



**Queens Bower Surgery
Involvement Report
7 May 2021**

**Nottingham and
Nottinghamshire CCG**

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Executive Summary

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is responsible for commissioning general practice services for its population. Following a decision taken by the GP operating from Queens Bower Surgery to stop providing General Practice services at the surgery the CCG put in place interim arrangements to maintain service delivery until a new permanent provider could be found.

To inform its decision making process the CCG has a legal duty to make arrangements to involve the public. With regard to Queens Bower Surgery arrangements were put in place to involve registered patients of Queens Bower Surgery. Information was shared with stakeholders.

The Nottingham and Nottinghamshire CCG involved patients to understand the impact any changes to the way services are provided would have on them. Possible options under consideration include;

- to disperse the list to other practices
- to identify an alternative provider to deliver services to the registered patients of this practice at the current premises
- to identify an alternative provider to deliver services to the registered patients of this practice from alternative premises.

Our primary focus was to reach as many of the registered patient population as possible to provide them with an opportunity to provide their views and opinions through a survey (online and paper copies), attendance at engagement events, through a telephone conversation or email. Between 15 March and 5 May 2021, 177 patients chose to register their views using the online survey.

The key findings included;

- Strong support for retention of the surgery in its current location for reasons of limited mobility, impact on older people, no access to car and many people walking to the surgery, costs associated with using public transport and familiarity of current provision particularly for patients with complex needs.
- Over half of respondents presently walk to the surgery and accessing services elsewhere would have a significant impact on their ability to do this.
- Concerns were raised about the capacity of other practices to be able to take on more patients. There was a perception that it would be more difficult to access appointments.
- A wider range of services should be available for example, direct access physiotherapy.
- Patients expressed a strong preference for face-to-face consultations with a GP.

- Should patients be allocated to other practices, they would prefer to be able to register at a surgery of their choice.
- A smooth transition was emphasised that is done without delay, is seamless and efficient.
- Responses to the question asking if accessing GP services at a location other than Queens Bower Surgery would cause any concerns the response was almost equally split across the options of yes, no and not sure.

Further detail is included in the report.

Background

Following a decision taken by the GP operating from Queens Bower Surgery to stop providing General Practice services at the surgery from 4 December 2020, the CCG put in place interim arrangements for Rise Park Surgery to run the surgery to 30 September 2021 until a new permanent provider could be found.

All registered patients received a letter from NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and NHS England informing them of the changes to the service. A news article providing further information was posted on the CCG website and is available [here](#).

The CCG has a responsibility to consider the options for the future provision of General Practice for the patients registered at Queens Bower Surgery. This programme of engagement has been undertaken to enable the CCG to understand the impact any changes to the way services are provided would have on registered patients. Possible options include;

- to disperse the list to other practices
- to identify an alternative provider to deliver services to the registered patients of this practice at the current premises
- to identify an alternative provider to deliver services to the registered patients of this practice from alternative premises.

This report summarising the key findings of the engagement will be presented to the Primary Care Commissioning Committee to inform their decision about the way forward.



Queens Bower Surgery, 201 Queens Bower Road,
Bestwood Park, Nottingham.

Our approach to patient engagement

To develop an appropriate approach to engagement, first of all we had to identify our stakeholders and understand the profile of the population that may be registered with Queens Bower Surgery.

Queens Bower Surgery is part of the Nottingham City Integrated Care Partnership and is a member of the Bullwell and Top Valley Primary Care Network. Reviews of the [Bulwell and Top Valley Primary Care Network profile](#) and the [Bestwood ward health profile](#) produced by Nottingham City Council's Public Health Analyst Team have been undertaken.

The profiles revealed;

- The population age structure differs from the ICP population in having a higher proportion of children and older people and fewer young adults; it is less ethnically diverse and more deprived than the ICP
- BAME groups form 15.8% of the resident population, lower than the ICP but higher than England with mixed and black ethnic groups forming the predominant BAME groups in the area
- Life Expectancy and Healthy Life Expectancy are lower than England; on average, health may begin to decline around age 58
- Prevalence of chronic long term conditions is higher than nationally, as are obesity and smoking prevalence
- Primary care (as measured by QOF) is generally as good as England and better in some disease areas
- Vaccination uptake rates are poor

Our primary focus was to reach as many of the registered patient population as possible. The profiles helped to broaden our outreach to include other support networks that the population may use for example Children's Centre, charities, foodbanks, self help and support groups and local neighbourhood groups. Stakeholder and patient briefings were developed and circulated widely via email and through the [CCG website](#) and [Rise Park Surgery website](#). The practice also issued information via a text message. Patients were asked to share their views either through a survey or by attending an engagement session on Wednesday 31 March 2021. Alternatively, if neither of these options were suitable patients were offered an opportunity to share their views by telephone.

