

AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 15 December 2022

at 10.00 am

**in Committee Room B,
Civic Centre, Hartlepool**

MEMBERS OF AUDIT AND GOVERNANCE COMMITTEE:

Councillors Allen, Cook, Cowie, Creevy, Falconer, Feeney, Hall, Loynes, D Nicholson and Smith.

Standards Co-opted Independent Members: - 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.

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 24 November 2022 (*to follow*)

4. **AUDIT ITEMS**

4.1 Internal Audit Plan 2022/23 Update – *Head of Audit and Governance*

5. **OTHER ITEMS FOR DECISION**

No items.

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

6. **STANDARDS ITEMS**

No items.

7. **STATUTORY SCRUTINY ITEMS**

Crime and Disorder Scrutiny

No Items.

Health Scrutiny

7.1 Outcome of Hartfields Phase 2 Engagement

(a) Covering Report – *Statutory Scrutiny Manager*;

(b) Report and Presentation – McKenzie Group Practice/NHS North East and North Cumbria Integrated Care Board (ICB)

(c) Verbal written/input from:

- Ward Councillors;
- The MP for Hartlepool;
- Healthwatch;
- Joseph Rowntree Housing Trust; and
- Interested Groups/Bodies/Residents

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

No items.

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

No items.

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

No items.

11. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

12. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

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

No items.

14. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Forthcoming Meetings: -

Thursday 12 January, 2023 at 10.00 am

Thursday 9 February, 2023 at 10.00 am

Thursday 16 March, 2023 at 2.00 pm

All meetings will take place at the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

24 NOVEMBER 2022

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Rob Cook (In the Chair)

Councillors: Allen, Creevy, Falconer, Feeney, Hall, Loynes and D Nicholson

Co-opted Members:

Martin Slimings and Tracy Squires – Independent Members

Also Present:

Gavin Barker and Ross Woodley, Mazars
Philip Kerr, Contracts Manager, North East NHS Independent Complaints
Advocacy Service (ICA)
Ray Martin-Wells, Associate Director of Governance and Transformation,
North Tees and Hartlepool NHS Foundation Trust
Steve Thomas, Healthwatch

Officers: Chris Little, Director of Resources and Development
Penny Thompson, Head of Housing and Hardship Services
Joan Stevens, Statutory Scrutiny Manager
Gemma Jones, Scrutiny and Legal Support Officer
Denise Wimpenny, Principal Democratic Services Officer

41. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Cowie and Smith and Parish Councillor Alan O'Brien (Greatham)

42. Declarations of Interest

None

43. Minutes of the meeting held on 29 September 2022

Confirmed.

44. The 2021/22 Financial Report (including the 2021/22 Statement of Accounts) *(Director of Resources and Development)*

The Director of Resources and Development submitted for the Committee's consideration the Audit Completion Report and the 2021/22 Financial Report, copies of which were appended to the report. Background information in relation to the Accounts and Audit Regulations as well as the timescales for completion of the Annual Report were provided, as set out in the report. The Council had been informed by its external auditors Mazars that their annual report would not be published by the deadline of 30 September, the reasons for which were outlined. The Director indicated that despite these issues the external audit was at a good position with only technical accounting issues remaining outstanding.

The representatives from Mazars, outlined the principle findings of the audit report and commented on the challenges facing Mazars in completing the 2021/22 annual report which was also affecting other councils. Information was awaited from the audit of the Pension Fund and a technical issue needed to be resolved in relation to infrastructure assets before the audit opinion could be signed off.

In concluding the presentation, the representative from Mazars referred to the appendices attached to the report and advised that whilst the value for money work had not been concluded there were no significant issues to report to Members and that the financial statements were of good quality.

In the discussion that followed the Director of Resources and Development and Mazars representatives responded to queries raised arising from the report. Clarification was provided in relation to the challenges facing the external auditor, the academy issues impacting on reserves, treasury management arrangements, the impact on the overall budget position as well as an explanation on the unadjusted misstatements.

Recommended

1. Members noted the matters raised in Mazars' Audit Completion Report (ACR) detailed in Appendix A to the report.
2. It was noted that the Financial Report, attached at Appendix B, had been updated for the adjustments set out in Section 6 of the ACR.

45. Independent Complaints Advocacy Service Update

(Statutory Scrutiny Manager/North Tees NHS Independent Complaints Advocacy Services)

The Contracts Manager from the North East NHS Independent Complaints Advocacy Service (ICA) provided the Committee with an update in relation to the level and type of complaints from Hartlepool residents being dealt with by the service as set out in an appendix attached to the report. In presenting the report, the Contracts Manager highlighted salient positive and negative data and responded to queries in relation to complaint figures by type.

In the lengthy discussion that followed, a number of concerns were raised regarding the lengthy telephone waiting times when contacting GP surgeries, examples of which were shared with the Committee. In response to concerns that there appeared to be some confusion around where complaints should be directed, Members were advised that whilst complaints of this type should, in the first instance, be directed to the provider, there was an option to obtain support from the Advocacy Service, Healthwatch and Patient Advice and Liaison Services (PALS), details of which were provided. It was highlighted that there was also the option to direct NHS related complaints to NHS England, the process of which was outlined. The Contracts Manager commented on the high number of complaints that should be dealt with locally being inappropriately directed to the ombudsman and information on the measures introduced to address this was highlighted.

In concluding the update, the importance of partnership working was emphasised to ensure complaints were referred appropriately and Members were encouraged to peruse the website and encourage residents to refer complaints to the Advocacy Service.

The Healthwatch representative welcomed the update and took the opportunity to invite the Advocacy Representative to a coffee morning of Healthwatch to share this information and discuss partnership working arrangements going forward. Feedback was provided from a recent report commissioned by Healthwatch in relation to access to GP services which identified issues around poor communication and a lack of awareness of health services available generally, the actions from which would be reported to a future meeting of the Health and Wellbeing Board and/or the Audit and Governance Committee. Individual experiences of difficulties accessing GP appointments and the impact as a result were shared with the Committee.

Recommended

That the report and comments of Members be noted.

46. North Tees and Hartlepool Foundation Trust Update – Verbal Update by Representatives of the Trust

A representative from North Tees and Hartlepool Foundation Trust, who was in attendance at the meeting, provided a verbal update on the work of the Foundation Trust. The update included details of the triage arrangements in Accident and Emergency which ensured the most urgent patients were dealt with first and was pleased to report that whilst the Trust were in the top 10% in terms of handover times from ambulance services there had been an increased workload as a result. In relation to Hartlepool Hospital, work was currently ongoing on a submission for one of the very first elective hubs in the region which would provide a Centre for Excellence for Elective Care.

The update included an overview of developments at Hartlepool Hospital, which included knee and hip surgery, with Hartlepool being one of the best in the country. Additional planned services at Hartlepool Hospital would include orthopaedics, spinal, hand and breast surgery. Details of changes to staffing arrangements were provided which included the appointment of a new Associate Director of Midwifery as well as an anti-natal position aimed to strengthen the commitment to Hartlepool's Rowan Suite with a view to increasing the number of births in Hartlepool.

It was reported that the recently established Integrated Care Board would be responsible for overseeing these services. Work was also ongoing in terms of collaboration of the South Tees Foundation Trust, the outcome of which would be presented to a future meeting of this Committee.

In the discussion that followed Members commented on issues arising from the update. Clarification was provided regarding the remit of the Integrated Care Board and the measures in place to improve recruitment of clinicians and nursing staff. In response to queries raised the Committee was advised of the circumstances in which clinicians recommended high risk patients to give birth in North Tees. Members noted the increase in the number of home births in Hartlepool and took the opportunity to convey thanks to the Trust for the opportunity for Members of the Committee to visit the Rowan Suite.

In response a clarification sought, the representative advised that a consultation report would be presented to Members in the New Year in relation to collaboration arrangements between South and North Tees.

Recommended

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

47. Scrutiny Investigation into Child and Family Poverty – Final Report (*Statutory Scrutiny Manager*)

The Statutory Scrutiny Manager presented the Committee's draft final report of the investigation into Child and Family Poverty in Hartlepool. The report included the findings of the investigation and the Statutory Scrutiny Manager drew Members attention to the conclusions and recommendations and highlighted the concerns that despite the Government's commitment to eradicate poverty by 2020 the situation had worsened with Hartlepool showing a 10% increase which was significantly higher than the average. Concerns were also expressed that 75% of children who lived in relative poverty were from a household where at least one adult worked. The factors contributing to poverty were outlined including the impact of Covid 19, the rising cost of living and the activities and services provided to prevent, eradicate and remove barriers out of child poverty.

The Scrutiny Support Manager took the opportunity to convey thanks to the Head of Housing and Hardship Services and Assistant Director of Joint Commissioning as well as a number of external representatives for their willingness and co-operation and invaluable contributions to the investigation.

The Head of Housing and Hardship Services provided a brief summary of the current position in Hartlepool in terms of poverty and commented that data revealed that in a typical classroom size of 30, on average 13 children were living on or below the breadline with more than 75% from working families.

Members discussed several aspects of the report and raised a number of concerns in terms of the data presented, particularly in relation to the number of children living in poverty and were keen to see regular updates in this regard. The Head of Housing and Hardship Services responded to issues raised arising from the report. In response to a query raised, the Head of Housing and Hardship Services agreed to explore whether levels of poverty in Hartlepool were linked to malnutrition issues. With regard to the conclusions, concerns were expressed that the North East was seeing a much steeper rise in child and family poverty than the rest of the UK, which included families both in and out of work. The Committee commented on the direct links between higher levels of poverty and health inequalities.

Members also suggested that the development of schemes and strategies should take into consideration the differing impact across individual wards and requested that this be included in the recommendations. This being particularly relevant given that whilst 39% of children across Hartlepool lived below the breadline, some wards had poverty levels in excess of 50%. Emphasis was placed upon the need for the Committee to monitor the recommendations contained within the report in conjunction with an update on poverty in Hartlepool.

The Chair commended the report to the Committee and thanked the Statutory Scrutiny Manager, officers and all contributors for the significant work and support they had provided throughout the investigation.

Recommended

- (a) That the draft final report on the Committee's investigation into Child and Family Poverty be approved, subject to the inclusion of additional comments outlined above in relation to the conclusions and inclusion of additional recommendations as set out in bold:-
- i) Exceptional services are provided in Hartlepool to mitigate the effects of poverty and these are the predominant focus of Hartlepool Council poverty activities. However, going forward, strategies and services need to move towards a more hands up/prevention/route out of poverty focused model lead to deliver more impactful change. As is being planned by the Trussell Trust Foodbank and The Joseph Rowntree Foundation.
 - ii) The voluntary Socio Economic Duty be potentially adopted with the assistance of a working group that will look into:
 - What is required to facilitate the formal adopt the Socio Economic Duty;
 - What would be the benefits of its adoption;
 - How might it reduce poverty; and
 - What all of the above mean in practical and financial terms for the Council.
 - iii) The establishment of a Hartlepool Poverty Truth Commission be progressed with the assistance from Thrive Teesside and the Poverty Truth Network. The purpose being to incorporate lived experience of socio economic disadvantage at all levels of decision making and policy development.
 - iv) The development of schemes and strategies take into consideration the differing impact across individual wards;**
 - v) As and when the outcomes of ongoing national work in relation to best practice and service improvement becomes available, a further refresh of the new Child and Family Poverty Strategy be undertaken.
 - vi) The implementation of the recommendations contained within the report to be monitored by the Audit and Governance Committee, in conjunction with an update on poverty in Hartlepool.**
- (b) That the comments of Members be noted and actioned as appropriate.

Following a brief comfort break, the Committee reconvened to consider the remaining business.

48. Accessibility of Council Services for those with Disabilities and Lifelong Conditions – Council Referral *(Statutory Scrutiny Manager)*

The Statutory Scrutiny Manager referred Members to the report which sought Members consideration of the results of the consultation exercise and to approve comments and recommendations for inclusion in the final report. The report provided background information to the Council referral on 25 February 2021 to Audit and Governance Committee to review Council regeneration and development activity and accessibility to services for those with disabilities and lifelong conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made.

The report included details of the conduct of the investigation, national, regional and Hartlepool levels of disability data as well details of consultation and engagement arrangements.

In support of the report the Scrutiny Support Manager and Legal and Scrutiny Support Officer provided a joint detailed and comprehensive presentation which focussed on the consultation process as well as results of the consultation.

The presentation included an overview of the following:-

- Consultation – mystery shopper events, consultation workshops, 14 responses to quick poll, 49 responses to survey, 90% of survey participants considered themselves to have a condition or illness lasting longer than 12 months
- Results of individual experiences when asking for help to use Council services
- Results of responses when asked was using the Council service a positive experience
- Results of responses when asked why was using the Council service a negative experience
- Mystery shopper – 8 participants, 7 scenarios – via telephone, website, in person
- Details of positive feedback received

- Areas to improve, key findings and challenges

In the discussion that followed, the Committee commented on issues arising from the presentation. Emphasis was placed upon the importance of listening to service user needs, the need to recognise hidden disabilities, and the importance of sharing good practice. It was highlighted that the current hearing aid loop system in the Civic Suite was not compatible with modern hearing aids. Clarification was provided in response to queries raised around the timescales for introducing joint operating procedures.

The Healthwatch representative welcomed the investigation, highlighting the importance of addressing accessibility issues across the board and commented on the benefits of ongoing work in terms of a community led support approach in Adult Services where the community were influencing the way in which they were supported. The various issues which provided a positive impact were outlined as well as the work that Healthwatch were involved in. Current work included ongoing training with hubs around dual sensory impairment. Emphasis was placed upon the importance of partnership working across organisations and sharing best practice. The need to carefully consider access needs when organising large events and at the planning stage for any new building developments.

Recommended

That the contents of the presentation and comments be noted and be utilised to formulate recommendations for inclusion in the final report.

49. Final ICB Strategy – Promotion of Consultation (Statutory Scrutiny Manager)

The Scrutiny Support Manager advised that the Integrated Care Partnership was currently developing a strategy setting out its ambitions and goals to improve the health of our communities as well as how it would make these ambitions become a reality. A consultation on the draft strategy was now being undertaken and the Committee was asked to formulate a response to the consultation for submission by the 24 November deadline. Members were encouraged to complete the survey and of the option to feed any comments into the Health and Wellbeing Board.

Recommended

That the information given be noted.

50. Minutes of Recent Meeting of the Health and Wellbeing Board held on 4 July 2022

Received.

51. Minutes of Recent Meeting of the Safer Hartlepool Partnership held on 18 July 2022

Received.

52. Date and Time of Next Meeting

It was reported that the meeting would be held on Thursday 15 December 2022 at 10.00 am where the outcome of the engagement exercise in relation to Hartfields would be considered.

The meeting concluded at 5.15 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

15th December 2022



Report of: Head of Audit and Governance

Subject: INTERNAL AUDIT PLAN 2022/23 UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the progress made to date completing the internal audit plan for 2022/23.

2. BACKGROUND

- 2.1 In order to ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan. Regular updates allow the Committee to form an opinion on the controls in operation within the Council. This in turn allows the Committee to review fully the Annual Governance Statement, which will be presented at this meeting of the Committee, and after review, will form part of the statement of accounts of the Council.

3. PROPOSALS

- 3.1 That members consider the issues within the report in relation to their role in respect of the Councils governance arrangements. In terms of reporting internally at HBC, Internal Audit produces a draft report which includes a list of risks currently faced by the client in the area audited. It is the responsibility of the client to complete an action plan that details the actions proposed to mitigate those risks identified. Once the action plan has been provided to Internal Audit, it is the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited is then reported to the Audit and Governance Committee.
- 3.2 The benefits of this reporting arrangement are that ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation, making managers more risk aware in the performance of their duties. Greater assurance is gained that actions necessary to mitigate risk are implemented and less time is spent by both Internal Audit and management in ensuring audit reports are agreed. A greater breadth of assurance is given

to management with the same Internal Audit resource and the approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent. Internal Audit can also demonstrate the benefit of the work it carries out in terms of the reduction of the risk faced by the Council.

- 3.3 Table 1 summarises the assurance placed on those audits completed with more detail regarding each audit and the risks identified and action plans agreed provided in Appendix A.

Table 1

Audit	Assurance Level
Supporting Families Grant	Satisfactory
Youth Employment Initiative Q4	Satisfactory
Iclipse/Enterprise IT system	Limited
Health and Safety	Limited
Software Controls	Satisfactory
I T Access Policy	Satisfactory
Network Controls	Satisfactory
Controcc/Carefirst Controls	Satisfactory
Treasury Management	Satisfactory
Local Council Tax Support Scheme	Satisfactory
Leaving Care Allowances	Satisfactory

- 3.4 For Members information, Table 2 below defines what the levels of assurance Internal Audit places on the audits they complete and what they mean in practice:

Table 2

Assurance Level	Meaning
Satisfactory Assurance	Controls are operating satisfactorily and risk is adequately mitigated.
Limited Assurance	A number of key controls are not operating as intended and need immediate action.
No Assurance	A complete breakdown in control has occurred needing immediate action.

- 3.5 Members will have noted that both the Iclipse/Enterprise IT System audit and Health and Safety audit were assessed as limited assurance. The reason for this assessment is outlined below:

Iclipse/Enterprise IT System is the software that manages the Councils electronic document management requirements. A review of the migration from the Iclipse system to the new Enterprise system was reviewed. Whilst it was found that a structured approach to system migration has been undertaken, and the migration project has largely been successfully managed, a number of significant risks were identified with the ability of the end product to support Council operations as well as fundamental Information Governance

weaknesses. Following completion of the migration project, a number of system issues have been identified, resulting in the Council being unable to sign off the User Acceptance Certificate / Project Sign Off until they are resolved.

Work is progressing on resolving these issues based on their level of priority. The inability to assign retention and disposal rules to documents as a result of indexing problems encountered during the migration process means that a key principal of Data Protection legislation is not being complied with. This was an ongoing issue with the Iclipse system which was intended to be resolved in the conversion to the Enterprise system. A detailed action plan to mitigate risk identified is outline in Appendix A.

- 3.6 The main reason the assurance level is judged as limited in relation to the Health and Safety audit is because compliance with the health & safety policy across the organisation is inconsistent. Issues were also identified relating to the fact that there are no terms of reference in place for the Corporate and Departmental Health & Safety Committees, the health & safety policy is not covered in the corporate induction process and the approach to training staff is inconsistent. No Risk Assessments were in place for 6 services out of 22 reviewed, no review of a Risk Assessment was carried out in last 24 months for 9 services out of 22 reviewed and there was no evidence of compliance monitoring for 6 services out of 22 reviewed. As well as the action plan agreed as detailed in Appendix A, Corporate Management Team has also agreed to review the areas of risk identified.
- 3.7 As well as completing the audits previously mentioned, Internal Audit staff have been involved with the following working groups:
- Information Governance Group.
- 3.8 Internal Audit staff are providing assurance to the Business, Energy and Industrial Strategy Department (BEIS) in respect of the payments of the Governments Business Support Grant Scheme and the Discretionary Business Support Grant Scheme. This requires us to provide detailed evidence supporting payments made to individuals and firms who were awarded those grants.
- 3.9 Table 3 below details the audits that were ongoing at the time of compiling the report.

Table 3

Audit	Objectives
Agency Residential Placements	Ensure placements made are appropriate, authorised and monitored
Benefits - Housing	Ensure benefits are payed in line with statutory requirements
Budgetary Control	Ensure budgets are monitored and managed in line with best practice

Choice Based Lettings, Housing Aid, Homelessness and Landlord Accreditation	Ensure landlord services are provided in line with statutory requirement sand best practice.
Contain Outbreak Management Fund	Grant is managed in line with terms and conditions.
Council Tax	Ensure council tax is set collected and monitor in line with statutory requirements.
Creditors	Ensure creditors are managed in line with statutory requirements and HBC procedures.
Debtors	Ensure debtors are managed in line with statutory requirements and HBC procedures.
ESF Grant	Grant is managed in line with terms and conditions.
Legionella Management	Adequate arrangements are in place to manage service in line with statutory requirements.
Local Council Tax Support Scheme	Ensure Local Council Tax Support Scheme is managed in line with statutory requirements and HBC procedures.
Main Accounting	Ensure Main Accounting System is adequately controlled ensuring accuracy and accountability.
National Fraud Initiative (NFI)	Manage NFI process.
Non Domestic Rates (NDR)	Ensure Non Domestic Rates are managed in line with statutory requirements and HBC procedures.
Procurement	Ensure adequate procedures are in place to manage procurement in line with statutory and HBC procedures.
Risk Management	Ensue risk management strategies and policies are embedded across the organisation.
Salaries and Wages	Ensure Salaries and Wages are managed in line with statutory requirements and HBC procedures.
Social Care - Carers Service	Ensure Carers Service is operating effectively and efficiently.
Supporting Families Grant - Claim 3	Grant is managed in line with terms and conditions.
Ward Jackson Primary School	School admin services are provided in line with best practice.
Working from Home - Data Protection Compliance	Risks associated with working from home are adequately mitigated.
Working from Home - H&S Compliance	Risks associated with working from home are adequately mitigated.
Youth Employment Initiative Grant - Claim 3	Grant is managed in line with terms and conditions.

4. RISK IMPLICATIONS

- 4.1 There is a risk that if Members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, this would lead to the Committee being unable to fulfil its remit.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

11.1 There are no environment, sustainability and climate change considerations.

12. RECOMMENDATIONS

12.1 It is recommended that Members note the contents of the report.

13. REASON FOR RECOMMENDATIONS

13.1 To ensure that the Audit and Governance Committee meets its remit, it is important that it is kept up to date with the ongoing progress of the Internal Audit section in completing its plan.

