

PRIMARY CARE COMMISSIONING COMMITTEE
Extraordinary Meeting
Agenda

Date of Meeting:	12 January 2022	Time	From	To
			16:00	17:00
Venue:	Virtual Meeting via Microsoft Teams			

Item No	Agenda Item	Papers	Action required	Lead	Time
1.	Welcome and apologies	Verbal	To note	Chair	16:00
2.	Declarations of Interest: (any interest on any issue arising at the meeting that may conflict with agenda items)	Verbal	To note	Chair	16:00
3.	South Reddish Medical Centre Options Appraisal	Attached	To note	GE/KR	16:00
4.	Vaccine Programme Update	Attached	To note	AR	16:50
Any Other Business:					
5.		Verbal	To note	Chair	16:55
Date and time of next meeting:					
	Wednesday 16 February 2022, 15:00 – 17:00, Microsoft Teams Meeting				

Quoracy requirements – three members of the Committee which must include: The chair or vice-chair of the Primary Committee; The Chief Nursing Officer or Chief Finance Officer; and another Lay Member

Membership – 3 x lay members; Executive Nurse; Chief Finance Officer; Stockport Healthwatch; LMC representative; and NHSE representative.

South Reddish Medical Centre Options Appraisal

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Authors):	Gale Edwards & Kim Roberts		
Date:	12 th January 2022	Agenda Item No:	3
Previously Considered by:	Not previously considered		

Decision	x	Assurance		Information	x
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Conflicts of Interests	
Potential Conflicts of Interest:	Any attendees of the meeting that are associated with general practice or a member practice within the CCG
Purpose of the report:	
<p>The purpose of the report is to provide the Primary Care Commissioning Committee (PCCC) with an options appraisal for the future of South Reddish Medical Service in accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance.</p>	
Key points (Executive Summary):	
<ul style="list-style-type: none"> In November 2021 the CCG received a merger application from, South Reddish Medical Centre(PMS) with Heaton Norris Health Centre (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients. Subsequently on the 31st December 2021 the single-handed contract holder of South Reddish Medical Centre informed the CCG of her resignation and termination of her Personal Medical Services (PMS) contract to end on the 30th June 2022. The report considers the available options for the continued provision of primary medical care to the patients of South Reddish Medical Centre, considering several factors such as the key benefits and risk associated of each option. Based on the evaluation of these options the CCG is recommending the Committee consider Option C (Merger proposal) as the preferred option and have prepared a 	

detailed paper on the merger proposal , details of patient engagement including the Equality impact assessment (Appendix 1)	
Recommendation:	
It is recommended that the Primary Care Commissioning Committee:	
<p>1.1. Review the content of this report considering the points raised in relation to the options appraisal</p> <p>1.2. Approved the CCG recommendation that Option C (The Merger Proposal) is the preferred option for the continued provision of primary medical services for the patients registered with South Reddish Medical Centre. Noting the further communication to consider the mitigation of the issues raised and noting the proposed repurposing of the South Reddish site for enhanced health and care provision.</p> <p>1.3. Note and Approve the contractual merger of the two practices onto one contract with a single registered patent list, subject to:</p> <p>1.3.1. South Reddish Medical Centre (Dr Gupta) agreeing to a contract variation to move onto a GMS contract in preparation for the merger</p> <p>1.4. Note and Approve the next steps</p>	
Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	<ul style="list-style-type: none"> • Start well • Live well • Age well • Die well • Lead well
Which corporate objective(s) is / are supported by this report:	<p>The following objectives are: -</p> <ul style="list-style-type: none"> • Continuously improve the quality and safety of care • Support people to remain healthy and independent as long as possible • Improve early identification of health conditions • Reduce health inequalities faster • Empower people to live well & proactively manage long-term conditions • Support people to remain healthy and independent as long as possible • Financial balance across the system • Patients and their families will receive high quality support at the end of life • Implement new and sustainable model of care • Ensure people can access safe, high quality care when necessary
Risk and Assurance:	

List all strategic and high-level risks relevant to this paper	Any relevant risk is detailed in section 2 of the paper and Appendix 1 of the merger proposal						
Consultation and Engagement:							
Patient and Public Involvement:	The Practice have engaged with their registered patients including PRG members and the wider patient population. The process undertaken so far has been to display notices within the practice and on their websites setting out their proposal requesting patients to share their concerns, objections, and feedback. A patient survey link had also been circulated giving patients the opportunity to feed back through this route followed by a virtual patient Zoom meeting held on the 22 nd November 2021.						
Clinical Engagement:	Engagement with PCN Clinical Director and CCG Clinical Lead						
Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	Not yet identified					
	Each cost pressure has been identified in the options considered						
	Expenditure included within CCG Financial Plan	To be confirmed based on approved options					
Performance Impact:	Performance impact is considered low as patients will continue to have access to services or can choose to register with another local practice.						
Quality and Safety Impact:	Increasing future sustainability and maintaining quality and safety is key part of the optional appraisal						
Compliance and/or Legal Impact:	Stockport CCG needs to act within the terms of the Delegation Agreement with NHS England undertaking the functions relating to Primary Care Medical Services. The CCG have followed the processes as set out in NHS England Primary Medical Care Policy and Guidance Manual (PGM)						
Equality and Diversity:							
	Has an equality impact assessment been completed?	Yes	x	No		N/A	
	If N/A please explain why						

1. INTRODUCTION

- 1.1. In November 2021 the CCG received a merger application from, South Reddish Medical Centre (PMS) with Heaton Norris Health Centre (GMS) to create one partnership operating under one GMS contract, with a single registered list of patients.
- 1.2. Subsequently on the 31st December 2021 the single-handed contract holder of South Reddish Medical Centre informed the CCG of her resignation and termination of her Personal Medical Services (PMS) contract to end on the 30th June 2022 subject to the practice remaining viable and including the option to withdraw the resignation should a merger be approved and progressed in time. The GP noted the grounds for

resignation being unable to deliver the terms of her contract due to increased challenges with the workload becoming unsustainable and potentially unsafe.

- 1.3. The purpose of the report is to provide the Primary Care Commissioning Committee (PCCC) with an options appraisal for the future provision of services to patients registered at the South Reddish Medical Service in accordance with the NHS General Medical Services (GMS) regulations and NHSE Primary Medical Services (PMS) policy and guidance manual with the context, information and tools to safely commission and contract-manage primary medical care contracts. The content of the PGM is based on the relevant regulations CCG's are required to work in line with the PGM when undertaking delegated commissioning decisions.

