

Health Scrutiny Committee (sub-committee of the People Scrutiny Commission) Supplementary Information



Date: Wednesday, 11 March 2020

Time: 2.00 pm

Venue: The Writing Room - City Hall, College Green,
Bristol, BS1 5TR

10. Bristol GP closures and new arrangements

(Pages 2 - 102)

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Health Scrutiny Committee

11th March 2020



Report of: NHS Bristol, North Somerset & South Gloucestershire CCG

Title: Bristol GP closures and new arrangements

Ward: n/a

Officer Presenting Report: Lisa Manson, Director of Commissioning

Recommendation:

The Health Scrutiny Committee are asked to note the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Committee with the developments within the local area of the Bishopston and Northville GP practices, following the patient dispersal.

The significant issues highlighted in the report are:

The process by which patients were safely transferred to the surrounding practices following the closure of Bishopston and Northville Family Practices

The development and investment in the local GP practices in the area to support the safe and continued care of the transferred patients



1. Summary

The Bishopston and Northville GP practices closed on 30 September 2019. The CCG took the decision to close the practices at the Primary Care Commissioning Committee on 25 June 2019, following extensive engagement works with local councilors, patients, MPs, and other primary medical care service providers.

The dispersal of patients across the surrounding local practices was complex, but this paper will provide an update on the process in which this was completed, and the surrounding infrastructure developments that are being implemented to ensure that patients continue to receive a very high standard of care.

2. Context

2.01 The short term contracts in place at both Bishopston and Northville were legacy arrangements that were passed to Bristol, North Somerset and South Gloucestershire CCG from NHS England in April 2018. In the lead up to the CCG receiving delegated Primary Care Commissioning responsibilities, the partners in the practice resigned the contract following estate and financial challenges. NHS England appointed BrisDoc as a provider at short notice, and awarded a contract of 1 + 1 years. It was hoped this contract, with the additional funding that was provided, would stabilise the service and render it a profitable opportunity for the market at the end of year 2.

2.02 However, GP recruitment continued to be challenging for the practice, and there was a lack of nearby estate opportunities to resolve the issues at the Bishopston site. Therefore, following the delegation of Primary Care commissioning, the Primary Care Contracts team commenced a review of the short term APMS contracts that were due to shortly expire. This review included 2 local contracts that were due for expiry during 2019 – Bishopston Family Practice and the Northville Family Practice. Table 1 outlines the contract list sizes, expiry and core contractual value:

| Locality | Name & Code | List Size (Jan 2019) | | Contract expiry date | Core Contract Value (18/19) |
|----------|--------------------------------------|----------------------|-------|----------------------|-----------------------------|
| | | Weighted | Raw | | |
| S Glos | Northville Family Practice - L81028 | 4,495 | 5,228 | 30 Sept 2019 | £409,070 |
| N&W | Bishopston Medical Practice - L81112 | 7,428 | 9,725 | 30 Sept 2019 | £643,178 |

Table 1

2.03 During an extensive period of engagement with interested providers that followed, several options were highlighted, and the Primary Care Commissioning Committee approved a period of patient engagement to understand the impact of each of the options on the population.

These options were:

- a) Procurement of a provider for a like-for-like service from each site.
- b) Procurement of a provider for a new model of care, exploring options to combine sites as branch surgeries to other local providers, or as a single lot.
- c) A managed dispersal of the patients to other providers in the area.

2.04 In the weeks that followed, patient letters were sent to all patients over the age of 16, inviting them to complete a survey on the options. This was accompanied by several patient

engagement sessions near both surgeries and letters were shared with local interested parties including councillors, MPs, acute trusts, NHS England, and local practices.

2.05 Using the data collected during the engagement and the feedback from local providers, it was identified that procurement would not be a viable option, as providers had not indicated an interest. It was strongly suggested by surrounding providers that there was existing support within the local system, to provide long term care for the patients of these practices, from purpose built facilities and within permanent non-expiring provider contracts.

2.06 The Primary Care Commissioning Committee made the final decision to disperse these patients on 25th June 2019. Patients were then notified of the dispersal, and upcoming closures, and other interested providers were also made aware. Patients were given until 30 September 2019 to choose a local practice, and further engagement sessions were held to provide information on the local practices available to patients. Following the closure, patient reports were run to identify individuals who had not relocated to a new GP practice independently. These patients were allocated to their nearest practice based on an algorithm that assessed the closest practice by travel time from their postcode. These patients then received a letter to inform them that they would be moved to this practice imminently; but that they retained the right to choose an alternative if the allocated practice was not suitable. The papers that were considered by the Committee are included as appendices for reference.

2.07 Over 15,000 patients were safely re-registered with surrounding practices during this period, with the receipt of only 1 formal complaint to the CCG. For patients that were identified as being vulnerable or in the process of receiving complex treatment, the clinicians at the Bishopston and Northville practices spent the early weeks of October preparing clinical handover information for the receiving practices to ensure treatment and care was not interrupted. Table 2 shows the practices the majority of patients registered with following the dispersal, including their projected growth to 2030.

| Practices | Pre-dispersal list sizes (April 2019) | Current list size (November 2019) | Projected list size (2030) |
|--------------------------------|--|--------------------------------------|-------------------------------|
| Conygre Medical Centre | 5,000 | 6,100 | 7,630 |
| Monk's Park Surgery | 5,786 | 7,810 | 8,567 |
| Horfield Health Centre | 16,124 | 17,788 | 19,417 |
| Gloucester Road Medical Centre | 14,851 | 20,307 | 22,080 |
| Montpelier Health Centre | 20,090 | 21,721 | 23,689 |
| Falldon Way Medical Centre | 9,374 | 10,767 | 11,807 |
| TOTALS | 71,225 | 84,493 | 93,190 |

Table 2

2.08 During the work with surrounding providers to identify the requirements to register this patient group safely, it was identified that estate development and extensions would be required. NHS England contacted the CCG during June to extend an offer to bid for Estates Technology Transformation Fund (ETTF) capital, and a bid was made on behalf of 4 practices that were set to receive significant numbers of patients. The capital bid was successful, with over £3.1 million awarded to the 4 projects local to the 2 closing sites.

2.09 These projects were then subjected to a capacity analysis during the development of a robust Outline Business Case to NHSE. The assessment looked at the proposed estate extensions, the models of care provided and the necessary rooms required at each site for the number of patients received, and projected in terms of natural list growth over the next 10 years. The OBC confirmed extensive estate works would be supported at the following sites:

- Gloucester Road Medical Practice
- Fallodon Way Medical Practice
- Conygre Surgery
- Monks Park Surgery

ETTF Planning and Development

2.10 The schemes approved by NHSE vary in size and some will require a significant amount of development. One such example is the Gloucester Road Medical Practice. The surgery accepted in excess of 5,000 patients from Bishopston, and their overall patient list now stands at over 20,000. Their current clinical room capacity cannot support the list size in the longer term, and therefore the capital money will support them to extend the premises. In order to do this, various elements of the existing building will need to be demolished and rebuilt, and the practice have asked the CCG to retain the temporary use of the previous Bishopston site at Nevil Road as an interim decant solution.

2.11 Planning permission for this development has been approved, and scheduling suggests that the practice will need to utilise the premises temporarily retained at Nevil Road for up to 10 months to continue providing clinical and administrative services. This will include the temporary Portakabin extension. Whilst it is understood that these facilities are not a long term solution, the practice will be unable to provide the level of comprehensive services currently provided, from their current premises once the extension work commences.

2.12 The plans currently available for the local premises are included as appendices.

2.14 A concept design is available for Gloucester Road Medical Centre, whilst Monks Park, Conygre and Fallodon remain in the design phase. Appendix 11 shares the current concept design available.

Resilience and Sustainability for GP Practices

2.14 The CCG wishes to take this opportunity to reassure the committee that the Sustainability and Resilience of all GP practices across BNSSG CCG is of paramount importance. This is identified and recognised in detail within our recently published Primary Care Strategy. The CCG actively engages practices for a Resilience and Sustainability programme where certain indicators suggest that the practice may be experiencing problems. When practices are identified, the Resilience leads meet with the practice to determine the causes of any issues, and to work with them to resolve.

2.15 In addition to this, the CCG encourages practices to proactively identify themselves for support, where issues arise. There is a package of support available within the Sustainability and Resilience Toolkit, and this is used in various ways to ensure development and resilience within general practice across the area.

2.16 There remains only one short term contract for Primary Medical Services within the Bristol area. This is the Charlotte Keel Medical Practice that currently is set to expire in March 2021, and we are working with CSU Procurement and Primacy Care Network Provider colleagues to secure a long term solution for this site. All other contracts across Bristol are for contracts that hold a status of perpetuity – with no underwritten expiry date. Therefore, there are no further planned GP practice closures within the Bristol area.

3. Policy

Not Applicable

4. Consultation

a) Internal

Not Applicable

b) External

Not Applicable

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.

5b) Equality Impact Assessments are included within the supporting documentation in the site specific appendices below.

Appendices:

Appendices A10; and 1-9: Meeting papers from Open Primary Care Commissioning Committee relating to the decision making process supporting the closure of the Bishopston and Northville surgeries.



10 - Bishopston and Northville APMS decis



10.5 - Northville_Patient__P



10.1 - Appendix 1. Northville_.pdf



10.5 Appendix 4 Patient letter.pdf



10.2 - Appendix 2. Bishopston.pdf



10.6 - Bishopston_Patient__



10.3 - Appendix 3 Patient letter.pdf



10.6 Northville_Patient__P



10.4 - Appendix 4 Patient letter.pdf



10.7 Bishopston_Patient__

Site Development plans –

Appendix 11: Gloucester Road Medical Practice – concept design



Monks Park Surgery, Conygre Medical Centre and Fallodon Way – in design

Primary Care Commissioning Committee

Date: 30 July 2019

Time: 9:00am – 1:00pm

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

Agenda number: 10

Report title: Bishopston and Northville APMS Contracts

Report Author: Stephanie Maidment, Senior Contracts Manager, Primary Care
David Moss, Head of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To update the Primary Care Commissioning Committee on the information collated and reviewed during the decision making process which led to the dispersal of two APMS contracts at Bishopston and Northville.

To present to the Primary Care Commissioning Committee the information collated and reviewed, that informed the decision to agree a list dispersal of Bishopston and Northville GP practices, in line with the expiry of their Alternative Provider Medical Service (APMS) contract. The decision for which was taken at the PCCC closed meeting held on Tuesday 25th June 2019.

2. Recommendations

The Primary Care Commissioning Committee is asked to note the decision to disperse the two APMS contracts at Bishopston and Northville and the content of the associated appendices.

3. Executive Summary

The Bishopston Medical Practice and Northville Family Practice APMS contracts outlined in this paper are due to expire on September 30th 2019. These contracts provide primary medical services to approximately 15,000 patients. The two contracts, as they currently exist, were set up temporarily by NHS England as APMS contracts following a hand back by the respective GP partnerships between 2016 and 2017. These contracts are both currently managed by BrisDoc.

The current contracts, list size and weighted list size with proposed expiries are:

| Practice Locality | Practice Name & Code | Raw List Size (Jan 2019) | Contract expiry date |
|-----------------------|---------------------------------------|--------------------------|----------------------|
| North & West | Bishopston Medical Practice L81112 | 9,725 | 30 September 2019 |
| South Gloucestershire | Northville Family Practice L81028 | 5,228 | 30 September 2019 |

To enable staff and patient stability, these contracts need long term and sustainable contractual solutions. This stability will allow practices and patients to be taken on a journey of transformation that is supported by the aims of the NHS 'GP Forward View' initiative which seeks to stabilise the health needs and requirements of the local populations for the future.

On February 26th 2019, a paper titled '*Options for Contracts Ending 2019*' was presented to the Primary Care Commissioning Committee in closed session. This paper outlined three main options available to the CCG regarding future services for the patients of the two practices. These were:

1. Procurement of a provider for a like-for-like service from each site.
2. Procurement of a provider for a new model of care, exploring options to combine sites as branch surgeries to other local providers, or as a single lot.
3. A managed dispersal of the patients to other providers in the area.

On March 26th 2019, a further paper was presented to the closed session of the Committee '*Options for APMS contracts ending in 2019/20*'. This paper outlined the impact on patients that could be identified prior to further engagement with stakeholders, patients and staff on the proposed options. The Committee approved a period of extensive engagement to work through the materiality of the change and what would be required to ensure a smooth transition to any alternative service.

Subsequently the Primary Care Contracts team, with support from many colleagues across the CCG, commenced conversations with surrounding practices, stakeholders and patients of the practices concerned. This paper outlines the steps undertaken and the outcomes of these discussions to support the recommended options.

Following a period of extensive engagement, a final paper summarising the information within the attached appendices was presented to the closed session of the Primary Care Commissioning Committee on 25th June 2019. All of the options explored for the two contracts and information gathered to support each was outlined in detail against each individual site. Following a detailed review of this paper, the committee made the decision to disperse the patient lists and manage a re-registration process with the surrounding practices.

Appendices 1 and 2 outline the information presented to the Primary Care Commissioning Committee in June. This includes the screening assessments relating to Quality and Equality and any associated action plans to ensure that patients are supported throughout the transition.

Appendices 3 and 4 are copies of the patient letter that was circulated to all registered patients of Bishopston Medical Practice and Northville Family Practice in early July 2019.

Appendices 5 and 6 detail the summary of the patient feedback collected during the engagement regarding the future of the GP services.

4. Financial resource implications

There are financial resource implications that were highlighted to the Primary Care Commissioning Committee, including detail relating to the current contract premiums and the overall financial impact of the options and corresponding outcomes.

5. Legal implications

There are no legal implications outlined within this paper.

6. Risk implications

There are risks associated with the APMS contracts and the next steps, and these have been highlighted and managed on an internal CCG Risk Register. These risks are being regularly monitored and appropriate mitigations have been put in place.

7. Implications for health inequalities

Primary care services are universal so any contract awards or dispersal will affect the whole population served. Equality and Quality impact assessments have been undertaken and are outlined within the appendices. These documents have been developed on facts available, public engagement sessions and patient survey data.

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

Primary care services are universal and the options explored in this paper will support appropriate delivery of these services, and will identify the benefits for the whole population including those with protected characteristics. An Equality Impact Assessment has been completed against each contract and is attached against each appendix. This document has been developed based on available information, staff and patient engagement and patient survey data.

9. Implications for Public Involvement

Since the first paper was discussed at the Primary Care Commissioning Committee, at the end of February 2019, an engagement plan has been enacted to gather feedback on the options from patients, practices and local interested parties and stakeholders. This engagement has been captured through the stakeholder engagement, patient engagement surveys and drop-in sessions, equality impact assessment and quality impact assessment sections within Appendices 1 and 2.

Appendices:

Appendix 1: Northville Family Practice

Appendix 2: Bishopston Medical Practice

Appendix 3: Patient letter – Bishopston

Appendix 4: Patient letter - Northville

Appendix 5: Northville Patient and Public Feedback Summary

Appendix 6: Bishopston Patient and Public Feedback Summary

Glossary of Terms and Abbreviations

| | |
|------------------------|---|
| CCG | Clinical Commissioning Group |
| APMS | Alternative Provider Medical Services |
| GP Forward View | NHS document that outlines national plans to support practices through workforce expansion, investment and a transformation programme |

Appendix 1: Northville Family Practice

1. Purpose

To update PCCC on the strategic plan for the future commissioning and contracting of primary care services for the population currently served by Northville and the subsequent patient impact.

2. Background

The Northville Family practice has a list size of 5,381 and is located on the boundary of Bristol/South Gloucestershire localities. The contract was handed back as the partners did not view the standalone contract as sustainable. The APMS contract is currently provided by BrisDoc, expired in January 2019 and has been extended until 30 September 2019.

The Northville Family Practice is a converted house, with an extension to provide clinical services. It is well maintained, and deceptive in size from the outside.

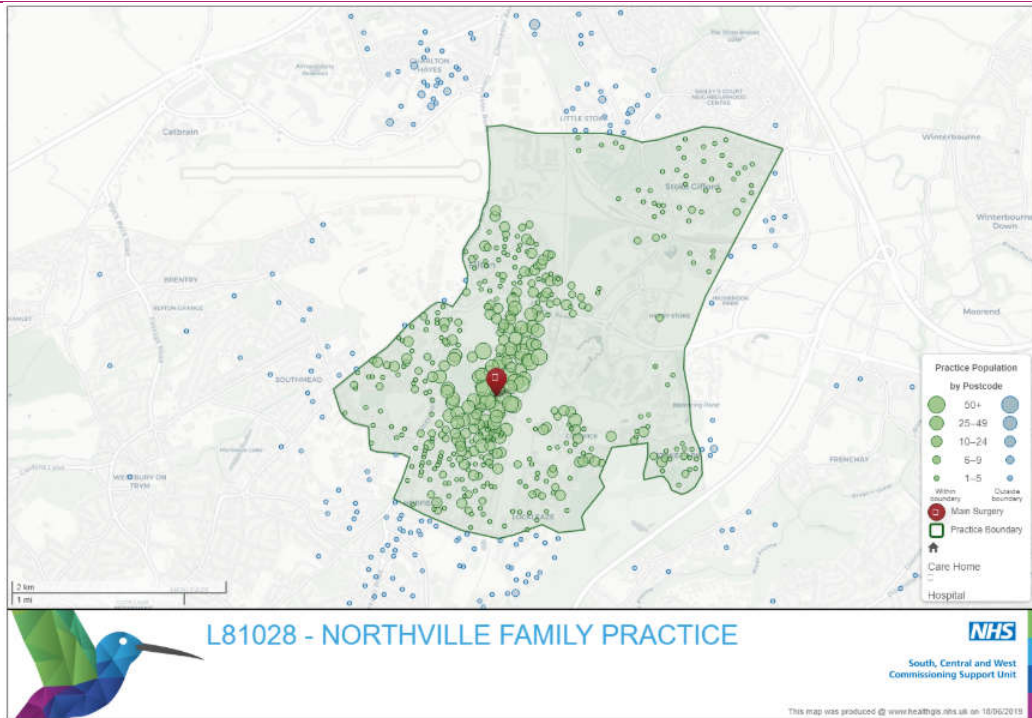
The current contract, list size and weighted list size with proposed expiry is:

| Practice Locality | Practice Name & Code | Raw List Size (Jan 2019) | Contract expiry date |
|-------------------|--------------------------------------|--------------------------|----------------------|
| S Gloucs | Northville Family Practice L81028 | 5,228 | 30 September 2019 |

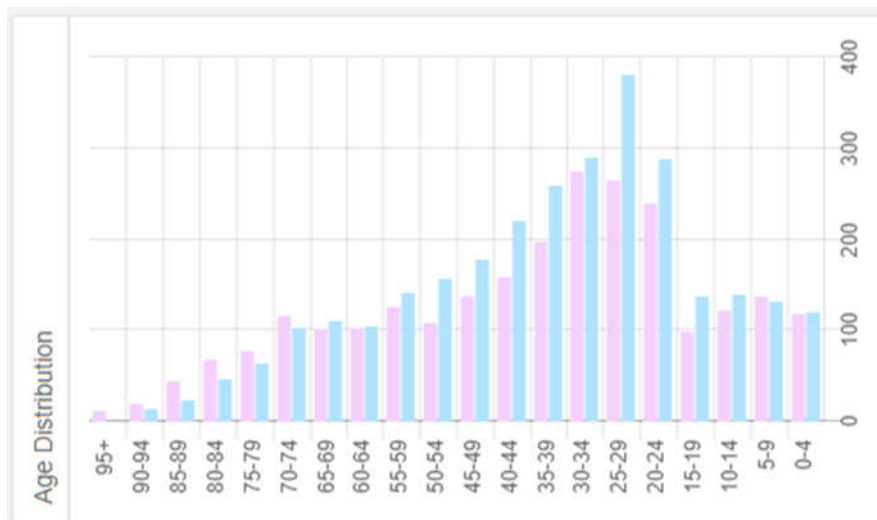
Attendees at a market engagement on January 30th indicated that this list size would be of most interest were it to be dispersed or to form a lot with another of the contracts in the area. The market clearly responded stating procurement for this service would generate no bids for a standalone contract.

