

Health and Adult Social Care
Overview & Scrutiny Committee
Full scrutiny exercise
High Oak Surgery

Overview

- Background
- Current provision
- Health needs analysis
- Engagement activity
- Future plans

Background

- High Oak Surgery in Pensnett repurposed into a Respiratory Assessment Centre at the start of Covid 19 in April 2020
- The surgery was temporarily relocated to Brierley Hill Health and Social Care Centre
- The Respiratory Assessment Centre closed in June 2021 but, due to anticipated risk from the Omicron strain of Covid, the centre was kept on standby

Background

- High Oak Surgery operated out of a portacabin in Pensnett
- The portacabin is of poor quality and belongs to Black Country and West Birmingham Clinical Commissioning Group (BCWB CCG)
- The car park is owned by the local authority

Current provision

- Currently operating out of the purpose built Brierley Hill Health and Social Care Centre (BHHSCC)
- Appointments have been made available at Pensnett site for those patients who need to be seen face to face and struggle to access BHHSCC
- Increased clinical space enables us to offer further services:
 - Winter Access Hub
 - First Contact Physio
 - Additional Pharmaceutical Support
 - GP and Nurse Education (coming soon)

Primary care has, and is changing

- The way in which we access primary care since Covid has changed – this is a national picture
- Primary care did not close during Covid
 - Appointments increased in 2021 even as GPs delivered vaccines to our communities
 - Many consultations take place over the telephone or remotely
 - There is a new workforce to support a wide range of needs:
 - Advanced Clinical and Nurse Practitioners
 - Physicians Associates
 - First Contact Mental Health Practitioners
 - Practice Based Pharmacists
 - Physiotherapists
 - Care Co-ordinators
 - Social Prescribers, etc

2021 GP Patient survey results for High Oak
 469 surveys sent out, 136 returned – 29% completion rate
 Independent survey by Ipsos MORI

	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%

Health needs of local population

- High Oak Surgery patients with access to a car is significantly lower for High Oak Surgery (78%) than Dudley GP's overall (86%)
- Rates of employment above the national average
- The proportion of patients living in the most deprived area is significantly higher for High Oak Surgery than for Dudley CCG as a whole. 69% of High oak patients live in the most deprived quintile.
- Deprivation is highly correlated with life expectancy as can be seen in Brockmoor & Pensnett residents having a life expectancy **3 years younger** than the general Dudley population
- Brockmoor & Pensnett ward is a hot spot in Dudley borough for deprivation overall as well as specifically for health

Health needs of local population

- Currently 3,208 registered patients at High Oak as of **29th March 2022**. The average age is 45, High Oak Surgery has a significantly higher proportion of patients under 18 compared to Dudley as a whole (25.9% compared to 20.6%) and a significantly lower proportion of patients between 65 and 84 (13.2% compared to 17.7%).
- 10% of patients are Black, Asian or Minority Ethnic groups. Punjabi and eastern European languages most prevalent main spoken language when excluding English.

Health needs of local population

- Patients who live in Brockmoor & Pensnett ward mostly attend;
 - High Oak
 - AW Surgeries
 - Waterfront Surgery
 - Kingswinford Medical Centre
 - Rangeways Road Surgery
 - Keelinge House

Health needs of local population

Indicators where Pensnett is significantly worse compared to England.

- Low cancer screening uptake
- High rates of obesity
- Poor follow up for mental health/diabetes/COPD/asthma/arthritis
- Baby's first feed breastmilk low
- High depression prevalence with low follow up

More indicators where Pensnett is significantly worse compared to England.

- High prevalence of smoking with low level of smoking cessation offered
- High prevalence of chronic kidney disease

Health needs of local population

- The worst indicator for Brockmoor & Pensnett when compared to England is obesity in year 6 children.
- Although the majority of indicators are significantly worse for the ward when compared to England.

Health needs of local population – Key points

- The vast majority of High Oak Surgery Patients (69%) live in an area classified as the most deprived 20% in England.
- Life expectancy for residents of Brockmoor & Pensnett is 3 years lower than the general Dudley population.
- High Oak surgery has a younger patient population than other GP surgeries in Dudley Borough & England average.
- Childhood obesity is significantly higher in Brockmoor & Pensnett compared to Dudley and England.
- Keelinge House and Rangeways Road Surgeries are closer for Pensnett residents to walk to than Brierley Hill Social Care Centre, which is an issue as High Oak surgery patients are less likely to have access to a car than other Dudley Borough patients.
- ONS area classification around Pensnett states the area has higher than national average rates of divorce/separation with families having non-dependent children living with them whilst also facing higher rates of unemployment.

Engagement Activity on behalf of DIHC & CCG

- Appreciative Inquiry Interviews with small cohort of patients
- A letter to every head of household updating of the situation and inviting them to take part in a survey –either online or paper
- Listening exercise carried out by the Commissioning Support Unit – to understand experiences of using the relocated surgery during pandemic and wider health and well being aspirations
- Several meetings with key stakeholders including local MP, ward councillors, West Midlands Combined Authority, local pharmacy and the Leader of the Council
- Semi structured interviews carried out by Healthwatch Dudley with patients whom we identified may have mobility issues, co-morbidities or caring responsibilities or may be elderly

Feedback from engagement

- Patients miss being able to pop into the Pensnett site and chat with staff, make appointments and order repeat prescriptions
- Patients, especially the elderly or less mobile or with caring responsibilities would prefer the surgery to move back to Pensnett due to walking distance and bad public transport links
- There is much appreciation for the practice and team for the sense of community it inspires
- Issues for patients who are digitally excluded
- Patients appreciate that the Pensnett site is of poor quality and would like improved services in the Pensnett area
- Prefer the site at BHHSCC – better parking and near the shops
- Facilities are much better at BHHSCC
- Feels like Pensnett community is overlooked and has every thing taken away

The 10 things that matter most to us (in priority order)

- Getting a same day GP appointment
- Accessing your GP quickly over the phone
- Access to safe, clean walking and recreational areas
- Mental health services
- High quality and safe hospital services
- Strong community and social networks
- Access to a range of community health and care services locally (i.e. physiotherapy, podiatry, dietician)
- Contributing positively to your local community
- Access to smoking cessation/drugs/alcohol support and advice
- Early years and children's services in the community (i.e. baby clinics)

Future plans – option appraisal by DIHC and the Brierley Hill & Amblecote Primary Care Network

- **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

Current situation

- There is not the capacity at the Pensnett site to return the service as it operates now – clinical capacity is stretched and admin space is unsuitable and a wide range of services are available at the BHHSCC site
- The CCG is developing an estates and primary care strategy in order to shape policy around the future of primary care
- DIHC is the current provider and the CCG's role is decision maker as the commissioner of services
- The CCG would need to consider whether the Pensnett site or any other possible provision could sustainably offer a range of services that would address the health inequalities identified

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New surgery development

Any new development would be dependent on:-

- consistency with any agreed clinical service strategy;
- consistency with the estates strategy of the relevant Primary Care Networks (PCNs);
- the availability of resources.

Next steps

- The CCG is responsible in law for ensuring adequate public involvement is undertaken
- The CCG and DIHC will conduct a joint public engagement exercise on the future of the practice
- The CCG is responsible for making a decision on the future location of the practice on the basis of an application submitted by DIHC. In doing so, the CCG will need to satisfy itself that appropriate engagement has taken place.