

Patient and Public Participation Assessment

NHS Commissioners have a legal duty to 'make arrangements to involve the public in commissioning'. This form is a tool to demonstrate whether there is a need for patient and public participation and if so, to evidence what involvement and engagement has taken place.

Completed forms should accompany reports being considered by the Somerset Primary Care Commissioning Committee for decisions where there is a need for patient and public participation.

SECTION 1

Title of the plan/proposal/project/commissioning activity and a brief description (including key objectives where appropriate).

Possible examples – procurement of a new service, proposals for service change, national policy development or an operational commissioning decision which affects services, e.g. closure of a GP practice.

Irnham Lodge Branch Surgery – Permanent closure

Location: e.g. town, CCG, Area

Townsend Road, Minehead TA24 5RG

Title and brief description of proposed activity

Permanent closure of a branch surgery

Key objectives of the proposed activity

Make patients and public aware of the practice plans to apply for permanent closure of the branch surgery at Irnham Lodge, 322ft by road distant.

SECTION 2

Is there likely to be an impact on patients and the public?

To assess impact you should consider the overall population and groups/individuals within that population who are likely to be affected. This can be done by completing the equality and health inequalities analysis screening tool and then, if necessary, a full equality and health inequalities analysis.

If the plans, proposals or decisions are implanted, do you think there will be:

(a) An impact on how services are delivered?

Yes No

Please explain your answer and provide further details

The site at Irnham Lodge is oversized and we are advised has not been used to full capacity for some time. During the height of the COVID-19 pandemic; the Irnham Lodge site was

designated for seeing vulnerable patients face-to-face with all other services located at the Harley House site. If approved, the closure of the branch surgery will result in permanent change to how patients can access primary medical services as will be consolidated to a single site.

(b) An impact on the range of health service available?

Yes No

Please explain your answer and provide further details:

No impact to the range of services provided. Services will be accessed at a consolidated single site. Practice has demonstrated that the extended consolidated site has sufficient capacity to host all services with the potential to host more if required.

(c) Any other impact that you can envisage at this point in time?

Reduced on-site parking provision.

The practice has released parking spaces allocated to staff for use by patients. The practice has also identified an opportunity to procure additional spaces at an adjoining site if required. This will be added as a standing agenda item at PPG meetings and provision reviewed if required. There is on street parking close by the surgery and a public car park within 200m. Patients with a blue badge can also park outside the surgery on the yellow lines. The practice continue to utilise digital tools for patients who want them. The practice has provided a written statement from the PPG confirming it is happy with the proposed mitigations to this concern.

Disability and Discrimination Act compliance (DDA).

The practice has provided written assurance that the re-development is DDA compliant. The practice has committed to retrofitting the reception desk area at the Harley House site so that it is complaint in phase two of the re-development.

(d) Does the legal duty apply to the activity?

If you have answered yes to (a), (b) or (c), it is highly likely that the legal duty applies. Note: the duty always applies to planning of commissioning arrangements (regardless of impact).

Yes No

Please explain briefly why you have answered yes or no to the above:

Due to the proposed permanent change in service provision for the registered population at the branch site it is a necessity that patients are made aware and given an opportunity to comment on the proposals.

Please note that if you have determined that the legal duty does not apply to this particular activity you are still required to retain a copy of the form as a record of your decision making. You must also consider, even if the legal duty does not apply, whether participation would be beneficial in the circumstances and complete section 3, 4 and 5 of this form.

SECTION 3

Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources or patient and public insight.

Examples could include patient and public views by patient and public voice (PPV) partners; surveys; intelligence on patient and public views from partners including CCGs; Healthwatch and voluntary and community organisations.

Please complete each question below.

