

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 23rd September 2021

at 1.00pm

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

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523193 by midday on Wednesday 22 September 2021 and name and address details will be taken for NHS Test and Trace purposes.

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 27th August 2021 (to follow)
- 4. AUDIT 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.

5. STANDARDS ITEMS

No Items.

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; and*
- (b) Closure Proposal Engagement Results (to follow) - *McKenzie Group Practice*

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

No Items.

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

No Items.

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 –

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

27 AUGUST 2021

The meeting commenced at 10.00 am in the Council Chamber

Present:

Councillor: Rob Cook (In the Chair).

Councillors: Tom Feeney, Brenda Loynes, Dennis Loynes and
Carl Richardson

Standards Co-opted Members:

Mr Martin Slimings – Independent Member
Parish Councillor John Littlefair (Hart)

Also Present: In accordance with Council Procedure Rule 4.2, Councillor
Angela Falconer was in attendance as substitute for
Councillor Henry Ashton

Councillors Paddy Brown, Tom Cassidy, Amy Prince and
Cameron Stokell

Officers: Joan Stevens, Statutory Scrutiny Manager
Angela Armstrong, Scrutiny Support Officer
Jo Stubbs, Democratic Services Officer

32. Apologies for Absence

Apologies for absence were received from Councillor Henry Ashton and
Independent Members Gillian Holbrook and Tracy Squires.

33. Declarations of Interest

The Chair declared a personal interest in item 6.1 (Hartfield's Medical
Practice Closure Application) as a member of the Headland Medical Centre.

34. Minutes of the meeting held on 29th July 2021

Minutes approved

35. Hartfield's Medical Practice (part of the McKenzie Group) – Closure Application *(Statutory Scrutiny Manager)*

At the previous meeting of the Committee members had been informed of proposals to close Hartfields Medical Centre. The McKenzie Group which run the centre had given notice of their intention to apply to the Tees Valley Clinical Commissioning Group (TVCCG) to seek approval for the permanent closure of the centre on 19th October. This followed the temporary closure of the Centre since March 2020 due to the Covid pandemic. The reasons given for the proposed permanent closure were due to the limitations of the Hartfield premises and lack of development opportunities on-site and to allow the McKenzie Group to bring services together at its other sites more efficiently. As part of this process a 6 week period of patient and stakeholder engagement had commenced in July and was due to be completed at the end of August. As a key stakeholder this meeting of the committee had been called to enable members to receive input from residents and other interested parties as follows:

Tees Valley Clinical Commissioning Group

Karen Hawkins, Director of Commissioning, Strategy and Delivery for Primary and Community Care at TVCCG explained the background to the engagement process currently being undertaken. The Hartfields Medical Centre had opened in 2009 with the McKenzie Group taking over in 2017 under a 10 year contract. Following the temporary closure of the Centre in March 2020 notification had been received that the McKenzie Group wished to look at the potential of a permanent closure of the site. In February 2021 a draft proposal for permanent closure had been submitted to the TVCCG Primary Care Commissioning Committee (PCCC). The McKenzie Group had been asked to undertake a period of engagement before bringing their business case back to the PCCC for final decision on 19th October. This decision would be taken at a public meeting and should the request be refused the Centre would reopen provided it was felt to be covid secure. Ms Hawkins stressed that no decision had yet been made and nothing pre-determined until the PCCC met in October to review the business case.

A member queried whether the new housing and care home developments would be taken into account by the PCCC as part of the decision making process. Ms Hawkins confirmed that they would look at all relevant information provided.

McKenzie Group Practice

Dr Carl Parker and Ann Heppenstall explained the reasons behind the proposal and the process currently being followed. Prior to Covid just over 2,000 patients had been registered specifically to Hartfields but less than 1 thousand of these had used one of the other partner surgeries in the years before the pandemic. Their main reason for the proposed closure of the surgery was to improve the patient experience by increasing the offer

available to all McKenzie Group patients. The Hartfield premises were too small to allow for anything other than the most basic service, comprising 2 surgical rooms and a small waiting room. Larger premises would be able to deliver more and varied services such as physiotherapy and pharmaceutical. He acknowledged there had been problems with the telephony system which had been compounded by staff working from home and large numbers of vaccine related queries however a new phone system was being installed which should help with this. In terms of complaints about the temporary closure staff had received none in writing. Dr Parker also gave details of the number of staff employed by the McKenzie Group and in what capacity. The Chair asked that this information be made available to members of the committee.

The following queries were then raised by members of the Committee:

- When were patients first informed about the possibility of a permanent closure? Engagement had begun on 19th July when 20 thousand contacts were made. The majority of these had been by text to existing mobile numbers with those who had not provided a mobile number written to. This did not however allow for any patients who had changed their number and not informed the practice. All McKenzie Group patients were contacted not just those 'registered' at Hartfields.
- Was there scope to redevelop the Hartfields premises? They did not believe so other than a possible extension. However this was not something they had explored with the owners of the premises Joseph Rowntree.
- Why had expansion not been considered given the current housing and nursing home developments on the Bishop Cuthbert Estate? Nursing homes tended to make their own arrangements in terms of GP access while people moving home tended to stay with their own GPs rather than move to closer premises.
- How did they intend to manage the needs of the patients that would be displaced by this potential closure? Half of those 'registered' at Hartfields were already utilising other McKenzie surgeries and they would find ways to assist those that were not.
- Was there any evidence that patient treatment had been compromised or house calls suspended since the temporary closure? There was not.

A member of the committee referred to poor customer service on the part of the telephony staff while another noted that very few people were within walking distance of a surgery and moves toward online services were very much a national development and not specific to Hartfields or the McKenzie Group

Healthwatch Development Officer

Steve Thomas from Healthwatch gave details of the Hartfields' Patient Engagement which had been carried out on 24th August. 30 Hartfields residents had taken part and the overall results had indicated a strong propensity against the closure. Patients were feeling angry, neglected, upset, frightened, ignored and forgotten. Many of them had moved to Hartfields Village specifically because of the on-site medical centre location and they were concerned that they would struggle to access another surgery. They had also experienced problems with accessing their prescriptions since the closure of the on-site pharmacy due to the pandemic and were not happy at the move from face to face to online in terms of appointments and ordering of prescriptions. The lack of wheelchair accessible taxis in Hartlepool was also a worry.

Verbal Input

The MP for Hartlepool raised a number of concerns with Dr Parker and Ms Hawkins. She questioned why Healthwatch had only been informed of the potential closure after the engagement had already begun and asked whether 6 weeks was sufficient time. She also queried whether there was scope for another practice to take over the premises. Ms Hawkins advised that the engagement process could run anywhere from 4-12 weeks and the McKenzie Group had chosen a 6 week process. This was thought acceptable as there would be further engagement should the CCG accept their closure request. She would look to ensure that all interested parties had been contacted in a timely manner as per the statutory requirements. In terms of takeover by another practice the contract covered the Hartfields and Wynyard Road premises and it was not possible to split the 2 sites. Any providers who had expressed an interest in the Hartfields site had withdrawn said interest when this had been explained to them.

The MP referred to the assertion that half of Hartfields' patients were using alternative surgeries, querying whether this was through choice or necessity. She also referred to a large number of complaints she had received regarding the closure which was at odds with the McKenzie Group's claim that they had received no complaints. She asked whether the closure of the premises would bring financial benefit to the McKenzie Group but Dr Parker said it would not as they would still be required to pay the lease on the property. The MP concluded by referring to her constituents feeling angry, neglected, upset, frightened, ignored and forgotten as set out in the Healthwatch findings and indicated she would not be supporting the permanent closure and would do her best to fight it.

A member of the Committee queried whether future legislation could impede the Council's ability to intervene in this matter. The Statutory Scrutiny Manager indicated that it would remove their ability to refer such matters to the Secretary of State in the future but was unsure of the position in terms of ongoing proposals for service change.

A member queried whether the Throston and Victoria practices, as the nearest to Hartfields, had the capacity to cope with the additional patients. Dr Parker confirmed Victoria could while negotiation where ongoing with the Throston landlords to redevelop that site for this reason. Ms Hawkins further advised that there was space available on all practice lists in Hartlepool, not just those that were part of the McKenzie Group.

Several members noted they had received a number of complaints from residents regarding the closure.

A number of Hartfields patients were in attendance and addressed the Committee. They referred to difficulties accessing appointments and prescriptions without using the online service and were concerned that the closure of the surgery would mean the loss of a lifeline for the vulnerable. While the disabled were currently able to access the surgery with some degree of independence being moved to another surgery would mean increased usage of public transport and carer assistance and the subsequent deterioration of health. The McKenzie Group had known the size of the premises when they had taken it over so must have known it was inadequate at that time. Many people had moved to Hartfields due to the proximity of the surgery and to remove it was unfair.

