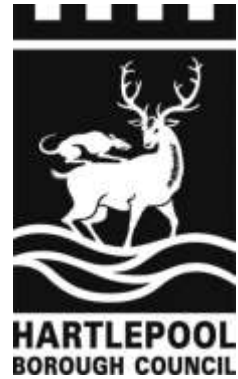


AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Friday 27th August 2021

at 10.00am

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE:

Councillors Ashton, Cook, Feeney, B Loynes, D Loynes, Richardson and Riddle.

Standards Co-opted Independent Members: - Ms Gillian Holbrook,
Mr Martin Slimings and Ms Tracy Squires.

Standards Co-opted Parish Council Representatives: Parish Councillor John Littlefair
(Hart) and Parish Councillor Alan O'Brien (Greatham).

Local Police Representative: Superintendent Sharon Cooney.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meeting held on Thursday 29th July 2021
- 4. AUDIT ITEMS**

No Items
- 5. STANDARDS ITEMS**

No Items

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone. The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. **STATUTORY SCRUTINY ITEMS**

6.1 Hartfield's Medical Practice (part of the McKenzie Group) - Closure Application:-

- (a) Covering Report (to follow) – *Statutory Scrutiny Manager*;
- (b) Governance and Decision Making Process - Presentation - *Tees Valley Clinical Commissioning Group*;
- (c) Closure Proposal Engagement - *McKenzie Group Practice*;
- (d) Feedback from Ongoing Healthwatch Public Consultation (to be tabled) - *HealthWatch Development Officer*;
- (e) Verbal input from:
 - Councillors;
 - The MP for Hartlepool;
 - Residents; and
 - Interested Groups / bodies.

7. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

7.1 To receive the Minutes of the meeting held on 1 March 2021

8. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No Items

9. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No Items

10. **MINUTES FROM THE RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

10.1 To receive the Minutes of the meeting held on 24 February 2021

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No Items

12. **DURHAM, DARLINGTON AND TEESSIDE, HAMBLETON, RICHMONDSHIRE AND WHITBY STP JOINT HEALTH SCRUTINY COMMITTEE**

No Items



13. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings –

Thursday 9 September, 2021 at 10.00 am

Wednesday 29 September, 2021 at 10.00 am

Thursday 14 October, 2021 at 2.00 pm

Thursday 11 November, 2021 at 10.00 am

Thursday 16 December, 2021 at 10.00 am

Thursday 13 January, 2022 at 10.00 am

Thursday 10 February, 2022 at 10.00 am

Thursday 17 March, 2022 at 2.00 pm



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

29 JULY 2021

Present:

Councillor: Rob Cook (In the Chair).

Councillors: Tom Feeney, Carl Richardson and John Riddle

Co-opted Members:

Gillian Holbrook – Independent Member

Martin Slimings – Independent Member

Tracey Squires – Independent Member

Alan O'Brien – Parish Council Representative

Also Present:

In accordance with Council Procedure Rule 4.2 Councillor Angela Falconer was in attendance as substitute for Councillor Brenda Loynes and Councillor Veronica Nicholson was in attendance as substitute for Councillor Dennis Loynes

Christopher Akers-Belcher, Chief Executive, Healthwatch

Officers:

Craig Blundred, Director of Public Health

Chris Little, Director of Resources and Development

Sylvia Pinkney, Assistant Director, Regulatory Services

Sandra Shears Head of Finance (Corporate and Schools)

Joan Stevens, Statutory Scrutiny Manager

Angela Armstrong, Scrutiny and Legal Support Officer

Denise Wimpenny, Principal Democratic Services Officer

19. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Ashton, B Loynes, D Loynes and Parish Councillor John Littlefair

20. Declarations of Interest

None

21. Minutes of the meeting held on 8 July 2021

Confirmed.

22. Matters Arising from the Minutes

In relation to Minute 14 - Personnel Sub Committee, it was agreed that Cllr Cook, as Chair of Audit and Governance Committee, would be the appointed Chair of Personnel Sub Committee for the ensuing year.

23. The 2020/21 Financial report (including the 2020/21 Statement of Accounts) *(Director of Resources and Development)*

The Director of Resources and Development submitted for the Committee's consideration the 2020/21 pre-audit draft Financial Report including the 2020/21 Statement of Accounts, attached at Appendix A for review by Members prior to the final document being referred to this Committee on 29 September 2021 for approval.

The Director highlighted the unprecedented financial impact on the Council as a result of the Covid pandemic in terms of additional costs and reduced income, details of which were provided as set out in the report. Whilst the Government had provided additional one off funding to manage the Covid financial impacts it was not yet clear if this would be sufficient.

Notwithstanding the uncertainty regarding the ongoing financial impact of the pandemic the Council faced significant budget deficits over the next three years. Most of the deficit falls in 2022/23 and reflected the use of reserves to set the 2021/22 budget which avoided cutting services and increasing Council Tax in the current year, although deferred a significant deficit from 2021/22 to 2022/23 to provide a longer lead time to develop a strategy to address the deficits. An update of the Medium Term Financial Strategy for 2022/23 to 2024/25 would be reported to a future meeting of the Finance and Policy Committee and then referred to Full Council.

In the discussion that followed the Director of Resources and Development responded to queries raised arising from the report. Clarification was provided in relation to the reasons for adverse variances in expenditure, balance sheet calculations as well as the potential long term financial impact of the pandemic on the Council's budget position. The Director highlighted that the long term financial impact remained uncertain in terms of how local council tax support levels would recover and how quickly individuals would return back to employment. Further updates would be provided to Members in due course.

Recommended

- (i) That the report and comments of Members be noted.

- (ii) That the Draft Financial Report detailed in Appendix A would be subject to independent audit by Mazars and details of any material amendments would be reported to Audit and Governance Committee in September.
- (iii) It was noted that there was the opportunity to raise questions and/or seek clarification of information included in the pre-audit Financial Report in the period up to 29th September 2021, when the audited Financial Report will be presented to Audit and Governance Committee for final approval.

24. Covid 19 Update (Presentation) *(Director of Public Health)*

The Director of Public Health provided an update presentation to the Committee on the ongoing coronavirus position in Hartlepool which included the following issues:-

- Hartlepool and England Covid 19 cases rate per 100,000 population
- Weekly Covid cases as a comparator between rates in England and Hartlepool
- Hartlepool Covid 19 related death rates per 100,000
- Percentage of 1st Dose Covid Vaccinated Population by Age
- Percentage of 2nd Dose Covid Vaccinated Population by Age

The Director commented that whilst there had been a reduction in case rates in Hartlepool, numbers still remained high compared with the rest of the country. Whilst death rates remained stable there had been an increase in hospitalisations of young people. There were challenges around a reduction in testing and vaccine hesitancy in the younger age groups, the potential impact of which was outlined. The measures in place to address vaccine hesitancy and increase take up were outlined. Emphasis was placed upon the support of Elected Members in promoting the various drop in vaccination clinics available in the town.

The Director of Public Health responded to issues raised arising from the presentation. In response to concerns around the problems associated with long Covid and a request for up to date data in terms of numbers in Hartlepool, the Director of Public Health agreed to follow this up with health colleagues and circulate to Members once available.

Recommended

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That data in relation to long Covid be provided to this Committee under separate cover as soon as possible.

25. Safer Hartlepool Partnership Performance 202/21, Quarter 3 and 4 (*Director of Neighbourhoods and Regulatory Services*)

The report provided an overview of the Partnership's performance during Quarters 3 and 4, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided. In presenting the report, the Assistant Director, Regulatory Services highlighted salient positive and negative data and responded to queries in relation to crime figures by type.

Recommended

That the report be noted.

26. Healthwatch Work Programme 2021/22 (*Healthwatch Hartlepool CIO*)

The Healthwatch Chief Executive, who was in attendance at the meeting, presented the report which outlined the current and ongoing work of Healthwatch Hartlepool for the coming year as set out in an Appendix to the report. Details of some of the key principles and priorities when delivering the Healthwatch Hartlepool Work Programme were outlined and included the following:-

- Examine the quality and timeliness of Midwifery led service provision at the University Hospital of Hartlepool
- Hospital Discharge procedures
- Examine the quality of care of those living with dementia and accessing acute services not related to their primary diagnosis
- Continue to work with the Hartlepool Mental Health Forum to monitor reconfiguration of services
- Examine GP access during Covid-19
- Review support procedures for carers relating to patients with signs of the onset of dementia
- Investigate the provision of the integrated Urgent Care Service at Hartlepool Hospital particularly out of hours care and treatment

Concerns were raised regarding the proposed closure of Hartfields Medical Practice and the impact as a result. The Chair advised that this issue would be considered as an urgent item of business later in the meeting. (Minute 30 refers). Issues around hospital discharges were shared with the Committee which the Healthwatch representative advised would be explored as part of their work programme.

Recommended

That the contents of the report be noted.

27. Scrutiny Investigation into Child Poverty in Hartlepool - Covering Report/Presentation *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager submitted a report setting out proposals to the Committee for the conduct of its forthcoming investigation into 'Child Poverty in Hartlepool'. The report detailed the overall aim of the investigation, proposed terms of reference, potential areas of enquiry and sources of evidence and a proposed timetable for the investigation. A presentation was submitted in support of the report and Members' views/input were sought in relation to the proposals.

In the lengthy discussion that followed the Committee expressed a number of views/suggestions/queries which included the following:-

- (i) The importance of recommendations being measurable and achievable were highlighted.
- (ii) In relation to potential sources of evidence, a view was expressed in relation to the benefits of considering the impact of poverty in the home as well as the increase in the number of children taken into the care.
- (iii) It was suggested that Healthwatch, Children's Strategic Partnership, West View Advice and Resource Centre, Schools Forum, Youth Parliament, Youth Offending Service, in terms of the links between offending and repeat offending, Hartlepool Carers, deaf and hard of hearing and blind community regarding access issues be included as key partners and contributors to the enquiry.
- (iv) Reference was made to a recent enquiry by the Work and Pensions Select Committee into Child Poverty and it was suggested that evidence be sought from the town's MP in relation to the outcome of this enquiry.

- (v) The benefits of gathering evidence from previous investigations around drug and alcohol and the links to child and family poverty, were discussed as well as the need to examine the links to child poverty and education attainment and aspirations.
- (vi) The Statutory Scrutiny Manager provided clarification in response to issues raised in relation to the scrutiny investigation process.
- (vii) Given the tight timescales for completing the investigation, Members were encouraged to provide any further contributions/ideas to the Scrutiny Support Team in advance of the next meeting.
- (viii) The Chair placed emphasis upon the importance of input from all Members of the Committee and indicated that additional meetings would be diaried as necessary.

Subject to the additions to the sources of evidence set out above, Members supported the proposals as outlined in the report.

Recommended

- (i) That the proposed remit and terms of reference for the investigation into Child Poverty be approved.
- (ii) That the potential areas of enquiry/sources of evidence as outlined in the report be approved subject to the inclusion of additional sources of evidence as detailed above.
- (iii) That the proposed timetable, as set out in the report, including additional meetings as required for undertaking the investigation be approved.

28. Minutes from the Meeting of the Tees Valley Joint Health Scrutiny Committee held on 19 March 2021

Received.

29. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

30. Any Other Business – Proposed Closure of Hartfields Medical Practice (part of McKenzie Group)

Further to Minute 26 above, the Chair referred to the proposed closure of Hartfields Medical Practice (McKenzie Group) which had recently been brought to his attention by concerned local residents. Such concerns had led to an on-line petition from residents.

Concerns were expressed that Elected Members as well as the Chief Executive from Healthwatch had not been informed of the proposals. The Chair referred to the statutory procedures that must be followed with regard to the closure of a medical practice and would include consultation with this Committee. The Statutory Scrutiny Manager indicated that discussions had commenced to invite representatives to a future meeting of this Committee in order to provide a response to the proposals. The Committee was referred to a Stakeholder Briefing Note dated 19 July 2021 from McKenzie Group, a copy of which was tabled at the meeting.

A number of further concerns were expressed in relation to the proposed closure which were around the impact on individuals with specific medical needs choosing to live in this location for convenience around access to a medical centre, Issues in terms of limited access to GP services generally in the town were also highlighted including the benefits of inviting a representative from the GP Federation to the meeting. The Statutory Scrutiny Manager outlined the Committee's statutory health scrutiny responsibilities to consider the information presented at the meeting and formulate a response.

31. Date and Time of Next Meeting

The Chair referred Members to the dates and times of forthcoming meetings as set out on the agenda and indicated that additional meetings would be scheduled as necessary.

The meeting concluded at 3.40 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

27th August 2021



Report of: Statutory Scrutiny Manager

Subject: Hartfield's Medical Practice (part of the McKenzie Group) – Closure Engagement

1. PURPOSE OF REPORT

To:-

- i) Agree the Audit and Governance Committee's response to the engagement process in relation to the McKenzie Group's proposed application for closure of Hartfield's Medical Practice.
- ii) Consider any additional action that may be required in accordance with the provisions of the Health and Social Care Act 2012 and accompanying regulations.¹

2. BACKGROUND INFORMATION

- 2.1 The Hartfield's Medical Practice is based at Hartfield's Extra Care Village with registered patient list of 2182. The practice, as part of the McKenzie Group, is one of 11 GP practices across Hartlepool, the locations of which are shown in **Appendix A**. Details of patient list sizes and GP numbers for each are also attached at **Appendix B**, in addition to distance and travel times from Hartfield's.
- 2.2 The McKenzie Group currently hold 2 APMS (Alternative Provider Medical Services) contracts for primary care medical services to a registered list of 25,545 patients across five sites (Wynyard Road Medical Centre, Hartfields Medical Centre, McKenzie House, Throston Medical Centre and Victoria Medical Centre). A cross-site working arrangement is in place with the CCG that allows patients to register under both contracts to access any of the McKenzie Group sites.
- 2.3 APMS contracts are a tool for the delivery of primary care services which enable primary care trusts (PCTs) to contract with a wide range of organisations to provide services in relation to²:
 - Essential services that may involve replacement of a vacant GP practice or practices;

¹ Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

² LMC Guidance ([A8351 Combined.pdf \(lmc.org.uk\)](#))

- Providing additional or enhanced services, which may well include locally enhanced services;
- Out-of-hours services (for which there is a separate model contract); and
- Any combination of the above.

