

# Primary Care Commissioning Committee (PCCC)

Date: 26th June 2018

Time: 9.30-12.00

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

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## Agenda item: 6

### Report title: Proposed Merger of Mendip Vale and Sunnyside Surgery

Report Author: Sarah Appleby, Primary Care Support Lead, NHS England, Louisa Darlison, Senior Contract Manager, BNSSG CCG

Report Sponsor: David Moss, Head of Contracts Primary Care, BNSSG CCG

#### 1. Purpose

To update the Primary Care Commissioning Committee (PCCC) on the proposed merger of Mendip Vale and Sunnyside Surgery following discussion at NHS England Direct Commissioning Contracting Group.

#### 2. Recommendations

It is recommended that the Primary Care Commissioning Committee (PCCC) approve the merger of Mendip Vale and Sunnyside Surgery.

#### 3. Background

The full merger proposal and NHS England recommendations are attached at Appendix 1. In summary a merger with Riverbank and the subsequent closure of Wrington Surgery has already been approved in principle. Therefore this merger with Sunnyside seems a logical step to providing wider service and greater resilience within the North Somerset area. However, this may be subject to further patient engagement taking place.

#### 4. Financial resource implications

The financial implications are contained within Appendix 1. In Summary, as Mendip Vale operates under a General Medical Services (GMS) contract, the new contract for the merged practice will be GMS, with Sunnyside Surgery giving up its Primary Medical Service (PMS) contract. For the merger of the clinical systems there will be a cost implication for the GPIT held by the CCG. The GPIT budget has been planned to allow contingency in the capital element for a number of merger

applications at an approximate cost of £20,000 per merger for core/mandated GPIT costs (3 in the North Somerset area), a quote will be sought from the CSU for specific costs for this merger once approval has been given.

## 5. Legal implications

As described in Appendix 1.

## 6. Risk implications

As described in Appendix 1.

## 7. Implications for health inequalities

As described in Appendix 1.

## 8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

As described in Appendix 1.

## 9. Consultation and Communication including Public Involvement

As described in Appendix 1. In summary it is highlighted that patient engagement is light and further information has been requested.

## 10. Appendices

Appendix 1 attached. Please note there are additional appendices within this report.

### Glossary of terms and abbreviations

<b>DCCG</b>	Direct Commissioning Contracting Group
<b>GMS</b>	General Medical Services, a contract for the delivery of primary care services to local communities
<b>PMS</b>	Personal Medical Services, a locally agreed contract that offers local flexibility compared to the GMS contract by offering variation in the range of services which may be provided by the practice
<b>PPG</b>	Patient Participation Group

## DCCG – Request for Decision

*Please use this document as a template for raising decision requests. This document will act as an archived reference tool or as an auditing tool.*

General Information:

<b>Practice Name</b>	Mendip Vale Medical Practice – L81086 Sunnyside Surgery – L81102
<b>Practice Code</b>	As above
<b>Practice List Size as of 1 January 2018</b>	Mendip Vale 26000 Sunnyside Surgery 7351
<b>Number of Partners</b>	Mendip Vale – 8 Sunnyside surgery - 4
<b>CCG</b>	BNSSG CCG
<b>Premises – owned/tenant</b>	Mendip Vale – Main site at Pudding Pie Lane, owned Sunnyside - owned
<b>Premises – does request impact on premises</b>	No
<b>Issue</b>	Proposed Practice Merger

Details of the Issue:

(to include any indication of urgency of decision)

Proposal for a practice merger between Mendip Vale and Sunnyside Surgery – application was to merge with effect from 1<sup>st</sup> July 2018, noting that the underpinning contractual, finance and IT work would not be completed with this timescale. 1<sup>st</sup> September is more realistic and therefore the proposed date.

This paper has been split into 3 parts:

- 1) PMS to GMS
- 2) Practice Merger
- 3) Boundary Change

Information provided by the provider/contract holder:

<b>Practice Name</b>	<b>Number of partners</b>	<b>Contract Type</b>	<b>Registered Population</b>
Mendip Vale Medical Practice	8	GMS	26000
Sunnyside Surgery	4	PMS	7351

**PHARMACY/MEDICAL/DENTAL/OPTOM**

Mendip Vale Medical Practice (MVMP) operates from several sites, all geographically near to Sunnyside Surgery (SSS) in Clevedon, with Yatton being around 4 miles away and the practice boundaries overlap. MVMP was formed in October 2015 with the merger of Yeo Vale and Wrington Vale Practices, and grown further in October 2016 with the addition of the St Georges Practice. The Partners of both organisations have a good understanding of the need to deliver in innovative ways, utilising multi-disciplinary teams to provide safe and cost effective patient centred services. The lessons learnt by the partners of MVMP from previous mergers put us in a strong position to bring together the two Practices, and provide patients with caring, convenient and sustainable healthcare. The partnerships both feel this is the right time to work at scale to shore up their strengths.

The practices are both successful and currently delivering safe and effective care for patients. However, the partners recognise that increasing demands, the reduction on the PMS contract value and the viability of Sunnyside as a 7000 patient practice mean making changes now so services continue to be easily accessible and adaptable to the needs of the population we serve.

MVMP and SSS are able to see the opportunities of combining their services into a sustainable and thriving group of practices to enable the deliver the quality care both now and in the future.