The Chair echoed the MP's comments regarding Healthwatch appearing to be uninformed. Dr Parker advised that letters had been sent out to all interested parties including the Council and Healthwatch. The Chair indicated he had not received a letter but the Statutory Scrutiny Officer confirmed that a letter had been sent to the Council and forwarded to all members as soon as possible upon receipt.

The Vice-Chair queried the timescales around the potential of a permanent closure. Ms Hawkins advised that the CCG had been informed the business model was being looked at in July 2020 adding that the McKenzie Group had been transparent in their business thinking throughout.

The Chair referred to a comment that they were turning away GPs. Dr Parker advised that they wished to employ more nurses than GPs as nurses could do the vast majority of procedures that doctors could for a lesser cost thereby providing a more efficient service.

In terms of the engagement the Chair questioned the decision to do this online given the large number of elderly patients involved and the concerns around online access expressed at this meeting and as part of the engagement process. He asked whether the number of appointments would reduce should the closure be approved but Dr Parker advised that appointment slots had risen despite the temporary closure and would continue to rise

Councillor Angela Falconer left the meeting

The Chair raised ongoing concerns around the continued lack of face to face access to GPs when other health professionals were seeing patients in person. Dr Parker contended that he had seen a number of patients yesterday so this was a myth while Ms Hawkins noted that initial government guidance had been to close surgeries and move to remote triage at the start of the pandemic. After 15 months this had been changed to allow access provided infection prevention control measures were taken. Remote triage was still used where possible but the level of demand was greater than at the start of pandemic as people were more willing to go out than they had been at that time. Nevertheless the country was still in the midst of a pandemic therefore people needed to be protected particularly those in surgical waiting rooms. This was a government directive and not a decision taken by individual practices.

The Scrutiny Support Manager advised members that the purpose of this meeting had been to give a view on the proposed closure based on the evidence provided. Given the comments made and views expressed she was of the view that members of the committee were not supportive of the proposal to close Hartfields Medical Centre as outline. This was confirmed unanimously by members. She requested delegated permission be given to herself and the Chair to formulate the detail of reasons members were against the closure in order that they be forwarded as the Committee's formal response to the engagement process which closed on 29th August. Members approved this unanimously. The Scrutiny Support Manager further advised that the McKenzie Group representatives were willing to come to a future meeting of the Committee to present the full findings of the engagement and requested member approval to schedule an additional meeting in September to receive that information and consider any further action that may be required in fulfilling the Council's statutory overview and scrutiny responsibilities. Members approved this unanimously.

Recommended

- I. That Members lack of support for the proposal to permanently close Hartfields Medical Centre be noted.
- II. That a response to the proposal expressing a lack of support for the permanent closure be formulated by the Scrutiny Support Manager and Chair and forwarded as the Committee's formal response to the engagement process prior to the 29th August deadline.
- III. That an additional meeting to hear the final findings of the McKenzie Group engagement process be scheduled for September 2021.

36. To receive the minutes of the Health and Wellbeing Board meeting held on 1st March 2021

Minutes received

37. To receive the minutes of the Safer Hartlepool Partnership meeting held on 24th February 2021

Minutes received

The meeting concluded at 1pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

23rd September 2021



Report of: Statutory Scrutiny Manager

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

1. PURPOSE OF REPORT

1.1 To:-

- i) Present the Audit and Governance Committee's engagement response in relation to the proposed closure of Hartfield's Medical Practice, formulated following the Committee's meeting on the 27th August 2021;
- ii) Consider the results of the engagement exercise and receive an update on the McKenzie Group's intentions for the progression of the application following evaluation of its results;
- iii) Agree any additional action required in accordance with the provisions of the Health and Social Care Act 2012 and accompanying regulations¹: and
- iv) Formulate an update for Council on the 30th September 2021 with, should it be required, the potential to seek approval for a referral of the proposed closure to the Secretary of State.

2. BACKGROUND INFORMATION

- 2.1 Notice was 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

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

develop the Hartfields premises to facilitate the delivery of additional services as envisaged in the NHS Long Term Plan².

- 2.2 To inform the application process, and the development of a business case for consideration by the CCG, the practice undertook 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.
- 2.3 As previously indicated the Audit and Governance Committee, as the body responsible for the conduct of the Council's statutory health scrutiny responsibilities, 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.
- 2.4 In fulfilling its statutory health scrutiny responsibilities the Audit and Governance Committee, at its meeting on the 27th August 2021, received evidence from a variety of sources to inform its engagement response to the proposed closure. Those involved in the presentation of evidence / discussions included representatives from the Tees Valley Clinical Commissioning Group, McKenzie Group and Healthwatch, Councillors, residents and Hartlepool's MP.
- 2.5 With due regard to the evidence provided, the Committee delegated the finalisation of its engagement response to the Statutory Scrutiny Manager in conjunction with the Chair. A copy of the response subsequently submitted is attached at **Appendix 1** for the Committees information.

3. CONSIDERATION OF ENGAGEMENT RESULTS

- 3.1 Following completion of the engagement stage of the process on the 29th August 2021, the Committee will today be asked to:-
- i) Consider the results of the engagement process and receive an update from the McKenzie Group in relation to its intentions for the progression of the application;
 - ii) Consider any additional information or clarification requested by the Committee; and
 - iii) Consider 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).
- 3.2 To inform the Committee's discussions a report outlining the results of the engagement process is to be presented by representatives from the McKenzie

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

Group (included at item 6.1(b) on today's agenda). In addition to this, the below will be present to participate in discussions:

- i) Representatives from the Tees Valley Clinical Commissioning Group;
- ii) Councillors;
- iii) Residents; and
- iv) Hartlepool's MP.

3.3 Questions and discussions will follow the presentation of the above evidence and part of this process the Committee may again 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?

3.4 To further support discussions, copies of the detailed reports considered by the Committee at its previous meeting are also attached:-

Appendix 2 - Scrutiny Manager Covering Report

Appendix 3 - McKenzie Group Report

Appendix 4 - Healthwatch survey results

3.5 Following consideration of the engagement results, and receipt of clarification from the McKenzie Group in terms of its plans for the continuation of its application to close the Hartfield's practice, the Committee is required 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 requesting approval for a referral of the closure to the Secretary of State.

3.6 In the event that the Committee wishes to progress a referral to the Secretary of State consideration will need to be given to:-

i) Whether the proposal is a substantial variation of service. The definition of this being where a 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); and
- Service delivery (e.g. methods of delivery or relocation of services).

ii) Should the proposal be felt to be a substantial variation of service, are there grounds for a referral to the Secretary of State. The criteria for this being that the Committee:

- Is not satisfied with the adequacy of content of the consultation.
- Is not satisfied that sufficient time has been allowed for consultation.³
- Considers that the proposal would not be in the interests of the health service in its area.
- Has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

3.7 Should the Committee feel that a referral is required, the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013 and accompanying guidance require an Authority to provide clear explanation, reasons and evidence for any referral.

3.8 Regulations and accompanying guidance also indicate that any referral should include an explanation of how it has considered the full context within which local health services are operating, including any clinical quality, safety or financial pressures. A local authority should not dispute proposals on the grounds that it believes additional financial resources should be allocated to the NHS, as this is not a recommendation on which the local NHS can act. The

³ The referral power in the context of inadequate consultation only relates to the consultation with the local authority, and not consultation with other stakeholders.

local authority is also required to set out the steps that it has taken with the consulting body to reach local resolution and, in relevant cases, evidence that the consulting body has failed to comply with its duty to seek local resolution.

- 3.9 under Hartlepool Borough Council's Constitution the power to refer sits with Full Council. On this basis, a report from the Committee requesting the referral will need to be submitted to Full Council on the 30th September 2021. The referral will however only be required should the CCG Board, on the 19th October, approve the closure application and as such the request to Council would be for 'approval to refer subject to approval of the application by the CCG Board'.

7. RECOMMENDATIONS

7.1 The Audit and Governance Committee:-

- i) Formulate its final response to the proposal;
- ii) Consider if the closure represents a significant variation of service and why;
- iii) Agree any additional action required in accordance with the provisions of the Health and Social Care Act 2012 and accompanying regulations⁴; and
- iv) Formulate an update for Council on the 30th September 2021 with, should it be required, the potential to seek approval for a referral of the proposed closure to the Secretary of State.

