

Report to the Somerset Primary Care Commissioning Committee Meeting on 10th March 2022

Title: Future Health and Care Services at Victoria Park Medical Centre, Bridgwater	Enclosure E
---	--------------------

Version Number / Status:	V1.1
Executive Lead	Alison Henly, Director of Finance, Performance and Contracting, and Digital Somerset Clinical Commissioning Group
Clinical Lead:	Jeremy Imms, Associate Clinical Director – Covid Vaccinations & Primary Care and GP Clinical Lead – Rapid Diagnostic Service, Somerset Clinical Commissioning Group
Author:	Michael Bainbridge, Associate Director of Primary Care and Community Care, Somerset Clinical Commissioning Group

Summary and Purpose of Paper

The purpose of this paper is to update the Primary Care Commissioning Committee on engagement with the local community and stakeholders following the closure of the Victoria Park Medical Centre.

The Committee is asked to note the engagement activity and proposed next steps.

Recommendations and next steps

The programme will continue to consider engagement feedback in further shaping a solution and will be conducting an Equality Impact Assessment. The next steps in the engagement plan will align with these programme’s key milestones and decision-making timeline. This may mean timescales and activities for the latter part of stage two and stage three may need to flex, while maintaining the commitment to engage with and inform the local community.

Impact Assessments – key issues identified

Equality	The programme will be conducting an Equality Impact Assessment
Quality	No impact identified
Privacy	No impact identified
Engagement	Engagement activities have and will continue to be conducted

Financial / Resource	No impact identified			
Governance or Legal	No significant governance or legal risks			
Risk Description	Not applicable			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

FUTURE HEALTH AND CARE SERVICES AT VICTORIA PARK MEDICAL CENTRE, BRIDGWATER

FUTURE HEALTH AND CARE SERVICES AT VICTORIA PARK MEDICAL CENTRE, BRIDGWATER

1 Introduction

1.1 On 11 August 2021 the Victoria Park Medical Centre closed. The decision was made due to ongoing clinical staffing shortages and the risk to patient safety. Before the decision was made practice staff, Somerset CCG and neighbouring GP practices worked together to find a way to provide safe patient services at the practice.

This meant finding someone willing to not just work as a GP but also to take over the business responsibilities of the practice during a time when there is a national shortage of GPs.

All possible alternative options were explored, but it was not possible to find a way to provide a permanent, adequate, and safe service. All patients registered with the Victoria Medical Centre were reassigned to other local GP practices so that all patients had and continue to have access to primary care medical services.

To meet current and future health needs of the Victoria Park community, Somerset CCG set up a programme of work, overseen by a steering group, to find a long-term, viable solution that maximised the medical centre's location in the heart of Bridgwater so that care can be provided closer to home where possible.

2 Engagement with the Local Community

2.1 A key principle set by Somerset CCG was a commitment to listen to the views of the local community and to take them into account as potential solutions were explored, narrowed down and appraised.

A communications and engagement plan was developed and is available in Appendix 1. The plan describes the communications and engagement approach and activities to ensure residents, former patients, community/voluntary groups, and other stakeholders are both kept informed of progress and have opportunities to give their views and feedback at key points during the project. In turn, the project team will make sure that all feedback given will be considered as solutions are developed and a recommendation is made.

This is in line with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), section 14Z23 "*Public involvement and consultation by clinical commissioning groups*" which places a duty on CCGs to involve the public in commissioning.

3 Objectives

- 3.1
- To understand the views of Victoria Park Medical Centre's patients when the decision to close the practice was made, their experiences of being allocated to a new GP practice and their thoughts about what should be provided locally in the future.
 - To make sure information is provided in a timely manner on progress and updates are provided through established CCG and local community communications channels.
 - To provide opportunities for people to give their feedback at key points in the project and to involve them in the process to scope and evaluate potential solutions.
 - To ensure that the patient and community voice is represented within the project governance.
 - To ensure flexibility in the engagement approach to take account of the impact of Covid-19 on engagement activities.

4 Approach

4.1 The engagement approach is broken down into three stages:

Stage One

- Broad engagement with a wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible.
- Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide advice and guidance on communications and engagement activities (Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative).
- Identifying community and patient representatives who would like to continue to be involved as the project progresses.

Stage Two

- Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and a proposed meeting in late February, subject to programme timescales.
- Ensure other key stakeholders are briefed e.g., Health Overview Scrutiny Committee.
- Adjustment of engagement activities/plans in line with Covid-19 and to ensure learning from January engagement.

Stage Three

- Depending on the number of viable solutions:
 - If one viable solution - communicate decision to local community and stakeholders once decision made by the CCG.
 - If more than one solution – broaden out engagement for ask for views on preferred solution – conduct drop-in sessions and run survey, independently analyse feedback and produce report to be used as part of decision-making case.

