

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.

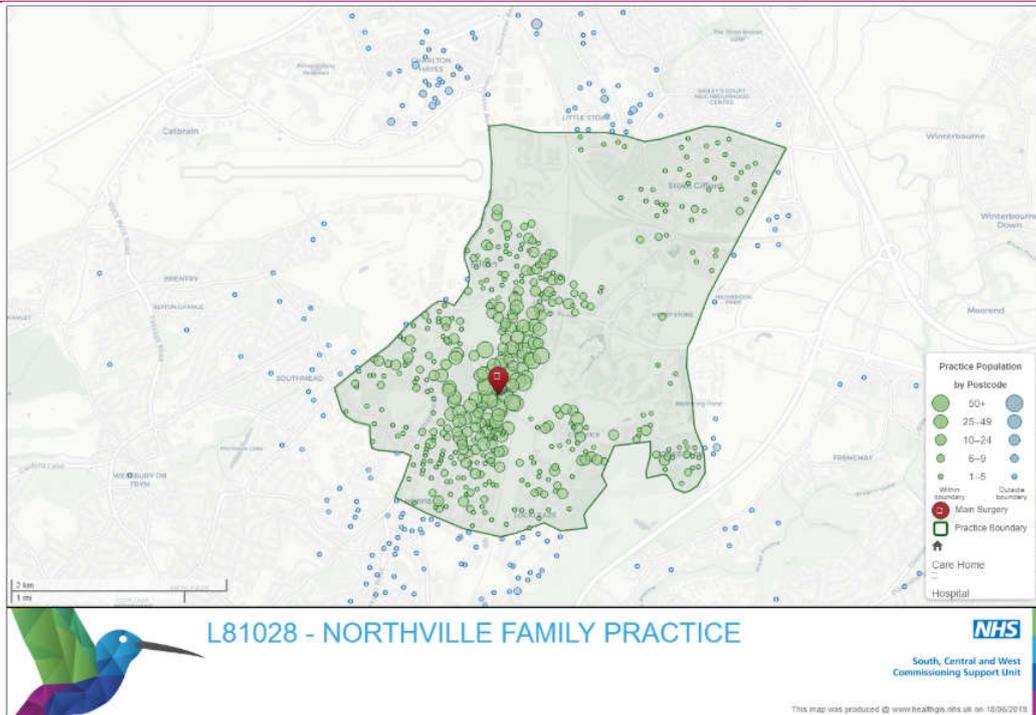
The current contract, list size and weighted list size with proposed expiry is:

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

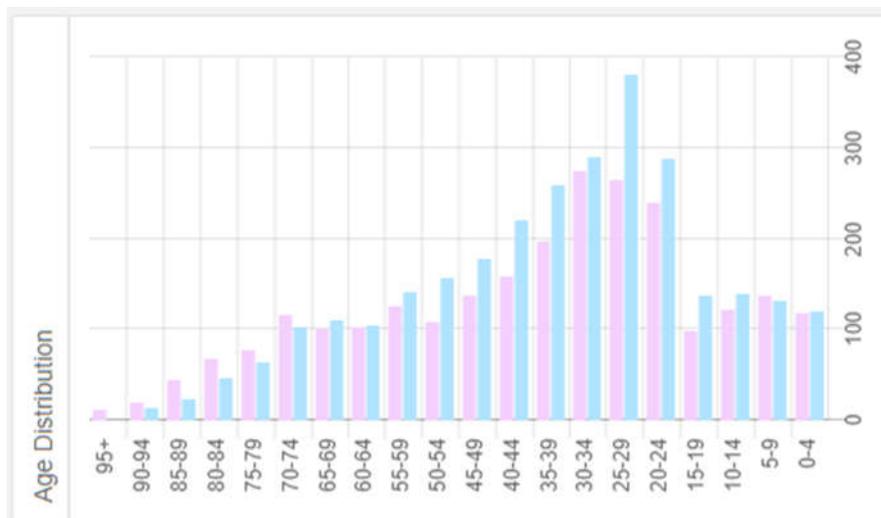
Attendees at a market engagement on January 30th indicated that this list size would be of most interest were it to be dispersed or to form a lot with another of the contracts in the area. The market clearly responded stating procurement for this service would generate no bids for a standalone contract.