3. Geography, Maps and Patient Demographics

The practice currently sits within the South Gloucestershire locality and the Phoenix PCN. The Phoenix PCN brings together Gloucester Road Medical Centre, Bishopston Medical Practice, Horfield Health Centre and Northville Family Practice. The patients are registered across a wide area around Filton, and the practice has registered patients on both sides of the Link Road.



The largest age group (20%) of registered patients are in the 25-34 year age group and anecdotally this is due to the large amount of patients registered from surrounding student housing. 63% of the patients live within a 0-10 minute walk/public transport from the practice. 90% of people living in Filton have English as their first language and 9% of registered patients live outside of the practice boundary.



The demographics of patients from the Northville practice are included in more detail within the Equality Impact Assessment.

4. Patient Engagement

Detailed patient engagement has been undertaken to understand any concerns of the patients at the Northville Family Practice. 2 afternoon events were held at the Filton Leisure Centre during

May. The information from these events will be used to inform a 'Feedback Summary' report (Appendix 5), and further FAQs associated with any implemented changes.

a. Communications

All patients over the age of 16 were sent a letter that stated the date of contract expiry, advising of the options being considered by the CCG, and providing contact details for any concerns. The letter also provided patients with the opportunity to complete a patient survey with a link to SurveyMonkey. For patients for whom this was not possible, paper surveys could be requested at the contact details provided or obtained from the GP surgery. Posters advertising the information were displayed in the practice, and patients on the PPG were contacted and offered a meeting with the CCG if they wished. A meeting was not forthcoming. However, there were a significant number of surveys completed with 132 completed and returned. The analysis of the survey and the events is included below.

b. Detailed Survey Analysis

The survey asked lots of questions to ascertain what was important to patients at the Northville Family Practice. This included questions about what time of day appointments were better, whether patients were happy with online access, and what they would like to see changed as part of the future service offer. The summary below assesses the key themes. Lots of the information collated will be used to design the future services within the Primary Care Network, and as part of the services any new practice will need to offer. It will also inform the 'Feedback Summary report that will be published to support patients with any service change.



We asked patients to tell us what they liked about their current service and this formed the following themes:

- **Appointments / booking** - 'I like the process now when I ring for an appointment. I know if it's urgent someone will call me back and, if they consider I need to see them, I will get an appointment the same day.', 'Whenever I ring up I can get an appointment, '[I like] the range of times you are given to see a doctor (e.g. evening appointments)'
- **Administrative and clinical staff** – 'Very helpful reception staff especially long serving ones', 'nurses are very friendly, good staff', 'When you see someone they are experienced, positive and understanding of the issues'
- **Ease of access** – 'It is local, I can walk there and I don't lose much work time', 'Have always found the doctors and nurses very kind and helpful', 'The staff seem to be very caring and approachable'

When asked what patients felt could be improved:

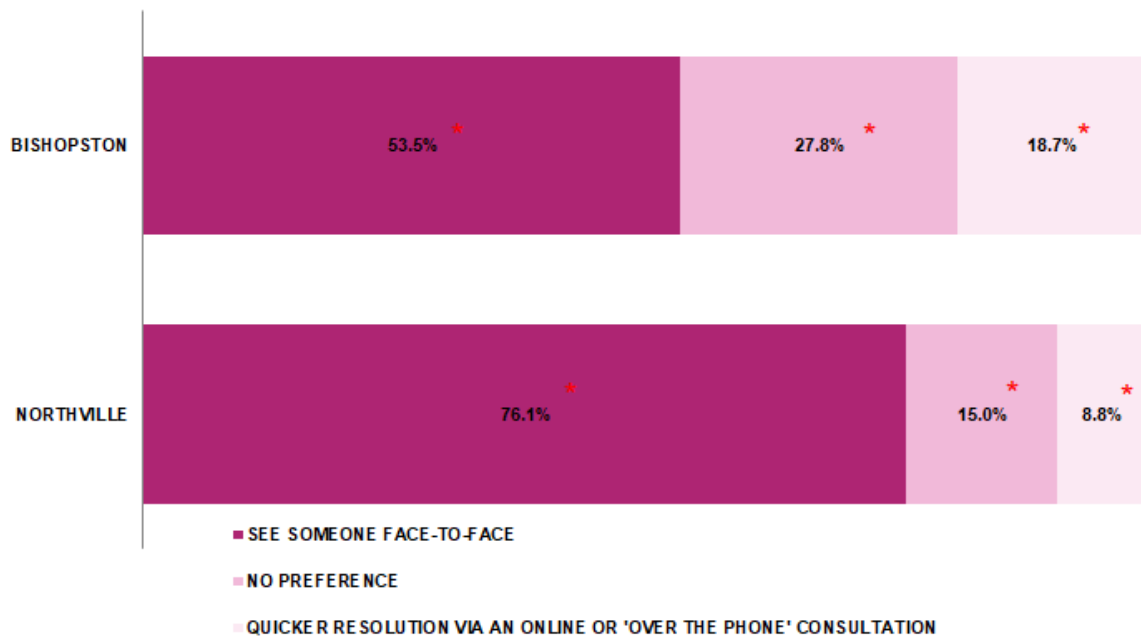
- **Communication** - '[I would like] good communication - followed up with a phone call as promised, follow up treatment arranged very promptly.'
- **Continuity of care** – '[A concern of mine is] continuity of doctors as I don't know who I am seeing and may not see them again', 'Greater consistency of GP - being able to see the same one on successive appointments as part of the same course of treatment'
- **Greater availability of appointments / methods of booking** – '[I would like] more appointment availability, especially out of office hours.', '[having the] ability to book appointments online'

We also gave patients the opportunity to tell us if they had any other comments, which we could then incorporate as part of our next steps and communications. The Northville patients told us:

- **Convenience of services adjacent / close to the surgery** – 'Out of hours care should be in the same location as the normal practice', '[the surgery is] very convenient with a pharmacy directly opposite especially as I have walking difficulties'
- **Telephone appointments** – 'Telephone appointments are good but when you have something that needs looking at, a phone appointment wastes everyone's time.'
- **Staff turnover** – 'Personnel at the surgery are forever changing so it is rare to see the same person twice.'
- **New practices for patients** – 'Will there be a choice? Will those [new] surgeries have additional GPs and nursing staff to cope with new patients?', 'If the practice is disbanded and the patients are moved to new practices, how will this transfer happen?'
- **Sustainability and continuity** – 'I would like to see continuity of provision', 'I worry about service hours, availability and quality dropping', 'If this surgery shuts it will create a huge void in provision for quite a sizeable geographical area'
- **Location and access** – 'We will end up with a more impersonal service', 'I do not want to be travelling any further', 'The location of the GPs is perfect, close to the St Andrew's community', 'people should not have to drive to their GP in a city' 'I am concerned you are planning to close my local practice for convenience', 'very concerned that the survival of this practice is in doubt', 'very strong perception that the practice is struggling'

Amongst other behavioural and patient attitude questions, we also asked patients about their use of online GP access. This yielded interesting results, with a large number of patients being happy to be offered online appointments or having no preference about seeing a GP face to face as outlined below:

In terms of the kind of appointment you have, would you prefer...?



This survey has been invaluable for informing next steps, and conversations with surrounding practices that form part of the dispersal solution. We will ensure that feedback is incorporated into the patient letters, and any communications and FAQs about the transfer of patients.

c. Event Feedback

Two events were held at Filton Leisure Centre, to allow members of the CCG to discuss any questions or concerns with patients. There were themes from these events, and these are summarised below:

General Comments

- Patients wanted to retain local practice and some were concerned about what a move may mean
- Some patients find it easy to make an appointment currently and were worried this might change
- Some felt there was no consistency or stability in current care – would like more continuity
- Patients were worried about other practices being able to cope with taking on new patients
- Some thought they were being asked to re-register as they live quite far away from the practice. Were keen to re-register somewhere else as they had found the standard of care to be poor.
- Some patients wanted to know about boundaries of neighbouring practices to understand choice of surgeries if no presence at Northville.
- Felt irregular doctors at Northville and would like a regular GP
- Telling same story a lot – no continuity or relationship

Potential Impact

- Pharmacy across road concerned. They prepare 200 dosette boxes for the practice.
- Some patients cited the inconvenience of moving to another practice
- Others wanted assurance that other practices could cope with new patients
- Patients cited poor access at current provider, and asked what it will be like in another.
- No continuity of care, wants to have a named GP
- Some patients wanted to know how best to make informed choice about where to go

5. Staff Engagement

To support the engagement process, Contracts and Engagement colleagues also visited the staff of the Northville Family Practice to understand their views on the implications for patients on all options available. These sessions were really useful in understanding the feedback from a wider audience and for feedback on the process of engagement with patients. Alongside the sessions at the practice where staff were encouraged to ask questions and raise concerns, there were also staff surveys.

The surveys asked several questions and these are outlined below with the themes that came out of each.

- **What do you personally see as working well for patients at Bishopston and Northville?**

The staff feel that it is a well-established practice, with a strong, loyal team. They believe they offer a high standard of care and are community oriented and well located. They offer same day appointments for urgent cases and have an excellent team of staff with large amounts of experience between them.

- **What do you personally think could be changed/done differently for the benefit of patients?**

The staff felt that they need to demonstrate a stronger synergy, and need to provide more adequate appointment types, with better signposting for patients. They wished to build on the existing team and recognised a need to stabilise the workforce given all the recent changes. They also felt that merging the practice with another would provide greater flexibility with their opening hours and a stronger workforce with additional care navigators and mental health workers.

- **What are your thoughts on the impact of the proposals for patients?**

Concerns raised about the elderly and those with long term conditions. They recognised that travel would be difficult for some patients and felt that there would be a loss of expertise and relationships that had been built between staff and patients.

- **The CCG has a vision for the longer-term future of healthcare in the Bristol area which includes even more joined-up Primary Care, community based care and hospital based-services. Is there anything you would like to say about the longer-term vision?**

Staff wished to see larger, improved premises for the area as well smaller sites to support hub-style working. They also recognised that a dispersal may increase the cost of home visits across the area as more patients would call the doctor given the greater distance to travel.

- **Any further comments?**

Some staff understandably stated that they did not wish to see the site closed. However some staff recognised the limitations of the current provision and cited that it may be helpful if the site closed, if the new offer provided better services to patients.

6. Equality Impact Assessment

A full Equality Impact Assessment has been undertaken on the Northville Family Practice, the results of which are included below. It is important to note that the EIA is a continuous and iterative process that will continue to be developed alongside the Engagement and Communications strategy, and the Action Plan incorporates identified actions to support any implemented changes safely. The EIA contains both of the options considered within this paper – patients being moved in a dispersal scenario, against more of the same, i.e. a procurement of a new provider for the practice. It was considered optimal to compare the two side-by-side and summarise accordingly.

Northville Family practice was rated Good by CQC (report published 2017). CQC have rated the four neighbouring GP Practices to the same standard (reports published between 2016 -2018). There is an opportunity for a positive impact with a broad range of services available at surrounding practices. It is important patients are informed of the different services neighbouring practices offers to ensure they can make an informed choice.

For a list dispersal, there were several high level impacts, and mitigations to ensure that impact is kept to a minimum.

- A list of vulnerable patients and those with enhanced care needs (such as Homeless, MH, Vulnerable, LD, Care Home, House Bound, Pregnant, Palliative Care, and visually Impaired) will be shared with the most appropriate neighbouring practices to ensure they can support these individual patients with the transfer and allow the practice to implement/continue their personalised care plans.
- Northville Family practice to issue extra prescriptions in the month leading up to the transition of care to allow for continuity in access to prescriptions
- GP2GP will be used to facilitate the transfer of patient records between practices.
- Educational resources will be made available to support patients with the choice of practices at the drop-in sessions and it will detail the service offers at the sites.
- Community drop in sessions will be arranged to allow patients to make an informed choice of which surrounding practice best suits their individual needs.

The CCG recommends that over Q3 and Q4 of 2019/2020, a regular item on internal governance meeting and at patient participation groups at the surrounding practices discusses how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patients with protected characteristics are invited to these meetings to ensure their views are captured.

There is a risk the surrounding practices do not have the resilience to accept the associated list size growth list dispersal would cause (see section 8, Area Resilience for further detail).

Engagement sessions with the surrounding practices have allowed the CCG and the neighbouring GP practices to come to a joint consensus on the number of patients each practice has the resilience to take and this has allowed an open discussion on any support mechanisms they would require to facilitate the associated list size growth.

Equality Impact Assessment

Name of Proposal being assessed: Future Healthcare provision for Northville Family Practice

Does this Proposal relate to a new or existing programme, project, policy or service? No

| | |
|--|--|
| Lead Officer completing EIA | Primary Care Contracts Team |
| Job Title | Assistant Contract Manager |
| Department/Service | Commissioning |
| Telephone number | |
| E-mail address | |
| Lead Equality Officer | Niema Burns |
| Key decision which this EIA will inform and the decision-maker(s) | To set out a strategic plan for the future commissioning and contracting of Primary Medical Services for patients currently within the patient boundary of Northville Family Practice. |

Step 1: Equality Impact Assessment Screening

1. Does the project affect service users, employees and/or the wider community?

Yes

2. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Please see the detailed screening document below where potential impacts are highlighted along with potential mitigations.

| Protected Characteristic | Northville Family Practice | | | |
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| | Options A- A list Dispersal | | Option B – Procurement of a Provider (incumbent or new) | |
| Age* [eg: young adults, working age adults; Older People 60+] | <p>Supporting Evidence</p> <ol style="list-style-type: none"> The largest age group (20%) of registered patients are in the 25-34yr age group. 18% of registered patients are 18 years or under. This is in line with the Bristol area average. 13% of registered patients are 65 or over. This is in line with the Bristol area average. The local age demographic shows there will be an increase in patients registered over 65 years within the Northville Family Practice boundary within the next 10 years. The latest CQC report for Northville Family Practice (Published March 2017) concludes a rating of good for the following specific services: Older People Families and Children Working Age Group The latest CQC report for the neighbouring practices concludes the following standard for the population group Older People. Stoke Gifford Medical Centre - Good The Old School Surgery – Carrol Court branch - Good Horfield Health Centre – Good Monks Park Surgery – Good The latest CQC report for the neighbouring practices concludes the following standard for the population group Families and Children. Stoke Gifford Medical Centre - Good The Old School Surgery – Carrol Court branch - Good | <p>Current Conclusion:</p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a neutral impact.</p> <p>The neighbouring surgeries to Northville Family Practice (Stoke Gifford Medical Centre, Monks Park Surgery, The Old School Surgery – Carrol Court branch and Horfield Health Centre) in combination, offer the same range of age related services offered by Northville Family Practice. In addition, some neighbouring surgeries offer a greater range of services which may provide an improvement in quality of care to some members within this protected characteristic. An example of some of these services are:</p> <ul style="list-style-type: none"> -Neonatal hearing service for newborns (Horfield Health Centre) - Memory Clinic for older patients (Horfield health Centre) <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts. This, in turn, can provide positive effect on continuity of care and the delivery of person-centred</p> | <p>Supporting Evidence</p> <ol style="list-style-type: none"> The largest age group (20%) of registered patients are in the 25-34yr age group. 18% of registered patients are 18 years or under. This is in line with the Bristol area average. 13% of registered patients are 65 or over. This is in line with the Bristol area average. The local age demographic shows there will be an increase in patients registered over 65 years within the Northville Family Practice boundary within the next 10 years. The latest CQC report for Northville Family Practice (Published March 2017) concludes a rating of good for the following specific services: Older People Families and Children Working Age Group | <p>Current Conclusion</p> <p>If a procurement process was enacted to offer a new four year APMS contract for Northville practice, there is a potential for a long term negative impact for the local community.</p> <p>This option causes the future healthcare provision for Northville Family practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care and the delivery of person-centred compassionate care.</p> |

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| | <p>Horfield Health Centre – Good Monks Park Surgery – Good</p> <p>7. The latest CQC report for the neighbouring practices concludes the following standard for the population group Working age group.</p> <p>Stoke Gifford Medical Centre - Good The Old School Surgery – Carrol Court branch - Good Horfield Health Centre – Good Monks Park Surgery – requires improvement</p> <p>8. A review of local transport provision has highlighted the following:</p> <ul style="list-style-type: none"> • The closest Practice to Northville practice can be accessed in the following times (travelling from Northville Family practice to Horfield Health Centre). <ul style="list-style-type: none"> ○ 3 minute drive ○ 17 minute walk ○ 5 minute bus journey (3 minutes bus and two minute walk – bus runs every 8 minutes during working hours). • Out of the three neighbouring G.P practices Monks Park Surgery is the furthest distance. It can be accessed in the following times (travelling from Northville Family practice to Monks Park Surgery) <ul style="list-style-type: none"> ○ 4 minute drive ○ 19 minute walk ○ 17 minutes via bus (3 minutes on the bus and 14 minute walk – bus runs every 8 minutes during working hours) | <p>compassionate care.</p> <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. However, some neighbouring practices have a small car parking area.</p> | | |
| <p>Disability</p> <p>Physical Impairment;</p> <p>Sensory Impairment;</p> <p>Mental</p> | <p><u>Supporting Evidence</u></p> <p>1. 43% of the patients live within a 0-10 minute walk/public transport from the practice.</p> <p>2. The latest CQC report for Northville Family Practice (Published March 2017) concludes a rating of good for the</p> | <p><u>Current Conclusion:</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a <u>neutral impact</u>.</p> <p>Neighbouring surgeries to Northville Family Practice, in combination, offer</p> | <p>1. 43% of the patients live within a 0-10 minute walk/public transport from the practice.</p> <p>2. The latest CQC report for Northville Family Practice (Published March 2017)</p> | <p><u>Current Conclusion</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for Northville practice, on balance, there is a long term</p> |

