

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

WEDNESDAY, 01 AUGUST 2018 AT 14:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 **APOLOGIES**

To receive any apologies.

3 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 - 10

4 **MINUTES**

Minutes of the Meeting held on 28 March 2018.

11 - 14

5 **TERMS OF REFERENCE**

To note the terms of reference as set out in the attached schedule.

15 - 20

6 **SANDWELL AND WEST BIRMINGHAM SOLID TUMOUR ONCOLOGY AND SPECIALISED CANCER SURGERY SERVICES UPDATE**

Catherine O'Connell, Director of Specialised Commissioning, NHS England;
Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust.

7 **UPDATE ON THE MIDLAND METROPOLITAN HOSPITAL**

Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust.

21 - 64 8 **OUTCOME OF CONSULTATION INTO PROPOSED CHANGES TO 2 GP PRACTICES IN SANDWELL AND 1 GP PRACTICE IN WEST BIRMINGHAM**

Sharon Liggins, Chief Officer Strategic Commissioning, Sandwell and West Birmingham Clinical Commissioning Group

65 - 78 9 **UPDATE ON SAME DAY ACCESS**

Sharon Liggins, Chief Officer Strategic Commissioning, Sandwell and West Birmingham Clinical Commissioning Group.

10 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for call in/councillor call for action/petitions (if received).

11 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

12 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

'In an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

**Birmingham City Council and Sandwell Metropolitan
Borough Council**

Minutes of the Joint Health Overview and Scrutiny Committee

**28th March, 2018 at 2.00 pm
at the Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair);
Councillors Z Ahmed, S Downing, B Lloyd and F
Shaeen (Sandwell Metropolitan Borough Council).

Councillors D Alden, F Cotton and K Hartley
(Birmingham City Council).

Apologies: Councillors S Anderson and J Francis
(Birmingham City Council).

In Attendance: Simon Collings – Assistant Regional Director
Specialised Commissioning, NHS England
G Lineham – Clinical Director Specialised
Commissioning, NHS England
J Kinghorn – Head of Communications and
Engagement Specialised Commissioning, NHS
England
A Williams - Accountable Officer Sandwell and
West Birmingham Clinical Commissioning Group
J Clothier and W Hodgetts – Healthwatch
Sandwell

9/18 **Minutes**

Resolved that the minutes of the meeting held on 25th
January 2018 be approved as a correct record.

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018

10/18 **Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Services**

Further to Minute No. 5/18 (of 25th January 2018) the Committee noted an update, contributed to by NHS England, University Hospitals Trust Birmingham (UHB) and Sandwell and West Birmingham Hospitals NHS Foundation Trust (SWB), on the recent changes and the current review of oncology services in Sandwell and West Birmingham.

The Committee was reminded that four separate oncology services were affected. From the reports and presentations given to the Committee and the questions from members and the responses, the following was noted in respect of each service: -

Solid Tumour Oncology Services

- Four out of five pathways had now re-located to either Queen Elizabeth Hospital or New Cross Hospital, depending on the patient's choice.
- There had been some delays in breast cancer patients receiving appointments, which appeared to be due to the availability of patient records. Both SWB and UHB had made available two consultants to validate the transfer of patient records and ensure that all patients were offered appointments as soon as possible.
- Transport arrangements for patients had been enhanced.
- Data on missed appointments was being closely analysed. When comparing the data to 2017 there were no initial indications that the changes had had an impact on attendance figures, however further analysis would be done to break down the different reasons for non-attendance (one of which was inclement weather) to ensure that this was in fact the case. There were processes in place to maintain contact with patients throughout the course of their treatment.
- The Operational Group was meeting on a weekly basis to monitor quality and outcome data.
- The review was different to previous reviews in that it was starting with a blank canvas and building a service model from scratch.
- The review was jointly chaired by representatives of NHS Specialised Commissioning and Sandwell and West

**Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018**

Birmingham Clinical Commissioning Group, with input from the Cancer Alliance.

- A Health Needs Assessment had been carried out, which would inform the commissioning of the new provider.
- A patient engagement event had taken place on 27th March, which had been valuable in terms of establishing patient feelings and experiences and what they felt that an excellent service would look like.
- A second engagement event would be held to seek patient views on the different types of options to inform the short-listing process.
- Patient engagement events would be supplemented with patient surveys, one to one interviews, and possibly an online engagement event for those unable to take part in person.
- An options appraisal was due to commence in early May, which would provide a long-list of options for consultation.
- A public consultation on the short-listed options would commence in early June.
- NHS England's position remained that the service should be provided locally and the Health Needs Assessment supported this position.

The Committee noted the detailed timeline for the review and requested a further update prior to the commencement of the public engagement process.

Haemato-Oncology (blood based cancers) Services

- The service was being reviewed with a view to combining two existing centres onto one site, at either Sandwell or City Hospital. This was because of the changes in the way that oncology clinics and chemotherapy treatment were provided for people with solid tumour cancers.
- The change was expected to take effect within two months.
- All patients had been written to, regardless of where they were currently receiving treatment, and invited to share their views.

**Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018**

Acute Oncology Services (relating to solid tumours)

- The oncology consultants that supported the service at Sandwell and City Hospitals would no longer be available as the clinics moved to UHB pending the full review therefore new arrangements were required to ensure that patients at City and Sandwell Hospitals would continue to have access to acute oncology care.
- An interim clinical model had been agreed and the implementation plan was being finalised.
- Named consultants had been identified to take on the work, along with an additional locum to strengthen the team.

