



North Somerset

Pre-consultation Patient and Public Feedback Report

Wrington Vale Medical Practice Proposals

If you require this

document in a different format, please telephone the Corporate Manager on 01275 546717

Author(s):	Wrington Vale Medical Practice Project Team: Jeanette George - Director of Strategic Development Mary Adams – Involving People Co-ordinator
Lead Clinician (if appropriate):	David Fife - Professional Executive Committee member
In consultation with:	The Practice Population of Wrington Vale Medical Practice and local stakeholders
Issue date:	January 2009

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 1 of 43

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 2 of 43

Contents

1.	Introduction	page 4
2.	Wrington Vale Medical Practice population and the 'pre-consultation phase' time periods	page 6
3.	Wrington Vale Medical Practice led Patient and Public Involvement activity with time line	page 7
	• The Patient Survey undertaken by Wrington Vale Medical Practice	page 11
4.	NHS North Somerset led Patient and Public Involvement activity with time line	page 19
5.	The North Somerset Health Overview Scrutiny Panel decision	page 24
6.	How patient and public feedback has influenced planning and decision making processes	page 25
	• Table - Public Involvement activities during the 'pre-consultation phase'	page 27
7.	Conclusion	page 36
8.	References	page 38
9.	Glossary	page 38

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 3 of 43

1.0 Introduction:

- 1.1 This report provides introductory information and summarises the patient and public involvement activity during a 'pre-consultation phase' of proposals to develop the Wrington Vale Medical Practice, an NHS Primary Care Health Service.
- 1.2 General Practices, such as the Wrington Vale Medical Practice, operate as an independent contractor/business. In practice, this means, that General Practices hold an NHS contract with NHS North Somerset (the Primary Care Trust) to provide primary care medical services for a defined area (practice boundary). General Practices provide these services from premises that they either own themselves, or rent. The NHS (through financial processes administered by the Primary Care Trust) reimburses General Practices for the cost of their premises. This process is called 'notional rent'. The value of such notional rent is determined by the District Valuer and it is reassessed every three years. Before any North Somerset General Practice decides to improve, extend or move premises they need to seek approval from NHS North Somerset to ensure that they will attract the revised notional rent associated with any such change. The owner of any building that provides NHS primary care services needs to evaluate whether the notional rent agreed by NHS North Somerset is sufficient to make the investment in the premises viable.
- 1.3 It is the responsibility of NHS North Somerset to ensure that all residents of North Somerset are able to access high quality and safe, primary care services that are provided from premises that comply with increasing health and safety, infection control and Disability Discrimination Act regulations.
- 1.4 The NHS Act 2006, Section 242 (1B) places a duty on the NHS to involve and consult with people affected by any significant or substantial change or development to NHS provided services (Department of Health 2008). Any such change might have some dis-benefits, as well as clear clinical and patient benefits for various individuals and patient groups within a given target population.
- 1.5 Real Involvement - Department of Health (2008) guidance states that the following principles should apply to all patient and public involvement activity, in that it should be:
- Clear, accessible and transparent
 - Open

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 4 of 43

- Inclusive;

and, alongside this, relevant *decision making* practices should be:

- Responsive
- Sustainable
- Proactive
- Focussed on improvement

1.6 Further to these principles, the Real Involvement guidance states that patient and public involvement activities should be ‘proportionate’ – i.e. scaled to fit the scope of the project.

1.7 The model for patient and public and involvement activities undertaken for this project comprises:

- A period of preliminary engagement with patients, local people and stakeholders led by the Wrington Vale Medical Practice.
- A period of preliminary engagement led by NHS North Somerset.
- Statutory formal consultation by NHS North Somerset with the North Somerset Local Authority based North Somerset Health Overview Scrutiny Panel, and, following their decision around significant/substantial variation;
- A period of formal public consultation with patients, local people and stakeholders. For this formal public consultation the time period was set at four months (the Cabinet Office Code of Practice for consultations, January 2004, states a minimum period of 12 weeks) to take account of winter weather conditions and Christmas and New Year holiday periods.

1.8 The Real Involvement guidance, when applied to this particular project, means that NHS North Somerset is required to focus its effort and the costs of patient and public involvement activity in a balanced and considered way. This should take both proper account of patient and public opinion as well as remaining within appropriate resource limits for the size and scope of the project.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 5 of 43

2.0 Wrington Vale Medical Practice population and the ‘pre-consultation phase’ time periods

2.1 The Wrington Vale Medical Practice has a practice population of 9,100 registered patients. The geographical ‘spread’ of patients extends over county boundaries into Bath and North East Somerset and into Somerset (with some 650 registered patients living within these county boundaries). The practice population living in North Somerset represents 4.1% of the total (205,000) population of North Somerset.

2.2 This report summarises all of the patient and public involvement activities, undertaken with this target population; that took place across the preliminary stages of the Wrington Vale Medical Practice project. That is, patient and public involvement activity, that took place between:

- **June 2008 until May 2009** - led by the Wrington Vale Medical Practice Partners (the Doctors) and practice staff. This was undertaken alongside preliminary scoping and exploratory work, to prepare an Outline Business Case (OBC) proposal to present to the NHS North Somerset Board;

and from;

- **June 2009 until mid November 2009** - led by NHS North Somerset from the time the Outline Business Case was received, at the 27 May 2009 NHS North Somerset Board, until the commencement of a formal consultation period from 11 November 2009 (and running until 13 March 2010).

2.3 These two preliminary periods of patient and public involvement activity taken together, comprise the ‘**pre-consultation phase**’ of the project and include a variety of patient and public involvement methods, techniques and interventions for both giving information and for gaining, analysing and responding to patient and public feedback. Such feedback, received from local people and partner organisations, influenced the final shape of the formal public consultation process and/or the decision making process with regard to final and agreed options for formal consultation.

2.4 A summary of the patient and public involvement activities during the pre-

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 6 of 43

consultation phase of the Wrington Vale Medical Practice is provided here within the following sections of this report.

3.0 Wrington Vale Medical Practice led Patient and Public Involvement activity with time line:

3.1 Spring 2008:

The Doctors at the Wrington Vale Medical Practice came to the view that in order to remain viable as a business and to continue to deliver good quality primary healthcare services to local people they have to consolidate their two existing surgeries (2.5 miles apart) and build a single new surgery that is 'fit for purpose' for the 21st Century.

3.2 02 June 2008:

The Wrington Vale Medical Practice send letters to Churchill and Wrington Parish Councils advising them that the Doctors have identified a pressing need to replace the two existing surgeries with one single purpose built 'fit for purpose' surgery somewhere in the Practice area (Appendix 1).

3.3 16 June 2008:

The Wrington Vale Medical Practice Doctors and Practice Manager attended the Wrington Parish Council to outline their 'embryonic' proposal and advise that their preferred vision for their future is to replace their two surgery sites with one new purpose built medical centre.

3.4 08 September 2008:

The Wrington Vale Medical Practice Doctors and the Practice Manager attended the Churchill Parish Council to outline their 'embryonic' proposal and advise that their preferred vision for their future is to replace their two surgery sites with one new purpose built medical centre.

3.5 11 September 2008:

3.5.1 The Wrington Vale Medical Practice Doctors and Practice Manager have an initial discussion with the Practice Patient Partnership (PPP) at the Churchill surgery site. Key points made at the meeting with the Practice Patient Partnership on the 11 September 2008 were as follows:

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 7 of 43

3.5.2 The Doctors provided the PPP with an overview of the Practice Vision:

- Single site new purpose built medical centre.
- Need to meet new standards; infection control, patient safety, patient confidentiality in waiting areas, disability access.
- Space to accommodate Community Nursing team.
- Space to provide expanded primary healthcare services such as physiotherapy, podiatry, oral hygiene.
- Improved work environment for healthcare staff.
- Improved car parking.
- Greater efficiencies for IT and maintenance.

