FORMAL CONSULTATION

Proposed changes to CHCP/CHPL Primary Care Services

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What is this consultation about?

The capacity/demand gap crisis within primary care was a long developing issue before covid and the global pandemic has seen this gap grow significantly. Exacerbated by ongoing workforce pressures, reduced staff satisfaction nationally and the increasing numbers of people living with multiple long-term conditions coupled with changes in public expectations. City Health Care Partnership CIC and City Health Practice Ltd (CHCP/CHPL) have a combined total of five practices within Hull operating across eight sites, five of these sites are single handed practices. Multiple single-handed practices are challenging to manage due to lack of resilience within their staffing structure and continuity of service provision in the event of absence, leading to poor access and patient experience or financial risk because of increased locum usage.

Across our sites we have in total 35,230 patients with all our sites operating within some of the most deprived areas of the city with a high level of non-English speaking patients and patients who have complex health needs.

Under our proposals we would bring together all our practices in the structure into a main site and branch site model which means a smaller estate footprint (fewer buildings) (please see appendix 1). This would enable us to support our staff in a more cohesive way and allow us to recruit new staff into a supportive team, whilst ensuring that patients have continuity of care from the same highly skilled workforce.

This consultation is being led by the Assistant Director and Head of Service as the responsible officers for GP services within the organisation. If you would like this document in another format please contact Phone: 01482 236809 or Email: chcp.engagement@nhs.net.

Why we need to change?

The decline in GP workforce is a national issue, with the 2021 GP Work Life survey[1] indicating that 1 in 3 GPs plan to leave the profession in the next 5 years. Our practices are no different and an ongoing recruitment and retention pressure of our highly skilled work force has posed an issue for several years. Whilst we are actively recruiting to salaried positions our current workforce establishment for GPs are mainly via locum or provider to provider contracts, which places not only financial risk on the service but impacts on continuity of patient care and professional development and investment into services.

We recognise from patient feedback that there are a number of areas patients would like to see improved within our practices such as ability to access appointments in a timely manner, ensuring where possible that they can see the same team of care providers who know them and the ability to decide when are where they want to be seen for their care in a way that meets their needs. To do this we need to consider how we deliver our services that both our meets our patients needs and supports our workforce.

What is public consultation?

A public consultation is a process which enables NHS service providers to present proposed changes to the services they deliver, following on from an engagement process. It provides the decision makers with a better understanding of reaction in relation to the proposed developments/changes in how the service is delivered and enables the service to promote new ways of working.

[1] Odebiyi B, Walker B, Gibson J, et al. (2022) Eleventh national GP Work life Survey 2021. *Health Organisation, Policy, and Economics research group at the University of Manchester on behalf of the Policy Research Unit in Health and Social Care Systems and Commissioning (PRUComm)*. Available at: https://prucomm.ac.uk/assets/uploads/Eleventh%20GPWLS%202021.pdf

Why are we consulting?

On the 5th of September 2022 CHCP and CHPL practices instigated our business continuity plans to continue to deliver safe services to patients whilst considering future options for service delivery. Business continuity resulted in consolidating our workforce across fewer sites with different operating hours, by combining our workforce over fewer sites, we can make sure we continue to deliver safe, high-quality services to our patients. Operating under business continuity is a short-term plan, and we needed to consider how our services are designed and delivered to best meet the health needs of our patients.

The service wanted to fully engage with patients, with transparency and openness regarding the current issues the service is facing, to work together to look at what solutions could be found and how we could work to deliver the kind of services that patients want. The service also worked with commissioners NHSE, the Integrated Care Board (ICB), Overview and Scrutiny Committee and our workforce. Now that we have engaged with our patients and key stakeholders its important to demonstrate how we have used this engagement to formulate our plans and to give people opportunity to be consulted on these plans.

Who are we consulting?

The service is now consulting with our patients and stakeholders that we engaged with. The service engaged with:

- Patients and Service Users
- NHSE colleagues
- Commissioners and ICB colleagues
- Local counsellors and MP's
- Staff and the Senior Leadership Team

As part of the engagement process the service developed an Equality Impact Assessment (EQIA) to help the service identify patients who may be affected by changes to the current service provision, this included:

- People who do not have English as a first language.
- People who could be economically affected by service changes.
- People with a disability.
- People who are carers for others.
- People with other protected characteristics.