2.4 The McKenzie Group's APMS contract was signed in 2017, for a 10 year duration, with 6 years currently remaining.

3. MCKENZIE GROUP PROPOSAL

3.1 Notice has been received of the McKenzie Group's intention to submit an application to the Tees Valley Clinical Commissioning Group (CCG), on the 19th October, to seek approval for the permanent closure of the Hartfield's Practice. The stated reasons for the application being:

'To bring services together at its other sites in order to enhance clinical quality and practice resilience, to run more efficiently and to continue to deliver high quality of care to patients'.

'That the premises at the Hartfields site are limited comprising up to three clinical rooms, one without daylight, and there is no scope to further develop the Hartfields premises to facilitate the delivery of additional services as envisaged in the NHS Long Term Plan³'.

3.2 A copy of the full Stakeholder Briefing in relation to the proposed closure is attached at **Appendix C** for the attention of the Committee.

3.3 To inform the application process, and the development of a business case for consideration by the CCG, the practice is undertaking a six-week period of patient and stakeholder engagement (Monday 19th July 2021 – Sunday 29th August 2021) to:-

- i) Ensure they understand what is planned and have an opportunity for any queries to be clarified and to share what is important to them in relation to these proposals; and
- ii) Gather views and experiences during the temporary closure of the branch.

3.4 The engagement survey (attached at **Appendix D**) is currently open and accessible via the practice's websites (www.mckenziegrouppractice.co.uk). The deadline for submission of views and feedback being the 29th August 2021.

3.5 The results of the engagement are to be used to inform the business case for the proposed closure and will be submitted to the CCG Board on the 19th October 2021. Approval by the Board is required for the closure to progress.

³ [NHS Long Term Plan v1.2 August 2019](#)

4. **PROCESS FOR SERVICE CHANGE (ENGAGEMENT AND CONSULTATION)**

4.1 As the body responsible for the conduct of the Council's statutory health scrutiny responsibilities, the Audit and Governance Committee has a responsibility to review and scrutinise any matter relating to the planning, provision and operation of the health service. This includes consideration of proposals for a substantial development of the health service in the area, or for a substantial variation in the provision of services.

4.2 Relevant NHS bodies and health service providers, which include GP practice providers, are required to 'consult' health scrutiny bodies on substantial reconfiguration proposals. The designation of a service change is to be agreed between scrutiny bodies and service providers, however, definitions of what constitutes a "substantial development" or "substantial variation" are not included in the legislation. Whilst some local authority scrutiny bodies and their NHS counterparts have developed joint protocols or memoranda of understanding about how the parties will reach a view no such protocol exists for Hartlepool. On this basis, discussions with the McKenzie Group are required to reach agreement on this.

4.3 Regulations⁴ are, however, clear that where there are concerns regarding a proposal for a substantial developments or variation in health services local authorities and the local NHS should work together to attempt to resolve these locally if at all possible before any further action can be taken.

4.4 Focusing solely on consultation is insufficient to meet the NHS's public involvement and consultation duties. It is therefore essential that service providers also ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals.

4.5 The differentiation between engagement and consultation, is detailed below:-

- i) What is engagement? - Engagement describes the continuing and on-going process of developing relationships and partnerships so that the voice of local people and partners is heard and that our plans are shared at the earliest possible stages. Examples of this type of engagement would include our patient participation groups and membership schemes where we ask members to get involved in various pieces of work.

It also describes activity that happens early on in an involvement process, including holding extensive discussions with a wide range of people to develop a robust case for change.

- ii) What is a 'formal consultation'? - 'Formal consultation' describes the statutory requirement imposed on NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

⁴ Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

Formal consultation is carried out if a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact on one or more of the following:

- Access (e.g. reduction or increase in service due to change of location or opening times)
- Wider community (e.g. economic impact, transport, regeneration)
- Patients or users (either current or future)
- Service delivery (e.g. methods of delivery or relocation of services)

The outcome of a formal consultation must be reported to the Trust Board in public, together with the feedback received, and must show how this has been taken into account in any recommendations and decision making.

- 4.6 Engagement with the local community from an early stage in the development of options is essential and this is the process the Mackenzie Group has indicated it is currently undertaking.

5. FORMULATION OF ENGAGEMENT RESPONSE

- 5.1 As a key stakeholder Hartlepool Borough Council, through its Audit and Governance Committee, has been asked to submit a response to the engagement exercise. The Chair of the Committee requested that the Committee's response be formulated via a formal meeting, to enable input from residents and other interested parties. On this basis today's meeting has been called.

- 5.2 To assist the Committee in the formulation of its response, input is to be provided from a variety of sources, detailed below:-

- i) Representatives from the **Tees Valley Clinical Commissioning Group** to provide information in relation to:
 - Governance arrangements and the decision making process in relation to applications for the closure of practices;
 - Timetable for consideration of the this application and potential outcomes (should the application be approved and should the application be refused); and
 - Current position in relation to the APMS contract (remaining duration of contract).
- ii) Representatives from the **McKenzie Group** to provide evidence in relation to the below (supported by the report attached at Item 6.1(c)):-
 - Background and reason for the closure request.
 - Details of the proposals.
 - Information in relation to:-
 - The impact of the closure on patients
 - Complaints / concerns raised by patients in relation to access to GP practice services (including the duration of the pandemic)

- Alternatives to be offered to patients to enable them to access GP services
- Impact of potential increases in patient list sizes at other practices (can other practices cope with the transfer of patients)
- How are the proposals to be implemented (including timescales?)
- Details of the engagement process and results.
- How have patients been consulted (how and when)?
- What are the proposals for the consultation stage of the process (following completion of the engagement process?)

Ahead of discussions at the meeting, the McKenzie Group Practice has also provided clarification on a number of points:-

- a) The status of the proposal - Is the proposal a substantial variation to services for the 2,182 residents on the Hartfield patient list?

The practice is undertaking a 6-week period of engagement to assess and understand what the impact of the temporary closure has been on our patients, as well as to better understand the potential impact of permanent closure. The practice will then assess the responses to the engagement to fully understand the [impact/degree/level] of change of the proposed site closure.

- b) Is there an intention to undertake a consultation exercise following the engagement?

The practice is 'engaging' on the proposals and not 'consulting' at this point. The practice will then assess the responses received from the engagement, which will then inform their next steps.

This will inform a decision in relation to future consultation and their view on the status of the change as a substantial variation.

- c) When would the full results of the engagement exercise be available for consideration by Scrutiny?

The results of the engagement will be analysed in early September and the practice is happy to share these results with Scrutiny for discussion at their September meeting. Scrutiny's views on the results will then be considered/included as part of the business case.

- iii) A representative from **Healthwatch** will be present to feedback the results of its public consultation on the proposed closure. Due to the short timescale between the closing date for the Healthwatch consultation and today's meeting, this evidence will be tabled at the meeting for discussion. In addition to this, to further assist the Committee attention is drawn to the recent report produced by Healthwatch in relation to 'GP Access during COVID-19' and the issues / challenges faced by patients (attached at **Appendix E**).

- iv) Views from **Councillors, residents and Hartlepool's MP**.

5.3 Questions and discussions will follow the presentation of the above evidence and part of this process the Committee may also wish to explore:-

i) The results of the impact assessment undertaken in the formulation of the business case in relation to:

- Risks:

- Is there capacity in other practices to absorb the Hartfield patient list?
- Does the location of practices across Hartlepool reflect the location and spread of Hartlepool's population?
- Which areas of the town do the patients on the Hartfields patient list live? Will additional stress be placed on existing GP's in Hartlepool as a result of the reallocation of patients?

- Impact:

- What impact the potential closure will have on the ability to provide good quality and sustainable GP services that meet the needs of the residents of Hartlepool?
- What will be the impact of increases in the number of new build homes? Have these increases been taken in to consideration as part of the impact assessment?

- Mitigations.

- What mitigations are proposed to respond to increased travel and reduced accessibility for those registered with the Hartfield Practice, especially older members of the community and those without personal transport.
- What alternatives have been considered to enable the continued operation of the Hartfield Practice? Is there capacity for, or interest from, other GP providers / practices to take over the provision of GP services from the site?
- Could additional / different accommodation be identified on the current site to allow the practice to deliver the aims of the Long Term Plan going forward?

ii) The proposal represents a change to service provision for approximately 10% of the McKenzie Group Practice List patients. Is this a significant change in service?

5.4 Following consideration of the evidence provided, the Committee is asked to:

- Formulate its response to the proposal for submission as part of the engagement process, the deadline for which is the 29th August 2021.
- Consider if its view is that the closure represents a significant variation of service and why. This to be included in the response to the McKenzie Group.

6. FUTURE STEPS

6.1 As indicated the aim of today's meeting is to agree a response to the engagement exercise.

- 6.2 Going forward, it is proposed that a further meeting of the Committee be held in September (date to be confirmed) to allow the McKenzie Group to present the full findings of its engagement process and allow any additional evidence to be provided to support the Committee in the formulation of its final view / consultation response.
- 6.3 Should the intention continue to be for the application to close to be considered by the CCG Board on the 19th October 2021, a potential process to conclude consideration of the issue in accordance with the requirements of the regulations (referenced earlier in the report) would be as follows:

Sept 2021 (Date TBC) - A&G Committee

i) McKenzie Group to present:

- The full findings of the engagement exercise,
- Any additional information or clarification requested by the Committee
- Their assessment of the impact/degree/level of change of the proposed site closure (is it a substantial variation) and next steps (will a formal consultation be undertaken).

ii) Committee to formulate a final response to the proposal. Potential options for response being:

- Support the service change with no further action to be taken;
- Make recommendations in terms of alternative action. Reasonably practicable steps would need to be taken to reach an agreement on this before any further action could be taken (e.g. referral to the Secretary of State).
- Object to the proposed service change, with no recommendations for alternative action, and submit a report to Council to requesting approval for a referral of the closure to the Secretary of State.

30th Sept – Council (if required). To consider the A&G request for approval of a referral to the Secretary of State. The referral only to be required if the CCG Board approval of the application for closure on the 19th October.

7. RECOMMENDATIONS

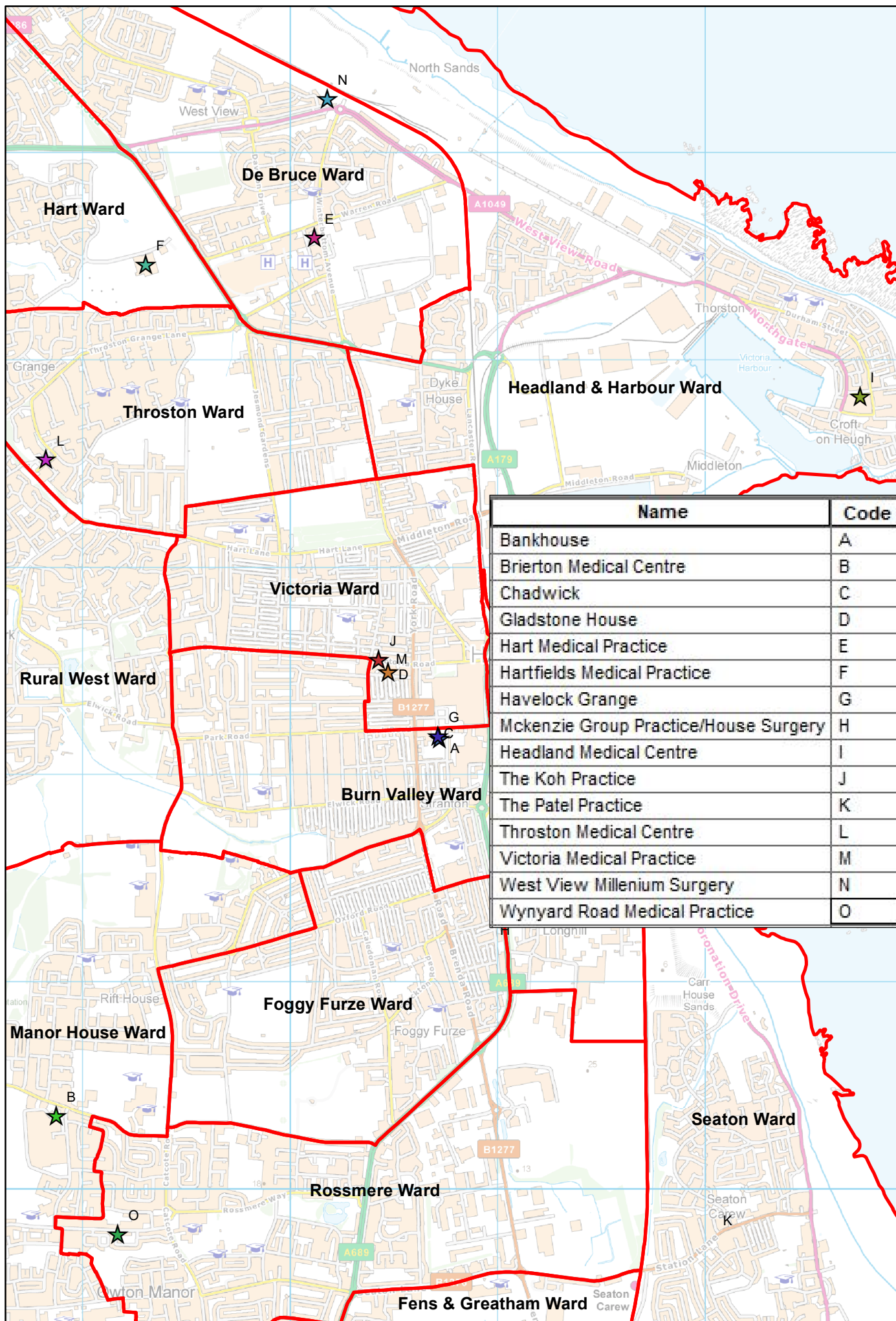
7.1 The Audit and Governance Committee:

- Formulate its response to the proposal for submission as part of the engagement process, the deadline for which is the 29th August 2021;
- Consider if the closure represents a significant variation of service and why; and
- Approve an additional meeting for the purpose outlined in Section 6.3.

