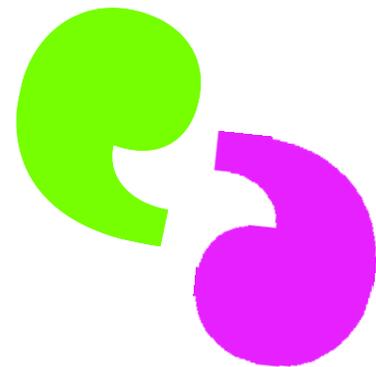




# healthwatch

Bath and North East  
Somerset



**PRIMARY CARE: ENGAGING WITH PATIENTS  
LEARNING FROM ST. JAMES'S SURGERY, BATH**

**JANUARY 2017**

# PRIMARY CARE: ENGAGING WITH PATIENTS

## LEARNING FROM ST. JAMES'S SURGERY, BATH

### INTRODUCTION

In January 2016, the Bath and North East Somerset (B&NES) Joint Primary Care Co-commissioning Committee (JPCCC) discussed the proposed closure of the Weston Church Hall walk-in service, run by St. James's Surgery in Bath.

Prior to the meeting, St. James's Surgery and NHS England had consulted with the patients that were likely to be affected in order to identify and mitigate against any potential impacts the closure may have. To view the findings **W:** <http://bit.ly/2yKjK0v>

The results of the consultation and risk assessment were presented to the JPCCC and the group agreed to support the closure of the walk-in service. It was agreed by the JPCCC that a follow-up survey should be carried out with the patients affected by the closure to understand their experiences of going through this process. This report captures the findings of the follow-up survey.

In general, feedback received about the engagement process that took place was positive, with respondents expressing their satisfaction at having been given an opportunity to have their say.

Healthwatch recognises that the small number of responses received through this project do not provide a significant evidence base for change. However the feedback received gives broader insight into how people feel they could and would like to engage with their GP practice.

Healthwatch B&NES would like to take this opportunity to thank the staff and partners at St. James's Surgery for their support and cooperation in carrying out this project.

## **NATIONAL AND LOCAL CONTEXT**

General Practitioner (GP) services play a vital role in the community, allowing people to seek medical advice and receive treatment close to home. However we know that across the country GP services are under pressure.

NHS England's GP Forward View (W: <http://bit.ly/1Nm5rF8>) published in April 2016 sets the national back-drop against which plans are being drawn up for the future of GP services in England, including:

- increasing workload and demand on practice staff as they navigate an increasingly complex health and social care system
- an ongoing challenge in training and recruiting GPs across the country, added to by the growing number of GPs that are retiring or leaving the profession early
- an increasing number of patients with complex health needs living in their own homes
- an increasing pressure to fulfil demand with the finance that is available

At a local level, the 26 GP practices in B&NES are among some of the best performing in the country, providing high quality care and patient experience to people across the district. However they too are experiencing some of the challenges set out nationally and, as a result, have published their draft Statement of Intent: BaNES Primary Care 2020, which outlines their vision for local GP services and what they will do to achieve it. To read the draft Statement of Intent W: <http://bit.ly/2oHowax>

Both nationally and locally, there need to be changes to the way that general practice is delivered in the future, with increased use of technology, more flexibility in the way that health care staff work, and increased working between GP practices suggested as just some of the solutions.

## **RATIONALE FOR THIS PROJECT**

We have not seen a great number of changes to GP practices in B&NES to date, however the pressures outlined above may well lead to further changes in the way that GP practices across the district provide their services in the future.

As an independent consumer champion for health and social care, Healthwatch B&NES is keen to make sure that patients are given an opportunity to get involved in any changes that are proposed to their GP practice(s), and comment on the impact that these changes may have and how services continue to be delivered.

Following the closure of Weston Church Hall walk-in service, Healthwatch B&NES and BaNES Clinical Commissioning Group (CCG) were keen to understand how patients had been engaged in this process and how they felt it had gone, in order to learn what had worked well and what could have been done better. The aim of this project was not to gather feedback on the closure of the walk-in service itself.

## GATHERING PATIENT FEEDBACK

Due to patient confidentiality and Data Protection, Healthwatch B&NES was not able to contact St. James's Surgery patients directly to ask their views. No patient details were shared with Healthwatch B&NES during this project.