CHCP and CHPL would like to deliver the best primary care services possible within the current climate and we pride ourselves on delivering safe effective services that continue to evolve and grow in a more sustainable way, delivering the care patients deserve whilst supporting and developing our workforce.

How have we involved patients and stakeholders so far?

CHCP and CHPL began an engagement process with patients and stakeholders 27th October 2022 and this process ran until 31 January 2023. A letter was sent to all patients explaining the reasoning behind the engagement, with a Frequently Asked Questions sheet, a text message was sent to all our patients to raise awareness of the engagement and give them information about how they could get involved. The engagement consisted of drop-in sessions across each of the practices to enable patients to talk with service managers around what works well, and what areas could be considered for improvement.

The drop-in sessions allowed managers to understand directly from patients the things that matter most to them when it comes to accessing their GP practice, but also allowed an opportunity for managers to explain the difficulties they are facing and what some of the solutions might be. The patient Service User Voice (SUV) group helped with the development of a patient survey to ensure the service was able to capture information important to patients and service users.

CHCP/CHPL deployed the use of an independent provider called SMSR to undertake the patient survey to just over 1100 patients, the survey was accessible online to all patients. An SMSR representative also conducted the survey by telephone to a random selected cohort of our patients across all practices. SMSR representatives were also in attendance across all the sites to capture feedback from patients attending the practices. Patients were also able to submit feedback via the CHCP engagement team via email, post or telephone call.

What the engagement process told us

The overall response from patients and service users about our services was positive. Most patients understood the difficulties the NHS is currently facing, and they understood the need for changes to be made to the way services are delivered. Our patients and stakeholders supported in identifying current concerns around the service and gave feedback on what was good about the current service.

Some of the key themes identified and possible solutions.

- Availability of appointments - feedback reflected that patients were unhappy with the 8am rush for appointments. Therefore, as part of our new proposed model we will implement a new appointment system whereby the appointments are routinely released throughout the day. Care Navigators will support patients at the point of contact to ensure they are offered the most appropriate appointment for their issue

ensuring appointments are utilised correctly and the service is maximising the clinical resource.

- Continuity of care - Patients told us that it's really important to them that they know who their clinical team is, and that where possible they see the same team when they visit their practice. Our new proposed model will look to try and meet this need by consolidating our workforce and having them work across main and branch site practices. By reducing the estates, the service can develop a core team at our main and branch sites of regular clinicians and will help us with the recruitment of new clinical staff to support our developing service.

- Travel – Our patients told us within our survey that they would be prepared to have some level of travel to attend a practice if it meant that they would be seen quicker and by the clinician that they preferred to see. Of the patients surveyed, most said they would travel anywhere between one and six miles to be seen. Our sites are closely located and are within three miles of each other, our proposed plans will offer appointments to patients across our practices to ensure convenience and access.

- Single point of co-ordination – We asked our patients their thoughts around care navigation, how helpful they would find this and if they would be happy to be supported by them to access appointments. 84% of our patients responded to say they thought this role would be helpful within the practice particularly for things such as repeat prescriptions, common illness, and general enquiries. Therefore, we are proposing to implement a care navigation and admin hub, this team will be located in a bespoke building and all the back office functions and telephone calls will be co-located, meaning a team of highly trained Care Navigators will be answering the calls and will be able to co-ordinate all the care for patients instead of multiple telephone calls with different people.

- Understanding of services delivered and ongoing open communication – it was clear from our engagement sessions that's patients were not aware of the different services that we offer as an organisation. Therefore, the service will be developing a newsletter that will go out to patients monthly, keeping them informed of services and changes to health care provided locally to ensure patients understand what they can access and what help is available to them. It was also clear that patients have a good understanding of the complex issues that the NHS is currently dealing with and the difficulties in recruitment and retention of staff within those services, patients were happy with the open and honest way in which the service explained why this was happening.

- Telephone system – the telephone system and difficulties getting through on the telephone were a big part of the feedback received from patients. Therefore, the service is proposing to develop the central care navigation and admin hub and introduce additional telephone lines to deal with the high volume of calls coming into the service.