BACKGROUND PAPERS

- (a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Contact Officer:- Joan Stevens – Statutory Scrutiny Manager
Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk



Practice Name	Patient List Size*	No. of GP's	Electoral Ward	Distance From Hartfields	Bus Travel	Provider	Location
McKenzie Group	25,545 - patients across all 5 McKenzie practices						
Hartfield's Medical Practice (branch of Wynyard Rd Medical Centre)	2,182	9* *All 9 over McKenzie, Victoria and Throston. 8 of these GP's also cover Hartfields and Wynyard.	Hart	N/A	N/A	McKenzie Group Practice	Hartfields Extra Care Village
Wynyard Road Medical Practice	23,363		Rossmere	Car – 4.3miles – 11mins	1 bus - Approx. duration of trip (45mins)		Wynyard Rd
McKenzie House Surgery			Foggy Furze	Car – 4.7miles – 13mins	2 buses - Approx. duration of trip (60mins)		Kendal Rd
Victoria Medical Centre			Victoria	Car – 2.6miles – 9mins	1 bus - Approx. duration of trip (25mins)		The Health Centre (Victoria Rd)
Throston Medical Centre			Throston	Car – 1.0miles – 4mins	1 bus - Approx. duration of trip (25mins)		Wiltshire Way
Bankhouse Surgery	9,999	9	Burn Valley	Car – 3.2miles – 11mins	1 bus - Approx. duration of trip (35mins)	Bankhouse	One Life Hartlepool (Park Rd)
Chadwick Practice	11,911	5	Burn Valley	Car – 3.2miles – 11mins	1 bus - Approx. duration of trip (35mins)	Hartlepool and Stockton Health Ltd	One Life Hartlepool (Park Rd)
Headland Medical Centre	5,501	2	Headland and Harbour	Car – 3.6miles – 11mins	2 buses - Approx. duration of trip (50mins)	The Headland Medical Centre	Groves St
Koh & Partners	5,760	2	Victoria	Car – 2.6miles – 8mins	1 bus - Approx. duration of trip (25mins)	The Koh Practice	The Health Centre, Victoria Rd
Gladstone Surgery	5,552	3	Victoria	Car – 2.6miles – 8mins	1 bus - Approx. duration of trip (25mins)	Gladstone House Surgery	Victoria Rd
West View Millennium Surgery	6,771	4	De Bruce	Car – 2.1miles – 6mins	2 buses - Approx. duration of trip (45mins)	West View Millennium Surgery	West View Rd
Hart Medical Surgery	9,262	6	De Bruce	Car – 1.8miles – 6mins	2 buses - Approx. duration of trip (40mins)	Hart Medical Practice	Surgery Lane
Seaton Surgery	3,376	3	Seaton	Car – 5.2miles – 14mins	2 buses - Approx. duration of trip (50mins)	Seaton Surgery	Station Lane
Havelock Grange Practice							
Brierton Medical Centre		8 (across both sites)	Manor House	Car – 4.2miles – 12mins	1 bus - Approx. duration of trip (45mins)	Havelock Group Practice	Earlsferry Rd
Havelock Grange Practice	12,805		Burn Valley	Car – 3.6miles – 11mins	1 bus - Approx. duration of trip (35mins)		One Life Hartlepool (Park Rd)

*Tees Valley PCN's – TVCCG Website

19 July 2021

STAKEHOLDER BRIEFING

McKenzie Group– Hartfields Medical Practice

The Hartfields site of McKenzie Group, based at Hartfields Extra Care Village in Hartlepool, has been temporarily closed since mid-March 2020 due to the Covid-19 pandemic. This temporary closure was to enable the practice to use staff more effectively and to ensure compliance with social distancing requirements.

McKenzie Group currently hold 2 contracts for primary care medical services and have an approved cross-site working arrangement in place with the CCG, allowing patients registered under both contracts to access any of the McKenzie Group sites: Wynyard Road Medical Centre, Hartfields Medical Centre, McKenzie House, Throston Medical Centre and Victoria Medical Centre.

The McKenzie Group will be applying to NHS Tees Valley CCG to request the closure of the Hartfields site permanently to bring services together at its other sites in order to enhance clinical quality and practice resilience, to run more efficiently and to continue to deliver high quality of care to patients.

The premises at the Hartfields site are limited comprising up to three clinical rooms, one without daylight, and there is no scope to further develop the Hartfields premises to facilitate the delivery of additional services as envisaged in the NHS Long Term plan.

The McKenzie Group delivers essential services to a registered list of 25,545 patients, 2182 of whom are registered at the Hartfields site.

The practice is undertaking a six-week period of patient and stakeholder engagement (Monday 19th July 2021 – Sunday 29th August 2021) to gather views and experiences during the temporary closure of the branch.

To inform the application process the practice would like to engage with the patient population and local stakeholders to ensure they understand what is planned and have an opportunity for any queries to be clarified and to share what is important to them in relation to these proposals.

All patients over the age of 16 years registered with McKenzie Group practice will be invited to participate in an engagement survey, details of which can be found on the practice websites www.mckenziegrouppractice.co.uk and www.wynyardnandhartfields.co.uk along with further information and Frequently Asked Questions (FAQs).

Stakeholders are asked to note the content of this briefing and any comments should be sent to Business Manager, McKenzie House, 17 Kendal Road, Hartlepool, TS25 1QU or via email to TVCCG.A81044@nhs.net.

Once NHS Tees Valley CCG has considered the practice's application and a decision has been made regarding the future of the Hartfields Medical Practice there will be further communication to patients and stakeholders.

Hartfields Medical Centre
PATIENT SURVEY

The Hartfields site of McKenzie Group Practice based at Hartfields Extra Care Village in Hartlepool has been temporarily closed since mid-March 2020 due to the COVID-19 pandemic. This temporary closure was to enable us to use our staff more effectively and to ensure we could comply with social distancing requirements.

We will be applying to NHS Tees Valley Clinical Commissioning Group (CCG) to request the closure of the Hartfields site permanently to bring services together at our other sites to enhance clinical quality and practice resilience, to run more efficiently, and continue to deliver high quality of care to patients.

Before we do this, we are asking all patients over the age of 16 years who are registered with any of our McKenzie Group practices (McKenzie House, Victoria Medical Centre, Wynyard Road Medical Centre, Hartfields Medical Centre or Throston Medical Centre) to complete the below survey.

We want to understand what the impact of the temporary closure has been on you and your family, as well as to better understand the potential impact of permanent closure. This will then inform our, and the CCG's, decision making about primary care services in the area.

Please can you encourage all household members over the age of 16 years who are registered with one of our practices to complete a copy of this survey.

Printed copies can be requested and collected from reception at McKenzie House, Victoria Medical Centre, Wynyard Road Medical Centre, or Throston Medical Centre. Once completed, these surveys should be returned to the practice by the closing date.

If you require the survey in any other format, please contact the Practice.

The closing date for the survey is **Sunday 29th August**

Thank you.
OK

Question Title

1. Which of the McKenzie Group Practices are you currently registered with? Please ONLY select one option.

- ☐ Wynyard Road Medical Centre
- ☐ Hartfields Medical Centre
- ☐ McKenzie House
- ☐ Throston Medical Centre
- ☐ Victoria Medical Practice
- ☐ Other (please specify)

Question Title

2. Before the pandemic, which site would you have considered to be your main site if you needed an appointment?

- ☐ Wynyard Road Medical Centre
- ☐ Hartfields Medical Centre
- ☐ McKenzie House
- ☐ Throston Medical Centre
- ☐ Victoria Medical Centre
- ☐ Other (please specify)

Question Title

3. Are you aware that Hartfields Medical Centre at Hartfields Extra Care Village has been closed since mid-March 2020 due to the Covid-19 pandemic?

- ☐ Yes
- ☐ No

Question Title

4. Before the pandemic, did you ever access Hartfields Medical Centre for an appointment?

- ☐ Yes (go to Question 5)
- ☐ No (go to Question 10)

Question Title

5. Since the temporary closure of Hartfields Medical Centre, which site(s) have you accessed, or would you access, if you needed to see a healthcare professional?

- ☐ Wynyard Road Medical Centre
- ☐ McKenzie House
- ☐ Throston Medical Centre
- ☐ Victoria Medical Centre

Question Title

6. Prior to the temporary closure of Hartfields Medical Centre, how long did your journey take from home to Hartfields (door to door)?

- ☐ Less than 15 minutes
- ☐ 15 minutes to 30 minutes
- ☐ 30 minutes to one hour
- ☐ More than one hour

Question Title

7. Since the temporary closure of Hartfields Medical Centre how long has your journey taken or how long would it take to travel to another McKenzie Group site?

- ☐ Less than 15 minutes
- ☐ 15 minutes to 30 minutes
- ☐ 30 minutes to one hour
- ☐ More than one hour

Question Title

8. Prior to the temporary closure, how did you usually travel to Hartfields Medical Centre?

- ☐ Walk
- ☐ Drive in my own car
- ☐ With a friend or relative in their car
- ☐ Taxi
- ☐ Bus
- ☐ Other (please specify)

Question Title

9. How do you, or how would you, now travel to another McKenzie Group site?

- ☐ Walk
- ☐ Drive in my own car
- ☐ With a friend or relative in their car
- ☐ Taxi
- ☐ Bus
- ☐ Other (please specify)

Question Title

10. What is the MOST important thing to you about the location of a GP practice - please choose ONE option. It should be;

- ☐ Within walking distance
- ☐ On a bus route
- ☐ Within 5 miles of my home
- ☐ Within 5 miles of my work
- ☐ Good car parking
- ☐ Other (please specify)

Question Title

11. What is MOST important to you about your GP practice. Please rate:

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Quality of care	<input type="radio"/> Quality of care Extremely important	<input type="radio"/> Quality of care Very important	<input type="radio"/> Quality of care Moderately important	<input type="radio"/> Quality of care Slightly important	<input type="radio"/> Quality of care Not at all important
Location	<input type="radio"/> Location Extremely important	<input type="radio"/> Location Very important	<input type="radio"/> Location Moderately important	<input type="radio"/> Location Slightly important	<input type="radio"/> Location Not at all important
Opening times	<input type="radio"/> Opening times Extremely important	<input type="radio"/> Opening times Very important	<input type="radio"/> Opening times Moderately important	<input type="radio"/> Opening times Slightly important	<input type="radio"/> Opening times Not at all important
Access to a Doctor	<input type="radio"/> Access to a Doctor Extremely important	<input type="radio"/> Access to a Doctor Very important	<input type="radio"/> Access to a Doctor Moderately important	<input type="radio"/> Access to a Doctor Slightly important	<input type="radio"/> Access to a Doctor Not at all important
Access to a Nurse	<input type="radio"/> Access to a Nurse Extremely important	<input type="radio"/> Access to a Nurse Very important	<input type="radio"/> Access to a Nurse Moderately important	<input type="radio"/> Access to a Nurse Slightly important	<input type="radio"/> Access to a Nurse Not at all important
Online services (e.g. online consultations and prescription ordering)	<input type="radio"/> Online services (e.g. online consultations and prescription ordering) Extremely important	<input type="radio"/> Online services (e.g. online consultations and prescription ordering) Very important	<input type="radio"/> Online services (e.g. online consultations and prescription ordering) Moderately important	<input type="radio"/> Online services (e.g. online consultations and prescription ordering) Slightly important	<input type="radio"/> Online services (e.g. online consultations and prescription ordering) Not at all important

Question Title

12. In the past 12 months, have you accessed the practice in any of the following ways? Please put a tick in all boxes that apply to you

- ☐ In person but not for an appointment e.g. to drop off or pick up a prescription
- ☐ By phone e.g. to book an appointment or to request test results
- ☐ Appointment via video consultation
- ☐ Appointment by telephone consultation
- ☐ Face to face appointments
- ☐ Submitted an e-consultation online
- ☐ Online Services e.g. via NHS App or SystmOnline
- ☐ None of the above, doesn't apply

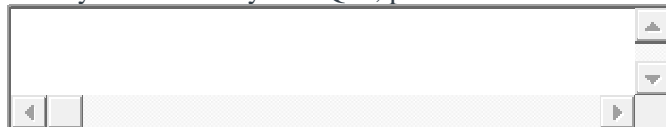
Question Title

13. Has the temporary closure of Hartfields Medical Centre had an impact on how you have been able to access healthcare?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ None of the above as I have never accessed Hartfields Medical Centre

Question Title

14. If you answered yes to Q13, please describe what the impact has been?



Question Title

15. Did you know we offer the following online services? By 'online' we mean on a website or smartphone app. Please put a tick in all the boxes that you know we offer.