Healthwatch B&NES produced a short questionnaire and covering letter (see appendices) which was sent by St. James's Surgery to all patients affected by the Weston Church Hall walk-in service closure (62 patients in total). This information was sent in December 2016.

In addition to the questionnaire and covering letter, information was also provided about:

- the role of Healthwatch - to assure people of our work and involvement in this project
- the support available to patients to talk through and complete the questionnaire if required
- the availability of all of the information in alternative formats.

Patients were offered a range of methods to contact Healthwatch to discuss the questionnaire, share their views and receive further support including: letter, email, telephone, text, social media (Facebook and Twitter) and website.

A correspondence slip was attached to the questionnaire so that patients could choose to share their contact details with Healthwatch if they wanted to stay in touch with our work on this project. Finally, a pre-paid envelope accompanied the questionnaire to make it easier for people to reply.

## WHAT PEOPLE TOLD US

Healthwatch received 12 responses to the questionnaire – a response rate of 19.4%. Quotes are written in **bold**.

### 1) How were you told about the proposed changes to the GP practice?

Response received	Number of respondents
By letter	Five (5)
No response given	Three (3)
Other (Please specify)	One (1): Told by another patient
	One (1): Told face-to-face by GP
	One (1): Could not remember
	One (1): Was only informed of the closure

The majority of respondents were notified of the changes by letter. Two respondents mentioned that they had heard rumour of the closure prior to being formally notified. One respondent said that in addition to the letter, they had seen a poster in the GP practice.

**2) Was this information made available in a way that you could easily use and understand?**

Six respondents said that the information was made available to them in a way that they could easily understand. One replied “**No**”, but did not explain why they felt this was the case. One person stated that the information was “**brief and to the point**”, but did not explain whether they found this useful or not. Three people did not provide a response.

**3) What methods were offered for you to have your say on the proposed changes to your GP practice?**

<b>Response received</b>	<b>Number of respondents</b>
A range of methods: both paper and online survey, face-to-face discussion, telephone number, email address and website	One (1)
Paper survey	Three (3)
No methods were offered	Four (4)
No response given	Four (4)

**4) Were these methods made available in a way that you could easily use and understand?**

Four respondents said that the methods provided to have their say were easy to use and understand. Eight people did not provide a response.

One of the respondents mentioned that although the method provided was easy to use and understand, their feedback had been requested to “**a very short timescale**”.

**5) What support was offered to help you to understand the proposed changes to your GP practice and to share your views?**

One respondent said that patients could speak to their GP (if visiting) or the Practice Manager to discuss any problems. They could also contact the practice using the general email address.

Three respondents stated that support was not required so they had not looked to see what was made available. Similarly one respondent said that they did not know. Five respondents did not provide a response.

**6) How were you told of the outcome of the patient consultation?**

<b>Response received</b>	<b>Number of respondents</b>
By letter	Three (3)
I was not told	Three (3)
Rumour or word of mouth	One (1)
No response given	Five (5)

**7) Thinking about the process that was used to tell you about the proposed changes to your GP practice and to gather your feedback, what do you think worked well?**

Seven people did not provide a response to this question. Of the five other respondents, feedback was divided, with three positive experiences, including:

- **“No complaints”**
- **“Giving us an opportunity to have our say”**
- **“Worked well”**

The two final respondents expressed more negative feelings towards the process, with one reporting that **“nothing”** had worked well, and the other feeling that **“the decision was made before asking”**.

**8) Thinking about the process that was used to tell you about the proposed changes to your GP practice and to gather your feedback, what could have been done better?**

Six respondents provided feedback on how they felt the process could have been improved, as follows:

- **“It would have been nice to know what others had said about the closure. I hope that any future communications regarding health will be as good, in this digital age one worries about missing out on information if one doesn't have up to date technology (as many older people don't).”**
- **“Face to face general meeting would have been more beneficial to patients who felt neglected.”**
- **“More consultation”**
- **“At the time of the closure various snippets of info surfaced including the purchase of another practice on a bus route which apparently didn't materialise.”**
- **“No detailed information” [was provided]**
- **“Nothing”**

Five people did not provide a response.