1.4. Practice Details

	South Reddish Medical Centre
No of GP partners	1
Registered Population	3,600
Contract type	PMS
Practice Address	South Reddish Medical Centre Reddish Road Reddish Stockport SK5 7QU
Practice Code	P88610
CQC rating	Good
GP patient Survey rated as good (National average 80%/CCG average 86%)	91%
QOF achievement rating 20/21	99.28%
Flu uptake 65+ (20/21)	87.4%
Flu uptake Under 65 at risk (20/21)	66.1%
LD Health Check Performance 20/21	100%
SMI Health Check performance (National target 60%) Q2 21/22	50%
Cervical Smear performance 20/21 (ages 25-49/50-64)	63% / 75%

2. OPTIONS APPRAISAL

As set out in the PGM guidance, the CCG has 3 available options to explore with regards to the provision of services for the patients of South Reddish Medical Centre. Stockport CCG's Primary Care Strategy supports the vision for a safe, sustainable, and high-quality primary care, that is resilient and seeks to ensure the registered population, neighbouring practices and the wider population have access to similar, equitable services in a safe way.

The options available are:

Option A: To undertake a procurement exercise

Option B: A dispersal of the registered patient list

Option C: To consider the proposed merger application

2.1. **OPTION A:** To undertake a procurement exercise

- 2.1.1. This would require the CCG to carry out a formal tender to find a new healthcare provider to deliver care to the patients of South Reddish Medical Centre via an Alternative Provider Medical Services (APMS) contract.
- 2.1.2. An APMS contract is locally agreed and time limited (typically 10 years plus 5 years) allowing the contract to be reviewed ensuring it remains fit for purpose. It should be noted that the issuing of in-perpetuity contracts such as General Medical Services (GMS) or Personal Medical Services (PMS) are no longer supported due to national directive by NHSE and procurement regulation but the decision remains within commissioner discretion.
- 2.1.3. Requirements would be that the CCG would go to market to undertake a procurement of the South Reddish Medical Centre contract. Providers would be invited to tender for the business with the successful provider being awarded the APMS contract for the Practice. Patients would be invited to remain registered with South Reddish Medical Centre should they so wish.
- 2.1.4.

Benefits
The current South Reddish site could be retained for primary medical care service provision
There is an opportunity for the CCG to test the market for potential providers allowing existing GMS, PMS and new providers the opportunity to establish a practice within the locality.
If a procurement process was undertaken and successfully completed the currently employed staff would be subject to TUPE and would transfer into a new provider organisation.
A wider range of providers are able to hold an APMS contact unlike the rules in respect of a GMS contract.

Risk and challenges	Mitigation
The procurement process can take up to 12 months to complete. There would be insufficient time to complete this process prior to the end of the PMS contract ending. For the caretaker post to be put in place the CCG would have to undertake a market exercise to understand interested parties who have capacity and willing to take on this role, Procurement of a caretaker arrangements could result in additional cost pressures to the commissioner	If the procurement option was progressed the CCG would be required to arrange caretaking cover from July 2022 onwards Should the decision be made to procure the CCG will need to have a robust procurement plan in place and identify how it plans to meet the increased cost of the care taking arrangements required.
Patients will not be able to have continuity of care from the current contract holder and patient expectation will need to be managed	The CCG will need to provide clear communication to patients, all stakeholders and neighbouring practices
There is an increasing trend towards delivery of 'Primary Care at Scale', with the traditional small GP partnership model often recognised as being too small to respond to the demographic and financial challenges facing the NHS.	The CCG procurement process will need to be robust in evaluate bids and sustainability and long-term resilience

It is highly likely that any new provider taking on a general medical services contract would request some form of time limited transition funding to enable the set-up of the new service including some estates cost.	Any transition funding requested during a procurement process would undergo a value for money assessment by the CCG as this funding would be a cost pressure for a short period at the beginning of the contract.
If a procurement process was undertaken but was unsuccessful	The CCG and Primary Care Commissioning Committee would need to reconsider the options available

2.2. OPTION B: A DISPERSAL OF THE REGISTERED LIST

- 2.2.1. In the event that the CCG cannot secure a provider for the South Reddish practice list, the CCG is required to undertake a list dispersal and the existing contract will expire.
- 2.2.2. There are several key steps the CCG will be required to carry out a list dispersal including engagement with other local GP providers and understanding any barriers practices may have in terms of registering additional patients.
- 2.2.3. Careful monitoring of patients registering with alternative providers is required and particular care needs to be done to ensure patients identified as vulnerable have registered elsewhere.
- 2.2.4. The last few years have seen considerable consolidation of General Practice provision locally with the closure and subsequent list dispersal of three long established local single-handed practices in Central Reddish, North Reddish and more recently a practice within Heaton Norris Health Centre. As a result, practices in the locality were impacted significantly with increased new patient registrations and additional workload.
- 2.2.5. There is an option to have a managed list dispersal and sufficient capacity and interest was available in the neighbouring practices to take some or all of the list. Patients registered with South Reddish Medical Centre would be contacted and advised that the practice is to close and provide them with details of the practice that they should register with. In line with patient choice however, patients could register at any practice of their choosing.

Benefits	
Continued access to general medical services for patients as they would be able to register with alternative GP practices (all neighbouring practices currently have open list for registration of new patients)	
Patients would not have a further period of uncertainty whilst a procurement exercise was undertaken; particularly if this is not successful.	
Risk and challenges	Mitigation
Risk of patient challenge and public challenge as this could be seen as a reduction in local services	The CCG would require a clear communication plan and a robust dispersal process providing patient information and adequate

	notice period so that patients are able to make an informed choice of where to register.
There may be some significant impacts for some smaller neighbouring practices to take on high volume of newly registered patients as was evidenced by previously list dispersals in the locality and current recruitment and workforce retention challenges	To minimise this impact the CCG would need to work closely with those practices to ensure stability.
As in previous dispersals the CCG provided financial assistance to support practices receiving significant numbers of patients (increased list size of 5% or more) in the form of a one-off payment. This was in addition to standard payments for newly registered patients under the GP contract. This may be an additional cost pressure to the CCG.	The CCG would need to agree the support to neighbouring practices and consider how the increased cost will be met.
There will be the need for available capacity within the CCG and outgoing provider to carry out the requirements of the dispersal with no disruption to patient care.	Detailed planning and sufficient time and resource will need to be allocated to the list dispersal
Some of the patients registered with the South Reddish practice reside in areas of high deprivation these patients are likely to have high levels of need that may be impacted by a disruption in the continuity of care.	The CCG rationale for dispersal will need to be clear and evidenced. Detailed care planning for vulnerable patients will be needed
There is a Direct Enhance Service (DES) in place that aims to ensure that all care homes are supported by a consistent team of multi-disciplinary healthcare professionals delivering proactive and reactive care, led by named GPs and aligned to the Primary Care Network. Typically, this involves a comprehensive weekly round carry out by named practices. A dispersal and the subsequent practice closure would place more pressure on the remaining network practices in terms of workforce/support required for the care home.	The CCG rational for dispersal will need to be clear and evidenced A reallocation of Care Home provision will need to take place within the PCN,

2.3. **OPTION C:** To consider the proposed Merger application

- 2.3.1. The proposal is to formally merge Heaton Norris Health Centre (GMS) with South Reddish Medical Centre (PMS) to create one partnership operating under one GMS contract, with a single registered list of patients.
- 2.3.2. The proposal of this merger also includes a relocation of the existing services at South Reddish to be co-located with the current practice at Heaton Norris Health Centre with all services post - merger to be delivered from the single premises. The Heaton Norris premises was previously a two practices site and has shared and vacant space to accommodate both practices.
- 2.3.3. Two of the most fundamental issues affecting primary care both nationally and locally which threaten the sustainability of services and employment of staff, resulting in a crisis in general practice relate to workforce and funding.

