



**Sandwell and
West Birmingham**
Clinical Commissioning Group



Report of Consultation:

**“Proposed changes to two GP practices in Sandwell
and one GP practice in West Birmingham”**

5th February 2018 – 16th April 2018



healthcare
without boundaries

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1. Background

Sandwell and West Birmingham Clinical Commissioning Group (CCG) is a membership organisation made up of 85 GP practices. The CCG is responsible for buying a range of health services for its population, including GP services.

Most GP practices hold a General Medical Services (GMS) contract with the CCG which do not have an end date. However, a small number of practices hold an Alternative Provider Medical Services (APMS) contract which are only for a fixed term.

Three of Sandwell and West Birmingham CCG's APMS contracts are due to naturally expire on 31st March 2019 and the CCG must now decide what the future of these practices should be, in order to best meet the health needs of the local population.

The GP practices being reviewed include:

- Malling Health Centre Sandwell, Parsonage Street, West Bromwich, B71 4DL
- Malling Health Great Bridge, Charles Street, West Bromwich, B70 0BF
- Summerfield GP Practice (attached to the urgent care centre), Heath Street, Winson Green, B18 7AL

All of these contracts were originally due to expire in March 2014 and have already been extended for 5 years. It is not possible for the current contracts to be extended any further due to procurement laws and due process that must be followed by the NHS as a public body.

The contract review has therefore been initiated, not as a reflection of the quality of the care provided at these practices, but again, in preparation for their contractual expiry and to ensure that due process is followed within the legal remit of the NHS.

2. Introduction

Sandwell and West Birmingham CCG has a moral and legal responsibility to inform and consult all stakeholders on any proposed changes, where the available options include a significant variation to the way a service is currently provided. This must be part of the planning/ review process, prior to any decision being taken.

Legally, CCG's are governed by Section 14Z2 of the NHS 2006 Act which in part states that:

'(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

When proposals include a significant variation relating to GP services, similar duties that are imposed on NHS England, (section 13Q of the National Health Service Act 2006) will also apply to CCG's who have delegated responsibility for the commissioning of GP services.

Sandwell and West Birmingham CCG launched a consultation on 5 February 2018, to focus on parts of the three contracts that relate to the GP services provided for registered patients only. (A separate engagement process is currently being undertaken in terms of the associated walk-in services at two of these practices, which involves wider consideration of the whole system for unplanned care).

The consultation implementation plan may be viewed in Appendix 1, which details the opportunities created for key audiences to have their say on the proposed options. While the consultation was originally due to close on the 19th March, this was later extended in response to concerns raised relating to the timeframe, and to increase access to the consultation through additional targeted consultation opportunities.

As part of the consultation, a range of activities were undertaken in accordance with the following objectives:

- Stakeholders (including patients and their carers/ relatives) have the opportunity to be kept informed at each stage of the contract review, through a range of methods including face to face and written communications as appropriate
- Stakeholders have the opportunity to influence each stage of the contract review.
- Stakeholder expectations are managed and communications are in plain English, giving clear timelines and objectives.
- Clinical and non-clinical staff are supported to actively participate in the process, via email and face to face meetings during each phase.
- Ongoing feedback is provided to all audiences involved in the consultation activities undertaken, the findings and the outcome – i.e. as a result of their participation and how their views have been taken into account.

This report aims to describe such activities and captures some of the feedback received through the consultation.

The consultation outcome is expected to feed into the CCG's decision making criteria.

3. Consultation approach and methodology

A consultation was launched on 5th February 2018, running initially until 19th March 2018 and then extended to 16th April 2018.

The approach to consultation was through using a combination of methods including general communications, letters and mailings, face to face conversations and discussions with key audiences at both dedicated events and existing groups. All participants were also encouraged to complete a questionnaire which was available both in paper and online formats.

3.1 Materials

A suite of documents were developed to support consultation activity, including patient and stakeholder letters, a consultation document, posters, presentation slides and a template for capturing feedback during discussions. These can be viewed in Appendix 2.

