

**Application to Close the Clover Group Practice Jordanthorpe Site****Primary Care Commissioning Committee meeting****21 January 2021****D**

<b>Author(s)</b>	Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning
<b>Sponsor Director</b>	Sandie Buchan, Director of Commissioning Development
<b>Purpose of Paper</b>	
To seek approval for the closure of the Jordanthorpe site in order to offer improved patient care and increase the sustainability of The Clover Group Practice APMS contract.	
<b>Key Issues</b>	
<p>Primary Care Sheffield (PCS) and Sheffield Health and Social Care NHS Foundation Trust (SCHFT) hold an Alternative Primary Medical Services (APMS) contract for provision of general practice services awarded following tender in April 2016. The practice, known as The Clover Group, offers services from four sites including Jordanthorpe Health Centre.</p> <p>The incumbent providers of the contract have a £300k gap between income and operating costs and the Primary Care Commissioning Committee (PCCC) has received regular reports on the progress of discussions to identify an appropriate long term solution. In July 2020 approved the development of and public consultation on proposals to consider the future of the practice's Jordanthorpe site,</p> <p>With the move of a second, larger, practice to Jordanthorpe Health Centre in April 2020 there is possible duplication of service offer that may not present best use of resources for the people of Sheffield.</p> <p>The providers have identified that the closure of the Jordanthorpe site would offer an opportunity to improve services offered at the other practice sites while significantly reducing the recurrent shortfall on the APMS contract, supporting the extension of the contract</p> <p>The Clover Group have prepared a Case for Change which is presented here and PCCC is asked to approve the application to close the Jordanthorpe site of Clover Group Practice.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
<b>Approval</b>	
<b>Recommendations / Action Required by Primary Care Commissioning Committee</b>	
<p>The Primary Care Commissioning Committee is asked to</p> <ul style="list-style-type: none"> <li>Consider the case for change presented for the closure of the Clover Group Practice Jordanthorpe Site.</li> <li>Approve the application to close the Jordanthorpe practice site and the implementation of proposed actions to be taken to inform and support patients.</li> </ul>	

<b>What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?</b>
<p><b>Which of the CCG's Objectives does this paper support?</b></p> <p>Strategic Objectives –</p> <ol style="list-style-type: none"> <li>1. To improve patient experience and access to care</li> <li>2. To improve the quality and equality of healthcare in Sheffield</li> <li>4. To ensure there is a sustainable, affordable healthcare system in Sheffield</li> <li>5. Organisational development to ensure CCG meets organisational health and capability requirements</li> </ol>
<b>Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?</b>
<p><i>If so please state which function?</i></p> <p>Yes - planning</p>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
Not for this paper
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
Yes, a QEIA is attached to the case for change.
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
Yes, the provider has conducted public consultation on the proposal and a full report is attached to the case for change.

## **Application to Close the Clover Group Practice Jordanthorpe Site**

### **Primary Care Commissioning Committee meeting**

**21 January 2021**

#### **1. Background**

In 2015 NHS England let two APMS contracts for the provision of primary medical services in Sheffield to Primary Care Sheffield and Sheffield Health and Social Care Trust (the Contractors). NHS Sheffield Clinical Commissioning Group (SCCG) assumed delegated responsibility as commissioner in April 2016. Both contracts end on 31 March 2021 but permit two extensions by the commissioner, the term of each extension being five years and, as permitted, SCCG wish to extend the contracts for a further five years.

PCCC has received several briefings about the financial issues raised by the current holders of contract for The Clover Group practices. The assessment of the current provider is that there is a recurrent financial shortfall of £300k on the Clover Group contract.

While the Committee have been clear in their position that they do not support an increase in funding for this contract, they supported a proposal to undertake further work to reach a decision on the most appropriate option to secure sustainable and high quality long term service provision for the registered population of the Clover Group.

In July 2020, PCCC approved the development of plans to consider the future of the Clover Jordanthorpe site and public consultation on these. Following consultation and further development, a Case for Change has been prepared by the contract holders for the closure of their Jordanthorpe site and this is presented for approval by PCCC.

The purpose of this paper is to present for consideration a Case for Change, attached at Appendix 2 to this paper, completed following this consultation and seek approval from PCCC for the closure of the Jordanthorpe site of the Clover Group Practice.

#### **2. Case for Change**

In support of this application Clover Group have prepared the Case for Change attached at Appendix 2 to this paper.

Clover Group Practice currently provides services from four surgeries across the City, Jordanthorpe, Highgate, Mulberry and Darnall Primary Care Centre. Map 1 at Appendix 1 to this paper shows the geographical location of the sites.

The contract holders consider that current levels of service provision are not sustainable. The contractors have considered opportunities to improve services across the Group practices and rationalise service provision in order make service provision sustainable.

While the practice has a CQC rating of Good (October 2017), Jordanthorpe regularly receives lower patient satisfaction rating than other nearby sites.

The practice is situated next to and within the same building as the newly located Meadowgreen Health Centre and that practice has the capacity to take more registered patients. In addition there are two other practices nearby. Map 2 at Appendix 1 presents the geographical location of the Jordanthorpe site and neighbouring practices referred to in the Case for Change. Map 3 at Appendix1 shows the distribution of patients registered with the Clover Group relative to Jordanthorpe and neighbouring sites.

It is estimated that ceasing service provision at Jordanthorpe would result in a recurrent net saving of approximately £100,000 per year for the contractor.

### **3. Consultation, Quality and Equality Impact Assessment (QEIA) and Mitigations**

The Practice, supported by the CCG Engagement Team, have developed and undertaken consultation with registered patients of the practice and other key stakeholders. Both the design and results of this consultation were considered by the CCG's Strategic Public Involvement, Experience and Equality Committee (SPIEEC) who fully assured the consultation, the consultation report is appended to the Case for Change. The Committee's key findings were:

- there was recognition that although there had been low numbers of responses (68), the reduction in patient list size of 40% gave a good indication that patients had been given sufficient information to make an informed choice.
- there was good representation from all protected characteristics based on practice list.
- the Practice had been responsive, updating information to patients throughout the consultation to address concerns raised ensuring they had sufficient information.
- the consultation had an equality focus, having the numbers of their patients with protected characteristics allowed the practice to identify low responses from certain groups and address. A low response rate from patients with a learning disability was identified and addressed by calling and speaking with directly. Consultation report included an analysis by protected characteristic which gave a detailed insight into issues raised by different groups.
- the Practice's approach and report were recognised as being good models for future consultations on substantial service change within GP practices.

The consultation identified that the key concerns of patients were that they would have further to travel if they were unable to register with Meadowgreen (which is located in the same building), uncertainty about services and access at other practices and concern about loss of continuity of care if changing GP.

In mitigation to these concerns, patients will be able to re-register at Meadowgreen Practice within the same health centre and one GP who works at Jordanthorpe will be taking up employment at Meadowgreen Practice, offering patient's continuity.

Recognising the concerns SPIEEC asked the practice to continue to communicate with their patients regarding timescales and the employment of Clover Group GP at Meadowgreen.

#### **4. Contractual Requirements**

Where a practice, held under a single contract, operates from two or more sites provisions exist for the closure of one of the sites following approval by the Commissioner.

In this case, the practice list would remain with the provider however, in the case of Jordanthorpe it is highly likely that the majority of the patients would choose to re-register with Meadowgreen, or one of the other nearby practices. The provider and CCG will support this by writing to patients explaining the transition and the options available.

#### **5. Financial Position**

The Practice currently receives cost rent and other reimbursable costs of £188,188 p.a. from SCCG in relation to the premises, this would be released by the closure if the surgery. However, as Jordanthorpe Health Centre is a LIFT building, owned and managed by Community Health Partnerships Limited (CHP), the CCG would become responsible for the cost of 'void' space created. There would be no net cost increase for the CCG.

The CCG has explored opportunities to bring void space in a number of buildings across the City back into use for the benefit of local people with health and social care partners and to implement these and is developing a business case for Wave 4b Capital to support the plans. Additional void space at Jordanthorpe fits well within these plans.

Furthermore, Meadowgreen Practice have expressed interest in utilising some of the demise released by the closure (clinical and reception/administrative space) and a separate case will be made by Meadowgreen Practice for this.

#### **6. Workforce**

One GP who works at Jordanthorpe will take up employment with Meadowgreen in 2021 and the other GPs remain with the practice. Other staff working at the site are employed by SHSCFT who have undertaken consultation and are managing redeployment for these individuals.

#### **7. Next Steps**

Subject to PCCC approval, it is intended that the Jordanthorpe site will close by **31 March 2021**. SCCG will work with the provider to ensure that the appropriate processes are followed and the transition is well managed, including:

- issue contract variation to the Contractors APMS contract;
- contact with all registered patients affected by the change to explain their options and offer support should they wish to re-register with another local practice;
- management of the transfer of the premises;
- liaison with other neighbouring practices to resolve any issues that arise;
- regular updates to PCCC to confirm progress and actions taken to mitigate any patient experience issues identified.

## **8. Recommendation**

This Case for Change maintains ongoing service provision, minimising possible disruption for the majority of registered patients of the practice and limits financial and commissioning risk to the CCG. The consultation identified a number of public concerns and mitigation has been identified for these.

