

Application for Consideration of a Contract Merger

Please complete this electronically, ensuring all sections are fully completed, expanding the boxes where necessary. A signed hard copy should then be sent to the CCG.

Section 1

Practice names	J codes	Contract type	Clinical system	Registered population
Portsdown Group Practice	J82155	PMS	SystemOne	43,787
Hanway Group Practice	J82117	GMS	SystemOne	14,278

Which contract and J code do you propose that the newly merged practice will hold?	PMS J82155
What is the proposed name of the Practice?	The Portsdown Group Practice
What is the proposed date of the merger and are there any time pressures associated with this?	1 st May 2020 Time pressures are due to the impending retirement of 2 existing Hanway Partners. (Dr Berry on 30 th April 2020 and Dr Morris on 30 th September 2020) and the departure of Dr Negro at the end of April 2020.
What is the distance between practices?	Between Kingston Crescent and Hanway Road Surgery – 708 metres. Between Kingston Crescent and Stubbington Avenue Surgery – 661 metres. There is a regular bus service (route 3, 7, 18 or 23) between Hanway Road and Kingston Crescent running every 5 – 10 minutes with a journey time of between 6 and 11 minutes. See embedded document below for full details:  First_Portsmouth-Far eham-Gosport_route_

	<p>At our meeting with members of the council on 18th February, we indicated our willingness to work with them to explore solutions for those Hanway patients who can either not afford the bus fare, or who have mobility issues which mean that they cannot get to Kingston Crescent.</p>
<p>Please confirm the proposed merged contractual practice boundaries - include both inner and outer boundaries.</p>	<p>As per existing Portsdown Group Practice Boundaries</p> <p>Annex 1 Practice Area and Outer Boundary</p> <p>Portsdown Group Practice – Inner and Outer Boundaries from 1st April 2014</p>  <p>Key: Portsdown Merged Inner Boundary ——— Portsdown Merged Outer Boundary </p>

Section 2

Please list names and addresses of all main and branch surgeries included in the proposed merger beginning with the main site.

Service provision	
Practice name(s)	Premises address(es)
Portsdown Group Practice	92, Kingston Crescent, Portsmouth, PO2 8AL

Appendix 3

	Cosham Park House, Cosham Park Avenue, PO6 3BG
	Crookhorn Lane Surgery, Crookhorn Lane, PO7 5XP
	Paulsgrove Surgery, 194, Allaway Avenue, PO6 4HJ
	Heyward Road Surgery, 3 Heyward Road PO4 0DY
	Somerstown Surgery, Tylesley Road, PO5 4EZ
Hanway Group Practice	2 Hanway Road, PO1 4ND
	81 Stubbington Avenue, PO2 0JD

<p>Are any changes planned to the existing premises set-up? (if so please state) eg. Consolidating urgent appointments, administration functions at one site</p>	<p>If the merger is approved, it would be our intention to close Stubbington Avenue Surgery immediately and to close Hanway Road Surgery 6 months after the merge date. For the initial 6 month period, most Stubbington Avenue patients will access services at Hanway Road, although it is anticipated that some urgent appointments would be consolidated into key Portsdown Group Practice sites (particularly Kingston Crescent). Routine GP appointments would continue to be delivered initially from Hanway Road, transferring, in due course, to whichever Portsdown Group Practice site was most convenient for the patients.</p> <p>Portsdown administration is already centralised at the Kingston Crescent surgery. Hanway administration would continue from Hanway Road site for the 6 month post-merge period during which time we would work closely with the Hanway staff to ensure a seamless transition of the administrative teams into Kingston Crescent.</p> <p>This will require a minor re-configuration of the 'Notes Room' upstairs at Kingston Crescent and it is likely that we would relocate the Kingston Crescent Patient notes offsite until a permanent solution (e.g. digitizing all patient records) was</p>
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	found. It should be noted that Hanway already stores all of its patient's notes offsite and this is therefore not considered a major issue.
Are there any services currently provided by either practice that will not be provided by the merged practice? <i>If so detail here</i>	All services provided will continue post merge with the possible exception of IUD/Coils which is currently provided by Hanway. We will, of course, continue to care for patients who have already had fittings and we plan to review the long term this service post-merge.
Are there any services NOT currently provided by either practice that WILL be provided by the merged practice? <i>If so detail here</i>	Desmond for Diabetes <ul style="list-style-type: none"> This is a new education service aimed specifically at our Diabetes Patients and funded through PCNs. Group Consultations <ul style="list-style-type: none"> Again, this is a new service which is planned to be launched in April 2020 (Coronavirus notwithstanding) and funded through the PCN.

