

Alwoodley Medical Centre application to close branch surgery at Adel - independent review of involvement

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Purpose of the report

This report considers the legal and policy context around the public involvement activities and the outputs in relation to Alwoodley Medical Centre’s application to NHS Leeds Clinical Commissioning Group to close its branch surgery at Adel.

It considers the communications and engagement activities carried out by Alwoodley Medical Centre in relation to best practice approaches for involvement for service change.

The report has been conducted by an experienced, impartial involvement practitioner, however it does not replace legal advice and it’s always recommended that independent legal advice should be sought as appropriate.

Background

In February 2020, Alwoodley Medical Centre was given permission by NHS Leeds Clinical Commissioning Group to start a period of engagement with a view to closing their branch Surgery at Adel. The practice commenced their engagement on the 24th February 2020 and was due to finish on 5th April 2020.

However, due to the Covid-19 situation, the engagement period was extended to the end of June, and due to the constraints of not being able to meet in public, an online public engagement event was arranged for the practice to outline the plans and also to accept questions from members of the public. Patients could also propose question in advance of the meeting to ensure that themes were covered.

Legal and policy context for involvement

Duty to involve

NHS commissioners have a statutory duty to secure that individuals to whom current or potential future services are being or may be provided are “involved in the development and consideration of proposals [for changes] where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them [at the point where the services are received by users].”¹ The legislation states service users may be involved by “being consulted or provided with information or in other ways”.

The purpose of involvement is to inform key stakeholders (in this case patients) of the issues and the proposal to close, but before that decision is made to gather feedback in the key issues, impacts and other comments so they can be taken into account by the provider in developing their business case. This in turn helps to make more informed decisions and intelligence gained will assist in a better mobilisation of the decision.

GP engagement and consultation duty

The s.14Z2 duty to involve the public is a non-delegable duty, meaning the CCG is responsible in law for ensuring adequate public involvement is undertaken, even if the carrying out of the public involvement is delegated to the contractor through contractual obligations and NHS England guidance.

Pursuant to the 2017 version of the NHS England Primary Medical Care Policy Guidance Manual (the “Manual”)² the contractor is expected to carry out public involvement where it instigates branch closure, and that it should adhere to the processes set out in the various policy documents listed at para 7.15.24 when doing so.

However, the Manual and other policy documents are “mere guidance” and they do not create a new legal duty or transfer the existing legal duty to undertake public involvement to the contractor. This means that the provider is actually undertaking public involvement activities on behalf of the CCG, since the CCG has the legal duty, not the contractor. It also means that if the contractor fails to undertake adequate public involvement, then whilst it may be in breach of its contract, it will be the commissioner that is in breach of the statutory duty to involve the public. The Manual picks this up at paragraph 7.15.9 where it says as follows:

¹ S13Q & 14Z2 National Health Service Act 2006 as amended Health and Social Care Act 2012

² <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

“Even though the closure is being instigated by the contractor, the Commissioner will still need to comply with the s.13Q [for CCG’s s.14Z2] duty to involve patients in decision-making before any final decision is made.”

And at 7.15.21 where it states:

“However, ultimately it is the Commissioner’s responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor.”

It is for these reasons the Manual sets out at 7.15.10 onwards a collaborative process for reviewing the proposed closure’s impact on primary care services in the area, starting with commissioner-led open dialogue followed by further public involvement undertaken by the contractor, but with commissioner oversight/input. The relevant paragraphs from the Manual are in the main those preceding paras 7.15.14 – 7.15.15.

Whilst the CCG and NHS England do not want to be seen to ‘undertake the engagement on behalf of the provider’ and so to act contrary to NHS England’s own guidance, the guidance envisages the commissioner having a much more significant role in the overall engagement process than has been had here to date.

If it chooses, the CCG could run any further engagement through the contractor, having the contractor plan, conduct and report the outcome of the engagement activity. The CCG may feel this is more in line with the process the Manual sets out than if it were to “take over” the engagement exercise.