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

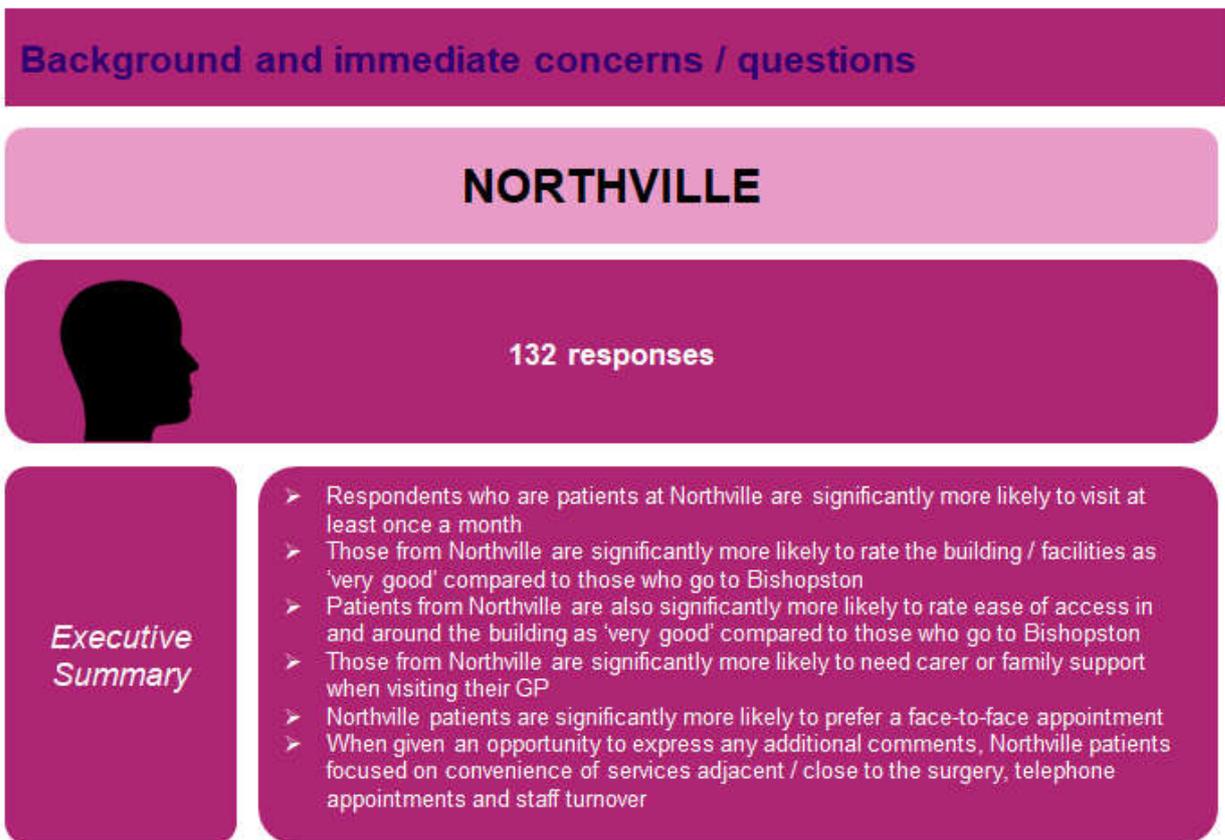
May. The information from these events will be used to inform a 'Feedback Summary' report (Appendix 5), and further FAQs associated with any implemented changes.

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			
	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"> 1. The largest age group (20%) of registered patients are in the 25-34yr age group. 2. 18% of registered patients are 18 years or under. This is in line with the Bristol area average. 3. 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. 4. 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 5. 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 6. 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"> 1. The largest age group (20%) of registered patients are in the 25-34yr age group. 2. 18% of registered patients are 18 years or under. This is in line with the Bristol area average. 3. 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. 4. 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>

	<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>

<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></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 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></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 a regular state of impermanence. This could</p>

		<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>Supporting Evidence</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>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 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>Supporting Evidence</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>Current Conclusion:</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 negative impact for patients.</p> <p>This option causes the future healthcare provision for Northville Family practice to</p>

		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	Supporting Evidence No Data available	Current Conclusion: 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.	Supporting Evidence No Data available	Current Conclusion: 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]	Supporting Evidence The practice list size is made up of the following demographic: - 53% Male - 47% 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	- 53% Male - 47% 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

		<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><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>

<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 Civil Partnership</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
Option A: List dispersal	<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

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:

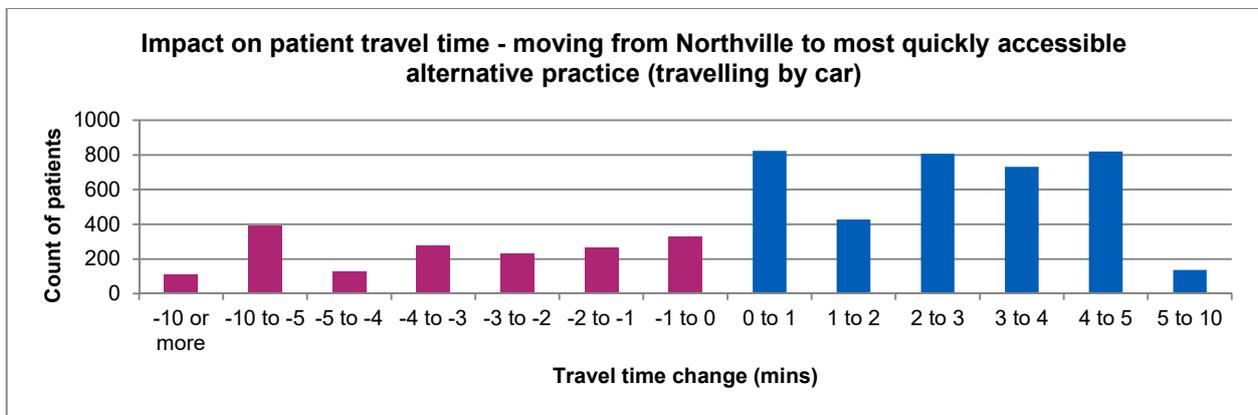
Practice Name	Patients for whom closest Walking Bishopston	Patients for whom closest Walking Northville	Total	Patients for whom closest Driving Bishopston	Patients for whom closest Driving Northville	Total	Total Uncertain re: Ring road	What the practice are willing to take	Therefore - 13,988 patients 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

