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Patients invited to have say on future of GP Health Centre

Healthwatch Birmingham welcomes the opportunity to respond to Sandwell and West Birmingham's consultation on *Patients invited to have say on future of GP Health Centre*. 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. to disperse the practice list or re-procure at another premises) 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 page made available to the public is not clear as to what patient and public involvement activities took place prior to the consultation. 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 note that the meetings, although on different dates, were only held in one venue. We also note that the consultation page does not promote the availability of information in alternative formats. We would like to read in the

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consultation report the range of people that the CCG was able to reach through these methods.

Content of Consultation

Healthwatch Birmingham feels that the consultation uses 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).

- 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 further analysis of how the proposed changes could impact the health of the population concerned, potentially resulting in health inequities, would provide greater insight into 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 is given not only sufficient information but justification for proposed changes. Those set out under 'option 1' are assumptions of what may or may not happen. For instance, it is not guaranteed that other GPs within the local area, will be able to register patients from Five Ways medical centre. 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, and the distances away these practices are based. This would reduce anxiety should this become the preferred option. There is also no reference made to the temporary

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access arrangements that have existed for Five Ways Medical Centre patients at Broadway Health Centre.

Equally, no drawback/risks have been outlined, and therefore these 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? The practice population is made up of 59% of people from black and minority ethnic (BME) groups. 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 1' need to include the impact dispersing the Practice List would have on secondary care and urgent care services in the area.

Similarly, it is not clear how choosing 'option 2' would impact on patients, as it is unknown where the premises may be. Two thousand nine hundred and eighty-four patients is a substantial number of patients that cannot be easily subsumed under other GPs. There has to be a clearly drawn up plan. The West Birmingham area has seen the closure of another General Practice and consequently the dispersal of patients to other practices. The impact of this also needs to be factored in, in relation to the ability of other practices taking on more patients. In addition to this, the former premises are in an area that is ranked amongst the 10% most deprived areas in the country (2,197 out of 32,844 neighbourhoods in the country, 1 being the most deprived¹, potentially introducing another dimension to the factors the CCG needs to consider.

Post Consultation

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

The feedback that Healthwatch Birmingham has received over the years from patients and the public on their experience of accessing this GP service has mostly

¹ http://dclgapps.communities.gov.uk/imd/iod_index.html)

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been negative. The few that had positive experiences pointed out the helpfulness of staff, especially in giving advice and support, the ability to get an appointment and the quality of care.

Generally, the feedback we hear about GP services has raised issues that service users face from poor communication skills, 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, long waiting time, difficulty booking appointments, cancelling appointments, poor/badly managed medical records, poor access to medical records, and pertinent to this consultation difficulty registering with GP.

Key issues raised by service users around difficulty registering with a GP have been poor procedures for registration, the length of time taken to register patients, complicated registration forms which make it difficult for people with language problems, failure to take into account people's needs during registration (i.e. asking for photographic ID's such as driving license from people who are visually impaired and have no other form of ID), and problems with temporary registration.

It is important therefore that the CCG considers and develops a clear plan for supporting people following the implementation of whichever of the two options is selected. The CCG needs to identify the different groups that would be affected by these proposals, their needs and the potential impact of these proposals in terms of access to GP services, continuity, and quality of care.

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,



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