14. BACKGROUND PAPERS

14.1 Internal Audit Reports.

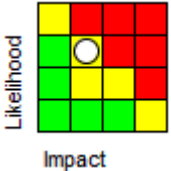
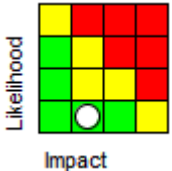
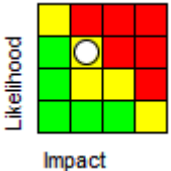
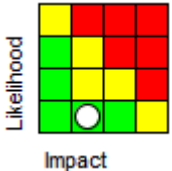
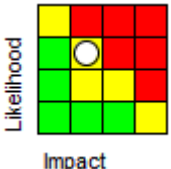
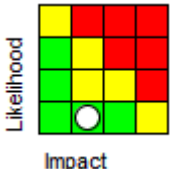
15. CONTACT OFFICER

15.1 Noel Adamson
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TS24 8AY

Tel: 01429 523173

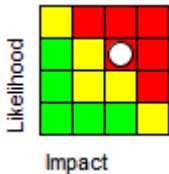
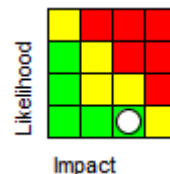
Email: noel.adamson@hartlepool.gov.uk

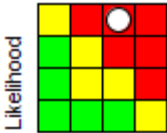

Appendix A

Audit	Objective	Assurance Level		
Supporting Families Grant	Ensure terms and conditions of grant adhered to.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
If sufficient evidence is not in place to verify eligibility and achievement of successful outcomes, claims for results payment may not be valid resulting in a reduction of the amount to be claimed. Any incidents of domestic violence arising from June 30th will not be identified.		Due to a member of staff being off on long term sick leave, alternative arrangements had to be made to get hold of ASB and DV data. As the only person with access to the system used to extract this data was not available, another system had to be used and the latest available data was provided. Discussions are now ongoing with Cleveland Police to ensure this does not happen again. The requirements of the programme will change on the 1st October 2022 so new safeguards can be built into the new structure to ensure consistent data is available		
If sufficient evidence is not in place to verify eligibility and achievement of successful outcomes, claims for results payment may not be valid resulting in a reduction of the amount to be claimed		We have had a change of DWP employment advisors which has caused some disruption to the process of checking employment claims. As the new EA has come from another area, he does not yet have full access to Hartlepool information in DWP systems. This is being addressed and he should have full access soon. The Supporting Families team also do not have access to the Council's iWorld system and there can sometimes be conflicting information in iWorld and DWP systems. However, all claims are usually checked by the EA who will advise when there are conflicts.		
If effective arrangements for recording and demonstrating eligibility and / or successful outcomes for eligible families are not in place, claim for results payment may not be accurate and complete or duplicate claims may be made, resulting in a reduction in the amount to		This was an oversight in the checking of data. It is possible to 're-claim' for a family in particular circumstances. However, the criteria had not been met for these two families. How we identify families will change from 1st October to meet the requirements of the new programme and the family database will need		

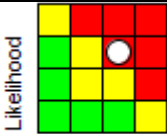
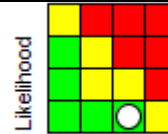
be claimed		to be reviewed to make sure the terms of the programme are met. This should highlight any remaining duplicates on the list.	
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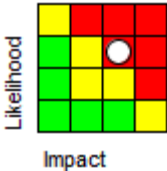
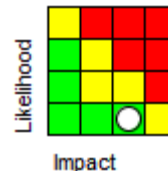
Audit	Objective			Assurance Level
Youth Employment Initiative Q2	Ensure terms and conditions of grant adhered to.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

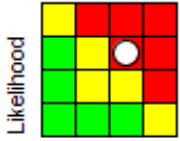
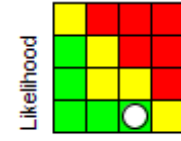
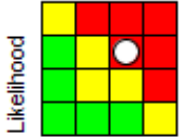
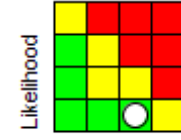
Audit	Objective			Assurance Level
Iclipse/Enterprise IT system	Ensure adequate IT controls are in operation.			Limited
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
Operational tasks may not be performed effectively if staff are not able to operate the system correctly.		 <p>Likelihood</p> <p>Impact</p>	<ul style="list-style-type: none"> Test and Train staff across the whole system once the bespoke software is in place and agree any new business processes that are required within the department Install bespoke software into the LIVE environment to run alongside Enterprise version 4.3 – This should resolve the indexing issues currently being experienced. Install Enterprise v4.41 into TEST environment, Test and train staff on this new version of Enterprise that should address a number of performance issues, including the viewing of documents 	 <p>Likelihood</p> <p>Impact</p>

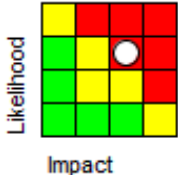
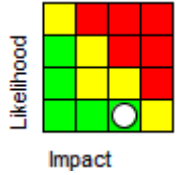
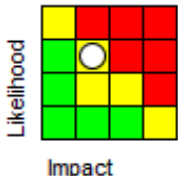
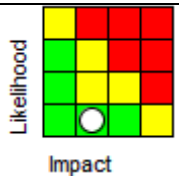
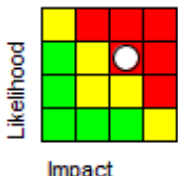
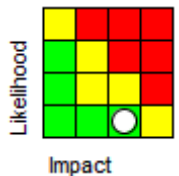
<p>There may be a detrimental impact on Council performance and breach of Data Protection / GDPR requirements.</p>		<ol style="list-style-type: none"> 1) New bespoke software module to be delivered by NEC to address indexing issues – the key element that is causing the most disruption to the R&B service. The advantages of the new module will also be applicable in other business areas, although none of the other areas are suffering in the same manner due to how they operate the product – i.e. only use the solution as a storage cabinet. Work in those areas is actioned from the emails and paperwork before being captured into Enterprise. 2) Install bespoke software module onto the TEST environment to run alongside Enterprise version 4.3 (the current LIVE version) 3) Test and Train staff across the whole system once the bespoke software is in place and agree any new business processes that are required within the department 4) Install bespoke software into the LIVE environment to run alongside Enterprise version 4.3 – This should resolve the indexing issues currently being experienced. 5) Install Enterprise v4.41 into TEST environment 6) Test and train staff on this new version of Enterprise that should address a number of performance issues, including the viewing of documents 7) Install Enterprise v4.41 into LIVE environment 8) At this stage staff should be operating successfully with the full features of Enterprise available 9) Start to operate Retention & Disposal processes across the Enterprise solution; Current policy and IG compliance will be reviewed for R&B documentation prior to reaching task 9 in the plan 	
<p>The project may not be managed in accordance with sound project management standards resulting in a system that does not comply with organisational or legislative requirements.</p>		<ol style="list-style-type: none"> 1) New bespoke software module to be delivered by NEC to address indexing issues – the key element that is causing the most disruption to the R&B service. The advantages of the new module will also be applicable in other business areas, although none of the other areas are suffering in the same 	

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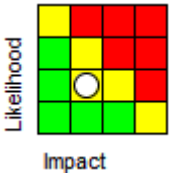
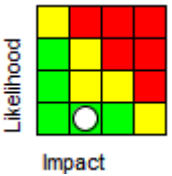
	 <p>Likelihood</p> <p>Impact</p>	<p>manner due to how they operate the product – i.e. only use the solution as a storage cabinet. Work in those areas is actioned from the emails and paperwork before being captured into Enterprise.</p> <ol style="list-style-type: none"> 2) Install bespoke software module onto the TEST environment to run alongside Enterprise version 4.3 (the current LIVE version) 3) Test and Train staff across the whole system once the bespoke software is in place and agree any new business processes that are required within the department 4) Install bespoke software into the LIVE environment to run alongside Enterprise version 4.3 – This should resolve the indexing issues currently being experienced. 5) Install Enterprise v4.41 into TEST environment 6) Test and train staff on this new version of Enterprise that should address a number of performance issues, including the viewing of documents 7) Install Enterprise v4.41 into LIVE environment 8) At this stage staff should be operating successfully with the full features of Enterprise available 9) Start to operate Retention & Disposal processes across the Enterprise solution; Current policy and IG compliance will be reviewed for R&B documentation prior to reaching task 9 in the plan 	 <p>Likelihood</p> <p>Impact</p>
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<p>The Council may not be complying with Data Protection / GDPR legislation resulting in potential significant financial penalties.</p>		<ol style="list-style-type: none"> 1) New bespoke software module to be delivered by NEC to address indexing issues – the key element that is causing the most disruption to the R&B service. The advantages of the new module will also be applicable in other business areas, although none of the other areas are suffering in the same manner due to how they operate the product – i.e. only use the solution as a storage cabinet. Work in those areas is actioned from the emails and paperwork before being captured into Enterprise. 2) Install bespoke software module onto the TEST environment to run alongside Enterprise version 4.3 (the current LIVE version) 3) Test and Train staff across the whole system once the bespoke software is in place and agree any new business processes that are required within the department 4) Install bespoke software into the LIVE environment to run alongside Enterprise version 4.3 – This should resolve the indexing issues currently being experienced. 5) Install Enterprise v4.41 into TEST environment 6) Test and train staff on this new version of Enterprise that should address a number of performance issues, including the viewing of documents 7) Install Enterprise v4.41 into LIVE environment 8) At this stage staff should be operating successfully with the full features of Enterprise available 9) Start to operate Retention & Disposal processes across the Enterprise solution; Current policy and IG compliance will be reviewed for R&B documentation prior to reaching task 9 in the plan 	
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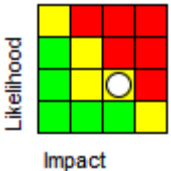
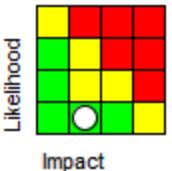
Audit	Objective	Assurance Level		
Health and Safety	Ensure terms and conditions of grant adhered to.	Limited		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
If formal terms of reference are not in place, meetings may not be undertaken in accordance with corporate requirements.		Review the administration and governance departmental health and safety committee including terms of reference and standard agendas.		
Failure to comply with legislation may result in significant financial penalties if the event of an incident.		All audit reports now to be reported to appropriate Assistant Director and Assistant Director for Corporate Services to maintain an overview. Where specific reference to a complete lack of risk assessment or poor quality risk assessment is made, this is to be flagged by H&S team member to both AD's. Trends on risk assessments to be standing agenda item at Departmental Committees and on quarterly report to CMT. Refresh training on risk assessments and provide a mini training session on risk assessments, including 'drop in' session.		

H&S Inspections / Fire Risk Assessments may not be undertaken of premises if they have not been identified and included in the database of scheduled visits.		Premises database to be refreshed and list of premises managers agreed.	
Staff may not report relevant incidents / near misses if they are not aware of the requirement to do so.		Undertake communications campaign on near miss reporting and devise new form to make it easier to report.	
Evidence may not be in place to validate conclusions of Fire Risk Assessment reports		Working papers to be retained with immediate effect.	

Audit	Objective		Assurance Level
Software Controls	Ensure adequate IT controls are in operation.		Satisfactory
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified			

Audit	Objective	Assurance Level		
IT Access Policy	Ensure adequate IT controls are in operation.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
Audit testing is not based on the most recent HBC Policy resulting in incorrect advice being supplied to application owners, controls not being tested and issues not being identified and subsequent weaknesses in processes.		The Information Governance Group have reviewed and amended the IT Access Policy to ensure the process is clear.		

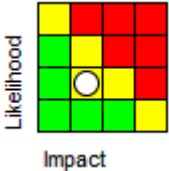
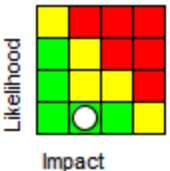
Audit	Objective	Assurance Level		
Network Access Controls	Ensure adequate IT controls are in operation.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
No unmitigated risk identified.				

Audit	Objective	Assurance Level		
Controcc/Carefirst Controls	Ensure adequate IT controls are in operation.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
<p>Unauthorised access could be gained to the system resulting in inappropriate access to personal / sensitive information that may be used fraudulently or maliciously.</p>		<p>1. Enhanced User Access procedure to be developed for usage by ASC Management Information staff (JQ/IW) to ensure all safeguards are covered when arranging access for a new staff member/returning staff member to CareFirst/ContrOCC to ensure security is set up correctly and in line with Corporate policies.</p> <p>2. Formally contact Hartlepool Carers staff and Thirteen Group staff by individual group emails to ensure staff still require access to CareFirst/ContrOCC each quarter. If no confirmation received from a worker within two weeks of the date sent, access to systems will be terminated. If a worker misses that email (sickness or holidays for example) and then replies late, access will be reinstated on receipt of that email. If we discover through an email/phone call that a User has left employment in-between the quarterly checks we will terminate access immediately.</p>		

Audit	Objective	Assurance Level		
Treasury Management	Ensure Treasury Management is delivered in line with statutory and regulatory guidance/best practice.	Satisfactory		
Risk Identified	Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented	
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Local Council Tax Support Scheme	Ensure Local Council Tax Support Scheme is delivered in line with statutory and regulatory guidance/best practice.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
No unmitigated risk identified.				

Audit	Objective			Assurance Level
Leaving Care Allowances	Review eligibility to payments, carers payments are accurately and promptly processed and are in accordance with the Pathway Plan, care leavers payments are accurately and promptly processed and in accordance with the Pathway Plan, ensure a Pathway Plan is in place and this is regularly reviewed and ensure a Personal Advisor has been appointed.			Satisfactory
Risk Identified		Risk Level prior to action implemented	Action Agreed	Risk Level after action implemented
The young person may not meet the eligibility criteria.			Full review of Financial Policy to be carried out.	
Payments may not be in accordance with the Pathway Plan. Rates may not be reviewed annually. Incorrect rates may be paid. Unauthorised payments may occur. Also include a review of the following noted in the local offer: <ul style="list-style-type: none"> Free Active cards Subsidised membership to activities 			Meeting with team managers is required to ensure consistency across both teams is in place regarding payments in line with pathway plans. All forms will have a physical signature. Newly appointed Participation Officer will review care leaver offer as set out above.	

<ul style="list-style-type: none"> • Incentive payment to take part in supporting interviews or participating in national events • Training allowance • Higher Education bursary • Support to pay for a UCAS application form for university • Setting up home allowance • Council Tax exemption. 			
<p>Payments may not be in accordance with the Pathway Plan. Rates may not be reviewed annually. Incorrect rates may be paid. Unauthorised payments may occur. Also include a review of the following noted in the local offer:</p> <ul style="list-style-type: none"> • Free Active cards • Subsidised membership to activities • Incentive payment to take part in supporting interviews or participating in national events • Training allowance • Higher Education bursary • Support to pay for a UCAS application form for university • Setting up home allowance • Council Tax exemption. 		<p>All forms will be signed by YP and SW and manager.</p>	

AUDIT AND GOVERNANCE COMMITTEE

15th December 2022



Report of: Statutory Scrutiny Manager

Subject: Outcome of Hartfields Phase 2 Engagement

1. PURPOSE OF REPORT

- 1.1 To agree the Audit and Governance Committee's response to the extended engagement process in relation to the McKenzie Group's proposed application for closure of Hartfield's Medical Practice.

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 and details of patient list sizes, GP numbers for each and distance / travel times from Hartfield's are attached at **Appendix A**.
- 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 to¹:
- Essential services that may involve replacement of a vacant GP practice or practices;
 - 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.

¹ LMC Guidance ([A8351 Combined.pdf \(lmc.org.uk\)](#))

3. MCKENZIE GROUP PROPOSAL – PROCESS UPDATE

- 3.1 By way of an update for new members of the Committee, a summary is provided below of the process undertaken to date in relation to the McKenzie Group's proposed application for the permanent closure of the Hartfield's Practice.
- 3.1.1 **Mid-March 2020** - The Hartfields Practice, based at Hartfields Extra Care Village, temporarily closed 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.
- 3.1.2 **19th July 2021** - Notice received of the McKenzie Group's intention to submit an application to the Tees Valley Clinical Commissioning Group (CCG) 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 Plan²'.*
- 3.1.3 **19th July 2021 - 29th August 2021** - 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) to explore:-
- i) what patients and stakeholders thought of the proposal to close Hartfields Medical Centre
 - ii) how patients had accessed services during the temporary closure,
 - iii) how the temporary closure had affected patients, and
 - iv) the potential impact on patients and stakeholders should Hartfields Medical Centre close permanently.
- Feedback on this engagement can be found [here](#).
- 3.1.4 **27th August 2021** - The Audit and Governance Committee formulated its response to the engagement process, a copy of which is attached at **Appendix B** for Members information.
- 3.1.5 **23rd September 2021** - The results of the engagement process were presented to the Committee, along with an update on the McKenzie Group's intentions for the progression of the application. Following an assessment of the impact/degree/level of change the Committee also confirmed its view that the proposed site closure constitutes a substantial variation of service (with the resulting requirement for full consultation and potential for the referral of decisions to the Secretary of State, should it be required).

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

Following consideration of the engagement results, and the Audit and Governance Committee's confirmed its position that the proposed closure represents a significant variation of services for the population of Hartlepool. The McKenzie Group agreed that further engagement is required to include options in addition to 'fully open' or 'close'.

- 3.1.6 **30th September 2021** – Full Council was updated on the outcome of the Audit and Governance Committee's discussions with the McKenzie Group. Council delegate authority to the Audit and Governance Committee to make a referral to the Secretary of State should it be deemed necessary following consideration of the closure application by the NHS Tees Valley CCG's Primary Care Commissioning Committee (PCCG).
- 3.1.7 **19th October 2021** - Proposed submission of the McKenzie Group's application to the PCCG deferred.
- 3.1.8 **21st December 2021** - McKenzie Group made a request to the PCCG to extend the temporary closure of the Hartfields Medical Practice. The PCCG rejected the application on the basis that sufficient infection prevention and control procedures are in place along, alongside the prioritisation of the booster programme. The McKenzie Group was required to reopen the Hartfields Practice.
- 3.1.9 **10th February 2022** - The CCG had requested some detailed engagement work as it believed the original situation around Covid-19 had been resolved and the practice was now fully open. It had been intended that a 10 week engagement process commence on 10 January would have been concluded, and reported on, before the election purdah period.

Due to circumstances including Covid-19 staff absences this had not happened and a second date of 28 January had been set with a suggested reduction to the engagement period. However, in order to have a robust and unchallengeable conclusion following the engagement, a full engagement period of 10 weeks was agreed and various options considered with the McKenzie Group. It had subsequently been agreed that as the practice was currently open, and operating, there would be little impact on patients in delaying the engagement process until after the elections in May.

NHS Tees Valley CCG (the CCG) and McKenzie Group are now working collaboratively to carry out an eight-week period of public engagement regarding the provision of services from Hartfields Medical Centre. The engagement running from Monday 9 May 2022 and end at midnight on Sunday 3 July 2022.

Survey link via <https://www.wynyardandhartfields.co.uk/page1.aspx?p=15&t=1>

- 3.1.10 **23 June 2022** – A presentation on the stakeholder engagement session was introduced to the committee by Karen Hawkins and Dr Carl Parker, outlining how patient and stakeholder feedback had been acted upon. The impact of a possible permanent closure will continue to be examined, whilst also exploring

alternatives to Hartfield's being fully open and closed. The timescales for the current engagement were presented, together with details of engagement events and how to access the engagement questions. Analysis of the results and publication of an independent report will follow in due course. It was highlighted that no decisions had been or would be made regarding future provision of services prior to further engagement and consultation, if required. The evaluation report was expected to be presented at the next Audit and Governance Committee meeting on 29th Sept 2022, however, this was delayed to today's meeting.

- 3.1.11 **29th September 2022** - Item removed from agenda. On completion of the engagement exercise, an independent evaluation of the results was undertaken. The complex nature of the data obtained meant that the evaluation report was delayed. An alternative date for November/December to be confirmed. This will include a presentation on the evaluation of the data and The McKenzie Groups proposals in relation to the future of the practice. Services within the practice continue to operate as normal.
- 3.1.12 **15th December 2022** – Hartfield's Medical Practice – Phase 2 Engagement to be discussed at Audit and Governance Committee including -
- i) Covering Report – *Statutory Scrutiny Manager*
 - ii) Engagement Outcome Update Report (*McKenzie Group Practice*)

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 Regulations³ 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.

³ Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013

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.

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 is again undertaking.

5. RECOMMENDATION

5.1 That the Audit and Governance Committee formulate a view for submission as part of the ongoing engagement process, as detailed in Section 3.1.10.

BACKGROUND PAPERS

- (a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.
- (b) Audit and Governance Committee - Agenda and Minutes - 27 August 2021 and 23 September 2021
- (c) Full Council - 30 September 2021

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 (as original proposal in June 2021)

Councillor Rob Cook
Chair Audit and Governance Committee
 c/o Civic Centre
 Hartlepool
 TS24 8AY

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 Your Ref:

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 Telephone: 07587181863



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



The future of Hartfields Medical Centre (McKenzie Group)

Engagement Findings Report

FINAL

November 2022

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1 Executive Summary

1.1 Introduction

Hartfields Medical Centre is one of five practices in the McKenzie Group and located in the Hartfields Extra Care Village.

In March 2020, the practice temporarily closed as it was unable to provide a COVID-safe working environment for staff and patients.

