

Snapshot of Patient Views: The Practice Group's notice on their contract February 2016

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Executive Summary

A snapshot of the views of patients from five surgeries in Brighton and Hove were gathered over a ten day period in February 2016.

The views were about the Practice Group giving notice on their contract to manage the surgeries.

The main findings were

- I. Patients prioritised **continuity of care** and sought both a permanent GP and easy to access appointments
- II. **Accessibility** by public transport and nearby parking is a key concern
- III. The **financial impact** of travelling further to a GP could reduce access to healthcare, especially amongst the most vulnerable
- IV. Patients are concerned about **service continuity** if they moved to another surgery
- V. There is unanimous support for the dedicated **homeless service**
- VI. Patients are concerned that the **patient lists at other surgeries** are already at capacity
- VII. Clear and timely **communication** is needed to keep patients informed
- VIII. Patients and other local surgeries need guidance about the **next steps**.

1. Background

The Practice Group, a healthcare provider which manages services at five local surgeries in Brighton and Hove, has informed NHS England that they wish to bring these current arrangements to an end. The healthcare group currently manages services at the following GP surgeries:

- The Practice Whitehawk Road, Wellsbourne Health Centre (around 3,969 patients)
- The Practice Hangleton Manor, Northease Drive, Hove (recently placed into special measures with around 1,986 patients)
- The Practice North Street, c/o Boots, North Street, Brighton (around 2,134 patients)
- The Practice Willow House, Heath Hill Avenue, Lower Bevendean (around 1,977 patients)
- Brighton Homeless Healthcare, Morley Street, Brighton (around 1,354 patients)

In response to the provider's decision, NHS England is now working alongside NHS Brighton and Hove Clinical Commissioning Group (CCG) to identify alternative options to guarantee ongoing care for all affected patients before the current arrangements end.

NHS England has written to patients who use services at each of the surgeries to inform them of the current situation and included details of where patients can submit any feedback they want taken into account by NHS England in making arrangements for their ongoing care.

Through the CCG, NHS England commissioned Community Works and its community development partners to provide an additional avenue through which patients have the opportunity to provide feedback. Between 8th and 18th February 2016, community development workers facilitated guided conversations in four of the surgery settings to understand what is important to patients in using GP services. In the fifth practice Morley Street, provider comments were collected as there was a consensus that it was inappropriate to interview the client group directly.

2. Purpose

The purpose and scope of the engagement activity was:

- To find out more about patient's views on the surgery itself
- To gather a snapshot of patient's views about The Practice giving notice on their contract
- To gather patient views about the possibility of moving surgery
- To outreach to patients to engage them in existing forums and networks including gathering contact details of patients who want to be kept informed about developments.

It was made clear that the engagement was not a formal consultation exercise with patients, as there are no different options as yet to be consulting on.

3. Methodology

The guided conversations with patients were organised and facilitated by four local community and voluntary organisations:

- The Practice Whitehawk Road, Wellsbourne Health Centre, facilitated by Serendipity
- The Practice Hangleton Manor, Northease Drive, facilitated by the Hangleton and Knoll Project
- The Practice North Street, c/o Boots, North Street, facilitated by Community Works
- The Practice Willow House, Heath Hill Avenue, Lower Bevendean, facilitated by the Trust for Developing Communities (TDC)

Each of the organisations made their own delivery arrangements within their area, in most cases using the relationships they have already developed from supporting Patient Participation Groups in the past year. Activities included collecting comments cards, running drop-in sessions and semi-structured interviews and organising open events.

We were keen that the views of patients at Brighton Homeless Healthcare, Morley Street were also captured in this report. There was a consensus that it was inappropriate to interview the client group directly, instead we sought the views of local homeless service providers in the voluntary and community sector, who offer an understanding of patients' views and needs.

Methodology was dictated by the timeframe during which feedback needed to be gathered and reported (within a narrow 2 week window). There wasn't adequate time to develop focus groups, far reaching surveys or to ensure a representative sample of patients was reached. This research isn't therefore quantitative but provides a snapshot only of some patients' views.

The perspectives of key equalities groups will not have been picked up in the research, e.g. those patients requiring interpretation were unable to fully participate. We were able to support two patients whose first language wasn't English to share their views, by using family members to translate.

The timescales for this activity were extremely short; a project plan was quickly developed to enable this information exchange and scoping activity. In order to make these sessions and dialogue worthwhile to all stakeholders and patient participants we built connections as far as possible with the on-going CCG funded wider engagement work.

Further detail on methodologies used in each area can be found in Appendix 1.

4. Summary findings

- I. **Current services:** while lots of patients commented positively on services they receive currently, several common issues were identified which need to be addressed if surgeries are to stay open, including:
 - a. Use of locums or changing GPs: patients were clear they needed continuity of care and a permanent GP
 - b. Appointments: patients wanted better access to appointments
 - c. Telephone consultations (where relevant): patients were clear diagnosis over the phone is not working and that they want to be able to see a GP at the practice.
- II. **Accessibility to a local surgery:** was by far the biggest concern from patients and is especially relevant given local bus services do not enable access to all surgeries. Consideration is also relevant for disability access, not all surgeries have good access for those with wheelchairs and parking facilities vary
- III. **Financial impact:** many patients expressed concerns that if they were to move surgery they could not afford to pay for buses and taxis, this would severely impact patients with low incomes and reduce access to health services for the most vulnerable
- IV. **Service continuity:** where patients like a particular aspect of their current service, e.g. they can access home visits or the staff are especially good, they are seeking clarity around the impact of moving to another surgery and if they can expect to receive the same service
- V. **Homeless service:** homeless patients and voluntary and community sector providers supporting homeless patients are unanimous in their view that the dedicated homeless service is essential, high quality and must be retained
- VI. **Patient lists at other surgeries:** patients were concerned about the potential impact of transferring so many patients to other surgeries which were already at capacity. They would like to know how the NHS can guarantee they will still get a good service if they have to move surgery
- VII. **Communication:** it was clear throughout discussions that patients wanted increased and clearer communication from the NHS to include timeframes for key decisions and options / choices of other surgeries they could consider for their future healthcare
- VIII. **Next steps:** patients have already started to look into registering at other surgeries and have raised concerns about other surgeries being unable to cope with the demand. Coordinated communication with other local surgeries to enable them to respond to and manage queries, concerns and registration requests from Practice Group patients could be useful and provide a streamlined approach to managing patients' expectations whilst options are being considered.

