Wearside GP
Practice Closure
1. Introduction

Local Healthwatch teams have been set up across England to create a strong, independent, consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities, in influencing local health and social care services, in order to better meet their needs
- Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Sunderland is responsible for ensuring Sunderland people have a voice in the planning, commissioning and delivery of health and social care services, and has a scrutiny and challenge function in relation to local commissioners and providers.

2. Background

NHS England informed Healthwatch Sunderland on 18th July 2014 that Wearside GP Practice was under consideration for closure. Initial feedback from patients at the practice indicated that the patients impacted by these proposals were concerned around the need for closure; there was a strong community spirit and the practice was held in high regard.

Healthwatch Sunderland Team supported Wearside GP practice service users through the consultation period by:

- One to one sessions early August
- Writing to NHS England Area Team requesting clarification and supporting evidence around rationale for closure
- Attending the consultation days held by NHS England Area Team.

As a result of our involvement and research, Healthwatch Sunderland provide the following feedback and recommendations to NHS England Area Team, for any future consultations and proposed changes to service offerings in the Sunderland area.

3. Policies and Procedures

The main reference document throughout this report is the NHS England standard operating policy and procedures; ‘Managing the end of time-limited contracts for primary medical services’ June 2013.

This document outlines that planning should commence between 9 and 15 months prior to contract end, with key stages and essential processes clearly defined. It highlights that NHS England Area Teams should ensure that all appropriate stakeholders are given the opportunity to input into the proposed
changes, given the needs of the local population. The document advises that a full assessment includes, but is not limited to:

- Needs assessment
- Value for money assessment
- Impact assessment
- Consultation proposal.

NHS England operating policy is then to use the information obtained via the above assessments to enable the Area Team to make an informed commissioning decision on whether to commission, procure or allow the service to end. The Area Team must develop a detailed report about the investigations undertaken, consultation and outcomes, thus demonstrating that all possible options have been considered and outlining the rationale behind the final decision.

In the case of the Wearside GP Practice closure, Healthwatch Sunderland has no evidence that these procedures were followed. In this instance communication with stakeholders commenced in July for a closure in September, with no supporting documentation being provided. Supporting evidence was requested by Healthwatch Sunderland in a letter to the Area Team on 12th August, but to date this has not been provided.

Sunderland Healthwatch recommends that NHS England policies and procedures are followed, and the findings are shared with stakeholders to enable informed decision making.

4. Scrutiny

Previous closures in the Sunderland area have been referred to the Scrutiny Committee prior to closure. Scrutiny is responsible for ensuring that decisions relating to the planning and delivery of health care are accountable to residents. This includes the statutory responsibility on health bodies to consult health scrutiny on proposals for variations to the local health service.

Sunderland ‘ways of working protocols’ inform that decision takers should ensure that Scrutiny is informed of and able to effectively scrutinise key decisions of organisations including NHS England.

There is no account of Wearside GP practice proposals being considered by Scrutiny.

Sunderland Healthwatch recommends greater transparency around whether or not a change is eligible to be assessed by Scrutiny.
5. Consultation

NHS England have various supporting documents on consultation. In particular the good practice guide, ‘Planning and delivering service changes for patients’ outlines the principles of effective consultation. Healthwatch Sunderland are keen to support this area and work with the NHS England Area Team in future consultations impacting the local people of Sunderland.

In particular, good practice suggests consultations should begin when proposals are still at a formative stage; the NHS Act requires public involvement in ‘the development and consideration of proposals’. APMS time limited contracts, such as Wearside GP Practice, are a perfect example where potential end dates are known well in advance and effective, meaningful consultation can take place.

The following is specific feedback from patients, practice staff, Healthwatch staff and interested parties such as local councillors, highlighting areas of concern regarding the robustness of the Wearside GP Practice consultation event on 15th and 18th August.

- The consultation period was short, and during peak holiday period. Communication was sent to patients impacted after the consultation period had started, shortening the period even further.
- The consultation event was notified at a late stage in the consultation period to Wearside GP practice staff, and was not publicised directly to patients, excluding many who would otherwise have taken part. The key to successful planning of consultation is to have a fully inclusive approach so that no section of the community is left out or disadvantaged by the method of consulting.
- The room within the practice used for the ‘one to ones’ was not ideal as it was small, cramped and quite hot. Some patients remarked that the experience was intimidating as they had to sit facing two people in the confines of such a small room. A number of patients remarked that they would have preferred a group session where they felt they would have been more confident. Some patients expressed frustration that no response form was included in the letter and that the Survey Monkey website was difficult to access.
- The sessions held on the 15th and 18th August were specifically for those patients / service users who requested them. However, not all patients were made aware that this was an option as it was not included in the initial letter sent out by NHS England dated 21 July 2014 (Review of Alternative Provider Medical Services (APMS) in Sunderland). This situation could have been avoided by offering to hold a consultation event or ‘drop-in’ at the beginning of the consultation period, details of which could have been included within the initial letter. This would have given the patients more choice about how they could be more meaningfully involved in the consultation and it would also recognise the
diversity of the patients and service users. Instead, some patients thought the consultation process and time frame involved was unhelpful and that the proposal to close the practice was already a ‘done deal’