Section 3

Business case for merger

A. Key reasons/benefits of the merger

Hanway Medical Centre is facing a crisis due to the planned retirement during 2020 of 2 long-serving partners (Drs Berry and Morris) and the resignation of 1, more recent, partner (Dr Negro). This would leave Hanway surgery with 1.5 FTE remaining Partners (Drs Lookit and Gaught) which, with a patient list of around 14,000 is neither safe nor sustainable. This situation raises the very real possibility, given the timeframes, of the Partners closing their practice and 'handing back' their patient list to the CCG, who would then have to 'disperse' the list amongst other local practices, which are already struggling under the current workload. This could have a catastrophic domino effect on neighbouring practices (who would then have to take on large numbers of additional patients with no clinical resource as there is no guarantee that Dr Lookit and Dr Gaught would stay in the city) and, potentially, on Primary Care delivery in the city as a whole.

Cases where this is happening are well-publicised and reported both in the National

Media and in briefings from respected organisations, such as the King's fund who, in their report entitled: "Delivering General Practice with too few GPs" (published on 11/10/2019) opened with the following statement:

*With an increasing number of GPs leaving clinical practice or working part time, and many practices unable to fill vacant GP posts, **hundreds of thousands of patients are being forced to re-register with another practice after their own practice has closed.** Plans to increase GP numbers through pulling more graduates into GP training posts and recruiting internationally are making slow progress.*

Other, examples include:

Another GP practice to close in crisis town after CCG 'forced allocation' on them

A practice in the crisis town of Folkestone in Kent has announced it will shut after the local CCG refused to let it close its list and the surgery was unable to cope with the extra demand from the 'forced allocation' of patients.

Park Farm Surgery, run by sole GP partner Dr Neil Banik, will shut its doors on 31 March, with its 3,000-strong patient list due to be dispersed to other Folkestone practices, according to commissioners.

The Kent town has been hard hit by closures over the last few years after another practice was forced to shut less than three years ago following recruitment struggles.

At the time, Park Farm Surgery and the six other practices in the town all applied to NHS South Kent Coast CCG to stop new patients from registering, saying they were 'unable to take on more patients safely'.

However the CCG has confirmed that no practices in the town currently have closed lists.

The surgery's practice manager Piyali Banik told Pulse the practice was unable to cope after commissioners refused its request and it couldn't hire enough locum GPs to cover the extra work created by the 300 additional patients it absorbed.

She said: 'Even though we tried to close our list, it was a forced allocation in the end so we got almost 300 extra patients. That doesn't look like much but actually it is 10% of our load.

'Our locum doctors and our nurses couldn't cope, so one by one they left. It's not that we really wanted to do this, but we were more or less cornered.'

She added that primary care networks (PCNs) had not eased pressure as they had hoped because of the extra services - such as extended hours and improved access

- now coming under the remit of PCNs.

She said: 'That means a single-handed doctor has to work Monday to Monday, including the weekend. It's really not feasible and we don't have the extra funding to employ a parallel doctor.'

'For the last couple of years we have struggled. We were surviving but now we're in the position that from April we really can't.'

She added: 'Bigger practices are also struggling in our local area. If these things keep happening, probably sooner or later they will also have to close their practices.'

'It's a domino effect. If all the practices are getting too much pressure, the whole cycle goes again and again.'

Source: [Article published in 'Pulse'](#): 3rd February 2020

- Or, closer to home, in Andover, where a similar picture has emerged:

GPS RESIGN AS SURGERY'S FUTURE AT RISK

By Elliott Binks

THE future of an Andover health centre has been plunged into uncertainty after GPs revealed they would be ending their contract with the commissioning group later this year.

NHS West Hampshire Clinical Commissioning Group (CCG) is reviewing the future of Adelaide Medical Centre, in Adelaide Road, after GPs gave notice "ending their contract to provide services" as of October 31.

Increasing workload and difficulties recruiting GPs due to national shortages were cited as reasons for notice being given.

The CCG now says it is "looking at the future" of the health centre, which is home to more than 9,000 patients.

It comes after last week's news that plans to build a new Urgent Treatment Centre (UTC) in Andover had been scrapped, as reported in the Advertiser.

The commissioning group and all local practices are working together to ensure continuity of local services beyond the cut-off date of October 31.

In a brief statement West Hampshire CCG chairman, Dr Sarah Schofield said: "We are committed to ensuring that patients can continue to receive high quality care in the area."

Patients have been advised. Continued on page 3



Future uncertain: Bosses are "looking at the future" of Adelaide Health Centre after GPs announced they would be pulling out



Sibling love: Paige, 23, and older sister Coral, 31

Two Andover sisters making a difference

TWO sisters from Andover have been making a difference online after setting up an account to dismantle the stigma surrounding mental health problems.

Paige Seddon, 23, and her older sister Coral, 31, share inspirational messages of positivity to help those going through difficult times. Continued on page 3

Source: Andover Advertiser 28th February 2020

The Hanway Partners have tried to recruit new Partners to the practice over the course of the last 3 years, but this has proven unsuccessful.