BACKGROUND PAPERS

- (a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.
- (b) Report and minutes of the meeting of the Audit and Governance Committee held on the 27th August 2021

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

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

Councillor Rob Cook
Chair Audit and Governance Committee
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27 August 2021

Ann Heppenstall
 Business Manager
 McKenzie Group Practice
 McKenzie House
 17 Kendal Road
 HARTLEPOOL
 TS25 1QU

Dear Ann

MCKENZIE GROUP – PROPOSED CLOSURE OF HARTFIELDS MEDICAL PRACTICE

I refer to the Stakeholder Briefing dated 19 July 2021 which outlined the McKenzie Group's proposal to permanently close Hartfield's Medical Practice, which is based at Hartfield's Extra Care Village in Hartlepool.

As a key stakeholder the Audit and Governance Committee met on the 27th August 2021 to progress the formulation of its engagement response. The Committee received evidence from both the NHS Tees Valley Clinical Commissioning Group and McKenzie Group and welcomed views and comments from Healthwatch, residents and the Town's MP.

With due regard to the information available the time of the meeting, the following outlines the Committee's formal response to the engagement process, the deadline for which is 29 August 2021.

- i) Equitable access to GP services is a fundamental right and the closure of the Hartfield's Practice would not be in the best interests of those patients registered at the practice or those registered with the wider McKenzie Group. Particularly in relation to:
 - Difficulties in making and accessing appointments and other services (including prescription services) that will be exasperated by the loss of the surgery:
 - Whilst the McKenzie Group indicated that they had increased the number of appointments provided over the last 12 months from 134,000 to 173,000, it is clear that the data is not reflective of lived experiences with numerous examples of failed attempts to contact the surgery by phone. It is felt that the loss of the Hartfield's surgery will compound this problem.

- Difficulties in physically accessing GP services (including prescription services). It is felt that the needs of patients must be paramount and that consideration has not been given to the implications for vulnerable residents living in Hartfield's and in the wider community. Of particular concern is access to transport (difficulties in accessing bus services, expensive taxis and availability of only one wheelchair accessible taxi in Hartlepool) and digital exclusion (increased reliance on computer services for prescriptions, etc.).
 - It is felt that the new housing planned for the surrounding area (500+) supports the need for the retention of the practice. Whilst evidence provided indicated that there had been 'spare' appointment capacity at the surgery pre-covid, it was felt that this spare capacity would accommodate the potential increase in patient list size resulting from new housing provision.
- ii) Options have not been explored for the provision of alternative accommodation on the Hartfield's site to meet the requirements of the McKenzie Group and allow the surgery to stay in its current location. Whilst this had not been explored for the Hartfield's site, the Committee noted with concern that options for modifications at other sites had been explored in order to increase capacity elsewhere to accommodate the transfer of patients from the Hartfield's Practice.
- iii) It is noted that the APMS contract relates to both the Hartfield's (as a branch) and Wynyard Practice and that a variation to the contract is being sought. The CCG clarified that whilst interest had been expressed by other GP Practices to continue the provision, the nature of the contract is such that the two cannot be separated without a full recommissioning of the whole contract. Whilst the Committee note the position, the question remains as to why other practices consider accommodation adequate for the provision of services and the McKenzie Group does not.
- iv) The engagement process is flawed. Digital exclusion is again relevant with indications that not all residents have received letters or have access to, or knowledge of, appropriate technology (smart phones, computers). In addition to this, it is felt that:
- There has been a lack of support for those residents who need assistance in completing the survey; and
 - No options are included in the engagement survey and there is no opportunity for elaboration in terms of views.
- v) Completion of a full engagement and consultation process is required, with agreement designation of the proposal as a substantial variation of service. As part of this, the full results of the engagement are to be presented to the Audit and Governance Committee.

I hope the above is of assistance and should you require any clarification, or further assistance, please don't hesitate to contact me.

Yours sincerely



COUNCILLOR ROB COOK
CHAIR OF AUDIT AND GOVERNANCE COMMITTEE

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 \(lmc.org.uk\)](https://www.lmc.org.uk/A8351-Combined.pdf))

- 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

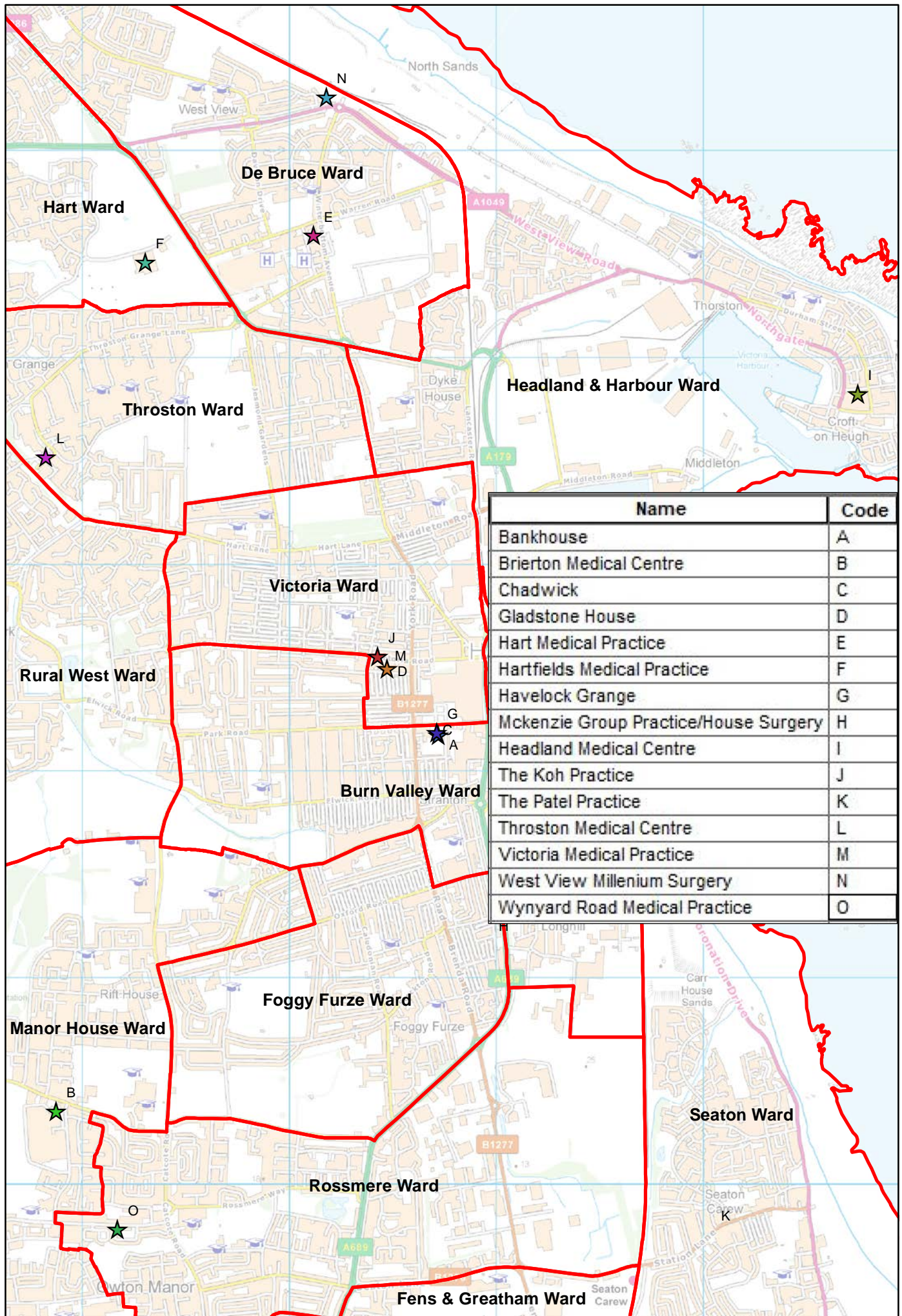
7.1 The Audit and Governance Committee:

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

Contents

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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>.

