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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 10 January 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 20 January 2020** in the Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a horizontal line.

Simon Hobbs
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 25 November 2019

4. Public Questions (30 minutes maximum in total) (Pages 7 - 8)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions attached to this agenda.)

5. Pilsley Surgery Consultation Report Update (Pages 9 - 92)

6. Light House Integrated Disabled Children's Residential Short Breaks Service Update (Pages 93 - 124)

7. Joined Up Care in Belper Update presentation

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 25 November 2019.

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Burfoot, C Dale (substitute Member), L Grooby, G Musson and I Ratcliffe (substitute Member).

Also in attendance were: Carol Ford, Michelle Halfpenny, Anne Hayes, Rob Lowe and Abid Mumtaz (Derbyshire County Council) and Helen Henderson-Spoors (Derbyshire Healthwatch)

Apologies for absence were submitted on behalf of Councillors S Bambrick, S Blank and A Stevenson.

31/19 COUNCILLOR ALISON FOX The Chairman invited all to stand to observe a minute's silence following the death of Councillor Alison Fox. Councillor Fox had previously been a member of the Committee.

32/19 MINUTES RESOLVED that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 16 September 2019 be confirmed as a correct record and signed by the Chairman.

33/19 PUBLIC QUESTIONS Question to the Committee from Catherine Mears: Is the Committee satisfied that the CCG and DCHS Trust have addressed all the concerns expressed by the public in recent weeks about the reduction of community nursed beds (pathway 3) at Ilkeston Community Hospital?

Councillor D Taylor responded as follows:

It is my intention as Chairman of this Committee to keep a watching brief on the redesign of clinical pathways in Erewash to ensure that appropriate support is available when patients are discharged from hospital.

At its meeting on 16 September this Committee received an update on the re-design of clinical pathways in Erewash and, at that meeting, Committee Members raised concerns and recognised that the success of the model hinges on whether all the elements of the system are working effectively and whether the demand profiling for bedded care is accurate. Due to these provisos the Committee has asked the CCG to provide further information and report back to the Committee within six months of the approach being implemented.

Supplementary question from Catherine Mears:

Do you not consider that an update every six months is inadequate? A Working Group meeting was held in May to obtain the views and concerns of local residents regarding the financial recovery plan and several issues were raised. One of these issues was the Health Visitor Service and we have not seen any update or review. Is this review still 'live'?

Councillor D Taylor responded as follows:

There have recently been some staffing issues but we are still monitoring this situation and we will report back accordingly.

Question from Mrs Patricia Kerrison:

Mrs Kerrison was unable to attend the meeting so the Chairman read the question and answer to the meeting:

Derby & Derbyshire CCG have recently undertaken a review of the MI- E - Cough Assist Machine policy. The CCG has concluded that it will not support the routine commissioning of these machines for people who are living with neuromuscular conditions. However, it is accepted that respiratory difficulties are a widespread feature of neuromuscular conditions and can often result in a weakened cough. The CCGs response is contrary to clinical evidence which is verified in several policy documents, including the NHS England's Service Specification for Neurosciences: Specialised Neurology (Adult) D04/S/A, and to the position of specialist healthcare professionals the East Midlands Neuromuscular Clinical Network.

Can the committee respond as to why Derby & Derbyshire CCG have implemented a policy which may cause significant respiratory difficulties for people who live with neuromuscular conditions? How can the CCG ensure that all people living with a neuromuscular condition and who require the use of such machines, will have access to one?

Councillor D Taylor responded as follows:

The Committee had sort clarification from the CCG as to whether the CCG had changed policy and removed a type of treatment. In response, the Committee had received assurance from the CCG that this was not the case and that, following a review, they were continuing to implement existing policy.

The CCG provided the following information:

"As you are aware, prior to April, Derbyshire had four NHS clinical commissioning groups and each individual CCG had a policy in place to ensure Derbyshire patients receive clinically approved support and treatment for their conditions, and this may include cough augmentation techniques from therapists. Insufficient evidence supporting routine use of Mechanical Insufflation-exsufflation (MI-E) for patients with neuron muscular dystrophy

(NMD) or spinal cord problems meant this was never in the standard treatment pathways.

Following the establishment of the single NHS Derby and Derbyshire CCG on 1 April 2019, these individual policies were reviewed, taking into account new evidence developed since 2017 when they were previously refreshed. Opinions were also considered from consultants and other professionals as part of the engagement on this policy. The CCG's Clinical Policy Advisory Group – which is led by clinicians – met in June to consider all the information and found there was no new significant or robust evidence to change the existing commissioning decisions. This was later ratified by the CCG's Clinical and Lay Commissioning Committee.

In exceptional circumstances, where a clinician demonstrates the patient can find significantly greater benefit from the mechanical insufflation-exsufflation device than other patients, there is still the possibility of receiving this treatment via an Individual Funding Request (IFR) so it is potentially available to patients, but it is not routinely offered.”

Members suggested that further clarification was required in relation to receiving and responding to public questions and that the Committee's role be reviewed.

34/19 PUBLIC HEALTH UPDATE – ORAL HEALTH OF 5 YEAR OLDS

Anne Hayes from Public Health attended the meeting to provide members with a presentation on oral health in Derbyshire, with a particular focus on the oral health survey of five year old children.

Members were informed of which district and which electoral division had the most decay compared to the rest of Derbyshire. It was also highlighted that the most deprived areas had a significantly higher severity and prevalence of dental decay. More families needed to be encouraged to take their children to the dentist as soon as teeth started to appear, and examples of how this could be achieved and the advice that was being provided was presented.

The committee was afforded the opportunity to ask questions on all aspects relating to the presentation and these were duly noted or answered by Ms Hayes.

The Chairman thanked Anne Hayes for her informative presentation.

35/19 PUBLIC HEALTH UPDATE – IMPROVING HEALTHY LIFE EXPECTANCY

Anne Hayes provided Members with an update on improving healthy life expectancy: a life course approach to prevention. Members were informed of the main areas of focus from pre-conception to 70 plus.

One of the main areas of concern highlighted by Members was social isolation, particularly following the loss of a partner. This was a greater problem in rural areas. Anne Hayes explained the work that was being undertaken with agencies, district councils and Adult Care to try and socially re-connect people and proactively offer help in this situation, for example lunch clubs. However, there was a great deal of work still to be done in this area.

Reference was made to vision screening which was undertaken in schools when a child commenced education. Section 75 work had looked at the the 0-19 years' service. Vision screening provided in schools had ceased in most areas of England and this service was also going to stop in schools in Derbyshire. However, vision screening was not a full vision test and could only detect whether a child had a squint. Parents would now be encouraged to take their children to a High Street optometrist for a comprehensive check.

The Chairman, once again thanked Anne Hayes for her presentation.

36/19 VOLUNTARY AND COMMUNITY SECTOR GRANTS REVIEW

Rob Lowe from Policy and Research attended the meeting to update Members on the Council's review of voluntary and community sector funding.

On 28 February 2019, Cabinet agreed plans to undertake a council wide review of VCS grants. It was agreed that the review would:

- Consider all grants provided by the Council to VCS organisations in Derbyshire and subsequently develop a coordinated and consistent council wide approach to allocate future resources
- Consider the support provided by the Council to VCS infrastructure organisations across Derbyshire, in collaboration with partners, and develop a new model for allocating funding moving forward which supported the Council's ambitions and priorities.

Since February 2019, the Council had undertaken a review of the grants currently provided to voluntary and community sector organisations and a proposal for the future delivery of VCS infrastructure support, was now in development. Work to undertake and complete the review would take place over the next twelve months with a number of key identified milestones. The proposed end date for completion and implementation of the infrastructure review was August 2020, with the wider grants funding review expected to be completed and implemented by September 2020.

Engagement with partners such as CCGs and district and borough councils had already taken place and it was expected that a report would be submitted to Cabinet early in the New Year, seeking approval to consult on the proposals with other key stakeholders.

On behalf of the Committee, the Chairman thanked Rob Lowe for his most informative presentation.

RESOLVED to note the progress made on the review of the Council's voluntary and community sector grants.

37/19 DERBYSHIRE HEALTHWATCH CARERS REPORT Helen Henderson-Spoors from Healthwatch Derbyshire (HWD) attended the meeting to present the Carers Report – understanding the quality of life for carers in Derbyshire.

Derbyshire County Council (DCC) had carried out the biennial Survey of Adult Carers in England (SACE) which sought the opinions of adult carers, caring for an adult 18 and over, on a number of topics that were considered to be indicative of a balanced life alongside the unpaid caring role. The survey was designed to help the adult social care sector understand more about how services were affecting carer's lives.

On a national level, the SACE had suggested very little movement in terms of improving outcomes for carers and had shown a steady decline in the last five years in overall satisfaction on what was, in survey terms, already at a low level. Locally, the SACE had also reflected a gradual decline in satisfaction, which was hard to unpick given the tick box nature of the survey, leaving DCC with some gaps in their knowledge and understanding of carers' quality of life.

As a result, between January and March 2019, HWD engaged with carers both in, and not in, receipt of services to explore their views and experiences around the themes of the SACE. In total the engagement team had spoken 428 carers about their experiences and the key findings were highlighted. The information presented would help DCC to understand the challenges faced by carers and how they could best plan and respond to them across the system.

It was understood that the Improvement and Scrutiny – People Committee would be seeking updates about the DCC's Adult Care actions identified in the report and it would be helpful if these updates were shared with this Committee.

The Chairman thanked Helen Henderson-Spoors for her presentation.

38/19 EXCLUSION OF THE PUBLIC **RESOLVED** to exclude the Public from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of exempt information detailed in the following summary of proceedings:

**SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC HAD
BEEN EXCLUDED FROM THE MEETING**

1. To confirm the exempt minutes of the meeting held on 16 September 2019 (contains exempt information).

39/19 **MINUTES RESOLVED** that the exempt Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 16 September 2019 be confirmed as a correct record and signed by the Chairman.

Procedure for Public Questions at Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (ie 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (ie 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.



Pilsley Surgery Consultation Report

**Derbyshire Health Improvement &
Scrutiny Committee
20 January 2020**

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Executive Summary

The purpose of this report is to provide feedback on the public consultation on the proposed closure of Pilsley Surgery, which is a branch Surgery of Staffa Health.

A 60 day consultation ran from 24th June 2019 to 23rd August 2019. The aim of the consultation was to gather the views of patients, stakeholders and the wider public to understand the potential impact of the proposed closure of the branch Surgery.

Background

Staffa Health is a GP Practice in Derbyshire with 16,850 registered patients. It comprises the primary site in Tibshelf and three branch surgeries in Holmewood, Pilsley and Stonebroom.

In common with other Practices throughout the country Staffa Health has experienced a reduction in the number of GPs working for the Practice and recruitment to vacant GP posts has been challenging for over 3 years. Alongside this the Practice has experienced an increase in its registered population due to new housing developments in its the catchment area.

While the lack of recruitment of GPs has caused the Practice to consider how it is operating over multiple sites, the Practice also has aspirations to redesign the way it delivers care to its patients in line with the new longer term NHS Strategy.

A reduction in the number of sites would lead to the longer term sustainability of the Practice because it would allow a redesign of some aspects of care delivery by co-locating staff on fewer sites.

Examples of the benefits that a reduction in the number of sites would bring include:

- ② Ability to improve access to same day urgent care through a re-designed urgent care model that puts the GP at the centre of the process and involves a range of multi-disciplinary team members seeing and treating patients. The GP would triage the majority of patients and be responsible for the supervision and debrief of the team involved with providing the direct care.
- ② Greater ability to skill-mix and develop a high quality workforce.
- ② Greater ability for the Practice to maintain and expand its Training Practice commitments of supporting doctors, nurses, pharmacists and other clinical practitioners in training, by having a GP responsible for the supervision of more than one trainee on a larger site. This increases appointments for patients and also supports the training and development of a future Primary Care workforce.
- ② Fewer sites makes the Practice a more attractive place to work as a GP due to a more supportive and less isolated working environment which is likely to improve recruitment and retention.
- ② Fewer sites makes the Practice a more attractive Practice to join as a Partner due to a more supportive and less isolated working environment and reduced capital investments costs.

- ☐ Ability to review timing of GP and nurse sessions which could enable appointments during lunch times and/or earlier in the morning benefiting both patients and staff.
- ☐ Improved continuity of care for patients as staff are stretched less thinly across fewer sites.
- ☐ Arrangements for call answering, administration and reception staffing can be reviewed leading to improvements and reduced waiting times on the telephone for patients making enquiries and bookings.

The Practice therefore submitted an application to the Hardwick Clinical Commissioning Group Primary Care Co-commissioning Committee in March 2019 to close the Pilsley Surgery to allow it to operate from fewer sites. The Primary Care Co-Commissioning Committee considered the application on Wednesday the 20th March 2019. The Committee confirmed that the branch closure was agreed 'in principle' subject to patient, staff and stakeholder engagement taking place. The Committee suggested an engagement period of 60 days due to the work involved in a full engagement process.

The Committee requested a follow up report with the results and feedback received from the patients, staff and stakeholder engagement. This is to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.

Consultation Process

The 60 day consultation ran from 24th June 2019 to 23rd August 2019. A robust range of feedback approaches was utilised during the Consultation period. These included meetings with staff, stakeholders and the Patient Participation Group. A letter was to all patients explaining the reasoning behind the proposal, with a Frequently Asked Questions sheet and a Questionnaire to allow them to feedback their views. A text message was sent to all Staffa Health patients to raise awareness of the Consultation and give them information about how they could get involved. Three face-to-face drop-in sessions were held at Pilsley Surgery for patients and stakeholders to discuss the proposal and offer their views.

Consultation Response

A total of 951 responses were received by the Practice during the Consultation period. These include:

- ☐ 879 responses to the survey
- ☐ 51 people attending public drop-in meetings
- ☐ 21 letters or email correspondences.
- ☐ A petition containing 592 signatures

Feedback from patients and stakeholders has been summarised and a full analysis is presented in the Consultation Report.

The main concerns about the proposal that were raised were:

- ☐ Travel and transport - accessing alternative Staffa Health locations
- ☐ Car parking pressures
- ☐ Access and capacity
- ☐ Loss of local Pharmacy
- ☐ Loss of other, non-appointment based Primary Care services
- ☐ Impact on vulnerable people
- ☐ Negative impact on the village
- ☐ Increasing village population
- ☐ Inappropriate use of other services or not accessing services
- ☐ Conflict of interest / the process
- ☐ Rationale / information provided in the Consultation
- ☐ Carbon footprint
- ☐ Availability of other GP services

Patients and Stakeholders also suggested ways that their concerns could be mitigated, for example:

- Workforce – e.g. recruit more GPs or nurses, staff to increase their hours and not retire early, offer better incentives to GPs to join or to stay, train more GPs
- ☐ Share reduction in hours across all 4 sites or close a different site
- Transport – e.g. more frequent direct bus service, free transport
- Service redesign – e.g. nurse led service, pop up/mobile surgeries, provide more home visits, video consultations, later Surgery opening times or Saturdays, automatic repeat prescriptions, reduce waiting time for appointments, ensure appointments at other sites fit round bus timetable, co-ordinate appointments so patients don't have to make multiple trips
- ☐ Improve facilities at the remaining 3 sites - invest in a new modern facility for Tibshelf, increase car parking provision at other sites, staff to park off-site
- ☐ Keep the Surgery open
- Other – e.g. reduce the number of patients who do not turn up for appointments, less paperwork for GPs, increase NHS funding, do not take on new patients, another Practice to take over Pilsley Surgery, community to run the Surgery, enhance the Pharmacy or ensure it stays open, reassurance other surgeries won't close, have a box at Pilsley for dropping prescriptions off
- No solution - not concerned, can't think of a solution, nothing can be done

Practice Decision and Next Steps

The Practice have listened to the feedback raised during the Consultation and heard a number of alternative suggestions that either avoided a closure or reduced the risks associated with the closure.

The Practice has decided to continue the application process to close the Pilsley Surgery as we believe continuing to staff 4 surgeries would mean the sustainability of the overall service would remain at risk. Moving all staff to other sites will make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

The Practice seeks agreement from the Primary Care Co-Commissioning Committee to close Pilsley Surgery, but to postpone the overall closure for 1 year from the date agreement is given. This time-period will allow us to undertake some work on our premises to increase the number of clinical rooms at Tibshelf and continue to seek solutions to the car parking issues.

During this year-long period we propose to reduce the sessions at Pilsley Surgery to three half days per week or one full day and one half day, depending on staffing availability. We will endeavour to reserve the appointments provided at the Pilsley Surgery for Pilsley patients who would find it difficult to travel to other sites.

Having considered the suggestions that were made in the Public Consultation the Practice will offer the following mitigations to reduce the risks to patients at the point the Surgery closes in full:

- ❑ Redesign the service to help the Practice provide an increase in capacity overall e.g. relocating a GP to provide additional capacity to triage demand for same day urgent care
- ❑ Work with the Pharmacy to look at ways we could provide some services to patients from the Pharmacy site
- ❑ Implement more telephone consultations, on-line and video consultations
- ❑ Support patients to access online consultations
- ❑ Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend for a review once a year for all of their long term conditions and medications
- ❑ Ensure appointment timings take into consideration availability of bus travel and transport, and the reliability of the service is accepted as a reason patients may be late to appointments
- ❑ Continue to push for improved car parking arrangements at other Practice sites
- ❑ Identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail elderly, mentally ill and those with long term illness
- ❑ Continue to invest in an appropriate amount of home visiting capacity to support the housebound and frail elderly and any increase that may arise
- ❑ We will not reduce clinical resources. Staff that are currently employed will remain in post, but they will be relocated
- ❑ We will continue to try to recruit quality staff to our vacancies
- ❑ Continue to review operational models, timing of appointments, appointment types and methods and administration systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to Surgery

- ② We will continually monitor the impact of the closure and implement new mitigations or supportive solutions to our Pilsley patients wherever possible.

The report will be presented to Primary Care Co-Commissioning Committee of NHS Derby and Derbyshire Clinical Commissioning Group in January 2020.

1. Introduction

The purpose of this report is to provide feedback on the public consultation on the proposed closure of Pilsley Surgery, which is a branch Surgery of Staffa Health.

A 60 day consultation ran from 24th June 2019 to 23rd August 2019. The aim of the consultation was to gather the views of patients, stakeholders and the wider public to understand the potential impact of the proposed closure of the branch Surgery.

2. Background

Staffa Health is a GP Practice in Derbyshire with 16,850 registered patients. It comprises the primary site in Tibshelf and three branch surgeries in Holmewood, Pilsley and Stonebroom.

In common with other Practices throughout the country Staffa Health has experienced a reduction in the number of GPs working for the Practice and recruitment to vacant GP posts has been challenging for over 3 years. Alongside this the Practice has experienced an increase in its registered population due to new housing developments in its catchment area.

In December 2017 a Salaried GP resigned from the Practice; in July 2018 a GP Partner resigned and in April 2019 a second GP Partner resigned from the Practice. Other Partners have reduced their hours and recruitment to the Practice's vacant GP posts has only been partially successful. Analysis of GP session time since 2016 shows that the Practice was down by 5 sessions of GP time per week at the 1st April 2019 compared to 3 years previous. At the 1st December 2019 this is 6 sessions.

The Practice has a policy to only provide services to patients in any Surgery when there is a GP on the premises. With the reduction in GP numbers, staffing 4 sites with a GP has become increasingly difficult and at times this hasn't been achievable. In 2017 the Practice reduced sessions in two of the branch surgeries when servicing the branches had become more difficult for the Practice.

In 2018 the Practice resorted to using Locums to cover at some branch sites, increasing locum spend and overall costs for the Practice considerably.

In 2018 the Practice has employed 3 trainee Advanced Clinical Practitioners to provide home visits and appointments which has helped with capacity to some extent.

While the lack of recruitment of GPs has caused the Practice to consider how it is operating over multiple sites, the Practice also has aspirations to redesign the way it delivers care to its patients in line with the new longer term NHS Strategy.

A reduction in the number of sites would lead to the longer term sustainability of the Practice because it would allow a redesign of some aspects of care delivery by co-locating staff on fewer sites.

Examples of the benefits that a reduction in the number of sites would bring include:

- Ability to improve access to same day urgent care through a re-designed urgent care model that puts the GP at the centre of the process and involves a range of multi-disciplinary team members seeing and treating patients. The GP would triage the majority of patients and be responsible for the supervision and debrief of the team involved with providing the direct care.
- Greater ability to skill-mix and develop a high quality workforce.
- Greater ability for the Practice to maintain and expand its Training Practice commitments of supporting doctors, nurses, pharmacists and other clinical practitioners in training, by having a GP responsible for the supervision of more than one trainee on a larger site. This increases appointments for patients and also supports the training and development of a future Primary Care workforce.
- Fewer sites makes the Practice a more attractive place to work as a GP due to a more supportive and less isolated working environment which is likely to improve recruitment and retention.
- Fewer sites makes the Practice a more attractive Practice to join as a Partner due to a more supportive and less isolated working environment and reduced capital investments costs.
- Ability to review timing of GP and nurse sessions which could enable appointments during lunch times and/or earlier in the morning benefiting both patients and staff.
- Improved continuity of care for patients as staff are stretched less thinly across fewer sites.
- Arrangements for call answering, administration and reception staffing can be reviewed leading to improvements and reduced waiting times on the telephone for patients making enquiries and bookings.

The Practice therefore submitted an application to the Hardwick Clinical Commissioning Group Primary Care Co-commissioning Committee in March 2019 to close the Pilsley Surgery to allow it to operate from fewer sites.

3. Proposal

The Practice is proposing the closure of the branch Surgery in Pilsley. This is the only Surgery from the 4 current Staffa Health sites that would close. There has previously been consideration of a longer term strategy to reduce the number of sites to 1 in future, however this has now been discounted.

Pilsley is the Surgery nominated because it has the closest proximity to other GP services. The other 3 Staffa Health sites are located within a few miles radius of Pilsley and many patients already travel to these other sites. There is hourly public transport from Pilsley to Stonebroom or Tibshelf. Pilsley is also the smallest of the 4 Staffa Health sites, with the fewest patients registered there.

The Practice would not be asking any patients to leave the Practice. Patients would still have the choice to access all General Practice services at the remaining 3 sites at Tibshelf, Stonebroom and Holmewood and would continue to be registered with Staffa Health.

All staff would be retained and the appointment time they currently provide at Pilsley would be transferred to the other surgeries.

The Practice recognises that not all patients would be able or willing to travel to one of the other surgeries. Any patients who may choose not to remain registered with Staffa Health would be fully supported and offered advice on how to re-register with a different Practice.

To help improve access, telephone appointments and on-line consultations would be offered to patients where appropriate. Home visits would continue to be provided for patients where they are medically necessary, in accordance with the Practice's home visiting policy.

The Practice applied to the NHS Hardwick Clinical Commissioning Group Primary Care Co-commissioning Committee to close the Pilsley site in March 2019. The Primary Care Co-Commissioning Committee considered the application on Wednesday the 20th March 2019. The Committee confirmed that the branch closure was agreed 'in principle' subject to patient, staff and stakeholder engagement taking place. The Committee suggested an engagement period of 60 days due to the work involved in a full engagement process.

The Committee requested a follow up report with the results and feedback received from the patients, staff and stakeholder engagement. This is to include evidence of the Practice acting on any reasonable recommendations made during the engagement process.

4. Format of the Consultation

The 60 day consultation ran from 24th June 2019 to 23rd August 2019.

A robust range of feedback approaches was utilised during the Consultation period:

- Meetings with affected staff prior to the Consultation launch
- Involvement of the Staffa Health Patient Participation Group prior to the consultation launch, in discussions about the Consultation and the Communications and Engagement Plan
- Letter to all Pilsley households with a registered patient, explaining the reasoning behind the proposal and inviting them to provide their views during the Consultation period (Appendix 1). A Frequently Asked Questions sheet (Appendix 2) and a Questionnaire were included with the letter (Appendix 3)
- Letter to patients registered at Stonebroom, Holmewood or Tibshelf sites who had visited the Pilsley Surgery in the preceding 12 months (Appendix 1). A Frequently Asked Questions sheet (Appendix 2) and a Questionnaire were included with the letter (Appendix 3)
- Text message to all Staffa Health patients with a registered mobile phone (14,062) alerting them to the Consultation and inviting them to participate
- Three face-to-face drop-in sessions held at Pilsley Surgery
- Telephone discussions with the Practice Manager
- Email / letter/ telephone communication to key stakeholders including MPs, local Councillors, local Pharmacy Manager, neighbouring GP Practices
- 4 Meetings with local Councillors at the Surgery or Community venues
- Staffa Health website and social media publicity
- Posters in all surgeries and community areas such as the Pilsley Community Hall, local shop, café etc.

- Attendance at 'Nosh and Natter' Group at the Pilsley Community Hall
- Attendance at Derbyshire Health Improvement and Scrutiny Committee.

An overview of the communications approach can be found in Appendix 4.

5. Consultation Response

A total of 951 responses were received by the Practice during the Consultation period. These include:

- 879 responses to the survey
- 51 people attending public drop-in meetings
- 21 letters or email correspondences.
- A petition containing 592 signatures

The main themes of the feedback patients and stakeholders told us for each type of response is summarised below.

5.1. Survey Results

A total of 879 survey responses were received. Responses to the survey were captured in paper form or on-line. 557 patients/stakeholder filled in a paper questionnaire. 322 responses were received on-line.

The responses have been collated and each question has been summarised below.

5.1.1. Question 1: 'I am... patient / carer / relative / friend / stakeholder...etc'

The majority of responders were patients, 11 were carers and one was a stakeholder.