Pan-Birmingham Gynae-oncology Surgery Centre

- The centre would be moving from Sandwell Hospital with effect from October 2018.
- Approximately 400 surgeries would be affected per year.
- Commissioners had undertaken a national engagement process to help understand the options for providing these services across Birmingham.
- Just one option had emerged from the exercise which was a consortium of providers involving Birmingham Women's Hospital and UHB, with support from Royal Wolverhampton Trust, which would enable patients living closer to Wolverhampton the option of being treated there.
- Commissioners had considered another option, which would involve splitting the service across the other three providers in Wolverhampton, Stoke and Coventry, however this would not be easily accessible for local people and so the option was not progressed.
- On the basis that there was only one option available NHS England would not be carrying out a public consultation.
- Expertise and experience would be retained within the service so the same standards of care and patient outcomes would be maintained.
- Clinicians were meeting weekly to develop the clinical model and patient feedback would be taken on board to help influence the new model.
- Some building work would be necessary to facilitate the move of the service and the move would be permanent.

**Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018**

- Commissioners and SWB Trust had agreed an extension to the current service at City Hospital to ensure that there was enough time to set up the new service.
- Fortnightly meetings were taking place with lead surgeons and managers to ensure the quality and safety of the current service during the transitional period.

Resolved:-

- (1) that detailed data on missed appointments for patients temporarily transferred to the Queen Elizabeth Hospital for solid tumour oncology services be circulated to members of the Committee;
- (2) that a summary of the key themes from the patient engagement session held on 27th March as part of the review of solid tumour oncology services be circulated to members of the Committee;
- (3) that a further update on the review of solid tumour oncology services be submitted to the Committee in June 2018.

11/18 **Update on the Development of the Midland Metropolitan Hospital**

Further to Minute No. 5/18 (25th January 2018) the Committee noted a position statement on the development of the Midland Metropolitan Hospital.

The Prime Minister had stated her commitment to the delivery of the hospital, and all contact with civil service colleagues had reinforced a determination to achieve complete the new hospital as quickly as possible.

Carillion had vacated the site on 22nd March and the site was currently being managed by The Hospital Company, with whom the Trust was contracted. It was regrettable that the collapse of Carillion meant that almost all employees would lose their jobs, and

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018

a wealth of knowledge and experience would also be lost from the project.

The Trust was continuing to work to determine which of the options available for completion of the hospital represented the best value for money and had the fastest delivery time. The Trust was also finalising analysis of the impact of delay, given that the lease of City Hospital from its owners expired in December 2019. Of equal or greater importance was understanding which clinical services could not be stretched across two sites beyond 2020, and the relative fragility of such services.

The Trust's Board would be meeting on 5th April to consider these issues. The Committee was assured that no effort was being spared in bringing the current uncertainty to an end.

Resolved that a further update on the development of the Midland Metropolitan Hospital be submitted to the Committee in June 2018.

12/18 **Update on Improving Access to Local Health Services and Same Day Access**

Further to Minute No. 7/18 (25th January) the Committee was informed that the programme of work around proposals to improve access to local health services, particularly same day access to urgent care (walk-in centres) had changed following initial analysis.

Following advice from The Consultation Institute on the proposals, Sandwell and West Birmingham Clinical Commissioning Group had taken the decision to precede consultation with a period of engagement which would provide feedback upon which a model would be developed to consult upon later in the year.

An eight week engagement exercise was proposed, which would focus on:-

- How do people maintain good health?
- How do people care for themselves/family/friends when they become unwell?
- How can local NHS services help people to care for themselves/family/friends when they become unwell?

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018

- When do people seek clinical intervention?
- Who do they seek advice from and at what stage of their illness?
- How can local NHS services provide best access to the clinical intervention needed?

The engagement would focus particularly on groups identified in the Equality Impact Assessment, which included the unregistered population, parents of 0-5s, the homeless, asylum seekers, students and seasonal migrants.

In order to ensure that there was no disruption to services for local people as a result of the revised process, an interim model for walk-in centre services was being developed, which would ensure that the walk-in centre services continued to run after 31st March 2019 until any newly commissioned service could be implemented.

A report on the outcome of the engagement phase would be presented to a future meeting.

13/18

Feedback from Consultation on Changes to Alternative Provider of Medical Services (APMS) GP Contracts

Further to Minute No. 6/18, the Committee received a presentation setting out the key themes emerging from the consultation on changes to three GP contracts, two of which were in Sandwell and one in West Birmingham. The consultation had been extended until 16th April to enable as many people as possible to have their say.

Interim results showed that the majority of surveys had been completed online and 84% of respondents were patients of the three practices. The response rate at Summerfield Practice in Winson Green had been lower than for the other two practices therefore additional effort was being put in to engage with those patients, in particular, to address language barriers.

Feedback from patients so far indicated that the preference was for the current contracts with all three practices to be re-procured. However, feedback from GP members was mixed.

**Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
28th March, 2018**

The Committee welcomed the update and the fact that patient views were being taken into account.

(Meeting ended at 3.20 pm)

Contact Officer: Stephnie Hancock Democratic Services Unit 0121 569 3189
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**Joint Health Scrutiny Committee
Birmingham CC and Sandwell MBC
July 2018**

Terms of Reference

1. General Terms of Reference

- 1.1 The Joint Health Scrutiny Committee has been convened to scrutinise:
- (a) monitor and respond to substantial variations (changes and reconfigurations) in service delivery proposed by Sandwell and West Birmingham NHS Trust, including proposed consultation frameworks
 - (b) services delivered by Sandwell and West Birmingham Hospitals NHS Trust
 - (c) progress towards completion of work on the Midland Metropolitan Hospital
 - (d) proposals coming forward from Sandwell and West Birmingham Clinical Commissioning Group affecting both areas.
 - (e) any other cross boundary health issues as agreed by the two chairs
- 1.2 No matter to be discussed by the Committee shall be considered to be confidential unless exempt under Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

2. Key considerations

- 2.1 In relation to 1.1(a), above, the Joint Health Scrutiny Committee will have regard to the four requirements for lawful consultation in reaching its conclusions in relation to
- at the formative stage, the consulting body must have an open mind on the outcome
 - there must be sufficient reasons for the proposals, and requests for further information should be supported
 - adequate time should be allowed for consultation with all stakeholders
 - there should be evidence of conscientious consideration of responses by the consulting body

- 2.2 The Joint Health Scrutiny Committee will consider the options presented as part of any proposed substantial service changes and implications they might have on the individual local authorities.
- 2.3 The Joint Health Scrutiny Committee will scrutinise and review any consultation framework to ensure that it is adequate and robust and that it captures the views of both service users and the public.

