

**Report of Findings on the pre-consultation engagement  
of  
APMS (Alternative Primary Medical Services) contracts  
in Calderdale**

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## **1. Purpose of the report**

The purpose of the ‘Pre-consultation Engagement’ report is to present the findings from the engagement process. The report describes the background to the services currently provided under the APMS contract, the legislation the CCG have to work to when considering any service design, development or proposal and what people have already told us they want from GP services in Calderdale.

The findings from the engagement are reported by each APMS practice under the heading of each of the providers. The equality considerations are also reported in this way. By disaggregating the data to each practice location it will allow for consideration by locality as well as practice population.

## **2. Background to APMS contracts**

The CCG has commissioned (funded) 2 local GP practices on an Alternative Primary Medical Service (APMS) contracts. An APMS contract is a contract that can be used to increase GP services in areas that do not have enough regular GP cover. These contracts often cost more than standard primary care contracts. Calderdale have had these APMS contracts in place for some time and the costs are rising. Until 2015 these contracts have been managed by NHS England (NHSE). In the years since the CCG has taken on the contracts we have supported the existing providers and extended contracts to ensure alignment with CCG strategy. Following conversations with the existing providers we have come to the conclusion that the continued provision of services in their current arrangement is not sustainable or affordable. These contracts do not, and we believe will never constitute value for the Calderdale pound and we believe that it would be better to spend that money differently on providing General Medical services.

APMS contracts are different to regular GP contracts and can be run by commercial organisations. However both regular and APMS contracts have the same clinical and quality standards.

Due to a shortage of clinical staff, a rise in the use locum GPs and not enough interest from providers to deliver services at a lower cost means that the CCG feels that APMS contracts are not value for money. APMS contracts can cost nearly twice that of a regular GP contract.

The CCG wants to make sure that the patients of these practices get the GP services they need, and that the money spent on these contracts is used to make existing GP services work better for everyone.

In addition the NHS long term plan is a new plan for the NHS to improve the quality of patient care and health outcomes. This plan includes measures to improve out of hospital care and provide stronger community and primary care services.

This means that GP practices will start to work together to support larger populations of 30-50,000 people to develop services. Practices will still maintain their own patient lists

but look at how they can work together to deliver services that meet the needs of a wider group of patients across wider geographical areas.

APMS contracts were originally put in place by Primary Care Trusts (PCTs) in areas where GP services were lacking or needed. NHS Calderdale CCG (CCCG) currently commission GP services from the practices under an APMS contract in Calderdale. There are two practices under this contract and they are:

- Meadow Dale Group Practice (Virgin Care), who have practices in:
  - Ovenden
  - Elland
  - Sowerby Bridge
- Park and Calder Community Practice (Locala), who have practices in :
  - Park Community, Central Halifax
  - Calder Community, Todmorden

### **3. Legislation**

#### **Health and Social Care Act 2012**

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements 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, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

#### **The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must

have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so partners will need to be assured that “due regard” has been paid through the delivery of engagement activity and in the review as a whole.

### **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

## **4. Principles for Engagement**

In addition to the legislation NHS Calderdale CCG has a ‘Patient Engagement and Experience Strategy’. This strategy has been developed alongside key stakeholders. The strategy set out our approach to engagement and what the public can expect when we deliver any engagement activity. The principles state that we will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The strategy sets out what the public can reasonably expect us to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

## **5. What Engagement has already taken place?**

There has been a vast amount of engagement on primary care services over the past 5 years. This intelligence will be useful when considering general primary care services particularly in the establishment of Primary Care Networks (PCNs) which will consist of a grouping of GP practices within a geographical area, typically covering a population of 30,000 -50,000 patients.

However, whilst this is useful there is still a requirement to gather the views of stakeholders on an individual practice basis to ensure that any individual service change is considered separately. The findings from this can be further used in the wider context of system change.

The primary care intelligence we already hold is from the following programmes of work:

**June – September 2014 Engagement on ‘Calderdale CCG Commissioning Intentions’:** In June 2014 Calderdale CCG engaged with local people on the commissioning intentions for Calderdale. As part of this engagement the CCG received over 1,000 responses. Using the intelligence from this engagement there were a number of themes emerging which related directly to primary care.

**April – September 2015 Engagement on Primary Care Services:** In April 2015 Calderdale CCG worked with the local patient reference group network ‘Calderdale Health Forum’ to engage with practice representatives on primary care services. Following this conversation the CCG further engaged Calderdale ‘Disability Partnership’ and the voluntary and community sector using VAC Engagement Champions.

The findings from this engagement provided the CCG with a number of key areas for the CCG to consider in the development of a primary care strategy for Calderdale. We asked

- ‘What does good like?’
- ‘What services could be provided in GP practices?’ and
- ‘What specific services would best meet the needs of our local communities?’

**November 2015 – February 2016 continued Engagement on Primary Care Services:** Following on from the initial engagement with people on primary care we continued our engagement using our local community assets ‘Engagement Champions’ to deliver conversations with local communities as part of their training to become a community asset. We received a further 433 responses to the engagement from a range of groups representing different people across the local area.

**December 2016 - Right Care, Right Time, Right Place Calderdale and Greater Huddersfield:** The report is a summary of findings from all engagement and pre-engagement with public, patients, carers and staff which was delivered from the period March 2013 to December 2015. The aim of the report is to catalogue engagement activity, use the information collectively to understand what people are telling us about local NHS services in Calderdale and Greater Huddersfield, and use the key messages to support any future service models for hospital services and care closer to home.

**March 2017 - West Yorkshire and Harrogate Health and Care Partnership:** An engagement and consultation mapping report has been produced by the West Yorkshire and Harrogate Health and Care Partnership. The report presents the findings from all relevant engagement and consultation activity which has taken place during April 2012 to February 2017, across Calderdale, Bradford, Harrogate, Kirklees, Leeds and Wakefield. Within the report is a section on Primary and community services.

**November 2017 - Findings from the engagement on improving access to GP services:** In total we received feedback on the engagement from **1,489** respondents who completed a survey on how extended access could be delivered in Calderdale.

**The key overarching themes from all this engagement are as follows:**

- People wanted to see extended opening hours in GP practices, including evenings and weekend access.
- People felt that GP practices should be central to the delivery of 'Care Closer Home'.
- Improved access to an appointment including: not having to ring at a set time to book an appointment, same day appointments for urgent care, weekend and evening appointments, longer appointments for people with a learning disability.
- More hospital services closer to home and in a GP practice setting including: podiatrists, surgical procedures, X rays, physiotherapists, nutritionists, mental health team and outpatients.
- Caring and helpful staff that are well trained and are representative of the community they serve.
- More additional support in GP practices including: voluntary and community group presence and sign posting. Additional services such as alternative therapies and counsellors.
- Improved communication and information including: clear signposting to other support services, access to IT equipment to support online services, translator and interpreter services available, access to health education to support self-management.
- Considering the needs of people with a disability including access to buildings, information and signage.

These key themes can be considered when designing or planning future primary care services.

## **6. Methodology**

The APMS contracts are provided by 2 service providers. This meant that the CCG had to reach patients of the practices with support of both providers. The pre-consultation engagement wanted to gather the views of:

- Patients of the practice
- Families and carers
- Staff
- Local councillors and MPs
- Other primary care services operating in the same geographical area including pharmacy services and other neighbouring GP practices.

A plan set out our approach for engaging and communicating with each of the target audiences (see appendix 1). The approach is set out below:

**Review of existing data:** The CCG will conduct a desk top review of any existing data gathered from service users over the last 2 years this would include:

- PALS and complaints data
- Patient Opinion and NHS Choices postings
- Friends and family test feedback

- Any previous engagement activity undertaken by the practice

**Survey** (both online and paper format): A survey which has been informed and developed using the key themes already gathered through engagement with local people on primary care. The paper surveys were made available in each practice location.

**Poster in practice waiting area:** A number of posters were placed in each of the practice locations. The poster promoted the engagement and provide a QR code which when scanned by a mobile telephone could provide direct access to the online survey.

**Engagement launch:** The website for each GP practice and CCG website promoted the engagement and included an online survey link (including a pdf survey to download and complete on the website). The website has 'Browsealoud' which enables information to be formatted into audio, various text sizes and languages.

**Text message:** Every patient who could be reached by text received 2 notifications of the engagement which directed to the website.

**A letter:** A letter promoting the engagement was sent to all patients who could not be reached by text. A letter was also sent to the following stakeholders:

- Elected members / MP'S & Councillors
- Neighbouring GP practices / Pharmacy

The contact details for the CCG were promoted for any patients who wanted to have surveys directly sent to their home address or to log any requests for information in a different format. The CCG held a central log to record these requests.

## 7. Findings from Engagement

The CCG in total received **798** surveys from the pre-consultation engagement. The findings from the engagement process are set out below with more detail under each of the provider headings.

### Q1. Those responding told us they live in the following areas:

Please tell us the first part of your postcode (select from the drop down list)			
Answer Choice	Response Percent	Response Total	
1 HX1	4.8%	37	
2 HX2	8.0%	62	
3 HX3	7.3%	56	
4 HX4	1.2%	9	
5 HX5	7.4%	57	
6 HX6	18.3%	141	
7 HX7	1.2%	9	
8 HD6	1.2%	9	
9 OL14	50.7%	391	
10 Other postcode (not listed - please state)	0.0%	0	
Other postcode (not listed - please state)		55	
	<b>answered</b>	<b>771</b>	
	<b>skipped</b>	<b>27</b>	

For other postcodes 34 in total most people had added the last three digits of the postcode and/or the full postcode. This may result in an additional;

- 6 postcodes for OL14
- 2 for HD2
- 1 each for HX1, HX3, HX5
- 1 for BD10

### Q2. People told us they were answering the survey as;

The majority of respondents to the survey are patients. We received 12 responses to 'other' people told us:

- Manager of Age Concern
- MP for Calder Valley
- Also, Todmorden Health Centre Champion
- Wife of patient in a Care Home
- Family of resident
- Retired GP and Consultant in PG Education
- Teenager

- Interested party
- Parent of patient
- Worker
- I am a patient and carer of my husband and mother in law we live together
- Staff

**Q3. People told us the premises they use now are;**

Which premises do you go to now? (tick all that apply)		
Answer Choice	Response Percent	Response Total
1 Meadow Dale, Ovenden	10.9%	85
2 Meadow Dale, Elland	16.7%	130
3 Meadow Dale, Sowerby Bridge	26.4%	206
4 Park Community, Central Halifax	9.1%	71
5 Calder Community, Todmorden	52.5%	409
<b>answered</b>		<b>779</b>
<b>skipped</b>		<b>19</b>

Patients could tick more than one location which means the response will not add up to 100%. The practice at Todmorden has the highest return rate at 52.5% of the respondents. Of the Meadow Dale practices, Sowerby Bridge had the highest response rate at 26%.

To provide context the percentage respondents when compared to the practice list size is as follows;

	Respondents from practice
Meadow Dale, Ovenden	8.4%
Meadow Dale, Elland	9.6%
Meadow Dale, Sowerby Bridge	9.6%
Park Community, Central Halifax	2.5%
Calder Community, Todmorden	15.2%

The table shows that the CCG have received a similar number of responses for both providers, with Park and Ovenden receiving fewer responses.