**Benefits of Proposed Merger for Patients**

Patients will have wider choice of where they would like to be seen, and have access to services across all the sites. We have found from our recent merger with St Georges patients like being able to select where and when they will be seen. Whilst someone may live close to a particular surgery they may work closer to another, the flexibility to select any site is a positive benefit. We of course recognise the importance in continuity of care, and also promote for patients with complex long term conditions to see the same clinician where ever possible.

Patients will have access to a larger GP, ANP, Nurse, Pharmacists and HCA team. This will again see a wider service provision, as our teams all have specialist interests and additional skills. Having GPwSI can mean than patients do not have to be referred into the acute sector and can receive their care closer to home. For example with have a GP with a special interest in dermatology so he is able to support his colleagues with his knowledge and offer an opinion which can reduce waits for services in the acute, is more convenient to patients and saves the healthcare economy money.

The extended access provision across the Practices will see all patients benefit from being able to access their GP, Nurse or HCA on early mornings, into the evening and on Saturdays. This is something that a small Practice in isolation will struggle to provide, whereas in a large group this service already is up and running, reducing pressure on OOH providers and ultimately Emergency Departments.

Our recent move to a single telephone number and large hubs has seen a significant reduction in patients waiting to get through to the Practice. Wait times have fallen from over 6 minutes to less than 2 minutes, this has improved patient experience and reduced complaints. We will be able to incorporate the Sunnyside patients into this system very easily early on.

We provide a Nurse led coil fitting service with highly responsive staff that have capacity roll this out for Sunnyside patients.

One of the most important benefits for patients is that this merger will see their services being made secure for the future, with responsive and easy to access clinicians that

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have long term viability. This is exemplified by recently when one of the partners at Sunnyside was off for a planned operation and then a second partner went off due to injury, working in a smaller practice made covering these sessions difficult. By working at scale with 30+ GPs any annual leave or sickness is easier to cover, therefore not impacting on access and patient care.

GP recruitment issues are becoming more apparent at Sunnyside; there is currently a shortfall of 12 GP sessions per week. Mendip Vale has been able to recruit as the benefits from working at scale in a large MDT are attractive to candidates. 2 newly recruited MVMP GPs will work in Sunnyside from July onwards, and MVMP GP Partners are currently providing coverage in the interim.

The benefits of working at scale have enabled MVMP to be successful in the recruitment of two experienced GPs from Somerset. Feedback from a candidate who went to Sunnyside was that they could choose where they worked and the small single site was not conducive to long term carers or work life balance.

**Benefits of the Proposed Merger for the Practices**

Working at scale provides a strong foundation for the effective delivery of services, we have already seen back office savings from previous mergers that have enable us to invest in a large multi-disciplinary team. Using ANPs, Clinical Pharmacists and Nurses both organisations have be able to shift work from GPs, creating more capacity and reducing burn out. Joining workforces will improve the availability of the skills within the large multi-disciplinary team. This way of working has, and will, made us an attractive employer, seeing low staff turnover and relative ease at filling vacancies.

Bringing together two successful Practices will see the services being made robust and therefore more able to weather the current and future demands placed upon it.

We will also continually review the benefits of merging, and measure the success from a variety of sources such as:

- FFT
- Annual GP Survey
- NHS Choices
- SIRI – monthly reviews
- Benchmarking (CFEP surveys)

The Partners are all very forward thinking, looking to see how best to transform services through new ways of working, such as closer working with Hospitals and Community providers. Both practices have been involved in enhanced access Hub working. Through this merger we will be better placed to develop and transform services.

**What type of contract will the practice hold ( PMS or GMS)**

GMS

**Practice Premises and opening hours**

Premises	Address	Opening Hours
Mendip Vale	Pudding Pie Lane	Monday to Friday 08:00 – 18:30 plus
PPL	Langford	Extended access Tuesday AM from
	BS40 5EL	6:30
		Extended access Saturday AM from
		08:30 – 12:30
Sunnyside Surgery	4 Sunnyside Road,	Monday to Friday 08:00 – 18:30
	Clevedon	Extended access Saturday AM from

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	BS21 7TA	08:30 – 12:30
Mendip Vale St Georges	135 Pastures Avenue Worle BS22 7SB	Monday to Friday 08:00 – 18:30 plus Extended access Saturday AM from 08:30 – 12:30
Mendip Vale Yatton	155 Mendip Road Yatton BS49 4ER	Monday to Friday 08:00 – 18:30 plus Extended access Thursday PM from 18:30 – 20:00
Mendip Vale Congresbury	Station Road Congresbury BS49 5DX	Monday to Friday 08:00 – 18:30
<b>Are any changes to the existing premises planned? – If so please give details</b> None		
<b>Are any changes planned to opening hours; if so please give details for each site affected.</b> None		
<b>Please give details of any changes to the Telephone Systems</b>  We would look to have a single system across all the sites. Patients would benefit from having a single number to call; staff would be easily contactable via a single extension system that follows them from room to room. Having 2 main call handling hubs, operating at scale provides resilience during annual leave or sickness and we have recently seen average waiting to be answered times fall from around 6 minutes to less than 2 minutes.		
<b>Please confirm which Clinical System will be used</b> EMIS		
<b>Please confirm the agreed timescales for making any necessary IT changes</b> Data merge for EMIS can be completed over a weekend.		
<b>Details of Consultation already undertaken with patients (It is expected that a degree of consultation has taken place prior to a merger application being submitted)</b> Both PPGs have been actively involved in the initial merger plans, and are supportive of the merge.		
<b>Details of any patient feedback received</b>		
<b>Details of future plans for patient consultation should the merger be approved</b> We are in discussion to merge the PPG groups, and look to build upon the good relationships to involve the PPG in planning what future services can look like. The PPG is keen to undertake patient surveys across the sites to find out what else our patients would expect from their practice, both now and in the future. Use of websites, social media, newsletter and open events across the sites to show the reasons for the merge will continue.		
<b>Details of Consultation with the CCG</b> The merger and the proposed changes to surgery premises have been discussed with Mary Backhouse, Nina Tilton and Debbie Campbell last year, overall they expressed support for the merger.		