3.5.3 The PPP made the following responses:

- Agreed there was difficulty with identifying an appropriate new site.
- Potential access and travel issues and concerns for some people who can currently walk to the existing sites.
- Medication deliveries through Post Offices – as in Blagdon and Churchill suggested as an idea for any new facility.
- Suggestion for co-location of community facilities e.g. library services, public information and a Parish office within any new building.
- PPP wished to support the Practice to remain viable (from a business perspective) into the future so as to provide and secure high quality NHS primary care services for local people into the future.
- PPP thought that the timing of providing information to local people about the project would be critical so as to not cause unnecessary anxiety resulting from rumour and misinformation. The PPP offered their help and assistance in this matter.

3.5.4 The Wrington Vale Medical Practice Partners raise awareness of the project with NHS North Somerset (the Primary Care Trust) and request that it is included within the PCT Service and Strategic Development Plan. The Wrington Vale Medical Practice fitness for purpose and future development needs were included in an assessment of Primary Care Estates undertaken by Inventures on behalf of NHS North Somerset. (A statement was included about the Wrington Vale Medical Practice proposals in the NHS North Somerset Service and Strategic Development Plan after the 27 May 2009 NHS North Somerset Board meeting. This document can be found on the NHS North Somerset website www.northsomerset.nhs.uk).

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 8 of 43

3.6 09 October 2008:

The Practice Partners meet with the Trustees of the Wrington Vale Medical Practice Charitable Trust. They provide information through a presentation about the proposals. The following points were made by the Trustees:

- The time scale for the project would be between 3 to 4 years.
- A site has not been decided upon.
- The Practice has to move forward, a new spacious site would allow for expansion of services.
- The community nurses could be accommodated on a new site.
- There would be efficiency savings on site maintenance and IT systems.
- Training facilities for doctors and other health care staff would be improved.
- It was thought that the role of the charitable trust might have to change to be able to continue to provide high quality primary care to patients.
- High quality patient care is the priority for the Practice.

3.7 25 November 2008:

Follow up letters are sent from the Wrington Vale Medical Practice to Wrington and Churchill Parish Councils and to the Practice Patient Partnership. A progress report is provided/included noting a first official meeting with NHS North Somerset to explore the formal processes of applying for, and securing, development funding.

3.8 December 2008

A Patient Survey was designed and given out to patients attending both surgery sites. The survey aimed to seek early views about the idea of a new single site surgery. The following is the frontispiece statement for patients completing the survey:

“The Practice has recently asked NHS North Somerset (the Primary Care Trust) to support a project to allow us to improve the care that we are able to offer you, as well as to expand the range of services provided from our premises. We have asked the Primary Care Trust to consider a proposal which would see us relocating from both of our current premises into one purpose built medical centre on a new site. This would enable us to provide much better access and a greater range of services as well as a much improved experience for patients and better working conditions for staff.”

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 9 of 43

The project is **not** about building a massive “Polyclinic” as that would not be the right solution for our rural area. This project is about improving facilities from which **your GP Practice team delivers services to you**, so that we can continue to expand the range of services we provide for you and be part of the local community for many years to come. At this early stage we want to know **your thoughts** on how we can improve the services we currently provide”.

3.9 The Patient Survey undertaken by the WVMP:

The information on the following pages comprises the report on the WVMP patient survey.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 10 of 43

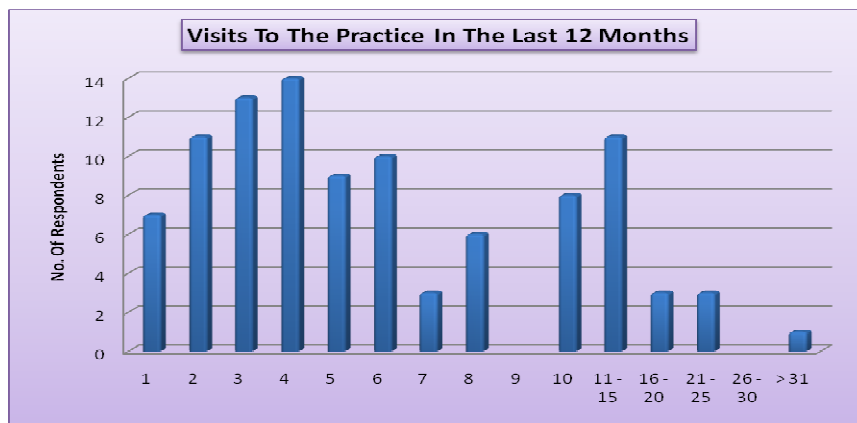
PATIENT SURVEY

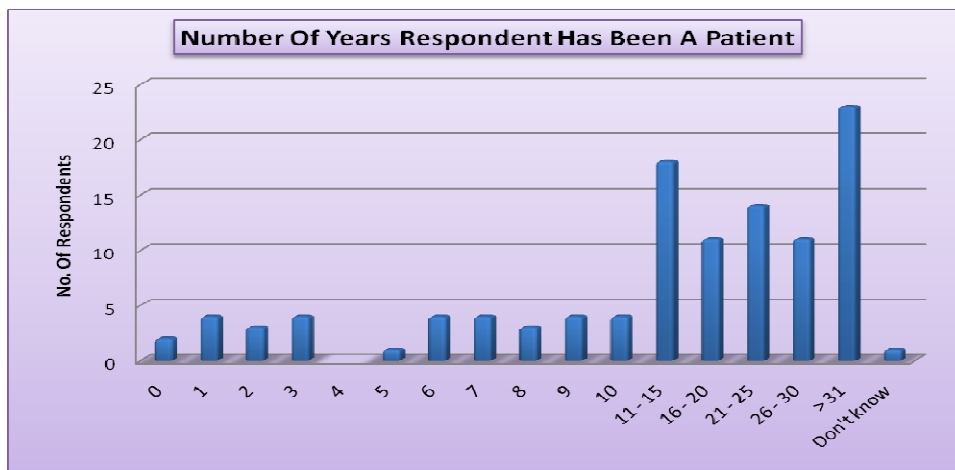
3.9.1 Introduction

Over the course of December 2008 and early January 2009, the Practice circulated a questionnaire to all patients visiting the surgery. One hundred responses were collected, the results of which are analysed below. In summary, the survey suggests that patients are in favour of the inclusion of more services within the practice, and that they also desire significant changes to the current arrangements. These changes cannot be implemented within the confines of the Practice's current buildings.

3.9.2 Patient Demographics

Limited data is available on individual patients. However, the responses suggest a good spread across the Practice's demographic. 69 (59%) of the respondents were female, 41 (35%) were male and 7 did not specify their gender. 71% of surveyed patients were married, and 38% were over the age of 65. This emphasises the Practice's predominantly elderly patient distribution. Finally, the graphs below demonstrate the distribution of regularity of patient visits to the surgery, and also the length of time they have been registered with the Practice. These results are further evidence that a broad spectrum of patients has responded.





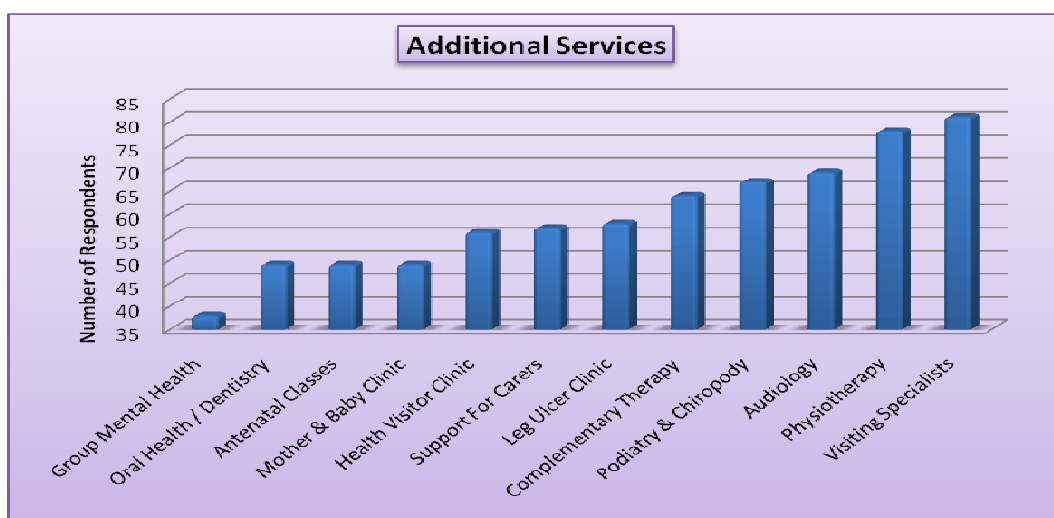
How could the WVMP improve in the future?