3. Timescales & Governance

- 3.1 The Joint Health Scrutiny Committee will be reconstituted during July 2018 and will meet as and when required to ensure thorough scrutiny of the issues listed in paragraph 1.1, above and will continue whilst proposed service changes that affect both areas are contemplated.
- 3.2 Any issues listed under paragraph 1.1(a) above will only be scrutinised by the Joint Health Scrutiny Committee and not the constituent authorities.
- 3.3 Ideally, any other issues listed under paragraph 1.1 will only be scrutinised by the Joint Health Scrutiny Committee.
- 3.4 Any response or recommendations to services outlined in paragraph 3.1 and 3.2 above will only be agreed by the Joint Health Scrutiny Committee and signed by both Chairs. It will not need the endorsement or agreement of the individual constituent authorities. Should agreement not be reached over recommendations a minority report will be attached to the recommendations.
- 3.5 Meetings of the Joint Health Scrutiny Committee will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority Chairing the meeting and providing democratic services support).
- 3.6 These terms of reference will be revisited and reconsidered by the Joint Health Scrutiny Committee at its first meeting of each municipal year.

4. Membership

- 4.1 Membership of the Joint Scrutiny Committee will be nominated by the Sandwell and Birmingham Scrutiny Committees that have responsibility for discharging the statutory health scrutiny function.

4.2 Membership of the Joint Scrutiny Committee will reflect the political balance of each respective authority. For a committee of ten members the ratio for Sandwell is (5) and for Birmingham it is (2:2:1).

4.3 The responsibility for chairing meetings will alternate between Birmingham and Sandwell, the Health Scrutiny Chair of the hosting authority to chair the meeting. The location of meetings is to be rotated between the two authorities. In the absence of a chair of a meeting, the other chair, if present, takes the chair. In the absence of both chairs, a chair will be elected from those members at the meeting.

4.4 The quorum for meetings will be four members, comprising two members from each authority.

4.5 There are to be no co-opted members.

5. Support Arrangements / Resources

5.1 The work of the Joint Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

5.2 Venues for meetings are to be rotated between Sandwell MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two Authorities. The nature of the tasks involved in supporting the Committee is set out below.

Support	Nature of tasks
Overall Co-ordination of the Joint Health Scrutiny Committee's work, Policy Support and Administrative Support	<ul style="list-style-type: none"> • Manage the Committee's work programme. • Ensure key action points arising from Committee discussions are followed. • Maintain ongoing dialogue and communication with Healthcare Trusts, commissioners and providing health organisations. • Maintain ongoing dialogue and communication between the two Local Authorities. • Provide policy support as required by the Committee. • Produce briefing papers as required.

	<ul style="list-style-type: none"> • Undertake any other support tasks eg. writing letters, inviting witnesses etc. • Drafting joint response.
Clerking of meetings	<ul style="list-style-type: none"> • Set up meetings and associated tasks. • Maintain schedule of meetings. • Send out of agendas and related paper work. • Take notes of meetings and distribute these. • Provide advice in relation to scrutiny procedures.

Approved by: Councillor (Sandwell Chair)
Councillor (Birmingham Chair)
Members of the Joint Health Scrutiny Committee

Date approved:

Sandwell and Birmingham Joint Health Overview and Scrutiny Committee

Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services

Report submitted by: Catherine O’Connell, Director of Specialised Commissioning, Midlands and East

Date: 1st August 2018

1. Purpose

The purpose of this report is to provide a brief update on the temporary transfer of solid tumour oncology service to the Queen Elizabeth Hospital (QE), University Hospital Birmingham, (UHB), progress with the cancer review to identify a long term solution for the service, and on changes to other cancer services at Sandwell and West Birmingham Hospitals (SWBH). It will be supplemented by a presentation outlining the latest position at the meeting of the Joint Health Overview and Scrutiny Committee on 1st August.

2. Introduction

NHS England Specialised Commissioners, in conjunction with Sandwell and West Birmingham CCG (SWBCCG), are currently working with providers across Birmingham and the Black Country to ensure the sustainability of the solid tumour oncology service for the Sandwell and West Birmingham population, in addition to a number of other cancer services currently provided at Sandwell and West Birmingham NHS Trust (SWBH). The main service areas affected by this work are:

- Solid Tumour Oncology for Sandwell and West Birmingham patients
- Specialist Gynaecological Oncology Surgery Service
- Sandwell and City Hospital Acute Oncology Service

It should be noted that in addition to the services listed above, SWBH also provides chemotherapy for blood based cancers – a Haemo-oncology service commissioned by Sandwell and West Birmingham CCG – from the Sandwell hospital site. The Joint HOSC has previously been informed about the work to consolidate the service on the Sandwell site where the majority of the service had been based. Haemo-oncology is not the subject of this paper.

3. Solid Tumour Oncology Chemotherapy for Sandwell and West Birmingham Patients

3.1 Background

As previously reported, following UHB giving notice in 2015 to SWBH to withdraw consultant input to the SWBH service, NHS England (NHSE) has been working with both trusts to find a way to continue to support Solid Tumour Oncology Services at Sandwell and City hospitals. Despite numerous attempts to facilitate an agreement to keep services at SWBH, including escalation to the Regional Directors of NHSE and NHS Improvement (NHSI), it was decided in September 2017 that a contingency plan was needed that relocated the service for 12 months whilst a review is completed to consider the options for a safe and sustainable long term solution for services.

