
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.

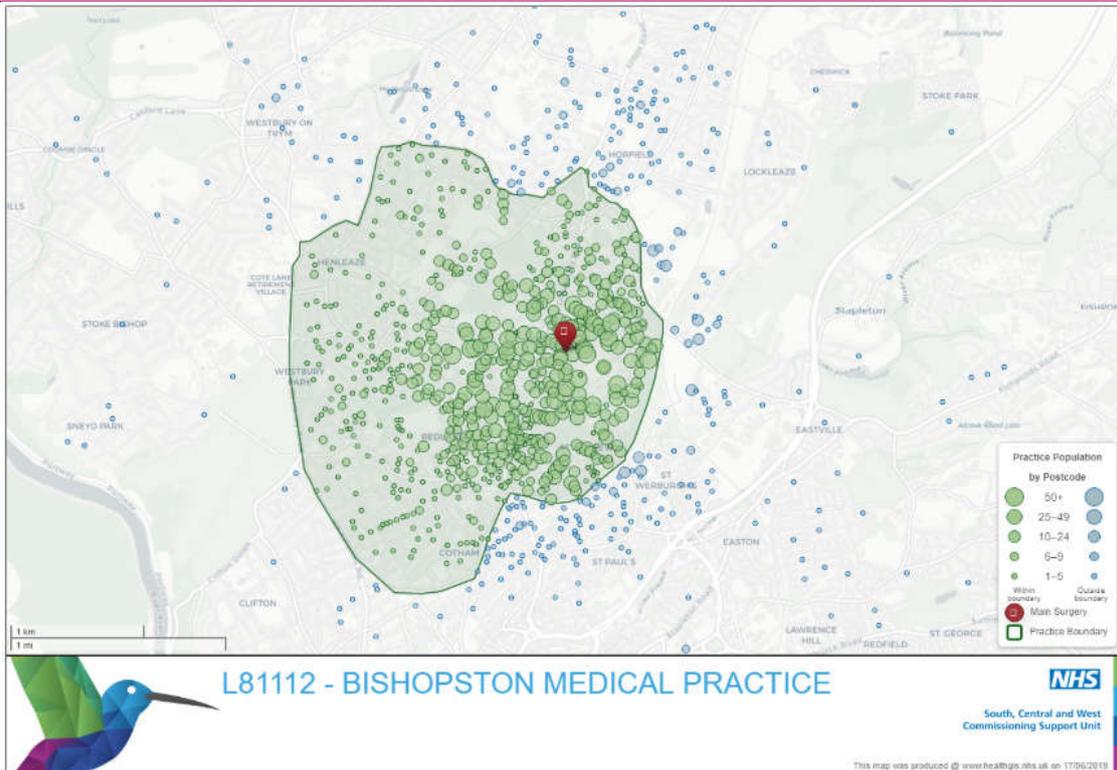
The current contract, list size and weighted list size is outlined below:

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

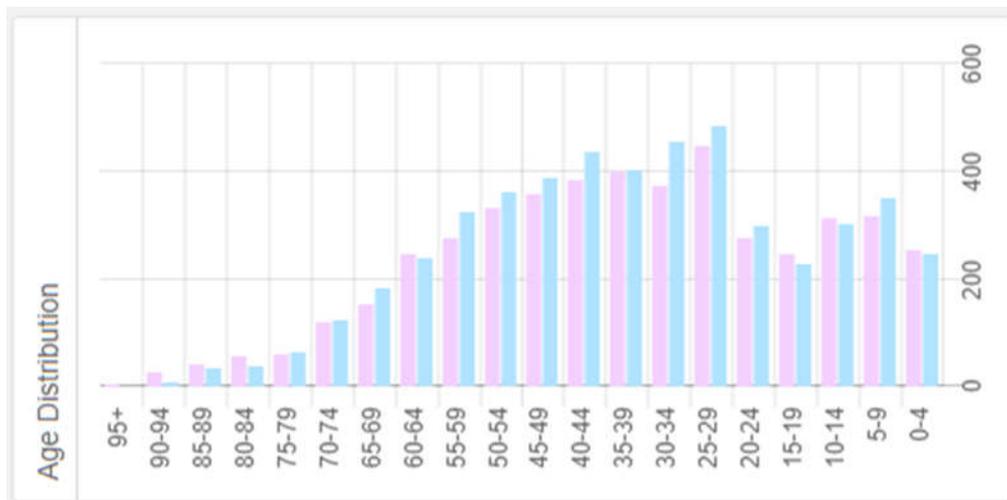
The recommended option for this contract is to support a managed dispersal. Gloucester Road Falldon Way and Montpelier have prepared plans to accommodate the additional patients. This option would provide long term contractual security for the Bishopston patients, in local, sustainable PMS practices. 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'