3.9.3 Facilities that require improvement

The first questions patients were asked related directly to the improvement of disabled access and parking at the surgeries. The results of this section were clear, with 76% of those who expressed an opinion believing that disabled access to the surgery should be improved and 66% who expressed an opinion felt that car parking facilities at the surgery required improvement.

3.9.4 Additional Services

This section of the questionnaire listed services that the Practice would like to offer, and which would be made possible by a move to new premises. The graph below illustrates the number of positive responses to each service, which helps illustrate patient demand for individual services:



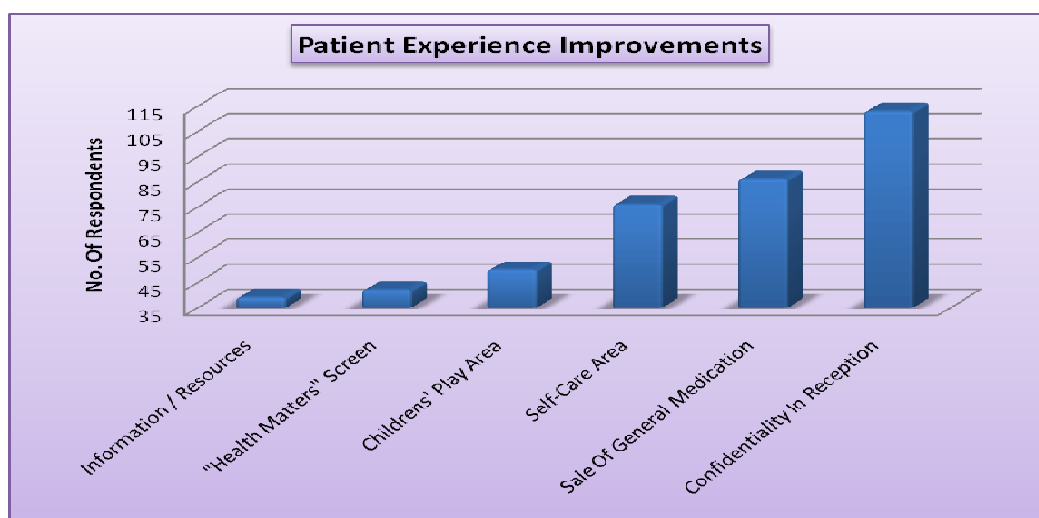
The results clearly demonstrate that patients would most value provision for

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 12 of 43

specialists to visit the surgery. Currently, as a result of the space constraints explained elsewhere, this service cannot be offered. The ample provision of consulting space in the new proposal would allow for this significant patient demand to be accommodated. Moreover, through the provision of space for Practice-based Commissioning, the Practice would have the option of providing Physiotherapy or other Complementary Therapies (such as Osteopathy). Both of these services, as demonstrated, are in significant demand by patients.

3.9.5 Improve Patient Experience

This question asked patients to outline which facilities could be provided in order to improve patient experience. The chart below illustrates the number of positive responses to each facility suggested by the Practice.



These results support the Practice's conclusions, particularly with regards the inadequacy of the waiting area. Patients would overwhelmingly like to see improvements in confidentiality (93%), and are also in support of the provision of facilities for children (88%). Unfortunately, the provision of a private interview room within the confines of the current buildings is impossible. Equally, there is no available space to provide a play area.

The Practice is also extremely interested in providing general medication items out of the dispensary. The local pharmacy has limited opening times, and therefore some patients have issues obtaining medications. Unfortunately, space considerations do not allow the Practice to offer this service. A combined, larger facility would however allow us to meet this important aspect of Patient demand (93%).

Finally, patients are interested in the provision of patient-oriented resources, such as a Self-Care area and a "Health Matters" screen. Once more, neither service can be

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 13 of 43

provided under our current operating constraints.

How do patients rate our current services?

3.9.6 One facility that could be improved

When asked to identify one facility that could be improved, patients submitted a broad range of responses. However, only one aspect of the Practice was mentioned repeatedly, namely the quality of the waiting rooms and reception areas (62%). Of those who suggested a service to be improved, 27% felt that more confidentiality was needed in public spaces. A further 15% felt that the waiting room was over-congested and busy.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 14 of 43

3.10 27 April 2009:

3.10.1 The Doctors from the Wrington Vale Medical Practice were invited to attend the Churchill Parish Council Annual General Meeting. They provided them with a brief verbal update on the progress of the project.

3.10.2 After an exhaustive search, assisted by a firm of Primary Care developers; Medcentres, the Practice comes to the conclusion, that at this stage of the project, only one potentially viable site is available. This location - Pudding Pie Lane in Langford - therefore becomes the Practices 'preferred site'. No agreements or contracts have been entered into with the developers.

3.11 27 May 2009:

3.11.1 NHS North Somerset Board considered and approved 'in principle' the outline business case (the project proposals from the Practice). Approval in principle means that the NHS North Somerset Board agreed a financial 'envelope' to ensure that provision was made within the NHS North Somerset medium term financial plan for any additional costs of rent in the future. This 'approval in principle' was also agreed subject to the outcome of consultation on the proposals. The discussion and decision for such 'approval in principle' was undertaken in the confidential Board session due to the commercial sensitivity of the project at this particular time.

3.12 01 June 2009

3.12.1 Following the NHS North Somerset Board 'approval in principle' the Practice now commences to take the project forward in earnest. Initial planning for preliminary public consultation for local people is included in their preparatory work. At this stage the Practice are leading the planning for public involvement/engagement and local consultation as a 'best practice' intervention.

3.13 25 June 2009:

The Practice meets with the Practice Patient Partnership to advise them that they have received 'approval in principle' for the project proposals. The Practice discusses their plans for wider local patient and public engagement/involvement at this stage. The Practice planned two very early stage public meetings to be held in July, one in Wrington and one in Churchill.

3.14 02 July 2008:

The first of two planned public meetings held in Wrington, by the Practice to inform local people of their proposals to relocate the Practice to a single site. This meeting was very

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 15 of 43

well attended by local people (approximately 150 attendees).

3.15 22 July 2009:

3.15.1 The second public meeting held in Churchill, by the Practice to inform local people of their proposals to relocate the Practice to a single site. This meeting was also very well attended by local people (approximately 120 attendees). It is noted here that many of the attendees for this meeting had also been present at the 02 July meeting, although a precise figure is not known as these were open public meetings without attendance registration.

3.15.2 From the public feedback gathered by this stage, it started to become clear to the Practice that although there was clear support for the expansion of NHS services in the rural areas of North Somerset covered by the Practice, there was also some specific opposition to the Practice proposals, in terms of the potential location identified at this time, as the 'Pudding Pie Lane site' in Langford. There were also a series of related issues raised.

3.15.3 Key questions, concerns and comments raised across these two public meetings are summarised here into 'feedback themes':

Feedback Theme One - Location, Travel and Access:

- Why is there a need to consolidate onto one single site?
- The role of community transport should be explored.
- Community nurses with extended roles e.g. taking blood in patients homes.
- No ecological sense in moving to a location where people have to drive instead of being able to walk.
- Why not expand the two existing surgeries and continue to operate on two sites?
- Concern about withdrawing surgeries from the two most densely populated rural communities.
- Under estimation of public feeling against taking the surgery out of Wrington Village.
- What sites have been considered and then rejected?
- Public transport is insufficient – not a practical option for people to get from Wrington to Langford.
- Suggestion that a local Garage/Shop in centre of Wrington has just closed – wouldn't this be ideal for a new surgery?
- Concerns about the proportions of patients adversely affected by any change of location to Langford.
- GP services should be as local as possible – this project seems to fly in the face

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 16 of 43

of the Shaping our Future commitment to “provide services as close to people’s homes as possible”.

- What other models have been considered?
- Information Technology (IT) links should not be quoted as a limiting factor – they should be an enabling factor, given how advanced IT communications are these days. The current inter-site IT link is something that should just be fixed.