Unfortunately, low interest in the engagement session led to this being cancelled. Following review a decision was made to extend the duration of the engagement and to raise awareness of the survey and offer a further engagement event on 5 May

2021. Paper copies of the survey were also made available in reception at Queens Bower Surgery.

The response rate to the survey increased significantly from 42 to 177 responses. Unfortunately, interest in the engagement session was very low and only attended by one person.

It should be noted that there were limitations of the engagement that could be undertaken due to Covid-19 restrictions and the need to ensure the safety of patients and staff alike. This meant we were unable to undertake any face-to-face engagement but instead made use of online approaches, including engagement sessions and a survey. The offer of a telephone discussion was also made available.



Findings

Survey

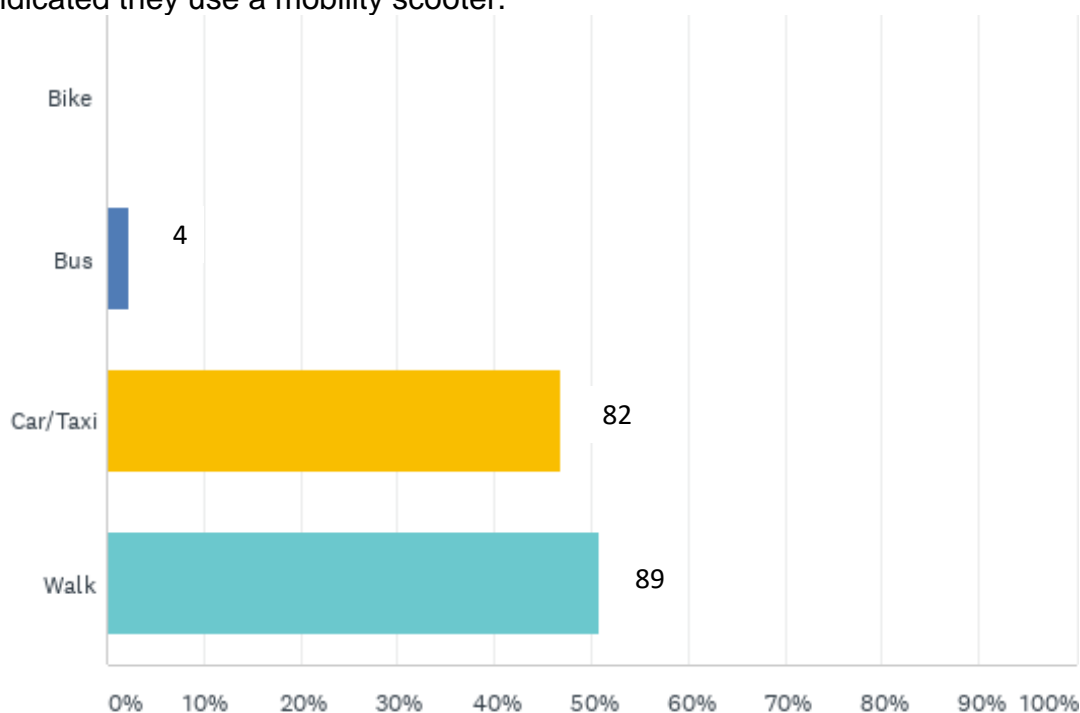
The online survey provided the greatest level of feedback. The survey was open between 15 March and 5 May 2021 and was completed by 177 respondents.

The survey was designed to understand what the impact would be on patients of making changes to the way services are provided to the patients registered at Queens Bower Surgery particularly in relation to the location of that service. Questions were asked to understand;

- How patients get to Queens Bower Surgery
- Acceptable journey times using different modes of transport
- Frequency of use of GP services and patient experience
- Preferences for future consultations, eg. telephone, online, in person
- Views on options for future service provision
- If allocated to another GP surgery preference regarding allocation or choice
- Factors to take into consideration when planning services

