

NHS

Northumbria Healthcare
NHS Foundation Trust

healthwatch
Northumberland

Harbottle mobile health unit proposal

Engagement report

Introduction

The North East and North Cumbria Integrated Care Board (NENC-ICB) and Northumbria Primary Care (NPC) are undertaking a feasibility study to enhance GP Services currently delivered from Harbottle Village Hall by the potential use of a van-based Mobile Health Unit (MHU).

A survey was designed and distributed by NPC in December 2023 seeking the opinions of local residents and a wide range of other stakeholders. Patients who were registered with The Rothbury Practice (regardless of which surgery they accessed care from), received either a hard copy of or text message with a website link to a letter, survey, and a frequently asked questions (FAQs) document.

As NPC wanted to ensure meaningful engagement with the local population and other stakeholders, there was a pre-engagement briefing which took place with the local councillor, chair of the PPG, MP's office, Health Overview and Scrutiny Committee officer and the parish council. All engaged well with the process. There were also two public meetings to enable NPC to gather public opinion in January and February 2024. A further series of two drop-in sessions per clinic (four in total) were held at Harbottle Clinic and The Rothbury Practice during December 2023 to February 2024.

There were nine attendees at the first public meeting on Tuesday 9 January 2024 and 17 attendees at the second public meeting held on Tuesday 13 February 2024.

Engagement figures for the four drop-in sessions held at the surgeries were as follows:

- Thursday 14 December at Harbottle Surgery – four patients engaged
- Tuesday 19 December The Rothbury Practice – 19 patients engaged
- Thursday 18 January at The Rothbury Practice – nine patients engaged
- Thursday 1 February at Harbottle Surgery – three patients engaged

The feedback from the public meetings, the four drop-in sessions held in the GP practice/clinics and the effectiveness of the survey distribution are beyond the scope of this report. However, Healthwatch Northumberland did receive several credible reports that residents had not received notification and were unaware of the engagement opportunities. Additionally, comments were received about the survey structure and nature of the questions. However, for completeness' sake we have included Healthwatch Northumberland's summary of the engagement meeting held on 13 February 2024 in Harbottle Village Hall which is included in the appendices.

Although the survey was designed and distributed by NPC, supported by NENC-ICB, to ensure independence, the analysis of the responses has been conducted by Healthwatch Northumberland. The results of the surveys will be fed back to NENC-ICB, via NPC, as they commission primary care services and will have the ultimate say on whether the proposal will go ahead.

The survey had a mixture of type of questions: questions inviting comment on the proposal, questions on the benefits of the existing service and ideas for the implementation of a mobile service. We have analysed these question themes separately.

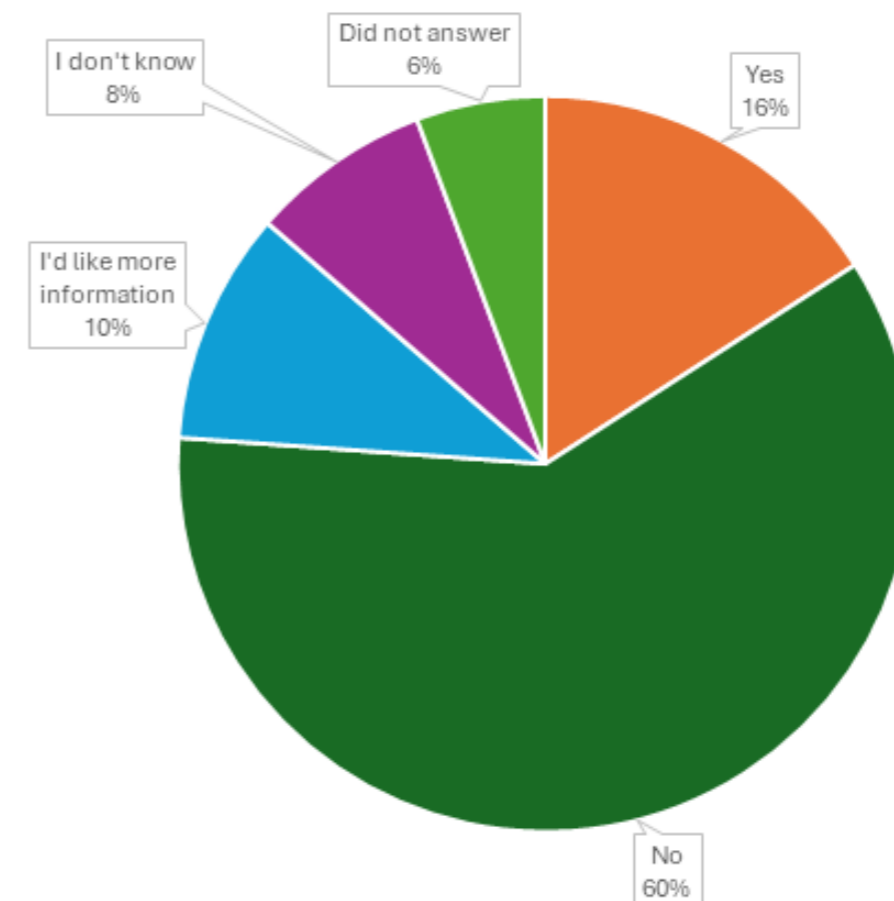
We received 73 completed responses to the online survey and 15 hard copy responses. There appeared to be no repeat submissions from the residents in the survey. We also received written submissions from the Coquetdale League of Friends, Harbottle Parish Council, Elsdon Parish Council, a county councillor, a parish councillor and Northumberland National Park Authority (NNPA). In addition, there were 22 separate replies by email. We have looked at the individual emails, League of Friends, the parish councils, the individual councillors and NNPA submissions separately to the survey responses.

Residents' responses

Sentiments about the proposed plan

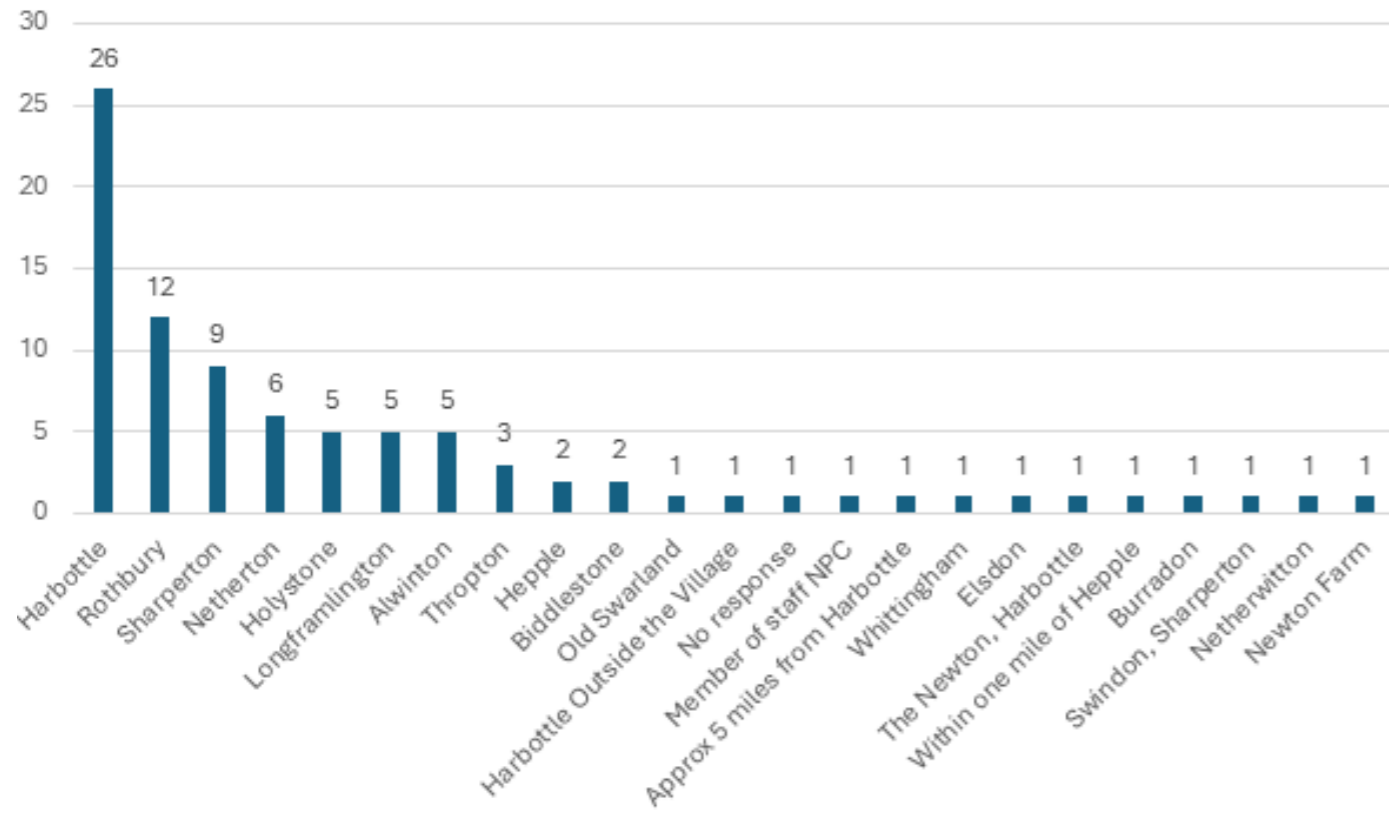
The results for the question, "Do you think the proposed mobile healthcare unit is a suitable alternative to providing care from Harbottle Village Hall?" were strongly negative, with 60% of the responses being against the proposal. Just under a sixth (16%) of the respondents, however, were in favour – see Figure 1.