Feedback Theme Two - Scope and Services:

- Will the Community Matron be based in the new building? Where is s/he now?
- Will Saturday opening be considered?
- Will urgent Out of Hours doctor’s services be provided evenings and weekends?
- Can we bring other services into a new building? i.e. as a community resource.
- Are Yatton and Congresbury Practice/other practices involved in the development?
- What happens if you don’t get the extra services you are anticipating in the larger building? Will it become a white elephant?
- Why have you included a dispensary in the new building? Could this be a threat to the pharmacy at Wrington?
- The scope of services seems to overlap with those proposed in the new Clevedon Hospital redevelopment and the publicity around that project seems to indicate that it will serve the population in the Wrington Vale area. Duplication?

Feedback Theme Three - Finance:

- The quoted capital cost is £3 million. This will be paid for by the taxpayer (albeit as rent over a long term) – the taxpayer has a right to decide whether this is good for patients or not. It is for patients to decide what is good for patient care, not the Practice or the Primary Care Trust.
- The cost would amount to 5 times what the current premises cost – not good value for money.
- This is PFI (Private Finance Initiative) and will cost the taxpayer a lot of money. Will Medcentres be involved in running the services, or just be the landlord? What happens if they go bust?
- How much will this cost? What is the impact on the taxpayer?
- Who is bearing the capital cost?
- What will happen to the existing buildings?
- Is it not the case that some ‘mobile’ patients may choose to go to another Practice?

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 17 of 43

Feedback Theme Four – Practicalities:

- Repeat prescriptions: if the surgery is to be more distant for patients, how can we make it easier for patients to: a) drop off their monthly 'repeats' (prescriptions) and; b) transmit requests electronically between us and the local pharmacy?
- Given the number of patients who will be attending the new surgery, and using their cars to do so, have you got enough car parking spaces in the plans?

3.16 July 2009:

3.16.1 NHS North Somerset Primary Care Team is in close liaison with the Practice and is actively discussing the various processes required for taking the project forward. Planning activity concerns both the strategic development elements and the potential formal public consultation elements of the project. NHS North Somerset Patient and Public Relations team meets with the Practice Manager to explain the role of the Primary Care Trust (PCT) in situations where change and development to NHS services will have a significant/substantial impact on patients and the public.

3.16.2 The lead for the project now passes to NHS North Somerset as the PCT has to take a wider perspective on the proposed change and development. At this stage, as an outcome of the two Practice-led public meetings, the PCT is aware that two campaign groups are actively interested. These are the Wrington/Churchill based 'Save our Surgeries' (SOS) campaign group, set up as a response to the Practice proposals and in Langford, an existing environmental campaign group; 'Keep Langford Green' (KLANG). Each of the campaign groups have made representations to NHS North Somerset through letters of concern which clearly identify some key issues for some local people.

3.16.3 NHS North Somerset collects this information, as well as other public feedback received by letter, email and 'phone calls in a Pre-consultation Database. The enquiries are acknowledged and responses are provided, as far as the current information allows for, at this time. See section 4.6 for a breakdown of the correspondence received.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 18 of 43

4.0 NHS North Somerset led Patient and Public Involvement activity with time line:

4.1 August 2009:

- 4.1.1 NHS North Somerset undertakes the first stages of preparations for a potential 'significant/substantial variation' to an NHS provided primary care service in the Wrington Vale rural area. Key steps and stages within the project management process have to be followed to comply with various national legislative requirements and with NHS South West (the Strategic Health Authority (SHA)) Regional NHS Policy. The steps taken by NHS North Somerset are summarised below:
- 4.1.2 Patient and Public Relations team staff meeting with the Wrington Vale Medical Practice Manager to discuss the public involvement/engagement activities required by national legislation and regional policy from an NHS North Somerset perspective.
- 4.1.3 NHS North Somerset Patient and Public Relations staff meet with the Practice Manager and the Practice Patient Partnership to:
- provide a presentation of the involvement/engagement activities required for the project from an NHS North Somerset (Primary Care Trust) perspective;
 - undertake an early Local Impact Assessment from a patient and user perspective;
 - undertake the first stages of an Equality Impact Assessment from a patient and user perspective.
- 4.1.4 Preparation of a 'Readiness Framework' document for submission by NHS North Somerset to the NHS South West Strategic Health Authority. (This document template was included in the papers that went to the North Somerset Health Overview Scrutiny Panel on the 27 August 2009).
- 4.1.5 Plans to set up a 'Stakeholder Group' as a 'Consultation Reference Group' made up of various local perspectives including patients, carers and service users from the Practice population area. The intended meeting was initially called a 'Stakeholder Group meeting'. NHS North Somerset liaised with the Practice to invite key local 'stakeholders' to form a working group to help steer the

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 19 of 43

consultation element of the project.

4.1.6 The original intention of this particular meeting was to establish a working group, involving local people (a maximum of 20 people was suggested) who would be 'conduits of communication' to and from the Practice, the local lay led Rurals Group, NHS North Somerset and the Practice population. The setting up of such a working group (a Consultation Reference Group) was an important part of the overall formal public consultation and communications plan which NHS North Somerset had developed in liaison with the Practice. When the strength of local interest became evident, by the numbers of people who had turned up for the meeting, NHS North Somerset agreed to take back public feedback, suggestions and comments from this meeting, which became a 'listening event,' and to incorporate them into the consultation planning process.

4.1.7 Doctors from the Practice, together with staff from the Strategic Development Directorate and Patient and Public Relations Team at NHS North Somerset, listened to a range of concerns from local people. The meeting, as already stated, originally intended for about 20 people, was in fact attended by approximately 180 local people (mainly from Wrington). The key areas of concern were similar to issues that had already arisen at the Practice-led public meetings in July (see section 3.4.3) but in addition, people were concerned that they should be properly consulted with, and that their voice/s be included in any final decision making processes. They also wanted reassurance that the project, at this stage, was not a 'done deal'.

4.1.8 People at the 'listening event' also wanted NHS North Somerset to rigorously explore the feasibility of any, and all, alternative options regarding the potential location or locations of an expanded and developed Wrington Vale Medical Practice primary health care service. The following summarises the feedback from the 'listening event' on the 18 August 2009:

Feedback Theme Five – Process and Consultation:

- What projections regarding future (rural) population growth have you incorporated in your plans?
- Have you undertaken a survey of how many people currently walk to the surgeries?
- How long are these meetings going to continue before a decision is made?
- The Health and Social Care Act states that you should have consulted the population about this before coming to a final decision.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 20 of 43

- Wrington Parish Council representative wished to make it clear that although the Practice Patient Partnership (PPP) had expressed support for the project at its Annual General Meeting, there were only 5 members present. The Parish Council therefore wish it to be known that the PPP support is not representative of the real feeling in Wrington (petition of 547 signatures collected).
- Communications have been a shambles and people have just not been aware of what is going on. Every patient should be communicated with.
- What kind of feasibility studies have been undertaken? These should be available for the public to see.
- The plans and feasibility studies, need to be made as widely available as possible. There has been very poor communication of these plans and many people are still unaware.
- This seems to be a 'done deal'; what scope is there to make it an 'undone deal'? Some people would like to be involved in the next steps but only if there is a real chance of having influence.
- The proposed next step is to take the proposal to the Health Overview Scrutiny Panel at its meeting on 27 August 2009. This feels too rushed; should this meeting not be postponed to give local people longer to have their input into the proposal?
- The term 'stakeholders' is not clear as in essence all patients are stakeholders. The reference group should represent the whole practice population and not be dominated by one interest group. It must be balanced.
- The reference group needs to be small enough to be able to work effectively. Those involved in the group must be prepared to communicate back to wider groups to ensure good communications.
- The reference group must have flexible times for meetings e.g. avoid early evenings or afternoons as this precludes parents with childcare responsibilities.
- Communications routes: both NHS North Somerset and the Practice website will be used, as well as publicity in the surgery waiting rooms.
- If we have further questions that we have not been able to put to this meeting, where do we address them?