- Online availability of appointments/prescription ordering – as the service went into business continuity the ability to book appointments via our online system was reduced to enable the service to deal with the demand placed on the service. As we look to change how our appointments are offered to patients and from what sites, we will look to re-introduce online booking as part of our proposed model. The ability to order prescriptions on the telephone is still available and is also available online via the NHS app.

- Prescription issues – it was clear from our engagement sessions that there were some issues ordering prescriptions. To support our patients to understand prescription processes our pharmacy team will provide regular updates in our newsletter to patients. Our Care Navigator team will support patients to access appointments with our dedicated Practice Pharmacists to support them with repeat medications.

- New and existing services – It was evident in our engagement sessions that our patients are not aware of the wide range of services and teams that are available as part of our practices, such as Physiotherapist, social prescribers, Be Well team and Pharmacists. We will ensure via our newsletters and ongoing patient engagement that are service users have a good understanding of the multi professional team that works within their practice.

Full collated data

The full engagement data can be found in the engagement document (see appendix 2) as part of our data gathering we assessed lots of different criteria as well as carrying out an EQIA (equality impact assessment - appendix 3) to look at the impact of changes to our service delivery on patients.
Some key points from our analysis that supported the development of our plans are as follows:

606 surveys were carried out over the telephone, 506 surveys were face to face and 96 surveys were completed online with a total of 1,181 surveys in total split across all our practices.

We asked our patients to identify the most common reasons for contacting the GP practice. 70% of our patients surveyed said they contact the practice to make a routine appointment, 33% to make an urgent appointment and 31% to request a routine prescription, with 97% saying that they contact the practice by telephone. We therefore have considered as part of our proposed plans how best to support patients to make routine and urgent appointments and support with repeat prescriptions. Implementing a Care Navigation central admin team will ensure those patients that need an urgent appointment can be seen same day. Offering appointments in advance and across our main and hub sites will support patients in booking a routine appointment at a time that is convenient for them.

We asked our patients what their preferred method of consultation was when accessing the service. 82% of our patients stated that they preferred face to face appointments with a clinician. To support the delivery of face-to-face appointments we need to ensure that our clinicians are supported on site to do this and that enough appointments are made available to see patients face to face. We are proposing a reduction in our physical estates (buildings) so that we can have a larger presence of clinicians working from a single site. This means that we can cover a wider range of appointments in one location and improve our ability to offer these as face-to-face appointments rather than remote.

67% of our patients surveyed said they would travel between three and six miles for an appointment. With 56% saying they would travel if it meant they could see someone sooner and 43% happy to travel if they could see someone face to face. We believe that condensing our workforce into a smaller estate footprint (more staff operating from fewer buildings) will support us to deliver more face-to-face appointments and provide continuity of care for patients to see the same clinical team. We will ensure that our practices within our proposed model do not mean that patients will need to travel more than three miles to access an appointment.

How we developed our change proposal

Our proposed model was developed collaboratively with our workforce and organisational leads, managers, and senior healthcare professionals such as our Medical Director and Chief Nurse, using all the data collated during the engagement process with our patients and key stakeholders. We have also considered the guidance available to us in the recent publication of the Fuller Stocktake Review of Primary Care Services and Primary Care Network health inequality data, which strives to implement a community focused delivery of service and the drive for place-based care and levelling up of health inequalities across the local ICB area.

Following a review of data by senior managers and clinicians, the service developed the proposed new model and identified key areas for improvement and key areas for future development. The data was assessed using the four key areas for service development set out below.

Quality	• Does the option maintain or improve clinical quality and outcomes? • Does the option maintain or improve patient experience?
Access	• Does the option maintain or improve equality of access to care? • Does the option minimise activity seen or treated at a different site or provider?
Affordability	• Does the option minimise the requirement for capital? • Is the implementation of the option achievable?
Deliverability	• Does the option have an achievable workforce requirement?

Most patients walk, drive or use public transport to get to appointments and our practices are all within a few miles of each other, consideration of transport links and accessibility was an important part of our final model.