Fig. 1. Do you think the proposed mobile healthcare unit is a suitable alternative to providing care from Harbottle Village Hall?



We looked at the location of the respondents and this is shown in Graph 1, below.

Graph 1. Where the survey respondents were from.



Of the 14 respondents who were in favour of the MHU proposal we found that there was a 50:50 split between respondents who were located in Coquetdale itself and those who lived outside the valley. For the 53 respondents who were against the MHU proposal, we found that 40 of the respondents lived within Coquetdale with the majority of them living in Harbottle itself.

Looking at all the respondents, 60 of them had attended the GP or nurse clinic at Harbottle Village Hall and 28 had not. Of the 14 respondents in favour of the MHU, eight of them had never attended the GP or nurse clinic at Harbottle Village Hall.

Quotes from those in favour of the MHU

“It is a practical solution to a tight financial situation”.

“It would be fully accessible, easy to access and come equipped. It could also provide additional services not currently available to Harbottle and other locations.”

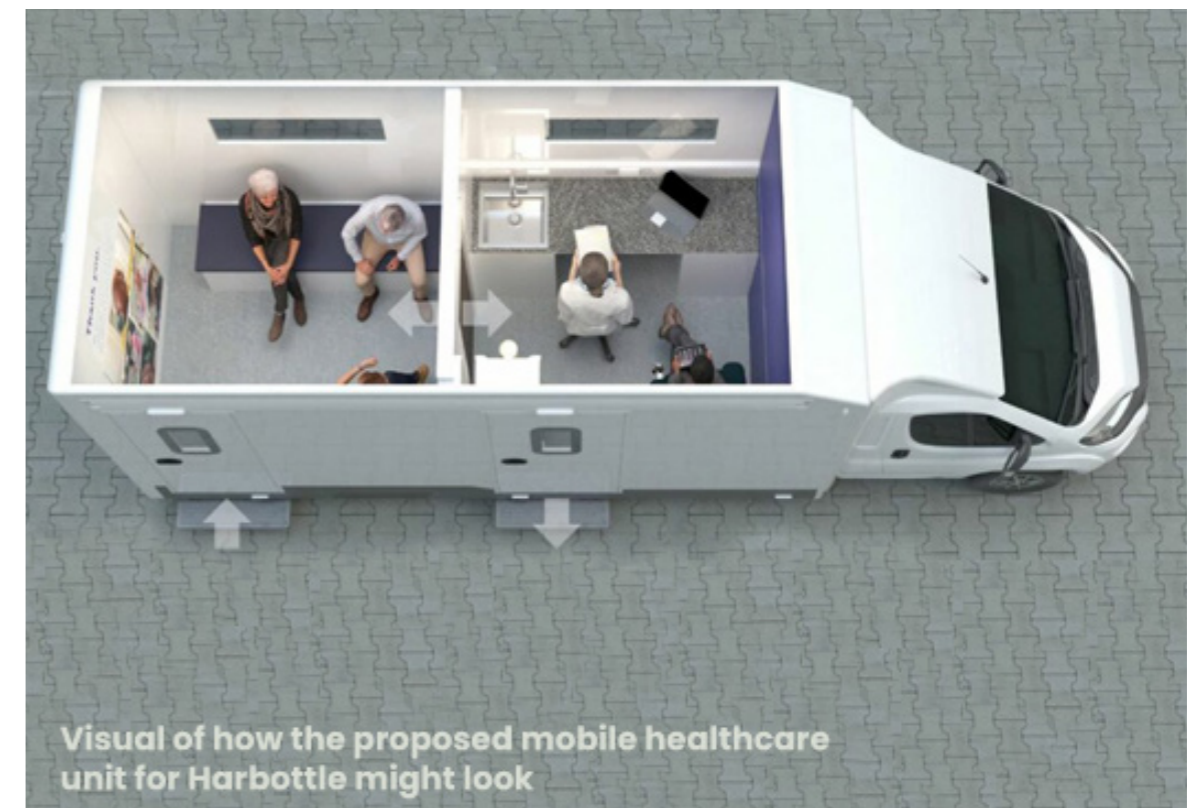
“Flexibility within the other villages.”

Quotes from those NOT in favour of the MHU

“Privacy simply cannot be ensured in a van and accessibility is severely impaired. We have been informed at the information gathering that a van is not soundproof, nor is there a large enough waiting room, e.g. for mothers and children. People would have to wait out in the street and people in wheelchairs would have to go from waiting room to treatment room via the street. It is really outrageous and I wonder if there are not strict criteria wrt [with respect to] privacy and accessibility that NHS are obliged to meet. And will not in a van. Even the doctors admitted to not being happy about this. Apart from that, it is a total waste of money, since there is a perfectly well functioning practice that has been invested in. The rent proceedings go to Harbottle Village Hall, where many healthy activities take place, such as dancing, yoga and community get-togethers. A van is not cheaper, we were told, but the money goes to a company, not a community.”

“I have worked in a van as a health care professional in the 1970s. It did not work well. People ended up waiting outside in the rain and wind. It was not warm and comfortable. Patients did not feel welcome or able to talk. There was no confidentiality. It felt like working in a third world country. It seems a backward step when I have had very satisfactory experiences at Harbottle Surgery.”

“A mobile van with no toilet facilities and no privacy cannot replace the perfectly adequate facilities in the village hall. The proposed van is a downgrade from existing services. I would not use the van because of issues with confidentiality – anyone in the waiting area would know of my health issues – not acceptable in a small village community.”

