

<p>Title of scheme: Aksyr Medical Practice (Hillside Site) Relocation</p>
<p>Practice Lead: Dr M Khan and Ms Sana Rabbani CCG Project Lead: Fana Hussain</p>
<p>Brief description of scheme:</p> <p>Following extensive patient and stakeholder engagement and commissioner feedback, this business case sets out the rationale for the relocation of the Aksyr, Hilltop Primary Care Centre site to the newly refurbished Freuchen medical centre which are 1 mile apart. This is a unique relocation business case. Freuchen and Aksyr (Hilltop site) already have close links, sharing the same practice manager, reception and administration team members – the relocation will increase practice resilience, improving efficiency and the scope for innovation. The current branch site to Aksyr is Preston Hill Surgery under the leadership of Dr R Syed who supports the relocation of the main site. The list size for Aksyr Hillside is 3616 and for Aksyr Preston Hill is 3925. Freuchen Medical Centre has a list size of 6464 and has the capacity to host Aksyr Hillside.</p> <p>Both sites share similar challenges - serving Brent's most deprived wards while struggling to recruit and retain new clinical team members. Despite their challenges, both sites received a 'Good' rating by CQC in 2017</p> <p>The relocation will support the existing relationships of the two practices to increasing resilience by sharing resources and supporting cover during annual leave or sick leave, sharing responsibilities and addition of skills to the team. The relocation will support the two practices to improve on recruitment by offering more career prospects for current staff.</p>
<p>Intended Outcomes (Quality Improvement, achieving equality, reducing health inequalities, reducing costs):</p> <p>The practice has proposed the following strategic benefits:</p> <ul style="list-style-type: none"> – Financial savings for the practice, shared staff, reduced administrative burden, shared systems. – Patients will experience some changes to how services are delivered as the practice starts to undertake more digital services and an expansion to existing services and a wider clinical team. – More GPs will enable development and special interests to up skill. – Economies of scale. – Plan to use the existing rooms differently and to increase capacity. – All patients will access a single consistent service across provisions, home visits, booking appointments, opening hours, single IT and phone systems. <p>There is no reduction in patient choice, there are another 5 practices within a 2 mile radius of the Freuchen Medical Centre & Aksyr Medical</p>

Practice (Hillside). The practice have also confirmed that as a relocated practice there will be no restrictions on new patient registrations, that the relocated practice will have capacity to take on new patients and will adjust capacity appropriately. They have confirmed that accordingly they will recruit more staff as the need arises and review workforce needs regularly.

Who/ how many people will be affected? (E.g. staff, patients, service users, partner organisations etc.)

As the Aksyr Medical practice will relocate, there will be some geographical change for their patients, the practice boundaries will be merged into one to ensure that there is coverage for existing and new patients There is no reduction in patient choice, there are another 5 practices within a 2-mile radius of Aksyr Medical practice and Freuchen medical centre. The practice have also confirmed that as a relocated practice there will be no restrictions on new patient registrations, that the relocated practice will have capacity to take on new patients and will adjust capacity appropriately. They have confirmed that accordingly they will recruit more staff as the need arises and review workforce needs regularly.

Key Benefits to Staff

- Job security
- More flexibility and less pressure from leave/absence
- Development of new skills
- Opportunity to work collaboratively with the Network and CCG, in development of new services.
- New ideas and new ways of working
- Relationships with patients will improve as staff will now be able to deliver an improved service

Key Benefits to the Practice

- Amalgamation of staff resulting in increased staff levels
- Future proofing-sustainability, viability
- Opportunity to offer services to the larger local population
- Potential financial savings to re-invest into the practice
- Increased clinical stability
- Attract and retain clinical staff

Key Benefits to NHSE and CCG

- Cost savings rent, rates, performance management and CQC fees.
- Reduced variation in care
- Increase local GP resilience
- Assurance that the list is being taken on by a high performing, stable practice
- In line with estates, local and national primary care strategies
- Facilitate the establishment of a new GP training practice, supporting medical undergraduate training, developing future GPs and

encouraging allied clinical healthcare professional workforce development including clinical pharmacists

What evidence has been considered to measure the impact of the scheme?

(List the main sources of data, research and other sources of evidence reviewed to determine impact on patient safety and experience).