In February 2021, McKenzie Group submitted a draft proposal to close Hartfields Medical Centre permanently.

However, due to a change in national guidance around COVID, the Hartfields Medical Centre was reopened on the 10 January 2022.

To explore the future of Hartfields Medical Centre, NHS Tees Valley CCG (which is now part of NHS North East and North Cumbria Integrated Care Board) and McKenzie Group carried out a piece of public engagement from 9 May to 3 July 2022.

During this period, they engaged with 1,407 patients, stakeholders or members of the public. These individuals either completed a paper or online survey, attended an event, replied to posts on social media or responded to the engagement directly.

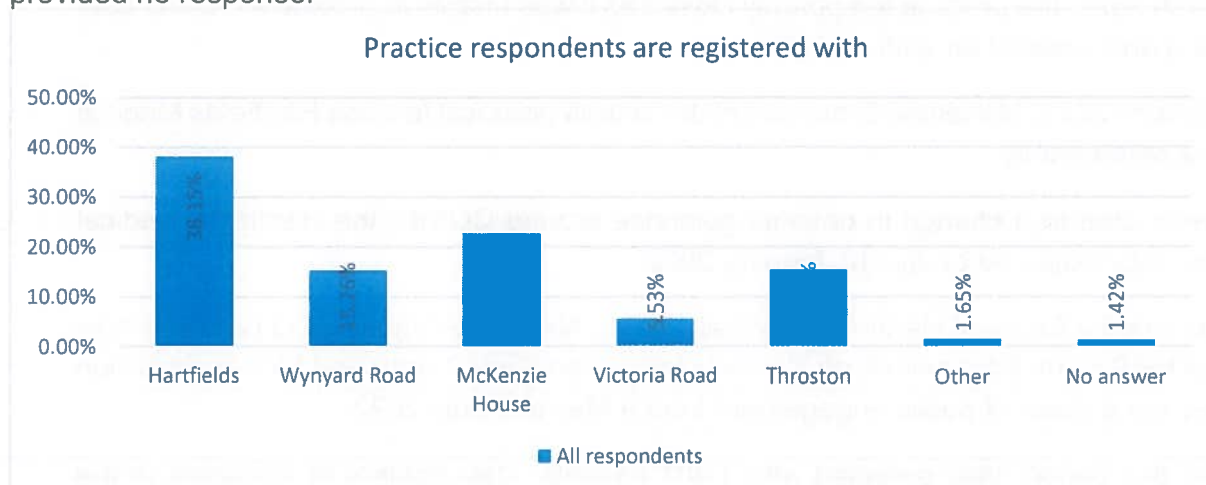
Method of engagement	No. of respondents
Survey (paper or online)	1,337
Public events	49
Additional responses (from stakeholders and social media)	21
TOTAL	1,407

J. Harvey Research Ltd was asked to provide an independent report on the findings.

1.2 Survey findings

Current access to GP services

Approximately a third (38.15%; N=510) of all respondents were registered with Hartfields Medical Centre, with 22.66% (N=303) registered at McKenzie House, 15.26% (N=204) Wynyard Road, 15.33% (N=205) Throston and 5.53% (N=74) Victoria Road. Furthermore, 1.65% (N=22) were registered at another practice and 1.42% (N=19) provided no response.



Respondents were asked where they normally attend to access GP services. This was a multiple-choice question so the percentages below do not add up to 100%.

To access GP services, 40.46% (N=541) of all respondents normally attend Hartfields Medical Centre, 26.48% (N=354) McKenzie House, 17.05% (N=228) Throston, 17.20% (N=230) Wynyard Road and 8.15% (N=109) Victoria Road. Additionally, 1.42% (N=19) selected 'other'.

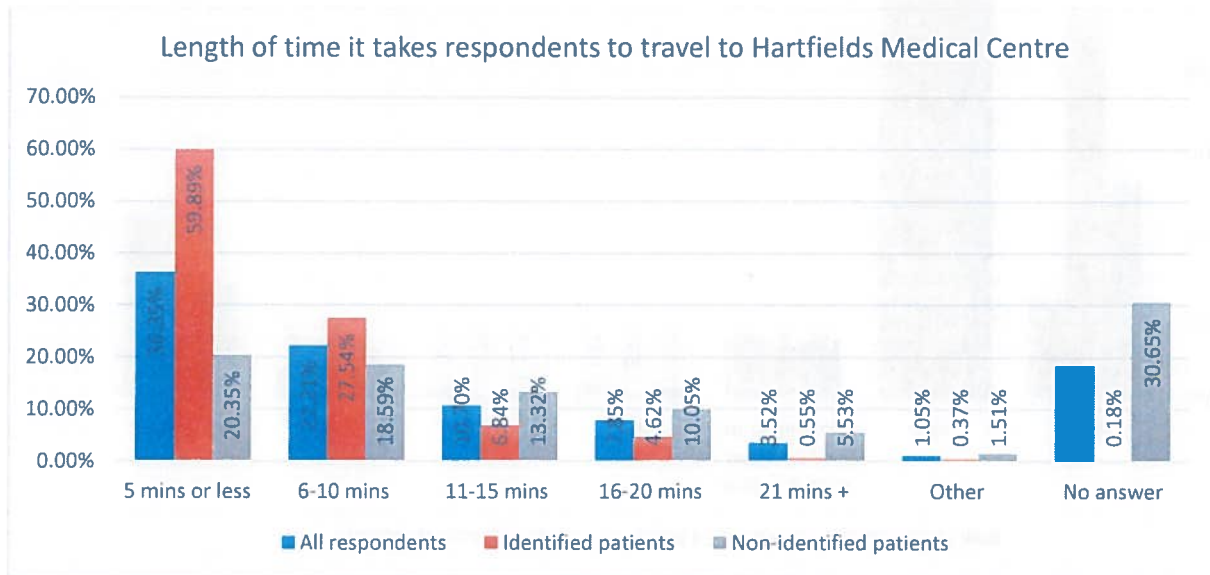
This question formed the basis of the sub-group segmentation with;

- **'identified patients'** being those who normally attend Hartfields Medical Centre (N=541), and,
- **'non-identified patients'** being those who do not normally attend Hartfields Medical Centre and/or are not registered with the McKenzie Group (N=796).

The survey results are therefore presented for all respondents, as well as for the two sub-groups – identified and non-identified patients.

Approximately two thirds of all respondents indicated that it takes them 15 minutes or less to travel to Hartfields Medical Centre (69.26%; N=926); 36.35% (N=486) 5 minutes or less, 22.21% (N=297) 6 to 10 minutes and 10.70% (N=143) 11 to 15 minutes. Furthermore, 7.85% (N=105) stated that it takes 16-20 minutes and 3.52% (N=47) 21 minutes or more. The remaining respondents provided another answer, did not respond to the question and/or indicated that they did not normally travel to Hartfields (19.37%; N=259).

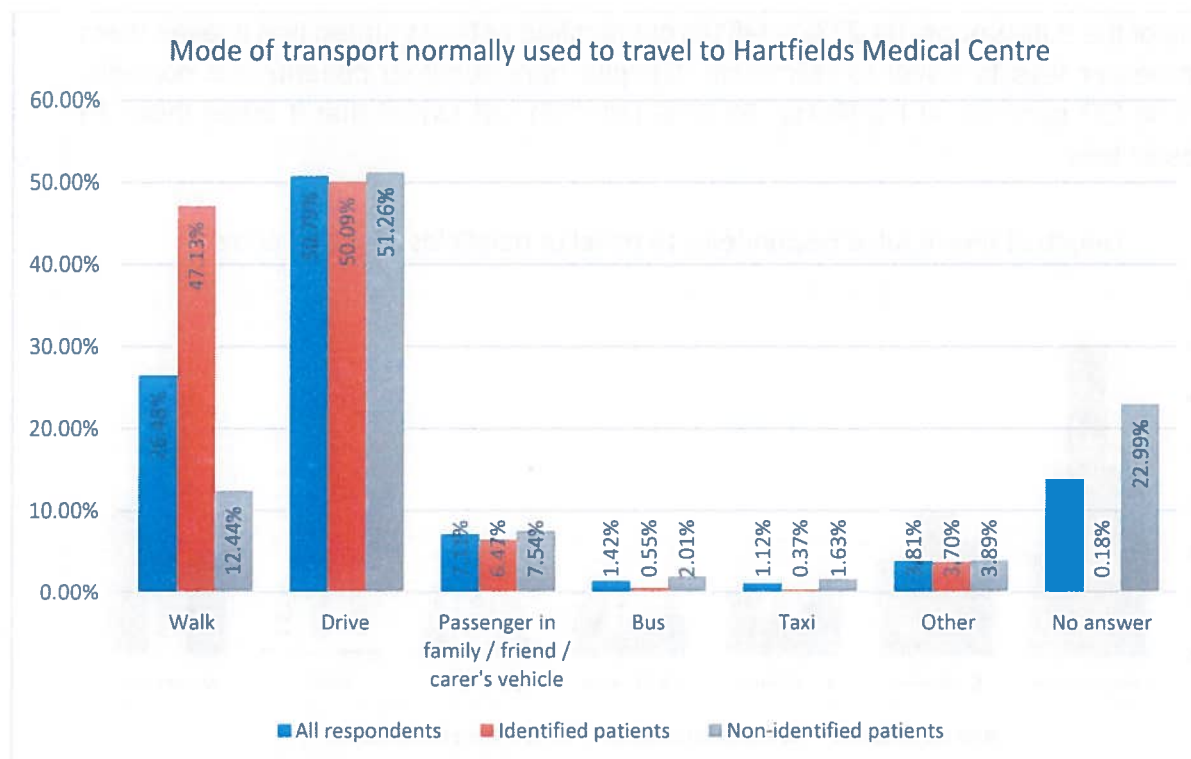
In terms of the sub-groups, 94.27% (N=510) of identified patients stated that it takes them 15 minutes or less to travel to Hartfields. Despite non-identified patients not normally accessing GP services at Hartfields, 52.26% (N=416) still stated that it takes them 15 minutes or less.



Respondents were asked how they usually travel to Hartfields Medical Centre. As this was a multiple response question, the percentages presented below do not equate to 100%.

Most respondents usually drive to Hartfields Medical Centre (50.79% of all respondents; N=679), whilst 26.48% (N=354) walk and 7.11% (N=95) a passenger in someone else's car. Furthermore, 1.42% (N=19) stated that they take the bus and 1.12% (N=15) a taxi.

For identified patients, 50.09% (N=271) stated that they drive and 47.13% (N=255) that they walk. Again, despite non-identified patients not normally attending this practice, 51.26% (N=408) stated that they usually drive to the practice.

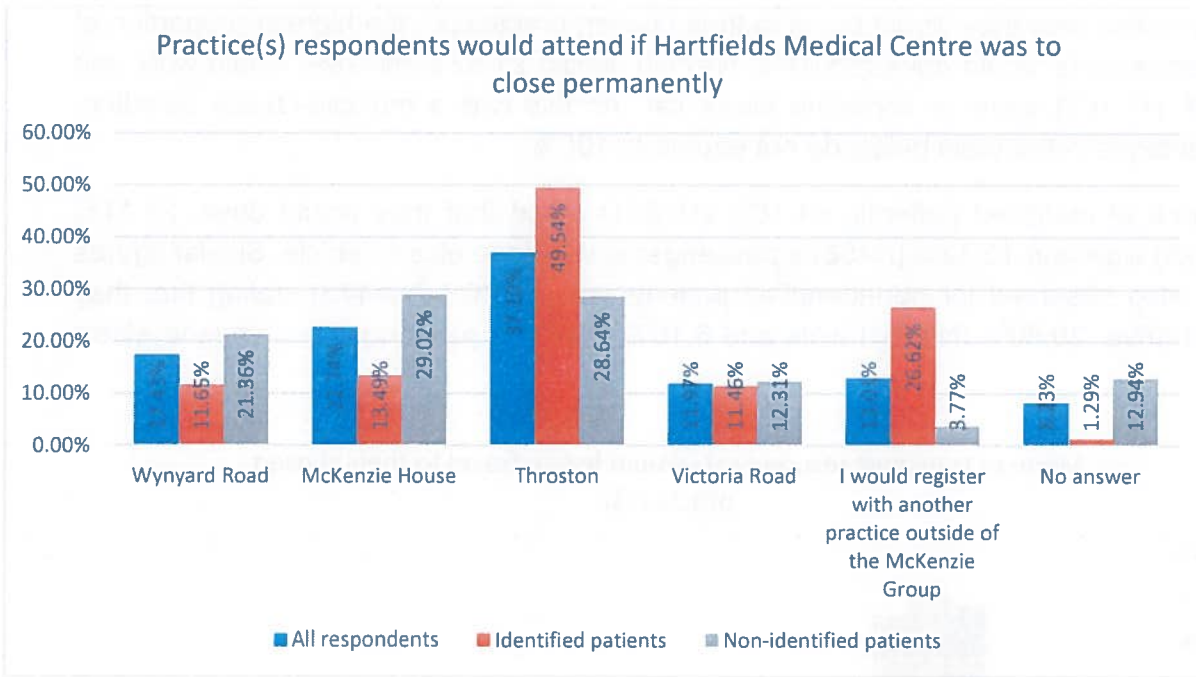


Impact of the permanent closure of Hartfields Medical Centre

Respondents were asked what practice they would attend if Hartfields Medical Centre was to close permanently. As this was a multiple response question, the percentages presented below do not equate to 100%.

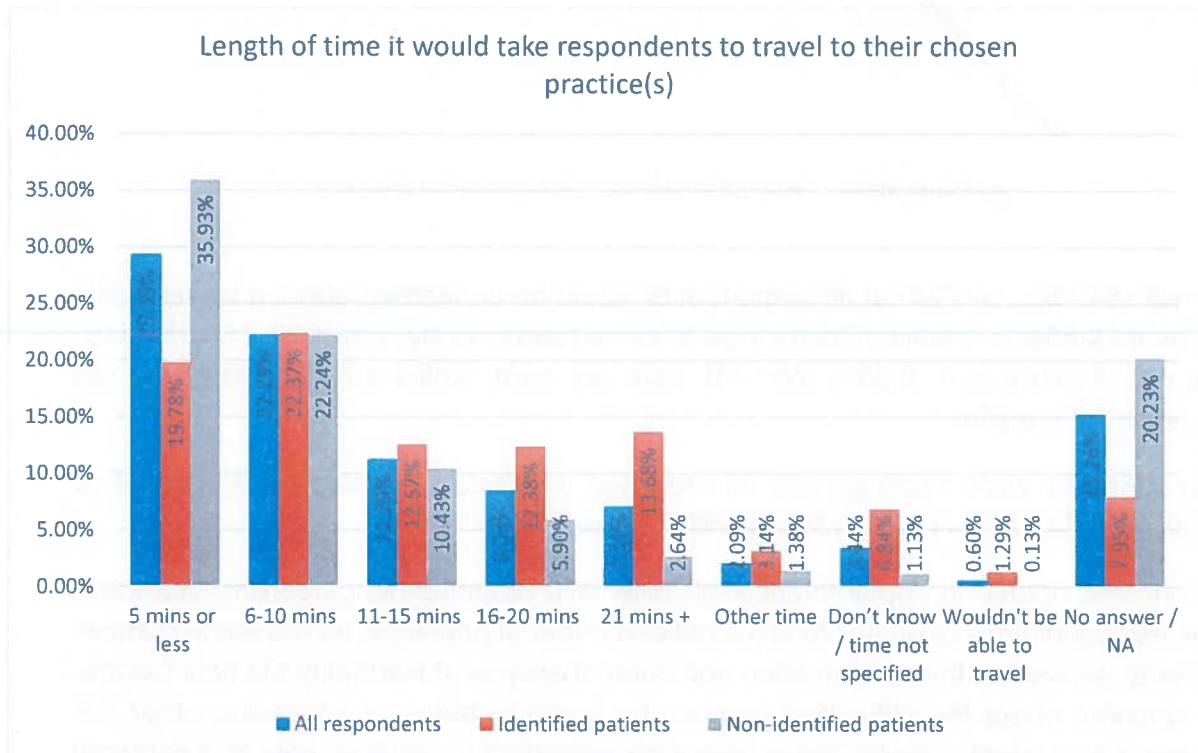
Respondents would be most likely to attend Throston (37.10% of all respondents; N=496), whilst 22.74% (N=304) would attend McKenzie House, 17.43% (N=233) Wynyard Road and 11.97% (N=160) Victoria Road. Furthermore, 13.01% (N=174) would register with another practice outside of the McKenzie Group.

Further analysis revealed that identified patients would be more likely to attend Throston (49.54%; N=268) or register with another practice outside of the McKenzie Group (26.62%; N=144), compared to non-identified patients, who would be most likely to attend McKenzie House (29.02%; N=231) or Throston (28.64%; N=228) and to a lesser extent Wynyard Road (21.36%; N=170).



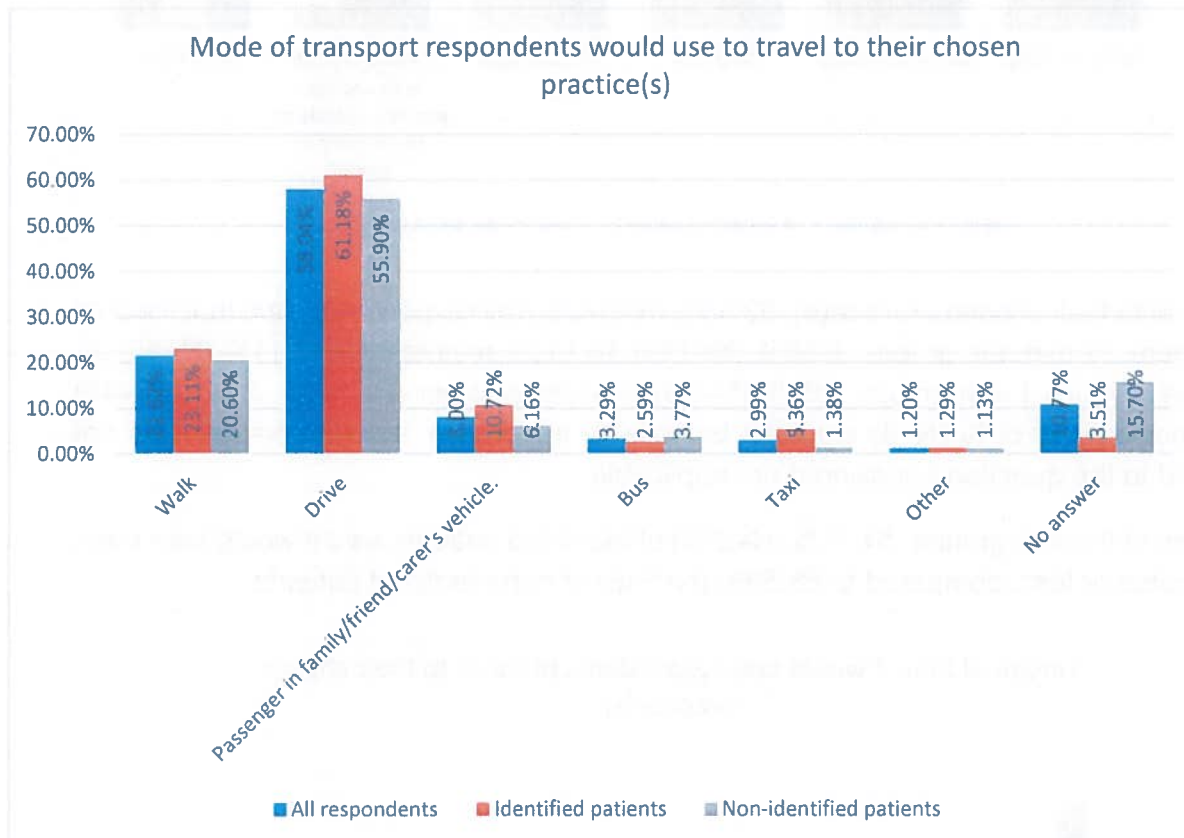
To travel to their chosen practice(s), 62.98% (N=842) of all respondents said that it would take them 15 minutes or less, 8.53% (N=114) 16 to 20 minutes and 7.11% (N=95) 21 minutes or more. Furthermore, 2.09% (N=28) provided another response, 3.44% (N=46) were not sure, 0.60% (N=8) wouldn't be able to travel and 15.26% (N=204) did not respond to the question / answered not applicable.

In terms of the sub-groups, 54.71% (N=296) of identified patients said it would take them 15 minutes or less, compared to 68.59% (N=546) of non-identified patients.



When asked how they would travel to their chosen practice(s), the highest proportion of all respondents would drive (58.04%; N=776), whilst 21.62% (N=289) would walk and 8.00% (N=107) travel in someone else's car. As this was a multiple-choice question, percentages in the table below do not equate to 100%.

In terms of identified patients, 61.18% (N=331) noted that they would drive, 23.11% (N=125) walk and 10.72% (N=58) a passenger in someone else's vehicle. Similar figures were also observed for non-identified patients with 55.90% (N=445) stating that they would drive, 20.60% (N=164) walk and 6.16% (N=49) a passenger in someone else's car.