**7.1 Findings from Meadow Dale Group Practice (Virgin Care), who have practices in Ovenden, Elland and Sowerby Bridge. From patients who attend Meadow Dale group practice we received 306 responses in total.**

**Q1. Those responding as patients of Meadow Dale told us they live in the following areas:**

<b>Please tell us the first part of your postcode (select from the drop down list)</b>		
<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>
1 HX1	1.0%	3
2 HX2	15.1%	46
3 HX3	15.1%	46
4 HX4	2.6%	8
5 HX5	18.4%	56
6 HX6	45.4%	138
7 HX7	0.3%	1
8 HD6	2.0%	6
9 OL14	0.0%	0
10 Other postcode (not listed - please state)	0.0%	0
Other postcode (not listed - please state)		21
	<b>answered</b>	<b>304</b>
	<b>skipped</b>	<b>2</b>

The majority of patients responding live in HX6 which covers areas such as Cotton Stones, Boulder Clough, Clough Head, Pike End, Soyland Town, Booth Wood, Sowerby, Norland Town, Pickwood Scar, Mill Bank, Rippenden, Sowerby Bridge, Hubberton Green and Pike Law. HX2, 3 and 5 having a similar number of responses and covering the following areas:

HX2 – Mixenden and Illingworth, Ogden, Warley and surrounding villages  
HX3 – Ovenden, Boothtown, Ovenden, Hipperholme, Lightcliffe, Northowram and Southowram areas  
HX5 – Elland area

**Q2. People told us they were answering the survey as;**

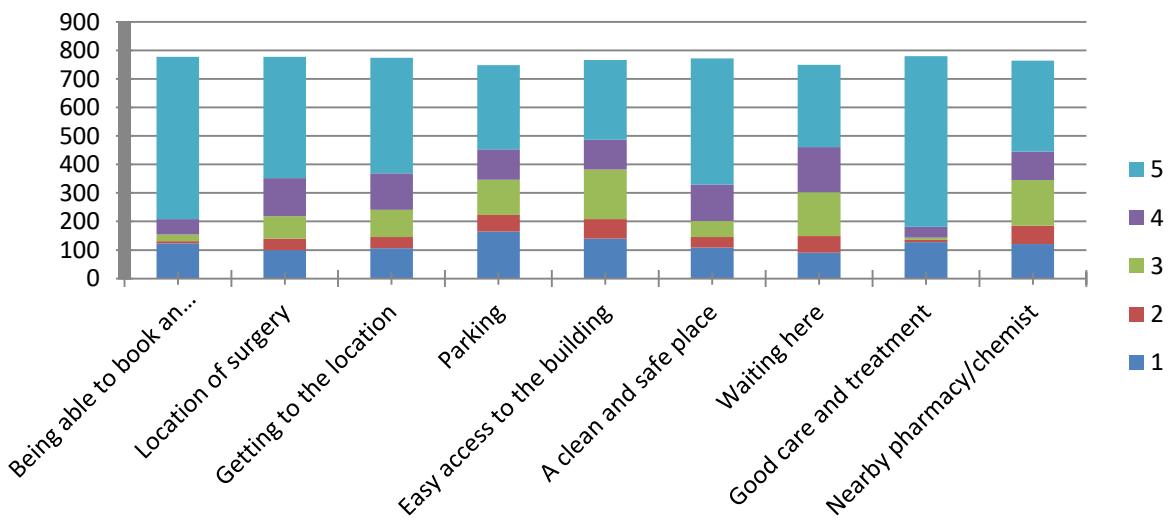
<b>I am answering this survey as</b>		
<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>
1 A patient	97.7%	298
2 A carer	2.6%	8
3 Other (please tell us):	2.0%	6
	<b>answered</b>	<b>305</b>
	<b>skipped</b>	<b>1</b>

**Q3. People told us the premises they use now are;**

Which premises do you go to now? (tick all that apply)			
Answer Choice	Response Percent	Response Total	
1 Meadow Dale, Ovenden	27.8%	85	
2 Meadow Dale, Elland	42.5%	130	
3 Meadow Dale, Sowerby Bridge	67.3%	206	
4 Park Community, Central Halifax	1.0%	3	
5 Calder Community, Todmorden	0.3%	1	
	<b>answered</b>	<b>306</b>	
	<b>skipped</b>	<b>0</b>	

**Q4. Patients were asked to rate services on a scale of 1-5 (with 1 being important and 5 being very important). The findings are set out below:**

When using GP services please rate using the scale 1-5 the things that are most important to you (1 being important) to (5 being very important). Please circle the number on all those that apply to you.



As all aspects of a service are important to patients, patients were asked to rate the areas of importance that they valued the most. The five areas receiving the highest scores are set out below. The areas rated the most important (including numbers of respondents) were:

- Good care and treatment (246)
- Being able to book an appointment (238)
- Location of the surgery (181)

- A clean safe place (175)
- Getting to the location (166)

The number of responses are set out in a table below for reference;

<b>When using GP services please rate using the scale 1-5 the things that are most important to you (1 being important) to (5 being very important). Please circle the number on all those that apply to you.</b>						
<b>Answer Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Response Total</b>
1 Being able to book an appointment	39	4	8	14	238	303
2 Location of surgery	30	18	35	41	181	305
3 Getting to the location	36	16	38	48	166	304
4 Parking	58	17	44	38	127	284
5 Easy access to the building	54	25	61	45	109	294
6 A clean and safe place	39	16	23	45	175	298
7 Waiting here	37	20	54	54	124	289
8 Good care and treatment	43	1	1	13	246	304
9 Nearby pharmacy/chemist	41	23	62	38	131	295
<i>answered</i>						<b>306</b>
<i>skipped</i>						<b>0</b>

**Q5. We asked people how they normally travel to their GP practice, people told us:**

<b>How would you normally travel to your GP practice?</b>			
<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>	
1 Bus/train	5.6%	17	
2 Car	52.5%	160	
3 Taxi	7.2%	22	
4 Access bus	0.3%	1	
5 Cycle	1.0%	3	
6 Walk	30.2%	92	
7 Other (please specify):	3.3%	10	
<i>answered</i>			<b>305</b>
<i>skipped</i>			<b>1</b>

The majority of patients travel by car (52.5%) or walk (30.2%) to the GP practice. For those who stated other, the comments were:

- If visiting Elland I would travel by car as this is convenient to call on way home from work after 6pm
- car, cycle, walk, bus
- I have no access to Dr or practice
- my daughter as to take me in her car as i am disabled
- Have to get wheelchair assisted taxi or get a home visit
- Or parents
- varies
- Disability scooter
- Mobility scooter
- sometimes I might walk

**Q6. We asked how far people were prepared to travel to receive a GP service the results are set out below:**

How far would you be prepared to travel to receive a GP service?			
Answer Choice	Response Percent	Response Total	
1 I would not be able to travel	15.4%	45	
2 I would not be prepared to travel	10.6%	31	
3 Less than one mile	48.6%	142	
4 Between two and five miles	35.3%	103	
5 More than five miles	9.2%	27	
	<b>answered</b>	<b>292</b>	
	<b>skipped</b>	<b>14</b>	

The majority of patients would like to receive a service within one mile. We received a number of additional comments to this question and the findings are set out below:

- For those responding to between two and five miles the majority of respondents wanted a service within a two to three mile range with only a few prepared to travel further (10 in total).
- We received a number of comments from people who stated they would not be able to travel (31 in total). People told us the reasons were;
  - No car
  - Limited mobility or disability
  - Increase in cost (taxi/bus fare)
  - Working full time
  - Medical condition including mental health

## **Quotes:**

*Has mobility disability and cannot travel far*

*I work full time & can't drive*

*I can't travel I have to rely on taxi, cost means closest*

*I cannot get to the other locations. Elland is the perfect location*

*It's difficult as nil mobility and if accessible taxi not available, unable to go.*

*Due to my mental health conditions I would not be able to travel as it causes extreme psychological distress for me. I travel by taxi as this makes it easier and more manageable for me to attend GPs appointments. This is expensive already so travelling further would be too expensive. As a result I would not be able to afford to see a doctor.*

*I have to get taxis, cannot walk*

*As a registered blind person I would not be able to travel without transport & Carers*

*I need a practise I can get to near to home as I work full time and rush as it is to get there in time before it closes*

*As we get older and can no longer drive we would need a surgery which is on a bus route*

*I work full time & work away from home so I need a practice close to home as I can only go on an evening if I'm working at home*

*I do not have transport so have to use public transport being able to walk to my surgery I can estimate my time in getting there*

*As a pensioner cost of travel is important*

*I like to walk if possible. Using a car adds to environmental problems*

*If I don't have access to a car, the only option is to walk.*

*I am classed as disabled and due to anxiety I find travel too much and my current Drs understand my issues*

*Ideally not less than one mile, but I like the convenience of having three surgeries to choose from right now if it means I get seen quicker.*

*If I had to, between two and five miles, but I'd hate it.*

*I would be willing to travel up to 5 miles*

*I would expect this to be replaced with a surgery within Sowerby Bridge*

## **Q7. Finally we asked people to tell us if they had any other comments or concerns that they wanted to share?**

We received 243 responses to this question. The key themes are set out below followed by a selection of quotes:

## **Positive themes on the current service**

- A well delivered professional service
- Late opening times are a bonus and flexibility of appointments out of hours for people who work
- Location of surgeries are rated as good and within walking distance for some
- Positive relationships formed with clinicians to support long term conditions (support for diabetes and mental health were common themes), people have built up good relationships and want them to continue
- Practices starting to engage in wider initiatives such as 'Active Calderdale'
- Meadow Dale offer blood tests
- Sowerby Bridge doctors are praised by patients, patients describe receiving an excellent service from all staff who are caring and responsive
- Small practice offering a personal service and timely appointments, you can always get through on the telephone and receptionists are very helpful
- The direct to pharmacy is a good service
- Good central locations served by public transport, nice quiet surgeries
- People like the flexibility of being seen at other sites

## **Negative themes on the current service**

- Waiting times need improving
- High turnover of staff, locum cover has not provided the standard of service people expect or continuity of care
- 4 comments or stories that the quality of service feels to be declining, with one patient moving to a nearby practice
- Parking facilities are limited for people with poor mobility
- Cannot pre-book appointments, you can only ring on the day
- Staffing of the waiting area could be improved in Ovenden

## **General comments and concerns**

- Concern that other practices will need to absorb patients, comments that other local services are already overstretched – the key theme was getting an appointment and being able to park near the practice
- If the service is removed it would restrict choice in the local area, some patients had moved to the new practice as they were unhappy with another service in the area, mainly from Sowerby Bridge and some Ovenden patients
- Common theme that Sowerby Bridge needs another GP practice
- Choice in Elland is now limited after losing Dr Naz
- People are concerned that money and accounting is more important than patients and a decision has already been made
- There are issues with public transport to access another service if the patient does not drive
- A few patients (5 in total) do not want commercial organisations delivering GP services
- Concerns that the practice is shutting – information was confusing, or not enough information
- Concerns about finding a new GP, or having recently changed GPs now having to change again. Change for some patients will have a big impact on their health or that of a family member

- A few patients have chosen to move from other local practices because they have been unhappy with the service or treatment, this needs to be factored in if choice is removed in the local area
- People want to get through to the practice on the telephone – ringing for an appointment is problematic for people who work. Access is an important factor for people and one of the main reasons for people registering with Meadow Dale in the first place. There is a concern people will revert back to limited access
- People feel the services are much needed and worth the investment and that the NHS should look for savings in other areas and not in reducing GP services
- Services based further away may be harder to get to for some which will increase requests for home visits
- Improvements to supporting people with mental health needs to be factored into a future service
- The most vulnerable patients will be the most affected by change, this includes people who have a low income, live on their own, frail elderly and people who do not have access to a car. People want you to consider those with young children and access to services in the winter months when paths and roads are covered in ice and snow and transport is affected (rural areas cited)
- The closure could result in more people attending A&E as practices have increased workload and appointments are harder to get

#### **Quotes:**

*"Relationships with the GP's have been formed by patients with long term conditions and support provided to families.*

*I live in Ovenden and I would have to walk over a mile to my next GP surgery with my family for GP care.*

*In Ovenden a GP service was closed along Nursery Lane and there is the potential that this service would be removed we would then be restricted to 2 GP practices that are already very busy.*

*Ovenden is an area of depravity, where excellent health care facilities improve people lives and impact on not just people's health but their living standards also.*

*Meadow dale are great. I get my blood tests there too.*

*Struggling to understand what you are consulting on.*

*"I usually walk to the surgery which takes me about 15 min, I also have an 8 year old to think about when travelling to the surgery especially if he is not well.*

