

Bramham Medical Centre Merger with Wetherby Surgery and Closure of Harewood Branch Surgery

Engagement Report

January 2024

Stephanie Drury- Managing Partner

Executive summary

This engagement process ran from the 15 November to 31 December 2023. To seek the views of as many registered patients as possible we did the following:

- Held an initial meeting with our respective PPGs to seek their views on how we should communicate the proposals.
- Posted the proposed changes on our websites with a link to an online survey.
- Printed copies of the survey and had available at both surgeries for people who did not have access to the survey online.
- Wrote to all registered households to tell them about the change and to explain how they could submit any questions via a survey or attend a public event to ask questions. This was done via electronic copy and paper copy to increase uptake of the survey as agreed with the PPGs.
- Organised an online event where people could find out more about the change and ask questions.
- Organised two public events, one at Harewood Village Hall and one at Bramham Pavilion.

500 people actively engaged in our involvement activities, through either attending a meeting or submitting a survey.

The engagement identified several key themes, including:

- The importance of:
 - Continuity of care with healthcare professionals
 - Having access to care close to home
 - Good telephone access to the surgery
- Concerns about appointment availability at preferred site
- Concerns about closing Bramham site in the future.
- Lack of public transport options from Harewood to Wetherby

This report gives a background to the change and outlines how we involved people in the proposed merger and closure of Harewood branch. The report details what people told us during the engagement and outlines how we have responded to their feedback.

Background

The partnership of South Milford Surgery took over the contract of Bramham Medical Centre in full on 1 December 2013, after working with Dr John Nicholls for two years previously to that to facilitate his retirement. The surgery is based in the centre of the village in a small purpose-built ex-branch surgery owned by the partners, the building is small and is at 100% occupancy of clinical rooms. On taking over the surgery, the patient population was approximately 3500 and has stayed around this figure, but is gradually declining as Tadcaster patients, move or pass away and new people to Tadcaster register at the local surgery. Current population is 3240. In the current climate of the NHS, it is difficult to sustain small surgeries, and we want to secure the long-term future of the surgery in the village.

Wetherby Surgery is a small surgery of approximately 4200 patients based in a leased area of the Wetherby Health Centre. Wetherby Surgery's contract was taken over by Dr William Dawson of One Medical Group in 2014. In July 2023, One Medical Group and Bramham Medical Centre briefly formed a partnership with a view to improving services at the practice, with the partners of Bramham Medical Centre wishing to merge the two practices to create a more sustainable medical practice of nearly 7500 patients and to provide a high quality, community-based practice with strong continuity of care and resilience in the current economy. One Medical Group left the partnership on 1st July 2023.

The merger plan is to maintain both sites working as now with staff working at either site, or patients being able to attend at each site. The rooms in use at Wetherby Surgery will allow some additional services to be offered, indeed we have already been able to put some additional clinics for Bramham staff on at the health centre.

We hope to retain all existing staff for continuity of care. Having inherited very few staff at Wetherby Surgery when we took over, we have successfully recruited about 80% of the staff needed and hope to complete this to 100% by merger. In the meantime, we have made longer term arrangements with locums to ensure continuity.

As part of the merger, we are also proposing to close the Harewood branch permanently. Harewood is a branch surgery of Wetherby, and the building is a terrace house converted some time ago to be used as a branch GP surgery. The branch was closed during the Covid pandemic and opened once a week for one session from January 2022 to October 2022 but has been closed since then. Unfortunately, the building is no longer fit for purpose in its current state and would require substantial investment to bring it up to CQC standards. There is no identifiable funding available to do this and there is no likelihood of any becoming available in the foreseeable future. The surgery can however have access to all rooms in the area we use in Wetherby Health Centre, which gives an additional room there that can be used immediately.

How did we identify and involve patients and wider stakeholders?