Information provided by the (Assistant) Contract Manager:

**1) PMS to GMS**

The proposal is for the merged practice to hold a GMS contract. Since Sunnyside Surgery currently holds a PMS contract, they will need to change to a GMS contract before the merger with Mendip Vale can take place. PMS contract holders have the right to return to a GMS contract. This will need to be factored into the planning of this proposed merger. The surgeries have been informed that the current proposed merger date of 1<sup>st</sup> July 2018 is unachievable.

Once Sunnyside Surgery holds a GMS contract, the 4 Partners will move to the Mendip Vale GMS contract and the Sunnyside contract will be ceased.

**2) Merger between Sunnyside Surgery and Mendip Vale Medical Centre**

Background

This paper is being taken to NHS England Direct Commissioning Contracting Group for initial review and comment. Both practices are in the North Somerset locality, therefore as a delegated CCG, this paper will then be taken to PCOG (Primary Care Operation Group) for initial consideration in advance of the public PCCC (Primary Care Commissioning Committee). Mendip Vale Medical Practice has previously submitted an application to merge with Riverbank surgery which has been approved in principle. This merger with Riverbank will give a list size of 35,601 and should the merger of Mendip Vale and Sunnyside be approved, this will result in a combined list size of 42,952 patients.

Premises

There will be no premises changes with this merger. Mendip Vale currently has one main site and 3 branch surgeries that they are delivering services from. Sunnyside Surgery has one site and services will continue to be delivered from this site if the merger were approved. This site is owned by Sunnyside Surgery. There are also no planned changes to opening times with this merger and extended hours will remain the same.

CCG Comments

This paper is being taken to PCOG (Primary Care Operation Group) for initial consideration on 14<sup>th</sup> June in advance of the public PCCC (Primary Care Commissioning Committee) meeting which will be held on 26<sup>th</sup> June for a decision to be made. The practice has been in touch with various CCG colleagues directly. The practices have been advised that a merger date of 1<sup>st</sup> July 2018 is unlikely and a very short time frame to work with.

Finance – are there any financial implications?



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As Mendip Vale operates under a GMS contract, the new contract for the merged practice would be GMS, with Sunnyside Surgery giving up its PMS contract. For the merger of the clinical systems, there will be a cost implication for the GPIT held by the CCG. The GPIT budget has been planned to allow contingency in the capital element for a number of merger applications at an approximate cost of £20,000 per merger for core/mandated GPIT costs (3 in the North Somerset area), a quote will be sought from the CSU for specific costs for this merger once approval has been given. Please see the information from the finance team at the end of this report (appendix 4).

Dispensing

Neither practice has dispensing rights, so there will be no impact to patients or finances in this respect.

IT system

The clinical system to be used by the merged practice will be EMIS. Mendip Vale is on EMIS Web, with Sunnyside Surgery on EMIS LV. It will therefore be a case of data migration rather than a change of system from either practice with the extra workload, training and costs associated. Data migration will need to be planned in consultation with the CSU IM&T team who have experience and expertise with this. The CSU team will make the booking with EMIS and facilitate the data migration, with the necessary data merge happening over a weekend.

Telephone System

The practices would have a single system across all of the sites; therefore patients would only have one telephone number to call. The practices would have 2 main call handling hubs, operating at scale to provide resilience. This telephone system is in place and Mendip Vale and patients have seen a call waiting time reduction from 6 minutes to less than 2 minutes.

CQC

Mendip Vale Medical Centre received a CQC rating of 'inadequate' in terms of being well-led and 'requires improvement' for safety at their last inspection. The practice put a plan together to rectify this and submitted this to the CQC who approved of the practice plan. The CQC have planned to re-inspect in May 2018 and we are currently awaiting the results of the inspection.

Consultation with patients

The PPGs for both practices have been actively involved in the merger plans and are supportive of this application. This merger has been discussed at 3 PPG meetings with representatives attending from each of the practices PPGs. This allowed any questions or concerns to be raised. The PPG will be actively involved in the planning of the future service and will undertake patient surveys across the sites to find out patient expectation. The practices have displayed information in the surgeries and on both websites.

There has currently only been one objection which came following a letter in the North Somerset Times which states that the surgeries would be closing. A further notice has been displayed by the practices to inform them that is not the case.

If the merger were approved, there would be a larger pool of doctors (30+), therefore some doctors may seem new to patients. Patients should also have access to a wider range of outpatient services, such as orthopaedic/plastic/hip and knee clinics.

A member of Healthwatch is currently part of the PPG, so Healthwatch are aware of the proposed merger plans. The PPG have also run 3 patient drop-in sessions, however these were poorly



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attended. The practices have spoken to Healthwatch to seek advice on how to engage hard to reach patients, however this has not proven fruitful. An article on the proposed merger has also been written in the North Somerset Times.