2.3.4. For the merger to occur some contractual requirements need to be undertaken including:

- 2.3.4.1. A contract variation to the current South Reddish contract to move onto a GMS contract
- 2.3.4.2. On the practice merge date, the P code for South Reddish Medical Centre would fall away with the simultaneous termination of the contract
- 2.3.4.3. The Heaton Norris GMS contract will be varied to incorporate the South Reddish contract

2.3.5.

Benefits
The merger will retain continuity of care as the proposal is for the current contract holder to continue providing services in the new merged practice providing long-term sustainability for services in the area, enhancing resilience, efficiencies, and better use of NHS resources .
All current staffing will be retained transferred via TUPE arrangements, with the opportunity for the merged practice to provide one larger and more resilient workforce with a broader skill mix to meet the needs of the population and to manage any vacant or new post. A merger will enable the practice to better meet the challenges with a wider pool of clinicians and create a more resilient practice with the resources and expertise needed to manage all the demands of general practice, both clinically and administratively.
The new partnership will be able to offer an enhanced GP experience, including South Reddish Medical Centre patients being able to access additional services that may not have previously been available to them at the current practice site including services Spirometry, 24 hr ABPM, Discharge to Assess , Family Planning - Coils & Sub-dermal Implants
It is also expected that the merger will enable better stability and growth and contribute to the sustainability of primary care services in line with the Long Term Plan for sustainable general practice delivered across larger footprints.
The Heaton Norris estate has spare capacity since the closure of a co-located GP Practice in 2016/17. This will make more effective use of the NHS estate.
The practices and their teams have been working more closely with colleagues in other practices across the Tame Valley primary care network enabling them to offer a greater provision of proactive, personalised, coordinated integrated health and social care. During the pandemic this allowed them to work well together supporting each other through the sharing of clinical meetings, clinical protocols, and operating policies to proactively care for the people and communities they serve.
The successful collaborative working across the PCN member practices will be retained allowing the PCN to further develop its ambitions of improving population health and deliver proactive personalised care without added challenges of local practice closures
The proposal is to repurpose the current South Reddish site for enhanced health provision.

Risk and challenges	Mitigation
Some South Reddish patients may have difficulty travelling to the Heaton Norris site, due to limited public transport Also the walking access to Heaton Norris, (walkway under the roundabout) may be difficult for some patients	Patients will retain the choice to register with other practices within close proximity of the South Reddish site, including the branch site of the Family Surgery Practice which is next door to the existing South

	Reddish premises. The Family Surgery has capacity to take on a larger practice list.
The impact of the relocation and the utilisation of the building no longer available for provision of primary medical services. This is a potential loss to the community of South Reddish Medical Centre as a health and care community asset.	The CCG is actively seeking to repurpose the South Reddish site to deliver PCN services for the whole PCN population, e.g. phlebotomy, extended hours appointments and as a possible Covid-19 Vaccination site.
The contract merger and relocation may cause a significant impact to patients who share protected characteristics or the wider practice patient population	The EIA has shown there may be some negative impact to the re-location for those who live a further distance away from the Heaton Norris Health Centre site or who rely on public transport to travel

Practice Details	Heaton Norris Health Centre	South Reddish Medical Centre
No of GP partners	4	1
Registered Population	7,400	3,600
Contract type	GMS	PMS
Practice Address	Heaton Norris Health Centre Cheviot Close Heaton Norris Stockport SK4 1JX	South Reddish Medical Centre Reddish Road Reddish Stockport SK5 7QU
Practice Code	P88011	P88610
CQC rating	Good	Good
GP patient Survey rated as good (National average 80%/CCG average 86%)	85%	91%
QOF achievement rating 20/21	100%	99.28%
Flu uptake 65+ (20/21)	79.6%	87.4%
Flu uptake Under 65 at risk (20/21)	59%	66.1%
LD Health Check Performance 20/21	43%	100%

SMI Health Check performance (National target 60%) Q2 21/22	66.7%	50%
Cervical Smear performance 20/21 (ages 25-49/50-64)	74% / 74%	63% / 75%

Additional and enhanced Services	Heaton Norris Health Centre - Dr Marshall & Partner	South Reddish Medical Centre - Dr Gupta
Enhanced and additional services delivered by the practice	<ul style="list-style-type: none"> • Spirometry • 24 hr ABPM • Discharge to Assess • Family Planning - Coils & Sub-dermal Implants • NHS Health Checks • Shared care – specialist drug monitoring denosumab • Travel Vaccinations • Ante Natal services • Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid-19 Vaccinations • Minor surgery (all) • Learning Disabilities Health Checks • PCN developed services • Weight Management • Long Covid • SMI Health Checks • Smoking Cessation 	<ul style="list-style-type: none"> • NHS health Checks • Shared Care – specialist drug monitoring DMARDS • Travel Vaccinations • Ante Natal services • Childhood & Seasonal Influenza vaccinations • Childhood immunisations • Covid-19 Vaccinations • Minor surgery (Joint Injections only) • Learning Disabilities Health Checks • PCN developed services • Weight Management • Long Covid-19 • SMI Health Checks • Smoking Cessation

3. PATIENT SURVEY AND STAKEHOLDER FEEDBACK

3.1. The Practices have engaged with Patients registered at both Heaton Norris and South Reddish, including PRG members and the wider patient population. The process undertaken so far has been to display notices within the practices and on their respective websites setting out their proposal to merge, requesting patients to share their concerns, objections, and feedback. A patient survey link had also been circulated giving patients the opportunity to feed back through this route followed by a virtual patient Zoom meeting held on the 22nd November 2021.

3.2. For those patients who may be digitally excluded and may not have the IT access to share feedback virtually, the practices have promoted the use of the comments and suggestions box in the waiting room as a way of ensuring everyone is able to contribute their views and feedback.