It is considered that the closure of the site offers the best way forward to secure a sustainable future for The Clover Group and its patients and therefore this proposal is recommended to the Committee.

## **9. Action for Primary Care Commissioning Committee**

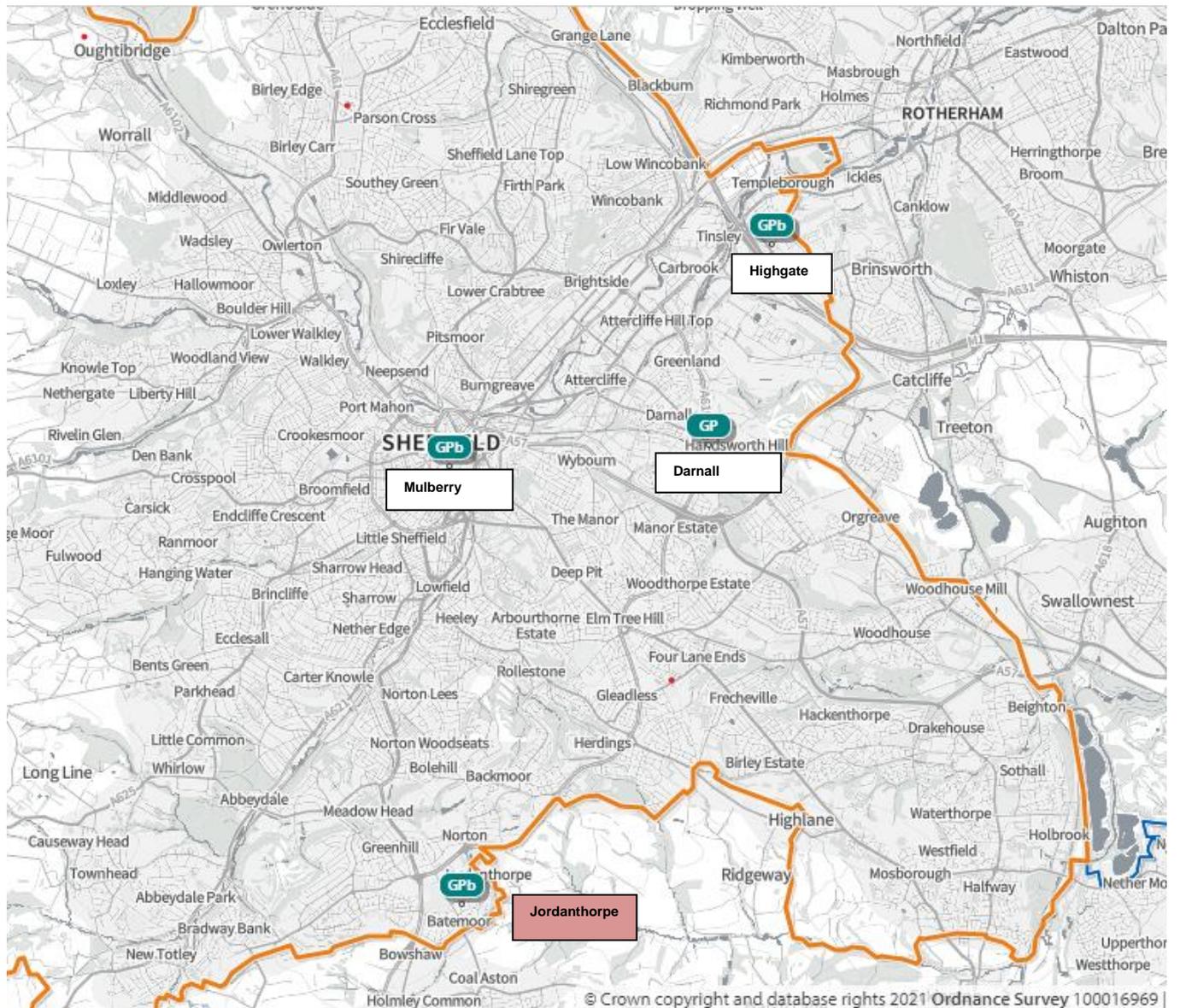
The Primary Care Commissioning Committee is asked to:

- Consider the case for change presented for the closure of the Clover Group Practice Jordanthorpe Site.
- Approve the application to close the Jordanthorpe practice site and the implementation of proposed actions to be taken to inform and support patients.

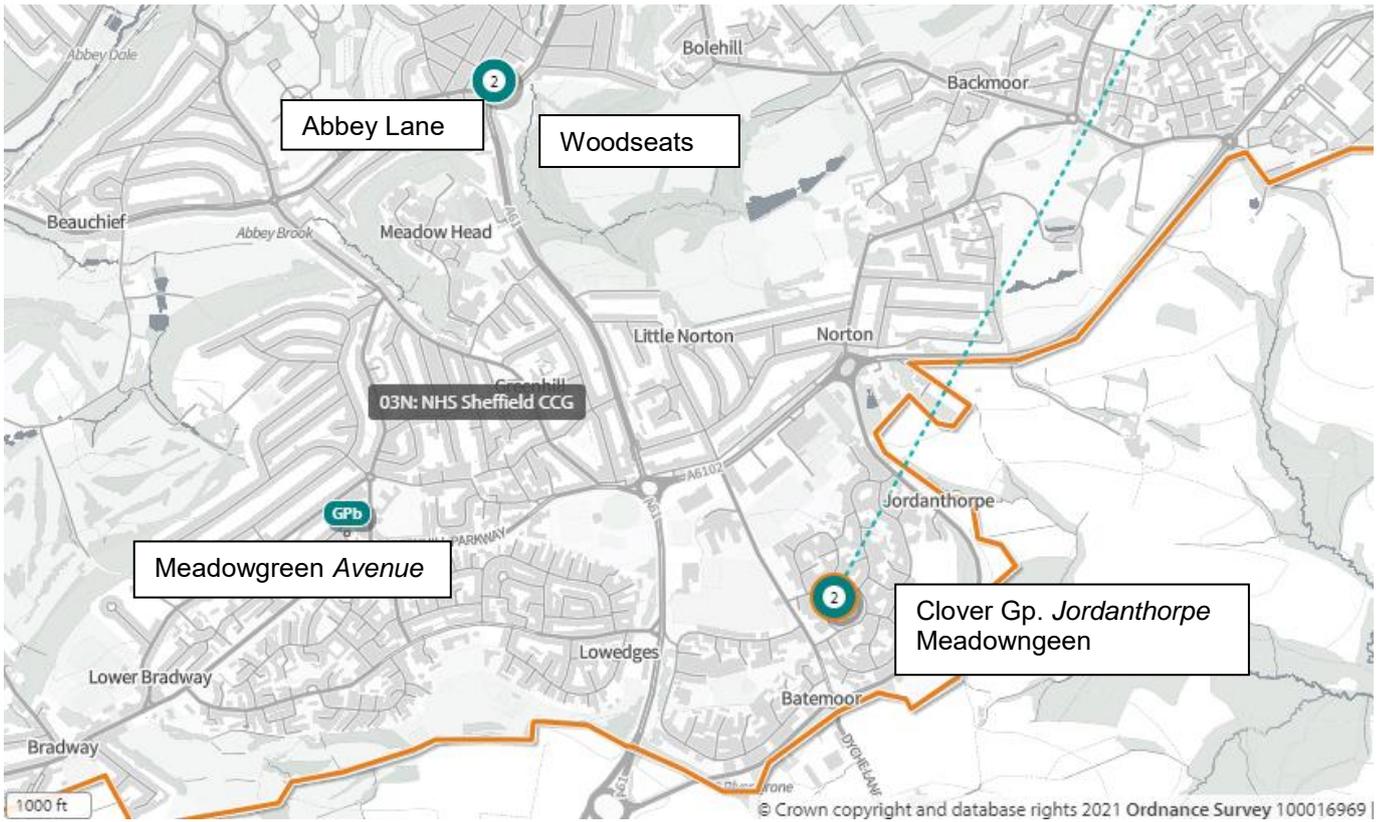
Paper prepared by: Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning

18 January 2021

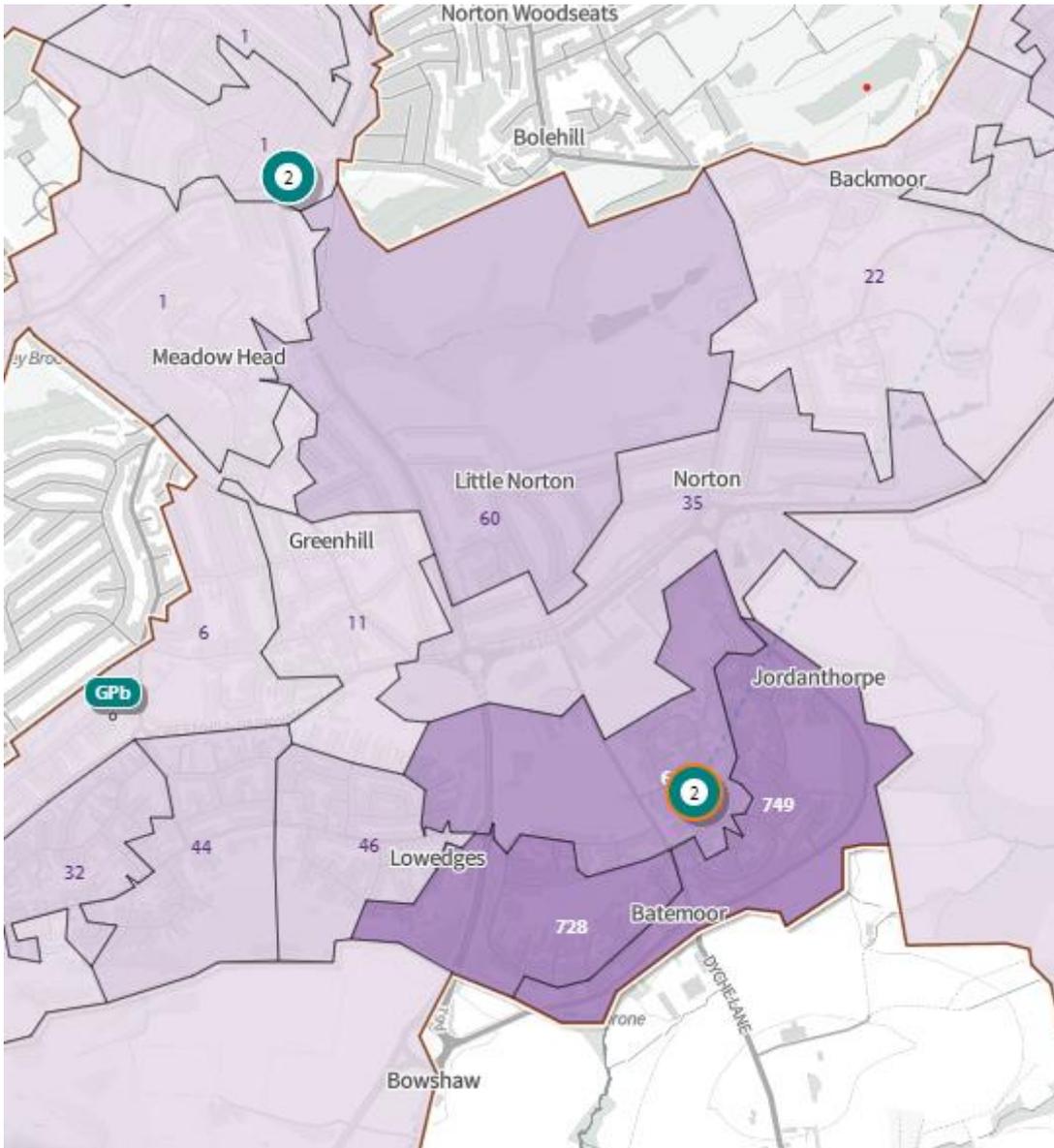
Map 1: Location of The Clover Group Practice Sites



Map 2: Location of Clover Group Jordanthorpe and Neighbouring Practices



Map 3: Clover Group Registered Patients Living in Proximity to Jordanthorpe



The Clover Group holds a single patient list, it is therefore not possible to map distribution of patients registered at Jordanthorpe. However, the map above presents, by LSOA, the registered population of the Clover Group living near to Jordanthorpe.

It can be seen that the majority of these patients live in very close proximity to the site. Others live as close, or closer, to another neighbouring practice.

## CASE FOR CHANGE

**Type of change:** Branch Closure

**Practice Premises** – Clover Practice, Jordanthorpe Health Centre

### 1. Practice details

<b>Name and Address</b>
Clover Practice, Jordanthorpe Health Centre, 1 Dyche Close, Jordanthorpe, Sheffield S8 8DJ
<b>Practice Code</b>
C88069

### 2. Premises arrangements

Nature of tenure			
Owned or leased	If owned, name of owner(s)	If leased, name of landlord(s)	If leased, expiry date of lease.
Leased	NA	Community Health Partnership	04/08/2031

If the premises are leased, please provide a signed copy of the lease (this is a mandatory requirement to ensure any rent reimbursement can be considered)

*Lease provided but not attached to this appendix.*

Type of building	
Purpose built	Yes
Converted shop	-
Converted house	-
Converted office	-
Other – Please provide brief description	-

Please provide dates and descriptions for new builds/conversions, and any subsequent refurbishments or extensions.

Remodelling works were completed in March 2020 and the Deed of Surrender 2020 attached reflects Clover Practice's demise post these changes.

### 3. List Size Changes

#### a) Registered list size for last three years

Year	Total
April 2018	3326
April 2019	3307
April 2020	3267
December 2020	2458

#### b) Projected list size changes and supporting evidence

See table at 3 section a above

#### Practices in a 2 mile radius:

0.0 miles - Meadowgreen Health Centre (located within Jordanthorpe premises)

1.4 miles - The Avenue MC – a site of Meadowgreen HC

1.6 miles - Abbey Lane Surgery

1.7 miles – Woodseats MC

### 4. Workforce

GPs		
Name	Role (Partner, Salaried)	WTE
GP (resigned, moves to Meadowgreen Surgery 1 Feb 21)	Salaried	0.78
GP	Salaried	0.67
GP	Salaried	0.55
Other Clinical Staff		
Name	Role (ANP, Practice Nurse, HCA)	WTE
Nurse Practitioner	Practice Nurse	1.0
HCA	Health Care Assistant	0.8
Administrative Staff		
Name	Role	WTE
	Manager	0.8
	Receptionist	0.27
	Receptionist	0.68
	Receptionist	1.0
	Secretary	0.73

## 5. Proposed Change

### Please provide details of the current situation

The partnership between Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Primary Care Sheffield (PCS) runs Jordanthorpe within the APMS contract for Clover Group Practice. The Clover contract was awarded to the partnership from 1 April 2016, but had been previously held by SHSC for 5 years following the transfer of the practices from the NHS Sheffield Primary Care Trust (SPCT) under the Transforming Community Services programme. Prior to this, Jordanthorpe was a failed independent contractor for a variety of reasons including financial, recruitment and retention difficulties and was managed under the PCT upon the dissolution of the partnership.

### Please provide details of the drivers for change

Despite efforts to improve the service and retain patients, the list size now stands at 3,200 registered patients, a number that has been reducing over the last 5 years, and the GP Survey shows that only 58% of patients describe their overall experience of the service as good compared to 66% and 87% of patients at the two closest surgeries.

In early 2020, Meadowgreen Surgery relocated to Jordanthorpe Health Centre to take up the void space in the building. Running two parallel services within the same building, each with separate administrative and management overheads is not a good use of public money.

If the Clover Group Practice branch site is permitted to close, patients will remain registered with Clover Group Practice and be able to access services at the other Clover Group Practice sites or alternatively they will be able to register with another of the local practices, allowing more NHS funding coming into the area to be spent on direct patient care, ensuring that patients are cared for in the best possible way.

### Please provide details of the proposed change

The proposed change to current provision is the closure of Clover Practice Jordanthorpe Health Centre branch site. Patients will remain registered with Clover Practice and can continue to access services at the Darnall or Highgate sites.

However, there are several practices in close proximity to the site including another practice based within the same health centre, and it is expected that almost all patients will choose to re-register with one of the alternative providers. Indeed, since the proposal went out to patient consultation on 12 October, the practice has already seen a reduction in its list size of 809 patients who have chosen to leave in advance of approval of the change, making the ongoing viability of the service even less tenable.

### Please provide details of actions taken to date and those planned for the future

Action	Date
Presented branch closure intentions to PPG	22.09.20
Contacted PPG members absent from meeting to inform of branch closure intentions	30.09.20
Branch closure consultation commenced	12.10.20
Published patient notification of Branch Closure intentions on Jordanthorpe website	14.10.20
All patients notified of proposal and invited to complete survey	14.10.20
Informed LMC of intention to close Jordanthorpe branch site	14.10.20
Advised MP and councillors of intention to close Jordanthorpe branch site	14.10.20
Advised Healthwatch of intention to close Jordanthorpe branch site	14.10.20

Advise PCN practices, community nursing team and PCN 3rd Sector reps of intention to close Jordanthorpe branch site	30.10.20
Patient consultation Meeting	03.11.20
Submitted SPEEEC report 1 on consultation plan	12.11.20
Submit Quality and Impact Assessment as appendix to SPEEEC Report 1	12.11.20
Present branch consultation report to SPEEC	24.11.20
Issue final call for responding to the consultation	29.11.20
Branch closure consultation closes	06.12.20
Draft Patient Consultation Report send to Richard Kennedy for comments	10.12.20
Complete Case for Change Template and submit to Primary Care Team	10.12.20
Submit branch closure patient consultation report in advance of SPEEC meeting	17.12.20
Submit branch closure documents to Primary Care Team (QIA, Case for Change, Practice Mergers and Closures Form, Pt Consultation Report)	07.01.21
Present branch closure patient consultation report to SPEEEC	05.01.21
Primary care team to sign off business case and address any points raised in advance of PCCC	11.01.21
Primary care team business support prepare papers for website and committee	13.01.21
PCCC papers uploaded to internet	14.01.21
PCCC	21.01.21

### Current opening times for patients

Open = on-site & telephone access, between 8am and 6.30pm:

	Morning		Afternoon	
	Open	Close	Open	Close
<b>Monday</b>	8am	NA	NA	6pm 6pm-6.30pm GP Collab
<b>Tuesday</b>	8am	NA	NA	6pm 6pm-6.30pm GP Collab
<b>Wednesday</b>	8am	NA	NA	6pm 6pm-6.30pm GP Collab
<b>Thursday</b>	8am	12pm	NA	12pm-6pm phones answered and patients seen at Central Health Clinic 6pm-6.30pm GP Collab
<b>Friday</b>	8am	NA	NA	6pm 6pm-6.30pm GP Collab

**Please provide details of the extended hours (days and times) currently provided under the Extended Hours DES and delivered from this site:**

Clover Group Practice extended hours are delivered from the Central Health Clinic. No extended hours are delivered from Jordanthorpe Health Centre.