The Hanway Partners considered a number of options and, following consultation with other local Practices, agreed that a merge with the Portsdown Group Practice best met the needs of their patients. Key to their decision-making was:

- Portsdown Group Practice (PGP) is one of the largest standalone GP Practices in the country (44,000 registered patients). It is financially secure and stable, with, currently, 13 Partners. The age profile of the Partners is wide ranging:

Partner	Age
1	37
2	39
3	42
4	43
5	43
6	46
7	47
8	48
9	51
10	52
11	54
12	54
13	58

- There are clear succession plans with 2 new partners already identified from existing salaried GPs who are likely to be introduced into the Partner role over the course of the next 2 years.
- There is therefore little risk of future failure due to Partner retirements
- PGP has invested heavily in its management infrastructure over the last 4 years, ensuring a comprehensive and high-functioning 'back office' administration department, which is crucial to the support of front-line medical services. The management and Business Intelligence team is centrally located at Kingston Crescent Surgery. An organization chart is embedded below:



Organisation Chart
v1.7.pdf

- PGP is a GP Partnership, which remains the most effective structural vehicle for the delivery of safe and effective primary care. In his "[GP Partnership Review: Final Report](#)" published in January 2019, Dr Nigel Watson, the author

of the report, states:

- *“The partnership model of general practice is a cost-effective delivery model. As with other small businesses, for the most part, the income of the partnership is set by the services they are contracted to provide which provides a strong incentive to run an efficient and effective service.”*
- *“Partners, with local knowledge of their population, can help shape service provision. One of the key benefits of the partnership model is that it engenders a long term and deep understanding of a local population's needs, combined with the flexibility to respond to those needs.”*
- *“It is the flexibility and adaptability of the model that mean it can still thrive today.”*
- *The partnership model has many strengths that continue to be relevant in the health service of today and the future.*
- By contrast, a predominantly Salaried GP model has proven, over many years, to be less than successful. In January 2019, a local CCG had to ban patients from leaving a GP Practice after 2100 had left the surgery following its move to a Salaried model. More recently, a surgery in the same group announced that it would only open 2 days a week due to a ‘lack of GPs’.
- PGP is in the vanguard of developing a new model of care which aims to address the issues of patient access and to ensure that patients are seen in a timely manner by an appropriate healthcare practitioner. PGP had started this journey well before the new GP Contract (mandating Primary Care Networks and Multi-disciplinary Practitioner teams providing front line care) was launched in April 2019.
- PGP has 6 surgeries spread across the Portsmouth City area, from Crookhorn Lane in the North, to Somerstown Hub and Heyward Road in the South.
- PGP has extensive experience of merging, having undertaken 6 successful mergers in the last 10 years.
- PGP offers considerable structural resilience, with 12 Clinical GP Partners (1 non-clinical partner), 9 Salaried GPs, 4 GP Registrars, 2 Clinical Pharmacists, 1 Pharmacy Technician, 6 Nurse Practitioners, 5 Paramedic Practitioners, 14 Practice Nurses and 10 Healthcare Support Workers/Assistants.
- PGP is undergoing a comprehensive recruitment drive for clinical staff. This is not to replace leaving staff (as there is a very low turnover), but to increase the team further. 5 new clinical staff have been recruited over the last 3 months, and the plan is to at least double this recruitment if the merger is approved.
- PGP shares Hanway’s ethos and ideals, as well as the long-term vision of the future of Primary Care. As noted above, the option to merge was one that the Hanway Partners considered at great length before making their final, difficult, decision as they wanted to ensure that their patients would be looked after in

the best way possible, given the constraints of Primary Care in 2020. PGP has learned, from multiple other mergers, that there is always valuable learning to be gained from other practices and is constantly seeking to improve the quality and delivery of care and looks forward to learning how some of the excellent approaches that Hanway has adopted can enhance the offering for its own patients.

- PGP is a Primary Care Network in its own right. This has already proven to be extremely beneficial, because we are able to make decisions effectively and quickly, informed by population health data, without recourse to a long-winded decision making process.
- PGP has achieved a 100% score in QOF for many years, despite a parallel significant increase in recorded prevalence. This means that those patients who fall into the QOF categories are well cared for.

Merging will mean that we are able to:

- Develop further our model of primary and community care (via the Primary Care Network), based around our patient population with interventions delivered in a timely and appropriate manner.
- Develop further our multi-disciplinary approach to Primary Care delivery across a wider population in line with the vision articulated in the [NHS Long Term Plan](#) and the [New GP Contract, updated](#) in February 2020.
- Consolidate and expand our clinical teams, allowing us to deliver care in a safer, more efficient and cost-effective way
- Consolidate and expand our Clinical Pharmacy team to maximize their impact and to continue to reduce the frequency of medication errors
- Allow us to enhance further our digital offerings, bringing out innovative solutions to a wider group of patients.
- Develop our emerging Social Prescribing team which will be of particular help to the more deprived patients of the Buckland Ward.

