Transforming Care in Modality Hull GP Practices Engagement Report

Contents

EXECUTIVE SUMMARY 2
FINDINGS 2
RECOMMENDATIONS 2
INTRODUCTION 5
CONTEXT 5
CASE FOR CHANGE 5
HOW WE HAVE LISTENED 7
METHODS 7
ENGAGEMENT REACH 8
ANALYSIS OF FEEDBACK 10
DEMOGRPAHY BREAKDOWN 10
SUMMARY OF QUESTIONNAIRE RESPONSES 11
QUESTIONNAIRE EQUALITY ANALYSIS 15
FOCUS GROUPS 22
CONCLUSION 25
FINDINGS 25
RECOMMENDATIONS 26

EXECUTIVE SUMMARY

In considering alterations to their provision of and location of services, Modality Partnership Hull has a duty to undertake effective engagement with individuals affected by any proposed changes, and to give due regard to the responses in any decisions that are made.

This is a report on the engagement approach taken undertaken, the reach of the engagement, findings of the process and recommendations on how these findings will need to be incorporated into any future actions and decisions on the proposed changes. It does not make decisions regarding the outcome of the initially proposed changes to site locations.

Engagement was undertaken with regard to proposed changes to consolidation of Modality Partnership primary care provision into two sites in North Hull, following approval at the PCC to merge the contracts for Faith House, Newland Group Practice and New Hall Surgery into one contract.

The engagement was primarily focussed on proposals to relocate provision from Faith House to the other two locations, as this is the only non-purpose built facility. Twenty drop in sessions took place across the three affected locations. Surveys and information were sent to each household with patients registered at Faith House; links to an online copy of the survey were also sent by text message where a mobile number and consent were held, and the engagement was advertised in local media, within each surgery and on their website. 1,361 survey responses were received and 207 individuals attended drop in sessions.

FINDINGS

The engagement found the following conclusions:

1. Across all demographic and patient breakdowns, quality of care was consistently rated as the highest priority.
2. Respondents registered at Faith House place a higher priority on Continuity of Care than respondents at other sites. This is not unexpected given the subject of the engagement.
3. Respondents registered at Faith House place a higher priority on Location than respondents at other sites. This is not unexpected given the subject of the engagement.
4. Accessibility, travel and parking were raised consistently by respondents across all sites as priorities.
5. Access to appointments and doctors was raised consistently as a priority across all groups as priorities.
6. Comfort and Cleanliness were rated highly at all sites. Privacy and Access were not rated as highly at New Hall and Newland as at Faith House.
7. Respondents registered at Faith House value its Christian ethos.

RECOMMENDATIONS

As a result of the engagement, the following 8 recommendations are being made to any decisions that are made moving forwards:

1. Quality of Care: patients rated quality of care as their highest priority. Regardless of decision taken, actions must be aligned to maintaining quality of care, and it would be recommended to explain their impact on improving and maintaining quality of care (e.g. suitability of location for clinical standards and improving clinician availability/variety)
2. Continuity of Care: if the location from which clinicians practice changes, patients should be given clear information on what clinician will be located where, to enable them to continue to access care with their clinician of choice.
3. Location: Whatever decisions are made, patients must be given as much choice as possible on location within the context of the decision. For example, if services do consolidate to two sites, affected patients should be able to access care at whichever of the available sites they prefer. The relevant features of each site should also be communicated (e.g. distance to bus stop, parking availability). Patients should also be made aware that Field View Surgery (0.3 miles from Faith House), is keen to welcome new patients and is aware of the engagement and potential changes, for those patients who place proximity to current provision with the highest value.
4. (i). Parking: staff only car parking restrictions should be removed, to increase the availability of parking spaces for patients, and a staff cycle to work scheme introduced. Extended opening hours (in line with new Primary Care Contract), will expand the number of hours when service is operational, reducing the impact of 'peak times' and improving access to parking at all sites. If changes are made to service location the improvements to parking access should be communicated to patients. New Hall surgery also has the highest availability of parking, which should be communicated.
   (ii). Travel: all named practice sites are located within 150m of a bus stop. If changes are made, patients should be given their choice of sites, to ensure they can access care at a site that is accessible to them. This includes communicating the option of registering with Field View Surgery, as the nearest other surgery.
   (iii). Accessibility: there are benefits to New Hall and Alexandra Road Health Centre that address some accessibility issues raised with Faith House, i.e. improved building access for those with mobility limiting issues. Patients should have the ability to access care at any available site, to choose the site that best suits their needs.
5. Access to appointments and doctors: Actions to improve access to appointments must continue to be made independent of any decisions from this engagement. Push Doctor (digital GP appointments) has been trialled at Alexandra Road Health Centre and Springhead Surgery, and are being implemented at all sites. The Duty Doctor System continues to ensure that those patients who need to see a doctor can, and that doctors are available on the phone. If consolidation occurs, it will improve access to appointments across our patient list due to increased availability of doctors at the two sites. Communication should effectively demonstrate the rationale behind any changes, mitigations taken to avoid negative impact, and increased availability of appointments due to workforce relocation.
6. Privacy and Access: additional feedback should be gathered on Privacy and Access at New Hall and Newland Group Medical Practice, and separate actions taken to address any issues identified. Impact of any changes implemented to improve access should be monitored.
7. Christian Ethos: additional work should be undertaken with the PPG to understand what elements of the practice's values/ethos are valued.

8. Other: communication is important. Whatever decisions are taken, communication should be clear, and actions as simple as possible for patients. For example, if locations of services change, patients must be given the option of preferred location (or de-registering), and informing Modality Partnership of this choice must be as simple. All communications sent should include a freepost return address envelope with which patients can identify their site preference. They should also be informed they can access services at either site, even if they select a different preference, and that if they do not respond they will still be automatically able to access services. Locations of clinicians, and relevant features of other sites (e.g. location, proximity to public transport), should also be communicated. Rationale for decisions made, and how the engagement is taken into account during planning, must also be communicated.

INTRODUCTION

CONTEXT

Modern medicine continues to make positive advances, the population is living longer, and patient expectations of their care are also increasing. These are all positive, but also create the corresponding challenges of an ageing population, increasing demand, and the need to do more, innovatively, with finite resources.

In order to improve patient access to services and support resilience in the workforce, the CCG Strategic Commissioning Plan for Primary Care identifies the need to work at scale and, where appropriate, consolidate service provision. In line with the Hull Primary and Community Estate Strategy 2016-2020, the CCG is committed to ensuring that primary care medical services are delivered from premises that are fit for the 21st century. In line with these priorities, approval was given at PCC in August to merge the three existing contracts for Faith House, Newland Group Practice (Alexandra Health Centre) and New Hall Surgery.

Following this approval, a review of service delivery from the three existing sites was conducted. As a result of this review, Modality Partnership is proposing to consolidate primary care services to two of the three existing sites.

