

Item: 7.2

Report to:	Primary Care Commissioning Committee
Date of Meeting:	26 th June 2019
Subject:	Modality Partnership Hull - proposal on relocation and consolidation of GP services
Presented by:	Sue Lee, Associate Director of Communications and Engagement Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
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STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to present to the Primary Care Commissioning Committee the outcome of the public engagement process undertaken by Modality Partnership Hull with respect to their proposal to relocate and consolidate GP services currently provided from 3 sites in the north of the city. In the light of their report the Modality Partnership Hull duly requests approval from the Committee to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

RECOMMENDATIONS:

The Committee is asked to consider the report submitted by Modality Partnership Hull and also consider, in the light of this report, their request to relocate and consolidate GP

services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

In so doing the Committee would need to be assured that the recommendations drawn from the engagement feedback have been properly considered in the development of the proposal, and that any issues of concerns raised are appropriately mitigated.

The Committee needs to consider if the proposed change constitutes a substantial variation and therefore triggers the duty to consult with the local authority and requires public consultation.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes below)*

Integrated Delivery

This report supports the CCG objective of Integrated Delivery through the development of primary care medical services at scale.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	The financial implications of the proposal have been considered by the CCG finance team and there is no material financial impact to the CCG. Any potential recurrent revenue savings will be ring-fenced to be utilised for primary medical care services.
HR	HR issues are addressed in the report
Quality	Quality issues are addressed in the report
Safety	Safety issues are addressed in the report

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

An engagement exercise has been undertaken by Modality Partnership Hull with staff, stakeholders and patients. The outcome of the engagement is detailed in the report.

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

NHS Act 2006 outlines statutory duty to involve:

- 242 Providers must involve with regard to significant service change

Equality Act 2010 Public Sector Equality Duty Section 149

- Providers of public services must have due regard for protected characteristics

Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013

- 244 Duty to consult with the Local Authority

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report*)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report. (However, an EIA will be completed upon approval of this approach to engagement and prior to the commencement of any engagement activity)	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in Appendix 1 in the enclosed report.	√

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

MODALITY PARTNERSHIP HULL - PROPOSAL ON RELOCATION AND CONSOLIDATION OF GP SERVICES

1 INTRODUCTION

The purpose of this report is to present to the Primary Care Commissioning Committee the outcome of the public engagement process undertaken by Modality Partnership Hull with respect to their proposal to relocate and consolidate GP services currently provided from 3 sites in the north of the city. In the light of their report the Modality Partnership Hull duly requests approval from the Committee to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

2 BACKGROUND

In October 2018 Modality Partnership Hull advised the CCG that, following a review of service delivery from the three sites of New Hall Surgery, Alexandra Health Centre and Faith House Surgery, they were proposing to consolidate primary care medical services on to two of these three sites and that Faith House Surgery had been identified as potentially the least suitable due to its deteriorating condition and limited ability for re-development and expansion. The assessment of unsuitability for long term future provision of primary medical care services had been confirmed by the estate review work undertaken on behalf of the CCG by Citycare.

Modality Partnership Hull were advised that proactive involvement and engagement was required throughout the process and that they, as provider of the service, would need to lead on the development and execution of an engagement plan, with advice and support from the CCG Communications and Engagement Team. Best practice advice had been sought via the Consultation Institute, whose opinion was that a robust, open and transparent engagement with staff, stakeholders and patients may be an appropriate approach at that point, rather than formal consultation.

3 EQUALITY IMPACT ASSESSMENT

The Equality Act of 2010, and in particular the public sector equality duty section 149 states providers of public services should have due regard for protected characteristics. Modality Partnership completed an Equality Impact Assessment at the beginning of the engagement work and this has been updated as the engagement has progressed – see Appendix 1.

4 ENGAGEMENT ASSURANCE PROCESS

The Modality Partnership Hull conducted an engagement exercise rather than a full formal public consultation, however many of the same principles apply in that any engagement exercise should:

- Be at a time when proposals are still at a formative stage
- Include sufficient information for intelligent consideration
- Give those affected adequate time for consideration and response
- Conscientiously take the findings into account

The Modality Partnership pro-actively made contact with the CCG's Communications and Engagement Team at an early stage of developing their engagement plans and advice was given around the appropriate engagement approach.

The Modality Partnership then developed a comprehensive engagement action plan with specific timescales, and the CCG was able to provide assurance, using its agreed assurance framework, on the proposed approach. The Modality Partnership undertook an Equality Impact Assessment before the start of the engagement to identify those groups most affected and to enable engagement to be targeted appropriately.

Modality developed a number of documents; a staff briefing document and FAQs, a 16-page public facing information leaflet and information for its websites. In addition, a number of drop-in sessions were held at different locations and at different times of the day, although it was noted that all sessions were on Mondays and Tuesdays which may not be convenient for all patients.

Details of the engagement approach were presented to both the Health and Wellbeing Overview and Scrutiny Commission and to the North Area Committee in November 2018. The engagement findings report was also presented to the Health and Wellbeing Overview and Scrutiny Commission on 14th June 2019. One of the roles of the Overview and Scrutiny Commission is to determine whether any change proposal represents substantial variation and therefore triggers the duty to consult under s.244 regulations.

The CCG has reviewed the engagement report and the revised Equality Impact Assessment which were submitted for consideration alongside its proposal to relocate and consolidate service provision. In assessing the engagement exercise itself and the subsequent engagement report, the CCG has considered a number of questions which are detailed below, along with our assessment.

Report

Has the case for change been outlined clearly?

