



**The future of Hartfields Medical Centre
(McKenzie Group)**
Engagement Findings Report

FINAL
November 2022

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1 Executive Summary

1.1 Introduction

Hartfields Medical Centre is one of five practices in the McKenzie Group and located in the Hartfields Extra Care Village.

In March 2020, the practice temporarily closed as it was unable to provide a COVID-safe working environment for staff and patients.

In February 2021, McKenzie Group submitted a draft proposal to close Hartfields Medical Centre permanently.

However, due to a change in national guidance around COVID, the Hartfields Medical Centre was reopened on the 10 January 2022.

To explore the future of Hartfields Medical Centre, NHS Tees Valley CCG (which is now part of NHS North East and North Cumbria Integrated Care Board) and McKenzie Group carried out a piece of public engagement from 9 May to 3 July 2022.

During this period, they engaged with 1,407 patients, stakeholders or members of the public. These individuals either completed a paper or online survey, attended an event, replied to posts on social media or responded to the engagement directly.

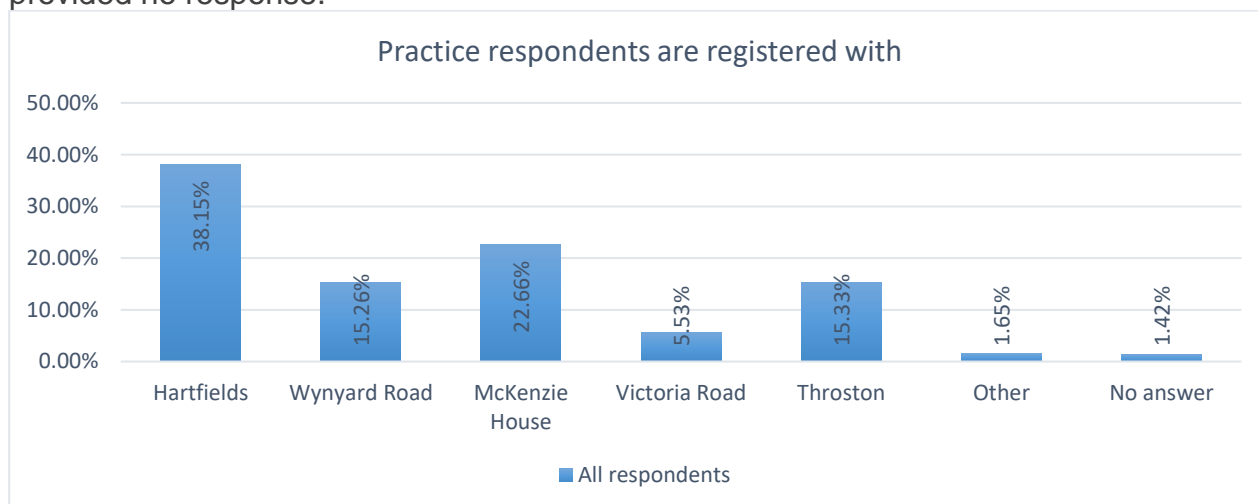
Method of engagement	No. of respondents
Survey (paper or online)	1,337
Public events	49
Additional responses (from stakeholders and social media)	21
TOTAL	1,407

J. Harvey Research Ltd was asked to provide an independent report on the findings.

1.2 Survey findings

Current access to GP services

Approximately a third (38.15%; N=510) of all respondents were registered with Hartfields Medical Centre, with 22.66% (N=303) registered at McKenzie House, 15.26% (N=204) Wynyard Road, 15.33% (N=205) Throston and 5.53% (N=74) Victoria Road. Furthermore, 1.65% (N=22) were registered at another practice and 1.42% (N=19) provided no response.



Respondents were asked where they normally attend to access GP services. This was a multiple-choice question so the percentages below do not add up to 100%.

To access GP services, 40.46% (N=541) of all respondents normally attend Hartfields Medical Centre, 26.48% (N=354) McKenzie House, 17.05% (N=228) Throston, 17.20% (N=230) Wynyard Road and 8.15% (N=109) Victoria Road. Additionally, 1.42% (N=19) selected 'other'.

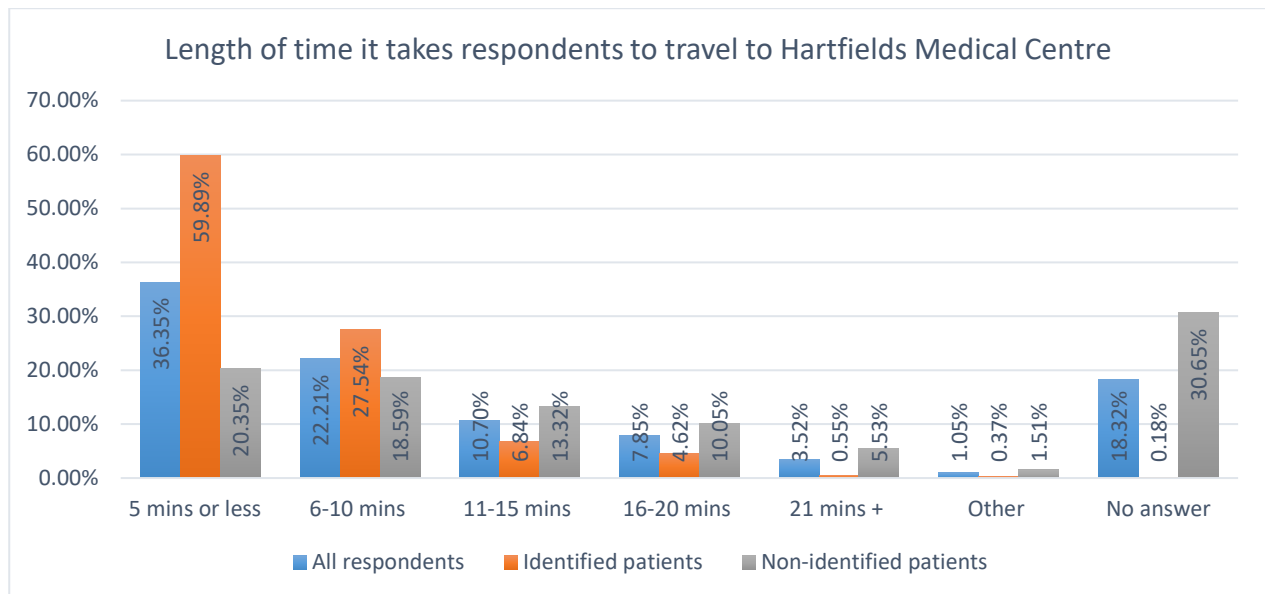
This question formed the basis of the sub-group segmentation with;

- **'identified patients'** being those who normally attend Hartfields Medical Centre (N=541), and,
- **'non-identified patients'** being those who do not normally attend Hartfields Medical Centre and/or are not registered with the McKenzie Group (N=796).

The survey results are therefore presented for all respondents, as well as for the two sub-groups – identified and non-identified patients.

Approximately two thirds of all respondents indicated that it takes them 15 minutes or less to travel to Hartfields Medical Centre (69.26%; N=926); 36.35% (N=486) 5 minutes or less, 22.21% (N=297) 6 to 10 minutes and 10.70% (N=143) 11 to 15 minutes. Furthermore, 7.85% (N=105) stated that it takes 16-20 minutes and 3.52% (N=47) 21 minutes or more. The remaining respondents provided another answer, did not respond to the question and/or indicated that they did not normally travel to Hartfields (19.37%; N=259).

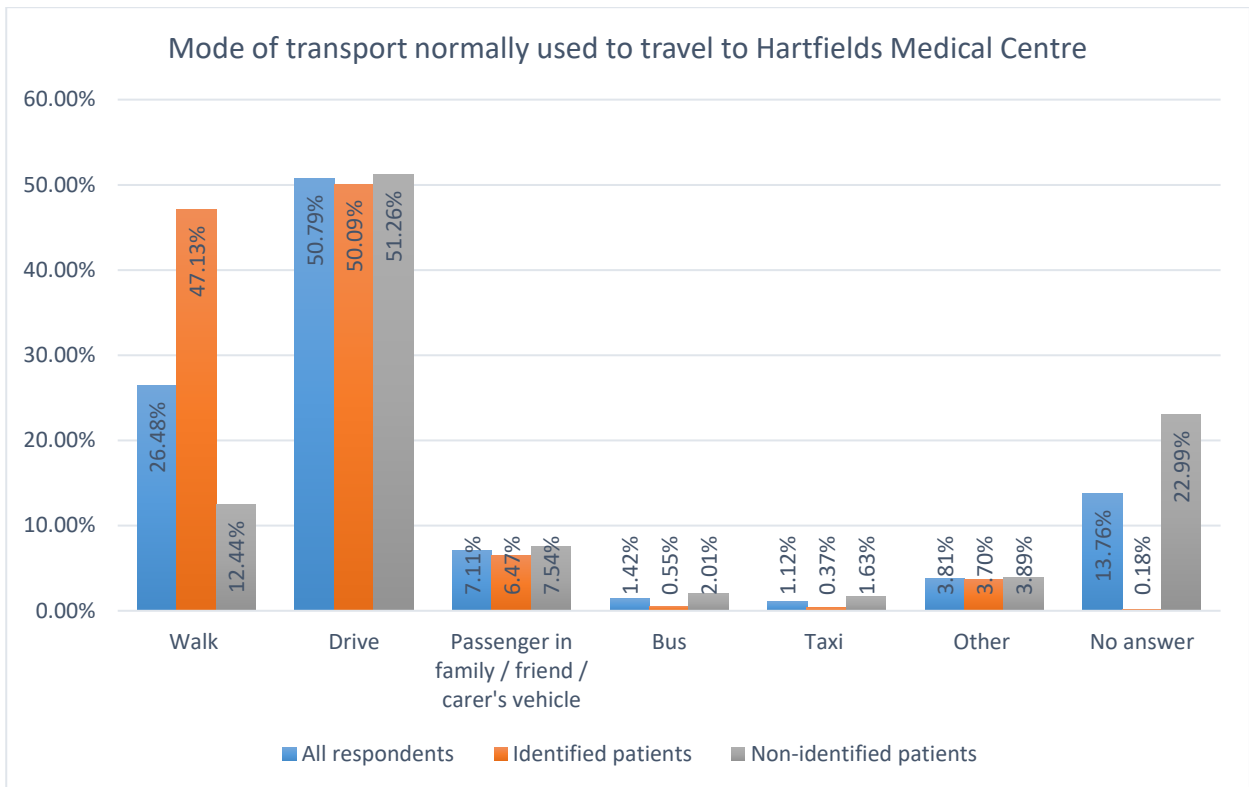
In terms of the sub-groups, 94.27% (N=510) of identified patients stated that it takes them 15 minutes or less to travel to Hartfields. Despite non-identified patients not normally accessing GP services at Hartfields, 52.26% (N=416) still stated that it takes them 15 minutes or less.



Respondents were asked how they usually travel to Hartfields Medical Centre. As this was a multiple response question, the percentages presented below do not equate to 100%.

Most respondents usually drive to Hartfields Medical Centre (50.79% of all respondents; N=679), whilst 26.48% (N=354) walk and 7.11% (N=95) a passenger in someone else's car. Furthermore, 1.42% (N=19) stated that they take the bus and 1.12% (N=15) a taxi.

For identified patients, 50.09% (N=271) stated that they drive and 47.13% (N=255) that they walk. Again, despite non-identified patients not normally attending this practice, 51.26% (N=408) stated that they usually drive to the practice.

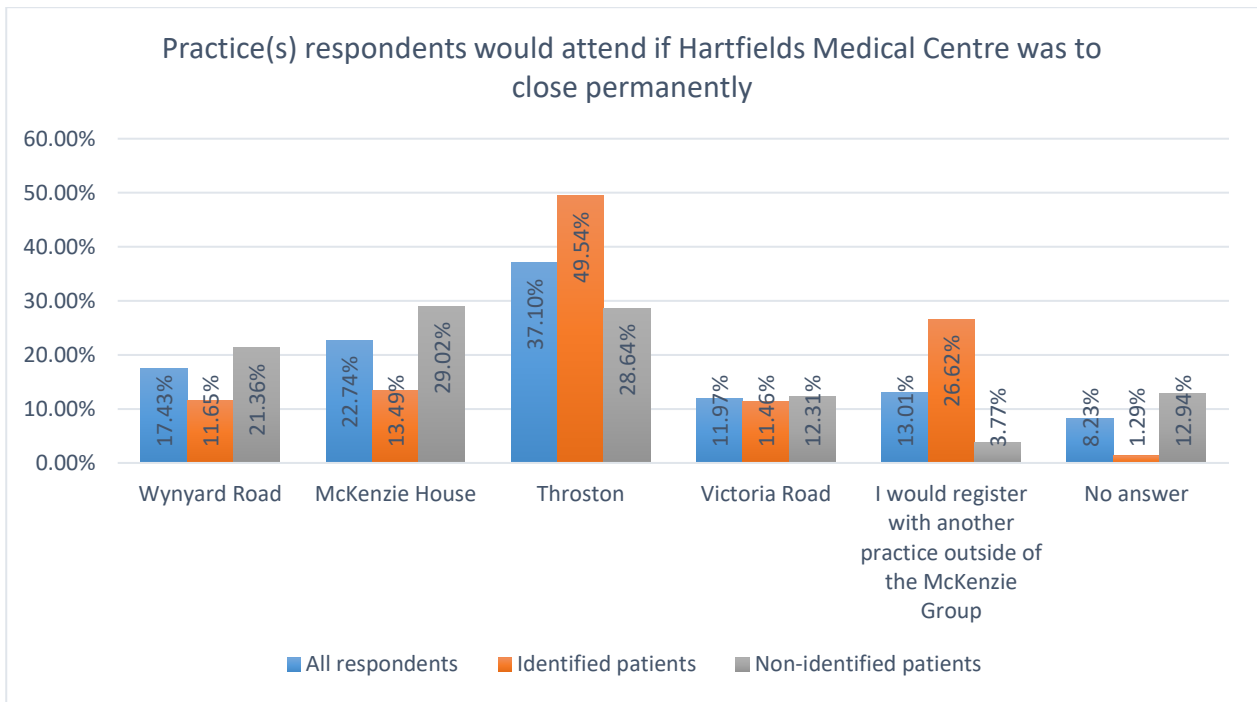


Impact of the permanent closure of Hartfields Medical Centre

Respondents were asked what practice they would attend if Hartfields Medical Centre was to close permanently. As this was a multiple response question, the percentages presented below do not equate to 100%.