The Benefits of the merger

- The merger will ensure that the local healthcare system makes best use of a scarce clinical resource (GPs).
- Dr Lookit and Dr Gaught (and Dr Morris until October 2020) will still be able to care for many of the Hanway patients for whom continuity of care is a priority and who know and respect them.
- It will ensure that the local provision of GP services is not compromised by an unplanned 'list dispersal'.
- By consolidating 2 existing surgeries into the PGP estate, it will deliver considerable financial savings to the system. This is key to our application, and we wish to stress that there is no alternative. We have looked at this from both a patient safety and a financial perspective and we would be unable to proceed with the merger without closing both sites (please see closure

application for more detail)

- By consolidating into one site, it will also mean that our clinical resource is not spread too thinly across multiple sites, which would otherwise compromise patient safety.
- GPs at both PGP and Hanway have a range of specialist skills, allowing internal referrals and advice which can remove the need for onward secondary care referrals. Whilst this is generally an informal arrangement, and is therefore not resource-heavy, it does mean that patients from both surgeries will have access to GPs with a wide range of specialist skills, including, but not limited to:
 - Dermatology
 - Minor Surgery
 - Cardiology
 - Diabetes
 - Respiratory (one of the PGP Partners, Dr Andrew Whittamore is currently Clinical Lead at Asthma UK and the British Lung Foundation)
 - Secondary Care Medical Assessment
 - Medium Acuity Geriatrics
 - Paediatrics
- Patients who are able to see Primary Care Clinicians with special interests generally have a shorter duration to episode of care which releases capacity within Primary Care and reduces investigations and onward referrals to secondary care.
- PGP also employs a specialist frailty matron, whose prime function is to look after the extensive frail and elderly population, many of whom are housebound.
- Hanway has considerable experience of using Care Navigators, which is particularly relevant under the new GP Contract. PGP has recently employed 2 care navigators, and the experience of Hanway will prove invaluable as the team is expanded in line with the specifications of the Network DES Contract.
- Staff in the merged practice will have scope to expand their skillset and improve their prospects of career development
- PGP is an active training practice with, currently, 4 GP trainers. One partner is due to start the training process during 2020 and there are currently 2 other GPs who have expressed an interest in undertaking the training programme. This not only provides excellent front-line training for GP registrars, but also gives us the opportunity to recruit GPs from our own trainees, meaning that they are already familiar with the workings of the group.
- The merger will reduce the administrative/governance burden on the CCG. There are currently 15 GP practices in the CCG area, this merger will therefore reduce the administrative burden by 7%.
- The closure of the two Hanway sites will not only save the CCG an estimated £95,000 per year in notional rent and rates reimbursement, it will also reduce the overall Estates administrative burden by around 7%.

This merger would fit with the local and national visions of healthcare for the future: Nationally, the NHS Long Term plan (see embedded Document below) sets out a compelling vision for the NHS that is predicated on Primary Care working 'at scale' in order to address the widening gaps in health and wellbeing, in care and quality and in finance and efficiency.



nhs-long-term-plan-version-1.2.pdf

The merger would also fit with the Health and Care Portsmouth Blueprint, originally published in September 2015.



A_blueprint_for_health_and_care_in_Portsmouth

B. Indicate any innovative/transformational working that the merger will support

PGP's model of care is a highly innovative change in Primary Care that directly addresses the well-publicised workforce issues that are having a considerable impact on the long-term sustainability of primary care in the UK.

The PGP Model of Care was launched in September 2019. It is predicated on a GP Consultant (a PGP Partner) overseeing a team of allied health professionals. The model is entirely in line with that proposed under the new GP Contract, which envisaged Primary Care Networks of around 50,000 patients delivering care via a multi-disciplinary team including Nurse Practitioners, Paramedic Practitioners and Clinical Pharmacists, supported by a Nursing team. This team will be further expanded prior to the merge, to allow the merged practice to manage the increased list size appropriately.

All routine and urgent appointments are now 15 minutes long, with a GP consultant at each site. This ensures that care is delivered safely and effectively.

Since the introduction of the Model of Care, as well as appointments increasing to 15 minutes, we have seen a 10% increase in the number of appointments available for patients, due to the increased number of clinical staff involved in the delivery of the model of care. This highly skilled team includes:

- GP Partners/Consultants
- GP Partners

- Salaried GPs
- GP Registrars
- Clinical Pharmacists
- Pharmacy Technicians
- Nurse Practitioners
- Paramedic Practitioners
- Women's Nurse
- Long-term Condition Nurses
- Practice Nurses
- Health Care Assistants
- Learning Disability Specialist Nurse
- Social Prescribers

All calls to the practice are triaged by our highly trained Contact Centre/Call Navigation team who are then able to signpost patients appropriately.

For patients, this means that their medical needs are able to be met by the member of the clinical team who is most qualified to deal with those needs. For example:

- A patient who's medical needs will benefit from a continuity of care will have that care managed by a senior and experienced GP.
- Urgent, same day conditions are dealt with in a timely fashion by our team of Nurse Practitioners and Paramedic Practitioners, under the supervision of the GP Consultant who is 'on call' at all times to give support to the team should they encounter something about which they are uncomfortable.
- Medication reviews and checks are mainly carried out by our Pharmacy team rather than using scarce GP resources.
- Our nascent Social Prescribing team will be an invaluable resource in the help that we are able to offer patients for whom this service is intended.