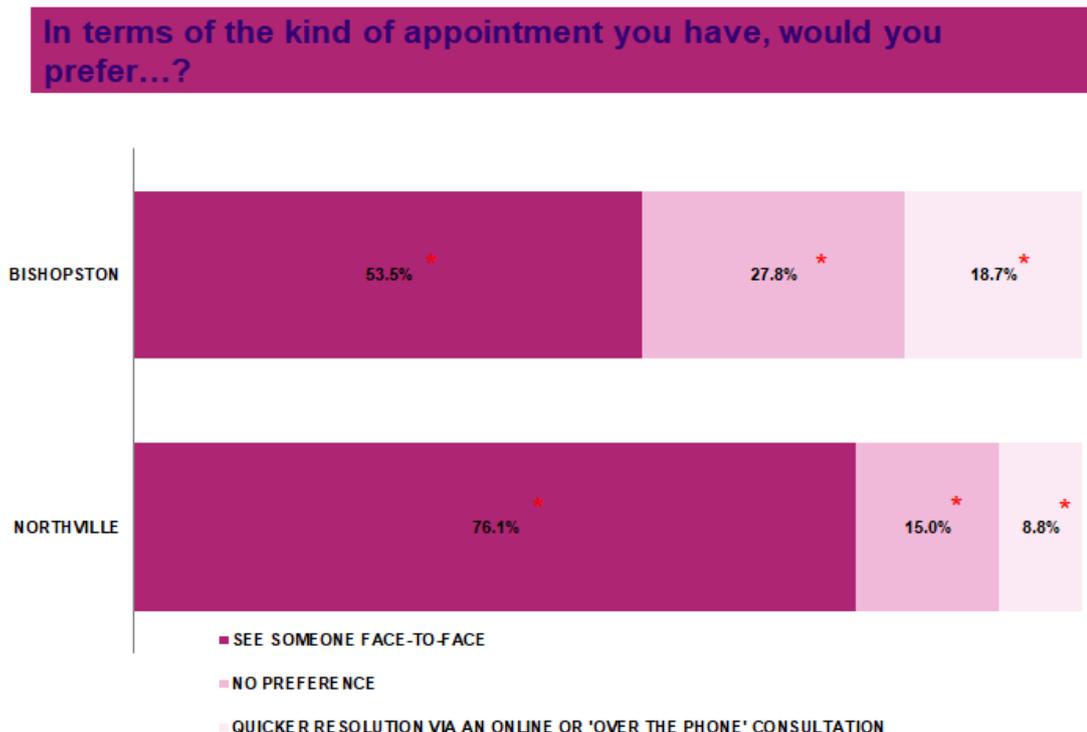
Next, we asked what patients felt could be improved:

- **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

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- 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.

Protected
Characteristic

Bishopston Medical 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+]

Supporting Evidence

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**.
 - 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
 - Gloucester Road Medical Centre (Report Published July 2018)– Good

Current Conclusion:

If a list dispersal was enacted at Bishopston Medical Practice, there is a potential for a **positive impact**.

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:

- 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)

The current contract for Bishopston

Supporting Evidence

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.

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 long term negative effect on continuity of care and the delivery of person-centred compassionate care.