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing your medical records online
- ☐ Video appointments
- ☐ e-Consultations
- ☐ Don't know
- ☐ None of the above

Question Title

16. Which of the following GP online services have you used in the past 12 months? By 'online' we mean on a website or smartphone app. Please put a tick in all the boxes that apply to you.

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing your medical records online
- ☐ Video appointments
- ☐ e-Consultations
- ☐ Don't know
- ☐ None of the above (if possible explain why)

Question Title

17. Looking ahead to the next 12 months do you think you would consider using any of the following?

- ☐ Booking appointments online
- ☐ Ordering repeat prescriptions online
- ☐ Accessing your medical records online
- ☐ e-Consultations
- ☐ Don't know
- ☐ None of the above (if possible explain why)

Question Title

18. If Hartfields Medical Centre closed permanently how concerned would you be about accessing healthcare?

- | | | | | | |
|---|--------------------------------------|-------------------------------|--|--|----------------------------------|
| Extremely concerned | Very concerned | Neutral | Slightly concerned | Not at all concerned | Don't know |
| <input type="radio"/> Extremely concerned | <input type="radio"/> Very concerned | <input type="radio"/> Neutral | <input type="radio"/> Slightly concerned | <input type="radio"/> Not at all concerned | <input type="radio"/> Don't know |

Question Title

19. If you do have concerns, could you please tell us what they would be?

Question Title

20. If you have any further comments to make, please add these in the box below

GP access during COVID-19

A review of our evidence: April 2019 – December 2020

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Foreword

Access to General Practice has for a long time been the issue people talk to us about the most – both prior to and during the pandemic.

It is not surprising that access to General Practice is such a significant issue for the public. GP services are often the first port of call for people who need care and are the main ‘gatekeeper’ to other services. We all have had an experience of GP services or may know someone who has struggled to get in touch with a GP practice for a prescription, some advice, or a referral to another service.

The pandemic has not helped, and many of the issues people have raised with us are problems that we’ve reported on before, such as difficulties in booking appointments or poor communication about changes to services.

What has fundamentally shifted though, is the way we access GP services – potentially permanently. Instead of phoning for an appointment or walking-in to a local surgery, access to care has rapidly moved to online bookings, and video and phone consultations.

For some people the rapid digitalisation of care has worked. Our previous report [*The Doctor will Zoom you now*](#) highlighted how for many, remote consultations were more convenient, making access to care quicker, more efficient and easier to fit around their lives. Therefore, it is important that where people’s experiences of accessing care have improved, that we acknowledge this and make the improvement a permanent feature of the system.

On the other side of the coin, it is clear many people are now struggling to access care from their GP, often simply because they do not know how. This is leading to people feeling that GP practices are not ‘open for business’ or that they should not seek care for their health issue because of the pressures the pandemic has placed on the NHS. This puts people’s health and wellbeing at risk and increases demand on overstretched hospitals – both from those who cannot get a GP appointment so seek care at A&E, and from people who now need more advanced care and treatment because they were unable to get help sooner.

While the pandemic has presented new challenges for General Practice, in many ways it has just exacerbated longer-term problems and made them more apparent. This provides an important opportunity for the NHS to learn and address these problems, and to embrace the improvements brought about by new ways of offering the service.

To do this, we are calling on NHS England to undertake a formal review of the ways people access General Practice to make sure the service works for everyone, and crucially, that people understand changes and how these affect the way they can get the care and support they need.

Sir Robert Francis QC, Chair of Healthwatch England

Where does our evidence come from?

This report is based on:

- A thematic analysis of 10,089 people who have shared their experience of GP services via local Healthwatch or directly with Healthwatch England between April 2019 and December 2020.
- A thematic analysis of the themes in 458 local Healthwatch reports about GP services during the same period, containing the views of 172,234 people.
- A representative poll of 2,431 people in England undertaken by Yonder Data Solutions between 22 – 24 January 2021, about their experiences of accessing GPs during the pandemic and attitudes to the COVID-19 vaccine.

This data is contextualised with other relevant sources, particularly NHS England's GP Patient Survey 2020, which had 739,637 responses.

Executive summary

GP practices have faced significant challenges to deliver a safe and effective service during the COVID-19 pandemic. Whilst for many people the experiences of care from their GP service have continued to be positive, we have repeatedly heard from others about the problems they have faced when trying to access care and treatment:

- **Communication:** Communicating information about changes to services because of COVID-19 has not been a top priority for all GP practices. As a result, people were confused about how to get in touch with their GP, whether they could make an appointment and how, and what to expect if they attended the surgery in person.
- **Booking an appointment:** Before the pandemic, we repeatedly heard about the problems people faced when booking appointments, particularly for working people and parents of school-aged children. While we heard very little about problems people had when contacting their GP practice in the initial lockdown, by autumn 2020, people started telling us about long waits when phoning services. People also told us about problems booking appointments because of triage systems and not being sure when their GP or other healthcare professional will call back, leaving people feeling anxious.
- **Appointments not meeting people's needs:** Remote GP appointments haven't met everyone's needs. While telephone appointments are convenient for some, others are worried that their health issues will not be accurately diagnosed. These problems were exacerbated for disabled people, people with long-term health conditions, people without access to the internet and for anyone whose first language is not English.
- **Access to regular treatment and medication:** People also struggled to get appointments for regular health check-ups, treatments and medication reviews. As a result, they were unable to get the medication and treatment that they need to manage their condition.

People's experiences of accessing their GP before the pandemic

Before the pandemic, we consistently heard about and reported a range of issues related to accessing support provided by GP services.¹

- **Issues with registration:** People struggled to register with their GP practice. For example, they were told practices were full, that they lived outside the catchment area, that additional identification was required or that they only registered people during set times of day (often during working hours).
- **Being de-registered:** GP surgeries unexpectedly de-registered patients, leaving them without care.
- **Booking appointments:** One of the most common issues people raised with local Healthwatch was difficulty in booking appointments, in particular:
 - Being unable to get through to their practice by phone and having to walk in to make an appointment or call NHS 111.
 - Working people and parents being unable to phone or queue at 8 am.
 - Working people having to take a holiday or unpaid leave to attend appointments.
 - People wanting longer appointments to discuss all their health issues at once, especially if they needed to travel a long distance or have additional needs.
- **Changes to GP services:** Poor communication about changes to GP services and how they are delivered has made it harder for people to access care.
- **Seeing the right person:** While people have told us they wanted it to be easier to see 'their' GP, this did not necessarily mean they wanted to see the same GP each time. Instead, they wanted it to be easier to see a relevant health professional at their surgery when they needed it.
- **Disabled people's experiences:** Disabled people have found it difficult to access care from their GP, from struggling to book same-day appointments to being denied home visits. They also told us about a lack of interpreters and translators available or other alternative communication methods.

¹ What have people been telling us: July – September 2019 <https://www.healthwatch.co.uk/report/2019-11-13/what-have-people-been-telling-us-july-september-2019>; What have people been tell us: October – December 2019 <https://www.healthwatch.co.uk/report/2020-03-11/what-people-are-telling-us-october-december-2019> and; COVID-19: What are people telling us about their care: <https://www.healthwatch.co.uk/report/2020-09-07/covid-19-what-people-are-telling-us-about-their-care>.

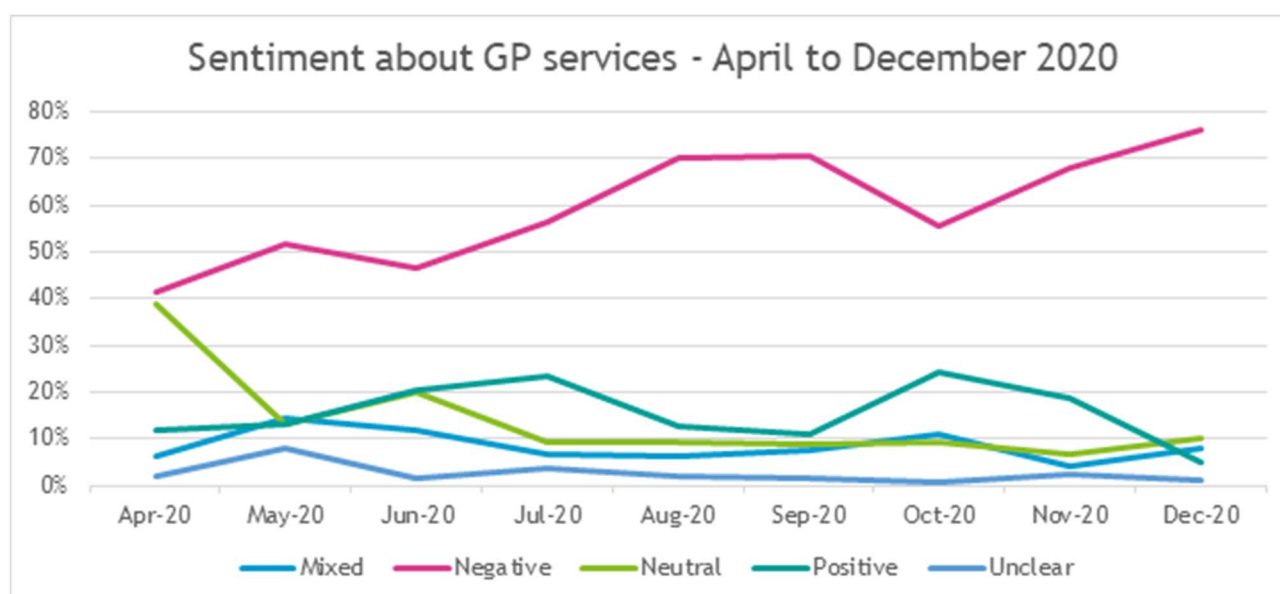
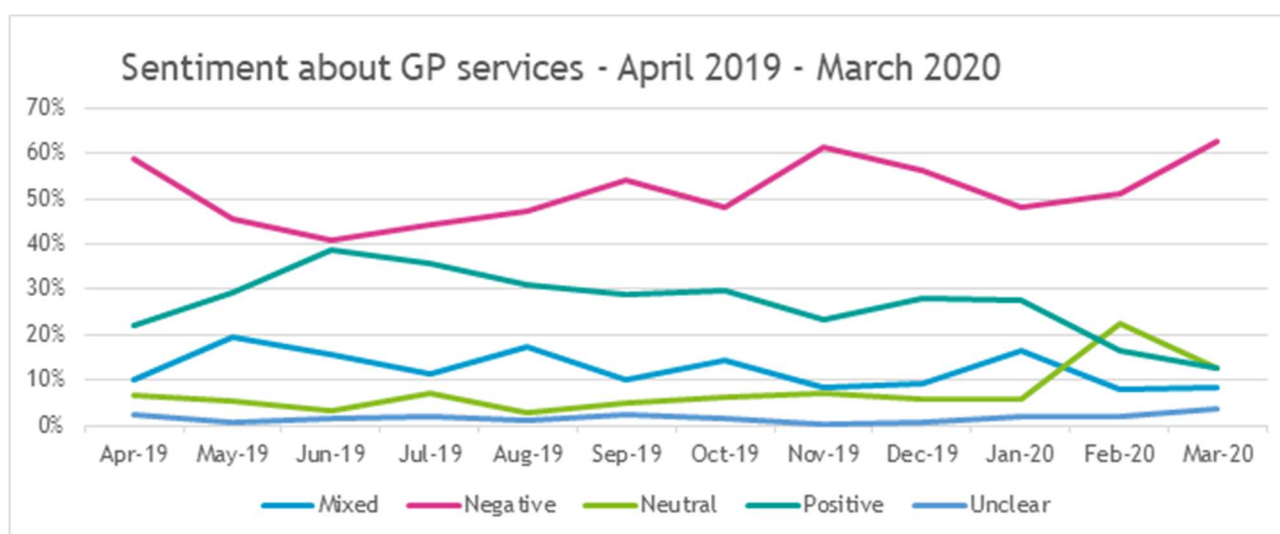
- **Digital services:** People experienced technicalities with online systems, such as couples not being able to use the same email address, password issues, re-registering, and apps crashing.

We explore how these issues have been impacted by the pandemic throughout the report.

People's experiences of accessing their GP during the pandemic

How do people feel about care from their GP – before and during the pandemic

We looked at the overall sentiment of feedback shared with local Healthwatch about GP services from April to December 2020 and compared it with feedback received from April 2019 to March 2020.²



² Through a thematic and sentiment analysis of 10,089 people who have shared their experience of GP services via local Healthwatch or directly with Healthwatch England between April 2019 and December 2020.

At the onset of the pandemic we saw a significantly higher proportion of neutral feedback – for example, those seeking information about how they could get access to GP services and prescriptions. But, from July 2020, there is a marked increase in negative sentiment, which coincided with the initial lockdown measures easing and the economy opening up.

By December 2020, around 75% of people reported negative sentiments, which is up 20% on the same point in 2019.

The national polling undertaken by Yonder Data Solutions in January had similar findings. Over a third (36%) described their most recent experience of accessing GP services as ‘about the same’, compared to 12% who noted a better experience and 20% who reported a worse one.



Information and communication about changes to GP services

The pandemic has left many people unsure whether or how they can access care from their GP. Before COVID-19, we consistently reported that changes to GP services were not always communicated clearly to patients, leaving some people unaware of important information, such as how best to contact GP practices.

This has become more prevalent during the past 12 months, during which time the lack of consistent and accurate information has become even more apparent. Necessary but sudden changes to health services meant patients were unable to use traditional methods of getting in touch with their practice, such as walking in. Many people were also unsure whether they were even able to access care from their GP because of COVID-19 restrictions.