We identified several key stakeholders that we needed to engage with through this involvement:

- Prior to the engagement commencing we met with both the Bramham and Wetherby PPGs to discuss ways in which patients' voices could be heard
- We developed a range of ways to involve registered patients in the change as much as possible.
- We held a meeting with local councillors who represented the patients at both surgeries.
- We discussed the plan with the Wetherby primary care network of GP practices, which both practices are members of who were fully supportive of the merger.
- We approached the Harewood estate, who the branch surgery is leased from, for their input into the engagement.

Letters to registered households

Both Bramham and Wetherby surgeries sent an initial letter to all households registered on 16 November 2023. This letter explained the changes that were proposed, an FAQ's sheet answering as many questions as the PPG had raised and included a copy of the survey document to allow patients to submit questions. It also contained details of 2 public meetings and the online meeting which the patients were welcome to attend to ask questions. The letter was sent to all patients electronically who had given permission for this, also stating that they could request a paper copy of the letter and survey if they wished. For those without electronic access a paper copy was sent. We also held copies at both surgeries that patients and other stakeholders could take. We also posted a copy on the websites of both surgeries.

Patients over the age of 70 years (used as a proxy for identifying patients less likely to use a smartphone device) and those with a Harewood postcode also received a paper copy by post.

Patient survey

Our letter to patients provided a link to an online survey where patients could share their views about the change. 500 people shared their views using the survey either via the link sent or on paper.

Public events

We arranged two public drop-in meetings that patients could attend if they wished to do so. One was held at Harewood Village Hall in the afternoon and one at Bramham Pavilion in the morning. We also arranged an evening online virtual event that people could request the link for, however this was not very popular with patients. The meetings were attended by the Senior GP Partner, Managing Partner and Practice Manager of the surgeries and also representatives from the ICB (Integrated Care Board of West Yorkshire).

A total of eight patients attended the meetings, three at Harewood and five at Bramham. Only one patient requested the link to the online meeting, and we held a separate phone call with that patient.

Who took part in our involvement?

Information about people who were involved in this work.

We collect equality monitoring information for some of our involvement activities. This allows us to understand who is sharing their views and, more importantly, where the gaps in feedback are. For this involvement we only collected equality monitoring information through our survey.

Response by practice

The survey was returned by 250 patients from Bramham Medical Centre and 240 from Wetherby Surgery. In addition, 3 carers of patients at each surgery also responded. Such a high response to surveys is likely why there was low turnout at meetings, also the supplied FAQ document with the letter may have answered a lot of queries that patients had.

Response by postcode

- 1 of the respondents lives in LS8
- 9 of the respondents live in LS14
- 2 of the respondents live in LS15
- 47 of the respondents live in LS17
- 1 of the respondents lives in LS21
- 144 of the respondents live in LS22
- 161 of the respondents live in LS23
- 58 of the respondents live in LS24
- 9 of the respondents live in LS25
- 4 of the respondents live in YO23
- 4 of the respondents live in YO26
- 1 of the respondents lives in yo51
- 1 of the respondents lives in HG1
- 2 of the respondents live in HG3
- 1 of the respondents lives in HG5
- 49 respondents did not give a postcode

Response by age

- 1 of the respondents was Under the age of 16
- 3 of the respondents were aged 16-25
- 15 of the respondents were aged 26-35
- 46 of the respondents were aged 36-45
- 63 of the respondents were aged 46-55
- 125 of the respondents were aged 56-65
- 127 of the respondents were aged 66-75
- 57 of the respondents were aged 76-85
- 10 of the respondents were aged 86 and over
- 22 of the respondents did not give an age

Response by Gender

- 266 of the respondents described themselves as a woman.
- 181 of the respondents described themselves as a man.
- 1 respondent described themselves as non-binary.

Response by ethnicity

Not all respondents completed this section, but of those that did,

- 3 respondents were Asian or Asian British – Chinese
- 1 respondent was Asian or Asian British-Indian
- 1 respondent was Mixed – White & Black African
- 413 respondents were White British
- 3 respondents were White Irish
- 15 respondents stated they were 'other'.

Response by religion and belief

- 300 respondents chose Christianity.
- 6 respondents chose Jewish.
- 1 respondent chose Buddhism.
- 115 respondents chose no religion.
- 9 respondents chose to prefer not to say.