Figure 1: Question 1 – all responses

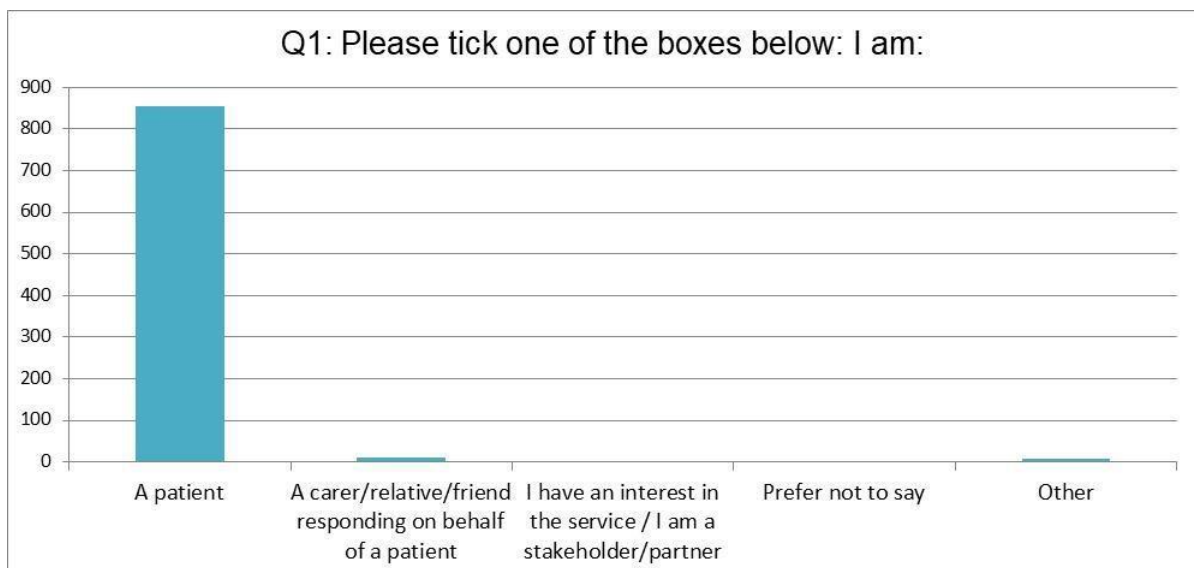
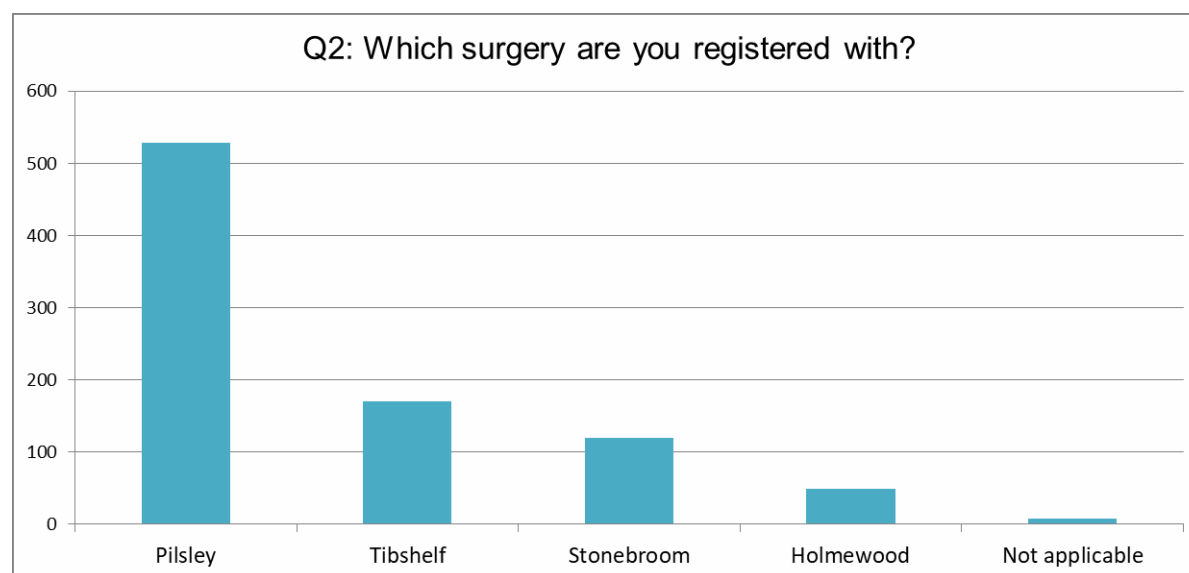


Table 1: Question 1 – all responses

Answer Choices	Responses	
A patient	97.37%	853
A carer/relative/friend responding on behalf of a patient	1.26%	11
I have an interest in the service / I am a stakeholder/partner	0.11%	1
Prefer not to say	0.34%	3
Other	0.91%	8
Answered		876
Skipped		3

5.1.2. Question 2: 'Which Surgery are you registered with?'

61% of responders were patients who are registered at the Pilsley Surgery.

Figure 2: Question 2 – all responses**Table 2: Question 2 – all responses**

Answer Choices	Responses	
Pilsley	60.53%	529
Tibshelf	19.45%	170
Stonebroom	13.62%	119
Holmewood	5.61%	49
Not applicable	0.80%	7
Answered		874
Skipped		5

5.1.3. Question 3: 'Which Surgery do you normally go to for appointments?'

Figure 3: Question 3 – all responses

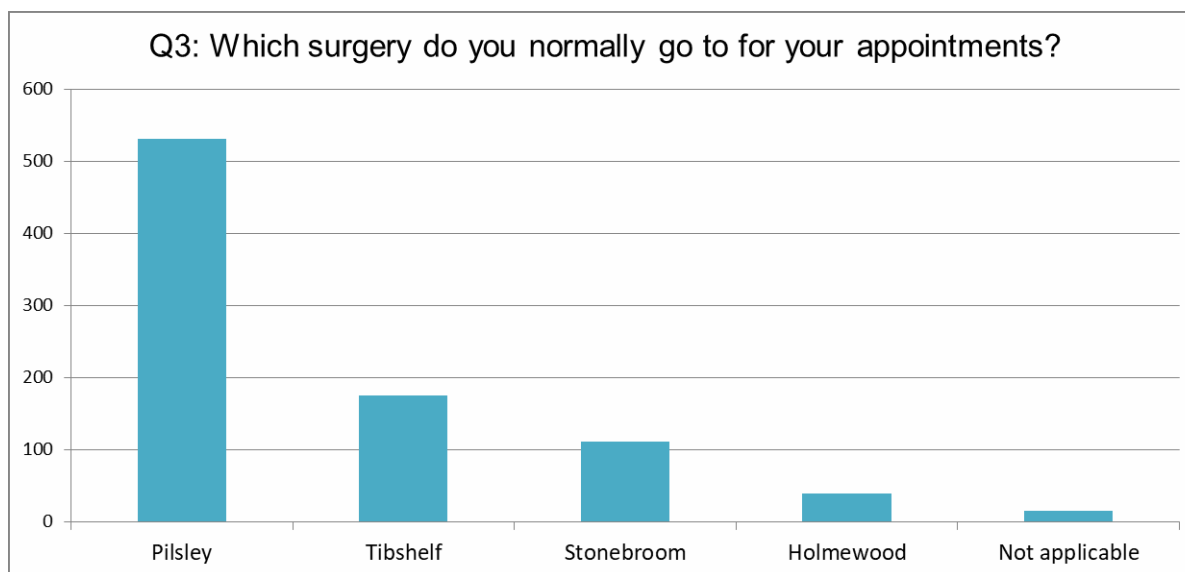


Table 3: Question 3 – all responses

Q3: All responses			
Answer Choices		Responses	
Pilsley		60.89%	531
Tibshelf		20.07%	175
Stonebroom		12.73%	111
Holmewood		4.59%	40
Not applicable		1.72%	15
Answered			872
Skipped			7

Results for patients registered at Pilsley:

525 patients from Pilsley answered question 3 about which Surgery they usually attended for appointments out of the total responses of 872. The usual surgery Pilsley patients tended to use was their local Pilsley Surgery:

Table 4: Question 3 – responses for patients registered at Pilsley only

Q3: Pilsley patients only			
Answer choices		Responses	
Pilsley		96.00%	504
Tibshelf		3.05%	16
Stonebroom		0.57%	3
Holmewood		0.00%	0
Not applicable		0.38%	2
Answered			525
Skipped			4

5.1.4. Question 4: 'In the last 12 months how often have you visited Pilsley Surgery for an appointment or service?'

Figure 4: Question 4 – all responses

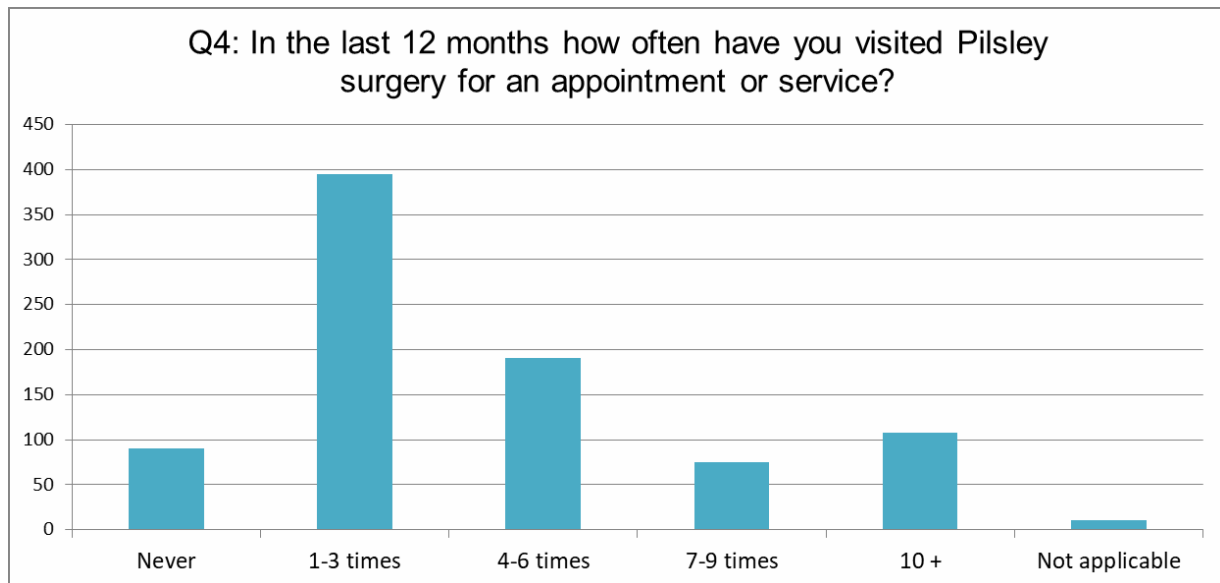


Table 5: Question 4 – all responses

Q4: All responses		Answer Choices		Responses	
Never				10.34%	90
1-3 times				45.40%	395
4-6 times				21.95%	191
7-9 times				8.62%	75
10 +				12.41%	108
Not applicable				1.26%	11
		Answered		870	
		Skipped		9	

Results for patients registered at Pilsley:

521 patients from Pilsley answered this question out of the total responses of 870, and their frequency of visits to Pilsley Surgery was as follows:

Table 6: Question 4 – responses for patients registered at Pilsley only

Q4: Pilsley Patients Only		Answer Choices		Responses	
Never				2.69%	14
1-3 times				34.17%	178
4-6 times				29.94%	156
7-9 times				12.86%	67
10 +				19.19%	100
Not applicable				1.15%	6
		Answered		521	
		Skipped		8	

5.1.5. Question 5: 'How often do you visit one of our other surgeries that is not your normal Surgery for an appointment or service?'

Figure 5: Question 5 – all responses

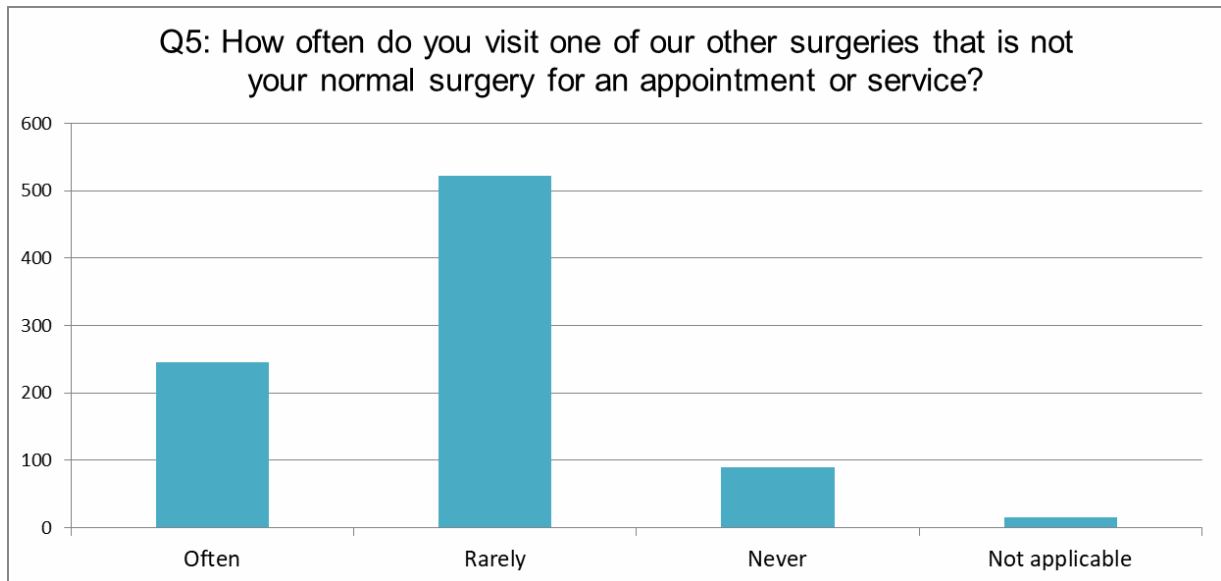


Table 7: Question 5 – all responses

Q5: All responses			
Answer Choices		Responses	
Often		28.06%	245
Rarely		59.79%	522
Never		10.31%	90
Not applicable		1.83%	16
		Answered	873
		Skipped	6

Results for patients registered at Pilsley:

524 patients from Pilsley answered this question out of the total responses of 873. The frequency they visited other surgeries was as follows:

Table 8: Question 5 – responses for patients registered at Pilsley only

Q5: Pilsley Patients Only			
Answer Choices		Responses	
Often		19.08%	100
Rarely		64.89%	340
Never		13.93%	73
Not applicable		2.10%	11
		Answered	524
		Skipped	5

5.1.6. Question 6: 'Do you understand the Practice's need to close the Pilsley Surgery?'

Figure 6: Question 6 – all responses

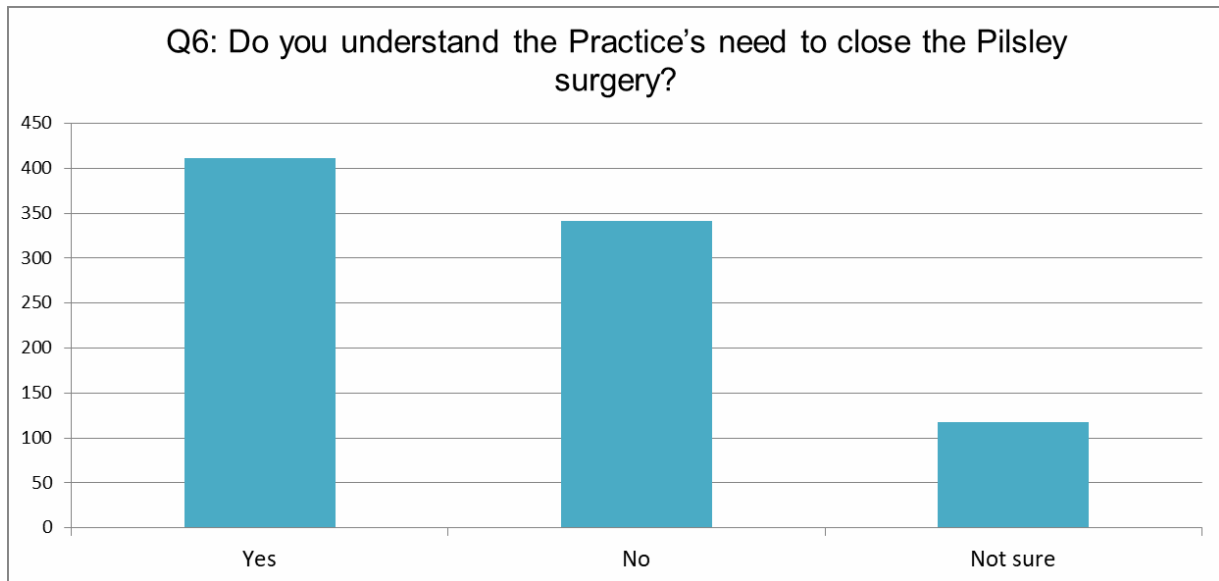


Table 9: Question 6 – all responses

Q6: All responses			
Answer Choices		Responses	
Yes		47.24%	411
No		39.20%	341
Not sure		13.56%	118
		Answered	870
		Skipped	9

Results for patients registered at Pilsley:

524 patients from Pilsley answered this question out of the total responses of 870. Their responses are as follows:

Table 10: Question 6 – responses for patients registered at Pilsley only

Q6: Pilsley Patients Only			
Answer choices		Responses	
Yes		32.25%	169
No		53.82%	282
Not sure		13.93%	73
		Answered	524
		Skipped	5

5.1.7. Question 7: 'Do you support the closure of Pilsley Surgery so that the services can be brought together at Staffa Health's other sites?'

Figure 7: Question 7 – all responses

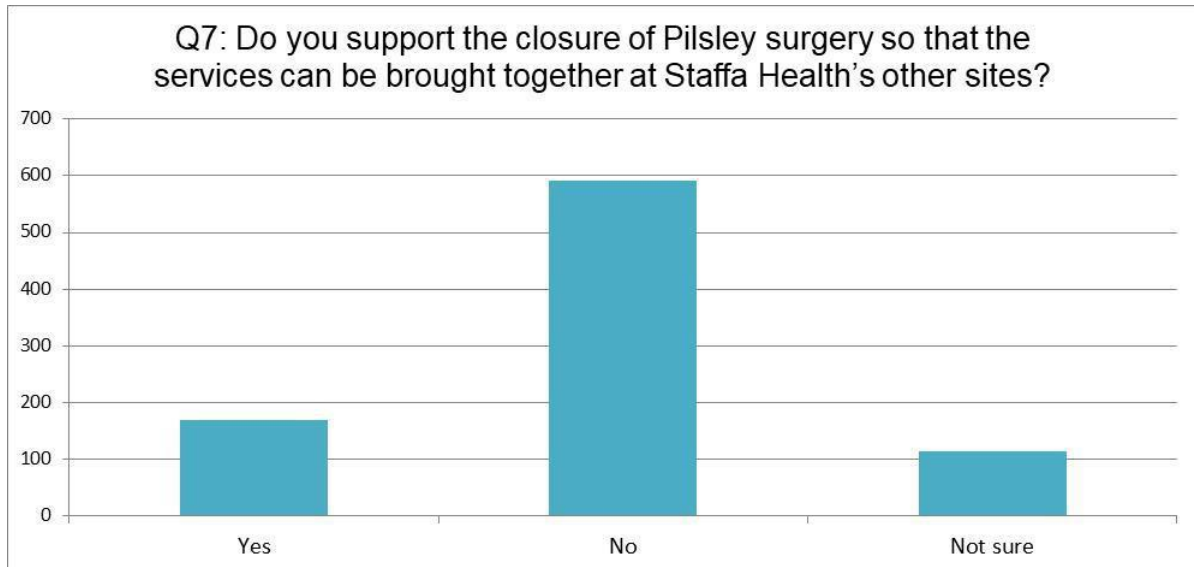


Table 11: Question 7 – all responses

Q7: All responses			
	Answer Choices	Responses	
Yes		19.27%	168
No		67.78%	591
Not sure		12.96%	113
		Answered	872
		Skipped	7

Results for patients registered at Pilsley:

526 patients from Pilsley answered this question out of the total responses of 872 of which:

- 6.65% (35) answered yes (in support of the closure)
- 85.55% (450) answered no (not in support)
- 7.79% (41) were not sure

Table 12: Question 7 – responses from Pilsley patients only

Q7: Pilsley Patients Only			
	Answer choices	Responses	
Yes		6.65%	35
No		85.55%	450
Not sure		7.79%	41
		Answered	526
		Skipped	3

Patients registered at Tibshelf, Stonebroom and Holmewood responded in the following way to this question, with proportionately more patients responding that they were in support of the closure:-

Patients Registered at Tibshelf

- 39.29% answered yes (in support of the closure)
- 44.64% answered no (not in support)
- 16.07% not sure.

Patients Registered at Stonebroom

- 39.83% answered yes (in support of the closure)
- 33.90% answered no (not in support)
- 26.27% not sure.

Patients Registered at Holmewood

- 36.73% answered yes (in support of the closure)
- 36.73% answered no (not in support)
- 26.53% not sure.

5.1.8. Question 8: 'How do you normally get to Pilsley Surgery at the moment?'

Figure 8: Question 8 – all responses

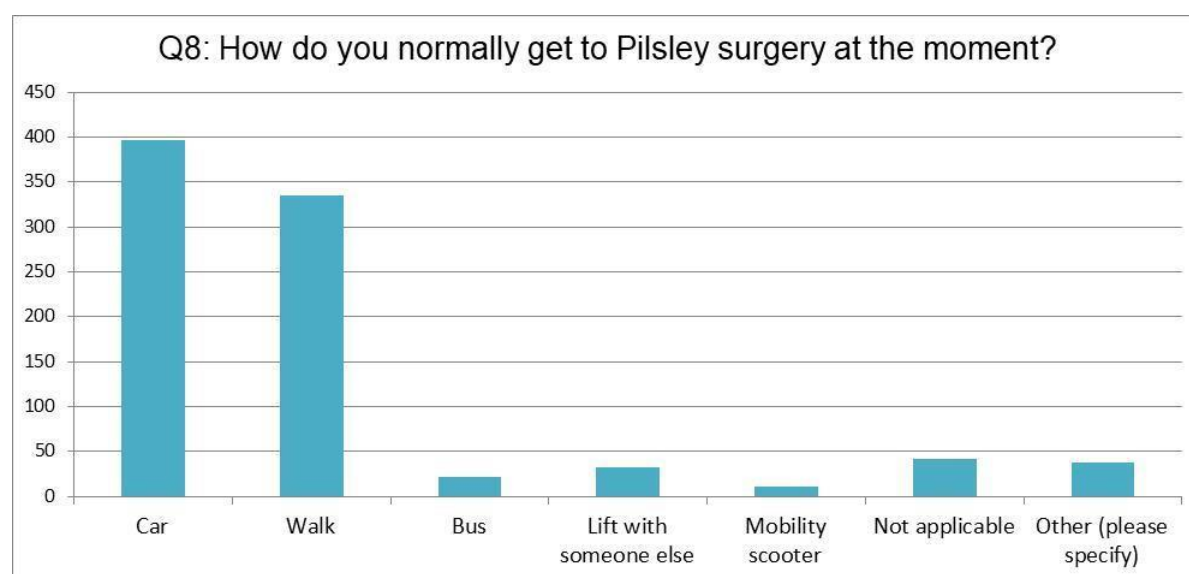


Table 13: Question 8 – all responses

Answer Choices	Responses	
Car	45.37%	397
Walk	38.29%	335
Bus	2.40%	21
Lift with someone else	3.66%	32
Mobility scooter	1.26%	11
Not applicable	4.69%	41
Other (please specify)	4.34%	38
Answered		875
Skipped		4

Results for patients registered at Pilsley:

527 patients from Pilsley answered this question out of the total responses of 875.

Table 14: Question 8 – responses for patients registered at Pilsley only

Q8: Pilsley Patients Only			
Answer choices		Responses	
Car		23.34%	123
Walk		61.29%	323
Bus		2.66%	14
Lift with someone else		4.55%	24
Mobility scooter		1.71%	9
Not applicable		0.19%	1
Other (please specify)		6.26%	33
		Answered	527
		Skipped	2

‘Other’ responses include:

- Taxi
- Home visits
- Combinations of more than one method i.e. car, walk, bus, lift, mobility scooter.

5.1.9. Question 9: ‘In the event of the Pilsley Surgery closing how would you access GP services?’

Figure 9: Question 9 – all responses

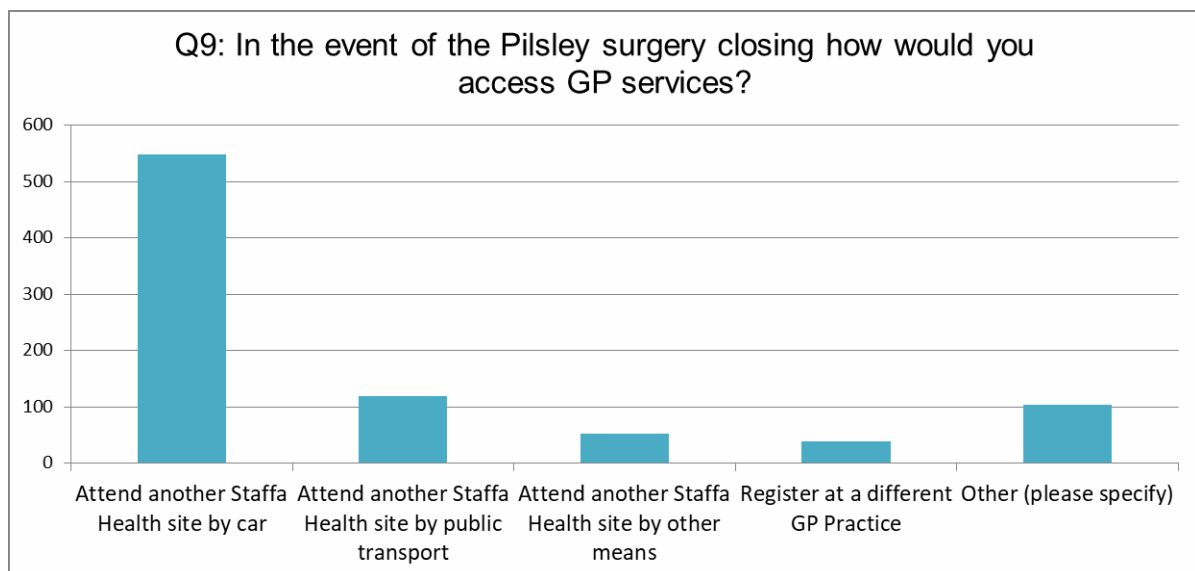


Table 15: Question 9 – all responses

Q9: All responses			
	Answer Choices	Responses	
	Attend another Staffa Health site by car	63.65%	548
	Attend another Staffa Health site by public transport	13.82%	119
	Attend another Staffa Health site by other means	6.16%	53
	Register at a different GP Practice	4.41%	38
	Other (please specify)	11.96%	103
	Answered		861
	Skipped		18

Results for patients registered at Pilsley:

519 patients from Pilsley answered this question out of the total responses of 861:

Table 16: Question 9 – responses for patients registered at Pilsley only

Q9: Pilsley Patients Only			
	Answer choices	Responses	
	Attend another Staffa Health site by car	51.64%	268
	Attend another Staffa Health site by public transport	20.81%	108
	Attend another Staffa Health site by other means	6.17%	32
	Register at a different GP Practice	6.55%	34
	Other (please specify)	14.84%	77
	Answered		519
	Skipped		10

The 'other' responses included comments that explained that patients would do the following to access GP services:

- Use a taxi
- Request a home visit
- Ask family or friends to take me
- Were not sure

5.1.10. Question 10: 'Thinking about the proposed closure of Pilsley Surgery, what impact you consider this will have on you?'

