



Leeds Clinical Commissioning
Groups Partnership

Changes to New Cross Surgery, Rothwell Middleton Park Surgery and Swillington Health Practice

Engagement dates: October 2017 – January 2018

Assessment of Equality Impact and Engagement Report

FINAL V3 26 January 2018

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Executive summary

Grange Medicare Limited provides GP primary care services at New Cross Surgery (Rothwell), Middleton Park Surgery and Swillington Health Practice. The contract with Grange Medicare Limited ends on 31 October 2018 meaning that NHS Leeds South and East Clinical Commissioning Group (CCG), on behalf of the NHS Leeds CCG Partnership, needs to look at future plans for the practices.

This engagement sought the views of patients registered at the three practices around the potential changes. This will help us understand what people think of their GP practice and help us make sure that the new service meets the needs and preferences of patients and their carers. The report will also help to identify any potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010. This report outlines the findings of the assessment of equality impact and engagement.

We held a meeting in October with representatives from all three GP practice patient participation groups (PPGs). We used their feedback to develop our engagement plan. We also shared our engagement plan with our CCG patient assurance group (PAG) and they approved our plans.

A survey was used to gather the thoughts and experiences of registered patients. We also used focus groups to understand the needs of people from seldom heard groups. We asked about people's current experience of their GP practice service and about people's needs and preferences around future services. The survey was shared widely, including;

- By post to every registered household
- By email to wider stakeholders such as councillors and pharmacists
- Through drop-ins at GP practices
- Through community events and activities

Approximately **1243** patients and carers responded to the engagement through the survey, focus groups and events. People expressed concern at the current appointment system at the practices and suggested that future changes might make it even more difficult to make an appointment. Patients also told us that they value continuity of care and that they want more consistency with their clinicians. There was strong feeling that if Swillington Health Practice were to close it would have a negative impact on the elderly population, especially those with mobility issues and long term conditions.

This report makes a series of recommendations to the CCG who will use the findings from the assessment of equality impact and engagement to make a decision on future primary care services for registered patients at New Cross Surgery, Swillington Health Practice and Middleton Park Surgery.

In order to make sure that a new service provider is in place for October 2018, the CCG will need to make a decision in January 2018. Following the decision we will hold a series of events and activities to share the outcome with local people. We will also show to what extent the engagement and recommendations to remove or reduce any identified negative impacts on protected characteristics/groups have been implemented.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

The report will be shared with those involved in the engagement and the report will also be available on our website here: <https://www.leedssouthandeastccg.nhs.uk/get-involved/consultations/grangemedicare/>

Background information

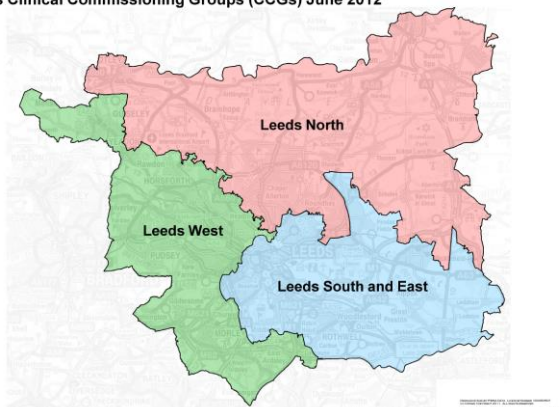
a. The NHS Leeds CCG partnership

The CCG partnership covers the three NHS bodies in Leeds responsible for planning and funding (commissioning) the majority of health services for people in Leeds. The partnership is made up of the three Leeds CCGs; NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG.

The CCG partnership commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG partnership began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such as dental care, pharmacy or optometry (opticians) which is done by NHS England through their local area team more commonly referred to as NHS England (West Yorkshire). NHS England also has the responsibility for commissioning specialised services such as kidney care.

Leeds Clinical Commissioning Groups (CCGs) June 2012



Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including Black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are currently 105 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. Engagement support

At the time of this project we commissioned two voluntary sector organisations to support our engagement work.



Leeds Involving People (LIP) represents the independent voice of people through effective involvement. The organisation involves the community in the development of health and social care services by ensuring their opinions are at the centre of decision making processes.

Voluntary Action Leeds (VAL) run our Engaging Voices and Working Voices projects which engages communities in consultation and engagement activities, helping us to understand the needs of 'seldom heard' groups.



c. Detail about the engagement

Grange Medicare Limited is currently contracted to provide GP services from the New Cross Surgery in Rothwell, Middleton Park Surgery and Swillington Health Practice. The CCG contract with Grange Medicare Limited ends on 31 October 2018 and the provider have told us that they do not want to continue the contract.

The CCG is now required to start a process to procure (pay for) a new provider of GP services for the registered populations of New Cross, Middleton Park and Swillington.

