Agenda Item No. 7

Health and Adult Social Care Scrutiny Committee – 15th June 2022

Report of the Chief Operating Officer (COO), Dudley Integrated Health and Care NHS Trust and Managing Director for Dudley at Black Country and West Birmingham CCG (BCWB CCG)

High Oak Surgery

Purpose

1. The report provides context around the temporary relocation of High Oak Surgery including the current provision of services, changes in primary care, a health needs analysis of the local population and the next steps in determining the future location of the surgery.

Recommendations

2. It is recommended:-

- That the information contained is noted and read in conjunction with the accompanying slide pack.

- The Committee ask any questions or seeks clarification on any points they deem necessary as part of its deliberations.

Background

3. High Oak Surgery in Pensnett was 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 (BHHSCC).

4. The Respiratory Assessment closed in June 2021 but, due to the anticipated risk from the Omicron strain of Covid, the Centre was kept on standby.

5. High Oak Surgery operated out of a portacabin on the Pensnett site. The portacabin is of poor quality and belongs to the Black Country and West Birmingham Clinical Commissioning Group. The carpark is owned by the local authority.

6. The surgery continues to operate out of BHHSCC.

   Appointments have been made available at the Pensnett site for those patients who need to be seen face to face and struggle to get to BHHSCC.

   - Increased clinical space enables us to offer further services;
   - Winter Access Hub
   - First Contact Physiotherapy
   - Additional Pharmaceutical Support
   - GP and Nurse Education (coming soon)

7. 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

8. 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 totake 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

9. Feedback from the engagement has been varied:

- 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 poor public transport links
- 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
- There is some preference for the site at BHHSCC – better parking and near the shops
- Better facilities at BHHSCC
- Feels like the Pensnett community is overlooked and has everything taken away

10. 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.

11. Following an options appraisal exercise, five potential site options were shortlisted for more detailed assessment:

- **Option 1** - Do Minimum - High Oak retained at BHHSCC as currently (single site solution)
- **Option 2A** - New facility at Pensnett: Relocate High Oak Surgery back into anew facility at the existing Pensnett site (single site solution)
- **Option 2B** - Branch location at an improved Pensnett facility, providing a smallbranch site (149 sq. metres) and a main site at BHHSCC
- **Option 3A:** Expansion of Galleria Pharmacy – Relocate High Oak Surgery into anew 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 facilityat 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 BHHSCC

12. 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.

13. The CCG is developing an estates and primary care strategy in order to shape policy around the future of primary care.

14. DIHC is the current provider and the CCG's role is decision maker as the commissioner of services.

15. The CCG would need to consider whether Pensnett site or any other possible provision could sustainably offer a range of services that would address the health inequalities identified.

16. 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

17. The CCG and DIHC will conduct a joint public engagement exercise on the future of the practice

18. 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.

Finance

19. Every proposal would have a cost and finance impact

Law

20. The section 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.

21. 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 donot 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.

22. 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

23. No considerations arising from the content of this report.

Equality Impact

24. Health Needs Analysis

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 inEngland
- Life expectancy in men in the most deprived areas of Dudley is 9.3 years lowerthan in the least deprived areas and 8 years for women
- Dudley is the 104th most deprived of 317 Local Authorities in England

25. 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 multipledeprivation quintile

26. In the portacabin location, approximately 77% of patients live within a 15-minutewalk of High Oak surgery

Human Resources/Organisational Development

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

Commercial/Procurement

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

Council Priorities and Projects

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

Philip King
Chief Operating Officer
DIHC NHS Trust

Neill Bucktin
Managing Director
BCWB CCG

Report Author: Helen Codd
Telephone: 07471 711006
Email: h.codd@nhs.net