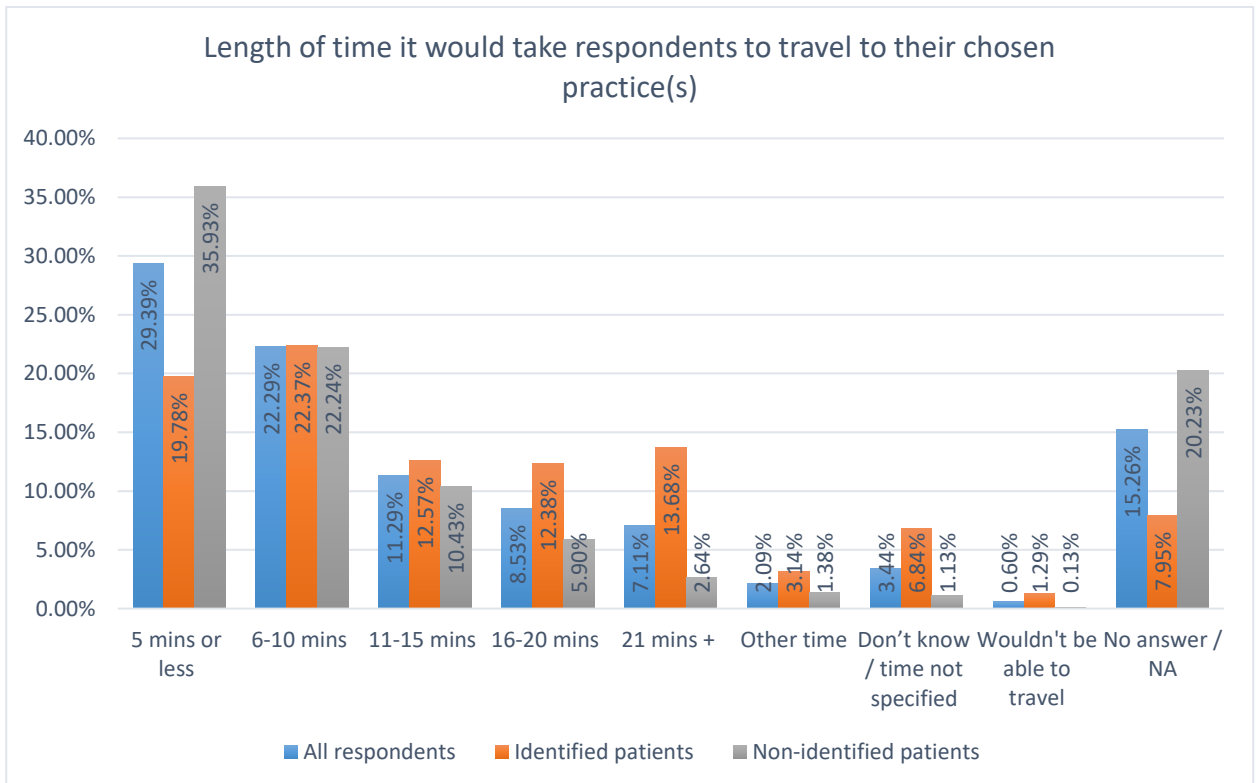
Respondents would be most likely to attend Throston (37.10% of all respondents; N=496), whilst 22.74% (N=304) would attend McKenzie House, 17.43% (N=233) Wynyard Road and 11.97% (N=160) Victoria Road. Furthermore, 13.01% (N=174) would register with another practice outside of the McKenzie Group.

Further analysis revealed that identified patients would be more likely to attend Throston (49.54%; N=268) or register with another practice outside of the McKenzie Group (26.62%; N=144), compared to non-identified patients, who would be most likely to attend McKenzie House (29.02%; N=231) or Throston (28.64%; N=228) and to a lesser extent Wynyard Road (21.36%; N=170).



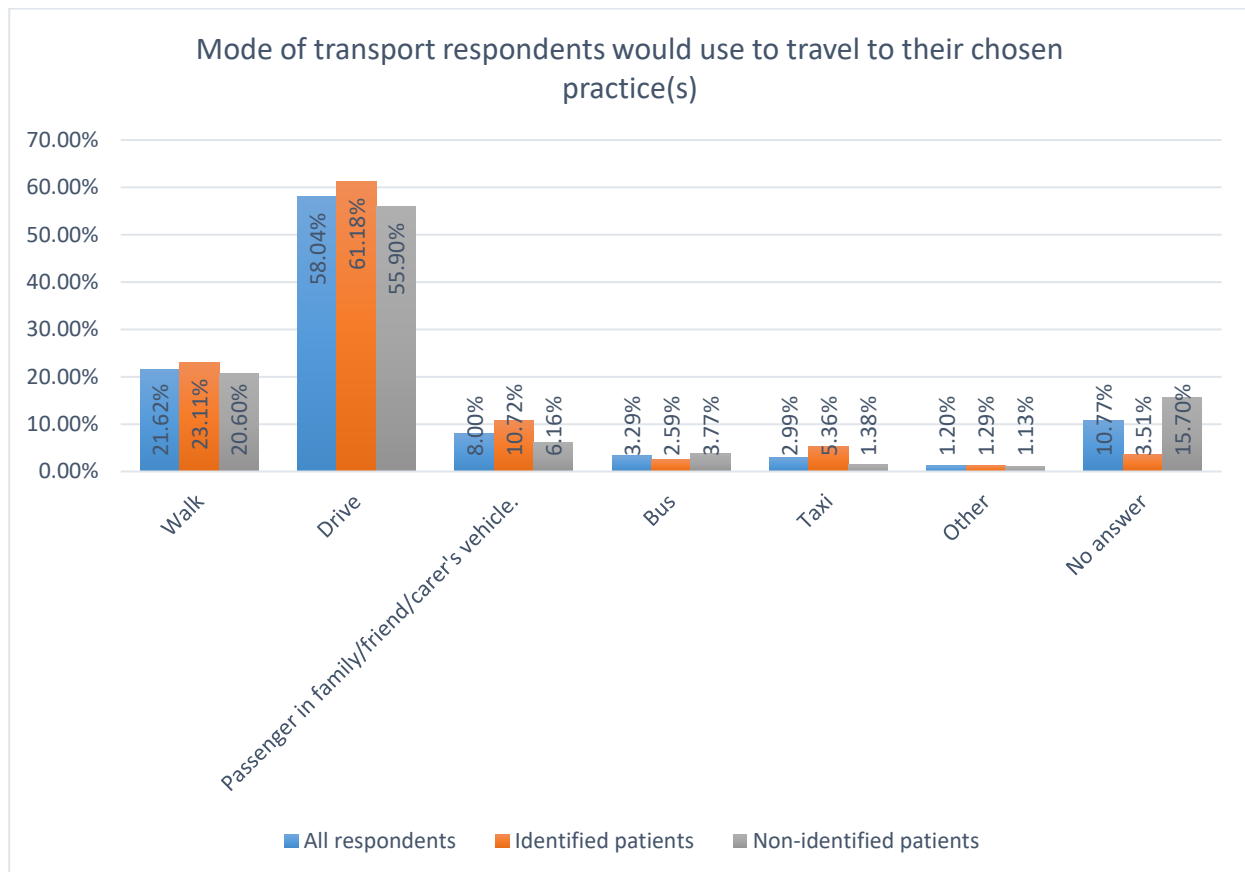
To travel to their chosen practice(s), 62.98% (N=842) of all respondents said that it would take them 15 minutes or less, 8.53% (N=114) 16 to 20 minutes and 7.11% (N=95) 21 minutes or more. Furthermore, 2.09% (N=28) provided another response, 3.44% (N=46) were not sure, 0.60% (N=8) wouldn't be able to travel and 15.26% (N=204) did not respond to the question / answered not applicable.

In terms of the sub-groups, 54.71% (N=296) of identified patients said it would take them 15 minutes or less, compared to 68.59% (N=546) of non-identified patients.



When asked how they would travel to their chosen practice(s), the highest proportion of all respondents would drive (58.04%; N=776), whilst 21.62% (N=289) would walk and 8.00% (N=107) travel in someone else's car. As this was a multiple-choice question, percentages in the table below do not equate to 100%.

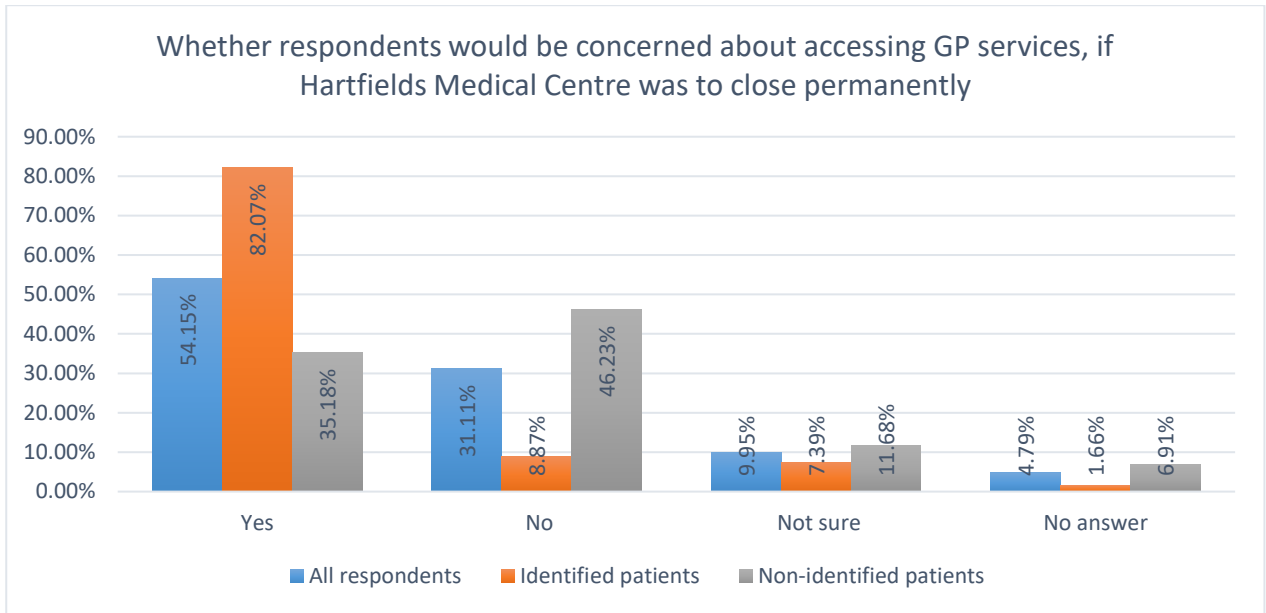
In terms of identified patients, 61.18% (N=331) noted that they would drive, 23.11% (N=125) walk and 10.72% (N=58) a passenger in someone else's vehicle. Similar figures were also observed for non-identified patients with 55.90% (N=445) stating that they would drive, 20.60% (N=164) walk and 6.16% (N=49) a passenger in someone else's car.



Over half (54.15%; N=724) of all respondents would be concerned about accessing GP services if Hartfields Medical Centre was to close permanently, whilst 31.11% (N=416) would not. Furthermore, 9.95% (N=133) were not sure, whilst 4.79% (N=64) did not respond to the question.

These concerns were much greater for identified patients, compared to non-identified patients (82.07%; N=444 & 35.18%; N=280, respectively).

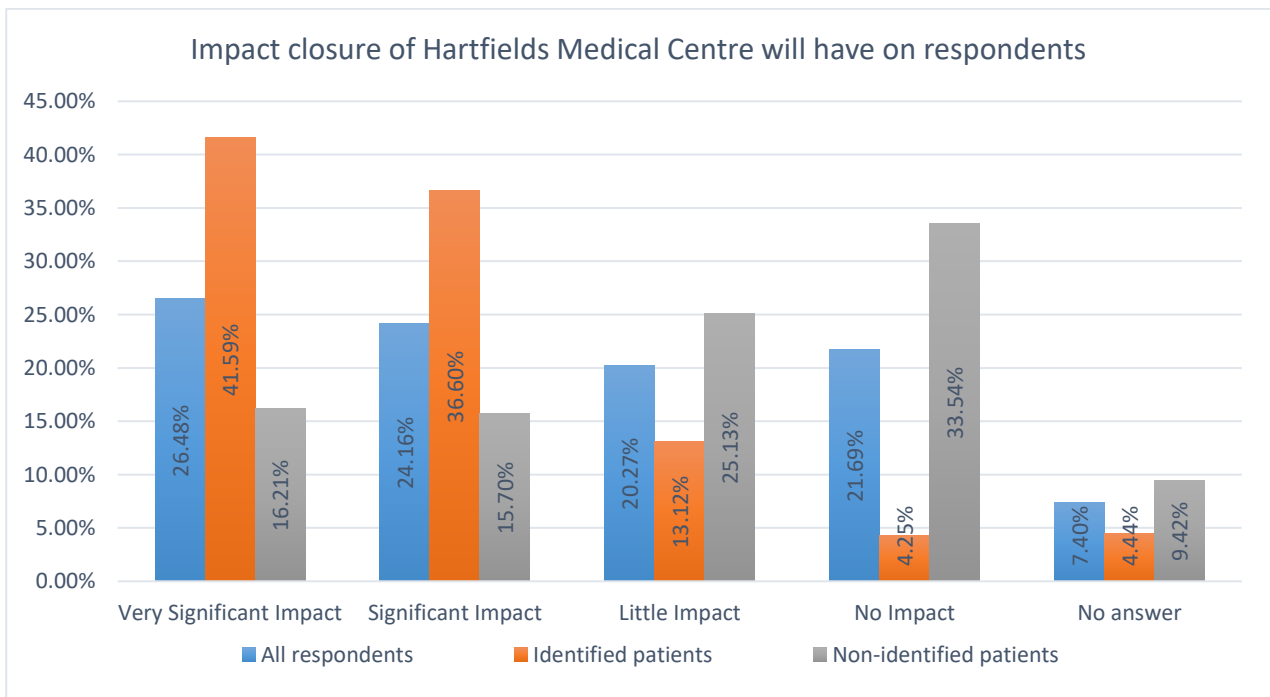
Key concerns related to appointment availability with respondents perceiving that there will be less appointments available at a smaller number of practices, for the same number of patients, as well as the convenience and ease of access of Hartfields Medical Centre, with concerns about the difficulties that will be faced in terms of accessing other GP practices within the McKenzie Group (including increased travel time, cost and personal difficulties such as age and disability).