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| <p>Health; Learning Difficulty/ Disability; Long-Term Condition</p> | <p>following specific services:</p> <ul style="list-style-type: none"> - People with Long Term Conditions. - People Experiencing poor mental health. - People whose circumstance may make them vulnerable. <p>3. The latest CQC report for the neighbouring practices concludes the following standard for people with long term conditions.</p> <ul style="list-style-type: none"> - Stoke Gifford (Report published September 2016) – Good - The Old School Surgery – Carrol Court branch (Published February 2017) - Good - Horfield Health Centre (Report published September 2016) – Good - Monks Park (Report Published August 18) – Requires Improvement <p>4. The latest CQC report for the neighbouring practices concludes the following standard for People experiencing poor mental health.</p> <ul style="list-style-type: none"> - Monks Park (Report Published August 18) – Good - Stoke Gifford (Report published September 2016) – Good - The Old School Surgery – Carrol Court branch (Published February 2017 - Good - Horfield Health Centre (Report published September 2016) - Good <p>5. The latest CQC report for the neighbouring practices concludes the following standard for People whose circumstance may make them vulnerable</p> <ul style="list-style-type: none"> - Monks Park (Report Published August 18) – Good - Stoke Gifford (Report published September 2016) – Good - The Old School Surgery – Carrol Court branch (Published February 2017 - Good - Horfield Health Centre (Report published September 2016) - Good <p>6. A review of local transport provision has highlighted the following:</p> | <p>the same range of services. In addition, some neighbouring surgeries offer a greater range of services which may provide an improvement in quality of care to some members within this protected characteristic. An example of some of these services are:</p> <ul style="list-style-type: none"> -Neonatal hearing service for newborns (Horfield Health Centre) - Memory Clinic for older patients (Horfield health Centre) - Bristol Drugs Project Clinics <p>The CCG are aware that some of the neighbouring practices have an accessible information standard in place to ensure a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss can be met.</p> <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they</p> | <p>concludes a rating of good for the following specific services:</p> <ul style="list-style-type: none"> - People with Long Term Conditions. - People Experiencing poor mental health. - People whose circumstance may make them vulnerable. | <p><u>negative impact</u> for patients.</p> <p>The location of services will stay the same which results in a neutral impact on ease of access to G.P services for patients. However, this option causes the future healthcare provision for Northville Family practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The new provider/incumbent provider would need to adhere to NHS England Accessible Information standards guidance.</p> |
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| <ul style="list-style-type: none"> The closest Practice to Northville practice can be accessed in the following times (travelling from Northville Family practice to Horfield Health Centre). <ul style="list-style-type: none"> 3 minute drive 17 minute walk 5 minutes bus journey (3 minutes bus and two minute walk – bus runs every 8 minutes during working hours) Out of the three neighbouring G.P practices Monks Park Surgery is the furthest distance. It can be accessed in the following times (travelling from Northville Family practice to Monks Park Surgery) <ul style="list-style-type: none"> 4 minute drive, 19 minute walk 17 minutes via bus (3 minutes on the bus and 14 minute walk – bus runs every 8 minutes during working hours) <p>7. The CCG are aware that some practices have procedures in place to ensure they abide to the accessible information standard.</p> | <p>may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Northville patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | | |
| <p>Gender Reassignment [Trans people]</p> | <p><u>Supporting Evidence</u> No Data available</p> <p><u>Current Conclusion:</u> If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a long term <u>positive impact.</u></p> <p>Any future provider for patients who currently seek primary care services from Northville Family practice would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected</p> | <p><u>Supporting Evidence</u> No Data available</p> | <p><u>Current Conclusion:</u> If a procurement process was enacted to offer a new four year APMS contract for Northville practice, it is anticipated there would be a long term <u>negative impact</u> for patients.</p> <p>This option causes the future healthcare provision for Northville Family practice to be in a regular state of impermanence. This could</p> |

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| | | <p>characteristic.</p> <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>Although NHS England commission services related to this protected characteristic, as this option will create large G.P practices in the local area there is an opportunity to improve how care is provided to this group of individuals at a local level.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | | <p>have a long term negative effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |
| <p>Race [including nationality and ethnicity]</p> | <p><u>Supporting Evidence</u></p> <ol style="list-style-type: none"> 1. 90% of people living in Filton have English as their first language. 2. 16% of the total population of Bristol are BME. | <p><u>Current Conclusion:</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a <u>neutral impact.</u></p> <p>The provider is expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> <p>Future communication regarding the potential changes requires a clear,</p> | <p><u>Supporting Evidence</u></p> <ol style="list-style-type: none"> 1. 90% of people living in Filton have English as their first language. 2. 16% of the total population of Bristol are BME. | <p><u>Current Conclusion:</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for Northville practice, it is anticipated there would be a long term <u>negative impact</u> for patients.</p> <p>This option causes the future healthcare provision for Northville Family practice to</p> |

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| | | consistent and fair approach to ensure the provision of information is accessible to all. | | be in regular state of impermanence. This could have a negative effect on continuity of care and the delivery of person-centred compassionate care. The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic. |
| Religion or Belief Page 27 | <u>Supporting Evidence</u> No Data available | <u>Current Conclusion:</u> If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a neutral impact . The provider is expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic. Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all. | <u>Supporting Evidence</u> No Data available | <u>Current Conclusion:</u> If a procurement process was enacted to offer a new four year APMS contract for Northville practice, it is anticipated there would be neutral impact for patients. The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic. |
| Sex [Male or Female] | <u>Supporting Evidence</u> The practice list size is made up of the following demographic: - 53% Male - 47% Female | <u>Current Conclusion:</u> Due to an even ratio of male to female registered patients. It is anticipated there will be a neutral impact on this protected characteristic. The provider is | - 53% Male - 47% Female | <u>Current Conclusion:</u> Due to an even ratio of male to female registered patients. It is anticipated there will be a neutral impact on this |

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| | | <p>expected to comply with national legal guidance around the access and provision of services relating to a person’s religion or belief.</p> | | <p>protected characteristic. The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |
| <p>Sexual Orientation</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 28</p> | <p><u>Supporting Evidence</u></p> <p>No Data available.</p> | <p><u>Current Conclusion:</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a <u>neutral impact.</u></p> <p>The provider is expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | <p><u>Supporting Evidence</u></p> <p>No Data available.</p> | <p><u>Current Conclusion:</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for Northville practice, it is anticipated there would be a long term <u>negative impact</u> for patients.</p> <p>This option causes the future healthcare provision for Northville Family practice to be in regular state of impermanence. This could have a negative effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |

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| <p>Pregnancy and Maternity</p> | <p><u>Supporting Evidence</u></p> <p>1. The largest age group (20%) of registered patients are in the 25-34yr age group.</p> <p>2. A review of local transport provision has highlighted the following:</p> <ul style="list-style-type: none"> • The closest Practice to Northville practice can be accessed in the following times (travelling from Northville Family practice to Horfield Health Centre). <ul style="list-style-type: none"> ○ 3 minute drive ○ 17 minute walk ○ 5 minutes bus journey (3 minutes bus and two minute walk – bus runs every 8 minutes during working hours) • Out of the three neighbouring G.P practices Monks Park Surgery is the furthest distance. It can be accessed in the following times (travelling from Northville Family practice to Monks Park Surgery) <ul style="list-style-type: none"> ○ 4 minute drive, ○ 19 minute walk ○ 17 minutes via bus (3 minutes on the bus and 14 minute walk – bus runs every 8 minutes during working hours) | <p><u>Current Conclusion:</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a long term <u>neutral impact.</u></p> <p>The CQC report for Northville Family Practice from February 2017 sites positive examples of joint working with midwives, health visitors and school nurses. The practice had a list of all patients who were pregnant with their expected delivery date and monitored patients to ensure the babies are registered with the practice and attend for their immunisations. The practice followed up non-attendance and highlighted to the GP any patients who failed to attend. There is a potential for a negative impact if this service is not replicated.</p> <p>The three neighbouring services to Northville Family Practice, in combination, offer well women programmes and antenatal care. Patients would need to be informed of the different services neighbouring practices offers to ensure they can make an informed choice.</p> <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred</p> | <p><u>Supporting Evidence</u></p> <p>The largest age group (20%) of registered patients are in the 25-34yr age group.</p> | <p><u>Current Conclusion:</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for Northville practice, on balance, there is a <u>positive impact for patients.</u></p> <p>The CQC report for Northville Family Practice from February 2017 sites positive examples of joint working with midwives, health visitors and school nurses. The practice had a list of all patients who were pregnant with their expected delivery date and monitored patients to ensure the babies are registered with the practice and attend for their immunisations. The practice followed up non-attendance and highlighted to the GP any patients who failed to attend. There is a potential for a negative impact if this service is not replicated.</p> <p>A local G.P service provides easy access to care for young families.</p> <p>This option causes the future healthcare provision for Northville Family practice to be in regular state of impermanence. This could</p> |
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| | | <p>compassionate care.</p> <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Northville patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> | | <p>have a negative effect on continuity of care and the delivery of person-centred compassionate care.</p> |
| <p>Marriage and Partnership Page 30</p> | <p><u>Supporting Evidence</u></p> <p>No data available.</p> | <p><u>Current Conclusion</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a <u>neutral impact</u>.</p> <p>The future providers will be expected to comply with national legal guidance around the access and provision of services relating to a person's marriage or civil partnership status.</p> | <p><u>Supporting Evidence</u></p> <p>No data available.</p> | <p><u>Current Conclusion</u></p> <p>If a list dispersal was enacted at Northville Family Practice, on balance, there is a potential for a <u>neutral impact</u>.</p> <p>The future providers will be expected to comply with national legal guidance around the access and provision of services relating to a person's marriage or civil partnership status.</p> |

* Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women.

3. Relevance to the Public sector Equality Duty:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

If list dispersal was enacted at Northville Family Practice surrounding practices would be expected to comply with national legal guidance around the access and provision of services to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

All the surrounding practices have contracts which run in perpetuity, there is an opportunity to implement long term solution which aim to advance equality of care between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

The surrounding practices will become larger entities which provide scope for these organisations to increase the range of skills within their workforce which, in turn, could lead to improvement in services and relationship with people who have a protected characteristic and those who do not.

4. Health Inequalities:

There are no statistically significant health inequalities outliers (benchmarked against national data) within this region of the city.

5. Conclusion:

On the basis of the screening assessment, it is concluded a full EIA will need to be undertaken to review some of the issues highlighted through the screening.

Proceed to full EIA? **Yes**

Signed: Primary Care Contracts

Date: 1 June 2019

Step 2: Equality Analysis

The above screenings for the two options brings together all the equality information currently obtained to assist with making a judgement on the likely effect on the equality impact the proposed future primary care options for the community of Northville Family Practice.

Engagement and Patient Feedback (further details found in Section 4)

Since the screening has taken place a series of community engagement sessions have been undertaken, a discussion with Bristol Patient and Public Involvement (PPI) group has been held and a patient survey has been available online and at the practice. In addition an engagement session and survey with staff members at Northville Family Practice allowed detail to be gathered on both clinical and admin staff on the patient impact and opportunity the proposed changes could cause. These formats have highlighted the following topics which relate to the following protected characteristics:

Age:

- The distance from their residence to the GP practice
- Ease of access via public and private transport.
- Length of wait for an appointment
- A large impact on patients with long term conditions
- Moving GP services further away from resident's homes could result in a loss of independence for some individuals within this protected characteristic.

Disability:

- The continuity of care for patients with a disability is crucial and steps needs to be instigated so medication and prescription plans are maintained and there is a minimal need for patients to repeat their medical history.
- Ease of access via public and private transport.
- Moving G.P services further away from resident's homes could result in a loss of independence for some individuals within this protected characteristic.
- Length of wait for an appointment
- A large impact on patients with long term conditions
- The future decision provides a new opportunity to improve mental health services for local residents.

Gender Reassignment:

- The continuity of care for patients with this protected characteristic is paramount to ensure trust is developed
- The nearest clinic for gender reassignment support is Exeter. A gender reassignment clinic is planned to be opened in Bristol. Whichever option is enacted, there is an opportunity to use the refreshment of primary care services as a catalyst to ensure patients with this protected characteristic are aware of the care services provided at this new local clinic.

Sexual Orientation

- The continuity of care for patients with this protected characteristic is paramount to ensure trust is developed

The Community engagements were run as drop in sessions within a community space at a range of times throughout the working week. The Patient surveys were available online and were able to be picked up at Northville Family Practice. The action log below outlines the steps planned to ensure that following a decision on the future primary healthcare model for patients of Northville Family practice there are structures in place to ensure individuals with a protected characteristic have the opportunity to engage with and provide opinion on how their local primary care service meets their needs.

Option A: List Dispersal

If Northville Family Practice is closed and patients are dispersed to surrounding practices, a list of vulnerable patients (such as Homeless, MH, Vulnerable, LD, Care Home, House Bound, Pregnant, Palliative Care, and visually Impaired) will be shared with the most appropriate neighbouring practices to ensure they can support these individual patients with the transfer and allow the practice to implement/continue their personalised care plans. In addition, plans would be implemented to allow Northville Family practice to issue repeat prescriptions in the month leading up to the transition of care to allow for continuity in access to prescriptions and GP2GP will be used to facilitate the transfer of patient records between practices. Due to the range of services offered at neighbouring services, educational resources will be made and distributed and community drop in sessions will be arranged to allow patients to make an informed choice of which surrounding practice best suits their individual needs.

The CCG recommends that over Q3 and Q4 of 2019/2020, a regular item on internal governance meeting and at patient participation groups at the surrounding practices discusses how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patient with protected characteristics are invited to these meetings to ensure their views are captured.

There is a risk the surrounding practices do not have the resilience to accept the associated list size growth a list dispersal would cause (see 'Area Resilience' Section 7 for further detail). Engagement sessions with the surrounding practices have allowed the CCG and the neighbouring G.P practice to come to a joint consensus on the number of

Based on the above screening information and information gathered during the community engagement process the following summary table key outcomes/impacts:

| Option | Actual or potential positive outcomes/impacts in relation to the public sector equality duty? | Actual or potential negative outcomes/impacts? | Overall Conclusion |
|--|---|--|---|
| <p>Option A: List dispersal</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 34</p> | <p>The current contract for Northville Family Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on long-term continuity of care and the delivery of person-centred compassionate care.</p> <p>The neighbouring surgeries to Northville Family Practice (Stoke Gifford Medical Centre, Monks Park Surgery, The Old School Surgery – Carrol Court branch and Horfield Health Centre) in combination offer the same range of services offered to Northville Family Practice. In addition, some neighbouring surgeries offer a wider range of services which may provide an improvement in quality of care to some members within a protected characteristic.</p> | <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care which could, in turn, decrease independence and increase isolation for individuals within some protected characteristics. . The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Northville patients are supported with information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> <p>A short term disruption to the continuity of care provided to patients with a protected characteristic.</p> <p>A short term apprehension, irritation and workload for patients to rearrange their primary care provision.</p> | <p>Based on the information in the screening and the impacts noted in this table, it is concluded this options will have, on balance, a neutral impact on the local community with protected characteristics. This conclusion is based on the caveat that the steps outlined in the below action plan are implemented.</p> |

Assessment of the legality of the proposal

- **Could the proposal disadvantage people with a particular protected characteristic?**
Option A: List dispersal - As outlined in the above, on balance, there is a neutral impact on patients with a protected characteristic of age and/or disability
However, because of the travel implications there is a potential for a lawful disadvantage for some patients with an Age and/or Disability and/or Pregnancy/maternity protected characteristic.
Option B: Incumbent or new provider - No
- **Could any part of the proposal discriminate unlawfully?**
Option A: List dispersal - No
Option B: Incumbent or new provider – No
- **Are there other proposals, projects or policies that need to change to support the effectiveness of this proposal? No.**

The outcome of the Equality Impact Assessment:

Continue the project, there is no unlawful discrimination. If either options A or B is enacted there is a potential to promote equality during the mobilisation stage. The action plan below details how this can be enacted.

| Action Plan – List Dispersal | | | |
|---|--|-----------------|----------------|
| Action | Owner | Due Date | Outcome |
| The Surrounding GP care providers to Northville Family Practice would be required to provide the CCG with evidence they are complying with the accessible information standard. | Primary Care Contracting Team | 01/09/2019 | |
| Education resources providing information on the services available at surrounding practices made available to patients at Northville Family Practice. | BNSSG CCG | 01/10/2019 | |
| Community drop in sessions to provide an opportunity for patients to discuss concerns about the transition in care and the available services at neighbouring practices. | BNSSG CCG | 01/10/2019 | |
| Bi-monthly resilience meetings with the surrounding practices to ensure they are managing the increased list size and discuss any issues which are occurring which have knock on effect on patients with a protected characteristic . | Primary Care Contracting Team and Primary Care Resilience Team | 31/12/2019 | |
| During Q3 and Q4, patient participation groups at the surrounding practices discuss how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patient with protected characteristics are invited to these meetings to ensure their views are captured. | Primary Care Contract team to monitor | 31/12/2019 | |
| During Q3 and Q4, internal governance meetings at the surrounding practices discuss how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. | Primary Care Contract team to monitor | 31/12/2019 | |

Step 3: Monitoring, Evaluation and Review

See action plan above

When will this EIA be reviewed?

Date: 31/12/2019

Step 4: Approval and publication

| | |
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| Approved by Equality & Diversity Lead | Date: 18 th June 2019 Name: Niema Burns |
| Approved by Project Lead / RO | Date: 18 th June 2019 Name: David Moss |

Step 5: Monitoring and Reviewing the Action Plan

| Review of EIA - Update / Observations / Changes | |
|--|----------------|
| Please provide details: | |
| Approved by Equality & Diversity Lead | Name: Date: |
| Approved by Project Lead | Name: Date: |
| Date of Next Review (If no further review required please provide reasons) | Date: 31/12/19 |

7. Quality Impact Assessment

As recommended in the QIA screening, conclusion, a full QIA has been undertaken and is included below.

Quality Impact Assessment – Northville

This Quality Impact Assessment relates to the proposed contractual changes at Northville Family Practice. A Quality Impact Assessment was deemed to not be required if Option 2 - Procurement is undertaken as this would not be a change to current service provision, only a possible change to the provider.

The Quality Impact screening was undertaken and this identified that a full Quality Impact Assessment was required if the option to pursue a list dispersal was chosen. Since the screening was initially undertaken, several community engagement sessions have taken place, as well as patient and staff surveys. Full details of the outcomes of these can be found in the patient engagement Section 4 of this report.

A full Equality Impact Assessment has also been undertaken – Section 6. This provides detailed information regarding impact on vulnerable patients and actions being taken to mitigate these risks.

Quality of Services

Current Provision:

Northville Family Practice: The practice has an overall CQC rating of 'Good' and is rated as 'Good' for every domain and population group. The practice has been submitting FFT data since December 2018; however it is noted that the response rate has been below 5 responses per month and therefore there is no recommendation rate for the practice. This practice rates as above average for overall experience in the GP Patient Survey, however is below average for ease of getting through on the phone and overall experience of making an appointment.

There are three potential receiving practices available to patients.

Horfield Health Centre: The practice has an overall CQC rating of 'Good' and is rated as 'Good' for every domain and population group. Until January 2019 they had not submitted any Friends and Family Test (FFT) data. However, for the four months where we have FFT data available, it is noted that there has been an improvement each month in both number of responses receive and the recommendation rate which in March and April was above the CCG average.

Monks Park: The practice has an overall CQC rating of 'Good' however it does have a 'Requires improvement for the 'Effective' domain and 'People with long-term conditions' and 'Working age people' population groups.

Stoke Gifford: The practice has an overall CQC rating of 'Good' and is rated as 'Good' for every domain and population group. The practice has routinely been submitting FFT data since January

2019, since this time the practice has submitted higher than average responses and higher than average recommendation rates.

Information regarding the resilience of the potential receiving practices can be found in section 8.

Assessing the Impact

All patients would be offered Primary Care services at Practices with a GMS/PMS contract. These are similar contractual arrangements to those at the current practice and are subject to the same quality requirements and monitoring.

It is clear from the patient engagement that continuity of care is important to patients. There would be a significant change in service provision, including location and staffing were a list dispersal to take place. However as these patients would register with a PMS/GMS contracted practice they would then be likely to receive increased continuity of care under a contract of perpetuity in the longer term. Conversations have been held with the potential receiving providers to discuss estates and workforce requirements if they were to receive additional patients.

If the dispersal was to be progressed there is a clear plan in place to ensure that patients are made aware of the changes in services and details of which practices would be available for them to register with, including details about access and services provided. In addition, plans would be implemented to allow Northville Family practice to issue additional prescriptions in the month leading up to the transition of care to allow for continuity in access to prescriptions and GP2GP will be used to facilitate the transfer of patient records between practices. Due to the range of services offered at neighbouring practices, information will be made available at community drop in sessions arranged to allow patients to make an informed choice of which practice best suits their individual needs.

Northville Family Practice sits within the South Gloucestershire Locality. When patients choose a new practice they may register with a practice in the North & West Bristol Locality. The Business Intelligence Team has undertaken some initial mapping of referral data. This suggests that patients are currently being referred to the teams covering their home address rather than it being linked to the practice location, indicating that this will have little impact to patient pathways.

