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**Meeting of the Health and Adult Social Care Scrutiny Committee –  
28<sup>th</sup> March 2022**

**Report of the Chief Operating Officer (COO), Dudley Integrated  
Health and Care NHS Trust (DIHC)**

**High Oak Surgery**

**Purpose**

1. The report provides context around the location of High Oak Surgery and the reasons for relocation.

There is a description of the engagement activities that have already taken place with local patients including wider stakeholders with some feedback.

It outlines the potential options for the future location of the surgery.

The existing site in Pensnett is recognised as being poor quality and in need of modernisation whilst the Brierley Hill Health and Social Care Centre (BHSCC) site offers high quality clinical space.

It broadly outlines the engagement that we would seek to undertake with the registered population, wider community and other stakeholders.

It also outlines the potential timescale and the challenges that we currently face.

**Recommendations**

2. It is recommended that the Scrutiny Committee:-
  - take note of the report and advise of any further actions they wish DIHC to undertake so that there is influence, transparency and accountability
  - notes the options summary

- notes the wish for extensive engagement that DIHC would like to undertake and the desire for improving services for local people
- note that DIHC has to submit an application to Black Country and West Birmingham CCG (BCWB CCG) for any proposed relocation and/or investment of practice premises
- note that on conclusion of any engagement, BCWB CCG makes a decision on the outcome and subsequent proposal
- note that when the Health and Care Bill gains Royal Assent then legally the Integrated Care Board will assume the clinical commissioning group's functions both in respect of commissioning and public involvement with effect from the anticipated date of July 1<sup>st</sup> 2022.

## **Background**

3. At the beginning of the Covid -19 pandemic in April 2020, Dudley Clinical Commissioning Group (CCG) made a decision to temporarily relocate High Oak Surgery from the existing site in Pensnett, based on the assessment of available sites, to Brierley Hill Health and Social Care Centre (BHHSCC). This decision was made so that a safe environment, the Pensnett Respiratory Assessment Centre (PRAC), could be created for Dudley patients to be seen who were suspected of having Covid-19 and needing to see a GP. The PRAC was located at the site in Pensnett.
4. At the end of June 2021, the Covid-19 services delivered from the PRAC, after a very positive impact, ended. However, given the presence of the Covid-19 Omicron variant and the possibility that the Assessment Centre may need to resume if cases increased, a decision was taken to defer the High Oak Surgery returning to their original site on Pensnett High Street.
5. We know that some patients can see a surgery as the hub of their community, however, since the onset of Covid-19, the way in which primary care operates has changed across the country. Patients are triaged over the telephone or by using a system with the surgery, 'Footfall' and then a decision is made as to whether a consultation needs to be over the telephone or face to face. Some patients prefer this as it means less travel and inconvenience. Some patients feel this is a disadvantage and feel they should always be seen face to face.
6. Since June 2021, the surgery have been offering face to face appointments at the Pensnett site for patients who need to be seen by a clinician and who have difficulty in accessing the BHHSCC site.
7. In the last quarter (October 2021 to December 2021), 180 appointments were made available at the Pensnett site:
  - 131 appointments were held over the telephone
  - 41 appointments were held face to face
  - 8 appointments were unused
8. There is a low take up of patients physically accessing the Pensnett site and for those that do, the majority travel by car.