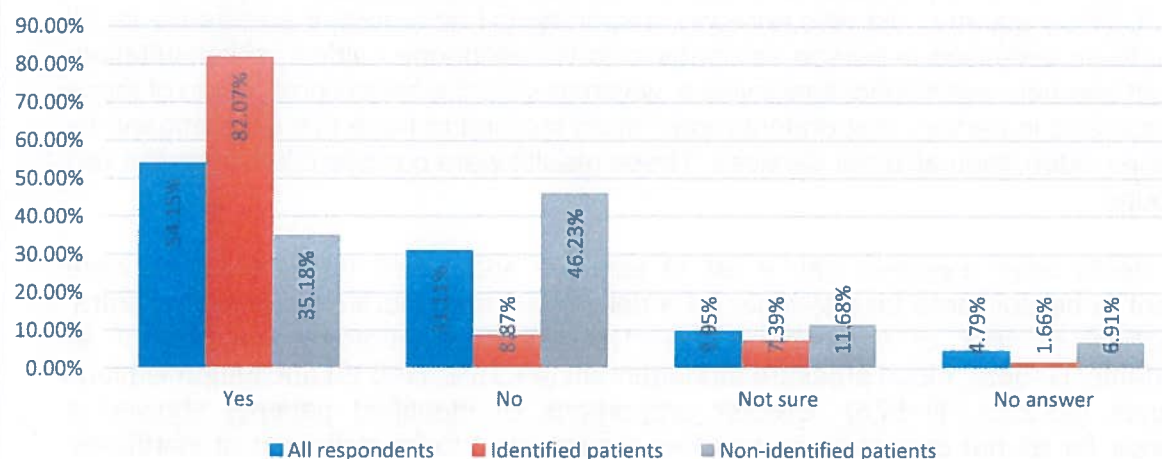


Over half (54.15%; N=724) of all respondents would be concerned about accessing GP services if Hartfields Medical Centre was to close permanently, whilst 31.11% (N=416) would not. Furthermore, 9.95% (N=133) were not sure, whilst 4.79% (N=64) did not respond to the question.

These concerns were much greater for identified patients, compared to non-identified patients (82.07%; N=444 & 35.18%; N=280, respectively).

Key concerns related to appointment availability with respondents perceiving that there will be less appointments available at a smaller number of practices, for the same number of patients, as well as the convenience and ease of access of Hartfields Medical Centre, with concerns about the difficulties that will be faced in terms of accessing other GP practices within the McKenzie Group (including increased travel time, cost and personal difficulties such as age and disability).

Whether respondents would be concerned about accessing GP services, if Hartfields Medical Centre was to close permanently

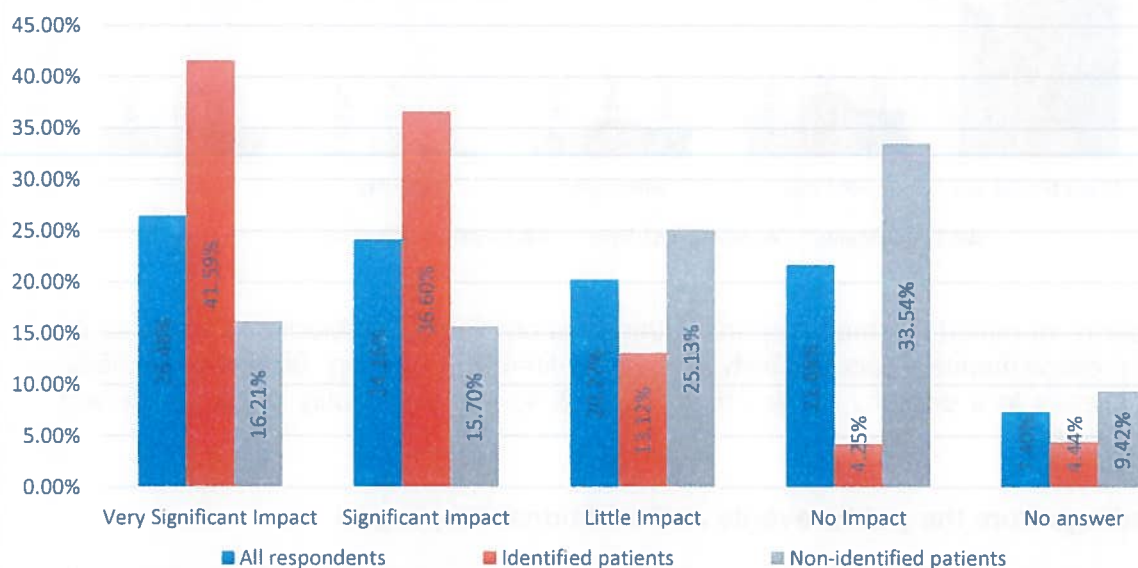


If Hartfields Medical Centre was to close permanently, 50.64% (N=677) of all respondents felt this would have a very significant / significant impact on them, whilst 20.27% (N=271) felt it would have little impact and 21.69% (N=290) no impact. The remaining 7.40% (N=99) did not respond to the question.

The perceived impact of the closure was found to be much greater for identified patients with 78.19% (N=423) feeling it would have a very significant / significant impact, compared to 31.91% (N=254) of non-identified patients.

More specifically, respondents were concerned about how the closure would impact on their ability to contact practices and book appointments, with many stressing the difficulties they already face in doing so, as well as the difficulties they will face in travelling to other practices.

Impact closure of Hartfields Medical Centre will have on respondents



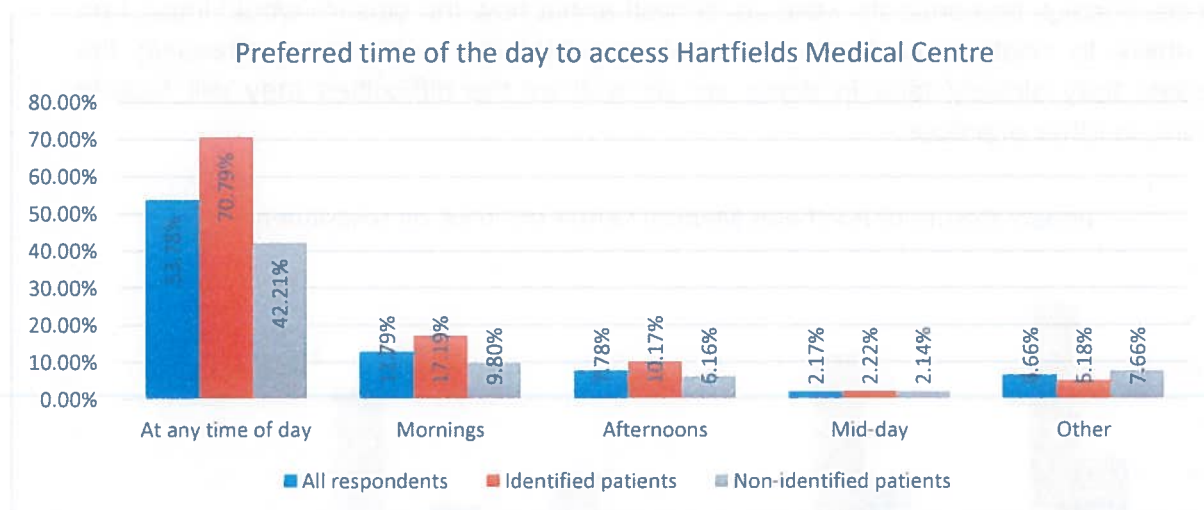
Views on the services provided by Hartfields Medical Centre

In terms of the services provided from Hartfields Medical Centre (e.g., new patient health checks, COPD / asthma / diabetic reviews), respondents had a greater preference for all of these to be accessed in person as opposed to via telephone / video / e-consultation. The slight anomaly was medication reviews, which despite the overall preference of these to be accessed in person, respondents were more inclined to have this appointment via telephone / video, than all other services. These results were comparable across the two sub-groups.

Respondents were provided with a list of services and asked which they felt were important to be delivered face-to-face, on a daily basis from Hartfields Medical Centre. The highest number of respondents selected yes to phlebotomy (49.74% of all respondents; N=665), blood pressure management (47.79%; N=639) and immunisations / vaccines (43.23%; N=578). Greater proportions of identified patients showed a preference for all but one of these services (spirometry) to be delivered at Hartfields, compared to non-identified patients.

Respondents were asked to select the preferred times of the day they would like to attend Hartfields Medical Centre. As this was a multiple response question, the percentages presented below do not equate to 100%.

Most respondents would prefer to access Hartfields Medical Centre at any time in the day (53.78% of all respondents; N=719), whilst 12.79% (N=171) have a preference for mornings, 7.78% (N=104) afternoons and 2.17% (N=29) mid-day. In terms of differences between the sub-groups, identified patients were happier to access Hartfields at any time of the day (70.79%; N=383 & 42.21%; N=336, respectively).



Respondents identified the most important things about Hartfields Medical Centre as its location / convenience / accessibility (34.26%; N=458), parking facilities (18.55%; N=248), access to a doctor / nurse (16.75%; N=224) and the quality of care received (14.36%; N=192).

1.3 Findings from the public events and additional responses

The survey findings support the discussions that were held in the public events, with attendees expressing concerns about traveling to other GP practices, particularly those

who don't have access to a car and/or not able to easily travel on public transport. More specifically, attendees discussed the lack of direct public transport routes, the increased travel time, the cost, the limited parking at other GP practices as well as the availability of taxis, particularly those which are wheelchair accessible.

Acknowledging the above, concern was raised about the impact the closure would have on Hartfields Retirement Village residents in terms of the difficulties they will face in accessing care at other GP practices and the detrimental effect this would have on their health. For these individuals, as well as many other elderly patients who attend Hartfields Medical Centre, digital access is a major barrier and results in an increased reliance on others.

For those not able to travel to alternative practices, the availability of home visits was a concern, with questions asked as to what the alternative options will be.

The above concerns, as well as others, were echoed by the Neighbourhood Manager of Joseph Rowntree Housing Trust (JRHT) who own and manage the Hartfields Extra Care Scheme. They discussed how the development was initially redesigned to incorporate a GP surgery following discussions with Hartlepool Primary Care Trust and Local Authorities, and how it has since attracted many residents based on this provision alone. It was therefore stressed that having wraparound services provided by a wide range of medical professionals at Hartfields Medical Centre would be extremely valuable and enhance the care offer that some residents at Hartfields already receive from JRHT.

The other major theme stemming from the surveys was the difficulties and frustration that patients have in terms of contacting practices and further booking appointments. This was anticipated to only get worse with the closure of Hartfields Medical Centre and housing developments planned for the area. This issue was also discussed in depth during the public events, with attendees finding it difficult to contemplate why the future of Hartfields Medical Centre is being questioned when the demand for GP services is evidently high and increasing. Questions were therefore asked as to whether the closure relates to financial reasons as opposed to patient numbers, size and space.

1.4 Next steps

Following consideration of this report by McKenzie Group, the ICB and stakeholders, any updated information will be shared, when available, on the ICB and McKenzie Group websites.

2 Introduction

Hartfields Medical Centre of McKenzie Group, which is located in the Hartfields Extra Care Village, temporarily closed in mid-March 2020 because the size and layout of the building did not enable McKenzie Group to ensure a COVID-safe environment for patients and staff, in line with the strict COVID infection prevention and control measures implemented nationally at that time. The temporary closure enabled the McKenzie Group to use staff more effectively and to help ensure compliance with social distancing requirements.

In February 2021, McKenzie Group submitted a draft proposal to the *NHS Tees Valley CCGs [the CCG] Primary Care Commissioning Committee to close Hartfields Medical Centre permanently, on the basis that this would enable them to;

- centralise services across their four remaining sites,
- enhance clinical quality and practice resilience,
- run more efficiently, and
- continue to deliver high quality of care to their patients.

To enable the draft proposal to be progressed, McKenzie Group undertook a six-week period of patient and stakeholder engagement between 19 July and 29 August 2021 to explore;

- what patients and stakeholders thought of the proposal to close Hartfields Medical Centre
- how patients had accessed services during the temporary closure,
- how the temporary closure had affected patients, and
- the potential impact on patients and stakeholders should Hartfields Medical Centre close permanently.

Data from this engagement was analysed and fed back to the CCG, Hartlepool Borough Council's Audit & Governance Committee and Healthwatch and shared on the McKenzie Group website.

Following a change in national guidance, a full infection, prevention and control risk assessment of Hartfields Medical Centre was undertaken and on 21 December 2021, the CCG agreed that the temporary closure of Hartfields Medical Centre should end, and Hartfields Medical Centre reopened on 10 January 2022 following a mobilisation period to enable the practice to implement a number of infection prevention and control measures, allowing services to be reinstated.

Whilst the McKenzie Group draft proposal related to the potential permanent closure of the Hartfields Medical Centre, McKenzie Group and the CCG wanted to continue to

explore other possibilities for providing some services from Hartfields Medical Centre as an alternative to full closure.

In order to look at possible scenarios regarding the provision of services from the Hartfields Medical Centre, the CCG and McKenzie Group worked collaboratively to carry out an eight-week period of public engagement from Monday 9 May 2022 to Sunday 3 July 2022.

This phase of engagement looked more closely at the impact of a possible permanent closure, whilst also beginning to explore alternatives to the branch being fully open and closed or open to best meet the needs of the local population.

Advice was sought from the Consultation Institute throughout the duration of the engagement to ensure the methodology was sound and all appropriate efforts were made to engage as widely as possible. To provide an independent perspective, J. Harvey Research Ltd was commissioned to produce a report of the engagement findings.

**On 1 July 2022, just before the end of the engagement period, CCGs across the country were dissolved, and Integrated Care Boards (ICBs) took over the responsibility for NHS functions and budgets. NHS Tees Valley CCG became part of NHS North East and North Cumbria ICB. Any potential business case regarding next steps for Hartfields Medical Centre will therefore be a matter for the ICB to consider through new Governance arrangements. Any proposals which could result in service change will be subject to a full public consultation with patients, the public and stakeholders in line with the NHS legal duty to involve.*

3 Methodology

An eight-week period of engagement commenced on Monday 9 May 2022 until Sunday 3 July 2022. The following provides an overview of the various engagement methods employed.

3.1 Survey

A survey was developed to seek views on the potential changes to services delivered from Hartfields Medical Centre. The survey was made available online, in addition to paper copies of the survey being sent out to patients identified by McKenzie Group.

The engagement was targeted towards those patients who would most likely be affected by potential changes to services delivered from Hartfields Medical Centre, and they were identified as patients registered with McKenzie Group, who had attended for an appointment at Hartfields Medical Centre either: -

- since it reopened on 10 January 2022, and/or
- in the two years prior to the temporary closure in March 2020.

They included:

- a) Persons 16 years old and over who were invited to participate directly, and
- b) Persons under the age of 16 years, whose parent or guardian were invited to participate.

Although the focus of the engagement was to capture the views of the identified patients, the survey was open to the wider population and stakeholders of Hartlepool, whether or not they were registered with McKenzie Group or had not used Hartfields Medical Centre (e.g., a carer for a patient who used Hartfields Medical Centre may not themselves be registered with McKenzie Group but may have wanted to provide feedback).

Therefore, for this reason, all patients aged 16 years and over registered with any McKenzie Group practice, who had a mobile phone number registered with McKenzie Group, and had given permission to be sent text messages, received a text message invite with a link to the online survey and FAQs. This text was sent to the parent / guardian of patients aged under 16 years of age, where they had given permission for text messages.

Alternative formats (including easy read) and languages of the survey and supporting materials were made available by telephone request.

The invitation to complete the survey as well as general information about the engagement (including the public events) was additionally shared through promotional activities including;

- Dedicated information on the practice website as well as posters and banners in all McKenzie Group practices.
- Organic and paid advertising through the McKenzie Group's and the CCG's social media channels.
- A series of advertisements in the Hartlepool Mail and in Hartbeat [Council magazine].
- Press releases.
- Information on the Healthwatch Hartlepool website.
- Briefing for stakeholders including McKenzie Group Patient Participation Group, local MPs, Hartlepool Borough Council's Audit & Governance Committee, Hartlepool Health and Wellbeing Board, Healthwatch Hartlepool, Cleveland Local Medical Committee, local Councillors, Local community/voluntary groups, Hartlepool & Stockton Health [GP Federation], Hartlepool Health, Hartlepool Network and One life Primary Care Networks, NHS England, Local Pharmaceutical Committee, Secondary care and community services (NTHFT) and Hartlepool community pharmacies.

A total of 1,337 responses to the survey were received; 509 paper and 828 online.

3.2 Public events

Six public engagement events were held and available for all to attend to share their feedback. Five of these sessions were face-to-face and one online, however, there were no attendees to the latter.

Table: Schedule and attendance of public events

Day	Date	Time	Venue	No. of attendees
Thursday	12 May 2022	10.00am – 12.00noon	Grayfields Sports Pavilion Jesmond Gardens Hartlepool TS24 8PJ	1
Saturday	21 May 2022	2.30pm – 4.30pm	Hartfields Retirement Village Bishop Cuthbert Hartlepool TS26 0US	25
Wednesday	25 May 2022	2.00pm – 4.00pm	Online Meeting	0
Tuesday	14 June 2022	2.00pm – 4.00pm	Grayfields Sports Pavilion Jesmond Gardens Hartlepool TS24 8PJ	4
Wednesday	22 June 2022	2.30pm – 4.30pm	Hartfields Retirement Village Bishop Cuthbert Hartlepool TS26 0US	19

Wednesday	29 June 2022	6.00pm – 8.00pm	High Throston Golf Club Worset Lane Hartlepool TS26 0UG	0
TOTAL				49

3.3 Additional responses

Members of the public and stakeholders were also given the opportunity to provide feedback in the form of written submissions. Two responses were received; one from the Neighbourhood Manager of Joseph Rowntree Housing Trust and the other from the Audit and Governance Committee.

Comments made via social media were also considered within this report.

3.4 Total sample

In total, 1,407 patients, members of the public or stakeholders responded to the engagement.

Table: Total sample

Method of engagement	No. of respondents
Survey	1337
Public events	49
Additional responses (from stakeholders and social media)	21
TOTAL	1,407

3.5 Support from Healthwatch Hartlepool

Support for the engagement was provided by Healthwatch Hartlepool who attended all of the public events to respond to queries and help individuals complete the survey, if necessary.

They additionally contacted and met with several different protected characteristic groups to discuss and provide information about the engagement. This included;

- Hartlepool Deaf Centre
- Vision Support
- Asylum Seeker and Refugee drop-in
- Hartlepool 50+ Forum
- Hartlepool Carers coffee morning.

The comments / queries Healthwatch Hartlepool received during the engagement period were summarised as follows;

- Whether individuals need to complete the survey, if they have never accessed Hartfields Medical Centre
- Concern that decisions about the future of Hartfields Medical Centre have already been made
- How this phase of engagement is different to that of summer 2021
- Whether it will be harder to get appointments if Hartfields Medical Centre closes
- Difficulties patients have / are experiencing when trying to contact their practice to book an appointment.

3.6 Notes on analysis

J. Harvey Research Ltd was commissioned to provide an independent report of the findings of the engagement. Notes on the specific methods used to analyse the findings are included here;

Quantitative analysis (survey):

- The survey included both closed and free text (open) questions. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback. Percentages are presented for all respondents only, due to the multitude of themes identified in these open questions.
- Percentages are calculated as a proportion of all survey / sub-group respondents and unless stated should equate to 100%.
- It is important to note that responses to the surveys are self-selecting, representing the views of those who wanted to give their opinion. This is very important opinion but cannot be treated as statistically reliable.
- For anonymity purposes the survey system employed does not allow identification of respondents' IP addresses and therefore it is possible that an individual could have responded to the survey more than once. Additionally, it was also possible for an individual to have completed a paper copy of the survey as well as the online version. Caution must therefore be applied to the findings of the survey.

Qualitative analysis (public events):

- The findings from the public events are constructed on an approach where the data from the transcripts is analysed and responses grouped into themes that most closely represent the views expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

4 Survey findings

4.1 Survey analysis

The following provides an overview of the survey findings. Responses to questions are presented for all respondents (N=1337) as well as for the sub-groups:

- 'Identified patients' (N=541) – those who indicated that they normally access GP services at Hartfields Medical Centre
- 'Non-identified patients' (N=796) – those who indicated that they don't normally access GP services at Hartfields Medical Centre.

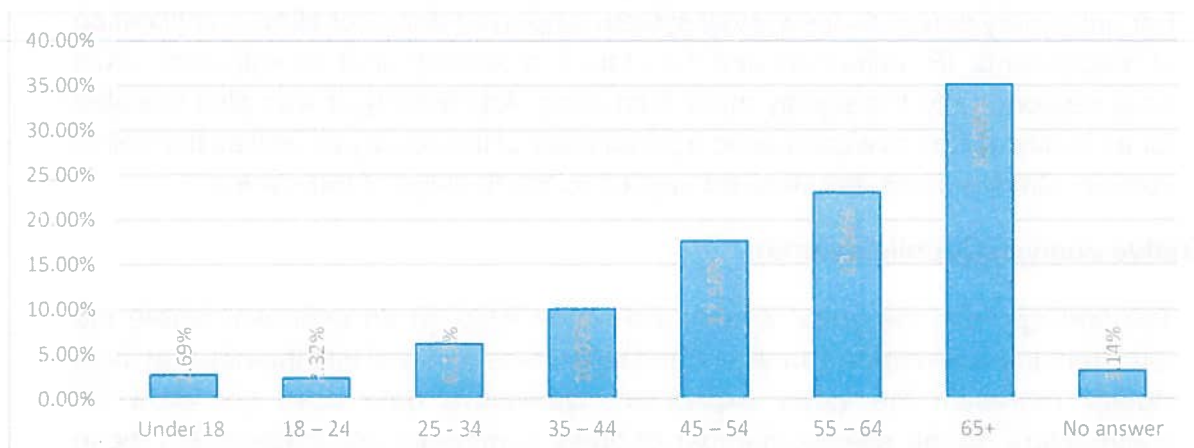
4.1.1 Respondent demographics

There were 1337 responses to the survey. This comprised of;

- 59.01% (N=789) females and 37.92% (N=507) males
- 1.57% (N=21) who were pregnant / have been in the last year
- 48.32% (N=646) who had a disability, long-term illness or health condition
- 40.84% (N=546) who had a caring responsibility
- 92.00% (N=1230) who were White British
- 87.73% (N=1173) who were heterosexual.