5 Communications and Engagement Activities – December to February

5.1

Stage One: October to December	
Aim	Activity
Broad engagement with wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible	Three drop-in sessions held in October at the Victoria Park Community Centre
	Online survey
	Feedback independently analysed and engagement report produced
	Engagement report presented to the programme steering group
	Engagement report published on the CCG's website, an update provided to use at the community centre, letters to stakeholders and residents
Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide advice and guidance on communications and engagement activities	Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative established as members of the programme steering group
Identifying community and patient representatives who would like to continue to be involved as the project progresses.	Those who gave their views at the drop-in sessions and via the online survey were asked if they would be happy to be involved in any future engagement activities.
Stage Two: January and February	
Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and a proposed meeting in late	Two online engagement events held in January
	Engagement report produced presented to the programme steering group
	Report published on CCG website

February, subject to programme timescales.	Update on publication of the engagement report shared with stakeholders and participants
	Newsletter produced for the local community – published on the CCG website, the community centre’s website, and Facebook page
Ensure other key stakeholders are briefed e.g., Health Overview Scrutiny Committee	Briefing for February committee

6 Feedback – Key Themes

Full details of the feedback received are available in the two engagement reports published in December and February.

6.1 Summary of Feedback from October - What do we need to consider when planning health services in the area going forward?

	Number of respondents	% of respondents
Victoria Park surgery needs to reopen	20	18.9%
Rapidly growing population/increasing population	14	13.2%
New housing/planned housing developments	10	9.4%
Need to increase provision/not decrease	9	8.5%
Not enough surgeries in the area/others cannot cope with extra demand	9	8.5%
Problems accessing new surgery	9	8.5%
Public transport is lacking to access other surgeries	7	6.6%
Victoria Park as great/the best/positive comments	7	6.6%
Elderly population need local provision	6	5.7%
Pressure on other surgeries – stress for staff and patients	5	4.7%
Too far to other doctors	4	3.8%

Cannot get through to the new surgery/get an appointment	4	3.8%
Service at Victoria Park was poor for some time	4	3.8%
Right decision/understand the decision	3	2.8%
Victoria Park had a family feel/knew patients	2	1.9%

6.2

Summary of Feedback from January Engagement

Theme	Details
Funding	The Community is keen to explore ways in which health and wellbeing services can be re-established and what part the community can play in this.
Inequity of service provision	Attendees expressed their view that the closure of the practice at Victoria Park caused inequity of access to services, particularly given its geographical constraints.
Geographical access	There is no public transport to get to other parts of Bridgwater meaning residents need to rely on cars, lifts, or taxis or go into town to catch a bus to get to other GP surgeries and other health services. This was impacting on residents' ability to access services.
Impact on travel times	Lack of public transport has a significant impact on travel times, particularly for those who must use public transport.
Lack of parking at other surgeries	There are limited car parking facilities at other surgeries.
Impact on the pharmacy	A long-standing local patient raised her concern about the impact on the local pharmacy. She described recent problems with being able to collect her medication due to the lack of on-duty pharmacist.
Need for a community-focussed solution	There was a desire to see services delivered from a local hub to address the local community's needs now and into the future. By having a range of services at the medical centre, and community centre attendees felt a wide range of health and care needs could be addressed.

Impact of new housing developments	Concerns were raised about the impact of new housing developments in the area on already stretched services.
The needs of families and young people	A representative of the Somerset Parent/Carer Forum asked that the needs of young people and families with young children were considered, particularly as the Victoria Park area and west of Bridgwater had a younger population, compared to other parts of Somerset. This was particularly important when planning for future as well as current health needs as the sort of services and support required would be different and not GP reliant.
Timescales	Attendees noted that the medical centre was closed five months ago and wanted to understand when a solution would be found. Questions were also asked about whether any solution was 'fixed in stone' or whether a level of flexibility could be built in so that services could be adapted if necessary.
Loss of other valued health services:	The withdrawal of other well-used services which although not provided by the practice had been hosted there were also as raised as an issue which was impacting on the local community.

7 Proposed Next Steps

- 7.1 The programme will continue to consider engagement feedback in further shaping a solution and will be conducting an Equality Impact Assessment. The next steps in the engagement plan will align with these programme's key milestones and decision-making timeline. This may mean timescales and activities for the latter part of stage two and stage three may need to flex, while maintaining the commitment to engage with and inform the local community.

Michael Bainbridge
Associate Director of Primary Care

Appendix 1

Victoria Park Medical Centre – Communications and Engagement Plan

1. Background

Due to ongoing clinical staffing shortages at Victoria Park Medical Centre, Somerset CCG took the decision to close the practice on patient safety grounds, due to a shortage of clinical staff. The GP Practice closed on Wednesday 11th August 2021.

Before the decision was reached, practice staff, Somerset CCG and neighbouring GP practices worked closely together to find a solution that meant safe patient services could be provided at the practice. This meant finding someone willing to not just work as a GP but also to take over the business responsibilities of the practice during a time when there is a national shortage of GPs.

All possible alternative options were explored, but it was not possible to find a way to provide a permanent, adequate, and safe service.

The patient list for VPMC was assigned to other primary care practices so that all patients had and continue to have access to primary care medical services.

Somerset CCG is now leading a process to determine and evaluate potential solutions that meet the health needs of the local community and supports the CCG's aim of helping people to live healthy independent lives wherever possible.