Hanway Patients will benefit from a number of other innovations with which PGP is currently involved, including:

- A long-term conditions hub which is currently in 'pilot' phase and which delivers a 'holistic' model of care to, initially, Diabetic and Respiratory patients. This includes input from secondary care consultants, community staff and health and wellbeing services.
- Access to a comprehensive e-consult system which allows patients to consult online with their GP
- Access to a suite of 'Apps' (MyMHealth) which helps patients with long term conditions to 'self-manage
- Access to a 'near patient testing' pilot, which allows for blood test results to be analysed in real time (in less than 3 minutes)
- Group consultations. PGP will shortly be introducing group consultations which will allow groups of patients suffering from the same chronic diseases to be seen together. This is a proven way of

achieving better outcomes for patients whilst also making best use of specialist GP time.

Section 4

Please summarise the work undertaken and/or planned regarding stakeholder communication *Please make clear whether completed or planned*

Hanway Patient Engagement

General

- Hanway sent letters to all their registered patients aged 16 years and over outlining the merger proposal.
- Full details of the merger proposal were placed on Hanway's website.
- Letters were also sent to all relevant Ward Councillors.
- Comments boxes were placed in both of Hanway's surgeries.
 - 16 comments/letters have been received. The main concerns expressed reflected those expressed in the engagement events (see below):
 - Sadness at the retirement of 2 long-standing GPs (this is, of course, an issue irrespective of whether the merge is approved).
 - Don't want Hanway to close
 - Worried about so many patients being absorbed into the new practice
 - Continuity of Care
 - Concern about appointment availability
 - Concern about getting through to the practice on the phone
 - Further to travel
- A dedicated email address for both practices was set up
 - 5 emails were received. 3 were 'statements' about what a shame it was that Hanway was closing and 2 with questions about the merger which reflected the concerns expressed at the engagement events.

Patient Engagement

- Two patient engagement events were held for Hanway Patients on 8th and 17th January 2020. Each events was attended by approximately 40 patients.
- The format for the event was as follows:
 - There was a general introduction/explanation by three of the Hanway Partners, after which attendees were divided into small groups of around 15 patients and invited to offer comments.

- Good and helpful feedback was gathered from the majority of these patients. The main themes were:
 - General sadness that events had conspired against the practice which had resulted in this situation.
 - Whilst it was accepted that three of the existing Hanway Partners would be leaving the practice, there was still concern expressed about continuity of care.
 - Did the Hanway Partners consider all other options?
 - Why does 'bigger' mean 'better'?
 - Should we move practices now?
 - If the merger was approved, when would Hanway Road close?
 - What is the process for getting an appointment at Portsdown?
 - How will Hanway Patients access appointments etc?
 - Concern about how the merged practice would manage patients with learning difficulties.

Portsdown Group Practice Patient Engagement

General

- It was not considered a sensible use of NHS resource to send letters to all PGP patients. This was due to the relatively low impact of the merge on the majority of existing PGP patients (particularly those patients not registered at Kingston Crescent Surgery) compared with the impact on Hanway Road patients and was consistent with other mergers with which PGP has been involved.
- Information about the proposed merger was published on PGP's website on 15th January 2019.
- Information was also posted on our 'myPPG' Forum.
 - FAQs – over 50 patients have viewed these, but have not commented further
- Social Media (Facebook and Twitter) has also been used to highlight the possible merge.
- There was extensive local media coverage about the merge from The News, both in print and online.
- A comment box was placed at Kingston Crescent with no comments having been received.

Engagement Event

- Approximately 10,700 texts/emails were sent to PGP patients registered at Kingston Crescent surgery inviting them to come to the engagement event on 26th February. The Kingston Crescent patients

were chosen on the basis that it was they who were most likely to be affected by the proposed merge.

- The event was further advertised more widely via posters at all Practice Sites, and on the PGP website.
- The engagement event was heavily publicized in The News, both in print and online
- Patients were invited to a 'drop-in' session between 1430 and 1630. Patients were welcomed into the surgery, and their identity checked on SystemOne (to ensure that they were current patients of the practice).
- Small groups (of up to 9 patients) were then formed, a brief presentation (see embedded document below) was then given by a PGP GP Partner and a member of the management team in support. The Q & A session was recorded to ensure that we captured all the relevant feedback.



Engagement event
Presentation.pdf

- Following the presentation, patients were then invited to ask any further questions for a further 15 minutes.
- A total of 21 patients attended the sessions and we were able to address a number of concerns. It was reported that all patients left satisfied that their questions had been properly dealt with and no further questions were left in the box provided for this purpose.
- The main themes from the feedback were:
 - Glad to have clarification over the plans should the merger be approved
 - Glad that we are already addressing the issues of appointment availability and the difficulties in getting through on the phone
 - A general acceptance that this was the inevitable development of the NHS as it changes
 - Glad to have clarity about the building
 - Two patients has thought that it was Kingston Crescent surgery which was planned to be closed. They were relieved to have this clarified.
- There were a couple of specific comments made which were particularly relevant and which we will now be following up:
 - One patient explained how her disability impacted on how she was able to use her phone to input the correct numbers when making telephone contact with the practice. She found this very difficult. As a result, we have contacted our telephony provider to explore whether it is possible to have a 'voice-activated' option, rather than a physical pressing of the numbers.
 - Another patient complained that she had received a parking fine when she had parked for too long in the Car Park. As a result of

this, we will be putting up more visible posters in reception to advise patients that they should contact reception if they do receive a fine and we will get it cancelled for them (as long as they are a patient with a valid reason for having spent longer in the Car Park than the 'allowed' 1 ½ hours).