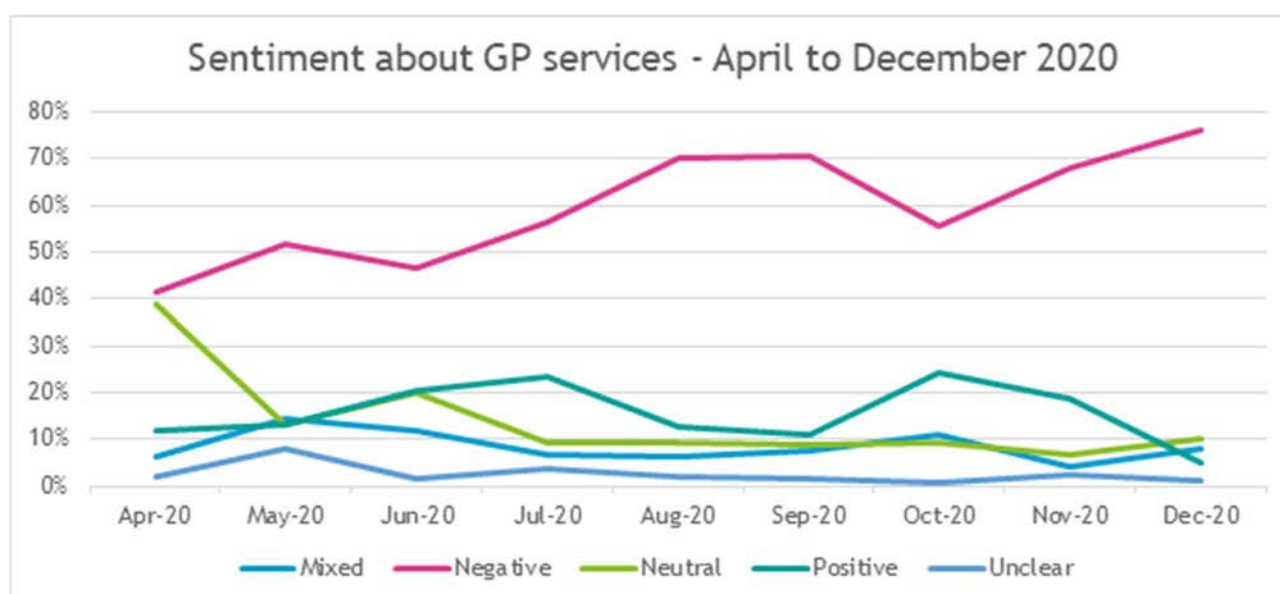
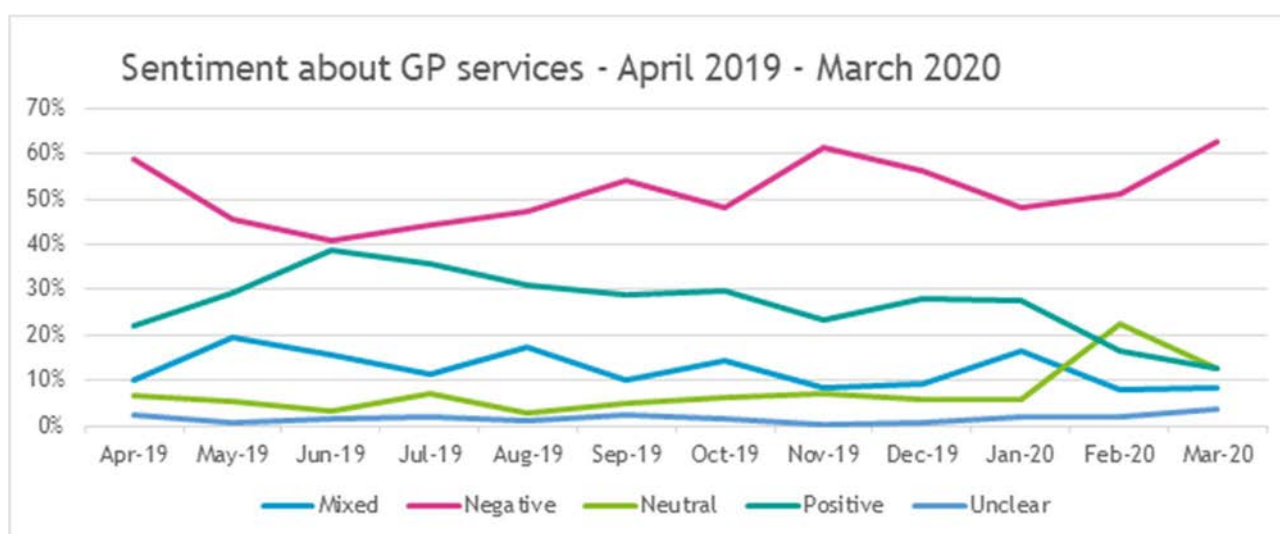
- **Digital services:** People experienced technicalities with online systems, such as couples not being able to use the same email address, password issues, re-registering, and apps crashing.

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.



Hartfields' Patient Engagement Summary

24th August 2021

Hartfield's Medical Practice

Patient Engagement Events

Tuesday 24th August 2021

Background

On Tuesday 24th August Healthwatch Hartlepool held a series of engagement events with Hartfields patients which focused on the proposal by the McKenzie practice to permanently close the GP surgery at the site. Seven engagement events were delivered over the course of the day, and each session was limited to 5 attendees, in line with social distancing guidelines which are still in operation at the site. In total 30 residents attended over the course of the day.

The seven events all followed the same format. The first part of the session was taken up with group discussion, in which participants aired their views and opinions on the proposal and commented on their recent experience of care during the Covid pandemic. The sessions concluded with participants having an opportunity to complete the questionnaire which has been circulated to patients by the McKenzie Group. Additional questionnaires were also returned by residents who were unable to attend the sessions, and in total, 57 completed surveys have been received. A summary of responses is contained in Appendix 1.

Comments and Key Themes

The key themes which emerged from the discussions were very consistent, and in each event, patients were deeply concerned about the impact the proposed closure could have on their future health care and wellbeing.

Summary of key Themes

1) Why I chose Hartfields

An overwhelming proportion of those who attended the consultation meetings were aged over 65 and many were living with lifelong conditions and disabilities. Several were also receiving treatment for cancer and other conditions. Many of those present said that they had been strongly influenced in their decision to choose Hartfields as their home by the presence of the on-site GP surgery.

"I moved here because I have a lot of health conditions, use a wheelchair and wanted to be close to a surgery"

"I am disabled, I use a wheelchair to get around, having a surgery on-site sold Hartfields to me"

"The presence of a GP practice was a big factor in me coming here, I feel like I am being abandoned"

"I don't drive, and I am not mobile. My family have all moved away so having the surgery here was a big attraction for me"

2) Access and Mobility and Transport Issues

As stated above, a significant proportion of those who attended the engagement events have disabilities and conditions which limit personal mobility. A common theme across all seven events was the difficulties patients felt they would experience

travelling to and accessing an alternative GP practice. Most present had already experienced problems as the surgery at Hartfields has been closed since the start of the pandemic in March 2020.

"Many of us here are very vulnerable, if I go anywhere, I need to be accompanied by a carer"

"I live alone and to go for an appointment need to book a wheelchair accessible taxi, and there's now only one in Hartlepool!"

"Car parking is good here, but try getting parked at Throston, there's never any disabled spaces free"

"To get about I rely on my mobility scooter, so couldn't easily get to another surgery."

"Because of my health conditions I have to visit the GP regularly, it costs £12 (return) to go to Victoria Road and £14 (return) to go to Kendall Road".

"Whenever I use a wheelchair taxi a carer needs to come with me."

"Most residents don't drive and don't have cars and most other surgeries aren't on bus routes"

"Visiting other surgeries means taxi cost and carer costs, so you put off going"

"How am I supposed to get to another Practice? I can't walk and there is only one wheelchair accessible taxi. My own wheelchair isn't suitable if it rains, snows or there's ice."

3) Getting Appointments

Problems accessing appointments was a massive area of concern for patients at all seven meetings. Patients talked of the "impossibility" of calls being answered and the frustration, desperation and anxiety this creates.

"I feel badly let down by McKenzie House. I made over 300 phone calls and still didn't get through".

"The service at the Practice has deteriorated, it was good, but it took me 200 + times to get to reception, I ended up having to go to urgent care for treatment".

"Even if you get through, you just can't get past the receptionist".

"I made 40 or 50 calls, and when I did get through, was told there were no appointments".

"I tried for two hours and still didn't get through".

"The service just isn't personal now; it feels like being told to go away."

"It's been a nightmare! It's really difficult to contact the Practice by phone to book an appointment, and particularly so if you are deaf.

4) Pharmacy

Several residents described problems they had experienced since the closure of the Hartfields Surgery in March 2020 around the collection and availability of prescriptions.

"There's no prescription line anymore. Medication has to be ordered by email and I don't have access and family work."

"I have had lots of problems with my prescriptions, it has been difficult to access and to renew.

"I don't have the internet, or a smart phone so can't order on-line, since the surgery closed, I have had lots of problems with repeat prescriptions".

"I am receiving treatment for cancer and had to go to Urgent Care for my drugs as I couldn't get through on the phone."

5) How Patients Are Feeling

Angry, neglected, upset, frightened, ignored, forgotten – 6 words that came up at all seven consultation meetings and which sum up the way patients are currently feeling about the proposed permanent closure of the Hartfields Practice and the impact it will have.

"People here need support; we have been forgotten".