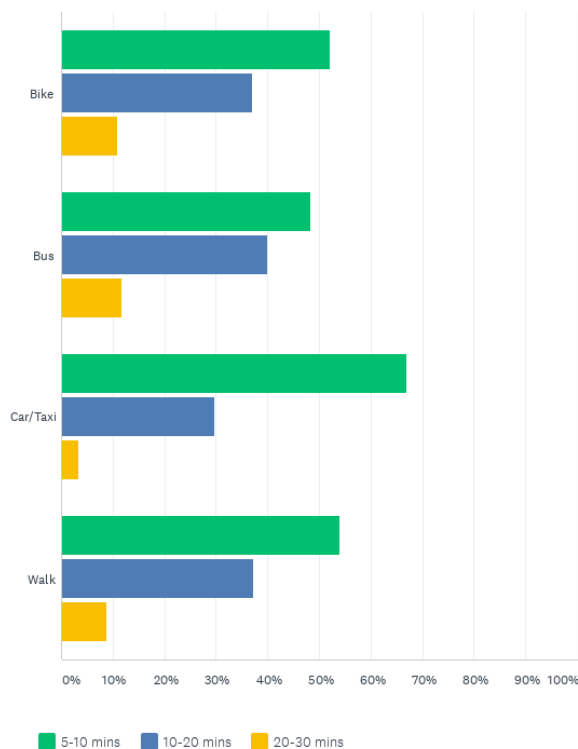
1. Getting to the surgery

Over 50% respondents walk to the surgery whilst almost 47% get to the surgery by car or taxi. A very small number of respondents travel by public transport and one person indicated they use a mobility scooter.



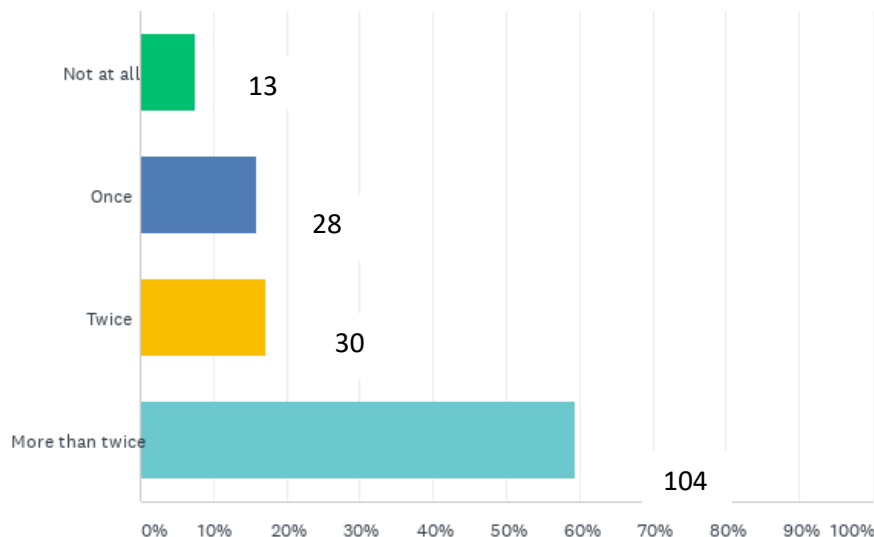
2. Travelling time to the surgery

Respondents were asked to indicate how long a journey using different modes of transport would be acceptable to access their GP Surgery. Across all modes of transport which included bike, bus, car/taxi or walking, the majority of respondents indicated that the maximum journey time acceptable to them to access GP services would be twenty minutes. By car or walking a duration of 5-10 minutes was selected by a greater number of respondents as acceptable



3. Use of services at Queens Bower Surgery

104 (59.4%) respondents indicated they had used services at Queens Bower Surgery more than twice between January and November 2020. 30 (17.1%) respondents had used services twice and 28 (16%) had used services on one occasion.



4. Experience of services provided at Queens Bower Surgery

47 (29%) respondents rated their experience of services at Queens Bower Surgery to November 2021 as excellent, 78 (48.1%) rated their experience as good and 37 (22.8) rated their experience as not so good or poor.

5. Preference for provision of future consultations

Thinking about the way GP services have change during the coronavirus pandemic, respondents were asked how they would prefer their consultations with a GP to take place in the future. A significant number of respondents – 151 (93%) -expressed a clear preference for face-to-face consultations. Telephone consultations were preferred by 38 (23/2%) respondents and 24 (14.6%) expressed a preference for online consultations with their GP.

9 respondents provided further comment and stated that the way an appointment takes place should be dependent on the reason for the consultation. For some consultations it is appropriate but for others it is not and an appointment in person is required.