Information on GP websites

Often the first place people looked for information about changes to services was their GP website. However, research by local Healthwatch has shown significant variation among GP websites, in both volume and quality of information about COVID-19 and its impact on services.³ For example, [Healthwatch Medway](#) found that 26% of GP websites had no information about the new procedures in place, such as PPE use or social distancing, leaving people worried about accessing care from their GP safely.

There was also limited advice about COVID-19 and staying safe, or they received conflicting information from different communication channels, leaving people confused and frustrated.

“GP sent a text to advise they were commencing their flu jab programme so to call on either Monday, 28/9 or Tuesday 29/9 between 10am and 1pm to make an appointment. This number was separate to the surgery number. After continually calling for two days, it was continually engaged, and it was obvious that this number was not viable. On checking their website, it states that the flu jabs were starting on 30/9 and appointments would be sent out by letter or text. No mention of the telephone number and message that was sent out to call them. Mixed messages and confusion.”

Story shared with Healthwatch Havering

The quality of information on GP websites is not a new issue. In the [2020 GP Patient survey](#), nearly a quarter (24%) of patients reported that GP practice websites were not easy to use when looking for information or accessing services when compared to the previous year.⁴ In fact, there has been an increase in people reporting difficulties when using their GP websites since 2018.

The impact of poor communication

People’s feelings of anxiety and uncertainty were exacerbated by not knowing how their GP practice had been affected by the pandemic.

In the initial lockdown, people were unsure how to get tested for COVID-19, whether they should be shielding and who was classed as ‘vulnerable’. Coupled with being worried about catching COVID-19 in healthcare settings, this sometimes resulted in people not seeking care from their GP.

The impact of limited communication about the availability of GP appointments has also resulted in worries about “overloading” services, and in people not speaking to their GP practice unless they felt their health issue was of extreme importance. This was especially prevalent in feedback from older people.

³ Healthwatch Cambridgeshire and Healthwatch Peterborough: [Giving GP websites a check-up](#) and; Healthwatch Buckinghamshire: [Information about services on dentists and GP websites during the coronavirus outbreak](#).

⁴ The GP patient survey was conducted between 2 January and 6 April 2020

“I am, by the way, reluctant to phone them unless I feel really bad. I can't waste their valuable time.”

Story shared with Healthwatch England

Feedback also showed concerns that this would result in extra pressures on emergency services. The public perception that GP practices were not open has led to people reporting that they resorted to calling NHS 111 or 999, or going directly to A&E, because they feel that they cannot or should not call their GP. We continue to hear this feedback despite Government campaigns like “Help us to help you” to encourage people to go to their GPs if they are concerned about their health.

“Many people may have various worries and concerns about something which is not acute, and consequently are reluctant to even contact a GP for fear of the issue being deemed “trivial”. Of course, the problem is that many trivial symptoms may have an underlying more serious cause.”

Healthwatch Shropshire



Access to General Practice

Deregistration

Before COVID-19, local Healthwatch reported that people were left without support when they had suddenly been de-registered from their GP practice.

The General Medical Services Contract outlines that patients exhibiting aggressive or inappropriate behaviour or moving outside of the GP practice's catchment area are appropriate reasons for removing individuals from their lists.

However, with some GP practices reviewing their registered patients list for those living out of area and others not taking new patient registrations due to the pandemic, those left de-registered have been unable to access the care, support or treatment they need. At an already difficult time, this has had a particularly devastating effect on people with long-term conditions having to self-isolate.

"Client was contacted by a lady who is currently registered at a GP practice but they have changed their boundaries and she has been given 28 days to find another practice. Lady is on the government shielding register and she needs regular prescriptions for her medication."

Healthwatch County Durham

Difficulties with registration

Where GP practices are taking on new patients, people have described confusing online processes or that they have been asked to attend the practice, which many people do not want to do.

"Resident recently moved ..., previous GP has de-registered him as it's out of their area. Patient is in the shielding category. Urgently needs a prescription but unaware of how to achieve this and no GP practices currently operate an online registration service." –

Healthwatch Milton Keynes

Crucially, this impacts on the effectiveness of the COVID-19 vaccination programme, as people will only be contacted to arrange a vaccination appointment if they are registered with a GP practice.

Like deregistration, difficulties registering with a GP practice is a long-term issue, particularly for people who don't have the correct identification, despite [guidance](#) stating this is not necessary. For example, homeless people have experienced referrals not being processed or being unable to register with a GP because they do not have proof of address.

Although [Healthcare for Homeless cards](#) have allowed some people to access the support they need, local Healthwatch have consistently reported homeless people encountering difficulties when trying to register with a GP practice. Being registered with a GP practice is important so that health issues can be diagnosed, and patients referred for treatment where necessary. With certain

conditions being prioritised for the COVID-19 vaccination, it is important that people have an up-to-date diagnosis of their condition.

As well as practical barriers, [Healthwatch Nottingham and Healthwatch Nottinghamshire](#) also reported that people told them that “feeling judged or stereotyped by healthcare practitioners” was a barrier to accessing services.

[Healthwatch Milton Keynes](#) reported that, although the local GP Federation appeared to support a form of words for inclusion on websites to clarify that proof of address or ID were desirable, and not essential, a review showed that this was not adopted by any GP practice they had looked at.

Lack of access to a GP can lead to pressure on other services. [Healthwatch Sandwell](#) reported barriers to registration and identified that lack of access to a GP was a significant factor in people using emergency health services.

Temporary registration has also not always been straight forward. For example, foreign visitors and students have not been able to register with a GP practice for immediate support. Sometimes, when they have temporarily registered at a GP practice elsewhere, they have been removed from their main GP practice’s list.

[Healthwatch Reading](#) also reported on asylum seekers and refugees who were housed in a local hotel as part of the Home Office’s pandemic response, finding that 57% were still not signed up with a local GP. This led to delayed access to free NHS prescriptions and dental care.

Contacting General Practice

Before the COVID-19 pandemic, issues relating to accessing GP surgeries by phone was a consistent theme in the feedback people shared with us.

However, once the nation went into lockdown in March 2020, feedback about this issue mostly stopped. The reasons for this are unclear. However, some individuals reported not wanting to take up the time of services with what they felt were minor health issues, while others expressed fears around catching COVID-19.

Since mid-September 2020, reports of problems contacting GP surgeries by phone have increased beyond what we were hearing before the pandemic. People tell us that when they are trying to phone their GP practice to make an appointment or reorder a prescription, the line is continuously engaged, or they have had to wait in long queues for their call to be answered. Some people report having to ring many times over several days before they get through, while others say that they cannot afford the cost of waiting on hold to the geographic numbers used by their surgery.

In some cases, the surgery asked the person to contact them to arrange an appointment, for example, for a flu vaccine or to discuss the results of tests.

"I accept that these are difficult times, but I’m writing to report and register a complaint about the difficulty getting through to the surgery. ...I need to make a follow up telephone

appointment with my GP there. When I phone there is an initial message about COVID-19, then you are told that your call is very important, and you are asked to wait while you are put through to an operator. You then wait in a queue for 10 minutes during which they say they are experiencing high call volumes, (which I accept as all their work is now going through the telephone system), after which either the phone goes dead, or you get a dialling tone, after which you get an engaged tone, and then the phone goes dead. Each of those processes takes a little more than 10 minutes during which you are paying for the call. I have now been trying on 3 working days. Yesterday I tried to see if I could book an appointment online. I couldn't, so I emailed the practice and was told by email that booking was now only by telephone. After phoning continually from 8.30 to 10am and then from 11 to about 11.30 I finally got through and was told that my GP was not in on Monday and that I would have to call in on Tuesday. I was unable to book a call for today. I have been phoning continually today from 8.30 until 9.30 and have gone through the cycle 4 or 5 times today."

Story shared with Healthwatch Oxfordshire

The impact of people not being able to get through on the phone to their GP surgery can be profound. People who rely on prescription medication to manage their condition and don't use an app to reorder it face having to do without because they cannot get through to the surgery to order a repeat prescription. Some people feel that they have no choice if they need a same day GP appointment but to contact NHS 111 or even 999 to see a medical professional.

"My very recent interactions (or lack of interaction) with my father's GP surgery has left me feeling stressed and bereft of goodwill in any respect. It has left me acting out of character and moreover, it has cost the NHS probably thousands of pounds in wasted time and effort... to the extent of a paramedic having to go to my father's home after more than SIX HOURS trying to make contact with the practice. This included Holistic Care, Community District Nurses, 111, 999 and ... a 111 on call doctor. All because my 91-year-old father developed a rash and swelling of his right leg and foot."

Story shared with Healthwatch Lambeth

Local Healthwatch have also reported that some people experienced difficulties when trying to use GP websites to book appointments:

- [Healthwatch Wokingham](#) highlighted that only 23% of GP websites that they reviewed had clear information about how to book virtual appointments.
- [Healthwatch Coventry](#) pointed out that the format of some GP webpages made it difficult for people to read information or navigate to information about how to make an appointment.

It should be noted that the NHS App also offers a secure way of accessing services for those comfortable using such a feature on their smartphones or tablets. However, Healthwatch England have not received any feedback from the public on their experience of using the app.

The appointment process and timing

Of the people we polled, 1,190 had booked an appointment since March 2020. Of these, 75% booked via the telephone, 18% booked via their GP's app or website and just 5% booked by visiting their GP surgery.

It appears that many GP surgeries are using online triage systems such as e-consult, or telephone triage via a receptionist or practice nurse to determine which type of appointment to provide. This often means they offer telephone or video consultations first and only offer a face-to-face appointment if the initial appointment indicates that it would be appropriate. This means people might have three interactions with their GP surgery to get the care that they need, or they give up.

"A woman with a disabled son fed in information about how she couldn't get access to her GP. She said that they don't want sick people in the surgery so referred to a consultation online which she described as 'death by a thousand questions'. She gave up in the end and said she feels very let down by health at the moment and pities anyone that has health issues unrelated to COVID-19."

Healthwatch Redcar and Cleveland

Remote appointments can be particularly difficult when the surgery doesn't give an appointment time. Some people have been told a GP will call any time in the morning or afternoon or between 8:00 am and 6.30 pm, without checking whether it would be convenient or appropriate for them to wait. People who work full time find this particularly hard.

"Although I have formally raised pre-arranged telephone appointments being treated the same way as a face-to-face appointment there is no change at [my local GP surgery].... I have just made an appointment ... and it is for between 8:30 and 12:30. I questioned this again and was told it was in case there was an emergency and that most patients are happy with the system. I am now returning to work ... and there is no way I can have access to my mobile phone [at work] ...or would agree to take a call on a bus, train, in a street or in a restaurant. Like many people I have a life where I am not sitting by the phone all morning or all afternoon. Are we running the health service to serve GPs and receptionists or to serve patients?"

Story shared with Healthwatch Swindon

"As a registered patient, I booked online for a video appointment... A text arrived from the doctor at my appointment time. I clicked on it, was able to use the video app in seconds, and there was my doctor on my phone! I never thought it would work. He liked it as he could see me which might help a bit with diagnosis. He issued a prescription which was sent electronically to the chemist for me to collect same day. Very lucky to have this service!"

Story shared with Healthwatch Bucks

But, while remote appointments are more convenient for some, others have found it more difficult to get the care they need. Often, this is because patients are worried that services will not adequately diagnose health issues over the telephone.

[*Healthwatch Derbyshire*](#) found that some patients found it difficult to talk to someone who they hadn't met before and could not see about either long-term conditions, sensitive issues, like gynaecological pain, or if they didn't have a private space in their home to have a confidential conversation with their GP. Research by Deloitte also highlights that most people (75%) intended not to continue with remote medical appointments after social distancing restrictions are lifted.⁵



One size doesn't fit all

Routinely offering remote appointments before face-to-face appointments disadvantage some people, including:

- People on persistent low incomes
- Some older people
- People with learning disabilities
- Autistic people
- People with Dementia

⁵ [*Digital Consumer Trends 2020*](#), Deloitte, August 2020

- People whose first language isn't English.
- Homeless people
- People with sensory and communication impairments
- People who cannot access technology (e.g. no internet access, a laptop or smartphone or because they find it difficult to use technology).⁶

[NHS England guidance](#) for GPs about establishing online triage systems during the pandemic emphasises the need to make adjustments for people who can't access online systems.⁷

Nevertheless, we continue to hear cases like these:

"We received an e-mail from the English, Maths and ESOL coordinator for [the local Community Learning Centre], explaining how one of her learners was having difficulty making an appointment with his GP. They had been informed that the surgery does appointments but only after an e-consultation where the patient reports their symptoms to the GP electronically and uploads photos. If done before 1pm, they can then get a phone call back the same day. Their learner was however really struggling with this approach as he had limited English and IT skills, limited access to IT equipment and no home Internet. ... He would have ideally liked a face-to-face consultation as he has a rash which he felt the Dr needed to see. ...He had tried a telephone consultation but really struggled with the language. The surgery receptionist explained how due to the new way of working around COVID-19, no patients can be seen face-to-face initially – symptoms must be explained over the phone [or via] e-consult and then the GP decides whether they can come in to the surgery."

Healthwatch Middlesbrough

Some GP practices have also advised elderly patients to go online to book their flu vaccinations without checking first whether it is a realistic option for them.

"Caller's spouse has received a letter from their GP practice with regard to flu vaccinations. The letter advises the patient to log on and book an appointment online and then drive to a drive thru location. There is a number to call if you don't have access to a computer. Both caller and spouse are registered at the local GP practice which is currently closed for all appointments and patients are being diverted to another surgery in a town a few miles away. Caller and spouse don't have a computer and neither of them drives. Because of the current situation they feel unable to use public transport, taxis or ask neighbours for a lift

⁶ 4% of all households in Great Britain do not have home internet access in 2020. This increases to 20% of households with one adult over 65. 47% of adults over 65 and 24% of people who are Equality Act disabled don't have a smartphone for private use, compared to 16% for all adults. ([ONS – Internet Access : households and individuals, August 2020](#)).