5. Findings

5.1 Patient Views on their Surgery

Willow House

- Patients were very positive about the current service now there was a GP in place.
 - “The reception and practice staff are lovely and helpful”
 - “Our current GP is really good and takes time with you”
 - “There are no issues with making appointments, even same day”
- Many remarked that they did not realise as a PMS surgery that additional enhanced community health services (beyond that of a standard GP) were on offer. They very much liked the idea of community health services being offered at the site
 - “What other services does this include? Why isn’t information clearly displayed about what services they offer?”
 - “It would be great to get other services for more vulnerable patients from that site. My neighbour gets very anxious travelling into town and areas she doesn’t know”
- Negative comments typically were historic and about changes and gaps in GP provision
 - “We had a long period without a GP whilst they struggled to recruit and that was awful, we had locums but it was very inconsistent and sometimes no GP access at all”.

Hangleton Manor

- Opinion from patients was mixed relating to general views on the surgery, however the majority of views were positive and were from patients who have been registered with the surgery long term
- Patients typically said that there are happy with the surgery due to its accessibility and locality in addition to receiving a good service. Positive comments were also made about the staff (reception and nurses in particular)
- Some of the most positive comments included:
 - “I find the surgery very good, if you need to be seen urgently you are always seen that day, the receptionists are first class, very helpful”
 - “The receptionists are brilliant, more like a family”
 - “We came here from Goodwood Court, it’s practical and local”
 - “We want it to stay, we live just round the corner and we are happy with the service”
 - “We really like it here, my son has autism so change would be really difficult”
 - “20 out of 10, always good, very caring, good service, been here 30 years”

- “The surgery has a small family practice feel, we left Hove Medical Centre to come here, receptionists are so friendly”
- Typical negative views included:
 - Use of locums: patients want a permanent GP and continuity of care at the surgery
 - Telephone consultation is not working: in some cases patients were being called by one doctor and seen by another, with no confidence in the diagnosis given over the phone
 - Appointments: patients are not happy with the current appointment system and struggle to get an appointment
- Some of the most negative comments included:
 - “It’s hard to get appointments, I had to wait 2 weeks and sometimes appointments are cancelled. This is difficult with young children”
 - “The surgery has gone downhill, the main issue is not being able to get appointments. I’m not happy with call backs and we should be able to book an appointment in advance”
 - “It does not portray confidence when there is a continual change of doctors. It is not as caring as some surgeries I have heard about”
 - “Because the surgery is run by a company the doctors do not get involved in the community or have the same caring attitude as someone who has commitment”
 - “Getting an appointment now is a challenge now because of the telephone consultation, you wait for a call back with no guarantee of an appointment and it can mean you are talking about your health problems in a public place”
 - “Burwash is not a good alternative as it has limited opening hours.”

Whitehawk Road

- Views were mixed: 46% of patients were broadly positive, 31% were fairly neutral about their experiences feeling the surgery was satisfactory and 23% were broadly negative
- Typical recurring positive comments included: good doctors , good nurses, very helpful team , very presentable clean , modern facilities, chemist next door, can get appointments when really needed and it all seems a good set up
- Some of the most positive comments included:
 - “Overall they have been brilliant”
 - “This is the perfect place for everyone that lives here”
 - “The Doctor is A1”
 - “You are welcomed here – there is a good atmosphere”

- Typical recurring negative comments included: difficulty getting appointments (especially for children), waiting to hear back from doctors then getting short notice to attend, appointments too far in future, length of waiting in waiting area for appointments, some of the staff were rude , you never know which doctor you will see and waiting for blood tests which could be done somewhere else
- Some of the most negative comments included:
 - “I hate doctors, I am not registered with one now, I don’t believe in GPs –I have a problem with my nail now , I go on U-Tube and fix it by myself”
 - “We have lived 9 years in the UK and been in many different areas and this is the worst experience we have had. I am not a complaining person, but I have had to make 2 formal complaints recently”
 - “They sent me a print out of my records that I asked and paid for and also sent me some from someone else!”
- Typical neutral comments included “It’s okay”, “It’s normal, fine”, “It’s like any doctors”
- It was noted that patients had been at the Practice for the following length of time:
 - 1 year and less: 17 (41%)
 - 1-5 years: 10 (24%)
 - 5 years and more: 14 (34%)
- This is an important issue as many patients registered following the closure of nearby Eaton Place less than a year ago (see appendix 2 for more details).

North Street

- Patients spoke very positively of the service they receive and said it met their needs
- Typical recurring positive comments included:
 - The location is convenient, close to home/central, easily accessible via reliable number 7 bus. One patient who attended the surgery for CBT therapy commented that its central location is really good and easy to reach. The prescription dispensary service was also described as convenient
 - The staff were considered good; they listen, understand and get to the route of an issue; they support the whole family; they have a good telephone manner; they are friendly, knowledgeable, know their patients and have a good rapport/connection; the front desk staff are phenomenal
 - “I feel human and not a commodity”
 - It is easy to make an appointment when needed. One patient said 9 times out of 10 he gets an appointment when he needs one and many others said they always get one. Another patient new to the surgery said he waited 7 months elsewhere for an appointment and ended up paying for private treatment, whereas he had a good response here

- Some more neutral or slightly negative comments included:
 - “Having two doctors on duty would give patients a choice of who they see, and keeping the same staff would be good, as nurses seem to change a lot”
 - “There are a lot of different doctors which is frustrating as you have to keep explaining what is wrong and your health plans change.”