CSU mapping work regarding displacement analysis has been undertaken and can be found in Section 8 of this report. This detailed travel time to the practice by foot, by car and travelling by bus. This identifies that many people are able to access services closer to their current address and those who cannot are generally not inconvenienced in a significant way. The contracting team are working with the incumbent practice to identify any vulnerable, high risk and complex care patients, additional support will be provided to ensure that changes to travel options do not affect these patients ongoing care. Patients will have the opportunity to choose from a range of practices in the local area.

Registration with another long term GMS/PMS provider should not directly impact the experience and services provided to patients, however we recognise that service provision will be offered by different clinicians and this may affect patient experience initially due to the changing of long term professional relationships.

Risks

There is a potential risk to patients from a safety and experience perspective, due to changes in personnel and location of services. However the additional information that has been received since the initial screen was undertaken suggest that this risk would be minimal and actions have been put in place to mitigate these further. There is a potential positive quality impact of moving patients from a site providing limited additional services to ones providing an extensive suite of additional services.

Continued monitoring

The Quality Team will continue to monitor the patient safety and quality of services provided to all patients, including those potentially affected by the list dispersal, using CQC, FFT, QOF and other quality metrics. Any concerns will be initially raised and discussed at the Quality, Resilience and Contracting meeting, prior to escalating to PCOG and PCCC if required.

Conclusion

Based on the information in the screening and the additional information subsequently received, it is concluded that this option will have, on balance, a neutral impact on the majority of patients with a potential for improved provision of care from practices offering more diverse services.

8. Option 1 List Dispersal

Background

As stated above, list dispersal is the recommended option for the Northville Family Practice. The CSU mapping team have undertaken an initial analysis to understand where the patients of the Northville Family Practice may register alongside a dispersal of the Bishopston Medical Practice. These patient numbers can be separated, but it was felt to be helpful to combine as the geography of the registered patients is similar and an understanding of the overall impact on each practice was beneficial. The patients would likely disperse as follows:

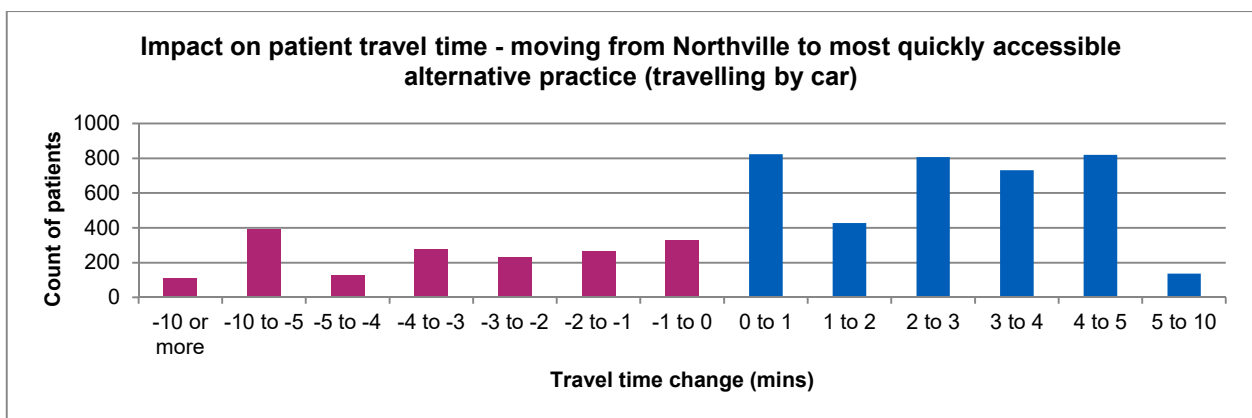
| Practice Name | Patients for whom closest Walking Bishopston | Patients for whom closest Walking Northville | Total | Patients for whom closest Driving Bishopston | Patients for whom closest Driving Northville | Total | Total Uncertain re: Ring road | What the practice are willing to take | Therefore - 13,988 patients going to a possible (mapping and algorithm dependent) |
|--------------------------------|--|--|-------|--|--|-------|-------------------------------|---------------------------------------|---|
| CONYGRE MEDICAL CENTRE | 10 | 2566 | 2576 | 29 | 3307 | 3336 | -2546 | 2000 | 1100 |
| MONKS PARK SURGERY | 134 | 1639 | 1773 | 115 | 810 | 925 | 2154 | 3000 | 2600 |
| HORFIELD HC | 207 | 639 | 846 | 198 | 688 | 886 | | 2000 | 1000 |
| GLOUCESTER ROAD MEDICAL CENTRE | 4448 | 51 | 4499 | 5165 | 66 | 5231 | | 5000 | 4500 |
| MONTPELIER | 3123 | 8 | 3131 | 2540 | 8 | 2548 | | 3000 | 2600 |

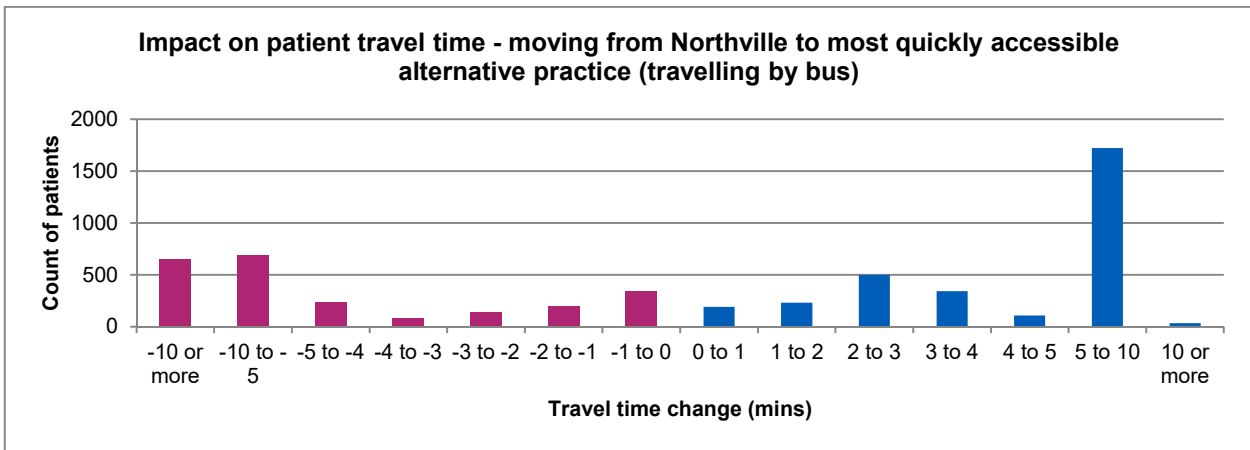
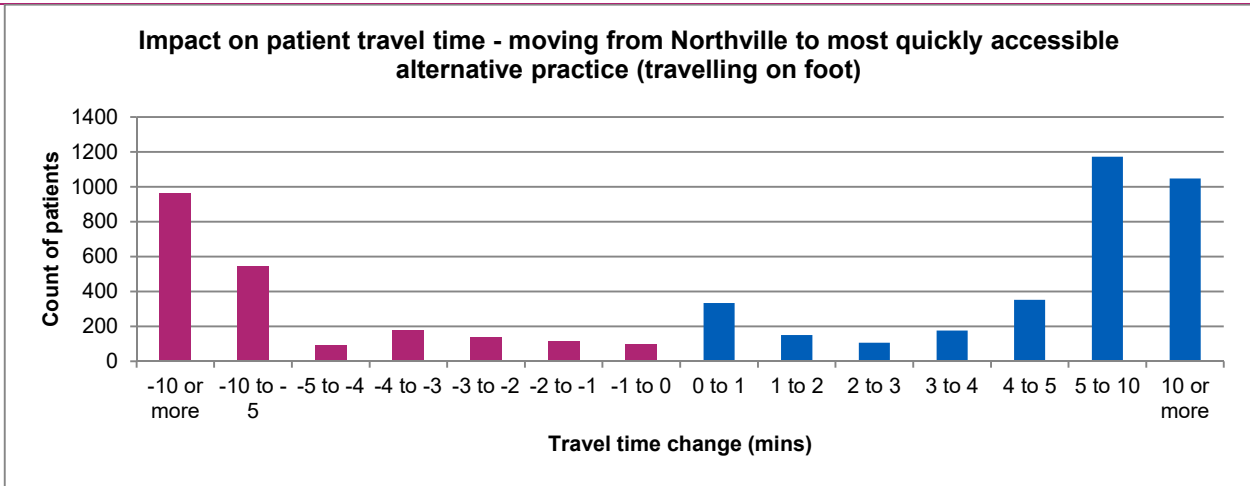
| | | | | | | | | | |
|--------------------------------|------|---|------|-----|---|-----|--|------|------|
| HEALTH CENTRE | | | | | | | | | |
| FALLODON WAY MEDICAL CENTRE | 1161 | 2 | 1163 | 848 | 2 | 850 | | 2000 | 1900 |

The CSU GIS mapping team have completed an exercise to understand the impact the closure of Northville Family Practice will have on patient travel time between the current practice and the next closest alternative services for the patient population based on postcode. The results of this are included below against driving, public transport and walking options. These initial results demonstrate that many people are able to access services closer to their current address and those who cannot are generally not being inconvenienced in a significant way.

This outlines the difference in travel time from where the patient is currently living, to the current registered practice, and how this would be impacted if they were to register with or be allocated to the practice closest to their home address.

| Travel Time Change (mins) - Car | Patient Count | | Travel Time Change (mins) - Bus | Patient Count | | Travel Time Change (mins) - Walking | Patient Count | |
|------------------------------------|---------------|-----------------|------------------------------------|---------------|-----------------|--|---------------|-----------------|
| -10 or more | 108 | Shorter journey | -10 or more | 652 | Shorter journey | -10 or more | 965 | Shorter journey |
| -10 to -5 | 390 | | -10 to -5 | 686 | | -10 to -5 | 544 | |
| -5 to -4 | 125 | | -5 to -4 | 241 | | -5 to -4 | 92 | |
| -4 to -3 | 279 | | -4 to -3 | 83 | | -4 to -3 | 176 | |
| -3 to -2 | 229 | | -3 to -2 | 139 | | -3 to -2 | 140 | |
| -2 to -1 | 263 | | -2 to -1 | 197 | | -2 to -1 | 115 | |
| -1 to 0 | 331 | | -1 to 0 | 338 | | -1 to 0 | 97 | |
| 0 to 1 | 823 | Longer journey | 0 to 1 | 192 | Longer journey | 0 to 1 | 335 | Longer journey |
| 1 to 2 | 427 | | 1 to 2 | 232 | | 1 to 2 | 151 | |
| 2 to 3 | 807 | | 2 to 3 | 500 | | 2 to 3 | 106 | |
| 3 to 4 | 731 | | 3 to 4 | 344 | | 3 to 4 | 176 | |
| 4 to 5 | 819 | | 4 to 5 | 109 | | 4 to 5 | 352 | |
| 5 to 10 | 137 | | 5 to 10 | 1722 | | 5 to 10 | 1173 | |
| | | | 10 or more | 34 | | 10 or more | 1047 | |





The data above suggests that some patients may fare better were they to be dispersed to practices closer to their home address. For others, there are several other local surgeries, and the distance impact would not be too challenging.

The process for dispersing a list requires a letter be sent to the patient address to inform them of the change. This letter would outline the most local practice that has the capacity to register them. The numbers above are indicative figures that would apply prior to any additional algorithms being used. For example, the CSU algorithm will allocate all families to the same practice, and would allocate vulnerable patients to a practice closer than someone who is more fit and able, should this be necessary.

Estates

The Northville Family Practice currently operates from a terrace house with an extension. It is deceptively spacious, but requires some improvements. It is currently owned by the previous partners, and is let on a short term basis to the current provider.

As part of a list dispersal, there would be no long term implications for leaving the estate. The short term contract is linked directly with the incumbent's core contract, and so contract exit and building closedown can be simultaneously performed. There are no significant exit costs on this

building; however the incumbent has provided a list of telephony and similar contracts for which they would be liable in a dispersal scenario.

Practices have cited the need for adaptations to their existing buildings to support the dispersal of any patients and were asked to consider what space would be necessary to facilitate the growth should this be required. A bid has been made for several projects across BNSSG for funding from NHSE. This included 4 of the 6 practices that have expressed an interest in taking patients from the Bishopston and Northville practices.

Area Resilience

As part of the process to review the option of list dispersal of patients currently registered at Bishopston Medical Practice and Northville Family Practice it was agreed by members of the APMS working group that the resilience of the practices which would accept additional patients onto their list as a result of list dispersal would be reviewed. This review of resilience served 2 key functions;

1. To review the current picture of resilience of the 6 practices concerned
2. To inform the requirements associated with list growth

The Primary Care Quality and Resilience Dashboard was used and practices were also asked to complete the BNSSG CCG Practice Resilience Information Collection Tool. This approach to reviewing practice resilience follows the agreed process as detailed in the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit. The BNSSG CCG Practice Resilience Information Collection Tool was adapted in order to fulfil function 2 as noted above.

The findings of the resilience review are summarised as follows;

Gloucester Road Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice describes a good range of activities undertaken to implement the 10 High Impact Actions (<https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/>) in order to use practice team time effectively. The practice has a clinical team made up of 51% GPs and 49% other clinicians. Gloucester Road practice provided a detailed description of its approach to managing access, demand and capacity although they could make improvements to online prescription ordering.

This practice participated in the BNSSG wave 7 of the Productive General Practice Quick Start programme which ran December 2018 – March 2019. PGP Quick Start is a support offer whereby facilitators from four Delivery Partners commissioned by NHS England work within individual practices over 6-8 weeks and bring participant practices in local cohorts together for up to four group-based learning sessions.

The facilitators work with the practice team to identify processes/functions that could be more productive and efficient, implementing practical improvements to release capacity. The PGP Quick

Start programme supports the improvement of quality and resilience in primary care. Gloucester Road Medical Centre selected the Efficient Processes and Common approach modules of PGP Quick Start. The practice reviewed and improved the processes to repeat prescriptions and dealing with queries and reducing interruptions.

Montpelier Health Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

Montpelier Health Centre describes a good range of activities undertaken to implement the 10 High Impact Actions in order to use practice team time effectively. The practice has a clinical team made up of 57% GPs and 43% other clinicians as a skill mix. Montpelier Health Centre has appointment utilisation of 91% and a 4% DNA rate (snapshot week). The practice describes their approach to signposting and navigating patients and has provided evidence base for all the information provided via the Practice Resilience Information Collection Tool. This practice is exploring the utilisation of a retainer scheme.

Horfield Health Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice has completed the Practice Resilience Information Collection Tool, wherein the practice describes a range of activities supporting implementation of the 10 High Impact Actions. Horfield Health Centre has 8.56 WTE GPs and 9.19 WTE other clinical staff and participated in the BNSSG wave 7 of the Productive General Practice Quick Start programme which ran December 2018 – March 2019. Horfield Health Centre selected the appropriate appointments and common approach modules of PGP Quick Start. The practice reviewed the skill mix of the team and restructured the appointments system. The practice also reviewed the approach to home visits.

Stoke Gifford and Conygre Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

33% of the clinical sessions of this practice are provided by a GP the other 67% are provided by; Paramedic, Nurse Practitioner, Specialist Nurse, Health Care Assistant, Phlebotomist and Pharmacist.

Monks Park Surgery

This practice was prioritised to take part in the General Practice Resilience Programme during 2018/19 and was also targeted to participate in Productive General Practice Quick Start in order to support improved resilience and release time for care.

The General Practice Resilience Programme involves improvement and change management work with practices identified as priority for such work as detailed in the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit. An improvement plan as part of a Memorandum of Understanding is agreed with each practice taking part in the programme. Through the programme Monks Park Surgery undertook the following projects;

1. Develop and embed work-flow document management
2. Implement SMS Result Service
3. Identify frequent flyers for intense review, reflection and re-education
4. Appoint self-care ambassador that will investigate self-care pilot for a particular cohort of patients
5. Source support to conduct financial review
6. Development of collaborative working with neighbouring practices

The practice was also targeted for Productive General Practice (PGP) Quick Start and participated in wave 7 of the programme which ran December 2018 – March 2019. Monks Park selected the Clear Job Standards and Efficient Processes modules of PGP Quick Start. The practice has made improvements to clarification and allocation of administrative tasks which has saved practice team time and has reviewed and improved the process for dealing with patient information requests. The team work flexibly to cover the range of tasks and activities involved in practice operations.

Falldon Way Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice describes a good range of activities undertaken to implement the 10 High Impact Actions in order to use practice team time effectively. The practice has a clinical team made up of 50% GPs and 50% other clinicians as a skill mix. Falldon Way Medical Centres provided a detailed description of its approach to managing appointment requests and booking.

Overall Area Resilience

Further to the summary of each of the practices above, it is felt that the surrounding area is stable, and has the ability to absorb the proposed dispersal. The practices work successfully in their respective PCNs and have worked collaboratively in developing operational plans to accept the registrations of new patients over the coming months. It has been positive to see the collaborative efforts, and the support of the partnerships to devise a local model to support the patients of the Northville practice.

Option 1 - Summary

As outlined in this paper, this contract presents challenges in terms of the size of the practice, and the workforce and recruitment challenges. Facilitating a managed list dispersal supports improved patient outcomes, solutions to the estate problems on the Gloucester corridor, and allows continuity of care under a long term PMS contract.

Next Steps

In the case of a list dispersal, a timeline of next steps has been drafted to ensure that the messaging and next steps are managed appropriately.

Northville practice APMS post-decision stakeholder communications and engagement action plan

| Action | Lead | June | | | | July | | | | | August | | | | September | | | |
|---|-------------------|------|----|----|----|------|----|----|----|----|--------|----|----|----|-----------|----|----|----|
| | | WEEK | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| PCCC decision | | | | | | | | | | | | | | | | | | |
| Inform BrisDoc of decision and implications for staff | Primary Care team | | | | | | | | | | | | | | | | | |
| Contact PPG to notify of decision and discuss draft FAQs. | Primary Care team | | | | | | | | | | | | | | | | | |
| Inform HOSC, MP, ward councillors, town councillors - email briefing. | Area Director | | | | | | | | | | | | | | | | | |
| Brief neighbouring practices on outcomes | Primary Care team | | | | | | | | | | | | | | | | | |
| Inform GP membership - briefing via CCG GP Bulletin. | Communications | | | | | | | | | | | | | | | | | |
| Inform system partners - email briefing to health and care partners inc care homes. | Area Director | | | | | | | | | | | | | | | | | |
| Inform Healthwatch - email briefing. | Primary Care team | | | | | | | | | | | | | | | | | |
| News release confirming outcomes and publicising drop-in sessions. | Communications | | | | | | | | | | | | | | | | | |
| First update on practice website, with FAQs. | Communications | | | | | | | | | | | | | | | | | |
| Issue patient letter informing patients of outcome and drop-in sessions. | Primary Care team | | | | | | | | | | | | | | | | | |
| Patient letters delivered | | | | | | | | | | | | | | | | | | |
| Poster into practices to notify of outcome, publicise drop-in sessions. | Communications | | | | | | | | | | | | | | | | | |
| Drop-in sessions. | Primary Care team | | | | | | | | | | | | | | | | | |
| 2nd, 3rd update to practice website | Communications | | | | | | | | | | | | | | | | | |
| You Said We Did' report published on CCG and practice websites | Communications | | | | | | | | | | | | | | | | | |
| New service arrangements. | | | | | | | | | | | | | | | | | | |

Appendix 2: Bishopston Medical Practice

1. Purpose

To update PCCC on the strategic plan for the future commissioning and contracting of primary care services for the population currently served by Bishopston and the subsequent patient impact.