The age distribution of all respondents is shown in the figure below, with the greatest proportions aged 65 years or more (35.08%; N=469) and 55 – 64 years (23.04%; N=308). The full demographic breakdown of all respondents can be found in the [Appendix](#), along with a breakdown for both sub-groups. As can be seen, the age profile of both sub-groups was comparable.

Table: Age distribution of respondents (All respondents)



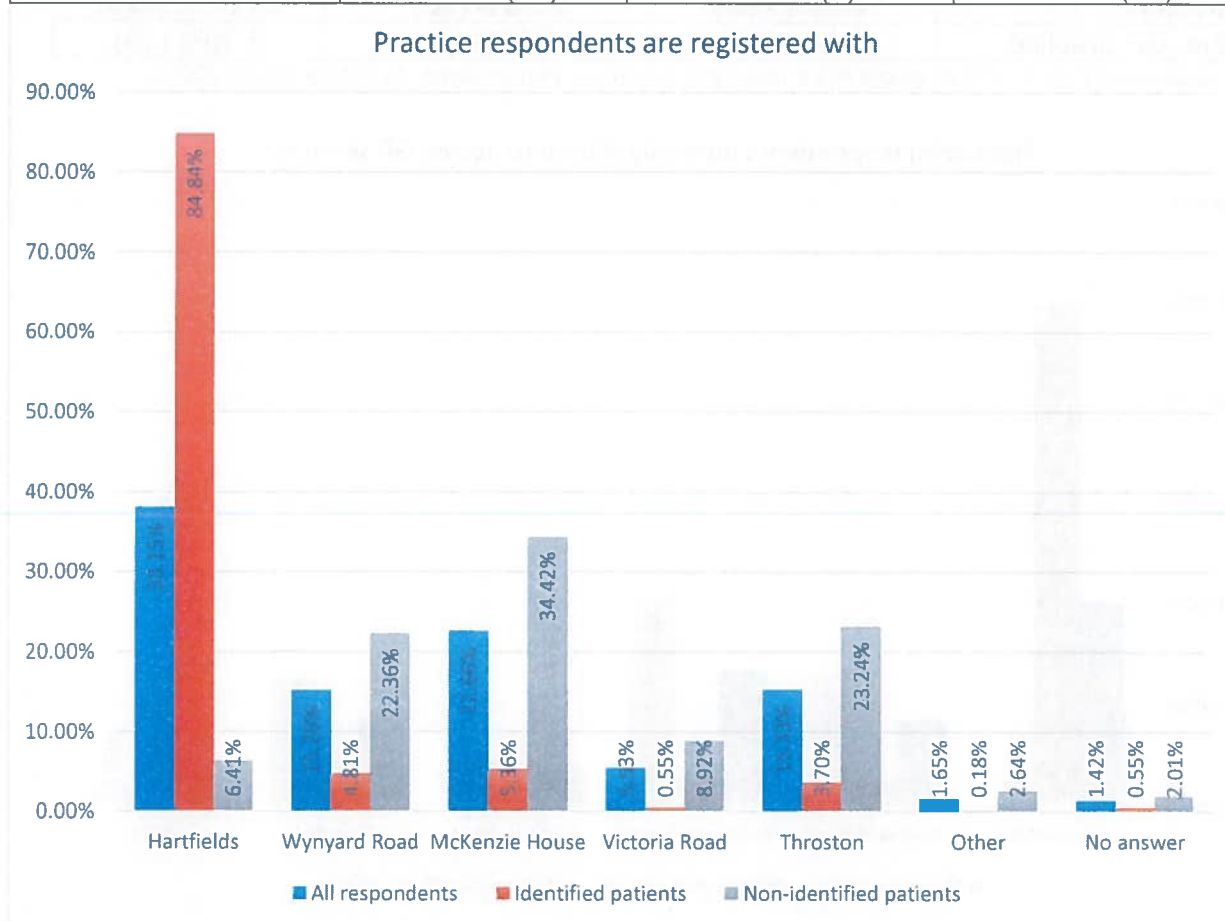
4.1.2 Current access to GP services

Approximately a third (38.15%; N=510) of all respondents were registered with Hartfields Medical Centre, with 22.66% (N=303) registered at McKenzie House, 15.26% (N=204) Wynyard Road, 15.33% (N=205) Throston and 5.53% (N=74) Victoria Road.

In terms of the sub-groups, a much higher proportion of identified patients were registered at Hartfields Medical Centre (84.84%; N=459), compared to non-identified patients (6.41%; N=51). Non-identified patients were most likely to be registered at McKenzie House (34.42%; N=274), Throston (23.24%; N=185) and Wynyard Road (22.36%; N=178).

Table: Practice respondents are registered with

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Hartfields	38.15% (510)	84.84% (459)	6.41% (51)
Wynyard Road	15.26% (204)	4.81% (26)	22.36% (178)
McKenzie House	22.66% (303)	5.36% (29)	34.42% (274)
Victoria Road	5.53% (74)	0.55% (3)	8.92% (71)
Throston	15.33% (205)	3.70% (20)	23.24% (185)
Other GP practice	1.65% (22)	0.18% (1)	2.64% (21)
No answer	1.42% (19)	0.55% (3)	2.01% (16)



Respondents were asked where they normally access GP services. As respondents were able to select more than one response, the percentages below do not equate to 100%.

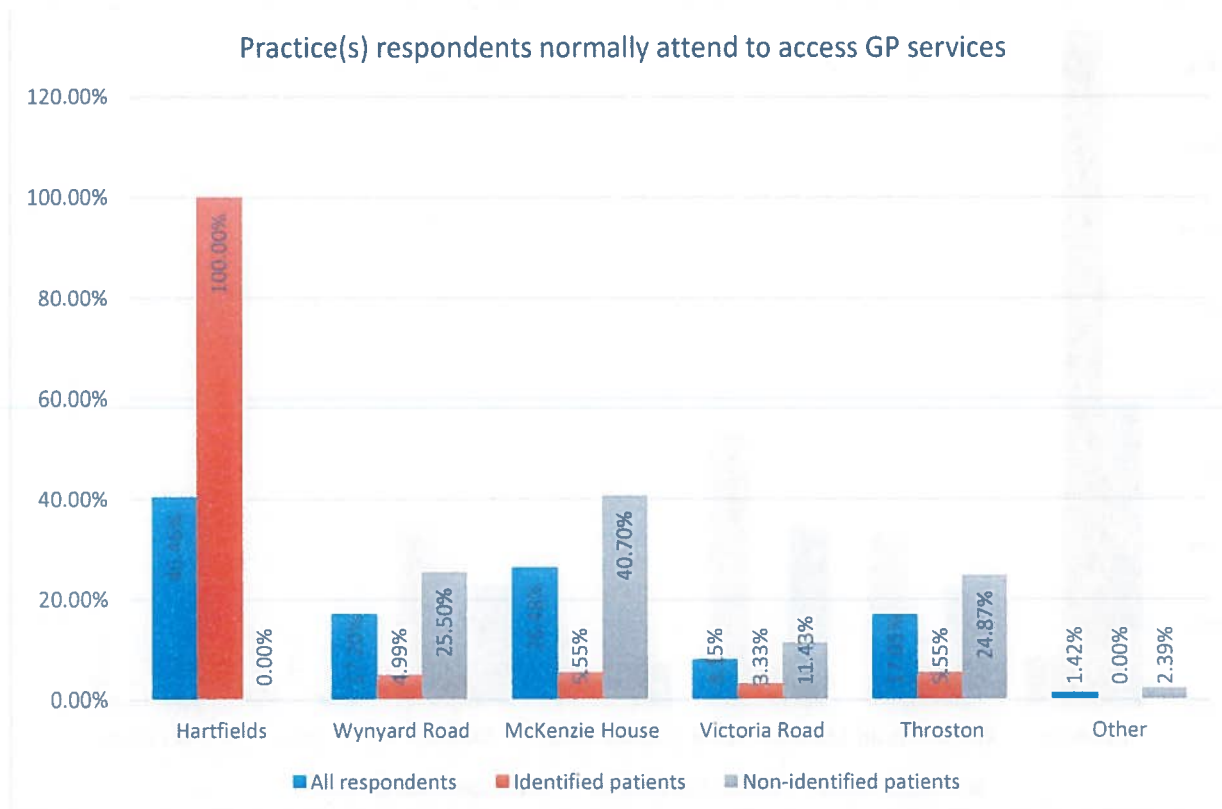
To access GP services, 40.46% (N=541) of all respondents normally attend Hartfields Medical Centre, 26.48% (N=354) McKenzie House, 17.05% (N=228) Throston, 17.20% (N=230) Wynyard Road and 8.15% (N=109) Victoria Road.

As this question formed the basis for the sub-group segmentation, 100.00% (N=541) of identified patients indicated that they normally attend Hartfields to access GP services. Additionally, very small proportions of identified patients indicated that they also attend other McKenzie Group practices. For non-identified patients, this sub-group were most likely to attend McKenzie House (40.70%; N=324), Wynyard Road (25.50%; N=203) and/or Throston (24.87%; N=198).

Table: Practice(s) respondents normally attend to access GP services*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Hartfields	40.46% (541)	100.00% (541)	0.00% (0)
Wynyard Road	17.20% (230)	4.99% (27)	25.50% (203)
McKenzie House	26.48% (354)	5.55% (30)	40.70% (324)
Victoria Road	8.15% (109)	3.33% (18)	11.43% (91)
Throston	17.05% (228)	5.55% (30)	24.87% (198)
Other GP practice	1.42% (19)	0.00% (0)	2.39% (19)

*As respondents were able to select more than one response, percentages do not equate to 100%.



Approximately two thirds of all respondents indicated that it takes them 15 minutes or less to travel to Hartfields Medical Centre (69.26%; N=926); 36.35% (N=486) 5 minutes or less, 22.21% (N=297) 6 to 10 minutes and 10.70% (N=143) 11 to 15 minutes.

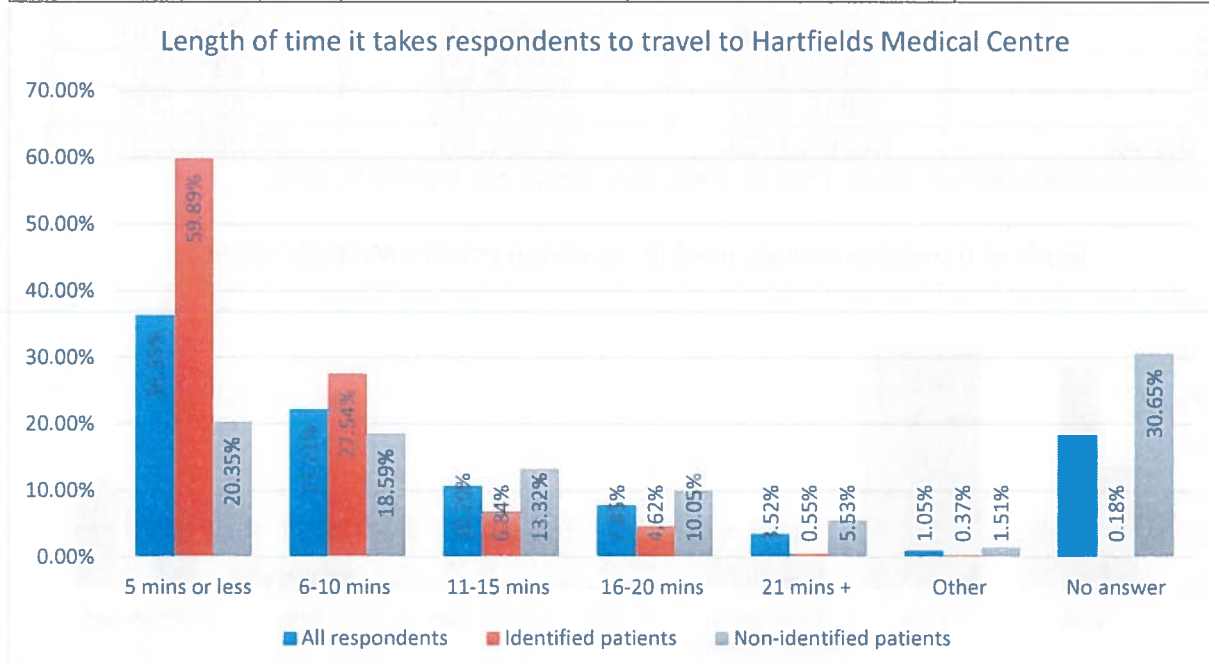
Note: Despite non-identified patients stating that they do not normally attend Hartfields Medical Centre to access GP services, a large proportion still responded to this question.

For identified patients, 94.27% (N=510) stated that it takes them 15 minutes or less to travel to Hartfields Medical Centre, compared to 52.26% (N=416) of non-identified patients.

Note: As this was a free text question, some respondents provided the time it would take for them to walk as well as drive. In these cases and for the purpose of analysis, only the length of time it takes to drive was taken into account. This was based on the assumption that patients might prefer to drive, if they are feeling unwell.

Table: Length of time it takes respondents to travel to Hartfields Medical Centre

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
5 mins or less	36.35% (486)	59.89% (324)	20.35% (162)
6-10 mins	22.21% (297)	27.54% (149)	18.59% (148)
11-15 mins	10.70% (143)	6.84% (37)	13.32% (106)
16-20 mins	7.85% (105)	4.62% (25)	10.05% (80)
21 mins+	3.52% (47)	0.55% (3)	5.53% (44)
Other time frame	1.05% (14)	0.37% (2)	1.51% (12)
Not applicable / no answer	18.32% (245)	0.18% (1)	30.65% (244)



Respondents were asked how they usually travel to Hartfields Medical Centre. As respondents were able to select more than one response, the percentages below do not equate to 100%.

Most respondents usually drive to Hartfields Medical Centre (50.79% of all respondents; N=679), whilst 26.48% (N=354) walk and 7.11% (N=95) a passenger in someone else's car. Other modes of transport (3.81%; N=51) included mobility / electric scooter, wheelchair and bike.

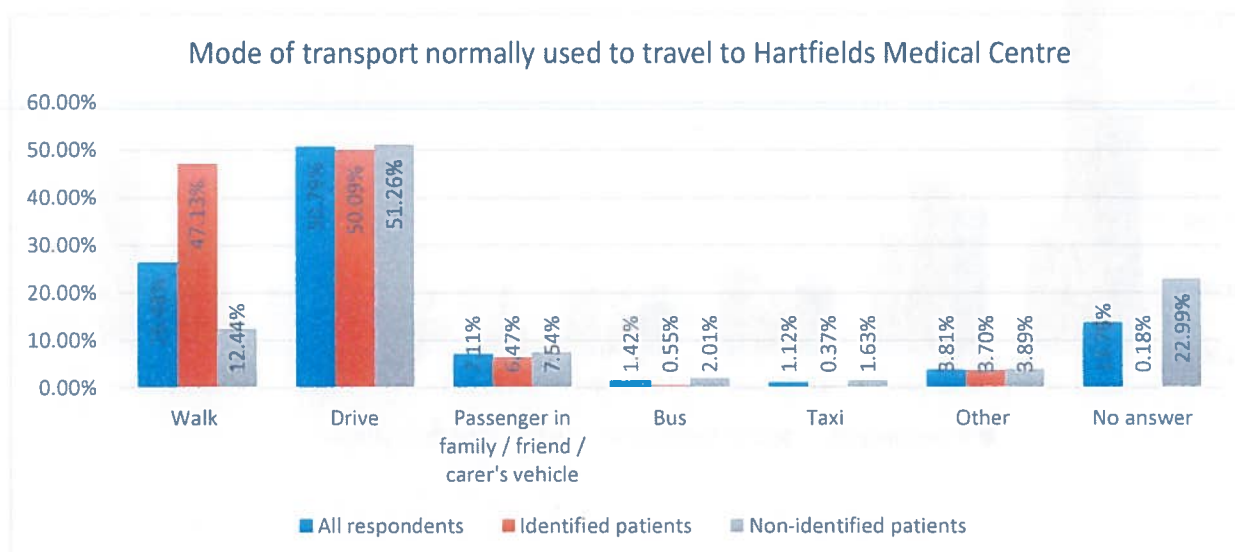
Note: Despite non-identified patients stating that they do not normally attend Hartfields Medical Centre to access GP services, a large proportion still responded to this question.

Similar proportions of identified and non-identified patients indicated that they normally drive to Hartfields Medical Centre (50.09%; N=271 & 51.26%; N=408, respectively), whilst a much larger proportion of identified patients stated that they walk (47.13%; N=255 & 12.44%; N=99, respectively).

Table: Mode of transport respondents normally use to travel to Hartfields Medical Centre*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Walk	26.48% (354)	47.13% (255)	12.44% (99)
Drive	50.79% (679)	50.09% (271)	51.26% (408)
Passenger in family / friend / carer's vehicle	7.11% (95)	6.47% (35)	7.54% (60)
Bus	1.42% (19)	0.55% (3)	2.01% (16)
Taxi	1.12% (15)	0.37% (2)	1.63% (13)
Other	3.81% (51)	3.70% (20)	3.89% (31)
No answer	13.76% (184)	0.18% (1)	22.99% (183)

*Due to the multiple response nature of this question, percentages don't equate to 100%



4.1.3 Impact of the permanent closure of Hartfields Medical Centre

Respondents were asked which practice they would attend if Hartfields Medical Centre was to close permanently. As this was a multiple response question, the percentages below do not equate to 100%.

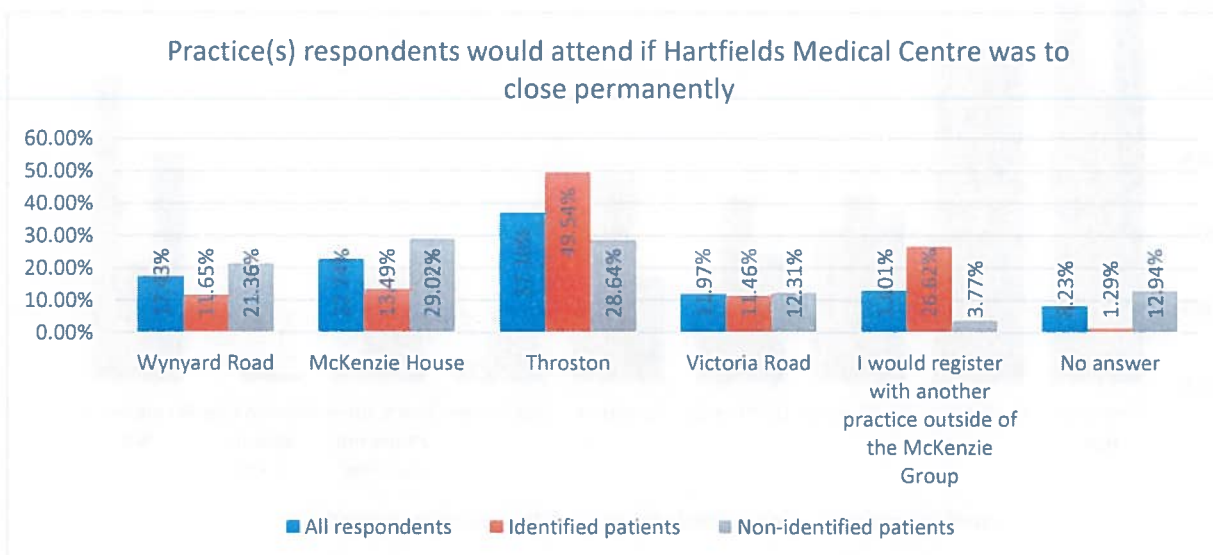
Most indicated that they would attend Throston (37.10%; N=496), whilst 22.74% (N=304) would attend McKenzie House, 17.43% (N=233) Wynyard Road and 11.97% (N=160) Victoria Road. Furthermore, 13.01% (N=174) would register with another practice outside of the McKenzie Group.

Variation in the results of the sub-groups was found, with identified patients much more likely to attend Throston (49.54%; N=268) or register with another practice outside of the McKenzie Group (26.62%; N=144). Non-identified patients were most likely to attend McKenzie House (29.02%; N=231) or Throston (28.64%; N=228) and to a slightly lesser extent Wynyard Road (21.36%; N=170).