"I feel so frustrated, I came here because there was a GP Practice on site, now it is being taken away"

"People here feel abandoned, many of us have disabilities and serious health conditions, what are supposed to do."

"We are vulnerable, we will waste away if the service is taken away."

"We are very angry and fear for the future."

"it is so short sighted, if people can't get to see their Doctor regularly small health problems will become big issues."

In future seeing a GP will be difficult, this makes me very anxious."

6) General Comments

Finally, the following points were also consistently made during the engagement meetings -

"The service we received when the Practice was open was very good, doctors, nurses, receptionists all excellent."

"Joseph Rowntree have been excellent, All staff, carers, cleaners, everyone. Don't know what I would have done without them."

"Can another Practice take over provision of the service?"

"I don't do technology so on-line appointments are not for me!"

"With what is happening people are leaving the Practice, what do they expect?"

"Covid has been used as an excuse to do this."

"The issue about the size of the facilities is just an excuse, other rooms and facilities are available"

"This area is growing, 500 new homes are being built and a 94-bed nursing home, these people will need a surgery."

"This is being driven by money, not people and patients."

"This will result in more hospital admissions, extra visits to urgent care and more calls for ambulances."



Summary from Survey

Hartfields Medical Centre

24th August 2021



PATIENT SURVEY

Healthwatch Hartlepool

Have Your Say

Healthwatch Hartlepool is undertaking a consultation with Hartfields residents in order to get your views on the proposal by the Mckenzie Group to permanently close the Hartfields GP Surgery.

If you are a patient at the Practice, please come along to one of our consultation events which are taking place **on Tuesday 24th August** at the following times –

10am – 10.30am

10.45am – 11.15am

11.30am – 12 noon

2pm – 2.30pm

2.45pm – 3.15pm

3.30pm – 4pm

6pm – 6.30pm

6.45 – 7.15pm

7.30pm – 8pm

To book your place at one of the sessions please contact Charlotte Hope on 01429 855072.

Numbers are limited to 6 per session due to Covid restrictions.

Stephen Thomas
Healthwatch Development Officer

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

- ☐ Wynyard Road Medical Centre
- ☐ Hartfields Medical Centre 47
- ☐ McKenzie House 4
- ☐ Throston Medical Centre 4
- ☐ Victoria Medical Practice 1
- ☐ Other (please specify) 1

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 50
- ☐ McKenzie House 1
- ☐ Throston Medical Centre 2
- ☐ Victoria Medical Centre 2
- ☐ Other (please specify) 2

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 52
- ☐ No 3

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

- ☐ Yes (go to Question 5) 49
- ☐ No (go to Question 10) 4

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 11
- ☐ McKenzie House 20
- ☐ Throston Medical Centre 11
- ☐ Victoria Medical Centre 16

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 46
- ☐ 15 minutes to 30 minutes 3
- ☐ 30 minutes to one hour 3
- ☐ More than one hour 2

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 7
- ☐ 15 minutes to 30 minutes 13
- ☐ 30 minutes to one hour 15
- ☐ More than one hour 5

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

- ☐ Walk 29
- ☐ Drive in my own car 5
- ☐ With a friend or relative in their car 0
- ☐ Taxi 2
- ☐ Bus 3
- ☐ Other (please specify) 13 wheelchair

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

- ☐ Walk 1
- ☐ Drive in my own car 13
- ☐ With a friend or relative in their car 15
- ☐ Taxi 23
- ☐ Bus 5
- ☐ Other (please specify) 4

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 49
- ☐ On a bus route 2
- ☐ Within 5 miles of my home 1
- ☐ Within 5 miles of my work
- ☐ Good car parking 4
- ☐ Other (please specify) 3

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"/> 39	<input type="radio"/> 12	<input type="radio"/> 1	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/> 34	<input type="radio"/> 15	<input type="radio"/> 1	<input type="radio"/>	<input type="radio"/>
Opening times	<input type="radio"/> 18	<input type="radio"/> 16	<input type="radio"/> 5	<input type="radio"/>	<input type="radio"/>
Access to a Doctor	<input type="radio"/> 36	<input type="radio"/> 10	<input type="radio"/> 1	<input type="radio"/>	<input type="radio"/>
Access to a Nurse	<input type="radio"/> 20	<input type="radio"/> 12	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/>
Online services (e.g.					

online consultations and prescription ordering) ☐ 12 ☐ 5 ☐ 1 ☐ 01 ☐ 21

**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 8
- ☐ By phone e.g. to book an appointment or to request test results 23
- ☐ Appointment via video consultation 3
- ☐ Appointment by telephone consultation 22
- ☐ Face to face appointments 6
- ☐ Submitted an e-consultation online 3
- ☐ Online Services e.g. via NHS App or SystmOnline 4
- ☐ None of the above, doesn't apply 19

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

- ☐ Yes 48
- ☐ No 6
- ☐ Don't know 1
- ☐ None of the above as I have never accessed Hartfields Medical Centre 1

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

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 12
- ☐ Ordering repeat prescriptions online 12
- ☐ Accessing your medical records online 10
- ☐ Video appointments 1
- ☐ e-Consultations 3
- ☐ Don't know 7
- ☐ None of the above 26

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 7
- ☐ Ordering repeat prescriptions online 9
- ☐ Accessing your medical records online 2
- ☐ Video appointments 0
- ☐ e-Consultations 4
- ☐ Don't know 1
- ☐ None of the above (if possible explain why) 34

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

- | | |
|---|----|
| <input type="radio"/> Booking appointments online | 6 |
| <input type="radio"/> Ordering repeat prescriptions online | 6 |
| <input type="radio"/> Accessing your medical records online | 3 |
| <input type="radio"/> e-Consultations | 5 |
| <input type="radio"/> Don't know | 4 |
| <input type="radio"/> None of the above (if possible explain why) | 35 |

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"/> 38 | <input type="radio"/> 15 | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 0 | <input type="radio"/> 0 |
|--------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

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

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

About You

It would help us to understand your answers better if we knew a little bit about you.

These questions

are completely optional, but we hope you will complete them.

21. How old are you?

- | | |
|---|----|
| <input type="radio"/> Under 18 | 0 |
| <input type="radio"/> 18-24 | 0 |
| <input type="radio"/> 25-34 | 0 |
| <input type="radio"/> 35-44 | 1 |
| <input type="radio"/> 45-54 | 1 |
| <input type="radio"/> 55-64 | 5 |
| <input type="radio"/> 65+ | 48 |
| <input type="radio"/> Prefer not to say | 1 |

22. What is your gender?

- ☐ Male 17
- ☐ Female 39
- ☐ Non-binary
- ☐ Gender non-conforming
- ☐ Prefer not to say
- ☐ Other

23. Does your identity match your sex registered at birth?

- ☐ Yes 40
- ☐ No 2
- ☐ Don't know

24. Are you currently pregnant or have been pregnant in the last year?

- ☐ Yes 0
- ☐ No 48
- ☐ Prefer not to say
- ☐ Not applicable 6

25. Are you currently;

- ☐ Single (never married or in a civil partnership) 5
- ☐ Cohabiting 0
- ☐ Married 7
- ☐ In a civil partnership 1
- ☐ Separated (but still legally married or in a civil partnership) 3
- ☐ Divorced or civil partnership dissolved 5
- ☐ Widowed or a surviving partner from a civil partnership 31
- ☐ Prefer not to say 2

26. Do you have a disability or long term illness or health condition?

- ☐ Yes 48
- ☐ No 5
- ☐ Prefer not to say 1

27. Do you have any caring responsibilities (please select all that apply)

- ☐ None 41
- ☐ Primary carer of a child or children (under 2 years)
- ☐ Primary carer of a child or children (between 2 and 18 years)
- ☐ Primary carer of a disabled child or children
- ☐ Primary carer or assistant for a disabled adult (18 years and over)
- ☐ Primary carer or assistant for a older person or people (65 years and over) 3
- ☐ Secondary carer (another person carries out the main caring role) 2
- ☐ Prefer not to say 1

28. Which race or ethnicity best describes you (please select one box only)

- ☐ Asian/British Asian: Bangladeshi 1
- ☐ Asian/British Asian: Chinese
- ☐ Asian/British Asian: Indian 1
- ☐ White: British 54
- ☐ White: Irish 1
- ☐ White: European
- ☐ Black/British Black: African
- ☐ Black/British Black: Caribbean
- ☐ Mixed race: Black and White
- ☐ Mixed race: Asian and White
- ☐ Gypsy or traveller
- ☐ Prefer not to say
- ☐ Other (please specify)

29. Which of the following terms best describes your sexual orientation?

- ☐ Heterosexual or straight 50
- ☐ Gay man
- ☐ Gay woman or lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Prefer not to say 1
- ☐ Other

30. What do you consider your religion to be?

- ☐ No religion 3
- ☐ Christianity 48
- ☐ Buddhist
- ☐ Hindu
- ☐ Sikh
- ☐ Muslim
- ☐ Jewish
- ☐ Prefer not to say 1
- ☐ Other (please specify)

Thank You

The information you have provided will be fed back to the Mckenzie Group. A summary of the responses we have received during today's consultation meetings will also be made available to the Audit and Governance Committee of Hartlepool Borough Council at their meeting on Friday 27th August.