Question 10 on the Consultation questionnaire asked patients and stakeholders what kind of an impact the closure of the Pilsley Surgery would have on them i.e.

- Little or no impact
- Positive impact
- Negative impact
- Not sure
- Prefer not to say

127 people responded to say that the closure of the Pilsley Surgery would have a positive impact on them. However when asked for their rationale about why they provided this answer 102 of the 127 respondents identified reasons which were clearly negative e.g. *'It will take longer to get to and from*

the Surgery for us', 'I would find it much more difficult and expensive to attend other surgeries', 'more difficult to get an appointment at the other surgeries'.

It was therefore decided that these 102 respondents actually viewed the closure as having a negative rather than positive impact and there had perhaps been some misunderstanding of the question wording. The data has therefore been manually re-categorised to reflect this error in response.

Figure 10: Question 10 –all responses

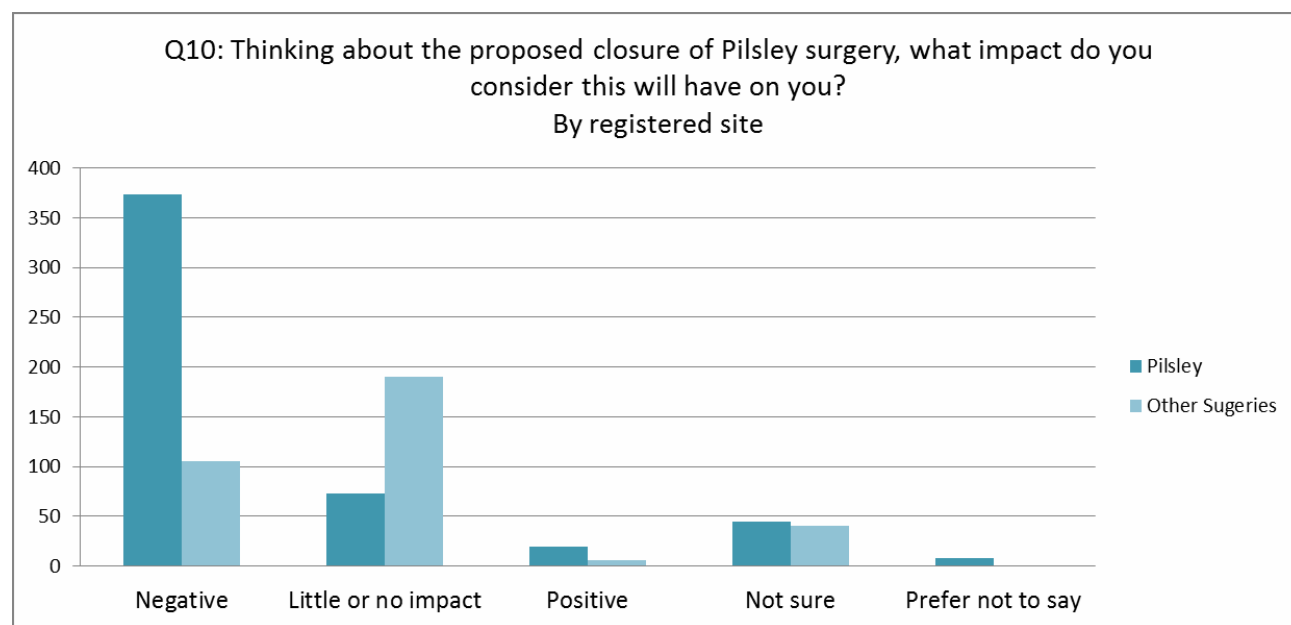


Table 17: Question 10 – all responses

Q10: All responses	Pilsley		Other surgeries or no surgery	
Negative	72.01%	373	30.70%	105
Little or no impact	14.09%	73	55.56%	190
Positive	3.67%	19	1.75%	6
Not sure	8.69%	45	11.70%	40
Prefer not to say	1.54%	8	0.29%	1
	Answered	518		342
	Skipped	11		4

659 patients completed the comments field of this question explaining their reasons for why there was a particular impact on them.

Reasons given by patients for a positive impact related to being able to improve the service and included comments such as:

"As you have said that will be likely to improve availability of doctors and make them less stretched which can only be a good thing"

"GPs and services won't be stretched out between 4 sites. Quality which is already great will be maintained at the other sites. "

The patients who had reported that there would be little or no impact stated that this was because they were generally fit and well, didn't attend very much or already travelled to other sites.

412 people who said that the closure would have a negative impact left a comment. These comments have been categorised into their main themes. Many people responded about impacts on other people e.g. other local residents or relatives rather than the impact on themselves personally.

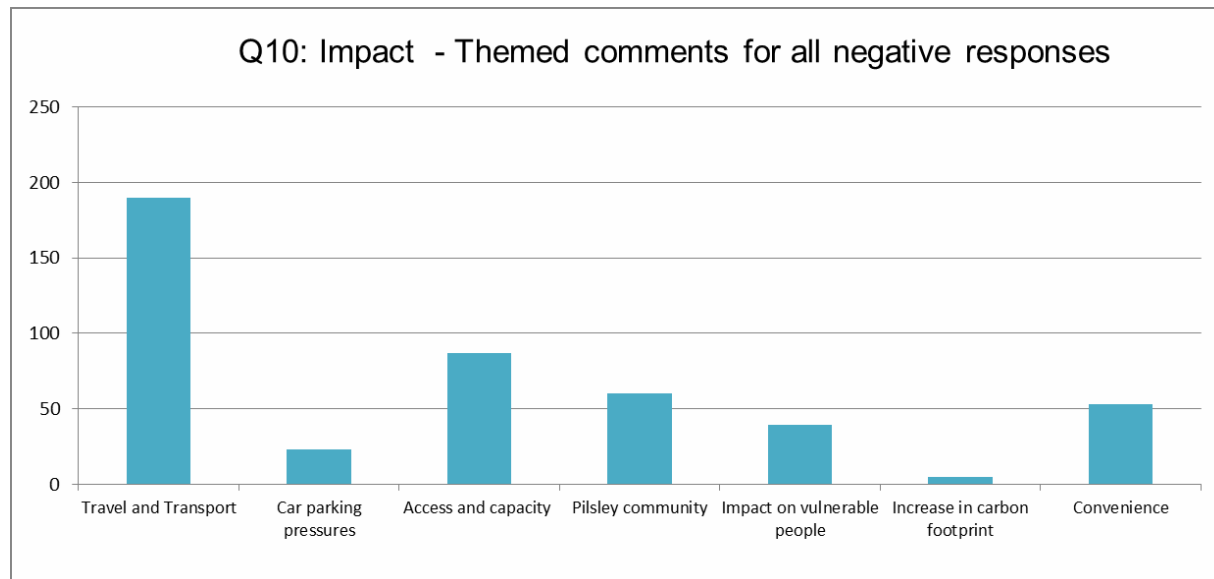
The themes are as follows:

Table 18: Question 10 - Main themes for comments made by people recording a negative impact

Question 10: Main themes for comments made by people recording a <u>negative impact</u>
<p>Travel and transport – accessing alternative Staffa Health locations</p> <ul style="list-style-type: none"> • Infrequent bus service to other • Unreliable bus service • Future bus service not guaranteed • Increases time needed if travelling by bus • Times of buses not matching appointments and no evening buses • Difficulties on public transport for elderly patients or patients with reduced mobility • Weather conditions unpleasant if travelling in winter time • Lack of bus shelters • Walking required from/to the bus stops • Difficult to travel while feeling ill • Stress of travel • Expense of using public transport and taxis • May have to rely on others to take them • Able to drive now but may not in future.
<p>Car Parking Pressures</p> <ul style="list-style-type: none"> • Lack of car parking space at other Staffa Health surgeries.
<p>Access and capacity</p> <ul style="list-style-type: none"> • Extra pressure on Staffa Health's other surgeries/services • Concern there would be longer wait for appointments • Concern there would be fewer appointments and harder to get appointments • Less choice of location • Difficulty ordering and collecting repeat prescriptions if local Surgery was closed.
<p>Impact on the Pilsley community</p> <ul style="list-style-type: none"> • Loss of local health service • Concerns re viability of the Pharmacy • Increase in population is expected (new housing), therefore more services are required not less • Pilsley reception staff and the service they offer are highly valued.
<p>Impact on vulnerable people</p> <ul style="list-style-type: none"> • Older people • Disabled • Mental health

<ul style="list-style-type: none"> • People in poor health • Carers • Young people and families.
Increase in carbon footprint <ul style="list-style-type: none"> • Increased carbon emissions through increased travel and transport.
Convenience <ul style="list-style-type: none"> • Additional time required to travel to other surgeries • Pilsley is handy to get to • Going to Pilsley fits round work • Feel comfortable at Pilsley.
Other (mentioned infrequently) <ul style="list-style-type: none"> • Seems unfair • Impact of other services (999 and A&E) • Other Practices not accepting patients from Pilsley catchment area • Practice's reasons for closure not justified.

All comments given in answer to question 10 were categorised into the above main themes. Some comments raised more than one concern or theme. All concerns were categorised and counted. In total 480 concerns were raised in response to this question. The frequency of the type of concerns expressed is as follows:



5.1.11. Question 11: 'Please tell us what concerns, if any, you may have regarding the proposed closure of the Pilsley Surgery?'

Question 11 was an open question asking patients to tell us what concerns, if any, they may have regarding the proposed closure of the Pilsley Surgery.

749 patients documented a response to this question, 474 from patients registered at Pilsley and 275 from other surgeries.

The concerns from patients and stakeholders who responded have been categorised into their main themes. Many of the responders documented more than one concern. The themes are as follows:

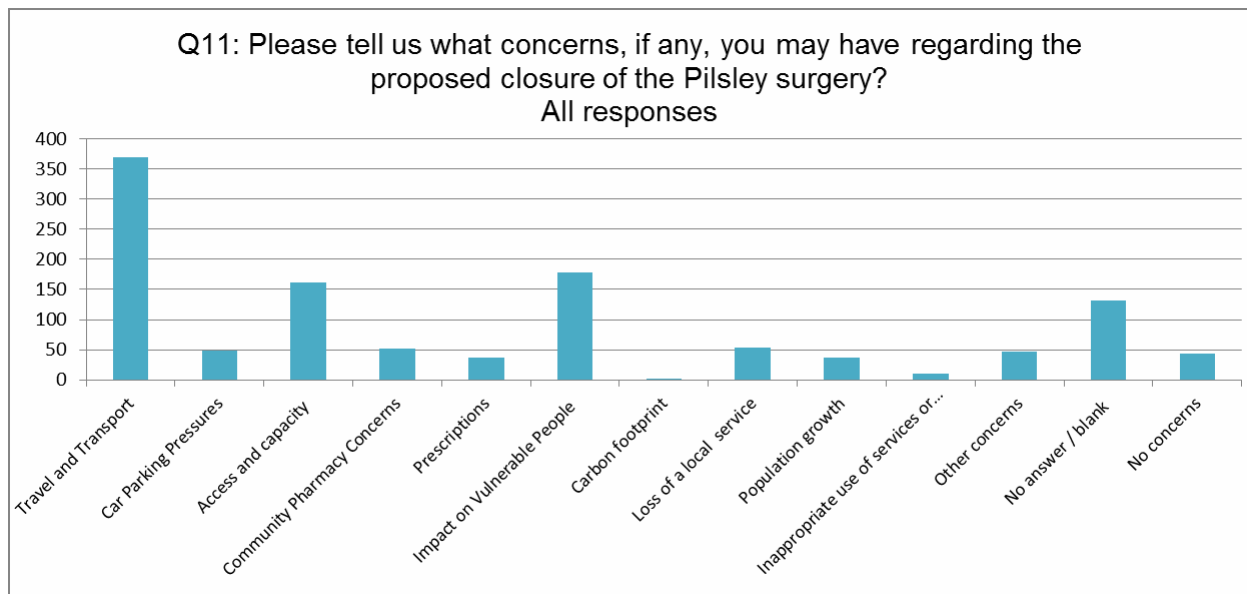
Table 19: Question 11 –main themes for concerns – all patients

Question 11: Concerns - main themes
<p>Travel and transport – accessing alternative Staffa Health locations</p> <ul style="list-style-type: none"> • Infrequent bus service • Unreliable bus service • Future bus service not guaranteed • Increased time taken if travelling by bus • Times of buses not matching appointments and no evening buses • Difficulties on public transport for elderly patients, patients with reduced mobility • Weather conditions unpleasant while travelling in winter time • Lack of bus shelters • Walking required from/to the bus stops • Difficult to travel while feeling ill • Stress of travel • Expense of using public transport and taxis • Able to drive now but may not in future.
<p>Car Parking Pressures</p> <ul style="list-style-type: none"> • Lack of car parking space at other Staffa Health surgeries.
<p>Access and capacity</p> <ul style="list-style-type: none"> • Extra pressure on Staffa Health’s other surgeries/services • Concern there would be longer wait for appointments • Concern there would be fewer appointments and harder to get appointments • Reduced choice of location • Busier surgeries • More difficulty seeing preferred/same GP • More stressed GPs • Difficulty ordering and collecting repeat prescriptions if local Surgery was closed.
<p>Community Pharmacy</p> <ul style="list-style-type: none"> • Ongoing viability of the community Pharmacy.
<p>Prescriptions</p> <ul style="list-style-type: none"> • How would patients order repeat prescriptions? • Ordering in the Surgery is quicker and easier than on the telephone • How would patients collect repeat prescriptions?
<p>Impact on vulnerable people</p> <ul style="list-style-type: none"> • Older people • Disabled • Mental health

<ul style="list-style-type: none"> • Reduced mobility • Low incomes • Carers • Ex mine workers.
Increased Carbon footprint <ul style="list-style-type: none"> • Increased carbon emissions through increased travel and transport.
Loss of a local service <ul style="list-style-type: none"> • Negative impact on the village • Inconvenience to residents • Loss of a village facility.
Population growth <ul style="list-style-type: none"> • Pilsley population is increasing due to new housing projects • Stonebroom and Holmewood populations are also increasing.
Inappropriate use of other services or patients not accessing services <ul style="list-style-type: none"> • Patients not accessing services • Increased demand for home visits • Increased use of emergency services (999 and A&E).
No Concerns <ul style="list-style-type: none"> • No concerns • Doesn't affect me • Will improve care • Makes sense to consolidate • More cost effective.
Other concerns <ul style="list-style-type: none"> • Seems unfair • Would other surgeries be next? • Suspicion about Practice's reasons for closure.

The frequency of types of concerns has been summarised. Many of the responders documented more than one concern:

Figure 11: Question 11 – frequency of concerns- all responses



The concerns raised by Pilsley patients only are as follows:

Figure 12: Question 11 – frequency of concerns - responses from Pilsley patients only

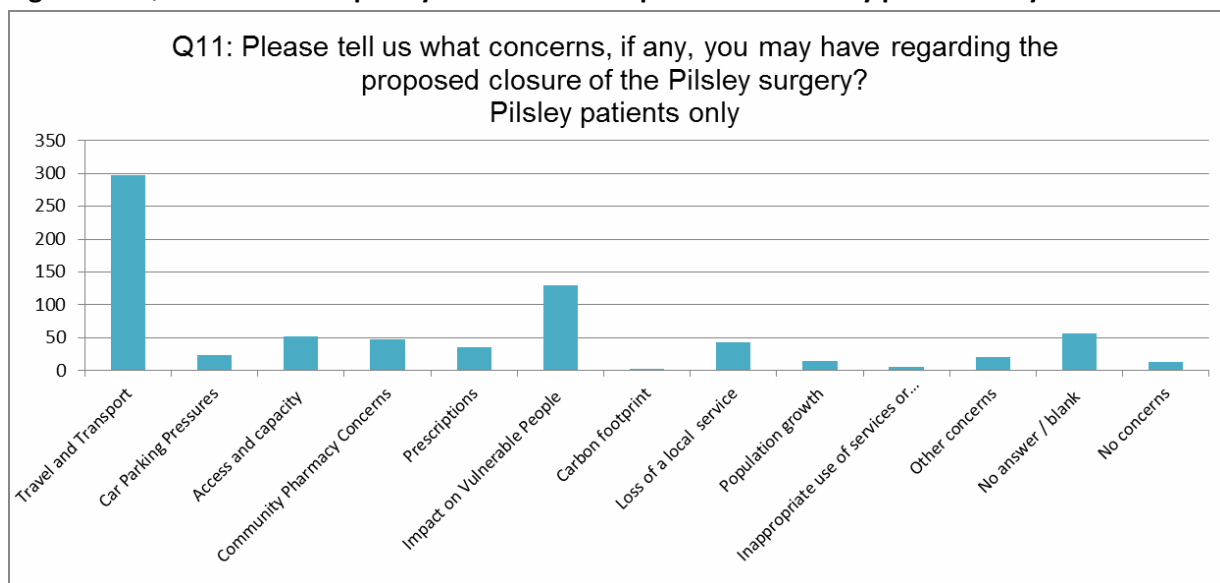


Table 20: Question 11: Total number of times a concern was raised - all patients

Theme / Concern raised	Pilsley patients	Other Surgeries or no Surgery
Travel and Transport	298	71
Car Parking Pressures	24	25
Access and capacity	52	110
Community Pharmacy Concerns	47	4
Prescriptions	35	1
Impact on Vulnerable People	130	49
Carbon footprint	2	0
Loss of a local service	43	10
Population growth	15	21
Inappropriate use of services or not accessing services	6	5
Other concerns	21	25
No answer / blank	56	76
No concerns	13	30
Total	742	427

The patients registered at Pilsley Surgery were concerned most with how they would get to the remaining surgeries and travel and transport issues. The transport issues overwhelmingly related to the unreliability and infrequency of the bus service. Many patients who reported that this impact would be felt most by vulnerable patients, low income families, and patients with mobility problems who would find accessing public transport difficult. Concerns about using public transport in the bad weather were also noted. Patients who currently use mobility scooters to access the Pilsley Surgery had concerns about how they would use public transport.

The second most common concern raised was in relation to general impacts on vulnerable patients such as the elderly, those with reduced mobility, those with mental health issues, disabled and young families. Many of the responders that commented on this type of impact were expressing a general concern for people in the village and not the responder them self.

The third most reported concern for patients registered at the Pilsley Surgery was how the closure would impact on access and capacity, and fourthly whether there would be an impact on the Community Pharmacy that would lead to it closing. People were also concerned about the loss of a local service and would impact the village as a community generally.

The patients registered at Tibshelf, Stonebroom or Holmewood were mostly concerned about the extra pressure the closure of Pilsley Surgery would have on the appointment systems at the other three surgeries and the possibility of longer waiting times.

4% of all patients were concerned about the problem of car parking (especially at Tibshelf and Stonebroom) and how this could be exacerbated with the additional patients from Pilsley accessing these surgeries.

5.1.12. Question 12: Please tell us if there is anything you feel could be done to resolve your concerns.

Question 12 sought to seek solutions to patients' concerns and people were asked to tell us if they felt anything could be done to resolve their concerns.

There was a good response to this open question relating to possible solutions. 407 comments or suggestions were made by Pilsley patients and 187 comments were made by patients at the other 3 surgeries.

The comments have been themed into major categories as to the type of response. Some comments raised more than suggestion. All suggestions were counted and categorised.

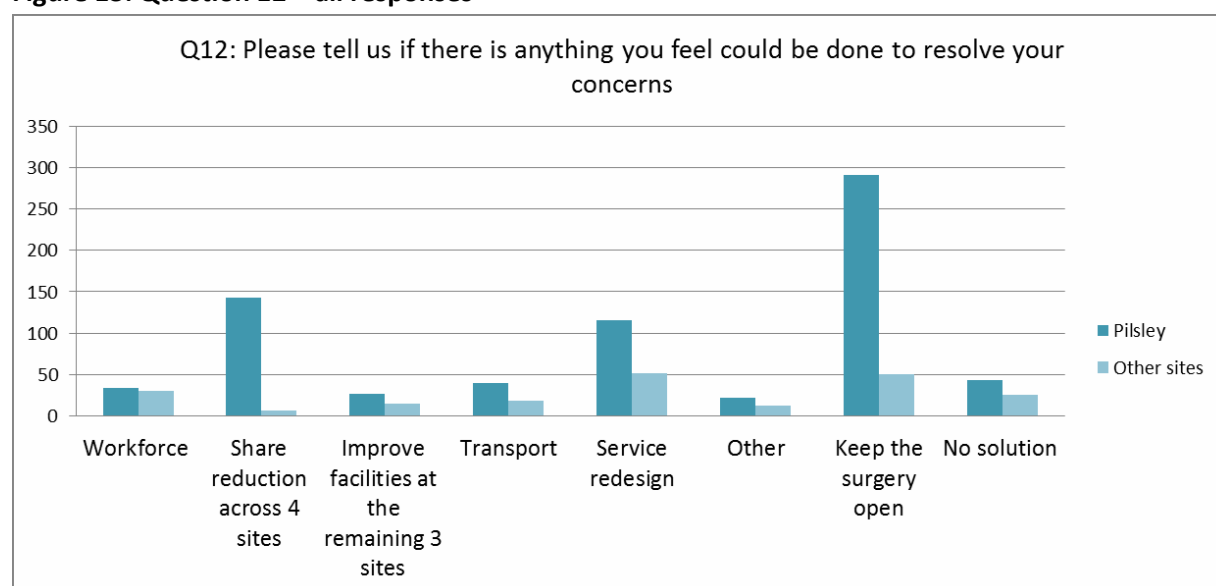
Table 21: Question 12 - solutions to resolve concerns - all patients

Question 12: Solutions to resolve concerns
Workforce <ul style="list-style-type: none"> Recruit more GPs Recruit more nurses GPs to increase their hours GPs should not retire early Train more GPs Offer better incentives to GPs to join or to stay.
Share reduction across all 4 sites <ul style="list-style-type: none"> Reduce hours at all 4 sites Close a different site.
Improve facilities at the remaining 3 sites <ul style="list-style-type: none"> Improve facilities at the other 3 sites Invest in a new modern facility for Tibshelf Increase car parking provision at other sites Staff to park off-site.
Transport <ul style="list-style-type: none"> More frequent, direct bus service Set up free transport Pay for transport
Service redesign <ul style="list-style-type: none"> A nurse led service Reduce hours at Pilsley instead of complete closure Run Surgery with nurses Pop up / mobile surgeries Provide more home visits Provide video consultations Increase numbers of appointments across the remaining 3 surgeries Later Surgery opening times or Saturdays

<ul style="list-style-type: none"> • Make repeat prescriptions automatic again • Reduce waiting time for appointments • Invest in service • Reassurance the overall service redesign proposed will lead to improvements for patients.
Other <ul style="list-style-type: none"> • Reduce the number of patients who do not turn up for appointments (to increase capacity) • Less paperwork for GPs • Reduce NHS management costs (CCGs) and increase Clinicians • Increase NHS funding • Do not take on new patients • Another Practice to take over Pilsley Surgery (4) • Enhance the Pharmacy or ensure it stays open (1) • Community to run the Surgery • Reassurance other surgeries won't close.
Keep the Surgery open
No solution <ul style="list-style-type: none"> • Not concerned • Nothing can be done • Can't think of a solution • Decision has already been made • Other comment that did not offer a solution.

The number of times solutions were referenced is shown on the graph below. Many of the responders documented more than one idea:

Figure 13: Question 12 – all responses



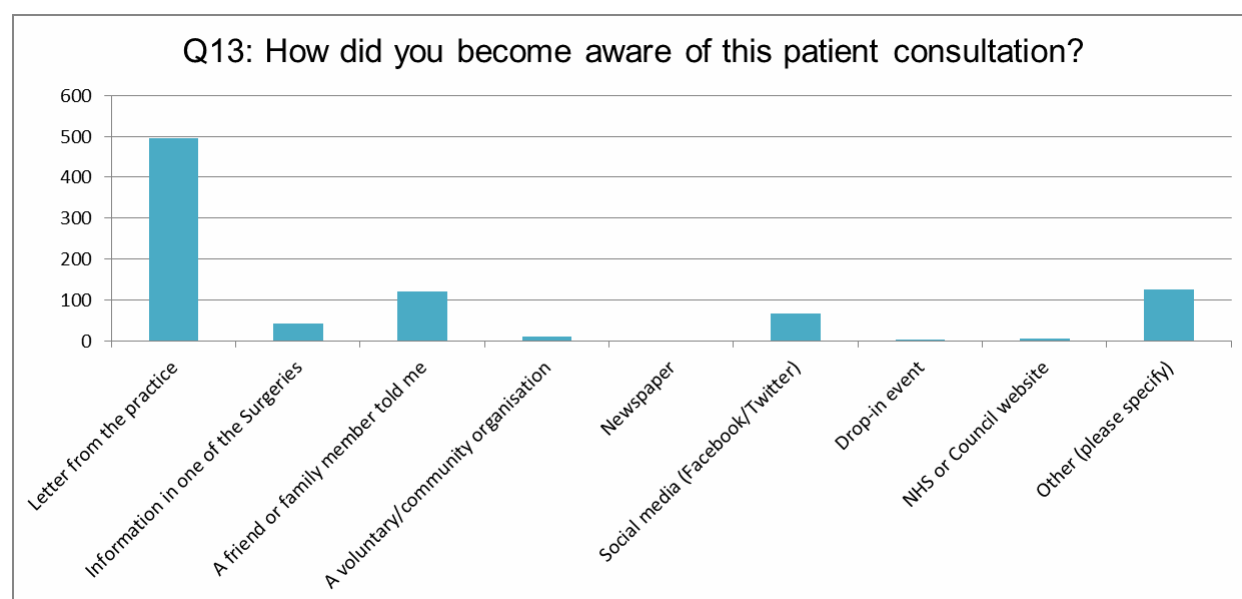
Overwhelmingly the patients registered at Pilsley said that the way to resolve their concerns would be to keep the Surgery open and 143 patients registered at the Pilsley Surgery felt a reduction of services should be spread across all four sites to enable the Pilsley Surgery to remain open. The next

largest number of responses related to service design; looking at how services could be provided in a different way.

5.1.13. Q13: How did you become aware of this patient consultation?

The majority of patients who completed a questionnaire had received a letter from the Practice which had a questionnaire included. Over 100 had been informed by a friend or family member. The 'other' category was mainly by text message.