6. Options for future service provision

Respondents were provided with three possible options for the future provision of GP services and they were asked to provide an opinion on each option using a scale of 1-5 with 1 being least important and 5 being most important. The options were;

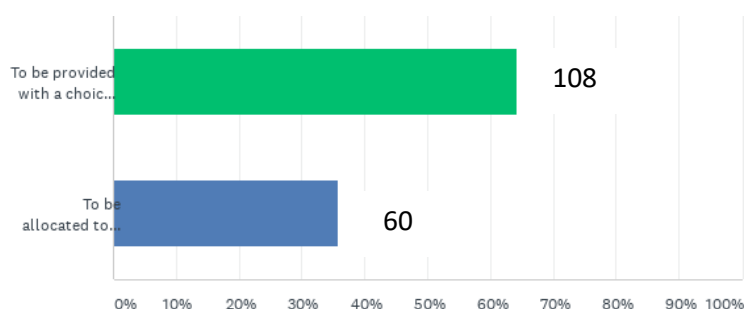
- move patients to another GP surgery in the area
- identify a new provider to deliver services to the patients of this practice from the current building located at 201 Queens Bower Road, Bestwood Park, Nottingham.
- identify a new provider to deliver services to the registered patients of this practice from a different building.

	1	2	3	4	5	TOTAL
move patients to the list of another GP surgery in the area	52.47% 85	11.11% 18	19.14% 31	5.56% 9	11.73% 19	162
a new provider to deliver services to the patients of this practice from the current building located at 201 Queens Bower Road, Bestwood Park, Nottingham.	4.76% 8	0.60% 1	6.55% 11	6.55% 11	81.55% 137	168
a new provider to deliver services to the registered patients of this practice from a different building.	40.99% 66	15.53% 25	24.84% 40	6.21% 10	12.42% 20	161

The table above identifies that a clear preference was expressed by over 87% of respondents for a new provider to be identified to deliver services to the patients of Queens Bower Surgery from the current location. With regard to the other options of moving patients to another GP surgery or identifying a new provider to deliver services from a different building, a similar level of support of 17% and 19% respectively was recorded.

7. Transfer to another GP surgery

108 (64.2%) respondents expressed a preference to register at a surgery of their choice with 60 (35.7%) preferring to be allocated to the surgery closest to their home address.



8. Important things to consider when planning services

Most important considerations when planning services ranked with 1 being most important and 6 being of lesser importance;

1. Quality of services provided
2. Good customer care
3. Range of services provided
4. Free parking facilities
5. Good quality premises
6. On a bus route

Further comments for the CCG to take into consideration were captured using an open text option. These comments have been themed and are listed in order of priority below;

1. **Options for the future provision of services;** The greatest number of comments recorded in this open text option related to the options for future

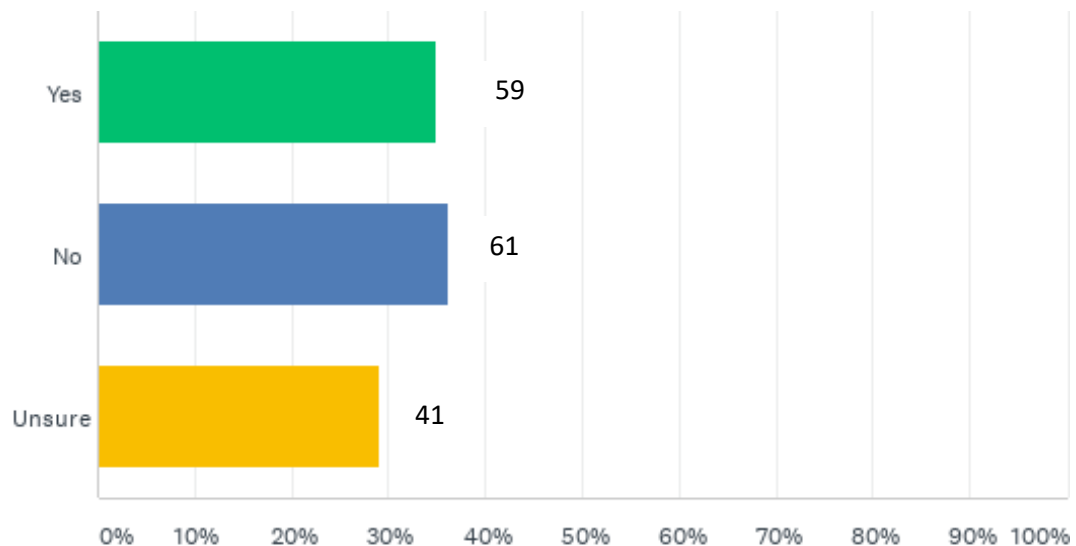
provision of services. Without exception the comments supported the retention of the surgery in its current location for reasons of familiarity particularly for patients with complex needs. The negative impact on access to appointments for patients at other surgeries should the decision be taken to move patients to another GP surgery in the area was also noted.