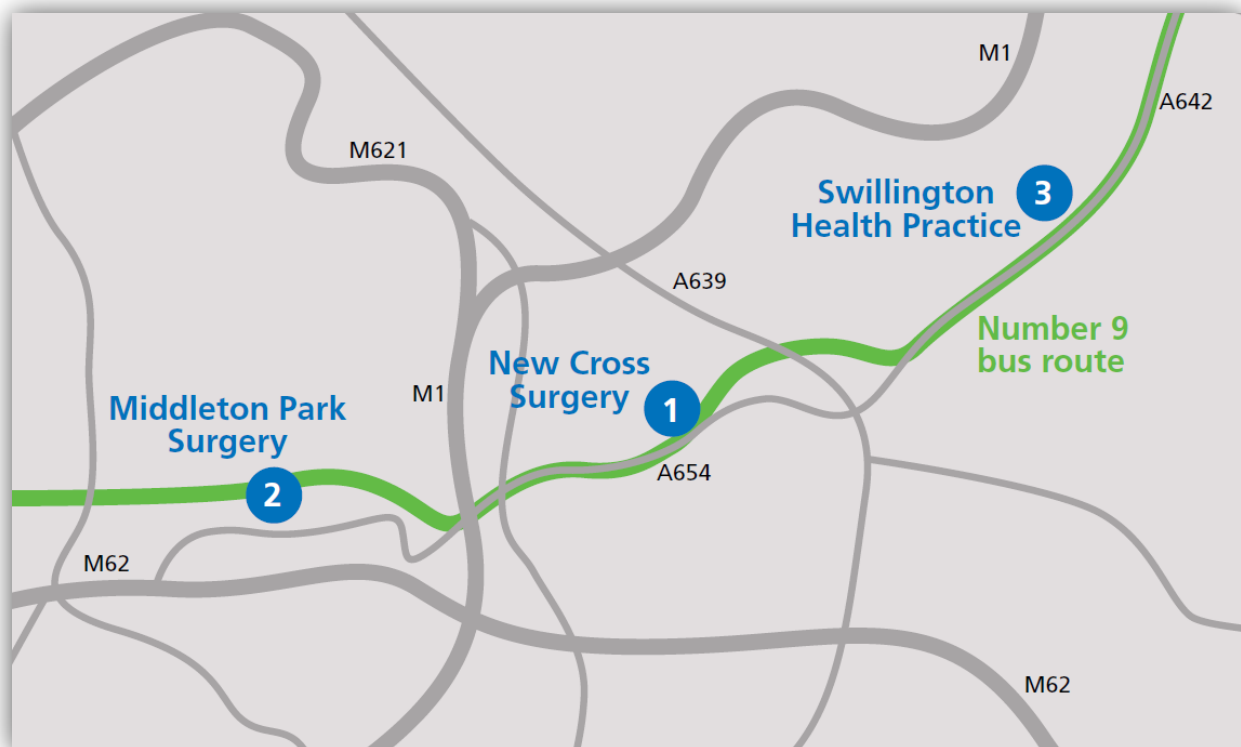
This engagement sought to understand the needs and preferences of people registered with the practices and outline some of the ways GP services could be provided in the future. The engagement began in October 2017 and ended on December 31 2017.

The CCG was contacted by the local parish council to organise a public engagement event at Swillington Village Hall. Due to time pressures this was held after the engagement has closed. At the meeting some people reported not receiving their postal survey, or receiving it late. As a result the CCG agreed to extend the engagement to Wednesday 24 January 2018.

The CCG will use this feedback alongside other information to make a decision about the future service model for GP services at the three practices. The decision will be made at a PCCC extraordinary meeting on Tues 30 January 2018.

You can see all documents related to this engagement on our website here:

<https://www.leedssouthandeastccg.nhs.uk/get-involved/consultations/grangemedicare/>



1. How did we identify and engage with stakeholders?

An equality analysis and engagement plan was developed by patients, clinicians and commissioners to ensure that the right people are consulted in the right ways. The equality analysis considers the characteristics/groups protected by the Equality Act 2010, taking into consideration; what we already know about peoples' access, experience, health inequalities and health outcomes; who is using services; who isn't using services; and gaps in information/data. This helped identify who we need to engage with and how.

The three GP practices involved in the engagement provide services to three quite different populations.

- **Rothwell** is a market town with a long history of coal mining and a population of 21,010. The practice has a patient list size of 6,200, 95% of whom are white British. There is an unemployment rate of 5%, compared to 5% nationally. New Cross Surgery is located within Rothwell Health Centre close to the centre of Rothwell, Leeds. It is a purpose built health centre which supports good disabled access. There are nine consulting rooms, a treatment room and a health education room; all patient areas are on the ground floor. Practice profile: <https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/B86077>
- **Swillington** is a former coal mining village and civil parish. Swillington has a population of about 3,381. Swillington Health Practice has a patient list size of 1,584 with a higher than national average of patients who are aged 65 years and over. There is a higher than average number of patients who have a long standing health condition, 66% compared to 56% locally and 54% nationally. The practice is located in a small purpose built health centre, which was opened in September 2004. It is single storey with four consulting rooms. There is onsite car parking. The practice has identified some difficulties and constraints around the premises, particularly regarding disabled access. Practice profile: <https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/Y00683>
- **Middleton** is a largely residential suburb of Leeds with a population of 26,228. Middleton Park Surgery is located on the first floor within a three storey purpose built community health centre, which was opened in 2002, and situated in one of the more deprived areas of Leeds. Access is via a lift or stairs. There are nine consulting rooms, a minor surgery room and therapy rooms. There are facilities for baby changing, breast feeding and disabled patients. There is an onsite car park, with marked disabled parking bays. Other community services such as district nursing and health visiting teams are also based in the same building. There is a patient list size of 5,070 with a higher than national average of patients who are aged between 0 to 40 years. There is a higher than average unemployment rate of 17%, compared to and 5% nationally. Practice profile: <https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/B86682>

Our equality analysis identified a number of potential inequalities and helped us to shape our engagement. In addition to our generic engagement we targeted the following groups:

- People with long term conditions in Swillington
- Older people in Swillington
- The BME community in Middleton
- People with mental health conditions in Middleton
- Young parents in Middleton
- Carers at all practices
- Gypsy and Traveller community at Middleton

The plan was taken to the citywide Clinical Commissioning Group Patient Assurance Group (PAG). This group is made up of patients and assures the CCG's Governing Body that adequate patient involvement is planned for consultation and engagement. The PAG agreed that the equality analysis, patient groups and engagement methods outlined in the plan were appropriate.