The public facing engagement materials explained in general terms about recruitment pressures, and the quality of the premises at Faith House. However, the engagement report itself does focus on the issues around the quality of premises rather than recruitment issues. More detailed information about specific local workforce challenges may have helped to strengthen the case for change. The description of the development of options, and the resulting proposal is not clear; reference was made to a review of service delivery, but it is not clear what other options, if any, were explored or discarded by this review. The benefits to patients haven't been explicit.

Is the feedback report written in plain English and easy to understand?

The report is comprehensive and in the main written in plain English and easy to understand. However, consideration should be given to further simplification of language and terminology and the format used before wider publication.

Is the report available to the people who took part?

The CCG would recommend that the report is published on Modality's practice websites, that it is proactively shared with any interested parties and that printed copies are made available for patients at each of the sites.

Opportunity to engage

Does the report clearly define who the Modality Partnership engaged with and how they identified them?

An Equality Impact Assessment was completed before the start of the engagement and used the information held by the practices to identify numbers falling into the various protected characteristics categories. Where this information was not available, local Joint Strategic Needs Assessment (JSNA) data, Office of National Statistics (ONS) data or Census information was utilised.

Is it clear how methods of engagement have been tailored to these groups of people?

A variety of engagement methods were used including; printed and online information and surveys, information promoted on social media, text messages to patients at all three sites, letters to patients at Faith House, face to face drop-in sessions at all three sites, local media coverage and some targeted conversations with particular groups.

Was there sufficient time for people to be involved?

The engagement ran for a period of 8 weeks, which under normal circumstances would be considered sufficient time for people to participate. However, this did fall over the Christmas / New Year period; the report is not explicit regarding mitigation for the festive period, which may have been a prohibitive factor in people getting involved. The CCG is aware that postal surveys were accepted for a further 2 weeks after the deadline and some further targeted work with underrepresented groups was conducted after the official end date, which could be considered mitigation.

Was there sufficient opportunity for people to be involved?

The reach of the engagement work was fairly extensive and therefore the opportunity for people to be involved if they wished to is commensurate. All patients at the three affected practices were contacted either by letter or text and substantial coverage in social and traditional local media has expanded the reach further. There were 20 of face to face sessions that covered afternoons and evenings across the three sites, however, these were limited to Mondays and Tuesdays; the reason for excluding mornings and other days of the week is unclear.

Taking the findings into account

Have results been collated by affected groups (as identified in the EIA)?

The engagement report does break down the responses per protected characteristic, as well as across each of the three sites and highlights any key themes raised for any of the protected groups. The revised EIA document also highlights some of the issues raised by people identifying within one or more of the protected characteristics and does suggest some actions of mitigation against the issues raised.

Have the results been accurately reflected in the report?

This report does give a detailed analysis of responses against the questions that were asked. However, it is not clear how the free text answers given at 6, 7 and 8 were analysed, and could have included more detail around the key themes and numbers expressing those views.

Do the recommendations within the report take into account the feedback given in the engagement exercise?

The recommendations within the report do provide a degree of mitigation against the issues raised in the engagement exercise, but many of these centre on more effective communication with patients about the proposed changes, based on the assumption that the proposal will be approved. A more detailed proposal with timescales would be needed to give full assurance that the issues raised by the engagement exercise were being mitigated.

Summary assessment of the engagement

Overall the CCG does feel assured that the engagement exercise itself was extensive and the patients affected were given the opportunity to have their views heard. Given the level of local media and political interest, the engagement exercise was well publicised and the total number of responses received was an acceptable level.

Elements that could have been improved include a stronger case for change describing in more detail the specific local workforce challenges and information detailing what other options had been considered to meet these challenges. A more detailed proposal with timescales would be needed to give full assurance that the issues raised by the engagement exercise were being mitigated.

In light of the issues raised through the engagement and the subsequent proposal to relocate service provision, consideration should be given as to whether the proposal involves a substantial change to NHS services¹ and therefore requires formal consultation. The decision around this should be made alongside the local authority.

External scrutiny

The engagement findings report was presented to the Health and Wellbeing Overview and Scrutiny Commission on 14th June 2019. The commission noted the report and made the following observations and recommendations:

b) The Commission questioned the purpose and value of the engagement exercise as well as the drivers and evidence base for change, and while the Commission recognised there were challenges, including workforce pressures, they did not feel they were able to lend their support to any proposals that would see the closure of the Faith House Practice.

c) The Commission noted that any proposals for service change would be presented to the Hull Clinical Commissioning Group's Primary Care Commissioning Committee on the 28th of June 2019, and asked that the outcome of that meeting, including the detail behind any proposals, confirmation of the Committee's decision, the rationale behind any decision, and timelines going forward, be presented to the Health Scrutiny Commission in July 2019.

The full engagement report is attached as Appendix 2.

¹ Change of site from which services are delivered, with its consequent impact on patient, relative and visitor travel time, even with no changes to the services provided, would normally be a substantial change and would therefore trigger the duty to consult the local authority and would be likely to require public consultation.
NHS England Guidance: Planning, assuring and delivering service change for patients

5 PROPOSAL TO RELOCATE AND CONSOLIDATE SERVICES

Following the engagement work Modality Partnership Hull has considered and analysed the responses received and prepared a report for consideration by the Primary Care Commissioning Committee which proposes relocation and consolidation of services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery.

The report is attached as Appendix 3

6 RECOMMENDATIONS

The Committee is asked to consider the report submitted by Modality Partnership Hull and also consider, in the light of this report, their request to relocate and consolidate GP services currently provided at Faith House to Alexandra Health Centre and New Hall Surgery from 1st August 2019.

In so doing the Committee would need to be assured that the recommendations drawn from the engagement feedback have been given due regard i.e. properly considered in the development of the proposal; and that any issues or concerns are appropriately mitigated.

The Committee needs to consider if the proposed change constitutes a substantial variation and therefore triggers the duty to consult with the local authority and requires public consultation.