9. A number of engagement activities have taken place to understand the views and experiences of local patients and stakeholders:
- Appreciative Inquiry interviews
  - A letter to every head of household, registered with the practice, inviting them to take part in an online survey or request a paper one
  - A further survey facilitated by the Commissioning Support Unit
  - Healthwatch Dudley semi structured interviews
  - Several meetings with local ward councillors for Brockmoor and Pensnett
  - Meeting with representatives of the West Midlands Combined Authority
  - Meetings with Mike Wood, MP Dudley South
  - Meeting with Leader of the Council, Cllr Patrick Harley
  - Meeting with representatives from the local pharmacy
  - Involvement of Healthwatch Dudley
  - Meeting with the Consultation Institute
  - Further stakeholder meeting with ward councillors, Mike Wood – MP, Healthwatch Dudley and BCWB CCG.
  - Update to local councillors and MP
10. Feedback received has been mixed. Some patients feel that the surgery should be reinstated at the Pensnett site for a number of reasons:
- Brierley Hill is difficult to access due to transport links and for those who have mobility issues or co morbidities or young children, this impact increases
  - Feel like the hub of the community is missing – it was easier to pop in and make an appointment or have a chat
  - Feels like the community is always missing out and forgotten (not just by health)
  - For those who are digitally excluded, the practice being at BHHSCC is not helpful
11. Equally, some patients prefer the Brierley Hill site:
- Easy to park (citing issues at Pensnett at school drop off and pick up times)
  - Modern building – it feels Covid safe and conversations are private (citing that you could overhear conversations at the Pensnett site)
  - Like to pop to High St and other local stores
  - Different range of treatments available not just within the surgery but the wider building
  - Expressing a wish to start a petition to keep the surgery at BHHSCC
12. The 2021 GP Patient survey gave the following results for High Oak Surgery

	High Oak Surgery	Local (CCG) average	National average
% of patients who find it easy to get through to this GP practice by phone	71%	59%	68%
% of patients who find the receptionists at this GP practice helpful	91%	83%	89%
% of patients who are satisfied with the general practice appointment times available	74%	62%	67%
% of patients who usually get to see or speak to their preferred GP when they would like to	50%	39%	45%
% of patients who were offered a choice of appointment when they last tried to make a general practice appointment	70%	64%	69%
% of patients who were satisfied with the appointment they were offered	79%	76%	82%
% of patients who describe their experience of making an appointment as good	69%	63%	71%

There have been two petitions since the relocation of the surgery from ward councillors. The first petition was demanding a new GP surgery that is fit for 21<sup>st</sup> century and located in Pensnett (October 2020). The second petition is currently live and asking for services to be reinstated in Pensnett.

14. A notice of motion was also put forward asking for a full discussion at Council. This was due to take place on 28<sup>th</sup> February but due to time constraints, it was not addressed and it is assumed it will follow on to the April meeting unless it is withdrawn.
15. Dudley Integrated Health Care Trust (DIHC) and Brierley Hill Primary Care Network (PCN) have assessed the options available for a sustainable solution to support the delivery of services by the High Oak Surgery over the longer term.
16. Following an options appraisal exercise, five potential site options were shortlisted for more detailed assessment:
  - **Option 1** - Do Minimum - High Oak retained at BHH&SCC as currently (single site solution)
  - **Option 2A** - New facility at Pensnett: Relocate High Oak Surgery back into a new facility at the existing Pensnett site (single site solution)
  - **Option 2B** - Branch location at an improved Pensnett facility, providing a small branch site (149 sq. metres) and a main site at BHH&SCC
  - **Option 3A:** Expansion of Galleria Pharmacy – Relocate High Oak Surgery into a new facility at an expanded Galleria pharmacy (280 sq. metre) as a single site solution
  - **Option 3B:** Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 sq. metres) and retaining a main site at BHH&SCC
  - **Option 4A:** Ridge Hill LD Centre - Relocate High Oak Surgery into a new facility at Ridge Hill (280 sq. metre) as a single site solution
  - **Option 4B:** Ridge Hill LD Centre - Branch location at Ridge Hill (149 sq. metres) and retaining a main site at BHH&SCC
17. We want to work with the local community to make improvements to health and wellbeing and we are happy to collaborate with key partners, such as local businesses and the council who can help regenerate the area. We recognise that Pensnett is a community with a high number of health inequalities and low healthy life expectancy. Our vision is to change this by harnessing the collective power of local people and organisations to effect positive change. The Pensnett community will know what their issues are that they wish to tackle and will have the best idea for solutions. We want to use innovative ways to help foster transformational change and build resilient and connected communities.

