

Equitable Access – GP Led Health Centre Engagement Summary

1. Introduction & Executive Summary

The purpose of this report is to present the results of the engagement process undertaken to inform the commissioning of the new GP Led Health Centre (HC). The report will also indicate where and how public opinion can be incorporated into the commissioning of this new service. Lastly it also highlights the specific concerns and opposition to the development from local GPs.

The response from the engagement exercise is mixed. Views are polarised on the value of the new HC. Where responses are positive, constructive input has been valuable. Respondents have highlighted the need to increase mental health provision in the service specification and to increase access to dentistry. This has been reinforced through other consultation processes. Signposting, screening and well-being services were highlighted as very important features of a new service and these are reflected in the specifications for the new service. Access to car-parking (ideally at no cost) was identified as an important factor.

The report highlights significant opposition to the GP Led Health Centre, specifically from GPs and from respondents concerned about the effect of a new HC on existing GP services. Most of the concerns relate to the core criteria specified in this procurement and can only be addressed by adapting the procurement specification. Communication is needed to clarify that the new HC is about additionally, not taking resources away from GP practices.

2. Background

The PCT undertook a public engagement exercise for 4 weeks in June/July to ascertain the views on the range of services to be provided from the new centre and the location. Since the core criteria and the decision to commission a GP Led Health Centre were set by the 'Delivering Equitable Access to Primary Medical Care', programme (Gateway Ref: 9194), public engagement has been focused on the areas where commissioning can meet local need.

3. Consultation Process

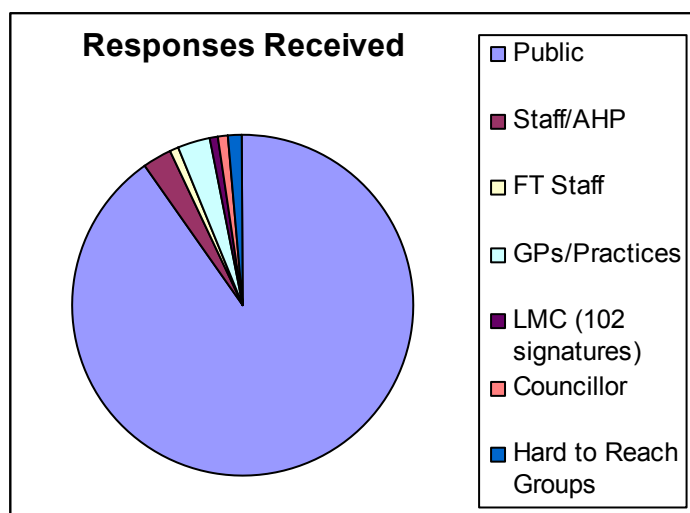
Information was distributed across Stockport to a wide range of organisations including GPs, pharmacies, Contractor Representative Groups, Local Authority officers, targeted local voluntary groups.

Information for the public was distributed to libraries, clinics, pharmacies and made available on website. We have also linked to the Darzi work and to the Action Shapiro Public Consultation relating to the Strategic Plan 2007-2010. Key messages relating to this procurement have been incorporated into this report.

Janet Maxwell (Consultant in Public Health) also visited the key voluntary organisations and staff who work with the target groups to discuss the development and their views. These have been fed into the development of the specifications e.g. the requirement for out-reach work.

4. Responses Received

The engagement exercise officially closed on 14th July and 119 responses have been received from the public engagement exercise with a further 13 responses from other stakeholder groups/representatives of stakeholder groups. The LMC response included 102 GP signatures. Responses are still being received and views will continue to be fed into the development of the centre.



5. Analysing the Public Responses

The consultation asked a number of questions:

1. Do you think the list of proposed services is right? Are there other services that you think should be provided from the centre?
2. We want the centre to be as accessible as possible. Where do you think the new centre should be based and how can we make it accessible?
3. How likely are you to use the new centre? Very likely, possibly, unlikely or not at all?
4. What benefits do you think the new centre should deliver
5. Do you have any other views about the new centre?