- 3.3. The patient survey questionnaire had over 350 patients respond (3.2% of total list size) with over 150 individual feedback comments. The split of patient responses between the 2 practices cannot be identified.
- 3.4. Over 69% of the survey responses recognised that the proposed merger could help to offer a greater range of services to the patients post merge, with 78% of respondents understanding the reasons for the proposed merger.
- 3.5. Whilst 59% didn't have any concerns on accessing healthcare following the merge, the remaining 41% (144 patients) had some concerns on the below themes. These have been addressed within the attached Equality Impact Assessment.
- 3.5.1. 26 patients – how they would contact the practice
 - 3.5.2. 24 patients – where would their prescription go
 - 3.5.3. 31 patients - if they would lose access to any services
 - 3.5.4. 72 patients – getting to Heaton Norris Health Centre
 - 3.5.5. 54 patients – other, with the most common theme being concern on the ability to easily access appointments as part of a larger practice with ability to see their previous GP or HCP post-merger
- 3.6. The survey indicated that the following were important to the patients:
- 3.6.1. 87% - quality of care
 - 3.6.2. 39% - location
 - 3.6.3. 38% - opening times
 - 3.6.4. 61% - access to a doctor
 - 3.6.5. 44% - access to a nurse
- 3.7. The zoom meeting held on 22 Nov 2021 had over 20 patients in attendance (advertised to all patients in the newsletter) also attended by GP's from both practices. The GP's set out the reasoning for the proposed merger due to the current challenges, the patients in attendance were very supportive. Questions raised were addressed at the meeting with these now being collated and will be shared alongside the outputs of the patient survey. No significant issues were raised at this meeting.
- 3.8. The practices are planning to re-start the face to face Patient Reference Group when safe to do so, as a medium to continue their engagement with their patients on changes and new service developments
- 3.9. Tame Valley PCN and the LMC are supportive of the merger
- 3.10. Healthwatch – no response received to date

4. CCG RESPONSIBILITIES

- 4.1. The NHS England Primary Medical Care – Policy and Guidance Manual (PGM) sets out the process that should be followed when considering a merger. Where a practice merger requires amendments to the practice contracts, the final commissioning decision on whether contracts should be amended to effect the proposed merger, lies with the Commissioner (NHSE) and forms part of Stockport CCG's delegated functions. There are a number of important issues that need to be considered, prior to giving consent.

4.2. CCG considerations made as recommended in the NHSE Policy and Guidance manual

Benefit to Patients	Comments
Patients access to a single service.	The merged practice will operate from the one site with patients able to access all available combined appointments. The CCG have been assured by the practice there will be no reduction in available appointments across the merged practice.
What would the practice boundary be (inner and outer)	The two practices already effectively operate a shared practice boundary, and the proposed merger will be an amalgamation of the two original identified practice boundaries.
Assurances that all patients will access a single service with consistency across provision i.e. home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on, single IT and phone system.	<p>The practices have provided assurance that there will be a merged clinical system and a single point of access for patients. The new merged practice will have equity of access available to all patients</p> <p>The merged practice will have a consistent offer to all registered patients including home visits, booking of all appointments and provision of enhanced services including extended hours with no detrimental impact on patients or a reduction in services.</p> <p>The practice has arrangements in place to merge operating procedure and booking system for patients. It is expected the streamlined process will reduce duplication and support improved process and culture and will help with continuity of care.</p>
Premises arrangements and accessibility to those premises to patients.	The merged practice plans to operate from the Heaton Norris existing site and will maintain their current opening hours. Noting the EIA mitigation for patients that have may have access challenges to the new site
Proposed arrangements for involving patients about the proposed changes, communicating the change to patients and ensuring patient choice throughout.	The Practices have engaged with Patients registered at both Heaton Norris and South Reddish, including PRG members and the wider patient population. The process undertaken has been to display notices within the practices and on their respective websites/social media, emailing this information via a newsletter to all patients with a valid email address setting out their proposal to merge, requesting patients to share their concerns, objections, and feedback. A patient survey link had also been circulated giving patients the opportunity to feed back through this route followed by a virtual patient Zoom meeting held on the 22 nd November 2021. A summary of this and outcomes are shown below. The

	<p>merger will not limit patient choice as patients will retain the choice to register with other practices and there are other practices within close proximity of the South Reddish site, including the branch site of Family Surgery Practice which is next door to the existing South Reddish premises</p>
How the proposed merger is intended to benefit patients.	<p>The practice intends to expand their clinical capacity and will explore the opportunity to provide additional services from the new practice site. In addition, a combined practice would be able to offer a greater range of services to the patients of both practices including coils and implants, ante natal and post-natal care, spirometry, minor surgery, 24-hour ABPM monitoring and phlebotomy.</p> <p>All practices within the PCN have open registered list and have indicated capacity for new patient registrations. Both practices will support patients with finding a new practice should this be their choice.</p> <p>Patients will benefit from a larger and therefore more resilient team of healthcare staff who have been working together across both practice. The merger will help to reduce the burden of the practice teams by having to operate different clinical systems and processes. This will reduce duplication of work by working as one, thus allowing clinician time to be focused on clinical care.</p> <p>The intended outcomes also include the provision of an improved and equitable service to patients in both practices and to increase the viability and sustainability of these practice.</p> <p>In recent months it has become clear to both practices that a closer working relationship would provide the opportunity to develop a more robust clinical and clerical staffing structure which should be more attractive when recruiting prospective GPs and Nurses.</p>

Financial Impacts	Comments
Financial arrangements – the impact of Directions under the Statement of Financial Entitlements, or any specific terms included in the individual contracts.	Financial arrangements for the merged practice would remain in line with the Statement of Financial Entitlement (SFE) and would be equitable with other practices within the CCG. The merger will not impact the practices as the SFE is a national directive which underpins the way payments are made to practices. There is no financial benefit to being on a PMS contract vs GMS contract and therefore a move to a GMS contract should not have any negative impact on South Reddish Medical Centre

	<p>Both practices are part of the Local Commissioned contract and this will not be impacted by a merge list</p> <p>No specific financial support has been requested by or provided to the practices to support this merger process. The current rent and rates reimbursement from the CCG for both locations will change and reduce when the practices relocate to the Heaton Norris site.</p>
Premises reimbursements	Rent reimbursement and reimbursable costs will be based upon the current levels in accordance to premises regulations
Locally commissioned services and out of hours opt-outs/improved access arrangements.	It is anticipated that extended hours will continue in line with current arrangements. Care home alignments remain as before as both practices remain within the Tame Valley PCN. There will be no impact to Locally commissioned services, OOH opt out or improved access arrangements as a result of the merger.
Enhanced services.	It is the responsibility of the 2 practice to consider the impact on payments for the merged practice in relation to QOF, enhanced services etc. However, the CCG expectation is that current commissioning arrangements will include provision of all enhanced services that are provided within and patients will be able to access a greater range of services. The merged practice will be expected to maintain membership of the Tame Valley PCN and be responsible for its delivery of the service specifications required as part of the PCN DES.
IM & T cost to merge data bases	The cost of the database merge is circa £3k with this cost usually being met by the CCG.

