ward. <p><i>*Note: wards indicated are where sites situated, the area where patients live will be a wider geographical area often over a number of wards.</i></p>
Changes that affect a group of patients accessing a specialised service	None
Changes that affect particular communities or groups	None
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	Our vision is to respond to feedback from patients by developing additional points of access which will utilise the internet and on-line innovations, building on our current on-line access.
Reorganising services at a strategic	Working at scale to deliver services from number of sites

level	but having centralised functions such as management, administration, telephony and data within 12-24 months. Also redesigning some clinic/services to be delivered in appropriate settings and locations.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	None in relation to PMS contract. The APMS contract for Sir John Kirk Close will be subject to NHSE re-procurement rules when the contract ends.
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	No impact on other services will result. Over time there is a potential to enhance more integrated working with other local services with our larger organisation and patient population that could improve service pathways for patients.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None.
6 What are the planned timetables & timescales and how far has the proposal progressed ? Briefly describe:	
What is the planned timetable for the decision making	Date proposed for merger start date is 1/7/2016.
What stage is the proposal at?	Seeking approval from commissioners NHSE (London) and Southwark CCG. Project planning stage and implementation of consultation and engagement strategy.
What is the planned timescale for the change(s)	12 -24 months.
7 Substantial variation/development Briefly explain	
Do you consider the change a substantial variation / development?	
Have you contacted any other local authority OSCs about this proposal?	No

Appendix A

Aylesbury Partnership, Bermondsey & Lansdowne Medical Mission, Princess Street Group Practice and Walworth Partnership

COMMUNICATIONS AND ENGAGEMENT STRATEGY

1. Purpose of paper

This paper sets out a proposed approach for communication and engagement with all stakeholders regarding the proposed merger of all practices. This communication strategy is for all stakeholders in the proposed merger – patients, the local community and other health organisations. Engagement of staff in our respective partnerships is already an on-going plan and will also be dealt with as part of a separate Human Resources process which will include TUPE arrangements. An overview of the work plan to deliver this strategy is at Appendix 1.

2. Patient engagement and consultation

Patient engagement will take the form of adopting a common agreed approach in each partnership and delivering these in all current locations. This approach will be to both provide information about the merger but also to consult with our patients to help us address any concerns and comments and to inform future service improvements.

Key messages we wish to engage with our patients are as follows:

- Together we can provide excellent primary care services to the combined patient population of over 60,000.
- Patients will experience greater access to care through a choice of locations and services.
- Our patients will receive a consistent offer of services across a significant geographical and population basis.
- Help us to identify and implement innovative ways of working.
- Improvement of access to our patients utilising different methods of contact.
- We will be an excellent employer and develop and sustain a learning environment.
- We believe that we will be well placed to develop in response to changes in commissioning and health policy and to be part of the transformation of primary care.
- We will be an active and significant contributor to local health economy and our local GP Federation.

A common set of materials will be provided for each practice to use/make available around these key messages. All items will also have links to the on-line consultation. These materials will outline benefits to patients and practices and frequently asked questions.

The following will be made available for all partnerships to use in individual sites:

- Posters describing the merger and inviting comments.
- Flyers that can be used in each site as appropriate. These may be included in any mailings to patients sent out by practices.
- Information to be added to prescriptions, recall letters and other general patient correspondence.
- Information to be added to all practice websites with links to consultation questionnaire.
- Frequently asked questions document available.

- Use of text messages to patients with links to website about the merger.

We are committed that, as part of our strategy, we will also consult with our patients on some key questions in relation to the merger. WE will make available a questionnaire to consult with existing patients as to the benefits, concerns and ideas regarding the merger. This questionnaire will be co-designed with our PPG leads/patients and will be framed around the following key areas:

- Continuity versus easy access.
- Concerns about the proposed merger.
- Ideas and comments on what would make our service better working at a larger scale across 8 different sites
- Suggestions as to how we can deliver services in a better way in the future as a merged organisation.

We will utilise our existing systems to distribute the questionnaire including presentations to PPGs, distribution to patients on our patient participation databases and links on our websites. Any information about the merger as described in the material above will include links to the questionnaire on-line and all practices will have paper versions available. We will analyse the results and review internally and with our PPGs before sharing this with our commissioners. The results will also be made publically available via our websites and will be integrated into our service design and improvement plans during and after transition.

There will be an engagement session organised for all patients who wish to attend to hear more about the merger, consult with on the key questions and to deal with any queries/concerns. We will feedback to those who attended and respondents to the survey who provide us with contact details.

3. Community Engagement

The partners recognise that a wider engagement strategy will take place with the local community within which we will operate. We will:

- a) Contact all local voluntary and other citizen forums to inform them of the proposed merger and to invite questions. These forum will include:
 - Community Action Southwark
 - Blackfriars Settlement
 - Cambridge House
 - Time and talents
 - Borough, Walworth and Bankside community councils
 - Bermondsey & Rotherhithe Community Councils
- b) Liaise with Southwark Health Watch and attend any events or meetings as appropriate.
- c) Open up engagement sessions planned to anyone from local community.
- d) Provide feedback to these groups/forums on consultation process.

4. Engagement with local practices

We will continue with our existing strategy to actively discuss with our local colleagues at all opportunities our plans for the merger. We will take the following approach:

- a) Write to all practices partners to outline our plans.
- b) Continue to offer to share learning local practices/QHS
- c) Discussion with QHS Board (north Southwark GP federation) about proposed merger and to set up mechanisms to review regularly.
- d) Our trainers to raise within their local trainers groups

All partners in our existing partnerships will act as ambassadors for the merger in other forum demonstrating a willingness to be open about our process and deal with any queries or concerns. Such meetings could be trainers groups, Council of members meeting and other practice based meetings.