2. Aims

The aim of this plan is to describe the communications and engagement approach and activities to ensure residents, former patients, community/voluntary groups, and other stakeholders are both kept informed of progress and have opportunities to give their views and feedback at key points during the project. In turn, the project team will make sure that all feedback given will be considered as solutions are developed and a recommendation is made.

This is in line with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), section 14Z23 "*Public involvement and consultation by clinical commissioning groups*" which places a duty on CCGs to involve the public in commissioning.

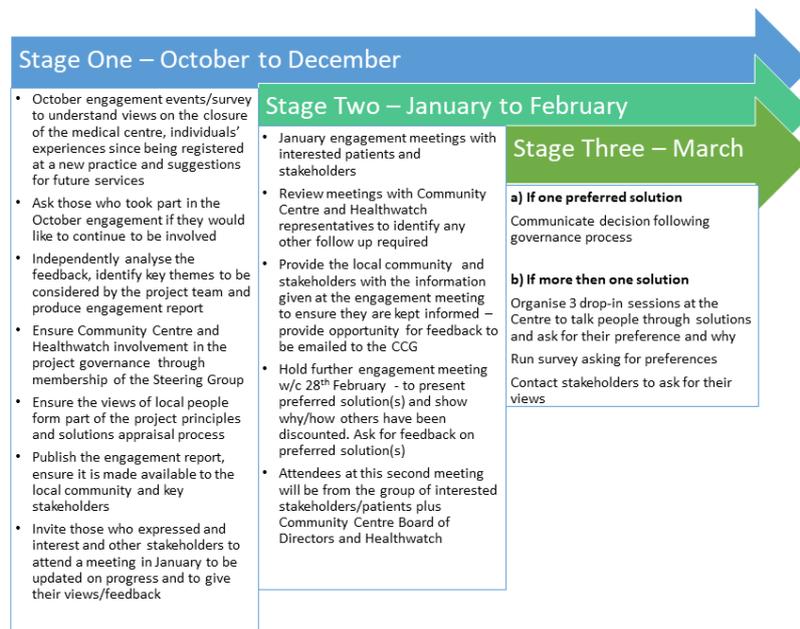
3. Objectives

- To understand the views of Victoria Park Medical Centre's patients when the decision to close the practice was made, their experiences of being allocated to a new GP practice and their thoughts about what should be provided locally in the future.
- To make sure information is provided in a timely manner on progress and updates are provided through established CCG and local community communications channels.

- To provide opportunities for people to give their feedback at key points in the project and to involve them in the process to scope and evaluate potential solutions.
- To ensure that the patient and community voice is represented within the project governance.
- To ensure flexibility in the engagement approach to take account of the impact of Covid-19 on engagement activities.

4. Approach and Activities

The communications and engagement approach reflects the project governance and key delivery points and can be described in the following stages:



5. Target Audiences

There are individuals, groups and organisations which would want to be kept informed and give their views and feedback. At the beginning of the project, the CCG's communications and engagement team identified key stakeholders – a copy of their analysis is available in Appendix A alongside a stakeholder map.

In line with the communications and engagement approach, the activities to engage individuals, groups and stakeholders adapt to meet the requirements of the project as it progresses i.e.

Stage One

- Broad engagement with wide range of patients, groups and the local community following the closure of the medical centre and to ensure feedback is sought as widely as possible.
- Identifying key community and patient representatives who can be involved in the project governance i.e., be members of the project steering group and provide

advice and guidance on communications and engagement activities (Chair of the Victoria Park Community Centre/local councillor and Healthwatch representative).

- Identifying community and patient representatives who would like to continue to be involved as the project progresses.

Stage Two

- Focussed engagement with interested parties to update on progress and gather feedback on work to date – on-line engagement meetings in January and meeting in late February
- Ensure other key stakeholders are briefed e.g., HOSC.
- Adjustment of engagement activities/plans in line with Covid-19 and to ensure learning from January engagement.

Stage Three

- Depending on the number of viable solutions:
 - If one viable solution - communicate decision to local community and stakeholders once decision made by the CCG.
 - If more than one solution – broaden out engagement for ask for views on preferred solution – conduct drop-in sessions and run survey, independently analyse feedback and produce report to be used as part of decision-making case.

6. Key Messages

- We will listen to the views of the local community and take them into account as we develop potential solutions.
- We want to make the most of the centre's location in the heart of Bridgwater and maximise the use of all its facilities to meet the needs of the local community.
- We want to be able to deliver care closer to home and which reduces health inequalities, helps to prevent ill health and provides more tailored, personalised services according to the local community's health needs.
- We want to support the continued provision of the Victoria Park pharmacy service
- We want to find a solution that is deliverable, affordable, and sustainable over the longer term.

7. Timescale Dependencies

Should there be more than one viable solution, increased time will need to be built into the project to ask the local community and stakeholders for their preferred solution.

Their feedback would need to be analysed, ideally by an independent expert and a report produced to be considered as part of the decision-making case. There would need to be sufficient time for a survey to be circulated, responses gathered, analysed and a report

written – based on the experience of similar engagement activities run in October it is advised that an allowance is made for an additional eight weeks for this work to be delivered and completed.