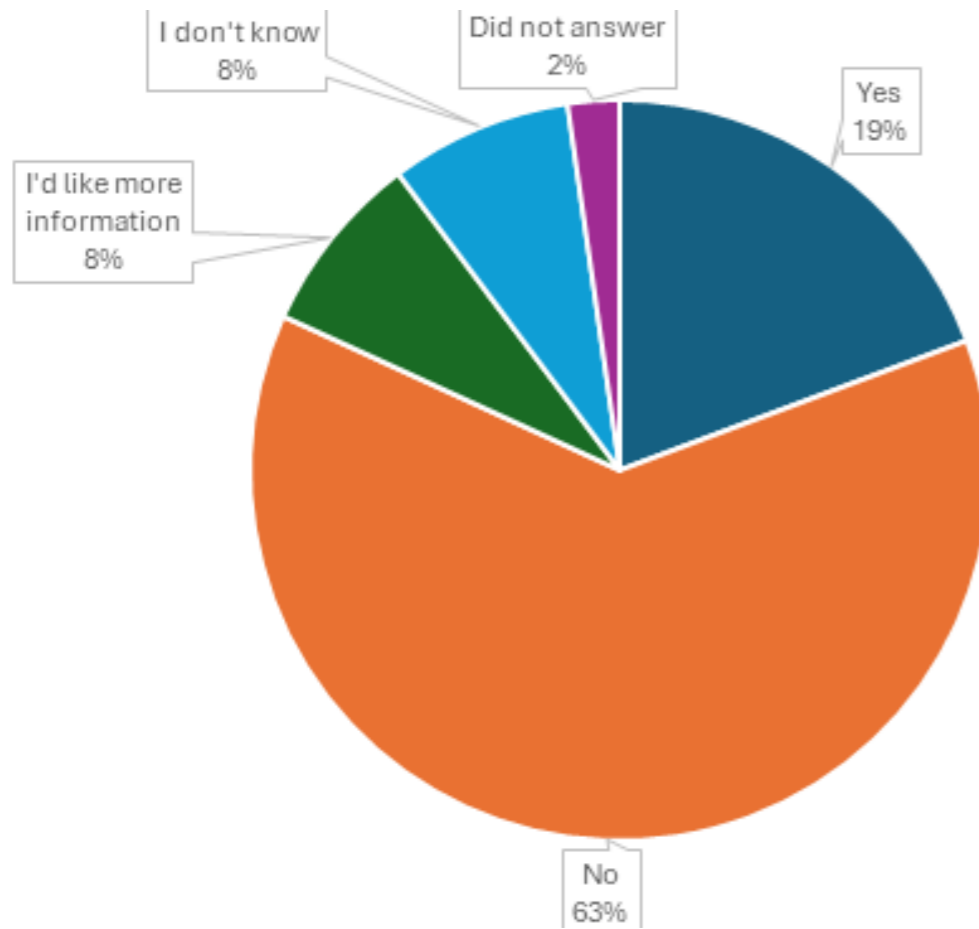


Visual of how the proposed mobile healthcare unit for Harbottle might look

Responses to the question, “Based on the information you have, do you think the proposed mobile health unit could improve health services in your area?”

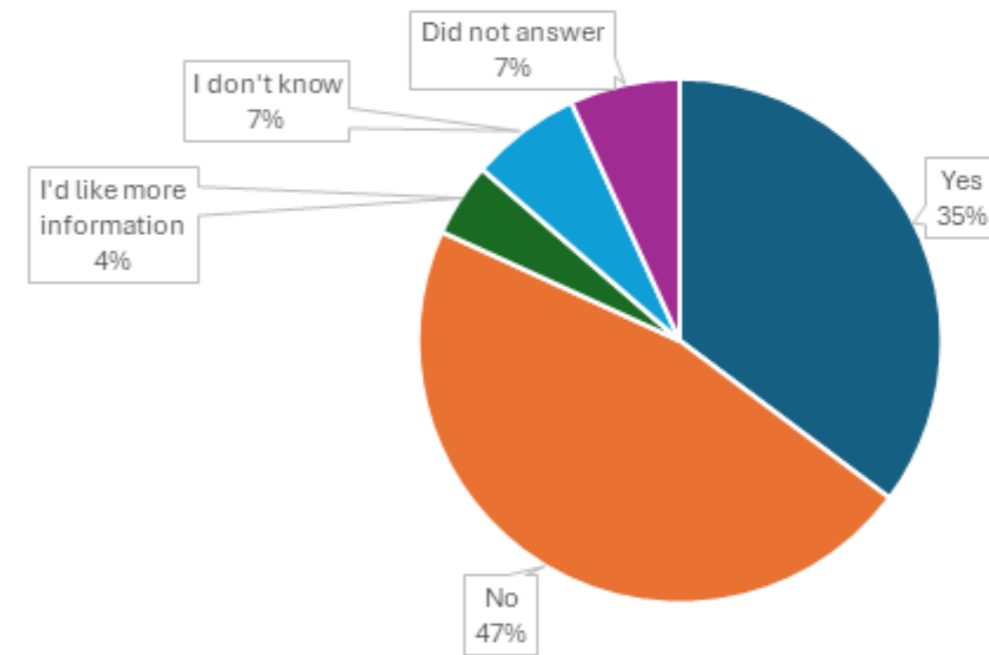
Responses to this were more negative, with 63% answering ‘No’. There was a slightly higher proportion of people in favour of the proposal though compared with the previous question with just under a fifth of the responses (19%) being in favour (see Figure 2).

Fig. 2. Based on the information you have, do you think that the proposed mobile healthcare unit could improve health services in your area?



When asked about disability access just under half of the respondents (47%) had no concerns about the access for disabled people and just over a third had concerns (35%) about accessing the vehicle (see Figure 3).

Fig. 3. Have you got any concerns about accessing the mobile healthcare unit?



The most common opinion expressed by those who had concerns about accessibility were around the ramp and/or steps to gain access to the vehicle with neither a ramp nor steps being a suitable solution for some.

“I use an aid (stick) to walk, have difficulty with steps and a fear of slopes (falling)”

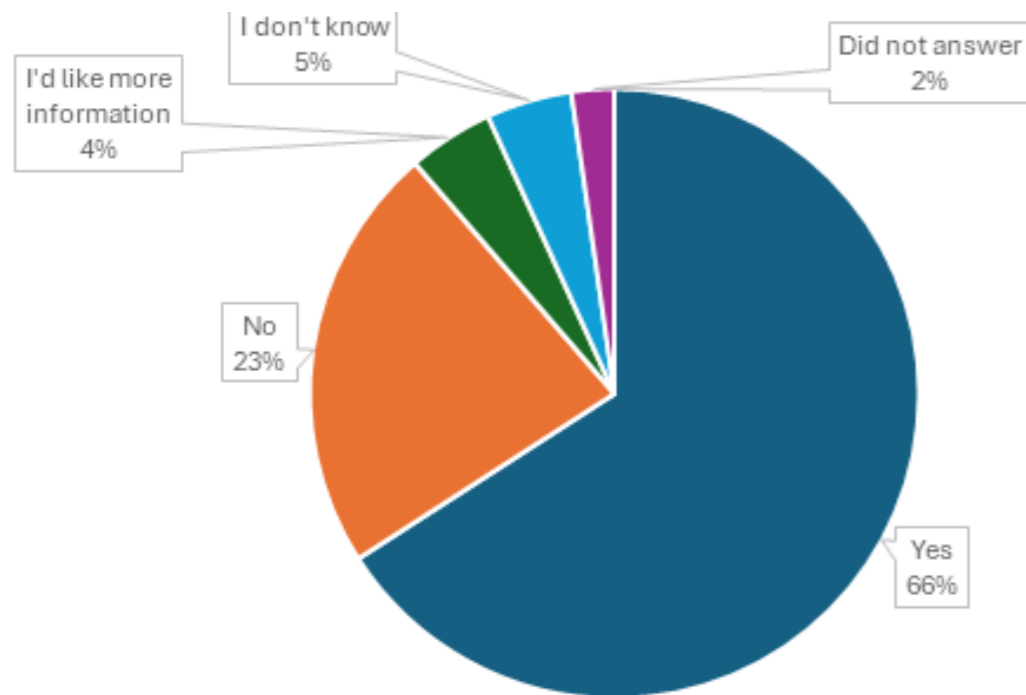
Issues around the lack of suitable parking in Harbottle and the potential obstruction caused by the extended ramp were the other commonly raised concerns.