Morley St (providers’ views)

Providers are very positive about the service provided to homeless patients at Morley St:

- Patients appreciate the support and understanding they get at the surgery
- Morley St has a flexible approach to DNA’s (Did Not Attends) and doesn’t discharge people or sanction them for nonattendance. Surgery staff are aware of and tolerant of service users difficulties in engaging consistently
- The service deals flexibly and pragmatically with challenging behaviour
- Morley St are excellent at joint working and are central players in the multi-agency approach needed to support complex needs and homeless service users
- Morley St have years of knowledge and expertise and relationship building with patients and other services
- Morley St have a uniquely non-judgemental and understanding approach that allows service users to be more honest and allows the practitioners leeway to be robust as well as caring with service users when required
- The distress and shame involved in discussing, for example, a groin abscess with a professional is lessened because of the relationship built up by Dr Worthley and his team
- Morley St is centrally located, has an invaluable needle exchange service and offers flexible access through drop-ins
- “Our staff and volunteers have been signposting clients to Morley Street Surgery on a daily basis for many years. It is undoubtedly an invaluable service for our clients. Many of our clients are incredibly reluctant to visit doctors’ surgeries and having a specialist homeless provision helps allay some of their concerns. We know that they value knowing their GP and are reassured that they won’t be judged by their personal circumstances. It can be challenging enough persuading homeless young people to seek medical help and any closure or reduction of service at Morley Street would undoubtedly result in a decline in our clients’ physical and mental health.”
Clock Tower Sanctuary (Brighton and Hove’s only dedicated Day Centre specifically for 16 – 25 year old homeless and insecurely housed)

Morley Street (patients' views)

- All comments were overwhelmingly positive about the surgery and patients spoke passionately about the support they had received and the difference it had made on their lives. Typical recurring positive comments included:
 - This is a valuable service which meets the needs of an ever growing homeless population
 - The surgery is non-judgemental and efficient
 - The service has a big impact on the homeless. It is helpful in all areas of physical and mental health and other emergencies. It saves lives
 - The doctors and staff are brilliant, caring, friendly, helpful, amazing, hard working
- Some of the positive comments included:
 - "I believe that I would not be alive had it not been for the help, kindness and support that you have given me"
 - "The caring service I have received not only by the doctors but also by the ladies in reception has been excellent. I cannot express how much I owe to them in the treatment and recovery of my health because without this help I would not like to think what might have happened to me"
 - "If it wasn't for this place I wouldn't be able to collect my meds"
 - "This place has been so helpful and understanding to me at such a difficult time in my life. If this service was not here so many people would be lost in the system. The staff here are so helpful, friendly, understanding and would be greatly missed, please do not close this service"
 - "I would probably be dead by now. I have been using this service for 14 years now. I don't know what I would do as I am of No Fixed Abode. I honestly feel it saves people's lives".

Conclusion

- It is clear that some of the Practice surgeries are viewed extremely positively by patients, particularly the specialist service for homeless people
- Patients are generally positive about having services accessible in their local community, where the facilities are good and staff are helpful
- Patients' negative experiences are usually associated with difficulties in accessing appointments, lack of continuity in who is providing their healthcare and instability of service.

5.2 Thoughts about the Practice Group's notice on the contract

Willow House

- Patients had all received the NHS England letter. However, due to complications about provision of GPs in the past and recent issues between the Practice and developers of the physical site, people were unsure where accountability and responsibility lay and whether they had any influence over anything
 - "When is it closing?"
 - "Is this because of the developers?"
 - "Where else would we go? Will we get a choice?"
- Patients were concerned about continuity of treatment in terms of records being passed to the next provider and about ongoing treatment until the Practice leaves. The pharmacy reassured patients they would take electronic prescriptions from any surgery and could offer that continuity
 - "My friend with Alzheimer's was scared by the letter and not sure what to do. She is scared that she will have to go to another surgery in town"
 - "I am partially sighted and can't walk up steep slopes. I was relieved about this site getting a surgery in new development plans and now I am anxious I will have to go somewhere else. How will I be able to find out about physical access to other surgeries?"
- Someone with a life limiting condition expressed concern about receiving contradictory advice from a branch practice or chain using locums, as the Practice had done in the past
 - "I have a complex condition and am anxious about explaining to new GP, especially if they aren't consistent. I've seen locums before and been told different things"
- The nearest alternative on public transport route is The Avenue Surgery.
 - "I'm at The Avenue and they're great but they are already really busy and if everyone goes there would I still be able to get same day appointments?"
- Several patients, including someone with anxiety and early Alzheimer's, wanted clarity and reassurance about their continuity of care provision
 - "I struggled to understand the letter and it wasn't clear what was going to happen next and if I have any say?"
- TDC and the PPG were clear they would share any information across the community and with individual contacts as they received it.

Hangleton Manor

- Overall patients have serious concerns about the Practice Group pulling out of the contract
- Many patients felt the letter they received was not clear and some had panicked and started enquiring about registering at other surgeries
- Some patients had read conflicting stories in the press and were concerned that no options were being considered and the surgery would definitely close and leave them stranded

- One patient did not receive a letter and one patient had already contacted NHS England to raise her concerns
- Patients wanted more regular communication updates. Patients were clear they wanted to be consulted with at every stage, they wanted to know when decisions were being made and what options were available to them
- Some of the most concerned comments included:
 - “I saw it in the newspaper. At 92 I am concerned anyone will take me as a patient”
 - “We have already enquired about moving to Mile Oak Surgery. I want to know how and when decisions will be made”
 - “Most people are assuming the surgery will close. Will the NHS really work to keep it going? Is there the money available? I am fearful about being left without a GP, I want to see it through at this surgery, we need to save the practice”
 - “Very bad, my mother has Alzheimer’s I am concerned about the continuity of care for her. Also the fact we are hearing different things in the press, we need regular contact letters/emails not drip feeding from the Argus”
 - “The letter I received was cryptic, I was not really sure what it meant, closing, going private what exactly. Where will we go, all patients will be displaced and looking for other surgeries putting further strains on them”
 - “I feel I have no choice in the matter”
- A few patients said:
 - “I have no concerns at all, I have no accessibility issues and will travel to another surgery”
 - “As long as the service stays the same I have no concerns about moving.”