Speaking to the Communications team for NHS England, proportionate patient engagement could take the form of:

- Liaison with PPGs
- Drop-in events co-hosted by both PPGs
- Posters around both Practices
- Patient information sheet available on the website and in the surgery.

Mendip Vale Medical Practice currently offers a practice car with driver for patients who need an urgent appointment but are not able to get to the surgery. If the merger were agreed, this would be expanded to include the Sunnyside patients in the Clevedon area. The practice is also looking at leasing an additional 4x4 to double this service.

### **3) Boundary Change Request**

The practice boundary for the proposed merger will be the combination of both practice boundaries, however there is a small gap that is currently between the two practice boundaries. The proposal is for this to be incorporated within the practice boundary should this merger be approved. The practice boundary for the agreed merger with Riverbank is also currently included into the map for Clarity: see Appendices 1 and 2.

In terms of patient choice, this could be seen to reduce patient choice; however there are 9 neighbouring practices with 6 boundaries overlapping with the merged boundary of Sunnyside Surgery and Mendip Vale Medical Practice. This proposed merger will however give wider choice to existing patients as they will be able to be seen at any of the sites. See Appendix 3:

This boundary change request would only directly impact on The Clevedon Medical Centre due to the boundary overlap. The Clevedon Medical Centre has been approached and will be discussing this at their next practice meeting on 12<sup>th</sup> June. They were unable to give any comment before this time.

Other Consideration (i.e. have similar decisions been made previously? Has advice been sought from other Local Regional Teams/legal/central colleagues etc.):

A number of practice mergers have been approved across the South West in recent years as practices work more collaboratively together and use the economies of scale to increase practice resilience.

Mendip Vale Medical Practice is a relatively large practice (35,601 Patients, including the merger with Riverbank) following recent merger/procurement of other practice(s). There is a risk that if the practice is not sustainable in the longer term that this could pre-empt a contract hand back and as a bigger provider the impact of this is larger. Conversely it would probably be easier to procure for a larger number of patients and the smaller of these practices may face sustainability issues if it is not able to be part of an at scale model of provision.

Presenter's recommendation:

This is part of the bigger picture for Mendip Vale Medical Centre. The merger with Riverbank and subsequent closure of the Wrington Surgery has been approved in principle, therefore this merger with Sunnyside seems a logical step to providing wider services and greater resilience within the North Somerset area, however this may be subject to further patient engagement taking place.