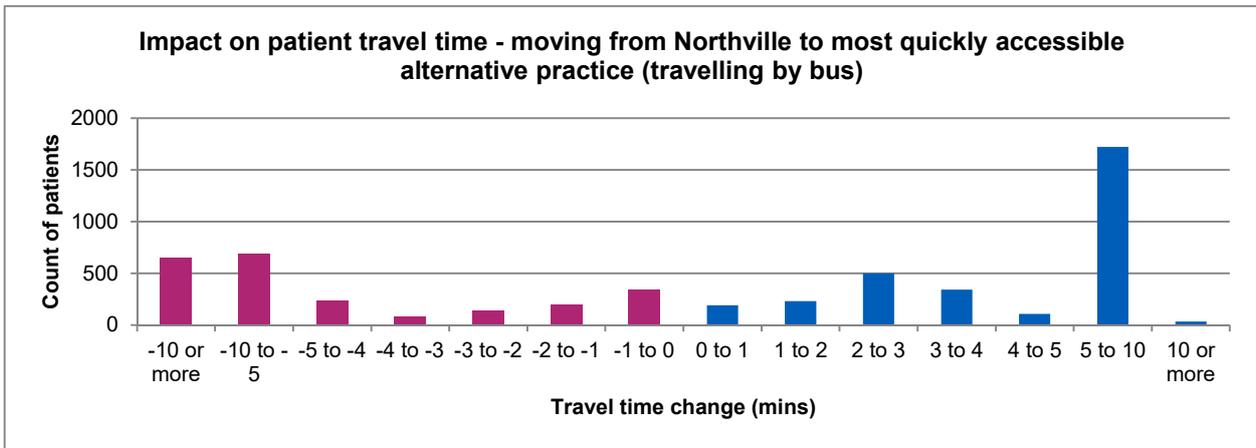
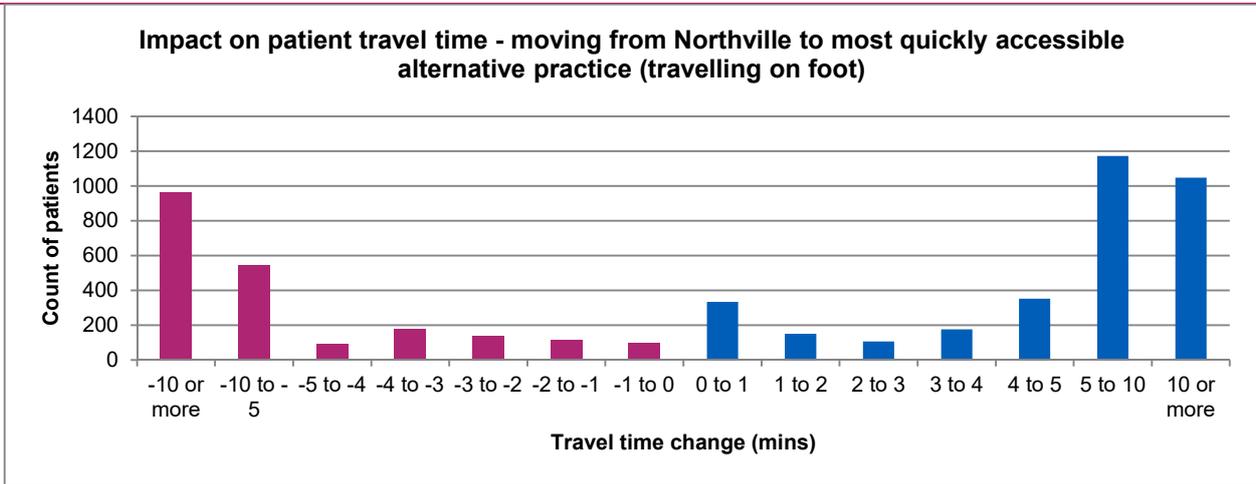
HEALTH CENTRE									
FALLODON WAY MEDICAL CENTRE	1161	2	1163	848	2	850		2000	1900

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	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, 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.																			