Appendix 6

**GMS/PMS Contract Merger**

**Screening and Immunisations Impact Assessment Checklist**

**Practice Details: to be completed by the Commissioner**

|  |
| --- |
| **Name and Contact Details of person completing the form**  Email: |

**Merging Practice/Contract Details**

|  |  |  |
| --- | --- | --- |
|  | **Practice 1** | **Practice 2** |
| **ICB** |  |  |
| **J Code** |  |  |
| **Practice Name and all sites** |  |  |
| **Practice Manager Name and contact details** |  |  |
| **Practice raw list size (at x/x/xxxx)** |  |  |
| **Current IT system** |  |  |

Note: please add more columns if required for multiple contract mergers

**Merger Details**

|  |  |
| --- | --- |
| **Proposed Date of Merger** |  |
| **Proposed Name of Merged Practice** |  |
| **Proposed J Code of Merged Contract** |  |
| **Practice Manager Name:** |  |
| **Premises changes – please specify any proposed changes to premises e.g. one site closing** |  |
| **What consultation is planned by the practices? Please outline process and timescale. Please also set out details of any formal consultation e.g. HOSC** | |
| **What is the ICB process and timescale for taking final decisions on this merger?** | |

**When completed please return to** [ENGLAND.wessexphcontracts@nhs.net](mailto:ENGLAND.wessexphcontracts@nhs.net)

**GMS/PMS Contract Merger - Screening and Immunisations Impact Assessment Checklist**

**Screening and Immunisations Impact Assessment - to be completed by the SIT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Programme Provision** | | | |
| **Programme** | **Practice 1** | **Practice 2** | Cross borders? |
| Cervical |  |  |  |
| Bowel Cancer |  |  |  |
| Diabetic Eye Screening |  |  |  |
| Abdominal Aortic Aneurysm |  |  |  |
| **Breast Cancer** | | | |
| Provider |  |  |  |
| Eligible Population |  |  |  |
| Breast next screening due date |  |  |  |
| Screening location(s) |  |  |  |

Note: please add more columns if required for multiple contract mergers

|  |  |
| --- | --- |
| **GMS/PMS Enhanced Services** |  |
| Are there any differences between each DES the practices have signed up to? |  |
| Is there any discrepancy between LES’s offered to/accepted by the practice? |  |
| Are the populations of both practices covered in different ways for Td/IPV and Men C, i.e., either by school nursing or a LES or via the core GP contract? |  |

|  |
| --- |
| **SIT Risk Assessment**  ***Are there any implications for deprived populations or other hard to reach groups?***  ***Does the merger necessitate a change to mobile screening site for one of the populations; can this be mitigated in any way?***  ***Any other potential risks/issues known or anticipated?*** |
| **SIT Recommendation** including timescales and, where there is a change of programmes, which is the preferred programme  **Breast Screening** Preferred programme is    **Cervical** |

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|  |
| --- |
| **NHS England Public Health Commissioning summary recommendation/comments**    **Actions required by NHS England Public Health Commissioning**  **Actions required by ICB** |