*"There are currently only 2 gp practices in Sowerby Bridge. Station Rd is an extremely busy and never signed due to waiting times on appointments. Meadow Dale was our choice due to its location and the fact it has 2 other practices (which I can only attend if taken by car).*

*If the contract with Meadow Dale is not renewed then the local concern would be where are we going to get treatment as Station Rd would not able to cope with potentially 2000*

*extra patients and Brig Royd is 2 buses away from where I live. There needs to be another Surgery in the Sowerby Bridge area as it's quite a large town.*

*Meadow dale is small friendly and most of all easy to see a doctor or nurse when you need to NOT in 3 weeks time it would also be detrimental to all the old and infirm that use the practice."*

*Since moving, I believe I have received a much improved service. I am able to book appointments across surgeries to suit my work/life balance. The administrative staff have always been courteous, but more importantly, they are able to apologise if they (or I) believe this is not the case. I believe they have the patient's best interests at heart over and above their organisations reputational interests."*

*GP surgeries and the NHS are stretched as it is. It is important to keep GP surgeries in the communities, accessible to all.*

*The direct to pharmacy is a good service enabling me to order repeat prescriptions online, and collect from my nearest pharmacy without having to visit the doctors surgery at all*

*The car park at Meadow dale is sometimes very full and that leaves me stuck as I have a balance problem. I need to be able to get near to the door.*

*The letter and this survey are not clear of what it means to patients registered at these practices of the contracts are not renewed. Will they be closed? Where are we then supposed to go?*

*The Receptionists at Sowerby Bridge are exceptional. They go over and above to be courteous and helpful. They will chase things up for you and they ALWAYS ring back. The service provided by the doctors is exactly as it should be. They listen, offer advice, refer when appropriate and follow things up when needed. My father died recently and I needed a note for my employer. The doctor conducted a telephone interview, which helped me in a very stressful situation, was compassionate and I felt supported. When I spoke to other people their response was' Well my doctor would never*

*All other surgeries are overworked with too many patients struggling to get appointments and by closing one you are just adding to the strain and causing more strain on already overworked Drs*

*I leave home for work at 05.30 am and am not back until 18.00 so the current gp opens until 20.00 on a night and Saturday mornings also. This needs to continue as much of the NHS and gp is not set up for workers. This needs to factored in to any service offer.*

*"Cheapest is not always best*

*Recognise that things can't always stay the same. However changes that may be afoot are very unsettling"*

*Travelling outside of my home is something I find difficult so if my nearest gp requires travelling, this will result in zero healthcare access for me.*

*I am happy with this practice and would prefer to stay with them. It would be difficult to travel further and I trust the Drs here."*

*Really friendly. Good place to have treatment great people and a great location. I feel this surgery is needed in this area.*

*The three locations of this practice are diverse and any amalgamation of premises is going to cause travelling issues for patients - most of course who are unwell, as that is the main reason for seeing a GP.*

*Whilst I accept that money is the key driver for this change, I hope that patient welfare will also feature highly. I look forward to receiving more information about follow up public discussions."*

## **7.2 Findings from Park and Calder Community Practice (Locala),** who have practices in Park Community, Central Halifax and Calder Community, Todmorden. From patients who attend Park and Calder Group Practice we received **476 responses in total.**

### **Q1. Those responding told us they live in the following areas:**

<b>Please tell us the first part of your postcode (select from the drop down list)</b>		<b>Response Percent</b>	<b>Response Total</b>
<b>Answer Choice</b>			
1	HX1	7.5%	35
2	HX2	3.4%	16
3	HX3	2.4%	11
4	HX4	0.2%	1
5	HX5	0.2%	1
6	HX6	0.4%	2
7	HX7	1.5%	7
8	HD6	0.4%	2
9	OL14	83.9%	391
10	Other postcode (not listed - please state)	0.0%	0
		<b>answered</b>	<b>466</b>

### **Q2. People told us they were answering the survey as;**

<b>I am answering this survey as</b>		
<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>

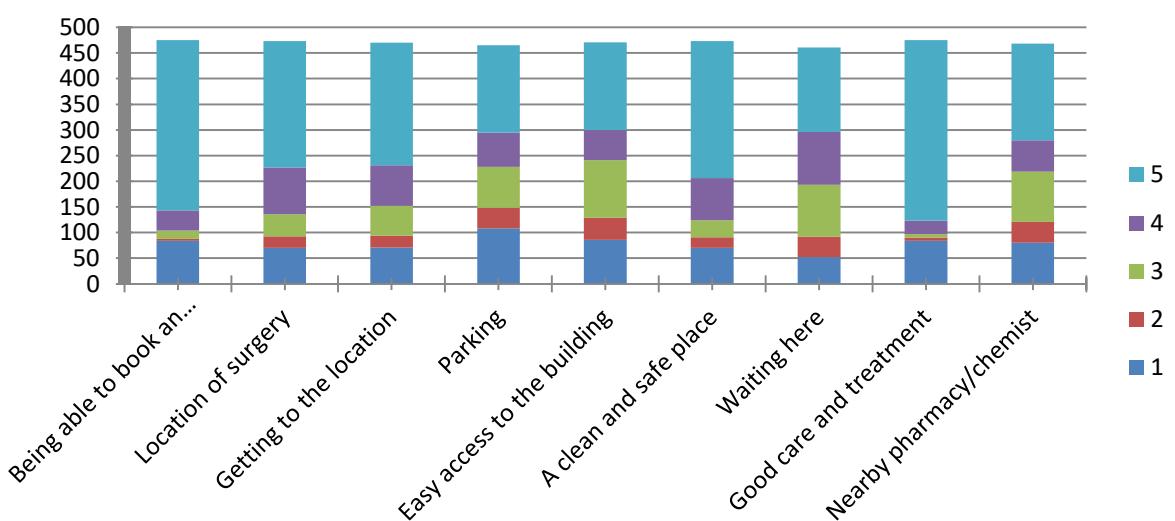
1	A patient	98.7%	468
2	A carer	3.8%	18
3	Other (please tell us):	1.5%	7
<b>answered</b>			<b>474</b>

**Q3. People told us the premises they use now are;**

Which premises do you go to now? (tick all that apply)			
Answer Choice	Response Percent	Response Total	
1 Meadow Dale, Ovenden	0.6%	3	
2 Meadow Dale, Elland	0.4%	2	
3 Meadow Dale, Sowerby Bridge	0.6%	3	
4 Park Community, Central Halifax	14.9%	71	
5 Calder Community, Todmorden	85.9%	409	
<b>answered</b>			<b>476</b>
<b>skipped</b>			<b>0</b>

**Q4. Patients were asked to rate services on a scale of 1-5 (with 1 being important and 5 being very important). The findings are set out below:**

When using GP services please rate using the scale 1-5 the things that are most important to you (1 being important) to (5 being very important). Please circle the number on all those that apply to you.



As all aspects of a service are important to patients, patients were asked to rate the areas of importance that they valued the most. The five areas receiving the highest scores are set out below. The areas rated the most important (including numbers of respondents) were:

- Good care and treatment (352)
- Being able to book an appointment (332)
- A clean and safe place (267)
- Location of the surgery (246)
- Getting to the location (239)

The number of responses are set out below for reference;

<b>When using GP services please rate using the scale 1-5 the things that are most important to you (1 being important) to (5 being very important). Please circle the number on all those that apply to you.</b>						
<b>Answer Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Response Total</b>
1 Being able to book an appointment	84	4	16	39	332	475
2 Location of surgery	70	23	43	91	246	473
3 Getting to the location	71	23	58	79	239	470
4 Parking	108	40	80	67	170	465
5 Easy access to the building	86	43	112	59	171	471
6 A clean and safe place	70	21	33	82	267	473
7 Waiting here	52	40	101	103	165	461
8 Good care and treatment	84	6	7	26	352	475
9 Nearby pharmacy/chemist	80	41	98	61	188	468
<i>answered</i>					<b>475</b>	
<i>skipped</i>					<b>1</b>	

**Q5. We asked people how they normally travel to their GP practice, people told us:**

<b>How would you normally travel to your GP practice?</b>			
<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>	
1 Bus/train	9.7%	46	
2 Car	54.9%	260	
3 Taxi	3.6%	17	
4 Access bus	0.2%	1	
5 Cycle	0.4%	2	
6 Walk	29.3%	139	

7 Other (please specify):	1.9%	9
	<b>answered</b>	<b>474</b>
	<b>skipped</b>	<b>2</b>

The majority of patients travel by car (54.9%) or walk (29.3%) to the GP practice. For those who stated other, the comments were:

- Community Transport Calderdale car service
- Mobility scooter
- Housebound
- Carer takes me
- Car or walk, I live with patient who need transport
- bus and walk
- My husband is housebound and therefore needs home visits.
- My husband is housebound and therefore needs home visits.
- Or walk as surgery is convenient either way.

**Q6. We asked how far people were prepared to travel to receive a GP service the results are set out below:**

How far would you be prepared to travel to receive a GP service?			
Answer Choice	Response Percent	Response Total	
1 I would not be able to travel	16.1%	70	
2 I would not be prepared to travel	13.8%	60	
3 Less than one mile	37.1%	161	
4 Between two and five miles	47.0%	204	
5 More than five miles	9.7%	42	
	<b>answered</b>	<b>434</b>	
	<b>skipped</b>	<b>42</b>	

We received a number of additional comments to this question the findings are set out below:

- A few people (11 in total) like to walk to the practice – and can do that in the current location
- The majority of people want the surgery to remain within the mile or no more than 2 miles away. Only a few respondents were prepared to travel 3 miles and over (36 people)
- Todmorden residents want a service to remain in Todmorden, with some stating the current surgery was already quite a distance from outlying rural areas such as Walsden and Cornholme
- Halifax residents want a service to remain in Halifax
- A number of people cited issues for travelling further which included cost, convenience, frail elderly or a health condition.

## **Quotes:**

*I currently work away and prefer not to further drive out to see a doctor*

*My mum is disabled following a stroke and cannot travel unassisted*

*It is important to be able to access a service in Todmorden centre, moving this would be very*

*Because I have been on repeat prescription for most of two decades and enough times I don't have access to a car. So I nearby somewhere I can incorporate in my daily walking routine*

*I have a severely autistic son he won't travel*

*I don't have a car and public transportation is unreasonable, it's perfect where it is*

*Having mobility issues and no transport, traveling would not be an option for me.*

*I'd rather not travel as I have a long commute by car into Manchester every day and when I visit my doctor I do not want to drive any further than necessary. I work from home on Wednesdays and try and schedule my appointments for when I'm in the community.*

*Needs to be in Todmorden I can't travel further away*

*Why travel out of Todmorden? We have a lot of vulnerable elderly and disabled and mentally ill people here who use this surgery a lot.*

*I work long hours. Hence why Todmorden is quicker for me to see my GP*

*I like to be able to walk there but would probably drive if were more than two miles*

*Mainly because of my age. I probably won't have my car as I get older.*

*I have a chronic illness that limits my ability to drive therefore I need a surgery within easy reach*

*I would then incur a travel cost to get to my surgery*

*I would prefer to have stayed with the GP service in Hebden Bridge (Which is 5 miles away) when I moved to Todmorden; as the care I received their 4 years ago was excellent. I was able to access support e.g. periodic reviews from the same named GP for my long term mental health condition.*

*As far as I needed to be able to get an appointment at a time to suit me and care I could trust when I arrived.*

*I would be prepared to travel even up to 10 miles; if I was going to receive appropriate support for my long term mental health condition e.g. See the same GP whom has a good understanding of me and time to talk to me.*

## **Q7. Finally we asked people to tell us if they had any other comments or concerns that they wanted to share?**

We received **313 responses** to this question. The key themes are set out below followed by a selection of quotes:

### **Positive themes**

- Patients can get an appointment when needed and can pre-book appointments which works well for people with long term conditions
- The out of hours and walk in service is valued particularly by parents with young children and people who work and people living in Todmorden
- Good central location for both surgeries, in walking distance/good transport links
- Good parking and pharmacy on both sites
- Reception staff are polite, patient and friendly particularly with patients who do not speak English
- Good care for people with diabetes

### **Negative themes**

- Locum GPs mean continuity of care has compromised, which includes a high staff turnover
- Getting through to the practice on the telephone can be an issue, particularly at 8am in the morning
- A few stories which give examples of poor experiences for people with a mental health problem
- Health visitor services don't feel as personal under this provider
- No female GP available

### **Comments and concerns**

- People have the view that Todmorden main surgery is over stretched and patients feel they will not get the service they need
- People want another surgery in Todmorden so patients have choice and do not have to travel outside the area
- Todmorden is a long way from Halifax and so requires excellent community care which includes GP practices
- Todmorden Health centre is described by some as a good central location
- People are unclear what the CCG are proposing and there were a few comments that the timing of the process was during holiday period and a decision has already been made
- People are unsure if reviewing the contract also means that the walk in service is going to stop? This is not clear in the information provided
- Practice closure may increase visits to A&E
- There were mixed reviews about the clinicians with both positive and negative experiences described
- Any replacement service needs to replicate the opening hours to meet the needs of patients, this includes access to the walk in service
- A replacement service needs a permanent GP for continuity of care
- People feel the services are much needed and worth the investment but appreciate locum costs will mean the contract is more expensive

- Changing surgeries is unsettling for patients and people are worried that they will have to travel outside the area

### **Quotes:**

*The reason I use Calder Community practice is because I can easily get an appointment and they are less over stretched. The other GP practice in Todmorden health centre is notorious for the lack of appointments and generally a worse service*

*We have only had locums at our practice for a long time. I feel this has negatively affected my care and would hope that the new service provider will be able to engage permanent GPs.*

*At present I am able to see a doctor within a reasonable time. I know other practices have appalling booking systems. I don't want that.*

*I don't have no access to vehicle at present. also if I am feeling ill I do not want to travel to somewhere I don't know. Having to find ways to commute to a surgery, finding which buses, which route etc. will cause unnecessary upset and anxiety.*

*You have brought out "consultation" at the beginning of the holiday period so that responses are diminished. You have made up your mind judging by the way you have phrase the form. When the Community practise came to the new building people were assured it would remain separate and distinct. I go to the Practise because it has a diabetic nurse attached. The new service will be significantly worse but at least it will save you some Calderdale pounds!*

*The community service you now offer gives great service. If getting you pounds worth means this will reduce leave we'll alone*

*We need to be able to book appointments suitable in and out of school hours. We would like to see the same GP every tome so we can build a rapport*

*I have received excellent care from the Park practice. Where necessary I have been referred in a timely manner to other agencies. I feel I have had an excellent service.*

*Never seen same Doctor twice I have to go every month.*

*We already lack close access to an A&E department in Todmorden. I do not want to see a downgrade in our GP service as well*

*I have not had any issues with the Locala service, I have found it better than the service offered from the other practice based in Todmorden.*

*I work Monday to Friday away from Todmorden and was finding it increasingly difficult to obtain an appointment at the alternative practice. At Locala I've never had an issue making an appointment or booking further dates for return visits.*

*The walk in service is fantastic, removal of this would be terrible for patient care if an alternative is not provided.*

*I am concerned that this consultation is not going to make any difference as you have already made up your mind.*

*Very difficult to get appointments at the main surgery, easier with Calder Community Practice*

*Always concerned most major changes are based on monetary reasons but unfortunately not for the betterment of the patient*

*Better and permanent doctors and medical staff that a proper relationship can be formed with.*

*If anything is moved further away I would not be able to attend appointments and would seriously hinder my disability*

*With Park Community Practice the patient always comes first and foremost.*

*A surgery remaining in Todmorden is also vital.*

*Often there are no female GPs. There is limited services which make receiving necessary care difficult.*

*I have sight problems and am waiting for two eye operations so travel is problematic. At the moment a bus drops me off near the centre*

*I have chronic mental health issues which makes getting to the doctor challenging anyway. I like that I can get to the doctor easily. Although I never seem to be able to see the same doctor, I always can see a doctor and quite quickly usually. Please do not close down this surgery.*

*I have recently moved practice as I was unable to get an appointment at previous.*

*The difference has been unbelievable and I have been able to get an appointment and follow ups with ease instead of having time off work just in order to stand and queue for an appointment!*

*It's important to me to have continuity, doctors who can get to know me and my family rather than a series of locums*

*I am worried as I have heard you are thinking of closing the Todmorden surgery which would make it impossible for me to see a doctor*

*My experience of park and Calder practice has been and continues to be excellent. The care has been very good.*

*Please don't confuse price with value.*

*My child is my priority I do not want to be travelling with a sick child to far.*

*I have not need to use the surgery at weekends but it is reassuring that the services are easily available if needed*

*I dislike that there aren't any female doctors at present and not having a permanent doctor at this practice.*

## 8. Other stakeholder responses

The CCG received five responses to the engagement from stakeholders and the themes that emerged are listed below:

- More information was requested as to the proposed changes
- Concern as to the future of services and if a Lead GP practice would be encouraged
- A question was raised as to the future intention for the buildings
- A request for ongoing comprehensive face to face services
- A question as to the future of services for asylum seekers at Park
- Support that the move to address the contract issues was welcomed as these surgeries have not attracted the number of patients that were anticipated when the contracts were set up, so they are costing the local NHS significantly more than other GP surgeries
- A question as to the likely impact on neighbouring practices should any of the sites be closed

## 9. Findings from Equality

The respondents to the survey have been compared to the local population data, sourced from the 2011 Census and other data sources.

The survey aimed to reach patients of the Park and Calder and Meadow Dale Practices which have practices in the following areas;

Park and Calder

- Todmorden
- Park

Meadow Dale

- Sowerby Bridge
- Elland
- Ovenden

The representativeness of the sample will be compared to the overall demographics of Calderdale and then considered against the available ward profile data.

Areas of underrepresentation are highlighted.

Consideration will then be given by Practice and locality to any equality themes emerging from the responses.

### Postcodes

The respondents came from across Calderdale;

First part of postcode		
	No.	%
HX1	37	4.8%
HX2	62	8.0%
HX3	56	7.3%
HX4	9	1.2%
HX5	57	7.4%
HX6	141	18.3%
HX7	9	1.2%
HD6	9	1.2%
OL14	391	50.7%

The wards practices cover includes postcodes in HX1, 2, 3, 4, 5, 6, HD6 and OL14.

	Population %	Survey	
		No.	%
<b>Sex</b>			
Female	48.9	487	64.5
Male	51.1	262	34.7
Prefer not to say		7	0.9
Describe in another way		2	0.3

Men are often underrepresented in engagement activity; however they make up 34.7% of the respondents, so their views have been represented and heard in terms of the feedback to the engagement.

Age group	Population %	Survey	
		No.	%
0-4	6.3%	0	0.0%
5-9	5.9%	2	0.3%
10-14	6.2%	2	0.3%
15-19	6.2%	9	1.2%
20-24	5.6%	18	2.4%
25-29	5.9%	38	5.1%
30-34	6.1%	51	6.8%
35-39	6.7%	59	7.9%
40-44	7.8%	58	7.7%
45-49	7.8%	85	11.3%
50-54	7.0%	85	11.3%
55-59	6.1%	61	8.1%
60-64	6.5%	79	10.5%

65-69	4.8%	89	11.9%
70-74	3.8%	65	8.7%
75-79	2.9%	31	4.1%
80-84	2.3%	13	1.7%
85-89	1.4%	4	0.5%
90-94	0.6%	1	0.1%
95-99	0.1%	0	0
100 and over	0.0%	0	0

There were fewer responses from children and young people; however people responding were asked if they were a parent or primary carer of a child or children and what their ages were. There were 248 responses, although people may have children in more than one age group, it is clear we had views from many parents/carers of children and young people. The response is detailed below.

Age group	%	No.
0-4	27.4%	68
5-9	16.1%	40
10-14	21.4%	53
15-19	10.9%	27
Prefer not to say	24.2%	60

The 20-29 age group, demonstrate a gap, there are smaller gaps for ages 80+, but up to age 79 there is good representation.

Religion	Population %	Survey	
		No	%
Buddhism	0.3	9	1.2%
Christianity	56.3	286	38.5%
Hinduism	0.3	0	0.0%
Islam	7.3	10	1.3%
Judaism	0.1	0	0.0%
Sikhism	0.2	0	0.0%
No religion	28.1	348	46.8%
Prefer not to say		59	7.9%
Other		32	4.3%

While Christians are underrepresented compared to the Calderdale population they make up almost 40% of the respondent sample, so their views are represented in the findings of the engagement. There was significant underrepresentation of Muslims.

### Country of birth

94% of the respondents were born in the UK. Of the remaining respondents who gave an answer, these were the countries of birth;

Poland	9	Finland	1
Germany	5	Iran	1

Canada	2	Ireland	1
Czech	2	Lithuania	1
Pakistan	2	Nigeria	1
USA	2	Philippines	1
Australia	1	South Africa	1
Cameroon	1	Zimbabwe	1

## Ethnicity

Ethnic group/background	Population %	Survey	
		Number	%
<b>Asian or Asian British</b>			
Pakistani	6.8	10	1.3%
Bangladeshi	0.3	0	0.0%
Chinese	0.2	1	0.1%
Indian	0.6	0	0.0%
Any other Asian background	0.4	7	0.9%
<b>Black or Black British</b>			
African	0.2	7	0.9%
Caribbean	0.2	2	0.3%
Any other Black/African/Caribbean background	0.0		0.0%
<b>Mixed or multiple ethnic groups</b>			
White and Asian	0.4	4	0.5%
White and Black African	0.1	2	0.3%
White and Black Caribbean	0.5	6	0.8%
Any other Mixed/Multiple ethnic background	0.3		0.0%
<b>White</b>			
English, Welsh, Scottish, Northern Irish, British	86.7%	672	86.0%
Irish	0.9%	3	0.4%
Gypsy or Irish Traveller	0.0%	1	0.1%
Any other White background	2.1%	1	0.1%
<b>Other ethnic group</b>			
Arab	0.1	0	0.0%
Other ethnic background, please	0.2	21	2.7%

describe			
Prefer not to say		44	5.6%

Of the respondents Pakistani, Indian and any other White background were underrepresented.

Disabled*	Population %	Survey	
		No.	%
Yes			
Limited a lot	8.2	125	17.1
Limited a little	9.7		

\*from 2011 Census –‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’ (Limited a lot and limited a little).

Impairment type	Survey	
	%	No
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	19.0%	84
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	12.2%	54
Mental health condition (such as depression or schizophrenia)	25.2%	111
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	4.5%	20
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	42.9%	189
Prefer not to say	9.5%	42

Disabled people were overrepresented in the survey, hearing their views is important as disabled people may be higher users of Primary care services, particularly those with long term conditions which people declared most amongst the defined impairments.

Carers	Population %	Survey	
		No	%
Yes	10.5	87	12

### Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/ Lesbian or Bisexual, in 2011-12.

Sexual orientation	No	%
Bisexual (both sexes)	17	2.4%

Gay (same sex)	10	1.4%
Heterosexual/straight (opposite sex)	602	84.6%
Lesbian (same sex)	18	2.5%
I prefer to use another term	12	1.7%
Prefer not to say	53	7.4%

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRSES, 2008b).

### **Do you consider yourself to be a Trans\* person?**

	<b>Survey</b>	
	<b>No.</b>	<b>%</b>
Yes	2	0.3
No* (trans)	650	95.7
Prefer not to say	27	4

In comparison to the overall demographics for Calderdale it is clear some groups have been underrepresented in the survey sample;

- Men
- Children and young people
- Older people, 80+
- Christians
- Muslims
- People from Pakistani and Other White backgrounds.