5. Communication with local community, other stakeholders and partners.

We will have a standard communication to outline the plans with other local stakeholders including community pharmacists, community services and the acute sector. Letters will be sent to key individuals about proposals with details on operational issues to be dealt with separately as part of the implementation process. We will, where appropriate, attend meetings with these organisations. The stakeholders we will address will include:

- SELDOC
- Local acute and community care providers (KCH and GSTT)
- SLAM
- 111 service
- Southwark Council relevant committees such as The Overview and Scrutiny Committee (OSC)
- Southwark Health and Wellbeing Board
- Lambeth and Lewisham CCGs
- Local MPs
- Local Councillors
- Local Medical Committees in both Southwark and Lambeth

6. Media engagement

The practice will, in liaison with NHSE and the CCG, agree a standard press response for any media queries about the proposed merger. A key clinical partner will be identified to deal with press queries and all of our practices will work within this proposed strategy to ensure a consistent and agreed response to any media. Briefings will be provided and agreed with Southwark CCG and NHS England communications team

*Approved Steering Group 19th November 2015 .
Updated 7th January 2016*

Appendix 1. Communications and Engagement overview work-plan – November 2015 onwards

Audience	Who	How	Lead	Date for completion
Existing Patients of partnerships	Patients	Agree promotional materials	CA/Steering group	18/01/16
		Agreed message for all practice materials including website distributed all partnerships	CA/Steering group	18/01/16
		FAQ document produced and available (to be updated as engagement process continues)	CA/Steering group	30/12/15 & on-going
		All materials available in all sites/used in agreed documents	Practice leads	31/01/16
		Review/discuss Practice Patient Participation Groups (PPGs)	Clinical lead in each partnership/PPG chairs. On-going	On-going
		Consultation/engagement questionnaire content agreed	Designed and agreed with PPG chairs/ reps	18/01/15
		Consultation/engagement questionnaire distributed/available all sites/websites	Practice leads	31/01/16
		Questionnaire analysed/FAQs updated Responses to individuals and groups	CA/Steering group	29/2/16
		Engagement event organised between January – March 2016	Dates and venues to be agreed by steering group. Clinical and project leads	24 th February 2016
Local health providers	SELDOC	Letter to Derek Witt and Chair SELDOC board	CA/Steering group	26/02/16
		Information to be provided to key departments as part of merger implementation process	Transition team lead	1/7/16
	King's College Hospital	Letter to key managers and primary care liaison	CA	30/04/16
		Information to be provided to key departments as part of merger implementation process	Transition team lead	1/7/16
	Guy's and St Thomas'	Letter to key managers and primary care liaison		30/04/16
		Information to be provided to key departments as part of	Transition team lead	1/7/16

		merger implementation process		
	South London and Maudsley	Letter to key managers and primary care liaison	CA/Steering group	30/4/16
	Pharmacies	List of key local pharmacies all 4 partnerships.	CA/Steering group	29/2/16
		1:1 contact with key local pharmacies made by clinical leads.		1/6/16
		Standard letter sent to all local pharmacies including FAQ		1/6/16
		Request posters to be placed in key local pharmacies about merger.		1/6/16
	111 provider	Standard letter to 111 contact	CA/Steering group	30/4/16
		Information to be provided to key departments as part of merger implementation process	CA/Steering group	1/7/16
General practice in Southwark	Local practices	Agree communication content for local practices. Clinical and management lead identified to be contacted.	Steering group	26/2/16
		Contact all practices partnerships to outline plans	CA	11/3/16
		Contact Chief Officer of QHS	CA	11/3/16
		Respond to any queries/concerns raised	Steering group	On-going
		Attend any agreed meetings of locality, Council of members, trainers groups and discuss if appropriate	All partners	On-going
Local community	Healthwatch Southwark	Contact manager and engagement officer Southwark to review	CA/Steering group	4/12/15
	Healthwatch Southwark	Attend any appropriate public forums organised by HW	No dates after Sept 2015 – tbc	On-going
	Voluntary/community sector	Contact key voluntary sector organisations by letter to outline merger and attend any meetings as appropriate.	Practice leads	31/12/15
	Local Community Councils	Contact support leads for Bermondsey & Rotherhithe CC and Borough, Bankside and Walworth CC. Provide info and attend meeting(s) if appropriate	CA/Practice leads	31/12/15 Meetings Jan/Feb 16
	Community Action Southwark	Contact CEO to discuss merger and attend any appropriate meetings	CA/Steering group	4/12/15 on-going
	Local residents group	Existing practices identify local residents groups to contact Information provided to residents groups. Attend meetings as appropriate	CA/Practice Leads	31/12/15 Meetings
Other stakeholders and partners	Overview and Scrutiny Committee	Health Lead at Southwark Council	CCG/Steering group	Dec 2015
		Attendance at OSC	Clinical lead(s)	10/2/2016

	(OSC) Southwark Council			
	Southwark Health and Wellbeing Board	Engage/attend as appropriate	CCG/Steering group	29/2/16
		Letter to Chair	Clinical lead	29/2/16
	Lambeth and Lewisham CCGs	Letter to Chairs and Chief Officers		1/4/16
	Local MPs	Named individuals	TBC	1/4/16
	Local Councillors	Named individuals	TBC	1/3/16
	Local Medical Committee (LMC)	Contact Londonwide LMC office	15/12/15	1/3/16
Wider public via media	Any media organisations that approach partnerships	Agreed content of press briefing/information with CCG and NHSE communications leads	CA	30/1/16
		Agreement on clinical lead to respond to media queries d policy cascaded to all partnerships who is to	Steering group	30/1/16
		All partners informed of process for dealing with media queries	CA	30/1/16