We used a variety of *methods* to engage with local people including; a survey, focus groups and a question panel.

The engagement used a variety of *approaches* to engage with local people:

- We met with the patient participation groups from each practice to outline our plans. Group members were invited to support the engagement.
- A survey was posted out in November 2017 to every registered household by Primary Care Support England (PCSE).^{*} The survey also made it clear that it could be filled in online, and additional hard copies were available in the practice and from the CCG.
- We commissioned Leeds Involving People to support people to fill in the survey. LIP held two sessions in each GP practice and one session in each community. These events were supported by the CCG primary care and engagement teams.
- We commissioned Voluntary Action Leeds to hold focus groups with communities identified by our equality analysis. VAL engaged with 37 people from 'seldom heard' communities:

Medical Practice	Location	Specific groups	Outcome
New Cross	John O'Gaunts – Temple Lawn CC	Low income /disengaged	Held
Middleton Park	Kinship Carers	Carers	Not held – no patients of the practice in the group
Swillington	Elderberries	Long term medical conditions/older people	Held
Swillington	Elderberries	Long term medical conditions/older people	Held
All three	DISC	Solvent abuse and mental health issues	No attendees
Middleton Park	Middleton Elderly Aid	Long term medical conditions/older people	Held
Middleton Park	Middleton Children's Centres	Teen parents/ mental health issues/BME	Held
Middleton Park	Cottingley Springs	Gypsy and Traveller community	Held

- We responded to a request by Swillington residents and the local parish council to hold a question panel in the village hall. The event was held on Sat 6 Jan 2018 and around 120 local people and representatives attended the event^{*}.
- We informed all local stakeholders including; Councillors, pharmacists and neighbouring GP practices.

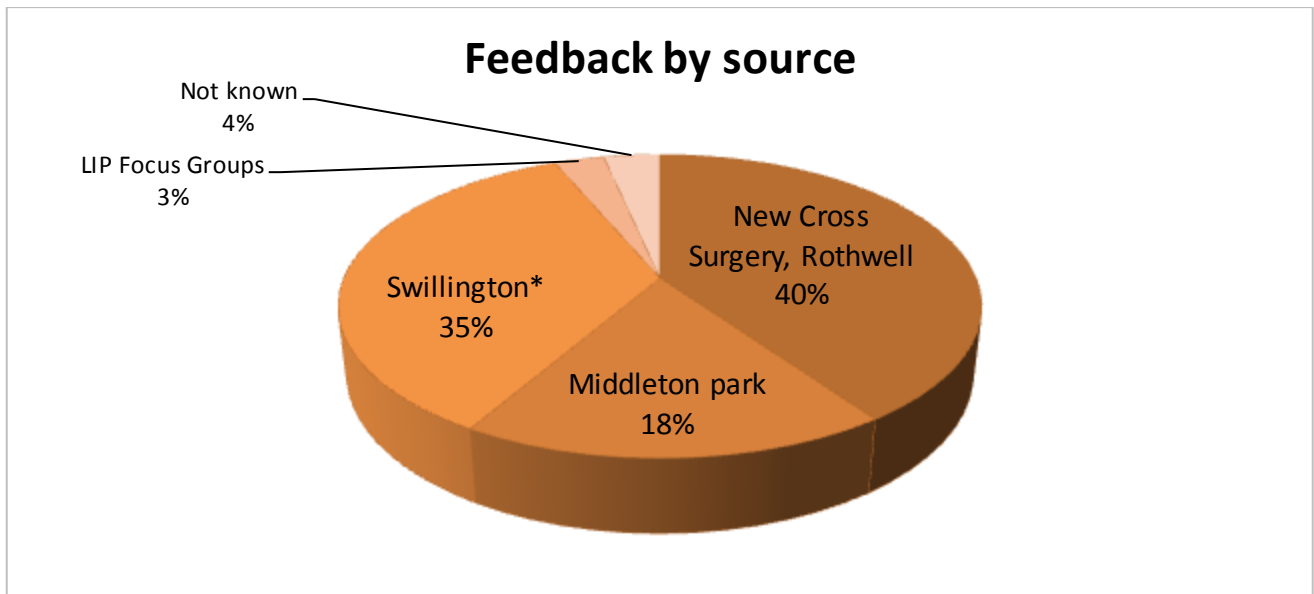
^{*}Notes:

PCSE is the body that is able to access patient details on behalf of the CCG. The CCG has no direct access to patient's personal details.