4.1.9 The Stakeholder Group meeting/listening event was informed of the public right to attend the Health Overview Scrutiny Panel meeting on the 27 August 2009 where a decision would be made as to whether or not this project proposal constituted a 'significant/substantial variation' to an NHS service and if so, would necessitate a formal period of public consultation.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 21 of 43

4.1.10 Preparation of a draft Public Involvement and Communications Plan (in anticipation of a decision by the North Somerset Local Authority Health Overview Scrutiny Panel to undertake a formal public consultation period).

4.1.11 Preparation of briefing papers for the North Somerset Local Authority Health Overview Scrutiny Panel, the Local Rurals Group and the North Somerset Local Involvement Network. These papers (including the plan above) are in the public domain:

<http://www.n-somerset.gov.uk/cairo/committees/comidx209-2009.asp>

4.1.12 Presentation of the proposals to the North Somerset Local Authority Health Overview Panel on the 27 August 2009 (see section 5.0 for more detail).

4.1.13 Presentation of the proposals and the Health Overview Scrutiny Panel decision to ask that NHS North Somerset go out for formal consultation on them, to the lay chaired Local Rurals Group on the 27 August 2009. The minutes of this meeting can be found on the NHS North Somerset Website www.northsomerst.nhs.uk .

September 2009

4.2 The planning, set up and implementation of an internal NHS North Somerset Consultation Project team to lead the formal consultation work and the primary care strategic planning/business/commissioning activities. The team met daily at the start of September and then weekly throughout late September and October 2009. During this time, the Commissioners and Planners on the project team were liaising with Local Authority Planners to better understand the detail of the planning environment for this project.

4.3 Correspondence with neighbouring Primary Care Trusts and NHS Trusts and other key stakeholders e.g. local MP offices, other local Parish Councils within the Wrington Vale Medical Practice area. Letters from Parish Councils were received by NHS North Somerset. Their comments have been included with the other feedback received through this period. Main points that were highlighted in this correspondence was as follows:

- Wrington Parish Council is in favour of retaining the two surgery sites, one in Wrington and one in Churchill.
- The main surgery should be in Wrington as it has been historically.
- If land next to the surgery is made available an extension should be built to allow for the expansion for the various new services the doctors wish to

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 22 of 43

provide.

- The building of an extension would allow for minimum disruption to services.
- The feedback and views from of the people who live in Wrington, Redhill, Churchill and Blagdon should be more heavily weighted as people who live in Yatton, Cleeve, Winscombe and Banwell have made a choice to attend the Wrington Vale Medical Practice rather than the surgeries in their own villages.
- The impact on travel is greater for the people of Wrington who would be forced to rely on motorised transport if the Pudding Pie Lane site was chosen.
- The inclusion of an integral pharmacy in a new surgery would almost certainly lead to closure of the existing excellent pharmacy in Wrington which indicates the potential impact of closure of the surgery on the village of Wrington

4.4 Correspondence by the North Somerset Health Overview Scrutiny Panel with neighbouring Health Overview Scrutiny Committee's in Bath and North East Somerset and Somerset. It is agreed by neighbouring county Health Overview Scrutiny Committees that given the low number of people within their counties potentially affected by these proposals that the North Somerset Health Overview Scrutiny Panel should lead, but that NHS North Somerset will need to inform them of their progress with the project at the same time that they inform the North Somerset Health Overview Scrutiny Panel.

4.5 The continued development and maintenance of a pre-consultation database to collect, analyse and monitor pre-consultation patient and public feedback from correspondence from the public: letters, emails and 'phone calls. NHS North Somerset received 147 communications within the pre-consultation period, with the first correspondence being received on the 10 July 2009.

4.6

Item	Number
Letters	89
Letters from MP Offices	1
Emails	53
Telephone calls to Chief Executive	2
Telephone calls to Executive Director	1
Enquiries through PALS and Complaints (these were forwarded to the Project team for a response so are included in the totals already specified and are not additionally included in the final total below)	(10)
Telephone calls to other NHS North Somerset staff	1
TOTAL	147

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 23 of 43

4.7 From these enquiries, comments and concerns a **Frequently Asked Questions** information fact sheet was developed as a 'live document' and was uploaded onto the NHS North Somerset website.

http://www.northsomerset.nhs.uk/WringtonChurchill/ConsInfo/16_FAQ_26.11.09.pdf

09 October 2009

4.8 The NHS North Somerset Chief Executive and lead Executive Director for Strategic Development arrange 'listening and discussion meetings' with local Councillors and the campaign group 'Save our Surgery' (SOS). The rationale was to ensure that the local issues, comments and concerns were heard at an early stage, any misinformation could be clarified, and to provide an opportunity for their specific feedback to influence the final options that were to go forward for formal public consultation.

4.8.1 The formation of a 'Consultation Reference Group' with a wide local lay membership, to review the consultation document and the various options to be presented to the practice population and the public. The group had a first meeting on 3 November 2009 and a meeting schedule for monthly meetings throughout the formal consultation period.

4.8.2 The refinement of management systems to record and respond to correspondence and 'phone calls from local people about the WVMP proposals.

4.8.3 The development of consultation and communication materials and revision of consultation and communication plans as a response to patient and public feedback.

4.8.4 A flyer was sent out from NHS North Somerset to every registered patient with details of the public meetings, conversation cafes and topic based focus groups.

4.8.5 The finalising of the formal consultation and communications plan, together with arranging all of the logistics for the public meetings, conversation cafes and focus groups.

4.8.6 Meetings with the North Somerset Local Involvement Network to brief them on the proposals and to request their help with the formal consultation process. In particular, assistance to develop the local impact and equalities impact assessment work and to provide independent support to facilitate at public events and to compile the final formal consultation Public Feedback Report.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 24 of 43

4.8.7 Press Coverage - during the pre-consultation phase of the project NHS North Somerset sent out press releases in August 2009 and October 2009 to raise awareness of the formal consultation process. The North Somerset Chief Executive, Chris Born also undertook radio interviews to advise people about the formal consultation process and how they can have their say. The local press ran a number of articles about the proposals, mainly from the perspective of concern that the surgery sites in Wrington and Churchill were to close. At this stage however, no decisions for the future had been made by NHS North Somerset as the formal public consultation has to precede, and be taken proper account of, in the final decision making process.

5.0 The North Somerset Health Overview Scrutiny Panel Decision:

- 5.1 This section provides more detail about the North Somerset Health Overview Scrutiny Panel role and decision.
- 5.2 NHS North Somerset has a legal duty to consult with the North Somerset Health Overview Scrutiny Panel (NS HOSP) where a proposal may represent a significant/substantial variation in the way that an NHS service is delivered. The significant/substantial variation may have a positive and/or potentially adverse impact on different individuals and groups within the given community affected. (Statutory Instrument 2002 No. 3048. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002).
- 5.3 The NS HOSP meeting had strong public attendance from the WVMP local population. The two campaign groups, a Wrington Parish Councillor, the Practice Patient Partnership and a local pharmacist all made representations to the Panel.
- 5.4 After the submission by NHS North Somerset of a briefing paper outlining the WVMP proposals and recommending that they reach a decision to go to formal public consultation, the North Somerset Health Overview Scrutiny Panel on 27 August 2009 did indeed agree that the WVMP proposals would, if the Practices preferred option were implemented, constitute a 'substantial variation' to primary care services for the practice population in the affected rural areas.
- 5.5 Their decision required NHS North Somerset to lead a formal public consultation period to consider both the WVMP proposals (the Practice preferred option) and any and all viable alternative development options. The NS HOSP allowed for a

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 25 of 43

continuation of the period of 'pre-consultation' to enable NHS North Somerset to plan and implement the different structures and mechanisms that would be required for the project during the formal consultation period.

5.6 The NS HOSP decision further required the formal consultation period to be longer than the Cabinet Office code of practice 12 week standard. They asked that NHS North Somerset consult for a four month period to take account of the impact of winter weather and the Christmas and New Year holiday period. The formal public consultation commenced on 11 November 2009 and completes on 13 March 2010.

5.7 After the decision was made by the NS HOSP to take the WVMP proposals out for formal public consultation the lead organisation for all public involvement and consultation activity became solely NHS North Somerset, as is required by legislation.