Ultimately however the CCG chooses to approach the engagement, it must have adequate involvement and control over the process (even if it is delegated to the provider to discharge) to ensure that it is fair and proportionate and that it is adequate to enable the CCG to discharge its s.14Z2 “duty to involve the public” and other statutory duties (as regards Public Service Equality Duty and reducing health inequalities).

Alwoodley Involvement activity

In line with best practice public engagement, Alwoodley Medical Centre developed a communications and involvement plan in relation to the proposal to close Adel Branch surgery.

The principles of the plan were in line with expectations set out by NHS Leeds CCG in its Engagement Plan Template, which also mirrors the requirements set out by NHS England in support of the statutory duty to involve patients and the public in service change.

The plan set out overarching principles for involvement, the table below sets the principles out and how Alwoodley Medical Centre has met these principles in the engagement and communications planning, delivery and reporting around Adel Branch Surgery proposal to close.

NHS Leeds CCG – engagement plan template – involvement principles and advice – in relation to Alwoodley Practice’s involvement planning and delivery

Involvement Principle	Alwoodley activity
<p>Involve your Engagement team and/or PPG (Patient Participation Group)</p> <p>Advice If you are a commissioner or practice manager, speak to the engagement team at the earliest opportunity so that you can assess the scale and impact of the change. For changes at a GP practice, the PPG should be involved at the earliest stage and</p>	<p>The practice sought advice from NHS Leeds CCG which has supported the practice with involvement guidance, access to specialised independent suppliers for engagement, as well as discharging the requirement to inform the Leeds Scrutiny Committee (Adults, Health and Active Lifestyles).</p> <p>The practice developed its involvement plan in line with the CCG best practice template and actively sought the involvement of the practice participation group (PPG) who fed back on the planning, survey development and findings.</p> <p>The PPG took part in the on-line engagement session and will take forward elements of the engagement findings such as communications around travel and transport etc</p>

<p>before the proposal is shared with the CCG.</p> <p>The PPG should be kept informed and involved throughout the process.</p>	
<p>Leave enough time</p> <p>Advice The length of time you need to plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> • the scale of the change • the impact on members of the public/patients (especially those from 'seldom heard' groups) • other factors such as political 	<p>The timescales from the original plan were a reasonable six weeks from 24th February 2020 to 5th April 2020. In line with best practice, this changed to take into account the engagement interruption as a result of COVID-19 – and provided more time to get patients involved – and plan an alternative engagement session via Zoom to take into account social distancing policy.</p> <p>Equality impact review was carried out and used to understand the patient population – data monitoring was collected on both the survey and event registration to help understand who was reached.</p> <p>The practice considered different stakeholder groups including local elected members, member of parliament and worked with the CCG to involve these.</p>

interest.	
<p>Consider levels of influence</p> <p>Advice Be clear about what is changing and what people can actually influence.</p>	<p>The communications materials set out clearly that the practice wished to close the branch surgery (for reasons set out in the communications) but before they made an application to the CCG they wished to understand from patients their questions, issues and concerns.</p>
<p>Make the engagement accessible</p> <p>Advice</p> <ul style="list-style-type: none"> • You will need to demonstrate that you have made your engagement accessible to people from different communities. • Provide information in alternative formats when requested such as easyread. • Use different 	<p>Dedicated website pages on the practice website https://www.alwoodleymedicalcentre.co.uk/adel-engagement</p> <p>Survey A paper engagement document sent with a covering letter to all 7652 households Paper surveys available in waiting rooms/reception areas at both sites Text messages to patients with a link to the engagement document and the on line survey The engagement document available in alternative formats on request. The feedback report was published in the website and made available within the surgery. https://www.alwoodleymedicalcentre.co.uk/images/AdelClosure/Adel_initial_engagement_report.pdf</p> <p>Engagement event A dedicated briefing was developed to explain the change in circumstances https://www.alwoodleymedicalcentre.co.uk/images/AdelClosure/Adel_online_engagement_background.pdf All patients were contacted via email or post (depending on data held) and reminders sent via SMS message and invited The practice proactively asked for questions in advance and tailored the presentation for the event to the issues people who registered were most concerned about Zoom allowed people to join by telephone The recording was published on-line afterwards for people who could not joint to access later: https://www.youtube.com/watch?v=HfCmoYgo3Ts A transcript of the event was also made available:</p>