3.2 Communications and digital activities

- Three press releases were issued by Sandwell and West Birmingham CCG (Appendix 3) with coverage published in the Express & Star:
<https://www.expressandstar.com/news/health/2018/02/13/west-bromwich-gp-practices-facing-closure-in-plans-hitting-9000-patients/>
- Information was published on the Sandwell and West Birmingham CCG website:
 - A headline and introduction featured on the home page with a link to the press release in the 'News & Events' section:
<https://sandwellandwestbhamccg.nhs.uk/news-a-events/1884-patients-invited-to-have-their-say-on-gp-services>
There were 371 specific page views to the press release in the 'News & Events' section
 - A link to the consultation document in the introductory article:
<https://sandwellandwestbhamccg.nhs.uk/component/finder/search?q=APMS&Itemid=435>
There were 208 downloads of the consultation document
 - A headline featured on the homepage of the website informing the public of the extension of the consultation, with a link to the press release in the 'News & Events' section: <https://sandwellandwestbhamccg.nhs.uk/news-a-events/1922-consultation-extended-on-the-future-of-three-local-gp-practices>
There were 307 specific page views to the press release in the 'News & Events' section
 - Additional feature published on BVSC's website with a link to the CCG's webpage.

- Twitter communications:
 - 88 tweets to 3,989 followers
 - Link clicks: 181
 - Retweets: 159
 - Likes: 52
- Text messages were sent by the three practices to their registered patients, who have an up to date mobile phone number:
 - Malling Health Parsonage Street, sent 1 text to approximately 1000 patients
 - Malling Health Great Bridge, sent 1 text to approximately 800 patients
 - Summerfield GP practice, sent 3 texts delivered to between 6825 and 12,616 people on each occasion.
- Internal communications were sent through existing channels to clinical and non-clinical staff in General Practice and CCG staff including weekly news bulletin via email and intranet.

3.3 Postal/electronic mailings and distribution of letters and consultation materials

A potential reach of at least 14,237 (that we know of) was calculated, broken down as below:

Reach	Audience and distribution format
11,036	Letters posted with invitation to drop-in sessions, sent to all patients registered with the affected practices aged 16+ (via PCSE)
106	Stakeholder letters posted with invitation to drop-in sessions, sent to: <ul style="list-style-type: none"> • Nursing homes with residents who are registered at one of the practices (11) • Local MP's (3) • Councillors in affected wards (9) • Healthwatch's for Sandwell and Birmingham (2) • Voluntary and community sector (VCS) infrastructure organisations for Sandwell and Birmingham (2) • Local Medical Councils (2) • Local Pharmaceutical Councils (2) • Pharmacies in a 1.5 mile radius of affected practices (63) • Provider organisations including Sandwell and West Birmingham Hospital (SWBH) Trust (2 contacts), SWBH Community Services (3), Birmingham Community Health Care (3) • Neighbouring CCG - Birmingham & Solihull (2 contacts) • Health and Wellbeing Boards (2)
6	Other Stakeholders corresponded with by email include: <ul style="list-style-type: none"> • Health and Wellbeing Boards for Sandwell and Birmingham with opportunity offered to attend meeting (1) • Sandwell Health Overview and Scrutiny Officer with request to attend a meeting (1) • Other practices co-located at the Summerfield Primary Care Centre (3) • NHS England (1)
2270	E-bulletin sent by SCVO to all third sector contacts
819	CCG news bulletin "Nick's News" emailed to all staff and member practice colleagues across the patch.

3.4 Consultation activities and reach

Approximately 284 participants were engaged and consulted over 25 activities:

Attendees/ participants	Consultation Activities
98	6 dedicated drop-in sessions for patients, carers and their representatives as well as wider stakeholders
60	4 dedicated meetings at the practices: <ul style="list-style-type: none">• Joint Patient Participation Group meeting for the Malling health practices (6 attendees)• 2 Patient Participation Group meetings for Summerfield patients (46 attendees)• Carers coffee morning at the Summerfield GP practice (8 attendees)
44	7 targeted consultation sessions in practice waiting rooms: <ul style="list-style-type: none">• 2 at Parsonage street (spoke 11 people)• 1 at Great Bridge (spoke to 6 people)• 4 at Summerfield (spoke to 27 people)
7	Sandwell and West Birmingham CCG's Patient and Partnership Advisory Group
8	Presentation and discussion at 2 Joint Health Overview and Scrutiny Committees for Sandwell and Birmingham (8)
20	Discussion at Sandwell Healthwatch's Health and Social Care Forum
47	Discussions at the CCG's locality groups (made up of GP's and Practice Managers of member practices) over 4 meetings: <ul style="list-style-type: none">• ICOF & Healthworks LCG Committee meeting (10 attendees)• Sandwell Health Alliance LCG meetings (17 attendees)• Pioneers for Health LCG meeting (9 attendees)• Black country LCG (11 attendees)

