

Application To Change the Practice Area

Name of practice: Kiveton Park Medical Practice
Practice code: C87004
Practice address: Chapel Way, Kiveton Park, Sheffield S26 6QU
Provide full details of the proposed practice area, including map demonstrating current boundary and proposed boundary:
See attached maps; old outer boundary crossed through in black – new section of outer boundary marked in black. Instead of old outer boundary running North along county boundary from the A57 at Fox Culvert we follow the Northern edge of the practice inner boundary West along the A57. New boundary turns from A57 North on footpath (end of old Rackford Lane), meeting Woodsetts Road then turning West to the B6060. Crosses the B6060 onto Quarry Lane then onto Cramfit Lane which becomes Common Road running NorthWest to the crossroads with Todwick Road. Here the old line of the outer boundary is rejoined, continuing West along Common Road
Explain the reasons for the change of practice area:
This is only a change to our outer boundary which extends too far away from the practice to allow timely home visiting. Patients choosing to take advantage of the extended area (i.e. moving out of the main area but wishing to remain as our patients) are disproportionately those with complex medical issues where home visiting is likely. As new housing causes the population within the main practice area to rise we are less able to sustain such a widely-spread outer boundary. Patients in this area have to drive past another practice to reach our own surgery. We are aware that we have to keep patients currently inside the outer boundary on our list, but this measure will prevent the numbers in this area increasing further.
Number of patients that may be affected by the proposed changes:
Perhaps 10 a year over the coming years (only those that move from within our inner boundary to a new domicile in that portion of the outer boundary we are removing)
Has the practice engaged with patients over the proposed changes? If yes, please provide details of the engagement and the outcomes:
Discussed with PPG who are supportive of the change.
If the practice has not undertaken patient engagement, please provide details of the what patient engagement the practice will carry out:
n/a
Will these changes affect any other organisations such as care homes, nursing homes:
No
Please provide details of other practices that may be affected by this change:

This may result in Dinnington/North Anston acquiring a few extra patients over the coming years.

Has the practice consulted with other practices regarding the proposed changes? If yes, please provide details of the outcomes of these discussions:

Yes. No issues foreseen for either the small number of our patients moving to them, or their existing patients or services. No objections.

Please submit a copy of the practice's Equality Impact Assessment regarding the proposed changes.

Please note, this application does not place any obligation on the CCG to agree to this request.

Application to be signed by all parties to the contract:

Signed:
Print: JOHN REID
Date: 28.8.19.

Signed:
Print: DAVID TROTTA
Date: 28-8-19

Signed:
Print: NEIL THORNTON
Date: 28.8.19

Signed:
Print: RETIA VUAH
Date: 28.8.19

Signed:
Print: SARAH TACOMENTI
Date: 28.8.19.

Equality Impact and Engagement Assessment Form					
Complete this section Please retain one copy, and pass one copy to both the Equalities and Engagement leads					
Section one – Project or plan details					
1.1	Project Title:				
	Change of Outer Practice Boundary, Kiveton Park Medical Practice				
1.2	Project Lead:	Contact Details:			
	Dr D Tooth	David.Tooth@nhs.net			
1.3	This activity /project is:				
	Plan				
1.4	Describe the activity/project				
	<p>Our practice boundary – the area in which we will accept new patient registrations – has been fixed for many years with a Northern border along the A57. Some years ago the NHS brought in the idea of an ‘outer’ boundary. Patients currently registered with the practice and living within the practice boundary who move outside the boundary but within the outer boundary have the right to remain registered with the practice.</p> <p>Our current outer boundary extends up into Dinnington and encompasses North Anston and the village of Woodsetts. We have a number of historical patients in this area already, but with the steady expansion of housing within our core boundary it is increasingly difficult to get to home visits in these outlying villages. The outer boundary rules mean we are slowly but steadily expanding our population in this area, and we can see that this will get harder and harder to sustain. We are proposing to pull our outer boundary South to run along Woodsetts Road and then Quarry Lane. This will have NO impact upon any currently registered patients, but in future a patient moving out of the core practice area will only have the right to remain on our list if moving into the more limited area of North Anston still in the new, smaller, outer boundary. This if anything will improve the access to health care of those moving outside our core area as there are surgeries in North Anston, Woodsetts and Dinnington.</p>				
1.5	Timescales				
	Will implement this as soon as formal submission – which this EIA accompanies – is approved by CCG/NHSE				
2	Equality Impact Assessment				
2.1	Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.				
2.2	Screening				
	Please complete each area)	What key impact have you identified?		Information Source	
		Positive Impact - will actively promote or improve equality of opportunity. Instead of having to get back to Kiveton Park to access a Practice patients will be using the closer facilities at	Neutral Impact - where there are no notable consequences for any group.	Negative Impact negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.	What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>