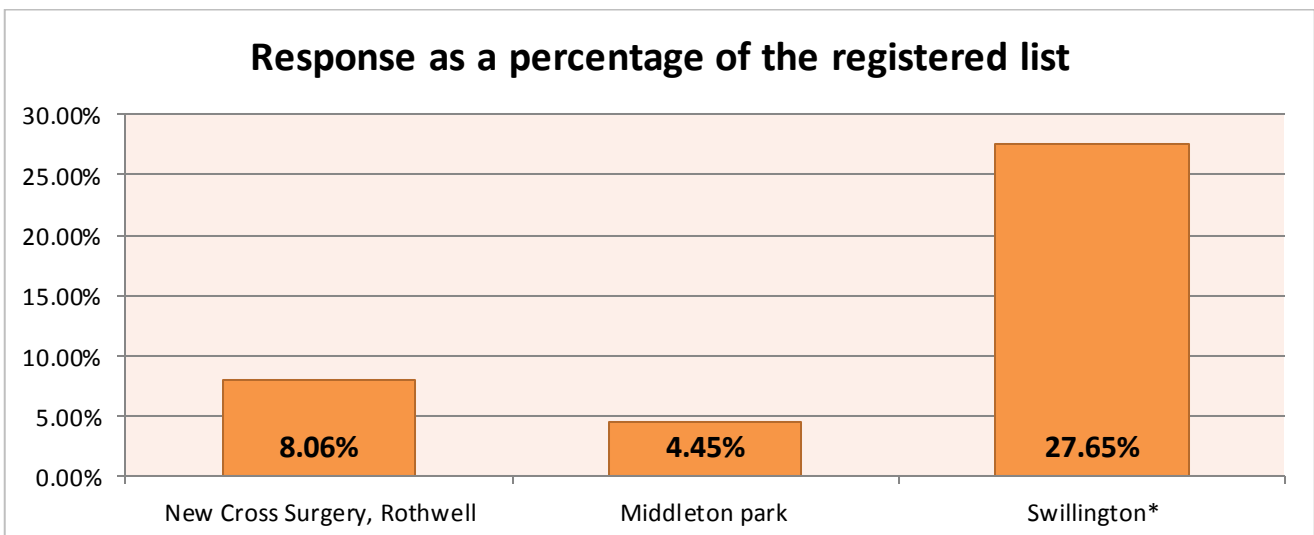
At a public event in Swillington on Sat 6 January 2018, several members of the public reported not receiving the survey or reported that it arrived after New Year. In response, the CCG re-opened the survey online and distributed additional copies of the survey to the pharmacy and GP practice in Swillington.

2. Who replied?

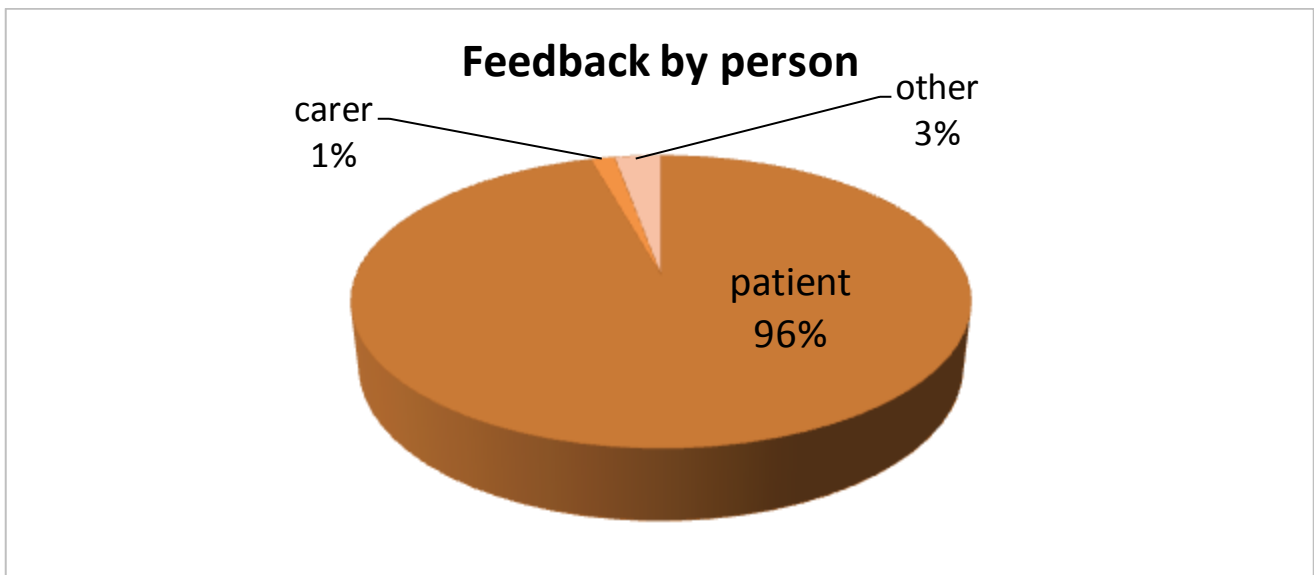
In total **1243** people contributed to the engagement.



*Includes 120 people who attended an event at Swillington Village hall



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3. What did people tell us?

We asked people to share their experience of using the current practice and asked about their views on future service provision.

a. Attendance

The majority of responses were received from people who regularly used their practice. Over a third of those who responded had visited the practice in the last week (37%). Almost three quarters (71%) had visited their practice in the last month.

b. Characteristics of a good GP practice

People shared what they considered to be important factors when choosing a GP practice*. Friendly practice staff (60%), ease of making an appointment (55%), access to a nursing team who can take your bloods (49%) and access to appointments in the evening (45%) were considered very important. A significant number of patients told us that location was an important factor in choosing a GP practice. People told us that they valued being able to access health services that were close to home and within walking distance. Some people also told us that they valued being able to see the same clinician for their health condition. There were a number of comments about difficulty in accessing appointments. People also told us that they wanted better access to weekend and evening appointments.

c. Long term conditions and access

Almost two thirds of respondents (63%) reported receiving treatment for an ongoing medical problem but most people did not have difficulty accessing buildings (89%). People told us that physical access to the sites was good but that access to appointments was very difficult. Some people told us that parking was sometimes difficult and there should be more access to appointments in the evening and at the weekend. A few people told us that continuity of staff was important to them.

d. Travel and transport

Over a third (34%) of respondents reported **not** having access to a car.