5. PRIMARY CARE NETWORK

- 5.1. Following the merger, the practice would continue to be a member practice of the Tame valley PCN with an updated PCN agreement to reflect the changes. The PCN will be required to inform the CCG of the variation in membership practices for submission to the national team.
- 5.2. The PCN additional roles scheme will not be impacted as both practices are within the same PCN and the merged practice will be entitled to their fair share of additional staffing as before.
- 5.3. Both practices are part of the Tame Valley PCN and the merger of these 2 practices will positively strengthen the existing working relationships of the member practices to deliver on the specifications of the PCN DES

6. EQUALITY IMPACT ASSESSMENT

- 6.1. An Equality Impact Assessment (EIA) has been carried out (Appendix 1). The contract merger and relocation will not cause a significant impact to patients who share protected characteristics or the wider practice patient population as it will not result in a reduction in the provision of services or clinical and administrative staff. Both practices have stated that they intend to explore how the merger and subsequent relocation will present them with an opportunity to expand on the services that they currently provide.
- 6.2. There are a number of practices within close proximity to the existing practice locations. Patients who are less mobile or who would find it less convenient to attend appointments at the new site will be supported to register with another practice should they wish to do so.
- 6.3. It is recognised there may be a negative impact for those who are elderly with poor mobility or those with disabilities and their carer's who are reliant on public transport. The Stockport Car Scheme was widely used for patients to access Covid-19 vaccinations at alternative sites during the pandemic and this will be available for this cohort of patients who may be impacted.
- 6.4. The feedback received during the patient engagement sessions and from the patient survey has been reviewed. Those who are expected to be impacted the most, are patients who are reliant on public transport or live a much further distance to the Heaton Norris Health Centre. However, as stated before there are bus stops nearby with a short walk or patient choice to register elsewhere including the branch surgery of the Family Practice on the existing South Reddish premises site (next door)
- 6.5. Consideration has been given to the vulnerable patient cohort and any additional support that may need during the transition. Consideration has also been given to providing alternative options for engaging with persons who are digitally excluded may not have access to virtual platforms such as Zoom to participate in the patient information sessions or receive text messaging and other digital communication.

7. RECOMMENDATIONS


It is recommended that the Primary Care Commissioning Committee:

- 7.2. **Review** the content of this report considering the points raised in relation to the options appraisal
- 7.3. **Approved** the CCG recommendation that Option C (The Merger Proposal) is the preferred option for the continued provision of primary medical services for the patients registered with South Reddish Medical Centre. Noting the further communication to consider the mitigation of the issues raised and noting the proposed repurposing of the South Reddish site for enhanced health and care provision.
- 7.4. **Note and Approve** the contractual merger of the two practices onto one contract with a single registered patient list, subject to:
 - 7.4.1. South Reddish Medical Centre (Dr Gupta) agreeing to a contract variation to move onto a GMS contract in preparation for the merger
- 7.5. **Note and Approve** the next steps

8. NEXT STEPS

- 8.2. The CCG will work with all system partners to mitigate, wherever possible, the risks relating to the chosen option determined by the Primary Care Commissioning Committee.
- 8.1. Consider commissioning and contractual impacts following the committees' decisions
 - 8.2. Inform the practices of the Committee decision
 - 8.3. Further communication to consider the mitigation of the issues raised to service users
 - 8.4. Progress the repurposing of South Reddish site for enhanced health provision
 - 8.5. Inform GM shared services and the CCG IM&T on the outcome of the PCCC decision
 - 8.6. Inform the PCN of the outcome of the PCCC
 - 8.7. Inform NHSE of changes to the PCN membership (if applicable)
 - 8.8. Inform FT community teams and wider stakeholders on the outcome of the decision (if applicable)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment		
1.	Name of the Strategy / Policy / Service / Project	The merger of contracts of two Stockport practices, to form a single GMS contract, South Reddish Medical Centre currently operating under a PMS contract and Heaton Norris Health Centre currently operating under a GMS contract.
2.	Champion / Responsible Lead	Kimberly Roberts

3.	What are the main aims?	It is proposed that there will be a formal merger of two practice contracts, which will create one partnership operating under a single GMS contract, with a single registered list of patients. The proposal of this merger also includes a relocation of the existing services at South Reddish to be co-located with the current practice at Heaton Norris Health Centre with all services post - merger to be delivered from this single premises.
4.	List the main activities of the project:	<ul style="list-style-type: none"> • Review of merger business case/application form • Review of patient engagement outputs and on-going engagement plans throughout the process • Review and assurance of NHS guidance procedures • Assessment of Equality Impact • Request CCG approval through Primary care Commissioning • Stakeholder approval sought • Commission GMSS to carry out merger with CCG IM & T support
5.	What are the intended outcomes?	<p>South Reddish Patients will be registered with the new merged practice and there will not be a reduction in services or clinical and administrative capacity, as existing services will continue to be provided by the merged practice.</p> <p>The practice intends to expand their clinical capacity and will explore the opportunity to provide additional services from the Heaton Norris site.</p> <p>The Heaton Norris premises will be within walking distance for many patients however there is currently no direct public transport link to the Heaton Norris practice and will impact some patients that are reliant on public transport. However, there are a number of practices within close proximity to, (including an existing branch site of a neighbouring practice on the same plot of land as South Reddish Medical centre) so patients that do not want to move to the new surgery still have the option to register with a practice of their choice as long as they reside within that practice's catchment area.</p> <p>All practices within the PCN have open registered lists and have indicated capacity for new patient registrations. Both practices will support patients with finding a new practice should this be their choice.</p> <p>The feedback received during the patient engagement sessions and from the patient survey has been reviewed. The main impact and concern is for those that rely on public transport however plans are in place to address the concerns that were raised as part of this process (see patient engagement section above).</p> <p>Patients will benefit from a larger and therefore more resilient team of healthcare staff who have been working together across practices. The merger will help to reduce the burden of the practice teams by having to operate different clinical systems and processes. This will reduce duplication of work by working as one, thus allowing clinician time to be focused on clinical care.</p> <p>The intended outcomes also include the provision of an improved and equitable service to patients in both practices and to increase the viability and sustainability of these practice.</p> <p>In addition, a combined practice would be able to offer a greater range of services to the patients of both practices including coils and implants, ante natal</p>