3.2 Progress to date

Solid tumour sites affected by this temporary change were Lung, Urology / Upper GI, Colorectal, Breast and Gynae. These have all fully transferred to the Queen Elizabeth Hospital with a small number of patients choosing to attend appointments at New Cross Hospital in Wolverhampton instead. The transfers were all completed by May and the detail has been previously reported to the Joint HOSC.

The quality and safety of this interim service is monitored as part of the contract management process within NHS England. Measures monitored include PALS enquiries and formal complaints, serious incidents, 31 and 62 day performance and the use of transport. These are also monitored by NHS Improvement. No serious incidents or formal complaints have been reported to date.

The Sandwell and West Birmingham PALS report covering October to March 2018 shows four enquiries relating to transport which were referred to the local transport service, and 61 referred to the CNS team for further information or explanation. All cases are recorded as being resolved to the enquirer's satisfaction.

The NHS England quality lead made a visit to the unit at the QE on 29th May. A range of information was reviewed and discussed, including feedback from patients through a number of routes, including PALS and patient surveys. No issues of note were identified.

The patient engagement events that have taken place as part of the review process have provided an opportunity for patients to raise any issues or concerns they have. Patients are encouraged to then raise them through the formal Trust processes so that they can be thoroughly investigated and captured through formal routes. Issues raised have primarily related to transport and communication and the feedback on the service itself has been positive.

Transport to the QE was raised as an issue early on and additional investment of £50,000 is being made available to a volunteer transport provider to expand their service to include chemotherapy patients who meet the eligibility criteria. Patients receive information about transport with their appointment letters and there has been a noticeable reduction in queries about transport since this arrangement was agreed.

We recognise the inconvenience this change has had for patients and thank them for their understanding and support in helping us develop a long term solution. Our aim is to implement a long term solution as quickly as possible, although this may take slightly longer than the initial 12 months to ensure the safe development and transition to the new service.

3.3 The Oncology Review

A cancer review has taken place to identify the long term solution. The review began with a health needs assessment and equality impact assessment of the local population that considered demographics, cancer prevalence, mobility etc. This was followed by three patient engagement events, patient surveys, patient interviews, a public event organised by Healthwatch Sandwell, a patient reference group and an event involving almost 40 local clinicians (including doctors, nurses and pharmacists, and involving representation from SWBH, UHB and Royal Wolverhampton Trust).

These activities enabled patients and clinicians to provide feedback on the existing service, suggest potential solutions, identify opportunities and risks, and influence the scoring criteria.

Patients reported that the things that mattered most to them were continuity of care, the quality and capacity of the service, local access, a friendly, supportive environment, access to other services, communication, and choice in where, how and when they could access the service.

This work created a long list of options that was scored by a group of patients and carers, a clinical group, and a group of commissioners and colleagues from the Cancer Alliance. The scoring system used was developed by patients and local clinicians.

The long list included options for a specialist provider to deliver this service from either or both acute hospital sites, from community sites within Sandwell and western Birmingham, developing services that relied on nurse-led and home delivered services, an out-of-area specialist service, and splitting the service. Given this new service will be in place for the long term, it was important all options were explored to ensure the service developed is the right one to meet the needs of this population.

There has been an extremely clear steer from all these groups, supported by the evidence from the health needs and equality impact assessments, that the preferred

option is for a specialist provider to deliver Chemotherapy for solid tumours from the City and Sandwell Hospital sites.

3.4 Next Steps

The two-hospital site option was the preferred option by some distance and a detailed proposal is currently being developed. Following the option appraisal, NHS Improvement has been in discussions with the Chief Executives of UHB, as the local specialist cancer centre, and SWBH which operates the City and Sandwell Hospital sites, to develop the proposed new service. The Royal Wolverhampton Trust has said it would be unable to provide this service.

The new service will be commissioned differently to the original service. However, it should feel very similar to patients, in that they would access the service on the hospital sites as before.

The development of the new service will incorporate the feedback received from patients and clinicians over the last few months, and designed in such a way to ensure it will be sustainable in the long term. SWBH has been invited to indicate what space could be made available for this service and discussions are underway about the clinical and IT infrastructure required.

As previously agreed with the JHOSC, as the solution involves delivery of the service from the City and Sandwell Hospital sites, formal public consultation will not be undertaken on this option.

4. Specialist Gynaecological Oncology Surgery Centre Service

4.1 Background

Sandwell and West Birmingham Hospitals NHS Trust (SWBH) served notice on 'all Centre Gynaecological Cancer Surgery' on the 29th June 2017. This service is commissioned by both NHS England and SWBCCG. Significant work, including external scrutiny of clinical databases, was necessary to confirm the scope of the service under notice. The review of activity indicated that a new provider will need to plan for approximately 400 cases per year, with the SWBH unit continuing to manage non-complex cancer, non-cancer gynae and diagnostic work.

4.2 Progress to date

A project was initiated to re-house the Pan-Birmingham Centre with a new provider. There are already specialised Gynae-Oncology Centres in Stoke, Coventry and Wolverhampton and commissioners' aim is to keep the fourth centre in Birmingham.

At the end of 2017, NHS England received an expression of interest from a consortium of providers for the re-provision of the Pan-Birmingham Gynaecological Cancer Surgery Centre activity. The consortium is comprised of Birmingham Women's and Children's Hospital (BWCH), University Hospitals Birmingham (UHB) and Royal Wolverhampton Trust (RWT) and is hereafter referred to as the "Consortium". Commissioners have been working with the Consortium to identify how a new service could be delivered.

Due to the complexity found in planning to transfer this service, and the work that would need to be carried out by a new provider to take on the work, we have agreed with Sandwell and West Birmingham Hospitals to extend the service at City Hospital for up to two years. This is in addition to the extension already agreed to the six month notice period the trust initially provided.

This additional time will enable a more detailed piece of work to be done to consider wider range of options, and importantly, give patients the opportunity to help develop the new service. It also means that patients and staff at the existing service can have some security that there will be no immediate changes, and that they will be fully involved in any changes that are made after that time.