Table: Practice(s) respondents would attend if Hartfields Medical Centre was to close permanently*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Wynyard Road	17.43% (233)	11.65% (63)	21.36% (170)
McKenzie House	22.74% (304)	13.49% (73)	29.02% (231)
Throston	37.10% (496)	49.54% (268)	28.64% (228)
Victoria Road	11.97% (160)	11.46% (62)	12.31% (98)
I would register with another practice outside of the McKenzie Group	13.01% (174)	26.62% (144)	3.77% (30)
No answer	8.23% (110)	1.29% (7)	12.94% (103)

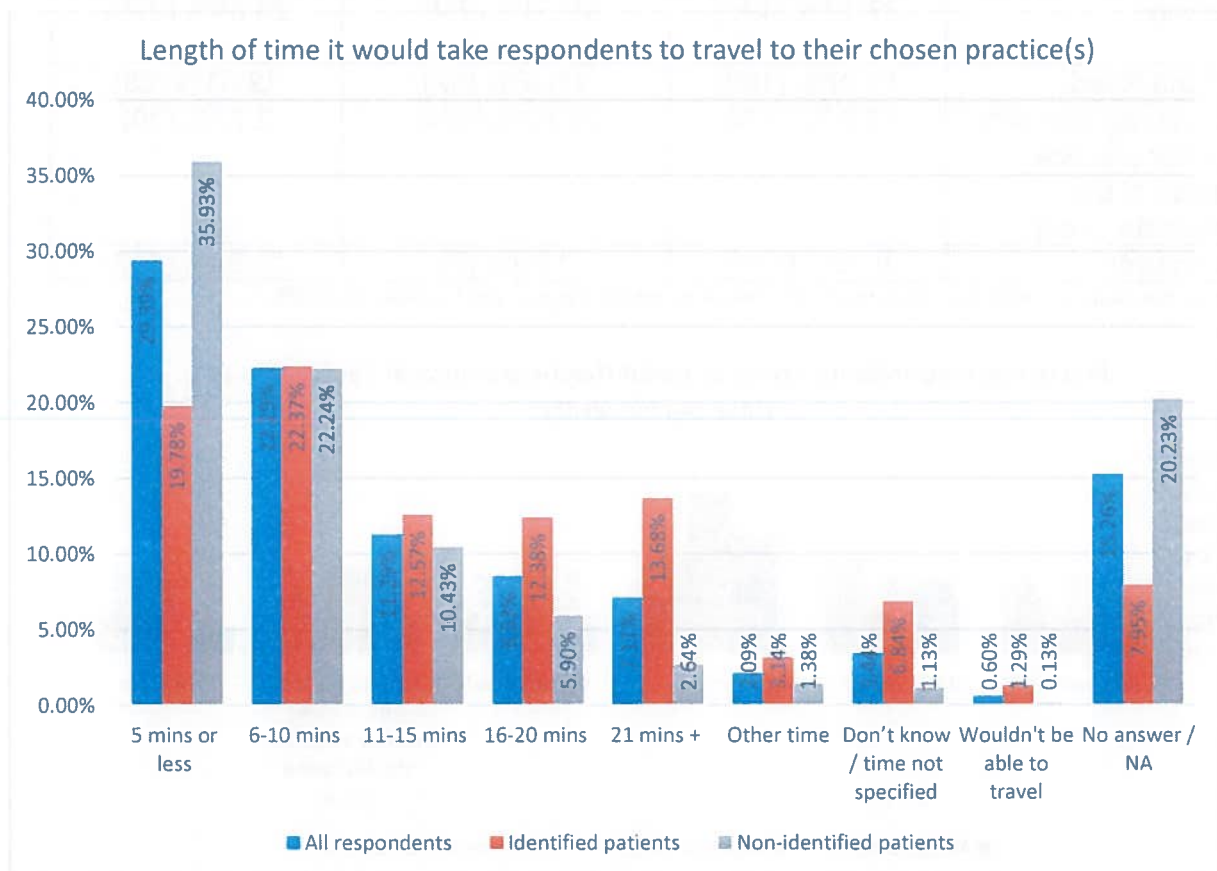
*Due to the multiple response nature of this question, percentages don't equate to 100%



To travel to their chosen practice(s), 62.98% (N=842) of all respondents said that it would take them 15 minutes or less, 8.53% (N=114) 16 to 20 minutes and 7.11% (N=95) 21 minutes or more. For identified patients, 54.71% (N=296) said it would take them 15 minutes or less, compared to 68.59% (N=546) of non-identified patients.

Table: Length of time it would take respondents to travel to their chosen practice(s), if Hartfields Medical Centre was to close permanently

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
5 mins or less	29.39% (393)	19.78% (107)	35.93% (286)
6-10 mins	22.29% (298)	22.37% (121)	22.24% (177)
11-15 mins	11.29% (151)	12.57% (68)	10.43% (83)
16-20 mins	8.53% (114)	12.38% (67)	5.90% (47)
21 mins +	7.11% (95)	13.68% (74)	2.64% (21)
Other time / comment	2.09% (28)	3.14% (17)	1.38% (11)
Don't know / time not specified	3.44% (46)	6.84% (37)	1.13% (9)
Wouldn't be able to travel	0.60% (8)	1.29% (7)	0.13% (1)
Not applicable / no answer	15.26% (204)	7.95% (43)	20.23% (161)



Respondents were asked how they would travel to their chosen practice(s) if Hartfields Medical Centre was to close. As this was a multiple response question, the percentages below do not equate to 100%.

Most would drive to their chosen practice(s) (58.04% of all respondents; N=776), whilst 21.62% (N=289) would walk and 8.00% (N=107) travel in someone else's car. Just small proportions would take a bus or taxi.

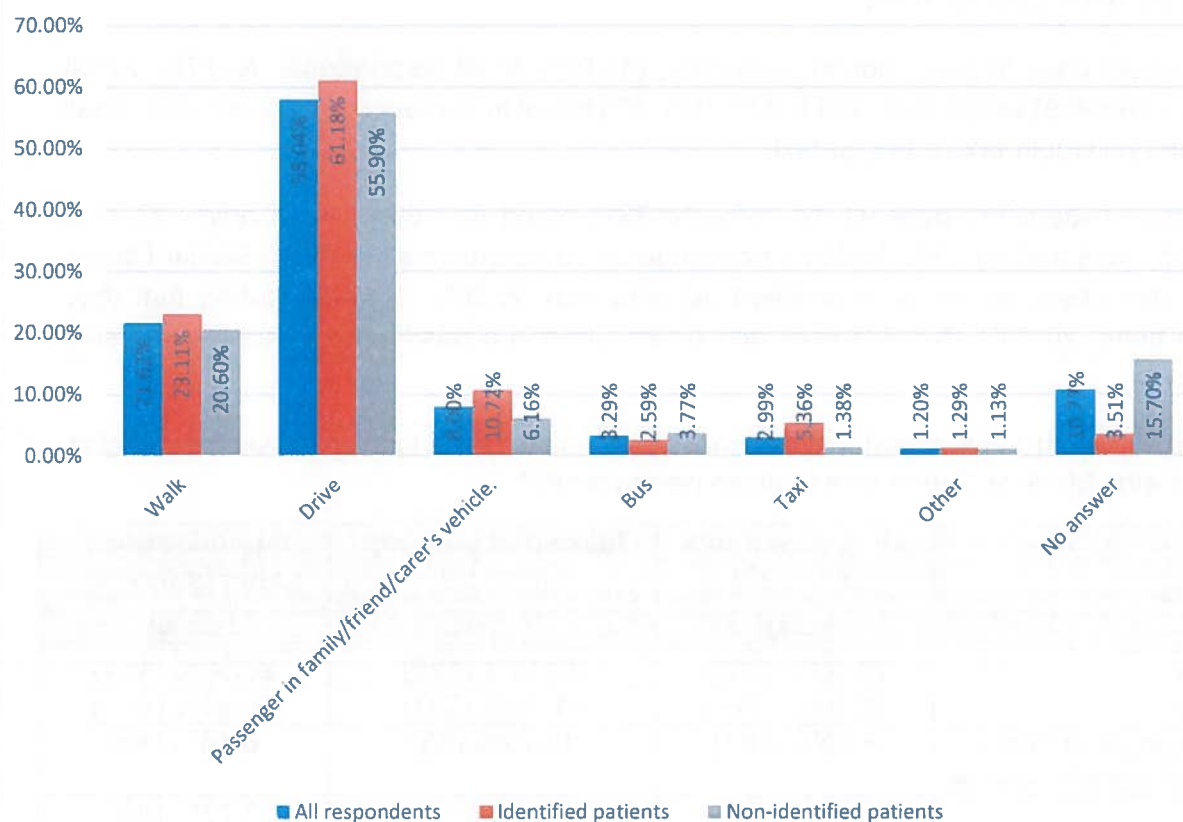
In terms of identified patients, 61.18% (N=331) noted that they would drive, 23.11% (N=125) walk and 10.72% (N=58) a passenger in someone else's vehicle. Similar figures were also observed for non-identified patients with 55.90% (N=445) stating that they would drive, 20.60% (N=164) walk and 6.16% (N=49) a passenger in someone else's car.

Table: Mode of transport that respondents would use to travel to their chosen practice(s), if Hartfields Medical Centre was to close permanently*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Walk	21.62% (289)	23.11% (125)	20.60% (164)
Drive	58.04% (776)	61.18% (331)	55.90% (445)
Passenger in family / friend /carer's vehicle	8.00% (107)	10.72% (58)	6.16% (49)
Bus	3.29% (44)	2.59% (14)	3.77% (30)
Taxi	2.99% (40)	5.36% (29)	1.38% (11)
Other	1.20% (16)	1.29% (7)	1.13% (9)
No answer	10.77% (144)	3.51% (19)	15.70% (125)

*Due to the multiple response nature of this question, percentages don't equate to 100%

Mode of transport respondents would use to travel to their chosen practice(s)

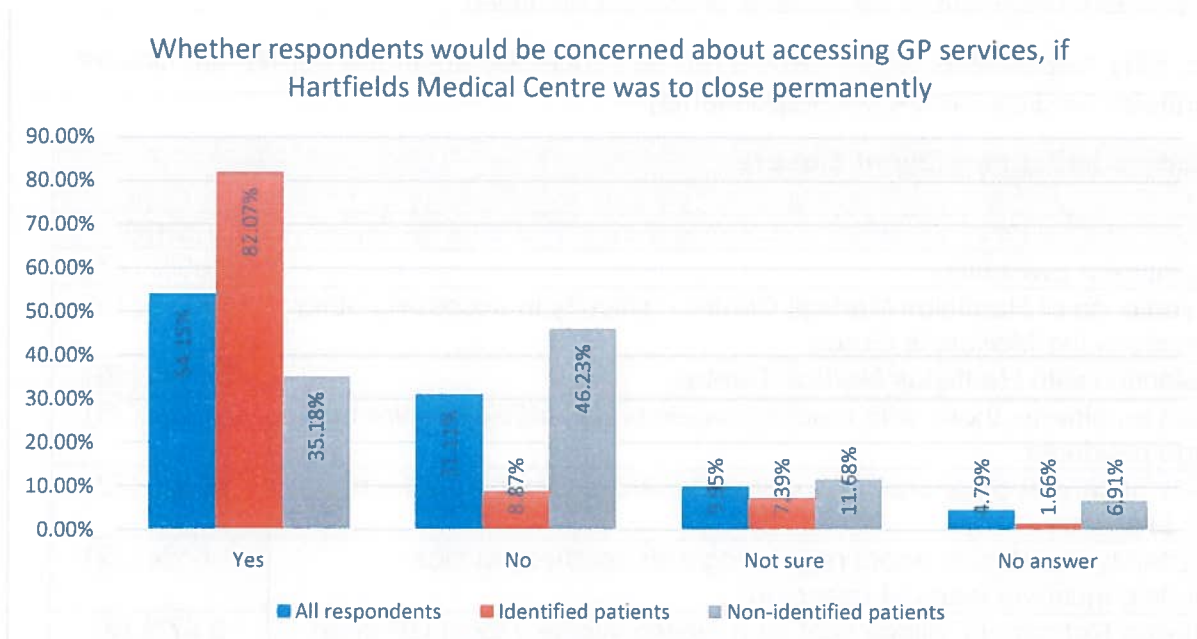


Over half of all respondents (54.15%; N=724) would be concerned about accessing GP services if Hartfields Medical Centre was to close permanently, whilst 31.11% (N=416) would not and 9.95% (N=133) were unsure.

For identified patients a much greater proportion would be concerned (82.07%; N=444), compared to non-identified patients (35.18%; N=280).

Table: Whether respondents would be concerned about accessing GP services, if Hartfields Medical Centre was to close permanently

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Yes	54.15% (724)	82.07% (444)	35.18% (280)
No	31.11% (416)	8.87% (48)	46.23% (368)
Not sure	9.95% (133)	7.39% (40)	11.68% (93)
No answer	4.79% (64)	1.66% (9)	6.91% (55)



When asked to elaborate on their response, key concerns about the closure were found to relate to:

- Appointment availability (35.60% of all respondents; N=476) – with respondents noting how there will be less appointments available at a smaller number of practices for the same number of patients. Many of these commented on the difficulties they currently face in making appointments as well as how the housing developments planned for the area will increase demand further.
- The convenience of Hartfields Medical Centre and the difficulties that would be faced in terms of accessing other GP practices in the McKenzie Group (13.84% of all respondents; N=185) – this included increased travel time, cost and personal difficulties (i.e. age, disability).

“Although it’s not the main practice I visit, I am concerned about general GP provision at the McKenzie Group. It’s already almost impossible to see a GP face-to-face, despite COVID restrictions no longer being in place in virtually every other avenue of society”.

To a lesser extent, respondents commented on the high standard of care they received from Hartfields Medical Centre (including the ease at which they can make appointments and the practice opening times) (3.74%; N=50) and further the impact the closure will have on the elderly, those with mobility issues and the residents of Hartfields Retirement Village (2.62%; N=35).

“My concern is not for me personally but given Hartfields surgery is within a retirement village where many residents will require ongoing healthcare provision this decision appears incongruent with the whole purpose of a retirement village”

Those who weren’t concerned about the closure, mostly indicated that this was because they use other GP practices in the McKenzie Group or online services and/or have the availability of other options (11.74%; N=157).

Note: For this, and other free text questions in the survey, percentages are presented for all respondents only due to the number of themes identified.

Table: Why respondents would / would not be concerned about the permanent closure of Hartfields Medical Centre (All respondents)*

Concerns about permanent closure	
	% (N)
Appointment availability	35.60% (476)
Convenience of Hartfields Medical Centre / difficulty in accessing other practices in the McKenzie Group	13.84% (185)
Satisfaction with Hartfields Medical Centre	3.74% (50)
Impact on elderly, those with mobility issues and Hartfields Retirement Village residents	2.62% (35)
Quality of care at other practices in the McKenzie Group / dislike of other practices	1.65% (22)
Uncertainty / confusion about registering with another practice (including inconvenience of changing)	1.65% (22)
Hartfields Retirement Village sold as a 'health village' / local GP good for area	0.67% (9)
Reasons why respondents aren't concerned about permanent closure	
Don't usually go to Hartfields / use other GP practices or online services / availability of other options	11.74% (157)
Able to travel / access other GP practices / other McKenzie Group practices are closer	3.96% (53)
Weren't concerned about using other practices / weren't concerned for Hartfields Medical Centre to close	1.05% (14)
Other	
Other comment	3.37% (45)

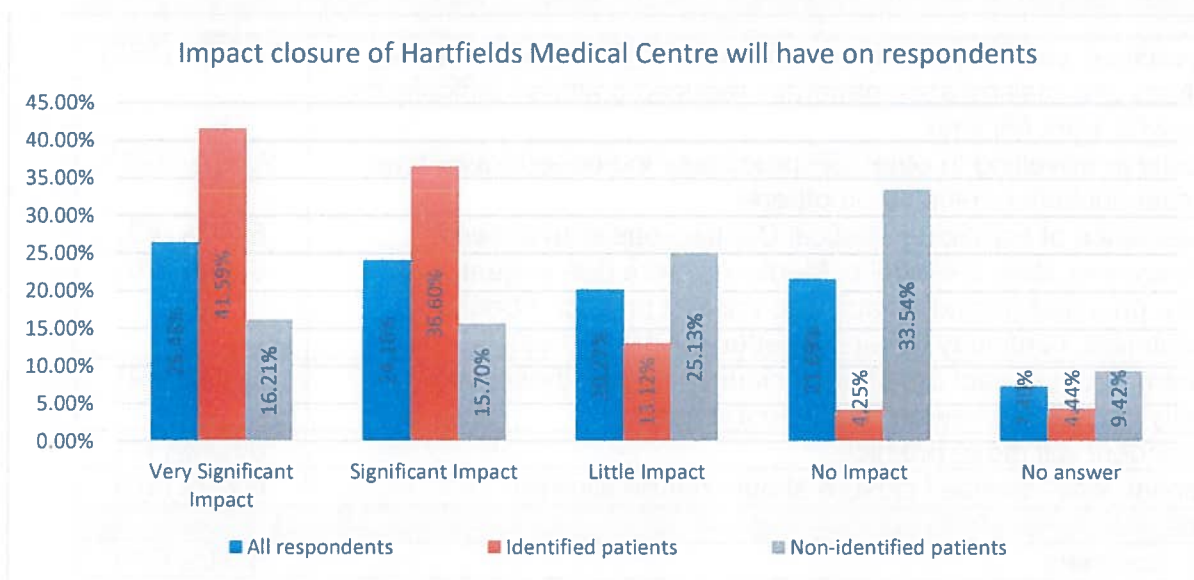
**Due to the free text nature of this question, percentages do not equate to 100%.*

If Hartfields Medical Centre was to close permanently, 50.64% (N=677) of all respondents felt this would have a very significant / significant impact on them, whilst 20.27% (N=271) felt it would have little impact and 21.69% (N=290) no impact.

For identified patients, 78.19% (N=423) felt it would have very significant / significant, compared to 31.91% (N=254) of non-identified patients.

Table: Impact closure of Hartfields Medical Centre would have on respondents

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Very significant impact	26.48% (354)	41.59% (225)	16.21% (129)
Significant impact	24.16% (323)	36.60% (198)	15.70% (125)
Little impact	20.27% (271)	13.12% (71)	25.13% (200)
No impact	21.69% (290)	4.25% (23)	33.54% (267)
No answer	7.40% (99)	4.44% (24)	9.42% (75)



When asked to elaborate on this, most were concerned about the permanent closure impacting on their ability to contact GP practices within the McKenzie Group and make appointments, due to less options being available (26.85% of all respondents; N=359). Many of these respondents stressed the difficulty they already faced in contacting practices / booking appointments, with it thought that this would only get worse.

"Can't get through to make appointment at McKenzie always told 'try tomorrow' which is not good enough. Then told to go to urgent care."

Furthermore, others identified how they would have difficulties in travelling to other GP practices, including increased travel time and cost (9.05%; N=121), in addition to Hartfields being easier to access / convenient (6.21%; N=83).

"From the point of view of accessing nearest surgery i.e. Throston, I consider this would be near impossible if Hartfields closed, due to location or other sites in the practice being either not on a bus routes or difficult to park near"

"I do not have access to online services, very very difficult to get through on the telephone and Hartfields is the only practice I can get to. Independence is fundamentally important and the main reason for moving to the retirement village, this would be taken away from me if the practice was closed".

Those less impacted, mostly noted how they don't use Hartfields / use other GP practices within the McKenzie Group (16.60%; N=222) and/or are able to travel or have other McKenzie Group practices that are closer (7.78%; N=104).

Table: Impact the permanent closure of Hartfields Medical Centre would have on respondents (All respondents)*

Little / no impact	
	% (N)
Don't use Hartfields Medical Centre / use other GP practices	16.60% (222)
Able to travel / other McKenzie Group practices are closer	7.78% (104)
Don't often use GP	1.05% (14)
Very significant / significant impact	
GP practices can't cope with demand now / difficulty in contacting practices and making appointments / reduced options / difficulty for those who work full time	26.85% (359)
Difficulty in travelling to other GP practices / increased travel time and cost (including reliance on others)	9.05% (121)
Convenience of Hartfields Medical Centre / easier to access	6.21% (83)
Preference to attend Hartfields Medical Centre due to quality of service provided (including ability to contact practice / book appointment, continuity of care & better opening times)	5.24% (70)
Concern about impact on others including elderly, those with mobility issues and new residents to the area	1.05% (14)
Respondent will move practice	0.82% (11)
Essential, local service / closure should not be allowed	0.75% (10)
Other	
Other comment	5.31% (71)

*Due to the free text nature of this question, percentages do not equate to 100%.

4.1.4 Views on the services provided by Hartfields Medical Centre

Respondents were provided with a list of services and asked whether they would prefer to receive these in person or via telephone / video or e-consultation. The table below shows the number who selected one of these options. For clarity, the percentage / number of those who did not respond to these questions has been omitted, hence percentages do not equate to 100%.

In terms of the services provided from Hartfields Medical Centre, there was a greater preference for all of these to be accessed in person as opposed to via telephone / video / e-consultation. The slight anomaly was medication reviews, which despite the overall preference of these to be accessed in person, respondents were more inclined to have this appointment via telephone / video, than all other services. These results were comparable across the two sub-groups.

Table: Preferred method for accessing GP services*

	All respondents (N=1337)		Identified patients (N=541)		Non-identified patients (N=796)	
	Telephone / Video / e- consultations	In person	Telephone / Video / e- consultations	In person	Telephone / Video / e- consultations	In person
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
New patient health checks	5.61% (75)	46.82% (626)	3.70% (20)	52.87% (286)	6.91% (55)	42.71% (340)
COPD review	2.62% (35)	33.73% (451)	2.96% (16)	31.61% (171)	2.39% (19)	35.18% (280)
Asthma review	4.64% (62)	36.50% (488)	4.25% (23)	36.41% (197)	4.90% (39)	36.56% (291)
Diabetic review	4.56% (61)	34.18% (457)	3.33% (18)	32.53% (176)	5.40% (43)	35.30% (281)
Heart failure review	1.72% (23)	36.35% (486)	1.66% (9)	33.64% (182)	1.76% (14)	38.19% (304)
Atrial fibrillation review	1.87% (25)	32.98% (441)	1.66% (9)	30.68% (166)	2.01% (16)	34.55% (275)
Stroke review	1.35% (18)	33.58% (449)	1.85% (10)	32.53% (176)	1.01% (8)	34.30% (273)
Hypertension review	4.34% (58)	54.08% (723)	3.14% (17)	55.64% (301)	5.15% (41)	53.02% (422)
Medication reviews	29.17% (390)	48.69% (651)	25.51% (138)	54.90% (297)	31.66% (252)	44.47% (354)

*The remaining proportions of respondents selected not applicable or did not respond to the question

Most other comments made in relation to the above question related to the preference for face-to-face appointments, which were felt particularly important for general / emergency appointments as well as appointments concerning mental health, long-term conditions and gynaecological issues.

