

PROPOSAL ON RELOCATION AND CONSOLIDATION OF GP SERVICES

1. INTRODUCTION

The purpose of this report is to present for approval at Primary Care Commissioning Committee our proposal and rationale on the proposed relocation of GP services within Modality Partnership Hull, and subsequent closure of Faith House surgery. This is following the presentation of our engagement approach at Health and Social Wellbeing Overview and Scrutiny Commission (OSC) for endorsement on 14th June 2019.

2. BACKGROUND

The Modality Partnership has been working with NHS Hull CCG and other partners to review how to provide the best possible primary care services for the people of the Hull area within the available resources, such as workforce, financial resources and estate. In order to improve patient access to services and support resilience in the workforce, the CCG Primary Care Blueprint identified the need to work at scale and, where appropriate, consolidate service provision.

A review of service delivery has been undertaken at three of the Modality Partnership practices: Faith House on Beverley Road, Newland Group Practice within Alexandra Health Centre on Alexandra Road and New Hall Surgery on Cottingham Road. The review has looked at the current estate from which services are provided and the workforce that is available to deliver the services, and as such identified that the consolidation of services across two sites offers an opportunity to deliver significant benefits to patients as follows:

- A stable and future proofed workforce, recognising the shortage of availability of GP resource within the partnership and as a national training and recruitment issue.
- Access to a broader range of clinical skills and staff appropriate to deal with varied patient needs e.g. Clinical Pharmacist, Nurse Practitioners, Physician Associates
- Access to a wider range of services e.g. NHS Health Checks, Long Acting Reversible Contraception (LARC) Services



- Service provision in modern, purpose built premises that are fully accessible and that offer facilities for service development in the future
- Wider choice of access; all patients will initially be able to make appointments at New Hall and Newland, and ultimately at Springhead and Diadem Medical Practices as well.

From this, Modality Partnership Hull proposed to consolidate primary care medical services to two of our three sites in North Hull (New Hall Surgery, Alexandra Road Health Centre and Faith House). Of these, Faith House Surgery occupies a converted Victorian townhouse and has been identified as potentially the least suitable due to its deteriorating condition and limited ability for redevelopment and expansion. This assessment of unsuitability for long term future provision of primary medical care services has been confirmed by estate review work undertaken on behalf of the CCG by Citycare.

Following on from these proposals, we presented our engagement strategy at the OSC for endorsement. This engagement has been undertaken (as detailed below and in attached engagement summary report), and was presented back to OSC for assurance that the engagement process was effective and patients had appropriate opportunities to provide their views. We are now presenting our proposals to the Primary Care Commissioning Committee for approval.

3. ALIGINMENT WITH LOCAL AND NATIONAL STRATEGIES

The proposal within this report to close Faith House is essential to ensuring Modality Partnership Hull are able to provide a comprehensive service, available to all our patients. The proposal will enable us to provide the same volume of appointments for our 60,994 at a reduced number of sites. The reduction in site numbers will increase access to a range of clinicians for our patients and offer a greater variety of appointment types, duration and times.

This report is linked to the CCG objective of integrated commissioning, in terms of reduced duplication and increased efficiency across health and social care. The proposed closure of the Faith House site will enable us operate more efficiently as a result of having staff dispersed across fewer sites. The reduction in site numbers will ensure we can offer greater clinical supervision, increase access to a range of clinicians and offer a greater variety of



appointment types, duration and times. The proposed closure is underpinned by a desire to reduce duplication, increase efficiency and improve care for our patients.

Modality Partnership Hull aspires to the highest standards of excellence and professionalism. This proposal is underpinned by a desire to provide high quality care that is safe, effective and focused on patient experience. The proposal will enable us to provide additional support, education, training and development for our staff and as they work as part of larger, more diverse teams and have greater access to supervision and support. We will ensure that the respect, dignity, compassion and care our patients experience remain at the core of our provision, particularly through the period of change. The proposal will improve patient safety, experience and outcomes as a result of care from a staff team who are valued, empowered and supported.

Modality Partnership Hull is committed to providing best value for taxpayers' money and recognising the need to ensuring the most effective, fair and sustainable use of finite resources this proposal will consolidate service provision, release CCG funds and allow Modality Partnership Hull to continue to invest in workforce numbers and workforce development programmes.

4. ENGAGEMENT

The patient experience and quality of care are at the heart of this proposal and we have conducted patient engagement to ensure our proposals, as far as possible, are coordinated around and tailored to, the needs and preferences of patients, their families and their carers. We have actively encouraged feedback from the public, patients and staff in the proposal and have used this to shape and improve the proposal and our wider service provision.