Both practices conducted significant patient and stakeholder engagement:

- Patient letters
- Chemists have been contacted and are aware of prescription transition plans
- Special groups such as housebound patients have been contacted, multi-lingual posters have been put up, patients kept abreast of changes via websites, Given that Dr Syed's patients at Preston Hill are on the whole not aware of the main/branch site arrangement and see Preston Hill as their surgery, only posters were put up in the waiting room and a notice placed on the website to avoid causing any unnecessary confusion and anxiety
- Patient Representation Group Engagement Meetings have taken place across both practices, to provide patients with the necessary information on the proposals and an opportunity to raise any concerns and questions. The staff and patients at both practices have been consulted and have perceived the proposed relocation with positivity.

The proposed relocation will achieve survival for the remaining GP Principal, allowing for continuity of care and improved access to both core, additional and enhanced services for their patients. For the local health economy within Brent CCG that has experienced the closure of several practices the relocation will prevent yet another potential practice closure.

Core Components for Quality Impact Assessment and Risk Identification Framework

Component	Impact assessment	Information to support decision			Score C x L (5x5 matrix) please score each element of the question
				Mitigation identified (this must be completed for any negative impacts)	

Domain 1. Patient Safety	Does the scheme have direct or indirect impact on patient safety?		N		The relocation Will not impact patient safety. However, patients have been engaged regarding the proposal and no concerns have been identified.	2
	Has mitigation of these factors been considered within the proposed scheme?	Y		Patients engaged and processes streamlined to ensure seamless relocation.	Engaged with PPG, websites, SMS text, patient letter, face to face with vulnerable patients	2

	<p>Can this be mapped across to any of the CQC standard requirements?</p>	Y		<p>Improved patient experience, longer opening hours and access to access and skill mix of professionals. Freuchen open until 8pm two days a week and offers range of appointments including Telephone access via GP, Nurse and HCA</p>	<p>Continue to engage and inform patients of improved changes to the surgery opening hours, access and availability of variable appointments through skill mix Improved capacity through more appointments and enhanced skill mix (PA 1 FTE) Improved access to nurses (5/7 currently 2/7) Improved availability of telephone access through more staff manning the phones and a telephone triage facility run by doctors</p>	<p>2</p> <p>2</p> <p>1</p> <p>2</p>
	<p>Is there evidence of how the scheme will ensure essential standards can be achieved?</p>	Y		<p>Essential requirements being met currently and going forward</p>	<p>Practice will continue to review achievement of essential standards</p>	

	Is there a capacity impact on partner organisations?	Y		The practices within the building of Hillside Health Centre have been notified of the proposal.	The practices confirm that they currently have an open list and are able to register patients should they wish to do so.	
	Will this impact on the organisations duty to protect children, young people and vulnerable adults?		N		Safeguarding requirements met currently and will continue to be reviewed/monitored	
						Overall score: 2
Preventable harm	Identification of any possible harm as a result of planned changes through schemes.		N			2
	Does it impact on systems and processes for ensuring that the risk of healthcare acquired infections to patients is reduced?		N			2
	Does it impact on systems and processes for ensuring that the risk of medication errors is reduced?		N		The practice will continue to reduce medication errors and optimise medicines usage by utilising skill mix.	2
						Overall score 2

	<p>Have changes resulted from patient experience feedback?</p>	Y		<p>Engagement with both patient groups prior to merger</p>	<p>Patients have been engaged throughout the process through various channels e.g. PPG, website, SMS text, face to face during home visits, letter to appropriate patients etc. Patient comments have been responded to and noted. The practice reviewed and compared data and patient feedback survey results from both practices and made appropriate changes e.g. Freuchen open until 8pm two days a week and offers range of appointments including Telephone access via GP, Nurse and HCA.</p>	<p>2</p> <p>2</p> <p>2</p>
	<p>Will the scheme impact on waiting time, length of hospital stay?</p>		N			
	<p>Will the scheme impact on patient choice as outlined in the NHS Choice Framework?</p>		N			