	<ul style="list-style-type: none"> Falldon Way Medical Centre (Report Published August 2018) - Good <p>7. The latest CQC report for the neighbouring practices concludes the following standard for the population group Working age group.</p> <ul style="list-style-type: none"> Montpelier Health Centre (Report Published May 2015)- Good Gloucester Road Medical Centre (Report Published July 2018)- Good Falldon Way Medical Centre (Report Published August 2018) – Good <p>8. 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 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) <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>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>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.</p>		
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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>

	<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>

		<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>Race [including nationality and ethnicity]</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>

				<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><u>Supporting Information</u></p> <p>No Data Available</p>	<p><u>Current Conclusion:</u> 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>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><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, it is anticipated there would be <u>neutral impact</u> 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>

				guidance around the access and provision of services relating to individuals with this protected characteristic.
Sex [Male or Female]	<u>Supporting Information</u> 51% Male 49% 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 expected to comply with national legal guidance around the access and provision of services relating to a person's gender.	<u>Supporting Information</u> 51% Male 49% 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 expected to comply with national legal guidance around the access and provision of services relating to a person's gender.
Sexual Orientation	<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 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	<u>Supporting Information</u> No Data Available	<u>Current Conclusion:</u> 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

		<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>
Pregnancy and Maternity	<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>

	<p>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 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) <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>The three neighbouring surgeries to Bishopston, in combination, offer the same range of maternity and pregnancy services as Bishopston.</p> <p>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.</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>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</p>		<p>Bishopston Medical practice, on balance, there is a <u>neutral impact</u> for patients.</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 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>
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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.

* 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
Option A: List dispersal	<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 <i>(If no further review required please provide reasons)</i>	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:

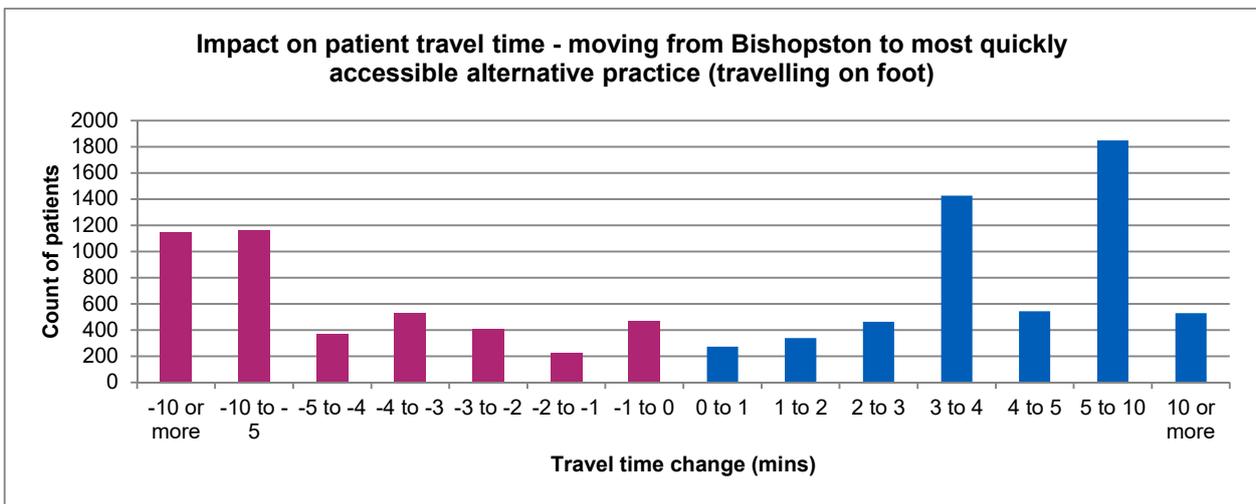
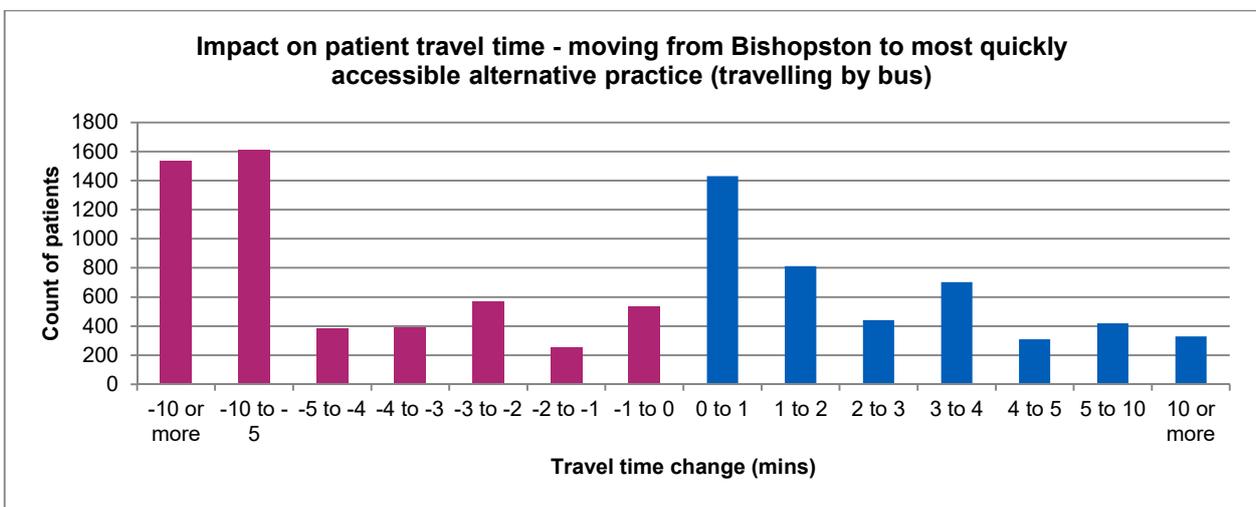
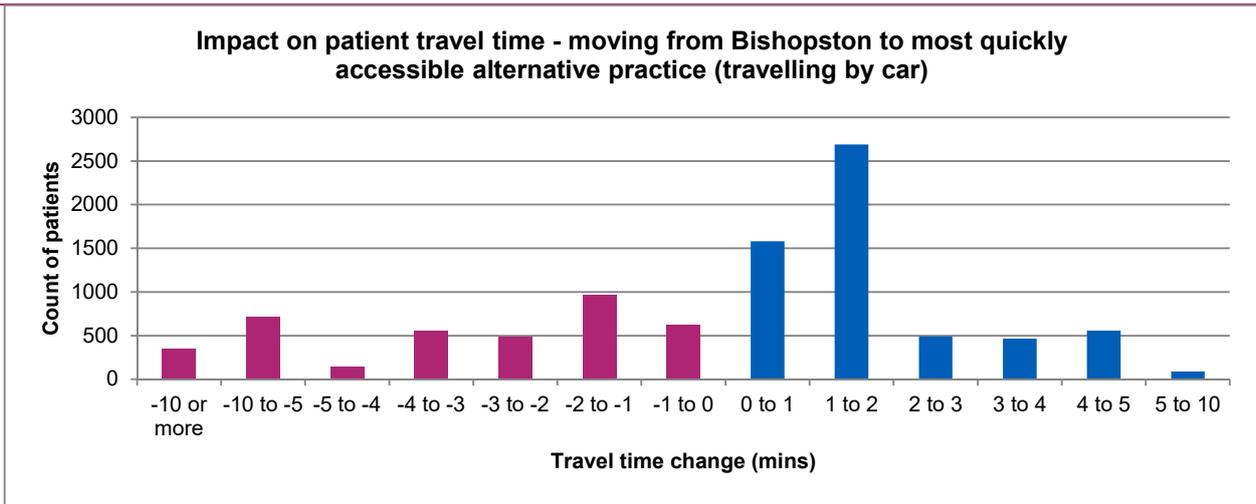
Practice Name	Patients for whom closest Walking Bishopston	Patients for whom closest Walking Northville	Total	Patients for whom closest Driving Bishopston	Patients for whom closest Driving Northville	Total	Total Unknown re: Ring road	What the practice are willing to take	Therefore - 13,988 patients going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