“I don't personally have access issues but have concerns about those with mobility problems accessing the unit. Where can the van park safely in Harbottle with a ramp extending onto the path or roadway? Who is responsible for putting out the ramp and assisting those with issues to access the van? Does the GP/staff have to do this?”

The survey then asked “Do you have any worries about the proposed mobile healthcare unit being used in your local area?”

There was an even greater level of concern with two thirds of the respondents saying they did have worries. Less than a quarter of respondents said they did not have any worries. See Figure 4 overleaf.

Fig. 4. Have you any worries about the proposed mobile healthcare unit being used in your local area?



The main worry that people had was that the MHU was a stepping stone to the removal of services from Harbottle altogether (31% of responses), brought about by the predicted reduced attendance caused by lack of privacy, difficulties parking the vehicle in Harbottle, the poor waiting room facilities, accessibility of the MHU by disabled patients and the perceived potential unreliability of the MHU caused by the state of the roads and the winter weather.

- 17% of respondents felt there were adequate and appropriate facilities already which are better than the proposed MHU and;
- A further 9% felt that there was no need to make any changes to the current set-up.
- An additional 17% of respondents felt that the unreliability of having a van-based mobile service would be an issue given the state of the roads in winter.
- 15% were concerned about the lack of privacy in the proposed MHU and some gave examples of the breast screening van being a similar arrangement with inadequate soundproofing.
- A small number of respondents said they would not use the MHU due to privacy concerns. See Figure 5 below for the categories of worries breakdown.

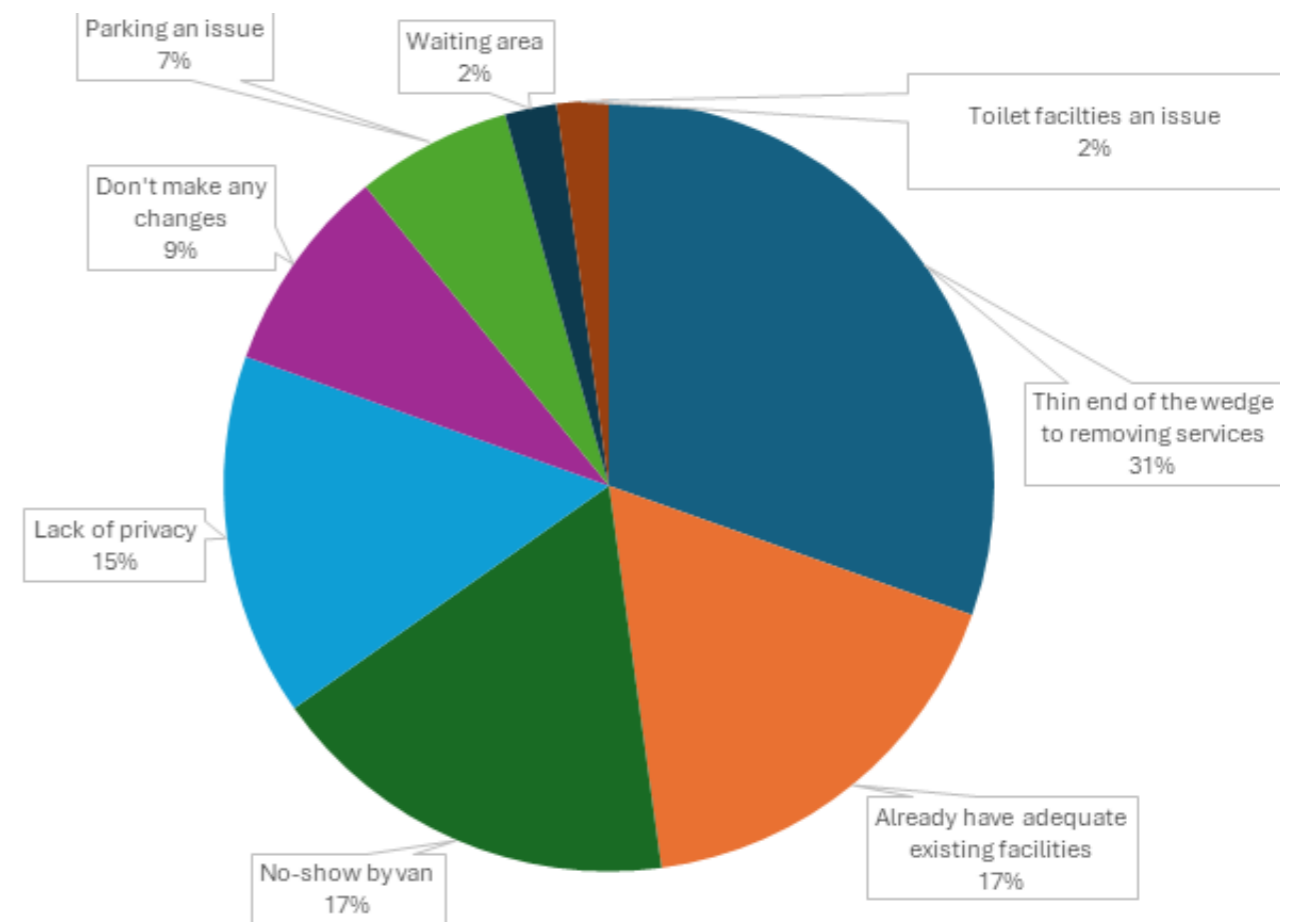
Quotes from those in favour of the MHU

“Ensure it visited other local villages so people less able to get to Harbottle can access medical treatment”.

Quotes from those NOT in favour of the MHU

“The proposal suggests it will be a medical van designed to provide all general GP/ Nurse based primary healthcare services and be leased out to other NHS services to generate additional income. The internal design does not lend itself to patient examinations with any degree of privacy or confidentiality and therefore patients will opt to travel to Rothbury for a better level of service. This will mean that van use will be diminished and quickly phased out resulting in the loss of service in Harbottle altogether which I understand a lot of residents in the area strongly suspect is the ultimate goal for the ICB.”

Fig. 5. Distribution of comments by category of worry



The final open-ended question was: “Is there anything else you would like to tell us about this idea?” There were 43 comments received, of which only three were in favour, 34 people did not comment. The comments, both positive and negative, just reinforced the respondents’ previous views.

In summary, although there was a notable proportion (around a fifth) of respondents in favour of the replacement of Harbottle surgery with a Mobile Health Unit, a sizeable majority of respondents were against it (three-fifths to two thirds, depending on the question asked).

Results from the question on the benefits of the existing service

The survey asked, "What is good about the current GP services provided in the village hall?" There were 79 comments received in answer to this question and nine respondents did not reply.

- The most common theme was that the service was local or a short distance to travel with 35 (44%) of the answers mentioning this. In addition, two respondents mentioned the lack of public transport provision to get to alternative surgeries.
- 12 respondents (15%) mentioned the comfortable waiting arrangements with an additional six (8%) mentioning the provision of toilets.
- Nine answers (11%) were around the theme of ease of disability access and five answers (6%) mentioned the preservation of confidentiality at Harbottle Village Hall.
- Four respondents (5%) mentioned the reliability of the service with two additional mentions of the good IT links (3%).
- Finally, there were two mentions of the quality of patient care (3%). (The percentages do not total 100% due to rounding errors.)