If Hartfields Medical Centre was to close permanently, 50.64% (N=677) of all respondents felt this would have a very significant / significant impact on them, whilst 20.27% (N=271) felt it would have little impact and 21.69% (N=290) no impact. The remaining 7.40% (N=99) did not respond to the question.

The perceived impact of the closure was found to be much greater for identified patients with 78.19% (N=423) feeling it would have a very significant / significant impact, compared to 31.91% (N=254) of non-identified patients.

More specifically, respondents were concerned about how the closure would impact on their ability to contact practices and book appointments, with many stressing the difficulties they already face in doing so, as well as the difficulties they will face in travelling to other practices.



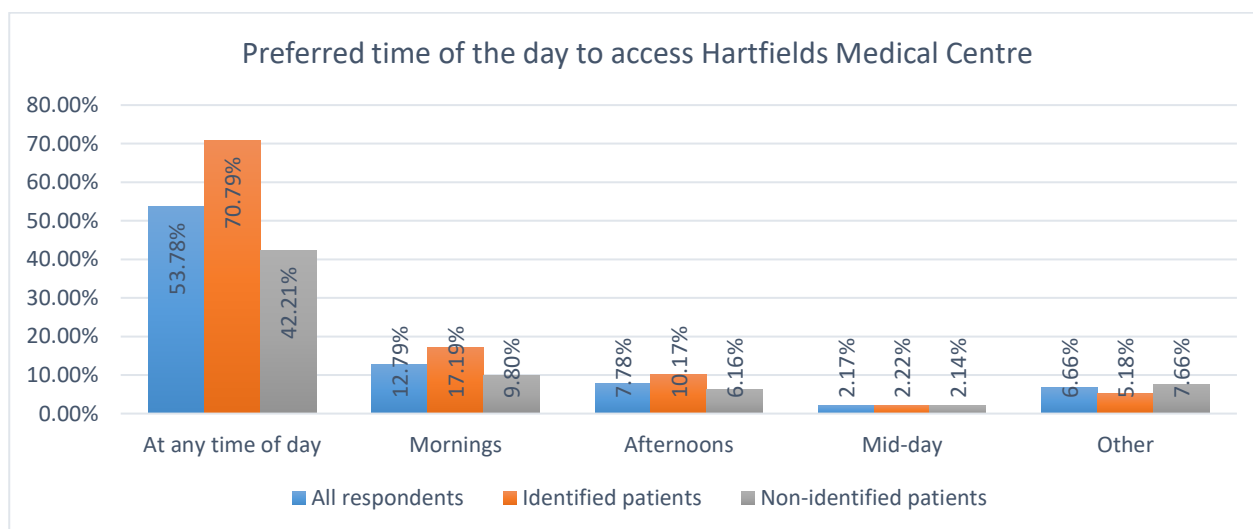
Views on the services provided by Hartfields Medical Centre

In terms of the services provided from Hartfields Medical Centre (e.g., new patient health checks, COPD / asthma / diabetic reviews), respondents had a greater preference for all of these to be accessed in person as opposed to via telephone / video / e-consultation. The slight anomaly was medication reviews, which despite the overall preference of these to be accessed in person, respondents were more inclined to have this appointment via telephone / video, than all other services. These results were comparable across the two sub-groups.

Respondents were provided with a list of services and asked which they felt were important to be delivered face-to-face, on a daily basis from Hartfields Medical Centre. The highest number of respondents selected yes to phlebotomy (49.74% of all respondents; N=665), blood pressure management (47.79%; N=639) and immunisations / vaccines (43.23%; N=578). Greater proportions of identified patients showed a preference for all but one of these services (spirometry) to be delivered at Hartfields, compared to non-identified patients.

Respondents were asked to select the preferred times of the day they would like to attend Hartfields Medical Centre. As this was a multiple response question, the percentages presented below do not equate to 100%.

Most respondents would prefer to access Hartfields Medical Centre at any time in the day (53.78% of all respondents; N=719), whilst 12.79% (N=171) have a preference for mornings, 7.78% (N=104) afternoons and 2.17% (N=29) mid-day. In terms of differences between the sub-groups, identified patients were happier to access Hartfields at any time of the day (70.79%; N=383 & 42.21%; N=336, respectively).



Respondents identified the most important things about Hartfields Medical Centre as its location / convenience / accessibility (34.26%; N=458), parking facilities (18.55%; N=248), access to a doctor / nurse (16.75%; N=224) and the quality of care received (14.36%; N=192).

1.3 Findings from the public events and additional responses

The survey findings support the discussions that were held in the public events, with attendees expressing concerns about traveling to other GP practices, particularly those

who don't have access to a car and/or not able to easily travel on public transport. More specifically, attendees discussed the lack of direct public transport routes, the increased travel time, the cost, the limited parking at other GP practices as well as the availability of taxis, particularly those which are wheelchair accessible.

Acknowledging the above, concern was raised about the impact the closure would have on Hartfields Retirement Village residents in terms of the difficulties they will face in accessing care at other GP practices and the detrimental effect this would have on their health. For these individuals, as well as many other elderly patients who attend Hartfields Medical Centre, digital access is a major barrier and results in an increased reliability on others.

For those not able to travel to alternative practices, the availability of home visits was a concern, with questions asked as to what the alternative options will be.

The above concerns, as well as others, were echoed by the Neighbourhood Manager of Joseph Rowntree Housing Trust (JRHT) who own and manage the Hartfields Extra Care Scheme. They discussed how the development was initially redesigned to incorporate a GP surgery following discussions with Hartlepool Primary Care Trust and Local Authorities, and how it has since attracted many residents based on this provision alone. It was therefore stressed that having wraparound services provided by a wide range of medical professionals at Hartfields Medical Centre would be extremely valuable and enhance the care offer that some residents at Hartfields already receive from JRHT.

The other major theme stemming from the surveys was the difficulties and frustration that patients have in terms of contacting practices and further booking appointments. This was anticipated to only get worse with the closure of Hartfields Medical Centre and housing developments planned for the area. This issue was also discussed in depth during the public events, with attendees finding it difficult to contemplate why the future of Hartfields Medical Centre is being questioned when the demand for GP services is evidently high and increasing. Questions were therefore asked as to whether the closure relates to financial reasons as opposed to patient numbers, size and space.

1.4 Next steps

Following consideration of this report by McKenzie Group, the ICB and stakeholders, any updated information will be shared, when available, on the ICB and McKenzie Group websites.

2 Introduction

Hartfields Medical Centre of McKenzie Group, which is located in the Hartfields Extra Care Village, temporarily closed in mid-March 2020 because the size and layout of the building did not enable McKenzie Group to ensure a COVID-safe environment for patients and staff, in line with the strict COVID infection prevention and control measures implemented nationally at that time. The temporary closure enabled the McKenzie Group to use staff more effectively and to help ensure compliance with social distancing requirements.

In February 2021, McKenzie Group submitted a draft proposal to the *NHS Tees Valley CCGs [the CCG] Primary Care Commissioning Committee to close Hartfields Medical Centre permanently, on the basis that this would enable them to;

- centralise services across their four remaining sites,
- enhance clinical quality and practice resilience,
- run more efficiently, and
- continue to deliver high quality of care to their patients.

To enable the draft proposal to be progressed, McKenzie Group undertook a six-week period of patient and stakeholder engagement between 19 July and 29 August 2021 to explore;

- what patients and stakeholders thought of the proposal to close Hartfields Medical Centre
- how patients had accessed services during the temporary closure,
- how the temporary closure had affected patients, and
- the potential impact on patients and stakeholders should Hartfields Medical Centre close permanently.

Data from this engagement was analysed and fed back to the CCG, Hartlepool Borough Council's Audit & Governance Committee and Healthwatch and shared on the McKenzie Group website.

Following a change in national guidance, a full infection, prevention and control risk assessment of Hartfields Medical Centre was undertaken and on 21 December 2021, the CCG agreed that the temporary closure of Hartfields Medical Centre should end, and Hartfields Medical Centre reopened on 10 January 2022 following a mobilisation period to enable the practice to implement a number of infection prevention and control measures, allowing services to be reinstated.

Whilst the McKenzie Group draft proposal related to the potential permanent closure of the Hartfields Medical Centre, McKenzie Group and the CCG wanted to continue to

explore other possibilities for providing some services from Hartfields Medical Centre as an alternative to full closure.

In order to look at possible scenarios regarding the provision of services from the Hartfields Medical Centre, the CCG and McKenzie Group worked collaboratively to carry out an eight-week period of public engagement from Monday 9 May 2022 to Sunday 3 July 2022.

This phase of engagement looked more closely at the impact of a possible permanent closure, whilst also beginning to explore alternatives to the branch being fully open and closed or open to best meet the needs of the local population.

Advice was sought from the Consultation Institute throughout the duration of the engagement to ensure the methodology was sound and all appropriate efforts were made to engage as widely as possible. To provide an independent perspective, J. Harvey Research Ltd was commissioned to produce a report of the engagement findings.

**On 1 July 2022, just before the end of the engagement period, CCGs across the country were dissolved, and Integrated Care Boards (ICBs) took over the responsibility for NHS functions and budgets. NHS Tees Valley CCG became part of NHS North East and North Cumbria ICB. Any potential business case regarding next steps for Hartfields Medical Centre will therefore be a matter for the ICB to consider through new Governance arrangements. Any proposals which could result in service change will be subject to a full public consultation with patients, the public and stakeholders in line with the NHS legal duty to involve.*

3 Methodology

An eight-week period of engagement commenced on Monday 9 May 2022 until Sunday 3 July 2022. The following provides an overview of the various engagement methods employed.

3.1 Survey

A survey was developed to seek views on the potential changes to services delivered from Hartfields Medical Centre. The survey was made available online, in addition to paper copies of the survey being sent out to patients identified by McKenzie Group.

The engagement was targeted towards those patients who would most likely be affected by potential changes to services delivered from Hartfields Medical Centre, and they were identified as patients registered with McKenzie Group, who had attended for an appointment at Hartfields Medical Centre either: -

- since it reopened on 10 January 2022, and/or
- in the two years prior to the temporary closure in March 2020.

They included:

- a) Persons 16 years old and over who were invited to participate directly, and
- b) Persons under the age of 16 years, whose parent or guardian were invited to participate.

Although the focus of the engagement was to capture the views of the identified patients, the survey was open to the wider population and stakeholders of Hartlepool, whether or not they were registered with McKenzie Group or had not used Hartfields Medical Centre (e.g., a carer for a patient who used Hartfields Medical Centre may not themselves been registered with McKenzie Group but may have wanted to provide feedback).

Therefore, for this reason, all patients aged 16 years and over registered with any McKenzie Group practice, who had a mobile phone number registered with McKenzie Group, and had given permission to be sent text messages, received a text message invite with a link to the online survey and FAQs. This text was sent to the parent / guardian of patients aged under 16 years of age, where they had given permission for text messages.

Alternative formats (including easy read) and languages of the survey and supporting materials were made available by telephone request.

The invitation to complete the survey as well as general information about the engagement (including the public events) was additionally shared through promotional activities including;

- Dedicated information on the practice website as well as posters and banners in all McKenzie Group practices.
- Organic and paid advertising through the McKenzie Group's and the CCG's social media channels.
- A series of advertisements in the Hartlepool Mail and in Hartbeat [Council magazine].
- Press releases.
- Information on the Healthwatch Hartlepool website.
- Briefing for stakeholders including McKenzie Group Patient Participation Group, local MPs, Hartlepool Borough Council's Audit & Governance Committee, Hartlepool Health and Wellbeing Board, Healthwatch Hartlepool, Cleveland Local Medical Committee, local Councillors, Local community/voluntary groups, Hartlepool & Stockton Health [GP Federation], Hartlepool Health, Hartlepool Network and One life Primary Care Networks, NHS England, Local Pharmaceutical Committee, Secondary care and community services (NTHFT) and Hartlepool community pharmacies.

A total of 1,337 responses to the survey were received; 509 paper and 828 online.

3.2 Public events

Six public engagement events were held and available for all to attend to share their feedback. Five of these sessions were face-to-face and one online, however, there were no attendees to the latter.