	Dinnington, North Anston or Woodsetts surgeries			
Human Rights	Y			
Age	Y			
Carers	Y			
Disability	Y			
Sex	Y			
Race	Y			
Religion or belief	Y			
Sexual Orientation	Y			
Gender reassignment	Y			
Pregnancy and maternity	Y			
Marriage/civil partnership (only eliminating discrimination)	Y			
Other relevant groups	Y			
3	Engagement Assessment			
3.1	What is the level of service change?			
	<p>If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the 'case for change' The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_hempsons_stp.pdf DH 2013</p>			
	Circle or highlight the appropriate level of service change			
	Level 1			
	Add additional information and rationale for this scoring below			
	<p>Moving house often involves a change in doctor. Whilst this might be stressful anyone there is no good evidence that it is more or less stressful across the EIA groups. Access to health care facilities can be more important for those in some EIA groups, and using the nearer facilities instead of having to travel past nearer facilities through one or two other villages back to Kiveton Park would improve access. Access to our own surgeries at Kiveton and Harthill for patients is relatively easy with the clinics usually within walking distance and a relatively regular bus service down the main road through the practice area. Getting to Kiveton Park surgery from north of the A57 much harder, and it will be much easier for patients moving to the affected area to access health care at the more local clinics.</p>			
3.2	Who are your stakeholders?			
	<p>Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p>			
	<p>Kiveton Park Medical Practice doctors/staff; juggling rising workload in an environment of declining resources, aiming to give best care to all. Acting to prevent a predictable rise in travelling times (for</p>			

	<p>home visits as population within outer boundary expands) is efficient use of resources allowing us to focus upon needs of remainder of population (including the various members of the EIA groups) Patients. An unpredictable group of patients within the practice boundary will face a move of house at some stage in the future. It is just possible that membership of an EIA group might have some bearing upon that. Whilst the loss of continuity involved in changing GP practice can run hazards – which can be mitigated by a planned handover (with consent) for a patient with particular or complex needs – these are accepted in the course of normal lives and impact all patients not just those in an EIA group. Close and timely access to healthcare – including home visits – is improved by the close proximity of healthcare services, so being closer to your GP practice after a house move is a positive step irrespective of EIA group membership but perhaps especially for those with disability or households with carers. We don't have precise numbers but this sort of movement (from inner to outer boundary area) affects small numbers – perhaps a few every month or two.</p>						
3.3	<p>What do we already know? What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</p> <p>Access and satisfaction scores similar for our surgery and those in the outer boundary area. Many people access health facilities by walking so being closer to your local surgery is better. Driving times relate to distance from facilities (so closer is better). Home visits, especially for urgent issues, depend upon driving times (so closer is better). Public transport links are quite infrequent between local villages (so closer is better) though along a particular road (such as Station Road in Kiveton) several different bus routes can follow the same route to provide a more frequent services within a particular village (so having your health centre in the same village is better).</p> <p>Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? How will the insight available to you help to inform your decision?</p> <p>We have liaised with the Dinnington Group Practice and our Patient Participation Group. Dinnington Group Practice have no concerns that this will impact upon either the small number of our patients affected or on their existing patients or services. The PPG members agreed that access to health care for patients moving from within our practice area to the affected area (Some of North Anston, Dinnington, Woodsetts) would be improved by registering with one of the local surgeries rather than staying with Kiveton Park Medical Practice and raised no other concerns or objections.</p> <p>Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?</p> <p>A minor change (level 1) which probably has net benefit on health care access for the population involved. The affected group is small and probably has little or no specific EIA/protected group bias as it is hard to think of any aspect of protected group status that is more or less likely to result in a member of a household moving from a domicile within our current boundary to the area affected by the change.</p>						
3.4	<p>Reaching out to overlooked communities Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, those experiencing health inequalities are involved</p> <table border="0"> <tr> <td>• Seldom-heard groups</td> <td>No</td> </tr> <tr> <td>• Nine Protected Characteristics</td> <td>No</td> </tr> <tr> <td>• Health inequalities</td> <td>No</td> </tr> </table>	• Seldom-heard groups	No	• Nine Protected Characteristics	No	• Health inequalities	No
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	If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups				
	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)				
	n/a				
3.5	What resources do you need for this? Consider the sections above <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge 				
	n/a				
4	Feedback and Evaluation				
4.1	How will you use the feedback – who does it need to be shared with?				
	NO objections have been raised				
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.				
	All those consulted were in favour				
4.3	How will the outcomes of participation be reported back to those involved?				
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?				
5	Engagement and Equality Impact Plan				
	Action	Approx. Timescale	Lead	Deadline	Comments/ progress
	Outline plan	Completed here	D.Tooth	As dated	

6	Form details	
	Completed by:	D.Tooth
	Job title:	GP Partner
	Date	19.7.19
	Reported to	