**9) How do you use your local health services now that the changes have been made?**

We wanted to understand how patients had responded to the closure of the walk-in service and which services they turned to for support. The following comments were received:

- **“I was upset at the closure as it was convenient enough to walk to. I still have the choice of two surgeries, albeit one being the other side of Bath - so can't grumble. The RUH is near, which has a walk-in surgery on Saturdays and there is a local chemist so I guess in Bath we are lucky. I think it is very important that patients have the opportunity to get involved with the way their GP practice is run when there are changes.”**

- Four respondents stated that they continue to go to the main surgery (St. James's Surgery).
- **“Not had cause to use the practice since the closure of Weston walk-in centre, which is greatly missed, especially by senior citizens.”**
- **“I am an 87 year old partially sighted widow and am devastated by the closure of the walk-in clinic. Consequently I have been unable to visit a GP since. I have used the RUH, plus flu jab at Boots. The main surgery [St. James's] is inaccessible for anyone other than those who have their own transport. So those who suffer are frail and elderly.”**
- **“I go to my GP surgery, but they have shut my local one. I have to take the bus now. I use the local pharmacist.”**
- **“I only used this practice once and was told that it was closing. Had it remained as a walk-in centre I would have found it very useful because of the waiting time for appointments at St. James's Surgery.”**
- One respondent misread the letter from Healthwatch and provided feedback based on what they thought was being asked - sadly this was not relevant to this enquiry. However, there was a general feeling from the respondent that they did not believe that giving their feedback would make any difference to anything that the surgery was doing. They said that there had been a change of focus from what they called **“patient first”**, and **“the phone system at the surgery has changed so that they can no longer call”**. The respondent was unhappy about this.

Two people did not provide a response.

## **PROJECT LIMITATIONS:**

Healthwatch recognises that the level of response received through this project impacts on its ability to serve as a significant evidence base for change. However the feedback received offers a valuable insight into how people feel they could and would like to engage with their GP practice.

It is positive that Healthwatch was able to carry out this project as an independent body, however being unable to contact patients directly and working near the Christmas break meant that Healthwatch could not engage with patients in a more comprehensive way. Healthwatch offered patients the opportunity for additional support and discussion alongside the questionnaire, however further learning and a greater response may have been achieved if a wider range of methods had been used to engage with patients, for example inviting people to attend a group discussion. This is learning that Healthwatch can put into practice and factor into the timing for future projects when they are unable to make direct contact with a group.

## KEY THEMES AND RECOMMENDATIONS

The following themes have emerged from the feedback that Healthwatch received. These themes may be considered as learning for future engagement with patients around changes to GP practices or primary care services.

<p><b>THEME ONE:</b> <b>Communicating with patients</b></p>	<p><b>COMMENTS:</b></p> <p>Although only a small cohort of respondents shared their views, it was clear that there was some inconsistency regarding how people found out about the proposal to change provision at the Weston Church Hall walk-in service, the ways that they could respond to the proposal, and the outcome of the consultation once it had been completed.</p> <p>It is clear from the respondents that correspondence went out, primarily in the form of a letter. There was a comment from one respondent that they had seen a poster in the GP Surgery too. This is positive, but unfortunately the approaches used do not appear to have reached everyone.</p> <p>With regards to understanding the information that went out, all of the respondents that gave an answer stated that the information that they had been given was easy to understand - this applied to both the proposal being made and how they could give feedback on it. This is very positive.</p>
	<p><b>RECOMMENDATIONS:</b></p> <ol style="list-style-type: none"><li>1) When changes are being proposed or consulted upon, GP practices should try to use a range of communication methods to inform and engage with their patients. These could include: letter, email, posters in the practice waiting room, information in the practice newsletter/ website/ social media, face-to-face via practice staff and through the Patient Participation Group.</li></ol> <p>Where required communication should be made available in patients' preferred formats in accordance with the Accessible Information Standard.</p> <ol style="list-style-type: none"><li>2) Share information as soon as possible to try to reduce anxiety, uncertainty and rumour from spreading. This will also enable patients/ stakeholders to become involved at the earliest possible time.</li><li>3) The information that St. James's Surgery provided to patients is shared as an example of 'what worked well'.</li></ol>

**THEME TWO:****Supporting patients to have their say****COMMENTS:**

Where received, feedback about the engagement process that took place was generally positive, with respondents expressing their satisfaction at having been asked and given an opportunity to have their say.

A couple of comments were made about the validity of the process, i.e. the decision appearing to have already been made or people's input not making a difference. This is a difficult challenge to overcome, especially in the current financial climate with increasing public awareness of the pressures affecting organisations such as the NHS and local authorities.

