

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. Albion Street Group Practice (ASGP) 2. Surrey Docks Health Centre (SDHC) <p>Lead officer contacts:</p> <p>Dr Raj Nair GP, Albion Street Group Practice rajnair@nhs.net</p> <p>Dr Patrick Holden GP, Surrey Docks Health Centre patrick.holden@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 (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	
<p>What change is being proposed?</p>	<p>A merger of 2 current general practice partnerships listed above into a single partnership to continue to deliver general medical services from the 2 current practice sites.</p> <p>This will result in a merged list size of about 25,000 patients.</p> <p>Currently ASGP are a PMS practice SDHC are GMS practice operating from one site.</p> <p>The proposal is to have one PMS contract with NHS England (London), the GP services contract holder, as 1 new partnership. This PMS contract will reflect the PMS contract that will be in use locally within Southwark with other local GP practices.</p>
<p>Why is this being proposed?</p>	<p>To maintain and improve provision of high quality primary medical care consistently to our registered patients, training for future primary care practitioners and ensuring the sustainability of general practice in Southwark providing care tailored to our local population.</p> <p>Our aim is to improve the quality of primary care services we offer to patients by:</p> <ul style="list-style-type: none"> • offering consistent excellent primary care across 2

	<p>sites</p> <ul style="list-style-type: none"> • increasing access using 2 sites • providing a more skilled multidisciplinary team by maximising skill mix and innovative working responding to health care changes and needs <p>Working at scale from the existing 2 sites will allow us:</p> <ul style="list-style-type: none"> • maximise room use across 2 sites • plan for and develop services for the expected population growth of 10,000 in the Surrey Docks area • work closely with the north Southwark GP federation Quay Health Solutions
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>The partners of both practices have agreed to pursue a merger.</p> <p>The partners are in discussion with NHS England and the CCG as co-commissioners regarding the approval process to merge general practice contracts.</p> <p>It is proposed that the merger will take place from 1 April 2017.</p>
<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>	<p>The combined value for the two existing partnerships is £2.25 million</p> <p>As SDHC will be going from a GMS to a PMS contract, the merged partnership will benefit from the increased income available within the PMS contract offer. The new PMS contract will incorporate any changed from the PMS review taking place in Southwark during 16/17.</p>
<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>	<p>A patient engagement plan will be in place before, during and after transition phase.</p> <p>The practices are developing a patient engagement plan which will include:</p> <ul style="list-style-type: none"> • Consulting and discussing the merger with the Chairs of both PPGs to plan the engagement process and to develop a focus group to design the key messages for patients. • Using a variety of methods to consult with patients such as posters, web sites, flyers, texts, messages on prescriptions, emails, open meetings and surveys. • Proactively seeking views of patients who may traditionally be underrepresented by PPG (e.g. parents, those with serious mental health problems, housebound, young adults, patients whose first language is not English and the elderly). • Consulting and attending local community forums (e.g. Canada Water forum, Community council, Time and Talents, dockland settlement).

	<p>The engagement plan will also include communication with local stakeholders including:</p> <ul style="list-style-type: none"> a) Local voluntary and other citizen forums 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) Local GP practices and the GP federations g) Local faith and community group h) Local Medical Committees in Southwark i) Local MPs j) Health Education England k) Staff
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.
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	None in next 10 years as part of this proposed merger. ASGP are discussion with the council, CCG, and NHSE about plans to relocate to a new site in the area to meet the expected increase in population. This is separate to the merger business case.
Changing methods of accessing a service such as the appointment system etc.	There is no current proposal to change the way patients access the practices.
Impact on health inequalities across 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?	Current access to these groups will be maintained as 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>24,186 patients registered with existing practices at 2 sites in Southwark*:</p> <ol style="list-style-type: none"> 1. Albion Street Group Practice = 13,500 patients at 87 Albion St, London SE16 7JX. Rotherhithe ward 2. Surrey Docks Health Centre = 10,683 patients at Blondin Way, London SE16 6AE. Surrey Docks

	<p>ward.</p> <p>*Note: wards indicated are where sites situated, the area where patients live will be a wider geographical area often over a number of wards.</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	<p>The merged partnership will explore new methods of consulting, including but not exclusive to email and video consultations (e.g. Skype) and the increased use of telephone access.</p> <p>The ambition is to provide one click/one contact access for same day telephone triage, utilising integrated IT and telephony</p>
Reorganising services at a strategic level	<p>With a combined list size of 24,000, expected to rise to 35,000 in ten years, we have an opportunity to:</p> <ul style="list-style-type: none"> • deliver holistic services in novel ways e.g. combined patient focused clinics for patients with more than one chronic disease rather than disease focused chronic disease clinics, using a multidisciplinary team • work closely, share staff and the delivery of services with the GP federation (QHS) and other local practices • work with Local Care Networks (LCN) and other staff as part of the local Five Year Forward View <p>The new partnership will work with the LCN to help deliver emerging priorities. We already have strong links with the LCN (one partner is chair). We also have robust links with the federation (1 partner is chair; 3 others work within the federation). Due to our increased size, we would be able to directly deliver or pilot agreed pathways and will continue to work with both the LCN and federations.</p> <p>The combination of population will provide opportunities to increase the specialisation of staff e.g., home visits for people with a learning disability, care navigators and specific case management.</p> <p>There is opportunity for the practices to centralise back office functions such as HR, finance.</p>

Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No.
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 more potential to work with work with LCN and other staff as part of the population based contracts.
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 April 2017.
What stage is the proposal at?	Development of a business case to be submitted to NHSE (London) and Southwark CCG for approval. Development of patient and stakeholder engagement plan.
What is the planned timescale for the change(s)	6 months
7 Substantial variation/development	Briefly explain
Do you consider the change a substantial variation / development?	No, the partnership will ensure that patients can access all services including enhanced and additional services at both sites.
Have you contacted any other local authority OSCs about this proposal?	No