Be considerate of patients with mental health problems and disabilities, that have been using this surgery for many years. A change of venue could be very detrimental to their health.

2. **Staff;** In the main the comments recorded relating to staff were complementary and supportive of the ongoing employment of staff working at Queens Bower Surgery. Some respondents recorded their thanks to Dr. Arya whilst other respondents stated the quality of service had improved since the caretaker arrangement had been put in place with Rise Park Surgery.
3. **Access;** The main comments received regarding access related to improvements required to telephone access. Other comments related to a need for extended opening times beyond 9 am to 5 pm, access for people with a disability and availability of male and female doctors and doctors with special interests.
4. **Services;** Comments were complementary of the services provided and a smooth transition was emphasised that is done without delay, is seamless and efficient. A suggestion was made that premises should have flexibility to provide more services for example, direct access physiotherapy.

9. Accessing services at another location

When asked if accessing GP services at a location other than Queens Bower Surgery would cause any concerns the response was almost equally split across the options. 59 (35%) responded that they did have concerns, 61 (37%) responded that they didn't have any concerns and 49 (39%) were unsure.



Respondents were asked to share any concerns regarding a possible relocation of their GP surgery using an open text option. All open text responses have been themed and are listed in order of priority below;

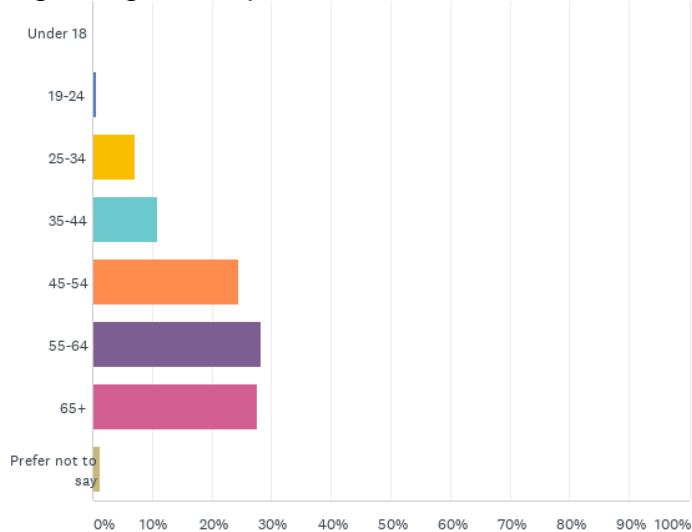
1. **Location;** The issues that a service no longer being available from the current location would create resulted in the largest number of comments by far. Issues raised related to mobility issues, older people, no access to car and many people walking to the surgery, costs associated with using public transport. Concerns were raised about bus routes from the area to other practice locations.
2. **Access;** Some respondents expressed anxieties about moving to a larger practice and raised concerns about the ability of existing practices to be able to take on more patients. There was a perception that it would be more difficult to access appointments.
3. **Staff;** After attending a surgery over a number of years, a small number of respondents referred to the familiarity of the service as being important to them and continuity of care, particularly patients with mental health issues or complex care needs.
4. **Quality;** A small number of respondents cited the service, rating, ability to get an appointment and the quality of the service as being more important than location. Some respondents named a practice they would not wish to be allocated to due to its poor rating and reviews.

Moving to new premises/staff would be extremely difficult for me but I understand it may be necessary. I hope that the CCG would not simply notify us of transfer by impersonal letter/text, but would put a transition process in place to introduce patients to the new GPs/staff/premises to ease that transition.

10. Demographic Data

A full demographic breakdown of respondents was captured and is available on request. Below is some of the key information captured.

The age range of respondents can be found in the table below;



The following data was collected in response to the question; Do you consider that you have a disability and if so, how would you describe your disability?