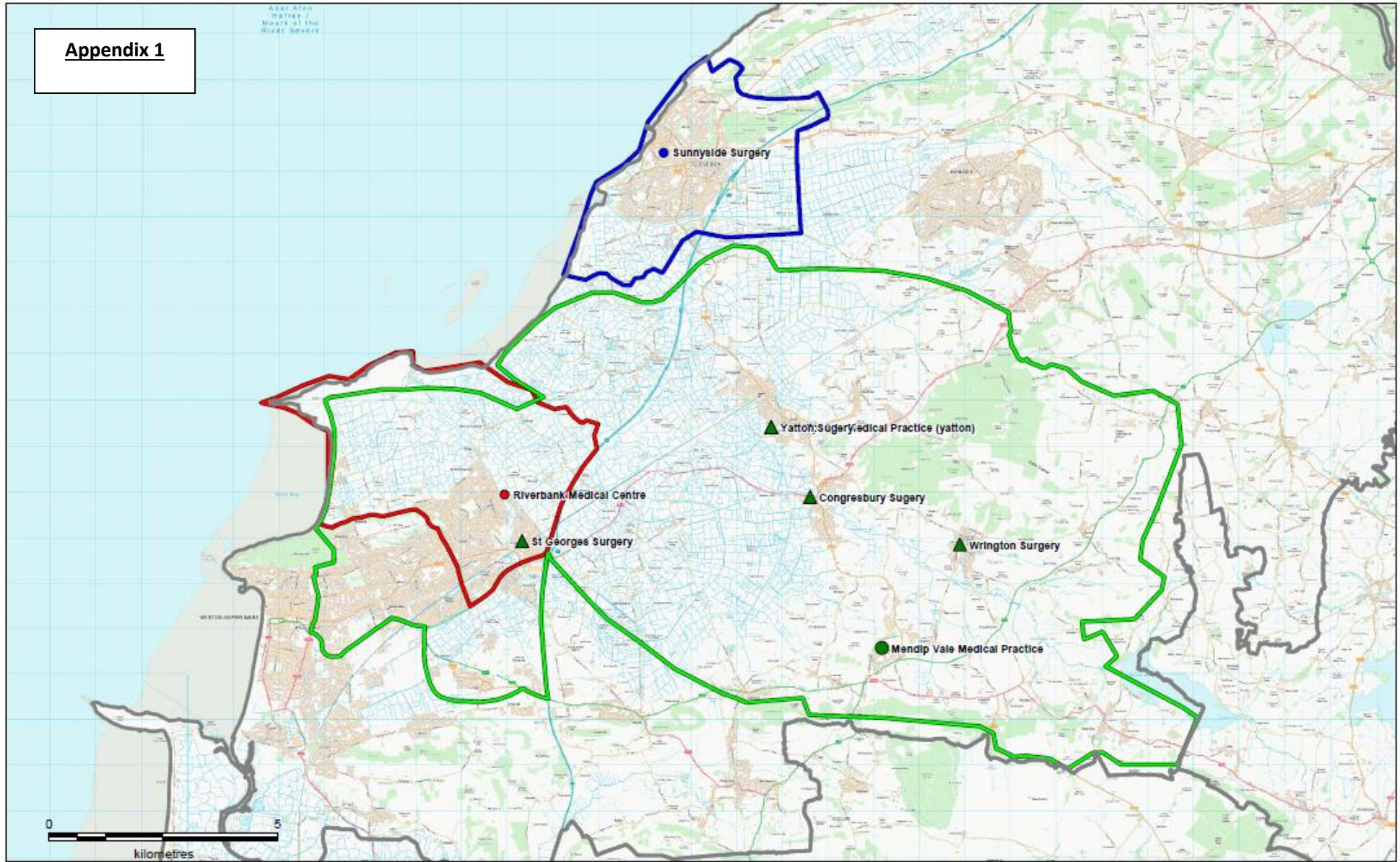
**PHARMACY/MEDICAL/DENTAL/OPTOM**

Given the increasing list size of Mendip Vale as a merged entity it is recommended that as part of the mobilisation of the merger that the risks around the integration of Sunnyside are reviewed with the commissioner regularly in advance of the contractual merger date.

Presenter's name (Assistant Contract Manager/Contract Manager):  
Sarah Appleby

Date: 1<sup>st</sup> June 2018

Appendix 1



Mendip Vale Medical Practice (L81086) and Sunnyside Surgery (L81102)

Practice Boundaries

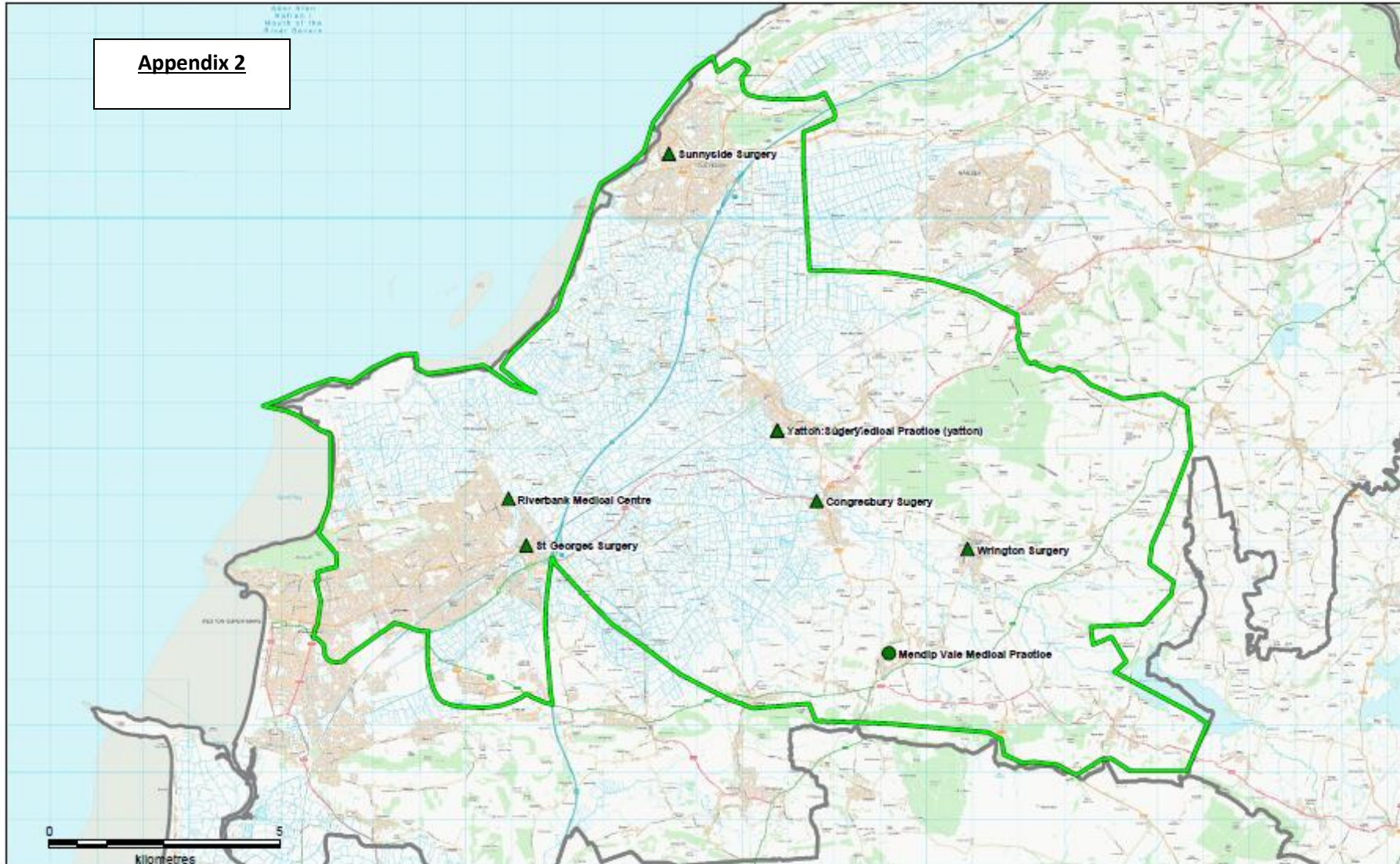
- Mendip Vale Medical Practice
- Sunnyside Surgery
- Riverbank Medical Centre
- Main surgery
- ▲ Branch surgery
- CCG boundary