2. Background

The Bishopston Medical Practice has a list size of 9,725 and is located within the North & West Bristol locality and the Phoenix primary care network. The contract was handed back after a period of sustainability issues and support from NHS England and is currently provided by BrisDoc. The contract is due to expire on 30 September 2019.

The practice is formed of a terrace house, with two temporary PortaKabins providing an extension for clinical and administration services.

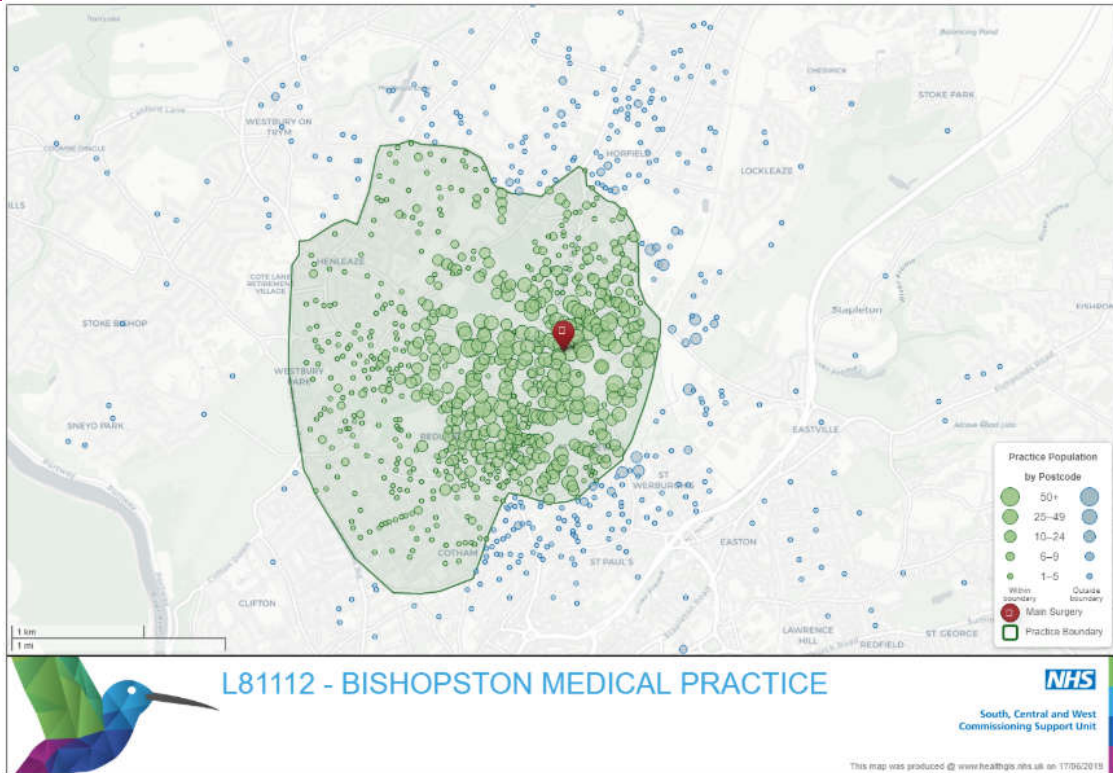
The current contract, list size and weighted list size is outlined below:

| Practice Locality | Practice Name & Code | Raw List Size (Jan 2019) | Contract expiry date |
|-------------------|---------------------------------------|--------------------------|----------------------|
| N&W | Bishopston Medical Practice L81112 | 9,725 | 30 September 2019 |

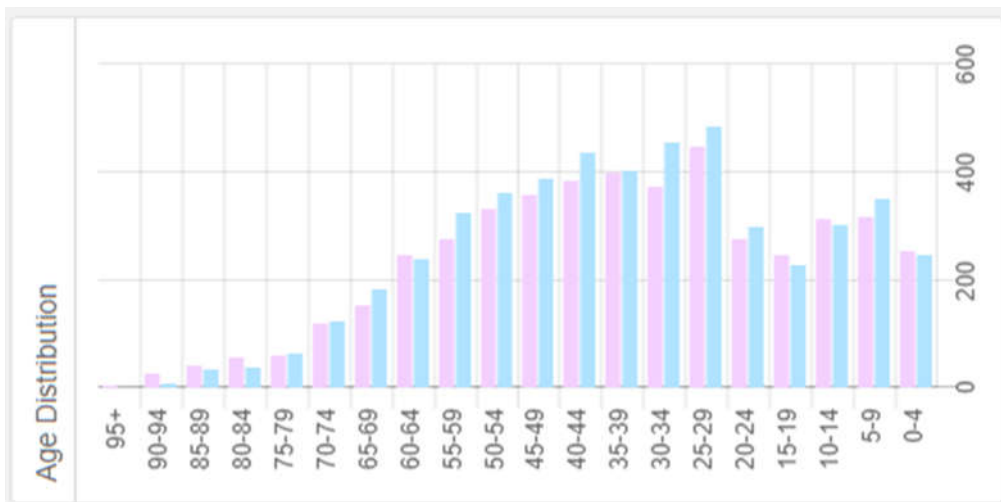
The recommended option for this contract is to support a managed dispersal. Gloucester Road Falldon Way and Montpelier have prepared plans to accommodate the additional patients. This option would provide long term contractual security for the Bishopston patients, in local, sustainable PMS practices. This plan also supports the exit arrangements for the porta cabins (which have been contentious for the local area) at Bishopston's Neville Road site.

3. Geography, Maps and Patient Demographics

The practice currently sits within the North and West Bristol locality and the Phoenix PCN. The Phoenix PCN is made up of the Gloucester Road, Horfield, Bishopston and Northville practices. The patients are scattered across a broad area, though some of this is due to the historic mergers and branch closures in this area over the past few years.



The largest patient age group (46.15%) is the 15-44yrs age group. 24% of registered patients are 18 years or under which is above the Bristol area average (~18%). 9% of the registered patients are 65 or over which is significantly lower than the Bristol area average.



The demographics of patients from the Bishopston practice are included in more detail within the Equality Impact Assessment

4. Patient Engagement

Detailed patient engagement has been undertaken to understand the concerns of the patients at the Bishopston Medical Practice. 4 events were held across morning, afternoons and evenings at the Horfield Baptist Church during May. The information from these events will be used to inform a Patient Feedback report (Appendix 6), and further FAQs associated with any implemented changes.

a. Communications

All patients over the age of 16 were sent a letter that stated the date of contract expiry, advising of the options being considered by the CCG, and providing contact details for any concerns. The letter also provided patients with the opportunity to complete a patient survey with a link provided. For patients for whom this was not possible, surveys could be requested at the contact details provided or obtained from the GP surgery. Posters advertising the information were displayed in the practice, and patients on the virtual PPG were contacted and offered a meeting with CCG if they wished. The practice also circulated the letter by email. There was a significant up-take of surveys with 302 completed and returned. The analysis of these surveys and the events is included below.

b. Detailed Survey Analysis

The Survey asked lots of questions to ascertain what was important to patients at the Bishopston Medical Practice. These included questions about what time of day appointments were better, whether patients were happy with online access, and what they would like to see changed as part of the future service offer. The summary below assesses the key themes. The information collated will be used to design the future services within the Primary Care Network, and as part of the services the new practices will offer. It will also inform the Patient Feedback report that will be published to support patients with the service change.

Background and immediate concerns / questions

BISHOPSTON



302 responses

Executive Summary

- Qualitative feedback shows patients from both practices are concerned about the idea of finding a new surgery locally in the event of having to move, while others are concerned about the capacity of surrounding surgeries in the event of being dispersed
- Patients at Bishopston are significantly more likely to rate 'support and advice you get from medical clinicians overall' as 'good' or 'very good'
- Patients at Bishopston are significantly more likely to rate the surgery opening times as 'good' when compared to Northville
- Patients at Bishopston are significantly more likely to prefer a consultation over-the-phone and prioritise speed of appointment over seeing the same GP
- Meanwhile, Bishopston patients felt seeing the same GP, better access to online information and context around face-to-face / phone consultations were important factors

We asked patients to tell us what they liked about their current service and this formed the following themes:

- **Administrative and clinical staff** – Staff 'make you feel comfortable [and are] responsive and helpful' 'Very friendly environment [created by] GPs, nurses and support staff', 'everyone is approachable, kind and committed'
- **Triage system** – 'Accessible, effective triage, accommodating for children needs'. '[I like the] triage service over the phone when emergency appointments are required'
- **Online infrastructure** – 'Online repeat prescriptions service is very useful', '[I like] the online booking system and the automatic sending of prescription to pharmacy of choice', 'online appointment booking is useful'

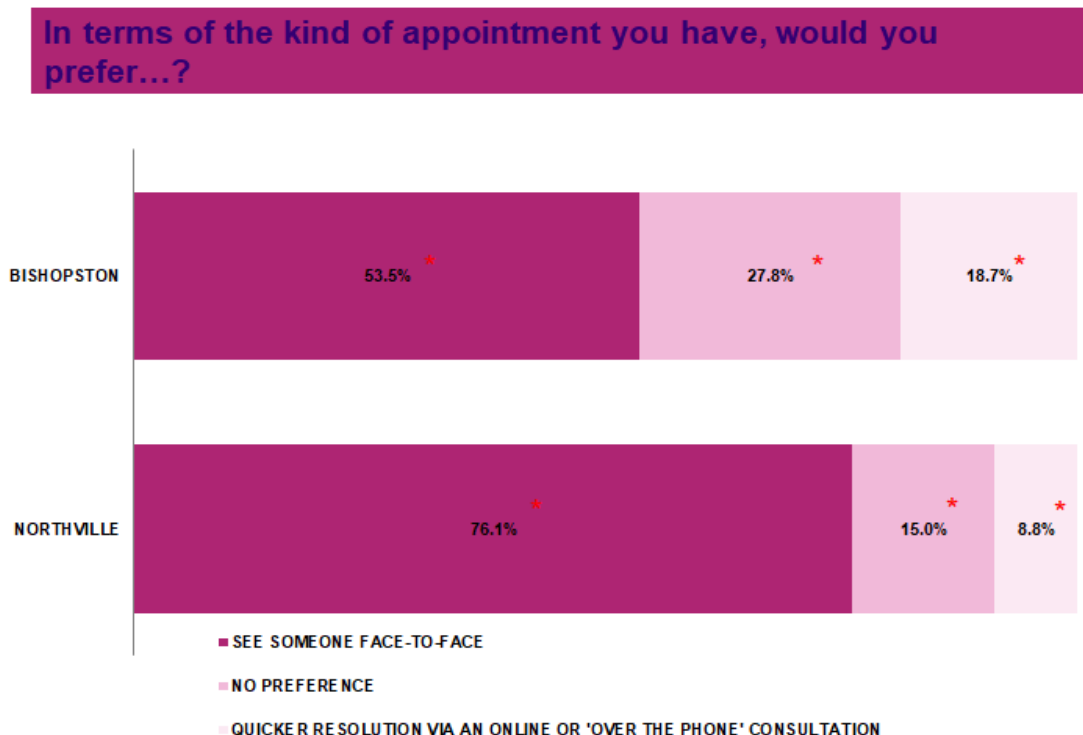
Next, we asked what patients felt could be improved:

- **Appointments / booking** - '[I want to] be able to have consultations with the same GP', 'getting an appointment is very difficult, although it does seem to have improved over the last few months'
- **Facilities / building** – '[I would like] a purpose built building', 'better premises and parking', 'bigger premises would be nice, where there is room for a waiting room and several rooms for consultation'
- **Phone system** - 'Answering the phone when needing an appointment', 'answer phones quicker', 'communication is a problem - getting through on the phone'

We also gave patients the opportunity to tell us if they had any other comments, which we could then incorporate as part of our next steps and communications. The Bishopston patients told us:

- **'Seeing the same GP'** – 'question above about seeing a GP you know well [...] it's not relevant. There don't seem to be any long term doctors', '[whether I want to see the same GP] will depend on the nature of the problem [...] for more long-term worrying or serious issues I'd probably like to be seen by a familiar GP and face-to-face.', 'if it's a minor issue I'd prefer to see a GP quickly, whether I know them or not.'
- **Online information** – 'I would be happy to book an appointment online', '[I would like] better information online [as I am] not always able to call and visit the practice.'
- **Context around face-to-face / phone consultations** – 'Whether I see a GP I know or not or [if I would like] the appointment to be face to face will depend on the medical issue so the important thing is to offer a flexible system', 'Sometimes you need a face to face appointment, sometimes a phone call is fine [depending on the issue].'
- **New practices for patients** – 'Main concern is if we have to find a new GP Surgery [...] with the number of houses being build in the area.', 'I'm worried that I won't be able to access a surgery nearby', 'very concerned about the ability of surrounding practices to safely absorb extra patients [in event of closure]'
- **Reduction in quality or consistency of care** – 'My biggest concern is that the practice will close or be run less efficiently that it is now', 'how easy it will be to get a good level of care?'
- **Location and access** – 'I am concerned that my GPs surgery might be relocated some distance away', 'there are a lot of elderly patients who would have difficulty if the practice was moved further away.'
- **Wellbeing / turnover of clinical staff** – 'High turnover of GPs', '[will I lose the] doctor who I've got to know well and trust?', 'concern that staff will be stressed and worried about changes'

Amongst other behavioural and patient attitude questions, we also asked patients about their use of online services. This yielded interesting results with a large number of patients being happy to be offered online appointments or having no preference about seeing a GP face to face as outlined below:



This survey has been invaluable for informing our next steps, and conversations with surrounding practices that form part of the dispersal solution. We will ensure that feedback is incorporated into the patient letters, and any communications and FAQs about the transfer of patients.

c. Event Feedback

Four events were held for patients at Bishopston, all at the Horfield Baptist Church which is around the corner from the practice. They were held at varying times of day, with one mid-morning, two late afternoon and one in the evening. There were themes identified from these events and these are included below:

Convenience

- Patients concerned as already waiting 40 minutes on the phone to get an appointment
- Informing us that this is a “headache” having to find a new GP
- Access to care the most important issue
- Patients didn’t think the practice as it currently stands is viable
- The Gloucester road surgery has a pharmacy on site which is preferable

Feedback on practice

- GP was very good at Bishopston so would be a loss
- Patients like the location
- Recognise Porta-cabins not good for neighbours
- GPs only work 2 days a week so it’s hard to get continuity of care
- Friendly practice
- Good care – poor access
- Patients want face to face appointments
- Already waiting 40 minutes on the phone to get an appointment
- Current providers doing good job and there has been a lot of upheaval already.
- Current surgery always busy with a younger demographic
- Difficult to access – long phone calls, long wait for appointments and referrals
- GP and service is good once you get in, but difficult to do so
- Had more personal service in previous years and got to know GP but this has been lost recently

Impact of this practice closing and moving to another practice

- Wanted to understand how notes are transferred
- Would prefer another seamless change like the Bris Doc take over
- Cited indirect bus routes to the new practices
- Worried about the loss of stability with same practice
- Patient wants the same GP going forward
- Will impact more on those with Long Term Conditions
- Concerns about potential deterioration of care
- Assurance required that if list dispersed that practices could cope + with surge and demand and level of service access would be retained
- Maximum travel time assurance for dispersal up to 15 mins from home
- Worried about how to find a “good” GP if BMP closes

-
- Concerned about something getting lost – sees the doctors regularly so wanted to make sure they have feedback
 - Concern about distance of new surgery and travel

Other

- Annoyed about lack of government funding
- Does the CCG have a choice about going to procurement?
- Happy with information on boards displayed
- Feel involved in decision making and appreciates that
- Understood the recruitment challenge
- Up for online appointments
- Most concerned about national policies that she sees as the cause of these issues.
- Concerns about NHS funding generally

5. Staff Engagement

To support the engagement process, Contracts and Engagement colleagues also visited the staff of the Bishopston Medical Practice to understand their views on the implications for patients for all options available. These sessions were really useful in understanding the wider audience and for feedback on the process of engagement with patients. Alongside the sessions at the practice where staff were encouraged to ask questions, and raise concerns, there were also staff surveys.

The surveys asked several questions and these are outlined below with the themes that came out of each.

- **What do you personally see as working well for patients at Bishopston and Northville?**

The staff feel that they work effectively together, and have a very close knit team. They are patient focused, friendly, professional, and dedicated staff.

- **What do you personally think could be changed/done differently for the benefit of patients?**

The team recognise that they are unable to provide a good quota of appointments necessary for their patients. They believe this is due to the low numbers of staff and the staff turnover. They would also like to see better facilities provided for patients including baby changing facilities, long term premises solution for the portakabins, and an expansion in the capacity of the site. They also recognised the potential benefits of merging the site with another to bring greater skill mix and access for patients.

- **What are your thoughts on the impact of the proposals for patients?**

The staff raised concerns about their patients with mental health difficulties, as well as the elderly, terminally ill and those with chronic long term conditions. They are also worried that some patients will not be able to access care if the list was dispersed, and the relationships which they have built with patients would also be lost.

- **The CCG has a vision for the longer-term future of healthcare in the Bristol area which includes even more joined-up Primary Care, community based care and hospital based-services. Is there anything you would like to say about the longer-term vision?**

The staff provided a lot of feedback on this question. They would like to see the area being better resourced to cope with demand, joined up approaches to care, and a greater focus on frailty and the housebound patients in the area. Mental Health was also referenced as a big issue for the area, and staff would like to see this factored into the plans, along with better approaches to managing students. The staff said that they would be keen to integrate processes between Bishopston and other practices in the area, as well as working towards more integrated care between primary and secondary services.

- **Any further comments?**

The staff explained that any closure of the practice would be very sad. They were concerned for the patients that may not want to move to other practices and would find the relocation difficult. They also described wanting to provide the best possible service to the patients of the practice. The support for the wider team, and their close team-work was also evident and this was really positive across all the surveys received.

6. Equality Impact Assessment

A full Equality Impact Assessment has been undertaken on the Bishopston Medical Practice, the results of which are included below. It is important to note that the EIA is a continuous and iterative process that will continue to be developed alongside the Engagement and Communications strategy, and the Action Plan incorporates identified actions to support any implemented changes safely. The EIA contains both of the options considered within this paper – patients being moved in a dispersal scenario, against more of the same, i.e. a procurement of a new provider for the practice. It was considered optimal to compare the two side-by-side and summarise accordingly.

Bishopston Medical practice was rated Good by CQC (report published 2017). CQC have rated the three neighbouring GP Practices to the same standard (reports published between 2016 - 2018). There is an opportunity for a positive impact with a broad range of services available at surrounding practices. It is important patients are informed of the different services neighbouring practices offers to ensure they can make an informed choice.

For list dispersal, there were several high level impacts, and mitigations to ensure that impact is kept to a minimum.

- A list of vulnerable patients and those with enhanced care needs (such as Homeless, MH, Vulnerable, LD, Care Home, House Bound, Pregnant, Palliative Care, and visually Impaired) will be shared with the most appropriate neighbouring practices to ensure they can support these individual patients with the transfer and allow the practice to implement/continue their personalised care plans.
- Bishopston Medical practice to issue additional prescriptions where possible in the month leading up to the transition of care to allow for continuity in access to prescriptions
- GP2GP will be used to facilitate the transfer of patient records between practices.
- Educational resources will be made available to support patients with the choice of practices and it will detail the service offers at the sites at the Drop in sessions.
- Community drop in sessions will be arranged to allow patients to make an informed choice of which surrounding practice best suits their individual needs.

The CCG recommends that over Q3 and Q4 of 2019/2020, a regular item on internal governance meeting and at patient participation groups at the surrounding practices discusses how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patients with protected characteristics are invited to these meetings to ensure their views are captured.