3.5 Other methods

- Approximately 85 telephone conversations with:
 - Patients registered at the affected practices
 - Patients registered at a neighbouring practice
 - Care Home managers
 - People whose first language wasn't English, with the help of an interpreter

Many of these calls were received from those requesting a consultation document, but some of them included people who wanted to share their views over the phone, which were captured via questionnaire. We proactively made telephone contact with those who required access to an interpreter and also with some of the care homes, in response to concerns raised about whether our letters had been received.

- A handful of email conversations/ comments were received.
- Letters were received from 2 stakeholders included one MP and also the service team at one of the GP practices.

4 Consultation questionnaire results

Overall 572 questionnaires were completed anonymously. An additional 15 questionnaires were received after the consultation closing date, but these are not included in the results analysis.

Unusually, the majority (89%) of respondents completed the questionnaire online, with the remaining completing the questionnaire at dedicated events and just a handful returning by post.

4.1 Question 1 - Breakdown of respondents by stakeholder group

The majority of participants were patients registered at one of the three practices as indicated in the table below. The 473 responses from registered patients, equates to just over 4% of the combined registered lists at the 3 practices (based on the 11,036 patients aged 16 and over, whom were corresponded with).

Answer Choices	Responses	
I am a patient registered with one of the practices	84.31%	473
I am a family member or carer of a patient registered at one of the practices	1.78%	10
I am a patient at a neighbouring practice	3.03%	17
I am an employee or partner at one of the practices	5.53%	31
I am an organisation that works with one of the practices	1.43%	8
Other (please state)	3.92%	22
	Answered	561
	Skipped	11

The free text response for those who selected “other” may be viewed in appendix 4, but mostly included patients who wanted to select more than one option, as well as staff/partners from neighbouring practices and other organisations.

4.2 Question 2 - What is important to you in terms of your GP practice?

Participants were asked to tick all that applied, from the below answer choices:

Answer Choices	Responses	
Offering a range of services	70.00%	385
Offering a choice of appointment times	78.36%	431
Fast access to an appointment	76.36%	420
Offering a large selection of GPs and nurses to see	45.64%	251
Use of modern technology to interact with clinicians (e.g. Skype, online consultations)	22.73%	125
Being able to pre-book appointments	73.27%	403
Being able to see the same doctor, nurse or other clinician	63.45%	349
How easy it is to get to the practice	64.36%	354
Being able to see a male/female GP	44.36%	244
Other (please state)	20.91%	115
	Answered	550
	Skipped	22

The top 3 most popular choices were:

- Being offered a choice of appointment time
- Getting fast access to an appointment
- Being able to pre-book appointments

The least popular was the use of modern technology to interact with clinicians. However, some people had told us anecdotally that while they wouldn't use it themselves, options should still be provided for others who might.

4.3 Question 3 - Which practice/s respondents expressed an interest in

Before completing the questionnaire, people were asked to tell us which practices they had an interest in. In some cases, this question was skipped while others selected more than 1 practice:

- 223 expressed an interest in the Parsonage Street practice
(Compared to 273 actual responses for this practice)
- 267 expressed an interest in the Great Bridge practice
(Compared to 234 actual responses for this practice)
- 139 expressed an interest in the Summerfield practice
(Compared to 115 actual responses for this practice)

4.4 Option preferences, by practice

Participants were asked to choose from the following options for each practice they had an interest in:

- Option 1 – To re-procure the GP practice contract
- Option 2 – To allow the contract to come to a natural end, close the practice and move patients to other local practices

While there was no additional opportunity in the questionnaire to indicate “no preference” or “neither option”, a small number of people who chose not to select either Option 1 or 2, stated this in the free text comments for other questions, which have been included in the below calculations.

The results demonstrate a clear majority in favour of the re-procurement option for each practice.