## 6. Patient Experience and Engagement

Please provide details of the work undertaken / proposed to be undertaken with current registered patients including timelines, conversations with neighbouring practices, PCN, wider stakeholder engagement

Consultation has been undertaken with the registered patients of the Practice who use the Jordanthorpe site. Full details and mitigation identified are set out in Appendix A: Patient Consultation Report, attached to this case.

Please provide details of actions in relation to outcomes from the QEIA

A QEIA has been completed (Appendix B)

Confirm and explain alignment with other strategies

Clover Group Practice Jordanthorpe site has tried over the years to provide a good level of access and services to its local population, however has continued to battle with its staffing and funding. There are many drivers for change within health and social care, the most significant of these is the ever-increasing rise in the volume of demand for services. This is being experienced across all parts of the system, and in most aspects; the resultant pressure from this will impact on the quality of services if it is not addressed.

Key drivers for change within the Primary Care Estates Strategy are;

- Identify under-performing Primary Care assets to enable re-use or release, creating improved efficiency and re-investment opportunity.
- To improve patient experience and access to care.
- To improve the quality and equality of healthcare in Sheffield.

Although Clover Group do not consider themselves an 'under-performing' provider, there have been a number of areas which have contributed to patient experience being of a lesser standard.

Clover Group Practice Jordanthorpe feel that in order to try and give the best service to the local residents who access their services from Jordanthorpe, the best option would be to close this surgery and allow patients to either register with another local surgery that may be closer to home, or re-register with Meadowgreen and have continuing of services being provided from one location and increase some of the points highlighted above.

## 7. Revenue Impact

Currently Jordanthorpe receives the following rent and rates reimbursement that would be released by the closure:

Lease Plus Payment (rent)	£176,828.94
Water & Sewerage Charges	£609.95
Non-Domestic Rates	£10,748.66
<b>Reimbursed to practice</b>	<b>£188,187.55</b>

However, as this is a LIFT building the CCG would be liable for picking up this cost, resulting in no net saving to the CCG.

## 8. Lease Agreement and termination

The lease may be surrendered by the Practice.

**To be signed by all current partners / individuals to the contract**

**We, the undersigned, confirm that the information provided in this application is complete and accurate.**

Signed: .....

Print: .....

Date: .....

## Proposed Closure of Clover Practice's Jordanthorpe Branch Site

### Consultation Report

5 January 2021

#### 1. Background

- 1.1 Clover Practice consists of four practices across Sheffield. The practice has advised NHS Sheffield Clinical Commissioning Group (CCG) that it is no longer sustainable to continue to run the branch surgery based at Jordanthorpe Health Centre. There are several other practices in the area, including one based in the same health centre, which patients are able to register with. We believe that dispersing Clover Practice patients to other local practices will enable NHS funding to be better spent on direct patient care, ensuring that patient are cared for in the best possible way.

Our practice team has worked very hard to deliver the best possible care to patients despite challenges, however the most recent GP survey shows that only 58% of Clover practice patients describe their overall experience of the service as 'good' which is significantly lower than the surrounding surgeries. We therefore believe that if the proposal for the branch surgery to close is approved, the health and wellbeing of patients will not be affected.

If the proposal is accepted, patients will be required to re-register with another surgery which covers their postcode. All local practices, including Meadowgreen Health Centre which shares the health centre building are currently happy to accept new patients.

#### 2. Methods

- 2.1. Between 12th October and 6th December 2020, Clover Practice ran a 9-week patient consultation regarding the proposed change.

All registered patients over the age of 15 were contacted by the method either recorded as part of the Accessible Information Standard or their preferred contact method. This included calls, letters, texts and different formats as discussed in detail at the SPEEEC meeting in November.

Steps were taken to identify patient groups, stakeholders and people who may be affected by the proposed changes to the current service. Clover Practice was committed to making sure that the public consultation provided genuine opportunities for local people's voices to be heard. The public consultation was also informed by an Equality Impact Assessment which is attached to this document. We believe we ran an inclusive consultation encouraging as many individuals and groups within the practice area to give their views and feedback about the proposed changes. Pro-active efforts were made to obtain the views of people living in the geographical location of the current service and voluntary sector partners were asked to cascade information and hear the views of patients including those with long term conditions.

## 2.2 Key groups communicated with

- Patients and carers
- Patient Participation Group
- Neighbouring GP practices who will absorb the Clover Practice registered patient list if the list is dispersed
- Health Watch
- Local Pharmacy
- Local voluntary organisation partners through the Primary Care Network models
- Local MP and Councillors x 3 in the Beauchief and Greenhill Ward

## 2.3 Materials used to support public consultation

- Texts for those that have requested communication by text
- User friendly letter outlining proposals and including patient survey
- Letter and survey on practice website
- Posters advising of the consultation at key points within the practice, on entry, at the reception desk and in the waiting room
- Presentation addressing the FAQ and issues raised at that point in the consultation.
- Briefing and FAQs (Frequently Asked Questions) for gate keeper staff e.g. receptionist staff to enable accurate responses to patient enquiries

## 3. Responses

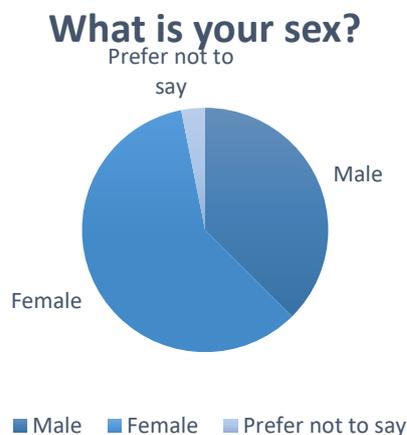
- 3.1. There was a total of 68 responses to the survey of which 56 were completed via online survey and 12 were submitted on paper.

We also received verbal feedback from the Meadowhead Christian Fellowship.

We received verbal feedback and questions from patients and groups in the patient engagement session we held virtually.

A telephone conversation was arranged with a local councillor to answer some generic questions.

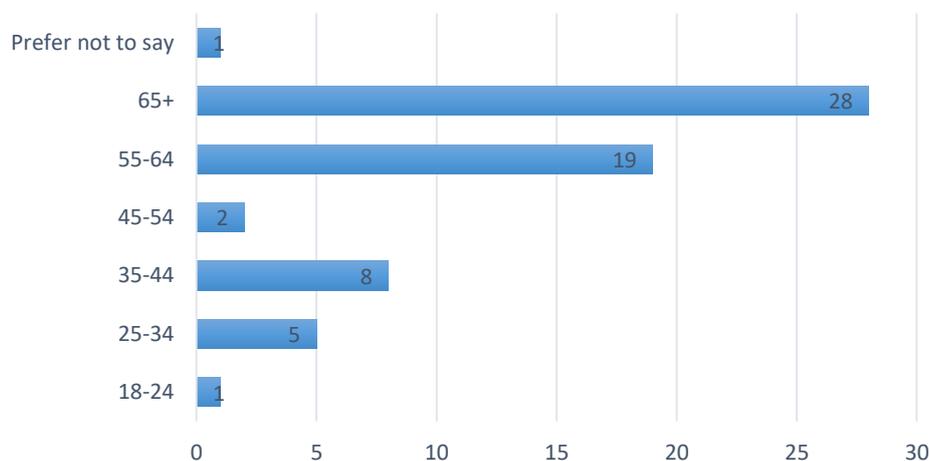
## 3.2. Equality monitoring



## Is your gender identity now different to the sex you were assumed to be at birth?



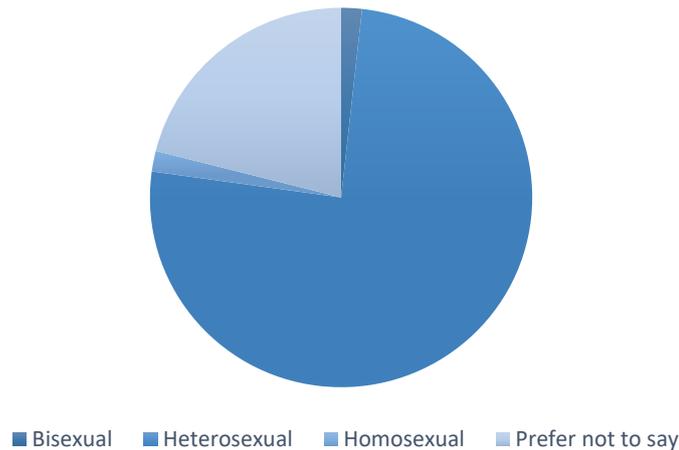
## What is your age?