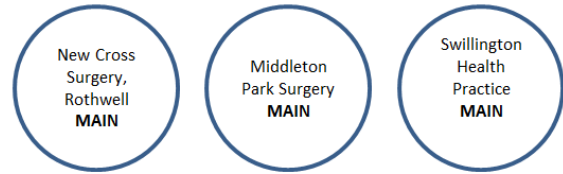
*Note: some people found this question ambiguous in that it was unclear whether we were asking what people valued about their GP practice or what they valued about GP practices in general.

e. Feedback on the scenarios

We provided four potential ways we could provide services to people registered at New Cross, Middleton Park and Swillington. We outlined some of the pros and cons for each scenario and asked people to tell us which scenario/s they would prefer.

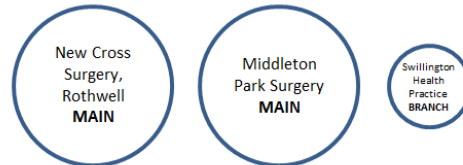
Scenario One

80% of people who completed the survey said they would like the service to remain the same – three independent practices at New Cross - Rothwell, Middleton and Swillington sites.



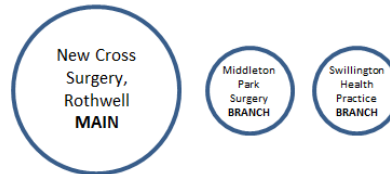
Scenario Two

31% of people who completed the survey said they would be happy with two main sites at New Cross - Rothwell and Middleton and one branch practice at Swillington.



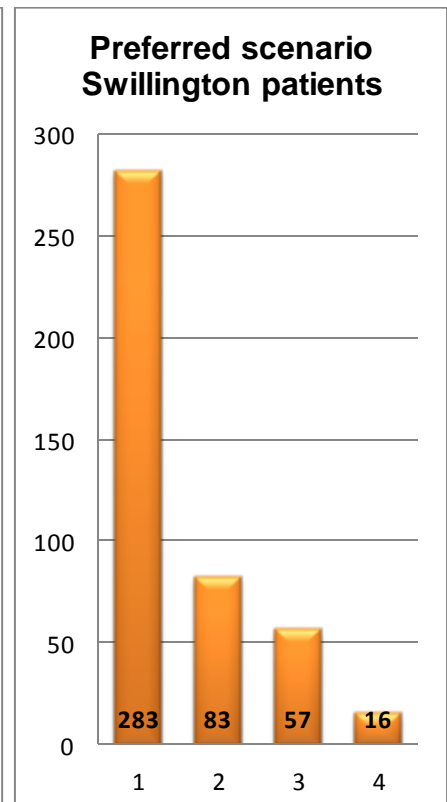
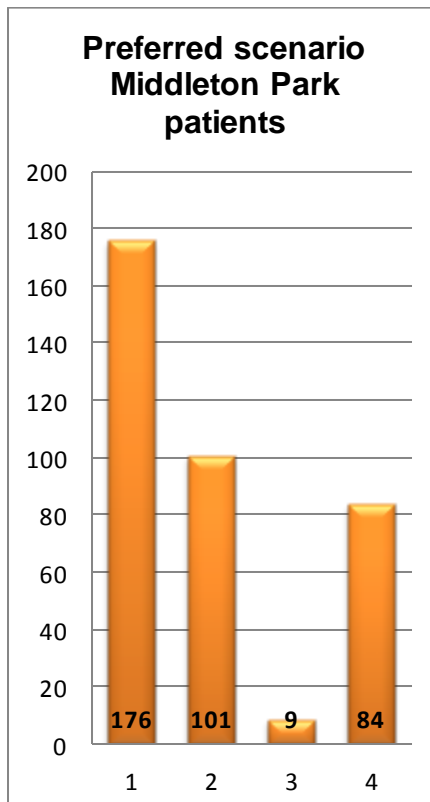
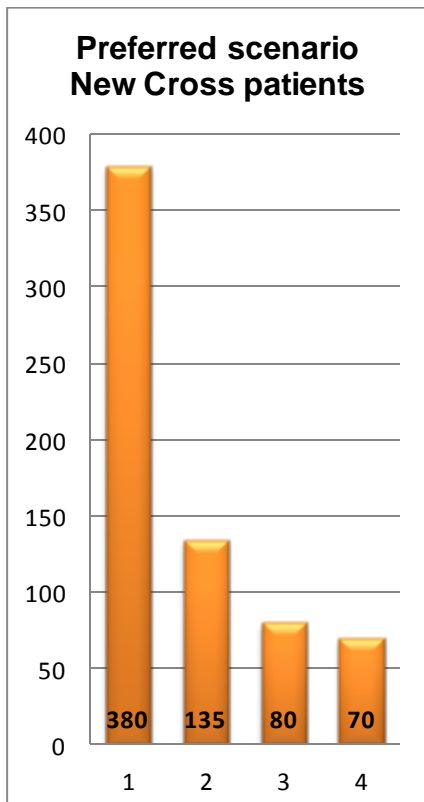
Scenario Three

14% of people who completed the survey said that they would be happy with one main practice at New Cross - Rothwell and two branch practices at Middleton and Swillington



Scenario Four

16% of people who completed the survey said that they would be happy with two main practices at Middleton and New Cross - Rothwell (Closing Swillington and registered patients at one of the main sites)