Results from "other ideas" questions

The survey received 63 responses which related to the question: "How could the GP services provided in the village hall be improved?" As this was an open-ended question the replies were grouped into themes. The most common theme with 32 responses was 'Offer more days and or appointments'. There was also a suggestion that there be weekend opening. There were only a couple of suggestions for additional services:

- Nursing and Phlebotomy services to be provided from the clinic.
- Offer a wider range of services.
- Offer the full spectrum of services.

There were four comments mentioning that Harbottle should be offered as a location when ringing up to make an appointment which suggests this is not happening when ringing the Rothbury clinic currently.

There were three comments along the theme of 'keep the current services open'.

The survey also asked, "If we were to use a mobile healthcare unit, what care/services would you like to be provided?" The respondents could tick more than one answer and the results broke down as shown in Table 1.

Table 1. Break down of answers to the question, "If we were to use a mobile healthcare unit, what care/services would you like to be provided?"

Vaccinations	66
Annual Health Checks	66
Blood pressure checks	62
Public health education/engagement, e.g. support to help stop smoking	36
Be used by community/voluntary groups	21

There was a follow-up open ended question which asked, "Are there any other GP, public health or community services you would like to be available in rural Northumberland, which could be delivered from the proposed mobile healthcare unit?"

This received 28 suggestions and another 19 objections to the MHU. The suggestions expressed were very wide ranging, from ear wax removal, podiatry and social services to dentistry, chiropody and library services, but only got one mention each. Those suggestions that got more than one mention are shown in Table 2, with the most common suggestions first.

Table 2. What other services should be offered from the MHU?

GP appointments	6
Mental Health services including counselling	5
Phlebotomy	4
Screening test e.g. breast screening, cancer screening	3
Physiotherapy assessments and treatment	3
Mother and baby clinics incl. antenatal clinics	3
Practice nurse appointments	2

There were also two mentions along the lines of 'All services that are currently provided by Harbottle surgery'. The survey also asked "Which villages or towns do you think the mobile healthcare unit should provide services from in the future?" Pretty much every town, village and hamlet in the district got at least one mention but those that were suggested three or more times are shown in Table 3.

Table 3. Which villages or towns do you think the mobile healthcare unit should provide services from in the future?

"The villages that don't have a service already"	9
None	8
Alwinton	8
Harbottle	8
Netherton	6
Thropton	4
Holystone	3
Rothbury	3
Whittingham	3

Lastly, the survey sought the opinions of those that worked within NHS, council, and community services with the question "If you work in the NHS, for the council or a community/voluntary organisation, please tell us what you think about this proposal from the point of view of someone who could have the opportunity to provide care/services from the mobile unit."

There were only five responses to this question, one of which was negative - "I wouldn't attend - it's not a private consultation."

The other four responses were more positive:

- "Excellent way of looking at health inequalities in rural communities often through Geography inequalities arise, this being mobile could aid with those inequalities."
- "A mobile consulting room is interesting - but it only makes sense if there aren't already other facilities available. For work in schools there's usually a room available; in other villages would it be possible to support local business by, for example, hiring a room in the pub?"
- "I was a paediatrician - we only deliver from Alnwick approx. monthly - might be useful! Children in care nurses often seeing children in non-clinical environments - might be useful."
- "The mobile unit would be extremely valuable in helping to reduce health inequalities in our practice populations. Being able to offer services to those who find it more difficult to get to the surgery, or certain patient groups who are less likely to attend the surgery would be a huge asset. The examples above e.g. vaccinations, health checks, are great examples. I would say group consultations too but there isn't really room to do that!"

Feedback other than from the survey

We received 22 email submissions that were free text submissions rather than following the structure of the survey. As a consequence, the feedback was more neutral in tone as 32% of the submissions were questions around the practicalities of operating the MHU e.g. ramp access issues, parking in the village, heating in the MHU and its environmental impact, the provision of services in the winter when roads are a lot more treacherous, who will drive and setup/take down the MHU etc.

18% of the submissions were positive views with the general consensus that the MHU "when done right" would be of benefit for the wider area of Upper Coquetdale.

The remaining 50% of the submissions were negative in tone and reflected the similar concerns to those raised in the survey responses. The main issue was that the proposed MHU was a reduction in facilities that would be detrimental to the quality of the GPs consultations e.g. loss of confidentiality, comfort and ease of access and concerns about the internet access for updating and checking medical records. The financial costing was also queried, with doubts expressed about the MHU being the same cost as the existing provision.

In summary, the free text feedback that was received by email had a smaller proportion of residents against the proposal (50% of free text respondents versus 60% of survey respondents) but the proportion of free text respondents in favour of the proposal was roughly the same as survey respondents at just under a fifth of respondents.

Feedback from organisations and local councillors

We received written submissions from the Coquetdale League of Friends (CLF), Elsdon and Harbottle Parish Councils and Northumberland National Park Authority (NNPA) as part of the engagement process. We also heard from the county councillor and a parish councillor individually.

The NNPA highlights that Harbottle is a very good example of one of their thriving communities, which is partly because of "sufficient and reliable community facilities, including health care services". The NNPA would like to see the current service maintained to ensure the "social fabric and wellbeing of our communities." They also accept that if the current arrangements are not possible then it is "essential that a regular and reliable mobile service is supported". (See Appendix 1 for the full text of their email.)

The CLF is against the proposal for reasons including:

- The proposal is not a comparable replacement for the existing facilities.
- Parking arrangements for the MHU are unclear in a very restricted area for parking and, at the time of writing the letter, have yet to be confirmed.
- Access to a WC is, at the time of writing, unclear.
- The road from Rothbury to Harbottle has navigation issues depending on the time of year due to weather conditions, slow agricultural vehicles and livestock movement.
- After the reduction in GP service from 4 days per week to alternating provision of GP and practice nurse once a week the NHS promised the community "a secure service that is really sustainable". The proposed MHU does not feel like that promise.
- The proposed other uses of the mobile unit have not been fully thought about.
- The services that would use the mobile unit could equally use the network of village, church and community halls that are already in the district. They question the added value that a mobile unit would bring in terms of cost effectiveness, value for money and sustainability.

The CLF concludes that "In its present form, the proposal for a mobile healthcare unit to replace the clinic in Harbottle does not provide enough concrete information about the advantages to be gained from the use of the unit when not being used at Harbottle to justify closing the clinic in the Harbottle Village Hall."

Harbottle Parish Council in their written submission are neutral in opinion but have several issues that have not been addressed, including:

- “The van does not appear to be equipped to allow for detailed examination of patients and this limits the scope of consultations and treatments that can be administered.
- The waiting area is small and there is no provision for waiting patients should this be fully occupied.
- There are no WC facilities in the van which inevitably will cause distress and problems to both patients and staff. The toilets in the Village Hall could be made available for use but the situation is not ideal, especially if the van is unable to park near the Hall.
- Communication could be a problem as there is currently no mobile telephone signal in Harbottle village.
- There appears to be no proposal to ensure a regular siting/parking of the vehicle in Harbottle, where parking is currently limited due to the number of properties that do not have off-road parking, including the School and the Star Inn and shop.
- The longer term commitment to the provision of accessible health services to the Upper Coquet Valley.”

Elsdon Parish Council in their written submission are broadly supportive of the proposal, probably due their location in respect to Harbottle. They believe that “this is a good opportunity to bring services closer to outlying villages and has potential to be of interest to Elsdon in providing services such as vaccination clinics and health checks”.

They are interested to see how the proposal develops, “and whether the GP practices are working together so it doesn’t matter if you are under Rothbury, Bellingham or Scots Gap [as] apparently a significant number of Elsdon residents who, after the closure of Harbottle practice in 2015 registered with Scots Gap and its in-house dispensary.” Their only concern is how it would be funded and they hope it would not correspond in a reduction in funding for local GPs who have to reduce availability as their staff are out on the mobile healthcare unit.