When asked what could have been done better, the respondents suggested a number of things including the opportunity to hear what other people said/thought about the proposal and having access to more detailed discussion and information.

**RECOMMENDATIONS:**

To increase confidence and participation in an engagement process, it is important that people feel that they are being given all of the information that they want and need to make an informed choice or view.

1) Healthwatch recommends that information should be provided in plain English, avoiding technical terms and jargon as much as possible. This could be developed by and/or in partnership with Patient Participation Groups and patient representatives to help ensure that the language used is accessible. Communication should try to include the following:

- what is being proposed - why, where, when and who may be affected
- what is being done to reduce impact or inconvenience, with specific reference to those people who may be adversely affected
- details of how people can share their views, find out more and get involved – ensuring a range of methods are available
- the timeframe that people have to respond and get involved
- how and when the decision will be made
- how people will be informed of the outcome
- what steps will be taken after the decision has been made to review and address any concerns people may have

2) Consider the range of approaches that are offered for people to have their say and, where appropriate, include opportunities for people to talk to one another directly, e.g. a focus group, drop-in session, open

meeting, online forum, Patient Participation Group meeting/ event etc. Not everyone will want to do this, but for some the opportunity to talk directly will appeal.

- 3) Consider producing a 'you said, we did' update for patients that lists the feedback and/or key themes that were received via patient engagement, and the steps that have been taken to address them. This can be updated as the process continues and shared via the full range of communication methods that are available to each practice, including having it displayed in the practice waiting room or public areas.

In June 2016, NHS Improvement produced a toolkit for in service change programmes. Although comprehensive, this toolkit provides useful guidance on communicating changes to stakeholders and how to involve and engage them in a meaningful way W: <http://bit.ly/2aq60D7>

## WHAT HAPPENS NEXT?

This report will be shared with St. James's Surgery, Bath and North East Somerset Clinical Commissioning Group, the B&NES Joint Primary Care Co-commissioning Group and NHS England.

Healthwatch B&NES will work with these groups and organisations to understand how the learning can be taken forward and inform patient engagement in the future. It would be useful for these discussions to include consideration of using a recognised toolkit to support patient engagement within B&NES, for example the NHS Improvement Toolkit for communications and engagement teams in service change programmes (June 2016).

This report will also be shared with those patients that provided their contact details through this project.

Although only a small number of comments were captured through question nine - **How do you use your local health services now that the changes have been made?** – there were several suggestions that older patients and those without their own means of transport are being impacted by the closure of Weston Church Hall walk-in service. Healthwatch B&NES will discuss these points with St. James's Surgery directly to see if any further action can be taken.

The report will also be available online on the Healthwatch B&NES website W: [www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk)

## TELL US YOUR STORY

Healthwatch B&NES welcomes and encourages residents from across Bath and North East Somerset to continue to contribute their feedback using the communication methods listed below.

Healthwatch B&NES also supports people to be volunteer champions so that they can represent the experiences and needs of their community or a group to which they belong. If you would like to find out more about volunteering with Healthwatch B&NES, please contact us using the details below.

### Every voice counts...

Healthwatch B&NES wants to hear your experiences of health and social care services so that we can share with service providers and funders what is working well and where things could be improved



Text us - text 'ba' followed by your message to 07860 021 603



Email us at [info@healthwatchbathnes.co.uk](mailto:info@healthwatchbathnes.co.uk)



Call us: 01225 232 401



Write to us at: Healthwatch Bath and North East Somerset  
The Care Forum, The Vassall Centre  
Gill Ave, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: [www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk)

# APPENDICES

## Covering letter to patients:



23 December 2016

Dear Sir or Madam,

Healthwatch Bath and North East Somerset (B&NES) is working with St. James's Surgery and Bath and North East Somerset Clinical Commissioning Group to explore what works well when talking to patients about changes to their GP practice.

Healthwatch Bath and North East Somerset is an independent consumer champion for health and social care. We collect feedback from people about the services they use locally, such as GP practices, hospitals, care homes and other social care services, in order to find out what is working well and what could be improved.

The 26 GP practices in B&NES are among some of the best performing in the country, providing high quality care and patient experience to people across the district. GP practices play a vital role in the community, allowing people to seek medical advice and receive treatment close to home. However we know that across the country GP practices are under pressure, with increasing demand on their staff, increasing complexity of patients' needs and increasing pressure on NHS finances.