An analysis of the 119 public responses shows that:

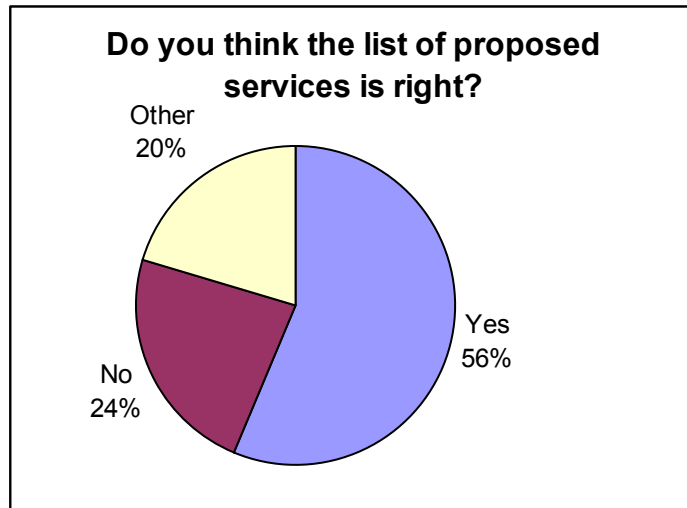
Do you think the list of proposed services is right? Are there other services that you think should be provided from the centre?

Just over half of respondents support the services proposed (56%), with recognition that the HC will make these services more accessible and may deflect inappropriate activity from A&E. The 24% of people, who responded negatively, were stating their opposition to the HC generally, not specifically disagreeing with the list of services.

Many other services were requested, some of which are included in the HC specification and others will be available close by eg physiotherapy, pharmacy.

Screening and links with/signposting to other organisations eg social services, Citizens Advice were common service needs identified which will be specified for the Health centre.

Dental and mental health/counselling were frequently mentioned. The PCT will commission mental health services as a HC brief intervention specialist service and is looking at the possibility of commissioning dental services alongside the HC.



We want the centre to be as accessible as possible. Where do you think the new centre should be based and how can we make it accessible?

The most frequently mentioned locations are:

- Town Centre
- A6 Corridor
- St Thomas's

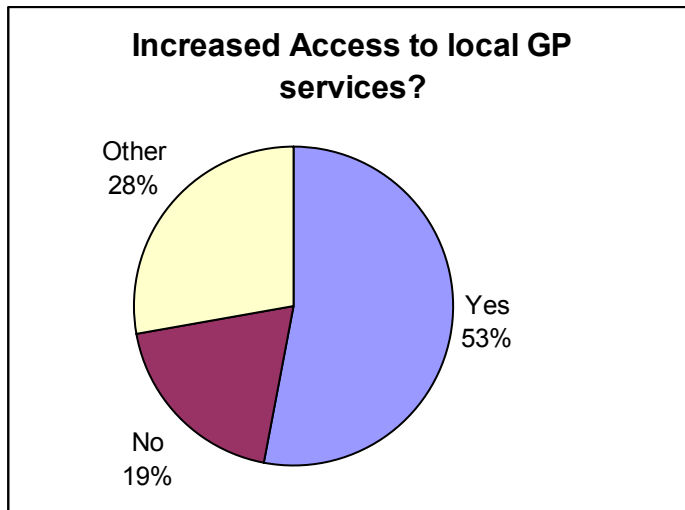
Car parking (availability and cost) and good transport links were of greatest concern to people. In addition the new HC should have safe access, be well lit and signposted, be DDA compliant and should have a drop off area for patients.

The proposed premises solution will meet these requirements, but car parking is essentially only available at local public car parks, however does offer some disabled parking and a drop off facility.

In addition to this new town centre based facility, would you want to see increased access to local GP services in the localities? If so where would you like to access services and at what times (e.g. mornings, evenings, weekends?)

The majority of respondents supported increased access to their local practice in addition to the 8to8 HC. There was a recognition that practices had already started to offer some extended hours, but more would be helpful particularly for working people. Evenings and weekends were most frequently mentioned, with a few mentions of mornings and some requesting more access within existing GP hours.

The 19% of 'no' responses reflects either that people are happy with access to their own practice and/or concerned that the resources spent on the HC could rather be invested in the existing infrastructure.



What benefits do you think the new centre should deliver?

Benefits most frequently mentioned:

- Better/flexible/convenient out-of-hours access
- Wellness/Prevention/Health Advice/Signposting/Information/Screening
- Reduce appointments/pressure/cost on A&E (good for minor ailments)
- Help Vulnerable/Hard to Reach Groups and Unregistered
- None/few/not needed

Other benefits mentioned include; anonymity, convenience, everything on one site, variety of services.