Figure 14: Question 13 – all responses



5.1.14. Question 14: Is there anything else you would like to make us aware of regarding this proposal?

324 people gave an answer to this question. The responses were very much in line with the responses to the previous open questions as documented for questions 10, 11 and 12 such as:

- Dissatisfaction at the situation
- The impact on vulnerable patients and carers
- Impact on the Pilsley community and loss to the village
- Growing population in the area
- Dissatisfaction relating to GP recruitment and early retirement
- Dissatisfaction with the government
- Financial decision/cost cutting exercise
- Issues relating to travel and public transport
- Parking at other sites being a problem
- Concerns about inappropriate use of emergency services and A&E
- Concerns about capacity at the Practice
- Impact on the local Pharmacy

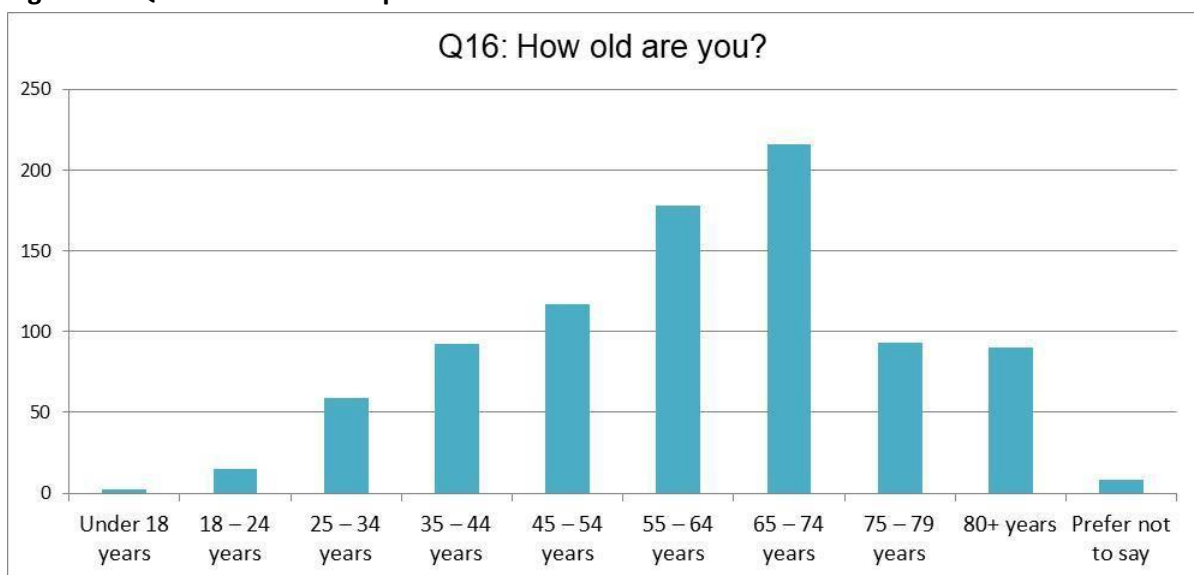
- Only one Consultation questionnaire per household rather than per patient
- Positive comments about how satisfied patients were with the care they had received.

5.1.15. Question 15: Location

Questions 15 explained the equality and diversity data collection section of the questionnaire and asked for the first 4 digits of the patient postcode. The majority of patients reside in the DE55 or S45 8 areas.

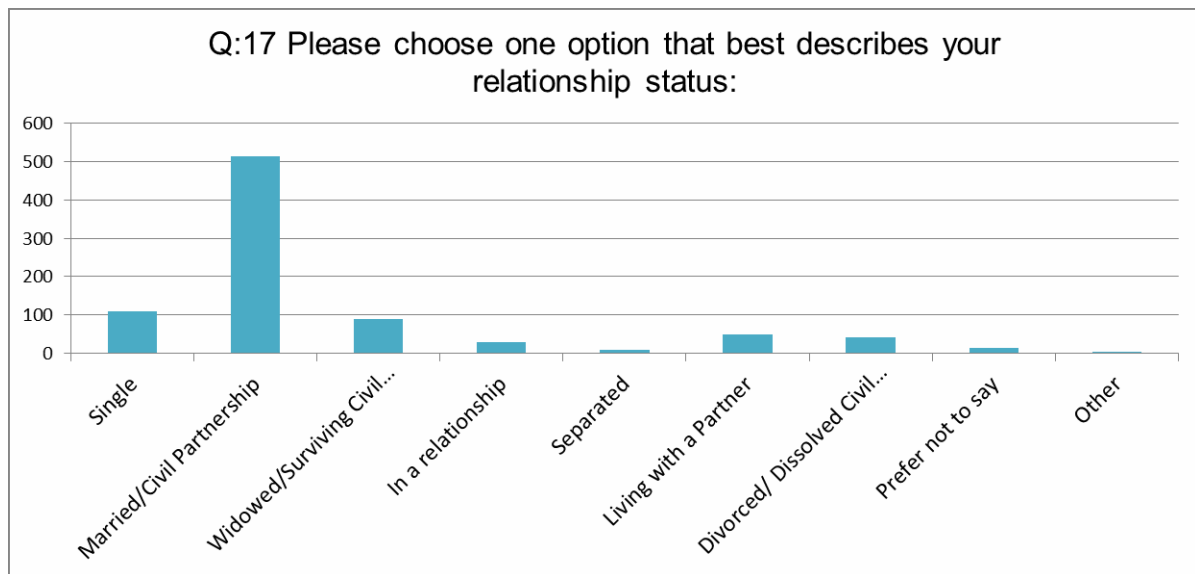
5.1.16. Question 16: Age

Figure 15: Question 16 – all responses



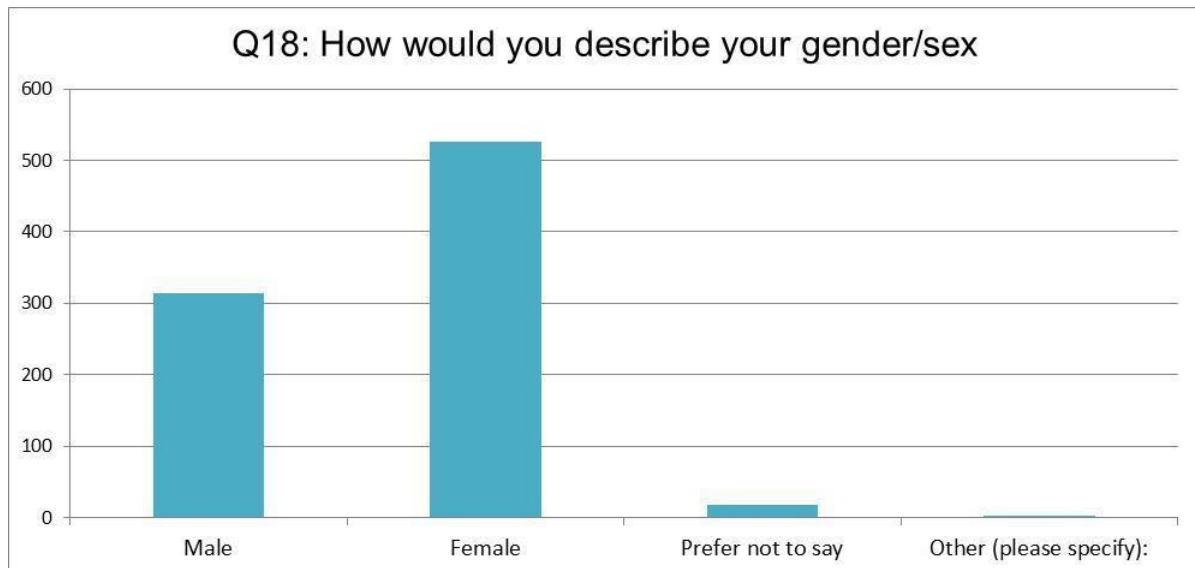
5.1.17. Question 17: Relationship status

Figure 16: Question 17 – all responses



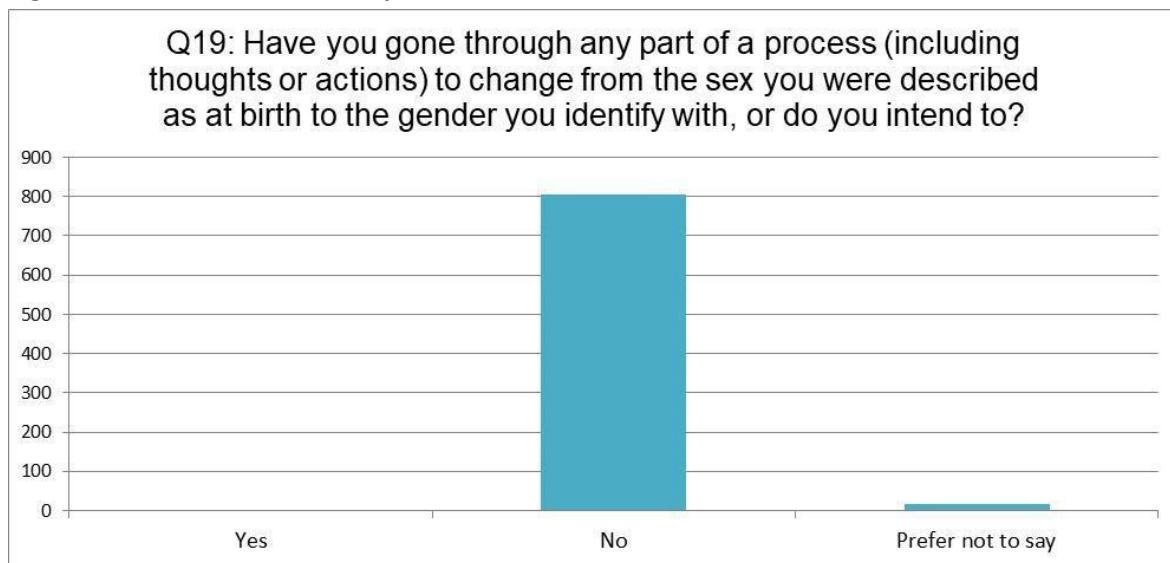
5.1.18. Question 18: Gender

Figure 17: Question 18 – all responses



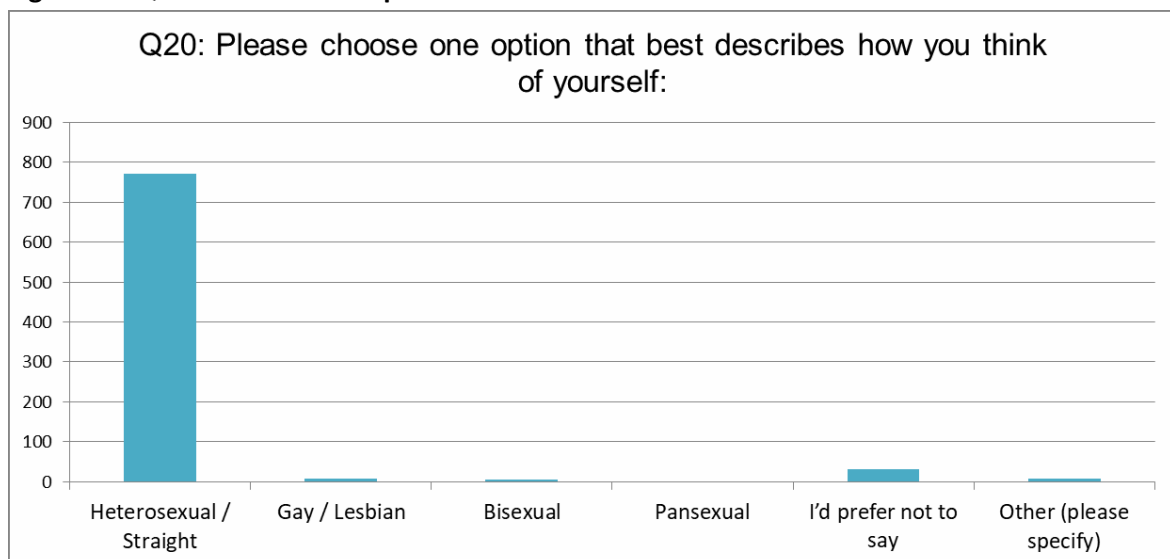
5.1.19. Question 19: Gender change

Figure 18: Question 19 – all responses



5.1.20. Question 20: Sexuality

Figure 19: Question 20 – all responses



5.1.21. Question 21: Long term conditions

Figure 20: Question 21 – all responses

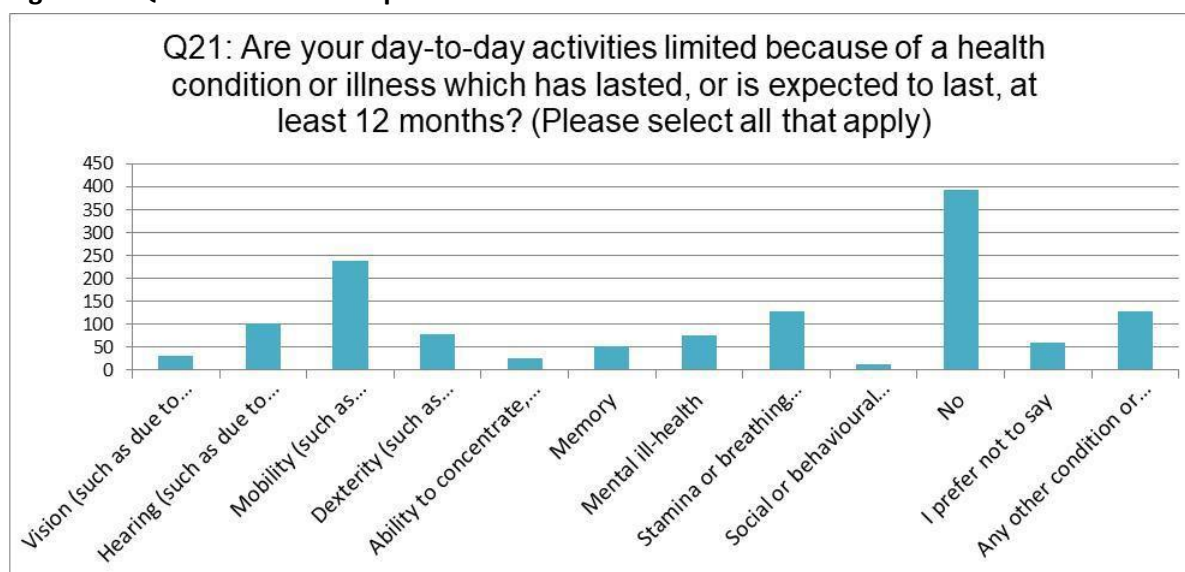


Table 22: Question 21 – all responses

Answer Choices	Responses	
Vision (such as due to blindness or partial sight)	3.69%	31
Hearing (such as due to deafness or partial hearing)	12.02%	101
Mobility (such as difficulty walking short distances, climbing stairs)	28.33%	238
Dexterity (such as lifting and carrying objects, using a keyboard)	9.29%	78
Ability to concentrate, learn or understand (Learning Disability/Difficulty)	3.21%	27
Memory	6.07%	51
Mental ill-health	8.93%	75
Stamina or breathing difficulty or fatigue	15.24%	128
Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)	1.43%	12
No	46.90%	394
I prefer not to say	7.02%	59
Any other condition or illness, please describe:	15.24%	128
Answered		840
Skipped		39

The majority of patients did not have a long term health condition that limited their day to day activity. Those that selected an 'Other' condition recorded a range of conditions such as diabetes, heart conditions, arthritis, depression, cancer, blood pressure, old age.

5.1.22. Question 22: Carers

Figure 21: Question 22 – all responses

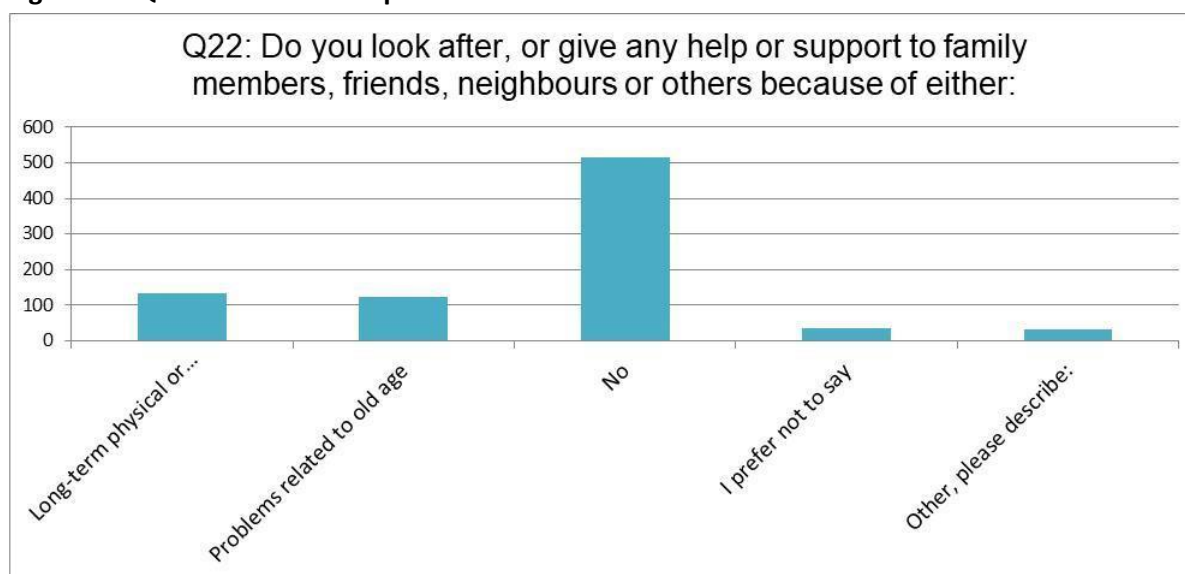


Table 23: Question 22 – all responses

Answer Choices	Responses	
Long-term physical or mental-ill-health/disability	15.71%	132
Problems related to old age	14.76%	124
No	61.31%	515
I prefer not to say	4.29%	36
Other, please describe:	3.93%	33
Answered		840
Skipped		39

Patients registered at Pilsley:

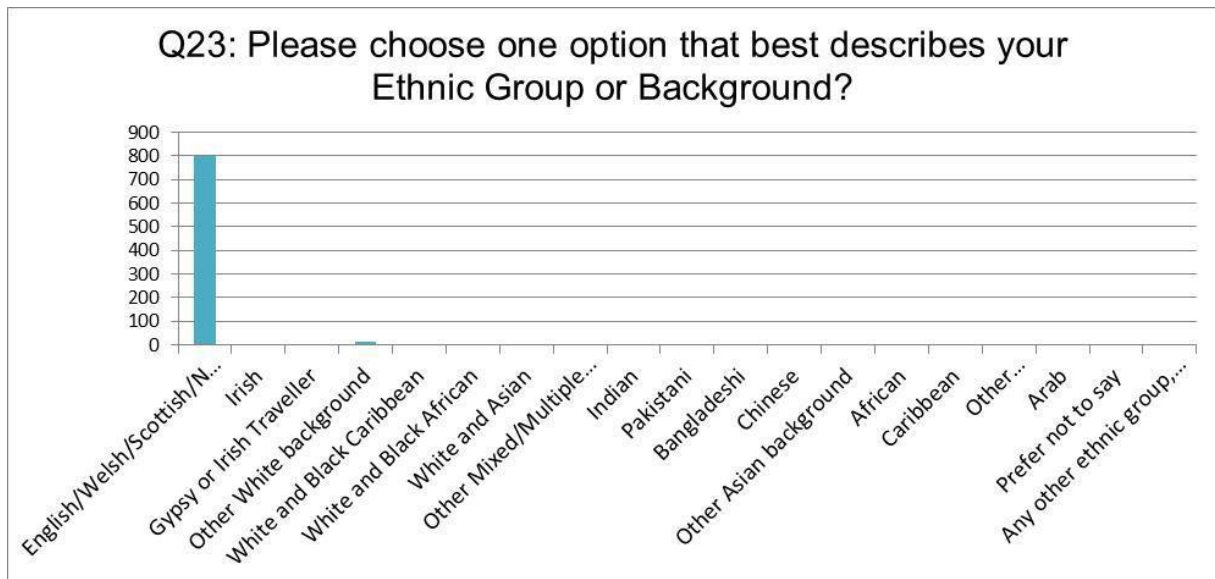
497 patients from Pilsley answered this question out of the total responses of 840 of which:

- 15.69 % (78 respondents) supported someone with a Long Term Physical or Mental Condition
- 13.48% (67 respondents) supported someone of old age
- 61.97% (308 respondents) did not support anyone
- 4.02% (20) preferred not to say
- 4.83% (24 respondents) responded 'other'.

Responses that described 'other' support were either a combination of conditions e.g. 'Long-term physical or mental-ill-health/disability and problems related to old age' or described caring for children.

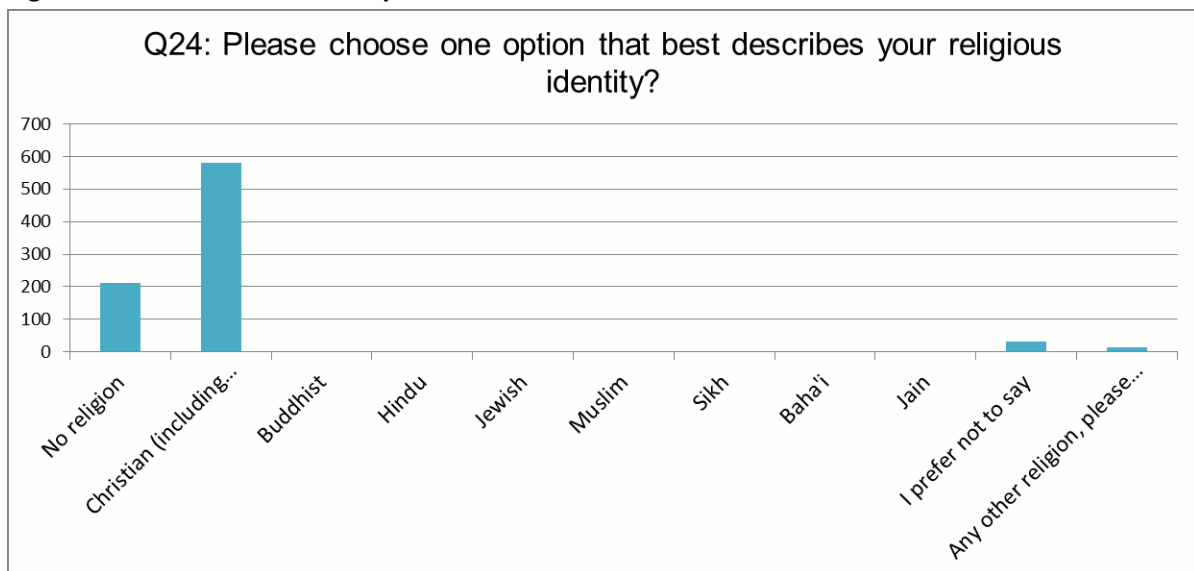
5.1.23. Question 23: Ethnicity

Figure 22: Question 23 – all responses



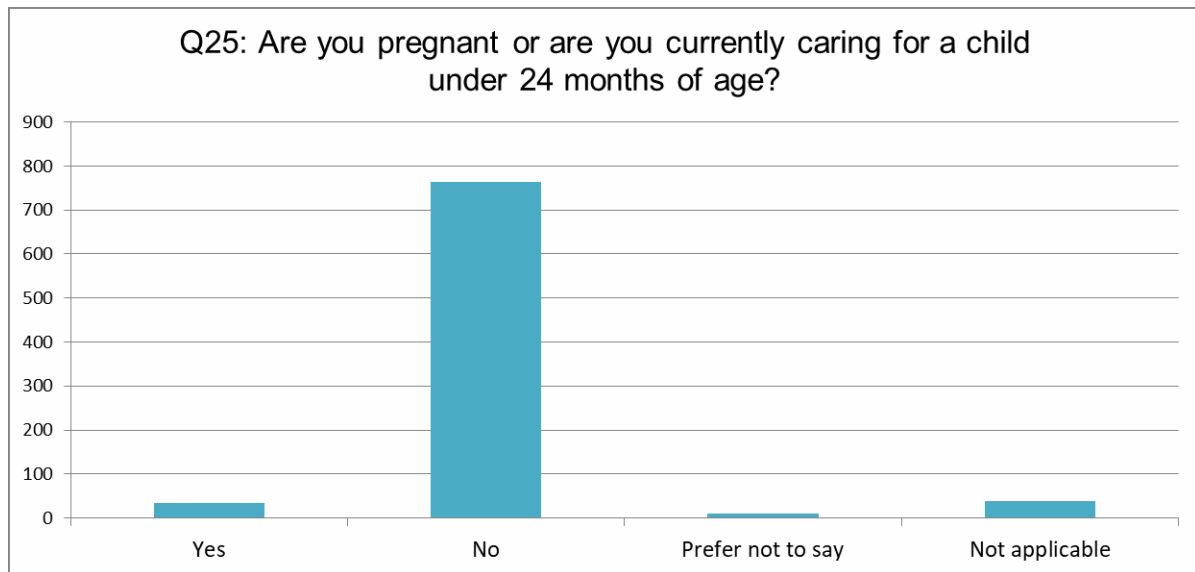
5.1.24. Question 24: Religion

Figure 23: Question 24 – all responses



5.1.25. Question 25: Responsibly for children

Figure 24: Question 25 – all responses



5.2. Drop-in Session Feedback

Three drop-in sessions were held at Pilsley Surgery. A variety of senior Practice staff (GP Partners and Practice Manager), Patient Participation Group members and CCG staff were available to meet with patients on a 1:1 or small group basis. The sessions were held on different days of the week and staggered across the morning, afternoon and evening to enable as many people as possible to attend.

Attendance was as follows:

- Wednesday 10th July, 3.00pm to 7.00pm - 26 attendees
- Monday 29th July, 8.30am to 10.30am - 15 attendees
- Tuesday 30th July, 1.00pm to 3.00pm - 7 attendees

Total: 48 attendees.

Most of the attendees were patients that attended the sessions. Each staff member made notes of the themes raised in each discussion. The meetings served as a useful way to capture concerns but also to answer questions people raised. In some instances staff were able to alleviate concerns, dispel rumour or misunderstandings. Some people attended to discuss their own personal concerns and impacts on themselves and others voiced concerns on behalf of others e.g. neighbours, relatives. These sessions also generated discussions about solutions to the issue and ways to mitigate the impacts of a potential closure.

In addition to the drop-in sessions three other people attended at other times and had discussions with the Practice Manager.