Malling Health Sandwell, Parsonage Street (273 responses)	Malling Health Great Bridge (234 responses)	Summerfield GP Practice - Virgin Care (115 responses)
<ul style="list-style-type: none">• 94% (256) prefer option 1• 5% (15) prefer option 2• Less than 1% (2) either had no preference for the	<ul style="list-style-type: none">• 95% (223) prefer option 1• 4% (10) prefer option 2• Less than 1% (1) didn't have a preference for	<ul style="list-style-type: none">• 92% (106) prefer option 1• 6% (7) prefer option 2• Less than 2% (2) didn't have a preference for

options, or said that they didn't like either option	either option	either option
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4.5 Option preferences, by audience

Malling Health Parsonage Street:

Audience	Option 1 (256)	Option 2 (15)	Neither/ no preference (2)
Patient registered at the practice	81%	53%	100%
Family members/ carer of a patient registered at the practice	2%	0%	0%
Patient at a neighbouring practice	3%	20%	0%
Employee or partner at the practice	7%	20%	0%
An organisation that works with the practice	1%	0%	0%
Other	4%	7%	0%
Unknown	2%	0%	0%

Malling Health Great Bridge:

Audience	Option 1 (223)	Option 2 (10)	Neither/ no preference (1)
Patient registered at the practice	85%	70%	100%
Family members/ carer of a patient registered at the practice	2%	0%	0%
Patient at a neighbouring practice	2%	10%	0%
Employee or partner at the practice	5%	20%	0%
An organisation that works with the practice	1%	0%	0%
Other	2%	0%	0%
Unknown	3%	0%	0%

Summerfield GP Practice, Virgin Care:

Audience	Option 1 (106)	Option 2 (7)	Neither/ no preference (2)
Patient registered at the practice	80%	57%	100%
Family members/ carer of a patient registered at the practice	2%	14%	0%
Patient at a neighbouring practice	1%	14%	0%
Employee or partner at the practice	11%	14%	0%
An organisation that works with the practice	2%	0%	0%

Other	3%	0%	0%
Unknown	1%	0%	0%

4.6 Perceived impact

4.6.1 Participants were asked to indicate the impact of their preferred option, for each practice they had an interest in, choosing from the following options:

- Positive
- Negative
- No impact
- Prefer not to say

For all three practices, the results below demonstrate that the impact of option 1 (to re-procure) was in many cases perceived as more positive than option 2. There was a high perception of a negative impact relating to option 2 in terms of the prospect of closure of these practices.

Malling Health Sandwell, Parsonage Street	Malling Health Great Bridge	Summerfield GP Practice - Virgin Care
<ul style="list-style-type: none"> • 67% felt that the impact of option 1 would be positive, compared to 5% for option 2 • 9% felt the impact of option 1 would be negative, compared to 74% for option 2 • 17% felt that option 1 would have no impact on them, compared to 13% for option 2 • 7% told us they “preferred not to say” what impact option 1 would have on them, compared to 8% for option 2 	<ul style="list-style-type: none"> • 80% felt that the impact of option 1 would be positive compared to 6% for option 2 • Less than 3% felt the impact of option 1 would be negative compared to 80% for option 2 • 12% felt that option 1 would have no impact on them, compared to 6% for option 2 • 6% told us they “preferred not to say” what impact option 1 would have on them, compared to 8% for option 2 	<ul style="list-style-type: none"> • 63% felt that the impact of option 1 would be positive compared to 3% for option 2 • 9% felt the impact of option 1 would be negative compared to 66% for option 2 • 21% felt that option 1 would have no impact on them, compared to 22% for option 2 • 7% told us they “preferred not to say” what impact option 1 would have on them, compared to 9% for option 2

*For Malling Health, Parsonage Street, the percentages were calculated based on 269 responses relating to the impact of option 1 and 239 responded about the impact of option 2.

For Malling Health, Great Bridge, 225 people responded in relation to the impact of option 1 while 191 responded about the impact of option 2.

For the Summerfield GP practice, 112 people responded in relation to the impact of option 1 while 77 responded about the impact of option 2.

