

Brockwell Surgery relocation – public engagement

Appendix A- notes from online sessions

Brockwell Surgery Online Engagement Session Notes

Monday 21st February 6pm via Zoom

Present:

Practice Representatives: Pauline Ironside (PI) and Dr Aamir Munir (AM), Northumbria CCG
Engagement: Jen Coe (JC), Healthwatch Northumberland: Derry Nugent (DN) and Helen Brown (HB)

1 member of the public joined the session

Brief informal introductions were made and DN introduced HWN role asking public attendee if there was anything in particular that they wanted from the session.

Comment: Two parents vulnerable and concern around accessibility of new site, wants to know if proposal will go ahead regardless of public feedback/opinion

PI gave a presentation about background and reasons for proposed move, site that will be moved to and time-scale, benefits of proposal and engagement process.

Background and reasons: Current site over 30 years old and not fit for purpose, has limited capacity and cannot support level of expansion including greater range of services such as clinical pharmacists, physiotherapists, mental health, social prescribers.

Relocation: To NSECH hospital around 2 miles from current location. Expect to be completed by Autumn 2023.

Expected benefits: improved staff/patient facilities including parking. Disabled access consulting spaces. Greater access to range of services, shorter waiting times with no reduction in services. Wellbeing hub for group consultations and specialist clinics.

Next steps: Engagement with patients over next 6 weeks. Independent research company doing focus groups. Drop-ins held. Survey. Healthwatch helping with online sessions and any feedback. All feedback collated into report which will go to CCG to decide on proposal

AM gave some additional detail on background to proposal- stated not just a 'lift and drop' exercise but more strategic to offer healthcare in wider context taking into account wider determinants of health- so working more closely with other voluntary sector organisations and social care around housing, debt, employment. Outlined model of working with frail patients to offer holistic support.

Issues raised

- Transport to site- concern not for self or even parents necessarily who can transport but others who may have difficulty accessing site as not easiest via public transport and taxis too expensive. AM stated in conversations with Age UK about booking transport options in 'real time' and also this being extended to younger patients. AM and JC mentioned bus routes are already there but not very frequent (believe hourly?) but bus companies will often put on further services where greater footfall, hope would be that services would increase but cannot confirm that

- Parking- concern that parking needs to be free and how will the surgery stop other hospital visitors using spaces? AM said commitment to ensure free parking is guaranteed and are looking into what options they have to ensure separation from other hospital parking e.g. barrier and token to get out of car park from surgery. Needs to make sure disruption minimal to patients and staff and obviously want to avoid conflicts.
- Equality duty- concern that those with protected characteristics should be considered in proposals particularly around travel to site. HB suggested travel impact assessment be considered.
- Will everyone get a say- concern that not everyone will get chance to feedback e.g. those with language difficulties. Asked whether reminder letters would go out. PI reiterated the ways people have been asked to engage including focus groups for elderly and that is ongoing process. JC mentioned that process of engagement is robust and will give lots of opportunities for people to feedback and that this will all be taken into account before deciding on outcome.
- Delay in patient letters- letter not received and found out about session via surgery visit. Suggestion of delays at Cramlington sorting office. PI said that further sessions were available (focus groups) and online session next week.
- Recognition of benefits such as greater range of services and parking and thanks to surgery for their hard work

HB closed the session and said Healthwatch Northumberland would submit their notes from this engagement session to the practice to be considered alongside the survey and any feedback received during engagement process. Confirmed would be recommending travel impact assessment. HB asked if engagement process would continue once further information became apparent re transport and this communicated to patients. PI agreed this and that FAQ/website could be updated as information became available. HB reminded public attendee that parents and others could feedback in writing or other ways if couldn't or didn't want to attend online or F2F sessions to surgery or HWN as independent champion.

After session HB offered to run another online session given patient letters had been delayed. It was agreed to monitor level of interest before Monday and can decide following this.

Brockwell Relocation Engagement Session – Monday 21 March, 1pm

Present: Pauline Ironside (PI) Valens, Dr Aamir Munir (AM) Valens, Jen Coe (JC) Northumbria CCG, Derry Nugent (DN) HWN, Helen Brown (HB) HWN, Laura Haugh (LH) HWN.

3 members of the public attended the session.

DN introduced the session.

PI gave a presentation about the relocation proposals. Details noted in the first session notes.

Questions and comments

Patient has a brain tumour and can't drive for two years. She also has a disabled son. Will it be possible to get to the new surgery using public transport?

PI said great consideration has been given to the transport issues and the practice wants to hear the patients' needs. AM said when they looked at relocating the surgery eight years ago there wasn't a direct bus route but there are more routes now as the hospital has developed. The practice is having ongoing conversations with bus companies and is also in conversation with Age UK about an on-call transport solution which would be available to all ages. This could be an accessible car/minibus that would wait and bring the patient home again. The patient said she wasn't sure if

this would be suitable for her disabled son who is autistic and non-verbal. She currently relies on family for a lift or pays for a taxi if she needs to travel somewhere.

Another patient said that public transport would not be suitable for frail older people. Some older people could not manage a step up into a minibus and would be at risk of falling getting on to a public bus if it pulled away before they were seated. The cost of public transport, petrol or taxis would be expensive too. She said it is cheaper and better for the environment to walk. She appreciates all the benefits but sees no point if people can't access it.

The question was raised how the Age UK transport would be funded.

AM said the Age UK transport would be commissioned by Valens or the CCG. It would not be funded by Age UK itself.