		<p>and post-natal care, spirometry, minor surgery, 24-hour ABPM monitoring and phlebotomy.</p> <p>In recent months it has become clear to both practices that a closer working relationship would provide the opportunity to develop a more robust clinical and clerical staffing structure which should be more attractive when recruiting prospective GPs and Nurses.</p>
IMPACT ON SERVICE USERS		
6.	Who currently uses this service?	Joint practice registered population of 11,000
7.	Are there any clear gaps in access to this service? (e.g. low access by ethnic minority groups)	No
8.	Are there currently any barriers to certain groups accessing this service? (e.g. no disabled parking / canteen doesn't offer Kosher food / no hearing loop)	<p>Some of the concerns raised as part of the engagement with patients are below with potential mitigations for each.</p> <ul style="list-style-type: none"> • <i>How patients would contact the practice</i> – the new merged practice will have a single access point and telephone number including all the functionalities of the new upgraded telephone system • <i>Where would prescriptions go</i> – patients are encouraged to advise the practice of their preferred pharmacy prescription collection point as previously • <i>If there would be any loss of access to services</i> – all services will be maintained with easier access to enhanced services that were not previously provided at South Reddish Clinic • <i>Travel to Heaton Norris Health Centre.....</i>the distance between the 2 practices is 0.68 miles, there are no direct bus routes that stop in front of the Health Centre, however there are bus stops surrounding which may require a short walk to site. This will impact those reliant on public transport. For those able to drive there is sufficient parking including disabled parking to accommodate the increase in list size at this site. • There will be some South Reddish patients who live in the more deprived surrounding areas, that may be disproportionately affected by needing to travel to the new Heaton Norris site. Heaton Norris already has patients from these deprived areas on their registered list. • Ability to easily access appointments as part of a larger practice – there will be no reduction in the combined available appointments, however there is an opportunity for a different skill mix of staffing, and added resilience of workforce • <i>Continuity of care to see previous GP or HCP</i> – all current staff will be retained as part of the merger. Patients will be able to access the GP of choice however there will also be a wider choice of clinicians available to see if preferred

9.	<p>How will this project change the service NHS Stockport offers?</p> <p>(is it likely to cut any services?)</p>	<p>The number of GP practices in Stockport will reduce from 36 to 35 practices with both core and enhanced primary care services retained. and patients from South Reddish Medical Centre will have the added benefit of additional services offered by the other practice and therefore access to these patients will be improved.</p>
10.	<p>If you are going to cut any services, who currently uses those services?</p> <p>(Will any equality group be more likely to lose their existing services?)</p>	<p>There will be no cuts to services</p>
11.	<p>If you are creating any new services, who most likely to benefit from them? (Will any equality group be more or less likely to benefit from the changes?)</p>	<p>All existing services will be retained but there will be a benefit for those patient groups who needed to travel further for family planning advice that will be available at their local practice.</p> <p>Patients of the South Reddish Medical Centre practice will benefit from the local availability of Coil and Implant fitting, ante natal and post-natal care, spirometry, 24-hour ABPM monitoring and Minor Surgery at the Heaton Norris Health Centre on site.</p> <p>A larger practice will enable the further development of the nursing team with the potential of a wider skill set, whilst longer term it is an aspiration of the practice to attain GP training practice status growing the workforce in house.</p>
12.	<p>How will you communicate the changes to your service?</p> <p>(What communications methods will you use to ensure this message reaches all community groups?)</p>	<p>The Practices have engaged with Patients registered at both Heaton Norris and South Reddish, including Patient Representative Group members and the wider patient population. The process undertaken has been to display notices within the practices and on respective websites setting out the proposal to merge, requesting patients to share their concerns, objections, and feedback. A patient survey link had also been circulated giving patients the opportunity to feed back through this route followed by a virtual patient Zoom meeting held on the 22nd November 2021.</p> <p>Future communications will from part of the practice's normal engagement with the Patient Representative Group.</p> <p>As the EIA will be an ongoing process the practice will ensure any disadvantaged groups are communicated with in the most appropriate manner when this is identified at each point.</p>
13.	<p>What have the public and patients said about the proposed changes?</p>	<p>Stakeholders have been supportive on the merger. Most of the patients who responded have been supportive of the merger in recognition on the current strain of general practice and the benefits of the merge in supporting this. Any concerns have been addressed as part of this EIA</p>

	(Is this project responding to local needs?)		
14.	Is this plan likely to have a different impact on any protected group? (Can you justify this differential impact? If not, what actions will you add into the plan to mitigate any negative impacts on equality groups?)	IMPACT	MITIGATION
	<i>Age</i>	<i>Potential negative impact if poor mobility or reliant on public transport</i>	The current practice sites are 0.68 miles apart, access between the sites is available via bus although there would be a small walk to the practice site. Access/transport routes will be communicated regularly to patients alongside the promotion of the use of the Stockport Car Scheme as required if the patient meets the criteria based on independence and low mobility
	<i>Carers</i>	No negative impact expected	Carers and those they care for are able to use the Stockport Car Scheme, and therefore this option will be promoted through the practices for those patients who are having access difficulty post merge
	<i>Disability</i>	<i>Potential negative impact if the patient resides further away from the Heaton Norris premises and relies on public transport for access</i>	Both practices currently offer learning disability annual health checks, this will continue from Heaton Norris Health Centre following the merge. Heaton Norris Health Centre is DDA compliant – ground floor premises Sufficient disabled parking at the front of the building including access ramp to site The full medical record will be transferred with patients as part of the merger to ensure new merged practice have access to the full patient history and are able to fully support patients on-going health needs.