CASE FOR CHANGE

Services must be provided within suitable accommodation that meets patient safety and clinical standards. Buildings and premises that have been appropriate locations for care and treatment in the past are not necessarily considered appropriate now. In particular, buildings that were originally intended to be residential premises cannot always meet the requirements of modern medicine. Appropriate infection control in non-purpose built locations, and meeting privacy requirements can be particular challenges. Various guidance documents from the CQC, Department for Health and Social Care and NHS England formalise these expectations, most importantly: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15; Health Building Note 00-01 General design guidance for healthcare building; and Health Building Note 11-01 Facilities for primary care and community services.

In order to provide excellent, high quality treatment provision that meets these guidance requirements, location of provision must be reviewed. Of the three buildings currently servicing these practices, Faith House Surgery occupies a converted Victorian Townhouse. This has been identified as the least suitable location moving forwards, due to its deteriorating condition and limited capacity for redevelopment and expansion. In contrast, New Hall Surgery and Alexandra Health Centre operate from purpose built, modern medical facilities.

Of the available sites, Modality Partnership have concluded that consolidating delivery to Alexandra Health Centre and New Hall Surgery is the most logical method to meeting the

required standards. As part of the proposals, Modality Partnership have conducted formal engagement with patients across the affected site, with the goals of:

- Ensuring that affected patients have an opportunity to inform the engagement by providing their opinions, ensuring that responses can be incorporated into planning.
- Identifying what affected individuals think of the proposed changes, particularly in regard to potential barriers or challenges.
- Establishing whether the barriers/challenges identified vary via patient group, need, location or protected characteristic, ensuring we meet our obligations under the Public Sector Equality Duty.
- To ensure that feedback, particularly any challenges or issues identified, can be effectively incorporated into planning, to mitigate and address them wherever possible.

HOW WE HAVE LISTENED

Modality Partnership developed an engagement plan, with advice and support from the CCG Communications and Engagement Team. During this planning, care was taken to maximise the reach of the engagement exercise, and incorporate the results of the equality impact analysis to ensure that affected patients and stakeholders had adequate time to respond.

Under the banner of 'Transforming GP services in Hull', local patients and members of the public were invited to share their experiences and put forward suggestions for improvements with regards to reducing the number of GP practices in the North Area of the city of Hull. The proposal was to relocate Faith House Surgery to the Alexandra Healthcare Centre. Modality Partnership have led proactive involvement and engagement throughout the process and executed the engagement plan. This has included:

- Engagement with stakeholders, particularly Patient Participation Groups (PPG) at each of the three affected sites;
- Equality impact analysis, including appropriate stakeholder analysis;
- Contact with as many affected patients as possible;
- Involvement of wider stakeholders in the process. Specifically, Healthwatch were invited to PPG meetings and also attended several drop in sessions, and representatives attended meetings with the Hull City Council Wellbeing Scrutiny Committee and the Primary Care Commissioning Committee;
- Representatives met with local councillors from the Liberal Democrat and Labour parties, when contacted to request a meeting, and the engagement remains a standing item in their local newsletters. The Liberal Democrats advertised the online survey and drop ins on their local Facebook Group;
- We attended St John's Church, who have many parishioners registered at Faith House surgery, to advertise the engagement recognising the surgery's Christian ethos.

Responses, and analysis, have been considered in depth in the development of the proposed changes, as detailed below. They have formed the recommendations of this report, to ensure that local patients and stakeholders are appropriately considered and taken into account, in line with the Gunning Principles.

METHODS

From 10th December 2018 to 31 January 2019, Modality Partnership invited views to inform the development of a proposal to consolidate and relocate services at Faith House Surgery. A detailed information leaflet was developed, setting out the local context including the key challenges for delivery of primary care and in particular those facing the three practices in the scope of this merger. This document was devised to support robust discussion and wider debate with public, patients and staff about the proposed changes.

A patient survey was developed to seek views from affected patients and members of the local community. A series of face-to-face patient and public drop-in sessions were also held at Newland Group Medical Practice (Alexandra Road Health Centre), Faith House Surgery and New Hall Surgery. These were intended to provide a forum for more in depth discussion and involvement, and broaden access to the engagement process.

Faith House Surgery, Newland Group Medical Practice and New Hall Surgery websites provided online hubs for the activity, and directed people to the relevant information and the engagement details. It directed people to the online survey and provided details of drop in dates. Hard copy versions of the survey and information leaflet were available at all three GP Practices, posted to patients (see below), and communicated to patients in a range of ways as detailed below.

ENGAGEMENT REACH

Information about the project and details of ways to get involved were promoted through a wide range of communication mechanisms, contacts and networks. When designing the engagement activities, we recognised the diversity of individuals within our patient list and local area, and responded to this by advertising and engaging as widely as possible:

- One letter per household was sent to all patients registered at Faith House. This contained information, a paper copy of the survey, directions to the online survey, and a postage paid return address envelope.
- Text messages were sent to all patients at the affected sites who had provided a mobile number and consent to contact them, directing them to online information.
- We engaged with Patient Participation Groups at all three sites.
- Dr Elizabeth Dobson, GP Executive Partner, was interviewed on local television station That's TV Humber about the proposals,
- The engagement, including information, the online survey and drop in dates was advertised in the Hull Daily Mail.
- Information was available at all three practices, and advertised on the practice websites and Facebook pages.
- Dr Helen Hawes engaged with St John's parish, raising awareness of the engagement in recognition of Faith House's Christian ethos and that many of its patients are members of St John's parish.
- Dr Elizabeth Dobson met with Men in Sheds to increase male engagement and reach of the survey.

The total number of completed surveys received within the 8 week engagement period was 1,361. Postal surveys were accepted throughout the fortnight following the 31st January 2019 deadline, to ensure equity of access and that responses posted on/before the deadline were not excluded.

We received the following response numbers from each site, compared to registered number of patients on 11th December 2018.

Site	Registered Patient number	No. of registered patients aged 16+	Number of Responses	Response Rate (of patients aged 16+)
Faith House Surgery	7,497	6241	1002	16.06%
Newland Group Medical Practice	14,844	12,215	234	1.92%

New Hall Surgery	9745	7763	108	1.39%
Other	n/a	n/a	18	n/a

Considering the percentage of patients registered at Faith House who responded, as the patients who would be most affected by the proposed changes, and the variety of contact methods and opportunities to respond used, we consider that our engagement had adequate reach and chance to respond for patients.