Whitehawk Road

- The majority of patients were aware of the situation, with only 4 unaware
- A significant majority of patients (33 out of 41 – 80%) expressed negative views about the notice of the contract ending. Many practical reasons were given by patients who were worried about the change, including whether they would get into another surgery when other surgeries are perceived to be full and the continuity of care which might be jeopardised in having to tell the same story again to new doctors
- Typical negative thoughts and comments included
 - “It’s ridiculous – where will everyone go?”
 - “Would I have to change? That would be a big hassle – I live very near , this is nice and flexible”
 - “There’s people who have already had to change recently”
 - “I am worried that if things change what will happen to my records and test results and things – will they know about my conditions?”
 - “This is a big area with lots of people and it would be ridiculous to take away a GP surgery , especially after all that money was spent on the new community health centre”

- Only 2 patients gave a broadly positive response and 6 were neutral: “They have told me it’s alright” and “Actually I have private health insurance, so for me it is no problem, but I am here for my children today , I think the NHS is better for children”.

North Street

- Most patients had some awareness of the current situation although several were confused about what the letter from NHS England meant and whether it would affect them or not
- Some understood they would hear more as and when things change. Some expected they may be required to find a new surgery. Others didn’t know if they were supposed to be doing something
 - “It was not clear – I was confused about the timings and what was really going to happen so I spoke to my consultant and they were able to explain”
- In light of the positive comments about staff, some said they hoped the doctors, nurses and reception staff stayed the same, and the ethos of the surgery
 - “Continuity of care is key. We have built up relations with doctor and staff”
- One patient asked if John Lewis will provide a surgery
- One patient who didn’t speak English as a first language said she understood the position a little but would need an interpreter to fully understand. She knew about Sussex Interpreting Service and where to get this support
- Not all patients were concerned:
 - “The colour of the chairs may change but I don’t think that it will affect me. I’m not too bothered about who has the contract; I am more interested in the quality of health care which is provided”.

Morley St (providers’ views)

Both providers and patients were very concerned that the practice might close and the service might no longer be available.

- “If the Practice Group giving notice on Morley St means that the surgery will cease to exist that would be a disaster for homeless people in Brighton and would endanger lives”
- “If Brighton Homeless Healthcare should close, I fear that our clients only practically viable choice would be to use the drop-in surgery on Queens Rd or treatment with a non-specialist service. We know from experience that our clients are resistant to either of these options and this would reduce the amount of medical help our clients would receive”.

Morley St (patients' views)

- “Thank you for notifying me of the potential changes. I personally think that it would be a disaster to close this practise. I think that the help provided to the homeless and people really in need is invaluable and I can’t think of any reasonable purpose for closing this practice”
- “I would highly recommend the new company that is taking over keeps these very professional people in their employment”
- “I am completely opposed to the closure of this practice”
- “I cannot believe that this service is even being considered as not essential, as it will be a great loss in the community”.

Conclusion

- In all settings, patients were concerned about services not continuing and demonstrated anxiety about what was going to change and when
- There was a great deal of uncertainty and some confusion amongst patients, with many not understanding the position clearly and what the next steps are. Patients often asked if they should be doing anything to prepare for the change
- Most patients are concerned about disruption to their healthcare service and the upheaval of change. Many patients expressed other concerns relating to the service they will access in future (see 5.3)
- It was clear that patients want increased and clearer communication from the NHS to include timeframes for key decisions and options / choices of other surgeries they could consider for their future healthcare.

Love Activists- An example of a more detailed case study from a specialist Homeless project

Love Activists Brighton has been taking independent autonomous actions in solidarity with homeless people living on the street and in emergency & temporary accommodation over the past year. Campaigning for an end to homelessness and raising awareness of homelessness related issues.

Some of us have worked closely with some of the people on the street, offering advocacy support, helped carry out housing applications, to arrange and attend appointments, accompanied people at court hearings, appointments and assessments and offered time to listen and give advice/sign post where possible to the appropriate service, carrying out follow ups where possible to ensure the person had received the support they needed.

We have set up two petitions. One supporting the Solution Based Proposals To End Homelessness and another to push for an end to the Criminalisation of Homelessness & Begging.

During the past year some of us have visited the homeless clinic on Morley Street with people who are homeless that are registered there. We have seen and heard of what a very valuable service it provides. The staff are exceptional and extremely supportive. They really are the human face of an inhumane system. They are non-judgemental, friendly, warm, at the same time as being professional. They care so much for their patients, who are the most vulnerable people in our society.

The surgery is a consistent part of an often very chaotic life when homeless. The surgery acts as a c/o address for those living on the streets. The flexible and much needed service of two drop ins a day Monday to Friday with set appointments during the main part of the daytime aims to suit everyone and has shown to be successful for this.

The unknown future of the clinic has caused far from needed added stress and anxiety for people that are homeless.

Any cuts or closure of this service would in no doubt pose a massive threat to people's wellbeing if it were not to continue to provide the service which vulnerable people depend on. If anything, the service should receive more support, financially and resourcefully to help deal with the increasing numbers of homelessness.

We hope you will consider these important facts when deciding the future of the homeless clinic. We would fear of how many more deaths on our streets would occur if it were not for the care and support the patients receive there.