Table: Schedule and attendance of public events

Day	Date	Time	Venue	No. of attendees
Thursday	12 May 2022	10.00am – 12.00noon	Grayfields Sports Pavilion Jesmond Gardens Hartlepool TS24 8PJ	1
Saturday	21 May 2022	2.30pm – 4.30pm	Hartfields Retirement Village Bishop Cuthbert Hartlepool TS26 0US	25
Wednesday	25 May 2022	2.00pm – 4.00pm	Online Meeting	0
Tuesday	14 June 2022	2.00pm – 4.00pm	Grayfields Sports Pavilion Jesmond Gardens Hartlepool TS24 8PJ	4
Wednesday	22 June 2022	2.30pm – 4.30pm	Hartfields Retirement Village Bishop Cuthbert Hartlepool TS26 0US	19

Wednesday	29 June 2022	6.00pm – 8.00pm	High Throston Golf Club Worset Lane Hartlepool TS26 0UG	0
TOTAL				49

3.3 Additional responses

Members of the public and stakeholders were also given the opportunity to provide feedback in the form of written submissions. Two responses were received; one from the Neighbourhood Manager of Joseph Rowntree Housing Trust and the other from the Audit and Governance Committee.

Comments made via social media were also considered within this report.

3.4 Total sample

In total, 1,407 patients, members of the public or stakeholders responded to the engagement.

Table: Total sample

Method of engagement	No. of respondents
Survey	1337
Public events	49
Additional responses (from stakeholders and social media)	21
TOTAL	1,407

3.5 Support from Healthwatch Hartlepool

Support for the engagement was provided by Healthwatch Hartlepool who attended all of the public events to respond to queries and help individuals complete the survey, if necessary.

They additionally contacted and met with several different protected characteristic groups to discuss and provide information about the engagement. This included;

- Hartlepool Deaf Centre
- Vision Support
- Asylum Seeker and Refugee drop-in
- Hartlepool 50+ Forum
- Hartlepool Carers coffee morning.

The comments / queries Healthwatch Hartlepool received during the engagement period were summarised as follows;

- Whether individuals need to complete the survey, if they have never accessed Hartfields Medical Centre
- Concern that decisions about the future of Hartfields Medical Centre have already been made
- How this phase of engagement is different to that of summer 2021
- Whether it will be harder to get appointments if Hartfields Medical Centre closes
- Difficulties patients have / are experiencing when trying to contact their practice to book an appointment.

3.6 Notes on analysis

J. Harvey Research Ltd was commissioned to provide an independent report of the findings of the engagement. Notes on the specific methods used to analyse the findings are included here;

Quantitative analysis (survey):

- The survey included both closed and free text (open) questions. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback. Percentages are presented for all respondents only, due to the multitude of themes identified in these open questions.
- Percentages are calculated as a proportion of all survey / sub-group respondents and unless stated should equate to 100%.
- It is important to note that responses to the surveys are self-selecting, representing the views of those who wanted to give their opinion. This is very important opinion but cannot be treated as statistically reliable.
- For anonymity purposes the survey system employed does not allow identification of respondents' IP addresses and therefore it is possible that an individual could have responded to the survey more than once. Additionally, it was also possible for an individual to have completed a paper copy of the survey as well as the online version. Caution must therefore be applied to the findings of the survey.

Qualitative analysis (public events):

- The findings from the public events are constructed on an approach where the data from the transcripts is analysed and responses grouped into themes that most closely represent the views expressed. Qualitative data does not allow for commentary on the specific number of times comments are made within these themes.

4 Survey findings

4.1 Survey analysis

The following provides an overview of the survey findings. Responses to questions are presented for all respondents (N=1337) as well as for the sub-groups:

- 'Identified patients' (N=541) – those who indicated that they normally access GP services at Hartfields Medical Centre
- 'Non-identified patients' (N=796) – those who indicated that they don't normally access GP services at Hartfields Medical Centre.

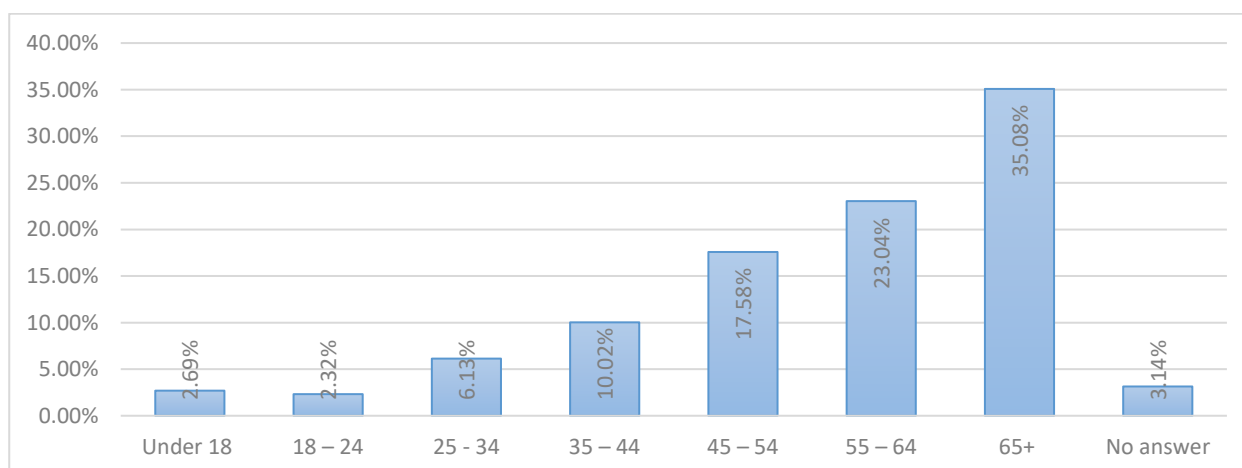
4.1.1 Respondent demographics

There were 1337 responses to the survey. This comprised of;

- 59.01% (N=789) females and 37.92% (N=507) males
- 1.57% (N=21) who were pregnant / have been in the last year
- 48.32% (N=646) who had a disability, long-term illness or health condition
- 40.84% (N=546) who had a caring responsibility
- 92.00% (N=1230) who were White British
- 87.73% (N=1173) who were heterosexual.

The age distribution of all respondents is shown in the figure below, with the greatest proportions aged 65 years or more (35.08%; N=469) and 55 – 64 years (23.04%; N=308). The full demographic breakdown of all respondents can be found in the [Appendix](#), along with a breakdown for both sub-groups. As can be seen, the age profile of both sub-groups was comparable.

Table: Age distribution of respondents (All respondents)



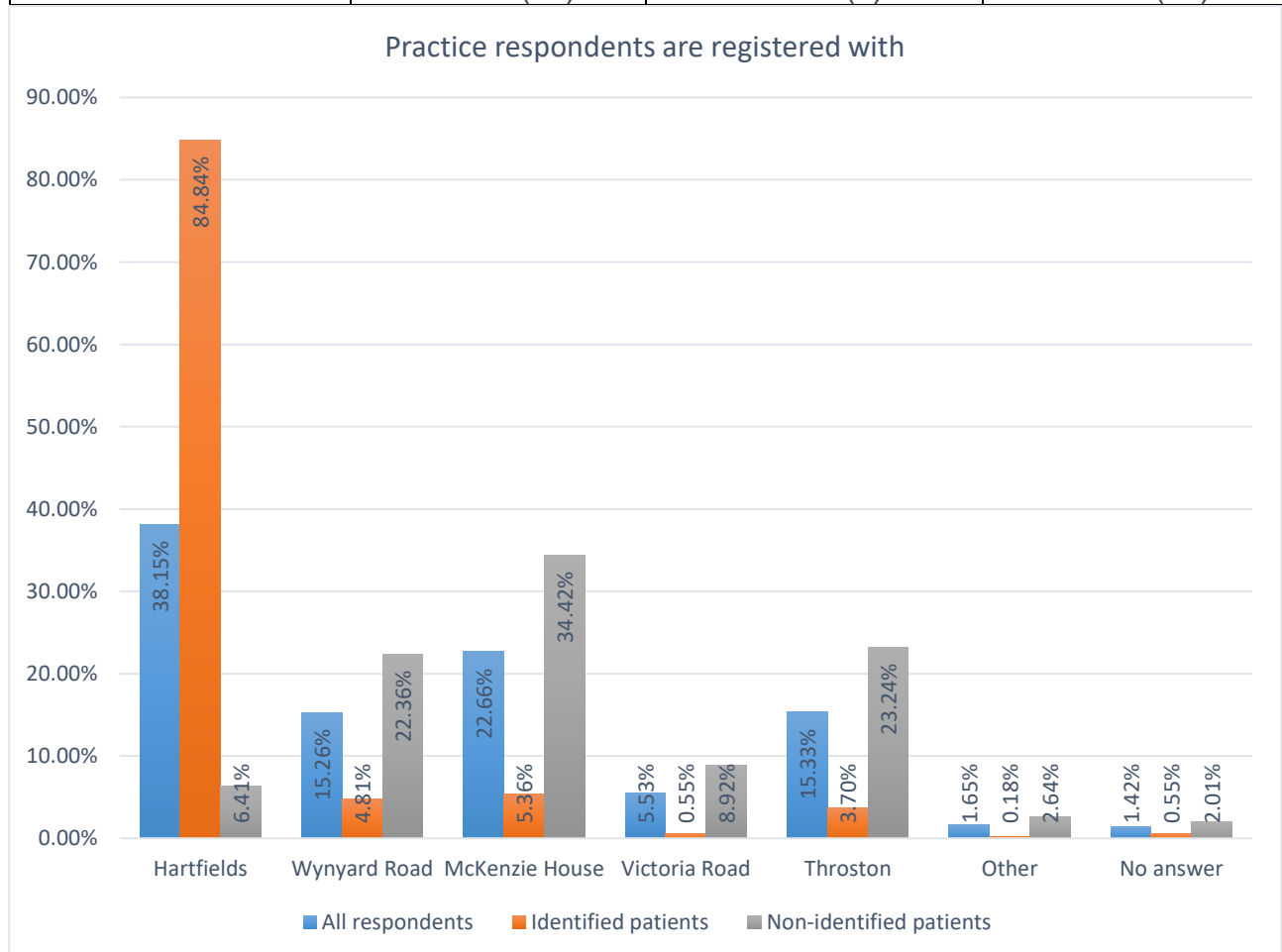
4.1.2 Current access to GP services

Approximately a third (38.15%; N=510) of all respondents were registered with Hartfields Medical Centre, with 22.66% (N=303) registered at McKenzie House, 15.26% (N=204) Wynyard Road, 15.33% (N=205) Throston and 5.53% (N=74) Victoria Road.

In terms of the sub-groups, a much higher proportion of identified patients were registered at Hartfields Medical Centre (84.84%; N=459), compared to non-identified patients (6.41%; N=51). Non-identified patients were most likely to be registered at McKenzie House (34.42%; N=274), Throston (23.24%; N=185) and Wynyard Road (22.36%; N=178).

Table: Practice respondents are registered with

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Hartfields	38.15% (510)	84.84% (459)	6.41% (51)
Wynyard Road	15.26% (204)	4.81% (26)	22.36% (178)
McKenzie House	22.66% (303)	5.36% (29)	34.42% (274)
Victoria Road	5.53% (74)	0.55% (3)	8.92% (71)
Throston	15.33% (205)	3.70% (20)	23.24% (185)
Other GP practice	1.65% (22)	0.18% (1)	2.64% (21)
No answer	1.42% (19)	0.55% (3)	2.01% (16)



Respondents were asked where they normally access GP services. As respondents were able to select more than one response, the percentages below do not equate to 100%.

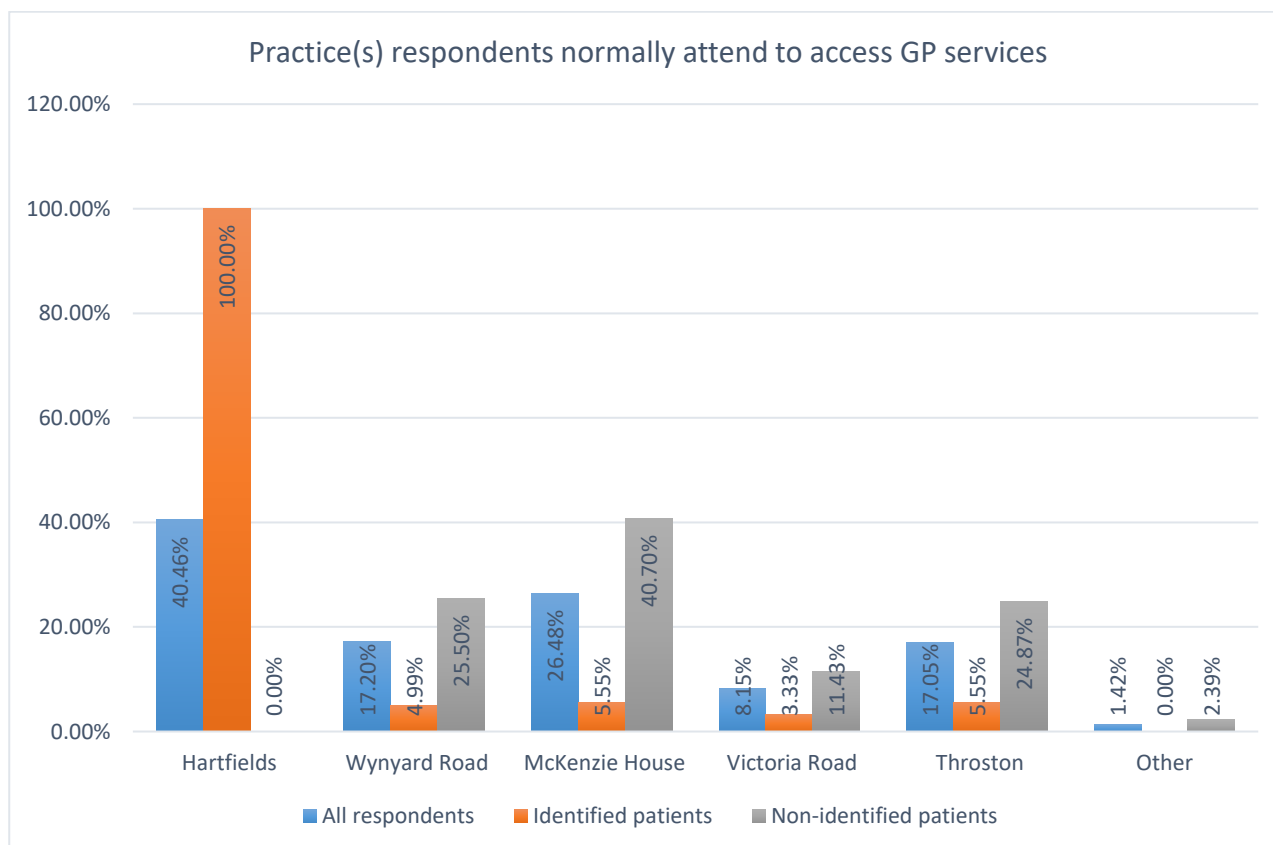
To access GP services, 40.46% (N=541) of all respondents normally attend Hartfields Medical Centre, 26.48% (N=354) McKenzie House, 17.05% (N=228) Throston, 17.20% (N=230) Wynyard Road and 8.15% (N=109) Victoria Road.