"All appointments should be face-to-face unless the patient request otherwise. It should not be a GP decision".

Respondents were provided with a list of services and asked to respond 'yes' to those that they thought were important to be provided by Hartfields Medical Centre face-to-face, on a daily basis. The table below shows the proportion who selected 'yes' to each of these services only.

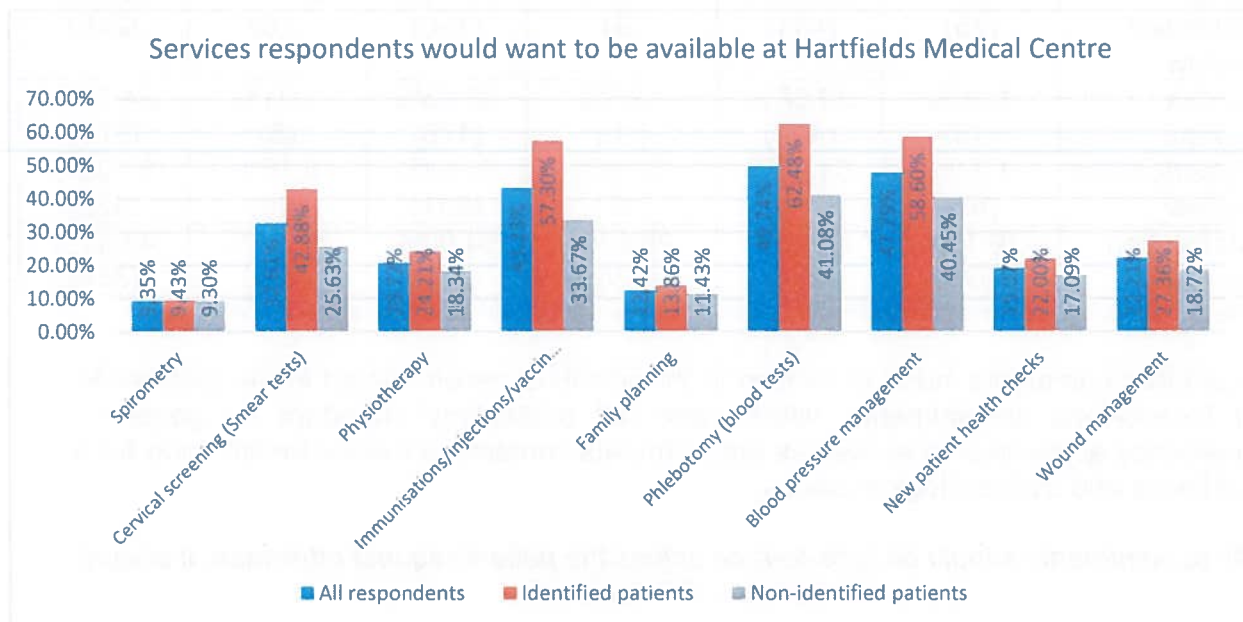
The greatest proportion stated that they would benefit from phlebotomy (49.74% of all respondents; N=665), blood pressure management (47.79%; N=639) and immunisations / vaccines (43.23%; N=578).

Compared to non-identified patients, greater proportions of identified patients would prefer all but one of these services (spirometry) to be provided by Hartfields Medical Centre. This was especially the case for immunisations / vaccines, phlebotomy, blood pressure management and cervical screening.

Table: Preference for services to be available from Hartfields Medical Centre face-to-face, on a daily basis

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Spirometry	9.35% (125)	9.43% (51)	9.30% (74)
Cervical screening	32.61% (436)	42.88% (232)	25.63% (204)
Physiotherapy	20.72% (277)	24.21% (131)	18.34% (146)
Immunisations / injections / vaccines	43.23% (578)	57.30% (310)	33.67% (268)
Family planning	12.42% (166)	13.86% (75)	11.43% (91)
Phlebotomy	49.74% (665)	62.48% (338)	41.08% (327)
Blood pressure management	47.79% (639)	58.60% (317)	40.45% (322)
New patient health checks	19.07% (255)	22.00% (119)	17.09% (136)
Wound management	22.21% (297)	27.36% (148)	18.72% (149)

*For clarity, only the proportion who selected 'yes' for each of these services is presented.



Respondents were asked what time of the day they would prefer to access Hartfields Medical Centre. As this was a multiple response question, the percentages below do not equate to 100%.

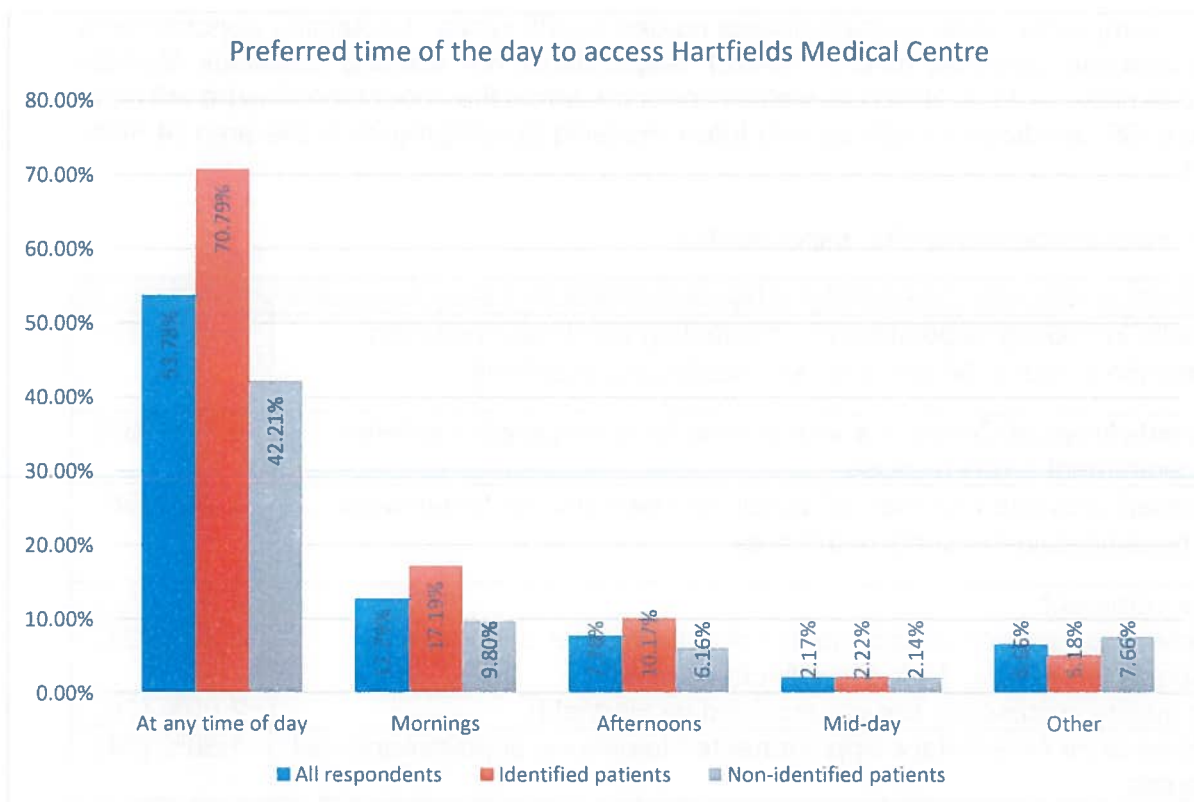
Most respondents said they would prefer to access Hartfields Medical Centre at any time in the day (53.78% of all respondents; N=719), whilst 12.79% (N=171) have a preference for mornings, 7.78% (N=104) afternoons and 2.17% (N=29) mid-day. Other comments related to preferences for appointments to be late afternoon / early evening, before 8.30am and at weekends.

In terms of differences between the sub-groups, identified patients were happier to access Hartfields at any time of the day (70.79%; N=383 & 42.21%; N=336, respectively).

Table: Preferred time of the day to access Hartfields Medical Centre*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Any time of day	53.78% (719)	70.79% (383)	42.21% (336)
Mornings	12.79% (171)	17.19% (93)	9.80% (78)
Afternoons	7.78% (104)	10.17% (55)	6.16% (49)
Mid-day	2.17% (29)	2.22% (12)	2.14% (17)
Other	6.66% (89)	5.18% (28)	7.66% (61)

*Due to the multiple response nature of this question, percentages do not equate to 100%.



In terms of the most important thing about Hartfields Medical Centre, most referred to its location / convenience / accessibility (34.26%; N=458). Furthermore, similar proportions cited parking and access to a doctor / nurse (18.55%; N=248 & 16.75%; N=224, respectively), with 14.36% (N=192) highlighting the quality of care received, including the pleasant staff and continuity of care.

"Parking, location, quality of care by ALL STAFF, ease of making an appointment without having to be on the phone up to 1 hour or more!"

"Access to regular dr's & nurses. I like to talk to people face to face not on the phone".

Table: Most important thing about Hartfields Medical Centre (All respondents)*

	% (N)
Location / convenience / accessibility	34.26% (458)
Parking	18.55% (248)
Access to nurse / doctor	16.75% (224)
Quality of care	14.36% (192)
Opening times	3.22% (43)
Access in person	2.77% (37)
Practice facilities / setting / layout / environment	1.35% (18)
All factors listed	1.12% (15)
Other factor, including patient safety, proximity of chemist / nearby park, and online services	6.88% (92)

*Due to the free text nature of this question, percentages do not equate to 100%.

Further comments made by respondents related to difficulties in obtaining appointments and contacting practices (6.13%; N=82), respondents not wanting Hartfields Medical Centre to close (4.71%; N=63) as well as concerns about the impact the closure will have on other GP practices as well as with future housing developments in the area (4.34%; N=58).

Table: Further comments (All respondents)*

	% (N)
Difficulty in making appointments / contacting practices (including preference to see a GP not a nurse / healthcare assistant)	6.13% (82)
Hartfields Medical Centre is a vital service for local people / elderly / disappointment if was to close	4.71% (63)
Increased pressure on other GP practices / demand set to increase with housing developments in the area	4.34% (58)
Other comment	4.26% (57)
Concern / experience of poor quality of care at other practices / McKenzie Group (e.g. lack of continuity of care)	2.47% (33)
High quality, accessible service provided by Hartfields	2.09% (28)
Preference for face-to-face appointments / telephone appointments not adequate	1.80% (24)
Difficulty accessing other practices (including parking, cost & public transport)	1.12% (15)

*Due to the free text nature of this question, percentages do not equate to 100%.

5 Findings from the public events

5.1 Key themes

5.1.1 Location and access

For the majority of those attending the events, access to Hartfields Medical Centre was perceived to be easy, with many able to walk to their local practice.

Furthermore, for those able to drive / use public transport easily, accessing other GP practices, was not deemed to be too much of a problem, as long as they have the full details of where they need to go and assurance that the healthcare practitioner will have access to their medical records.

"I'm less impacted than others as I have the flexibility to attend others by car or bus"

"I ring and ask if you can help, and if that means going to another practice that's fine. I ask for the postcode of whichever practice it is."

"We all have to move on"

However, this was not the case for all, particularly those who don't have access to a car and are not able to easily travel on public transport.

"I don't know how I can get to another site"

For many, local access to a GP is what they want and not something they want to travel for or to change.

"I'm a cod head"

"As I get older, if I can't get out, I don't want to travel"

However, amongst a few, there was recognition that they would travel to receive specialist care.

"We are happy to travel to see a specialist"

In terms of accessing other GP practices by public transport, there was concern about what this would entail. For example, to McKenzie House from the Hartfields area, it was noted that there is no direct route with a requirement for individuals to walk for part of the journey.

"Walking is involved so it's not accessible for everyone"

Furthermore, another individual commented on the time implications this can have, recalling an experience of travelling to Wynyard Road to see a specialist;

"It took me an hour to travel to Wynyard Road by bus"

Access to Throston was perceived, by a few, to be slightly easier, and therefore a provision that needs to be maintained if Hartfields Medical Centre was to close.

In terms of access by taxi, these were noted to be limited, costly for those on a low income and especially difficult for those in wheelchairs / reliant on a mobility scooter.

"In Hartlepool, there are no pre-bookable taxis with wheelchair access"

Parking was very important for the few able to travel to alternative practices by car, and something that was felt to be poor at the other GP practices within the McKenzie Group in terms of the availability of disabled spaces as well as spaces more generally.

"There are 3 disabled spaces at Throston, a couple at Wynyard Road"

For those individuals not able to travel, concern was raised about the availability of home visits and what their options would be;

"A nurse said to me 'you're not on the list for home care'"

"Would an ambulance take me to McKenzie House if I can't get anywhere? Do I just have to stay at home feeling ill and die?"

The lack of awareness among some about their ability to use different practices within the McKenzie Group, the shared access to their medical records and the lack of uncertainty as to what services are provided at each practice, contributed to their uncertainty / confusion as to what would happen about their care.

"So I can go to any McKenzie practice?"

5.1.2 Concern for the residents of Hartfields Retirement village / other patients with mobility issues

Accessibility for patients residing within Hartfields Retirement Village, as well for other patients with mobility issues, was very much a concern in terms of the detrimental health impact the closure would have.

"People will be forced to self-medicate"

With access to Hartfields Medical Centre highlighted as a key factor for many in the decision to live within the Retirement Village, there was therefore strong opinion that this care provision needed to stay open.

"People have spent a lot on living somewhere with access to appointments – so a bespoke service is needed with appointments and prescriptions."

This too was recognised by Senior Management who commented how having local GP access enhances the care provision offered to Retirement Village residents;

"For us having the practice enhances our care provision so we want to have services maintained. So we are absolutely in support of retaining GP services."

There was concern among a few as to whether the closure of Hartfields Medical Centre, would lead to the further withdrawal of services / amenities within the Village;

"If they close the GP practice, what other amenities will close too? E.g. the shop, café"

Digital access is a significant concern and barrier to accessing GP services for many of these patients, with individuals reliant on others / their carers for support.

"I'm a Hartfields residential village resident and on my floor I'm the only one with digital access and who can do an electronic prescription order. It's not easy for everyone"

Furthermore, it was discussed how telephone / online services are not really appropriate for older / disabled patients who want and need face-to-face care. These patients want to be able to easily submit a prescription by hand and want to be able to walk into a practice and book an appointment in person.

"An electronic queue is not easy for patients"

Additional comments were also made about access to Hartfields Medical Centre from the Retirement Village, with patients having to walk around the building as opposed to having direct access.

"It's bizarre, we have to walk around the building to gain access, rather than directly access from this building [Retirement Village]"

5.1.3 Making GP appointments

The difficulty faced in making appointments at the McKenzie Group was a significant issue for many. Individuals talked of the ongoing challenges they face in ringing their GP practice and trying to book an appointment. Reporting that often, when they have been on hold for a long period of time, they are cut off or told that there are no more appointments and to ring back tomorrow. This evidently causes much frustration with some feeling very 'let down' by their care provider.

"The Government said a GP should be able to see you within 24 hours – poppy cock. I queued for an appointment, got to the front of the queue by that time there were no appointments left"

"Is there just one base for the calls? We have tried ringing each practice in turn and they were all engaged. We just can't get through"

Access was especially a concern for those with disabilities and/or without digital access;

"For the last 2 years your services have been horrific. I am able-bodied and have the internet and even I can't cope. I was nearly in tears the other day trying to get an appointment. I got to number 2 in the queue and then cut off. It said to ring again tomorrow"

The issues faced, was not felt to just be the case for on-the-day GP appointments, but for all appointments whether that be with a nurse, for bloods or ordering prescriptions.

"We once waited 4 weeks to have bloods taken which was not very convenient"

"I can't even get an appointment with a nurse."

"I can't get through on the phone, it's always engaged. I can't order medication".

Furthermore, attendees talked about the ineffectiveness of being offered an initial telephone appointment, in cases when it is obvious that a face-to-face appointment will be needed and further their preferences of wanting to see a GP face-to-face as opposed to an appointment with another healthcare professional or a telephone appointment with a GP.

"Being able to speak to someone when needed is essential"

"There is no replacement for a doctor"

It was therefore difficult for attendees to contemplate why the closure of Hartfields Medical Centre is being discussed when the demand for GP services is evidently there / increasing.

5.1.4 Public awareness of specialist roles

It was evident within the discussions that there is a widespread lack of awareness of specialist roles within GP practices, with attendees having strong preferences to see a GP, with some believing that this 'carries more weight' and is the 'route to accessing other healthcare professionals' such as physiotherapists.

"If someone needs to see a specialist, then a doctor can refer on"

Attendees therefore felt that much work is needed to raise awareness of these roles, as well as build confidence in accessing these. This extended to the role of reception staff who are often seen as a barrier to access, as opposed to a team able to direct patients to the right professionals.

"So I can book an appointment with a specialist?"

"As patients we suffer as we don't know about the different staff and what they can do. If you go online and book an appointment you don't know who to book an appointment with".

5.1.5 Decision making process

There was a lack of awareness as how the primary care model has changed significantly over recent years and the impact this has had on the space required within practices for a range of staff / specialist services.

Questions were asked as to why the size and ventilation issues were not considered prior to McKenzie Group taking on the site, and furthermore whether the decisions relating to closure are based on financial, rather than size / patient numbers.

"If it's not feasible, then why open it? Someone else was prepared to take it over"

"So when you looked at the premises before you took on the contract – how were they adequate then but not now?"

One individual queries whether another care provider could be brought in, given that there were no issues with the previous care provider.

5.1.6 Quality of care

Some attendees discussed the high standard of care that is received from Hartfields Medical Centre, with questions asked as to whether the same standard would be received at other GP Practices.

"If I want to see a GP and I'd get the same quality of care as elsewhere then I would like to see a GP here [Hartfields Medical Centre]"

In line with this, comments were made about the lack of continuity of care that McKenzie Group provides, with individuals seeing different GPs at different practices. Having consistency was important for some.

"We used to have a 'family GP' who knew our family. It's all changed now"

"Doctors used to know us and now it's a stranger each time and they have to read through the full history."

5.1.7 Suggestions for consideration

A number of different options were put for consideration, these included;

- Part-time opening hours e.g. 3 days a week
 - Helpful for those that can't access other practices
 - Dedicated days for nurse practitioner and phlebotomist considered key.

"There is a case for part of the service to be available for people with mobility issues. As least some level of service would be a useful 'step-down' rather than closure."

"Any thoughts on opening 3 days a week, so that there's face to face appointments, to provide a limited service. This would be better than closing"

- Expanding the site by using space in Hartfields Retirement Village or using an alternative site.

"Can the practice be expanded in this building?"

"When you looked around to open another consultation room in Hartfields retirement village, were there other options? You mentioned a possible solution."

- Designated taxi for disabled patients helping to provide access to other GP practices in the McKenzie Group.

"When it comes to the lack of disabled taxis, why doesn't the practice provide one? Revolutionary ideas are needed when looking at the model"

- Availability of home visits for residents of Hartfields Retirement Village.

"If you live in here [Retirement Village] and you're not mobile then what about home visits?"

- Training programmes to upskill patients in terms of accessing online GP services.

6 Additional responses

6.1 Stakeholder responses

6.1.1 Neighbourhood Manager, Joseph Rowntree Housing Trust (JRHT)

A formal response was received on 1 July 2022 from the Neighbourhood Manager of JRHT who own and manage the Hartfields Extra Care Scheme to which Hartfields Medical Centre is attached.

Reference was made to the letter sent to the Chair of the Audit and Governance Committee on 21 September 2021 which highlighted JRHT's concerns on the potential impact on Hartfields residents of the closure. Key points of this included;

- JRHT redesigning Hartfields to incorporate a GP surgery after being approached to do so by Hartlepool PCT and the Local Authority in 2004.
- The significant impact of the closure of the Medical Centre throughout the pandemic, meaning many residents had difficulties accessing medical support.
- Residents will have difficulty accessing appointments which they are currently able to do independently due to the location of the surgery.
- Potential increase in home visits required by GPs at a cost to the NHS or a delay in resident's accessing appointments due to location and therefore resulting in increased hospital admissions if health deteriorates.
- Increased subscription to other surgeries resulting in people waiting longer for appointments.
- Reducing quality of wrap round care provision as JRHT staff will be unable to work as closely with staff in GP surgery.
- Cost of transport to access appointments at other surgeries for people on low incomes (£7 for return trip in a taxi)
- Inability to access appointments independently as some residents are unable to access public transport due to nearest bus stop being up a hill.
- Space requirements of the practice should be explored with JRHT.

Since the last period of engagement, it was felt that many of these issues have been exacerbated with the current cost of living crisis e.g. increasing concerns around the cost of taxi provision to access appointments. Furthermore, the significantly fewer options available for taxis in Hartlepool, particularly wheelchair accessible taxis, makes concerns about accessibility even more prominent.