* Please note that people were able to choose more than one preference.

f. Feedback from the event at Swillington Village Hall on Saturday 6 January 2018

We responded to a request from Swillington residents and local councillors to hold an event in Swillington for local people. The CCG requested that the proposed date of Sat 23 December 2017 was moved to a Saturday after Christmas to ensure good attendance. The event was held on Saturday 6 January 2018 and around 120 local people and representatives attended the event at Swillington Village Hall. Representatives from the CCG gave a short presentation outlining the engagement and took questions from the audience. The themes identified at the event reflected wider feedback about the engagement:

- Several people asked why the promised investment in Swillington (by the PCT in 2008) did not materialise.
- Some people raised concerns that forthcoming long term road closures due to the H2 rail link would make accessing other practices very difficult for Swillington residents for an extended period of time
- Several people questioned why we are considering closing Swillington at a time where more houses are being built locally.
- People raised concerns about continuity of care and requested a full time GP at Swillington
- Some people raised concerns about the survey and suggested the questions were ambiguous (in particular the question about what people value in their (or ideal?) GP practice
- Many people raised concerns about the appointment system, in particular the 'one problem at a time' approach and the fact that on-the-day appointments were very difficult to get unless you queued outside the practice early in the morning
- A couple of people raised concerns about the approach of some reception staff (but generally people were happy with the staffing)
- One person raised concerns about how this might impact on staff and how we were supporting busy/'stressed' staff
- Some people suggested that we should open up the survey to anyone living in Swillington (regardless of whether they are registered at the Swillington practice).
- Some people requested that the CCG did a leaflet drop at every house in Swillington.
- Many people raised concerns about the impact of the closure on the elderly, disabled and parents
- Most people raised concerns about the poor transport infrastructure around Swillington
- Some people asked whether the response rate to the engagement was sufficient.

In addition to answering questions on the day the CCG took the following actions:

- Included feedback from the event in the engagement report
- Re-opened the survey to all registered patients until 24 January 2018 to give people more time to feedback
- Delivered additional copies of the paper survey to the local chemist, GP practice, post office and school in Swillington
- Re advertised the engagement on social media
- Re advertised the engagement via text message from the GP practice

We asked people to tell us what impact these changes might have on them and their family. A number of key themes were identified:

Impact of change on capacity at remaining sites

A significant number of people expressed concern that reduced hours at other practices would increase demand at the main site/s. People told us that they experienced problems with the existing appointment system at all three practices and that reduced access at other sites could lead to further difficulty in accessing primary care:

'The main problem that has afflicted New Cross for years has been the extreme difficulty in obtaining an appointment. The difficulties have been so severe that I have been forced to travel to a walk-in centre in Wakefield on the last three occasions where I've felt forced to seek medical advice or treatment'

'..it will be even more difficult to get an appointment if the Swillington patients join Rothwell'

'The waiting times for an appointment are horrendous'

'More patients trying to obtain appointments which are difficult to obtain now'

'How will extra patients and staff be accommodated in the same size building'

'Even more difficult to contact the surgery by phone'

'I can rarely get in to see a doctor and I feel very let down by the practice'

'I visited A&E twice due to not getting an appointment for two weeks'

'I have seen people in their 80's having to queue at ridiculously early hours... to make an appointment on the same day'

'The current system of ringing at 8am does not work for me. I get friends to all ring at the same time and whoever gets through first books my appointment'

Some people also raised concerns that an increasing population in Rothwell might not be able to cope with more patients:

'...there is a strong possibility that several hundred new homes may be built in and around the village, adding considerable to the number of Rothwell residents needing access to a GP'

'Have you seen the housing development plan for Rothwell? We cannot simply absorb all these extra people into the current offer'

Some people thought that changes might be necessary to make services more efficient:

'Drs are spread too wide'

'We already have to travel for additional services'

'I have a long standing dermatology problem – I don't need to see a GP and the staff have been superb in dealing with my requests. Educate patients to pre-plan appointments wherever possible – don't waste doctors' time when it's not needed e.g. repeat prescriptions – the responsibility is ours to organise'

'Within reason, I'm in favour of the NHS saving unnecessary expense as long as the impact on patients is kept to a minimum'

'Having seen the practice at Swillington once, I can agree that it would cost a great deal of money to make the premises fit for purpose'

'Swillington practice is not fit for purpose, very limited facilities. This would outweigh the benefits of having a GP surgery within walking distance'

Travel and transport

A significant number of people expressed concern about travelling between sites. Many people expressed concern that public transport between sites was poor and that this would make accessing appointments difficult.

'We do not have a good enough transport system if we need to travel'

'Terrible, the bus service is a joke. It'll take ages to get to another practice'

'If you are not well (which is the reason you may be seeing the doctor) you don't want to be waiting for buses that often don't turn up. So more missed appointments'

'Hard to get to, only one bus an hour. Takes a lot of time'

'People who don't know the area can't see the issues we would face'

'Having to travel to see a doctor is all well and good if you are well and healthy and have transport'

Many people told us that did not have access to their own transport or that they were worried about not being able to drive in the future:

'While I have my own transport at the moment I may not always have this as I get older'

'I am able to travel now but what about when I age?'

Many people expressed concerns about the costs involved with travelling to appointments:

'Can't afford bus fares'

Impact on vulnerable groups

A significant number of people expressed concern at the impact of any change on elderly people, people with a long term illness, carers and young families.