- A meeting with Gerald Vernon-Jackson (Leader of the Council) and Matthew Winnington (Cabinet member for Health, Wellbeing and Social Care) was held on 23rd January at Hanway Road, attended by Partners from both Hanway and PGP.
- A meeting with Stephen Morgan (Group Leader and MP for Portsmouth South) was held on Monday 18th February, attended by Mark Stubbings (PGP Partner)
 - At this meeting, Mark Stubbings asked Stephen Morgan to facilitate a further meeting with relevant Ward Councillors.
- Plans for the merge have been shared with Healthwatch Portsmouth

Section 5

A

Please provide as much detail as possible as to how the current registered patients from the existing practices will access a single service, including consistent and equitable provision across:

Home visits	<p>All patients requesting a Home Visit are triaged by the Consultant GP at Portsdown and by a Nurse Practitioner at Hanway. This will continue post-merge. If a home visit is considered appropriate, then it is allocated to a GP working from the surgery where the patient is registered.</p> <p>Both Hanway and PGP have access to the 'Acute Visiting Service' run by the Portsmouth Primary Care Alliance.</p>
Booking appointments	<p>Bookings for PGP patients are either made online (via Systmone online) or by telephone via PGP's dedicated contact centre. Same day appointment requests are triaged by the duty GP, working with a Nurse or Paramedic Practitioner in our centralised contact centre. Urgent, same day appointments are made for patients to be seen at the surgery that it most convenient for them to reach.</p> <p>Bookings for Hanway patients are made in the same way, although same day requests are 'care navigated' to the appropriate service/GP by member of the Nursing Team.</p>

	<p>Post-merge, the respective appointment system will continue to operate whilst Hanway Road surgery remains open. Thereafter, all appointments will be made under the PGP system.</p> <p>The merger will result in more extended access appointments (including lunchtimes) being available for patients for whom these are more convenient thereby further improving Patient access.</p> <p>The range of clinical staff available means that patients will be much more likely to be able to see a clinician in line with their faith/sex preferences.</p>
Additional and Enhanced Services	<p>Pharmacy:</p> <ul style="list-style-type: none"> ○ There are 3 pharmacies located within 150m of Kingston Crescent surgery. Rowlands Pharmacy is on site at Kingston Crescent, Laly's pharmacy (100 hours) is less than 100m from the building and Boots is around 150m from the building. ○ Electronic Prescribing (EPS) means that patients can have prescriptions transferred to the Pharmacy of their choice <p>Enhanced Services. The following is a list of enhanced services offered by Hanway and/or Portsdown. This will be consolidated post-merge meaning that patients will have full access to all the services offered:</p> <ul style="list-style-type: none"> ● Basket of Services <ul style="list-style-type: none"> ○ Secondary Care Referrals ○ Data Quality ○ Shared Care Prescribing ○ Wound Management ○ Ambulatory and Home BP Monitoring ○ PSA Monitoring ○ Treatment for carcinoma of the prostate ○ B12 Injections ○ Adhering to D-Dimer Ambulatory Pathways ○ CVD annual review for High Risk Patients ○ Care Planning and EPACCS/End of Life ○ Supporting non-conveyance ○ MDT Work ○ Safeguarding Children (ICON) ● Childhood Imms Age 2 ● Childhood Imms Age 5 ● Commissioning for Quality and Innovation Scheme (CQUIN) <ul style="list-style-type: none"> ○ Engagement Programme (Commissioning and Prescribing) ○ Use of Technology (Optimise Rx, PINCER, Patient online services, NHS App, Online Consultations)

	<ul style="list-style-type: none"> ○ Clinical Quality Improvements (Breast and Bowel Screening, Smoking Cessation, Alcohol Identification and Brief Advice, Childhood Immunisations, Mental Health Checks, Learning Disability Health Checks) ○ Prescribing ○ Patient Education (Self-care) – Care Navigation, Community Engagement, Health Campaigns <ul style="list-style-type: none"> ● Diabetes ● Extended GP Opening Hours ● Infectious Disease - Flu ● Infectious Disease - Flu Childhood ● Infectious Disease - Flu Housebound ● Infectious Disease - Flu Healthcare Workers ● Infectious Disease - Neo Natal Hep B ● Infectious Disease - HPV ● Infectious Disease - Men ACWY Completing ● Infectious Disease - Men ACWY Freshers ● Infectious Disease - Men B (infants) ● Infectious Disease - MMR ● Infectious Disease - Pertussis ● Infectious Disease - PCV Hib / Men C Booster ● Infectious Disease - Pneumo ● Infectious Disease - Rotavirus ● Infectious Disease - Shingles ● Learning Disabilities ● Leg Club ● Leg Ulcers ● Minor Surgery ● NHS Health Checks ● Phlebotomy ● Primary Care Network ● Respiratory ● Ring Pessary
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Extended Hrs	Extended hours						
		Mon	Tue	Wed	Thu	Fri	Sat
	KCS	0700 - 0800 - Pharmacist		0700 – 0800 – GP,/HCA/ Respiratory/ Pharmacist	1830 – 1930 - GP	0700 – 0800 - Pharmacist	Rotating morning surgery across all sites – GP