Face-to-face sessions were held at all three sites, with a total of 207 attendees:

- Monday December 17: Newland Group Medical Practice 12pm to 1.30pm
- Monday December 17: New Hall Surgery 2pm to 3pm
- Monday December 17: Newland Group Medical Practice 6pm to 7pm
- Tuesday December 18: Faith House Surgery 12pm to 1.30pm
- Tuesday December 18: Faith House Surgery 5.30pm to 6.30pm
- Monday January 7: Newland Group Medical Practice 12pm to 1.30pm
- Monday January 7: New Hall Surgery 2pm to 3pm
- Monday January 7: Newland Group Medical Practice 6pm to 7pm
- Tuesday January 8: Faith House Surgery 12pm to 1.30pm
- Tuesday January 8: Faith House Surgery 5.30pm to 6.30pm
- Monday January 14: Newland Group Medical Practice 12pm to 1.30pm
- Monday January 14: New Hall Surgery 2pm to 3pm
- Monday January 14: Newland Group Medical Practice: 6pm to 7pm
- Tuesday January 15: Faith House Surgery 12pm to 1.30pm
- Tuesday January 15: Faith House Surgery 5.30pm to 6.30pm
- Monday January 21: Newland Group Medical Practice 12pm to 1.30pm
- Monday January 21: New Hall Surgery 2pm to 3pm
- Monday January 21: Newland Group Medical Practice 6pm to 7pm
- Tuesday January 22: Faith House Surgery 12pm to 1.30pm
- Tuesday January 22: Faith House Surgery 5.30pm to 6.30pm

ANALYSIS OF FEEDBACK

DEMOGRPAHY BREAKDOWN

Respondents to the questionnaire had the following demographic breakdown:

Postcodes of respondents:

HU10	0.24% 3
HU13	0.08% 1
HU16	4.38% 54
HU17	1.22% 15
HU2	0.32% 4
HU3	0.57% 7
HU4	0.65% 8
HU5	23.01% 284
HU6	58.83% 726
HU7	10.37% 128
HU8	0.24% 3
HU9	0.08% 1

Age of respondents:

16 to 17	0.23% 3
18 to 24	3.15% 41
25 to 34	10.62% 138
35 to 44	14.92% 194
45 to 54	17.69% 230
55 to 64	20.00% 260
65 to 74	20.15% 262
75 or older	11.69% 152
Prefer not to say	1.54% 20

Religion, faith or belief of respondents:

Christianity	59.13% 761
Sikhism	0.08% 1
Judaism	0.23% 3
Islam	0.16% 2
Buddhism	0.39% 5
Hinduism	0.08% 1
No religion	29.84% 384
Prefer not to say	8.00% 103
Other (please specify)	3.03% 39

Sexual orientation of respondents:

Heterosexual (Straight)	89.39% 1,146
Bi-sexual	0.70% 9
Gay / Lesbian	1.48% 19
Prefer not to say	6.86% 88
Other (please specify)	1.56% 20

Gender of respondents:

Female	65.54% 852
Male	31.23% 406
Prefer not to say	2.62% 34
Other (please specify)	0.62% 8

Ethnicity of respondents:

White British / English / Irish/ Northern Irish / Welsh / Scottish	93.76% 1,217
White other	2.00% 26
Asian / Asian British	0.08% 1
Black / Black British	0.08% 1
Mixed / Multiple Ethnic Group	0.54% 7
Prefer not to say	2.85% 37
Other (please specify)	0.69% 9

Respondents with a health condition that affects their day to day activities which has lasted, or is expected to last at least 12 months:

Yes, I am limited a lot	13.59% 174
Yes, I am limited a little	27.42% 351
No	51.64% 661
Prefer not to say	7.34% 94

Respondents identifying with the impairment groups:

Mobility impairment - wheelchair user	3.13% 22
Mobility impairment - non-wheelchair user	28.02% 197
Personal assistance user (you employ someone to help you)	4.55% 32
Cognitive or learning difficulty	2.28% 16
Visually impaired, partially sighted or blind	3.27% 23
Hearing impaired, hard of hearing or deaf	12.23% 86
Mental health condition	18.92% 133
Other (please specify)	19.35% 136

Medical related impairment (including HIV and or cancer)	6.26% 44
Hidden impairment (including diabetes and or heart disease)	25.18% 177
Neurological impairment (including brain injury and or epilepsy)	4.69% 33
Autistic Spectrum Disorder	1.14% 8
Dementia (including Alzheimer's disease)	0.85% 6
Prefer not to say	16.22% 114

SUMMARY OF QUESTIONNAIRE RESPONSES

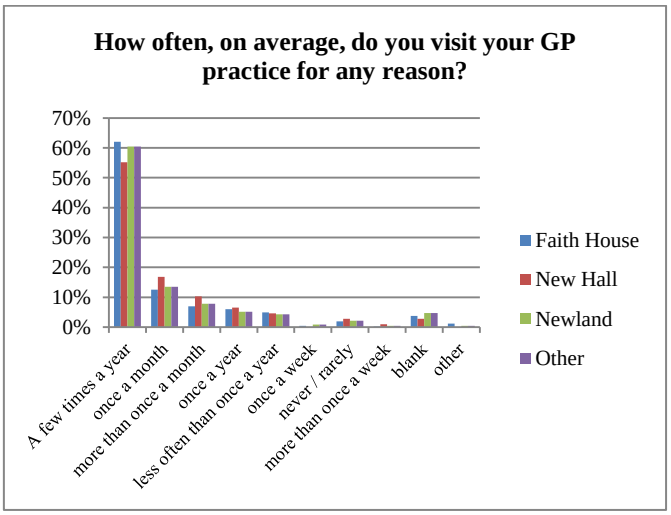
1) Which GP practice are you registered with?

73.2% respondents were registered with Faith House Surgery, 17.01% with Newland Group Practice, 7.91% with New Hall Surgery and 1.26% cited 'Other'. Patients registered with Haxby (2) and Field View (2) were the only common 'Other' answers.

2) How often, on average, do you visit your GP practice for any reason? Please tick one box

This question was answered by 1346 respondents; 15 respondents did not answer the question. The most common response was 'A few times a year' (61.44%, 827) then: 'Once a month' (13.00%, 175); More than once a month (7.50%, 101); Once a year (5.87%, 79); Less often than once a year (4.90%, 66); Other (4.46%, 60); Never / rarely (2.08%, 28); Once a week (0.45%, 6); More than once a week (0.30%, 4).

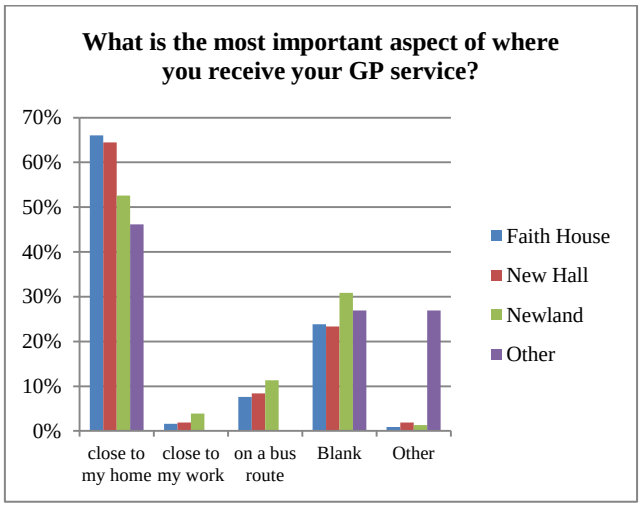
The frequency of GP visit was broadly comparable across all GP sites, with slightly fewer New Hall patients selecting 'A few times a year' and slightly more selecting 'Once a month'. Faith House had the highest number of respondents selecting 'a few times a year' and 'less than once a year', but not by substantial margins.