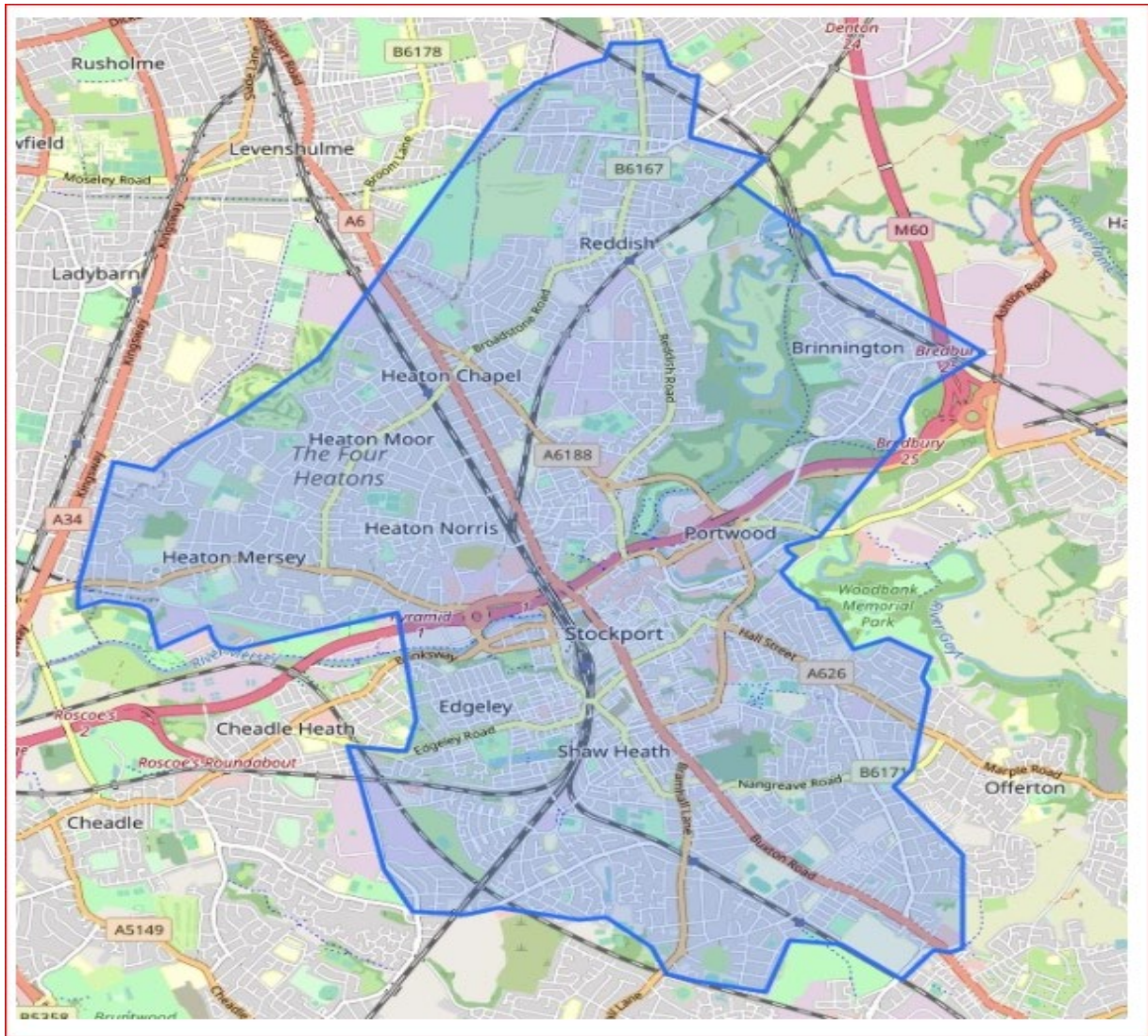
			Other mitigating factors will include patient engagement and communications if required including patient notices within the practices and on website in appropriate formats
	<i>Gender Reassignment</i>	<i>No negative impact expected</i>	
	<i>Marriage / Civil Partnership</i>	<i>No negative impact expected</i>	
	<i>Pregnancy & Maternity</i>	<i>No negative impact expected</i>	South Reddish patients will have access to ante-natal and post-natal services at the Heaton Norris Health Centre site
	<i>Race</i>	No negative impact expected	Patients will continue to be supported with language/interpreter support as required. Information would be available to patients to meet their language needs.
	<i>Religion & Belief</i>	No negative impact expected	
	<i>Sex</i>	No negative impact expected	Access to a wider range of both male and female clinicians (GP/HCP) following the practice merge
	<i>Sexual Orientation</i>	No negative impact expected	
IMPACT ON STAFF			
15.	How many staff work for the current service?	5 GP partners / 4 salaried GP's / 3 Practice Nurse / 1 ANP/ 1 HCA/ 1 Asst Practitioner / 2 pharmacists / 1 Secretary / 17 reception & admin / 2 Practice Manager / 1 Operational Manager / 1 Reception Manager / 1 Apprentice	
16.	What is the potential impact on these employees? (including potential redundancies, role changes, reduced hours, changes in terms and conditions, locality moves)	<p>All staff to be TUPE into new merged contract</p> <p>Only 1 member of the current workforce may be impacted by the site re-location due to transport issues, however this employee has already looked at alternative bus routes to work via the A6 and are now confident access to work will not be an issue for them.</p> <p>Staff engagement has been undertaken with staff from both practices.</p> <p>All other employees either live locally to the Heaton Norris Health Centre site or can drive to work.</p>	
17.	Is the potential impact on staff likely to be felt more by any protected group? If so, can you justify this difference? If not, what actions have you put in place to	IMPACT	MITIGATION

	reduce the differential impact?		
	<i>Age</i>	N/A	
	<i>Carers</i>	N/A	
	<i>Disability</i>	N/A	
	<i>Gender Reassignment</i>	N/A	
	<i>Marriage / Civil Partnership</i>	N/A	
	<i>Pregnancy & Maternity</i>	N/A	
	<i>Race</i>	N/A	
	<i>Religion & Belief</i>	N/A	
	<i>Sex</i>	N/A	
	<i>Sexual Orientation</i>	N/A	
18.	What communication has been undertaken with staff?	Staff have been informed of the proposal to merge the two practices	
19.	Do all affected workers have genuinely equal opportunities for retraining or redeployment?	Yes	
IMPACT ON STAKEHOLDERS			
20.	Who are the stakeholders for the service?	<ul style="list-style-type: none">• PCN member practices• LMC• CCG• Community services teams• Healthwatch	
21.	What is the potential impact on these stakeholders?	Community Nursing Teams have recently agreed to be aligned to PCN level. If the merge is approved, they would need to be notified so they are aware of the changed practice location There will be positive impact to the PCN by having a strong resilient practice able to participate	
22.	What communication has been undertaken with stakeholders?	Stakeholders to be informed via the usual CCG communication channels.	
23.	What support is being offered to frontline staff to communicate	N/A	

	this message with service users / family / carers?	
24.	How will you monitor the impact of this project on equality groups?	All Providers are asked to monitor access to their services by protected groups. The impact on service access will be monitored through the CCG and providers' annual equality publications.
EIA SIGN OFF		
25.	<i>EIAs should be signed off by your Director and attached to policy / strategy documents sent to Governing Body.</i> <i>Your completed EIA should be sent to the corporate services team for publication:</i>	

APPENDIX 2 - Practice Boundary

The two practices already effectively operate a shared practice boundary, and the proposed merger will be an amalgamation of the two original identified practice boundaries.