We undertook a process called "heat mapping" as part of our engagement and modelling work, which is a tool that shows us the residential location of patients that access each of our practices. This helps us to understand where patients might be travelling from when attending appointments. The heat mapping showed that most patients attending appointments at Kingston Medical Practice/Riverside Medical Practice/ The Quays reside in HU2 (1269 patients), HU3 (1958 patients), HU5 (2851 patients) and HU6 (996 patients) postcode areas. Most patients registered within the central area reside within a four-mile radius of the 3 central practices. The buses that operate along Beverley Road to the town centre are 121, 23, 4, 6, M12, X46 and these buses run every 10 minutes creating good public transport routes from patient residential areas to our practices.

Riverside Medical Practice is also a central practice which is on the Great Thornton Street estate. This is 1.1 miles from the Quays and has good transport links with number 1 bus running every 15 minutes. There is ample parking at the riverside site for patients who have their own transport.

East Park Practice is 2.5 miles away from The Quays Main site. Most patients registered at East Park Practice sit within the HU8, HU9 area which is also in good proximity to CHPL Southcoates Medical Practice. There is good transport links along Holderness Road to the Wilberforce Health Centre, with bus routes 24, 12, 4, 5, 8 and 57 running regularly approximately every 7 minutes. Parking is available via the Wilberforce Health Centre care park and on street parking with good levels of disabled parking.

CHPL Southcoates Medical Practice is the main site in the east of the city and is situated on the corner of Newbridge Road. Marfleet Lane surgery is a branch site attached to the practice and during the pandemic the site was closed for a year and has been closed during business continuity with patients attending Soutcoates Medical Practice for their care. There are good transport links between the practices and the number 16 bus runs every ten minutes down Preston Road linking the two sites. Disabled parking is available at Soutcoates Medical Practice with some onsite parking and on street parking within the surrounding area.

CHPL Field View Practice is also part of the group and is 3.5 miles from Southcoates and 2.3 miles from Bransholme Practice and patients can attend appointments at both sites.

What are we proposing?

Having considered all our engagement work with our patients and stakeholders, and using the framework of Quality, Access, Affordability and Deliverability in relation to the issues we are currently facing, we have developed the following proposed model.

CHCP/CHPL feel that this model providers a future sustainable service, taking into account aspects that our patients told us are important to them, and that we can continue to grow and develop in collaboration with our patients.

We propose to operate two main sites consisting of three practices supported by branch sites. For CHCP the main site will be located in Wilberforce Health Centre, whereby The Quays Medical Practice and East Park Practice will co-locate, meaning that the practice will benefit from a multi-professional skilled workforce to best meet their needs and offer continuity of care to our patients. The main practice will be supported by one branch practice located at Riverside Medical Practice; Kingston Medical Practice will cease to operate as a branch site. Patients registered at any of our CHCP practices will be registered under the main site practices of The Quays or East Park Practice but will have the benefit of attending either the main site or branch site for appointments.

CHPL will operate one main site located at Southcoates Medical Practice supported by two branch practices operating from CHPL Field View and CHPL Bransholme. CHPL Marfleet Lane Practice will cease to operate as a branch site. All patients will be registered under the main site at Southcoates but will have the benefit of attending either the main site of branch sites for appointments dependent on their preference and appointment availability.

As part of the new model, we have and will continue to develop and support our existing workforce which includes Physicians Associates, Advanced Clinical Practitioners, Nursing Associates, Practice Nurses/Registered Nurses, and Health care assistants.

We will continue to develop the Health and Wellbeing team that is well established within primary care, providing support for patients from our Health and Wellbeing Practitioners and Social Prescribers. In collaboration with our Venn PCN network, we will continue to utilise and optimise roles via specific sperate funding known as Additional Roles Reimbursement scheme (ARRS). This will further develop our skill mixed model focusing on the wider determinants of health to improve the overall health and wellbeing of our patients.

A newly established Social Inclusion Team led by a Social Inclusion Officer will be implemented to enhance our current offer to some of the most vulnerable population that we serve such as refugees, homeless communities, and those with drug and alcohol associated complexities. As well as ensuring that we provide the very best offer to our patients with additional needs, LGBTQ+ and children and young people and the elderly. This service is essential to ensure equity of access and to deliver a model for those groups where traditional services do not always meet their needs.