The written submission from Cllr Steven Bridgett (County Councillor for Rothbury ward) was strongly against the proposal. He feels that the MHU would be a downgrade of the currently existing service, particularly “given that they [NPC] have already spent £360,000 of taxpayers’ money improving the healthcare provision within the Harbottle Village Hall.” He has a number of issues including, “serious concerns around the privacy and confidentiality of this unit, there’s no toilet, the proposed disability access is poor, there’s no guarantee it will be in the same place every time it comes and there’s no guarantee that it will get there in bad weather. And I haven’t even touched on the pharmacy dispensing.” He feels the existing provision of services from Harbottle Village Hall is more than adequate.

Lastly, we received a written submission from a Netherton Parish Councillor, Judith Barton, who appears neutral but has a handful of concerns, namely:

- How is privacy dealt with? Can we be sure that the soundproofing is good enough?
- What is the environmental impact of the heater?”

Conclusions

A clear majority of the responses received in this engagement process were firmly against the proposed Mobile Healthcare Unit, although about a fifth of the responses were in favour.

Healthwatch Northumberland’s role is always to ask whether those patients affected by change proposals have had the opportunity to share their experiences and express their views.

It is clear that in this case this did happen, notwithstanding concerns raised about the distribution and access to the survey. However, given the proportions of the opinions expressed, it is unlikely that the overall result would be markedly different.

Appendix 1

Full text of email from Northumberland National Park Authority, received 14/12/23 Northumbria Primary Care – proposal to use a mobile healthcare unit in Northumberland.

Dear Sirs,

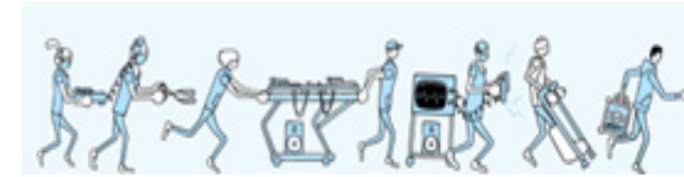
I am writing on behalf of Northumberland National Park Authority regarding healthcare in Harbottle. I understand that there is a consultation currently being carried out for changes to the provision and would like these comments to be registered and taken into account.

Harbottle is a very good example of one of our important thriving communities in the National Park, with a high proportion of residents and few second homes. The National Park Management Plan, adopted in 2022, seeks to help communities to thrive by encouraging and enabling more working families to live in the National Park. This can only be done if there are sufficient and reliable community facilities, including health care services. As a Local Planning Authority we have policies (ST1 and DMI) set out in our Northumberland National Park Local Plan to seek to retain vital community services and therefore would like to emphasise the importance of this for maintaining the social fabric and well-being of our communities. Should the permanent service not be possible then it is considered essential that a regular and reliable mobile service is supported.

Regards
Susannah Buylla
Head of Planning & Policy
Northumberland National Park Authority

Appendix 2

Full text of Coquetdale League of Friends letter



COQUETDALE LEAGUE OF FRIENDS
Reg. Charity No. 508289

Community feedback on the proposal by the NE and Cumbria Integrated Care Board to deliver the Rothbury GP Practice service to Harbottle in a mobile health care unit instead of the clinic in Harbottle Village Hall.

At our meeting in January the Coquetdale League of Friends was told by its members about the above proposal in Harbottle and provided with feedback from the local community. After discussion the secretary was asked to write to all concerned about our concerns with the proposal.

What are the advantages for the people of Harbottle?

1. It would seem that for the people living in Harbottle and its surroundings there would be no benefits. They are being asked to substitute a dedicated clinic in the village hall with good facilities such as WC's for a mobile unit which, however well equipped and accessible, does not compare. In addition their village hall, which hosts many health enhancing activities at minimal cost, would be impoverished. The present arrangement with The Village Hall does not expire until 2027 when I am sure it could be easily renewed.

2. The parking arrangements for the mobile unit have yet to be arranged. Parking is very restricted in this area. There is a tacit assumption that it will be obtained free of charge which may not necessarily be the case. The Northumbria Primary Care proposal says 'The mobile healthcare unit would be the permanent location from which the weekly GP/nurse clinic would be delivered from in Harbottle'. This seems to imply that it would be stationed in Harbottle but the Frequently Asked Questions suggests that it may be kept at The Rothbury Practice car park.

3. Access to a WC has yet to be arranged. It would probably be in the village hall and there may well be a cost for this service for opening up, cleaning and heating etc.

4. The road from Rothbury to Harbottle is not the easiest to navigate due to weather conditions, slow agricultural vehicles and livestock being moved. Granted that staff travelling to the clinic by car would encounter the same conditions but it would marginally easier for a car than a van to be on time at their destination.

5. This is a community which has seen their GP service reduced from four days per week in 2015 to one session per week and then to a GP session every fortnight alternating with a Nurse session. When the Rothbury Practice was asked to take over the GP service for Harbottle local people were promised “a secure service that is really sustainable.” In acknowledgement of the distress and disturbance these changes had brought the NHS said they were “keen....not to find ourselves, or the patients in this area.. in this position again.” Substituting a van for a permanent building does not seem like a commitment to the patients in this remote community.

What are the advantages to the Rothbury Practice and the wider community in having a mobile healthcare unit.

1. The proposal talks about using the unit to provide services in other outlying areas such as health services, public health services as well as community sector engagement and services. However the proposal admits that “We are in the very early stages of exploring if the Community Team at Northumbria Healthcare Trust could use a mobile healthcare unit.” The FAQ also says that the “feedback from talking to patients and stakeholders would help inform this proposal” It would therefore appear that the other uses of the mobile unit for which the people of Harbottle are being asked to give up their good present arrangements are nebulous at best and have not been thought through at all.

2. This proposal is being put forward as financially neutral. In other words Harbottle’s loss would be the wider community’s gain. There would need to be a much firmer vision and plans in place for the alternative uses for the unit before this would be worthwhile considering. There is also no evidence that practical difficulties and the on costs of running the unit have been fully calculated. For example any service wanting to borrow the unit would have to arrange for it to be picked up, the internal layout apparently can be altered but this will probably take time and some expertise, the unit would need to be regularly cleaned, taxed, insured, serviced and the cost of an eventual replacement will need to be met. Or would that be the point at which the GP service in Harbottle was eventually stopped?

3. If all the services expected to use the unit need to offer pop up services in smaller communities surely they can do this already in the numerous village, church and community halls around the County as Healthwatch do. Coquetdale also has an excellent volunteer transport service to take patients to health services. What exactly would a mobile unit add that would make it cost effective, value for money or sustainable?

Conclusion

The Coquetdale League of Friends conclude that, in its present form, the proposal for a mobile healthcare unit to replace the clinic in Harbottle does not provide enough concrete information about the advantages to be gained from the use of the unit when not being used at Harbottle to justify closing the clinic in the Harbottle Village Hall.

(Chair)

(Secretary)

Coquetdale League of Friends.

11 February 2024.

Appendix 3

Healthwatch Northumberland’s summary of the engagement event held on 13 February 2023



Northumbria Primary Care (NPC) Engagement about Mobile Healthcare Unit Proposal

Harbottle Village Hall, Tuesday 13 February 2024

Summary

17 patients who attended the event were unanimous in their view that the mobile unit was not the right solution for the providing health services in the village.

They had considered the plans and had legitimate questions about the practicalities (parking, amenities, accessibility, confidentiality, staffing).

The prevailing view was that the mobile unit represented a reduction in the current service as it would be sharing resources currently used in Harbottle across a wider area with no demonstrable benefits.