4.3 Next Steps

Following agreement that the service will remain at City Hospital in the medium term, a project is being established to oversee the development of options for the long term service. This project will be co-produced with patients, with a series of patient workshops taking place from September 2018. A number of patients have already provided feedback on this service as part of the wider cancer review, and some patients have volunteered to participate on a patient reference group to oversee the patient involvement.

5. Sandwell and City Hospital Acute Oncology Service (AOS)

Acute Oncology services are provided at all hospitals with an A&E department to ensure that patients who become unwell during the course of their treatment and need to attend A&E or be admitted to hospital, can receive specialist oncology input. This service was previously provided as part of the oncology support that UHB provided to the SWBH service.

Following the temporary move of chemotherapy services to the QE, new arrangements have needed to be put in place to ensure that patients at the hospitals have access to a safe and robust Acute Oncology Service. The future provider of solid tumour oncology services will also provide acute oncology services to the City and Sandwell hospitals when the new solid tumour oncology service is launched.



Report of Consultation:

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

5th February 2018 – 16th April 2018

Contents	Page
1. Background	3
2. Introduction	3
3. Consultation approach and methodology	5
4. Consultation questionnaire results	8
5. Outreach activity findings	14
6. Conclusion	21
7. Recommendations	21

Appendices

Appendix 1 – Consultation plan and activity tracker

Appendix 2 – Consultation materials

- 2.1 Consultation document
- 2.2 Posters
- 2.3 Patient and stakeholder letters
- 2.4 Feedback capture template
- 2.5 Presentation

Appendix 3 – Press releases

Appendix 4 – All free text responses to questionnaire

Appendix 5 – Demographic breakdown of respondents

Appendix 6 – Email response from Birmingham and Solihull CCG (received after the consultation closing date)

1. Background

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

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

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

The GP practices being reviewed include:

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

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

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

2. Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Consultation approach and methodology

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

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

3.1 Materials

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

3.2 Communications and digital activities

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

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

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

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

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

3.4 Consultation activities and reach

Approximately 284 participants were engaged and consulted over 25 activities:

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

3.5 Other methods

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

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

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

4 Consultation questionnaire results

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

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

4.1 Question 1 - Breakdown of respondents by stakeholder group

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

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

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

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

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

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

The top 3 most popular choices were:

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

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

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

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

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

4.4 Option preferences, by practice

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

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

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

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

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

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

Malling Health Parsonage Street:

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

Malling Health Great Bridge:

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

Summerfield GP Practice, Virgin Care:

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

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

4.6 Perceived impact

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

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

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

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

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

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

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

4.6.2 Supporting comments

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

Option 1 impact:

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

Option 2 impact:

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

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

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

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

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

4.8 Demographic breakdown of respondents

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

A full breakdown may be viewed in Appendix 5.

5 Outreach activities and findings

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

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

5.1. Malling Health at Parsonage Street:

5.1.1 Dedicated consultation drop in sessions

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

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

5.1.2 Patient Participation Group (PPG) Meetings

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

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

5.1.3 Targeted consultation sessions in practice waiting rooms

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

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

5.1.4 MP correspondence

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

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

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

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

5.2 Malling Health Great Bridge:

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

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

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

5.2.2 Patient Participation Group Meetings

Please see 5.1.2

5.2.3 Targeted consultation sessions in practice waiting rooms

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

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

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

5.2.4 MP correspondence

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

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

5.3 Summerfield GP Practice (Virgin Care)

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

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

The main themes discussed included:

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

5.3.1 Patient Participation Group (PPG) Meetings

Two extraordinary PPG meetings were held dedicated to the consultation.

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

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

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

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

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

5.3.2 Carers Coffee morning

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

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

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

5.3.3 Targeted consultation sessions in practice waiting rooms

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

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

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

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

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

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

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

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

5.4 General feedback (not practice specific)

5.4.1 Sandwell and West Birmingham CCG Patient and Partnership Advisory Group

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

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

5.4.2 Sandwell Healthwatch, Health and Social Care Forum

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

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

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

5.4.3 Joint Health Overview and Scrutiny Committee

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

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

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

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

5.4.4 GP locality groups

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

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

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

6 Conclusion

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

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

7 Recommendations

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

Outcome of consultation:

“Proposed Changes to 2 GP practices in Sandwell and 1
GP practice in West Birmingham”

5th February 2018 – 16th April 2018

Introduction

- 3 GP practices who have fixed term APMS contracts (Alternative Provider Medical Services) with SWB CCG, are being reviewed due to their contracts naturally expiring on 31st March 2019:
 - Malling Health Centre Sandwell, Parsonage Street, West Bromwich
 - Malling Health Great Bridge, Charles Street, West Bromwich
 - Summerfield GP Practice (attached to the urgent care centre), Heath Street, Winson Green
- Consultation carried out between 5th February 2018 – 16th April 2018 to help decide what the future of these practices should be, in order to best meet the health needs of the local population.
- The consultation focused on the GP services for registered patients only. (The associated walk-in services at two of these practices are being discussed separately)

The options for each practice

- **Option 1 – To re-procure the GP practice contract**

This would result in the contract being put out to tender, which is a competitive process for any qualified provider to apply for the contract.

- **Option 2 – To close the practice and move patients to other local practices**

This would mean allowing the contract to come to a natural end and not procuring anything in its place. Patients would have to choose another practice to register with.

Consultation activities



Have your say!

Future options for:
Malling Health Sandwell (Parsonage Street)

You can give us your views by completing our online survey at:
www.sandwellandwestbhamccg.nhs.uk
 or by calling us on 0121 612 1447 or emailing us at swbccg.engagement@nhs.net for a consultation document.

You can also come along to one of our drop in sessions to give your views and ask questions:
Gayton Road Community Centre Gayton Road, West Bromwich B70 1QS
 20th February 2.00 - 4.00pm
 21st February 5.00 - 7.00pm

Please note this consultation focuses on the GP practice itself, not on the walk-in centre service.