Comments received from Hartfields Survey - August 2021

Q1. Which of the McKenzie Group Practices are you currently registered with? Please ONLY select one option.

Not currently with a practice but hoping to register at Hartfields

Q2 Before the pandemic, which site would you have considered to be your main site if you needed an appointment?

home Visit

lived in York before the Pandemic

Q5 since the temporary closure of Harfields which site(s) have you accessed if you needed to see a health professional

don't know

Don't know any of these

Attended Victoria Medical Centre for my COVID jabs (3)

Received a Home visit

Q7 since temporary closure of Hartfields how long has your journey taken or how long would it take to travel to another practice

Not sure

Don't know

Q8 Prior to the temporary closure, how did you travel to Hartfields

Wheelchair (9) husband pushes my wheelchair (1)

Electric Scooter (2)

Worked on site

Q9 how do you, or how would you now travel to another Mckenzie Practice

Housebound

Wheelchair accessible taxi

Don't know

Q10 What is the MOST important thing to you about the location of a GP practice - please choose ONE option. It should be:

Within wheelchair distance (2)

Q14 if you answered yes to Q13, please describe what the impact has been

Nurse comes to my apartment

Because we have to travel further

I have great difficulty in accessing a doctors appointment (11)

Taxi cost, Lack of doctors, Difficult to get an appointment

Uncertainty and worrying

But it could have done

Easy access but don't rely on family

Travelling, and not being able to get a GP to see her

I have a carer to support me and also need to use public transport or a taxi

Difficult for transport

I work on the medications team and we see some residents having health problems and not attempting to contact a GP as they feel they will not get seen and can't get through on the phone, this has resulted in hospital admissions that could have been avoided and even people not having medications which is very important. This is taking their independence away as they are then asking Hartfield's staff to order or even make appointments for them.

I now have to rely on a carer and my family to order my prescriptions

Shocked, and because it is nearest to me

I am not mobile, I have difficulty getting there

No escort available for my vaccine appointment at Victoria

Have to travel to another practice

I support residents with their medication, and we have had great difficulty in ordering and getting prescriptions"

Felt isolated and cut off by my NHS service

had to travel unnecessarily

I don't feel i have had any medical support at all in the last 12 months except from hospitals

Ongoing medical condition that needed monitoring, it has been impossible to achieve this with the closure

Lack of care

It has been extremely stressful

Lots of face to face to diagnose, hands on

not been able to get an appointment

Telephoning system stressful and unsuccessful

Depressed, no pain relief

Very difficult to get another surgery

Q15 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.

I don't have access to online technology (2)

Q16 Which online GP services have you used in the past 12 months

Don't know how to use

I am not very computer literate (3)

Don't have a computer

Don't use online services

Don't use online services

Don't have access online services (7)

Do not have access to internet

I am registered blind

Care staff meds team order my medication

Q17 looking ahead to the next 12 months do you think you would consider using any of the following

Don't have internet

Don't know how to do it (4)

Don't know how to use a computer

Don't use online services (3)
Don't access online services
No access to technology (7)
Learning disability
Registered Blind
Difficulty sometimes on website
I would walk to another surgery

Q19 If you have concerns what would they be

don't know
Lot harder to travel and rely on daughter
It is a very important service for us at Hartfields and surrounding area
Complicated, expensive, in convenient
Worried
Unsure of which surgery to use
Lack of GP's and travelling
Not seeing a GP and travelling to see a GP
Not being able to access a GP when I need one (5)
Mobility and health problems make this very worrying
I live alone and am disabled; I have no access to a car and rely on relatives who all work
I am disabled, travelling to other places from Hartfields is very difficult for me (7)
I am unable to travel to appointments without family support
I have just moved here, chose Hartfields because it has the GP service
A lot of residents at Hartfields would feel let down as having an onsite surgery is very beneficial
I feel for residents not just myself
as part of the staff at Hartfields we see residents struggling to get to see a GP or even just to talk to a person on the phone as they can't get through on the phone
Distance and accessibility if another surgery takes all Hartfield's patients
accessibility as I cannot access any of the practices. I feel I will be left more vulnerable and left with only tertiary care"
Difficulty with appointments, personal issues with 'trusted GP nurse'
It would continue to be extremely stressful
Affect health
Accessing another GP
Lack of access
Where would I access a GP?, Financial impact – taxi fares
Where would I have to go and how would I get there?

Q20 If you have further concerns, what are they

No
If space is a problem, why can't the doctors move into the day centre which is currently not being used

Having a doctor on site at a retirement village was a big "plus" for me moving here- its invaluable. (2) I have a lot of health problems plus registered blind.
This will not enhance the service from the Practice in any way
Hartfields Medical Practice is a vital service for residents
I have no faith in Mckenzie house let another practice take over
McKenzie house walk away, Let another care provider take over, you have badly let people down at a terrible time
Having a different person can become stressful when discussing problems
Disappointed
No thought given to Hartfields residents

Q30 What is your religion

Church of England
Roman Catholic

McKenzie Group Practice, Hartlepool
Stakeholder Update on the Proposed Closure of Hartfield's Site

1. Introduction

- 1.1 This report sets out a brief update for Stakeholders associated with the proposal of McKenzie Group Practice [McKenzie Group] to close its Hartfield's site, bringing together services at its other sites with a view to enhancing clinical quality, assuring practice resilience, and run more efficiently so that it can continue to deliver high quality care to its patients.

2. Background

- 2.1 McKenzie Group is commissioned to provide primary care medical [GP] services under two contracts, one for Wynyard/Hartfield's [APMS] and one for McKenzie House/Victoria Road and Throston [GMS]. It has secured arrangements that ensure that patients registered with either contract can be seen at any of the five sites.
- 2.2 The APMS contract is managed by Tees Valley CCG/NHS England in accordance with the National Health Service (General Medical Services) Regulations 2004, as amended. England. The process for contractual changes requiring a variation to the contract have been set out by the Department of Health & Social Care. In November 2020 the CCG was informed that we were considering permanent closure of the Hartfield's site.
- 2.3 Any changes to Hartfield's site would require amendment to the APMS contract for Wynyard Road/Hartfield's.
- 2.4 Current staffing structure (**Appendix 1**)
- 2.5 The Wynyard Road/Hartfield's practice has circa 6,900 registered patients with 76 patients living at the extra care village. In the last year before the pandemic [2019/20] 10% of appointments available at Hartfield's were unused (not booked or patient DNA's).
- 2.6 During the pandemic both the Throston and Hartfield's site, on the site of the 'extra care' village, were temporarily closed. Hartfield's remains closed currently. Throston re opened in August 2020, initially seeing only shielding patients and operating a mother and baby clinic.
- 2.7 During the summer the McKenzie Group has been looking at how it can continue to deliver care and services to patients. In doing so the practice was driven by an ambition to improve the quality of care, enhance practice resilience and allow it to operate efficiently. This resulted in the current period of engagement to gather the views of its registered patient population to inform of its next steps.

3 Patient and Stakeholder Engagement

- 3.1 The practice understands that the closure of the Hartfield's site will have an impact on some of its patients, but this does not mean that these patients will have inequitable access to, or quality of care received. It therefore sought to engage with its patients and wider stakeholders so that they understand what is planned and the practice can gather views about the impact of the current temporary closure.
- 3.2 The practice undertook a six-week period of engagement between 19th July and 29th August 2021. The practice is keen to hear all patients. Text messages were sent to all patient with a registered mobile phone number aged over 16 and letters sent by Pep mail (an NHS approved

mailing company) to those without a mobile phone number. A random audit of patient's records (80) has recorded texts were sent in all cases and Pep mail have confirmed the letters were sent on 16th July 2021. Healthwatch also held a series of events at Hartfield's on 24th August 2021. The detailed arrangements for the engagement were compliant with NHSE requirements.

3.3 On 27th August 2021, the proposal was discussed by the Hartlepool Borough Council's Audit and Governance Committee.

3.4 Integral to the engagement is a questionnaire, the results from which are being compiled by the North of England Commissioning Service [NECS]. A total of 1,065 completed questionnaires were received. A summary of the initial analysis of the survey results is attached (**Appendix 2**). Written comments were also received from the Joseph Rowntree Housing Trust and the Local Medical Committee as stake holders .