<p>methods to engage such as drop-ins, paper surveys, online surveys.</p>	<p>https://www.alwoodleymedicalcentre.co.uk/images/Meeting_transcript.pdf</p>
<p>Feedback ‘you said, we did’ Feeding back the findings of the engagement and demonstrating what difference people’s feedback has made is an essential part of the engagement process. You should write a brief report and outline ‘<i>you said, we did</i>’.</p>	<p>Published ‘you said we are doing’ response to the issues raised by patients, which has been incorporated into the application for closure.</p> <p>Frequently asked questions and answers were developed and posted on the dedicated website https://www.alwoodleymedicalcentre.co.uk/images/Adel_FAQ_20200610.pdf</p>

Compliance of involvement duties to date

There is clear evidence of the CCG entering into open dialogue about the proposed closure and the future of primary care services in the area, for example attendance at a joint meeting with the practice to discuss the issues with local elected members at the outset in July 2019, as well as holding on-going discussions with the practice on how it goes about discharging the requirement for patient involvement.

This included supporting the practice with access to independent suppliers for survey development and analysis, and for public event planning, delivery and reporting. Supporting the practice with links and contacts for elected members and MPs, providing briefing to Health Overview and Scrutiny.

There are a range of supporting papers and evidence to demonstrate a high level of planning, consideration and operational delivery of the involvement activity. These are compliant to NHS Leeds CCG's own process set out in their engagement plan template and guidance – as shown in table one.

There is clear evidence on how involvement activity and the feedback gained from it has influenced key elements/conditions in relation to the closure proposal.

These include:

Travel and transport

Noted that there were issues for some patients who could not directly access the Alwoodley site, due the lack of a direct bus route from Adel to Alwoodley. As part of the recommendation to close the site, it was asked that they practice look into how they could support patients around transport. It is noted that there is an access bus, that patients can use and the practice might want to share further information on how patients can access this service, along with working with the CCG Primary Care Commissioning team as to how this may be supported.

Pharmacy on the Adel site

It was also recommended that there is a commissioner discussion with Community Pharmacy West Yorkshire, to ascertain what services the pharmacy may be able to offer patients of the Adel Community. The practice will be asked to look to understand how many patients solely use the site to see if there are any further needs that they may need to be addressed for them to access primary care services from the practice.

Patient choice

For patients who do choose to register with another practice, other local practices, which include Ireland Wood, High Field, Burton Croft and Abbey Grange, have indicated that they have capacity to take on new patients if the branch were to close and patients wanted to register elsewhere. The practice should provide patients with information on how they may go about changing to another local practice.

Conclusion

In relation to discharging duties to involve, there is a clear audit trail and evidence of planned, targeted, transparent and proportionate involvement activities taking place, feedback being gathered, information supplied in response and key issues identified from the involvement being incorporated into the proposal to close the branch at Adel.

There is evidence of good practice and a clear regard for the duty to involve patients in the proposal to close the Adel branch surgery for the all the reasons stated in the communications prepared by the practice.

The on-going challenge for NHS organisations is managing public and stakeholder expectations and the perception that involvement is a referendum on a decision, rather than a mechanism to better understand the issues and potential impacts in order to inform decision making.

It's recommended that the PCCC ensures the practice continues with a clear communications plan to provide patients with information about the issues identified in particular around transport, pharmacy and their right to choose another GP practice should they wish.