Response by disability

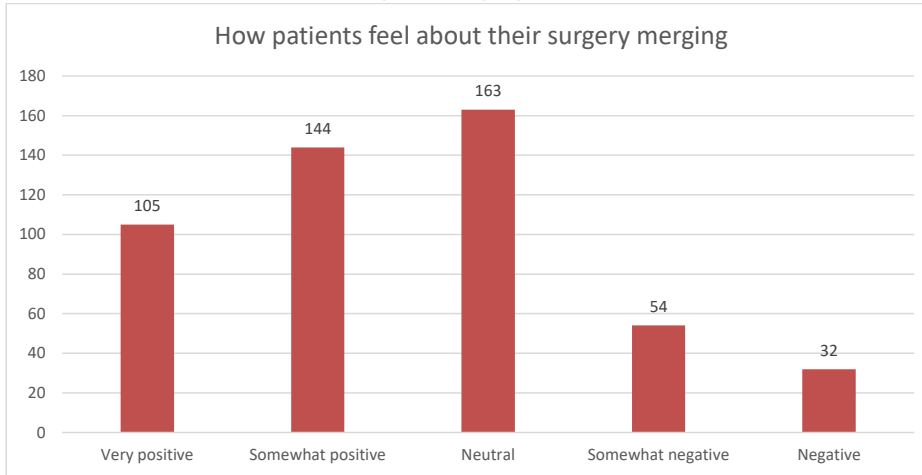
- 173 respondents told us they believed they had a disability.
- 262 respondents told us they did not.
- 15 preferred not to say.

Type of disability

- 65 respondents told us they had a long-standing illness or cancer.
- 33 respondents told us they had a physical impairment.
- 24 respondents told us they had a mental health condition.
- 17 respondents told us they were hearing impaired.
- 6 respondents told us they were sight impaired.
- 6 respondents told us they had a learning disability or a concentrating/understanding disability.
- 6 respondents told us they had a neurodivergent condition.
- 59 had another disability.
- 13 preferred not to say.

What did people tell us?

How did patients feel about their surgery merging?



From the people who responded:

- 105 (21%) felt very positive about the surgeries merging.
- 144 (29%) felt somewhat positive about the surgeries merging.
- 163 (33%) had neutral feelings about the surgeries merging.
- 54 (11%) felt somewhat negative about the surgeries merging.
- 32 (6%) felt negative about the surgeries merging.

This was followed by a question asking what aspects of the merger they found most challenging or concerning. The themes from this were as below.

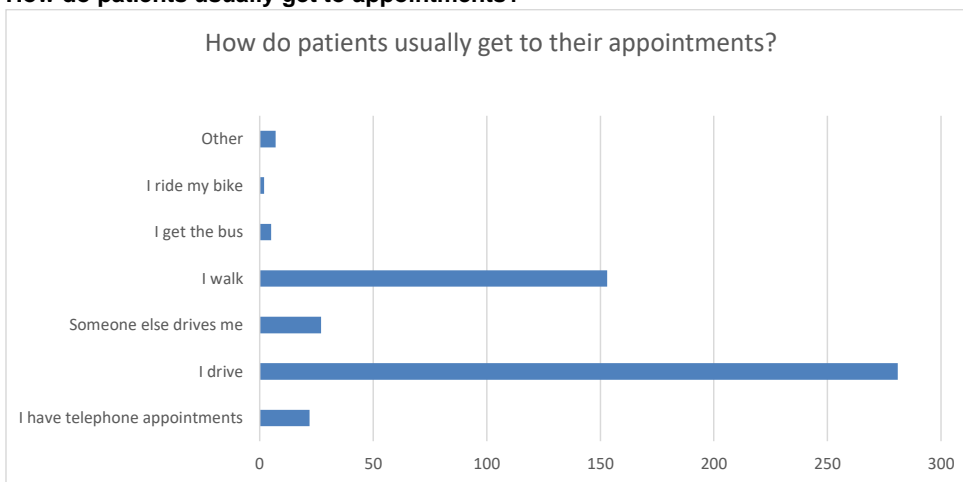
- Unsurprisingly the biggest concern of patients from both sites is appointment availability. The concern that there will be more people trying to book less appointments. Also concern about not being able to get an appointment at the site they would prefer. 95 patients mentioned appointments as a concern.
- The second most mentioned concern was patient care, particularly continuity of care and being able to see the same clinician and that the merger might make this more difficult, this was also tied with a concern that the overall number of clinicians would reduce. 85 patients raised this concern.
- 16 patients the concern about having to travel further for appointments and the public transport links being poor.
- 16 patients were also concerned that this was a pre-cursor to Bramham Medical Centre also closing.
- 12 patients raised a concern about telephone access, there were concerns about current wait times on the phone and that the merger would increase this.
- 11 patients raised a specific concern about the closure of Harewood.
- 4 patients were concerned that dispensing might be affected at Bramham.
- 104 patients had stated no concerns at this point.