As a result of these pressures, there will need to be changes to the way that General Practice is delivered in the future, with increased use of technology, more flexibility in the way that health care staff work, and increased collaboration between GP practices suggested as just some of the solutions.

### **We would appreciate your help!**

As a patient at St. James's Surgery we know that you have recently been consulted about changes to your practice, specifically the closure of the Weston Church Hall walk in service.

We have not seen a great number of changes to GP practices in B&NES to date, however the pressures outlined above may well lead to further changes in the way that GP practices across the district provide their services in the future.

As an independent consumer champion for health and social care, Healthwatch B&NES is keen to make sure that patients are given an opportunity to get involved in any changes that are proposed to their GP practice, and comment on the impact that these changes may have and how services continue to be delivered.

Healthwatch B&NES has produced a short questionnaire (please see enclosed sheet) and we would be grateful if you could take the time to share your thoughts about the recent Weston Church Hall walk in service consultation. We are not asking you to give feedback on the

closure itself, but rather the process by which you were told about what was happening; the information you received; the way(s) that you were able to give your feedback; and how you were kept informed of the process and its outcome. If you would like any help to complete this questionnaire please do not hesitate to get in touch, our contact details are listed at the bottom of this letter.

#### **Keeping your information safe**

Healthwatch B&NES would like to thank the staff at St. James's Surgery for their assistance with this project. The Surgery kindly agreed to post this letter and questionnaire to its patients on behalf of Healthwatch B&NES. No patient details have been shared with Healthwatch B&NES during this process.

Healthwatch B&NES has provided a pre-paid envelope for you to return your completed survey. You are able to share your feedback anonymously if you wish. However if you would like to be kept informed of what Healthwatch B&NES does with your feedback, and any follow-up work that comes from it, please share your contact details with us on the questionnaire so that we can get in touch.

The feedback that you provide will be collated anonymously into a report that will help to inform the process for patient engagement around General Practice in the future. This report will be shared with St. James's Surgery, the Clinical Commissioning Group and other organisations, such as NHS England and Healthwatch England.

You will also find enclosed a leaflet explaining a little more about the role of Healthwatch B&NES. If you would like to find out more about our work, talk to us about this questionnaire, or receive this information in an alternative format, please do not hesitate to get in touch. Our contact details are listed at the bottom of this letter.

Thank you in advance for taking the time to complete this questionnaire and share your feedback.

Yours sincerely,

**Alex Francis**

**Project Coordinator – Healthwatch Bath and North East Somerset**

#### **Get in touch with Healthwatch B&NES:**

Telephone	01225 232 401
Text	Text 'ba' followed by your message to 07860 021 603
Email	<a href="mailto:info@healthwatchbathnes.co.uk">info@healthwatchbathnes.co.uk</a>
Facebook	Healthwatch BANES
Twitter	@Hwatchbathnes
Website	<a href="http://www.healthwatchbathnes.co.uk">www.healthwatchbathnes.co.uk</a>
Write	Healthwatch B&NES, The Vassall Centre, Gill Avenue, Bristol BS16 2QQ

## Patient questionnaire:



### Patient engagement questionnaire – St. James's Surgery

- 1) How were you told about the proposed changes to your GP practice? E.g. letter, email, text message, face to face, poster in GP practice etc.

- 2) Was this information made available in a way that you could easily use and understand? Please think about font size used, the language that was used to explain the proposal, the length of the proposal, opportunity to have the information in alternative languages/ formats etc.

- 3) What methods were offered for you to have your say on the proposed changes to your GP practice? For example a paper survey, online survey, face to face discussion, telephone number, email address, website etc.

- 4) Were these methods made available in a way that you could easily use and understand? Please think about the timescale for you to respond, font size, the language that was used, how reliable the technology was if offered online, the opportunity to have the information in alternative languages/ formats, etc.

5) What support was offered to help you to understand the proposed changes to your GP practice and to share your views?

6) How were you told of the outcome of the patient consultation?

7) Thinking about the process that was used to tell you about the proposed changes to your GP practice and to gather your feedback, what do you think worked well?

8) Thinking about the process that was used to tell you about the proposed changes to your GP practice and to gather your feedback, what could have been done better?

9) How do you use your local health services now that the changes have been made?