4.6.2 Supporting comments

All free text responses relating to the perceived impact may be viewed in Appendix 4, but the main themes have been summarised overleaf. As the themes were consistent across all three practices, a single overview was been compiled:

Option 1 impact:

Reasons for positive perception	Reasons for negative perception
<ul style="list-style-type: none"> • No action required of patients • Practice remains open • Retention of a local GP practice for two of these practices, that is convenient and easy to get to • Continuity of services • Continuity of patient choice • Better for the elderly and those with mobility issues for at least one of the practices • Control maintained over the flow of patient registration • Good appointment availability compared to neighbouring practices • Late opening times daily • Continued access to attached walk in services at 2 of the practices • A belief by some that a potential new provider may have a fresh focus on service improvement 	<ul style="list-style-type: none"> • A belief/ preference that nothing should change at all, as the current service and staff teams are highly valued • Disruption to continuity of care if a new provider is awarded the contract, which may be stressful for longstanding patients at the practice, mental health patients, those with complex conditions/ health needs etc. • Potentially having to “start again” building new doctor/patient relationships • Uncertainty and concerns over whether there will be a change in quality of care if a new provider is awarded the contract

Option 2 impact:

Reasons for positive perception	Reasons for negative perception
<p>There were only a handful of comments that actually fell into this category but they were themed on:</p> <ul style="list-style-type: none"> • Utilisation of premises for other services • Redirection of funding into general practice/ primary care services 	<ul style="list-style-type: none"> • Disruption to continuity of care • Reduced patient choice • Many do not want to register anywhere else, some of whom have said that they won’t register elsewhere which is a risk, especially for those who rely on repeat prescriptions. • Neighbouring practices were felt to be too far for at least one of these practices (e.g. 1 mile away for Parsonage Street) which the elderly and those with mobility issues, wouldn’t be able to walk to, and may not be able to afford to travel to. • Alternative GP practice options are the same ones that some patients have previously chosen to move away from, when signing up to these three practices • Overloading other GP practices that are already overstretched • Concern over whether other practices would cope with a high influx of new patient registrations and the impact on access to appointments/ delays in treatment

	<ul style="list-style-type: none"> Some patients had already been forced to move practices once before, due to closure of their previous practice and don't want to be in the same position again.
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4.7 Question 25

Are there any reasons why the proposed changes would affect you more than any other person? (For example due to age, mobility, sexuality, gender, race, religion, etc.) If so how do we overcome this?

Overall, 115 people answered this question, including those who replied “no” or “not applicable”. All free text responses can be viewed in appendix 4, but in summary, those who felt they would be more affected than others was based on:

- Age
- Mobility
- Potential changes in ease of access (if a change in practice is required), e.g. to public transport/ nearby bus routes, parking facilities, disabled access etc.
- Low income – some may not be able to afford travel expenses that may be incurred if a change in practice is required
- Health and wellbeing, e.g. stress/ anxiety due to change and the disruption to continuity of care

4.8 Demographic breakdown of respondents

Participants were given the option to answer a number of questions for equality and diversity monitoring purposes.

A full breakdown may be viewed in Appendix 5.

5 Outreach activities and findings

Overall we have spoken with 284 people across 25 consultation activities to date.

Anecdotal feedback was collated and for the purposes of the report has been grouped by practice where applicable and summarised into themes for the various activities.

5.1. Malling Health at Parsonage Street:

5.1.1 Dedicated consultation drop in sessions

Two dedicated drop in sessions were held for patients and stakeholders, with an interest in this practice. The main themes discussed included:

- An overwhelming preference for option 1, which is consistent with survey responses.
- People want to sustain a GP presence in the area, given that the nearest surrounding practices are Clifton Lane surgery (Stone Cross) and Carters Green Medical Centre
- Concerns around the uncertainty on the current premises and if required, whether new premises could be found locally
- Concerns around access to appointments elsewhere if the practice closes (e.g. 3 weeks to get an appointment at some practices)
- Concerns around whether neighbouring practices would be able to cope with a huge influx of new patients
- Concern for the elderly who either may have mobility issues if the Parsonage Street practice closes, and also those who wouldn't be able to afford taxi expenses, which for some people is "a couple of days of food".
- Concern around the impact on local pharmacies who patients have a longstanding relationship with
- People also really like the advantages of the practice currently being collocated with walk in services
- In terms of re-procurement, the majority really value the current service and the quality of care delivered by the current provider and would prefer not to see it change at all. Most understood the dilemma once it was explained.
- Some people don't mind who delivers the service as long as the service continues

5.1.2 Patient Participation Group (PPG) Meetings

A dedicated joint PPG meeting was held, which was independently led by the practice manager for patients of both the Parsonage Street and Great Bridge Practices. The feedback from the

group echoed the same themes and sentiments of the feedback heard by the CCG, with a clear message of disappointment in the proposed options.

