

Proposed changes to two GP practices in Sandwell and one GP practice in West Birmingham

Healthwatch Birmingham welcomes the opportunity to respond to Sandwell and West Birmingham's consultation on '*Proposed changes to two GP practices in Sandwell and one GP practice in West Birmingham*'. Our comments in this response will focus on Summerfield GP Centre as it falls within the remit of Healthwatch Birmingham. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- The involvement of PPSuCs in developing the proposed options.
- Whether the proposed options are responsive to the individual needs of those accessing services, ensuring that they do not lead to health inequality.

We welcome the CCG's foresight in using this critical juncture to gather views on how this service can be improved or restructured to better meet the needs of the people of West Birmingham. However, we are concerned about the impact the proposed change (i.e. Option 2 - to close the practice and move patients to other local practices) might have on the most vulnerable within this community. Such as the people on low incomes, the elderly, people living in poverty, and those with caring responsibilities among others. We believe that these issues need to be considered as this proposal has the potential to impact people in terms of access to GP services, continuity and quality of care.

Patient and Public Involvement

Pre-consultation

The consultation document made available to the public is not clear as to what patient and public involvement activities took place prior to the consultation. Although the document does state that the CCGs primary care strategy is built on feedback received from patients, their carers and their communities, it does not state what this feedback is and how it has influenced the options selected. As a result, it is unclear the extent to which the views of PPSuC and specific users of this service were taken into consideration in drawing up these options.



Methods for engaging and involving the public

Healthwatch Birmingham would like to commend the CCG for offering the public and service users, different ways to be involved. We note that the public and service users can give their feedback by filling an online survey, email, post and by attending a public event. However, without an impact assessment, we are not sure how effective these methods have been in reaching those who might be most affected by these proposals. In particular, how effective these methods were in reaching the hard to reach groups - those with language barriers, those from deprived parts of this community and those that would not be able to attend meetings, nor access documents online. We also note that the consultation document does not promote the availability of information in alternative formats. We would like to read in the consultation report the range of people that the CCG was able to reach through these methods.

Healthwatch Birmingham is also concerned that until recently, there was no link to the consultation document on the CCGs website making it difficult for the public and service users to understand what is being proposed. We welcome the fact that the consultation period has been extended to 16th April 2018. We hope that this deadline extension enables the CCG to consult widely ensuring that those groups affected are able to give their responses.

Content of Consultation

Healthwatch Birmingham feels that the consultation document, including the 'frequently asked questions' use clear language and that jargon has been explained. Therefore, people with no barriers (i.e. language or other communication needs) can access these documents. However, we are concerned that the public is asked to give views on options that have not been impact assessed (neither has an equality impact assessment been carried out).

Therefore, the extent to which the CCG has identified the groups that would be affected by the proposals outlined in this consultation is not clear. A good impact and equality analysis would help the CCG identify population groups sharing the 'protected characteristics' as defined in the Equality Act and those affected by inequalities (health or otherwise) associated with socioeconomic factors or other forms of disadvantage (i.e. social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions).



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- We believe that the failure to carry out an analysis of the potential impact of these planned changes fails to take into account the real impact on the public that access health and social services in this location. As well as the potential impact on their health and the possible health inequalities these changes might have.
- We believe that a further analysis of how the proposed changes could impact on the health of the population concerned, potentially resulting in health inequities, would provide greater insight in how to implement the proposed changes.

Failure to provide the necessary information means that people being consulted do not understand the issues and cannot give informed and meaningful responses.

In addition, Healthwatch Birmingham believes that good public involvement is one where the public are given not only sufficient information but justification for proposed changes. However, apart from the benefit set out at 'option 1', those set out under 'option 2' are assumptions of what may or may not happen. For instance, it is not guaranteed that other GPs within this building and those in the local area, will be able to register patients from Summerfield. There is no consideration of what these Practices need to put in place to take on extra patients should they be at full capacity already. It would have been more helpful to have an indication of the numbers each Practice would likely be able to take in. This would reduce anxiety should this become the preferred option.

Equally, the drawback/risks outlined have not been impact assessed. This would have enabled the CCG to indicate how they will mitigate against these drawback/risks. For instance, older people or people for whom English is not their first language might have difficulties in registering with a new GP than someone else who does not have these problems. What specific support will be offered to them? Again, the frail, parents or people on low incomes might find it difficult to travel further to access a GP. The drawbacks/risks outlined for 'option 2' need to include the impact a closure would have on secondary care, especially considering the proximity of the new Midland Metropolitan Hospital to the Practice site.