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We also asked what effect patients felt the merger would have the quality of the healthcare they would receive – similar concerns were raised as above. Of those who answered the question

- 99 hoped this would improve the service by providing better access for appointments and by telephone and improving continuity of care by having regular staff.
- 75 felt it was going to reduce the quality of care as there would be more demand for appointments less access by telephone and concerns that staffing would be reduced.
- 41 felt it would have no or little impact of the quality of health care.

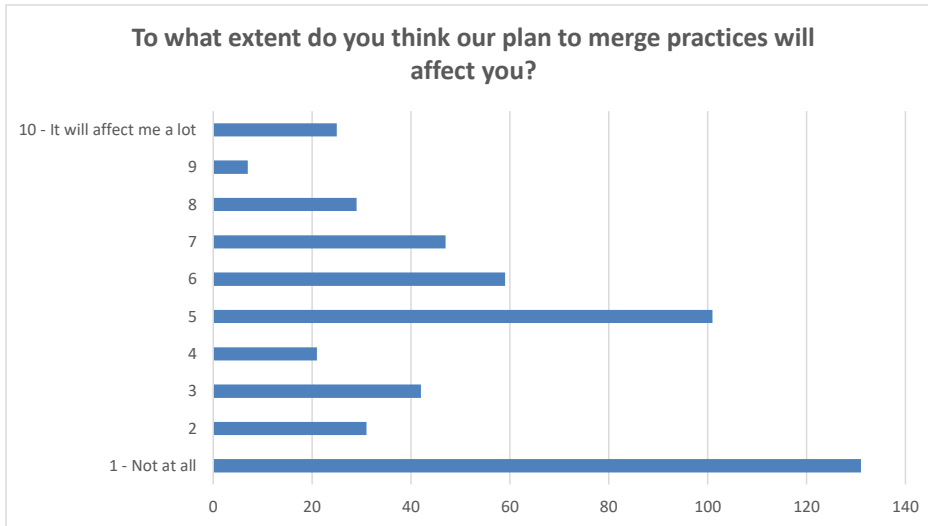
How do patients usually get to appointments?



From the people who responded:

- 22 (4.4%) people have telephone appointments.
- 281 (56.2%) people drive to get to appointments.
- 27 (5.4%) people have others drive them to get to appointments.
- 153 (30.6%) people walk to get to appointments.
- 5 (1%) people get buses to get to appointments.
- 2 (0.4%) people ride bikes to get to appointments.
- 7 (1.4%) use other methods to get to appointments.

a. To what extent do patients think our plan to merge practices will affect them?