Have your say!

Future options for:
Malling Health Great Bridge

You can give us your views by completing our online survey at:
www.sandwellandwestbhamccg.nhs.uk
 or by calling us on 0121 612 1447 or emailing us at swbccg.engagement@nhs.net for a consultation document.

You can also come along to one of our drop in sessions to give your views and ask questions:
YMCA West Bromwich, 38 Carter's Green, West Bromwich B70 9LG
 27th February 5.00pm - 7.00pm
 28th February 2.00pm - 4.00pm

Please note this consultation focuses on the GP practice itself, not on the walk-in centre service.

Have your say!

Future options for:
Summerfield GP Practice (attached to the urgent care centre),

You can give us your views by completing our online survey at:
www.sandwellandwestbhamccg.nhs.uk
 or by calling us on 0121 612 1447 or emailing us at swbccg.engagement@nhs.net for a consultation document.

You can also come along to one of our drop in sessions to give your views and ask questions:
Summerfield Community Centre, Winson Green Road, Birmingham B18 4EJ
 22nd February 2.00pm - 4.00pm
 26th February 5.00pm - 7.00pm

Please note this consultation focuses on the GP practice itself, not on the walk-in centre service.



Stakeholders

healthwatch

bvsc
the centre for voluntary action

SCVO
connecting · enabling · transforming



virgincare

Malling Health
Parsonage Street GP Practice

Malling Health
Great Bridge



Sandwell
Metropolitan Borough Council

NHS
Sandwell and West
Birmingham Hospitals
NHS Trust

NHS
England



Birmingham City Council

SANDWELL
LOCAL MEDICAL COMMITTEE

LPC Sandwell

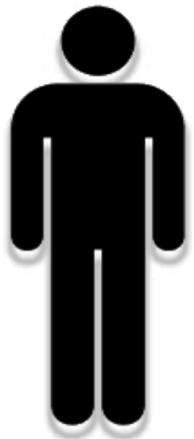
Birmingham Community Healthcare
NHS Foundation Trust

BLPC Birmingham LPC

Birmingham
LOCAL MEDICAL COMMITTEE



Overall response



**284 attended
outreach activities**



**572 completed
questionnaires**



85 Telephone calls

Questionnaire results

- 572 questionnaires completed in total
- Majority completed online (89%)



Response by practice:

Practice	Number of responses for practice
Malling Health Parsonage Street	273 (48%)
Malling Health Great Bridge	234 (41%)
Summerfield GP Practice	115 (20%)

Breakdown of respondents

- The majority of participants (84%) were patients registered at one of the three practices.
- Responses from registered patients, equates to just over 4% of the combined registered lists at the 3 practices (based on the 11,036 patients aged 16 and over, whom were corresponded with).

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

What's important to people in terms of their GP practice?

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

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

Preferred options

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

Why people preferred option 1 (to re-procure)

- No action required of patients
- Practice remains open
- Retention of a local GP practice for two of these practices, that is convenient and easy to get to
- Continuity of services
- Continuity of patient choice
- Better for the elderly and those with mobility issues for at least one of the practices
- Control maintained over the flow of patient registration
- Good appointment availability compared to neighbouring practices
- Late opening times daily
- Continued access to attached walk in services at 2 of the practices
- A belief by some that a potential new provider may have a fresh focus on service improvement

Why people didn't support option 2 (dispersal)

- Disruption to continuity of care
- Reduced patient choice
- Many do not want to register anywhere else, some of whom have said that they won't - which is a risk.
- Neighbouring practices were felt to be too far for at least one of these practices (e.g. 1 mile away for Parsonage Street) which the elderly and those with mobility issues, wouldn't be able to walk to, and may not be able to afford to travel to.
- Alternative GP practice options are the same ones that some patients have previously chosen to move away from, when signing up to these three practices

- Some patients had already been forced to move practices once before, due to closure of their previous practice and don't want to be in the same position again.
- Overloading other GP practices that are already overstretched
- Concern over whether other practices would cope with a high influx of new patient registrations and the impact on access to appointments/ delays in treatment

We also asked...

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

In summary, those who felt they would be more affected than others, based there reasons on :

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

Anecdotal feedback

Malling Health - Parsonage Street



“We are very happy with the service there and very disappointed to think that you’re even contemplating closing it down”

“Other practices are too busy, you can’t get an appointment for 3 weeks. That’s why I moved to this practice. It will be worse if everyone moves to those practices”

“My concern is for the elderly and people who have mobility issues. They need something nearby in short walking distance”

“We need a practice in this area. The other practices are too far and a lot of people can’t afford the travel expenses. It’s a couple of days of food for some people”

“Think about the impact on local pharmacies, who have longstanding relationships with patients”

Anecdotal feedback

Malling Health – Great Bridge

“It would be good to have the chance to stay at the same facilities and accommodate the service users needs. Other GP’s may not have the space for potentially 5000 new patients”




“ This is a good surgery with great access and I have yet to have a problem getting an appointment when needed. And waiting times are very good. This is important when you have a small child that get’s easily frustrated”

“ This is my GP practice and I do not want to move to another one. I like this practice”

“I’m fed up of finding new doctors to see. It delays treatment and breaks continuity of care; Having to rebuild a Dr-Patient relationship again”

“It creates an unstable atmosphere for the patients if we keep changing everything”

Anecdotal feedback Summerfield GP Practice



“I have been with this practice and GP for many years. It is very convenient for me and I am very happy here. I do not want to change and would like to continue here”

“ I get tired of explaining my conditions to different doctors. My previous practice closed and these doctors are beginning to understand my condition. I don't want to start all over again”

“The Summerfield GP practice is the only one in the area who is open till late daily. I'm working and my child is in school”

“As an OAP it is good to be registered with a practice which nearly always has an appointment available. And the fact I don't have to travel a great distance is also an advantage ”

“I would be concerned that the services may not be as good as they are now”

GP members feedback

There has been mixed feedback :

- Some members are keen for option 1 as they are interested in the potential procurement opportunity
- Some members are keen for option 2 as they are interested in attracting the affected patients if they need to register elsewhere



- Most are concerned about option 2 in terms of whether they would be able to cope with a huge influx of new patients

Conclusion

- A clear majority would like the three practices to remain open, with a preference for consultation option 1; to re-procure the GP practice contracts.
- While not everyone supported the prospect of an unpredictable outcome of a re-procurement, in terms of who would provide the service after March 2019, there was some understanding of the CCG's position relating to procurement rules and regulations applied to the commissioning of health services. A re-procurement was perceived to be the best of the available options by the majority, for all three practices.