South, Central and West  
Commissioning Support Unit **NHS**  
 sswcu.healthGIS@nhs.net - 29 May 2018  
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 X:\PROJECTS\IGP\_Practice\CCG\1515 - BRISTOL,  
 NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE\1008  
 L81102\_L81102\_1\_wl\_p0.wor



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Appendix 2



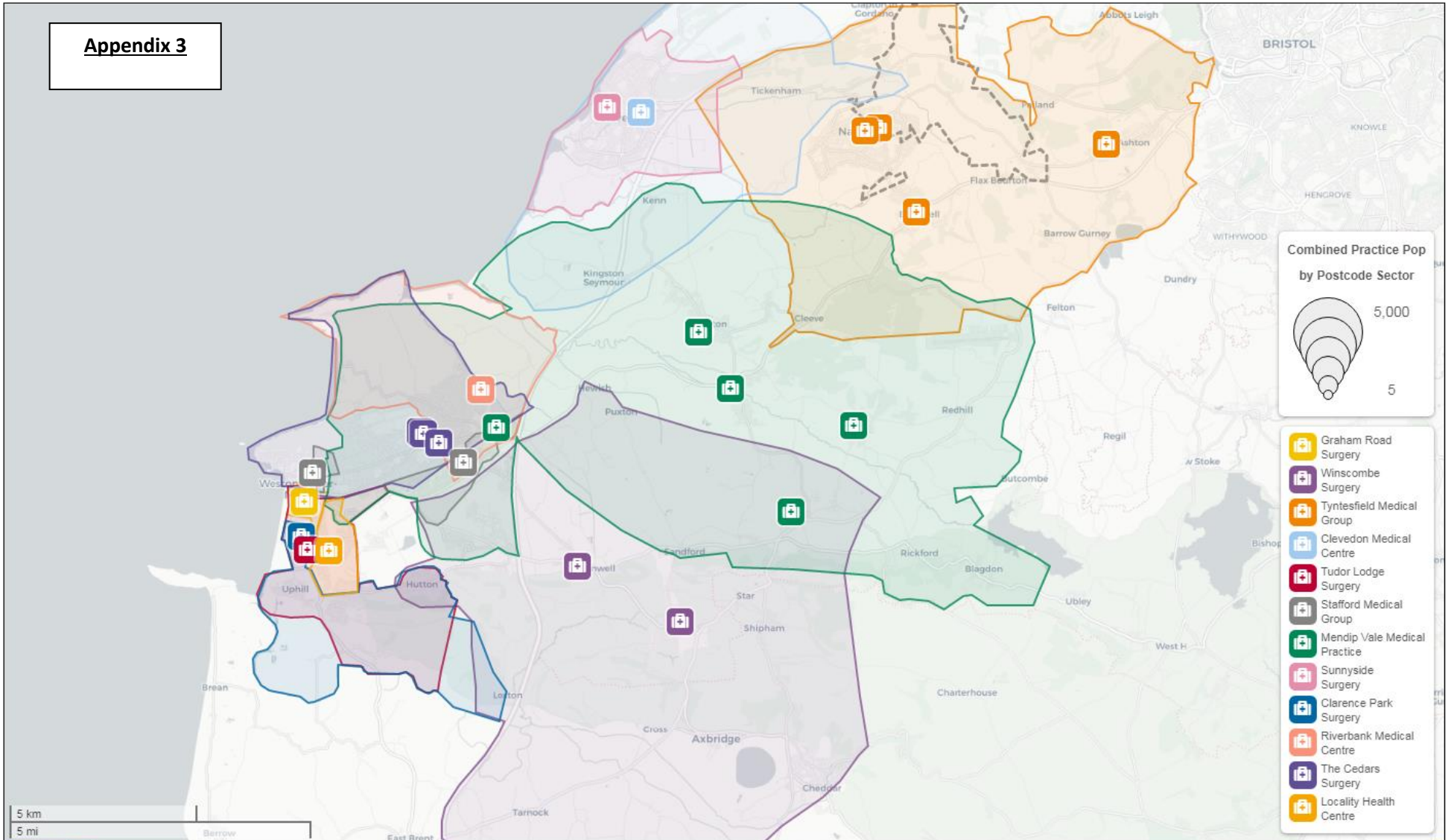
Mendip Vale Medical Practice (L81086) and Sunnyside Surgery (L81102) and Riverbank Medical Centre (L81124)

Proposed combined boundry

- Main surgery
- ▲ Branch surgery
- Combined boundary (L81086, L81102 and L81124)
- ▭ OCG boundary

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Commissioning Support Unit **NHS**  
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NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE  
L81086 L81102 L81124 combined map