A roving team of clinicians will provide outreach work into some areas such as care homes and the places where some of our most vulnerable patients live and work.

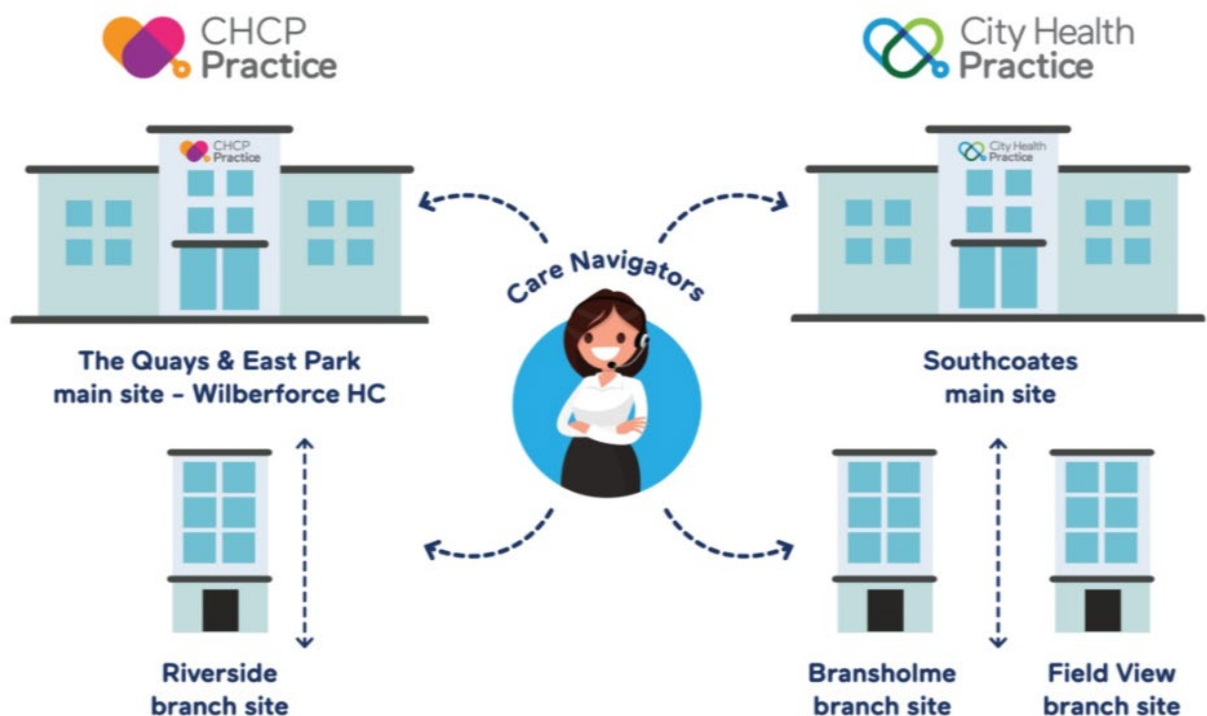
A new appointment system will be in place to support a return to face-to-face appointments as this was a concern raised by patients. A refreshed website for our practices will be developed to enable patients to quickly access our online services should they wish to utilise this as an option for access, but our team of Care Navigators will be on hand to support patients who do not have access or the skills to utilise online appointments. A new hub will be developed and telephones will be manned by trained Care

Navigators who can ensure patients are directed to the correct clinician to deal with their needs.

A patient newsletter will be developed and shared monthly with patients and service users to inform them of developments and changes within their practices and PCN.

We will ensure our patients are informed of all our clinical and administrative roles and what they can do to support our patients, what clinics are available and delivered at our practices and as part of VENN PCN that the practices are networked with. This will support the continuity of care that the engagement process has identified as an important consideration for patients and stakeholders, and this enables staff and patients to build and develop ongoing relationship.