As this question formed the basis for the sub-group segmentation, 100.00% (N=541) of identified patients indicated that they normally attend Hartfields to access GP services. Additionally, very small proportions of identified patients indicated that they also attend other McKenzie Group practices. For non-identified patients, this sub-group were most likely to attend McKenzie House (40.70%; N=324), Wynyard Road (25.50%; N=203) and/or Throston (24.87%; N=198).

Table: Practice(s) respondents normally attend to access GP services*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Hartfields	40.46% (541)	100.00% (541)	0.00% (0)
Wynyard Road	17.20% (230)	4.99% (27)	25.50% (203)
McKenzie House	26.48% (354)	5.55% (30)	40.70% (324)
Victoria Road	8.15% (109)	3.33% (18)	11.43% (91)
Throston	17.05% (228)	5.55% (30)	24.87% (198)
Other GP practice	1.42% (19)	0.00% (0)	2.39% (19)

*As respondents were able to select more than one response, percentages do not equate to 100%.



Approximately two thirds of all respondents indicated that it takes them 15 minutes or less to travel to Hartfields Medical Centre (69.26%; N=926); 36.35% (N=486) 5 minutes or less, 22.21% (N=297) 6 to 10 minutes and 10.70% (N=143) 11 to 15 minutes.

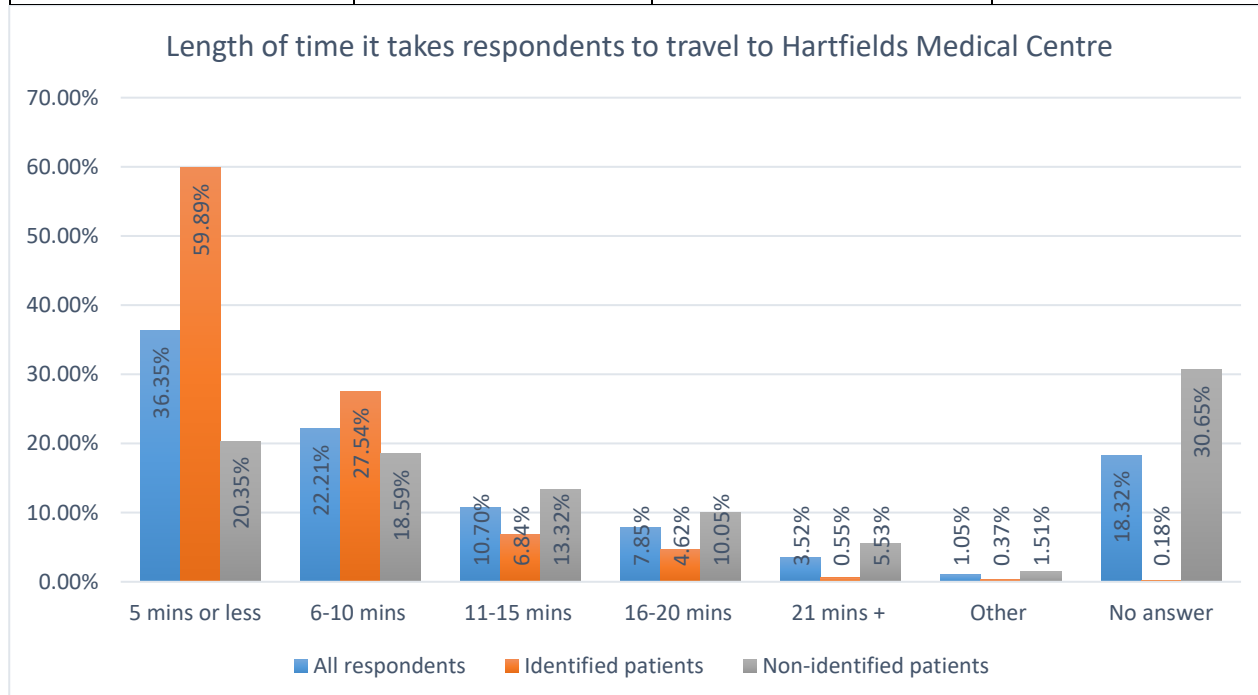
Note: Despite non-identified patients stating that they do not normally attend Hartfields Medical Centre to access GP services, a large proportion still responded to this question.

For identified patients, 94.27% (N=510) stated that it takes them 15 minutes or less to travel to Hartfields Medical Centre, compared to 52.26% (N=416) of non-identified patients.

Note: As this was a free text question, some respondents provided the time it would take for them to walk as well as drive. In these cases and for the purpose of analysis, only the length of time it takes to drive was taken into account. This was based on the assumption that patients might prefer to drive, if they are feeling unwell.

Table: Length of time it takes respondents to travel to Hartfields Medical Centre

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
5 mins or less	36.35% (486)	59.89% (324)	20.35% (162)
6-10 mins	22.21% (297)	27.54% (149)	18.59% (148)
11-15 mins	10.70% (143)	6.84% (37)	13.32% (106)
16-20 mins	7.85% (105)	4.62% (25)	10.05% (80)
21 mins+	3.52% (47)	0.55% (3)	5.53% (44)
Other time frame	1.05% (14)	0.37% (2)	1.51% (12)
Not applicable / no answer	18.32% (245)	0.18% (1)	30.65% (244)



Respondents were asked how they usually travel to Hartfields Medical Centre. As respondents were able to select more than one response, the percentages below do not equate to 100%.

Most respondents usually drive to Hartfields Medical Centre (50.79% of all respondents; N=679), whilst 26.48% (N=354) walk and 7.11% (N=95) a passenger in someone else's car. Other modes of transport (3.81%; N=51) included mobility / electric scooter, wheelchair and bike.

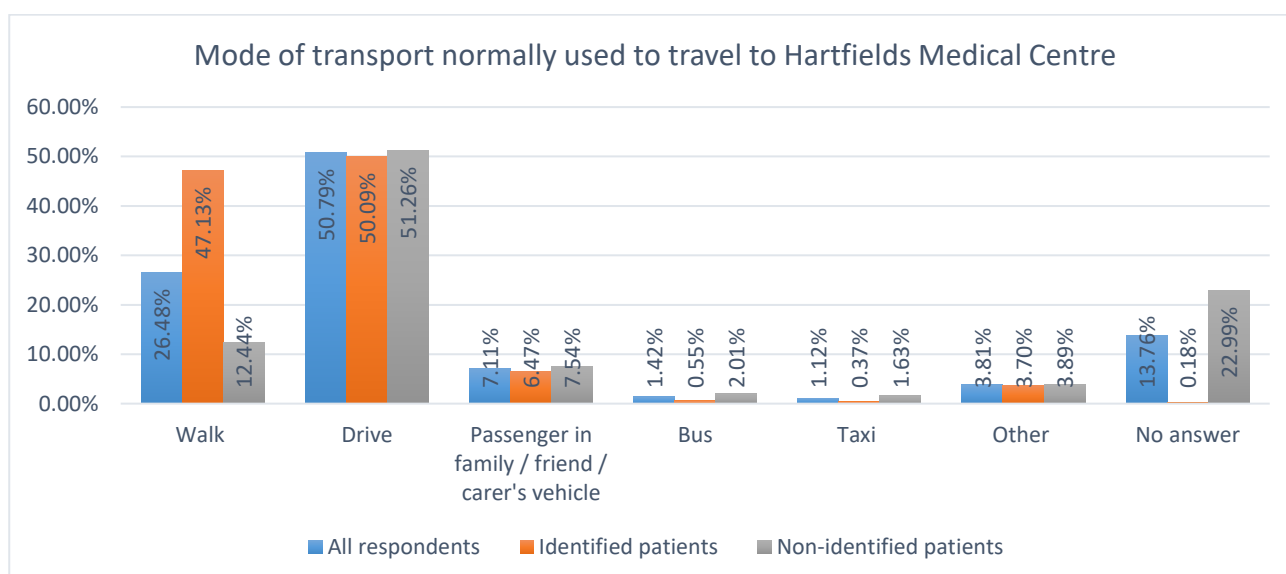
Note: Despite non-identified patients stating that they do not normally attend Hartfields Medical Centre to access GP services, a large proportion still responded to this question.

Similar proportions of identified and non-identified patients indicated that they normally drive to Hartfields Medical Centre (50.09%; N=271 & 51.26%; N=408, respectively), whilst a much larger proportion of identified patients stated that they walk (47.13%; N=255 & 12.44%; N=99, respectively).

Table: Mode of transport respondents normally use to travel to Hartfields Medical Centre*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Walk	26.48% (354)	47.13% (255)	12.44% (99)
Drive	50.79% (679)	50.09% (271)	51.26% (408)
Passenger in family / friend / carer's vehicle	7.11% (95)	6.47% (35)	7.54% (60)
Bus	1.42% (19)	0.55% (3)	2.01% (16)
Taxi	1.12% (15)	0.37% (2)	1.63% (13)
Other	3.81% (51)	3.70% (20)	3.89% (31)
No answer	13.76% (184)	0.18% (1)	22.99% (183)

*Due to the multiple response nature of this question, percentages don't equate to 100%



4.1.3 Impact of the permanent closure of Hartfields Medical Centre

Respondents were asked which practice they would attend if Hartfields Medical Centre was to close permanently. As this was a multiple response question, the percentages below do not equate to 100%.

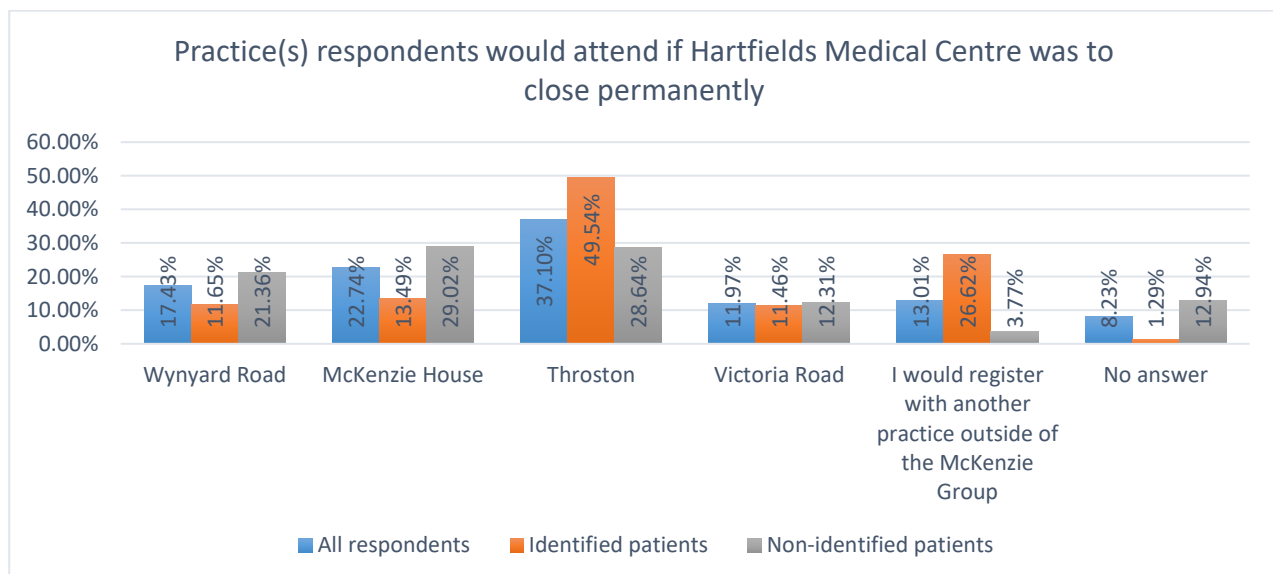
Most indicated that they would attend Throston (37.10%; N=496), whilst 22.74% (N=304) would attend McKenzie House, 17.43% (N=233) Wynyard Road and 11.97% (N=160) Victoria Road. Furthermore, 13.01% (N=174) would register with another practice outside of the McKenzie Group.

Variation in the results of the sub-groups was found, with identified patients much more likely to attend Throston (49.54%; N=268) or register with another practice outside of the McKenzie Group (26.62%; N=144). Non-identified patients were most likely to attend McKenzie House (29.02%; N=231) or Throston (28.64%; N=228) and to a slightly lesser extent Wynyard Road (21.36%; N=170).