3.5 The Engagement journey is intended to provide insight and learning, and this is apparent from the review of the engagement providing the Practice with additional intelligence. For example, the engagement questionnaire included space for 'comments and the main themes within the comments are:

- Access – getting through to the practice
- Access – availability of appointments & same day booking
- Access – absence of face-to-face appointments
- Transport, Travel & Car Parking
- Preference for Hartfield's site & request to stay open
- Impact of closure on other practices/sites
- Consider leaving the practice
- Impact of new housing developments

4 Audit & Governance Response to Stakeholder Engagement

4.1 Following the Stakeholder Briefing hosted by the Audit and Governance Committee on 27th August 2021, McKenzie Group Practice received a formal response from the Committee. to its engagement. In this response the Committee highlighted a range of matters, including

- Difficulties with accessing appointment/other services
- Difficulties physically accessing services
- The new housing developments
- Alternative accommodation options
- Third party interest in the Hartfield's site
- Flawed Engagement

4.2 McKenzie Group Practice is grateful to the Committee for hearing the briefing and for its thoughtful consideration that has led to the formal response and would like to comment briefly on each matter raised.

4.2.1 **Access Difficulties** – The Committees concern with accessing appointment/other services, even though the practice has increased the appointments offered across all sites in 2020/21, despite COVID restriction, attached (**Appendix 3**). However, the frustration of ringing the practice is evident. This is compounded by a number also having no access to alternative methods e.g., the digitally excluded. This is something that the practice will look to address. We have procured a totally new phone system

across 4 of our sites with dedicated incoming lines which will not be affected by outgoing calls.

- 4.2.2 **Difficulties physically accessing services** – The practice appreciates that some of its patients have difficulties with physical access. We also know that pre-COVID 1 in 7 appointments for residents of the Extra Care Village were held at sites other than Hartfield's, attached (**Appendix 4**). An issue of prescriptions was highlighted by the Committee and the practice will look to its pharmacy team that works with the Hartfield's Extra Care to review arrangements.
- 4.2.3 **New housing developments** – Hartlepool has seen numerous new housing developments in recent years, but the practice understands that Hartlepool's overall population has remained reasonably stable, albeit slightly up. Between the years of 2015 and 2019 the annual increase in population was approx. 200 people per year. It is difficult to imagine that all new residents will register with Hartfield's as experience shows many people moving within town do not change practices. The practice is happy to engage further with the councils' planning teams to understand additional burden expected to follow an increase in new houses if this is thought beneficial.
- 4.2.4 **Alternative accommodation options** – We note the committee's comments regarding Hartfield's accommodation and have such arranged a meeting on site on Wednesday 29th September with the landlord and NHS property services to explore possibilities, however any proposal for property development would require approval and would be subject to funding availability. McKenzie Group is continually exploring options regarding modifications of its sites to increase service delivery this typically occurs in the final few years of a lease and this currently applies to Throston medical centre and McKenzie House surgery. This is in no way linked to a potential site closure.
- 4.2.5 **Third party interest in the Hartfield's site** - The practice has no direct knowledge of any practice's interest in delivering GP services at Hartfield's and any third party cannot have completed satisfactory 'due diligence'. The practice believes that the facilities at its Hartfield's site are sub optimal at best, that its patients and staff deserve better and has commissioned an independent assessment and are waiting for the report.
- 4.2.6 **Flawed Engagement** – The practice embarked on a period of engagement in good faith in accordance with the National Health Service Regulations, Department of Health and Social Care guidance and oversight from the CCG. It recognises the challenge of overcoming digital exclusion and has sought to do this by writing to all patients with no mobile phone. We once again state we have had confirmation from the mailing house that letters were sent.

5 Next Steps

- 5.1 There are several further actions that the practice proposes in response to the recent engagement process, having taking note of the feedback.
 - 5.1.1 To embark on an additional targeted twelve-week period of engagement with patients of the Wynyard Road/Hartfield's APMS contract. Commencement date to be confirmed.
 - 5.1.2 We will engage with Healthwatch with a view to undertaking targeted engagement. We will work with them to identify the best way of engaging with hard to hear groups such as the digitally excluded. We have requested a meeting with them and have

asked advice from the director of public health as to what would constitute a safe public meeting in the current pandemic.

- 5.1.3 To actively engage with Hartfield's Extra Care Village registered patients (92) and staff to better understand their issues and explore future service options.
 - 5.1.4 Engage the network Social Prescribing Link Workers to assist increasing access ability for patients to provide feedback.
 - 5.1.5 Being aware of the issues raised regarding obtaining prescriptions we will be performing a complete review of our medicines team during 12-week engagement period.
- 5.2 The practice will join Councils Audit and Governance Committee next conversation on 23rd September 2021. At its last meeting in August 2021, the Committee reported some unhappiness with the engagement process that the practice had undertaken. With this in mind the practice would welcome further advice and/or description from the Committee on what would regard as a satisfactory engagement exercise.
- 5.3 Additionally, the Practice is happy to meet with individuals or groups who have a stakeholder interest in the proposal to close the Hartfield's site.

Appendices

1. Current Staffing structure
2. Survey data from recent patient engagement – 19th July – 29th August 2021
3. Summary of appointment availability, 2019/20 and 2020/21
4. Summary of site attended for face-to-face appointments - 2019/20

Stakeholder Update
16th September 2021

Current Staffing StructurePractice Staff

Role	Number of whole time equivalents	Appointed not yet started
Partners	9	
Salaried GP	1	
Advanced Nurse Practitioners	11.77	1 – commencing December
Practice Nurses	5.81	
Health Care Assistant / Phlebotomist	5.36	
Admin & Clerical	35	
Management	2	
Pharmacist	0.8	
Cleaners	0.64	

This shows an increase of two full time GP Partners and two whole time equivalent Advanced Nurse Practitioners compared to 19/20

Primary Care Network Staff

Role	Number of whole time equivalents	Appointed not yet started
Pharmacist	2.94	
Technicians	1.92	
Social Prescribing Link Worker	0.8	1 – commencing October
Care Coordinator	1	
Community Psychiatric Nurse	1	
First Contact Physiotherapist	1	
Digital Coordinator	1	

This shows an increase of Care coordinator, community psychiatric nurse, first contact physiotherapist and digital coordinator compared to 19/20

Survey Data from Patient Engagement 19th July – 29th August 2021**Total number of surveys completed: 1065**

Breakdown of the number of comments left and the topics they relate to:

Q1: Which of the McKenzie Group Practices are you currently registered with? (2 comments)

Answer Choices	Responses	
Wynyard Road Medical Centre	12.00%	125
Hartfields Medical Centre	42.67%	451
McKenzie House	23.18%	245
Throston Medical Centre	15.80%	167
Victoria Medical Practice	6.34%	67
Other (please specify)	0.19%	2
	Answered	1057

Comments left relating to access issues	2 comments
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Q2: Before the pandemic, which site would you have considered to be your main site if you needed an appointment? (7 comments)

Answer Choices	Responses	
Wynyard Road Medical Centre	11.91%	126
Hartfields Medical Centre	44.05%	466
McKenzie House	20.60%	218
Throston Medical Centre	15.88%	168
Victoria Medical Centre	6.90%	73
Other (please specify)	0.66%	7
	Answered	1058

Comments left relating to preferred site	7 comments
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Q3: 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? (0 comments)

Answer Choice:	Responses	
Yes	59.34%	629
No	40.66%	431
	Answered	1060

No comments made	1060
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Q4: Before the pandemic, did you ever access Hartfields Medical Centre for an appointment?? (0 comments)

Answer Choices	Responses	
Yes (go to Question 5)	62.43%	658
No (go to Question 10)	37.57%	396
	Answered	1054

No comments made	1054
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Q5: 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? (0 comments)

NB: Some accessed more than one site so multiple answers were selected

Answer Choices	Responses	
Wynyard Road Medical Cent	337	
McKenzie House	415	
Throston Medical Centre	373	
Victoria Medical Centre	331	
	Answered	1456

No comments made	1456
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Q6: Prior to the temporary closure of Hartfields Medical Centre, how long did your journey take from home to Hartfields (door to door)? (0 comments)

Answer Choices	Responses	
Less than 15 minutes	77.93%	618
15 minutes to 30 minutes	17.40%	138
30 minutes to one hour	3.66%	29
More than one hour	1.01%	8
	Answered	793

No comments made	793
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Q7: 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? (0 comments)

Answer Choices	Responses	
Less than 15 minutes	38.60%	303
15 minutes to 30 minutes	49.17%	386
30 minutes to one hour	10.83%	85
More than one hour	1.40%	11
	Answered	785