From those who responded:

- 131 (26.2%) of people responded 1- Not at all
- 31 (6.2%) of people responded 2
- 42 (8.4%) of people responded 3
- 21 (4.2%) of people responded 4
- 101 (20.2%) of people responded 5
- 59 (11.8%) of people responded 6
- 47 (9.4%) of people responded 7
- 29 (5.8%) of people responded 8
- 7 (1.4%) of people responded 9
- 25 (5%) of people responded 10- It will affect me a lot

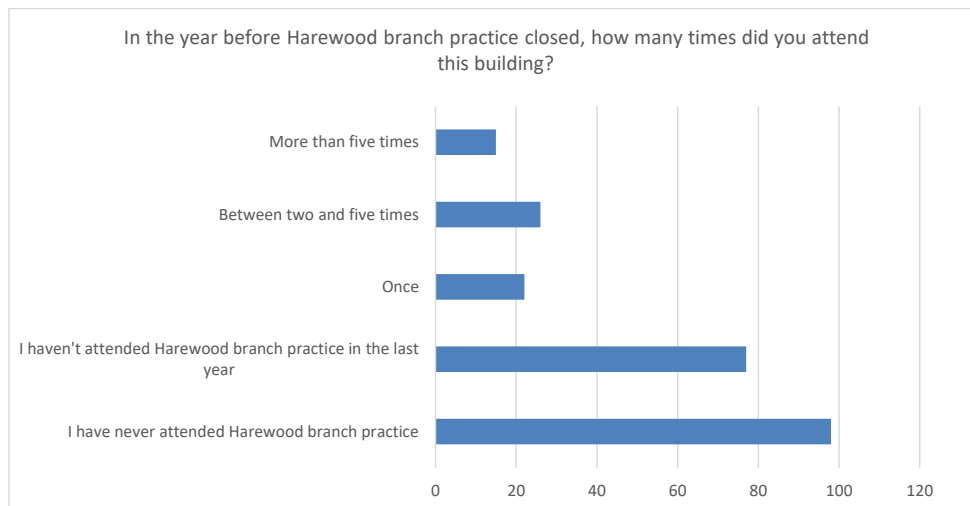
Of those who felt the merger would affect them a lot (8,9 & 10), three felt it would be a positive impact. For the those who felt it would be negative the main areas were:

- Providing help with transport to a different site and ensuring parking available
- Ensuring the telephone answering improved
- Ensuring appointment availability didn't decline.
- Ensuring staffing levels stayed at least at current levels.

Four people stated that we should not shut Harewood Surgery
 Four people stated we should not merge.

Closing the Harewood branch surgery

We asked patients how many times they had attended the branch surgery in the last year it was open.



Of those who responded:

- 98 (19.6%) of people have never attended Harewood branch practice
- 77 (15.4%) of people haven't attended Harewood branch practice in the last year
- 22 (4.4%) of people attended once
- 26 (5.2%) of people attended between two and five times
- 15 (3%) of people attended more than 5 times

Of the total people completing the survey, 63 patients had attended the branch surgery in the last year it had been open (Dec'21 – Nov'22) they lived in the following areas.

- 42 in Wetherby
- 13 in Harewood
- 12 in other villages

Of those who had attended five times or more, four came from Wetherby, three from Harewood, three from East Keswick, and five from other villages.

17 patients felt the closure would have a significant impact on them (8,9,10) and in total 31 thought it would have a negative impact.

The main concern raised was the need to travel further to appointments, the lack of direct public transport from Harewood to Wetherby and the difficulties for the elderly frail population in Harewood.

We also had the following statement from the Harewood Estate in regard to the potential closure of the branch:

“Notwithstanding their position as Landlords of the premises, the family are disappointed to see the closure of the surgery as they see this as a loss of an important service for the local community. The family were keen to see the provision of this healthcare service, for village residents to continue. It is regrettable that funding could not be sourced so that the building could be updated internally to meet modern healthcare standards and continue to be of service to the village.”

How many patients use online services to access their surgery.

Of the patients that responded 304 indicated they used online services, and 194 indicated they didn't.

The main blocks to using online services were:

- Patients found it easier or preferable to use the telephone or call into surgery.
- Patients were not aware that the online service was available.
- Patients had tried to use the service and had a poor experience, either no appointments available, or medication didn't get processed.
- Patients have no internet access.