5.3 Thoughts about the possibility of moving surgery

Willow House

- Patients were very concerned about relocating to a different surgery and prioritised retention of a surgery at the site, due to poor transport links and access issues to other neighbouring provision. Bevendean has low car ownership and high levels of low income households
 - “What other surgeries would take us and would we get a choice?”
 - “The buses are not very frequent and reliable up here and it’s really expensive if you have to take children with you”
 - “It takes me lots of preparation to get to this site it would be a nightmare if I had to go to The Avenue at the bottom of the Estate or even further”
- Patients thought the site was a perfect site for wider primary care offer of community based health services, as is offered by a PMS contract
 - “We have a few services up here – residential and nursing homes, school, shops, and the Children’s Centre. If the Willows offered other clinics and health services that would be great for families and older people”
- Patients were concerned about capacity. The Avenue was the nearest alternative GP site and this was considered already over stretched by patients
 - “I’m at The Avenue now and they are really busy”
 - “Would other surgeries get additional capacity or would they just have to take on extra?”
 - “Would other surgeries still do home visits up here?”
 - “Are there enough GPs in Brighton? Several seem to be gone or going according to the Argus?”
 - “If there isn’t a GP who wants to work here then why would a new GP want to work at The Avenue?”
- How the service was provided was a secondary issue and whilst everyone understandably wanted to prioritise continuity of care and having a named GP, there was a general understanding that having GP access at that site was of greater importance
 - “If there were additional GP hours at the Avenue, could they come up here to see people from the top of the estate?”
 - “Could we have outreach to this site from another surgery if needed, after all the developers are planning to build a brand new surgery aren’t they?”
 - “Even if a GP was only up here certain days it would still help some of those with chronic conditions who would struggle to get to other sites”

Hangleton Manor

- The majority of patients had serious concerns relating to physically accessing another surgery as the main issue relating to moving surgery
- Typical key concerns focused on accessibility to services:
 - The majority of patients had concerns about physically getting to another surgery including parking, disability access and the cost of using buses and taxis, especially relevant for older people
 - The main bus services which serve the Hangleton area are the 5, 5A and 5B. These services would enable access to the Burwash and Hove Medical Centre Surgeries although depending on where the patient lives this could mean a fair walk to the nearest bus stop. There is no direct bus to the Benfield Valley Hub in Old Shoreham Road from Hangleton
 - It was noted that Burwash and Hove Medical Centre don't have very good wheelchair access or car parking facilities
 - The Benfield Valley Hub Old Shoreham Road is not accessible for patients who use public transport
 - One patient had tried to register with Mile Oak Medical Centre and was told they would not take any patients from the Hangleton area
- Associated concerns included:
 - Financial impact: patients were concerned they couldn't afford to get buses or taxis to another surgery
 - Other surgeries being full: patients were concerned about other surgeries being overloaded with patients and not being able to cope with the demand. Some patients had already tried to register or enquired about other surgeries because they felt they would be left behind if they didn't take action themselves
 - Access to home visits: many patients currently receive home visits and they were concerned they wouldn't receive home visits if they were registered with a practice too far from where they live
- Some of the more concerned comments included:
 - "I think it will close, it would be difficult to change to another surgery and I have mobility issues and have a low income. How will I pay for travel?"
 - "It's also not good for the elderly or people with mobility issues. I think people would just use the Ambulance Service more"
 - "There will be too much pressure on other surgeries, it would not be a good thing for older people as they won't be motivated to go if it's further away. This will affect their Health and Wellbeing"
 - "I am happy to move to another surgery but unfortunately the surgeries with good reputations are already full"

- “It would be a problem for my partner and son as we have no car, we would like to be sent options if we have to move”
- “I do drive but this is extra hassle I don’t need with three children”
- “I am panicking, I will be devastated if it closes, my husband is very ill and is applying for a blue badge, and it’s easy to park here. Hove Medical Centre is not so accessible, no car park, would have to walk to the surgery and it’s difficult to park nearby”
- “It would be better to build a new larger practice and accommodation, maybe West Way and Hangleton Manor”
- Those who had no concerns about moving were patients without accessibility or mobility issues. Some neutral comments included:
 - “If its local and I can walk there it’s ok”
 - “It all depends on how close the surgery is”
 - “Would be happy to move to another local surgery if there is free parking”
 - “I will just Google alternatives”
 - “If I can get to another surgery it is fine i.e. Hove Medical Centre but we need enough notice and clear options”

Whitehawk Road

- 72 % of patients expressed negative reactions and views to the possibility of moving surgery, 25% were more neutral and only 3% were positive. Typically patients reflected on the inconvenience of relocating to another surgery:
 - “This is the nearest for me – it would be very inconvenient for me to have to go somewhere else”
 - “I don’t drive, it would be difficult to find somewhere else”
 - “To move would be bad for me – I don’t want to have to take 2 little kids a long way to a new doctor – it would be fine if something else is provided here”
 - “I have already looked into others and we are not in the catchment areas of any or their lists are closed”
- Practical issues and worries about travel distances if a move away from the surgery is required were very common reactions, especially from patients with young children
- A number of patients expressed irritation and frustration at the prospect of having to re-register again, as they had only joined the Practice surgery following the closure of Eaton Place less than a year ago. 41% of patients interviewed had only been with the surgery a year or less, highlighting the fluid situation in terms of registrations in the area
- Only one patient gave a positive response: “It would be good if it was nearer to me – Eaton Place was right next door to me and my family – we really liked it at Eaton place”
- 11 patients gave a neutral response, with a range of responses:

- “I’ve had loads of different doctors over 20 years so am used to different GPs”
- “We just want to get a good service”
- “We are in the middle of a move anyway – so as long as we get somewhere that will be good”
- “I am not really concerned who runs the business as long as it is efficient and well run – I assume something will happen here in the future – the building is pleasant and nice”
- There was a strong consensus in many conversations with patients about how sensible and positive it would be to continue some provision at the Wellsbourne bearing in mind the good facilities there, the investment that had gone into them and its location in a relatively densely populated estate and alongside so many other services.