It was noted that one of the many attractive features of Hartfields is local access to a GP and how this has been an integral factor in the decision for residents to choose to move to Hartfields.

Reference was made to the 'Telling The Story of Hartfields' study by Karen Croucher and Mark Bevan (2010) which tracked key decisions made in the development of Hartfields, and challenges faced, as the scheme developed from initial plans in 2004 to the first residents arriving in 2008. The study details how successful Hartfields is and how, locating other services and professional groups, such as GPs and specialist nurses, in

the scheme, provides opportunities to promote healthy living and wellbeing later in life, both for residents and the wider community.

It was stressed that having wraparound services provided by a wide range of medical professionals at Hartfields Medical Centre would be extremely valuable and enhance the care offer that some residents at Hartfields already receive from JRHT.

JRHT want the above points to be taken into account when decisions about the future of the GP practice are made, particularly in light of the fact that they support some of the poorest, most vulnerable people in society.

6.1.2 Audit and Governance Committee

On 23 June 2022, Dr Parker gave a 'stakeholder engagement' presentation to the Audit and Governance Committee.

The Committee noted the outcome of the patient engagement mid-point review meeting, undertaken on the 27 May 2022 and welcomed indications that the McKenzie Group have responded to patient and stakeholder feedback from the initial engagement processes. The outcome of this being that the extended engagement was now exploring alternatives for the provision of services from Hartfields Medical Centre outside of the site being either fully open or closed.

The Committee was mindful of not wanting to pre-empt the results of the engagement and the outcome of the subsequent independent report. The Committee requested that the McKenzie Group attend a future meeting to present the findings of the engagement process. With due regard to the view of residents as part of the engagement process, the Committee would then be in position to formally respond to the engagement

6.2 Social media

In response to posts on Facebook, 19 individuals commented on the engagement; these were grouped under the following themes;

Comments concerning the closure of Hartfields Medical Centre:

- Difficulty in seeing / speaking to a GP at any of the practices in the McKenzie Group.
- Hartfields Medical Centre is an extremely important service that should be maintained - concern about the impact on the elderly, those without a car and/or those with children.
- Concern that the decision to close will be made regardless of the outcome of the engagement.
- Query as to whether decisions around closure are being made for financial reasons rather than in the best interests of patients.

Other comments:

- Concern that McKenzie Group is too big
- Doubt as to whether Hartfields Medical Centre is actually open at the moment / staffed by GPs
- Importance of engaging via other methods not just social media
- Primary care has changed over the years / Hartfields Medical Centre does not operate how it used to.

7 Conclusion

This report provides an overview of the engagement undertaken during an eight-week period from 9 May to 3 July 2022 to explore possible scenarios regarding the provision of services from Hartfields Medical Centre.

For many, Hartfields Medical Centre is a much-loved practice, with respondents commenting favourably on its location, parking facilities, access to healthcare professionals as well as the standard of care provided.

The permanent closure of Hartfields Medical Centre will evidently be a concern for many, particularly those who normally access GP services from this practice, including Hartfields Retirement Village residents, and those who support someone to attend care at this practice.

Key concerns amongst these individuals relate to;

- Appointment availability – with respondents concerned about the impact the closure will have on their ability to contact practices and book an appointment, due to their being less available options for the same number of patients. Many stressed the difficulty and frustration they currently face in doing so, with this anticipated to only worsen with the closure of Hartfields, and in addition to planned housing developments in the area.
- Accessibility – respondents raised concern about the travel implications that moving to an alternative GP practice will have, more specifically in terms of increased travel time, cost, lack of direct public transport routes and taxis as well as personal factors such as age and disability.

Looking at alternative scenarios to the full closure, survey respondents deemed the most important services to have available face-to-face, on a daily basis at Hartfields Medical Centre were immunisations / vaccinations, phlebotomy and blood pressure management.

Following consideration of this report by McKenzie Group, the ICB and stakeholders, any updated information will be shared, when available, on the ICB and McKenzie Group websites.

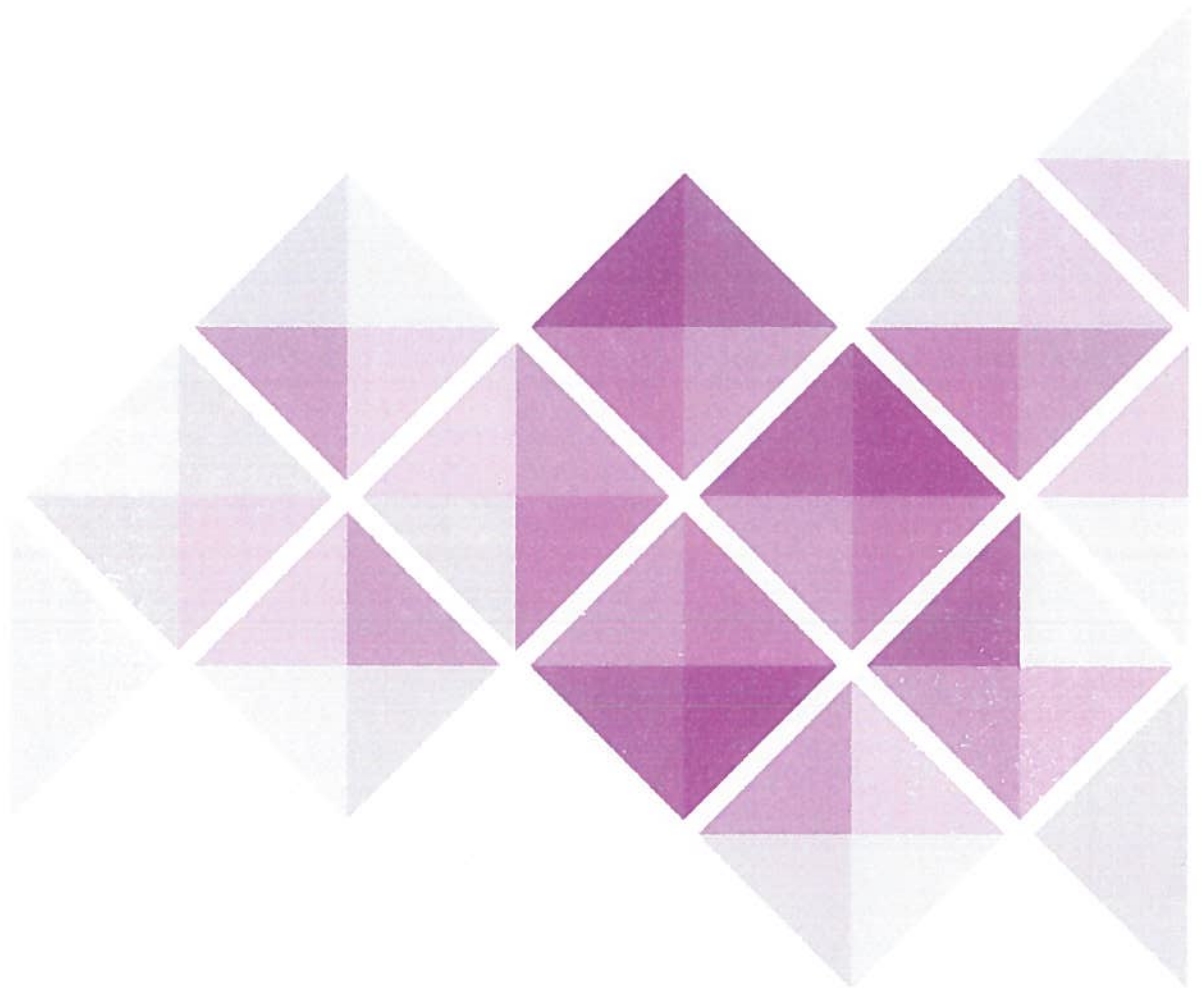
8 Appendix

8.1 Respondent demographics

	Identified patients (N=541)		Non-identified patients (N=796)		All respondents (N=1337)	
Age	No.	%	No.	%	No.	%
Under 18	24	4.44%	12	1.51%	36	2.69%
18 – 24	13	2.40%	18	2.26%	31	2.32%
25 - 34	27	4.99%	55	6.91%	82	6.13%
35 – 44	68	12.57%	66	8.29%	134	10.02%
45 – 54	102	18.85%	133	16.71%	235	17.58%
55 – 64	105	19.41%	203	25.50%	308	23.04%
65+	186	34.38%	283	35.55%	469	35.08%
No answer	16	2.96%	26	3.27%	42	3.14%
Gender	No.	%	No.	%	No.	%
Male	188	34.75%	319	40.08%	507	37.92%
Female	335	61.92%	454	57.04%	789	59.01%
Non-binary	1	0.18%	0	0.00%	1	0.07%
Gender non-conforming	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	1	0.13%	1	0.07%
No answer	17	3.14%	22	2.76%	39	2.92%
Gender identity match sex as registered at birth	No.	%	No.	%	No.	%
Yes	523	96.67%	766	96.23%	1289	96.41%
No	2	0.37%	1	0.13%	3	0.22%
Don't know	1	0.18%	2	0.25%	3	0.22%
No answer	15	2.77%	27	3.39%	42	3.14%
Currently pregnant / been pregnant in last year	No.	%	No.	%	No.	%
Yes	6	1.11%	15	1.88%	21	1.57%
No	407	75.23%	571	71.73%	978	73.15%
Not applicable	13	2.40%	5	0.63%	18	1.35%
No answer	115	21.26%	205	25.75%	320	23.93%
Marital status	No.	%	No.	%	No.	%
Single	80	14.79%	92	11.56%	172	12.86%
Cohabiting	58	10.72%	75	9.42%	133	9.95%
Married	294	54.34%	450	56.53%	744	55.65%
Civil partnership	0	0.00%	12	1.51%	12	0.90%
Separated	6	1.11%	9	1.13%	15	1.12%
Divorced / civil partnership dissolved	20	3.70%	54	6.78%	74	5.53%
Widowed	49	9.06%	52	6.53%	101	7.55%

No answer	34	6.28%	52	6.53%	86	6.43%
Disability, long-term illness or health condition	No.	%	No.	%	No.	%
Yes	251	46.40%	395	49.62%	646	48.32%
No	254	46.95%	337	42.34%	591	44.20%
No answer	36	6.65%	64	8.04%	100	7.48%
Caring responsibilities	No.	%	No.	%	No.	%
None	328	60.63%	463	58.17%	791	59.16%
Primary carer of a child or children under 2	8	1.48%	17	2.14%	25	2.00%
Primary carer of a child or children aged 2 - 18	96	17.74%	112	14.07%	208	15.00%
Primary carer of a disabled child or children	6	1.11%	11	1.38%	17	1.00%
Primary carer or assistant for a disabled adult (18 years and over)	12	2.22%	30	3.77%	42	3.00%
Primary carer or assistant for an older person or people (65 years and over)	29	5.36%	67	8.42%	96	7.00%
Secondary carer	22	4.07%	27	3.39%	49	4.00%
Race / ethnicity	No.	%	No.	%	No.	%
Asian/British Asian: Bangladeshi	0	0.00%	1	0.13%	1	0.07%
Asian/British Asian: Chinese	0	0.00%	2	0.25%	2	0.15%
Asian/British Asian: Indian	2	0.37%	2	0.25%	4	0.30%
White: British	502	92.79%	728	91.46%	1230	92.00%
White: Irish	1	0.18%	3	0.38%	4	0.30%
White: European	8	1.48%	11	1.38%	19	1.42%
Black/British Black: African	0	0.00%	1	0.13%	1	0.07%
Black/British Black: Caribbean	0	0.00%	0	0.00%	0	0.00%
Mixed race: Black and White	0	0.00%	3	0.38%	3	0.22%
Mixed race: Asian and White	0	0.00%	0	0.00%	0	0.00%
Gypsy or traveller	0	0.00%	0	0.00%	0	0.00%
Other	4	0.74%	5	0.63%	9	0.67%
No answer	24	4.44%	40	5.03%	64	4.79%
Sexual orientation	No.	%	No.	%	No.	%
Heterosexual	461	85.21%	712	89.45%	1173	87.73%
Gay man	5	0.92%	2	0.25%	7	0.52%
Gay woman or lesbian	4	0.74%	3	0.38%	7	0.52%
Bisexual	4	0.74%	2	0.25%	6	0.45%
Asexual	1	0.18%	1	0.13%	2	0.15%
Other	2	0.37%	6	0.75%	8	0.60%
No answer	64	11.83%	70	8.79%	134	10.02%

Religion / belief	No.	%	No.	%	No.	%
No religion	170	31.42%	250	31.41%	420	31.41%
Christianity	313	57.86%	463	58.17%	776	58.04%
Buddhism	0	0.00%	3	0.38%	3	0.22%
Hindu	0	0.00%	0	0.00%	0	0.00%
Jewish	0	0.00%	0	0.00%	0	0.00%
Muslim	0	0.00%	0	0.00%	7	0.52%
Sikh	0	0.00%	1	0.13%	1	0.07%
Other religion	7	1.29%	14	1.76%	21	1.57%
No answer	49	9.06%	60	7.54%	109	8.15%



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Outcome of Hartfields Phase 2 Engagement

Audit & Governance Committee

15 December 2022



**North East and
North Cumbria**

BACKGROUND

Date	Key Actions
March 2020	Hartfields Medical Centre temporarily closed due to Covid
February 2021	McKenzie Group submitted a draft proposal to *NHS Tees Valley CCG to close Hartfields permanently
July - August 2021	McKenzie Group undertook a 6 week period of patient and stakeholder engagement
January 2022	Hartfields Medical Centre reopened
May – July 2022	McKenzie Group and the CCG worked collaboratively on a 2 nd phase of patient engagement

* On 1 July 2022, just before the end of the engagement period, CCGs across the country were dissolved, and Integrated Care Boards (ICBs) took over the responsibility for NHS functions and budgets. NHS Tees Valley CCG became part of NHS North East and North Cumbria ICB.

PHASE 2 ENGAGEMENT - APPROACH

- Phase 2 engagement looked more closely at the impact of possible permanent closure, whilst also beginning to explore alternatives to the branch being fully open and closed.
- Targeted towards those patients who would most likely be affected by potential changes to services delivered from Hartfields
- The survey was also open to the wider population and stakeholders of Hartlepool
- Equality Impact Assessment [EqIA] to identify barriers for patients with protected characteristics and mitigate against these
- Supported by Healthwatch Hartlepool

PHASE 2 ENGAGEMENT - WHAT WE DID

- Survey
 - Paper
 - Online
 - Easy read
- Advertising
 - Posters and flyers
 - Banners
 - Press Release
 - Online
 - Media articles
 - Facebook
 - McKenzie Group, CCG and Healthwatch websites
- Stakeholder briefing
- Engagement events
 - Public
 - Protected characteristic groups

RESPONSES TO THE ENGAGEMENT

Survey		Number	Responses
Paper surveys sent to “identified” patients and PPG members		5,338	509
Paper surveys available at public events		100	
Text messages sent to McKenzie Group patients with link to online survey		22,500*	828
TOTALS			1,337
* Approximate number sent and includes the identified patients			
Public events		No of events	Total No of attendees at all events
12 May to 29 June 2022 [including 1 x online event]		6	49
Wider stakeholders and members of the public			No of responses
Stakeholders			2
Social media			19

RESPONSE TO SURVEY – POINTS TO NOTE

- Of the 1,337 responses to the survey:-
 - 1,296 were from patients registered with a McKenzie Group practice
 - 22 were from patients registered with a practice outside of the McKenzie Group
 - 19 responders did not identify their registered practice
- 541 [approx 40% of all respondents] identified themselves as normally accessing Hartfields.
- 796 did not identify themselves as normally accessing Hartfields

OUTCOME OF ENGAGEMENT

Theme Area		Details	
Access to GP services	ACCESS TO HARTFIELDS Of the 541 <i>identified patients</i> <ul style="list-style-type: none"> 510 [just over 94%] travel to Hartfields in 15 minutes or less 271 [50%] normally drive 255 [47%] normally walk 	ACCESS TO RESPONDENTS CHOSEN ALTERNATIVE PRACTICE IF HARTFIELDS CLOSED Of the 541 <i>identified patients</i> <ul style="list-style-type: none"> 296 [almost 55%] would be able to travel to their chosen practice in 15 minutes or less 331 [61%] would drive 125 [23%] would walk, and 58 [almost 11%] would get a lift in someone else's vehicle 	
Alternative practice[s] to be used if Hartfields closed	Identified patients [541] would be most likely to:- <ul style="list-style-type: none"> Access services from Throston [268 - almost 50%], or Register with a practice outside of the McKenzie Group [144 – almost 27%] 	Non-identified patients [796] would be most likely to:- <ul style="list-style-type: none"> Access services from McKenzie House [231 – 29%] Throston [228 – almost 29%] or Wynyard Road [170 – approx 21%] A very small number of patients would register with another practice outside of the McKenzie Group 	
Concerns about accessing GP services and potential impact if Hartfields closed permanently	Of all 1,337 respondents:- <ul style="list-style-type: none"> Over half [724] would be concerned and 677 [50%] felt it would have a significant or very significant impact 416 [31%] would not be concerned and 561 [almost 42%] felt it would have little or no impact 133 [almost 10%] were not sure 	Of the 541 identified patients:- <ul style="list-style-type: none"> 444 [82%] would be concerned and 423 [78%] felt it would have a significant or very significant impact 48 [almost 9%] would not be concerned and 94 [17%] felt it would have little or no impact 40 [7%] were not sure 	Concerns expressed:- <ul style="list-style-type: none"> Appointment availability – patients perception of less appointments available at fewer sites for the same number of patients Access – including increased travel time, cost and personal difficulties such as age and disability Ability to contact practices to book appointments, many stressing the difficulties already faced in this regard

OUTCOME OF ENGAGEMENT CONT'D ...



OUTCOME OF ENGAGEMENT CONT'D ...

Preferred time of day	<p>Of the 796 non-identified patients</p> <ul style="list-style-type: none"> • 336 [just over 42%] prefer to access at any time of the day • Fewer patients preferred mornings [10%], afternoons [6%] and mid-day [2%] 	<p>Of the 541 identified patients</p> <ul style="list-style-type: none"> • 383 [71%] prefer to access at any time of the day • 93 [17%] preferred mornings • 55 [10.1%] preferred afternoons • 12 [2%] preferred mid-day
Services which could be provided F-2-F, online, telephone, video	<p>Services COPD, Asthma, Diabetic, Heart Failure, Atrial fibrillation, Stroke, Hypertension and Medication reviews</p>	<p>Of all respondents [1,337] With the exception of Medication reviews, which 390 [approx 29%] of patients felt could be undertaken remotely, there was a greater preference across all respondents for F-2-F rather than online, telephone or video for all other services identified</p>
Services to be delivered on a daily basis	<p>Services Spirometry, cervical screening, physiotherapy, immunisation, family planning, phlebotomy, blood pressure management, new patient health checks, wound management</p>	<p>With the exception of spirometry, the greatest proportion of all respondents stated they would benefit from:-</p> <ul style="list-style-type: none"> • 665 [almost 50%] – phlebotomy • 639 [almost 48%] – blood pressure management • 578 [almost 44%] - immunisations

KEY FINDINGS FROM PUBLIC EVENTS

Themes	General
Location and Access	<ul style="list-style-type: none"> • Access to Hartfields was perceived to be easy, with many able to walk • Accessing other GP practices was not deemed too much of a problem for those able to drive or use public transport • Taxis were noted to be limited, costly for those on a low income and especially difficult for those in wheelchairs/mobility scooter • Many patients want local access to a GP and do not want to travel • No direct bus route from Hartfields to McKenzie House • Limited parking available at other McKenzie practices • Availability of home visits for patients unable to travel
Concern for the residents of Hartfields Retirement village and other patient with mobility issues	<ul style="list-style-type: none"> • Concerns about detrimental health impact on this group of patients • GP practice in the retirement village was a key factor for many residents moving there • Considered remote access not appropriate for older/disabled patients
Making GP appointments	<ul style="list-style-type: none"> • Concern that patients can't access the practice to make an appointment with a healthcare professional • Difficult to understand why the closure of Hartfields when the demand for GP services is increasing

KEY FINDINGS FROM PUBLIC EVENTS

Themes	General
Quality of Care	<ul style="list-style-type: none">• High standard of care received from Hartfields and questions whether the same standard would be received at other practices
Suggestions for consideration	<ul style="list-style-type: none">• Part-time opening instead of closure• Expanding the site by using space in Hartfields Retirement Village/ alternative site• Designated taxi for disabled patients helping to provide access to other McKenzie Group practices• Training programmes to upskill patients in accessing online GP services

ADDITIONAL RESPONSES

- **Joseph Rowntree Housing Trust**

- Reiterated many of the concerns raised during the 1st phase of patient engagement, including the valuable wraparound services offered to those residents registered with McKenzie. They feel that many of the issues raised have been exacerbated due to the cost of living crisis, the additional cost of travelling to an alternative practice, difficulties accessing alternative practices due to significantly fewer options available for taxis in Hartlepool, particularly wheelchair accessible.

- **Hartlepool A&G Committee**

- Welcomed presentation to the June 2022 meeting, noted the outcome of the patient engagement mid-point review and would be in a position to formally respond to the engagement following a presentation of the independent evaluation at a future A&G Committee meeting.

- **Social Media**

- Concern that the decision to close will be made regardless of the outcome of the engagement
- Questioned whether decision to close are being made for financial reasons rather than in the best interest of patients
- Primary Care has changed over the years – Hartfields does not operate how it used to

NEXT STEPS

- No decisions have been made
- Welcome formal feedback from Committee
- Any questions now