'I have COPD so I can't travel far without getting out of breath'

'I cannot walk very far as I am nearly 92 years of age'

'Would have to take time off work and use bus for child's appointment – not ideal'

'Having chronic illness and disabled son we need easy access to regular appointments for medication, assistance on a problem'

'No transport (no car), long standing illness - need service in Swillington'

'I am a carer for my elderly mother and needs services that are local as I have no transport of my own'

'My mum is a wheelchair user and we find it difficult to use public transport'

'With being partially disabled and on benefits, moving or closing the surgery would have a big impact on my life'

'While currently fit and able to travel away long term this is not good as I grow older and less able (osteoarthritis) plus there are many older/frailer people in Swillington that will find it difficult to travel to other sites.'

'I am nearly 80 years old and have paid in all my life and dread to think that now I need help I may have to face a bus ride to Rothwell and a walk to New Cross while feeling ill and in all weather'

'Swillington practice serves a large elderly population that are housed in purpose-built accommodation. Closing this practice would have massive implications on the health and wellbeing of this population'

Continuity of care

A number of people expressed concern about continuity of care:

'So much more reassuring having the same GP who knows your history and health problems'

'We see a different GP every time so things don't get sorted'

'I have multiple problems and I'm tired of having to explain things time after time. More continuity please.'

'You never see the same doctor twice and they constantly change. Some excellent doctors have left after a very short stay'

'I think we need a full-time named doctor. We never know who our doctor is'

Redevelopment at Swillington

Many people expressed a desire to see the Swillington location improved:

'Swillington Surgery could do with an upgrade'

'Pull the 'pre-fab' down and erect a more 'state of the art' building and have dedicated staff'

'All residents of the UK should have a high standard of services, we should not be penalised because we do not live in a bigger community– we all pay the same taxes'

'Why can't the Swillington practice be improved? As more housing has been built and the area is expanding, surely this could be catered for?'

'If the existing premises are not suitable they should be improved or replaced so that they are fit for purpose and long-term use'

Build a new practice at Swillington which can cope with all requirements (this was supposed to happen several years ago) Don't make this a forgotten village'

'Under the 2008-2018 contract the PCT was committed to replacing Swillington building which they have failed to do'

Parking

Some people expressed concern about parking:

'Limited parking will increase parking problems'

Staff behaviour

Some people talked about the behaviour of staff:

'...the receptionists are rude and lack customer care skills'

'Most of the receptionists are courteous and kind, but the odd one can be sharp and discourteous. It matters how people speak to patients and I have experienced a lot of kindness'

'Please keep the same GPs and admin staff who are always helpful and friendly, excellent reception staff'

'The service provided at New Cross is excellent. Not always easy to get an appointment but once you have, you know you are well looked after'

'Some of the reception staff are not friendly. I've heard them discussing/complaining about patients when I've been in the waiting room'

'The nurses are brilliant– always remember your name. They come out into waiting area to collect you'

Assessment of Equality Impact

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. Our patient assurance group members and our equality analysis and engagement plan identified a number of groups that we should particularly consider and engage with as a result of this proposed change (these are listed below).

As part of our engagement we asked VAL to hold focus groups with these groups. We also asked people filling in the survey to complete an equality monitoring section to help us understand the issues faced by specific communities. It is worth noting that some people chose not to complete the equality monitoring section and therefore it is not possible to identify the protected characteristics of some respondents.

Protected characteristic/ group or other relevant groups	Positive or negative impacts/issues identified Please state whether the identified impact is positive or negative <i>*figures <u>do not</u> include the people who attended the event at Swillington Village Hall because equality monitoring was not carried out. Figures <u>do</u> include people who attended the focus groups.</i>
Disability – people with long term conditions	We spoke to 169 people with a long term condition Negative: Feedback from people with Long Term Conditions suggests that the closure of Swillington Health Practice will make travel to neighbouring practices difficult. The physical difficulties with travel and costs were both highlighted as challenges. Generally views were consistent with the wider population
Age – older people	We spoke to 509 people over the age of 66 Negative: Feedback from elderly people suggests that the closure of Swillington Health Practice will make travel to neighbouring practices difficult. The physical difficulties with travel and costs were both highlighted as challenges. People who identified themselves as over 66 in the survey had views consistent with the wider population.
Race – people from BME backgrounds	We spoke to 75 people who were <u>not</u> white British Note: VAL were unable to locate a specific BME group in the Middleton area. The CCG contacted Touchstone (a Leeds based BME organisation) and they confirmed that there are no active BME groups in Middleton. The CCG asked Touchstone to share the survey with people on their network who live in the Middleton area. People who identified themselves as being from a BME background had views consistent with the wider population.
Disability – people with mental health problems	We spoke to 54 people who disclosed a mental health condition Note: VAL were unable to locate a specific mental health group in the Middleton area. People who identified themselves as having poor mental health in the survey had views consistent with the wider population.
Age/parents – Young parents	We engaged with a young parents group in Middleton Young parents raised concerns that changes could make it more difficult to get an appointment for them and their family. Generally views were consistent with the wider population
Carers	We spoke to 97 carers Carers in particular value continuity of care and are keen to see a future service that provides consistency in staffing. People who identified themselves as carers in the survey had views consistent with the wider population.
Gypsy and Traveller community	We spoke to 5 members of the G&T community (awaiting more feedback) Public transport was flagged as a particular issue and other feedback was consistent with the wider population

4. What are the key themes from the feedback?

A number of themes can be identified through the engagement process. Most of these themes were cross-cutting and were not attributable to any particular group or community:

- a. People currently find it very difficult to make an appointment at their practice.**
There are concerns that an increase in local population and changes to the service model could exacerbate this problem.
- b. People are generally concerned about the costs and time associated with travel to other GP practices.** Many people do not have access to a car and report that the local bus service is poor. There were also concerns about the potential disruption caused in the area by the proposed HS2 rail link.
- c. Older people and those with long term conditions are particularly concerned about the cost, and physical challenges associated with travel to other GP practices.**
Many people who could be affected by a change are elderly and/or have long term conditions and would find it financially and physically difficult to attend regular appointments at an alternative site.
- d. People value continuity of care.** Many people raised concerns about staff turn-over at the three practices. People also told us that they like to see a doctor they are familiar with.
- e. There are serious concerns about the impact of closing Swillington Health Practice on the local population.** People at all three practices raised concerns about the impact of closure on the elderly population of Swillington.
- f. Most people in Swillington are keen to see the redevelopment of Swillington Health Practice.** Many people were keen to see investment in the Swillington site to make it fit-for-purpose and maintain a local service. A few people recognised the limitations of the building and questioned the value of investment.
- g. People are concerned about access to parking if practices experience an increase in demand.** Parking is limited at all sites and people suggested that an increase in registered patients would make it difficult to park.
- h. There are mixed views about the behaviour of staff.** Many patients commented on the behaviours and attitude of staff at the three practices. Most comments praised staff and patients were keen to see existing staff retained in the service. The majority of patients saw positive and friendly staff as essential to their practice.
- i. There were concerns about the number of people who did not receive the survey or received it late.** Some people in Swillington told us that they did not receive the survey or that it arrived after New Year.

5. Recommendations

Following the engagement the Primary Care Commissioning Committee (PCCC) are asked to receive the report and consider the following recommendations:

Theme identified	Recommendations
a. People currently find it very difficult to make an appointment at their practice.	Consider ways to improve access to appointments (in particular evening and weekend appointments and online booking)
b. People are generally concerned about the costs and time associated with travel to other GP practices.	Consider ways to support people affected by any change to enable them to access appointments at alternative sites.
c. Older people and those with long term conditions are particularly concerned about the cost, and physical challenges associated with travel to other GP practices.	Consider the impact of any change in service provision on vulnerable groups, in particular the elderly and people with long term conditions. Put in place interventions which minimise the impact. Assessment of equality impact recommendation
d. People value continuity of care.	Consider how any future service provider can retain staff and offer continuity of care to patients.
e. There are serious concerns about the impact of closing Swillington Health Practice on the local population.	Consider the impact of closing Swillington on the local population and ensure that local people have good access to healthcare. Assessment of equality impact recommendation
f. Many people in Swillington are keen to see the redevelopment of Swillington Health Practice.	Consider the benefits of redeveloping the site at Swillington and offering people in Swillington a local healthcare service.
g. People are concerned about access to parking if practices experience an increase in demand.	Map the potential increase in demand at alternative site and consider ways to improve parking.
h. There are mixed views about the behaviour of staff	Consider how the future service provider and the CCG can ensure consistency in staff behaviour.
i. There were concerns about the number of people who did not receive the survey or received it late	The CCG contacted Primary Care Support England (who sent out the letter). They confirmed that letters were posted to all registered households at the end of November 2017 CCG extended the engagement to the 24 January 2018.

6. What will we do with the information?

The report will be shared with all the people involved in the project. The report will also be included in our next e-newsletter which is sent out to patients, carers, the public and voluntary, community and faith sector services. The report will also be available on our website here: <https://www.leedssouthandeastccg.nhs.uk/get-involved/consultations/grangemedicare/>

The report will be shared at the Primary Care Commissioning Committee (PCCC) in January 2018. The PCCC will use this report and other information to make a decision about the future service model of people registered at the three practices.

Following the decision the CCG will share the outcome with staff and patients. We will then begin the second phase of the engagement to outline the changes and understand the impact on local people.

An update will be produced later in 2018 to show to what extent the recommendations have been implemented. This briefing will be shared with the people involved in the project.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services. We will use feedback to shape primary care services and feed the results back to PPGs so that they can use the information to shape their plans and priorities.

A full breakdown of the equality monitoring information can also be found on our website here: <https://www.leedssouthandeastccg.nhs.uk/get-involved/consultations/grangemedicare/>

Leeds Clinical Commissioning Groups Partnership

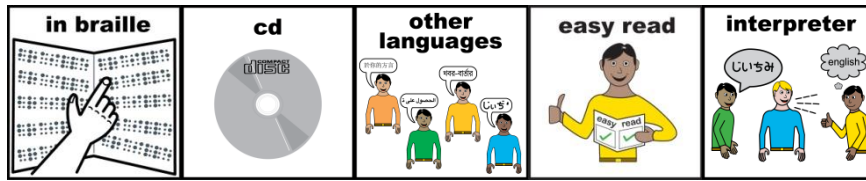
Alternative formats

An electronic version of this report is available on our website at <https://www.leedssouthandeastccg.nhs.uk/get-involved/consultations/grangemedicare/> or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: **0113 84 35470** or by email: commsleedswestccg@nhs.net

'Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel: **0113 84 35470** lub poprzez email na adres: commsleedswestccg@nhs.net

اگر آپ کو ان معلومات کو سمجھنے کے لیے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی سے اس نمبر پر فون کر کے رابطہ کریں: 84354700113 یا اس پتہ پر ای میل لکھیں: commsleedswestccg@nhs.net



Further information

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