Follow on actions

- Consultation report shared with the Primary Care Commissioning Committee in June 2018 as part of the criteria for consideration.
- The committee agreed that a business case would be made to NHS England, recommending a re-procurement of the three APMS contracts.
- NHS England to make the final decision in September, on whether the business case will be approved (notifying us of the outcome within 2 weeks)
- To share the consultation outcome with patients and key stakeholders and provide updates at key stages, including the decision taken.
- Market engagement event in August 2018
- 2 patient representatives identified to join the procurement panel
- Subject to NHSE approval, provisional procurement timeline will be September 2018 – December 2018, allowing a 3 month mobilisation period

Questions



Thank You

Improving Access to Local Healthcare Services



healthcare
without boundaries

Improving access to local healthcare services

Focus on:

- Our journey to this point
- Our working assumption
- Moving Forward

Our Journey (Right Care, Right Here)

2009	Parsonage St Walk In Centre opened April Summary care record introduced April Summerfield Urgent Care Centre opened April Great Bridge Enhanced Access to Primary Care practice opened April
2010	Soho Primary care centre built Sparkhill Primary care centre opens (£10million investment) Sparkbrook community and health centre opens (£12million investment)
2011	Glebefields health centre opens (£6.5million investment)
2012	Attwood Green Health centre opens (£13million investment) Your care connected programme commenced Primary care provision in Sandwell Accident & Emergency (A&E) – 500 additional appointments per week

Our Journey (Sandwell & West Birmingham CCG)

2013	<p>Primary Care provision in City A&E – 500 additional appointments per week</p> <p>Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) officially came into being</p> <p>NHS 111 service launched</p>
2014	<p>Portway Lifestyle centre opens (£15million investment)</p> <p>Enhanced summary care record</p> <p>Prime Minister challenge fund to improve access pilot site</p> <p>Urgent care behavioural insights report finished</p> <p>Primary care foundation practice reports September</p>
2015	<p>CCG takes on delegated commissioning for primary care</p> <p>Primary Care Commissioning Framework (PCCF) pilot Winter (reduce variation, in hours access)</p>
2016	<p>Primary Care Commissioning Framework commissioned (standardise access)</p> <p>Community Education Provider Network (CEPN)</p> <p>My GP APP April (ongoing developments due completion July 2018)</p> <p>Primary Care nurse workforce development programme.</p> <p>New Integrated Urgent Care Service went live introducing a clinical assessment service</p> <p>CCG Primary care weekend access scheme</p>

CCG developments continued

2017	<p>Trialling additional clinical pharmacists in primary care</p> <p>Piloted Kiosks in Primary care</p> <p>Ask NHS App launched</p> <p>NHS 111 *6 launched bringing faster access for care homes to GPs April</p> <p>Improved access to primary care (8am – 8pm, Monday - Friday and as required at weekends)</p> <p>Direct booking from Accident & Emergency into primary care launched</p>
2018	<p>20 additional non-medical prescribers, 45 dual role apprenticeships</p> <p>Social Prescribing pilot at Portway</p> <p>Care navigation/active sign posting</p> <p>Kiosks in primary care x 10</p> <p>On-line consultation system procurement</p> <p>Pharmacy run Minor Ailments Scheme (Adults and Children) commissioned</p> <p>NHS 111 online</p> <p>Development of Primary Care Networks</p> <p>Walk in centre activity reducing (32% since 2014/15)</p> <p>Additional primary care access utilisation review (88%)</p>
2019	<p>Phase 2 of Your Care Connected</p> <p>Development and roll out of further social prescribing</p>
2020	<p>Walk in Centre contracts end</p>

Working assumption:

- The demand for walk in centres is reducing, along side a deliberate increase in general practice access
- The majority of patients would prefer to be seen by their family doctor or the group general practice
- Patients want ease of access that suits their personal circumstances
- There is waste in the system, duplication of access
- There is a cohort of patients attending walk in centres/primary care/ A&E that could either self-care or be seen by another primary care professional
- The principles of a placed based integrated model is right for the future model of care
- The offer needs to be different!
 - personalisation, self-care and patient activation is a core component
 - delivered by local GP networks in partnership with 111 and secondary care
 - meeting the national requirements for urgent treatment centres

Testing our view - Pre consultation engagement

- The CCG has undertaken a 6 week period of pre consultation engagement to help inform the future model for improved access.
- Engagement undertaken by 2 independent consultation partners
- The engagement activities were informed by the Equality Impact Assessment (EQIA)
- There was a focus on engaging with
 - Patients
 - Groups identified as high volume users of walk in services e.g. parents of children under 5s and students
 - General Practice

Patient/ Public Perspective

- Real or perceived inability to book a same day or a timely routine appointment with their General Practice (GP)
- Frustration with GP booking processes
- Simplicity of a walk in service
- Unaware of the extended service offer available in GP
- Majority of patients would be happy to attend an appointment at either their own GP or an alternative GP led service nearby.
- NHS 111 service was useful and had directed some people to the walk in service
- For unregistered patients this is their route (other than A & E) to care