Appendix 3

							clinics
	Crookhorn		1830 – 1930 - GP		1830 – 1930 - GP		
	Cosham Park House	0700 – 0800 - HCA 1800 – 1900 - GPs	0700 – 0800 - GP		0700 – 0800 - Pharma cist	0700 – 0800 - GP,/HCA/ Respirato ry/ Pharmaci st	
	Somersto wn			1830 – 1930 - GP			
	Heyward Road		0700 – 0800 – GP & Pharma cist				
	Hanway Road					0700 – 0800 - GP	
	Stubbingt on Ave		1830 – 1930 - GP				0800 – 1050 - GP
Screening services	Cytology.						
Single IT and telephony system	<p>Both practices use SystmOne clinical system. The advantage of this is that full patient notes are accessible from any site, ensuring that patient care is not compromised. The merger of patient databases is not considered a risk to the process.</p> <p>Portsmouth Group Practice has invested heavily in a centralised contact centre. This is a state of the art facility which allows us to monitor, in real time, a wide range of information including:</p> <ul style="list-style-type: none"> ○ Calls Answered ○ Calls Abandoned ○ Wait times ○ Call times <p>The data gathered allows us to predict periods of high demand and adjust staffing accordingly.</p>						

	<p>This system is constantly developing and has a theoretical unlimited capacity. We are therefore fully confident that it will be able to manage the increase in call volume after the merge is embedded without incurring significant additional cost.</p>
Premises facilities	<p>Stubbington Avenue Surgery will be closed with immediate effect, and the majority of patients will be able to access their care needs from the Hanway Road site.</p> <p>The Hanway Road site will remain open for a further 6 month period, after which it, too, will be closed and patients transferred to Kingston Crescent (or another branch of PGP if more convenient for them).</p> <p>In order to manage the increased number of patients at Kingston Crescent, 2 courses of action will be undertaken:</p> <ol style="list-style-type: none"> 1. We will reconfigure the ground floor clinical space at Kingston Crescent Surgery. This will create an additional 3 clinical rooms and a large, open plan 'clinical admin room'. This is likely to be a 12 week build programme, and the surgery will continue to operate as normal, with disruption being kept to a minimum. 2. Once the reconfiguration is complete, Hanway Road will be closed (target date 1st November 2020) and the patients transferred over to Kingston Crescent. At this point, we will move to a 'three shift system' (we plan to trial this system from 1st May, assuming that the merge is approved). This is an innovative approach to primary care delivery which will ensure that all clinical rooms are utilised maximally. In essence, we will move away from the traditional GP model where an individual GP has his or her 'own' room and which is therefore used as clinical space for only around 6 hours of every 10 hour working day. It is a change that has been approved and agreed by the Partners of both practices. <ul style="list-style-type: none"> ○ Current room utilisation at Kingston Crescent is around 61%. If we were to do nothing to the physical space, we could increase our theoretical capacity up to 100% through better room utilisation. We currently look after around 12,000 patients who are registered at Kingston Crescent. Simple maths suggests, therefore, that we can increase the number of patients cared for by 7,600 patients by using the existing rooms more efficiently. ○ Adding in the additional 3 clinical rooms, increases this capacity by a further 20%, meaning an additional 3,920

	<p>patients can be looked after.</p> <ul style="list-style-type: none"> ○ This makes a total of 11,520 additional patients, a total of 23,520 patients. ○ The move to a '3 shift system' means that each clinical room will be used for the full 10 hours. This will immediately increase our capacity by a further 33%, or an additional 7,761 patients. ○ Home visits will continue as normal. ○ The grand total of these changes means that we would be able to accommodate, theoretically, an additional approximately 19,00 patients at Kingston Crescent i.e. a total of approximately 31,000 patients. ○ This gives us 20% more capacity than we would need (assuming that all Hanway patients transfer to PGP rather than registering with other practices), which we consider to be a reasonable margin of error, and gives us confidence in our plans. <p>Furthermore, because we will be spreading the number of appointments available over a longer period, there will be no impact on the waiting room usage or, indeed, the availability of car parking (which is already considerably greater than any other GP surgery in the city).</p> <p>Additionally, this will give all patients considerably greater choice, and will provide more flexibility in appointment times.</p> <p>As an additional safety net, we will be putting in an application for an extension to Kingston Crescent Surgery for an additional 10 clinical rooms. This 'belt and braces' approach will also ensure that we have sufficient resilience in the event of more space being needed.</p> <p>We would be interested in working more closely with the Council to understand and explore further opportunities within the 'One Public Estate' work currently being undertaken across the city.</p>
Other	