3) What is the most important aspect of where you receive your GP service?

This question was answered by 1346 respondents; 15 respondents did not answer the question. The most common response was 'Close to my home' (63.97%, 861) then: 'On a bus route' (8.25%, 111); 'Close to my work' (2.01%, 27); 'Other' *(*25.78%, 347). Within the free text responses, there were 98 references to 'home', 68 references to 'bus' and 43 references to 'parking'. A substantial number of responses used the free text to prioritise multiple sections, i.e. 49 responses contained 'home' and 'bus', 15 responses mentioned 'home' and 'parking', and 5 mentioned 'home', bus' and 'parking'.

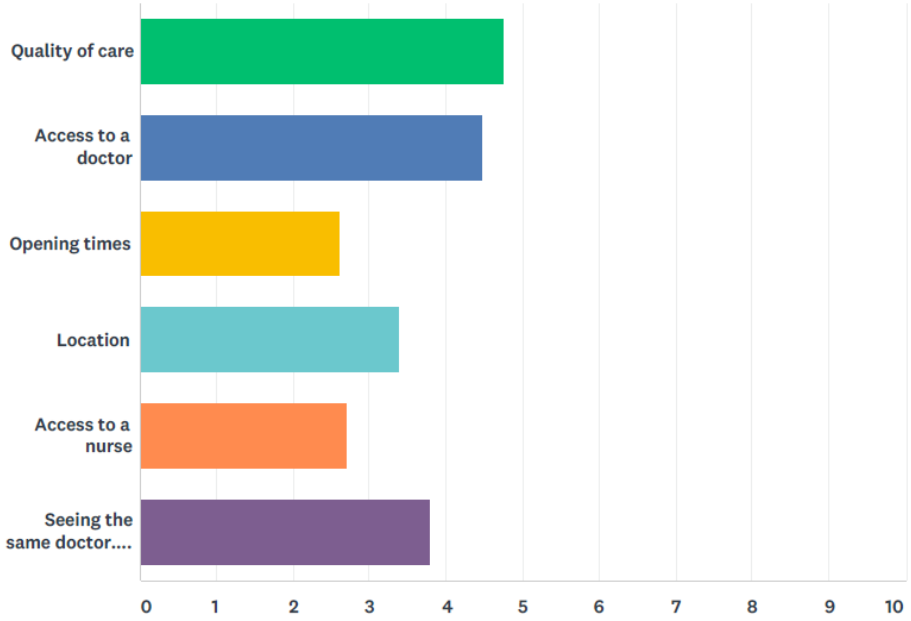
Respondents registered at Faith House gave a higher priority to 'Close to my home' than respondents at any other practice. This corresponded to age of respondents; 37% of respondents at Faith House identified they were 55 or older, compared to 24% at New Hall and 16% at Newland. As respondents in the older demographics are more likely to be retired, it is logical that 'Close to my home' would be prioritised. Any changes will need to ensure that patients are given as much choice as possible regarding location of services they receive.



4) We want to know what is the MOST important aspect to you about your GP practice. Please say which is most important by giving a number between 1 and 6 with 1 being MOST important, 6 LEAST important

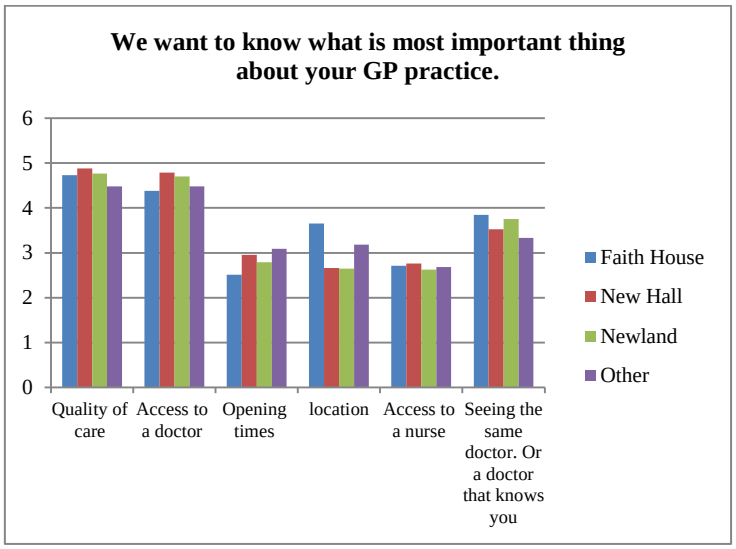
Responses to this question and relative weighted score are below.

Areas of importance	**Weighted score (out of a possible 10)**
Quality of care	4.74
Access to a doctor	4.48
Seeing the same doctor. Or a doctor that knows you	3.79
Location	3.38
Access to a nurse	2.70
Opening times	2.61



The priorities and weighted scores did not change substantially when analysed by respondent registered practice. Respondents from Faith House did rate 'Location' more important than any other respondent group, but this is not surprising considering the engagement is on the potential relocation of services from their current location. The increased priority given to 'Location' did not prevent 'Quality of care' and 'Access to a doctor' continuity to be the highest weighted priorities, corresponding to respondents from other surgeries.

Faith House respondents also placed a slightly higher priority on 'Seeing the same doctor, or a doctor that knows you' than respondents from other surgeries. All doctors from Faith House are also transferring to New Hall or Newland. Communication to patients will need to make clear which doctors are transferring where, to enable patients to make an informed choice on preferred location.



5) How would you rate the building and practice facilities for the following categories?

Category	Respondent No.	Excellent	Good	Neutral	Poor	Very Poor
Comfort	1181	31.08%	**49.53%**	14.65%	3.98%	0.76%
Cleanliness	1153	42.41	**46.66%**	9.45%	1.47%	0%
Privacy	1144	**41.61%**	35.40%	14.25%	6.64%	2.10%
Access	1183	**45.73%**	36.35%	9.72%	6.59%	1.61%

Free text additions in response to these questions refer to issues patients found with the question and/or their ability to respond as they wished on the questionnaire. Responses rating facilities 'Excellent' – 'Neutral' and 'Poor – Very Poor' are broadly comparable when comparing Respondents from Faith House to those at New Hall and Newland. The biggest variations are in fewer Faith House respondents leaving this question blank, and higher positive scores for Privacy and Access for respondents from Faith House.

The slightly higher positive ratings for Faith House are not unexpected considering this is an engagement on the potential relocation of services from Faith House. It is expected that this topic has increased positivity of feelings regarding current location among respondents resistant to the potential change. Feedback will need to continue to be gathered on these four categories after relocation of patients. Concerns around Access will need to be addressed in future planning and communications. Further actions should be taken to address the lower privacy scores at Newland and Newhall.

