

Application for Consideration of a Contract Merger

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

Section 1

Practice names	J codes	Contract type	Clinical system	Registered population

Which contract and J code do you propose that the newly merged practice will hold?	GMS/PMS/APMS J82_ _ _
What is the proposed name of the Practice?	
What is the proposed date of the merger and are there any time pressures associated with this?	
What is the distance between practices?	
Please confirm the proposed merged contractual practice boundaries - include both inner and outer boundaries.	

Section 2

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

Service provision	
Practice name(s)	Premises address(es)

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

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Section 4

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

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Section 5

A

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

Home visits	
Booking appointments	
Additional and Enhanced Services	
Extended Hrs	
Screening services	
Single IT and telephony system	
Premises facilities	
Other	

B

<p>Please describe how the practice will ensure that service provision is maintained for patients (and not adversely impacted) by the merger.</p>	
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Section 6

<p>Risk analysis NB: if the merged practice list is to exceed 30,000 then one of the risks covered below must include mitigation against a large practice failing</p>	
<p>Key Risks associated with the pre-merger phase</p>	<p>Mitigation</p>
<p>e.g. Staff at the different practices not giving out a consistent message to patients at the consultation stage</p>	<p>e.g. Staff members given a script that they can refer to regarding the planned merger</p>
<p>Key Risks associated with failing to deliver planned improvements following merger</p>	<p>Mitigation</p>
<p>e.g. Single operating model not implemented as intended, therefore benefits of merger not realised</p>	<p>e.g. Operating model to be drawn up and agreed in advance and shared with all relevant staff</p>

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Section 7

Please provide a map detailing both inner and outer merged boundary

Practice to confirm map enclosed with application form

Section 8

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

Practice to confirm enclosed with application form

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

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

Signed:

Print:

Date:

Signed:

Print:

Date:

Signed:

Print:

Supplementary paper – HOSP briefing
February 2020

Date:

Signed:

Print:

Date:

Signed:

Print:

Date:

Signed:

Print:

Date:

Signed:

Print:

Date:

Signed:

Print:

Date:

Please continue on a separate sheet if necessary

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

Supplementary guidance on how to complete application form

Section 1

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

Section 3

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

Section 4

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

Section 7

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

Supplementary paper – HOSP briefing
February 2020