No comments made	785
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Q8: Prior to the temporary closure, how did you usually travel to Hartfields Medical Centre? (38 comments)

Answer Choices	Responses	
Walk	39.43%	360
Drive in my own car	47.53%	434
With a friend or relative in their car	5.55%	50
Taxi	2.20%	20
Bus	1.00%	9
Other (please specify)	4.40%	40
	Answered	913

Comments relating to access, mobility and transport issues	10 comments: 6 replied scooter or chair, 3 car or bike, never used the site 1
Comments not applicable or service not used	28 comments: 22 had never used the Hartfields site, 6 didn't know it existed

Q9: How do you, or how would you, now travel to another McKenzie Group site?? (18 comments)

Answer Choices	Responses	
Walk	11.84%	111
Drive in my own car	65.95%	618
With a friend or relative in their car	9.92%	93
Taxi	5.65%	53
Bus	4.58%	43
Other (please specify)	2.02%	19
	Answered	937

Comments relating to access, mobility and transport issues	18 comments: 4 comments difficult to access other sites, 4 wouldn't go to another practice
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Q10: What is the MOST important thing to you about the location of a GP practice - please choose ONE option. It should be; (59 comments)

Answer Choices	Responses	
Within walking distance	43.38%	452
On a bus route	5.47%	57
Within 5 miles of my home	22.07%	230
Within 5 miles of my work	0.48%	5
Good car parking	22.94%	239
Other (please specify)	5.66%	59
	Answered	1042

Comments relating to accessing appointments	23 comments: main theme difficulty getting appointments, concerns of decreased access if Hartfields closes
Comments relating to the practice in general	15 comments: mainly expressed concerns regarding continuity of care, friendly practice
Comments relating to access, mobility and transport issues	21 comments: mainly wanting to see a GP , Hartfields described as easy to get too with good parking

Q11: What is MOST important to you about your GP practice. Please rate: (0 comments)

What is MOST important to you about your GP practice. Please rate:				
	Extremely important		Very important	
Quality of care	88.31%	914	10.92%	113
Location	45.77%	471	30.22%	311
Opening times	58.53%	597	30.29%	309
Access to a Doctor	80.12%	834	16.91%	176
Access to a Nurse	61.53%	635	28.10%	290
Online services (e.g. online consultations and prescription ordering)	42.71%	428	25.45%	255
	Moderately important		Slightly important	
	0.39%	4	0.10%	1
	19.14%	197	2.62%	27
	9.12%	93	1.27%	13
	2.59%	27	0.19%	2
	8.43%	87	1.45%	15
	18.06%	181	5.19%	52
	Not at all important		Total	
	0.29%	3		1035
	2.24%	23		1029
	0.78%	8		1020
	0.19%	2		1041
	0.48%	5		1032
	8.58%	86		1002
			Answered	1052
			Skipped	12

No comments made	1052
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Q12: 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 (0 comments)

NB: Multiple answers were selected

Answer Choices	Responses	
None of the above, doesn't apply	10.26%	107
In person but not for an appointment e.g. to drop off or pick up a patient	27.52%	287
By phone e.g. to book an appointment or to request test results	68.07%	710
Appointment via video consultation	4.03%	42
Appointment by telephone consultation	61.55%	642
Face to face appointments	40.84%	426
Submitted an e-consultation online	23.97%	250
Online Services e.g. via NHS App or SystemOnline	23.39%	244
	Answered	2708

No comments made	2708
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Q13: Has the temporary closure of Hartfields Medical Centre had an impact on how you have been able to access healthcare? (0 comments)

Answer Choices	Responses	
None of the above as I have never accessed Hartfields Medical Centre	12.19%	128
Yes	41.52%	436
No	40.00%	420
Don't know	6.29%	66
	Answered	1050

No comments made	1050
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Q14: If you answered yes to Q13, please describe what the impact has been?? (491 comments)

Comments left not applicable / Hartfields service not used	48 comments
Comments left relating to accessing appointments	237 comments: main theme delay in telephone answering, wanting to see a GP, lack of appointment availability
Comments left relating to access, mobility and transport issues	105 comments: main concerns distance to other sites, change in transport needs, prefer to go to Hartfields
General comments left	52 comments: main theme difficulty accessing appointments
Comments left relating to the practice in general (as a whole)	49 comments: most concerned about decreased access and continuity of care

Q15: 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 (0 comments)

NB: Multiple answers were selected

Answer Choices	Responses	
None of the above	10.95%	111
Booking appointments online	67.06%	680
Ordering repeat prescriptions online	71.50%	725
Accessing your medical records online	46.35%	470
Video appointments	21.99%	223
e-Consultations	39.94%	405
Don't know	6.71%	68
	Answered	2682

No comments made	2682
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Q16: 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. (341 comments)

Answer Choices	Responses	
Booking appointments online	23.40%	241
Ordering repeat prescriptions online	44.47%	458
Accessing your medical records online	17.18%	177
Video appointments	2.62%	27
e-Consultations	25.83%	266
Don't know	4.47%	46
None of the above (if possible explain why)	33.11%	341
	Answered	1556

Comments relating to accessing appointments / Not applicable / service not used	341 comments: main findings no internet/smart phone, patients prefer to phone, some found online services too difficult to use / not registered / lost password. Most patients want to see or speak to a person not use online services
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Q17: Looking ahead to the next 12 months do you think you would consider using any of the following? (192 comments)

NB: Multiple answers were selected

Answer Choices	Responses	
Booking appointments online	62.00%	633
Ordering repeat prescriptions online	57.69%	589
Accessing your medical records online	33.99%	347
e-Consultations	32.22%	329
Don't know	9.30%	95
None of the above (if possible explain why)	18.81%	192
	Answered	2185

Comments relating to accessing appointments	15 comments: main theme difficulty accessing appointments, rather have a F2F appointment
Comments not applicable / Hartfields service not used	116 comments: main theme no internet/smartphone
General comments left	61 comments: main theme prefer to speak to a person

Q18: If Hartfields Medical Centre closed permanently how concerned would you be about accessing healthcare? (0 comments)

If Hartfields Medical Centre closed permanently how concerned would you					
Extremely concerned		Very concerned		Neutral	
37.27%	388	14.89%	155	11.43%	119
Slightly concerned		Not at all concerned		Don't know	
8.17%	85	25.84%	269	2.40%	25
				Total	Weighted Average
				1041	2.78
				Answered	1041

No comments made	1041
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Q19: If you do have concerns (if Hartfields closed permanently), could you please tell us what they would be? (646 comments)

Comments left stated not applicable / no concerns for Hartfields closure	45 comments: no concerns (28) not applicable (12)
Comments left regarding the practices in general	12 comments
Comments regarding accessing appointments	245 comments: main themes difficulty accessing appointment, difficulty getting through on phone, wanting to see a GP F2F
General comments	135 comments : main themes concerned about losing access, care for people in the area, deteriorating waiting times, new housing development planned

Comments regarding concerns for other sites	36 comments: may lead to other sites closing, impact on other practices, increased volume of patients for other sites and access
Comments stating considering leaving practice	18 comments
Comments relating to access, mobility and transport issues	155 comments: main theme increased difficulty getting to other sites and the time taken

Q20: If you have any further comments to make, please add these in the box below (449 comments)

Comments left stated not applicable / no concerns for Hartfields closure	72 comments: recorded as none or not applicable
Comments left with positive feedback	6 comments: thanking the practice for the service we deliver
Comments regarding accessing appointments	89 comments
General comments / practice in general / online services / access, mobility and transport issues	230 comments: difficulty with telephone access, difficulty getting an appointment, wanting to see a GP F2F, concern about reduction in general capacity, several views expressing anger at the closure of Hartfields
Comments with requests to stay open	52 comments

Summary of appointment availability

2019/2020 and 2020/2021

2019/2020

Pre-COVID

	VMC	Throston	McKenzie House	Wynyard Road	Hartfields	Total
Available Appointments	32075	18945	52816	25171	16757	145,764

2020/2021

During COVID

	VMC	Throston	McKenzie House	Wynyard Road	Hartfields	Total
Available Appointments	48475 <i>*13045 were COVID vaccination appointments</i>	18141	78070	28208	N/A	172,894 *159,849 not including COVID vaccination appointments

Site attend for face to face appointments
By residents in Hartfields / Extra care village

31st March 2019 – 1st April 2020 Pre-COVID

Number of face to face appointments attended

VMC	Throston	McKenzie House	Wynyard Road	Hartfields
48	23	35	18	819

OVERALL TOTAL: 954 APPOINTMENTS