5.1.3 Targeted consultation sessions in practice waiting rooms

In response to concerns raised around language barriers and general access to the consultation, the Engagement team arranged to spend time in the waiting rooms at the three practices over a number of sessions, to improve access and to reach more people whose first language was English.

We were able to complete two lots of two hour sessions as pre-agreed for this practice. All conversations were captured via the questionnaire, including one follow up call with an interpreter for a Polish participant.

5.1.4 MP correspondence

A letter of correspondence was received from the Member of Parliament for West Bromwich East, to be taken into account as a formal response to the consultation.

The MP expressed concern over the proposals and the potential impact these changes may have upon local constituents. It was felt that the current GP contract should be retendered (option 1) and that if a new practice is unable to provide services from the current building, new premises should be found in the immediate area. However, additional concern was raised on this as the timetable does not appear to allow sufficient time for a new building to be built, subject to planning permission, and is unclear whether the timetable would allow for an existing building to be refurbished.

The MP also stated that a closure of the practice (option 2) and moving people to other local practices would be completely unacceptable, unconvinced that 4697 patients could be safely relocated to other nearby practices without there being a detrimental impact on patient care, particularly without an indication of how the risk would be managed.

Furthermore it was highlighted that there is already pressure on other nearby GP practices to find new premises, including Stone Cross Medical Centre and Carters Green Medical Centre. It is thought that dispersing patients from the Malling Health Centre to these practices would exacerbate the problem and place a strain on primary care services elsewhere.

5.2 Malling Health Great Bridge:

Two dedicated drop in sessions were held for patients and stakeholders, with an interest in this practice. The main themes discussed included:

- A general preference for option 1
- Many didn't want anything to change at all and don't want to have to change practices. A couple of people even said that if the surgery closed, they wouldn't register anywhere else, putting them at risk.

- The majority really value the service at this practice, although a small number of people don't mind who delivers the service as long as the service continues.
- Concerns around interruptions to their continuity of access to medicines.
- Concerns around how surrounding practices will or won't cope if the practice closes, particularly if everyone chooses the same practice
- While some didn't have a preferred option, it was felt that whatever the outcome, a big focus needs to be placed on quality of care in terms of continuity (seeing the same GP), getting access to appointments, and improving telephone access etc. E.g. one talked about how sometimes doctors focus on "a pill for every ill" only offering a prescription and not taking the time to explore other options including simple things like exercise.

5.2.2 Patient Participation Group Meetings

Please see 5.1.2

5.2.3 Targeted consultation sessions in practice waiting rooms

In response to concerns raised around language barriers and general access to the consultation, the Engagement team arranged to spend time in the waiting rooms at the three practices over a number of sessions, to improve access and to reach more people whose first language was English.

We were able to complete one of the two lots of two hour sessions pre-agreed for this practice.

All conversations were captured via the questionnaire. We did encounter a couple of participants whose first language wasn't English, although we were able to proceed without the need for an interpreter.

5.2.4 MP correspondence

A letter of correspondence was received from the Member of Parliament for West Bromwich East, to be taken into account as a formal response to the consultation.

While acknowledging that the Great Bridge practice falls just outside of the West Bromwich East constituency, it was felt that many of the constituents in the Swan Village area, are likely to rely on the service at this practice and would be impacted by any changes. The MP urges a retendering of the GP practice contract (option 1) and believes that if the practice were to close, there would be additional pressure on other local practices. It was felt that this would cause disruption to patients who are likely to have to travel further to access primary care and patients may delay registering with a new practice, putting themselves at risk by not having a GP.

5.3 Summerfield GP Practice (Virgin Care)

Two dedicated drop in sessions were held for patients and stakeholders, with an interest in this practice.