03-8-2020

Report Author: Caroline Latta, independent involvement practitioner

Equality Impact Assessment

Title of policy or service:	Proposed Closure of Adel Surgery
Name and role of officer/s completing the assessment:	Jayne Tait
Date of assessment:	03/02/2020

1. Outline	
Give a brief summary of your policy or service	Alwoodley Medical Centre has applied to NHS Leeds CCG to close their branch surgery in Adel.
What outcomes do you want to achieve	Patients who currently use Adel surgery will continue to be registered with Alwoodley Medical Centre and will benefit from access to a wider clinical team, extended opening hours and a wider selection of appointments. Our proposal to close the branch at Adel will mean that our clinical team will be based on one site, reducing the need to travel across both sites as well as ensuring we have access to a wider team at one site.
Give details of evidence, data or research used to inform the analysis of impact	The practice already holds data relating to the demographics of its patient population. Information will also be gathered from a patient survey during the engagement period that will help us identify any areas of concern for any particular patient groups. This data will also help the CCG for future planning of services to closely meet local need.
Give details of all consultation and engagement activities used to inform the analysis of impact	<p>Formal engagement will take place from Monday 24 February and close on Monday 5 April 2020. All engagement documents including our engagement plan and an electronic version of the survey will be available on our website. We will also print a small number of surveys and engagement documents to help those who do not have access to a computer or don't have the confidence to use digital tools.</p> <p>A letter will be sent to ALL households, where at least one patient is registered with the practice, explaining the proposal and the engagement process. The letter will include details of the practice's website where people can complete the survey online or ask people to pick up a paper copy from the practice. In addition we'll send a</p>

	<p>text message out with a link to our website, using a service called mjog, to all patients where we have their up-to-date mobile phone number. We will also be holding two public events to give people a chance to hear more about our proposal and have the opportunity to ask questions. All questions and answers will be noted and included in the final engagement report. Finally we'll ensure that all stakeholders, such as elected members, are made aware of the engagement and how people can share their views.</p> <p>Once our engagement is complete we'll carry out an analysis before writing a report of our findings. This will include identifying any issues that could affect those with one or more protected characteristics as well as any other patient groups.</p>
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2. Gathering of Information					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elderly patients who cannot drive or who are unable to get out of their own homes. There is no direct public	Patients who are unable to get out of their own home will see no change as they will still be visited in

				transport link to Alwoodley from Adel. Lack of availability of public transport could affect other patients too and this has been acknowledged below.	their homes. We refer to these patients as housebound.
Carers	<input type="checkbox"/>	<input type="checkbox"/>	√	Potential negative impact on carers as they may have to travel further to access medical services meaning that they have to be away from their dependent for longer, or travel in a car / further if they are bringing their dependent to Alwoodley surgery	We are offering patients and carers the option to register with a practice closer to home if travelling is not possible.
Disability (please consider disability such as physical, hearing, visual impairment, mental health etc.)	<input type="checkbox"/>	√	<input type="checkbox"/>	Adel Surgery is not easily accessible for wheelchairs or those with physical disabilities. But we believe there will be a neutral impact rather than negative. Patients will have to travel but at present, Adel surgery is not DDA compliant.	Alwoodley has disabled parking, wheelchair accessible waiting room and consulting rooms. We are offering patients and carers the option to register with a practice closer to home if travelling is not possible

Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alwoodley Medical Centre has a midwifery service 4 days a week.	
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups – people requiring end of life care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		We are aware of the need to provide dignified, sensitive and respectful care for people at the end of their lives. We'll continue to provide support for those nearing the end of life.
Other relevant groups – people who don't have access to a car	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		There's no direct bus route from Adel Surgery to Alwoodley Medical Practice

IMPORTANT NOTE: If any of the above results in '**negative**' impact, a '**full**' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer these to the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
There is no direct public transport link to Alwoodley from Adel.	Option to register with alternative local practices for patients who may not be able to travel to Alwoodley.	We'll use feedback from the engagement as well as patient data to see if any patients have taken the decision to register with another local practice	February 2020 – 5 April 2020 for patient feedback Ongoing to monitor take up of registration at other practices	

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	