**Appendix 3**



**L81086 - MENDIP VALE MEDICAL PRACTICE**

Mendip Vale and Neighbouring Practices



South, Central and West  
Commissioning Support Unit



**PHARMACY/MEDICAL/DENTAL/OPTOM**

**Appendix 4**

Template preparation date		Practice 1	Practice 2	Total for merged practice	Notes
31/05/2018	Practice CCG	North Somerset	North Somerset	North Somerset	
<b>Merger Date:</b>	Practice Code	L81086	L81102	TBA	Ongoing practice code
01/07/2018	Practice Name	Mendip Vale Medical Practice	Sunnyside Surgery	TBA	Ongoing practice name
<b>Clinical systems merger date:</b>	Contract	GMS	PMS	GMS	Ongoing contract
TBA					
<b>Requestor:</b>	<b>Baseline Contract:</b>				
Sarah Appleby	National Global Sum Rate GROSS	£ 87.92	£ 87.92		
<b>Prepared by:</b>	Normalised Weighted List Size as of 01/04/18	25,898.90	7,657.48	33,556.38	
Clare Royle	Global Sum	£ 2,277,031.29	£ 673,245.64	£ 2,950,276.93	
	<b>Temporary Residents Historical Allowance:</b>	£ 6,425.02	£ 3,092.87	£ 9,517.89	Gross value before OOHs deduction. All contracts (GMS,PMS, APMS) would have had a Temporary resident figure & for DTR purposes is included in the contract value. GMS is shown as a separate line in Open Exeter, we calculate PMS & APMS and add to the baseline at the start of the year.
	<b>OOH</b>	-4.87%	-4.87%		
		-£ 111,204.32	-£ 32,937.69	-£ 144,142.01	All our regions have opted not to do Out of hours except Isles of Scilly.
	<b>Other Payments:</b>				
	MPIG 18/19 Value*	£ 12,965.80	£ -	£ 12,965.80	MPIG applicable to GMS practices only ( equivalent to PMS premium). Reduces each year by 1/7 each year until 2020 (Started Apr14), automatic calculation in open Exeter.
	PMS premium 18/19 40% value	£ -	£ 18,664.40	£ 18,664.40	PMS premium only applicable to PMS practices only. Valued fixed as at 01st Oct 15. Reduces over 5 yrs to zero. Last payment March 2020.
	<b>Total Value 18/19</b>	£ 2,185,217.79	£ 662,065.23	£ 2,847,283.01	<b>Annual Contract Value 1819</b>
	MPIG*				
	16/17 Value	25,931.60			
	17/18 Value	19,448.70			
	1/7th Reduction	£ 6,482.90			

## Section 13Q Duty Public Involvement Assessment Form

<p><b>Step 1 - Details of the commissioning activity</b></p> <p>Describe the commissioning activity:</p> <p>Application for Mendip Vale Medical Centre to merge with Sunnyside Surgery with effect from 1 July 2018. Since the practices are currently on different contract forms (Sunnyside is PMS and Mendip Vale Medical Centre is GMS) there will be a need for the Sunnyside Surgery to convert to GMS immediately prior to the merger so that the contracts are of the same type.</p>
<p><b>Step 2 – Identify type of commissioning activity</b></p> <p>Type of activity: <input type="checkbox"/> Planning <input type="checkbox"/> Proposals for change <input type="checkbox"/> Operational decision</p> <p>Proposal for change</p>
<p><b>Step 3 – In respect of proposals for change or operational decisions, assess the impact on service users</b></p> <p>If the plans, proposals or decisions are implemented, would there be:</p> <ul style="list-style-type: none"> <li>An impact on the manner in which the services are delivered to the individuals at the point when they are received by users? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>No</b></li> <li>An impact on the range of health services available to users? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes</b></li> </ul> <p>Explain why you have answered yes or no to the above:</p> <p>The resulting merger would reduce the number of GP practices at which patients could register within the locality. The merger would not result in a change of service provision and opening hours at the Sunnyside Surgery.</p>
<p><b>Step 4 – section 13Q duty</b></p> <p>Does the section 13Q duty apply to the activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes</b></p> <p>Explain why you have answered yes or no to the above:</p> <p>As above</p> <p>If yes,</p> <p>(a) identify any existing arrangements to involve the public which are already in place (national or local involvement initiatives):</p> <p>The practice has engaged with both PPGs who are supportive of the proposal to merge. Information is available in the practices and on the websites as well as an article written in the North Somerset Times. The PPG have held 3 drop-in sessions for patients, but these have been poorly attended.</p> <p>(b) whether it is considered necessary to make further arrangements for this activity and if so what these will be:</p> <p>Confirm whether a further assessment needs to be carried out in future and, if so, when or in what circumstances that will be carried out:</p>



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Discussion as to whether further patient engagement is needed.

Name: Sarah Appleby

Job Title: Primary Care Support Lead

Date: 30<sup>th</sup> May 2018

**If you are unsure as to the answer to any of these questions, seek advice from the relevant team in your region or the Public Participation Team in the national support centre.**

**Completed assessment forms must be retained and will be required for reporting and monitoring purposes.**



# **Equality and Health Inequalities – Screening Tool**

# Document Title: Equality and Health Inequalities Screening Tool

Version number: V1

First published: July 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Equality and Health Inequalities Team, NHS England, 2016.

Prepared by: Equality and Health Inequalities Unit

Classification: OFFICIAL

## Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project or piece of work. It is your responsibility to take this decision having worked through the Screening Tool. Once completed, your director will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Equality and Health Inequalities Unit can offer support where needed. Within the Unit, each team member is aligned to specific policy areas and so you can contact the appropriate “client manager” for your specific policy area. It is advisable to contact us as early as possible though so that we are aware of your project. This could also help facilitate the Publications Gateway process further down the track.

When completing the Screening Tool, we suggest you think about the 10 Corporate Priority Areas for NHS England as outlined in the NHS England Planning Guidance for 2016/17 and how your work aligns to one or more of these areas. Also, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers people who are homeless, rough sleepers, vulnerable migrants, sex workers Gypsies or Travellers and other multiply excluded people. The definition also covers Female Genital Mutilation (FGM), human trafficking and people in recovery. Please consider these groups too in your analysis.