There were a number of people who attended these sessions who did not speak English as a first language. The languages presented were diverse, including Lingala, Slovakian, Punjabi and Ethiopian. In some instances we were able to arrange informal interpretation at the time and for others, follow up arrangements were made including the attendance of interpreters at the second session.

The main themes discussed included:

- Again, there was overwhelming support for option 1 which is consistent with survey responses.
- A high value was placed on the current service and the staff team and many would prefer nothing to change.
- Even though the current practice is colocated with 3 other GP practices, patients would still prefer services to at least be re-procured and many would prefer not to have to reregister elsewhere.
- Concern for vulnerable communities who rely on this practice to meet their needs
- Concern that other practices could not match the same service level or quality of care
- Patients value that the service is attached to a walk in service.

5.3.1 Patient Participation Group (PPG) Meetings

Two extraordinary PPG meetings were held dedicated to the consultation.

Echoing the same sentiments as above, the attendees were very passionate about keeping their practice open and felt strongly about service continuation.

Many were disappointed that a potential closure of the surgery was even included as an option for consideration and didn't initially understand why the contract couldn't be renewed with the existing providers. It was felt that as a minimum, the service should automatically be re-procured, to minimise disruption to patients.

Given the lower consultation response rate for this practice, concerns were also expressed around access to the consultation and the consultation timeframe, believing that it wasn't long enough to raise awareness across the patient demographic. Concern was also expressed around the correspondence that had been sent to all patients as many told us that they had not received the letter and were therefore unaware of the consultation until attending the PPG meetings.

In addition it was felt that those who did receive the consultation information, may be disadvantaged if they did not speak English as a first language or if they didn't have access to an interpreter. It was also felt that more could be done to ensure the information was conveyed in plain English, as those who did receive the consultation information still may not fully understand what it could mean for them.

In response to the concerns raised, the CCG agreed to extend the consultation by a further month and to arrange further outreach activities, to increase participation and to target those whose first language wasn't English.

5.3.2 Carers Coffee morning

The group felt that if there was a new contractor, this would be disruptive to people, depending on the service and also where people live. There was concern over whether other GP's would be too busy if people had to move to another practice, and whether they would get the same level of service as they currently do and if this would be of the same or poorer quality. Further concerns were raised again about:

- The risk of patients ending up without a GP if the practice closed and being unable to access to care.
- A perception that this is about money and not the patient
- Whether the consultation holds any value
- Whether patients will have to go through this every 5 years if the contract type remains the same

The group also expressed general feedback on the services they currently receive and told us that carers are currently given priority at the practice and are prioritised for access to services 365 days a year, 8:00 a.m. to 8:00 p.m. They feel the practice is "excellent and doing well, with good, competent and nice doctors". They also see the team like family and feel that they haven't received care like this anywhere else.

5.3.3 Targeted consultation sessions in practice waiting rooms

In response to concerns raised around language barriers and general access to the consultation, the Engagement team arranged to spend time in the waiting rooms at the three practices over a number of sessions, to improve access and to reach more people whose first language wasn't English.

We were able to attend four lots of five, two hour sessions as pre-agreed for this practice.

All conversations were captured via the questionnaire, including a handful who participated with the help of their interpreters present.

5.3.4 Service team at the Summerfield GP practice (Virgin Care)

Correspondence was shared with the CCG as a formal response to the consultation, further to a service team meeting held independently by the practice. The following items were noted for consideration:

- CQC rated Summerfield GP and Urgent Care Centre as Good in December 2017.
- The service operates 7 days a week, 365 days a year, inclusive of all bank holidays.
- We have been providing appointments to registered patients on bank holidays (including Christmas day) and Saturdays and Sundays since the beginning of our

contract; which is part of the Primary Care Vision for the future provision of GP Practices.