We managed to gain 6% of feedback from patients who identified as their gender being different now than it was at birth. This equates to 3 patients and in our EQIA, we identified 3 Transgender patients as being registered, although we recognise that patients may self-identify as a different gender without feeling ready or wanting to advise us as a practice. Also some of the respondents were carers and family members rather than patients so this could account for this. Overall we are happy with the diversity of respondents.

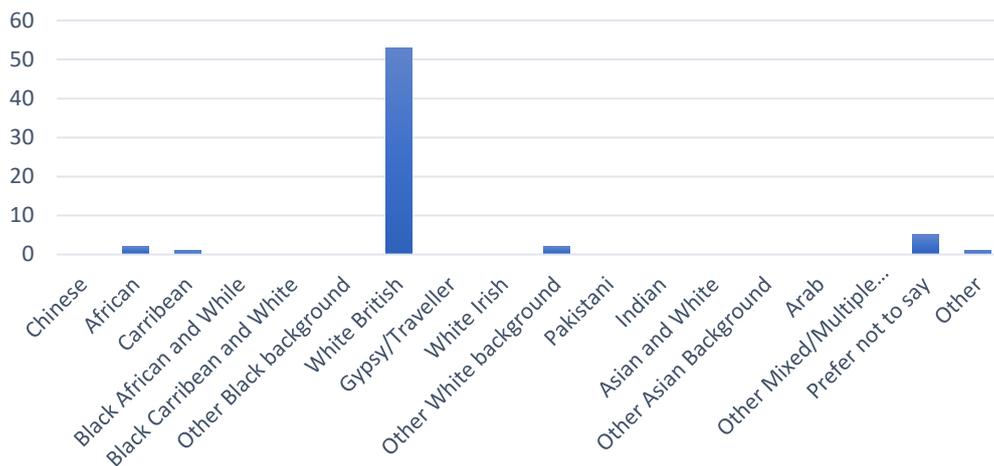
Over 65 year olds were the highest responder group in the survey and while their responses were generally negative to the proposal, since the patient consultation opened, the practice has seen 45% of this age group move to new practices, so we feel reassured that they are aware of the process.

## What is your sexual orientation?



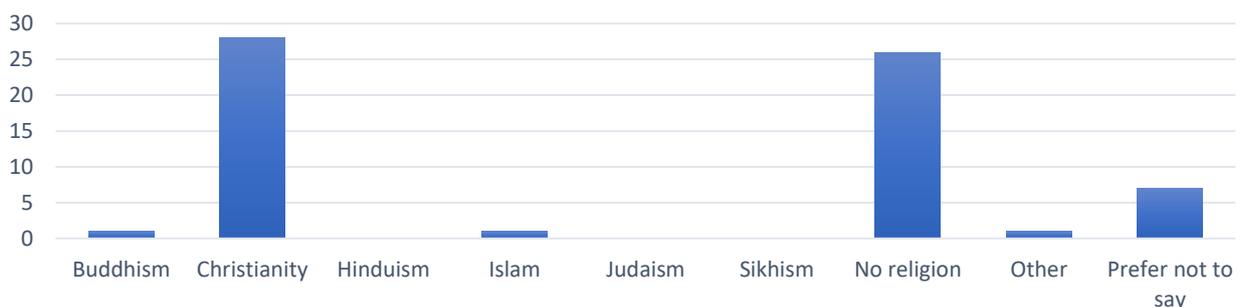
Again we had a level of diversity in responses in relation to sexual orientation. Our EQIA did not identify that sexual orientation was a characteristic where this proposal would have an inequitable impact.

## What is your ethnic background?

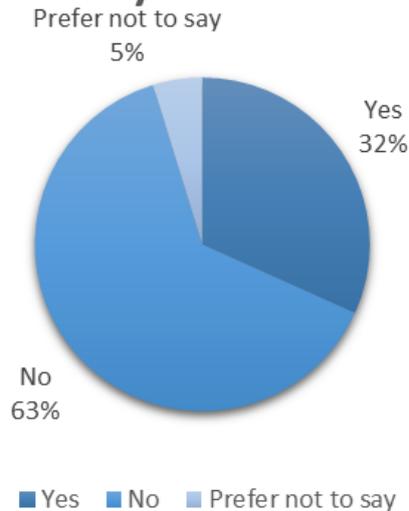


6.2% of patients from a non-white ethnic background responded to the survey in a context of 3% of the registered list size being recorded as such. We had struggled to engage with local groups who represent BAME population. However, BAME responses are proportionally higher than the local population in general, and so we feel confident that we have gained this cohort's views.

## Do you consider yourself belonging to any religion?

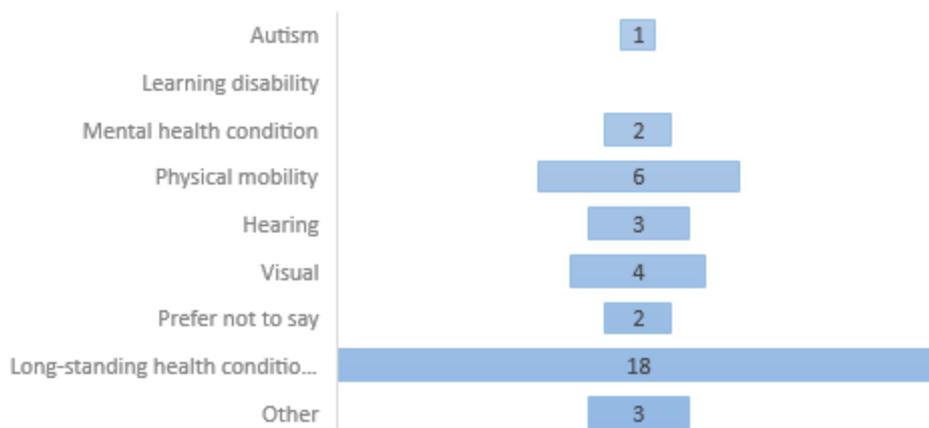


## Do you consider yourself to be disabled?



The EQIA completed prior to the survey, identified that understanding how many patients would classify as disabled was problematic, as medically we record conditions not 'disability'. This makes understanding if this cohort is represented difficult. Therefore we used national statistics as well to know that 16% of working age adult and 45% of those over state pension age are disabled. This reassures us that with 32% of respondents being disabled that we have good representation from patients with this characteristic.

## If you consider yourself to be disabled, what disability or impairment do you have?



Although the survey did attract the response of a carer of a person with learning difficulties, it did not receive any responses direct from patients with Learning Disability (LD) despite the practice having 49 registered LD patients. Because of the lack of feedback, and as we'd identified this cohort as a group that may be negatively impacted by the proposal, we pro-actively contacted a few patients by phone to ensure we heard the voice of at least two representatives of this group. These conversations were more informal than asking the questions in the survey.

The first feedback was directly from an LD patient who was in his 25-34 age range and was supported by his mother during the call. His main concern was that he liked the nurse and was fearful that the new practice he registered with wouldn't

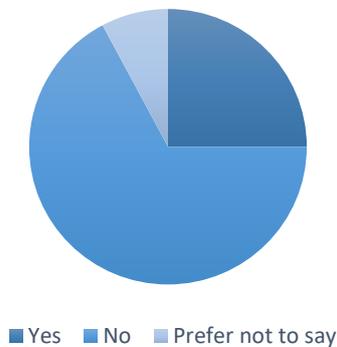
understand his needle phobia. He was happy he could return to the same building as routine and familiarity was key to him.

The second patient we spoke to was a female from the same age bracket, again supported by her mother. They were about to re-register at the practice in the same building due to the changes. Their main concern was about ensuring they could receive the repeat medications as there had been some previous supply issues.

We are also reassured that those living with a learning disability are engaged and understand that the closure may happen. As of 10th December over 50% of these patients had chosen to register at other practices.

We were also able to gain feedback from a reasonable amount of carers.

**Do you provide care for someone, such as family, friends or neighbours, because they are ill, disabled or need support because they are older?**



#### **4. Summary of feedback**

##### **4.1. Existing patient feedback**

The most recent GP survey shows that 58% of Clover practice patients describe their overall experience of the service as 'good' compared to 66% and 87% of patients at the two closest surgeries.