6.0 How patient and public feedback has influenced planning and decision making processes

6.1 The following table summarises the patient and public involvement activity that took place during the 'pre-consultation phase' of the project and how the outcome of that activity influenced either the final 'shape' of the formal consultation and/or the decision making processes integral to this project.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 26 of 43

6.0 – Table – Summary of Patient and Public Involvement Activities during the Pre-Consultation Phase from June 2008 until November 2009

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
Wrighton Vale Medical Practice led Patient and Public Involvement Activity				
June 2008	Letters to Parish Councils.	WVMP Doctors/Partners and Parish Councillors	Early engagement about the Practice proposals with the local Parish communities.	Information about the development proposals was provided to the Wrighton and Churchill Parish Councils in their role of 'local opinion formers' and as information conduits to the local population.
16 June 2008	Parish Council meetings attended. Wrighton	WVMP Doctors/Partners and Parish Councillors	Development proposals supported by local parish councils at this stage.	Information about the development proposals was presented to the Wrighton and Churchill Parish Councils in their role of 'local opinion formers' and as information conduit to the local population.
8 September 2008	Churchill			From this early work, it was later identified by NHS North Somerset that all Parish Councils within the Practice boundary should be informed and invited to participate/have a voice. All local Parish Councils were subsequently invited to participate on the Consultation Reference Group.

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
11 September 2008	Meeting with the Practice Patient Partnership	WVMP Doctors, Practice Manager and PPP members.	Early engagement with some early patient feedback from the PPP- this was fed into the NHS North Somerset Public Involvement and Communications Planning work.	Location of a potential site identified as a difficulty. Early feedback from the PPP collected. Support offered by the PPP to provide information to the local community about the proposals. Agreed at the meeting that this was too early as much more preparatory work was required to be carried out.
9 October 2008	Meeting with the WVMP Charitable Trust	The Practice Partners and the WVMP Charitable Trust Trustees	Early engagement with the Trustees. Early feedback on the proposals which fed into the NHS North Somerset Public Involvement and Communications Plan work.	A representative of the WVMP Charitable Trust invited onto the Consultation Reference Group.
25 November 2008	Follow up letters and a progress report sent to Parish Councils and the PPP	Parish Councils – Wrington and Churchill The PPP	Provided feedback to Parish Councils and the PPP that a first meeting with NHS North Somerset was due to take place to explore the formal processes for taking the project forward.	Continued engagement with Parish Councils and the PPP, updating them of progress.
December 2008	Patient Survey	Patients attending Wrington and Churchill Practice sites during December 2008. 100 responses gathered from registered patients of the Practice.	The survey showed early patient support for development and expansion of NHS primary care services.	The Patient Survey was included in the Practice Outline Business Case presented to the NHS North Somerset Board meeting in their confidential session on 27 May 2009.
27 April 2009	Practice Partners invited and attend Churchill Parish Council Annual General Meeting	Practice Partners provide the meeting with an update on progress.	Continued engagement with Churchill Parish Council.	Churchill Parish Council kept up to date with progress by the Practice.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 28 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
27 May 2009	NHS North Somerset Board Meeting Proposal included in NHS North Somerset Services and Strategic Development Plan	Practice Partners and NHS North Somerset Board members	Approval in principle agreed.	This means that the PCT has agreed to a financial envelope of funding for any increased 'notional rent' payments up to an agreed ceiling. Approval in principle is subject to consultation on the proposals.
25 June 2009	Practice meets with Practice Patient Partnership	WVMP Partners and the Practice Patient Partnership	Continued engagement. PPP discusses with the Practice their plans for two open public meetings.	Two open public meetings led by the Practice are set up for July 2009.
02 July 2009 22 July 2009	Public Meetings Wrington Churchill	WVMP Partners, Practice Manager and local patients and the wider local public	The meetings raised a number of issues and concerns about location, loss of the current site provision, environmental concerns, access and travel There is also general support for improvements to primary care health services.	This marked the beginning stages of identifying specific patient and public issues and concerns about the proposals. The public feedback shaped planning work for the anticipated formal consultation – i.e. the Consultation Reference Group, the public meetings, conversation cafes and topic based focus groups to be held in locations across the Practice area to allow for maximum access to 'have a voice' in planning and influencing decision making processes.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 29 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
NHS North Somerset led Patient and Public Involvement Activity				
5 August 2009	Meeting between Practice and Public Relations Team	Practice Manager and Involving People Co-ordinator	Preparation for taking the proposals to the North Somerset Health Overview and Scrutiny Panel in anticipation of a decision by them to go out for a full formal public consultation.	Development of a Public Involvement and Communications Plan based on the Practice population and local knowledge of the community concerned. Early draft of Briefing Papers for the NS HOSP, The North Somerset Local Involvement Network, the Strategic Health Authority and the lay led Local Rurals Group. Planning for initial Local Impact Assessment work with the PPP.
7 August 2009	Practice Patient Partnership, Practice Manager and Patient and Public Relations Team meeting.	Patient and Public Involvement lead the Practice Manager and 5 members of the PPP.	The meeting started to identify both patient concerns and support for the project proposal. Early identification of the potential impact on practice population. Early identification of 'easy to overlook' individuals and client groups within the target population. Mums with babies and toddlers were identified as a group that might be adversely impacted by the proposals. Isolated elderly people identified	PPP feedback was included in the preparation of documents for submission to the North Somerset Health Overview Scrutiny Panel in anticipation of their decision to recommend that NHS North Somerset undertake a period of formal consultation on the proposals. The feedback included plans for wider Local and Equalities Impact Assessment. This led to the Project team undertaking further exploratory work targeting parents with young families and also to proactively planning to engage further with mother and toddler groups in the

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 30 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
7 August 2009	Practice Patient Partnership, Practice Manager and Patient and Public Relations Team meeting.	Patient and Public Involvement lead the Practice Manager and 5 members of the PPP.	as a client group who also have particular access needs. Migrants particularly from Eastern Europe, and working in rural settings for example, the 'mushroom farm' may also have particular access needs. It was also identified that the PPP could not represent the views of the 9100 registered patients. The PPP recommended communication with every patient to inform them of the proposals and of any formal consultation process.	practice area to gather their feedback. Further work needed to include the perspective of isolated elderly people in rural settings – (utilise community nurses?) Senior Community Nurse invited onto the Consultation Reference Group to advise on this client group as well as to have a voice for NHS community staff affected by the proposals. Work undertaken with the NHS North Somerset Equalities Manager to gain advice on likely numbers of people from BME population that might be impacted by the proposals. A leaflet was developed by the Practice and was sent out to all patient addresses with a separate flyer from NHS North Somerset was developed to send to every patient to inform them of the proposals and of the public consultation.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 31 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
18 August 2009	Stakeholder Group/Listening Event 18 August 2009	NHS North Somerset led, WVMP partners, PCT staff, local patients and public and campaign groups.	Raised concerns as above, but additionally about proper public consultation – and a lack of communication with patients	Very detailed consultation planning in anticipation of a decision to go out to formal public consultation by the NS HOSP. Plans to send a flyer and leaflet to all practice patients to inform them about the public consultation and how they can participate.
27 August 2009	HOSP	HOSP chair and panel NHS North Somerset staff – Executive Director and support staff Practice Partner – Dr Shruti Patel Members of the local patient population and public (50+) Representation from Campaign Groups: SOS and KLANG Representation from local business (pharmacy) Representation for the Patient Practice Partnership Representation from Wrington Parish Council		Decision made by NS HOSP that proposals constitute a substantial variation warranting a formal public consultation for a 4 month period. Papers for and minutes from this NS HOSP meeting are available on the North Somerset Council website.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 32 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
27 August 2009	Presentation to the wider focussed lay led Local Rurals Group	NHS North Somerset Director of Strategic Development and the Involving People Co-ordinator.	The lay led Rurals group discussed the proposals in the context of the wider health needs of the rural communities. The meeting was concerned that neighbouring GP practices wouldn't be adversely affected and that there might be opportunity for collaborative working to support the health needs in a fair and equitable way.	The minutes of this meeting are referenced at the end of this document.
09 October 2009	Listening event with campaign group	NHS North Somerset Chief Executive and Director of Strategic Development	Feedback was recorded and helped to finalise the options that were published in the consultation document.	<p>Concerns from the campaign group were listened to, and their feedback helped to shape the final options for consultation.</p> <p>Further exploratory work on potential sites was undertaken.</p> <p>Plans to focus specifically on Access and Transport issues was agreed.</p> <p>A topic based focus group for Access and Transport was included in the formal consultation planning process.</p>