North Street

- Comments about relocating were mixed and covered a range of issues
- Some patients were concerned about the loss of convenience if they had to relocate:
 - “Depends how far I would have to go, I wouldn’t pay for a bus ticket”
 - “I have problems with my leg (mobility Issues) so a surgery HAS TO BE very local for me”
 - “This has a wide catchment area, I do not live nearby, I move around a lot so having a central location is very important to me”
 - “I have only recently changed so concerned about changing again”
- Other comments included:
 - “I do not wish to be moved. I prefer the ethos of this surgery. I am currently travelling from Hove because I like this surgery. I would travel for the people here”
 - “I would need interpreters to help me find another Dr and fill out forms and explain what choices, what to do and how”
 - “There could be possible complications with my medication”
- Some commented on concerns about consistency of care and seeing the same doctors/nurses so they could build up a relationship, especially if they have an ongoing health problem. They are anxious about ‘starting all over again’
- Some commented on concerns that they do not want to access emergency care because they are unable to access primary care:
 - “I’d have to go to A&E if I didn’t have a GP which would mean that I then wouldn’t get to see a specialist consultant. Having a GP is important health wise. It is easier to treat things. My health is important”

- Other patients weren't overly concerned and said they would just have to change and see how it goes:
 - "It should be alright as long as I can register somewhere central"
 - "As long as you get the right treatment and look after the community and the people. Don't make any silly changes"
 - "I am happy that they will tell me where to register BUT then I will have to assess it myself and see the set up".

Morley St (providers' views)

- There is concern that moving to another surgery will cause anxiety and distress among vulnerable service users. It will be difficult for them to rebuild trust at a new surgery and they would struggle with having to recount their stories and histories
- Complex needs and homeless service users will not readily engage with another practice, certainly not without intensive support to get them there. It is unclear which service would be funded to provide that support.

Conclusion

- The majority of patients tended to prioritise retention of a surgery at their existing site because of worries over accessing provision elsewhere
- How services are provided or what services are available was a secondary issue. Whilst patients expressed their concerns around issues such as continuity of care and having a named GP, there was a general understanding that having local GP access was of greater importance
- The patients who were most neutral about the prospect of relocating their surgery were those without accessibility or mobility issues and those who didn't have long-term health conditions or concerns
- Patients have already started to look into registering at other surgeries and have raised concerns about other surgeries being unable to cope with the demand. Coordinated communication with other local surgeries to enable them to respond to and manage queries, concerns and registration requests from Practice Group patients could be useful and provide a streamlined approach to managing patients' expectations whilst options are being considered
- Any change in service at Morley St will cause huge distress to homeless patients. Next steps need to be very carefully considered and planned.

5.4 Connections made with other engagement activities

Willow House

- TDC will be following up with 21 patients who left their contact details to have future involvement in the PPG
- Healthwatch were present at the community event and explained their role as local watchdog. They gave out contacts to those present and said that, if the need arose, Healthwatch could offer information on other surgeries
- Defend the NHS were also present at the event and offered to talk to people after the meeting. Patients were encouraged to be patient and wait until news in March before considering campaigning as in this interim period a solution may be found that meets their needs
- Cllr Yates explained that he and Healthwatch would be on the panel that meets with NHS England to look at options on 1st March. There should also be some information coming back after the Health and Wellbeing Board on 15th March, after which all patients should be written to with options.

Hangleton Manor

- The Hangleton and Knoll Health Forum was promoted to every patient and everyone was given a flyer. The concept of the Forum and the forthcoming themed meeting around the recent developments at Hangleton Manor was very well received and patients seemed keen on the idea of coming together to discuss this further. 27 patients gave their contact details to receive further information about the Health Forum and general community news and activities via our email database
- Two BME women were referred to the activities of the Multi Cultural Women's Group, two parents who had children with additional needs were referred to the parent/carer coffee morning group and one carer was referred to the Carers Centre support group in Hangleton. Patients were also given leaflets where appropriate for HKP's HaKIT drop ins, Community Group Directory, 50+ activities and the upcoming Black History Event.

Whitehawk Road

- 12 patients indicated an interest in wider health and wellbeing community activities. They will be included in a new enlarged network of local people interested in health issues and have the opportunity to find out about and be involved in engagement and community activities including:

- A joint Patient Participation Group for the Wellsbourne Health Centre (27 patients gave their contact details to be involved in this evolving group). The uncertainty about the future of GP provision in the Centre means that the original concept of a joint patients group for Broadway and Practice group patients launched in September 2015 may need some revision
- The Due East Macmillan peer to peer Cancer Champion Project
- The Due East Health Champion Project, providing opportunities for local patients to gain training and support in helping themselves and others to improve their health and wellbeing
- The Due East Neighbourhood Council, which co-ordinates all the above health and wellbeing projects and activities. (Due East has been supported and developed by City Council and CCG commissioned community development support in recent years.)
- Due East and other local groups have requested that the future of the Practice surgery is a major agenda item at the next quarterly Due East Neighbourhood Council meeting on 23rd March 6pm – 8pm at the Whitehawk Library. The CCG will be invited to provide an update on the outcome of this engagement and next steps
- This engagement activity was timed well to help promote other significant community engagement and specific activity in half term that was relevant to many parents and carers spoken with. The Due East community showcase at the Manor Gym on Thursday February 18th was promoted and several interviewees went on to attend the event. One of these patient interviewees runs the local Guides, Brownies and Rainbow groups. After finding out about the event she arranged to take up a stall and while there found out about funds available for her group from the healthy neighbourhood fund and other youth related funding launched on the day
- Another patient interviewee lives opposite the Manor Gym but had never been inside. Having found out about the event he attended and learned about local activities in the area for his 4 year old son (which he was previously lacking). The patient also proceeded to say he would like his business to sponsor and be present at future local community activities and festivals
- Significant contact was also generated with parents interested in their children's health. Serendipity will continue dialogue with these parents and link with the primary school, public health schools programme and pilot health champions project to develop partnership working
- It is felt that the change of primary care service/provider in the Whitehawk area provides an opportunity to begin a new phase of more joined up work involving patients, community groups, primary care providers and other essential public services co-located at the community hub in Whitehawk (including City Academy Whitehawk, Roundabout Children's centre and nursery, the new Whitehawk Library and pharmacy). Whitehawk is one of four areas being prioritised by the Labour Administration to develop as a Neighbourhood Hub. There is the potential to

engage patients and local community groups in making significant and sustainable improvements to health and wellbeing in an area where health inequalities are at their sharpest and health outcomes at their poorest in the city.

North Street

- This was the first engagement activity undertaken by Community Works or its partners in this surgery. 6 people signed up to get involved in some kind of PPG.
- 12 patients commented that they wanted to find out more about plans to change the surgery provider as and when they emerge (details were taken).