- We register all patients without prejudice or discrimination.
- We have a high population of vulnerable patients including an 80 bed care home, assisted living home and a high number of Asylum Seeker patients. Should the practice be dispersed, where will these vulnerable patients go and how will we be assured that their health needs will be met?
- Our patient population is diverse and English is not the main spoken language. This puts them at a disadvantage if the list is dispersed. How will you notify these patients that they need to register with an alternative practice, noting that the message sent out within consultation letters did not reach all patients?
- We offer additional services to our patients for example, regular support meetings to our Carers, education sessions, access. This support has been extremely welcomed and beneficial for our patients' health and wellbeing.
- We invite external agencies to support our patient population.
- Currently due to the nature of our APMS contract, we have one M-Code for 3 services. GP, UCC and Attwood Green. Should the practice be re-procured there would potentially need to be the investment in new clinical software and M-Codes for the separation of the services
- The reception area is currently shared between GP and Urgent Care. The CCG may need to consider the locality of the GP Practice/UCC in particular if the service is re-procured and awarded to an alternative provider.
- Our patients who have attended the recent PPG meetings are happy with the services that we provide and do not want our practice to close. Our Friends and Family Test results also echo positive patient satisfaction.

5.4 General feedback (not practice specific)

5.4.1 Sandwell and West Birmingham CCG Patient and Partnership Advisory Group

The group welcomed the information and echoed the sentiments of the general feedback reflected in questionnaire results and the outreach findings.

The group were also keen to seek assurance in terms of financial investment; that the money "follows the patient" rather than this being about cuts.

5.4.2 Sandwell Healthwatch, Health and Social Care Forum

Again, the question and comments raised in this forum reflected the thoughts and concerns expressed by patients, which were consistent with both the questionnaire results and the outreach findings.

Additional questions raised for consideration related to the facilities at Parsonage Street in terms of what will happen when the lease expires, and how future land/ premises options will be affected by:

- Delays to completion of the new Midland Met Hospital and the impact on the anticipated space becoming available at Sandwell General Hospital
- Other practices who are in the process of planning a relocation nearby

5.4.3 Joint Health Overview and Scrutiny Committee

The consultation proposals were initially presented to the Committee for oversight in January 2018, prior to the consultation launch. A second presentation was later shared with the committee in March 2018 to provide an update and to report the interim findings.

Initially, comments and/ or concerns raised were in relation to:

- The associated walk in centres, which will be consulted on separately with separate outcomes
- Clarification that there is no intention to reduce service levels and that it is a matter of re-provision of services
- Ensuring that there is a range of options and positive choices to be considered, including there being flexibility with the facilities
- Ensuring that the consultation encompasses all patients
- A perception that the main concern for patients is obtaining appointments and that the location of services isn't as paramount, as long as they are local.

In March 2018, the Committee welcomed the update and the fact that patients' views were being taken into account (including an extension to the consultation period and plans to create further opportunities to increase participation).

5.4.4 GP locality groups

There have been mixed views from GP practices in relation to the proposed options. In summary:

- Some members are keen for option 1 (re-procurement) and showed interest in the potential business opportunity
- Some members are keen for option 2 (patient dispersal). A small number of these suggested they were interested in attracting the affected patients if they need to register elsewhere, while others just felt this option may be easier
- Many expressed a concern about option 2 in terms of whether they would be able to cope with a huge influx of new patients, given the pressures on primary care already. Some suggested it was an unviable option. It was felt that more intelligence was needed to see where the patients are geographically located over a wider perimeter encompassing all GP practices and not just in a 1.5 mile radius), to understand the potential impact more clearly.

- The impact of option 2 on nursing homes was felt to be an important consideration too, as well as the potential disruption for patients, (including those whose first language isn't English and also those with mental health issues, who may get more anxious if things change).
- There was some interest in the associated walk in centres and their future, although it was understood that this would be discussed as part of a separate consultation
- One member queried why an option to close the practice, would even be considered
- There was some query over the financial implications of each option

6 Conclusion

Reflecting on all feedback received it can be concluded that a clear majority would like the three practices to remain open, with a preference for consultation option 1; to re-procure the GP practice contracts.

While not everyone supported the prospect of an unpredictable outcome of a re-procurement, in terms of who would provide the service after March 2019, there was some understanding of the CCG's position relating to procurement rules and regulations applied to the commissioning of health services. A re-procurement was perceived to be the best of the available options by the majority, for all three practices.

7 Recommendations

- To share the consultation findings with SWBCCG's Primary Care Commissioning Committee, who will make a recommendation to NHS England.
- To ensure that the consultation outcome feeds in to the decision making process as part of the criteria for consideration.
- To share the outcome of consultation with patients and key stakeholders
- To provide updates to all stakeholders at key stages including any decisions taken.