There is a risk the surrounding practices do not have the resilience to accept the associated list size growth a list dispersal would cause (see section 8, Area Resilience for further detail). Engagement sessions with the surrounding practices have allowed the CCG and the neighbouring GP practices to come to a joint consensus on the number of patients each practice has the

resilience to take and this has allowed an open discussion on any support mechanism they would require to facilitate the associated list size growth.

Equality Impact Assessment

Name of Proposal being assessed: Future Healthcare provision for Bishopston Medical Practice

Does this Proposal relate to a new or existing programme, project, policy or service? No

| | |
|--|---|
| Lead Officer completing EIA | Primary Care Contracts Team |
| Job Title | Assistant Contract Manager |
| Department/Service | Commissioning |
| Telephone number | |
| E-mail address | |
| Lead Equality Officer | |
| Key decision which this EIA will inform and the decision-maker(s) | To set out a strategic plan for the future commissioning and contracting of Primary Medical Services for patients currently within the patient boundary of Bishopston Medical Practice. |

Step 1: Equality Impact Assessment Screening

- 1. Does the project affect service users, employees and/or the wider community?**

Yes

- 2. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?**

Please see the detailed screening document below where potential impacts are highlighted along with potential mitigations.

Age*
[eg: young
adults,
working age
adults; Older
People 60+]

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| | Options A- A list Dispersal | | Option B – Procurement of a Provider (incumbent or new) | |
|--|--|---|--|--|
| | <p>Supporting Evidence</p> <ol style="list-style-type: none"> 1. The largest age group (46.15%) is the 15-44yrs age group. 2. 24% of registered patients are 18 years or under. This is above the Bristol area average (~18%) 3. 9% of .registered patients are 65 or over. This is lower than the Bristol area average. 4. There has been no CQC report since BrisDoc became the provider for Bishopston Medical Practice. 5. The latest CQC report for the neighbouring practices concludes the following standard for the population group Older People. <ul style="list-style-type: none"> • Montpelier Health Centre (Report Published May 2015) - Good • Gloucester Road Medical Centre (Report Published July 2018)- Good • Fallodon Way Medical Centre (Report Published August 2018) - Good 6. The latest CQC report for the neighbouring practices concludes the following standard for the population group Families and Children. Montpelier Health Centre (Report Published May 2015)- Good <ul style="list-style-type: none"> • Gloucester Road Medical Centre (Report Published July 2018)– Good | <p>Current Conclusion:</p> <p>If a list dispersal was enacted at Bishopston Medical Practice, there is a potential for a positive impact.</p> <p>In combination, the three neighbouring surgeries to Bishopston Medical Practice offer the same range of age related services offered by Bishopston Medical Practice. In addition, some neighbouring surgeries offer a greater range of services which may provide an improvement in quality of care to some members within this protected characteristic. An example of some of these services are:</p> <ul style="list-style-type: none"> - Health visitors for older people (Montpelier Health Centre), - children’s healthy living programmes (Montpellier Health Centre) - under 5 health visitor clinics (Montpellier Health Centre). - Dementia Clinics (Gloucester Road) - Off the record clinic. (Montpellier Health Centre) <p>The current contract for Bishopston</p> | <p>Supporting Evidence</p> <ol style="list-style-type: none"> 1. The largest age group (46.15%) is the 15-44yrs age group. 2. 24% of registered patients are 18 years or under. This is above the Bristol area average (~18%) 3. 9% of .registered patients are 65 or over. This is lower than the Bristol area average. 4. There has been no CQC report since BrisDoc became the provider for Bishopston Medical Practice. | <p>Current Conclusion</p> <p>If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical Practice, there is a potential for a long term negative impact for the local community.</p> <p>This option causes the future healthcare provision for Bishopston Medical practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care and the delivery of person-centred compassionate care.</p> |

- Fallodon Way Medical Centre (Report Published August 2018) - Good

7. The latest CQC report for the neighbouring practices concludes the following standard for the population group

Working age group.

- Montpelier Health Centre (Report Published May 2015)- Good
- Gloucester Road Medical Centre (Report Published July 2018)- Good
- Fallodon Way Medical Centre (Report Published August 2018) – Good

8. A review of local transport provision has highlighted the following:

- The closest Practice to Bishopston practice can be accessed in the following times (travelling from Bishopston Medical Centre to Gloucester Road Medical Practice).
 - 3 minute drive
 - 10 minute walk
 - 8 minutes bus journey (3 minutes bus and 5 minute walk – bus runs every 3 minutes during working hours.
- Out of the three neighbouring G.P practices Fallodon Way Medical Centre is the furthest distance. It can be accessed in the following times (travelling from Bishopston Medical Practice to Fallodon Way Medical Centre Surgery)
 - 8 minute drive,
 - 27 minute walk
 - 24 minutes via bus (2 minutes on the bus and 22 minute walk – bus runs every 30 minutes during working hours)

Medical Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.

The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. However, some neighbouring practices have a small car parking area. If this option was enacted, it is recommended Bishopston patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.

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| <p>Disability</p> <p>Physical Impairment;</p> <p>Sensory Impairment;</p> <p>Mental Health;</p> <p>Learning Difficulty/ Disability;</p> <p>Long-Term Condition</p> | <p>Supporting Evidence</p> <p>1. 30% of the patients live within a 0-10 minute walk/public transport from the practice.</p> <p>2. The site is formed of a large terrace house with adjoining portacabins providing additional clinical room. These portacabins are not DDA compliant.</p> <p>3. There has been no CQC report since BrisDoc became the provider for Bishopston Medical Practice.</p> <p>4. The latest CQC report for the neighbouring practices concludes the following standard for people with long term conditions.</p> <ul style="list-style-type: none"> • Montpelier Health Centre (Report Published May 2015)- Good • Gloucester Road Medical Centre (Report Published July 2018)– Good • Fallodon Way Medical Centre (Report Published August 2018) - Good <p>5. The latest CQC report for the neighbouring practices concludes the following standard for People experiencing poor mental health.</p> <ul style="list-style-type: none"> • Montpelier Health Centre (Report Published May 2015)- Good • Gloucester Road Medical Centre (Report Published July 2018)(Report Published July 2018) – Good • Fallodon Way Medical Centre (Report Published August 2018) - Good | <p>Current Conclusion:</p> <p>If a list dispersal was enacted at Bishopston Medical Practice, there is a potential for a positive impact.</p> <p>In combination, the three neighbouring surgeries to Bishopston offer the same range of services. In addition, some neighbouring surgeries offer a greater range of services which may provide an improvement in quality of care to some members within this protected characteristic. An example of some of these services are:</p> <ul style="list-style-type: none"> - Dementia Clinics (Gloucester Road) - Off the record clinic. (Montpellier Health Centre) - Physio Direct - Citizen Advice Bureau (Montpellier) - Bristol Drugs Project Clinic - Additional Learning Difficulty support <p>Patients would need to be informed of the different services neighbouring practices offers to ensure they can make an informed choice.</p> | <p>Supporting Evidence</p> <p>1. 30% of the patients live within a 0-10 minute walk/public transport from the practice.</p> <p>2. The site is formed of a large terrace house with adjoining portacabins providing additional clinical room. These portacabins are not DDA compliant.</p> <p>3. There has been no CQC report since BrisDoc became the provider for Bishopston Medical Practice.</p> | <p>Current Conclusion</p> <p>If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical Practice, there is a potential for a long term negative impact for the local community.</p> <p>The location of services will stay the same which results in a neutral impact on ease of access to G.P services for patients. This option causes the future healthcare provision for Bishopston Medical practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The new provider/incumbent provider would need to adhere to NHS England Accessible Information standards guidance.</p> |

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| <p>6. The latest CQC report for the neighbouring practices concludes the following standard for People whose circumstance may make them vulnerable.</p> <ul style="list-style-type: none"> • Montpelier Health Centre (Report Published May 2015)- Good • Gloucester Road Medical Centre (Report Published July 2018)– Good • Fallodon Way Medical Centre (Report Published August 2018) – Good <p>7. A review of local transport provision has highlighted the following:</p> <ul style="list-style-type: none"> • The closest Practice to Bishopston practice can be accessed in the following times (travelling from Bishopston Medical Centre to Gloucester Road Medical Practice). <ul style="list-style-type: none"> ○ 3 minute drive ○ 10 minute walk ○ 8 minutes bus journey (3 minutes bus and 5 minute walk – bus runs every 3 minutes during working hours. • Out of the three neighbouring G.P practices Fallodon Way Medical Centre is the furthest distance. It can be accessed in the following times (travelling from Bishopston Medical Practice to Fallodon Way Medical Centre Surgery) <ul style="list-style-type: none"> ○ 8 minute drive, ○ 27 minute walk ○ 24 minutes via bus (2 minutes on the bus and 22 minute walk – bus runs every 30 minutes during working hours) <p>8. The CCG are aware that the following practices have procedures in place to ensure they abide to the accessible</p> | <p>The CCG are aware that at least one of the neighbouring practices has an accessible information standard in place to ensure a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss can be met.</p> <p>The current contract for Bishopston Medical Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>In addition, current service offerings are operated from a non-compliant DDA site. The purpose built premises at Montpelier, Gloucester Road and Fallodon Way Medical Centre offer a standard of accessibility which can't currently be offered at Bishopston Medical Practice.</p> <p>The review of the local transport provision highlights there is a potential</p> | | |
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| | <p>information standard:</p> <ul style="list-style-type: none"> - Montpellier Medical Practice | <p>for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Bishopston Medical Practice patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> | | |
| <p>Gender Reassignment [Trans People]</p> | <p><u>Supporting Information</u></p> <p>No Data Available</p> | <p><u>Current Conclusion:</u></p> <p>If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a long term <u>positive impact.</u></p> <p>The current contract for Bishopston Medical Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.Ps holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The provider is expected to comply with national legal guidance around the access and provision of services relating</p> | <p><u>Supporting Information</u></p> <p>No Data Available</p> | <p><u>Current Conclusion:</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical Practice, there is a potential for a long term <u>negative impact</u> for the local community.</p> <p>This option causes the future healthcare provision for Bishopston Medical practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care and the delivery of person-</p> |

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| | | <p>to individuals with this protected characteristic.</p> <p>Although NHS England commission services related to this protected characteristic, as this option will create large G.P practices in the local area there is an opportunity to improve how care is provided to this small cohort group of individuals at a local level.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information.</p> | | <p>centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |
| | <p>Supporting Information</p> <ul style="list-style-type: none"> - 9% of individuals are from a BME background (16% of the total population of Bristol are BME). | <p>Current conclusion:</p> <p>If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a long term neutral impact.</p> <p>The provider is expected to comply with national legal guidance around the access and provision of services relating to individual’s with this protected characteristic.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | <p>Supporting Information</p> <ul style="list-style-type: none"> - 9% of individuals are from a BME background (16% of the total population of Bristol are BME). | <p>Current Conclusion:</p> <p>If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical Practice, there is a potential for a long term negative impact for the local community.</p> <p>This option causes the future healthcare provision for Bishopston Medical practice to be in regular state of impermanence. This could have a long term negative effect on continuity of care</p> |

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| | | | | <p>and the delivery of person-centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |
| <p>Religion or Belief</p> <p>Page 63</p> | <p>Supporting Information</p> <p>No Data Available</p> | <p>Current Conclusion: If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a long term neutral impact.</p> <p>The provider is expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | <p>Supporting Information</p> <p>No Data Available</p> | <p>Current Conclusion:</p> <p>If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical practice, it is anticipated there would be neutral impact for patients.</p> <p>This option causes the future healthcare provision for Bishopston Medical Practice to be in regular state of impermanence. This could have a negative effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal</p> |

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| | | | | guidance around the access and provision of services relating to individuals with this protected characteristic. |
| Sex [Male or Female] | Supporting Information 51% Male 49% Female | Current Conclusion: Due to an even ratio of male to female registered patients. It is anticipated there will be a neutral impact on this protected characteristic. The provider is expected to comply with national legal guidance around the access and provision of services relating to a person's gender. | Supporting Information 51% Male 49% Female | Current Conclusion: Due to an even ratio of male to female registered patients. It is anticipated there will be a neutral impact on this protected characteristic. The provider is expected to comply with national legal guidance around the access and provision of services relating to a person's gender. |
| Sexual Orientation | Supporting Information No Data Available | Current Conclusion: If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a long term neutral impact . The provider is expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic. The current contract for Bishopston Medical Practice is an APMS contract. There is a potential for a positive impact | Supporting Information No Data Available | Current Conclusion: If a procurement process was enacted to offer a new four year APMS contract for Bishopston Medical Practice, there is a potential for a long term negative impact for the local community. This option causes the future healthcare provision for Bishopston Medical Practice to be in regular state of impermanence. This could have a negative effect on |

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| | | <p>due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.</p> <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Bishopston Medical Practice patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> <p>Future communication regarding the potential changes requires a clear, consistent and fair approach to ensure the provision of information is accessible to all.</p> | | <p>continuity of care and the delivery of person-centred compassionate care.</p> <p>The new or incumbent provider would be expected to comply with national legal guidance around the access and provision of services relating to individuals with this protected characteristic.</p> |
| <p>Pregnancy and Maternity</p> | <p><u>Supporting Information</u></p> <p>The largest age group (46.15%) is the 15-44yrs age group</p> | <p>If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a long term <u>neutral impact.</u></p> | <p><u>Supporting Information</u></p> <p>The largest age group (46.15%) is the 15-44yrs age group</p> | <p><u>Current Conclusion:</u></p> <p>If a procurement process was enacted to offer a new four year APMS contract for</p> |

A review of local transport provision has highlighted the following:

- The closest Practice to Bishopston practice can be accessed in the following times (travelling from Bishopston Medical Centre to Gloucester Road Medical Practice).
 - 3 minute drive
 - 10 minute walk
 - 8 minutes bus journey (3 minutes bus and 5 minute walk – bus runs every 3 minutes during working hours).
- Out of the three neighbouring G.P practices Falldon Way Medical Centre is the furthest distance. It can be accessed in the following times (travelling from Bishopston Medical Practice to Falldon Way Medical Centre Surgery)
 - 8 minute drive,
 - 27 minute walk
 - 24 minutes via bus (2 minutes on the bus and 22 minute walk – bus runs every 30 minutes during working hours)

The three neighbouring surgeries to Bishopston, in combination, offer the same range of maternity and pregnancy services as Bishopston.

Patients would need to be informed of the different services neighbouring practices offers to ensure they can make an informed choice of the service each practice offers.

The current contract for Bishopston Medical Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on continuity of care and the delivery of person-centred compassionate care.

The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care. The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Bishopston Medical Practice patients are provided information on local public transport provision to help them make an informed decision on the most

Bishopston Medical practice, on balance, there is a **neutral impact** for patients.

A local G.P service provides easy access to care for young families.

This option causes the future healthcare provision for Bishopston Medical Practice to be in regular state of impermanence. This could have a negative effect on continuity of care and the delivery of person-centred compassionate care.

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| | | appropriate neighbouring practice to join. | | |
| Marriage and Civil Partnership | <u>Supporting Information</u> No Data available | <u>Current Conclusion:</u> If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a <u>neutral impact</u> . The future providers will be expected to comply with national legal guidance around the access and provision of services relating to a person's marriage or civil partnership status. | <u>Supporting Information</u> No Data available | <u>Current Conclusion:</u> If a list dispersal was enacted at Bishopston Medical Practice, on balance, there is a potential for a <u>neutral impact</u> . The future providers will be expected to comply with national legal guidance around the access and provision of services relating to a person's marriage or civil partnership status. |

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* Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children's rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women.

3. Relevance to the Public sector Equality Duty:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

If a list dispersal was enacted at Bishopston Medical Practice surrounding practices would be expected to comply with national legal guidance around the access and provision of services to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

All the surrounding practices have contracts which run in perpetuity, there is an opportunity to implement long term solution which aim to advance equality of care between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

The surrounding practices will become larger entities which provides scope for these organisation to increase the range of skills within their workforce which, in turn, could lead to improvement in services and relationship with people who have a protected characteristic and those who do not.

4. Health Inequalities:

There are no statistically significant health inequalities outliers (benchmarked against national data) within this region of the city.

5. Conclusion:

On the basis of the screening assessment, it is concluded a full EIA will need to be undertook to review some of the issues highlighted through the screening.

Proceed to full EIA? **Yes**

Date: 1 June 2019

Step 2: Equality Analysis

The above screenings for the two options brings together all the equality information currently obtained to assist with making a judgement on the likely effect on the equality impact the proposed future primary care options for the community of Bishopston Medical Practice.

Engagement and Patient Feedback (further details found in Section 4)

Since the screening has taken place a series of community engagement sessions have been undertaken, a discussion with Bristol Patient and Public Involvement (PPI) group has been held and a patient survey has been available online and at the practice. In addition an engagement session and survey with staff members at Bishopston Medical Practice allowed detail to be gathered on both clinical and administration staff views on the patient impact and opportunity the proposed changes could cause. These formats have highlighted the following topics which relate to the following protected characteristics:

Age

- The distance from their resident to the G.P practice
- Ease of access via public and private transport
- Length of wait for an appointment
- A large impact on patients with long term conditions
- Moving G.P services further away from resident's homes could result in a loss of independence for some individuals within this protected characteristic.

Disability

- The continuity of care for patients with a disability is crucial and steps needs to be instigated so medication and prescription plans are maintained and there is a minimal need for patients to repeat their medical history.
- Ease of access via public and private transport.
- Moving G.P services further away from resident's homes could result in a loss of independence for some individuals within this protected characteristic.
- Length of wait for an appointment
- A large impact on patients with long term conditions
- The future decision provides a new opportunity to improve mental health services for local residents.

Gender Reassignment

- The continuity of care for patients with this protected characteristic is paramount to ensure trust is developed
- The nearest clinic for gender reassignment support is Exeter. A gender reassignment clinic is planned to be opened in Bristol. Whichever option is enacted, there is an opportunity to use the refreshment of primary care services as a catalyst to ensure patients with this protected characteristic are aware of the care services provided at this new local clinic.

Sexual Orientation

- The continuity of care for patients with this protected characteristic is paramount to ensure trust is developed

The Community engagement sessions were run as drop in sessions within a community space at a range of times throughout the working week. The Patient surveys were available online via a link in the letters and available in paper format to be picked up at Bishopston Medical Practice. The action log below outlines the steps planned to ensure that following a decision on the future primary healthcare model for patients of Bishopston Medical Practice there are structures in place to ensure individuals with a protected characteristic have the opportunity to engage and provide opinion on how their local primary care service meets their needs.

Option A List dispersal

If Bishopston Medical Practice is closed and patients are dispersed to surrounding practices, a list of vulnerable patients (such as Homeless, MH, Vulnerable, LD, Care Home, House Bound, Pregnant, Palliative Care, and Visually Impaired) will be shared with the most appropriate neighbouring practices to ensure they can support these individual patients with the transfer and allow the practice to implement/continue their personalised care plans. In addition, plans would be implemented to allow Bishopston Medical Practice to issue prescriptions in the month leading up to the transition of care to allow for continuity in access to medication and GP2GP will be used to facilitate the transfer of patient records between practices. Due to the range of services offered at neighbouring services, educational resources will be made and distributed and community drop in sessions will be arranged to allow patients to make an informed choice of which surrounding practice best suits their individual needs.

The CCG recommends that over Q3 and Q4 of 2019/2020, a regular item on the internal governance meeting and at patient participation groups at the surrounding practices discusses how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patient with protected characteristics are invited to these meetings to ensure their views are captured.

There is a risk the surrounding practices do not have the resilience to accept the associated list size growth list dispersal would cause (see 'Area Resilience' Section 7 for further detail). Engagement sessions with the surrounding practices have allowed the CCG and the neighbouring G.P practice to come to a joint consensus on the number of patients each practice has the resilience to take and allow an open discussion on any support mechanism they would require to facilitate the associated list size growth.