The potential use of the unit to provide additional services (vaccination clinics, podiatry) was cautiously welcomed but the view was this would need to be considered separately from the current proposal.

Concerns were raised about the engagement process with reports of letters and text messages not being sent and technical problems with the online survey. Local effort had been needed to address these issues to ensure a response.

The conversation also highlighted concerns about how appointments at Harbottle are allocated. While it was accepted that the Northumbria Primary Care/Rothbury Practice needs to ensure available appointments are used across the practice area, they had experiences of being told no appointments were available locally. Attendance by people from Longframlington was also noted and felt to be inappropriate.

Key issues

Several overarching issues emerged from the discussion:

Engagement process

Concerns were expressed about the engagement process, specifically patients not receiving letters telling them about the process and the use of text messages. Significant local efforts had been required to address this. The mobile phone connectivity and broadband situation in the area were noted and it was felt should have been considered when planning the engagement.

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Confused communications about venues were also noted.

While it was appreciated that NPC had attended and, especially for this event, had answered all questions raised, the overall feeling was of a lack of confidence in what effect the engagement process would have.

Use of resources and decision-making process

Several people asked about the use of resources and how the final decision about the process would be made. Overall attendees were not convinced of the costs and benefits of the proposal, simply put, what would be better as a result for them as patients?

The answers given by the North East and North Cumbria Integrated Care Board (NENC ICB) and NPC highlighted the complexity of health service planning, commissioning, and funding, but attendees did not appear to be reassured that the proposal was not a “cut” either immediately or in the future. There is deep scepticism resulting from previous changes which have resulted in the current provision, which is seen as minimal. There is a wish to see this built on, but the mobile unit was not seen to do this.

There were also concerns about the appropriate use of doctor and nurse time in driving and siting the unit.

Accessibility and confidentiality concerns were raised. The internal space configuration and access to toilet and washing facilities were acknowledged by the GP who attended and NPC and ICB as unresolved issues.

Attendees also asked why the proposal was focussed on using resources from Harbottle as opposed to any of the other sites.

Conclusion

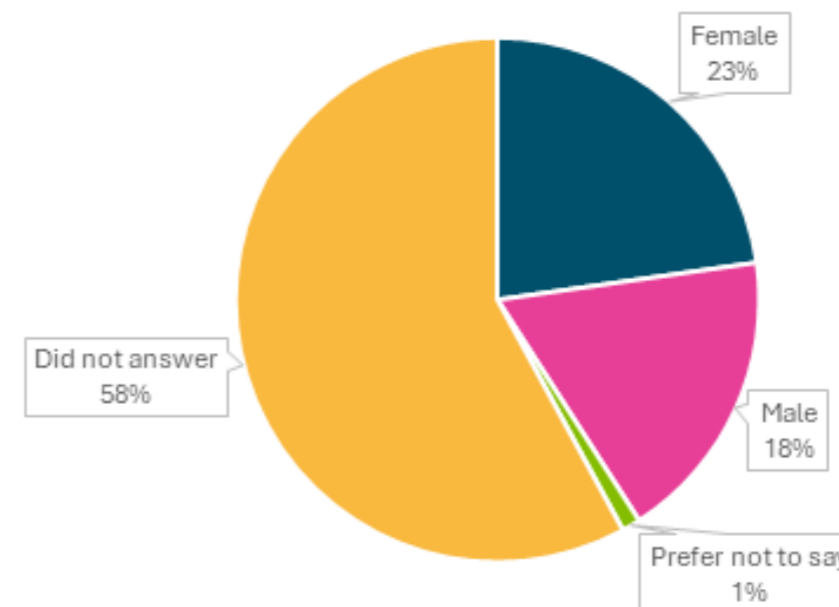
While the problems in the engagement process are regrettable, local action ensured that patients' views were heard, and the overall message is clear. The conclusion to be drawn from this engagement event is that the proposed mobile unit would not be the right solution to provide health services in the village of Harbottle and the immediate area.

Of more concern is the effect the proposal has had on relationships between NPC/The Rothbury Practice and patients in the Harbottle area. Early communications about the engagement process problems and the final decision about the proposal will be the first steps needed to address issues of trust and the feeling of a ‘them and us’ distinction between patients in Harbottle and the rest of the Rothbury practice area. It is not clear if the Rothbury Practice Patient Participation Group has been involved in the engagement process, but it is strongly recommended that this is used as a vehicle for addressing the identified issues.