	Faith House			Newland and Newhall		
Category	**Excellent-Neutral**	**Poor-Very Poor**	**Blank**	**Excellent-Neutral**	**Poor-Very Poor**	**Blank**
Comfort	84%	4%	13%	80%	5%	15%
Cleanliness	85%	1%	13%	81%	2%	17%
Privacy	80%	5%	15%	70%	13%	17%
Access	84%	5%	11%	70%	13%	17%

Free text responses for respondents from Faith House were varied. Although many acknowledged Faith House was 'not purpose built' or 'old fashioned', they did not have personal issues with this. However, other free text responses from Faith House respondents did note some negatives, with trends being around poor access at Faith House for those with mobility issues, because of limited car parking spaces and narrow corridors. Other respondents noted ease of parking as a positive. Communications should continue to highlight the benefits of a purpose built facility, i.e. particularly around clinical standards and infection control.

6) What do you feel would be the biggest problem with re-locating services from Faith House to New Hall and Newland Group Practices

The main themes in responses are access to the proposed alternate sites, appointment availability, telephone access, car parking and continuity of staffing/care. There were 184 references to 'appointments', 173 references to 'parking' and 132 references to 'Access'. As Modality Partnership continues to make improvements to appointment booking and telephone issues, corresponding issues will be mitigated. Consideration will need to be given to mitigating increased demand on parking following any changes. Consolidation of service

provision to two sites would lead to improved access to clinicians across the area as a whole, due to a more equitable division of resources; it would also to an increased breadth of clinicians. There are also other GP practices within the area outside of the Modality Partnership, most notably Field View surgery which is 0.3 miles from Faith House, with ample parking and within 50m of a bus stop. We have been in conversation with Dr Cook who is ready and willing to register additional patients as a result of any potential relocation of services. Any communications about potential changes should make this clear, in order to maximise choice for patients, particularly those for whom parking and proximity are the primary concerns. Planning would need to consider continuity of staffing wherever possible, with patients kept informed about changes in staff location to provide patient choice.

7) What do you feel would be the biggest benefit with re-locating services from Faith House to New Hall and Newland Group Practices

The main themes in responses are improved access to clinicians, access to a wider range of services, improved facilities, better practice location and reinvestment of funds into services. Many respondents in free text noted they did not see any benefits. Communication will need to continue to effectively convey the benefits of and reasons behind any consolidation.

8) Please use the space below to make any further comments about the proposed re-location of services Faith House to New Hall and Newland Group Practices

Over 850 free text responses were provided in response to this question. Many of the themes picked up in questions 6 and 7 are repeated in this section. There is a mixture of positive and negative responses with some patients expressing support and understanding for the proposed changes and others dissatisfaction and distress. The only new theme emerging in these responses is that this is a “money-making” exercise by Modality Partnership.

QUESTIONNAIRE EQUALITY ANALYSIS

Race	The majority of respondents identified as White British / English / Irish/ Northern Irish / Welsh / Scottish (93.76%, 1,217). The next most common responses were Prefer not to say (2.85%, 37) and White other (2.00%, 26). Asian / Asian British and Black / Black British had a low response rate with only 1 respondent identifying as each. Many of our registered BME patients are students, which is expected to reduce the response rate of this demographic somewhat. Numbers of respondents identifying as other than White British / English / Irish/ Northern Irish / Welsh / Scottish or Prefer Not to Say were comparatively low, at 35. An additional 9 people selected ‘Other’ of which the relevant free text responses were ‘Chinese’ and ‘European’. Although the respondents identifying as BME were low, there are several potentially contributing factors. The majority of respondents were from Faith House, which was expected within the context of this engagement. People aged over 55 were the most likely to respond (over 50% of survey respondents were over 55). When patient data of those registered at Faith House is analysed, of those who have registered as other than ‘White – British’ only 30.75% were over 55. As over 55s were most likely to respond, and over 55s represents our lowest percentage of BME patients, this may explain some of the lower number of BME responses.

There were no new themes identified in responses by individuals who identified as BME.

Disability

The majority of respondents (51.64%, 644) did not report a health condition that affects their day to day activities which has lasted, or is expected to last at least 12 months. However 13.59% (174) reported being limited a lot and 27.42% (351) limited a little. There was no major variation in the frequency with which health issues were reported based on the respondents registered sites, except those registered at ‘’Other’ were more likely to leave the response blank, or be limited a lot.

	Faith House	New Hall	Newland	Other
No	49%	48%	46%	54%
Limited a little	26%	27%	28%	8%
Limited a lot	13%	11%	13%	8%
Prefer not to say	7%	5%	10%	8%
Blank	6%	9%	4%	23%

When asked whether they identified with any of the following impairment groups, respondent’s answers were similar across sites. Slightly more respondents at Faith House identified a non-wheelchair based mobility impairment than at other sites. Under ‘Other’ condition, there were 88 responses. 21 of these stated ‘none’, ‘n/a’ or ‘nothing’. Of the remaining 61, the only common answers were: arthritis of various types (8) asthma, (7); mobility issues (5); blood pressure issues (4); fibromyalgia (3), COPD (3), diabetes (3); depression/anxiety (3); diverticulitis (2), Parkinson’s (2) osteoporosis (2), Myalgic Encephalomyelitis (2).

	Faith House	New Hall	Newland	Other Site
Mobility impairment - wheelchair user	2%	1%	2%	0%
Mobility impairment - non-wheelchair user	15%	9%	14%	12%
Personal assistance user (you employ someone to help you)	3%	1%	2%	4%
Cognitive or learning difficulty	1%	1%	1%	4%
Visually impaired, partially sighted or blind	2%	0%	2%	0%
Hearing impaired, hard of hearing or deaf	7%	3%	4%	8%
Mental health condition	9%	9%	13%	4%
Medical related impairment (including HIV and or cancer)	4%	3%	2%	4%
Hidden impairment (including diabetes and or heart disease)	14%	10%	13%	8%
Neurological impairment (including brain injury and or epilepsy)	2%	0%	4%	4%
Autistic Spectrum Disorder	0%	1%	1%	4%

Dementia (including Alzheimer's disease)	1%	0%	0%	0%
Prefer not to say	8%	6%	12%	4%
Other (please specify)	9%	5%	10%	4%

Answers did not change substantially when filtered by respondents who considered themselves to have a condition which limited them a little or a lot, compared to respondents who felt they did not have a condition that limited. Tables below show the percentage of respondents with a condition limiting a little/a lot, and with no limiting condition giving each rating (1-6, with 1 being most important) to each category/topic in response to question 4. It also shows the variation between these percentages.

The only area with a difference of more than 10% is the number of people scoring 'seeing the same doctor, or a doctor that knows you' as 1/most important. This is 11.5% higher for people with a limiting condition of some type, meaning a higher priority is placed on continuity of care. Care will need to be taken to ensure continuity of physician wherever possible, and that this is communicated effectively.

The only other variations of more than 5% were 6.2% fewer patients with limiting conditions ranking Access to a doctor as 1, and 6.3% fewer ranking access to the same doctor as 3. This can be explained by the increase in the number of people ranking this category as 1. 6.3% fewer people with limiting conditions ranked Quality of Care as 3, but it was still ranked highly amongst all groups.