The comments and concerns raised by these 51 people are summarised as follows:

Table 24: Feedback received at drop-in sessions

Feedback (drop-in sessions)	No of times raised
Accessing alternative locations <ul style="list-style-type: none"> • Buses are too infrequent - only 1 bus to each Surgery in an hour • The bus service is unreliable, buses are late or do not turn up • The cost of the bus is £4 return • The pensioners' bus pass is not free until 09:30am • Patients missing a bus could mean they are waiting an hour for the next one • Patients will have to wait in the cold • Nowhere to sit down while waiting for the bus • Patients may miss a bus due to appointment running late • Patients may miss appointments due to bus running late • There is a long walk from the bus stop at Holmewood to the Surgery (1 mile) • Not all appointments will be accessible by bus, due to the running times. • Frail, elderly, disabled, young families can't travel on public transport • Walking from bus stop is difficult for some – e.g. 300yds from Tibshelf • Bus stops are not directly outside the other surgeries 	27

<ul style="list-style-type: none"> • Not safe to cross road at Tibshelf from the bus stop • Not feasible to travel if unwell • Taxi journeys are costly (£8 each way) • What if the bus service ceases • Carers will need to support the cared for more in order to travel by bus • Mobility scooter users can easily access Surgery but cannot use the bus. 	
Car Parking Pressures <ul style="list-style-type: none"> • Car parking inadequate at Tibshelf and Stonebroom and cannot accommodate the Pilsley patients. 	7
Access and capacity <ul style="list-style-type: none"> • Concerns about capacity generally and how the Practice will cope with the same limited numbers of staff • Continuity and being able to see the same clinician as now, will that be more difficult? 	2
Loss of local Pharmacy <ul style="list-style-type: none"> • Concern that without the GP Practice the Pharmacy would close. 	6
Loss of non-appointment Primary Care services These tended to be references to non GP services that were easy to access because the Surgery was in the village e.g. <ul style="list-style-type: none"> • Being able to come in and order prescriptions • Cost of phoning the medicines order line instead • Will flu clinics still happen in the village? • Using the Blood Pressure machine in Surgery to monitor Blood Pressure • Dropping off sharps boxes. 	8
Impact on vulnerable people: <ul style="list-style-type: none"> • Frail elderly • Less mobile • Disabled • Low incomes • Mental health • Young families. 	12
Negative impact on the village <ul style="list-style-type: none"> • Makes the village more isolated • The Surgery is the heart of the village. 	3
Increasing village population <ul style="list-style-type: none"> • Increase in Practice population due to new housing - community is growing. 	3

Inappropriate use of other services or not accessing services <ul style="list-style-type: none"> Patients won't come for routine or non-essential appointments e.g. medication reviews Patients will leave things too late - will put strain on ambulance service Concerned not having local Surgery will reduce motivation to improve own health. 	3
Conflict of interest / the Consultation process <ul style="list-style-type: none"> Dr Cooper has a role on CCG Board. 	1
Rationale / information provided <ul style="list-style-type: none"> Concern it is for financial reasons Trying to raise money for car park at Tibshelf It is further to drive between the surgeries than the straight line distances quoted in the document There is one bus per hour to Tibshelf and Stonebroom not 2 buses per hour Why does the questionnaire ask about gender etc. 	7
Personal feelings <ul style="list-style-type: none"> Feeling let down Pilsley patients feel second rate, discriminated against 	2
Other <ul style="list-style-type: none"> Holmewood should close first as they were the 'last in' Holmewood gets all the investment Holmewood not fit for purpose Accessibility at Holmewood an issue – car park and upstairs 	6

In addition to expressing their concerns many attendees suggested solutions or compromises that they would prefer to see rather than the Surgery close.

Table 25: Suggestions received at drop-in sessions

Suggestions received (drop-in sessions)	No of times raised
Alternatives to closing: <ul style="list-style-type: none"> Reduce hours at Pilsley rather than close completely e.g. open 1, 1.5 or 2 days a week Reduce days/hours at other surgeries, share the reduction out across 4 sites Align patients who can travel to other surgeries and reserve some appointments at Pilsley for those who can't travel GPs to Skype each other to reduce isolation 	

<ul style="list-style-type: none"> • Recruit new staff at Pilsley • Pilsley to be taken over by another Practice <p>If Pilsley was to close:</p> <ul style="list-style-type: none"> • Negotiate with a taxi company for discretionary rates • Set up a community transport service or use volunteer drivers • Open Pilsley as a trainee academy • Have a box at Pilsley for dropping prescriptions off • Ensure appointments at other sites fit round bus timetable • Co-ordinate appointments so patients don't have to make multiple trips 	<p>15</p>
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5.3. Letters and emails Received

21 letters and emails were received:

- 4 from District Councillors
- 5 from Pilsley Parish Council
- 1 Holmewood Parish Council
- 1 Stonebroom Parish Council
- 1 Pilsley Women's Institute
- 1 Local MP
- 8 from Pilsley residents.

Themes raised in letters and emails were similar to those from the Questionnaires and drop-in sessions. Some emails asked for further information, asked questions or sought some clarification and did not raise concerns. The letters and emails that gave feedback and raised concerns have been summarised below to give the main themes of the views raised. The letters have not been reproduced in full in this report due to many containing sensitive personal information, however they are securely filed at the Practice and can be made available for viewing in a redacted form if required and appropriate. Many letters raised more than one concern, the concerns raised and their frequency is as follows:

Table 26: Feedback Received from letters and emails

Feedback / concerns (Letters and emails)	Total
Travel and transport - accessing alternative Staffa Health locations	15
Car Parking Pressures	7
Access and capacity	6
Loss of local Pharmacy	8
Impact on vulnerable people	12
Impact on the Pilsley Community	3
Population growth	8
Inappropriate use of other services or not accessing services	5
Concerns about a conflict of interest / the process	6
Concern raise about the rationale or information provided in the Consultation documents	10
Lack of availability of other services	6
That GP numbers will increase and the surgery will have already closed	7

6 letters or emails also raised solutions. These were in line with the solutions suggested in Question 12 of the questionnaire such as recruit more doctors, change GP contracts, use of other staff, share the closed hours across all surgeries.

5.4. Community Group Discussions

On the 26th July the Practice Manager attended the weekly 'Nosh and Natter' Group that meets from 1pm to 3pm in the Pilsley Community Centre for a lunch, a quiz and bingo. The Practice Manager went round all the tables and spoke with individuals that wanted to ask questions or give their view. One patient was supported to complete a Questionnaire on behalf of herself and two family members. Concerns raised by members of the group were in line with those previously described above.

5.5. Petition

A petition was received by the Practice on the 22nd August 2019 from Mrs J Baldwin and Mrs E Hardwick. The petition was entitled 'Keep Pilsley GP Surgery Open, Petition to oppose the closure of Pilsley GP Surgery'.

Mrs J Baldwin and Mrs E Hardwick had heard feedback from residents that the Questionnaire was complicated and some households hadn't received one. In response they had visited nearly every property in Pilsley and submitted the petition in order to demonstrate the strength of local opinion.

The petition contains 592 signatures along with the names and addresses of those who signed it.

The petition has been filed at the Practice along with all the other data received as part of the Consultation. A copy has not been included as an Appendix due to the sensitive personal data (names and addresses etc.) contained in the document.

5.6. Patient Participation Group (PPG)

The Practice has worked closely with their PPG during the Consultation period. PPG members offered their support to the Practice at various meetings and took part in the drop-in sessions by meeting with patients and taking their feedback. The Practice is very grateful to the PPG for the role they played in supporting patients to give feedback on the proposal.

The PPG received a draft of the Consultation report at their meeting on the 5th of December 2019. The proposal to close the Surgery was also discussed at this meeting with the members of the group. The PPG is generally understanding of the reasons behind the Practice's request to close the Surgery, but are mindful of the impacts this may have on a section of the Practice's patients. Members

offered feedback on the report itself and made suggestions around the presentation of data and commentary.

6. Practice's Response to Feedback Received

The Practice has considered all feedback, concerns raised and suggested solutions from the questionnaire, letters and emails and at the face-to-face drop-in meetings.

Having carefully considered the concerns, the Practice then considered any possible mitigations that were available to reduce patient and stakeholder concerns.

The table below summarises the feedback received from all the methods used in the Consultation (questionnaire, drop-in, letter, email etc.) and gives a response to each theme.

Table 27: Response to concerns and mitigations

Issue / Concern / Impact	Response and Mitigations
<p>Travel and transport - accessing alternative Staffa Health locations</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Buses are too infrequent - only 1 bus to each Practice in an hour, means a wait in-between buses before/after appointments • The bus service is unreliable, buses are late or do not turn up. • Lack of bus shelters- waiting in the cold, nowhere to sit down while waiting for the bus • Expense of using public transport and taxis • Times of buses matching appointments and no evening buses. • Difficulty for patients with reduced mobility • Unpleasant and hazardous conditions waiting for buses in the open air in the winter • Not all appointments will be accessible by bus due to the running times. • Frail, elderly, disabled, young families can't travel on public transport • Walking from bus stop is difficult for some • There is a long walk from the bus stop at Holmewood to the Surgery (1 mile) • What if the bus service ceases 	<p>The main concern that was raised in the consultation was how difficult it may be for patients to get to another Staffa Health Surgery on public transport.</p> <p>It is accepted that there are issues with travelling by bus to another Surgery by bus from Pilsley.</p> <p>322 respondents said that they currently walk to the Surgery and 108 respondents said that they would need to travel by bus to get to another site. This is approximately 20% of all Pilsley patients who responded.</p> <p>There is a bus service from Pilsley that travels to Stonebroom and one that travels to Tibshelf. See Appendix 5 for a copy of the current timetables and journey costs.</p> <p>The no. 55 bus travels to Stonebroom and stops in Pilsley at 11 stops throughout the village between North Wingfield through Lower Pilsley and Morton.</p> <p>The no. 56 bus travels to Tibshelf and stops in Pilsley at 12 stops throughout the village between North Wingfield through Lower Pilsley to Hardsoft.</p> <p>The nearest stop in Tibshelf to the Tibshelf Surgery is outside Waverley Street, approximately a 1 minute or 200m walk to the Surgery.</p> <p>The nearest stop in Stonebroom to the Stonebroom Surgery is Carlyle Road or Queensway, approximately a 2 minute walk or 500m to the Surgery.</p> <p>The buses run between the core Practice hours of 8am and 6.30pm</p> <p>The bus that passes nearest to Holmewood Surgery stops 1 mile from the Surgery and patients would have to walk from there or catch another bus. This is not feasible for most people and the Practice would not anticipate many Pilsley patients who have to</p>

<ul style="list-style-type: none"> • Carers will need to support the cared for more in order to travel by bus • Mobility scooter users can easily access Surgery but cannot use the bus • Not feasible to travel if unwell • Taxi journeys are costly (£8 each way) 	<p>travel on public transport would utilise the Holmewood Surgery if the Pilsley Surgery closed. Staff would therefore mainly be relocated to Stonebroom and Tibshelf Surgery.</p> <p>There is also concern that while there is a bus service currently in place, the ongoing security of the bus service is not guaranteed. Stagecoach, the company that provides the transport have recently reviewed all their timetables for 2020. Their website gives a statement on this that reads as follows:</p> <p><i>Service 55 Chesterfield – Alferton</i></p> <p><i>Service 56 Chesterfield - Alferton</i></p> <p><i>There will be some minor timetable changes on Mondays to Fridays.</i></p> <p>https://www.stagecoachbus.com/service-updates/serviceupdatesarticle?SituationId=ID-17/12/2019-15:18:34:717</p> <p>This information was up to date as at December 30th 2019. It is therefore anticipated that the bus route will be continuing at present. An increase in numbers of people requiring these transport links may make the existing service more viable for the future.</p> <p>There are costs associated with travelling to another site for those that normally walk to the Pilsley Surgery. People of pensionable age are entitled to free travel at off peak times however. A single ticket from Pilsley to Stonebroom is £2.10 and from Pilsley to Tibshelf it is £2.70.</p> <p>Private taxis could be used by patients to attend appointments at other sites, however these are more costly than public transport (£8 each way from Pilsley to Tibshelf for example). A discounted rate with a local taxi firm could perhaps be negotiated by the Practice.</p> <p>A community transport service could be set up locally that patients could use for accessing healthcare and other journeys.</p> <p>To minimise the need to travel to Surgeries the Practice will plan to implement video consultations where appropriate and where patients wish to consult in this way. This would allow patients to consult with clinicians remotely. The Practice will also explore how we could provide a facility in the community for patients to access the internet to have a video consultation with a clinician.</p> <p>The Practice is working towards a more streamlined system of routine reviews for patients with long term conditions. This will mean that the majority of patients will be reviewed once a year for all of their long term conditions and medication review, rather than having to attend several separate appointments</p>
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	<p>for different reasons. This will minimise the number of journeys all patients are required to make for routine reviews.</p> <p>The Practice will ensure appointment timings take into consideration availability of bus travel and transport, and the reliability of the service is accepted as a reason patients may be late to appointments.</p>
<p>Car parking pressures</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Lack of car parking space at other sites already • Additional patients from Pilsley will put more pressure on the car parking. 	<p>Car parking is provided at all three of Staffa Health's other sites, however it is accepted that at times the number of patients and staff needing to park cars is in excess of the spaces available.</p> <p>Car parking space is more pressurised at Stonebroom or Tibshelf Surgery, but it varies depending on the day of the week and types of clinics being held. There is a large car park at Holmewood Surgery available for patients' use which is approximately 100 meters from the entrance and there are always spaces available in this car park.</p> <p>Car parking at Tibshelf surgery is already identified by the Practice as something that would benefit patients and staff if it could be improved. We have been working with local stakeholders on this matter for some years. The Practice will continue to work with Tibshelf Parish Council and Bolsover District Council to extend car parking provisions at Tibshelf Surgery. There is already a plan to extend the car park at Tibshelf that is being worked up by the landowners of the Tibshelf site. Other options are also in development for the vacant land adjacent to the Tibshelf Surgery. There are therefore positive developments in this area, however any plans would be subject to Local Authority approval.</p> <p>The Practice will work with Stonebroom Parish Council on improving car parking arrangements at Stonebroom Surgery.</p>
<p>Access and capacity</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Increased pressure on appointment systems at the remaining surgeries • Overall lack of GPs • Reduction in choice of location • Longer wait for appointments • Continuity - being able to see the same clinician may be more difficult • Increased home visits 	<p>The Practice is not intending to reduce clinical resource as part of this proposal. All staff that provide appointments at Pilsley Surgery will be retained but they will be relocated to the remaining 3 surgeries.</p> <p>The Practice will continue to actively recruit to all vacancies and have a long term workforce plan and succession plan for staff that are nearing retirement.</p> <p>The Practices' plans for service redesign will provide an increase in efficiency and better use of our current capacity by introducing different ways of working. For example relocating a GP to the Tibshelf Surgery to</p>

<ul style="list-style-type: none"> Concerns about capacity generally and how the Practice will cope with the same limited numbers of staff 	<p>provide additional telephone triage will ensure that appointments are triaged prior to booking, saved for those that need them and are used most appropriately.</p> <p>The Practice currently has more home visiting capacity than ever before through the nurse-led visiting service that it provides and there is capacity available in this team for home visiting. These clinicians focus on providing care to the frail elderly and housebound and through their more specialised role are able to offer more comprehensive care and better integration with other community services too. The staff in these advanced roles are given daily debrief and supervision by a GP. We hope to expand the use of these types of clinicians in future, with GPs providing an on-site supervisory role. This will help give additional capacity and expertise in home visiting and face-to-face appointments in Surgery when it is required.</p>
<p>Loss of local Pharmacy</p> <p>Example of concern:</p> <ul style="list-style-type: none"> Concern that without the Surgery the Pharmacy would close 	<p>Well Pharmacy have reassured the Practice that they would not look to make a decision about the future of the Well branch at Pilsley until a year after the Surgery closed. They intend to monitor the impact initially. Provided the Pharmacy continues to be well utilised, there would be no need to close the Pharmacy.</p> <p>The majority of patient Prescriptions can be sent electronically to any Pharmacy of the patient's choosing therefore there will be no change to patients' ability to collect prescriptions in Pilsley and the numbers of items the Pharmacy dispenses.</p> <p>The Practice will work together with the Pharmacy to look at offering some services from the Pharmacy, such as:</p> <ul style="list-style-type: none"> Blood pressure monitoring Blood taking clinics Drop-off point for prescriptions for patients unable to use the Medicines Order Line <p>It is hoped that this will support the Community Pharmacy and perhaps increase footfall.</p>
<p>Loss of other, non-appointment Primary Care services</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> Being able to go to Surgery and order and collect prescriptions Cost of phoning the medicines order line Flu clinics in the village Using the Blood Pressure machine in 	<p>The majority of Prescriptions can be sent electronically to any Pharmacy of the patients choosing therefore there will be no change to patients' ability to collect prescriptions in Pilsley and the numbers of items the Pharmacy dispenses, no matter where the patient is consulted with.</p> <p>The Medicines Order Line is the preferred method of ordering prescriptions for all patients across Derbyshire. This is due to the robust conversation that happens with patients at the point of ordering that improves safety and medicines compliance and</p>

<p>Surgery to monitor Blood Pressure</p> <ul style="list-style-type: none"> • Dropping off sharps boxes • Blood tests • Samples • Reception service • Long term condition monitoring • Baby clinics 	<p>reduces waste.</p> <p>The Practice will continue to provide flu clinics in community venues as they have in past years.</p> <p>The Practice intend to work together with the Pharmacy to look at offering some services from the Pharmacy, such as:</p> <ul style="list-style-type: none"> • Blood pressure monitoring • Blood taking clinics • Drop-off point for prescriptions for patients unable to use the Medicines Order Line <p>Pilsley patients will be able to access all Primary Care services at other Staffa Health sites.</p>
<p>Impact on vulnerable people</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Frail elderly • Less mobile • Disabled • Low incomes • Mental health • Young families • Carers • People in poor health 	<p>The Practice will ensure that patients who are unwell and eligible for a home visit because of frailty, lack of mobility and ill health will be visited at home, according to current Practice policy.</p> <p>The Practice currently has more home visiting capacity than ever had before through the nurse-led visiting service that it provides. These clinicians focus on providing care to the frail elderly and housebound and through their more specialised role are able to offer more comprehensive care and better integration with other community services. The Practice is developing this service and the care that these nurses offer in line with the Ageing Well Programme; expanding anticipatory care for moderate to severe frail elderly patients through Comprehensive Geriatric Assessments and more proactive holistic care rather than just meeting acute needs.</p> <p>The Practice recognises that all groups of patients feel increasingly lonely and isolated and that the closure of the Surgery may impact on this further. The Practice is now supporting these patients through their new Social Prescriber whose remit is to talk with them and signpost these patients to services that may assist them. Any patient registered with the Practice can access this service.</p> <p>The Practice will continue to identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail elderly, mentally ill and those with long term illness.</p>
<p>Negative impact on the village</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Loss of a service • Building becoming derelict 	<p>The Practice accepts that the Surgery is a much valued part of the village and that its loss will be felt.</p> <p>The Pilsley community has the Practice's assurances that the building will not be left to fall into disrepair</p>

<ul style="list-style-type: none"> • Village becomes more isolated • The Surgery is the heart of the village 	while the Practice owns it.
<p>Increasing village population</p> <p>Example of concern:</p> <ul style="list-style-type: none"> • Community is growing due to new housing • More servicers are required not less 	<p>There are a number of housing schemes in the area that will increase the housing stock and the general population of Pilsley. The Practice is not intending to restrict registration of any new patients at this stage and new patients will be able to register with Staffa Health and access services at the remaining 3 Staffa Health surgeries.</p> <p>If Pilsley Surgery was to close and the number of surgeries is reduced the service redesign that is planned is intended to help the Practice manage an increase in demand utilising the resources (personnel and financial) available to it.</p>
<p>Inappropriate use of other services or not accessing services</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Patients may not access routine or non-essential appointments e.g. medication reviews • Not having a local Surgery will reduce motivation to improve own health • Increased demand for home visits as patients cant travel to Surgery • Increased use of emergency services (999 and A&E). 	<p>The service redesign that is planned is intended to help the Practice manage demand utilising the resources (personnel and financial) available to it. One of the changes planned is to make the use of staff available to deal with urgent, on the day demand more effective and efficient. At the forefront of this model is an initial telephone triage consultation with a GP. This should mean advice can be provided in a timely way and patients signposted to the most appropriate point of care (right person, first time, at the right time). Patients will not need to call an ambulance or use A&E services unless medically necessary as the Practice will be ensuring there is an easy point of access to telephone advice each day.</p>
<p>Conflict of interest / the process</p> <ul style="list-style-type: none"> • Dr Cooper (Staffa Health GP Partner) has a role on Clinical Commissioning Group (CCG) Board and has a conflict of interest. 	<p>Dr Cooper is a member of the Derby and Derbyshire Clinical Commissioning Group's (CCG) Governing body.</p> <p>The Clinical Commissioning Group Primary Care Co-Commissioning Committee (PCCC) is the body that considered the Practices proposal to close the Surgery and requested that the Practice undertake a Public Consultation exercise.</p> <p>Dr Cooper is not a member of the PCCC and her interests have been declared formally via the CCG's Register of Interests, which is made available in the public domain, both at Governing Body meetings and on the CCG's website. The final decision on whether or not to allow the Practice to close its Pilsley branch</p>

	<p>will be made at a PCCC meeting and not by the Governing Body. GPs are not members of the PCCC due to the potential conflicts of interest in the nature of the Committee's discussions. When the PCCC minutes are taken to the governing body, Dr Cooper will declare an interest in this matter; she will not at any point take part in the decision making process.</p> <p>The proposal has also been taken through the Derbyshire County Health Improvement and Scrutiny Committee and the CCG's Engagement Committee, the membership of which consists of CCG Lay Members and Representatives.</p>
<p>Rationale / information provided in the Consultation</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Concern the closure is for financial reasons such as trying to raise money for a car park at Tibshelf • It is further to drive between the surgeries than the straight line distances quoted in the document. • There is one bus per hour to Tibshelf and Stonebroom not 2 buses per hour • Why does the questionnaire ask about gender etc. 	<p>Plans to increase car parking at Tibshelf have been ongoing over the last 5 years and are not related to the proposal to close Pilsley Surgery or any income that may be realised from the closure.</p> <p>The distances that were quoted between the surgeries that were documented in the Consultation information were provided as straight line distances. They were not expressed as distances that would be required to be travelled by road or foot.</p> <p>Currently there is an hourly bus service that travels to Stonebroom and Tibshelf from Pilsley. See Appendix 5 for a copy of the current timetables.</p> <p>The Clinical Commissioning group recommended that equality and diversity data be collected in the questionnaire to ensure that the responses received could be considered a fair representation of the community of Pilsley. This is best Practice in all Consultations where public opinion is sought and the Practice followed this guidance.</p>
<p>Carbon footprint</p> <ul style="list-style-type: none"> • Increase in carbon emissions due to increased travel between sites 	<p>It is accepted that there will be an increase in travel required by patients who may walk to the Pilsley Surgery.</p> <p>The Practice is working towards a more streamlined system of routine reviews for patients with long term conditions. This will mean that the majority of patients will be reviewed once a year for all of their long term conditions and medication review, rather than having to attend several separate appointments for different reasons. This will minimise the number of journeys all patients are required to make for routine reviews.</p> <p>The Practice will be offering alternative methods of receiving care through on-line and telephone consultations, reducing the need to travel to surgery where appropriate.</p>

<p>Availability of other GP services</p> <p>Examples of concerns:</p> <ul style="list-style-type: none"> • Other Practices not accepting patients from Pilsley catchment area • Limited availability of other Practices to register with 	<p>Depending on their address patients may be able to register at another GP Practice in the area. The Practice are not asking any patients to register elsewhere and all patients will remain registered with Staffa Health unless a patient chooses to register elsewhere.</p>
<p>Other</p> <ul style="list-style-type: none"> • Holmewood should close first as they were the last Surgery to join Staffa Health • Holmewood gets all the investment • Holmewood not fit for purpose • Accessibility at Holmewood an issue – car park and upstairs 	<p>The Practice understands the view that by taking on the Holmewood Surgery in 2008 it may have put additional pressure on the Practice. However the Holmewood Surgery and its patients have been part of Staffa Health for over 10 years and have not contributed in any way to this proposal to close the Pilsley Surgery.</p> <p>The Holmewood Surgery would benefit from an upgrade to the premises and this will be something the Practice will look at once the outcome of the Consultation is decided.</p>

7. Practice Decision

The Practice Partners and Senior Managers have carefully considered the feedback received from the public Consultation and the mitigations that were suggested by patients and stakeholders.

The Practice did not begin the Public Consultation lightly. We were aware that Pilsley Surgery is highly valued by Pilsley residents as an integral part of the village and a convenient way for local residents to access their essential healthcare. This report demonstrates the strength of that view and the very real concerns and risks that exist for the members of the community if it is to close.

We have listened to the feedback raised during the Consultation and heard a number of alternative suggestions that either avoided a closure or reduced the risks associated with the closure.

The Practice has decided to continue the application process to close the Pilsley Surgery as we believe continuing to staff 4 surgeries would mean the sustainability of the overall service would remain at risk. Moving all staff to other sites will make the service more sustainable and allow the Practice to manage patient demand more effectively by implementing new ways of working.

We know this decision will not be popular with local patients and stakeholders but we will continue to offer a quality and reliable service to all patients in the longer term.

The Practice seeks agreement from the Primary Care Co-Commissioning Committee to close Pilsley Surgery, but to postpone the overall closure for 1 year from the date agreement is given. This time-period will allow us to undertake some work on our premises to increase the number of clinical rooms at Tibshelf and continue to seek solutions to the car parking issues.

During this year-long period we propose to reduce the sessions at Pilsley Surgery to three half days per week or one full day and one half day, depending on staffing availability. We will endeavour to reserve the appointments provided at the Pilsley Surgery for Pilsley patients who would find it difficult to travel to other sites.

Having considered the suggestions that were made in the Public Consultation the Practice will offer the following mitigations to reduce the risks to patients at the point the Surgery closes in full:

- Redesign the service to help the Practice provide an increase in capacity overall e.g. relocating a GP to provide additional capacity to triage demand for same day urgent care
- Work with the Pharmacy to look at ways we could provide some services to patients from the Pharmacy site
- Implement more telephone consultations, on-line and video consultations
- Support patients to access online consultations
- Streamline routine reviews for patients with long term conditions so that the majority of patients will only need to attend for a review once a year for all of their long term conditions and medications
- Ensure appointment timings take into consideration availability of bus travel and transport, and the reliability of the service is accepted as a reason patients may be late to appointments
- Continue to push for improved car parking arrangements at other Practice sites
- Identify new ways of providing supportive and proactive care to our most vulnerable patients such as the frail elderly, mentally ill and those with long term illness

- Continue to invest in an appropriate amount of home visiting capacity to support the housebound and frail elderly and any increase that may arise
- We will not reduce clinical resources. Staff that are currently employed will remain in post, but they will be relocated
- We will continue to try to recruit quality staff to our vacancies
- Continue to review operational models, timing of appointments, appointment types and methods and administration systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to Surgery
- We will continually monitor the impact of the closure and implement new mitigations or supportive solutions to our Pilsley patients wherever possible.