	Will there be travel / transport implications of the scheme?	Y			Y – Patients will travel to Freuchen medical Centre which is approx. 1 mile away. Patients have the choice to register with alternate surgeries should they wish.	
	Will the scheme impact on carers?		N		No Impact	
	Is there evidence of patient/lay representative involvement/consultation on the scheme being proposed?	Y			Full patient engagement has taken place by both practices	
	Has Healthwatch been involved in the process?		N			
	Is this change likely to have an impact on complaints/PALs/FFT? (Response to national/local surveys/complaints/PALS/incidents)	n/a			The relocation will make positive changes to the practice. Complaints will continue to be handled sensitively and timely as per practice policy.	
	Is there a reputational risk to the organisation as a result of the service change?	n/a				
	Will the change generate media attention or interest?	Y		publicity is unlikely as patient choice remains and the practice will remain. This is relocation proposal.		2
						Overall score:2

Domain 3. Clinical Effectiveness	Is there evidence that supports the proposed change that delivers – innovation, meets NICE guidance, improve effectiveness of services?	Y			Improves efficiency of primary care delivery and working at scale	1
	Is evidence based practice the basis for the change – if so what evidence?		N			
	Does the change ensure that care is delivered in the most clinically appropriate setting?	Y			Positive impact – premises are clinically appropriate	2
	Does the scheme consider the impact on readmission, avoidable emergency admissions and mortality rates?	n/a				
						Overall score: 1
Equality impacts	Does the planned scheme affect any particular group (protected characteristics) more than any other and how has this been mitigated?	Please use the CCG Equality and Inequality Impact assessment tool				
Workforce	Does the scheme require redundancy, redeployment or recruitment of staff?		NA			1
	What is the impact on clinical workforce capability care and skills?	Y			Positive impact improved clinical / admin support	1
	What is the impact on staff of the proposed scheme?	Y			No redundancies to be made	1
	Is there an additional training requirement as a result of the proposed changes?		N			
	Is there a greater skill and band mix – does this impact on staffing ratios?	Y			Additional staff skill mix	1
						Overall score: 1
	What degree of clinician engagement has taken place?	Y			Partner meetings and joint agreement	1

Clinical leadership	Is the scheme supported by lead clinicians?	Y		Lead clinician from the two Aksyr practices and Freuchen	1
	At what stage is there board level sign off for the scheme?	Business case to be presented at Primary Care Commissioning Committee			1
					Overall score: 1
Domain 4. Sustainability	Does the scheme work to the strategic commissioning direction of the CCG - for example integrated care, admission avoidance, reducing delayed transfers of care, 7 day working, Strategic Transformation Plans ?			Yes, STP delivery and local CCG objectives met	2
	Does the scheme support the priorities identified in the Health and Wellbeing Strategy?			Yes, meets patient needs	2
	Does it reduce/impact on variation in social care provision?			Improved care through at scale working across GP practices	1
	Compliance with the NHS Constitution			Yes – meets National regulatory framework	Overall score: 2
Monitoring Arrangements	What arrangements do you have in place to ensure that there is on-going monitoring of the changes in commissioned services?			Contract monitoring, national patient survey, self-declaration, annual reviews	1
	What arrangement have you made for independent review and evaluation of the impact (review by Quality and Safety Committee)			On-going through patient feedback and contract monitoring by NHS E and CCG primary care teams	1

				Overall score: 1
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Please consider how the outcome of this QIA will be shared.

Any score of 8 and above or one red score must be reviewed, for sign off/ approval by the Quality & Safety team. For information to the Quality and Risk Committee / Integrated Governance.

The QIA will need to be reviewed prior to submission to ensure that all the information is still relevant and that there are no material changes to the assessment and scores.

Name of person completing assessment:		
Role: Sana Rabbani, Practice Manager and Dr M Khan, Lead GP	Signature:	Date of assessment: 27/11/2019
Reviewed by:		
Role: Fana Hussain, Assistant Director, Primary Care Brent CCG	Signature:	Date of Review: 10/12/2019

Risk scoring = consequence x likelihood (C x L)

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20

3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Additional information to support completion can be drawn from the following documents:

1. **NHS Choice Framework** <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>
2. **Shared Commitment to Quality** (National Quality Board): <https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmrwrk.pdf>
3. **Measuring the performance of local health systems** (King's Fund): https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/measuring-the-performance-of-local-health-systems-dh-review-kingsfund-oct15.pdf
4. **Quality Improvement Made Simple**: <http://www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf>
5. **Health and Wellbeing Strategies** (Local Authorities)
6. **National Patient Safety Agency (2008) A Risk Matrix for Risk Managers** NPSA