##### **4.2. Overview**

The responses to the survey were generally unanimous in theme;

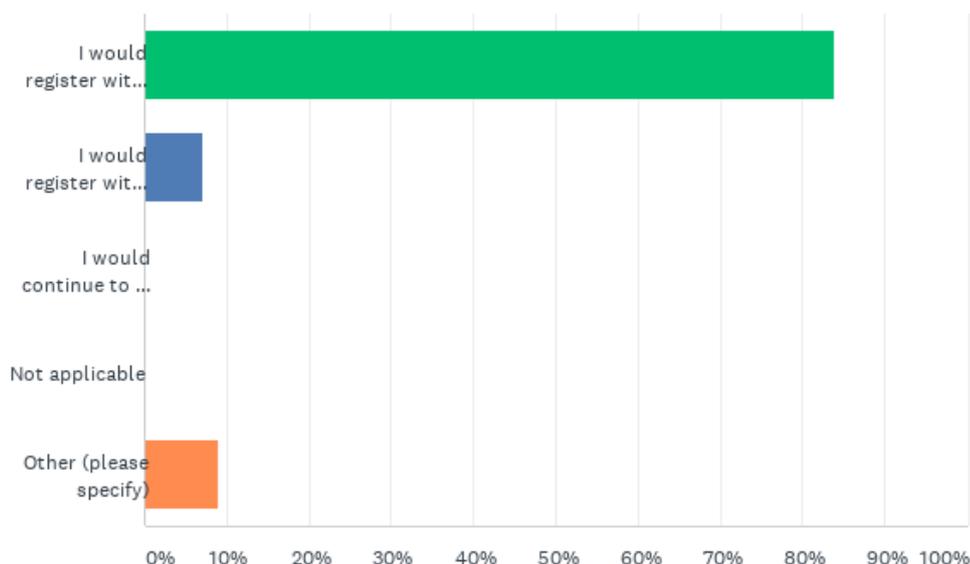
- Patients are concerned about having to travel to a different site to access GP services.
- Patients want to know more about alternative providers
- Patients want reassurance that alternative providers offer the same services as the current practice
- Patients want to see the same practitioners rather than stay with the same practice
- Patients are concerned about any negative impact of the change on what is a deprived area, and demonstrated a lack of awareness that there is another provider in the Health Centre and it would not close down
- Patients are worried about not being accepted onto the list of alternative providers

A key theme in the question and answer session of the patient consultation meeting was in relation to whether other practices would be able to take all of the patients registered at Jordanthorpe currently.

There were fewer questions in this session, perhaps because we addressed the main theme of concerns that had been raised in the survey during the initial presentation.

#### **4.3. Question 1: In the event of the Clover Practice Jordanthorpe branch closing, how would you access GP services?**

The majority of respondents to the questionnaire (83.9%) said that in the event of the branch closing they would register with Meadowgreen surgery. 7.14% said they would register at another location and 8.93% selecting “other” said they either had not made the decision yet or would need more information before selecting a new practice. No respondents said that they would continue to be registered with Clover Practice and access services at Darnall or Tinsley.



#### **4.4 Question 2: Would the closure of the Clover Practice Jordanthorpe branch impact your ability to travel to appointments?**

Despite 83.9% of patients saying that they would register with Meadowgreen Surgery if the branch were to close, 55.36% of patients believe that the branch closure would make it more difficult to travel to appointments.

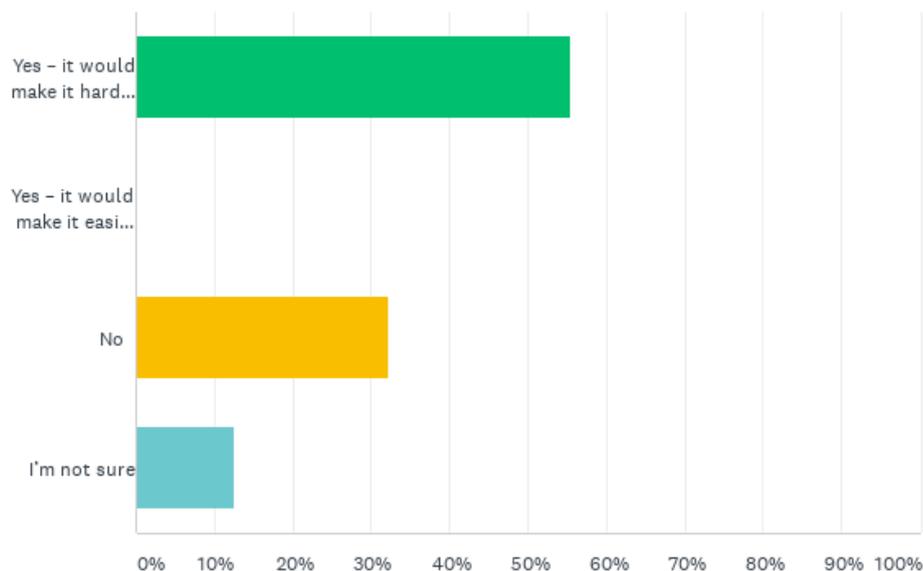
We identified the anomaly between the answers and patients requests to understand more about the other local practices after the first week. Therefore after discussion with the CCG, we added details of the nearest practices to the website link to the patient questionnaire.

While 70% of patients identifying as having a disability stated that if the branch were to close it would make it harder for them to travel to appointments, 100% of respondents went on to say that they would register with the other practice within the medical centre.

There is a general sense in the negative comments around travel if Meadowgreen does not agree to register the patients, which would not be the case.

#### Comments included

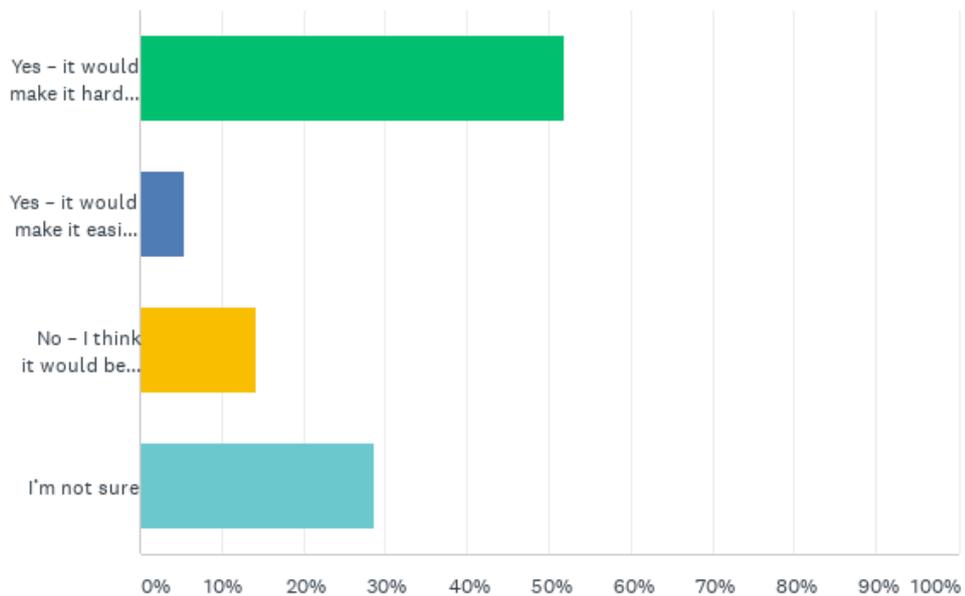
- If in the same location or similar, would not affect me
- As I would register with the other practice there it would not impact on me
- More travelling to see my GP
- I have COPD and would find it difficult to go further
- If I can be accepted into Meadowgreen not at all but if I can't it would mean a lot of travelling with no car
- Greatly with me being disabled. If we have to travel it will put a lot of pressure on me getting there
- I am completing this survey on behalf of my elderly parents who have been with this surgery for 53 years. If Clover Group closes then they would need to be reassigned to the alternative provider in the health centre to continue receiving healthcare that is accessible to them. They will not and should not be made to travel to Darnall or Tinsley, particularly in the midst of a pandemic that they are susceptible to



#### 4.4. Question 3: Do you think that registering with a different local practice would impact on how easily you can book an appointment with a health care professional?

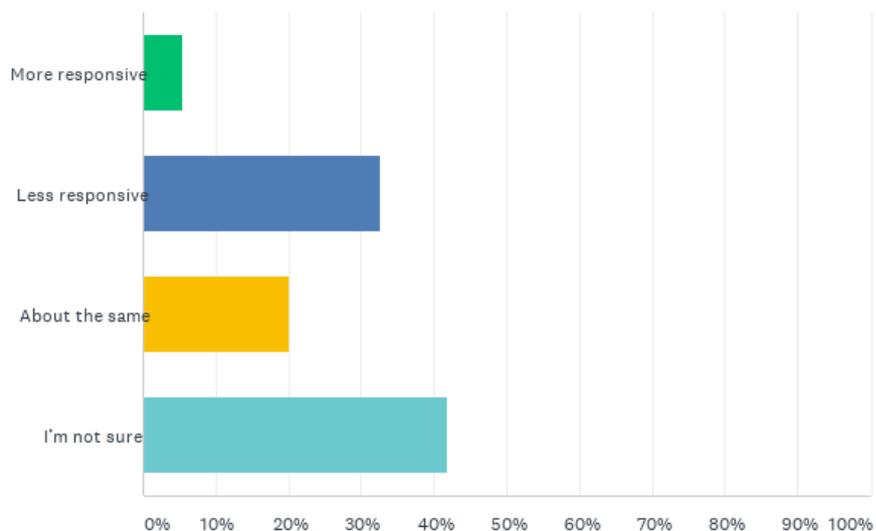
51.79% of patients believe that registering with a different local practice will make it harder for them to book an appointment with a healthcare professional.