Table: Practice(s) respondents would attend if Hartfields Medical Centre was to close permanently*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Wynyard Road	17.43% (233)	11.65% (63)	21.36% (170)
McKenzie House	22.74% (304)	13.49% (73)	29.02% (231)
Throston	37.10% (496)	49.54% (268)	28.64% (228)
Victoria Road	11.97% (160)	11.46% (62)	12.31% (98)
I would register with another practice outside of the McKenzie Group	13.01% (174)	26.62% (144)	3.77% (30)
No answer	8.23% (110)	1.29% (7)	12.94% (103)

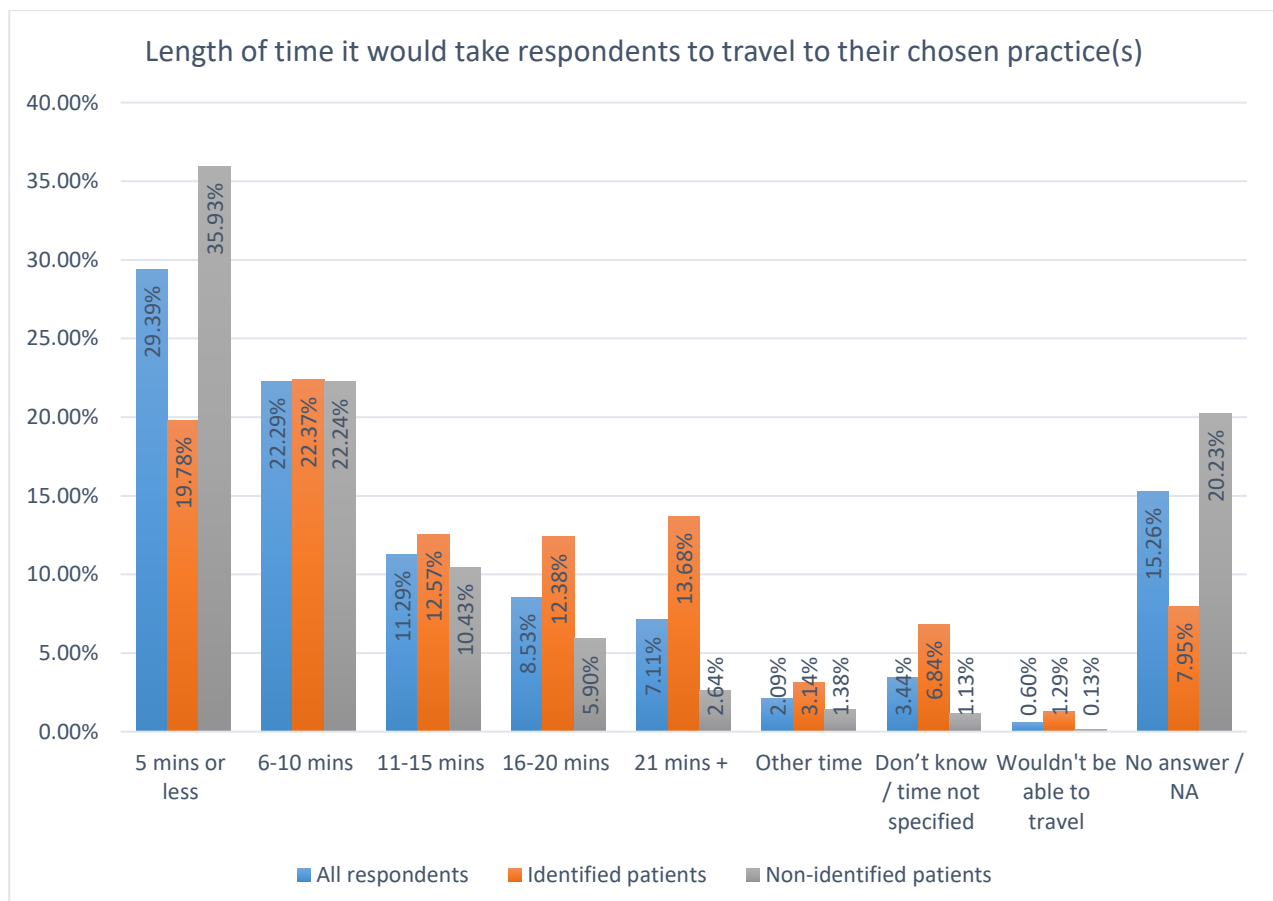
*Due to the multiple response nature of this question, percentages don't equate to 100%



To travel to their chosen practice(s), 62.98% (N=842) of all respondents said that it would take them 15 minutes or less, 8.53% (N=114) 16 to 20 minutes and 7.11% (N=95) 21 minutes or more. For identified patients, 54.71% (N=296) said it would take them 15 minutes or less, compared to 68.59% (N=546) of non-identified patients.

Table: Length of time it would take respondents to travel to their chosen practice(s), if Hartfields Medical Centre was to close permanently

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
5 mins or less	29.39% (393)	19.78% (107)	35.93% (286)
6-10 mins	22.29% (298)	22.37% (121)	22.24% (177)
11-15 mins	11.29% (151)	12.57% (68)	10.43% (83)
16-20 mins	8.53% (114)	12.38% (67)	5.90% (47)
21 mins +	7.11% (95)	13.68% (74)	2.64% (21)
Other time / comment	2.09% (28)	3.14% (17)	1.38% (11)
Don't know / time not specified	3.44% (46)	6.84% (37)	1.13% (9)
Wouldn't be able to travel	0.60% (8)	1.29% (7)	0.13% (1)
Not applicable / no answer	15.26% (204)	7.95% (43)	20.23% (161)



Respondents were asked how they would travel to their chosen practice(s) if Hartfields Medical Centre was to close. As this was a multiple response question, the percentages below do not equate to 100%.

Most would drive to their chosen practice(s) (58.04% of all respondents; N=776), whilst 21.62% (N=289) would walk and 8.00% (N=107) travel in someone else's car. Just small proportions would take a bus or taxi.

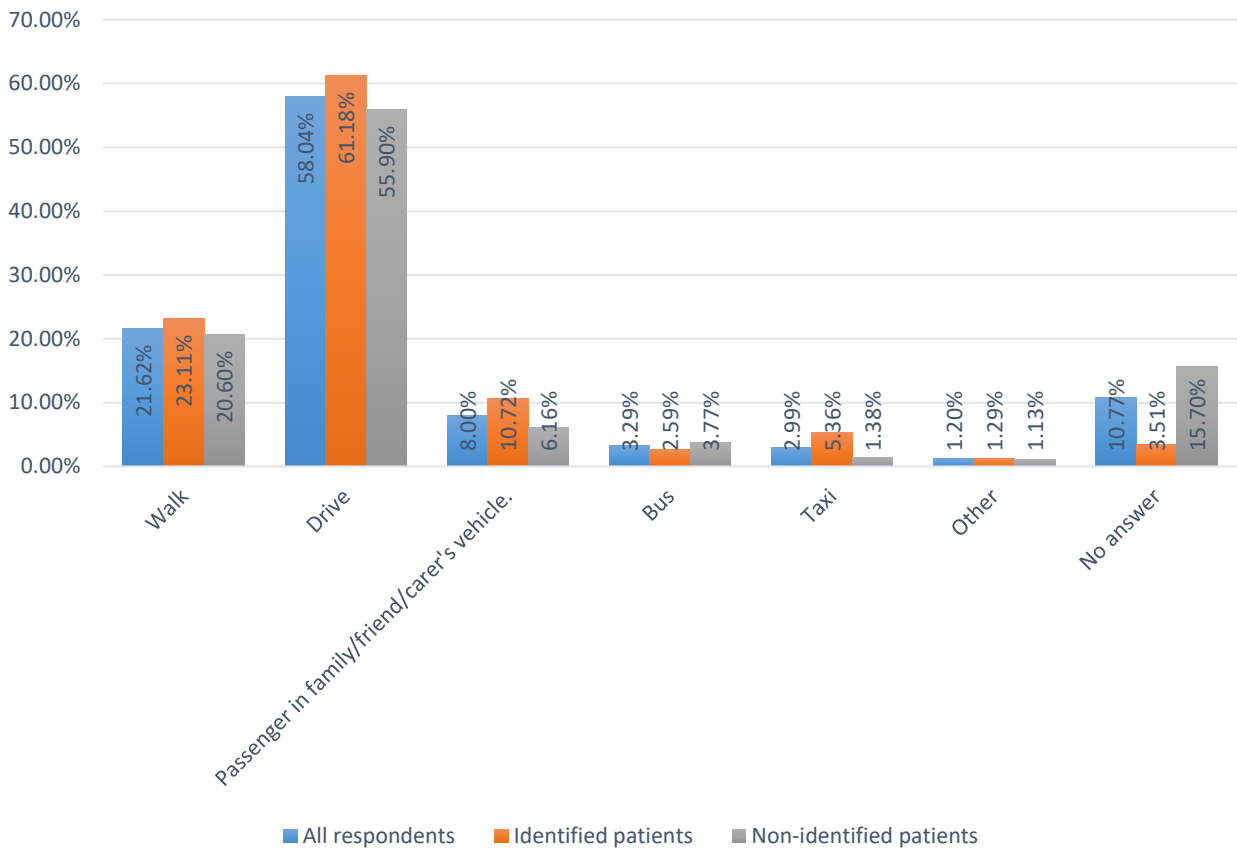
In terms of identified patients, 61.18% (N=331) noted that they would drive, 23.11% (N=125) walk and 10.72% (N=58) a passenger in someone else's vehicle. Similar figures were also observed for non-identified patients with 55.90% (N=445) stating that they would drive, 20.60% (N=164) walk and 6.16% (N=49) a passenger in someone else's car.

Table: Mode of transport that respondents would use to travel to their chosen practice(s), if Hartfields Medical Centre was to close permanently*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Walk	21.62% (289)	23.11% (125)	20.60% (164)
Drive	58.04% (776)	61.18% (331)	55.90% (445)
Passenger in family / friend /carer's vehicle	8.00% (107)	10.72% (58)	6.16% (49)
Bus	3.29% (44)	2.59% (14)	3.77% (30)
Taxi	2.99% (40)	5.36% (29)	1.38% (11)
Other	1.20% (16)	1.29% (7)	1.13% (9)
No answer	10.77% (144)	3.51% (19)	15.70% (125)

*Due to the multiple response nature of this question, percentages don't equate to 100%

Mode of transport respondents would use to travel to their chosen practice(s)

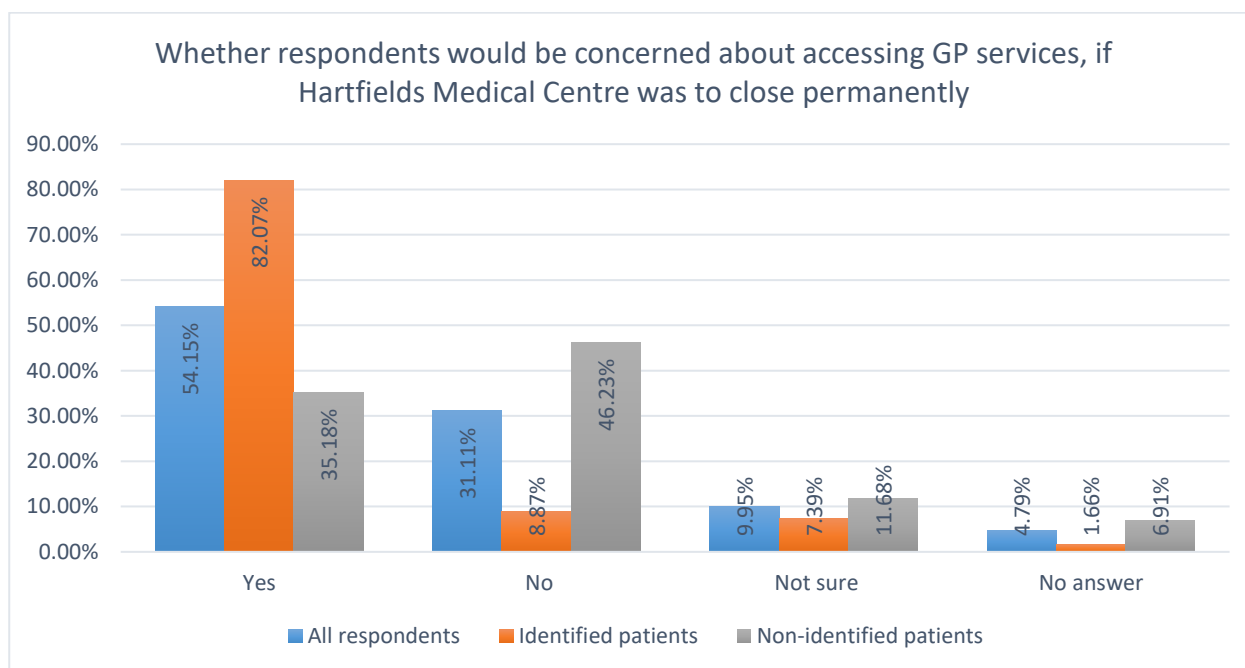


Over half of all respondents (54.15%; N=724) would be concerned about accessing GP services if Hartfields Medical Centre was to close permanently, whilst 31.11% (N=416) would not and 9.95% (N=133) were unsure.

For identified patients a much greater proportion would be concerned (82.07%; N=444), compared to non-identified patients (35.18%; N=280).

Table: Whether respondents would be concerned about accessing GP services, if Hartfields Medical Centre was to close permanently

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Yes	54.15% (724)	82.07% (444)	35.18% (280)
No	31.11% (416)	8.87% (48)	46.23% (368)
Not sure	9.95% (133)	7.39% (40)	11.68% (93)
No answer	4.79% (64)	1.66% (9)	6.91% (55)



When asked to elaborate on their response, key concerns about the closure were found to relate to:

- Appointment availability (35.60% of all respondents; N=476) – with respondents noting how there will be less appointments available at a smaller number of practices for the same number of patients. Many of these commented on the difficulties they currently face in making appointments as well as how the housing developments planned for the area will increase demand further.
- The convenience of Hartfields Medical Centre and the difficulties that would be faced in terms of accessing other GP practices in the McKenzie Group (13.84% of all respondents; N=185) – this included increased travel time, cost and personal difficulties (i.e. age, disability).