Some of these groups do have enough respondents to be confident their views, as a group, have been heard; men, Christians and the lack of children and young people may have been mitigated by parents/primary carer respondents.

A number of characteristics have been compared against the local practice populations to understand the representativeness of the sample in relation to the likely patient profiles.

The respondents who answered the question ‘which premises do you currently use’ have been analysed and those who said they use each practice considered below. There may be some overlap of patients who have used the Walk-in Centres at Park and Todmorden.

	<b>Meadow Dale Practices</b>		
	<b>Elland</b>	<b>Sowerby Bridge</b>	<b>Ovenden</b>

	Pop %	Survey %	Pop %	Survey %	Pop %	Survey %
<b>Sex</b>						
Women	51.8	58.4	50.9	62.4	51.3	61.0
Men	48.2	41.6	49.1	37.6	48.7	37.8
<b>Age</b>						
0-15	19.1	0	16.8	1.5	23	1.2
16-64	62.2	66.9	63.7	60.5	64.2	72.8
65+	18.7	33.1	19.5	38	12.8	25.9
<b>Ethnicity</b>						
Irish	0.87	0	0.76	0	1.31	0
Gypsy/traveller	0.01	0	0.13	0	0.01	0
White	91.05	88.5	95.42	95.1	91.94	88.2
White other	1.42	3.8	1.42	0.5	2.87	1.2
Asian/Asian British	4.51	0.5	1.61	0.0	1.15	0
Black/Black British	0.45	0.8	0.23	0	0.68	1.2
Mixed	1.62	2.3	1.04	0.5	1.89	2.4
Arab	0.01	0	0.08	0	0.00	0
Other	0.06	0	0.07	0	0.15	0
<b>Religion</b>						
Christian	58.05	45.5	57.36	43.9	58.83	49.4
Buddhist	0.34	0	0.12	0	0.26	0
Hindu	0.21	0	0.11	0	0.16	0
Jewish	0.07	0	0.10	0	0.02	0
Muslim	3.51	0	0.66	0	0.94	0
Sikh	0.15	0	0.09	0	0.09	0
None		47.1		47		40.7
Disabled	18.47	14.9	18.40	21.1	19.05	16.3

	Local Practices			
	Calder		Park	
	Pop %	Survey %	Pop %	Survey %
<b>Sex</b>				
Women	51.7	69.9	49.5	55.9
Men	48.3	29.9	50.5	41.2
<b>Age</b>				
0-15	28.3	0.3	18.5	0.0
16-64	8.6	77.6	18.9	83.8
65+	1.4	21.6	2.6	14.7

<b>Ethnicity</b>				
Irish	0.76	0.7	0.36	0
Gypsy/traveller	0.07	0.2	0.09	0
White	91.77	87.8	22.56	56.3
White other	2.18	2.7	5.05	8.5
Asian/Asian British	3.55	0.5	68.02	11.3
Black/Black British	0.24	0.5	1.23	8.5
Mixed	1.33	1.7	1.82	4.2
Arab	0.02	0	0.15	0
Other	0.08	0	0.72	0
<hr/>				
<b>Religion</b>				
Christian	53.87	31.3	19.42	40.3
Buddhist	0.45	2.3	0.27	0
Hindu	0.07	0	0.23	0
Jewish	0.11	0	0.07	0
Muslim	3.13	0.5	64.74	11.9
Sikh	0.03	0	0.29	0
None		51.3		35.8
<hr/>				
Disabled	18.67	14.6	20.96	23.9

The underrepresentation when reviewed by location;

**Elland** – men, children and young people, Irish heritage, Asian/Asian British, Muslims and disabled people

**Sowerby Bridge** - men, children and young people, Irish heritage, Asian/Asian British, White other and mixed ethnic groups, Christians

**Ovenden** – men, children and young people, Irish heritage, Asian/Asian British, and White other groups, Christians, Muslims and disabled people

**Calder** - men, children and young people, Christians, Asian/Asian British background, Muslims and disabled people

**Park** - men, children and young people, Asian/Asian British and Muslims.

The analysis reinforces the initial gaps found in comparison with the broader Calderdale population, but there were some notable differences.

Disabled people are underrepresented in 3 out of the 5 locations, although disabled people are at a representative level when compared with the overall Calderdale population. This may be because there are higher levels of impairments and long term conditions in the areas concerned. This would have an impact on the needs of the patients in the areas so if further work was planned the gap would need addressing.

The most significant gap is for Asian/Asian British and Muslim respondents who are underrepresented across the engagement. This will mean that this communities views have not been captured and they have not had their say about change with their practices. If further work is planned this community would need to be targeted to ensure their views were heard.

## **Responses by equality group**

The survey feedback has been analysed to see if any themes emerge for particular equality groups. The groups that have been considered are; disabled people, carers, parents/primary carers and people in receipt of benefits.

Other groups did not have sufficient numbers to compare.

**When using GP services please rate using the scale 1-5 the things that are most important to you (1 being important) to (5 being very important).**

### **Disabled**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Being able to book an appointment	10.5%	1.6%	2.4%	4.8%	80.6%
Location of surgery	10.6%	0.8%	4.9%	12.2%	71.5%
Getting to the location	9.8%	3.3%	5.7%	8.9%	72.4%
Parking	25.2%	6.1%	13.9%	6.1%	48.7%
Easy access to the building	11.6%	6.6%	14.9%	8.3%	58.7%
A clean and safe place	9.2%	2.5%	5.0%	12.5%	70.8%
Waiting here	8.4%	3.4%	16.8%	21.0%	50.4%
Good care and treatment	12.0%	0.8%	0.8%	6.4%	80.0%
Nearby pharmacy/chemist	16.8%	7.6%	9.2%	9.2%	57.1%

### **Carers**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Being able to book an appointment	23.0%	0.0%	3.4%	11.5%	62.1%
Location of surgery	19.5%	9.2%	5.7%	9.2%	56.3%
Getting to the location	18.6%	8.1%	8.1%	7.0%	58.1%
Parking	21.7%	4.8%	15.7%	16.9%	41.0%

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Easy access to the building	18.6%	5.8%	19.8%	11.6%	44.2%
A clean and safe place	18.8%	7.1%	3.5%	11.8%	58.8%
Waiting here	15.5%	8.3%	17.9%	16.7%	41.7%
Good care and treatment	23.0%	1.1%	0.0%	8.0%	67.8%
Nearby pharmacy/chemist	17.6%	9.4%	18.8%	12.9%	41.2%

## Parents

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Being able to book an appointment	20.2%	0.0%	2.1%	5.3%	72.3%
Location of surgery	14.4%	5.3%	10.6%	17.0%	52.7%
Getting to the location	13.9%	6.4%	12.8%	18.2%	48.7%
Parking	20.3%	10.2%	16.6%	16.0%	36.9%
Easy access to the building	18.6%	9.0%	31.4%	13.8%	27.1%
A clean and safe place	19.1%	4.8%	8.5%	13.3%	54.3%
Waiting here	13.0%	5.4%	23.4%	25.0%	33.2%
Good care and treatment	20.3%	0.0%	1.6%	4.8%	73.3%
Nearby pharmacy/chemist	15.4%	8.5%	27.1%	12.2%	36.7%

## Benefits

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Being able to book an appointment	18.5%	1.2%	3.0%	5.4%	72.0%
Location of surgery	17.8%	2.4%	4.7%	11.8%	63.3%
Getting to the location	18.3%	3.6%	3.6%	12.4%	62.1%
Parking	31.4%	7.7%	10.3%	9.0%	41.7%
Easy access to the building	21.8%	6.1%	12.7%	9.7%	49.7%
A clean and safe place	19.8%	3.6%	6.0%	11.4%	59.3%
Waiting here	17.0%	6.1%	12.7%	17.0%	47.3%
Good care and treatment	19.5%	1.2%	1.8%	5.3%	72.2%
Nearby pharmacy/chemist	17.8%	8.0%	14.1%	8.6%	51.5%

Many of the responses above are in line with the feedback from the whole survey, but it is worth considering where there is variation in responses; as this highlights the issues that are most important to some equality groups.

To demonstrate this more clearly the table below has combined the results of the 4<sup>th</sup> and 5<sup>th</sup> ranked items to give a ‘score’; this has then been compared to the results from all respondents to see where there are any differences.

	<b>All</b>	<b>Disabled</b>	<b>Carers</b>	<b>Parents</b>	<b>Benefits</b>
Good care and treatment	81.7%	86.4%	75.8%	78.10%	77.5%
Being able to book an appointment	80.1%	85.4%	73.6%	77.60%	77.4%
A clean and safe place	73.9%	83.3%	70.6%	67.60%	70.7%
Location of surgery	72.0%	83.7%	65.5%	69.70%	75.1%
Getting to the location	68.8%	81.3%	65.1%	66.90%	74.5%
Waiting here	59.6%	71.4%	58.4%	58.20%	64.3%
Nearby pharmacy/chemist	54.9%	66.3%	54.1%	48.90%	60.1%

Parking	53.7%	54.8%	57.9%	52.90%	50.7%
Easy access to the building	50.1%	67.0%	55.8%	40.90%	59.4%

While all respondents agree that 'good care and treatment' and being able to make an appointment were their priority, location and getting there were more important to people likely to be less well off; disabled people, people on benefits and parents ahead of a clean safe place.

### **How would you normally travel to your GP practice?**

The areas highlighted are the first and second most chosen travel options for people.

#### **All respondents**

Bus/train	8.1%
Car	54.2%
Taxi	5.1%
Access bus	0.3%
Cycle	0.5%
Walk	29.4%
Other (please specify):	2.4%

It is clear that the majority of respondents travel by car, with most of the rest walking to their practices.

To consider whether there is any significant difference in the responses by equality group the returns for each location has been considered. There is more overlap of patients who use Meadow Dale practices as the locations are more closely located.

This is less noticeable for Locala practices as the practices are some distance apart.

#### **Results for all practices**

	Meadow Dale, Ovenden	Meadow Dale, Elland	Meadow Dale, Sowerby Bridge	Park Community, Central Halifax	Calder Community, Todmorden
Bus/train	4.7%	3.9%	6.3%	7.0%	10.3%
Car	61.2%	58.1%	56.8%	47.9%	56.3%
Taxi	2.4%	5.4%	7.3%	9.9%	2.5%
Access bus	0.0%	0.8%	0.0%	0.0%	0.2%
Cycle	2.4%	1.6%	1.0%	1.4%	0.2%

Walk	28.2%	26.4%	25.2%	33.8%	28.3%
Other (please specify):	1.2%	3.9%	3.4%	0.0%	2.2%

	Bus/train	Car	Taxi	Access bus	Cycle	Walk	Other (please specify):
Meadow Dale, Ovenden	5.8%	10.3%	4.9%	0.0%	25.0%	9.6%	4.5%
Meadow Dale, Elland	7.2%	14.8%	17.1%	50.0%	25.0%	13.7%	22.7%
Meadow Dale, Sowerby Bridge	18.8%	23.1%	36.6%	0.0%	25.0%	20.9%	31.8%
Park Community, Central Halifax	7.2%	6.7%	17.1%	0.0%	12.5%	9.6%	0.0%
Calder Community, Todmorden	60.9%	45.2%	24.4%	50.0%	12.5%	46.2%	40.9%

## Disabled patients

	Bus/train	Car	Taxi	Access bus	Cycle	Walk	Other (please specify):
Meadow Dale, Ovenden	7.7%	46.2%	0.0%	0.0%	7.7%	30.8%	7.7%
Meadow Dale, Elland	0.0%	50.0%	11.1%	0.0%	5.6%	16.7%	16.7%
Meadow Dale, Sowerby Bridge	12.2%	41.5%	22.0%	0.0%	2.4%	9.8%	12.2%
Park Community, Central Halifax	12.5%	37.5%	12.5%	0.0%	6.3%	31.3%	0.0%
Calder Community,	21.4%	41.1%	5.4%	1.8%	0.0%	23.2%	7.1%

Todmorden							
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As with all respondents disabled people mostly travelled by car, with walking coming second for most practices, with the exception of Sowerby Bridge where patients were taking taxi's. Bus and train use was notable at Todmorden, coming just behind walking.