Conclusion

- It is clear that this engagement exercise has provided a valuable opportunity to connect with patients and link them with other health and wellbeing engagement activities in their community
- Future support for PPGs will continue to build on this outreach and engagement.

Appendix 1

More detail on methodology

The engagement methodologies used by Community Works, the Trust for Developing Communities, the Hangleton and Knoll Project and Serendipity varied across the 5 surgeries according to which approach was most suitable in each setting. A template questionnaire was made available to steer the guided conversations along with an FAQ briefing from NHS England. This helped ensure consistency of information across the different areas.

Willow House

- The Trust for Developing Communities has been supporting the Willows PPG in recent months and has been actively supporting community development in the local area for many years. Relationships are strong and this provided a good foundation on which to base the engagement
- Comments slips were given out to staff and volunteers at community facilities and groups along with NHS briefing note so that if people had a question they could speak to someone who had read the NHS briefing and leave a comment/ question to be collated. These were distributed and collected through pharmacy, surgery, children centre, lunch club & foodbank. 15 comments cards were received
- A contact email was distributed inviting email feedback and 3 emails were responded to
- A community meeting/ drop-in was held on 17th February following the foodbank and coffee morning in partnership with Action in Bevendean Community and the Willows PPG. In attendance were 31 patients (21 left contacts for follow up communication by PPG), Cllr Daniel Yates, Robert Brown (ABC), Linda Game (PPG), Magda Pasiut (Healthwatch), Linda Miller (defend NHS), Sarah Judd (Leybourne Pharmacy).

Hangleton Manor

- Hangleton and Knoll Project staff visited the surgery over three days and spoke to patients in the waiting area. They also visited the Get Together Older Peoples Group and spoke to their members who were registered at the surgery
- The views and concerns from local health representatives were also collected
- A total of 53 patients were interviewed

- Contact details were gathered from 27 patients allowing ongoing promotion of the opportunity to attend the Hangleton and Knoll Health Forum in addition to promoting other local support groups and services.

Whitehawk Road

- A total of 44 interviews were carried out with patients of the surgery (35 face to face, 9 phone). 24 female and 20 male. 10 self-identified during the conversations as BME
- Interviewees often mentioned other family members registered at the Practice Surgery and their experiences during the conversations. Additional family members of people spoken to whose views were represented to some extent in their comments were 5 additional adults and 40 children (of whom 6 were grandchildren). The 44 interviews therefore can be said to some extent to have included views and comments from 89 patients in total registered at the surgery, 49 of whom were adults, 40 children and 27 in total self-identifying at BME
- 3 drop in sessions were held in the main ground floor reception area at the Wellsbourne Health Centre resulting in 35 face to face interviews with Practice Group patients
- The Practice Manager and staff at the Practice Surgery were engaged and there was also communication with doctors and staff at the Broadway Surgery which shares reception and waiting facilities with the Practice at the Wellsbourne Health Centre
- The Ardingly Court Branch surgery on the first floor at the Wellsbourne Health Centre was also informed about the work
- Extensive promotion of the opportunity for patient views to be heard was carried out specifically with:
 - Kamsons pharmacy and Lloyds Pharmacy – including conversations with managers / staff and leaflets were left at pharmacies for patients
 - Primary Schools in the area – the head and staff at St Marks Primary distributed leaflets about the engagement at and around parent consultation evenings. 16 parent patients indicated interest in having their views heard resulting in 7 telephone interviews with patients. The Head and the Community Schools worker were informed about this exercise at City Academy Whitehawk (primary)
 - Community venues including local youth clubs, after school clubs, older peoples lunch clubs and community cafes
 - Several scheme managers at local sheltered housing schemes , resulting in invitation to speak to resident groups in the next month at 2 of them and one telephone interview with one concerned resident
 - Roundabout Children Centre and Nursery staff

- The Due East Neighbourhood Council network of 50-60 local community groups and many service providers – including promotion at events during the engagement period and notices on noticeboards, which resulted in one telephone interview with a patient.

North Street

- The city centre location of this surgery means it does not (as yet) have a PPG and therefore required a different approach to engagement
- The practice manager advised drop-in sessions on key dates when particular services were running and where the waiting room would be busy. 3 separate drop-in sessions took place on 9th, 10th and 11th February. This resulted in interviews with 17 (plus 1 child) including one person who spoke English as a second language. 2 other patients were spoken to and confirmed they understood the situation but did not want to engage further as they were feeling too unwell.

Morley Street

There was a consensus that it was inappropriate to interview the client group directly, instead we sought the views of local homeless service providers in the voluntary and community sector, who offer an understanding of patient's views and needs. We invited comments from:

- Brighton Housing Trust (First Base and Fulfilling Lives)
- Brighton YMCA
- St Mungo's Broadway
- Off the Fence
- Just Life
- St Patricks, Hove (Riverside)
- Clock Tower Sanctuary
- Equinox

A statement was also received from Love Activists and 15 comment cards from patients collated by the surgery itself have been summarised and included.

Appendix 2- Whitehawk / Serendipity

An example of the community development process that enables this information scoping to be part of a wider engagement process: the local Whitehawk Context

The local context for each of the Practice Group Surgeries in the City is distinct and from a community and patient perspective crucial as an underlying factor in the views and comments they have made about their own Practice Group surgery.