⁷ Advice on how to establish a remote 'total triage' model in general practice using online consultations version 3, NHS England, September 2020

and they have no family."

Healthwatch Cornwall

[Healthwatch Worcestershire](#) further highlighted that some autistic people or those with a learning disability might not have online access or be able to use technology, without support or a carer present.

Lack of appropriate support for disabled people is a long-term problem. For example, disabled people found it difficult to book same-day appointments if their GP practice required them to physically attend the surgery and queue in the morning. Similarly, people who have paid carers were only able to attend appointments at certain times of the day. But this often did not match with the times available for same-day appointments.

In August 2020, we worked with Traverse, National Voices and PPL to [research people's experience of virtual appointments](#). We used the findings to develop best practice guidance for offering and running remote appointments, and advice for the public about how to get the most out of online and telephone appointments. We are currently undertaking more research to understand the experiences of people who cannot access remote GP appointments. This will be published in Spring 2021.

Adjusting services for those who need it

People have told us that when they need a specific type of appointment, they don't always get them. For example, people have reported being unaware that their GP service may offer home visits. [Healthwatch Sheffield's report](#) about carers' experiences found that only 26% were given options on how to access support when they couldn't get to the surgery because of their caring role (e.g. home visits or telephone consultations). This meant that many carers were not offered a home visit either because of a lack of communication or because GP practices were not conducting them.

For people with complex needs, the alternatives to home visits are often not appropriate. For example, people have told us telephone appointments are being offered to people who are hard of hearing or have difficulties speaking.

Variation across the country in the provision of home visits from GPs is an ongoing issue. Before the pandemic, people had been told that home visits were only for those who are housebound, and if they were not, they had to get a taxi to their service, which they might not be able to afford. Surgeries even refused to book home visits when they saw that people had attended hospital appointments. Positively though, when people do receive home visits, they are generally very positive about the care they receive.

"Email from York resident giving feedback on behalf of elderly father who is deaf & has been trying to get a face to face GP appointment. No appts available. Claims ... [surgery]

won't see their father due to COVID-19. Did get a phone appt, but they were very unsatisfied with this. Line poor. Hard to hear GP. Undignified: father wants to be independent & have private talk with GP, but had to have daughter present because of hearing probs."

Healthwatch York

Providing the right communication support

Deaf people are specifically entitled to British Sign Language (BSL) interpreters to ensure they can receive and understand information about their care and communicate with practitioners.

Healthwatch Sheffield ([2020](#)), ([2018](#)), [Healthwatch Sandwell](#), and [Healthwatch Central Bedfordshire](#) completed dedicated research about the experience of health and social care for Deaf communities, before and during the pandemic. People reported limited access to BSL interpreters, and interpreters of a low skill level being provided during the pandemic. Furthermore, the information provided about COVID-19 was frequently not provided in suitable alternative formats for those who were deaf.

"Deaf service users, and those with additional communication needs, find it hard to access services. We were told that GPs and other medical professionals won't always accept interpreters without vocal permission from the service user before they will speak to a third party (interpreter). As many deaf service users cannot speak, this is an impractical request. Deaf service users told us they often have no choice but to make arrangements by letter instead – creating delay in seeking medical help, often resulting in making health issues worse. Deaf service users [also] told us they are reluctant to seek treatment if a hospital, doctor, or dentist cannot provide a British Sign Language (BSL) interpreter for the appointment, and we were told some services refuse to do so - even when consultations involve technical and detailed descriptions. This causes additional worry and anxiety for people during an already stressful time."

Healthwatch Greenwich

While people who do not speak English or have English as a second language and require extra support are not covered in the Accessible Information Standard, in 2018 NHS England stated that *"patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others"*.⁸

During the pandemic, many local Healthwatch have conducted research with people who have English as a second language. People told them that they struggled to access primary care during the pandemic because of the reliance on digital appointments and bookings.

⁸ NHS England 2018: [Interpreting and Translation Services in Primary Care](#)

In dedicated research with the Somali community, [Healthwatch Birmingham](#) found that language was the most significant issue excluding Somali people from health care in Birmingham. People found it difficult to understand complex health terminology or express how they felt clearly to health professionals. The pandemic has exacerbated these issues; relying on phones or virtual appointments was difficult for those who did not speak English and there was confusion over whether translators would be available.

“Online delivering of healthcare services has made it easier to access services because you speak in your own house and you can show them through video what your problem is, and your Dr gives you more time. They are not in a rush. I just call the pharmacy and get my medication. So, I don’t have to travel. But this is easy for me [because] I don’t have a language barrier. What about those from the community with a language barrier – it is not clear whether you can have a third person there to help with translation. These virtual ways are difficult for those with a language barrier, the elderly who have difficulty to engage with technology.”

Healthwatch Birmingham

Again, access to communication support is not a new issue. People have frequently told us about how difficult it is to get an interpreter or translator to accompany them to their GP practice and that there was an over-reliance on phone calls to book appointments. Additionally, for people with hearing impairments there is not always a hearing loop or alternative method to let them know when their GP is ready to see them.



Feeling safe when visiting General Practice

Data from NHS England shows that GP surgeries are continuing to provide high levels of face-to-face appointments. In November 2020, nearly 60% of appointments were face-to-face, and even during the first lockdown, the proportion of face-to-face appointments never dropped below 45% of all appointments.

[*Research for the Health Foundation*](#) by Ipsos MORI found that the most people (87% in November 2020) would feel comfortable using their local GP service if they had a health issue that needed treatment.⁹ Of the 12% that wouldn't feel comfortable doing this, 38% were concerned about being exposed to COVID-19, and a further 30% weren't sure they'd get an appointment.

This has been echoed by the findings of the national polling we commissioned from Yonder Data Solutions in January 2021.

- 91% noted that signs providing information on new layouts and rules at their GP surgery were clear and easy to follow.
- 91% reported that staff at their GP surgery or home visit wore personal protective equipment (PPE).
- 95% stated that they spoke to their GP in a safe space, which allowed them to comfortably share confidential information with their GP.

On safety, 90% responded that they felt safe attending their GP surgery, or with their GP visiting them at home. In a follow-up question, only 211 (18%) of participants would not attend a face-to-face appointment in the future due to safety concerns relating to the pandemic.

Our analysis found that some people felt reassured by the surgery's infection control measures. Research by [*Healthwatch Bucks*](#) found that most people who had visited a GP surgery felt that the precautions taken to ensure social distancing and infection control made them feel safe when visiting the service. People felt reassured by one-way systems, limits on the number of people in waiting rooms and PPE worn by the staff.

"I used eConsult to inform my doctor about a skin problem. I was able to attach a photo and answer a range of questions which narrowed down my condition. I was informed that I would be contacted within 48 hours. That happened, and I was given an appointment to visit a GP within two days. ... At the Practice, the entry was well controlled and seating was spaced apart. I was encouraged to use hand-sanitiser on arrival and departure. I was pleased with the process and the outcome."

Story shared with [Healthwatch Shropshire](#)

⁹ Public perceptions of health and social care in light of COVID-19 (November 2020) - Results from an Ipsos MORI survey commissioned by the Health Foundation

However, as lockdown measures eased in June and July 2020, people expected greater access to GP service. People told us they felt confused about why other services – such as opticians, pharmacies, pubs, restaurants, shops, and veterinary clinics – were open for face-to-face appointments, but their GP practice was not. This confusion often led to anger directed towards GP practices.

“If we can now do pretty much everything else as long as we wear a mask and keep a distance why hasn't normality returned to doctors' surgeries and hospitals. [...] The doctor referred me for an x-ray which I got an appointment for quite quickly [...] If people in the X-ray department can see you face to face why can't other departments?”

Story shared with Healthwatch Shropshire, early September 2020

Some GP surgeries even appear to be holding face-to-face appointments in practice car parks as an infection control measure or asking people to wait outside until they are called for an appointment. Some people feel comfortable with this, but others express concerns that it is inappropriate in cold, wet, windy or extremely hot weather.

“Client stated they had been queueing for their midwife appointment on 13th August outside in 35 degree heat. Client stated it was the GP Surgery insisting they do this as a COVID measure, yet none of the patients waiting were offered a seat or provided any shade. Client waited outside in these conditions for 30 minutes before they were called in, by which point they were suffering with high blood pressure and needed to be taken to hospital”

Healthwatch Hertfordshire

We have also heard that people are concerned that infection control measures like this breach of confidentiality. People have told us that, as the surgery is locked, they must explain why they need to see someone via an intercom or give personal or private information in a place where they may be overheard. It can also be more difficult to hear your name being called when you are waiting outside, particularly for people who are hard of hearing.

Access to regular treatment

Throughout the pandemic, we have heard from patients who cannot access regular treatments, such as vitamin B injections and ear-wax removal/irrigation. People have also experienced difficulties getting medication and repeat prescriptions from GP practices and pharmacies.

Although some people did receive vitamin B injections, either as normal or at a different GP practice or local hospital, we also heard that there was an inconsistent approach to providing this treatment in many areas. Some people told us their treatment was changed from injections to tablets, despite this not being a suitable alternative for their condition. This also made them doubt the level of knowledge of their healthcare professionals. In other cases, services advised people to

purchase alternatives over the counter or online – leaving people concerned about the risks involved, without enough information or clinical monitoring.

People told us about the worrying symptoms they were experiencing due to not receiving vitamin B12 treatment – including extreme tiredness, confusion, low mood and hair loss. Others described the anxiety they were feeling, due to worries about the impact a lack of B12 might have on their immune system, and other impacts on their physical and mental wellbeing. Some felt that their symptoms were not taken seriously enough by their healthcare professionals.

“My husband was due his Vit B12 injection the beginning of April. This was cancelled due to the virus. The next one was due the beginning of July. This again was cancelled due to us still shielding and arranged for August 3rd. It will be seven months since his last injection!!! Fingers crossed for next month.”

Story shared with Healthwatch Bucks

Feedback also indicates issues across the country in accessing ear wax removal/irrigation services. Although we are aware that some surgeries were already stopping these services prior to the pandemic, many patients have struggled with access to alternatives, such as paying privately at a local pharmacy. In some instances, fees at these sites have increased, with customers now required to pay for additional PPE use by their pharmacist as well.

Of course, not everyone can travel to or pay for treatment at a pharmacy or private setting. As a result, people have described feeling more isolated because of their hearing loss, concerned about their balance and being at higher risk of a fall.



COVID-19 vaccine

COVID-19 vaccine and communication

Clear communication will continue to be crucial to the success of the COVID-19 vaccine roll-out. Our national polling found that location and vaccine appointment time options were important for those who said they definitely or probably would get the vaccine.

- 22% said the distance to the location where the vaccine appointment takes place might stop them from getting it.
- 11% said having to get public transport or a taxi to the location of the vaccine appointment might stop them from getting it.
- 11% said not being able to book a vaccine appointment at their GP surgery might stop them from getting it.
- 10% said the times available to have the vaccine appointment might stop them from getting it.

These potential barriers were especially acute among Black respondents. Nearly a third (32%) of Black respondents that intended to get the vaccine said distance to a vaccination centre could be a problem. Nearly one in five (19%) were worried about getting public transport or taxis, and 19% were concerned about the time of vaccine appointments.

As our national polling shows that Black respondents have much lower levels of vaccine confidence, it will be crucial to address these logistical barriers to ensure higher take-up of the vaccine.



Recommendations

Our analysis shows that accessing GP services has been a long-standing issue for many people, which has been exacerbated by the COVID-19 pandemic.

Below we have highlighted where improvements need to be made to ensure people's needs are met effectively when accessing GP services both now and in the longer-term.

NHS England review of accessing GPs

- The issues raised in this report suggest that there is a need for NHS England to commission a formal review of how people have accessed their GP services during the pandemic. We have witnessed a shift from visiting your GP or A&E to a system of digital appointments, triage and NHS 111 First, and that the shift has left some groups experiencing a worse service. NHS England should therefore also review the effectiveness of these new methods of access.
- This shift has happened extremely quickly, and there is little evidence that people have been consulted about how they view these changes. Therefore, there is a need for NHSE to incorporate patient experience within an access review.
- This review should also investigate whether practices are responding appropriately and promptly to applications from new patients for registration. Unfortunately, our feedback suggests that this has not been the case for some, leaving people de-registered and unable to access the care they need. Healthwatch England and the Healthwatch network should support this drive by collaborating with partners to review GP registration, particularly for those who have experienced barriers to healthcare, such as poverty, stigma or discrimination.

Relevant and up-to-date information on GP websites

- In line with the General Medical Services (GMS) Contract for GPs, NHS England as the commissioner, must ensure that information is provided and maintained on all GP websites about how to contact the GP to book an appointment and ask for help. This includes telephone details, and whether online booking is available and advice on how to do this. Some people may need to visit a GP practice in person, for example, if they cannot get through on the phone or cannot use e-consult to book an appointment. For these people, information on how to do this safely will need to be provided.
- GP practices must include updated information about how the practice/surgery has changed or altered the way it delivers its services during the COVID-19 pandemic. This must explain how the changes may affect patients' ability to access the care they need, such as what to expect if they attend the practice in person. This is a requirement as set out in the 2021/22 letter from

NHS England and NHS Improvement and the British Medical Association General Practitioners Committee England detailing further measures to support general practice.¹⁰

- As outlined in the COVID-19 Workload Prioritisation Unified Guidance, maintaining public confidence that GPs are available and that face-to-face access is possible must remain a clear communication priority at all levels of response.¹¹ With this in mind, we recommend that support be provided to GP practices to update their websites in a timely manner (e.g. within one working week of service changes) so that patients are aware of any changes in line with the current COVID-19 response.