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at:

<https://nhs.uk/sharepoint.com/TeamCentre/Policy/EqualityHealthInequalities/pages/ehi-analysis.aspx>

## Equality and Health Inequalities: Screening Tool

<b>A</b>	General information
<b>A1</b>	Title: What is the title of the activity, project or programme?

	<b>Proposed merger between Mendip Vale Medical Practice and Sunnyside Surgery.</b>			
<b>A2.</b>	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives.			
	<p><b>Mendip Vale Medical Practice (MVMP) operates from several sites, all geographically near to Sunnyside Surgery (SSS) in Clevedon, with Yatton being around 4 miles away and the practice boundaries overlap. MVMP was formed in October 2015 with the merger of Yeo Vale and Wrington Vale Practices, and grown further in October 2016 with the addition of the St Georges Practice. The Partners of both organisations have a good understanding of the need to deliver in innovative ways, utilising multi-disciplinary teams to provide safe and cost effective patient centred services. The lessons learnt by the partners of MVMP from previous mergers put us in a strong position to bring together the two Practices, and provide patients with caring, convenient and sustainable healthcare. The partnerships both feel this is the right time to work at scale to shore up their strengths. The practices are both successful and currently delivering safe and effective care for patients. However, the partners recognise that increasing demands, the reduction on the PMS contract value and the viability of Sunnyside as a 7000 patient practice mean making changes now so services continue to be easily accessible and adaptable to the needs of the population we serve.</b></p> <p><b>MVMP and SSS are able to see the opportunities of combining their services into a sustainable and thriving group of practices to enable the deliver the quality care both now and in the future.</b></p>			
<b>A3.</b>	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others.			
	<b>Staff, patients and service users may be affected by this merger; however there will be no change to services, premises, opening times or extended hours. If the merger were approved, there would be a larger pool of doctors (30+), therefore some doctors may seem new to patients. Patients should also have access to a wider range of outpatient services, such as orthopaedic/plastic/hip and knee clinics.</b>			
<b>B</b>	<b>The Public Sector Equality Duty</b>			
<b>B1</b>	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?			
	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td><b>Do not know</b></td> </tr> </table>	Yes	No	<b>Do not know</b>
Yes	No	<b>Do not know</b>		
	Summary response and your reasons:			

**PHARMACY/MEDICAL/DENTAL/OPTOM**

<b>B2</b>	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	<b>Do not know</b>
	Summary response and your reasons:		
<b>B3</b>	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	<b>Yes</b>	No	Do not know
	Summary response and your reasons:  <b>Mendip Vale Medical Practice currently offers a practice car with driver for patients who need an urgent appointment but are not able to get to the surgery. If the merger were agreed, this would be expanded to include the Sunnyside patients in the Clevedon area. The practice is also looking at leasing an additional 4x4 to double this service and keep this going in inclement weather.</b>		
<b>B4</b>	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes	<b>No</b>	Do not know
	Summary response and your reasons:		
<b>B5</b>	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	No	<b>Do not know</b>
	Summary reasons:		
<b>B6</b>	Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes	<b>No</b>	Do not know
	Summary response and your reasons:		
<b>C</b>	The duty to have regard to reduce health inequalities		
<b>C1</b>	Will the initiative contribute to the duties to reduce health inequalities?		
	Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?		
	Yes	No	<b>Do not know</b>
	Summary response and your reasons:		

**PHARMACY/MEDICAL/DENTAL/OPTOM**

<b>C2</b>	Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?		
	Yes	No	<b>Do not know</b>
	Summary response and your reasons:		



<b>D</b>	Will a full Equality and Health Inequalities Analysis (EHIA) be completed?		
<b>D1</b>	Will a full EHIA be completed? Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. <sup>1</sup> Please place an X below in the correct box below. Please then complete part E of this form.		
	Yes	Cannot decide	<b>No</b>
<b>E</b> Action required and next steps			
<b>E1</b>	If a full EHIA is planned: Please state when the EHIA will be completed and by whom.		
<b>E2</b>	If no decision is possible at this stage: If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.  Summary reasons:  Additional information required:  When will it be possible to make a decision about an EHIA?		
<b>E3</b>	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons: <b>The practice has completed some patient engagement as well as linking in with Healthwatch in order to plan how to engage hard to reach patients. The practices have very active Patient Participation Groups and have now combined these groups. The PPG have run patient engagement sessions but these have been poorly attended. The practices want to ensure that their surgeries are sustainable for the future and that no patient is negatively impacted. In terms of patient choice, this merger could be seen to reduce patient choice; however there are 9 neighbouring practices with 6 boundaries overlapping with the merged boundary of Sunnyside Surgery and Mendip Vale Medical Practice. This proposed merger will however give wider choice to existing patients as they will be able to be seen</b>		

<sup>1</sup> Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.

**PHARMACY/MEDICAL/DENTAL/OPTOM**

	<b>at any of the sites.</b>
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**PHARMACY/MEDICAL/DENTAL/OPTOM**

<b>F</b>	<b>Record Keeping</b>		
Lead originator:	Sarah Appleby	Date:	4 <sup>th</sup> June 2018
Director signing off screening:		Date:	
Directorate:		Date:	
Screening published:		Date:	

4<sup>th</sup> June 2018