Engagement took place between 10th December 2018 and 31 January 2019. We sent a survey to all households of patients registered at Faith House, which was also circulated via text link to patients who had consented to mobile contact at Faith House Surgery, Newland Group Medical Practice and New Hall Surgery (the three sites most impacted by the proposal). The survey was available on practice websites and in paper copy in the surgeries. We also hosted 20 drop in sessions, at a range of times at each of the three practices, and engaged with each Patient Participation Group. The entire



engagement approach and proposal was advertised in the local media, including on That's TV Humber and in the Hull Daily Mail.

In total we received 1,361 survey responses were received and 207 individuals attended drop in sessions. Full details of the engagement, and our analysis of it, are contained in the attached Engagement Report (Appendix 2). Analysis of the engagement responses, our findings and the resultant recommendations, have specifically informed our proposals. We have implemented the recommendations into our proposals below.

3. INFORMATION

3.1 CHANGE DRIVERS

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 Hull is proposing to consolidate primary care services to two of the three existing sites. In contrast to Faith House, New Hall Surgery and Alexandra Health Centre operate from purpose built, modern medical facilities.

The case to deliver services from modern purpose built facilities was an initial primary driver for change and remains important. However, the compounding issues of workforce pressures have multiplied, and workforce is now the primary driving factor. Since the beginning of the engagement, a further 4 GP partners have left, or are due to retire imminently. An additional 5 partners have reduced their hours. All GP Partners at Alexandra Road Health Centre retired, leading to an urgent movement of partners internally to provide staff at this site.



This means that, although we are taking a proactive approach to GP recruitment including Salaried GP advertisements and current recruitment to CCT Fellowship posts incorporating permanent salaried posts, we have fewer GPs than ever. From the 31st July we will have 15.835 FTE GPs supporting 61,000 patients. This means we have 1FTE GP supporting: 3879 patients; the national average is 1FTE: 1700-2000 patients dependent on the source. We have recruited other clinicians and continue to explore ways to deliver care differently, including our new multi-disciplinary team to support patients with complex needs; however this does not address a fundamental shortage of GPs. We have to take action to alter how we deliver our services, as our current workforce makes GP delivery over 5 sites unsustainable, places additional pressure on all staff, and risks further exacerbation of the workforce challenges if other GPs choose to leave due to the increasing pressures

3.2 PROPOSAL

We are proposing to consolidate provision in the North Hull area from 3 sites to 2, relocating provision from Faith House Surgery. All clinical and nonclinical staff will relocate to other premises within the division. This will lead to a more stable workforce for Modality Partnership Hull, and access to a broader range of clinicians for our patients. At our larger premises we offer a diverse staff mix including HCAs, Practice Nurses, Nurse Specialists, Prescribing Nurse Specialists, Autonomous Practitioners, Physician's Associates, Advanced Clinical Practitioners, Urgent Care Practitioners, Clinical Pharmacists, FY1 and FY2 Trainee Doctors, Registrars and GPs. This skill mix and the comprehensive care it ensures is impossible to achieve in smaller premises without sufficient appropriate clinical spaces to deliver care.

As part of our operating model we operate a Duty Doctor Triage model where a GP is available to triage patients and support clinicians at each site throughout operating hours. Consolidation of services will provide additional capacity through the reduction in one duty doctor shift meaning additional GP appointment capacity of 10 sessions per week.

We have been taking contingency measures in the interim between the engagement and present, including giving patients at Faith House access to appointments at any of our branch sites. As of 13th June, over 520 appointments at New Hall have been accessed by patients registered at Faith House, and an additional 120 at Alexandra Road Health Centre. Feedback



from patients has been positive, including reduced wait for an appointment, reduced time on hold to speak to staff, and on the facilities/site at New Hall. The majority of patients accessing care at other sites have chosen New Hall Surgery, and we would expect this to continue. To support this, a number of staff would relocate from Faith House to New Hall Surgery.

We propose to relocate service from the 1st August 2019. In order to facilitate this, the following timescales and actions would be taken:

- Communication with all staff, immediately following a decision being made.
- Letters sent to all patients registered at Faith House, from the day decision is made, advising them of the changes.
- Letters will incorporate information raised during the engagement process, including:
 - Details of which clinicians are relocating where, enabling patients to choose to continue access care with their clinician of choice.
 - Relative features of each branch site (e.g. parking facilities, nearest public distance to public transport)
 - Reminder of their right to re-register with another GP Practice/Provider.
 - Freepost address envelope and form enclosed listing branch sites so that patients can inform us of their preferred branch site as easily as possible.
 - Confirmation that they do not have to do anything, and that if they do not contact use with a preference they will continue to be able to access care at any of our branch sites.