8. Next Steps

The report will be presented to Primary Care Co-Commissioning Committee of NHS Derby and Derbyshire Clinical Commissioning Group in January 2020. The Consultation Report will be made available on www.staffahealth.co.uk/pilsley-consultation

Thank you to everyone who took part in this Consultation.

9. Appendices

Contents:

Appendix 1 - Letter to Patients

Appendix 2 - Frequently Asked Questions sheet

Appendix 3 - Questionnaire

Appendix 4 - Overview of the communications approach – Communications and Engagement Plan

Appendix 5 - Bus timetables.

Appendix 1: - Letter to Patients



IMPORTANT LETTER TO ALL OUR PATIENTS THAT USE PILSLEY SURGERY

Monday 24th June 2019

Staffa Health Patient Consultation

Staffa Health have had to make the difficult decision to commence a Consultation with our patients and stakeholders to propose to permanently close Pilsley surgery.

Background

Staffa Health provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week and the ability to book ahead and on the day.

Operating in this way over our four sites and providing effective GP cover is challenging. For some time the Practice has been experiencing increasing difficulty in sustaining clinical GP cover over four sites. In common with other Practices across the country we have experienced a reduction in the number of GPs working for the Practice and we have not been able to recruit to our vacant GP posts.

As a Practice we are primarily concerned with the well-being of our patients and we now believe that bringing services together on fewer sites is the only way that we will be able to continue to deliver high quality care to our patients.

Why is the Change Being Proposed?

The proposal is almost entirely due to the decrease in the number of GPs we have working in the Practice as we are unable to continue to cover four sites with the GP staff available. We also believe however, that operating clinical services on fewer sites will allow us to redesign aspects of our service overall. This will allow the Practice to remain sustainable in the longer term and to continue to provide a quality service into the future.

We understand the service is highly valued by local residents, and has been a feature of the village for many years, however we consider the reasons for the proposed closure are compelling. We believe that by reducing the number of surgeries we provide clinical services from we will be able to continue to offer an efficient and sustainable GP service that retains the standard of quality our patients have come to expect from us.

What This May Mean For Patients

We are proposing the closure of the branch surgery in Pilsley. It is only the surgery that would close.

We would not be asking any of our patients to leave the Practice. Patients would still have the choice to access all our General Practice services at our remaining three sites at Tibshelf, Stonebroom and Holmewood and would continue to be registered with Staffa Health.

We would retain all of our staff and transfer the appointments currently provided at Pilsley to the other surgeries. To help improve access we would offer telephone appointments to our patients where appropriate and we would also explore the provision of online appointments for patients.

Home visits would continue to be provided for patients where they are medically necessary in accordance with our home visiting policy.

We recognise that not all our patients would be able or willing to travel to one of our other surgeries. Any patients who may choose not to remain registered with Staffa Health would be fully supported and offered advice on how to re-register with a different Practice.

How You Can Have Your Say

A formal Consultation about the proposed closure of the Pilsley Branch Surgery will begin on the 24th June 2019. The Consultation will take place over 60 days and will end at the close of business on the 23rd August 2019.

The purpose of the Consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be. We will welcome all your views.

You can take part in the Consultation by completing the Questionnaire enclosed. The Questionnaire is also available online at <https://www.staffahealth.co.uk/pilsley-consultation/>.

Please contact us on 01773 309030 if you require additional printed copies of the Questionnaire, need the information in another format or language, or need help completing the survey. Copies of the Questionnaire will also be available from the reception at all Staffa Health surgeries.

We will be holding a series of drop-in sessions to answer any questions that people may have. The drop-in sessions will be held on:

Wednesday 10th July – 3.00pm to 7.00pm – Pilsley Surgery

Monday 29th July – 8.30am to 10.30am – Pilsley Surgery

Tuesday 30th July - 1.00pm to 3.00pm – Pilsley Surgery

Please attend at any time between the times detailed above. There will be a senior member of the Staffa Health Practice team available to answer your questions at every session.

Once the formal Consultation is complete the findings will be presented to NHS England and the Derby and Derbyshire Clinical Commissioning Group who will then decide on the final outcome. We will of course notify patients of the decision of the CCG once it is known.

We regret the necessity of proposing this action but it is essential for the future of the Practice. We ask for your understanding and support to work with us through this proposed change.

Yours sincerely

Staffa Health



Staffa Health Patient Consultation

FREQUENTLY ASKED QUESTIONS

Why are we consulting with you on closing our Pilsley surgery?

Staffa Health provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week and the ability to book ahead and on the day.

Operating in this way over our four sites and providing effective GP cover is challenging. For some time the Practice has been experiencing increasing difficulty in sustaining clinical GP cover over four sites. In common with other Practices across the country we have experienced a reduction in the number of GPs working for the Practice and we have not been able to recruit to our vacant GP posts.

As a Practice we are primarily concerned with the well-being of our patients and we now believe that bringing services together on fewer sites is the only way that we will be able to continue to deliver high quality care to our patients.

Why Pilsley surgery?

Pilsley is the Surgery nominated because:

- It has the closest proximity to other GP services. Our other Practice sites are still local within a few miles radius of Pilsley and many patients already travel to our other sites;
 - Tibshelf - 1.4 miles
 - Holmewood – 2.2 miles
 - Stonebroom – 2.2 miles
- There are two public transport routes from Pilsley to Stonebroom and Tibshelf.
- It is the smallest of all four Staffa Health sites, with the fewest registered patients.
- The Pilsley Surgery accommodation requires an additional degree of repair and maintenance and the access to the building is not easy for our disabled patients. We believe we can offer patients a higher standard of care with appointments at our other surgeries.

If the Pilsley branch surgery is to close, which GP practice could I attend?

All our existing patients would remain registered at Staffa Health and would be able to access all services at Tibshelf, Stonebroom and Holmewood. Our patients can choose to register at a different Practice if they so wish, although this would depend on whether that Practice is accepting new patients and if you live within the Practices boundary.

What about transport?

There are two public transport routes from Pilsley to Stonebroom and Tibshelf that operate hourly. Through the Consultation there will opportunities to comment on potential transport issues and /or

any other concerns. The outcome of the Consultation and issues to be considered, like transport, will be consulted upon with other agencies including the Local Authorities.

Can I continue to make appointments at Pilsley?

Yes, the surgery is still open and you can continue to book appointments and attend the Practice as usual until the outcome of the Consultation is known and a formal decision is announced.

When will the Surgery close?

At this moment in time there has been no decision made on whether or not Pilsley surgery will close, therefore it remains open as usual.

How would it help Staffa Health by closing the Pilsley surgery?

Whilst we appreciate the disruption to patients who utilise Pilsley, we believe that the proposal would give long term sustainability to the **whole** Practice by:

- Enabling us to review and improve access to GP and nurse appointments without having to spread staff thinly over four sites;
- Allowing us to redesign the way we provide some aspects of the service. We plan to improve access to same day urgent care, telephone and online consultations;
- Reducing some of the activities that are duplicated across multiple sites, providing greater efficiency;
- Giving the Practice a greater ability to support doctors, nurses and pharmacists in training by supervising them on fewer sites. This would help us to provide quality learning for our future workforce;
- Making the Practice a more attractive place to work due to a more supportive, less stressful and less isolated working environment which should improve recruitment and retention.

Will it be more difficult to get an appointment in future?

No, Staffa Health would retain all staff that work from Pilsley surgery and the appointments that we currently provide would be transferred to other surgeries. We would not be reducing our staffing, we are trying to utilise the resources we do have more effectively to allow us to meet patient need as best we can into the future.

What about car parking at the other surgeries?

We understand that it can be difficult to park at Tibshelf and Stonebroom surgeries. If Pilsley surgery were to close we would relocate some of our administration staff from Tibshelf surgery to the Pilsley site as a short-term measure to free up car parking spaces and room space at Tibshelf surgery. We are hoping to build an extension at Tibshelf surgery and we are working with the Local Authorities to expand the car park there. Once this is complete our administration staff would move back to Tibshelf surgery.

Why is there a shortage of GPs?

The worsening shortage of GPs is not just a local issue but a national problem. Data from NHS Digital shows that the numbers of qualified GP practitioners in England has been decreasing year on year

since 2015¹². Many remaining GPs are approaching retirement, therefore the situation is expected to get worse in the near future.

What proactive things have the Practice done to-date to address the situation?

In response to GP staffing difficulties we have developed a broader skill mix across our Practice team over the last few years. This has included investing in 3 additional Advanced Nurse Practitioners, a Clinical Pharmacist and a Pharmacy Technician. We have also introduced new ways of working, which include telephone triage of requests for urgent appointments, new roles for dealing with the administration of clinical correspondence and active signposting by our reception team to help patients to get to see the most appropriate members of our clinical team. We will continue to look for innovative solutions to help us meet the needs of our patients in the future.

How long will the Consultation run for and what happens next?

It has been agreed the formal Consultation will run for 60 days beginning on the 24th June 2019 and ending on the 23rd August 2019.

Once the Consultation has closed an Outcome Report will be compiled which will include a full analysis of the responses, key issues, recommendations and objections. The outcome report will be presented to NHS England and NHS Derby and Derbyshire Clinical Commissioning Group (CCG). Following detailed consideration of the Consultation analysis they will make the decision on whether or not to allow the closure. We anticipate that this decision will be made around October 2019.

The outcome of this process will be shared with patients who utilise the Pilsley branch by personal letter, the Practice website and Practice information boards in all our surgeries. If the decision is taken to close the surgery there would be a period of notice given before that would happen.

How can you get involved?

If you would like to share your views or ask questions then we would like to hear from you.

We are inviting patients and stakeholders to share their views by **completing a Questionnaire**. The Questionnaire is available online at: <https://www.staffahealth.co.uk/pilsley-consultation/>

Consultation documents and paper copies of the Questionnaire are available in all our surgeries or can be requested by post for those unable to obtain one otherwise. A paper copy of the consultation document and the questionnaire will be posted to patients who utilise Pilsley surgery.

If you need this information in another format or language, or if you would like help completing the Consultation Questionnaire please call 01773 309030.

We will also be holding **drop-in information sessions** at the Pilsley Surgery for people to drop in and ask any further questions.

The drop-in sessions will be held on:

Wednesday 10th July – 3.00pm to 7.00pm – Pilsley Surgery

Monday 29th July – 8.30am to 10.30am – Pilsley Surgery

Tuesday 30th July - 1.00pm to 3.00pm – Pilsley Surgery

Please attend at any time between the times detailed above. There will be a senior member of the Staffa Health Practice team available to answer your questions at every session.

You can **email** your views to: admin.staffahealth@nhs.net

Or you can **write** to us at:

The Practice Manager

Staffa Health

3 Waverly Street

Tibshelf

Derbyshire

DE55 5PS

1 - <https://digital.nhs.uk/data-and-information/publications/statistical/general-practice-trends-in-the-uk/general-practice-trends-in-the-uk-2017>

2 - <https://files.digital.nhs.uk/1A/892727/GPW%20Mar2019%20Report.pdf>



Formal Consultation Regarding the Proposed Closure of Pilsley Surgery Consultation Questionnaire

Staffa Health are Consulting with our patients and stakeholders to propose to permanently close our surgery at Pilsley.

The Consultation will begin on the 24th June 2019. The Consultation will take place over 60 days and will end at the close of business on the 23rd August 2019.

The purpose of the Consultation is to understand and consider the views of our patients and stakeholders on the proposal and understand more fully what the impacts of the change may be. We will welcome all your views.

Patients that utilise Pilsley surgery will receive a letter giving them more information on the proposal and inviting them to take part in the Consultation by completing the Questionnaire below. The letter and additional Consultation documents are also available on the practice's website – <http://www.staffahealth.co.uk/pilsley-consultation/>.

We ask that you read these documents to understand the reasons for the proposal before you complete the Questionnaire.

If you need this information in another format or language, or if you would like help completing the Consultation Questionnaire please call 01773 309030.

Your views are important. Please take a few minutes to complete this Questionnaire to give your views about the proposal:

1. Please tick one of the boxes below:

I am:

- ☐ A patient
- ☐ A carer/relative/friend responding on behalf of a patient
- ☐ I have an interest in the service / I am a stakeholder/partner
- ☐ Prefer not to say
- ☐ Other

2. Which surgery are you registered with?

- ☐ Pilsley
- ☐ Tibshelf
- ☐ Stonebroom
- ☐ Holmewood

☐ Not applicable

3. Which surgery do you normally go to for your appointments?

- ☐ Pilsley
- ☐ Tibshelf
- ☐ Stonebroom
- ☐ Holmewood
- ☐ Not applicable

4. In the last 12 months how often have you visited Pilsley surgery for an appointment or service?

- ☐ Never
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-9 times
- ☐ 10 +
- ☐ Not applicable

5. How often do you visit one of our other surgeries that is not your normal surgery for an appointment or service?

- ☐ Often
- ☐ Rarely
- ☐ Never
- ☐ Not applicable

6. Do you understand the Practice's need to close the Pilsley surgery?

- ☐ Yes
- ☐ No
- ☐ Not sure

7. Do you support the closure of Pilsley surgery so that the services can be brought together at Staffa Health's other sites?

- ☐ Yes
- ☐ No
- ☐ Not sure

8. How do you normally get to Pilsley surgery at the moment?

- ☐ Car
- ☐ Walk
- ☐ Bus
- ☐ Lift with someone else
- ☐ Mobility scooter

- ☐ Not applicable
- ☐ Other (please specify)

9. In the event of the Pilsley surgery closing how would you access GP services?

- ☐ Attend another Staffa Health site by car
- ☐ Attend another Staffa Health site by public transport
- ☐ Attend another Staffa Health site by other means
- ☐ Register at a different GP Practice
- ☐ Other (please specify)

10. Thinking about the proposed closure of Pilsley surgery, what impact do you consider this will have on you?

- ☐ Little or no impact
- ☐ Positive
- ☐ Negative
- ☐ Not sure
- ☐ Prefer not to say

Please tell us the reason for your answer:

11. Please tell us what concerns, if any, you may have regarding the proposed closure of the Pilsley surgery?

12. Please tell us if there is anything you feel could be done to resolve your concerns.

13. How did you become aware of this patient consultation?

- ☐ Letter from the practice
- ☐ Information in one of the Staff Health surgeries
- ☐ A friend or family member told me
- ☐ A voluntary/community organisation informed me
- ☐ Newspaper
- ☐ Social media (Facebook/Twitter)
- ☐ Drop-in event
- ☐ NHS or Council website
- ☐ Other (please specify)

14. Is there anything else you would like to make us aware of regarding this proposal?

Equality Questions

Staffa Health recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

To ensure that we understand who has given us feedback we would like you to complete the short monitoring section below in relation to yourself or if you are representing another person in relation to them. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Our Commitment to Data Privacy and Confidentiality Issues:

We are committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the General Data Protection Regulation (EU) 2016/679 (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

15. Please enter the first 4 letters of your postcode:

16. How old are you?

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Under 18 years |
| <input type="checkbox"/> | 18 – 24 years |
| <input type="checkbox"/> | 25 – 34 years |
| <input type="checkbox"/> | 35 – 44 years |
| <input type="checkbox"/> | 45 – 54 years |
| <input type="checkbox"/> | 55 – 64 years |
| <input type="checkbox"/> | 65 – 74 years |
| <input type="checkbox"/> | 75 – 79 years |
| <input type="checkbox"/> | 80+ year |
| <input type="checkbox"/> | Prefer not to say |

17. Please choose one option that best describes your relationship status:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Single |
| <input type="checkbox"/> | Married/Civil Partnership |
| <input type="checkbox"/> | Widowed/Surviving Civil Partner |
| <input type="checkbox"/> | In a relationship |
| <input type="checkbox"/> | Separated |
| <input type="checkbox"/> | Living with a Partner |
| <input type="checkbox"/> | Divorced/ Dissolved Civil Partnership |
| <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | Other |

18. How would you describe your gender/sex

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | Other (please specify): |

19. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having gender reassignment surgery)

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Prefer not to say |

20. Please choose one option that best describes how you think of yourself:

- ☐ Heterosexual / Straight
- ☐ Gay / Lesbian
- ☐ Bisexual
- ☐ Pansexual
- ☐ I'd prefer not to say
- ☐ Other (please specify)

21. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- ☐ Vision (such as due to blindness or partial sight)
- ☐ Hearing (such as due to deafness or partial hearing)
- ☐ Mobility (such as difficulty walking short distances, climbing stairs)
- ☐ Dexterity (such as lifting and carrying objects, using a keyboard)
- ☐ Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- ☐ Memory
- ☐ Mental ill-health
- ☐ Stamina or breathing difficulty or fatigue
- ☐ Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- ☐ No
- ☐ Prefer not to say
- ☐ Any other condition or illness, please describe:

22. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- ☐ Long-term physical or mental-ill-health/disability
- ☐ Problems related to old age
- ☐ No
- ☐ I prefer not to say
- ☐ Other, please describe:

23. Please choose one option that best describes your Ethnic Group or Background?

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish

- ☐ Gypsy or Irish Traveller
- ☐ Other White background
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Other Mixed/Multiple ethnic background
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other Asian background
- ☐ African
- ☐ Caribbean
- ☐ Other Black/African/Caribbean background
- ☐ Arab
- ☐ Any other ethnic group, please describe

24. Please choose one option that best describes your religious identity?

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Baha'i
- ☐ Jain
- ☐ I prefer not to say
- ☐ Any other religion, please describe:

25. Are you pregnant or are you currently caring for a child under 24 months of age?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Not applicable

Thank you for taking the time to complete this Questionnaire.

Please return your Questionnaire to any of the Staffa Health surgeries before the 23rd of August 2019.



Staffa Health Pilsley Surgery Branch Closure Engagement Project Plan

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Last updated: 30.12.19

	Item	Completion by	Comments
Pre-Consultation preparation			
	Stakeholder identification and analysis	01.05.19	COMPLETE
	Identify patients affected	20.06.19	COMPLETE
	Draft and agree letter to patients	20.06.19	COMPLETE
	Draft and agree fact sheet / leaflet	20.06.19	COMPLETE
	Draft and agree questionnaire	20.06.19	COMPLETE
	Draft poster	20.06.19	COMPLETE
	Draft briefing for stakeholders	20.06.19	COMPLETE
	Build web page	20.06.19	COMPLETE
	Build questionnaire in Survey Monkey	20.06.19	COMPLETE
	Share Communications materials with CCG and gain input and approval	20.06.19	COMPLETE
	Inform Commisioners & NHS England of start date of the consultation	20.06.19	COMPLETE
Staff Announcement			
	Announce proposal and consultation to staff that may be affected	13.06.19	COMPLETE
	Announce to all other staff	14.06.19	COMPLETE
Announcements / Communications			
	Attend Parish Council	12.06.19	COMPLETE
	PPG	13.06.19	COMPLETE
	Pilsley Pharmacy	19.06.19	COMPLETE
	Chair Pilsley Parish Council	23.06.19	COMPLETE
	MP - Dennis Skinner - Bolsover	23.06.19	COMPLETE
	MP - Lee Rowley - North East Derbyshire	11.07.19	COMPLETE
	County Councillor - Kevin Gillott	23.06.19	COMPLETE

Staffa Health Pilsley Surgery Branch Closure Engagement Project Plan



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Announcements / Communications continued...		
District Councillor - Andrew Cooper	23.06.19	COMPLETE
District Councillor - Ann Holmes	23.06.19	COMPLETE
District Councillor - John Funnell	23.06.19	COMPLETE
Other local GP practices - all Hardwick Practice Managers	23.06.19	COMPLETE
GP Federation	23.06.19	COMPLETE
Healthwatch	23.06.19	COMPLETE
Local Medical Committee	24.06.19	COMPLETE
Citizens Advice	28.06.19	COMPLETE
Social care	28.06.19	COMPLETE
Other local parish councils - Morton	28.06.19	COMPLETE
Other local parish councils - Stretton	28.06.19	COMPLETE
Other local parish councils - Brackenfield	28.06.19	COMPLETE
Other local parish councils - Shirland and Higham	28.06.19	COMPLETE
Other local parish councils - Wessington	28.06.19	COMPLETE
Other local parish councils - Clay Cross	28.06.19	COMPLETE
Other local parish councils - North Wingfield	28.06.19	COMPLETE
Other local parish councils - Heath and Holmewood	28.06.19	COMPLETE
Other local parish councils - Tibshelf	28.06.19	COMPLETE
Other local parish councils - Blackwell	28.06.19	COMPLETE
Other local parish councils - Ault Hucknall	28.06.19	COMPLETE
Other local parish councils - South Normanton	28.06.19	COMPLETE
Derbyshire Community Health Service	28.06.19	COMPLETE
Local voluntary sector and community groups; NDVA	28.06.19	COMPLETE

Staffa Health Pilsley Surgery Branch Closure Engagement Project Plan



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Public Consultation Phase		
Conusultation start date	24.06.19	COMPLETE
Launch consulation on website	24.06.19	COMPLETE
Lettter to each household where a patient has visited Pilsley OR has a registered patient sent via docmail	25.06.19	COMPLETE
Patient feedback questionnaire distributed in all sites and available on the website	24.06.19	COMPLETE
Poster Campaign in all sites, local pharmacies, post office + other community areas	22.07.19	COMPLETE
Send Text message to Staffa Health patients that have a mobile number	22.07.19	COMPLETE
Reminder text message to all Staffa Health patients that have a mobile number	16.08.19	COMPLETE
Drop in sessions by appointment	10th, 29th, 30th July	COMPLETE
Telephone consultations as required	From 24.06.19	COMPLETE
Practice Website coverage	From 24.06.19	COMPLETE
Social Media communications	Scheduled from 27.06.19	COMPLETE
Meetings with staff	ongoing from 24.06.19	COMPLETE
Meetings with stakeholders	ongoing from 24.06.19	COMPLETE
Meeting with PPG / updates	08.08.19	COMPLETE
Consultation closes		
60 day consultation ends	23.08.19	COMPLETE
Post consultation activities		
Patient engagement analysis begins	23.08.19	COMPLETE
Draft patient engagement report completed	06.11.19	COMPLETE
Consideration and reflection on patient engagement report by the Practice, consideration of further mitigations, make final decsion regarding next steps	06.11.19	COMPLETE
Communicate to staff Practice decsion	03.12.19	COMPLETE
Consultation report completed	31.01.19	COMPLETE

Staffa Health Pilsley Surgery Branch Closure Engagement Project Plan

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Post consultation activities continued...			
	Submit consultation report to CCG/NHS England	31.01.19	
	Attendance at CCG Engagement Committee	08.01.20	
	Attendance at Health Scrutiny Committee	20.01.19	
	Report to CCG Co-Commissioning Committee	22.01.19	

Appendix 5: Bus Timetables

5A: Pilsley to Tibshelf













Journey results

Pilsley, Derbyshire to Tibshelf, Derbyshire leaving 08:00 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
07:47	07:53	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
08:47	08:53	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
09:52	09:58	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
10:52	10:58	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
11:57	12:03	0	00 hrs 06 mins	
 bus 56				

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Journey results

Pilsley, Derbyshire to Tibshelf, Derbyshire leaving 11:57 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
11:57	12:03	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
12:57	13:03	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
14:02	14:08	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
15:02	15:08	0	00 hrs 06 mins	
 bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
16:07	16:13	0	00 hrs 06 mins	
 bus 56				

Journey results

Pilsley, Derbyshire to Tibshelf, Derbyshire leaving 16:07 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
16:07	16:13	0	00 hrs 06 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
17:07	17:13	0	00 hrs 06 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.50
18:12	18:18	0	00 hrs 06 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £23.00
18:41	19:45	2	01 hrs 04 mins	

 bus 55 >  >  bus X1 >  >  bus 1 > 

Depart	Arrive	Changes	Traveltime	 Tickets from £23.00
19:17	23:06	2	03 hrs 49 mins	

 bus 56 >  >  bus PRO >  >  bus 1

5B: Tibshelf to Pilsley



Journey results

Tibshelf, Derbyshire to Pilsley, Derbyshire leaving 07:45 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
07:38	07:46	0	00 hrs 08 mins	
bus 56				
Depart	Arrive	Changes	Traveltime	Tickets from £2.70
08:44	08:52	0	00 hrs 08 mins	
bus 56				
Depart	Arrive	Changes	Traveltime	Tickets from £2.70
09:44	09:52	0	00 hrs 08 mins	
bus 56				
Depart	Arrive	Changes	Traveltime	Tickets from £2.70
10:49	10:57	0	00 hrs 08 mins	
bus 56				
Depart	Arrive	Changes	Traveltime	Tickets from £2.70
11:49	11:57	0	00 hrs 08 mins	
bus 56				

Journey results

Tibshelf, Derbyshire to Pilsley, Derbyshire leaving 11:49 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
11:49	11:57	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
12:54	13:02	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
13:54	14:02	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
14:59	15:07	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
15:59	16:07	0	00 hrs 08 mins	

 bus 56

Journey results

Tibshelf, Derbyshire to Pilsley, Derbyshire leaving 15:59 on Mon 6 Jan 1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
15:59	16:07	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
17:04	17:12	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.50
18:04	18:12	0	00 hrs 08 mins	

 bus 56

Depart	Arrive	Changes	Traveltime	 Tickets from £2.50
19:09	19:17	0	00 hrs 08 mins	

 bus 56

Travelling on Tue 07 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
06:54	07:02	0	00 hrs 08 mins	

 bus 56

5C: Pilsley to Stonebroom



Journey results

Pilsley, Derbyshire to Stonebroom,
Derbyshire

leaving 07:45 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
06:55	07:01	0	00 hrs 06 mins	

bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
08:21	08:28	0	00 hrs 07 mins	

bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
09:26	09:33	0	00 hrs 07 mins	

bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
10:28	10:35	0	00 hrs 07 mins	

bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.70
11:28	11:35	0	00 hrs 07 mins	

bus 55

Journey results

Pilsley, Derbyshire to Stonebroom,
Derbyshire











leaving 11:28 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
11:28	11:35	0	00 hrs 07 mins	
 bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
12:28	12:35	0	00 hrs 07 mins	
 bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
13:41	13:48	0	00 hrs 07 mins	
 bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
14:41	14:48	0	00 hrs 07 mins	
 bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
15:46	15:53	0	00 hrs 07 mins	
 bus 55				

Journey results

Pilsley, Derbyshire to Stonebroom,
Derbyshire

leaving 15:46 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
15:46	15:53	0	00 hrs 07 mins	

 **bus 55**

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
16:46	16:53	0	00 hrs 07 mins	

 **bus 55**

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
17:45	17:52	0	00 hrs 07 mins	

 **bus X55**

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
18:41	18:48	0	00 hrs 07 mins	

 **bus 55**

Travelling on Tue 07 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.70
06:55	07:01	0	00 hrs 06 mins	

 **bus 55**

5D: Stonebroom to Pilsley



Journey results

Stonebroom, Derbyshire to Pilsley,
Derbyshire

leaving 07:45 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	Tickets from £2.10
06:58	07:10	0	00 hrs 12 mins	

> bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.00
07:50	08:04	0	00 hrs 14 mins	

> bus X55

Depart	Arrive	Changes	Traveltime	Tickets from £2.10
09:03	09:15	0	00 hrs 12 mins	

> bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.10
10:05	10:17	0	00 hrs 12 mins	

> bus 55

Depart	Arrive	Changes	Traveltime	Tickets from £2.10
11:05	11:17	0	00 hrs 12 mins	

> bus 55

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Journey results

Stonebroom, Derbyshire to Pilsley,
Derbyshire
















leaving 11:05 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
11:05	11:17	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
12:13	12:25	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
13:13	13:25	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
14:18	14:30	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
15:18	15:30	0	00 hrs 12 mins	
 >  bus 55				

Journey results

Stonebroom, Derbyshire to Pilsley,
Derbyshire

















leaving 15:18 on Mon 6 Jan

1 passenger

There are high priority updates for your journey results

Suggested routes

Travelling on Mon 06 Jan

Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
15:18	15:30	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
16:23	16:35	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.10
17:28	17:40	0	00 hrs 12 mins	
 >  bus 55				
Depart	Arrive	Changes	Traveltime	 Tickets from £6.00
17:52	19:17	1	01 hrs 25 mins	
 bus X55 >  bus 56				
Depart	Arrive	Changes	Traveltime	 Tickets from £2.50
18:16	19:19	0	01 hrs 03 mins	
 >  bus 55 > 				

Derbyshire County Adult Health Improvement and Scrutiny Committee
20 January 2020

Outcome of public consultation for the long term model of the Light House Integrated Disabled Children's Residential Short Breaks Service Derby

The Light House is an integrated disabled children's service which is jointly funded by Derby City Council and the NHS Derby and Derbyshire Clinical Commissioning Group (CCG). Within the Light House there is a residential short breaks service that provides regular breaks for children with a wide range of disabilities from autism and/or challenging behaviour to complex physical health needs from 0 to 17 years. A paper submitted to the Engagement Committee in September 2019 described the service review process that was triggered by the local health provider giving notice, interim arrangements and a request for support for a formal consultation on the long term model.