New Model



Next Steps

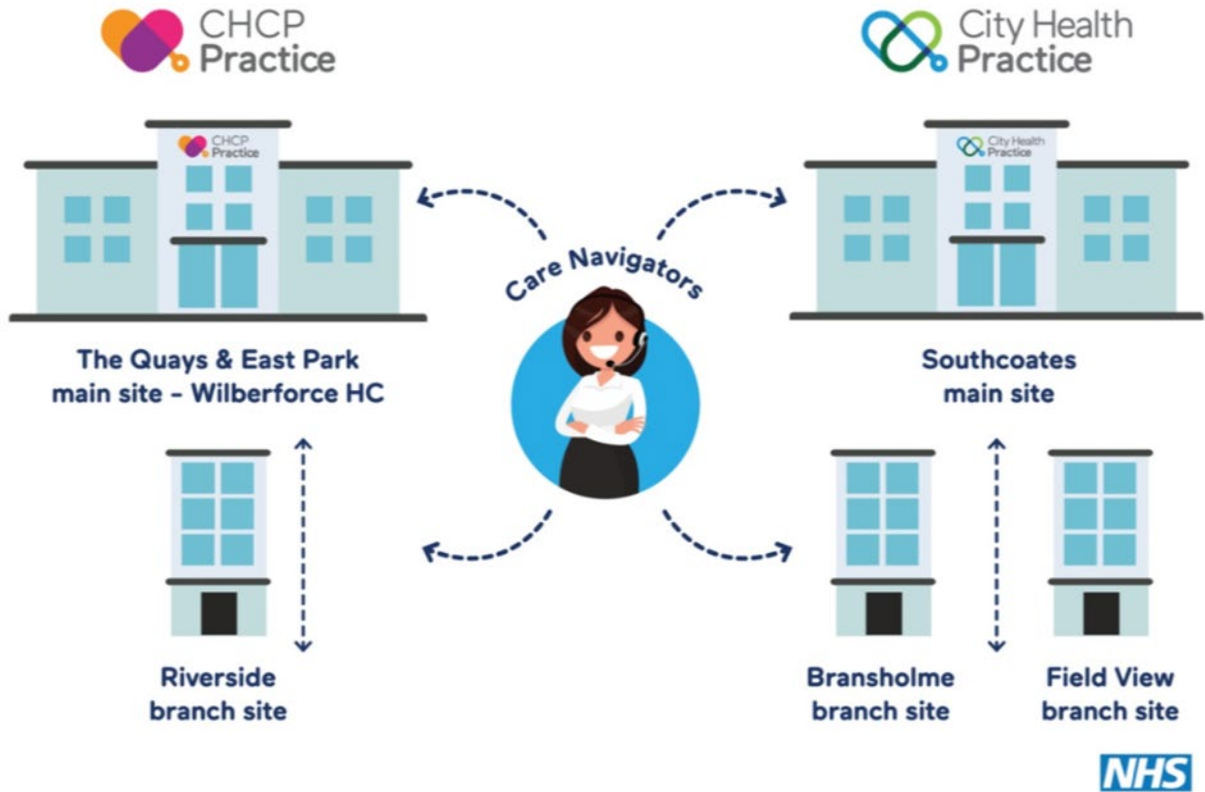
Progressing the preferred option

We know it is very important that we keep our patients and stakeholders engaged and up to date especially after they have taken the time to share their concerns and thoughts around a new way of working. The consultation period will run from 8th February 2023 and will close on 8th March 2023, during this time we will continue to seek feedback on our proposals and use this as an opportunity to explain to patients and stakeholders how we have developed our proposed models. A number of patient consultation meetings will run during the consultation period. If you would like to provide feedback to us on our proposed changes please email: chcp.engagement@nhs.net stating your registered practice and your feedback, contact our engagement team via 01482 236809 or drop into your practice and complete a consultation feedback form. We will continue to keep our patients and those that work closely with our practices fully updated during this time.

Glossary

CHCP – City Healthcare Partnership
CHPL – City Health Practice Ltd
PCN – Primary Care Network
EQIA – Equality Impact Assessment
ARRS – Additional Roles Reimbursement Scheme
SUV – Service User Voice

Appendix 1 – Model Visual



Appendix 2 – Full Engagement data

Engagement Report -
final 080223.docx

Appendix 3 - EQIA

EIA primary care Final 080223.docx