B

Please describe how the practice will ensure that service provision is maintained for patients (and not	We are particularly concerned to ensure that our vulnerable patients are not adversely impacted by the merger. It is our intention,
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<p>adversely impacted) by the merger.</p>	<p>therefore, to use the 6 month 'transition period' proposed to engage specifically with this group of patients. We will:</p> <ul style="list-style-type: none">• Ensure that each Hanway patient identified as 'vulnerable' is contacted personally by a Hanway GP who will discuss their Care Plans in advance of the merge and who will provide reassurance to this important group of patients.• For patients with LD or autism, we will again identify them and make specific provision to ensure that the move to the new surgery is undertaken with due sensitivity and care. <p>Generally, it is our intention that service provision will be improved by the merger. This will partly be due to the increased range of services that patients will be able to access, and partly due to our relentless quest for continuous improvement.</p> <p>In detail we will:</p> <ul style="list-style-type: none">○ Monitor patient satisfaction levels through patient feedback (online and paper questionnaires). These will be reviewed on a monthly basis and themes and trends identified.○ Monitor, through existing datasets, key metrics, for example:○ Appointment utilisation by staff member and routine/urgent to assure appropriate 'spread' times○ DNA rates/trends○ Patient satisfaction through Working Feedback which is, in our opinion, a much more relevant feedback tool than anything else as it offers feedback in real time.○ Complaints/Criticisms/Compliments <p>As outlined previously, we will continue dialogue with local councillors to understand</p>
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	further the needs of the local population and how best to meet these needs.
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Section 6

Risk analysis NB: if the merged practice list is to exceed 30,000 then one of the risks covered below must include mitigation against a large practice failing	
Key Risks associated with the pre-merger phase	Mitigation
If the merger is not fully approved (with the site closure proposals), then it is likely that the CCG will be faced with a 'list hand back' scenario and will have to deal with a list dispersal of over 14,000 patients, which has the potential to destabilize primary care across the city.	The merger application needs to be sufficiently robust to ensure that it is approved.
Hanway clinical staff leaving pre-merge and de-stabilising the Hanway Practice	Engagement work with key staff members is ongoing. Where staff have handed in their notice, we are actively recruiting to replace at risk
Merger process distracts attention away from 'business as usual', adversely affecting patient care	PGP has a large management resource which is being used to help with the merger process.
Key Risks associated with failing to deliver planned improvements following merger	Mitigation
Capacity at Kingston Crescent	Considerable modelling has already been undertaken to ensure that this is a very small risk. However, planning permission is being sought for an extension to the existing site should the proposed solution not be sufficient
If improvements are not delivered,	1. We ensure that we do deliver the

patients may choose to register at other sites, increasing pressure on these surgeries.	improvements 2. We understand that Dr Negro is moving to a local practice who would, therefore, be able to accommodate additional patients
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Section 7

Please provide a map detailing both inner and outer merged boundary

Practice to confirm map enclosed with application form

Section 8

Please attach Implementation Plan (Appendix 3a) with this application, with clear timelines for seeing through the merger.

Practice to confirm enclosed with application form



Merger Implementation Plan.

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

However one e-signature from each party is sufficient for the initial application to be made

Signed: 

Print:M J Stubbings, Managing Partner, Portsdown Group Practice.....

Date:16th March 2020.....

Signed: 

Print: ...Dr David Berry, Partner, Hanway Group Practice.....

Date:16th March 2020.....

Appendix 3

Signed:

Print:

Date:

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on NHS Portsmouth CCG to agree a variation to any existing primary medical services contract or agreement

Submit application to: Steve.mcinnnes@nhs.net

Supplementary guidance on how to complete application form

Section 1

- Registered population should state your raw list size as at the 1st day of the current quarter
- Boundary changes are generally not agreed as a result of a merger. If there are any proposed changes this would need to be discussed at the earliest opportunity as in-depth consultation would be required which may delay the merger application.

Section 3

- Include benefits for patients, the practices, and others (such as commissioning organisations)
- Consider whether any of the following could be included:
 - Increased/improved sites for delivery of services
 - New services for some patients
 - Increased choice of female GP
 - Longer opening hours, incl ext hrs
 - CCG etc has fewer practices to manage
 - Fits with CCG Blueprint
 - Presents opportunities for staff
 - Supports resilience (and vulnerable practices)
 - Improved access to local (in-house?) pharmacy
 - Savings / Release of monies

Section 4

- Ensure you have followed the guidance at App 2 and that you have captured the key points from this
- Where responses have been received from patients include in your application a summary of the results and where possible the practice's planned mitigating actions against any perceived negative impact
- Your application must include the methods used to communicate with patients and information around the number of patients that have responded

Section 7

- This should reflect both inner and outer boundaries on a defined map of the local area.