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 33 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
October 2009	Correspondence other NHS PCTs, Trusts, neighbouring Independent Practitioners	NHS North Somerset consultation project team	To inform neighbouring NHS organisations and independent contractors of the proposals.	Neighbouring PCTs and NHS trusts wished to be informed of the final outcome. Neighbouring Independent Contractors wished for further information and dialogue with NHS North Somerset particularly around the vision for Primary Care services in the wider rural area of North Somerset.
15 October 2009	North Somerset Local Involvement Network (LINK) meeting	Director of Strategic Development and Community Engagement Co-ordinator attended and presented a briefing on the Practice proposals and Public Involvement and Communications plan.	Raised awareness of the proposals and invited the LINK to participate in the Local Impact Assessment work.	Arrangement for a presentation on the Local Impact Assessment process by NHS North Somerset for the LINK Chair and host organisation representative. Assistance offered by the LINK to support the formal consultation process.
22 October 2009	NHS North Somerset Meeting with the NS LINK and host organisation representative.	Chair of the North Somerset LINK, a representative of Scout Enterprises the host organisation, the Senior Responsible Officer for the NHS North Somerset Project team and representatives from the NHS North Somerset Patient and Public Relations team	Discussion around how the LINK could help ensure that the Practice Population were properly consulted with. Various options for how the LINK might assist in this process were discussed. The LINK also received a presentation from the NHS North Somerset Patient and Public Relations Team on the Local Impact Assessment process so that they could choose whether or not it would be appropriate for them to undertake an independent Local Impact Assessment on the proposals.	LINK to decide whether or not they wish to undertake further Local Impact Assessment work. As the decision to undertake a formal consultation had already been taken by the Health Overview Scrutiny Panel and the rationale for the Local Impact Assessment work is to trigger a formal consultation as appropriate, the LINK and NHS North Somerset agreed that this work would add no further value to the process.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 34 of 43

When?	What?	Who?	How has this influenced the process/decision making?	Outcome
15 October 2009	Wrighton Vale Project Consultation Team	Director of Strategic Development Associate Director of Primary Care Project Manager Project Administrator Assistant Communication Manager Involving People Co-ordinator Various specialists co-opted to support the project for different areas of work.	The Project team are leading all aspects of the formal consultation process and in parallel they are leading work on the planning and business elements of the project.	Plans are being developed to ensure that the project objectives are delivered in full including compliance with all Patient and Public Involvement legislation and other legislation as relevant.
3 November 2009	Consultation Reference Group	Membership and terms of reference available on NHS North Somerset website.	The Consultation Reference Group is an advisory group of local people and health professionals to assist NHS North Somerset to implement a robust formal consultation process.	The Consultation Reference Group participated in agreeing the final consultation document and options for consultation. The CRG is set up to monitor progress of the formal consultation and to assist with communication to local people.
11 November 2009	All consultation materials and press materials prepared for the commencement of the formal consultation process.	The NHS North Somerset Project team with support from specialist colleagues.	To provide the framework for the formal consultation process.	Formal consultation successfully launched on the 11 November 2009

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
FINAL DRAFT MA	Strategic Development	PCFR 1	08/01/2010	1	Page 35 of 43

7.0 Conclusion

From the wealth of information both provided to, and received from, the Wrington Vale Medical Practice population during the pre-consultation phase of the Wrington Vale Medical Practice project, the following key points are summarised:

- 1) The pre-consultation phase of the project included preliminary patient and public involvement activity led first by the Wrington Vale Medical Practice Partners and then by NHS North Somerset.
- 2) The Practice undertook preliminary patient and public involvement activity as a 'best practice intervention. NHS North Somerset undertook patient and public involvement activity in this pre-consultation phase both to ensure best practice and to meet its duties outlined in the NHS Act 2006 and Local Government Act 2007, Section 242 (1B).
- 3) The Wrington Vale Medical Practice is solely concerned with delivering high quality and safe primary care services to the registered patients within its practice boundary whereas NHS North Somerset has to look at the health needs of the wider rural population as well as the health needs of the practice population.
- 4) Initially, information about the Wrington Vale Medical Practice proposals provided to the practice population by the practice was in 'outline form' in an effort to gauge patient, carer and public opinion at a very early stage of the project's evolution. This information provided, as 'best practice' in patient and public involvement activity, had both a positive and an unforeseen negative impact. Due to the fact that no decisions about the future development of the practice had been, or could be made, by either the Practice or NHS North Somerset at this stage, and that consequently all such plans were (and still are at the time of writing this report) potential, outline and subject to formal consultation, some misinformation, rumour and speculation occurred within the local population and became organised. Two local campaign groups, one set up in response to the proposals - Save or Surgeries (SoS) – a mainly Wrington/Churchill based campaign group, and Keep Langford Green (KLANG) an existing environmentally based campaign group concerned with the Langford environment.
- 5) A variety of patient and public involvement activities were undertaken within the pre-consultation phase summarised in the previous table. The outcomes of these activities both shaped and influenced the formal consultation plans, ongoing strategic development and planning activity for Primary Care services in the rural areas of North Somerset and the Wrington Vale Medical Practice in particular, and the final options that were agreed

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 1 of 43

for the consultation process and published in the consultation document.

6) A range of feedback was collected, analysed and fed into the planning and decision making processes for this project. Key areas of concern included:

- The location of any new Practice site
- Access and transport issues for various individuals and vulnerable patient groups e.g. mothers and babies, isolated older people
- Financial issues – the burden on the taxpayer
- Village sustainability and cohesion
- The final provision of developed primary healthcare services.

This feedback influenced the plans for the formal consultation so that it included specific topic based focus groups to allow local people the opportunity to work intensively to identify any and all specific access and transport concerns, village sustainability issues and which primary care services would be most beneficial to their local community should the proposals be agreed and implemented. The topic based focus groups also aim to start the process of identifying locally based solutions to these concerns and issues.

7) A strong local voice was identified from a minority of people, around 600 or so, of the Practice population. These people mainly live in Wrington which is the most densely populated area, within the practice population. A petition representing these views was collected by the local 'Save our Surgery' campaign group. The concerns of the campaign group were listened to in a meeting between the NHS North Somerset Chief Executive and the Director for Strategic development. However, to ensure equity, their particular views have to be balanced and considered within the wider context of the 9,100 people within the practice population. This means that some caution should be applied when interpreting and considering this report, as it is perhaps weighted more towards these particular minority voices. It is not implied here however, that these views are not in any way significant. They are, and they represent very real concerns for some local people. They will need careful and particular consideration within the final decision making process by the NHS North Somerset Board.

8) A number of letters and other correspondence from local people and groups such as the Practice Patient Partnership, and in the early stages the Parish Councils voiced their support for the proposals. Indeed, there appears to be general and widespread support for the concept of expanding NHS primary healthcare services and in so doing, moving some care out of hospital settings to locations closer to where people live. For some people too, any relocation of the Wrington Vale Medical Practice wherever that may be,

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 2 of 43

will benefit those people who will be able to walk to a new site where they now have to use some form of transport.

8.0 References:

Cabinet Office Code of Practice on Consultation January 2004:

www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/annex3.pdf

Local Rurals Group meeting notes 27 August 2009

Real involvement – Working with People to Improve Health Services (Department of Health 20080.

Statutory Instrument 2002 No. 3048. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

9.0 Glossary:

Consultation Reference Group

A group convened by NHS North Somerset with a membership that includes a range of lay people with different perspectives from the Practice Population. Terms of reference for the group can be found at www.northsomerset.nhs.uk

Community Nursing Services

NHS nursing services provided in local peoples homes by North Somerset Primary Care Trust Provider Services.

Dispensary Services

GP Practices are allowed to dispense medicines to their patients under strictly controlled limits governed by the dispensing contract. This prohibits the dispensing of medication by the Practice to any patient who lives within one mile as the crow flies from the nearest pharmacy. WVMP can therefore only dispense to a proportion of its patients, wherever the Surgery itself is located. This is a totally different contract to the national Pharmacy contract and does not require a pharmacist to be on site.