- People being consulted need to be confident that they have enough knowledge about the issue in question before they can make an informed decision. The time frame between 21 July 2014 (date of letter Review of Alternative Provider Medical Services (APMS) in Sunderland) and the end of the consultation period, 15 August, was very tight and patients could have been given the opportunity to get further information and then prepare questions they would like to ask. For example, some residents were unclear about the process of registering with another practice. If events were pre planned these questions could have been answered and patients reassured

- A series of drop-in events could have been arranged at neutral but accessible venues within the vicinity of the practice. The events should be held at times so as to accommodate all of the patients for example, day time and early evening (so that people who work or young people attending school or college can attend). Recommended times for these sessions could be 3pm - 7pm. This time slot would give everyone the opportunity to attend and engage adequately with the process

- Workshops and ‘drop-ins’ have been identified as good practice when carrying out meaningful and inclusive consultation with communities and Healthwatch Sunderland would strongly recommend that this is something NHS England should consider when carrying out any further consultations in Sunderland

- The outcome of the consultation was not provided to stakeholders to aid understanding regarding how consultation and patient feedback informed the final decision.

6. Closure Decision and Communication

The factors which converted the proposed closure into a definite closure were not communicated to stakeholders or patients. This leaves the process open to suggestions that a decision had already been made, and that any consultation activity was not taken into account. In line with NHS England procedures, a final report should have been made available, outlining the information which supported the closure, and what options were considered and rejected, providing fact based rationale.

Patients were communicated to on the 3rd September 2014, advising that they needed to register with a new Practice by 26th September 2014. This timeframe was extremely tight, and avoidable had the operating procedures referred to previously, been adhered to.

The letter to patients provided no ‘help desk’ or contact number for any queries around the closure. Patient feedback received by the Healthwatch
team, advises that staff at NHS England refused to take calls from members of the public, advising them that they could only be accessed via email. It is essential that in any changes, but especially a change as fundamental as the closure of a GP Practice, a process which allows communication from those affected is in place.

The telephone number of Healthwatch Sunderland was provided in the letter without the prior knowledge or consent of the Healthwatch team. This led to confusion and misinterpretation of the nature of Healthwatch as consumer champion.

All patients were issued the advice of closure letter, including those who are considered vulnerable, frail, and would need help in registering with a new GP Practice. Different groups such as elderly people, people with mental health issues, people with learning disabilities etc. all have different needs, and each group received the same standard letter. Although NHS England did work with Practice staff to identify those who would need support through the registration process, this was too late to avoid anxiety caused by the receipt of the letter.

The letter was 9 pages long, and included a list of over 50 Practices where patients could register. It was very confusing to some patients, and provided no information about the Practices other than contact information. Only a small number of Practices on the list had received communication from NHS England regarding the closure, and patients have provided details where they have been refused acceptance.

7. Summary

In summary, the findings and recommendations are:

- Stakeholders were not provided with sufficient information upon which to make an informed decision. Healthwatch Sunderland propose to have discussions with NHS England Area Team to understand how this can be remedied in future, in line with the advice on provision of required documentation and reports within ‘Managing the end of time limited contracts for primary medical services’

- Patients were not provided with adequate consultation opportunities. Consultation good practice is set out in the NHS England document ‘Planning and delivering service changes for patients’. The protocols outlined in this document, would have given the patients impacted by these changes an opportunity for their input to be considered. Healthwatch Sunderland proposes discussion with the NHS England Area Team to agree future ways of working to support effective consultation.

- Patients were not provided with sufficient information upon which to make an informed choice of a new GP practice. Summary information regarding opening times, quality information (e.g. telephone answering
times) and clinical information (e.g. QOF data) should be provided in a user friendly format to patients, to allow them to make an informed decision upon which they can base their choice of new practice. NHS England advise in their stakeholder document that this research has already been undertaken in arriving at the decision to close the practice, so the provision of this information does not represent any additional work for the Area Team.

- Communication of the closure and subsequent support was poor, and did not consider the differing needs of such a large patient group. The provision of this feedback to NHS England Area Team will support improved communication for future changes.

8. Conclusion

Healthwatch Sunderland is keen to work with NHS England moving forward, ensuring the best outcomes for the population of Sunderland, and welcomes the offer of a meeting with the Director of Commissioning, NHS England Area Team, to agree future ways of working.

It is understood that other practices in the Sunderland area are at risk of closure, and Healthwatch Sunderland are committed to ensuring there is a robust consultation process, with greater transparency around decision making which puts the patient at the heart of service changes.