	Location			Access to a doc		
	% (Not)	% (Little /Lot)	Variation	% (Not)	% (Little/ Lot)	Variation
6	19.2%	16.5%	+2.7%	1.9%	3.9%	+2.0%
5	14.7%	17.8%	-3.1%	8.6%	7.3%	-1.3%
4	20.8%	19.6%	+1.2%	11.3%	11.2%	-0.1%
3	17.1%	16.7%	+0.3%	21.0%	23.6%	+2.6%
2	13.6%	13.9%	-0.2%	29.6%	32.5%	+2.9%
1	14.5%	15.4%	-0.9%	27.7%	21.5%	-6.2%

	Access to a doctor that knows you			Access to a nurse		
	% (Not)	% (Little/ Lot)	Variation	% (Not)	% (Little/ Lot)	Variation
6	20.8%	18.9%	-2.0%	21.0%	22.0%	-1.0%
5	11.6%	8.1%	-3.5%	28.5%	29.1%	-0.6%
4	11.7%	10.9%	-0.8%	23.8%	24.8%	-0.9%
3	19.5%	13.2%	-6.3%	13.7%	10.1%	+3.6%
2	15.0%	16.0%	+1.1%	8.9%	9.1%	-0.2%
1	21.3%	32.8%	+11.5%	4.1%	5.0%	-0.9%

	Opening times			Quality of Care		
	% (Not)	% (Little/ Lot)	Variation	% (Not)	% (Little/ Lot)	Variation
6	26.7%	30.0%	+3.3%	4.0%	1.6%	-2.4%
5	25.2%	25.2%	-0.0%	5.9%	7.1%	+1.3%
4	19.5%	17.6%	-1.9%	8.9%	10.1%	+1.2%
3	16.1%	17.0%	+0.8%	12.1%	18.4%	+6.3%
2	8.2%	5.9%	-2.3%	27.3%	24.0%	-3.3%
1	4.3%	4.3%	+0.1%	41.9%	38.7%	-3.1%

Gender / Sex

The majority of respondents identified as Female (65.54%, 852). 31.23% (406) identified as Male, 2.62% (34) Prefer not to say and 0.62% (8) identified as other.

The key differentiations in responses between those who identified as Male or Female were:

- Male respondents gave a weighted value score to 'Quality of Care', 'Access to a Doctor' and 'Location' that was 27%, 23% and 12% respectively lower than the weighted score given to it by respondents across all other categories.
- Male respondents gave 'Seeing the same doctor, or a doctor than knows you' a 24% higher weighed score than all respondents.
- Female patients ranked Location, Opening Times, Access to a Doctor and location as respectively lower than all other respondents (39%, 15%, and 12% respectively).
- A higher proportion of female respondents than male self-identified as having a health condition that limits them a lot (55% compared to 44%).
- More male respondents identified that they had a health condition that limited them a little (33% male to 25% female). Put together, combined percentages for limited a little/a lot were similar, with 77% for males and 79% for females.
- There were very low differentiation rates in other responses between male and female respondents.

Gender identity (gender reassignment)

Of the respondents who identified as other in response to the question on Gender there were 3 respondents who suggested an alternate gender identity. Their free text responses were as follows: "Gender fluid", "Nonbinary" and "I don't have a gender, my sex is female XX".

Treating people with dignity and respect who identify as trans, who have transitioned or are transitioning, or in any other way identify as a gender other than male or female means practices avoid using codes that might identify their status. On transition records have to re-summarised removing all reference to previous status and new NHS numbers are allocated.

No respondents of the survey specifically identified as trans, however there may have been transgender respondents captured under male and female responses. Numbers selecting 'other' and specifying an alternative gender were too low for a meaningful analysis.

	No reference was made to gender identity or reassignment issues in the free text areas of response.
Sexual orientation	There is no reliable estimate of the Lesbian, Gay and Bisexual population (LGB), population size with estimates varying from 0.3% to 10.0%. The Office of National Statistics Sexual Identity survey 2016 suggests a figure of 2% of the population. Of the 1282 respondents who answered this question, 89.39% identified as heterosexual. 0.7% identified as Bi-Sexual, and 1.48% identified as Gay/Lesbian. 6.86% respondents answered 'Prefer not to say'. Of the 20 respondents selecting 'Other', please specify, the most common responses were questioning why this was relevant. One respondent identified as Pansexual. This places the 2.15% of respondents identifying as LGB slightly above the 2% ONS figure. Analysis of responses did not identify variations in responses for respondents identifying as LGB.
Religion or belief	Little data is available about the religions or beliefs of patients attending the two practices. Census and other survey data suggests that the UK is becoming an increasingly secular society. However there is little data on how religion and belief affects lifestyle including accessing health care. However it is worth noting that Faith House has historically identified itself as a Christian practice with some of the staff and patients choosing it for that reason. The value placed on this ethos was represented in free text responses (there were 15 mentions of 'Christian values' or 'Christian ethos' within the free text areas, although some of these mentions were by the same respondents. In taking account of these views, recommendations will need to be mindful of this ethos.
Age	Both practices have falling numbers of young people with rising numbers of older people. Newland has an unusually high number of people in the 20-24 age group due to the proximity of the University. This was reflected in results, as 51.84% of respondents were aged 55 or older. However, reasonable numbers of respondents were still apparent across other age groups; 14% of respondents where aged under 35, and 14.92% were aged between 35 and 45. When analysed by age, the key differences in health reporting and service usage were that a lower number of young people reported impairments or limiting health conditions (19.56% of respondents aged 35 or younger reported a condition limiting them a little or a lot, compared to 41.01% of all respondents). Younger respondents were less likely to visit their surgery once a month or over. They were slightly more likely to select 'once a year' or less often. Ratings around building facilities, and commonly identified trends remained broadly comparable across age groups. Likewise, when priority based on various aspects of the service, in most categories respondent priorities remained very similar (e.g. see below where respondents in the 16-34 were more likely to rate quality of care as most important (1/2), but

the variation was still only maximum 6.19% between any group and rating).

There were three key areas where differences occurred. Patients in the older age bracket (65+) were 16.86% more likely to rate location as most important (1/2) than those under 35. This is mirrored in other results, e.g. where those reporting health conditions report a higher importance on location. Any further actions will need to maximise patient choice regarding their location of care, including registering with a different GP if preferable.

The priority placed on opening times decreased with age, 17.67% more 65+ year olds than 16-34 year olds ranked opening times as least important (5/6). This is expected due to the increased likelihood that those over 65 will have retired than younger respondents.

Initiatives that Modality Partnership is currently trialling, particularly digital appointments through Push Doctor, can meet the needs of patients for whom access to a doctor is the most important factor (50% of respondents in all age groups). Digital Appointments through Push Doctor will increase patient's access to doctor appointments at flexible times, from anywhere. This is additional to traditional in-person appointments. Opening times will expand as the new primary care contract is implemented, increasing evening opening.

The priority placed on 'Seeing a doctor that knows you' increased with age. Patients in the 65+ age bracket were 35.74% more likely than those aged under 35 to rank this most important. As with other responses to concerns around continuity of care, it will be important to provide clear information to patients about any changes of location for clinicians, including details of where each GP would be moving to.