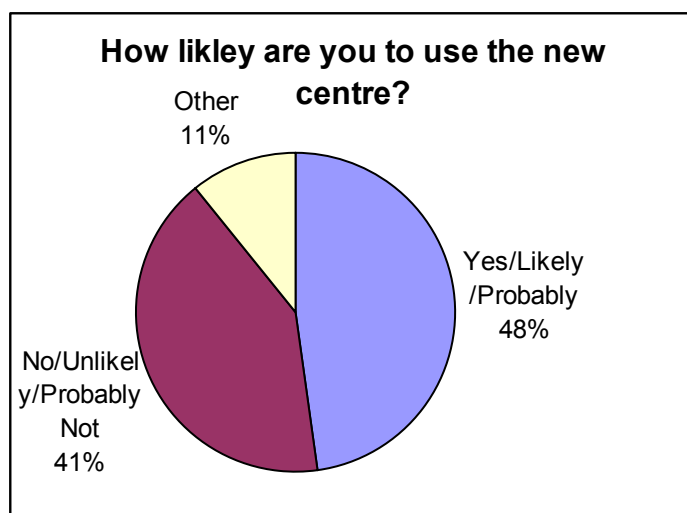
“A guided and more convenient service for people who don’t use the health service much.”

There was a recognition that the HC must deliver on appointment availability and short waiting times and must provide good facilities for its staff. The HC specification and performance measurements are consistent with delivering these benefits

Negative comments focused on this being a retrograde step and a waste of resources.

How likely are you to use the new centre? Very likely, possibly, unlikely or not at all?

The results show a divided response on the perceived value of the new HC. These numbers are only indicative, as the sample size was small and cannot be used statistically.



Do you have any other views about the new centre?

The views stated fall into five common themes:

i. Concerns about existing GP provision

There is a common concern that the new HC is a threat to existing GP practices and may damage traditional services. Responses appear to assume that resources are to be diverted away from existing practices into the new HC, whereas the new centre is about additionality. Other comments reflect the view that any new money should be put into existing GP services. Constructive comments are made about complementing existing services, rather than duplication.

“This is going against the ideal of a traditional family GP who can provide holistic care for the whole family, continuity of care and good quality care. Why take away from an excellent service”.

Dialogue has been on-going with the LMC to address concerns within the confines of the confidentiality requirements of this procurement.

ii. Concerns about Value for Money

Strong views were expressed about the new HC not representing value for money. Some respondents felt that the money should rather be invested in existing practices and other comments reflect complete opposition to the HC on the basis that it is a duplication of services.

iii. Communication/Consultation

Concerns expressed that a ‘need’ has not been established through a consultation process. Clearly, the new centre is part of a national policy initiative and the PCT has engaged locally to identify how is best developed and delivered locally.

There is a need for good communication once the HC is open to ensure the planned benefits are realised. This will primarily be the responsibility of the provider, but also of the PCT.

iv. Service Delivery

Comments focus on the new HC environment - should be well managed, minimum waiting, welcoming, clean, safe, bright, fit for purpose, good facilities for children and disabled access,

good staff and good parking. One concern expressed that it will offer an impersonal service. These views will be made available to the successful bidder for the HC.

v. Overall Benefits

Many positive general comments were made, such as the new centre will fill an existing gap in current services as 'current services do not always respond/ meet needs of patients/ client'.

"I think it is something we have needed for a long time as you can never get appointments at your local GP anymore".

"These centres are a good way forward for the NHS. Will hopefully help A&E units at Stepping Hill".

6. GP/LMC Response

As mentioned earlier in this report, Stockport PCT has received a response from Stockport's LMC and a response letter from two GP practices and two GPs. Responses reflect opposition to the commissioning of a GP Led Health Centre on the grounds of:

- A lack of thorough needs assessment/public consultation
- An assessment of poor value for money/poor use of resources
- Compromising existing services

The LMC letter has 102 supporting signatures from GPs and states that it cannot support the introduction of the proposed GP Led HC and has officially requested that Stockport PCT closes the current commissioning process and develops an alternative procurement solution.

"We call upon Stockport PCT to resist the Government imposed New GP Led Health Centre plan and develop an alternative solution determined through local need, building on existing General Practice provision".