(a) What arrangements/mechanisms are already in place to involve the public which are relevant to this activity (these may be national/regional or local)

The practice has continued the engagement exercise started prior to the merger of Harley House and Irnham Lodge surgeries respectively in April 2019. In respect of the application to close the branch surgery, the practice has used the following platforms to reach their patient and public population:

- Patient Participation Group meetings and monthly email updates
- Local radio interviews in March 2020 and March 2021
- Meeting with Parish Councillor in June 2020
- Standing item at regular Primary Care Network meetings
- Developed a new practice website launched on 13 April 2020 and added news regarding the planned branch closure and re-development to the home page. The practice website received 14,100 click through's during its first year of launch
- Regular updates on practice Facebook page which has a total of 240 likes and 272 followers
- Displayed posters with information about the practice plans together with a QR code to access the online survey on noticeboards in the waiting rooms at both surgery sites as well as outside
- Offered opportunity for patients/public to provide verbal or written feedback
- Added a message directing patients to the website for latest development news on telephone lines
- Published four newsletters in October 2020, November 2020, January 2021 and February 2021 that were emailed to a distribution list of approximately 3,200 people
- Targeted flu clinics as an opportunity for traditional face-to-face engagement handing out hard copies of the most recent newsletter making the practice manager available to discuss any points patients would like to raise. One patient took this opportunity and supported plans to consolidate on one site. 3,773 patients attend for their flu vaccination between October 2020 and January 2021

Detailed analysis of the engagement and a 'You said, We did' document have been provided by the practice with a commitment to continue the engagement exercise during and after the re-development works have been completed.

(b) How will the insight available to you help to inform your decision?

Despite the far reaching and varied routes of engagement, the practice has so far received 20 responses to the online survey, four written responses and one verbal response. The responses have generally been asking sensible questions on some of the key concerns which have been addressed as part of the planning stages and no strong objections have been received. The practice has considered and responded to feedback received from engagement exercise and is committed to continuing this following the closure and the consolidation to a single site.

By engaging the public and stakeholders it provides the commissioner with a better insight as to whether this is a change that is supported by patients or being driven by the practice.

Please note that consideration of existing arrangements and patient and public insight will help inform any additional arrangements required under section 4.

SECTION 4

Are additional arrangements for patient and public involvement required for this activity? In particular how will you ensure that 'seldom heard' groups, those with 'protected characteristics' under the Equality Act, and those experiencing health inequalities are involved?

- (a) If yes, provide a brief outline of your approach and objectives for any additional patient and public participation, including consideration of 'seldom heard' groups, the nine protected characteristics and health inequalities.**

In due course it may be appropriate to develop a full communications and engagement plan.

There are no additional requirements – the practice has engaged the practice PPG throughout the process and their response can be found in the engagement summary. The practice completed an initial Quality Equality Equity Impact Assessment (QEEIA) to identify any unintended health inequality consequences ahead of the December 2020 PCCC meeting. Following this meeting and subsequent to work undertaken by the practice to remove the conditions attached to the approval they have undertaken an additional QEEIA. This has been deemed robust by the CCGs QEEIA Advisory Group.

- (b) Briefly describe how your proposed participation will be 'fair and proportionate' in relation to your commissioning activity.**

The engagement was proportionate particularly given the impact of COVID-19 had on the practice to engage through certain channels i.e. reduced footfall through the surgeries respectively. Members of the public were also given the chance to comment on the proposal through an online survey on the practice website which was referenced within four newsletter publications, notices internally and externally to both surgery sites and through local radio interviews. Written and verbal comments were also welcomed. There was a fair timescale for a response and the practice did not exclude any forms of feedback.

SECTION 5

Planning for impact and feedback

- (a) Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.**

The feedback received will be used to influence the decision making by the Somerset Primary Care Commissioning Committee.

- (b) How will the outcomes of participation be reported back to those involved (refer to your communications and engagement plan, if appropriate)?**

The practice will openly notify the public and the patients of the decision made by the Somerset Primary Care Commissioning Committee. This will be through individual conversations, posters and a publication on their website and social media platforms.

(c) How will you assess the ongoing impact of the change on patients and the public after it has been completed?

The practice has committed to continuing engagement during and after the completion of building works and the closure of the branch surgery site. Feedback received will be regularly communicated to the Commissioner. Complaints will also be monitored. Given the proximity of the branch surgery to the main site and the assurances provided regarding a maintained level of clinical capacity, it is not anticipated there will be an impact or change in the service patients will be receiving.

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