18. The majority of High Oak patients that need to be seen face to face have issues which are best supported by a range of health care professionals including nursing staff, advanced nurse practitioners and first contact mental health practitioners. For example, patients with long term conditions, such as asthma, COPD and diabetes, most who may struggle with travelling. However, to date, when we have run clinical sessions back at High Oak Pensnett nearly all patients have attended by car. GPs should focus on seeing those patients with the most complex needs.
19. Further options could be explored through engagement which could include phlebotomy, childhood immunisations, flu clinics etc. Wider than just health are comments that appeal for green space, safe spaces, chatty benches and dementia clubs.
20. Significant engagement is required to be undertaken with stakeholders and local delivery partners to ensure that a deliverable solution can be developed into a robust and approvable business case.
21. We would propose to work with Dudley Council for Voluntary Services to undertake a robust engagement approach over a defined period which focuses on the health and wellbeing needs for the community. We would anticipate a range of innovative activities suitable for a range of audiences to ensure that everyone had an opportunity to be involved and these might include pop up shops, zoom meetings, face to face meetings and workshops in local community settings; linking in with existing activities and groups and working with partners to hear some of the quieter voices in the community. This approach would be co-produced with the local community and stakeholders.
22. Rather than focus solely on GP access, we will reach deeper into community life and find out what matters most and how we can work collaboratively to find solutions together, recognising that DIHC has a part to play but will need support from other agencies to help regenerate the area. The Pensnett community is unique and proud and we want to understand how we can help best, not just for registered patients, but for future patients.
23. We would anticipate the following timeline:
  - 28<sup>th</sup> March HASC
  - 5<sup>th</sup> May update at DIHC Board
  - Early May approximate 6 week engagement period
  - 2<sup>nd</sup> August final report to DIHC Board which concludes engagement work and recommendations
  - September conclusion of engagement including final recommendation and analysis to the Integrated Care Board (or appropriate sub committee) for approval (please see notes in recommendations)

## **Finance**

24. Every proposal would have a cost and finance impact

## **Law**

25. The s.14Z2 duty to involve the public is a non-delegable duty, meaning the CCG is responsible in law for ensuring adequate public involvement is undertaken, even if the carrying out of the public involvement is delegated to the contractor through contractual obligations and NHS England guidance. This means that if there is a challenge on grounds that public engagement is inadequate, it will be brought against the CCG, not the contractor who has been tasked with carrying out the public involvement exercise.
26. Pursuant to the 2017 version of the NHS England Primary Medical Care Policy Guidance Manual (the "Manual") (available here: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>) the contractor is expected to carry out public involvement where it instigates a branch closure or a premises change, and that it should adhere to the processes set out in the various policy documents listed at para 7.15.14 when doing so. However, the Manual and other policy documents are "mere guidance" and they do not create a new legal duty or transfer the existing legal duty to undertake public involvement to the contractor. This means that the provider is actually undertaking public involvement activities on behalf of the CCG, since the CCG has the legal duty, not the contractor. It also means that if the contractor fails to undertake adequate public involvement, then whilst it may be in breach of its contract, it will be the commissioner that is in breach of the statutory duty to involve the public.
27. However, ultimately it is the Commissioner's responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor.

## **Risk Management**

28. No considerations arising from the content of this report

## **Equality Impact**

### 29. **Population Health Status**

Dudley has one of the lowest life expectancy rates and highest under 75 mortality rates (from all causes) in the West Midlands.

Further demographic statistics demonstrates that:

- 28.6% of Dudley population live in areas amongst the 20% most deprived in England
- Life expectancy in men in the most deprived areas of Dudley is 9.3 years lower



than in the least deprived areas and 8 years for women

- Dudley is the 104<sup>th</sup> most deprived of 317 Local Authorities in England

### 30. **Local Health Inequalities**

Dudley has a unique set of health challenges and inequalities such as:

- Higher than average of people live with a disability or mobility issue
- Higher than average of people have with a learning disability
- Higher than average of people with caring responsibilities
- More than double the Dudley average of people living within the multiple deprivation quintile
- In the portacabin location, approximately 77% of patients live within a 15-minutewalk of High Oak surgery

### **Human Resources/Organisational Development**

31. There are no Human Resource implications relating to the Council arising from this report

### **Commercial/Procurement**

32. There are no commercial or procurement issues to the Council arising from this report

### **Council Priorities**

33. There are no issues to the Council arising from this report



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### **Appendices**

Appendix 1 – Healthwatch Report Dudley