	QUALITY OF CARE			**LOCATION**		
	16-34	**35-64**	**65+**	**16-34**	**35-64**	**65+**
1 & 2	69.28%	64%	63.05%	24.10%	27%	40.96%
3 & 4	24.10%	26%	25.30%	43.98%	39%	35.34%
5 & 6	6.63%	10%	11.65%	34.94%	39%	32.13%

	ACCESS TO A DOCTOR			**SEEING A DR THAT KNOWS YOU**		
	16-34	35-64	65+	16-34	35-64	65+
1 & 2	51.81%	58%	56.63%	34.94%	47%	70.68%
3 & 4	36.14%	31%	36.95%	30.72%	32%	38.55%
5 & 6	10.84%	11%	8.84%	41.57%	34%	33.73%

	ACCESS TO A NURSE			**OPENING TIMES**		
	16-34	**35-64**	**65+**	**16-34**	**35-64**	**65+**
1 & 2	13.25%	12%	19.28%	16.27%	12%	8.43%
3 & 4	33.13%	38%	36.55%	37.95%	37%	35.74%

	5 & 6	58.43%	55%	51.41%	49.40%	52%	67.07%

Pregnancy and maternity	The engagement activities did not specifically identify any questions around pregnancy or maternity status. Pregnancy was referenced once in a free text response, regarding access to a midwife. Respondents did reference children as reasons for more frequent visits. One relevant trend was that some respondents found Faith House waiting room difficult to access with a pram, although others did not have an issue with this. Provision will need to continue to take into account the pregnancy and maternity. New Hall and Alexandra Road Health Centre are both accessible standard buildings for prams, with larger waiting rooms and wider corridors. Both sites currently offer services to pregnant woman prior to and after delivery of their babies. Systems are also in place to invite women who are pregnant in for Pertussis vaccination; recommendations will need to ensure that continued access is prioritised for women who are pregnant or post-natal. As all patients will be contacted post-transfer to make them aware of their new site and provision options, including those transferred automatically who did not respond with a site preference, we will ensure continuity throughout.
Marriage or civil partnership	Marriage status is routinely recorded by both practices. There is no evidence to suggest that marriage status would affect people's ability to participate in any engagement activity. Some survey responses noted that they were responding on behalf of their husband or wife as well as themselves, with 52 separate responses referring to husband / wife. These were predominantly responses in the over 55 category, and the most commonly noted concerns in these responses related to seeing a doctor who knows your medical history, and access to the surgery location in terms of parking and bus travel. These concerns will be addressed in the general access / location recommendations.
Socio-economic disadvantage	Hull is identified as one of the most deprived cities in the country. Faith House is in the 4th most deprived centile according to the 2015 Index of Multiple Deprivation and Newland Group in the 3rd most deprived. The move to Newland Group should not be too difficult for Faith House patients due to its nearby proximity. New Hall Surgery will also be available for Faith House patients to use. This survey did not ask respondents questions relating to socio-economic disadvantage. However, we have taken actions to ensure that participation in the engagement activity was cost neutral, seeking to remove cost barriers from participation. This included free postage of the survey, and availability on line. We will ensure this approach is replicated in actions moving forwards, including providing a free post return address with letters sent to patients when asking for them to respond with preferred location.
Location	When Faith House responses were analysed by postcode, 54 responses were found to sit outside the key postcode catchment areas (HU5, HU6, and HU7). They were distributed as follows:

	<table><tr><th>Postcode</th><th>Number</th></tr><tr><td>HU16</td><td>31</td></tr><tr><td>HU17</td><td>15</td></tr><tr><td>HU8</td><td>3</td></tr><tr><td>HU9</td><td>2</td></tr><tr><td>HU20</td><td>2</td></tr><tr><td>HU3</td><td>1</td></tr></table> 75.9% of respondents within these post codes identified as Christian (including 2 Church of England and one Jehovah's witness in the free text responses), compared to 59.13% of all respondents and 60% of Faith House respondents. This implies that Faith House's Christian ethos may have been particularly important for respondents when choosing their GP, or to stay with the practice if moving further away. The Christian ethos will need to be considered in proposals moving forwards. Respondents in these post codes were less likely to report a condition lasting longer than 12 months that limited them a little or a lot (38.9% compared to 38.5% of Faith House respondents and 41.01% of all respondents). The key themes identified in analysis of these responses were further distances to travel, continuity of clinician, choice of practice and parking. For many of the patients (particularly those in HU16 postcodes), New Hall surgery is closer to them than Faith House surgery. It will be important that communications emphasise that patients can choose their preferred practice, the relative locations of New Hall and Newland Practices, which practice each clinician will be moving to, and that they have the right to de-list/re-register
Frequency of use	When trying to analyse the most frequent visitors to the service compared to the broader figures, only 6 respondents registered at Faith House selected that they visit the GP 'once a week' or 'more than once a week'. This makes it difficult to conduct meaningful analysis on this high frequency visitor group. Within this group, there was no trend across age, disability/impairment or limiting condition (1 was age 18-24, 2 age 55-64, 1 age 65-74 and 1 age 75+; 3 were female, 2 male and 1 did not answer). Significantly, this group were not more likely than the general respondents to report a health condition: 3 reported no health condition that limited them, 2 reported being limited a lot, and 1 did not answer. Although this group is likely to be affected by the change, the analysis does not indicate they will be more affected than general population, as long as due consideration continues to be given to issues raised elsewhere (i.e. continuity of care and effective communication/patient choice).

FOCUS GROUPS

207 individuals attended drop in sessions, with full attendee numbers detailed above. Attendees included Patient Participation Group representation and Healthwatch attendance

at several sessions. The drop ins at Faith House had substantially higher numbers of attendees than drop ins held at New Hall Surgery or Alexandra Road Health Centre. This was expected as the patients most likely to be affected by any changes are those currently attending at Faith House. 8 sessions were held in each location, with afternoon and evening sessions on different days in each surgery, to facilitate access to people with different availability.

Drop ins were designed to be informal, providing an opportunity for attendees to provide more in depth / detailed information on the things that mattered to them, that they felt might not be captured in the survey. They were also intended to ensure that patients had a chance to speak directly to senior staff. Dr Elizabeth Dobson (GP Executive Partner) attended each session. There was also additional Modality Representation that varied between senior non clinical managers and additional GPs.

Each drop in followed a format of brief introduction, followed by an open question and answer and discussion session. At times the sessions, particularly those at Faith House, were quite intense – demonstrating the strength of feeling among attendees about their practice and their care. Much of the conversation focussed on areas outside of the proposed changes to locations and the engagement, including the raising of more general concerns and comments about the practices. Themes of feedback regarding the changes that were also raised in the online and paper survey included:

- Concerns about parking, which was a more prominent concern in drop ins than in the survey.
- Worries around increasing difficulty in accessing appointments, following changes.
- Concerns around continuity of care, and the desire to continue seeing the same doctor.
- A general positivity about the location of Faith House, and the condition of the building itself.