Similarly, it is not clear how choosing 'option 1' would lead to the drawback/risk outlined. We do not believe that keeping the Practice open would stop GP Practices from working together to share experience and knowledge and offer an improved service to patients. Five thousand and five hundred patients is a substantial

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number of patients that cannot be easily subsumed under other GPs. There has to be a clearly drawn up plan. We do not believe this is enough justification to not choose 'option 1'. We would like to know whether other options were considered such as a different contract (i.e. GMS or PMS if the APMS contract is no longer favoured) or having another GP Practice run this Practice.

Post Consultation

We welcome the CCGs plan to use feedback they receive from this consultation to inform decisions on the future of local GP services. Healthwatch Birmingham would like to urge the CCG to ensure that this report does not only report the decision but demonstrates how the views of the public have influenced the final decision. This will ensure that people feel part of the decision-making process and not that they are just commenting on decisions that might have already been made.

Patient, Public and Service User Experience

Healthwatch Birmingham has received feedback over the year from patients and the public on their experience of accessing GP services in Birmingham. This feedback has shown us what patients and the public believe best practice is and areas where Practices could do better.

Best practice, according to patients, includes: listening to patients, good communication skills, friendly and caring staff, polite staff, caring and professional staff, friendly and approachable reception team, good relationship with doctors and practice staff, giving patient's support, emotional support, empathy and kindness, giving reassurance, comforting and helpful, friendly and calming nature, courteous and approachable staff, showing an interest in the patient, good body language, offering advice and support, competent staff, helpful and pleasant staff, well-mannered and courteous staff, make patients feel 'looked after', accurate and professional diagnosis, regular medication reviews, managing health conditions with the patient, short waiting times, helpful reception staff, easy to book appointments, efficient checking-in process, availability of telephone consultations, support patients with disabilities, good practice management, continuity of care, well equipped surgery, offer alternative services and a clean and welcoming environment.



Poor practice according to patients relates to: poor communication skills, dismissive attitude, poor body language, unfriendly/rude staff, lack of care or concern for patient, dismissive of patients concerns, ignoring mental health issues, ignoring physical health issues, failure to follow care plans, inattention and failure to explain what professional is doing, lack of information, poor/lack of advice, rushed or short consultations, poor quality of care and failure to listen to patients, lack of continuity of care, lack of privacy (asking personal questions in a public space), difficulty getting appointments, long waiting time, difficulty booking appointments, cancelling appointments if patient is late yet long waiting times to go in, lost appointments, poor/badly managed medical records, poor access to medical records, no telephone triage, staff putting the phone down, difficulty registering with GP, wrong medication, poor communication between practice and pharmacy, poor communication between staff, long referral times to other services, no weekend service, half closing days, having to use walk-in centre or being referred there by a practice, not offering alternative services.

One key issue that has been raised is difficulty registering with a GP:

"I am unhappy with this Surgery's enrolment and medical records access, the procedure for registration is not good enough and I have been unable to access my medical records although I have paid for this service".

"My family and I are recent immigrants to the UK. I have been trying to register at two GP practices locally, but have had problems doing so. The receptionists have seemed unfriendly and unnecessarily picky about how the forms have been completed, leading to me not wanting to be registered there. One practice insisted on me waiting long periods before speaking to me. I would like to know how to complain and how to find a GP I can register with"

"I have just moved into the Birmingham area 18 months ago and still have not been able to register with a GP. The practices I have approached have asked me for photographic ID, but am visually impaired so do not have a driving license, and due to personal circumstances my passport is at my ex-husbands property which she is unable to retrieve. The GP practice will not let me register without one of these"

"I went to register at a GP in my neighbour in Birmingham, on Wednesday 7th of June, they told me to call them back Monday the 12th. I did so and they said I could not get an appointment because the person that registers is on holiday and they will



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not be registering anybody until she comes back, I said I wanted to fill a complaint and she hung up and refused to answer my calls”

Conclusion

We believe that the CCG should consider the issues above in improving any contract signed should this be the preferred option. But most importantly, to consider the wider impact of option 2 on different groups who access this service.

Yours Sincerely,



Chipiliro Kalebe-Nyamongo
Policy Officer



Andy Cave
Chief Executive Officer