Assurances to support the robustness of the interim arrangements include:

It is worth noting that during a recent combined Ofsted and CQC inspection of SEND services in Derbyshire the Light House pre-engagement programme and consultation plans were highlighted as examples of good practice following discussion and interviews with parents.

It is also important to note that a spot check inspection by Ofsted in July 2019 under interim arrangements awarded the Light House residential short breaks service a 'Good' rating.

The Public Consultation

The public consultation period took place was for 90 days from 5 September and concluded 3 December 2019. The CCG worked in partnership with Derby City Council to consult with local people through various face to face channels and is detailed in the report.

The full report describing the process and outcome of the consultation is attached.

Outcome

Respondents included parents and carers and a range of stakeholders including professionals. Feedback and themes were consistent with the extensive pre-engagement phase which yielded invaluable intelligence and helped to shape the interim model. Some of the feedback to the consultation indicated "nothing further to add" with regard to feedback already provided during the pre-engagement phase and this is noted in the report. However the combination of feedback from the pre-engagement and new or additional feedback from the consultation has provided a robust core of information which is reflected in the design of the proposed long term model.

Key themes from the feedback were that new service should offer:

- Better continuity of care for all children
- Consistency of service provision with appropriate levels of staffing.
- A sustainable model which will help to ensure the continued operation of the residential short breaks service in the future
- A service that parents and carers are confident in and where they can be reassured that care is safe.

The key issues from parents and carers were around the capacity to deliver respite allocations (reduced in the interim to maintain a safe service) and a positive experience for their children.

The main concern from other responders/stakeholders who are not parents and carers was around the level of clinical support for children with the most complex health needs whilst staying at the Light House.

The following table outlines the changes in service since May 2019 and the proposed service model.

The Light House (Derby) Residential Short Breaks Services for Children and Young People with Disabilities December 2019			
Date	Staffing model for 48 children (current)		Outcomes for children
Old Until 31 May 2019	Care and social needs met by care staff	Health needs met by nurses	Multiple carers Restricted social experience Increasing service cancellation
Interim 1 June 2019 to 31 March 2020	Care and social needs met by care staff	Health needs met by nurses	Reduced service availability Increasing continuity of carer
	Training for care staff to meet some health needs with supervised practice		
Proposed model after consultation From 1 April 2020	All care, social and health needs met by care staff trained in child specific interventions trained and supervised by nurses- 44 children	Bespoke packages of care for children with most complex needs 4 children	Better continuity of carer Better quality of social experience Improved flexibility and increased availability of service

Public Consultation Report On The Light House (Derby) Residential Short Breaks Services for Children and Young People with Disabilities

31 December 2019

**This consultation was co-delivered by NHS
Derby and Derbyshire Clinical Commissioning
Group and Derby City Council**

Contents

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Moving from the interim model to a long term solution.....	7
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Introduction and background

The Light House is an Integrated Disabled Children's Service that is jointly funded by Derby City Council (DCC) and the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and was set up in 2004. Within the Light House there is a residential short breaks service that provides regular overnight breaks for children and young people from 0 to 17 years of age with a wide range of disabilities from autism and/or challenging behaviour to complex physical health needs. The residential unit is a purpose built environment with 10 en-suite bedrooms divided into two units, 'Sun' and 'Star' with one focussing on children with physical health needs and the other on children with challenging behaviour. Some children have both sets of needs. Parents and carers have told us that this service is of significant importance to them and that it makes a huge difference to the quality of their family lives.

The eligibility criteria for the service specify that children must be aged 0-17 years with a diagnosed moderate-severe learning disability. The service is used where parents are providing waking care and children have a very high level of personal care needs. Children stay 2-5 nights per month on average. Most children using the residential short breaks service are from Derby City. A very small number of children with the most complex physical health needs come from Derbyshire as their health needs cannot be met by Derbyshire County Council's own respite provision.

Staffing ratios in the two units depend on individual risk assessments and are tailored based on need:

Star Unit

This is a 4 bed unit for children and young people with behaviour that is difficult to manage. A high proportion have a diagnosis of Autistic Spectrum Disorder (ASD). Staffing ratios vary and can be up to 3 staff for 4 young people at any one time.

Sun Unit

This has 6 beds and is for children with multiple disabilities, complex medical needs and physical impairments. Some children and young people also have behaviour that is difficult to manage and/or have a diagnosis of ASD. Others have moving/handling needs which require one to one support. A small number of children and young people with a higher level of health need may require one to one care - of these most will have continuing health care packages.

The ethos of the Light House (Statement of purpose 2018)

'The centre offers short breaks to young people so they can enjoy and achieve in a homely environment, giving parents/carers a break. The centre promotes play and stimulation with appropriate peer and friendship groups. All young people are assessed for the appropriate groups so they are safe and happy. Planning is paramount in addition to risk assessment of peer groups'.

Parents and carers view the Light House as a vital lifeline as described in the following comment from a parent which is consistent with the feedback throughout:

"My child loves to come to the Light House, where he feels secure, happy and knows the staff that look after him. We feel happy that he is having high quality care and this has continued throughout the difficult transition period the staff have had to go through. He enjoys the opportunities to go outside (in the garden, or on little trips out when weather and staffing allow), has plenty of space indoors to walk around and opportunities to have his sensory needs met."

Unlike most services of this nature the Light House residential short breaks service is unusual in that it meets the needs of all children and young people, including those with the most complex health needs. Until May 2019 care for users of the service was provided by residential child care workers employed by Derby City Council and nurses employed by a local NHS provider. The contract with the local health care provider ended on the 31 May 2019 after the provider gave notice to stop providing the service. This allowed local authority and CCG commissioners to jointly review the service alongside other similar residential short breaks services (where social care staff deliver a range of appropriate health care tasks based on national guidance), as there had not been a full service review since 2004.

Commissioning arrangements

Derby City Council along with all local authorities have a responsibility to ensure short breaks are provided for children and young people with special education needs and disability (Children and Families Act 2014). NHS Derby and Derbyshire Clinical Commissioning Group is responsible for ensuring that the health needs of children and young people using these services are met.

The Light House is jointly commissioned by Derby City Council and NHS Derby and Derbyshire Clinical Commissioning Group (CCG). Part of the service is funded through Section 75 of the Health Act 2006. This enables local authorities and NHS bodies to pool resources and delegate certain functions to other partners where there is shared responsibility. Derby City Council is the lead organisation for the

Section 75 arrangements as part of its local authority responsibilities, although decisions are made jointly.

The Light House residential short breaks review was jointly led and managed by the City Council and CCG teams. It was managed through a project planning process within existing Section 75 structures, where decision making and assurances were jointly made and 'signed off' through both City Council and CCG governance routes as appropriate. This ensured robust and safe decision making and provided shared ownership, knowledge, skills and rigour.

Changes to the service

The Light House has been open since 2004 and there has never been a service review, to see how the health and care needs of the children and young people using the service are met.

The original service model was provided by a nursing team from local NHS provider and a team of residential children's care workers employed by Derby City Council. All clinical tasks were undertaken by nursing staff and all other care was provided by City Council staff. This meant that if a child had any health care need, however big or small, they would need to have the support of a nurse during their stay. This sometimes prevented children going out on trips, as the nurses were based in the unit.

Having two teams with different roles meant there was limited flexibility to provide cover for staff absences. This was more likely to lead to short notice cancellations of stays, making the service less reliable for families.

At the end of 2018 the health care provider gave notice of their intention to stop delivering services at the residential short breaks unit and ended their contract at the end of May 2019. The immediate priority for commissioners in the City Council and the CCG once the health care provider had given notice was to ensure continuity of service provision for families from the 1 June 2019.

Whilst the City Council care staff remained the same, it was jointly agreed in the short term to continue with the same delivery model with an alternative health provider delivering health care tasks and council staff delivering all other elements of care for safety reasons. This allowed the opportunity for an interim period to safely test new models. It also allowed time to review the service, explore longer term options and consider Care Quality Commission (CQC) and Ofsted guidance that allows for more flexible care delivery.

Following due process, after testing the market and engagement with families, children's commissioners in the City Council and CCG jointly developed a service specification for a new health care provider. Procurement was through the CCG following NHS regulations (see procurement section). This was informed by an

Equality and Quality Impact Assessment (EQIA) which is a critical part of the change process for any CCG commissioned service and the Light House EQIA was presented to the CCG EQIA Panel to provide assurance and it established that:

- The physical condition and age of some of the children who use the Light House has meant that they are not able to give their own views, therefore having clear lines of communication through a process of engagement with parents, carers, staff and any future provider is essential
- Some parents and carers work during the day and may not be able to attend any engagement events that are scheduled in normal office hours and this should be given due consideration in any programme of engagement

Interim model from 1 June 2019 to present (see Appendix 1).

The priority for the interim arrangements was to:

- provide some direct nursing care to ensure continuity of service provision and safety
- move towards a stronger social care-led model, whilst ensuring that appropriate healthcare needs were safely met, such as starting to upskill social care staff in delivering some health interventions with training, competency testing and governance development
- fully recruit social care staff in line with the revised structure
- ensure the new social care infrastructure and governance was robust
- continue to listen and learn from parents, carers and staff about what works well and what needs to change to maintain statutory responsibilities.

Procurement of a provider for the interim model:

The CCG and Derby City Council hosted an engagement event with prospective service providers. Parents were invited to put themselves forward to represent other parents and carers at the event.

The provider engagement event was held on the 10 January 2019 and was attended by a range of providers including local NHS organisations, voluntary and community sector and the commercial health sector. A parent of a service user from the Light House was present and contributed the discussions.

The purpose of the engagement event was to help commissioners shape both the long term model for the service and the provision to continue to deliver the service in the short term. The CCG and City Council shared with providers the:

- details of the service;
- range of needs of the children and young people that use the service;

- challenges of the service;
- initial feedback we'd received through engaging with parents and carers

The engagement event and subsequent direct approaches to potential local NHS providers was initially unsuccessful until the specialist healthcare provider Nurture Care were identified as the only provider with the skills, expertise and capacity to meet the requirements and timescale specified. Nurture Care was appointed to provide direct nursing care, training for Derby City Council care staff to deliver some of the roles (health care tasks) previously delivered by healthcare staff and support with new governance arrangements. Nurture Care have an CQC overall rating of 'Good' and 'Outstanding' for Caring. Both Sun and Star units are presently run by a combination of nurses (supplied by Nurture Care) and residential care workers (Derby City Council staff).

A significant benefit of this approach is that it has enabled service users, their parents and families and staff to experience a potential long term model on a short term basis, albeit on a reduced service, whilst capacity continued to be built. It has also offered commissioners and the wider system an opportunity to evaluate a potential future model of delivery. Critical factors such as quality, sustainability, performance within the budget envelope and other indicators can be tested and shared as part of the process.

It is important to note that a spot check inspection by OFSTED in July 2019 under interim arrangements awarded the Light House residential short breaks service a 'Good' rating.

For safety and staffing reasons, the interim service has operated at reduced capacity - 3 nights per week. For fairness, the decision was made to proportionally reduce respite allocations for all families. This added pressures for families, particularly in holiday time and has been and continues to be closely monitored by social care.

Moving from the interim model to a long term solution

The Light House routinely has places for around 60 children to receive short breaks. There is a waiting list of children who have not yet been able to access the service. In order for the Light House to become an efficient and sustainable service to meet the existing and growing future demand the model needs to change. The aim in the long term is to build a home from home short breaks service that meets the needs of all children and is reliable and safe by having a regular team of staff that know the children well and understand their individual needs.

The new service needs to offer:

- Better continuity of care for all children
- Consistency of service provision with appropriate levels of staffing.
- A sustainable model which will help to ensure the continued operation of the residential short breaks service in the future
- A service that parents and carers are confident in and where they can be reassured that care is safe.

The potential longer term changes to the Light House model fall within Section 14Z2 of the Health and Social Care Act 2012 and NHS Act 2006 requirement to engage and consult with parents and carers, staff, key stakeholders including local authorities, the wider public and anyone who has an interest in this service.

A programme of intensive pre-engagement was launched on 19th November 2018 followed by a formal, 90 day consultation from 5 September 2019 to 3 December 2019 which was run alongside the interim model (see engagement and consultation section below).

Engagement and consultation

The project group formed from both commissioning organisations (Derby City Council and NHS Derby and Derbyshire CCG) were determined that parents and carers in particular should be involved in a co-design role from the beginning and that has formed the core of the pre-engagement and consultation phases.

Pre – consultation engagement phase – November 2018 to July 2019

Further to the announcement in November 2018 of the incumbent health care provider's intention to give notice, the priority of the CCG and Derby City Council was to provide robust assurance that the Light House as a statutory service would remain open during the procurement of a new provider and subsequent transition phase. As it became clear that finding an alternative provider to deliver the same model was not possible.. The key channels to support the pre-consultation engagement phase are described below:

Website

Throughout the engagement phase there was a dedicated page on the CCG website which listed the background information, a link to a survey and constantly updated frequently asked questions to support responses to the survey.

Engagement events:

Recognising this was a difficult and uncertain time for parents and carers, the approach to pre-engagement was primarily based upon providing regular face to face updates and question and answer sessions for parents and carers. These were jointly led by a small team of senior officers in the City Council and CCG to ensure consistency and to reassure parents and carers that partners were working closely together. The sessions were offered on a group and one to one basis throughout and included opportunities for informal discussion through visits to the centre, coffee mornings and other routes.

Date	Activity	Comment
19.11.18	Parents/carers engagement session	Morning
21.11.18	Parents/carers engagement session	Evening
25.1.19	Parents/carers engagement session	Morning
26.1.19	Parents/carers engagement session	Evening
25.4.19	Parents/carers engagement session	Morning
29.4.19	Parents/carers engagement session	Evening
30.4.19	Parents/carers engagement session	Morning
20.5.19	Parents/carers engagement session	Evening
21.5.19	Parents/carers engagement session	Morning
8.7.19	Parents/carers engagement session	Morning
9.7.10	Parents/carers engagement session	Evening

Survey for parents unable to attend engagement events

For those parent and carers that were unable to attend any of the engagement events, a survey was created to ensure that all parent, carers, healthcare professionals had the opportunity to have their say and be part of the engagement process. Parent and carers were also able to leave any relevant questions with the Light House manager. Paper copies of the survey were encouraged to be completed and sent back to the CCG using a freepost address.

There were three key questions which required feedback (see questions below). Demographic information was also asked in the survey but due to the short number of responses this will not be included as it may result in the identification of individuals.

The CCG and City Council were keen to understand views in three areas:

1. What do you think about the Light House and the way it works now?
2. Is there anything that you think should be changed?
3. Do you have any ideas for the future?

Headline themes from the survey responses to each key area are:

Question 1:

- The Light House works well for families and is excellent
- Staff know our children well and are dedicated and they do a fantastic job for us and our child
- The Light House provides essential respite
- The Light House is a lifeline for parents and carers
- Children who visit have complex needs and the service caters for these
- We feel very frightened that you might be taking away a service.

Question 2:

- The service is operating well
- The service works well for us, so don't change it
- It's a fantastic service so why do you want to change it?

Question 3:

- Keep nurses who are suitably trained to run the service
- A better link between the Light House and the adult services
- Ensure that health and social care are working together on this service
- Has to meet the needs of the child
- Would rather not have agency staff as they don't know our child.
- We need regular updates on the procurement

Pre engagement programme summary:

The pre-engagement phase generated invaluable insight through robust and informative discussion opportunities around what matters most to service users, parents, carers, staff, providers (and potential providers) and others with an interest in the service.

It also presented an opportunity to discuss service models that are operating elsewhere and how those could potentially be modified to respond to the higher levels of dependency and physical healthcare needs of some of the young people using the service at The Light House.

There was a broad consensus of opinion amongst all who attended that any future model would more than likely need to incorporate the following:

- Some continued involvement of a health provider;
- Some continued involvement of nursing staff;
- Better integration of the staffing model and governance arrangements that would allow the development of the social care staff to take on some of the duties currently only undertaken by nurses;
- An acknowledgement that the different levels of physical healthcare need on the Sun and Star units justify having differing staffing approaches;
- An acknowledgement that staffing skill mixes should be able to be flexed from day to day to fit the needs of the group of children and young people being cared for;
- To consider if the dedicated carers some young people have as a part of their continuing healthcare package might play some role in supporting that young person during their short break.

Continuity of service delivery has been maintained during the pre-engagement phase and transition between health care providers and interim arrangements. Since April 2019 the residential service has been able to safely open 3 nights per week to ensure that the appropriate number of qualified nurses is on duty. Families would normally use this service between 2-5 nights per month per child based on assessed need.

An extension to the recruitment programme meant that families continued to be offered less than the full allocation up to the end of the consultation period. Attracting high quality staff has been challenging and the CCG, City Council and parents and carers have not been willing to compromise on the high standards of skills and experience specified and needed to deliver the quality of care desired for the potential new model.

The experience of parents and carers during the pre-engagement phase indicated that it was a challenging time for both families currently using the service and those on the waiting list (eleven families), as their needs could not be accommodated until staffing reached the appropriate level.

The impact on families has been closely monitored through social workers with advice and support offered where possible. The recruitment programme continued to the end of the pre-engagement phase and then into the consultation phase.

Feedback indicates that at the closure of the pre-engagement phase social care staff in post reported that they were finding their new and developing roles and responsibilities satisfying with the right support being offered. Supervision and feedback from trainers was positive. The development of a framework for social care staff to deliver appropriate health tasks under local authority governance was on

track. As there was a robust model in place, there was a confidence that if approved, once staff are recruited, trained and competency assessed then the number of nights offered to families would be extended and this formed an important element of the consultation phase.

Formal consultation phase

Following an evaluation of the pre-engagement programme the joint project team of Derby City Council and NHS Derby and Derbyshire CCG recommended that a single option, jointly-delivered consultation would be appropriate on the basis that:

- The intensive procurement programme demonstrated there was no suitable provider available to deliver all the key elements of the previous model within the timescale required.
- To “do nothing” further following the provider serving notice would have meant that the service could no longer continue and as the Light House is a statutory service, this was not an option

The draft consultation document was submitted to the governance processes of both Derby City Council and the NHS Derby and Derbyshire CCG as described below, requesting permission to co-consult. The 15 questions can be seen in Appendix 2:

Date	Action	Comment
8 April 2019	DCC Improvement and Scrutiny Panel	Present update
April 2019	Update to Cabinet DC Member lead for the Children and Young People	Update on the consultation plan
1 August 2019	CCG Governing Body	Approval to consult
8 August 2019	CCG CLCC	Clinical reassurance
4 September 2019	CCG Engagement Committee	Approval to consult
21 October 2019	Paper delivered to the Children and Young Peoples Scrutiny Panel	Mid-point of the consultation process

The key dates for the consultation phase were:

Date	Action	Comment
5 September 2019	Consultation launch	See list of promotional channels below
5 September to 3 December 2019	Ongoing promotion of a range of face to face and other opportunities for parents, carers, partners and stakeholders and others to get involved and provide comments and feedback	See table below
3 December 2019	Consultation closed	Start report draft
4 December to 31 December 2019	Consultation report draft	Jointly prepared by DCC and CCG teams

8 January 2020	Engagement Committee	Consultation report and recommendation for approval
20 January 2020	Derbyshire County Council Improvement and Scrutiny Panel LA	Consultation report and recommendation for approval
23 January 2020	Clinical Lay Commissioning Committee CCG	Consultation report and recommendation for approval
6 February 2020	Paper to DDCCG Governing Body	Consultation report and recommendation for approval
24 February 2020	Derby City Council children's Overview and Scrutiny, LA	Consultation report and recommendation for approval

Direct targeting of parents and carers, partners and stakeholders, networks and others formed the core of the consultation programme and the groups in the table below were directly targeted at launch and repeated again during the consultation phase via the channels described:

Recipient	Channel
Parents/carers of Derby City children	Letter, email and phone
Parents/carers of Derbyshire children	Letter, email and phone
Parents and carers of children on waiting list	Letter and email
Senior leads and staff at relevant departments for DC and DCC	Email from project leads
Umbrella	Email request to share with networks
Social workers	Targeted to specific workers
Funability	Group presentation
St James Centre	Request to share with networks
Parent Carers Forum	Requested to share and promote
Healthwatch Derby City	Requested to share and promote
Stakeholders, MPs etc	Via bulletins and updates
Healthwatch Derbyshire	Requested to share and promote
Derby City Childrens and Young People's Scrutiny Panel	Request to share with panel and councillors
Derbyshire County Council Improvement and Scrutiny Panel	Request to share with panel and councillors
Parent Carers	Requested to share and promote
SEND Parents 4 Change	Requested to share and promote
Living With Special Needs Today	Requested to share and promote
Disability Equality Hub	
Cartoon Heroes	Requested to share and promote
Tegan's Butterflies	Requested to share and promote
Komplex Kidz	Requested to share and promote

The schedule of key dates in 2019 for face to face events is outlined below:

Date	Action	Comment
26 September	Parent and carer Forum at St James Centre – Funability	Informed parents and carers about the consultation and distributed the survey and model information
7 th November	Disability Equality Hub	Closed group for Derby City Council
11 November	Parent and Carers meeting at the Light House	5 parents attended
14 November	Parent and Carers meeting at the Light House	Cancelled due to flooding in Derby city
18 November	Parent and Carers meeting at the Light House	Cancelled – no take up from parents and carers.
19 November	Programme of follow up calls	To parents and carers unable to attend the face to face sessions
3 December	Consultation closed	Start report draft

Other promotional channels for the consultation include:

Website

The Light House consultation was listed on the CCG website www.derbyandderbyshireccg.nhs.uk –. The survey link, along with the relevant information, was included. Derby City Council - www.derby.gov.uk/ also had a page on their main website where the survey link was listed.

For the duration of the consultation a total of 816 people visited the pages.

Facebook:



- 5th November - 199 people reached and 1 person clicked on the survey link.
- 15 September - 144 people reached, 4 likes, 3 shares of the post, 2 clicks on the post
- 12 September - 120 people reached, 1 comment, 1 share of post 6 people clicked on the link

Based upon information and advice from parents and carers we were also able to reach groups which would otherwise have been closed to us and the consultation information and survey link was shared to the following:

- SEND Parents 4 Change (Closed group)
- Living With Special Needs Today (Closed group)
- Cartoon Heroes (Closed Group)
- Tegan's Butterflies (Closed Group)

Twitter:

Regular tweets were issued via the CCG and DCC Twitter accounts and re-tweeted by others based upon the example below:

	NHS Derby and Derbyshire CCG @NHSDDCCG · Nov 5 The Light House is jointly commissioned by CCG and Derby City Council. A formal consultation has begun and you can have your say: buff.ly/2ZQ4LTO View Tweet activity	542	6	1.1%
	NHS Derby and Derbyshire CCG @NHSDDCCG · Oct 31 A formal consultation has been launched about The Light House in Derby city centre. Have your say by completing the survey: buff.ly/2ZQ4LTO View Tweet activity	549	3	0.5%

CCG Intranet:

The survey and consultation link was also listed on the website for CCG staff and GPs.

Frequently asked questions:

Questions emerged throughout the engagement and consultation phases and these were logged and also published with responses on websites where the questions were repeated. They can be seen in Appendix 3.

Analysing the consultation feedback and results

The following key points help to set the context for the analysis:

1. There are 48 service users, families and carers accessing the service plus a waiting list averaging 17 during the consultation phase. Whilst there are other interest groups such as social workers, partner organisations, these are a small cohort and the service is not generally of interest to the wider public
2. The pre-consultation engagement programme phase was extended to ensure that there was a full understanding of the impact of the interim service. The intensive activity which took place during that time and the feedback of those with the greatest interest meant that they had provided detailed feedback as part of that process and had little or nothing to add through the consultation programme. Attendance at the face to face events was low when compared to the pre-consultation engagement phase and despite follow up contacts via letter, email and telephone there was a low response in overall terms with parents and carers citing “engagement fatigue” and “nothing new to add” as the main reasons.

The table below highlights the themes from the responses received.

As the consultation is based upon a single option it is essential that the feedback both positive and negative is incorporated into the final proposal for the new model.