	YES	NO	I DON'T KNOW	PREFER NOT TO SAY	TOTAL	W
Sensory	13.08% 17	81.54% 106	1.54% 2	3.85% 5	130	
Learning	2.33% 3	95.35% 123	0.78% 1	1.55% 2	129	
Mental Health	19.55% 26	72.18% 96	4.51% 6	3.76% 5	133	
Physical	33.33% 48	60.42% 87	3.47% 5	2.78% 4	144	
Other	12.96% 14	77.78% 84	4.63% 5	4.63% 5	108	
I do not have a disability	47.58% 59	45.97% 57	4.03% 5	2.42% 3	124	
Prefer not to say	6.00% 3	76.00% 38	6.00% 3	12.00% 6	50	

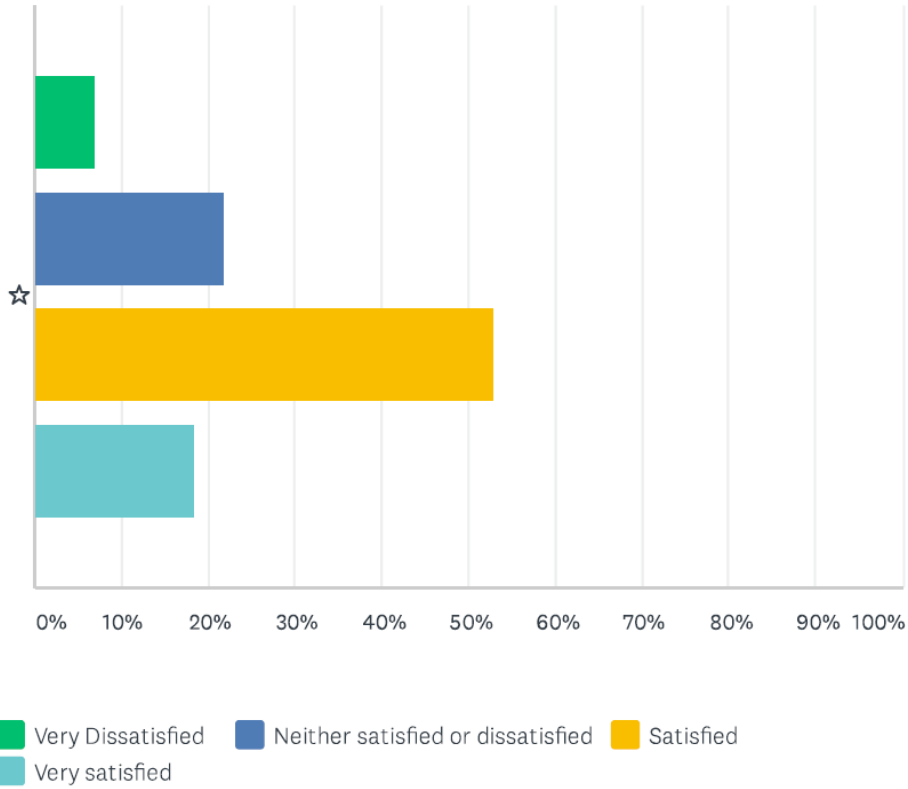
With regard to ethnicity the survey was completed by respondents who identified themselves as being of the following ethnic group;

- African (1)
- Arab (1)
- Caribbean (5)
- Irish(1)
- Polish (1)
- White British (150)

11. Views on engagement

In conclusion, respondents were asked how satisfied they were with the arrangements in place to obtain their views.

Answered: 157 Skipped: 20



The key messages arising from patient involvement are;

- Strong support for retention of the surgery in its current location for reasons of limited mobility, impact on older people, no access to car and many people walking to the surgery, costs associated with using public transport and familiarity of current provision particularly for patients with a mental health diagnosis or complex healthcare needs.
- Over half of respondents presently walk to the surgery and accessing services elsewhere would have a significant impact on their ability to do this.
- Concerns were raised about the capacity of other practices to be able to take on more patients. There was a perception that it would be more difficult to access appointments.
- A wider range of services should be available for example, direct access physiotherapy.
- Patients expressed a strong preference for face-to-face consultations with a GP.
- Should patients be allocated to other practices, they would prefer to be able to register at a surgery of their choice and offered support to ensure a smooth transition.
- A smooth transition was emphasised that is done without delay, is seamless and efficient.
- Responses to the question asking if accessing GP services at a location other than Queens Bower Surgery would cause any concerns the response was almost equally split across the options of yes, no and not sure.