“Although it’s not the main practice I visit, I am concerned about general GP provision at the McKenzie Group. It’s already almost impossible to see a GP face-to-face, despite COVID restrictions no longer being in place in virtually every other avenue of society”.

To a lesser extent, respondents commented on the high standard of care they received from Hartfields Medical Centre (including the ease at which they can make appointments and the practice opening times) (3.74%; N=50) and further the impact the closure will have on the elderly, those with mobility issues and the residents of Hartfields Retirement Village (2.62%; N=35).

“My concern is not for me personally but given Hartfields surgery is within a retirement village where many residents will require ongoing healthcare provision this decision appears incongruent with the whole purpose of a retirement village”

Those who weren’t concerned about the closure, mostly indicated that this was because they use other GP practices in the McKenzie Group or online services and/or have the availability of other options (11.74%; N=157).

Note: For this, and other free text questions in the survey, percentages are presented for all respondents only due to the number of themes identified.

Table: Why respondents would / would not be concerned about the permanent closure of Hartfields Medical Centre (All respondents)*

Concerns about permanent closure	
	% (N)
Appointment availability	35.60% (476)
Convenience of Hartfields Medical Centre / difficulty in accessing other practices in the McKenzie Group	13.84% (185)
Satisfaction with Hartfields Medical Centre	3.74% (50)
Impact on elderly, those with mobility issues and Hartfields Retirement Village residents	2.62% (35)
Quality of care at other practices in the McKenzie Group / dislike of other practices	1.65% (22)
Uncertainty / confusion about registering with another practice (including inconvenience of changing)	1.65% (22)
Hartfields Retirement Village sold as a ‘health village’ / local GP good for area	0.67% (9)
Reasons why respondents aren’t concerned about permanent closure	
Don’t usually go to Hartfields / use other GP practices or online services / availability of other options	11.74% (157)
Able to travel / access other GP practices / other McKenzie Group practices are closer	3.96% (53)
Weren't concerned about using other practices / weren't concerned for Hartfields Medical Centre to close	1.05% (14)
Other	
Other comment	3.37% (45)

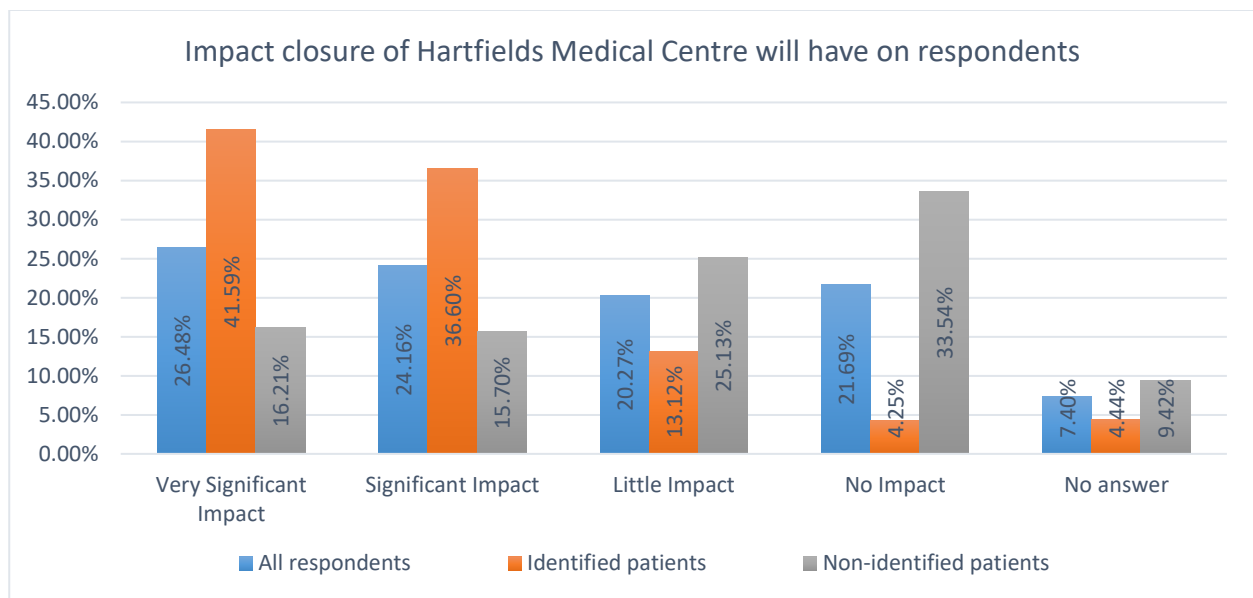
**Due to the free text nature of this question, percentages do not equate to 100%.*

If Hartfields Medical Centre was to close permanently, 50.64% (N=677) of all respondents felt this would have a very significant / significant impact on them, whilst 20.27% (N=271) felt it would have little impact and 21.69% (N=290) no impact.

For identified patients, 78.19% (N=423) felt it would have very significant / significant, compared to 31.91% (N=254) of non-identified patients.

Table: Impact closure of Hartfields Medical Centre would have on respondents

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Very significant impact	26.48% (354)	41.59% (225)	16.21% (129)
Significant impact	24.16% (323)	36.60% (198)	15.70% (125)
Little impact	20.27% (271)	13.12% (71)	25.13% (200)
No impact	21.69% (290)	4.25% (23)	33.54% (267)
No answer	7.40% (99)	4.44% (24)	9.42% (75)



When asked to elaborate on this, most were concerned about the permanent closure impacting on their ability to contact GP practices within the McKenzie Group and make appointments, due to less options being available (26.85% of all respondents; N=359). Many of these respondents stressed the difficulty they already faced in contacting practices / booking appointments, with it thought that this would only get worse.

“Can’t get through to make appointment at McKenzie always told ‘try tomorrow’ which is not good enough. Then told to go to urgent care.”

Furthermore, others identified how they would have difficulties in travelling to other GP practices, including increased travel time and cost (9.05%; N=121), in addition to Hartfields being easier to access / convenient (6.21%; N=83).

“From the point of view of accessing nearest surgery i.e. Throston, I consider this would be near impossible if Hartfields closed, due to location or other sites in the practice being either not on a bus routes or difficult to park near”

“I do not have access to online services, very very difficult to get through on the telephone and Hartfields is the only practice I can get to. Independence is fundamentally important and the main reason for moving to the retirement village, this would be taken away from me if the practice was closed”.

Those less impacted, mostly noted how they don't use Hartfields / use other GP practices within the McKenzie Group (16.60%; N=222) and/or are able to travel or have other McKenzie Group practices that are closer (7.78%; N=104).

Table: Impact the permanent closure of Hartfields Medical Centre would have on respondents (All respondents)*

Little / no impact	
	% (N)
Don't use Hartfields Medical Centre / use other GP practices	16.60% (222)
Able to travel / other McKenzie Group practices are closer	7.78% (104)
Don't often use GP	1.05% (14)
Very significant / significant impact	
GP practices can't cope with demand now / difficulty in contacting practices and making appointments / reduced options / difficulty for those who work full time	26.85% (359)
Difficulty in travelling to other GP practices / increased travel time and cost (including reliance on others)	9.05% (121)
Convenience of Hartfields Medical Centre / easier to access	6.21% (83)
Preference to attend Hartfields Medical Centre due to quality of service provided (including ability to contact practice / book appointment, continuity of care & better opening times)	5.24% (70)
Concern about impact on others including elderly, those with mobility issues and new residents to the area	1.05% (14)
Respondent will move practice	0.82% (11)
Essential, local service / closure should not be allowed	0.75% (10)
Other	
Other comment	5.31% (71)

*Due to the free text nature of this question, percentages do not equate to 100%.

4.1.4 Views on the services provided by Hartfields Medical Centre

Respondents were provided with a list of services and asked whether they would prefer to receive these in person or via telephone / video or e-consultation. The table below shows the number who selected one of these options. For clarity, the percentage / number of those who did not respond to these questions has been omitted, hence percentages do not equate to 100%.

In terms of the services provided from Hartfields Medical Centre, there was a greater preference for all of these to be accessed in person as opposed to via telephone / video / e-consultation. The slight anomaly was medication reviews, which despite the overall preference of these to be accessed in person, respondents were more inclined to have this appointment via telephone / video, than all other services. These results were comparable across the two sub-groups.

Table: Preferred method for accessing GP services*

	All respondents (N=1337)		Identified patients (N=541)		Non-identified patients (N=796)	
	Telephone / Video / e-consultations	In person	Telephone / Video / e-consultations	In person	Telephone / Video / e-consultations	In person
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
New patient health checks	5.61% (75)	46.82% (626)	3.70% (20)	52.87% (286)	6.91% (55)	42.71% (340)
COPD review	2.62% (35)	33.73% (451)	2.96% (16)	31.61% (171)	2.39% (19)	35.18% (280)
Asthma review	4.64% (62)	36.50% (488)	4.25% (23)	36.41% (197)	4.90% (39)	36.56% (291)
Diabetic review	4.56% (61)	34.18% (457)	3.33% (18)	32.53% (176)	5.40% (43)	35.30% (281)
Heart failure review	1.72% (23)	36.35% (486)	1.66% (9)	33.64% (182)	1.76% (14)	38.19% (304)
Atrial fibrillation review	1.87% (25)	32.98% (441)	1.66% (9)	30.68% (166)	2.01% (16)	34.55% (275)
Stroke review	1.35% (18)	33.58% (449)	1.85% (10)	32.53% (176)	1.01% (8)	34.30% (273)
Hypertension review	4.34% (58)	54.08% (723)	3.14% (17)	55.64% (301)	5.15% (41)	53.02% (422)
Medication reviews	29.17% (390)	48.69% (651)	25.51% (138)	54.90% (297)	31.66% (252)	44.47% (354)

*The remaining proportions of respondents selected not applicable or did not respond to the question

Most other comments made in relation to the above question related to the preference for face-to-face appointments, which were felt particularly important for general / emergency appointments as well as appointments concerning mental health, long-term conditions and gynaecological issues.

“All appointments should be face-to-face unless the patient request otherwise. It should not be a GP decision”.

Respondents were provided with a list of services and asked to respond 'yes' to those that they thought were important to be provided by Hartfields Medical Centre face-to-face, on a daily basis. The table below shows the proportion who selected 'yes' to each of these services only.

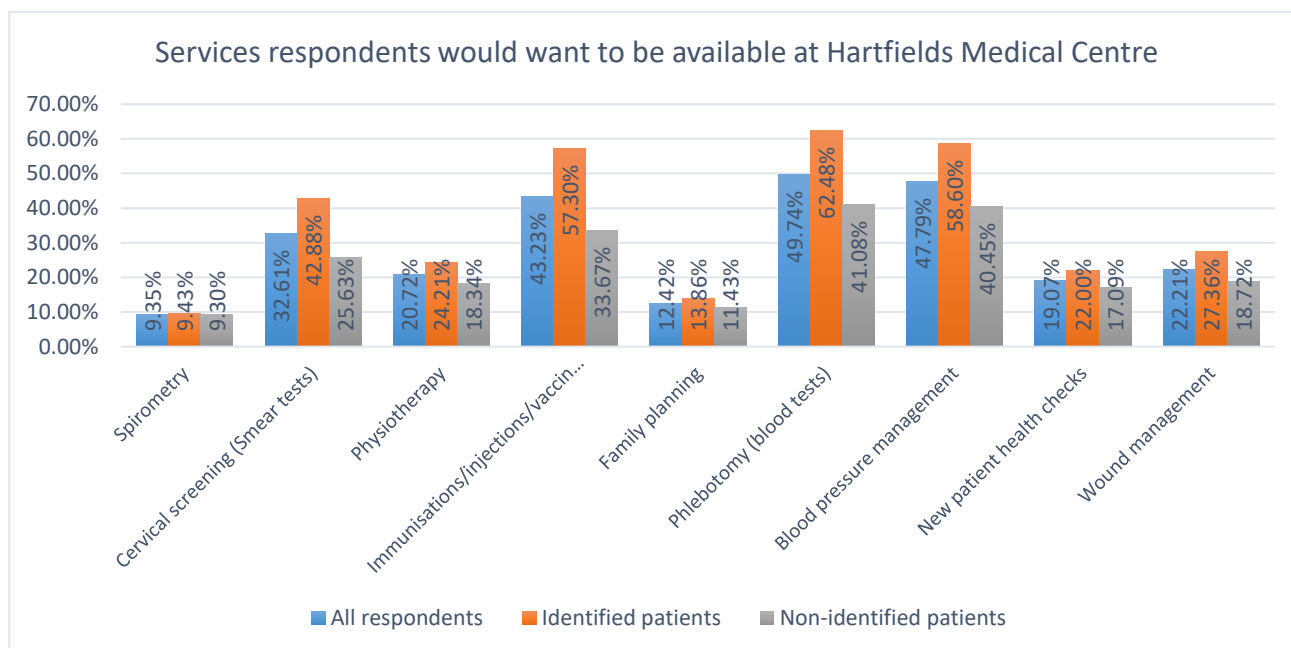
The greatest proportion stated that they would benefit from phlebotomy (49.74% of all respondents; N=665), blood pressure management (47.79%; N=639) and immunisations / vaccines (43.23%; N=578).

Compared to non-identified patients, greater proportions of identified patients would prefer all but one of these services (spirometry) to be provided by Hartfields Medical Centre. This was especially the case for immunisations / vaccines, phlebotomy, blood pressure management and cervical screening.

Table: Preference for services to be available from Hartfields Medical Centre face-to-face, on a daily basis

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Spirometry	9.35% (125)	9.43% (51)	9.30% (74)
Cervical screening	32.61% (436)	42.88% (232)	25.63% (204)
Physiotherapy	20.72% (277)	24.21% (131)	18.34% (146)
Immunisations / injections / vaccines	43.23% (578)	57.30% (310)	33.67% (268)
Family planning	12.42% (166)	13.86% (75)	11.43% (91)
Phlebotomy	49.74% (665)	62.48% (338)	41.08% (327)
Blood pressure management	47.79% (639)	58.60% (317)	40.45% (322)
New patient health checks	19.07% (255)	22.00% (119)	17.09% (136)
Wound management	22.21% (297)	27.36% (148)	18.72% (149)

*For clarity, only the proportion who selected 'yes' for each of these services is presented.