Appendix 4

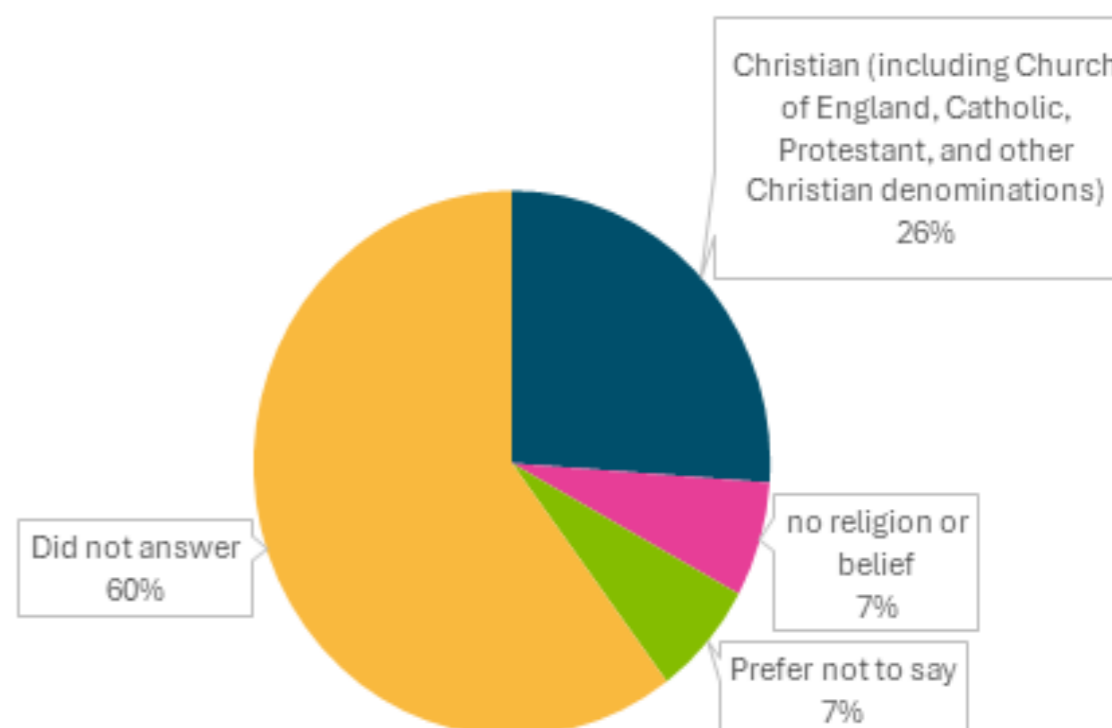
Demographics

Sex of respondents

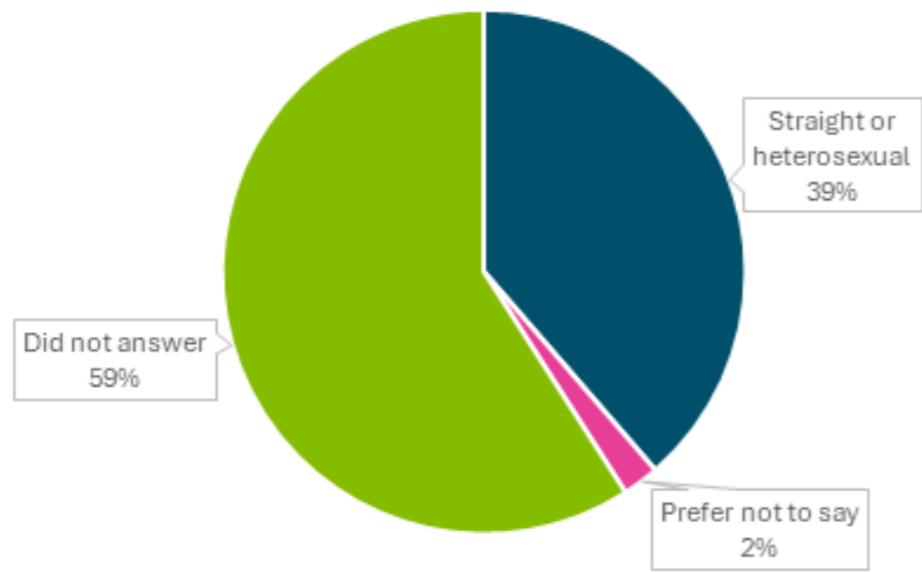


All 37 who answered the question on sex also answered ‘Yes’ to the question, “Is the gender you identify with the same as your sex registered at birth?” There were 36 responses to the question on ethnicity with 100% identifying as ‘White - English, Welsh, Scottish, Northern Irish or British’.

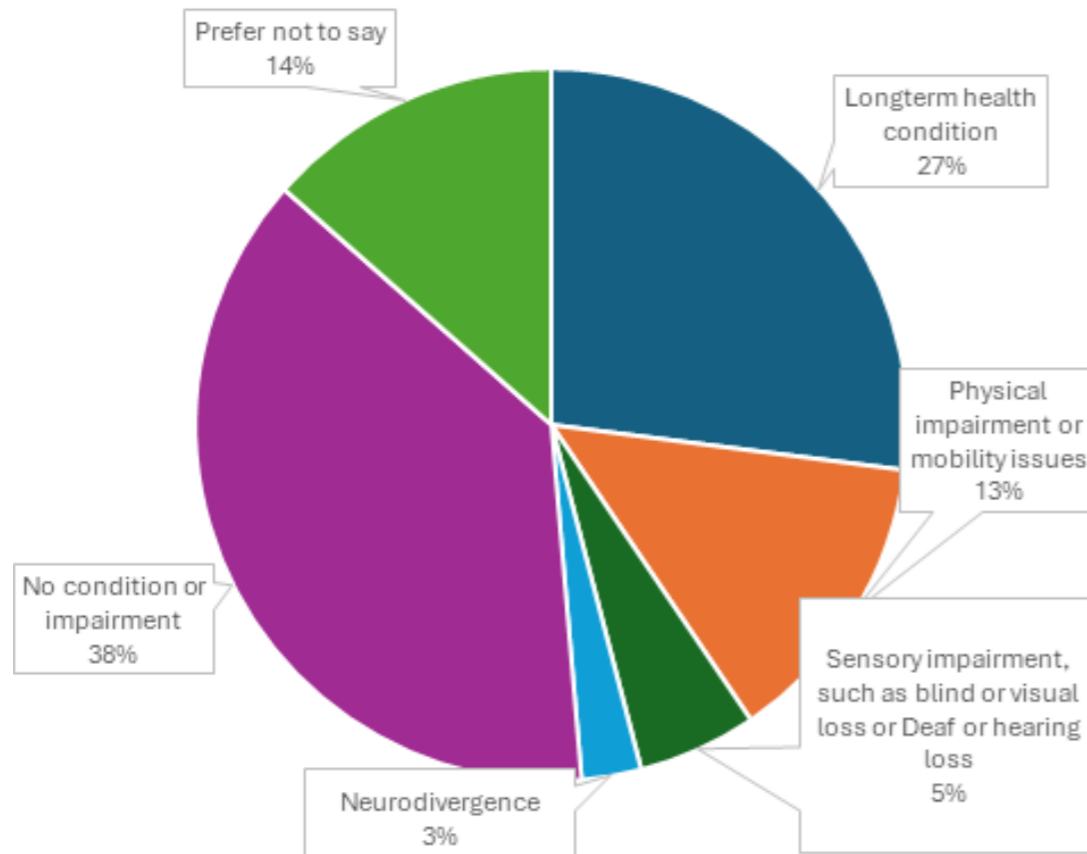
Religion



Sexuality

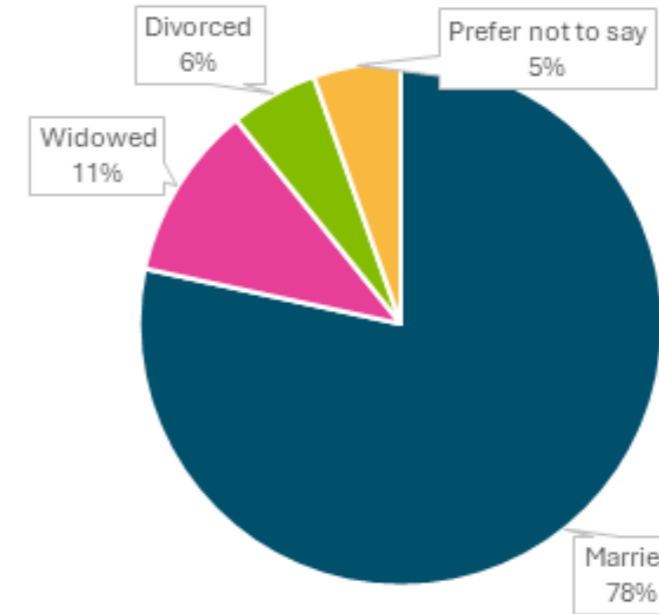


Physical or mental health conditions



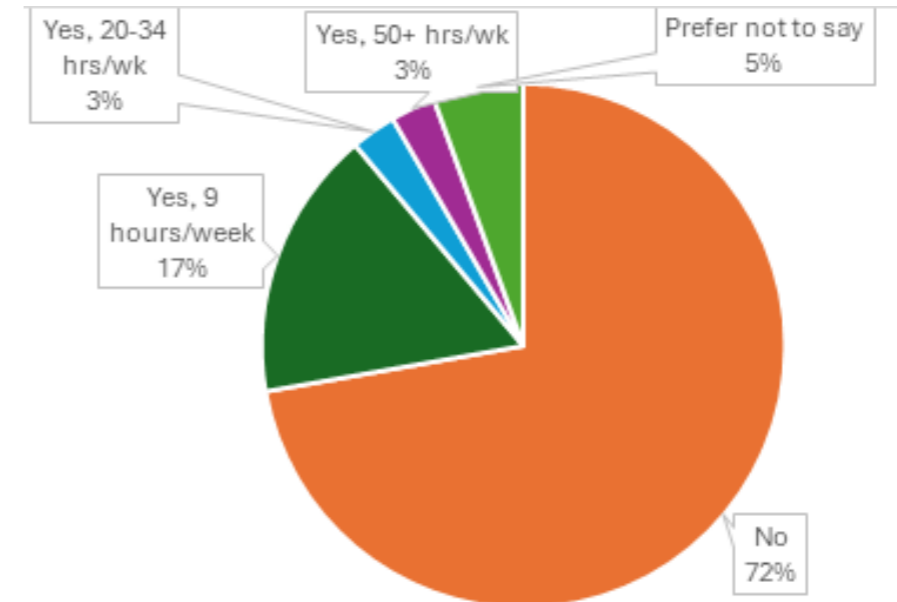
35 people responded to the question about pregnancy: 29 said they were not pregnant, one preferred not to say and five said it was not applicable to them.

Marital status



Three out of 37 respondents were the parent or legal guardian of a child under the age of 16.

Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illness, or problems related to old age?



Have you previously served in the armed forces?

Yes	1
No	32
Prefer not to say	2

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