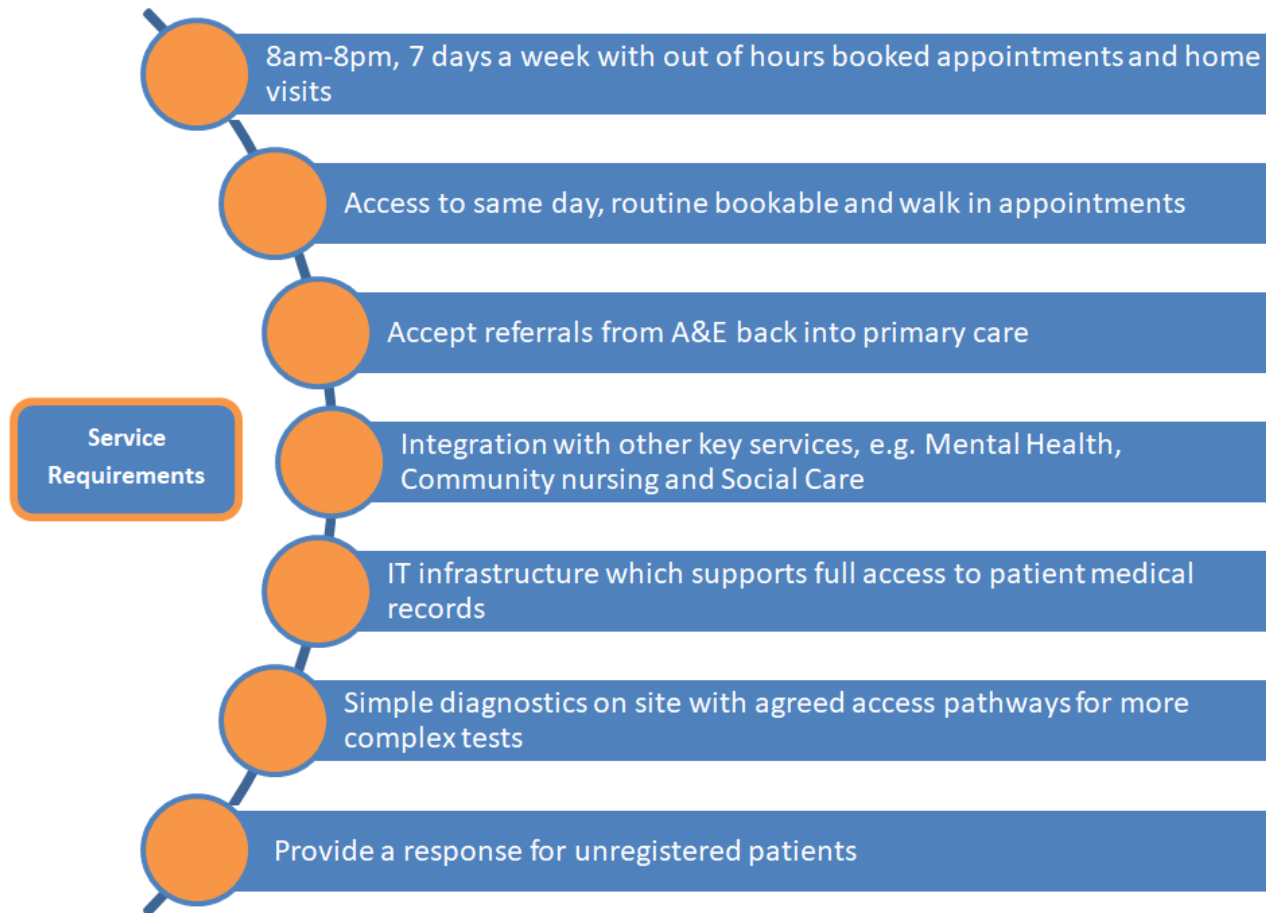
Clinical/ General Practice Perspective

- Primary care networks are not yet fully matured.
- New provider partnerships are emerging
- This is an opportunity to implement change in the system
- Important to ensure continuity of care through sharing patient records
- Recognition that patients want different types of access including some walk in capability
- There is a need to provide an offer for unregistered patients and encourage them to register
- GP workforce challenges, needs greater skill mix for the future
- There was an appetite to design and deliver a new model
- The full potential of NHS 111 has not yet been fully realised and it could be a more integrated part of the system

Moving forward

- CCG Governing Body agreed to launch a consultation exercise in October
- In line with the 'The Gunning Principles', using the insight from the pre consultation engagement to develop a formal consultation. That will be:
 - 12 weeks in duration
 - Informed by EQIA, pre-consultation engagement, Walk-in Centre data and stakeholder analysis
 - Focused on preferred option, with open dialogue to capture alternative options
 - Independent consultation partner recruited as per pre-consultation engagement phase

Future Service Requirements



Local Considerations

- We will be procuring from the market
- The development of local integrated provider networks
- We will set out our desired outcomes and the successful provider(s) will design the integrated delivery model
- Patient choice

Next Steps and Key milestones

Task	Start	End
NHSE Strategic Service Change Meeting – checkpoint 1	25 July 2018	25 July 2018
Joint HOSC update	September 2018	September 2018
Clinical Senate	26 th September 2018	26 th September 2018
NHSE Strategic Service Change Meeting – checkpoint 2	To be completed before October	To be completed before October
Public Consultation	1 October 2018	21 December 2018
SWBCCG Governing Body	2 January 2019	2 January 2019
Market Engagement	21 January 2019	
Finalise Procurement paperwork	4 February 2019	10 March 2019
ITT period	11 March 2019	15 April 2019
Evaluation	16 April 2019	31 May 2019
Approval of outcome	3 June 2019	19 August 2019
Notify bidders & Standstill period	20 August 2019	30 August 2019
Contract Award	1 September 2019	31 September 2019
Mobilisation Period	1 October 2019	31 st March 2020
Service Start	01 st April 2020	

Questions?