58% of patients identifying as having a disability reported that registering with a different practice would impact on how easily they could book an appointment. If the proposal is approved, it would be important to ensure that those with a disability, particularly autism, mental health condition, hearing and visual impairments are supported to understand the appointment booking processes of the receiving practice and made fully aware of the adjustments available to them.



**4.5. Question 4: Do you think that the alternative options available to you will be more or less responsive to your needs?**

32.73% of patients are concerned that the alternative practice options would be less responsive to their needs. This was reflected across under-represented groups.



**4.6. Question 5: How would the closure of the branch practice impact you?**

57 people responded to this question and there were comments from elderly and disabled patients. The majority of patients believe that the closure of the branch would have a negative impact on them however the comments demonstrated that there is still a lack of awareness of the alternative GP practice within the health centre or that it is open to new registrations. 8 patients reported that they thought the closure would have no impact or a positive impact on them

Neutral or positive impact

If in the same location or similar, would not impact on me.

As I would register with the other practice there I don't think it would impact me

I don't think it would impact significantly as I do not use the practice much

Great because the Jordanthorpe centre is just useless. The staff are rude and you can never get an appointment  
It wouldn't  
If I can register at the other practice in the same location not at all  
Relief  
I may get a better service

#### Negative impact – Uncertainty about being accepted onto another practice list

The uncertainty of another practice accepting me as a patient would negatively impact me. It could be more difficulty travelling to another surgery, with increased travel costs and reduced local service. If alternative surgeries operate during hours more convenient with me, such as late evening, all day Thursday and weekends, it would improve access and benefit me.

If I can be accepted into meadow green practice not at all but I can't it would mean a lot of traveling for me with no car.

Worried about loss of care. Ending up with no doctor and failing to get treatment  
Would have to register elsewhere if vacancies

#### Negative impact – Lack of understanding of the alternative provider in the Health Centre

I often have to travel by public transport whilst very unwell so would not want to travel far or may need home visits.

I think it will mean that we have decreased access to a local health centre

I have Copd and a stent and would find it difficult to go further

I would have to travel further and I feel I have got to know my drs and nurses they know what's happening with your illnesses

As elderly residents we need a local practice we can easily access

More travelling to see my gp

More travel time to and from

Every member of our family is registered at the practice and have been for years. It would be difficult to travel else where ie Darnell Tinsley, as this would be a costly taxi journey or 2 buses taking at least 2 hours.

1.greatly due to being disabled.2 not knowing how new practice operates. 3 if we I have to travel it would put a lot pressure on me getting there.

Impact access of services in an area which already is deprived. The surgery is a beacon of hope for health improvements and we will just be left worse off with less people driving and being able to access health services

As main carer for my Wife who is disabled and self-isolating, a move would be impractical and cause her extra days of pain.

Have to find another doctors ones we don't have any history with possibly find it hard to access another surgery for example parking etc

I would have to travel further for appointments meaning that I would have to take more time off work if I needed to book an appointment.

As a registered disabled person mobility is difficult. I have numerous health problems, travelling further than at present is unthinkable.

It would make it incredibly difficult to access medical care for the elderly

Being of limited mobility it would make things more difficult for me

#### Negative impact – Leaving clinicians who know about my health conditions/history

Nurses and do for know about all my conditions, the new one wouldn't. Also I am on repeat medication there would be a delay

Continuity of care lost. That's an important part of patient care. Complex medical history having to start with another GP who does not know me  
The current staff know our family and requirements  
I and my family are patients of 25+ years, I am the carer of a dependent daughter with Learning difficulties and therefore making and keeping appointments for myself is difficult. Having an excellent relationship with the staff from reception right through to GP's is crucial as my life is already very stressful. The shared care I receive is amazing due to the long-standing relationship with the surgery  
It would impact me a lot as in I have been at this surgery for years and going to a different surgery is not what I would like to do.  
Trust built up with the excellent staff would be lost  
The current GPs are familiar with my case and medications  
The doctors would know nothing about me  
There would no personal touch  
The nurse that I see and knows me well not being able to perform my routine contraceptive injection  
With difficulty I trust the GPs that I know

#### Negative impact - Other

We have had excellent service from the Jordanthorpe practice so would be anxious about getting a less responsive service from another practice  
Not enough information  
Not enough information about the closure  
I might have to travel for an appoint I might not be able to travel to an appointment. I might not be able to find a local surgery.  
I only moved to the area 3 years ago and was concerned about moving GPs as it was a very good practice and was fortunate to find that the Jordanthorpe practise was equally as good. My concern would be having to move to another practise and it not being up to the same standard.  
Very unsettling and stressful  
I do not want to travel somewhere else. I do not want any changes.  
It would be an inconvenience as the travel to other closer GP would not allow me to attend the GP centre in the morning to secure an appointment when I am not able to arrange one over the phone  
I think it would terrible for me and other further deterioration of seeing their local GP. It's bad as it now, with the pandemic, it increasingly difficult to see anyone.  
I am nearing 90 yrs old, although I rarely need a GP it is highly important to have the availability  
I think it would be harder to get an appointment at the other branch located at the same surgery  
Change is unsettling and the proposed closure shows that GP practice is just another business  
This would mean that I would have to travel a minimum of 6 miles which would mean taking two bus journeys to either of the practices which is impracticable  
As an elderly person, greatly

#### **4.7. Question 6: If the branch practice was to close, how could we make things easier for you?**

The two overriding messages in response to this question were to provide reassurance that patients wouldn't be forced to register with a practice away from the health centre and to make the transition as easy as possible for them including ensuring that clinical records were smoothly transferred and that patients on repeat medications did not experience any disruption in supply. This message was consistent across all respondent groups.

One respondent requested that a free taxi service be made available for patients to travel to other Clover practices

A number of patients requested that their record be automatically transferred to Meadowgreen Surgery.

It was also requested that we clearly communicate with patients to give them as much time as possible to re-register in the event of a closure and to provide details of surgeries in the local area

#### **4.8. Question 7: Is there anything else you would like us to know or consider?**

The responses to this question echoed responses to previous questions. The key themes were:

- Requests to automatically transfer patients
- Concern about having to travel to another location to access services
- The level of stress the proposal has caused
- Concern about increasing pressure on remaining providers
- Concerns about other practices being unable/unwilling to accept new patients
- Concern about the Health Centre standing empty and the area losing the facility/provision
- Consider continuity of care for those on repeat medication

#### **4.9. Additional feedback since the consultation opened**

Since the consultation opened, there have been 7 reviews submitted onto the online platforms nhs.uk and careopinion.org.uk. All reviews have been 5 star and in praise of the team working in the practice. Only one anonymous post refers to the proposed closure stating, "It will be a pleasure for me to be able to come to the new surgery, where I know I will be treated with respect and a cheerful face. Thank you."

#### **4.10. Actions taken during the consultation to support patients**

During the consultation issues raised several issues and questions that we had perhaps not anticipated and so we took the following steps:

- Patients answering that they would register at a practice in the Health Centre but felt they'd have to travel further - included details of other practices in patient engagement session and on website as part of the consultation documentation

- Patients worrying that they wouldn't be able to register at another practice - again answered in the patient engagement session but also added detail to the website to allay fears.
- Request to make re-registering automatic - we discussed with the CCG but patient choice made this unfeasible. Instead we added details including online registration methods to our websites at the landing page for the consultation documents.
- Fears about prescriptions and the local pharmacy - the feedback was added to the presentation explaining how to best reduce the risk of any delay, and explaining that the pharmacy remained in the same building as Meadowgreen and so they and we are not expecting there to be an impact.
- Fears around continuity of care - we allayed fears in the patient meeting and have put additional processes in place beyond the normal record transfer, for joint MDT sessions between ourselves and Meadowgreen (where 83.9% of patients state they intend to register).

#### **4.11. Ensuring patient awareness**

Our process of contacting every patient over 15 by their preferred method, alongside website statements, and posters means we were reassured that we had tried to make contact with everyone. We excluded those 15 and under at this time as they will all have parents/carers registered with the practice who can feedback on their behalf.

At the time the consultation began we had 3,265 patients registered with the practice. However, the consultation has resulted in many patients choosing to re-register with alternative practices sooner rather than later meaning the patient list size (patients we care for) is now 2,430 as of 11<sup>th</sup> December. This means we have received feedback from 2.79% of the population through the survey, but know from the abnormal patient list size changes that 25% of patients are aware of the closure and have chosen to leave.