The table focuses on ensuring that comments and concerns are addressed along with potential solutions:

Feedback from the public consultation	Responses by commissioners plus potential solutions and other comments
Families who have a child at the Light House	
<p>Q1 Do you or your child currently access the Light House residential short break services?</p> <p><i>Answer: Yes: 47% No: 53%</i></p>	<p>We need to understand the differences between feedback from parents and carers and that from staff and other partners and stakeholders. Feedback specific to other responders/stakeholders who are not parents and carers is included at the end of this table.</p>
<p>Q2 What works really well at the Light House?</p> <p>Themes are:</p> <ul style="list-style-type: none"> • Excellent service works well • Reduces family breakdown • Staff continuity provides routine and stability • Helps children feel safe • Reassuring to parents and carers. • High quality care • Attention to detail important • Regular care reviews are good • Good communication • Staff listen and are patient with my child • Written diaries about stays are helpful 	<p>We believe that the proposed model fully reflects the aspects that parents and carers consider work well and our intention is to build upon these strengths if the model is approved</p>
<p>Q3 Are there any parts of the Light House residential services that could be better for you?</p> <p>Themes are:</p> <ul style="list-style-type: none"> • To return to full allocation of nights • More time for children to develop social and independent skills 	<p>The service has a defined budget envelope and running a safe, high quality service has been the priority as the interim model has developed and pending the outcome of the consultation process.</p> <p>Recruiting staff of the highest calibre and experience to ensure that the expectations described in Q1 responses above has resulted</p>

<ul style="list-style-type: none"> • A bigger allocation of nights • More funding for the Light House in all departments • Better management • Children with more complex needs, require more flexible respite as they become unwell more often 	<p>in a short term reduction to three nights as the recruitment process took longer than expected.</p> <p>If the proposed model is approved the service will be able to move to a full staffing position by April 2020. As a result the number of available overnight stays can increase and flexibility can be considered.</p>
<p>Q4 Are there any aspects that you feel are missing at the Light House?</p> <p>Themes are:</p> <ul style="list-style-type: none"> • Less continuity of care than usual (interim) • More input/staff training in non-medical areas ie social interaction, communication, emotional wellbeing • A more holistic view and response of the child's wider needs • Assurance that staff are properly trained and know how to problem solve in eg first aid, epilepsy 	<p>Continuity has been more limited in the interim due to staff changes. Once all staff are recruited this will improve. Each child continues to have a key worker.</p> <p>The opportunity to test out training care staff to deliver some health related tasks within national guidance has had a positive response from care staff and has raised no concerns from parents and carers. This means social care staff would be able to provide all of the health and social care and social activities for most of the children.</p> <p>Social care staff training on health issues is currently and in the future would be delivered by registered qualified nurses through face to face sessions with workbooks. Competency assessments are child specific.</p>
<p>Q5 Having reviewed our initial proposed service model please tell us the extent to which you agree or disagree with the proposal.</p> <p><i>Answer: 59.7% of of all respondents were either neutral, or above of which 24% agreed or strongly agreed with the proposed model</i></p> <p><i>To note</i></p> <p><i>The direct engagement sessions with parents and carers indicated that parents and carers had a positive experience of the interim model of care except that they would have liked a return to more nights. The concerns when expressed were around clinical assurance as is Q6 below.</i></p>	<p>Childrens needs are assessed individually and managed through the child's Light House Care Plan – this includes all the care/emergency plans from all the professionals and are signed off by parents and carers to ensure care is safe</p> <p>Specialist packages of support for children with more complex/unstable would be agreed on an individual basis.</p> <p>Social care staff would not take on medical tasks they are not competent or safe to deliver.</p> <p>Under OFSTED and CQC guidance social care staff can take on some additional roles and responsibilities if they are trained, regularly supervised, assessed as competent and the right governance is in place. These include</p> <ul style="list-style-type: none"> • Oral and topical medication administration • Epilepsy awareness and emergency treatments

	<ul style="list-style-type: none"> • Enteral feeding (via gastrostomy) tubes • Medication administration eg via enteral (gastrostomy) tubes
<p>Q6 If you do not agree with the proposed model please tell us which bits you are concerned about in the space below</p> <p>Themes are:</p> <ul style="list-style-type: none"> • Who will be providing the specialist care the children with complex health needs require? • Who will provide the update training on a yearly basis? • Identifying issues quickly and responding takes years of experience • This is the only option we have to work with. We need to make it work 	<p>Children with more complex/unstable, specialist packages of support would be agreed on an individual basis (see Q8 response)</p> <p>If the proposed model is approved, ongoing training assessment, supervision and advice for all Light House staff would be provided by trained nurses employed by a CQC registered provider.</p> <p>Social care staff would not take on medical tasks they are not competent or safe to deliver</p> <p>Social care staff have known the group of children attending the Light House for a number of years and have got to know them and their needs very well.</p> <p>The clinical arrangements have been scrutinised by the CCG nursing and quality team to ensure governance is appropriate and robust.</p>
<p>Q7 Please tell us the impact that the proposed changes would have on you, your child or your family</p> <p><i>Answer – 60% reported a neutral, or higher impact of which 53% were high or very high impact</i></p>	
<p>Q8 If you have answered that the changes will have a big impact, please tell us what you think the main impact will be in the space below.</p> <p>Themes for parents and carers are:</p> <ul style="list-style-type: none"> • For carers to know the child is important • Having the right support and supervision and training in place for staff • Trusting staff • Access to nurse advice for social care would be helpful • Having the right support and 	<p>The Light House is for children who are well and stable. If a child becomes unwell during their stay the care plan should be followed and parents/carers informed.</p> <p>All staff are trained in a range of core skills including recognising the unwell child and managing epilepsy</p> <p>If the proposed model is approved ongoing training assessment, supervision and advice for all Light House staff would be provided by trained nurses employed by a CQC registered provider.</p> <p>In the proposed model children with more complex/unstable needs would have specialist care packages developed on an individual</p>

<p>supervision and training in place for staff</p>	<p>basis through a professional review panel that involves parent and carer views so that care is safe.</p> <p>Future procurement arrangements for health needs that cannot be met by the Light House staff that know them will fully take into account appropriate clinical guidance and requirements. The learning from the interim model and the bespoke approach to children with the most complex needs will enable us to provide a safe service that reflects individual needs.</p>
<p>Q9. If you had the opportunity to choose your days of the week for overnight respite, which nights would work best for you?</p> <p>Themes are:</p> <ul style="list-style-type: none"> • Day time respite only • Light House to be open more nights in the week • Full weekend break - Friday afternoon to Monday morning • More notice to be able to plan more in advance • More breaks and trips in school holidays 	<p>It is recognised that family's needs are very individual and specific to their circumstances and the broad range in the requests for flexibility reflect this.</p> <p>The proposed financial envelope limits the availability of extended nights of operation.</p> <p>With full staffing levels in the new service, it is believed that it would be unrealistic to commit to the complete flexibility desired. However the proposed model offers greater capacity and therefore flexibility than previous arrangements where the lack of flexibility and short notice cancellations was a source of concern and distress for parents.</p> <p>If the proposed model is approved it is reasonable to assume that a level of these requests will be achievable. Light House staff are planning to consult each parent and carer on their family and child's individual circumstances to understand what is most important to them and to try and provide greater choice within staffing capacity.</p>
<p>Q10 Some families need a break at short notice or due to a crisis. How do you think the Light House residential short break services could support parents and carers who need a service in a crisis</p> <p>Themes are:</p> <ul style="list-style-type: none"> • More flexibility and access to the service at short notice in case of any crisis. • Emergency bed available • Provide a similar crisis model to 	<p>The Light House is not registered with OFSTED to provide crisis care to children not known to them.</p> <p>As described in Q9 above, the proposed new arrangements will allow some flexibility to meet needs in of an urgent nature on an individual basis.</p> <p>The proposed service does not create a solution for crisis care.</p> <p>Social care to consider options such as keeping a bed aside for emergencies if rostering staffing</p>

<p>Rainbows Hospice where there is a clear 'crisis' criteria</p>	<p>allowed and explore how other providers support families in crisis. Keeping a 'crisis' bed free may reduce beds on a night by night basis</p> <p>The service could explore more formally whether there is an option around short notice beds due to sickness of other children accessing the service.</p>
<p>Q11 Some parents and carers have told us that they would like the chance to combine their allocation of nights to have longer breaks for example during school holidays. What type of support is most important to you?</p> <p>Themes are:</p> <ul style="list-style-type: none"> • Opportunity to 'bank' some nights to have longer breaks occasionally (ie 4-6 nights in a row) • Families of children with very complex needs would benefit from longer breaks as they do not have much time left once dropped off with all their equipment before child needs collecting again. • Takes a long time for families to wind down when providing intense care. • End of life care maybe requested by families 	<p>It is recognised that family's needs are very individual and specific to their circumstances. The broad range in the requests for flexibility reflects this.</p> <p>It would be unrealistic to commit to the level of flexibility requested. However the proposed model offers greater capacity and therefore flexibility than previous arrangements where the lack of flexibility and short notice cancellations was a source of concern and distress for parents.</p> <p>The Light House residential short breaks service is not registered for end of life care. Support is provided but it is not intended to be an end of life health service.</p>
<p>Q12 Would you attend regular social meetings such as coffee mornings at the Light House?</p> <p><i>Answer Yes – 12.5% No or don't know – 87.5%</i></p> <p>No narrative in the responses</p>	<p>If the proposed model is successful it is hoped that a community of interest for parents would be developed</p> <p>We would be happy to explore developing a less intrusive approach to communication with families and carers such as a newsletter, as we appreciate how busy life is</p>
<p>1. Q13 Some parents and carers have told us that school holidays can be particularly difficult. Is there anything else you would like us to consider to support you with this?</p> <p>2.</p> <p>3. Themes are:</p> <p>4.</p> <p>5. No narrative in the responses</p>	

6.	
<p>7. Q14 Do you feel you would like more information on other services such as Community Support Teams (CST) or link care?</p> <p>8.</p> <p>9. Answer – Yes - 47% No – 57%</p> <p>10.</p> <p>11.</p>	<p>The response reflects the 2 groups that responded.</p> <p>The social care team based in the non-residential section of the Light house will be able to provide more information on community support for parents and carers e.g. Umbrella, Progress Care and Funability</p>
<p>12. Q15 Do you have any other comments?</p> <p>No narrative in the responses</p>	
<p>13. Other responders/stakeholders who are not parents and carers</p> <p>14.</p> <p>Theme are :</p> <ul style="list-style-type: none"> • Respite reduces families breakdown • Consider daytime respite options • Concerns raised regarding children with complex needs <ul style="list-style-type: none"> ○ social care should not be responsible for their care ○ a registered nurse is needed on site as these children can become unwell quickly and nurses are needed to provide medical assistance in an emergency ○ nurses are needed to assist, train, supervise care staff ○ nurses would provide reassurance to parents • Improved communication between the (Light House) with the KITE team needed • Safe decision making is essential • Consider using continuing care team to support families to access the Light House <p>15.</p>	<p>Social care staff will only take on responsibilities within their scope of practice and within the parameters of national guidance from RCN, OFSTED,CQC and in line with most models of residential short breaks delivery across the region.</p> <p>All social care staff are trained in a range of core skills including recognising the unwell child and managing epilepsy. Training will be updated alongside competency testing to ensure a safe and high quality delivery of services.</p> <p>The Light House is for children who are well and stable. If a child becomes unwell during their stay the care plan that includes emergency plans should be followed and parents/carers informed.</p> <p>In the proposed model children with more complex/unstable needs would have specialist care packages developed on an individual basis through a professional review panel that involves parent and carer views so that care is safe.</p> <p>The nursing and quality team in the CCG have reviewed the interim arrangements and will fully review any long term model to ensure effective governance and safe care.</p>

Recommendations

NHS Derby and Derbyshire CCG and Derby City Council recommend that the proposed model of delivery for the Light House is approved and implemented. This is further to the delivery of intensive programmes of engagement and consultation co-designed and produced with parents and carers, partners and stakeholders.

The table below summarises the old and proposed model and potential benefits of outcomes for children from new arrangements.

The Light House (Derby) Residential Short Breaks Services for Children and Young People with Disabilities December 2019			
Date	Staffing model for 48 children (current)		Outcomes for children
Old Until 31 May 2019	Care and social needs met by care staff	Health needs met by nurses	Multiple carers Restricted social experience Increasing service cancellation
Interim 1 June 2019 to 31 March 2020	Care and social needs met by care staff	Health needs met by nurses	Reduced service availability Increasing continuity of carer
	Training for care staff to meet some health needs with supervised practice		
Proposed model after consultation From 1 April 2020	All care, social and health needs met by care staff trained in child specific interventions trained and supervised by nurses- 44 children	Bespoke packages of care for children with most complex needs 4 children	Better continuity of carer Better quality of social experience Improved flexibility and increased availability of service

The new service would mean:

- Better continuity of care – for the majority of children and young people all aspects of their care will be delivered by their main carer (instead of a split between nurse and social care staff as previously); for those with higher needs there will be tailored specialist support
- Children with the most complex needs will still benefit from mixing with other children.
- Consistency of service provision – appropriate levels of staffing will mean all staff shifts will be covered eliminating or significantly reducing the need for short notice cancellations

- A sustainable model that will help to ensure the continued operation of the residential short breaks service in the future.
- A service that parents and carers are confident in and are reassured that care is safe.

Respondents have told us that it is really important that whoever is providing care for a child should know them well regardless of the level of need with a robust care plan being in place. This means knowing what's normal for that individual child and being able to recognise when a child is becoming unwell. Sometimes these signs are subtle and are only recognised by someone that is working with the child on a regular basis.

A social care led model for the majority of children using the Light House can viably and safely meet need and enable children to have a more fulfilling social experience.

This would be delivered in conjunction with:

1. Governance within Ofsted/CQC guidance
2. Robust care plans with clear emergency plans
3. Health training child specific competency assessments, supervision and access to health advice through a CQC registered provider

Principles of long term model for children with the most complex needs/cohort:

- Known carers/continuity of care/r will provide the most consistent and best quality care
- Care that is safe
- Care model is agreed for each child on an individual basis through a professional peer review panel taking into account clinical information, care plans and parents carer views
- Appropriate governance in place

The potential developments under consideration¹ for children where the most complex needs are present are:

1. Nurses on site when a child with the most complex needs is resident.
2. Care following the child - extend existing continuing care packages so that known carers look after the child during their stay at the Light House.

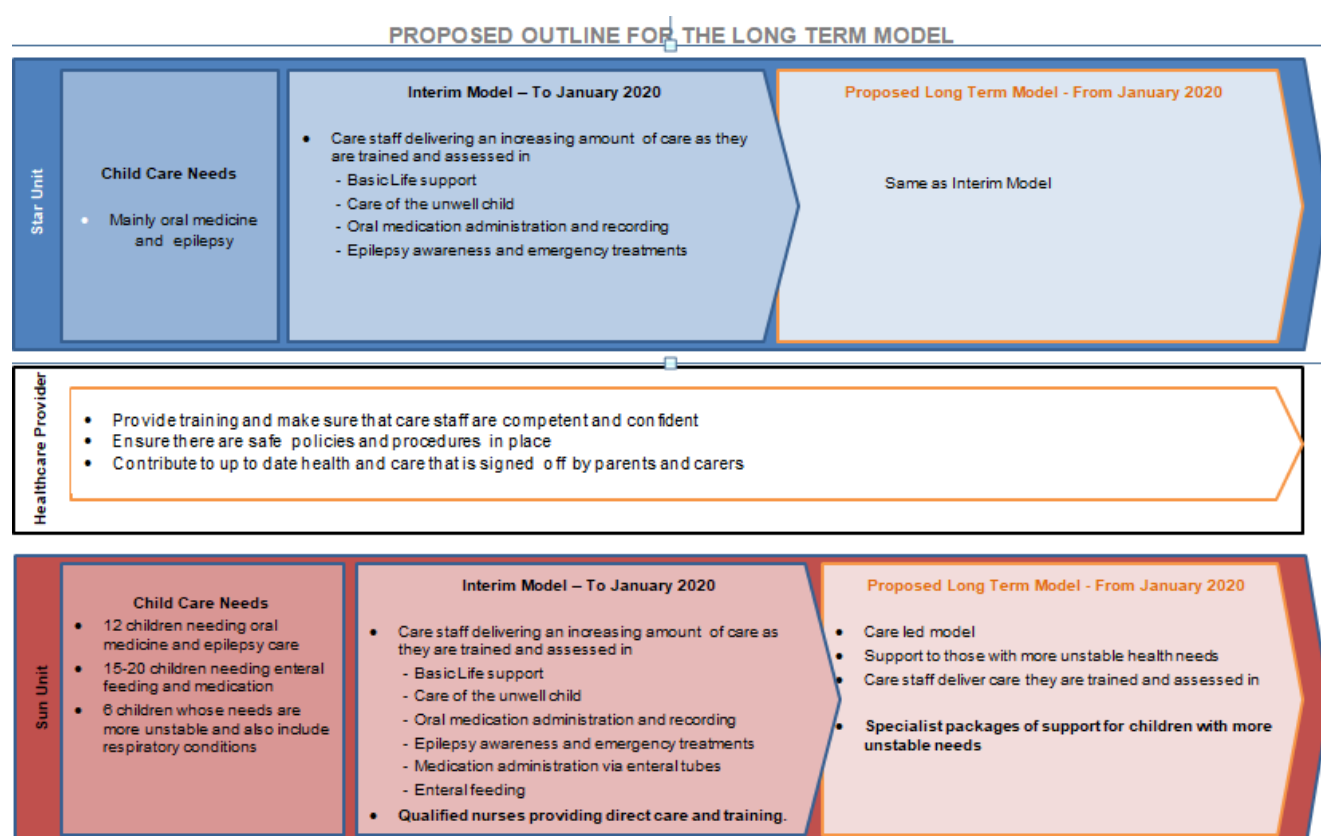
Next Steps

¹ In the proposed model children with more complex/unstable needs would have specialist care packages developed on an individual basis through a professional review panel that involves parent and carer views to ensure that care is safe.

If approved the new model would start the implementation process immediately as part of a detailed implementation plan. The intention would be to have the full model embedded by April 2020.

Appendices

Appendix 1 - diagram illustrating the potential long term model



Appendix 2 - consultation questions

The Public Consultation survey contained 15 questions as follows:

Q1 Do you or your child currently access the Light House residential short break services?

Q2 Are there any parts of the Light House residential services that you think work really well?

Q3 Are there any parts of the Light House residential services that could be better for you?

Q4 Are there any aspects that you feel are missing at the Light House? (please list in order of importance).

Q5 Having reviewed our initial proposed service model please tell us the extent to which you agree or disagree with the proposal. (0 strongly disagree and 5 agree)

Q6 If you do not agree with the proposed model please tell us which bits you are concerned about in the space below.

Q7 Please tell us the impact that the proposed changes would have on you, your child or your family (0 low impact 5 high impact)

Q8 If you have answered that the changes will have a big impact, please tell us what you think the main impact will be in the space below. *Please see table below*

Q9. If you had the opportunity to choose your days of the week for overnight respite, which nights would work best for you? Please tick all that apply.

Q10 Some families need a break at short notice or due to a crisis. How do you think the Light House residential short break services could support parents and carers who need a service in a crisis?

Q11 Some parents and carers have told us that they would like the chance to combine their allocation of nights to have longer breaks for example during school holidays. What type of support is most important to you?

Q12 Would you attend regular social meetings such as coffee mornings at the Light House?

16. Q13 Do you feel you would like more information on other services such as Community Support Teams (CST) or link care?

17.

18. Q14 Do you feel you would like more information on other services such as Community Support Teams (CST) or link care?

19.

20. Q15 Do you have any other comments?

Appendix 3 - frequently asked questions displayed on websites

When will the LH open more than 3 nights?

At the moment we are working really hard to increase the amount of nights that we are able to offer. As you might be aware, we are working to recruit high quality staff and ensure they are given adequate training to be able to work and care for children who use the Light House. Derby City Council is developing strict guidelines and putting policies in place for staff to be able to deliver key health needs such as enteral feeds. Once these have been approved by Derby City Council and the CCG, staff will then be able to provide this level of care.

Will nursing nights continue after Christmas?

We are working closely with NurtureCare regarding the options and the staffing rota for the New Year. Our priority is to maintain the service after Christmas

Are there any other alternative respite options after Christmas to use in Derby and Derbyshire?

There are other places that provide social care led services for example The Getaway in Ilkeston who accept children with the same types of needs at the Light House apart from those with the most complex physical care health needs.

Why are not parents involved in the recruitment process at The light House?

The City Council have been following approved HR processes for the recruitment. The interview panel consists of key members of Light House staff along with a parent/carer. If you have additional questions please contact Sam Watts – Manager, The Light House.

What's the care planning process, how's in being done, how are health professional involved eg KITE, OT, physio?

All parents and carers have a detailed care plan for each child that uses the Light House. The care plan includes all the relevant information for that child which staff at the Light House need in order to give that child the best care. For example; personal information about the child's day, what type of care they need, what to do in a crisis, These are approved and signed off by each parent/carer and staff at the Light House.

What can parents and carers do in a crisis?

Parents and carers must follow their detailed care plan, This will include details of what to do in a crisis. There has been no change to this. The only changes will be if health professionals known to the child make any recommended changes. Any general concerns about care should be directed to Sam Watts the Light House Manager. Any specific queries about health care at the Light House should be to Zoe Walters lead nurse from Nurture care

Is the recruitment complete for staff at Light House?

Derby City Council staff have been working really hard to ensure they get the right staff working at The Light House. They are leading on the recruitment are gradually recruiting staff new staff. It's important we get the right people, we need high quality and can't compromise on speed. We want to do it once and do it well. We are aware it is taking longer than expected. There are will be another round of interviews in early November.

Once staff have been appointed they then need training which can take between 6 weeks to 3 months depending on their skills and where they have worked before.

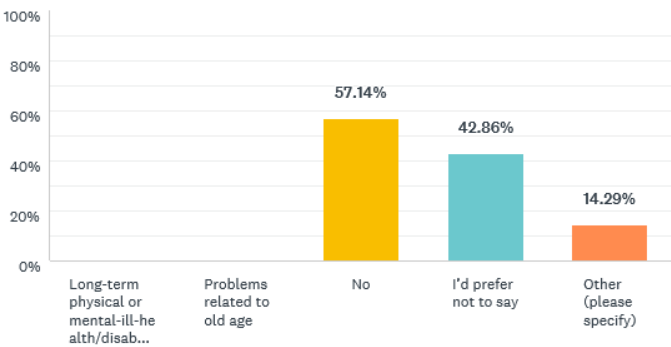
How is the staff training going?

Derby City Council staff are working really hard alongside NutureCare to train staff to a very high standard ensuring that no child is at risk and therefore cannot compromise each step of this long process.

Appendix 4 - survey respondent background information

In addition to your child (who accesses the Light House) do you look after, or give any help or support to family members, friends, neighbours or others?

Answered: 7 Skipped: 2



Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? Please select all that apply.

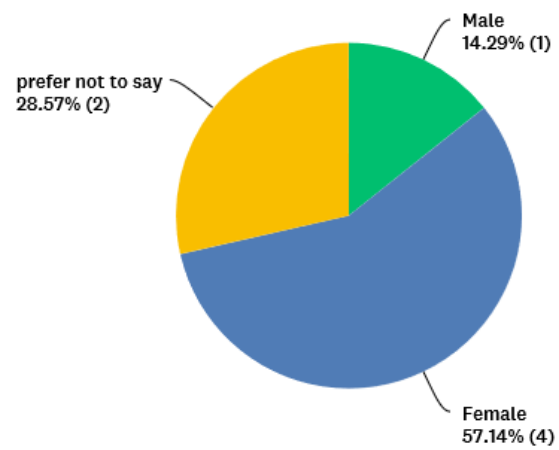
Answered: 7 Skipped: 2



Appendix 5 - Equalities Data

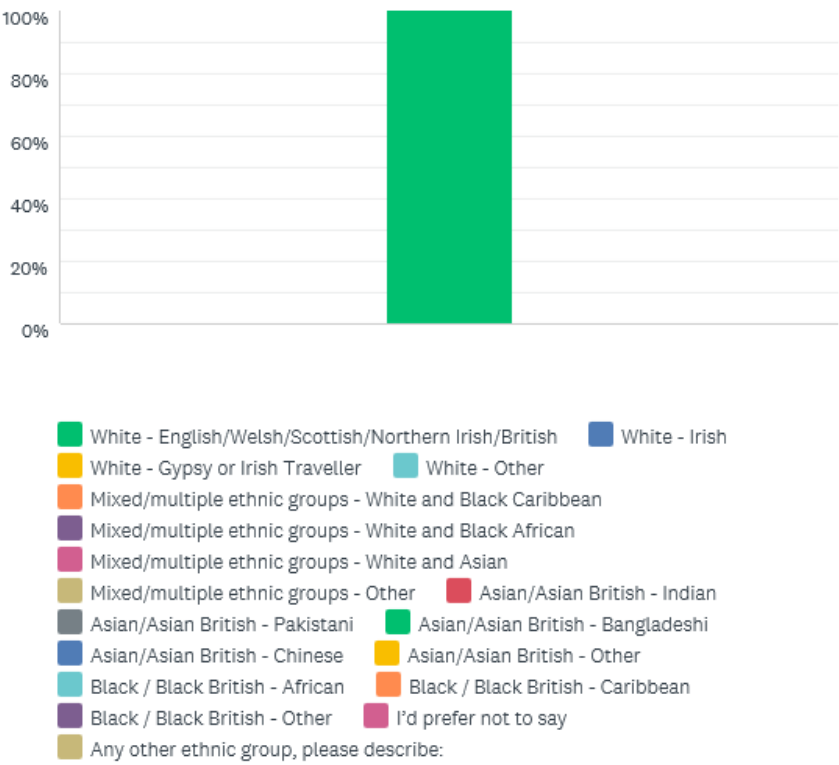
What is your Gender?

Answered: 7 Skipped: 2



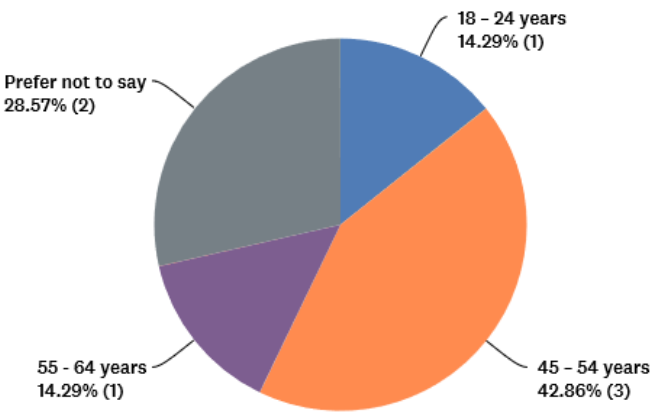
Please choose one option that best describes your Ethnic Group or Background?

Answered: 7 Skipped: 2



What is your age group? (optional)

Answered: 7 Skipped: 2



Please choose one option that best describes your relationship status:

Answered: 7 Skipped: 2