Meeting people's communication needs

- GP practices should use consistent messaging throughout their communication channels to inform their patients about the COVID-19 vaccination programme and how to access it.
- GP practices must be supported to consider how patients may have different communication needs and adapt the method of communication accordingly. The Accessible Information Standard highlights that all health and social care providers in England are legally required to provide medical information in a format that people can access.¹²
- It is good practice to ask patients what their preferred method of communication is, whether this is at the point of registration, checking in at appointments or proactively getting in touch with patients.

Example

If a patient is identified as visually impaired, services should provide health information in audio format, large print, braille or email.¹³

Choice over types of appointments

- Wherever possible, GP services should offer patients a choice over the type of appointment they would prefer (e.g. video, face-to-face, home visit). Maintaining public confidence that 'general practice is open' and that face-to-face access is possible, must be a clear communication priority.¹⁴

¹⁰ NHS England (2021): [Supporting general practice in 2021/22](#)

¹¹ British Medical Association (2021): [COVID-19 workload prioritisation unified guidance](#)

¹² NHS England (2017): [Accessible Information Standard](#)

¹³ Royal National Institute of Blind People: [Accessible health information standard FAQs for patients](#)

¹⁴ British Medical Association (2021): [COVID-19 workload prioritisation unified guidance](#)

- We propose that the NHS Choice Framework include guidance on how to choose the type of appointment you want.¹⁵ This is especially important as the methods in which GPs support their patients are shifting even beyond the COVID-19 pandemic.
- However, when it may not be possible to offer the most suitable appointment, GP practices should give patients a clear reason why this is the case.

“There will be instances where a face-to-face consultation is required. Practices who do not do so may make clinical errors and therefore could be open to medico-legal and contractual risks. Practices need to ensure patients can access services appropriately. Face-to-face work should be allocated across clinical staff, taking into account individuals’ risk factors.”

British Medical Association¹⁶

Addressing inequality in accessing GP services

- It is imperative that GP services are united in providing support for everyone in the community so that every person has access to the support that they need. Collecting data relating to demographic information of GP patients will enable improvements to be made. There is a real need to better record and identify people with additional needs, with indicators such as carer identifiers, language support needs, and disability support needs. These requirements must be implemented into the GP contract to strengthen and further support the Improvement in Access for Patients agreement feature.¹⁷
- GP practices must provide support and reasonable adjustments for people where needed, especially relating to:
 - Communication methods and accessible information.
 - Seating, signs and health & safety.
 - Outside space and reasonable adjustments.
 - Access to personal facilities.
- Healthwatch Slough has published a helpful [checklist for GP surgeries](#) to use to ensure their practice is accessible for everybody.

¹⁵ Department of Health & Social care (2020): [The NHS choice framework: what choices are available to me in the NHS?](#)

¹⁶ British Medical Association (2021): [COVID-19 toolkit for GPs and GP practices](#)

¹⁷ NHSE (2020): [GP contract](#)

- Healthwatch England and the Healthwatch network should collaborate with partners to improve the quantity and quality of insight from inclusion health groups, to address inequalities in accessing GP services.
- Call handling training should be provided for all staff using telephone systems. This will ensure that staff are well equipped to deal with concerns over the phone and are familiar with the software, equipment and supporting the patient. The Royal College of General Practitioners has set up a COVID-19 resource hub, including training on online and telephone triaging and consultations.¹⁸ However, since COVID-19 can also have a significant impact on staff, GP practices must put contingency plans in place so that people can continue to contact services smoothly (e.g. when staff are self-isolating).

Improvements to data collection

- Further to the need for data relating to people's additional support needs and demographic data collection, NHS England must also work with partners to improve the way they collect and report on the types of appointments that GP practices are offering. As part of this, guidance and improved monitoring on how appointments are coded would be welcome, to address issues such as appointments being coded multiple times, which can lead to an unclear picture of actual appointment totals.
- As part of the current GMS contract, though GP practices must keep adequate records of attendance and treatment using accredited IT systems that include demographic fields like ethnicity, there is no direct requirement for this data to be proactively collected. New regulations now require GP practices to record ethnicity data where it is given.¹⁹ Healthwatch recommends an update to the GP contract to expand on this regulation and strengthen the requirement to collect this data. This would bring collection in line with the eight actions as set out by the NHS England Equalities Taskforce in the summer of 2020.²⁰

¹⁸ Royal College of General Practitioners (2020): [Remote consultations and triaging](#)

¹⁹ Department of Health and Social Care (2020): [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 3\) Regulations 2020](#)

²⁰ NHS England (2020): [Action required to tackle health inequalities in latest phase of COVID-19 response and recovery](#)

Report for Audit and Governance Committee
On 27th August 2021 at 10.00am
Re Hartfield's Medical Centre

Background information in relation to the location of practices and travel distances in between each.

The table below sets out the distance, in miles between Hartfield's and other practices in Hartlepool

Premises	Distance (miles) from Hartfield's	
Throston Medical Centre	1.0	McKenzie Group of Practices Site
Hart	1.8	
West View Millennium	2.1	
Victoria Medical Centre	2.6	McKenzie Group of Practices Site
Koh & Trory	2.6	
Gladstone House	2.6	
Bank House	3.2	
Havelock [Main Site]	3.2	
Chadwick	3.2	
Headland	3.6	
Brierton Site [Havelock]	4.2	
Wynyard Road	4.3	McKenzie Group of Practices Site
McKenzie House	4.7	McKenzie Group of Practices Site
Seaton Surgery	5.2	

Background and reason for the closure request

The McKenzie Group provides GP care and services to a registered list of 25,545 patients, 2,182 of whom have said that they prefer to be seen at the Hartfield's site. The Hartfield's Extra Care Village has approximately 300 residents of which 73 are registered with McKenzie Group.

The accommodation at the Hartfield's site is limited, comprising a maximum of three clinical rooms, albeit one with no natural light. Other aspects are also sub optimal including arrangements for confidentiality at the reception area. There is also no scope to further develop the Hartfield's premises to deliver further services to patients.

The Hartfield's site of McKenzie Group, based at Hartfield's Extra Care Village in Hartlepool, has been temporarily closed since mid-March 2020 due to the Covid-19 pandemic. This temporary closure was to enable us to use our staff more effectively and to ensure we could comply with social distancing requirements. This, together with the temporary closure of Throston allowed us to maintain services to our patients throughout the pandemic. Throston re-opened in August 2020, initially seeing our shielding patients along with maternal and baby checks, once the shielding requirement had ceased, we went back to the provision of all services from this site.

Both Throston and Victoria Medical Centre have a pharmacy attached to the practice along with a bus stop directly outside, McKenzie has an attached pharmacy with a bus stop approximately a two-minute walk away, Wynyard has a pharmacy approximately 200 yards from the practice along with a bus stop directly outside and Hartfield's has no pharmacy attached with a bus stop being approximately a three-minute walk.

Hartfield's presents with the longest walk from the car park to the entrance of the practice and has low level lighting, which was raised by our Patient Participation Group, the landlords did action this but there is still low-level lighting in this area. All other sites have a short walk from the car park with adequate street or external lighting.

Victoria Medical Centre has been redeveloped and has been designed for maximum clinical capacity, with increased clinical rooms and reduced administration rooms, we are currently in discussion with the landlords of Throston regarding redevelopment of this site and in April of this year we have taken back occupation of several rooms in McKenzie and used this for our additional Primary Care Network (PCN) staff. Our Wynyard site does have the potential for us to occupy more rooms if required subject to agreement with CCG and Hartfield's presents us with no development opportunities and going forward only offers two usable clinical rooms.

We aim to have a combination of 4 clinicians each day at our sites, this includes a GP, Nurse, Health Care Assistant along with an Advanced Nurse Practitioner to enable us to offer a range of services, with some sites having significantly more than 4 clinicians, we are not able to achieve this at Hartfield's due to room capacity which can result in patients having to arrange a second appointment should a clinician not be on site that day.

We intend to increase the number of additional roles on a year-by-year basis at a Primary Care Network (PCN) level and we have nowhere at Hartfield's to base these, meaning patients will have to travel to access these services.

Our Staff are working in teams across limited sites, and this helps to support them both clinically and physiologically.

By bringing services together at our other sites (McKenzie House, Victoria Medical Centre, Wynyard Road Medical Centre, and Throston Medical Centre) this will improve clinical quality, practice resilience so that we can run more efficiently and continue to deliver high quality of care to patients, both now and in the future.

Details of the proposals

We propose that the physical building at Hartfield site is closed, have asked Tees Valley CCG for their approval, and have now embarked on a six-week period of engagement to gather views of our patients. Should the proposal be approved, we would cease to use the three clinical rooms at the Hartfield's premises for GP services, including the one with no natural light. We are fully committed to ensuring our patients who have previously attended the Hartfield's will continue to have access to services through alternate sites and other arrangements.

The impact of the closure on patients

We are currently engaged in a process of seeking the views and experiences of our patients. In so doing we are committed to ensuring that all our patients enjoy equitable access to our services, both now and into the future. For example, access to online Booking, currently 14.7% for Hartfield, telephone appointments, benefitting from enhanced patient safety due to continuity of care with a greater range of clinical expertise available under one roof and direct access to larger team.

Complaints / concerns raised by patients in relation to access to GP 'practices services (including the duration of the pandemic)

Since the temporary closure of Hartfield's, no complaints have been received by the practice.

Alternatives to be offered to patients to enable them to access GP services

Patients can continue to access all our other sites the same way as they are currently for example: via telephone, Face to face, E-consult, Online and the NHS App. We are already offering an enhanced care to patients with an enhanced care package in Hartfield's Extra Care Village via our Pharmacist and we are planning to extend this service to all the residents, along with having access to our PCN Care Co-ordinator. Flu and Covid vaccination were delivered in the Hartfield's Extra Care Village and we intend to do the same for Booster vaccinations and this year flu programme.

Impact of potential increases in patient list sizes at other practices (can other practices cope with the transfer of patients)

We want to continue to provide all our patients with care and services and although patients have the right to move to another GP practice, we do not anticipate a significant loss in patients. However, should any patients choose to leave we would support them through the transfer process.

We have had significant experience over the last 5 years of incorporating other practices in our group and we have never reached 1% of patients leaving us as a result.

How are the proposals to be implemented (including timescales)

We are currently engaging with our patients and nothing else will happen until we have heard their views. If we decided, following this engagement that we confirm our intention to stop providing GP services from the Hartfield's building, we would prepare a business case for consideration of TVCCG/NHS England.

Details of the engagement process and results

We are part way through a six-week period of patient and stakeholder engagement (Monday 19th July 2021 – Sunday 29th August 2021) to gather views and experiences during the temporary closure of the branch. We are also seeking to engage with the patient population and local stakeholders to ensure they understand what is planned and have an opportunity for any queries to be clarified and to share what is important to them in relation to these proposals.

All patients over the age of 16 years registered with McKenzie Group practice have been invited to participate in an engagement survey, details of which can be found on the practice websites along with further information and Frequently Asked Questions. Following the engagement, the feedback will be analysed, and the findings and outcome published on the practice website and be used to inform our decision on our proposal to stop providing GP services from the Hartfield's site.

How patients have been consulted (how and when)

We are part way through a six-week period of patient and stakeholder engagement to gather views, as described above. This was via an internet link being sent to patients along with paper copies being posted to patients, the link is available via our website and paper copies are available at all sites.

What are the proposals for the consultation stage of the process (following completion of the engagement process)

We are currently engaging with patients, stakeholders and others and nothing else will happen until we have heard from our patients' views. If we decided, following this engagement that we still wanted to close the Hartfield's building, we would prepare a business case for TVCCG/NHS England.

Views / evidence from residents, other groups, Councillors, and the MP.

A Meeting has been held with Healthwatch to discuss how they can assist us with engagement with our patients.

The stakeholder briefing letter was issued on the 20th July 2021 to the following stakeholders.

Hartlepool Borough Council – Scrutiny officer, Health and Wellbeing Board and all elected members

Hartlepool and Stockton Health (H&SH) – GP Federation

Healthwatch Hartlepool

LMC

LPC

Jill Mortimer MP

North Tees and Hartlepool NHS Foundation Trust (communication team)

PCN Clinical Directors (to distribute to its members)

Up to Monday 16th August 2021 no feedback has been received from the wider stakeholders.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

1 March 2021

The meeting commenced at 11.00 a.m. and was an online remote meeting in compliance with the Council Procedure Rules Relating to the holding of Remote Meetings and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Thomas and Ward

Representatives of NHS Tees Valley Clinical Commissioning Group

– Dr Nick Timlin and Karen Hawkins (as substitute for David Gallagher)

Director of Public Health, Hartlepool Borough Council – Craig Blundred

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch - Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Sandra Britton (as substitute for Tracy Woodall)

Representative of GP Federation – Fiona Adamson

Representative of Headteachers – Sonya Black

Also in attendance:-

Elected Members, Hartlepool Borough Council – Councillors Brenda Harrison and Tony Richardson

Chair Hartlepool Mental Health Forum – Zoe Sherry
Representative of Tees, Esk and Wear Valley NHS Trust – Sharon Pickering
Representative of Healthwatch – Christopher Akers-Belcher.

Officers: Dean Langstaff, Public Health Intelligence Analyst
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

26. Apologies for Absence

Representative of Cleveland Police – Chief Inspector Peter Graham
Representatives of NHS Tees Valley - David Gallagher
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall

27. Declarations of interest by Members

Declarations of interest were declared as follows:-

Councillor Thomas – employee of Healthwatch Hartlepool.
Councillor Ward – employee of Alice House Hospice.