Where people stated 'other' the following methods of transport were noted;

- car, cycle, walk, bus
- Mobility scooter
- Housebound
- Carer takes me
- I have no access to Dr or practice
- my daughter as to take me in her car as I am disabled
- Have to get wheelchair assisted taxi or get a home visit
- varies
- My husband is housebound and therefore needs home visits.
- Disability scooter
- Mobility scooter

## Carers

	Bus/train	Car	Taxi	Access bus	Cycle	Walk	Other (please specify):
Meadow Dale, Ovenden	0.0%	69.2%	0.0%	0.0%	7.7%	23.1%	0.0%
Meadow Dale, Elland	0.0%	50.0%	16.7%	0.0%	8.3%	25.0%	0.0%
Meadow Dale, Sowerby Bridge	0.0%	68.2%	13.6%	0.0%	0.0%	13.6%	4.5%
Park Community, Central Halifax	0.0%	16.7%	16.7%	0.0%	0.0%	66.7%	0.0%
Calder Community, Todmorden	10.9%	65.2%	2.2%	0.0%	0.0%	19.6%	2.2%

There was a more mixed picture for carers, with more people in Park practice walking than using a car, by a significant number. Again Sowerby Bridge patients were likely to use taxis. Nearly 11% of Todmorden patients used public transport.

## Parents

	Bus/train	Car	Taxi	Access bus	Cycle	Walk	Other (please specify):
Meadow Dale, Ovenden	5.9%	70.6%	0.0%	0.0%	0.0%	23.5%	0.0%
Meadow Dale, Elland	4.0%	76.0%	4.0%	0.0%	0.0%	16.0%	0.0%
Meadow Dale, Sowerby Bridge	2.4%	70.7%	2.4%	0.0%	0.0%	24.4%	0.0%
Park Community, Central Halifax	3.6%	50.0%	3.6%	0.0%	0.0%	42.9%	0.0%
Calder Community, Todmorden	5.7%	61.3%	1.9%	0.0%	0.0%	31.1%	0.0%

The respondents who were parents or primary carers closely matched the responses for the full survey.

## Benefits

	Bus/train	Car	Taxi	Access bus	Cycle	Walk	Other (please specify):
Meadow Dale, Ovenden	5.6%	38.9%	5.6%	0.0%	5.6%	44.4%	0.0%
Meadow Dale, Elland	9.5%	52.4%	14.3%	0.0%	4.8%	19.0%	0.0%
Meadow Dale, Sowerby Bridge	7.1%	35.7%	23.8%	0.0%	2.4%	23.8%	7.1%
Park Community, Central Halifax	3.0%	36.4%	15.2%	0.0%	3.0%	42.4%	0.0%
Calder Community, Todmorden	19.2%	38.4%	8.2%	1.4%	0.0%	31.5%	1.4%

For those in receipt of benefits again the picture is more mixed, with both Ovenden and Park patients most likely to walk.

For this group it is important that bus and train were chosen more though the percentage is particularly high at Todmorden, with Ovenden and Sowerby Bridge also notable.

### **How far would you be prepared to travel to receive a GP service?**

The areas highlighted are the first and second most chosen travel options for people. People chose more than one option when answering this question so the percentages add to more than 100%. Free text comments are also described where relevant.

#### **All respondents**

I would not be able to travel	15.6%
I would not be prepared to travel	12.6%
Less than one mile	41.6%
Between two and five miles	42.5%
More than five miles	9.5%

#### **Disabled**

I would not be able to travel	30.7%
I would not be prepared to travel	11.4%
Less than one mile	37.7%
Between two and five miles	29.8%
More than five miles	5.3%

Disabled respondents are less able or willing to travel far to visit their practice with 79.8% of the sample saying they could travel up to one mile.

#### **Not be able/prepared to travel**

Has mobility disability and cannot travel far

I can't travel I have to rely on taxi, cost means closest

I am more or less housebound

Due to neurological conditions I am unable to travel beyond the current surgery

Wheelchair user

Due to my mental health conditions I would not be able to travel as it causes extreme psychological distress for me. I travel by taxi as this makes it easier and more manageable for me to attend GPs appointments. This is expensive already so travelling further would be too expensive. As a result I would not be able to afford to see a doctor.

Why travel out of Todmorden? We have a lot of vulnerable elderly and disabled and mentally ill people here who use this surgery a lot.

My wife can't walk more than 100yd without a rest

#### **Carers**

I would not be able to travel	22.1%
I would not be prepared to travel	16.3%
Less than one mile	50.0%
Between two and five miles	37.2%
More than five miles	12.8%

Carers were happy to travel in line with the full survey, up to 5 miles, with 88.4% prepared to travel that distance.

### **Not be able/prepared to travel**

No transport

I cannot get to the other locations. Elland is the perfect location

Only walking distance

My mum is disabled following a stroke and cannot travel unassisted

I have a severely autistic son he won't travel

As a registered blind person I would not be able to travel without transport & Carers

It would cost me more as I don't drive

My housebound husband needs me to be able to get to the surgery quickly

I can't drive so need a local service

### **Parents**

I would not be able to travel	20.6%
I would not be prepared to travel	17.1%
Less than one mile	40.0%
Between two and five miles	46.3%
More than five miles	14.9%

Compared to all respondents' parents were less happy to travel more than a mile, but were more prepared than the other equality groups at 77.7%.

### **Not be able/prepared to travel**

I don't have access to a car

I work full time & can't drive

I cannot get to the other locations. Elland is the perfect location

Only walking distance

It is important to be able to access a service in Todmorden centre, moving this would be very challenging for me and my family

Because I have been on repeat prescription for most of two decades and enough times I don't have access to a car. So I nearby somewhere I can incorporate in my daily walking routine

I have a severely autistic son he won't travel

I can travel. My wife has epilepsy and therefore can't drive.

It would cost me more as I don't drive

The location of this practise means I do not have to lose work time to attend appointments

I have a daughter with a disability, location is crucial

I need a practise I can get to near to home as I work full time and rush as it is to get there in time before it closes

### **Benefits**

I would not be able to travel	27.3%
I would not be prepared to travel	18.2%
Less than one mile	41.6%
Between two and five miles	33.8%

More than five miles	8.4%
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People in receipt of benefits also struggled to travel far with 87.1% prepared to travel up to one mile.

### **Not be able/prepared to travel**

Agoraphobia/mobility

Only walking distance

I find it hard to travel even in a car

Due to neurological conditions I am unable to travel beyond the current surgery

Wheelchair Dependent

I have chronic PTSD and avoid public transport I live where I live so such facilities are easily reachable

I have a severely autistic son he won't travel

Because am a teenager

Due to my mental health conditions I would not be able to travel as it causes extreme psychological distress for me. I travel by taxi as this makes it easier and more manageable for me to attend GPs appointments. This is expensive already so travelling further would be too expensive. As a result I would not be able to afford to see a doctor.

I have to get taxis, cannot walk

Having mobility issues and no transport, traveling would not be an option for me.

I'd change practice if I had to travel

I would not be prepared to travel more than I do now

### **Have you any comments or concerns that you would like us to consider?**

The free text comments to this question have been analysed and given the overlaps with the Meadow Dale patient group, the responses have been grouped for respondents from these practices.

Park and Todmorden results have been reviewed separately.

### **Meadow Dale**

There were 242 comments from patients who said they used Meadow Dale practices to this question. These have been reviewed for 'equality relevant' content.

Ovenden is an area of deprivation, where excellent health care facilities improve people's lives and impact on not just people's health but their living standards also.

There are many initiatives within Calderdale at present to get people active, living longer etc.. You are potentially removing a service that is enabling this to happen.

Travelling in the winter due to my conditions.

He is given extra help when he has an appointment at the practice with reminders on the day of an appointment with them and always try to arrange appointments in the afternoon knowing about his mobility difficulties and forgetfulness.

I would prefer to have my surgery within walking distance because I am a carer for my husband who has problems when walking

One of us has several chronic conditions that means he is in and out of the doctors. He also cannot drive so being able to walk there was ideal.

I usually walk to the surgery which takes me about 15 min, I also have an 8 year old to think about when travelling to the surgery especially if he is not well.

Meadow Dale have been extremely accessible and accommodating. This has been very important to me having suffered a life changing brain injury.

Meadow Dale is a very well run and organised practice at all 3 sites. It was important to me, as a working mum to be able to get appointments outside of the normal 9-5 hours that a lot of surgeries offer, as I work and both my children are at school.

I am bad on my legs if I have to go further I'd need transport

I'm agoraphobic. I live too far from any other practice. I have never been treated with such respect and understanding as I have here.

It's not always possible to take a bus. I'm divorced and live alone. If I'm too sick and can't take a bus or afford a taxi, I could die. It's as simple as that.

I have multiple health issues, which my doctor at Meadow Dale is well aware of. I have been looked after by the doctor and he has been on top of everything I need to keep me well. I have been hospitalised several times in the last few years and the doctors have been outstanding.

Mum cannot get into a regular car now and we always have to book a wheelchair accessible taxi or Mum can't make it to the surgery at all. Even if we do manage to get her there, it's a very uncomfortable outing for her.

I am happy at Meadow Dale and due to having anxiety and depression and other issues my dr is understanding and caring and takes to understand my needs and I panic if it a new dr as I feel I have to repeat all my needs (well my husband does as he my carer).

My wife and I aged in mid-eighties. My wife has poor mobility and needs to travel by car. Parking close to surgery is very important. If some distance away could be difficult for her. Always had surgery access within 1 mile of home.

The illness I have anxiety, depression, PTSD, COPD, chronic osteoarthritis and spondylosis of the neck

It has taken me 3 weeks to compose my response to you closing Meadow Dale due to the anxiety and distress it is causing.

I am disabled and have my mother (97) living with me. I am happy with this practice and would prefer to stay with them. It would be difficult to travel further and I trust the Drs here.

My mum is disabled so we need to live close to the Drs

I was moved GP because my old one retired. I have cognitive impairment and other illness. I find change hard. I find travel hard - I can't walk far. Moving me again will have a big impact on my life. I have only just got to know my GP, I have mental health issues so opening up to a Dr is hard.

I suffer with combat related PTSD which makes me very anxious and find it hard to open up to new people and big changes (ie closing down my Drs will make my mental health go rock bottom).

As a disabled person I would like you to be aware that I would be upset at the loss of the Drs practice at Elland and Ovenden as I find these the easiest to get in and out of and parking has never been a problem for me. Losing this practice will be a great loss for me.

yes, we have my very elderly mum living with as she has dementia so would be difficult to take her too far as she is easily confused.

All the other surgeries are a bus or care drive away, whereas SB surgery is 2 streets away from where we live meaning me and my children can walk there within 5 minutes. Being diabetic with leg problems, this is very convenient for both quick appointments and prescriptions.

As I am now, I can walk to Meadow Dale surgery, SB. But if this surgery closes and the nearest drs were full, at my age (76) one can't rely on being so able. The other drs in the SB catchment area, are in Ripponden. For me and more eg my age group who live further up the hill, it would mean catching two buses, one of which only runs every hour.

Springhall I believe, would have me but with my neurological problems with walking, I couldn't even contemplate the trip up there in bad weather. None of these even take account of the cost involved in taking taxis and I'm on low pension.

### **Locala – Park Practice**

37 comments were received from patients who said they used Park Practice to this question. These have been reviewed for 'equality relevant' content.

It is also very unsettling as I have a chronic medical condition and the inevitable complications of changing surgery are going to cause issues for me.

I don't want to have to move my GP surgery elsewhere - I've been with this GP for over 8 years and they know my (and my family's) health history well. Furthermore as EU citizen I'll feel safer knowing that I can always refer back to my long term GP in case Home Office decides to be unreasonable for any reason (after Brexit).