### **5. Action / Recommendations for the Strategic Patient Engagement, Experience and Equality Committee**

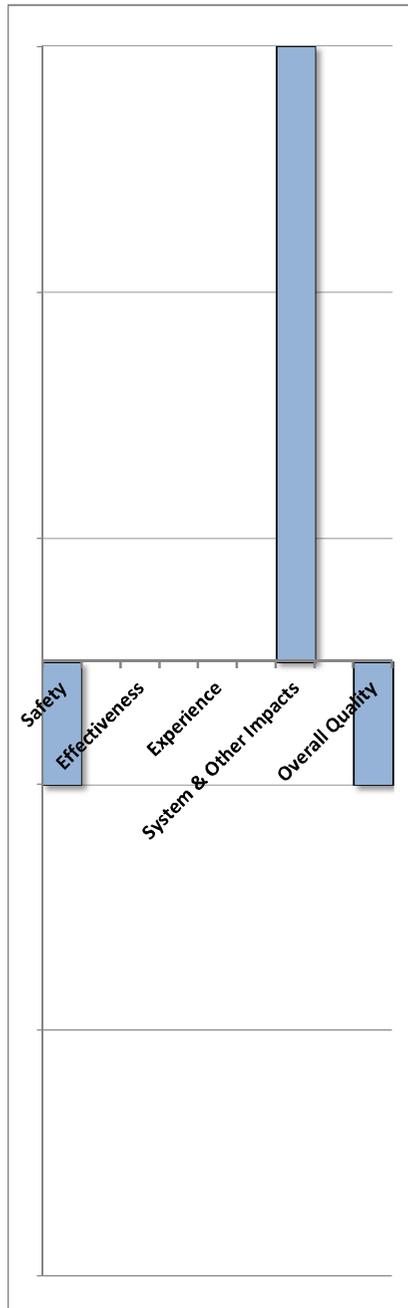
5.1 The Strategic Patient Engagement, Experience and Equality Committee is asked to approve that appropriate public engagement, equality and patient experience consideration has been taken in the patient and public consultation process of the Clover Practice Jordanthorpe Branch Closure Patient Consultation process.

Paper prepared by: Lynsey Hughes, Head of Primary Care, Primary Care Sheffield and Nicola Simpson, Project Support, Clover Practice.

On behalf of: Sandie Buchan, Director of Commissioning Development

15 December 2020

Quality Impact Assessment Overview



Title of change proposal

Proposed Closure of Jordanthorpe Practice

Summary description of the change Proposal

Clover Practice is a four-site practice based in Sheffield. The practice has advised Sheffield CCG that due to long standing operational and financial reasons it is not viable to continue to run the branch surgery based at Jordanthorpe Health Centre. There are a number of alternative practices in the area, including one co-located in the Health Centre and we believe that dispersal of the patient list to local surgeries would release money spent on duplicated management and administrative costs to be used for direct patient care. The following points are applicable

- Nearest practice in the same building
- 2 nearest practices have higher patient feedback from GP patient survey
- other services in the city not cross-subsidising Jordanthorpe patients, which is currently the case as the overspend is currently 136% of the income
- continuity of care an issue especially for vulnerable

Total Quality Impact

Total Quality Score	- 25	Reduction in overall quality - look to mitigate
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Total Impact score (using absolute values)	25	Medium Impact
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System & Other Impacts Score	125	Positive effect on other impacts
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Equality Impact

Equality Impact Assessment: Groups affected	3	Consider actions to mitigate
Sum of +ve and -ve impacts	-3	Equality Impact Assessment Complete
Engagement Activity	Yes	

Completed by: N.Simpson and L.Hughes

Reviewed by: SPEEC

Outcome of Review: TBC

Date of Review: 24/11/2020

## Equality Impact Assessment

**In order to demonstrate compliance with the Equality Act 2010**

**Do I need to complete this analysis?**

- If you are introducing change, you should complete this analysis.

**What do I need to do?**

- Be proportionate to your work - you will know the significance of the work you are carrying out

- Be reasonable in your judgement and completion of the analysis

- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues

- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan

- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this tool.

**When considering the potential impact on those that share protected characteristics, think about:**

- if there are any unintentional barriers to particular communities

- whether your project/ plan will bring about positive improvements

- if it creates good opportunities for accessing services

- will it improve personal choice for one particular group and not another

- the consequences for individual people; people can have more than one protected characteristic

- both people who use the service and staff

**Have you identified any potential discrimination or adverse impact that cannot be legally justified?**

**Geography, hospital, department or other area this applies to:**

**A description of the clinical area(s) the change impacts on.**

Jordanthorpe practice	Closure of branch site
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### Equality and Diversity Profile Screening

Protected Groups	Potential People with protected characteristics	Does this group currently use/access the service?	What impact will there be on each group from the proposal?	No's people Affected	Impact Score	Is there any particular information on this group relating to the proposal? Outline any evidence of current use. Outline evidence from engagement activities including involving communities. Any further information?	Has there been specific engagement or consultation with this group?
Sex / Gender	Women	yes	Neutral	1528	0	No additional impact beyond that to everyone else involved	Yes
	Men	Yes	Neutral	1512	0	No additional impact beyond that to everyone else involved	
Race / Ethnic Group	Asian	Yes	Neutral	59	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	Yes
	Asian British	Yes	Neutral	20	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	
	Black	Yes	Neutral	144	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	
	Black British	Yes	Neutral	73	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	
	Chinese	Yes	Neutral	7	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	
	Gypsy or Roma	Yes	Neutral	0	0		
	Irish	Yes	Neutral	9	0		
	Mixed Heritage	Yes	Neutral	0	0		
	White	Yes	Neutral	84	0		
	White British	Yes	Neutral	1270	0		
	other ethnic backgrounds	Yes	Neutral	218	0	We will work with Darnall Well Being to ensure that this group is represented in the consultation	
Disability	Physical	Yes	Neutral	381	0	We are aware of - we accept we may not have identified all due to coding being about the condition rather than 'disability' coding	Yes
	Sensory (hearing and/or partial sight)	Yes	Neutral	178	0		
	Deaf people	Yes	Neutral	2	0	Communications will be made as per the Accessible Information Standard preferences recorded in the clinical record.	
	Learning Disabilities	Yes	Adverse impact	49	-1	Main issues in ensuring service users are aware and engaged in change- limited risk post closure. Agreed GPs will liaise with patients still registered in January and hold MDT with closest practice. All comms to this group of patients will be as per the Accessible Information Standard preferences in their clinical record.	

Mental Health	Yes	Adverse impact	42	-1	Main issues in ensuring service users are aware and engaged in change- limited risk post closure Agreed GP's will liaise with patients still registered in January and hold MDT with closest practice		
	Yes	Adverse impact	21	-1			
	Yes	Neutral	0	0			
Dementia	Yes	Adverse impact	21	-1	Main issues in ensuring service users are aware and engaged in change- limited risk post closure Agreed GP's will liaise with patients still registered in January and hold MDT with closest practice		
Other long term conditions	Yes	Neutral	0	0	Difficult to ascertain		
<b>Sexual Orientation</b>	Lesbian, gay men and bisexual	Yes	Neutral	26	0	No additional impact beyond that to everyone else involved	Yes
<b>Gender reassignment</b>	Men to women	Yes	Neutral	0	0	No additional impact beyond that to everyone else involved	Yes
	Women to men	Yes	Neutral	0	0	No additional impact beyond that to everyone else involved	
	Trans	Yes	Neutral	3	0	No additional impact beyond that to everyone else involved	
<b>Age</b>	<5 years old	Yes	Neutral	261	0	No additional impact beyond that to everyone else involved	Yes
	5 - 18 years old	Yes	Neutral	513	0	No additional impact beyond that to everyone else involved	
	18 - 65 years old	Yes	Neutral	1997	0		
	65 - 85 years old	Yes	Neutral	392	0		
	>85 years old	Yes	Neutral	50	0		
<b>Faith or Belief</b>		Yes	Neutral	0	0	No additional impact beyond that to everyone else involved	Yes
	<b>Maternity and Pregnancy</b>	Yes	Neutral	12	0		Yes
	<b>Marriage and Civil Partnership</b>	Yes	Neutral	0	0	No additional impact beyond that to everyone else involved	Yes
<b>Others</b>	Asylum seekers and refugees	Yes	Neutral	21	0	Historical asylum seekers	
	Travellers	Yes	Neutral	0	0		
	Variation in care provision	Yes	Neutral	0	0		Yes
	Rurally Isolated	No	Neutral	0	0		No
	Parity of Esteem	No	Neutral	0	0		No
<b>Inequalities Check</b>	Least deprived parts of the population	No	Neutral	0	0		
	Most deprived parts of the population	Yes	Neutral	0	0	We will work with The Terminus Initiative, Meadowhead Christian Fellowship and Reach to ensure this group is represented in the consultation.	

**Have you engaged in public engagement activities?** All patients 16 and over contacted and questionnaire available + writing to healthwatch and holding event Yes

**Total number of groups affected** 35 3 Groups covered by engagement activities. 9

**Total Impact Score** -3

**Next Steps (Summary)**  
**Outline any actions to ensure equality and engagement?**  
*ALL PATIENT NUMBERS WERE PRE-ENGAGEMENT, THEY HAVE DROPPED BY 1/3rd SINCE WE COMMENCED THE PROCESS. Communication sent out in preferred communication method following accessibility information standard Covid has mean the engagement event had to be completed electronically which is unhelpful for the elderly and those with LD and/or not internet connection, but beneficial for those with physical difficulties that may struggle to attend a meeting All the negative impact is short term in that the patients have to deal with uncertainty, need to re-register and lose continuity of care. Longer term they will receive the same level of service possibly on the same site if they chose*

**EIA Completed?** Yes