Frequently Asked Questions (FAQ)

Questions that have been asked a number of times by various individuals, groups and partner organisations as part of the pre-consultation process. This has been translated into an FAQ document, which provides responses to the questions posed, and is posted on the NHS North Somerset website as a 'live document'. This means that it will continue to be regularly updated and will continue throughout the formal consultation period.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 3 of 43

Health Overview Scrutiny Panel

The name of the North Somerset Local Authority Health Overview Scrutiny Committee. North Somerset has a Panel where in some Local Authorities they have Committees. The statutory functions are the same. The North Somerset HOSP is the 'statutory consultee' for NHS North Somerset in respect of any significant variation to NHS services within the county of North Somerset or that affects North Somerset residents but is provided out of the county.

Inventures

An independent consultancy who were commissioned by NHS North Somerset to review Primary Care estates.

Keep Langford Green (KLANG)

A campaign group of people from Langford concerned about their environment.

Local Rurals Group

A Lay led group, initially set up and led by NHS North Somerset as a response to the Shaping our Future consultation and concerns about Community Nursing services. The group has a multi-professional and lay membership of people. They all have an interest in providing high quality and safe primary care health services to the rural population of North Somerset covered by the Yatton and Congresbury, Wrington Vale and Wavering Down (Winscombe and Banwell) General Practices.

Medcentres

A development company specialising in building Primary Care General Practice facilities. On behalf of the Practice Partners the company undertook the scoping of the project and the search required for a potential building sites. No agreements or contracts with the company have been implemented or agreed.

NHS North Somerset

The NHS Primary Care Trust (PCT) for North Somerset. The PCT assesses the health needs of the population and has responsibility for commissioning (buying in) the appropriate NHS services based on this assessment. The PCT also monitors the contracts that are let with providers of NHS services including the contracts with General Practices.

North Somerset PCT Provider Services

An 'arms length' part of the Primary Care Trust that provides a range of NHS community

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 4 of 43

based services to the population of North Somerset including Community Nursing and Physiotherapy, School Nursing and Health Visiting services.

Notional rent

Under the terms of the national GMS and PMS GP contracts, the NHS via the local Primary Care Trust pays General Medical Practices the rental or lease costs of the premises provided for the delivery of General Medical Services. In some instances the PCT provides premises for General Medical Practices where they work from PCT-owned property.

The District Valuer, employed by the government Valuation Office Agency, (part of Her Majesty's Revenue & Customs HMRC) provides the PCT with advice on what is a reasonable level of rent to pay for premises and this advice is based on:

- The local market values of similar property
- Indicative rents in the area

The rental level is reviewed with the District Valuer every three years.

Outline Business Case

The very early stage of a business case for a proposal, which sets out a vision for development and the rationale for why development is needed. It also includes early plans and considerations for how the vision might be achieved.

Patient and Public Involvement Activity

All activity that is required as a duty to involve patients, carers and the public in helping to shape, plan, deliver and evaluate NHS healthcare under legislation. It is delivered on a continuum which ranges from providing information to active participation in decision making processes.

Patient and Public Relations Team

A small team of Patient and Public Involvement and Equalities specialists based at NHS North Somerset. The team cover a wide range of involvement work including an involvement scheme called Voices for Health, organising stakeholder events for the local community and providing specialist support to colleagues to assist them to meet their duties under the NHS Act 2006 Section 242 (1B).

Practice Patient Partnership/Group(PPP/G)

A lay led group of patients of a particular General Practice who wish to contribute to the

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 5 of 43

success of the Practice in delivering high quality and safe Primary Healthcare Services. PPPs or Patient Groups vary in function from solely fundraising groups which raise funds for new medical equipment for the Practice, to groups that actively engage with the wider practice population to support a variety of Primary Health Care initiatives such as running self-care sessions for people with long term medical conditions and weight management /smoking cessation support groups.

Primary Care (NHS Services)

Primary Care NHS Health services comprise General Practices, NHS Dental Practices, Optometrists and Pharmacists. Other healthcare professionals such as Practice Nurses and Dental Nurses also provide NHS care under NHS contracts but they are employed by the Practices themselves and not by the NHS directly.

Public Involvement terminology

Specialist terms for a variety of activities concerned with providing and receiving information and encouraging active participation in shaping, planning delivering and evaluating NHS Health care. Terms used include:

Involvement – umbrella term for all the Patient and Public Involvement activity.

Engagement – initial activity aimed at gaining patient, carer, service user and public interest in an area of work, a project or a potential service change or development of NHS services.

Pre-consultation – all of the patient, carer, service user and public involvement activities preceding a formal period of public consultation.

Consultation – formal part of the process of providing and receiving information for a target population affected by a new NHS Policy, development or service change.

Real Involvement guidance

The guidance document published by the Department of Health that describes the requirements under Patient and Public Involvement legislation. NHS organisations are required to follow the guidance closely explaining any necessary departures from it.

Real involvement – Working with People to Improve Health Services (Department of Health 20080).

Save our Surgeries (SoS)

A Wrington/Churchill based campaign group that does not wish the General Practice surgery sites in Wrington and Churchill to be closed. They would prefer that both sites

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 6 of 43

be retained and expanded.

Significant/substantial variation

A term used in the Patient and Public Involvement legislation which has a specific meaning in law. If an NHS service change or development can be demonstrated through local impact assessment as having a significant or substantial variation to the way services are currently delivered, especially if this is perceived as an adverse rather than positive impact, then it should trigger a formal public consultation process. The Health Overview Scrutiny Panel make this decision based on the briefing information they receive from the NHS Provider/s, the leading Primary Care Trust/s and on the views of the Local Involvement Network and patient, carers, services users and the public who will be affected by the change or development.

Stakeholder

Any person, community group or organisation that has an interest in a project, area of work, service change or development.

Wrington Vale Medical Practice

The General Practice that is currently based on two sites, one in Wrington and one in Churchill. The Practice has about 9100 registered patients. Some 650 live outside North Somerset County boundaries.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 7 of 43

Initial letter to Churchill & Wrington Parish Councils, June 2008

The doctors at Wrington Vale Medical Practice have identified a pressing need to find a solution to the fact that the existing premises are in urgent need of expansion and modernization if we are to realize our potential as a high quality provider of healthcare in the years to come.

At the public meeting held in Winscombe on 22nd May 2008 regarding the future of services in rural areas, the Chief Executive of the PCT, Chris Born, stated that

- The PCT's 2005/06 plans *Shaping our Future* include more services being provided in the community – shifting work from hospital settings to community and primary care settings

Wrington Vale Medical Practice is very keen to expand and develop to meet these aspirations. Other factors which have led the doctors to the decision that now is the time to invest in expanded premises are :

- The Practice is bursting at the seams and is finding it difficult to continue to provide certain key elements of service that we have traditionally provided, such as training of young doctors and other clinicians due to lack of space
- The doctors see it as a priority for good integrated local healthcare that our local team of district nurses and other healthcare professionals (health visitor, community matrons and others who contribute to care of people in the community) be accommodated in the same premises as the doctors and the primary healthcare team.
- Churchill Surgery which was modified 4 years ago to use some of the waiting room to provide an extra consulting room, has particular problems relating to confidentiality which have been consistently raised in the patient surveys of the past 4 years. These are not able to be solved in the constraints of the current building
- The dispensary at Churchill which serves the whole Practice has seen a consistently rising workload in terms of dispensing medication for local patients, and is no longer of adequate size or design to meet current standards and throughput. We are keen to expand the range of pharmaceutical services which the Practice can provide for local people, but are constrained by the current premises.

The doctors are now exploring sites which might be secured so that we can develop facilities of the right size and scope. We would like to engage the Parish Council's help in this project. In particular, Parish Council assistance in identifying possible sites would be most welcome and indeed we will need to discuss with the Parish the implications for the existing site where Churchill Surgery is located, which is land owned by the Parish.

Doc File Reference	Issuer:	Document No:	Issue Date:	Issue No:	Page:
WVMP Public Feedback Pre consultation version FINAL 22 02 10.doc	Strategic Development	PCFR 1	08/01/2010	1	Page 8 of 43