The area the surgery is situated in some of the patients do not have a great knowledge of spoken English language but the staff deal with all this in a very patient and friendly manner. With Park Community Practice the patient always comes first and foremost.

This is close by for my work and home. I also have a daughter with a disability and this practice is easy to get to with her and access is very good.

I'm disabled, I don't want it to move any further or close down. It would also be too upsetting

If the contract was not renewed, I don't know what I would do about a GP for my 15 month old and 5 week old!

Staff both ancillary/nursing are a credit to the NHS. I was a very obese gentleman whom had 3 times the primary/secondary medical issues attributed to the above. However, all staff empowered me to take control of my life, to such an extent that I managed to reverse the medical problems that were affecting me, for example: diabetes, diabetic nephropathic hypertension and most importantly my weight.

I suffer with severe asthma, anaphylaxis and I have a disability. I was at another surgery in the local area and had to change because it was impossible to get appointments, except telephone appointments, which were not very good. The surgery is easy to get to and the staff are very helpful.

Have special needs of the medical services. Always able to get appointments.

### **Calder - Todmorden Practice**

277 comments were received from patients who said they used Todmorden practice to this question. These have been reviewed for 'equality relevant' content.

As a working household with a child to be able to access services out of 8-5 hours and at the weekend and bank holidays is invaluable.

I don't have no access to vehicle at present. also if I am feeling ill I do not want to travel to somewhere I don't know. Having to find ways to commute to a surgery, finding which buses, which route etc will cause unnecessary upset and anxiety.

I have small children and seeing the same Dr would be helpful.

My main concern is being able to get appointments easily for my young children. Travelling any distance with them is not feasible. I would hope the practice would remain as is but just differently funded.

I have a chronic immune disease and need regular go appointments, however I hold down a full time job and so the flexibility of a and speed of appointments at Calder community is important.

There are many older people in Todmorden as well as young families and disabled people who rely on CCP and would be severely affected if it were to be removed or reduced in any way.

My husband is a type 1 diabetic and his diabetic nurse is able to see him in Todmorden through the current arrangement- they do not have a diabetic nurse in the downstairs practice in Todmorden so he will be left without her support which he values very highly

Both I and my family (we have three children) rely heavily on the practice that we use at Calder Community Practice and we are extremely worried that we will lose it.

Illness is not confined to a Mon to Fri issue, people get Ill at the weekend too and being able to go and see a doctor at the weekend is very relieving! When u have small children and elderly parents who need attention asap u can't wait 2 days for Monday to arrive and then possibly not get an appointment then!!

I see my diabetes specialist every few weeks and she understands my condition. My diabetes is unstable and I have found her a great help to me. I would be mortified if that were to change. I have been very happy with the service, and do not wish to transfer anywhere else, or to another diabetes specialist nurse.

I do not have a car and am over 60 so would not want to travel further than I do now to see a doctor.

Many of my clients (people 66+) are unhappy with general provision of GPS, especially as it's such an important aspect of their life. Accessibility/availability , reliability and a practitioner who listens and responds are important.

Access is very important for people in this community. Living in Walsden we have 1 train an hour, buses are similar and very expensive. Having a young child and working in a school I also need appointments that fit in with these times.

I need to be seen urgently sometimes I have Crohn's

I have chronic mental health issues which makes getting to the doctor challenging anyway. I like that I can get to the doctor easily. Although I never seem to be able to see the same doctor, I always can see a doctor and quite quickly usually. Please do not close down this surgery.

Think of the old people !

The majority of people who live in Todmorden pensioners prefer things as they are as I do.

My wife is epileptic and therefore not allowed to drive. We have three young children. I work 60 miles away.

As a housebound diabetic it is vital that I can communicate with my medical practice easily

My child is my priority I do not want to be travelling with a sick child to far.

I am a carer for my wife, and she needs doctors on hand as many illnesses

I have a chronic illness and work full time. It will be impossible for me to use a surgery where there I no option to book an appointment, even on the same day.

The other practice in the building is already overloaded and it is extremely difficult to get an appointment. For elderly and/or disabled people to have to arrive at the building by 7.30 a.m. to stand in a queue outside until the doors open at 8, then to stand in another long queue only to be told there are no more appointments available is just unreasonable - bad enough for the young and able-bodied.

We need a good reliable easy to access service to GP's/Nurses/Phlebotomy etc -as a carer/daughter of a Mum with Alzheimers it's vitally important to have a good service.

As an older patient I would like a regular doctor to be available. I am a care for my husband who is also a patient who needs diabetes care.

As a patient with a disability and no transport of my own, I rely on local buses. The service at Todmorden has altered dramatically with less g.p's. I cannot wait in the queue before the surgery opens to request a same day appointment because of my painful chronic disability.

I dislike that there aren't any female doctors at present and not having a permanent doctor at this practice.

As a single working parent and I don't drive. The hospital is too far away for emergency treatment so I need to access a GP Surgery near my home

As an older patient with mobility issues, it is very important to me that I can get to the surgery easily. Being able to book advance appointments, also same day appointments is very important.

The home visits for my husband who has dementia and is incontinent are very important.

Yes it's crazy wasting ages trying to get through on the phone and/or waiting in a queue when you're a) ill/disabled, b) trying to cope with young children c) needing to work/get to work

Have a very disabled daughter the staff are lovely and the care we receive as a family is excellent

## **Conclusions**

There are significant gaps in the representation of the survey sample. The most noteworthy is the gap for Asian/Asian British people. Disabled people are also underrepresented in 3 out of the 5 locations, although disabled people are at a representative level when compared with the overall Calderdale population. These gaps would need to be addressed in any future work to ensure the impact of any change on these equality groups was fully understood.

The analysis that was undertaken considered disabled people, carers, parents/primary carers and those in receipt of benefits. It was not possible to analyse ethnicity or religion due to the low number of respondents.

There are real differences in how these equality groups travel to the Practices, their priorities and how far they are able or willing to travel.

From the open text feedback there are quality concerns for all patients there was some very positive and negative feedback about practices. It is clear that patients from Meadow Dale have significant concerns about travel and the impact of any change, for Park there were more broad concerns but these included travel and services.

For the Todmorden practice there were fewer concerns about travel and transport, this may be because patients assume any change would result in them attending the co-located practice, their concerns were reliability and availability of appointments.

For people who are likely to be on a lower income the travel and transport concerns are significant and would need further consideration if further work was planned.

These issues will be considered as part of the development of the equality impact assessment on the APMS service. The gaps in representation will be addressed through further work if the project goes to consultation.

## 10. Overall findings and key themes

The overall findings and key themes from the pre-consultation engagement are set out below.

- The most important aspects of a good service from all the responses received are:
  - Good care and treatment
  - Being able to book an appointment
  - Location of the surgery
- From both practices the majority of patients responding travel by car 53% overall, however there were a significant number of patients who walk to the practice locations 30% overall. People who walk felt they would be most impacted by the changes as this would incur additional cost.
- Meadow Dale Practice comments:
  - Patients told us they had a good experience of the service and valued the GPs and the care and treatment they received
  - There were some comments that the reception and parking areas could be improved and some patients had reported a decline in the standard of service over the past few months. Booking appointments also required some improvements
- Park and Calder Practice comments:
  - The appointment system was reported as good and the walk in service and out of hours provision was valued
  - Not being able to get through to the practice and locum cover resulting in a lack of continuity were commonly reported themes
- General comments and concerns
  - Concern that surrounding practices will not be able to cope with additional patients was a general concern
  - Concern from both Todmorden and Sowerby Bridge patients that they will not have choice in their local area
  - Todmorden is a long way from Halifax and so requires excellent community care which includes GP practices
  - People were unclear what the CCG are proposing and there were a few comments that the timing of the process was during holiday period and a decision has already been made
  - People are unsure if reviewing the contract also means that the walk in service provided at Park and Calder would be closed
  - People are concerned that practice closures may increase visits to A&E
  - Any replacement service needs to replicate the extended opening hours which were valued by patients

- A replacement service needs a permanent GP for continuity of care and access to a female GP
- People feel the services are much needed and worth the investment and whilst some understood costs needed to be managed most felt that the service was more important
- People stated that changing surgeries for some is unsettling and people are worried that they will have to travel outside the area to receive a service
- Equality themes
  - The most significant underrepresentation was for Asian/Asian British and Muslim respondents. Disabled people were also underrepresented.
  - Travel and transport concerns were paramount for the respondents groups analysed, which included financial aspects for most. Service issues were a concern for all equality groups

## **11. How the findings will be used**

The findings from the pre-consultation engagement report will be used to inform future options for GP services. A report of findings will be written in August and the findings shared with Overview and Scrutiny. The final report will be published in September.

The CCG will use the findings to inform the development of options which will be formally consulted upon in the autumn. The gaps in representation will need to be addressed in any future work.



## **Pre-consultation engagement, equality and communication plan**

**Calderdale CCG**

**APMS (Alternative Primary Medical Services) contracts**

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Version control			
Version	Change	Title	Status
V1	Dawn Pearson	Senior Engagement Manager	Draft
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V2	Debbie Robinson	Head of Primary Care Quality and Improvement	Draft
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V5	Penny Woodhead	Chief Quality and Nursing Officer	FINAL Draft
V6	Penny Woodhead Dawn Pearson	Chief Quality and Nursing Officer Senior Engagement Manager	FINAL Draft
V7	Debbie Robinson	Head of Primary Care Quality and Improvement	FINAL

## **12. Introduction**

The purpose of the 'Pre-consultation Engagement, Equality and Communication' plan is to describe a process which will help us to further engage patients who attend the GP services provided under the APMS contracts in Calderdale. NHS Calderdale CCG needs to review these services as the contract for each service is due to end. The CCG want to ensure that any future contracted GP services meet the needs of patients and the local population. This plan describes the services currently provided under the APMS contract, the legislation the CCG have to work to when considering any service design, development or proposal and what people have already told us they want from GP services in Calderdale.

## **13. Background to APMS contracts**

The CCG has commissioned (funded) 2 local GP practices on an Alternative Primary Medical Service (APMS) contracts. An APMS contract is a contract that can be used to increase GP services in areas that do not have enough regular GP cover. These contracts often cost more than standard primary care contracts. Calderdale have had these APMS contracts in place for some time and the costs are rising. Until 2015 these contracts have been managed by NHS England (NHSE). In the years since the CCG has taken on the contracts we have supported the existing providers and extended contracts to ensure alignment with CCG strategy. Following conversations with the existing providers we have come to the conclusion that the continued provision of services in their current arrangement is not sustainable or affordable. These contracts do not, and we believe will never constitute value for the Calderdale pound and we believe that it would be better to spend that money differently on providing General Medical services.

APMS contracts are different to regular GP contracts and can be run by commercial organisations. However both regular and APMS contracts have the same clinical and quality standards.

Due to a shortage of clinical staff, a rise in the use locum GPs and not enough interest from providers to deliver services at a lower cost means that the CCG feels that APMS contracts are not value for money. APMS contracts can cost nearly twice that of a regular GP contract.

The CCG wants to make sure that the patients of these practices get the GP services they need, and that the money spent on these contracts is used to make existing GP services work better for everyone.

In addition the NHS long term plan is a new plan for the NHS to improve the quality of patient care and health outcomes. This plan includes measures to improve out of hospital care and provide stronger community and primary care services.

This means that GP practices will start to work together to support larger populations of 30-50,000 people to develop services. Practices will still maintain their own patient lists

but look at how they can work together to deliver services that meet the needs of a wider group of patients across wider geographical areas.