28. Minutes

The minutes of the meeting held on 7 December 2020 were confirmed

The minutes of the meeting of the Outbreak Control Engagement Working Group held on 10 November 2020 and 11 December 2020 were received.

29. Face the Public Event 2021 *(Director of Public Health)*

The report set out initial proposals for the Board's Face the Public Event in 2021 as required by Hartlepool Borough Council's Constitution. Whilst the response to the pandemic is still ongoing and restrictions remain in place, the Board was asked to approve initial proposals for a Face the Public Event. It was proposed that the Event be held in September 2021 and be conducted remotely with the potential to incorporate socially distanced activities (should the Covid position change).

In terms of the proposed structure / purpose of the event, the re-examination of the JHWS priorities, undertaken in 2019, had resulted in approval by the Health and Wellbeing Board on the 9th March 2020 of the following priority areas:-

- i) Impact of violence (Inc. domestic violence) and drugs and alcohol;
- ii) Maintenance of a universal offer for the whole population; and

- iii) Development of a targeted 'place based' approach, widening the work being undertaken by the Council's Children's Services Department around 85 streets in the Victoria Ward.

Progression of the identified priorities, and development of the 'place based' approach, had been intended for 2020/21, however, this has been interrupted by the Covid-19 pandemic. The Face the Public Event provided an opportunity to restart the process for the implementation of the priorities, whilst also fulfilling the requirements of the Constitution.

During the debate following presentation of the report, Board Members expressed support for the proposals. It was highlighted that consideration needed to be given also to the long term effects of Covid-19 with particular reference to the long term mental health implications for individuals and communities. It was proposed that the Mental Health Forum would be appropriate to consider the issues highlighted and for the Forum to provide regular updates to meetings of this Board.

Decision

The Board approved:

- i) Initial arrangements for the 2021 Face the Public Event, as outlined in the report.
- ii) Delegation of approval of finalised arrangements for the event to the Director of Public Health in conjunction with the Chair of the Health and Wellbeing Board.

30. Covid-19 Updates

- (i) Director of Public Health – *Presentation*

The Director of Public Health provided an updated presentation on the ongoing coronavirus position in Hartlepool. The presentation focussed on the following:-

- Hartlepool and UK Covid 19 case rates per 100,000 population
- Weekly Covid cases as a comparator with the England average
- Hartlepool and England Covid 19 related death rates per 100,000 population
- Geographical locations of Covid cases in Hartlepool

In the discussion that followed, the Director of Public Health responded to issues raised arising from the presentation. Concerns were expressed regarding anti-vaccine stickers which had appeared in the town which the Director of Neighbourhoods and Regulatory Services undertook to continue to remove when reports were received. It was considered also that social media should continue to highlight the benefits of the vaccine.

(ii) GP Federation – *Verbal Update*

The Board received an update by Fiona Adamson which detailed the following that were being focused on:-

- Designing and running new services:
- Ensuring existing services are fit for purpose:
- Pausing and reintroducing services:
- Supporting Primary Care Networks

The update addressed also the successes and the challenges.

Following the update appreciation was expressed for the support and collaborative work which had been undertaken by the Federation. It was recognised that support for residents would continue to be required and it was agreed to circulate updates to Board Members in due course. Board Members were further assured by the Director of Adult and Community Based Services that the support hub model would continue to operate and the Department would continue to work with social prescribers.

(iii) NHS Tees Valley Clinical Commissioning Group

Karen Hawkins highlighted the salient issues included in a report which had been circulated including some key messages as the Clinical Commissioning Group reflected on actions and learning during Phases 1 and 2 of the Covid-19 response. Changes to governance arrangements were highlighted to ensure the CCG was able to adapt and respond appropriately and effectively. New ways of working within primary care had been detailed. Key priorities had been identified as follows:-

- Continuing to respond to the Covid-19 pandemic
- Progressing the Covid-19 vaccination programme
- Maximising capacity in all settings to treat non-covid 19 patients
- Responding to other emergency demand and managing winter pressures
- Supporting the health and wellbeing of workforce

Board members expressed their appreciation with regard to the progress of the vaccination programme and requested that their appreciation be conveyed to all those involved in the programme. During the debate, the Board recognised issues associated with the programme in terms of some anxieties by residents and reassurances were provided from a number of Board members.

(iv) North Tees and Hartlepool NHS Foundation Trust

Deepak Dwarakanath highlighted the salient issues included in a report which had been circulated. Key messages included the multiple challenges which the Trust had dealt with during the current Covid-19 pandemic, some of which had brought with them many challenges and clinical and operational unknowns. The

report provided an overview of the impact of Covid on resources, the clinical and operational challenges, the impact on staff health and wellbeing, however also outlining the innovative practices implemented to both absorb the emergency pressures and recover business as usual.

Board Members joined the Chair in expressing their appreciation to the Trust. The Trust representative responded to a number of questions arising from the report including the reintroduction of elective surgery, support for long covid patients and also support for Trust staff who had experienced the most pressured time in their careers.

Decision

The updates were noted.

31. Ongoing Consultations

(i) 'Big Conversation' - Tees, Esk and Wear Valley NHS Trust – Presentation

The Board received a presentation by Sharon Pickering on the review of the Trust's Strategic Framework and provided a summary of the 'Big Conversation' journey to date. It was noted that the Trust was confident that a representative spread of colleagues, service users, carers and families had 'joined the conversation'. A consensus had been reached on many subjects and analysis had revealed seven core narratives had been identified which were detailed in the presentation.

The following 5 key areas had been agreed to focus on and work had started on the milestones for each of the areas:

- Co creation at core
- Having a Clear Clinical Approach
- Being a Great Place to Work
- Playing a leading role in systems
- Having an Empowering Infrastructure

Following the presentation, it was confirmed that progress would be reported to the Mental Health Forum. It was agreed that any additional comments/feedback from Board Members should be communicated directly to Dominic Gardner or Sharon Pickering with contact details forwarded to Members.

(ii) ICS proposals - NHS Tees Valley Clinical Commissioning Group

A report had been circulated to update Board members in relation to the Integrated Care System Consultation and CCG approach. The Board was advised that a corporate CCG response had been submitted by the deadline of 8 January 2021. A White Paper and Bill had subsequently been published.

The Board noted that David Gallagher had undertaken to provide update reports to the Board.

Following presentation of the report, Karen Hawkins responded to concerns expressed by the Chair. Assurances were given in relation to local autonomy. In relation to greater engagement in the future, it was noted that David Gallagher would be requested to present details of future changes to the Board.

Meeting concluded at 1.20 p.m.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP

MINUTES AND DECISION RECORD

24 February 2021

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Councillor: Councillor Shane Moore (In the Chair)
Councillor John Tennant
Tony Hanson, Director of Neighbourhoods and Regulatory Services
Sylvia Pinkney, Assistant Director, Regulatory Services
Karen Hawkins, NHS Hartlepool and Stockton on Tees and Darlington CCG

Other Members:

Craig Blundred, Deputy Director of Public Health
Sally Robinson, Director of Children's and Joint Commissioning Services

Also Present:

Councillor Tony Richardson, Hartlepool Borough Council

John Lovatt was in attendance as substitute for Jill Harrison, Hartlepool Borough Council, Mark Haworth as substitute for Sharon Cooney, Cleveland Police, Simon Smart as substitute for Lisa Oldroyd, Police and Crime Commissioner for Cleveland and Darren Lane as substitute for Nick Jones, Cleveland Fire Authority

Officers: Phil Hepburn, Community Safety Operations Manager
Rachel Parker, Community Safety Team Leader
Denise Wimpenny, Principal Democratic Services Officer

28. Apologies for Absence

Apologies for absence were submitted on behalf of Jill Harrison, Director of Adult and Community Based Services, Hartlepool Borough Council, Superintendent Sharon Cooney, Cleveland Police, Peter Graham, Chair of Youth Offending Board, Lisa Oldroyd, Office of Police and Crime Commissioner for Cleveland and Nick Jones, Cleveland Fire Authority.

29. Declarations of Interest

None.

30. Minutes of the meeting held on 22 January 2021

Confirmed.

31. Office of the Police and Crime Commissioner (OPCC) Serious Violence Strategy 2020-21 (Serious Violence Lead, OPCC)**Purpose of report**

To brief Members on the Draft Office of the Police and Crime Commissioner (OPCC) Serious Violence Strategy 202/21 (Appendix 1 refers)

Issue(s) for consideration

A representative from the OPCC, who was in attendance at the meeting, presented the report which provided background information to the launch of the Serious Violence Strategy in 2018. Feedback/input from the Partnership was sought in relation to the draft OPCC Serious Violence Strategy, a copy of which was appended to the report which identified key strands listed in the Government's Strategy including early intervention and prevention, supporting communities and local partnerships, tackling county lines and misuse of drugs and effective law enforcement. Partnership Members were referred to statistical data, as set out in the draft strategy in terms of the local picture as a comparator with the national picture.

It was intended to instigate bi-monthly violence reduction partnership meetings, details of which were provided as well as include analysis information in terms of serious and violence crime in strategic assessments.

In the discussion that followed, the Partnership commented on issues arising from the report. Clarification was provided in response to queries raised in relation to resources and priorities of PCC's around tackling serious violence issues as well as reporting/recording of crime arrangements which would include the use of secure digital platforms. The Chair requested that Partnership Members feedback further comments direct to Simon Smart at the OPCC following the meeting.

Decision

That the contents of the report be noted and Partnership Members provide feedback/comments on the draft (OPCC) Serious Violence Strategy 2020-21 to the OPCC following the meeting.

32. Offer of Funding from Tees Valley Clinical Commissioning Group *(Director of Neighbourhoods and Regulatory Services)*

Purpose of report

To seek agreement from Partners on the proposed use of a one-off grant contribution made available to the Safer Hartlepool Partnership from the Tees Valley CCG.

Issue(s) for consideration

The report provided the background to the proposals to utilise a one-off grant funding offer of up to £5,000 from the CCG to develop and deliver a project to provide “Grab Bags” for victims of domestic abuse. The concept was to provide anyone who had been forced to flee an abusive situation with basic essentials when they arrived at a refuge or other safe accommodation. Each “Grab Bag” would cost an estimated £85 to £95 and would include toiletries, underwear, pyjamas and a pay as you go mobile phone with £10 credit.

As Hartlepool’s provider of specialist domestic abuse services, it was proposed that funding for this initiative be forwarded to Harbour to co-ordinate and distribute as necessary.

The Partnership welcomed the proposals given that domestic violence remained one of the three key priorities for 2021 and would contribute towards delivery of the Partnership’s current priorities. The Director took the opportunity to thank the CCG for this contribution.

The following recommendation was agreed with no dissent.

Decision

That the proposals to utilise the funding to provide “Grab Bags” as set out above be agreed.

33. Hartlepool Community Safety Team - Neighbourhood Policing *(Chief Inspector Pete Graham, Cleveland Police)*

Purpose of report

To provide an update on Neighbourhood Policing to the Safer Hartlepool Partnership for information purposes.

Issue(s) for consideration

The Partnership was provided with an update in relation to the positive contributions of the Neighbourhood Policing Team in terms of the work of the Community Safety Team. Inspector Mark Haworth, who was in attendance at the meeting on behalf of Chief Inspector Peter Graham was pleased to report proposals to increase Neighbourhood Police Officers, details of which were provided following the decision of the Chief Constable to re-establish Neighbourhood Policing and to make Neighbourhood Policing a core function.

In the discussion that followed Members welcomed the return of Neighbourhood Policing and commented on the benefits as a result. In response to issues raised arising from the report, the Police representative provided clarification regarding future priorities to help reduce crime and anti-social behaviour in the town and help reinvigorate community engagement which included plans to provide additional support to victims, targeted intervention and engagement with schools and youth centres as well as details around how resources would be allocated by ward.

Decision

That the contents of the report and comments of Members be noted and a further update report be received once Neighbourhood Police Officers were in post.

34. Operation Grantham – Update *(Assistant Director, Regulatory Services)*

Purpose of report

To provide an update on Operation Grantham for information purposes. .

Issue(s) for consideration

It was reported that Operation Grantham began on 4 November 2019 and it was designed to tackle crime, anti-social behaviour and drugs misuse that was occurring from a large and ever increasing number of aggressive people who were begging daily around the town centre. Involving a large number of partners, the operation had three strands, details of which were set out in the report. Before court papers could be served, the Covid 19 outbreak commenced and courts closed, the implications of which were provided as detailed in the report.

At the time of writing the report a number of the 11 individuals who had been served with Community Protection Notices and were scheduled to be taken to Court were still begging. Begging in some locations was

continuing and the Council's Enforcement Officers, police and PCSO's were moving beggars on. However, this was having little impact as they simply moved to another location. Details of the options available were outlined in the report which included beginning the Operation Grantham process again, move beggars on, or alternatively, it was possible to criminalise begging through the introduction of a Public Space Protection Order (PSPO)

In the discussion that followed some concerns were raised in relation to continuing complaints received in relation to car parks around Middleton Grange Shopping Centre where beggars were sitting close to car parking payment machines impacting on access and resulting in individuals feeling unsafe. Comments were raised regarding the misconception that all beggars were homeless and the need to address, via a partnership approach, the underlying issues contributing to begging such as drug and alcohol misuse were highlighted.

In concluding the debate the Chair took the opportunity to thank everyone who had been involved in the operation.

Decision

That the contents of the report and comments of Members be noted.

35. Date and Time of Next Meeting

The Chair advised that this was the last meeting of the current municipal year and thanked all partners for their input and contributions.

The meeting concluded at 11.00 am.

CHAIR