This is not possible within the national procurement specifications and timetable. Invitations to bid for the new HC were sent to all Stockport practices earlier in the year.

7. Other Responses/Enquiries

Concerns have been expressed about this being a 'polyclinic' with associated themes.

8. Responses From Staff/AHPs

I. Staff

The response from the 3 staff members who responded is positive. The need for counselling, drug and alcohol and social services is mentioned. Links with the new 19 Children's Centres across Stockport was also identified as important. Positive feedback that the HC may help the health needs of the 350 ex-prisoners in Stockport who have difficulty accessing GP services. The need for good transport and car parking facilities is highlighted.

"Great idea-practical way of using public spending to reduce health inequalities"

II. Specialist Community Practitioner – Mental Health

Concern was expressed that there is no mention of mental health services being available. A health need assessment of the people who used the Wellspring Project for the homeless identified a majority of the users had mental health problems. The Suicide Prevention strategy

Group identified middle aged men as a risk group for suicide. This group are also unlikely to access services from traditional GP services.

“I think the new health centres would be an opportunity to develop Wellbeing services for mental health along side the promotion of physical health”.

The HC will have specific services and performance targets to ensure the mental health needs of the homeless and other needy groups are met. A mental health brief intervention service has been specified for the HC.

III. Representatives of Hard to Reach Groups

Three Travellers responses focus on their need for a permanent site for local families, with facilities. This is seen as having a positive impact on their health outcomes. The concept of a Health centre focused on their needs has been received positively with interest specifically in children's health – immunisations and checks, women and men's health checks.

The provider service representing the homeless has expressed concern that engagement with this group had not taken place with individuals at the official close date. Engagement with the hard to reach groups is being channelled through the Public Health Consultant advising the procurement of this HC.

Comments include concerns that the HC should provide drug and psychiatric services, youth counsellors and an on-site pharmacy. Where services are already provided in close proximity, the HC will be commissioned to accurately signpost or link with these essential services.

Close links are requested with the Wellspring and hostels in Stockport, with outreach services provided by the HC GP. This is explicit within the HC service specification for its homeless registered patients.

Clearly these needs of the registered population must be balanced with the service requirements and location considerations of a Walk-In centre.

9. Messages from Other Recent Relevant Public Consultations

I. Working Men's group (part of Staying Healthy stream of Darzi work)

A discussion group was held at a workplace venue attended by 24 men in manual occupations. Key issues were:

- Health messages about eating smoking and drinking were recognised, though most were happy with their lifestyles. None had stopped smoking after the smoking ban.
- There were many reasons why the men did not make use of health services until they were very ill. This was largely to do with how any absence would impact on their job, and their relationships with colleagues and their employer.
- There was some discontent with the service they received from doctors including lack of confidence in the GP, difficulties in making appointments and having long waits at the surgery.
- There was support for health screening services, particularly if provided in mobile facilities at the workplace, though there was scepticism that any changes in behaviour would result.

- Participants were not happy with delays in access to physiotherapy service and not being able to register with an NHS dentist.
- There was little enthusiasm for consolidation of GP services in new facilities or the introduction of private provision, but longer opening hours for GP surgeries during the week was well supported.

Whilst this group expressed a preference for extended hours rather than a HC, the GP Led HC specification could meet the needs expressed by this group and potentially improve health outcomes for this target group.

II. Public Consultation relating to the Strategic Plan 2007-2010 (Acton Shapiro)

Whilst this is a wide ranging consultation, key messages relevant to the new HC include:

- Service re-configuration: Positive response to evening and weekend appointments.
- Transport: concerns over car parking charges, seen as a charge on healthcare and the transport infrastructure for existing and new services
- Staying healthy: Healthy living options should be accessible to the whole community. Working age men said they did not make use of health services until they were very ill which was largely to do with how any absence would impact their job. This was compounded by difficulties in making GP appointments and having long waits at the surgery. More health screening needed particularly in mobile facilities and at the workplace.
- Mental Health: Faster access to psychological therapies and counselling. More GP specialism in mental health needed. Particular need for specialist counselling for asylum seekers/refugees.
- Services: Difficulty in obtaining dentistry services
- Urgent Care: many people said they would use A&E services when this would not necessarily be the best course of action.