APMS contracts were originally put in place by Primary Care Trusts (PCTs) in areas where GP services were lacking or needed. NHS Calderdale CCG (CCCG) currently commission GP services from the practices under an APMS contract in Calderdale. There are two practices under this contract and they are:

- Meadowdale Group Practice (Virgin Care), who have practices in:
  - Ovenden
  - Elland
  - Sowerby Bridge
- Park and Calder Community Practice (Locala), who have practices in :
  - Park Community, Central Halifax
  - Calder Community, Todmorden

## 14. The purpose of the plan

The purpose of the plan is to provide information on our approach to engaging with patients of the practices who provide GP services under an APMS contract. The key audience for this engagement will be:

- Patients of the practice
- Families and carers
- Staff
- Local councillors and MPs
- Other primary care services operating in the same geographical area including pharmacy services and other neighbouring GP practices.

The plan sets out why we need to engage with these stakeholders and the legislation we must work to. The CCG as part of their legal responsibilities need to ensure that they continue to involve people in the development and design of any future proposals for primary care services. Any proposals following this period of engagement that constitute significant service change will be subject to formal consultation. If significant service change is required a separate consultation plan will be developed to support this process

As part of our equality duty, we must consider equality at each stage of the decision-making process. What this means in practice is that this we will consider equality in the development of our proposals to enable us to make fair and informed decisions; identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010. To evidence that equality is being properly considered as part of the decision-making process, an equality impact assessment (EqIA) will be carried out.

We must ensure that any design, development or proposal for service change follows a process. The legislation the CCG must work to deliver a process is set out below.

## **15. Legislation**

### **Health and Social Care Act 2012**

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements 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, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

### **The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

### **The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

## **16. Principles for Engagement**

In addition to the legislation NHS Calderdale CCG has a 'Patient Engagement and Experience Strategy'. This strategy has been developed alongside key stakeholders. The strategy set out our approach to engagement and what the public can expect when we deliver any engagement activity. The principles state that we will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The strategy sets out what the public can reasonably expect us to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

## **17. What Engagement has already taken place?**

There has been a vast amount of engagement on primary care services over the past 5 years. This intelligence will be useful when considering general primary care services particularly in the establishment of Primary Care Networks (PCNs) which will consist of a grouping of GP practices within a geographical area, typically covering a population of 30,000 -50,000 patients.

However, whilst this is useful there is still a requirement to gather the views of stakeholders on an individual practice basis to ensure that any individual service change is considered separately. The findings from this can be further used in the wider context of system change.

The primary care intelligence we already hold is from the following programmes of work:

**June – September 2014 Engagement on 'Calderdale CCG Commissioning Intentions':** In June 2014 Calderdale CCG engaged with local people on the commissioning intentions for Calderdale. As part of this engagement the CCG received over 1,000 responses. Using the intelligence from this engagement there were a number of themes emerging which related directly to primary care.

**April – September 2015 Engagement on Primary Care Services:** In April 2015 Calderdale CCG worked with the local patient reference group network 'Calderdale Health Forum' to engage with practice representatives on primary care services. Following this

conversation the CCG further engaged Calderdale ‘Disability Partnership’ and the voluntary and community sector using VAC Engagement Champions.

The findings from this engagement provided the CCG with a number of key areas for the CCG to consider in the development of a primary care strategy for Calderdale. We asked

- ‘What does good like?’
- ‘What services could be provided in GP practices?’ and
- ‘What specific services would best meet the needs of our local communities?’

**November 2015 – February 2016 continued Engagement on Primary Care Services:**

Following on from the initial engagement with people on primary care we continued our engagement using our local community assets ‘Engagement Champions’ to deliver conversations with local communities as part of their training to become a community asset. We received a further 433 responses to the engagement from a range of groups representing different people across the local area.

**December 2016 - Right Care, Right Time, Right Place Calderdale and Greater Huddersfield:** The report is a summary of findings from all engagement and pre-engagement with public, patients, carers and staff which was delivered from the period March 2013 to December 2015. The aim of the report is to catalogue engagement activity, use the information collectively to understand what people are telling us about local NHS services in Calderdale and Greater Huddersfield, and use the key messages to support any future service models for hospital services and care closer to home.

**March 2017 - West Yorkshire and Harrogate Health and Care Partnership:** An engagement and consultation mapping report has been produced by the West Yorkshire and Harrogate Health and Care Partnership. The report presents the findings from all relevant engagement and consultation activity which has taken place during April 2012 to February 2017, across Calderdale, Bradford, Harrogate, Kirklees, Leeds and Wakefield. Within the report is a section on Primary and community services.

**November 2017 - Findings from the engagement on improving access to GP services:** In total we received feedback on the engagement from **1,489** respondents who completed a survey on how extended access could be delivered in Calderdale.

**The key overarching themes from all this engagement are as follows:**

- People wanted to see extended opening hours in GP practices, including evenings and weekend access.
- People felt that GP practices should be central to the delivery of ‘Care Closer Home’.
- Improved access to an appointment including: not having to ring at a set time to book an appointment, same day appointments for urgent care, weekend and evening appointments, longer appointments for people with a learning disability.
- More hospital services closer to home and in a GP practice setting including: podiatrists, surgical procedures, X rays, physiotherapists, nutritionists, mental health team and outpatients.
- Caring and helpful staff that are well trained and are representative of the community they serve.

- More additional support in GP practices including: voluntary and community group presence and sign posting. Additional services such as alternative therapies and counsellors.
- Improved communication and information including: clear signposting to other support services, access to IT equipment to support online services, translator and interpreter services available, access to health education to support self-management.
- Considering the needs of people with a disability including access to buildings, information and signage.

These key themes can be considered when designing or planning future primary care services.

## **18. Engagement**

The CCGs approach to pre consultation engagement will be to use existing services to reach each of the target audiences. This approach will ensure that the views gathered are done so using the CCG as a facilitator to support the engagement with cooperation from the current service providers.

The engagement will last for 4 weeks (any public holidays would need to be taken into account and additional days added if the engagement was planned over a holiday period)

Using a survey tool a number of questions will be asked of all the key stakeholders (see attached) in addition each respondent will be asked to complete an equality monitoring form. All responses will be gathered by the CCG through the CCG freepost address or smart survey tool. The returns will not identify individuals by name but people will be asked to identify the stakeholder group they belong to and the service they use.

Any additional responses received either verbal or written will also be captured and taken into account. This may include feedback from drop in sessions, notes captured from attendance at any meetings or any written responses via email or letter. The process for engagement will be as follows:

### **7.1 Review of existing data**

The CCG will conduct a desk top review of any existing data gathered from service users over the last 2 years this would include:

- PALS and complaints data
- Patient Opinion and NHS Choices postings
- Friends and family test feedback
- Any previous engagement activity undertaken by the practice

This data will be reported on separately in the report of findings and will ensure that the CCG are taking account the views and experiences of service users.

### **7.2 Develop a survey**

A survey has been informed and developed using the key themes already gathered through engagement with local people on primary care, the findings from this engagement are set out in section 6 of the document.

We know from existing engagement the key areas of importance for local people and we will want to test these further. Patients, carers, families and staff will have their say on services using a survey (both online and paper format).

### **7.3 Prior to the engagement**

A launch date will be set for engagement. Prior to this date the engagement plan and survey will be signed off by the CCG and sent to OSC for information. Each practice will be asked to engage their own Patient Reference Groups (PRGs) to identify any additional approaches to involving people.

A question and answer (Q&A) form will be developed by the CCG to predetermine questions people may have and provide an easy read response or sign posting to additional information.

An EQIA will commence to determine target audiences and any adjustments required to the survey such as translation or the engagement process.

### **7.4 Engagement launch**

- The website for each GP practice and CCG website will promote the engagement and host an online survey link (including a pdf survey to download and complete on the website). The Q&A and drop in sessions will also be promoted on this page.
- Every household will receive notification of the engagement and will be directed to the website via text where possible or letter if the text service is not used.
- A drop in session will be promoted (one at each practice site) via information in the practice, social media and websites.
- A letter will be sent by the CCG to wider stakeholders to raise awareness of the engagement and provide opportunity for response.
- Staff networks will be reached through publicity of the engagement via internal staff intranets, newsletters and briefings.
- A reminder text or letter to households could be considered mid way through the engagement process as a reminder.

## **8 Communication**

Existing practice communication channels will be used to reach patients and key stakeholders to distribute information and to raise awareness of the engagement.

Communication channels identified in this section will be used to disseminate information and will provide other opportunities for patients and the service users to provide their views.

Audience	Method	Action by
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Poster and questionnaire in the practice waiting room</li> <li>• Information on the practice website</li> <li>• A text message or a letter will be sent to all households registered with the practice</li> <li>• Patient Reference group mobilised to support engagement in waiting areas</li> <li>• Drop in session – one for each site</li> </ul>	CCG and practices
<b>Patients, Staff and stakeholders</b>	<ul style="list-style-type: none"> <li>• Practice and CCG internet/website (online survey)</li> <li>• Social media if available</li> <li>• One to one conversations/letter</li> </ul>	CCG and practices
<b>Elected members / MP'S &amp; Councillors</b>	<ul style="list-style-type: none"> <li>• Information about the engagement to be circulated for information</li> <li>• Conversations as requested</li> </ul>	CCG
<b>Neighbouring GP practices / Pharmacy</b>	<ul style="list-style-type: none"> <li>• Information about the engagement via letter</li> </ul>	CCG

## 9 Equality

Engagement activity should include all protected groups and other relevant groups. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed prior to any formal consultation.

The data from the engagement activity will be combined with other data and research to develop the EQIA. This will help us to understand the potential impact of the proposals on different groups so that these can be fed into the decision making process.

## 10. Non pay budget required

<b>Budget</b>	
<b>Item</b>	<b>Estimated Cost</b>
Survey printing costs (estimated at 200 per practice)	TBC
Household text alert – every household registered (price per unit)	TBC
Drop in sessions – near each practice location x 5	TBC

Accessible formats – language, large print, Braille and easy read	On request TBC
<b>Maximum total budget required</b>	<b>TBC</b> <b>Estimated 8K</b>

## 11. Draft High level time line for the delivery (these dates are subject to change)

Actions	Timescale
<b>Engagement stage</b>	
Prepare an engagement plan and survey	May 2019
Plan and survey signed off	May 2019
Share the plans with Overview and Scrutiny Committee (OSC) for information	June 2019
Prepare tools for engagement	June 2019
<b>Targeted Engagement with practice population (4 weeks) TBC</b>	<b>15th July – 16<sup>th</sup> August 2019</b>
Analysis and report including equality data	20 <sup>th</sup> August – 27 <sup>th</sup> August
Comments and sign off report by CCG. Report to be shared	September
Share the findings from engagement with OSC	September
Internal governance complete and engagement findings published	By 13 <sup>th</sup> September
Engagement and EQIA considered as part of options development.	By 13 <sup>th</sup> September
<b>Consultation - planning to start and be signed off</b>	<b>1<sup>st</sup> September – 11<sup>th</sup> Oct</b>
Draft Consultation plan and associated collateral to be developed and shared with OSC for comment – EQIA updated	10 <sup>th</sup> October
Preparation and planning for consultation	1 <sup>st</sup> Sept – 11 <sup>th</sup> Oct
<b>Consultation period (6 weeks)</b>	<b>28<sup>th</sup> Oct – 6<sup>th</sup> December</b>
Input outstanding surveys and data	4 <sup>th</sup> Nov - 6 <sup>th</sup> December
Analysis and report including equality data	9 <sup>th</sup> – 13 <sup>th</sup> December
Share the findings with OSC consider feedback	19 <sup>th</sup> December
Consultation and EQIA considered and conscientiously taken into account. Internal governance complete. Decision made.	December 2019

## **12. Analysis of data and presentation of findings**

The findings from the pre-consultation engagement will be used alongside any existing intelligence to inform the future of the 2APMS contracts in Calderdale. This will include the development of any criteria to design, develop or inform any future proposals.

All the intelligence from each of the 2 practices (5 sites) will be reported individually but captured into one report. This report will provide an overview of the views of all responding key stakeholders to the engagement. The report will be received through internal reporting mechanisms and a decision will be made on the next steps.