The following gives a thumbnail sketch of the key local issues that inform comments and background to the Practice Group surgery at the Wellsbourne Health Centre in Whitehawk.

a) Health Deprivation Hot Spot : a priority area for tackling health inequalities

- The Whitehawk patient catchment area for the Practice Group surgery includes areas that are among the most deprived and with the least healthy outcomes for patients in Brighton and Hove and indeed some of the country's worst performing areas
- Average male life expectancy in Whitehawk is 9 years worse than in some parts of Hove
- Cancer outcomes including screening rates, surviving cancer and many others are very poor in this area—hence the pilot peer to peer project with Macmillan Cancer Support developed and run by local patients.

b) The creation of the Wellsbourne Health Centre, March 2010: its impact on the local community

- The Centre brought together the Broadway Surgery and Whitehawk Medical Centre, and later the Practice Surgery
- Patients and the local community did not react well to the change that created a new centre, re-located off the main road in the neighbourhood. The previous 2 GP surgeries were both on the main Whitehawk Road easily accessible from bus stops. The new Wellsbourne Health Centre meant a trip up to the central/northern area of the estate for patients from the Broadway surgery
- From the beginning of the new operation, the lack of a direct bus serving the new centre was raised by patients and the local community as a major problem and the community could not understand the position held by Brighton and Hove Buses. It was repeatedly said that buses could not get down Whitehawk Road to serve the new centre, although it was felt that many coaches regularly make this route to serve the school for school trips on the same road. It was felt that a turning circle at the end of Whitehawk Road practically exists as it is and could be easily adapted similar to that which serves Hove Polyclinic. Patients of the new health centre who have to go regularly to Hove Polyclinic for blood tests have repeatedly remarked that the Wellsbourne Centre should be served directly by a bus

- For at least a year after the opening of the new centre there were considerable complaints from patients and the local community about the difficulty of finding and getting to the new centre, about the lack of lighting and the very poor state of the uneven pathway built from the main road to the new facility and new library which opened the next year in 2011
- Operational difficulties around the co-location of the 2 surgeries sharing a reception area were significant and led to patient confusion about layout, who was who and who they saw about what. These were compounded later by high staff turnover in the Practice which led to much patient inconvenience
- In 2011, the Chair of the PCT met with local ward councillors and NHS staff and agreed some access improvements (lighting and pathway, though the bus route did not change, the bus stop on Whitehawk Way was re-positioned nearer to the beginning of the path to the Wellsbourne Centre)
- In 2012 an open day, co-ordinated by Serendipity, re-launched the Wellsbourne Health Centre, with some community art projects commissioned and the local community more involved in the new centre. The result was a highly successful joint community , NHS and health and wellbeing open day which also involved all the co-located services next to the Wellsbourne Centre – the primary school, the new library , the children’s centre and nursery, the dentist , health promotion teams and many community groups and projects.

c) Proximity of County Hospital A and E and Children’s Hospital

- The Whitehawk area is home to hundreds of families with young children and many have experienced problems getting appointments at the Practice and other surgeries in the area. The relative proximity of the Royal Sussex County Hospital and Royal Alex Children’s hospital and their A&E units has meant that many local people when not getting the services they require from primary care have instead used A&E services as they are more convenient
- This is a significant issue in the area and is anecdotally evidenced by many clinicians and the CCG and BHCC.

d) Closure of Eaton Place Surgery

- The closure of Eaton Place surgery in March 2015 led to thousands of patients seeking new surgeries. Many in the Whitehawk area were directly affected, many in turn who have registered with the Practice Surgery at the Wellsbourne Centre
- Interviews carried out with a number of such patients reveals that they are especially shocked and angry at the prospect of potentially having to make another move so quickly after this last one
- The closure of Eaton Place has had knock on effects locally at the Wellsbourne Health Centre:

- Patients wishing to register at the Broadway Surgery were in such large numbers that this surgery could not cope and closed its list (although there was a 6 week delay between signalling closure of their list and it actually happening during which time they continued to be deluged with registration enquiries)
- A branch surgery from Ardingly Court surgery has opened upstairs in the Wellsbourne Health Centre to help cope with the demand for patients in the area seeking a GP.

e) Community development approaches to health and wellbeing

- Community Development work in the Whitehawk area has supported the development of a number of resident and patient led activities in the past couple of years in response to the high levels of interest, health needs and desire to get involved from people the local neighbourhoods
- A new resident led charity Due East Neighbourhood Council has been created and supported by Serendipity, initially through the City Council’s pilot neighbourhood governance project in 2012/13
- One of Due East’s busiest areas of work is Health and Wellbeing and a Due East Health and Wellbeing Group brings together local residents, patients, community health projects and health and social care providers to discuss, identify priorities and agree and take partnership actions to improve the health and wellbeing of local people
- A strong resident and patient led local infrastructure has established with a legal form and charitable status. It has formally recognised accountabilities with BHCC and the NHS which have been developed in the past couple of years, supported by skilled and experienced community development workers with strong local knowledge and links
- This community health work has been informed by national good practice and developments in community approaches to health, including the NHS Alliance community development group launch in 2014 of its “Charter for Community Development in Health” under the chair of Dr Brian Fisher. Due East and Serendipity were present at the launch and have been working to these principles in all its work. Dr Fisher was keynote speaker at a health equalities workshop in 2015 bringing these principles and evidence for this method of working to Brighton and Hove
- Due East patient led work in the Whitehawk area is further informed by academic research including “ A Glass half full ; how an asset approach can improve community health and wellbeing “ (IDeA – LGA) March 2010 and the more recent “Guide to community centred approaches to health and wellbeing “ by Public Health England , February 2015
- The well established community led Due East vehicle for engagement is now ready to take on projects and work with service providers in health , primary care, adult

social care etc. and is well placed to link and bring added health and wellbeing value to providers in primary care at the Wellsbourne Health Centre.

f) Realising the potential for the Co-located Wider Community Hub services

- The Wellsbourne Health Centre is at the heart of a set of essential public services in the Whitehawk community including a pharmacy, new library, a primary school - City Academy Whitehawk - the Roundabout Children's Centre and Nursery, a community cafe and co-located housing, social services and other city council workers
- In addition, a social housing project to bring 28 new flats will be built right alongside the health centre in the next year
- There is massive potential and scope for joined up partnership working between services and involving the health centre at its heart. However, partnership working has been restricted by the lack of capacity and sometimes will in some of these providers. The new Neighbourhood Hub arrangements being investigated by BHCC could develop a new phase of primary care work at the health centre which links the local community via supported community development work to deliver broader health and wellbeing aims.

If you need this information in a different format just get in touch to discuss your needs.

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