Each of these concerns was also raised in the survey, and is addressed in recommendations below.

The only new area of conversation, not previously covered in the survey, was an idea of patients themselves raising funds in order to renovate the building.

A large amount of the feedback captured related to general feedback on the service and GP provision across the partnership. Where possible, the staff attending responded to this in person at the time and in general there was a positive response to the changes that were explained. Topics raised in this area were:

- Complaints around telephone access and appointments: staff representatives discussed the introduction of the Duty Doctor system to improve patient triage and access to appointments with the right people for the patient need. Under the Duty Doctor system, when patients call requesting an appointment that day they are placed on the triage list; the Duty Doctor calls them back, triages the issue, then advises them which staff member internally they need to see (e.g. GP, Nurse Practitioner), if they should go elsewhere (e.g. minor injuries), or if the issue does not need to be seen that day. This change was made in response to comments from patients that they did not like care navigators or nurses making decisions about whether they needed to see staff, even where the care navigator was relaying information from a GP. The system helps ensure all patients can speak to a doctor, and that patients are seeing the right clinician for their need to maximise the effectiveness of available/limited resources, and ensure those with the greatest need are prioritised and see a GP. This was generally well received when fed back at drop ins.

- Comments around access to appointments and waiting times: staff representatives expanded on the staffing issues facing primary care generally, particularly around the recruitment of GPs, and Modality Partnership. The proposed changes would address some of these issues by improving GP and other staff numbers at the other sites. Staff also discussed the initiatives we are promoting to improve access, including Push Doctor (video appointment initiative), increase in posts such as Nurse Practitioners and Physician Associates, and improved access to other services at New Hall and Newland Group Medical Practice. They also stressed that patients will continue to have choice of doctor, and will be able to access appointments at either site.

CONCLUSION

The data has been analysed multiple ways, including patient base, distance from Faith House, and protected characteristics (where captured). Reassuringly, what we have found is that the themes that present themselves are broadly similar across all of the ways the data has been analysed, allowing for some expected variations. There have been some differences in responses from Faith House compared to any other surgery, but these are expected variations considering the engagement is on the potential relocation of services. These variations mainly related to strength of feeling on the importance of location or seeing the same doctor, rather than differences in percentages of respondents with a disability, demographic information, frequency of visit etc.

This analysis has been used to draw the following findings and recommendations. The next steps will be to present this engagement report at OSC for agreement that the engagement process was effective and patients had appropriate opportunities to provide their views. Following presentation at OSC, the preferred decision on the proposals and rationale will be presented at PCCC for approval.

FINDINGS

The engagement found the following conclusions:

1. Across all demographic and patient breakdowns, quality of care was consistently rated as the highest priority.
2. Respondents registered at Faith House place a higher priority on Continuity of Care than respondents at other sites. This is not unexpected given the subject of the engagement.
3. Respondents registered at Faith House place a higher priority on Location than respondents at other sites. This is not unexpected given the subject of the engagement.
4. Accessibility, travel and parking were raised consistently by respondents across all sites.
5. Access to appointments and doctors was raised consistently as a priority across all groups.
6. Comfort and Cleanliness were rated highly at all sites. Privacy and Access were not rated as highly at New Hall and Newland as at Faith House. Further work will need to be undertaken to address this.
7. Respondents registered at Faith House value its Christian ethos.

RECOMMENDATIONS

The feedback received as part of the engagement activity has specifically informed the development of the proposal to consolidate and relocate services at Faith House Surgery. The following recommendations have been made as to how the findings of the engagement should continue to specifically inform actions taken, plans for implementation of any changes, and mitigation of the impact these changes could have. As a result of the engagement, the following 8 recommendations are being made to any decisions that are made moving forwards:

1. Quality of Care: patients rated quality of care as their highest priority. Regardless of decision taken, actions must be aligned to maintaining quality of care, and it would be recommended to explain their impact on improving and maintaining quality of care (e.g. suitability of location for clinical standards and improving clinician availability/variety)
2. Continuity of Care: if the location from which clinicians practice changes, patients should be given clear information on what clinician will be located where, to enable them to continue to access care with their clinician of choice.
3. Location: Whatever decisions are made, patients must be given as much choice as possible on location within the context of the decision. For example, if services do consolidate to two sites, affected patients should be able to access care at whichever of the available sites they prefer. The relevant features of each site should also be communicated (e.g. distance to bus stop, parking availability). Patients should also be made aware that Field View Surgery (0.3 miles from Faith House), is keen to welcome new patients and is aware of the engagement and potential changes, for those patients who place proximity to current provision with the highest value.
4. (i). Parking: staff only car parking restrictions should be removed, to increase the availability of parking spaces for patients, and a staff cycle to work scheme introduced. Extended opening hours (in line with new Primary Care Contract), will expand the number of hours when service is operational, reducing the impact of 'peak times' and improving access to parking at all sites. If changes are made to service location the improvements to parking access should be communicated to patients. New Hall surgery also has the highest availability of parking, which should be communicated.
   (ii). Travel: all named practice sites are located within 150m of a bus stop. If changes are made, patients should be given their choice of sites, to ensure they can access care at a site that is accessible to them. This includes communicating the option of registering with Field View Surgery, as the nearest other surgery.
   (iii). Accessibility: there are benefits to New Hall and Alexandra Road Health Centre that address some accessibility issues raised with Faith House, i.e. improved building access for those with mobility limiting issues. Patients should have the ability to access care at any available site, to choose the site that best suits their needs.
5. Access to appointments and doctors: Actions to improve access to appointments must continue to be made independent of any decisions from this engagement. Push Doctor (digital GP appointments) has been trialled at Alexandra Road Health Centre and Springhead Surgery, and are being implemented at all sites. The Duty Doctor System continues to ensure that those patients who need to see a doctor can, and that doctors are available on the phone. If consolidation occurs, it will improve access to appointments across our patient list due to increased availability of doctors at the two sites. Communication should effectively demonstrate the rationale behind any changes, mitigations taken to avoid negative impact, and increased availability of appointments due to workforce relocation.
6. Privacy and Access: additional feedback should be gathered on Privacy and Access at New Hall and Newland Group Medical Practice, and separate actions taken to

address any issues identified. Impact of any changes implemented to improve access should be monitored.

7. Christian Ethos: additional work should be undertaken with the PPG to understand what elements of the practice's values/ethos are valued.
8. Other: communication is important. Whatever decisions are taken, communication should be clear, and actions as simple as possible for patients. For example, if locations of services change, patients must be given the option of preferred location (or de-registering), and informing Modality Partnership of this choice must be as simple. All communications sent should include a freepost return address envelope with which patients can identify their site preference. They should also be informed they can access services at either site, even if they select a different preference, and that if they do not respond they will still be automatically able to access services. Locations of clinicians, and relevant features of other sites (e.g. location, proximity to public transport), should also be communicated. Rationale for decisions made, and how the engagement is taken into account during planning, must also be communicated.