Based on the above screening information and information gathered during the community engagement process the following summary table key outcomes/impacts:

| Option | Actual or potential positive outcomes/impacts in relation to the public sector equality duty? | Actual or potential negative outcomes/impacts? | Overall Conclusion |
|--|--|---|---|
| <p>Option A: List dispersal</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 71</p> | <p>The current contract for Bishopston Medical Practice is an APMS contract. There is a potential for a positive impact due to neighbouring G.P holding perpetuity contracts, this, in turn, can provide positive effect on long-term continuity of care and the delivery of person-centred compassionate care.</p> <p>The neighbouring surgeries to Bishopston Medical Practice in combination offer the same range of services offered to Bishopston Medical Practice. In addition, some neighbouring surgeries offer a greater range of services which may provide an improvement in quality of care to some members within a protected characteristic.</p> | <p>The review of the local transport provision highlights there is a potential for a negative impact for patients as they may be required to travel further to access G.P care which could, in turn, decrease independence and increase isolation for individuals within some protected characteristics. . The review highlights there is regular public transport provision in the area during G.P opening hours. If this option was enacted, it is recommended Bishopston Medical Practice patients are provided information on local public transport provision to help them make an informed decision on the most appropriate neighbouring practice to join.</p> <p>A short term disruption to the continuity of care provided to patients with a protected characteristic.</p> <p>A short term apprehension, irritation and workload for patients to rearrange their primary care provision.</p> | <p>Based on the information in the screening and the impacts noted in this table, it is concluded this options will have, on balance, a neutral impact on the local community with protected characteristics. This conclusion is based on the caveat that the steps outlined in the below action plan are implemented.</p> |

Assessment of the legality of the proposal

- **Could the proposal disadvantage people with a particular protected characteristic?**

Option A: List dispersal - As outlined in the above, on balance, there is a neutral impact on patients with a protected characteristic of age and/or disability

However, because of the travel implications there is a potential for a disadvantage for some patients with an Age and/or Disability and/or Pregnancy/maternity protected characteristic.

- **Could any part of the proposal discriminate unlawfully?**

Option A: List dispersal - No

Option B: Incumbent or new provider – No

- **Are there other proposals, projects or policies that need to change to support the effectiveness of this proposal? No.**

The outcome of the Equality Impact Assessment?

Continue the project, there is no unlawful discrimination. If either options A or B is enacted there is a potential to promote equality during the mobilisation stage. The action plan below details how this can be enacted.

| Action Plan – List Dispersal | | | |
|---|--|------------|---------|
| Action | Owner | Due Date | Outcome |
| The Surrounding G.P care providers to Bishopston Medical Practice would be required to provide the CCG with evidence they are complying with the accessible information standard. | Primary Care Contracting Team | 01/09/2019 | |
| Education resources providing information on the services available at surrounding practices made available to patients at Bishopston Medical Practice. | BNSSG CCG | 01/10/2019 | |
| Community drop in sessions to provide an opportunity for patients to discuss concerns about the transition in care and the available services at neighbouring practices. | BNSSG CCG | 01/10/2019 | |
| Bi-monthly resilience meetings with the surrounding practices to ensure they are managing the increased list size and discuss any issues which are occurring which have an effect on patients with a protected characteristic . | Primary Care Contracting Team and Primary Care Resilience Team | 31/12/2019 | |
| During Q3 and Q4, patient participation groups at the surrounding practices discuss how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. The CCG would recommend a group of patient with protected characteristics are invited to these meetings to ensure their views are captured. | Primary Care Contract team to monitor | 31/12/2019 | |
| During Q3 and Q4, internal governance meetings at the surrounding practices discuss how patients with a protected characteristic can be supported to ensure they receive quality care provision and any access to care concerns are discussed and improved. | Primary Care Contract team to monitor | 31/12/2019 | |

Step 3: Monitoring, Evaluation and Review

See action plan above

When will this EIA be reviewed?

Date: 31/12/2019

Step 4: Approval and publication

| | |
|--|---|
| Approved by Equality & Diversity Lead | Date: 18 th June 2019 Name: Niema Burns |
| Approved by Project Lead / RO | Date: 18 th June 2019 Name: David Moss |

Step 5: Monitoring and Reviewing the Action Plan

| Review of EIA - Update / Observations / Changes | |
|--|----------------|
| Please provide details: | |
| Approved by Equality & Diversity Lead | Name: Date: |
| Approved by Project Lead | Name: Date: |
| Date of Next Review (If no further review required please provide reasons) | Date: 31/12/19 |

7. Quality Impact Assessment

As recommended in the conclusion of the Quality Impact Screening, a full QIA has now been undertaken.

Quality Impact Assessment – Bishopston

This Quality Impact Assessment relates to the proposed contractual changes at Bishopston Medical Practice. A Quality Impact Assessment was deemed to not be required if Option 2 - Procurement is undertaken as this would not be a change to current provision, only a change to the provider.

A Quality Impact Screen was undertaken which identified that a full Quality Impact Assessment was required if list dispersal is undertaken. Since the screening was undertaken several community engagement sessions have taken place, as well as patient and staff surveys. Full details of the outcome of this can be found in the patient engagement report – Section 4 of this report.

A full Equality Impact Assessment has also been undertaken – Section 6. This provides detailed information regarding impact on vulnerable patients and actions being taken to mitigate these risks.

Quality of Services

There are no significant concerns regarding the quality of care being provided by the incumbent practice.

Bishopston Medical Practice: The practice has an overall CQC rating of ‘Requires Improvement’ and is rated as ‘Good’ for every domain and population group; although this it is noted that this CQC inspection was undertaken when Bishopston was managed by a different provider than currently. The practice routinely reports a nil return for their FFT response; therefore there is no recommendation rate for this practice. The practice performs below the CCG average in the GP Patient Survey.

There are three potential receiving practices available to patients:

Falldon Way: The practice has an overall CQC rating of ‘Good’ and is rated as ‘Good’ for every domain and population group. The practice has consistently achieved a 100% recommendation rate through their FFT data and had higher than average GP Patient Survey results in 2018.

Montpelier Health Centre: The practice has an overall CQC rating of ‘Good’ and is rated as ‘Good’ for every domain and population group. This practice consistently reports FFT data with a higher than average number of responses, although their recommendation rate is slightly below the CCG average.

Gloucester Road Medical Centre: The practice has an overall rating of 'Good' and is rated as 'Good' for every domain and population group. This practice has been inconsistent in submitting its FFT data and reports very low numbers there is therefore no recommendation rate available. The practices GP survey results for 2018 were in the top 10 BNSSG practices for both overall experience and ease of getting through on the phone.

Information regarding the resilience of the potential receiving practices can be found in section 8.

Assessing the Impact

All GP patients would be offered Primary Care services at Practices with a GMS/PMS contract; these are similar contractual arrangements to those at the current practice and are subject to the same quality requirements and monitoring.

It is clear from the patient engagement that continuity of care is important to patients. There would be a significant change in service provision, including location and staffing if a list dispersal was to take place. However as these patients would register with a PMS/GMS contracted practice they would then be likely to receive increased continuity or care under a contract of perpetuity in the longer term. Conversations have been held with the potential receiving providers to discuss estates and workforce requirements were they to receive additional patients.

If this option was to be progressed there is a clear plan in place to ensure that patients are made aware of the changes in services and details of which practices would be available for them to register with, including details about access and services provided. If patients do not re-register by the time the contract ceases they will be allocated to an alternative practice based on practice capacity and the patient postcode, they will be informed of this decision in writing. In addition, plans would be implemented to allow Bishopston Medical practice to issue three month prescriptions in the month leading up to the transition of care to allow for continuity in access to prescriptions and GP2GP will be used to facilitate the transfer of patient records between practices. Due to the range of services offered at neighbouring practices, information will be made available and distributed, and community drop in sessions will be arranged to allow patients to make an informed choice of which practice best suits their individual needs.

Bishopston Medical Practice sits within the North and West Locality. When patients choose a new practice they may register with a Practice in the South Gloucestershire Locality. The Business Intelligence Team has undertaken some initial mapping of referral data. This suggests that patients are currently being referred to the teams covering their home address rather than it being linked to the practice location, indicating that this will have little impact to patient pathways.

CSU mapping work regarding displacement analysis has been undertaken and can be found in Section 8 of this report. This details travel time to the practice by foot, by car and travelling by bus. This identifies that many people are able to access services closer to their current address and those who cannot are generally not inconvenienced in a significant way. The contracting team are working with the incumbent practice to identify any vulnerable, high risk and complex care patients

and additional support will be provided to ensure that changes to travel options do not affect these patients ongoing care.

Registration with another long term GMS/PMS provider should not directly impact the experience and services provided to patients, however we recognise that service provision will be offered by different clinicians and this may affect patient experience initially due to the changing of long term professional relationships.

Risks

There is a potential risk to patients from a safety and experience perspective, due to changes in personnel and location of services. However the additional information that has been received since the initial screen was undertaken suggest that this risk would be minimal and actions have been put in place to mitigate these further. There is a potential positive quality impact of moving patients from a site providing limited additional services to ones providing an extensive suite of additional services.

Continued monitoring

The Quality Team will continue to monitor the patient safety and quality of services provided to all patients, including those potentially affected by the list dispersal, using CQC, FFT, QOF and other quality metrics. Any concerns will be initially raised and discussed at the Quality, Resilience and Contracting meeting, prior to escalating to PCOG and PCCC if required.

Conclusion

Based on the information in the screening and the additional information subsequently received, it is concluded that this option will have, on balance, a neutral impact on the majority of patients with a potential for improved provision of care from practices offering more diverse services.

8. Option 1- List Dispersal

Background

As stated above, list dispersal is the preferred option for the Bishopston Medical Practice. The CSU mapping team have undertaken an initial analysis to understand where the patients of the Bishopston Medical Practice may register alongside a dispersal of the Northville Family Practice. These patient numbers can be separated, but it was felt to be helpful to combine as the geography of the registered patients is similar and an understanding of the overall impact on each practice was beneficial. The patients would likely disperse as follows:

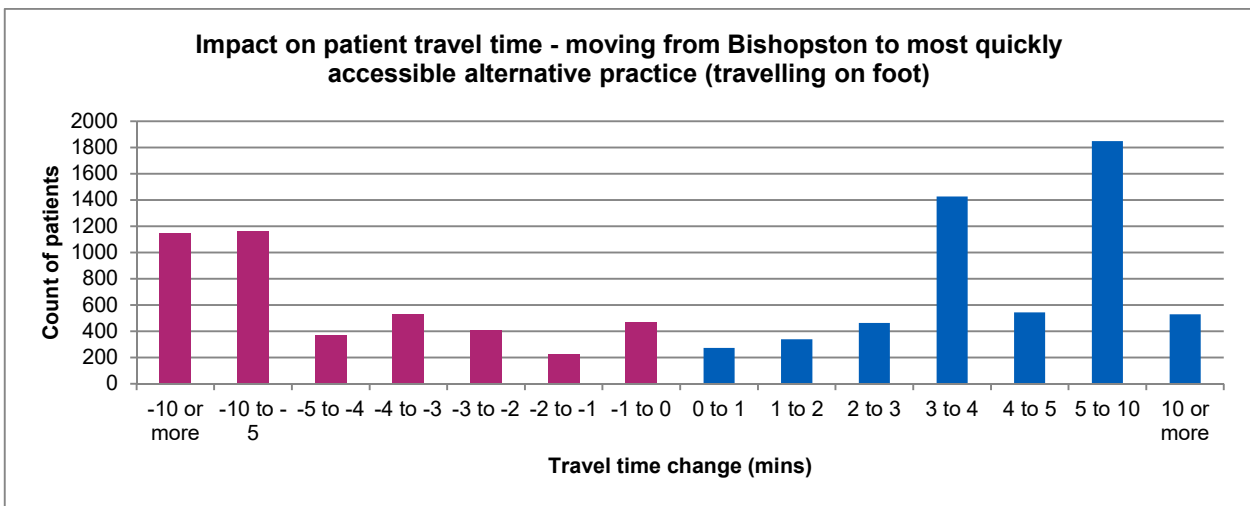
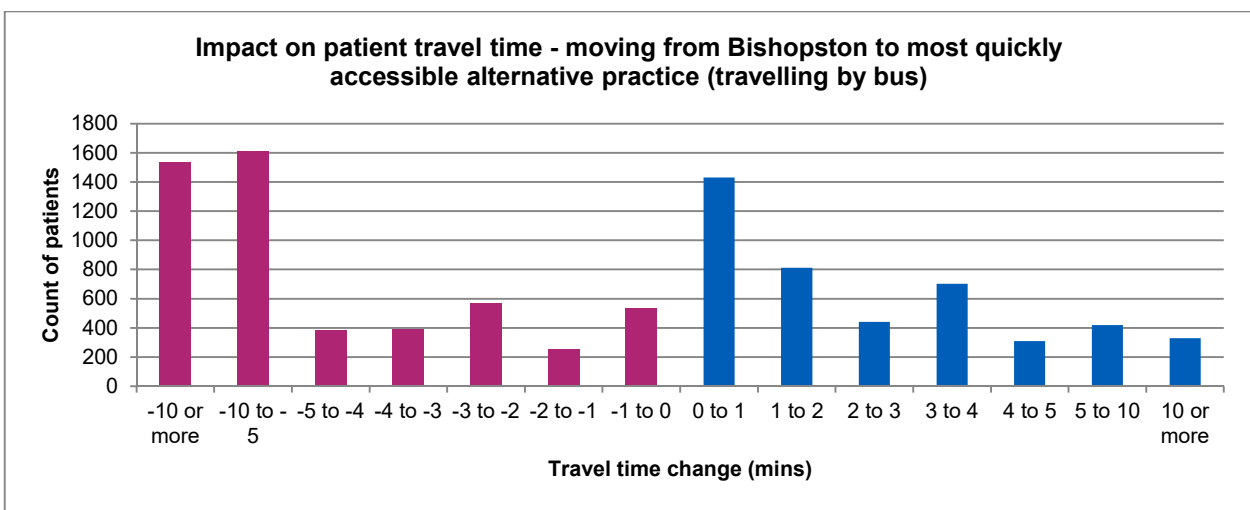
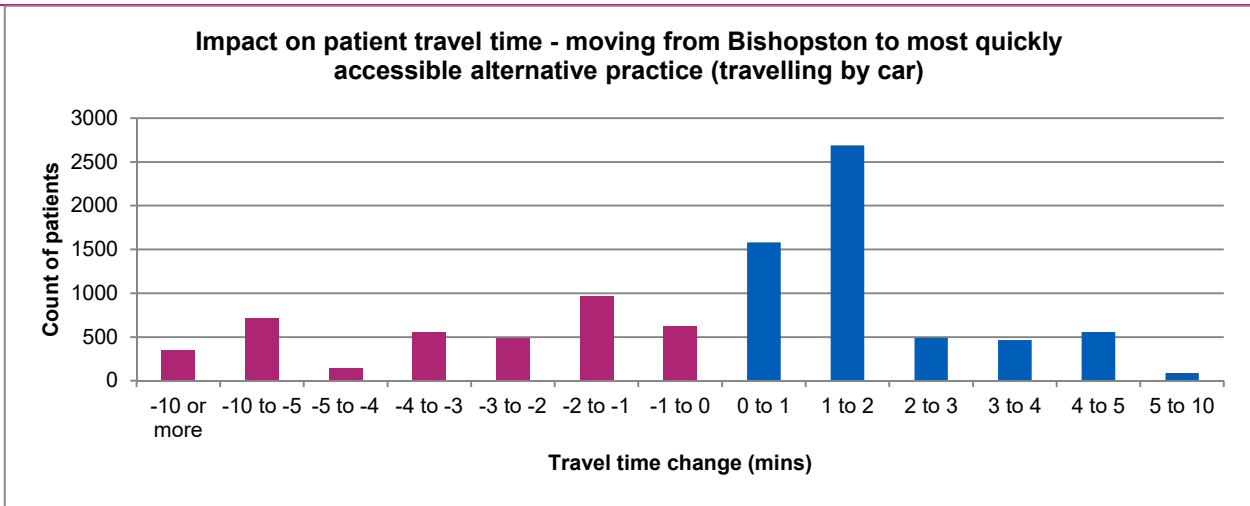
| | | | | | | | | | |
|---------------|---|---|-------|---|---|-------|-----------------------------|---------------------------------------|---|
| Practice Name | Patients for whom closest Walking Bishopston | Patients for whom closest Walking Northville | Total | Patients for whom closest Driving Bishopston | Patients for whom closest Driving Northville | Total | Total Unknown re: Ring road | What the practice are willing to take | Therefore - 13,988 patients going to a possible (mapping and algorithm dependent) |
|---------------|---|---|-------|---|---|-------|-----------------------------|---------------------------------------|---|

| | | | | | | | | | |
|--------------------------------|------|------|------|------|------|------|-------|------|------|
| CONYGRE MEDICAL CENTRE | 10 | 2566 | 2576 | 29 | 3307 | 3336 | -2546 | 2000 | 1100 |
| MONKS PARK SURGERY | 134 | 1639 | 1773 | 115 | 810 | 925 | 2154 | 3000 | 2600 |
| HORFIELD HC | 207 | 639 | 846 | 198 | 688 | 886 | | 2000 | 1000 |
| GLOUCESTER ROAD MEDICAL CENTRE | 4448 | 51 | 4499 | 5165 | 66 | 5231 | | 5000 | 4500 |
| MONTPELIER HEALTH CENTRE | 3123 | 8 | 3131 | 2540 | 8 | 2548 | | 3000 | 2600 |
| FALLODON WAY MEDICAL CENTRE | 1161 | 2 | 1163 | 848 | 2 | 850 | | 2000 | 1900 |

The CSU GIS mapping team also completed an exercise to understand the impact the closure of Bishopston Medical Practice will have on patient travel time between the current practice and the next closest alternative services for the patient population based on postcode. The results of this are included below against driving, public transport and walking options. These initial results demonstrate that many people are able to access services closer to their current address and those who cannot are generally not being inconvenienced in a significant way.

The table and graphs outline the difference in travel time from where the patient is currently living, to the current registered practice, and how this would be impacted if they were to register with or be allocated to the practice closest to their home address.

| Travel Time Change (mins) - Car | Patient Count | | Travel Time Change (mins) - Bus | Patient Count | | Travel Time Change (mins) - Walking | Patient Count | |
|---------------------------------|---------------|-----------------|---------------------------------|---------------|-----------------|-------------------------------------|---------------|-----------------|
| -10 or more | 345 | Shorter journey | -10 or more | 1536 | Shorter journey | -10 or more | 1145 | Shorter journey |
| -10 to -5 | 719 | | -10 to -5 | 1614 | | -10 to -5 | 1161 | |
| -5 to -4 | 147 | | -5 to -4 | 387 | | -5 to -4 | 364 | |
| -4 to -3 | 558 | | -4 to -3 | 389 | | -4 to -3 | 530 | |
| -3 to -2 | 492 | | -3 to -2 | 569 | | -3 to -2 | 410 | |
| -2 to -1 | 971 | | -2 to -1 | 255 | | -2 to -1 | 226 | |
| -1 to 0 | 624 | | -1 to 0 | 531 | | -1 to 0 | 470 | |
| 0 to 1 | 1580 | Longer journey | 0 to 1 | 1432 | Longer journey | 0 to 1 | 272 | Longer journey |
| 1 to 2 | 2688 | | 1 to 2 | 812 | | 1 to 2 | 339 | |
| 2 to 3 | 490 | | 2 to 3 | 441 | | 2 to 3 | 463 | |
| 3 to 4 | 465 | | 3 to 4 | 702 | | 3 to 4 | 1427 | |
| 4 to 5 | 557 | | 4 to 5 | 310 | | 4 to 5 | 543 | |
| 5 to 10 | 90 | | 5 to 10 | 419 | | 5 to 10 | 1848 | |
| | | | 10 or more | 329 | | 10 or more | 528 | |



The data above suggests that a substantial amount of patients may fare better were they to be dispersed to practices closer to their home address. For others, there are plenty of other local surgeries, and the distance impact would not be too challenging.