Appendix 3

Copy of application form for contractual merger



Application form for
contractual merger (H

Vaccine Programme Update

Report To (Meeting):	Primary Care Commissioning Committee		
Report From (Executive Lead)	Anita Rolfe		
Report From (Author):	Anita Rolfe		
Date:	12 January 2022	Agenda Item No:	4
Previously Considered by:	N/A		

Decision	No	Assurance	Yes	Information	Yes
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Conflicts of Interests	
Potential Conflicts of Interest:	N/A

Purpose of the report:
To update on the progress of the Vaccination programme. To advise on the change of SRO from 11 th January 2022
Key points (Executive Summary): Progressing in line with expectation
Recommendation:
Exec Board are asked to <ol style="list-style-type: none"> Note the progress Note the planned handover that is taking place

Aims and Objectives:	
Which Corporate aim(s) is / are supported by this report:	Pandemic Response

Which corporate objective(s) is / are supported by this report:	Pandemic Response
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Risk and Assurance:	
List all strategic and high level risks relevant to this paper	Workforce Capacity

Consultation and Engagement:	
Patient and Public Involvement:	<i>Volunteers are supporting delivery of the clinics</i>
Clinical Engagement:	<i>System wide clinical involvement</i>

POTENTIAL IMPLICATIONS

Potential Implications:							
Financial Impact:	Non-Recurrent Expenditure	None					
	Recurrent Expenditure	None					
	Expenditure included within CCG Financial Plan	Yes		No		N/A	
Performance Impact:	<i>Performance in line with expectations</i>						
Quality and Safety Impact:	<i>Performance in line with expectations</i>						
Compliance and/or Legal Impact:	Compliance with pandemic response expectations						
Equality and Diversity:	General Statement:						
	Has an equality impact assessment been completed?	Yes		No	X	N/A	
	If Not Applicable please explain why						

1. Vaccine Programme Update – Change of Senior Responsible Officer (SRO)

Stockport's Covid Vaccine Programme has been extremely successful over the last 12 months. It has consistently performed well in its delivery of the vaccine, and this is due to the commitment to a team effort from everyone involved.

There has been sustained, significant, support from the wider public and volunteer organisations to commit to working with each of the clinical leads who have been commissioned to deliver the service. There are several models that have developed over time. This flexible approach to what works for local populations has enabled access, increased opportunities to be vaccinated and reduced inequalities in vaccine uptake.

This update is being provided to Primary Care Commissioning Committee to supplement previous progress updates ahead of the changes in Senior Responsible Officer (SRO) from 11th January 2022.

There is to be handover of the SRO from Anita Rolfe, Executive Nurse and Deputy Accountable Officer Stockport CCG to Ben Fryer Consultant in Public Health, SMBC. This planned handover is to enable a focus on the due diligence required for the handover of the CCG quality functions to the new ICB /ICS arrangements.

Whilst not acting in the SRO function, the Executive Nurse and the CCG team will continue to support the delivery of the vaccine programme across Stockport, working closely with all partners to ensure its continued success. The handover will include reference to the current full guidance that is in use and was issued in mid-October 2021. This guidance is the "Standard Operating Procedure Local vaccination (COVID-19) services deployment in community settings: Phases 1, 2 and 3 including vaccination of eligible children and young people (Document reference C1433)".

The Executive Nurse as current SRO would wish to record a thank you to everyone across Stockport who has attended for one of the 600,000 vaccines administered so far. In addition, thanks and praise need to be noted for all those staff in GP practices, community pharmacies, and at SFT, as well as the CCG vaccine PMO team, SMBC Test and Trace Team, SMBC Town Centre Team, CCG and SMBC volunteers, St John Ambulance/RVS/other volunteer organisations, and the military, who have all played an important role in sustaining the vaccine programme offer. Stockport can be proud of its achievements.

2. Current Oversight Arrangements that will continue.

The oversight of the Vaccine Programmes is undertaken by the following mechanisms

- A weekly operational programme management meeting (PMO), that identifies the resources needed to deliver the programme in line with the national guidance as each new phase is announced.
- A weekly meeting with both GP/PCN providers and Community Pharmacy providers of the vaccine clinics to share good practice, highlight any issues that become apparent, share information, and identify the comms that are needed to inform the public. This meeting has been very successful and has

maintained good attendances from all providers. This meeting has provided operational support and problem solving to all providers.

A recent comment received after the weekly meeting said ***“Can I say, as an observer on this morning’s call, how impressed I am with the effort and collective achievements of you all in this vaccination campaign. I think new pinnacle in my 30+ year experience of primary care in Stockport”.***

- A weekly Health Protection Response Board where the progress of the vaccine programme is overseen as part of the Stockport pandemic response.
- A weekly strategic system wide vaccine meeting that focusses on planning the next steps needed as the national guidance is updated.
- Regular progress update reporting to CCG Executive Team, SMBC Leadership Team, Primary Care Commissioning committee and Outbreak Management Board.

3. Current Provision

The Vaccine Programme has experienced an ebb and flow of provision over the last 12 months in response to what has been needed operationally to deliver enough vaccines.

- **Phase 1** - PCN sites delivered high numbers of vaccine at scale and pace in early 2021. There was extra workforce capacity redeployed from the CCG and SMBC to all PCNs as needed, as well as large numbers of volunteers working in their spare time, and support from the military.
- **Phase 2** – A ‘mixed delivery’ model with a reduced number of PCNs vaccinating that was supplemented by the commissioning of community pharmacies to strengthen and diversify the workforce capacity available due to the vaccine programme now becoming a sustained campaign. This phase also enabled the development of targeted pop up offers to improve uptake where there were inequalities in access. The excellent data pack that has been consistently produced by the CCG BI team informed the areas that would benefit from a pop-up site.

Phase 3 – A continuation of the mixed delivery model that has involved all PCNs and several community pharmacies delivering the evergreen offer as well as the booster programme. The scale and pace of vaccination that has been offered across Stockport in phase 3 has been phenomenal. Phase 3 will continue to be delivered into quarter 4 of 21/22. All providers will continue to be offered the support with staffing resource that has been available throughout the programme. Current vaccine programme offers:

- Each PCN has undertaken COVID Vaccine Booster Clinics.
- Community Pharmacies have delivered small medium and large volume clinics. The largest volume clinic has been at Trinity Methodist Church where there has been on average 1000 vaccines per day provided.
- A GP practice has delivered a regular Pop Up from the One Stockport Hub in the town centre.
- The School nurses have vaccinated 12- 15-year-olds in schools.
- Bespoke clinics have been provided for those who may experience a reaction to the vaccine.

- Health and Care Support Workers have been vaccinated with the booster.
- Bespoke clinics at Bredbury Hall for Afghan Refugees.
- Bespoke clinics at The Britannia Hotel for asylum seekers.

4. Handover

There is a formal handover taking place on 11th January, which will enable planning for future phases to take place seamlessly.

5. Recommendations

PCCC are asked to

- Note the progress made to date
- Note the plans for handover

Anita Rolfe
Executive Nurse/Deputy Accountable Officer
Vaccine Programme SRO
Stockport CCG
30th December 2021

End of Documentation Pack