One patient said the consultation process could have been better. She found out about the plans via Facebook and her letter arrived after the consultation session. It also wasn't clear where the Cramlington Hub at Manor Walks was. She also felt the survey was very biased. PI said the engagement process was well planned and patient letters should have gone out by 9th February but they were let down by the local mail service which was out of the practice's control. To make up for this the engagement period has been extended as has the survey deadline. Letters have been hand delivered and SMS messages sent. An independent external market research company was used to produce the survey. PI and JC agreed to pass on comments about the survey to the market research company.

Another patient said he agreed with the comments so far and thinks Brockwell provides a good service but the big advantage is that it is based in the community. Has a postcode analysis been carried out? What about the land around the existing site?

AM said the new location is a move away from the local estates but there are no other suitable sites available in Cramlington. The current site has been outgrown and is no longer fit for purpose. The land around the site belongs to numerous different owners and expansion would be limited. The environment at the new site would be completely different for both staff and patients.

Has it been considered keeping Brockwell as a branch surgery?

AM said it had been considered but it is more difficult to maintain services as the team would be more spread out and this would not be sustainable without more staff.

One patient said the move seemed to be more about the staff than the patients.

AM said the new surgery will still be a community facility, it won't be inside the hospital. It will offer more services for patients including mental health services and proactive healthcare to address health inequalities.

Has the building already been built?

Not yet but the building is due to be built soon anyway to house the hospital's new training centre. This would be where the new surgery would be based if the plans went ahead.

How would the free car parking system be managed? Couldn't hospital visitors park in the free spaces?

There would be a separate car park for the surgery, possibly using a token system to ensure only surgery patients parked there.

One patient mentioned concerns around the environmental impact of the move. More car usage would lead to a huge increase in carbon footprint.

AM said there will be a travel assessment and environmental impact assessment as part of the process. Travel surveys done in the past suggest 75-90% of patients drive to the current site anyway. In the longer term, a more proactive approach to healthcare could lead to less GP visits in

the future. Any new NHS building must be carbon neutral now.

DN said two clear themes to emerge are the environmental impact and the options with the current site.

DN asked about the transition period between moving from the old to the new site.

AM said the current surgery would continue to operate as usual until the new surgery opened. At this stage the finer details have not yet been planned but there would be a project plan in place to move over the phone and IT systems for example.

Pre-submitted question – Are there any financial incentives for the move?

AM said there was not.

The patients on the call agreed a more efficient phone service was needed.

AM agreed that phone capacity has been an issue but there has been some improvement in recent weeks. Staff have been trained in navigation and new staff will be joining the team soon. Aim to answer 60% of calls within 2 minutes.

One patient said they didn't know about the digital system on the Valens website where you can leave a message and the patient will receive a call back from the appropriate health professional.

PI said a new online service will be launching in a few weeks and this will be promoted to all patients.

DN brought the session to a close. Patients will be kept informed about what happens next. The surgery is looking to present their report to the committee in May.

Brockwell Relocation Engagement Session – Monday 21 March, 6pm

Present: Pauline Ironside (PI) Valens, Shari Kelly (SK) Valens, Dr Aamir Munir (AM) Valens, Jen Coe (JC) Northumbria CCG, Derry Nugent (DN) HWN, Helen Brown (HB) HWN, Laura Haugh (LH) HWN.

4 members of the public attended the session. Another person signed up but didn't attend.

DN introduced the session.

PI gave a presentation about the relocation proposals. Details noted in the first session notes.

Questions and comments

One patient said the plans for expansion sounded interesting. He asked how the surgery's free car parking will be kept separate from the hospital car parking.

AM said there would likely be a token barrier system in place to ensure the free car park was only used by patients attending the GP surgery.

One patient said that it is very commendable that Valens wants to offer extra services, but his concern is for those who can't drive or walk far. He said there are only two or three bus routes and these aren't frequent.

AM said that it is hoped the bus routes will increase as the footfall to the hospital site increases. There are also plans for more housing developments near the hospital which means more bus routes are likely in the future. AM also explained conversations with Age UK to provide a transport service for all ages. The patient who raised this issue said that was very encouraging.

One patient asked if the closure of the current site needs to happen? Can't it be kept open as well as expanding to the new site?

AM said this option has been looked into but it is harder to manage multiple sites. There would be

extra logistical problems and staffing would be an issue.

One patient said they were quite excited by the move as the old building has had its day and it is time for an upgrade. The proposed site is closer to where she lives than the current surgery. She said parking is an issue at the current site.

Another patient said the new site is great if you can drive but bus routes are not great. He likes the Age UK idea. The surgery is within walking distance at the moment. He asked what will happen to the District Nursing Service?

AM said all services would move to the new site.

What are the future plans for the current building?

AM said there are ongoing conversations to find a new use for the building. It could either be commercialised or used for another health-related facility.

What about prescriptions? Currently get these from Lloyds Pharmacy in Brockwell building.

AM said Lloyds Pharmacy might stay in the current building. There is a possibility there could be a pharmacy in the new building too but this is a separate more complicated process.

Pre-submitted question – Are there any financial incentives for the move?

AM said there is no financial incentive.

DN brought the session to a close and said the key themes from both sessions are transport and convenience. The notes from the engagement sessions will form part of the application submitted to the CCG for decision.

PI said the proposal is not a done deal. A decision is expected to be reached by early June and patients will be notified of the decision.