The process for dispersing a list requires a letter be sent to the patient address to inform them of the change. This letter would outline the most local practice that has the capacity to register them.

The numbers above are indicative figures that would apply prior to any additional algorithms being used. For example, the CSU algorithm will allocate all families to the same practice, and would allocate vulnerable patients to a practice closer than someone who is more fit and able, should this be necessary.

Estates

It is recognised that some of the surrounding practices would not be able to absorb the patient numbers within their current estate footprints. Although the current estate at Bishopston is compromised and severely under-provisioned, other practices in the area face other estate challenges.

Practices have cited the need for adaptations to their existing buildings to support the dispersal of any patients and were asked to consider what space would be necessary to facilitate the growth should this be required. A bid has been made for several projects across BNSSG for funding from NHSE. This included 4 of the 6 practices that have expressed an interest in taking patients from the Bishopston and Northville practices.

Area Resilience

As part of the process to review the option of list dispersal of patients currently registered at Bishopston Medical Practice and Northville Family Practice it was agreed by members of the APMS working group that the resilience of the practices which would accept additional patients onto their list as a result of list dispersal would be reviewed. This review of resilience served 2 key functions;

1. To review the current picture of resilience of the 6 practices concerned
2. To inform the requirements associated with list growth

The Primary Care Quality and Resilience Dashboard was used and practices were also asked to complete the BNSSG CCG Practice Resilience Information Collection Tool. This approach to reviewing practice resilience follows the agreed process as detailed in the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit. The BNSSG CCG Practice Resilience Information Collection Tool was adapted in order to fulfil function 2 as noted above.

The findings of the resilience review are summarised as follows;

Gloucester Road Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice describes a good range of activities undertaken to implement the 10 High Impact Actions (<https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/>) in order to use practice team time

effectively. The practice has a clinical team made up of 51% GPs and 49% other clinicians. Gloucester Road practice provided a detailed description of its approach to managing access, demand and capacity although they could make improvements to online prescription ordering.

This practice participated in the BNSSG wave 7 of the Productive General Practice Quick Start programme which ran December 2018 – March 2019. PGP Quick Start is a support offer whereby facilitators from four Delivery Partners commissioned by NHS England work within individual practices over 6-8 weeks and bring participant practices in local cohorts together for up to four group-based learning sessions.

The facilitators work with the practice team to identify processes/functions that could be more productive and efficient, implementing practical improvements to release capacity. The PGP Quick Start programme supports the improvement of quality and resilience in primary care. Gloucester Road Medical Centre selected the Efficient Processes and Common approach modules of PGP Quick Start. The practice reviewed and improved the processes to repeat prescriptions and dealing with queries and reducing interruptions.

Montpelier Health Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

Montpelier Health Centre describes a good range of activities undertaken to implement the 10 High Impact Actions in order to use practice team time effectively. The practice has a clinical team made up of 57% GPs and 43% other clinicians as a skill mix. Montpelier Health Centre has appointment utilisation of 91% and a 4% DNA rate (snapshot week). The practice describes their approach to signposting and navigating patients and has provided evidence base for all the information provided via the Practice Resilience Information Collection Tool.

Horfield Health Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice has completed the Practice Resilience Information Collection Tool, wherein the practice describes a range of activities supporting implementation of the 10 High Impact Actions. Horfield Health Centre has 8.56 WTE GPs and 9.19 WTE other clinical staff and participated in the BNSSG wave 7 of the Productive General Practice Quick Start programme which ran December 2018 – March 2019. Horfield Health Centre selected the appropriate appointments and common approach modules of PGP Quick Start. The practice reviewed the skill mix of the team and restructured the appointments system. The practice also reviewed the approach to home visits.

Stoke Gifford and Conygre Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

33% of the clinical sessions of this practice are provided by a GP the other 67% are provided by; Paramedic, Nurse Practitioner, Specialist Nurse, Health Care Assistant, Phlebotomist and Pharmacist.

Monks Park Surgery

This practice was prioritised to take part in the General Practice Resilience Programme during 2018/19 and was also targeted to participate in Productive General Practice Quick Start in order to support improved resilience and release time for care.

The General Practice Resilience Programme involves improvement and change management work with practices identified as priority for such work as detailed in the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit. An improvement plan as part of a Memorandum of Understanding is agreed with each practice taking part in the programme. Through the programme Monks Park Surgery undertook the following projects;

1. Develop and embed work-flow document management
2. Implement SMS Result Service
3. Identify frequent flyers for intense review, reflection and re-education
4. Appoint self-care ambassador that will investigate self-care pilot for a particular cohort of patients
5. Source support to conduct financial review
6. Development of collaborative working with neighbouring practices

The practice was also targeted for Productive General Practice (PGP) Quick Start and participated in wave 7 of the programme which ran December 2018 – March 2019. Monks Park selected the Clear Job Standards and Efficient Processes modules of PGP Quick Start. The practice has made improvements to clarification and allocation of administrative tasks which has saved practice team time and has reviewed and improved the process for dealing with patient information requests.

The team work flexibly to cover the range of tasks and activities involved in practice operations. The practice has 23 GP sessions per week and also has 7 hours of clinical pharmacist time per week and 2 WTE nurses.

Falldon Way Medical Centre

The Primary Care Quality and Resilience Dashboard report for this practice and the Practice Resilience Information Collection Tool completed by the practice do not highlight any concerns regarding the resilience of this practice.

The practice describes a good range of activities undertaken to implement the 10 High Impact Actions in order to use practice team time effectively. The practice has a clinical team made up of

50% GPs and 50% other clinicians as a skill mix. Fallodon Way Medical Centres provided a detailed description of its approach to managing appointment requests and booking.

Overall Area Resilience

Further to the summary of each of the practices above, it is felt that the surrounding area is stable, and has the ability to absorb the proposed dispersal. The practices work successfully in their respective PCNs and have worked collaboratively in developing operational plans to accept the registrations of new patients over the coming months. It has been positive to see the collaborative efforts, and the support of the partnerships to devise a local model to support the patients of the Bishopston practice.

Next Steps

Should a list dispersal be approved by PCCC, a timeline of next steps has been drafted to ensure that the messaging and next steps are managed appropriately.

Bishopston practice: APMS post-decision stakeholder communications and engagement action plan

| Action | Lead | June | | | | | | | July | | | | | | | August | | | | | | | September | | | | | | |
|---|-------------------|------|----|----|----|----|----|----|------|----|----|----|----|----|----|--------|----|----|----|--|--|--|-----------|--|--|--|--|--|--|
| | | WEEK | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | | | | | | | | | | |
| PCCC decision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform BrisDoc of decision and implications for staff | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact PPG to notify of decision and discuss draft FAQs. | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform HOSC, MP, ward councillors - email briefing. | Area Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brief neighbouring practices on outcomes | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform GP membership - briefing via CCG GP Bulletin. | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform system partners - email briefing to health and care partners inc care homes. | Area Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inform Healthwatch - email briefing. | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| News release confirming outcomes and publicising drop-in sessions. | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First update on practice website, with FAQs. | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issue patient letter informing patients of outcome and drop-in sessions. | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient letters delivered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poster into practices to notify of outcome, publicise drop-in sessions. | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drop-in sessions. | Primary Care team | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd, 3rd update to practice website | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You Said We Did' report published on CCG and practice websites | Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New service arrangements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Customer Services
NHS BNSSG CCG
South Plaza
Marlborough Street
Bristol
BS1 3NX

8 July 2019

Dear Patient,

Please note: this letter is important and requires you to take action

We last wrote to you in April 2019 to let you know that the contract at Bishopston Medical Practice will expire on 30 September 2019. Since then we have engaged widely with patients, staff and local healthcare partners on a number of ways in which your GP service could be provided in the future. Having carefully reviewed all the feedback received and considered the viability of different options, we can now confirm that the decision has been made to close Bishopston Medical Practice on **30 September 2019**.

Importantly, this means you will need to register with a new practice.

A number of other practices in the area are able and willing to register patients leaving Bishopston Medical Practice, so nobody will be without a doctor.

How to register with another practice

Finding a new GP practice is a matter of personal preference, based on factors such as distance from where you live, travel to the practice, and opening hours.

All offer similar services, though some will have more room than others for new patients. In our discussions with the practices close to your address, the practice below has been identified as being able to support you:

**«Practice_Name» «Practice_Address1» «Practice_Address2»
«Practice_Address3» «Practice_Address4» «Practice_Address5» «Postcode»
Telephone: «Telephone_Number»**

If you wish to join this practice, it would be helpful if you could complete their registration paperwork by the end of August. This will allow them to plan and prepare for a smooth and safe transition.

If you wish to choose a different practice, they will accept you as a patient if you live in their catchment area. The easiest way to find the best option for you is to go to www.nhs.uk and to use the **Find a GP** function by typing in your postcode.

Please note

From 1 September 2019, Bishopston Medical Practice will only be able to provide appointments for patients with urgent needs, to help ensure the safe closure of the surgery. Bookable routine appointments will not be available after this date. If you require bookable, routine appointments we would encourage you to re-register with your new practice by the end of August to ensure good continuity of care.

Questions and support

Clinical Commissioning Group staff will be available to answer any questions you may have and to support patients who need help to register with another practice. Please feel free to come along at any time during these sessions

Jessop Suite, Bristol Pavilion Cricket Ground, Nevil Road, Bristol BS7 9EJ
2.00 to 4.00 pm, Tuesday 30 July

Bristol Room, Memorial Stadium, Filton Avenue, Horfield, Bristol BS7 0BF
3.00 to 5.00 pm, Wednesday 7 August
5.00 to 7.30 pm, Tuesday 13 August

A leaflet with answers to common questions will be available from Bishopston Medical Practice or online at www.bnssgccg.nhs.uk/library/frequently-asked-questions-closure-bishopston-medical-practice/

A summary of feedback received during the engagement exercise can be viewed at www.bnssgccg.nhs.uk/get-involved/surveys-and-consultations/bishopston-practice

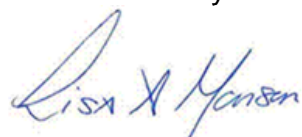
If you would like help finding details about local GP practices or have any particular concerns about finding a new doctor, please contact our Customer Services team by:

Calling: 0800 073 0907

Emailing: bnssg.customerservice@nhs.net

Writing: Customer Services, BNSSG CCG, South Plaza,
Marlborough Street, Bristol, BS1 3NX

Yours sincerely



Lisa Manson, Director of Commissioning
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

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Customer Services
NHS BNSSG CCG
South Plaza
Marlborough Street
Bristol
BS1 3NX

8 July 2019

Dear Patient

Please note: this letter is important and requires you to take action

We last wrote to you in April 2019 to let you know that the contract at Northville Family Practice will expire on 30 September 2019. Since then we have engaged widely with patients, staff and local healthcare partners on a number of ways in which your GP service could be provided in the future. Having carefully reviewed all the feedback received and considered the viability of different options, we can now confirm that the decision has been made to close Northville Family Practice on **30 September 2019**.

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All offer similar services, though some will have more room than others for new patients. In our discussions with the practices close to your address, the practice below has been identified as having capacity to support you:

**«Practice_Name» «Practice_Address1» «Practice_Address2»
«Practice_Address3» «Practice_Address4» «Practice_Address5» «Postcode»
Telephone: «Telephone_Number»**

If you wish to join this practice, it would be helpful if you could complete their registration paperwork by the end of August. This will allow them to plan and prepare for a smooth and safe transition.

If you wish to choose a different practice, they will accept you as a patient if you live in their catchment area. The easiest way to find the best option for you is to go to www.nhs.uk and to use the **Find a GP** function by typing in your postcode.

Please note

From 1 September 2019, Northville Family Practice will only be able to provide appointments for patients with urgent needs, to help ensure the safe closure of the surgery. Bookable routine appointments will not be available after this date. If you require bookable, routine appointments we would encourage you to re-register with your new practice by the end of August to ensure good continuity of care.

Questions and support

Clinical Commissioning Group staff will be available to answer any questions you may have and to support patients who need help to register with another practice. Please feel free to come along at any time during these sessions

The Pavilion, Filton Leisure Centre, Elm Park, Filton, Bristol, BS34 7PS

2.00 to 4.00 pm, Tuesday 23 July

2.00 to 3.30 pm, Tuesday 6 August

A leaflet with answers to common questions will be available to collect from Northville Family Practice. You can also download it at www.bnssgccg.nhs.uk/library/frequently-asked-questions-closure-northville-family-practice-version/

A summary of feedback received during the engagement exercise can be viewed at www.bnssgccg.nhs.uk/get-involved/surveys-and-consultations/northville-practice

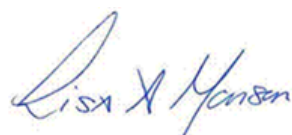
If you would like help finding details about local GP practices or have any particular concerns about finding a new doctor, please contact our Customer Services team by:

Calling: 0800 073 0907

Emailing: bnssg.customerservice@nhs.net

Writing: Customer Services, BNSSG CCG, South Plaza,
Marlborough Street, Bristol, BS1 3NX

Yours sincerely



Lisa Manson

Director of Commissioning

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

For further copies of this document or copies in alternative formats or languages, please contact the Customer Service team at the details above.



Northville Family Practice: Patient and Public Feedback Summary

During May and June 2019 we informed patients and stakeholders that the contract for providing GP services at Bishopston Medical Practice is due to expire at the end of September 2019. Alongside an evaluation of the long term sustainability of the options available to us, we have also considered the views of patients in coming to our decision to ask patients to re-register at one of their neighbouring practices.

We asked individuals to give their views on how the surgery is used today, so that patients can continue to have access to high-quality healthcare services which can be sustained beyond September 2019. Feedback was sourced from the following:

- 132 responses to a patient questionnaire, which was distributed in May 2019
- Two separate engagement events in May 2019

This document summarises the key learnings from our engagement work, and identifies the key implications which we will be taking into consideration as we progress with these plans:

Travel impact

- **Patients who responded to the questionnaire indicated that one of the main benefits of Northville Family Practice is its location; with the majority travelling on foot to the surgery**

50% of respondents who are patients at Northville Family Practice reported that they lived less than half a mile from the surgery, and 62% said they travelled to the surgery by walking. A number of people who completed the survey also expressed concerns about having to drive long distances to an alternative practice.

Implication

Travel impact assessments have identified that 19% of patients registered at the surgery would have to travel an additional 10 minutes or more on foot to a suggested alternative practice. We will carefully monitor this group to ensure that those who may find travelling this distance difficult are adequately supported. On the other hand, our analysis has also indicated that walking times would be increased by less than 10 minutes for 42% of registered patients, and that a further 39% would actually have a shorter journey time to an alternative practice.

Appointment Times

- **The two most popular time slots for appointment times were 8:00am-10:00am and 10:00am-12:00pm.**

67% of questionnaire respondents indicated one of these two slots as the time of day they would 'typically use the surgery'.

Implication

The practices in the area are taking steps to accommodate the increase in patients and will aim to accommodate the preferential times for ease of access. Whilst it will take time to implement these changes, in the long-term this should improve access to high quality care for patients.

Premises

- **The majority of respondents reported both access to the premises – and the premises itself – as 'good' or 'very good'.**

Of the patients who responded to the questionnaire, over 70% rated Northville Family Practice as 'good' or 'very good' on the two measures above.

Implication

Some of the practices in the surrounding area already have existing capacity. All the premises are purpose built and allow space for the practice to accommodate patient needs in a flexible and effective way.

Access to a GP

- **Being able to access a GP quickly – both today and in the future – was stressed as an area of importance at both engagement events.**

Feedback from the engagement events in Filton complemented our questionnaire, which asked how respondents would like to access a GP. When asked if they would like to see the same GP or are happy to see any GP as long as the appointment is offered within a shorter timeframe, 46.4% of respondents indicated they would prefer a quicker appointment or have no preference.

Implication

The practices in the area around Northville have engaged with the CCG thoroughly and recognise how important access is. They have stated that they have capacity to help patients to access a GP quickly.

Carer support and accessibility

- **Some patients at Northville Family Practice are likely to need carer or family support when accessing a GP**

10% of respondents to the Northville patient questionnaire indicated that they required additional carer or family support to access the surgery. 4% suggested that accessible information formats (e.g. braille, easy read) would be required when accessing services in the future.

Implication

We will ensure we continue to take into account any additional support required by individual patients. An ongoing Equality Impact Assessment (EIA) is in progress to ensure no patient would be unfairly disadvantaged by the changes being made.

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- 302 responses to a patient questionnaire, which was distributed in May 2019
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This document summarises the key learnings from our engagement work, and identifies the key implications which we will be taking into consideration as we progress with these plans:

Travel impact

- **The majority of Bishopston patients travel to the surgery on foot or by bike**

75% of respondents to the questionnaire indicated one of the above preferences, with 19% using the car in order to get to the surgery. A number of respondents to our survey also commented that they had concerns about the travel impact if they had to relocate to a different practice a large distance away.

Implication

Travel impact assessments have identified that 5% of patients registered at the surgery would have to travel an additional 10 minutes or more on foot to a suggested alternative practice. We will carefully monitor this group to ensure that those who may find travelling this distance difficult are adequately supported. On the other hand, our analysis has also indicated that walking times would be increased by less than 10 minutes for 50% of registered patients, and that a further 44% would actually have a shorter journey time to an alternative practice.

Access and facilities

- **Some feedback focussed on the lack of purpose built building, parking provision and greater number of rooms available pre-appointment and during consultation**

Only 12% of questionnaire respondents stated that the building and general facilities were 'very good'. A minority of 21% of respondents rated 'ease of access in and around the building' as 'very good'.

Implication

To support the changes, purpose built modern health care services will be built at four surrounding practices. This activity is aimed at addressing long-term issues around access and facilities which have affected this practice.

Support and advice from medical clinicians

- **Patients at Bishopston Medical Practice value the support and advice they get from medical clinicians overall**

83% of respondents to the same questionnaire indicated that the support they receive currently from medical clinicians was either 'good' or 'very good'. When broken down, 33% of respondents said that support was 'good', while 49% said that support was 'very good'. Verbal feedback from the three engagement events often focussed on the high quality care which takes place at the practice currently.

Implication

As part of any dispersal process, we would be committed to ensuring that patients are not disadvantaged in terms of quality of service provided by different health care professionals in other practices.

Access to a GP

- **In relation to 'seeing a GP they know well' at each appointment, a majority of respondents from Bishopston Medical Practice indicated that they would either prefer a quicker appointment or have no preference**

45% of respondents suggested that 'seeing a GP they know well' was the highest priority when attending an appointment at their surgery. 55% stated they would either prefer a quicker appointment (28%) or had no preference either way (27%).

Implication

We have worked closely with local practices to ensure that there is capacity to provide appointments for patients with other practices in the local area. We have assessed these surrounding practices to ensure they are able to provide patients with appointments which are suitable both now and in the future. The practices in the area surrounding Bishopston Medical Practice have told the CCG that they have capacity to provide more appointments if required. No patient will be without access to a GP.

Type of GP Appointment

- **When asked about the kind of appointment they would prefer to have, respondents to the Bishopston questionnaire indicated a mix of preferences**

54% of respondents stated they would prefer a face-to-face appointment, while 28% suggested no preference and 19% preferred a quicker resolution via an online or over-the-phone consultation. Waiting times were also raised as a key issue currently within the three public engagement events.

Implication

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