**1. Explanation of the practice merger**

| Practices should provide an overview below of how the practices are merging. Paragraph 11.4 of the Contract Variations chapter provides common models of practice mergers and may be helpful here but practices should recognise that mergers are not restricted to one of the models listed and proposed mergers may adopt elements of more than one model or may adopt an entirely different approach.If appropriate some context is required here in relation to how and why the arrangements for a merger have come about. |
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**2. Practices' characteristics and intentions for the merged practice**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Provision – Practice 1 | Current Provision – Practice 2 | Merged Practice |
| Name and address of practice(provide name and address) |  |  |  |
| Contract type(GMS, PMS, APMS) |  |  |  |
| Name of contractor(s) |  |  |  |
| Location(provide addresses of all premises from which practice services are provided) |  |  |  |
| Practice area(provide map of area) |  |  |  |
| List size(provide both, raw and weighted list and date provided) |  |  |  |
| Number of GPs and clinical sessions(provide breakdown and the number of wte GPs ) |  |  |  |
| Number of other practice staff(provide breakdown) |  |  |  |
| Number of hours of nursing time(provide breakdown and number of wte nurse and nurse practitioner)Sessions/hours of other health care professionals such as HCA, PA and PCN resources. |  |  |  |
| CCG area(s)(list CCG(s) in which practices are located) |  |  |  |
| PCN Areas List PCN(s) in which practices are located) |  |  |  |
| Please confirm if current and future agreement to sign up to the PCN Network DES |  |  |  |
| Which computer system/s(list system(s) used) |  |  |  |
| Clinical governance/ complaints lead and systems(provide names) |  |  |  |
| Provide organisational chart showing roles and responsibilities including workforce, corporate governance and finance |  |  |  |
| Training practice(yes/no) |  |  |  |
| Opening hours(list days and times) |  |  |  |
| PCN Extended hours delivered by the practices(list days and times) |  |  |  |
| Extended hours(list days and times) |  |  |  |
| Other PCN services delivered by the practice |  |  |  |
| Enhanced services (list all enhanced services delivered whether they are commissioned by NHSE, CCG or LA) |  |  |  |
| Premisesthe address for each premises and confirmation of main/branch status |  |  |  |
| Premisesindicate whether premises are owned or leased and when the lease is due to expire |  |  |  |
| PremisesFor leased premises please confirm length of lease remaining including and break clauses. |  |  |  |

**2. Patient benefits**

| Please explain below the consequences of the proposed practice merger for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements. |
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**3. Financial considerations**

| Please provide comments **from a financial perspective** on the following matters if they are relevant to the proposed practice merger. |
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| **Premises**Business case should consider the following where applicable* Legal fees
* SDLT payments
* Rent reimbursement
* Any potential savings due to site closure
* Or potential increase in rent reimbursement if the newly merged practice will change premises utilisation
 |  |
| **IT** * Cost associated with merging different clinical systems
* Moving servers
* Upgrading telephony system
 |  |
| **TUPE** |  |
| **Redundancy** |  |
| **QOF** |  |
| **Pension/seniority**  |  |
| **MPIG/PMS Premium**  |  |
| **Dispensing** |  |

**4. Service delivery**

| Please provide comments **from an improving service delivery perspective** on the following matters if they are relevant to the proposed practice merger. |
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| **QOF** |  |
| **Access** |  |
| **Primary Care Web Tool** |  |
| **Recent or ongoing breaches of contract** |  |
| **Recent or pending CQC matters** |  |
| **If one practice's service delivery is of a lower standard, is there a proposal to improve performance** |  |
| **Will there be any cessation of services post-merger?** |  |
| **Will there be a reduction of hours for which services are provided post-merger?** |  |
| **Will there be a change in the hours at which services are provided?** |  |
| **Will there be a reduction in the number of locations or a change in the location of premises from services are provided?** |  |
| **Resilience – where the merged patient list is over 10,000, how will the practices ensure resilience to ensure that performance and patient experience is maintained and improved.** |  |
| Primary Care Networks (PCN) – what are the benefits of the proposed merger for the PCN?e.g. offer space for PCN services, taking leadership of delivering services on behalf of the PCN |  |
| Primary Care Networks (PCN) – what are the implication of the proposed merger for the PCN?e.g. where two practice premises is located in two different PCNs |  |

**5. Patient and stakeholder engagement**

| Please provide comments on the following matters. |
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| **Have the practices engaged with patients and/or stakeholders on the practice merger?****Stakeholders may include local LMC, Healthwatch, PCN members, Community and voluntary services** |  |
| **Note: Practices must engage with patients/stakeholders** |  |
| **When did/will you engage with patients/stakeholders?** |  |
| **In what form did/will you engage with patients/stakeholders?** |  |
| **With whom did/will you engage?** |  |
| **If you have already carried out engagements, what was the outcome?****Please provide evidence** |  |

**6. Contractual actions**

| Please provide below an explanation of any contractual variations that you consider are necessary to effect the proposed practice merger. |
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**7. Procurement and competition**

| Please provide below any comments on the procurement and/or competition matters that may arise as a result of the proposed contract merger.  |
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**8. Merger mobilisation**

| Please set out below a step by step plan to the mobilisation of the merger if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is set out at Annex 12B.  |
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**8. Additional information**

| Please provide any additional information that will support the proposed practice merger. |
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**9. Signatures**

| Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case. |
| --- |
| **[name]** | [signature] |
| **[name]** | [signature] |
| **[name]** | [signature] |