Things that patients like about their current surgery

There were a number of things that patients liked about their current surgery; some was very personal about care received but the running themes were:

- Being a local service
- Friendly and helpful staff
- Good care

Things that patients would like to change about their surgery

Unsurprisingly this has mirrored a lot of the concerns raised before about increasing availability of appointments, continuity of staff and an improvement in telephone answering and access.

Key themes and recommendations

Theme/issue	Comments	Responses
Access to appointments	With the increased number of patients will this result in increased difficulty in getting an appointment	Whilst the merged practice will be bigger than the two individual practices, it will be no bigger than the number of patients we are dealing with now. The number of appointments offered will not be reduced from the current position and we hope to additional services available. It may however mean that these services are at a different site to the one the patient usually attends
	Being able to get an appointment at the site that is most convenient to me.	Patients at both sites are concerned that patients from the other surgery will 'use up' availability at the site that is nearest to them and thus make it more difficult for them. Whilst we cannot make a guarantee on this point, the overall number of appointments will not reduce and seems most likely that patients will continue to want to access care at the site they currently attend. Whilst a small number may choose to use the new site to them, it seems likely numbers would offset each other. This is certainly something we will monitor in the early stages should the merger go ahead.
	Will I have to wait longer for an appointment with the merged practice	As above the merged practice will not be any bigger than the two surgeries now and appointments available will be at least the same as now so wait times should not increase. Again, this is something we will monitor closely should the merger happen
	There are already long wait times when calling the practice – concerns this will increase if the practice merges. Particular concerns from Bramham patients that are currently answered in a call centre at South Milford	The plan on merging is that all telephone calls will be answered at Wetherby Surgery. We are currently starting recruitment of additional staff to do this. South Milford will no longer be used for the call answering,
Continuity of Care & Staffing	Will I be able to see the same GP for continuity of care	Patients at Wetherby Surgery have had increased levels of locum clinicians up to our take over and this has led to a lack of continuity. We have recruited 3 permanent GP's and one long term locum GP. For Bramham, all the GP's that currently work there will be staying with the merged practice.

		<p>The nursing team is now almost complete and again we are retaining all Bramham nursing team.</p> <p>We hope that this will deliver good continuity of care for patients</p>
	Will the merger mean reduced staffing levels to currently	No there is no plan to reduce current staffing levels, in fact they have increased for both surgeries in recent months
Bramham	Concern that the merger is a precursor to the closure of Bramham surgery	<p>There are absolutely no plans to close Bramham, it will continue to be open 5 days a week delivering services.</p> <p>We need all the clinical and administrative space available to us so would not want to close/lose the building asset at Bramham</p>
	Concern that patients will have to travel further for appointments	As above the surgery at Bramham will be open as it is now, we have started to put additional clinics on for Bramham patients at Wetherby, but these are extra to current provision. There is no clinical room capacity at Bramham at present so we cannot put more sessions on there.
Harewood Closure	<p>Patients living locally to Harewood are concerned about the closure of the branch surgery as this makes access to care more difficult for them for a number of reasons</p> <ol style="list-style-type: none"> 1. Lack of public transport to Wetherby from Harewood 2. More travelling involved when accessing care – taking time and increased costs 3. Concerns for the future when they aren't able to travel easily 4. Concerns for the elderly and vulnerable accessing care 	<p>Clearly closing of a branch surgery will inevitably impact negatively on those who live close to the branch and have used it when it was open.</p> <p>The village of Harewood is not well served by public transport at all and this will make accessing care more difficult if they do have access to a car themselves or cannot get lifts from family or friends. Whilst telephone and video appointments will be available for patients, these are not always appropriate and not easy for the elderly, vulnerable or deaf.</p> <p>There is no easy answer to this, but we will work with partners (ICB, LCC) to explore any support that might be available</p>
	Can funding be found to make the branch surgery fit for purpose to CQC standards	Unfortunately, there is no identifiable funding for this at present and should estate funds become available it is likely a small branch surgery would not be allocated the funds required against main sites across the city and West Yorkshire

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