Respondents were asked what time of the day they would prefer to access Hartfields Medical Centre. As this was a multiple response question, the percentages below do not equate to 100%.

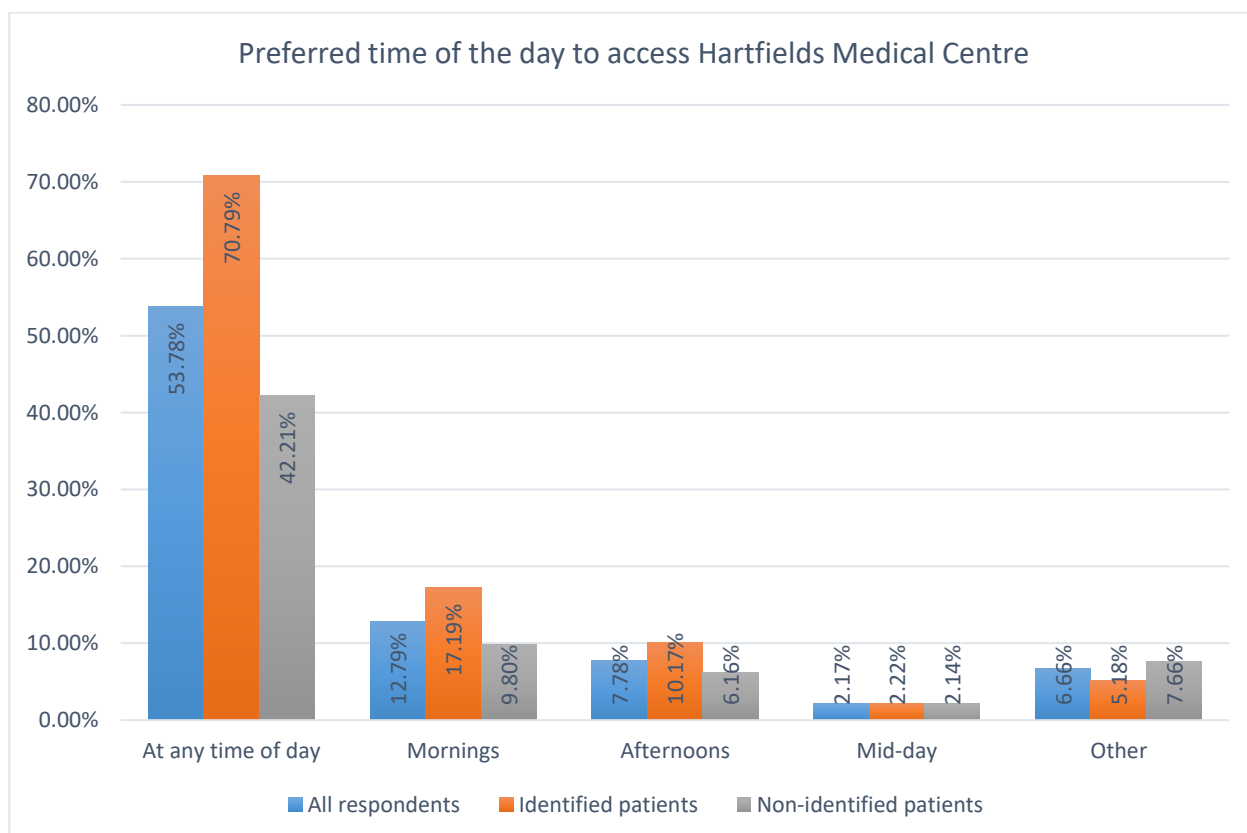
Most respondents said they would prefer to access Hartfields Medical Centre at any time in the day (53.78% of all respondents; N=719), whilst 12.79% (N=171) have a preference for mornings, 7.78% (N=104) afternoons and 2.17% (N=29) mid-day. Other comments related to preferences for appointments to be late afternoon / early evening, before 8.30am and at weekends.

In terms of differences between the sub-groups, identified patients were happier to access Hartfields at any time of the day (70.79%; N=383 & 42.21%; N=336, respectively).

Table: Preferred time of the day to access Hartfields Medical Centre*

	All respondents (N=1337)	Identified patients (N=541)	Non-identified patients (N=796)
	% (N)	% (N)	% (N)
Any time of day	53.78% (719)	70.79% (383)	42.21% (336)
Mornings	12.79% (171)	17.19% (93)	9.80% (78)
Afternoons	7.78% (104)	10.17% (55)	6.16% (49)
Mid-day	2.17% (29)	2.22% (12)	2.14% (17)
Other	6.66% (89)	5.18% (28)	7.66% (61)

*Due to the multiple response nature of this question, percentages do not equate to 100%.



In terms of the most important thing about Hartfields Medical Centre, most referred to its location / convenience / accessibility (34.26%; N=458). Furthermore, similar proportions cited parking and access to a doctor / nurse (18.55%; N=248 & 16.75%; N=224, respectively), with 14.36% (N=192) highlighting the quality of care received, including the pleasant staff and continuity of care.

“Parking, location, quality of care by ALL STAFF, ease of making an appointment without having to be on the phone up to 1 hour or more!”

“Access to regular dr's & nurses. I like to talk to people face to face not on the phone”.

Table: Most important thing about Hartfields Medical Centre (All respondents)*

	% (N)
Location / convenience / accessibility	34.26% (458)
Parking	18.55% (248)
Access to nurse / doctor	16.75% (224)
Quality of care	14.36% (192)
Opening times	3.22% (43)
Access in person	2.77% (37)
Practice facilities / setting / layout / environment	1.35% (18)
All factors listed	1.12% (15)
Other factor, including patient safety, proximity of chemist / nearby park, and online services	6.88% (92)

**Due to the free text nature of this question, percentages do not equate to 100%.*

Further comments made by respondents related to difficulties in obtaining appointments and contacting practices (6.13%; N=82), respondents not wanting Hartfields Medical Centre to close (4.71%; N=63) as well as concerns about the impact the closure will have on other GP practices as well as with future housing developments in the area (4.34%; N=58).

Table: Further comments (All respondents)*

	% (N)
Difficulty in making appointments / contacting practices (including preference to see a GP not a nurse / healthcare assistant)	6.13% (82)
Hartfields Medical Centre is a vital service for local people / elderly / disappointment if was to close	4.71% (63)
Increased pressure on other GP practices / demand set to increase with housing developments in the area	4.34% (58)
Other comment	4.26% (57)
Concern / experience of poor quality of care at other practices / McKenzie Group (e.g. lack of continuity of care)	2.47% (33)
High quality, accessible service provided by Hartfields	2.09% (28)
Preference for face-to-face appointments / telephone appointments not adequate	1.80% (24)
Difficulty accessing other practices (including parking, cost & public transport)	1.12% (15)

**Due to the free text nature of this question, percentages do not equate to 100%.*

5 Findings from the public events

5.1 Key themes

5.1.1 Location and access

For the majority of those attending the events, access to Hartfields Medical Centre was perceived to be easy, with many able to walk to their local practice.

Furthermore, for those able to drive / use public transport easily, accessing other GP practices, was not deemed to be too much of a problem, as long as they have the full details of where they need to go and assurance that the healthcare practitioner will have access to their medical records.

"I'm less impacted than others as I have the flexibility to attend others by car or bus"

"I ring and ask if you can help, and if that means going to another practice that's fine. I ask for the postcode of whichever practice it is."

"We all have to move on"

However, this was not the case for all, particularly those who don't have access to a car and are not able to easily travel on public transport.

"I don't know how I can get to another site"

For many, local access to a GP is what they want and not something they want to travel for or to change.

"I'm a cod head"

"As I get older, if I can't get out, I don't want to travel"

However, amongst a few, there was recognition that they would travel to receive specialist care.

"We are happy to travel to see a specialist"

In terms of accessing other GP practices by public transport, there was concern about what this would entail. For example, to McKenzie House from the Hartfields area, it was noted that there is no direct route with a requirement for individuals to walk for part of the journey.

"Walking is involved so it's not accessible for everyone"

Furthermore, another individual commented on the time implications this can have, recalling an experience of travelling to Wynyard Road to see a specialist;

"It took me an hour to travel to Wynyard Road by bus"

Access to Throston was perceived, by a few, to be slightly easier, and therefore a provision that needs to be maintained if Hartfields Medical Centre was to close.

In terms of access by taxi, these were noted to be limited, costly for those on a low income and especially difficult for those in wheelchairs / reliant on a mobility scooter.

“In Hartlepool, there are no pre-bookable taxis with wheelchair access”

Parking was very important for the few able to travel to alternative practices by car, and something that was felt to be poor at the other GP practices within the McKenzie Group in terms of the availability of disabled spaces as well as spaces more generally.

“There are 3 disabled spaces at Throston, a couple at Wynyard Road”

For those individuals not able to travel, concern was raised about the availability of home visits and what their options would be;

“A nurse said to me 'you're not on the list for home care”

“Would an ambulance take me to McKenzie House if I can't get anywhere? Do I just have to stay at home feeling ill and die?”

The lack of awareness among some about their ability to use different practices within the McKenzie Group, the shared access to their medical records and the lack of uncertainty as to what services are provided at each practice, contributed to their uncertainty / confusion as to what would happen about their care.

“So I can go to any McKenzie practice?”

5.1.2 Concern for the residents of Hartfields Retirement village / other patients with mobility issues

Accessibility for patients residing within Hartfields Retirement Village, as well for other patients with mobility issues, was very much a concern in terms of the detrimental health impact the closure would have.

“People will be forced to self-medicate”

With access to Hartfields Medical Centre highlighted as a key factor for many in the decision to live within the Retirement Village, there was therefore strong opinion that this care provision needed to stay open.

“People have spent a lot on living somewhere with access to appointments – so a bespoke service is needed with appointments and prescriptions.”

This too was recognised by Senior Management who commented how having local GP access enhances the care provision offered to Retirement Village residents;

“For us having the practice enhances our care provision so we want to have services maintained. So we are absolutely in support of retaining GP services.”

There was concern among a few as to whether the closure of Hartfields Medical Centre, would lead to the further withdrawal of services / amenities within the Village;

“If they close the GP practice, what other amenities will close too? E.g. the shop, café”

Digital access is a significant concern and barrier to accessing GP services for many of these patients, with individuals reliant on others / their carers for support.

“I'm a Hartfields residential village resident and on my floor I'm the only one with digital access and who can do an electronic prescription order. It's not easy for everyone”

Furthermore, it was discussed how telephone / online services are not really appropriate for older / disabled patients who want and need face-to-face care. These patients want to be able to easily submit a prescription by hand and want to be able to walk into a practice and book an appointment in person.

“An electronic queue is not easy for patients”

Additional comments were also made about access to Hartfields Medical Centre from the Retirement Village, with patients having to walk around the building as opposed to having direct access.

“It’s bizarre, we have to walk around the building to gain access, rather than directly access from this building [Retirement Village]”

5.1.3 Making GP appointments

The difficulty faced in making appointments at the McKenzie Group was a significant issue for many. Individuals talked of the ongoing challenges they face in ringing their GP practice and trying to book an appointment. Reporting that often, when they have been on hold for a long period of time, they are cut off or told that there are no more appointments and to ring back tomorrow. This evidently causes much frustration with some feeling very ‘let down’ by their care provider.

“The Government said a GP should be able to see you within 24 hours – poppy cock. I queued for an appointment, got to the front of the queue by that time there were no appointments left”

“Is there just one base for the calls? We have tried ringing each practice in turn and they were all engaged. We just can’t get through”

Access was especially a concern for those with disabilities and/or without digital access;

“For the last 2 years your services have been horrific. I am able-bodied and have the internet and even I can’t cope. I was nearly in tears the other day trying to get an appointment. I got to number 2 in the queue and then cut off. It said to ring again tomorrow”

The issues faced, was not felt to just be the case for on-the-day GP appointments, but for all appointments whether that be with a nurse, for bloods or ordering prescriptions.

“We once waited 4 weeks to have bloods taken which was not very convenient”

“I can’t even get an appointment with a nurse.”

“I can’t get through on the phone, it’s always engaged. I can’t order medication”.

Furthermore, attendees talked about the ineffectiveness of being offered an initial telephone appointment, in cases when it is obvious that a face-to-face appointment will be needed and further their preferences of wanting to see a GP face-to-face as opposed to an appointment with another healthcare professional or a telephone appointment with a GP.

“Being able to speak to someone when needed is essential”

“There is no replacement for a doctor”

It was therefore difficult for attendees to contemplate why the closure of Hartfields Medical Centre is being discussed when the demand for GP services is evidently there / increasing.

5.1.4 Public awareness of specialist roles

It was evident within the discussions that there is a widespread lack of awareness of specialist roles within GP practices, with attendees having strong preferences to see a GP, with some believing that this 'carries more weight' and is the 'route to accessing other healthcare professionals' such as physiotherapists.

"If someone needs to see a specialist, then a doctor can refer on"

Attendees therefore felt that much work is needed to raise awareness of these roles, as well as build confidence in accessing these. This extended to the role of reception staff who are often seen as a barrier to access, as opposed to a team able to direct patients to the right professionals.

"So I can book an appointment with a specialist?"

"As patients we suffer as we don't know about the different staff and what they can do. If you go online and book an appointment you don't know who to book an appointment with".

5.1.5 Decision making process

There was a lack of awareness as how the primary care model has changed significantly over recent years and the impact this has had on the space required within practices for a range of staff / specialist services.

Questions were asked as to why the size and ventilation issues were not considered prior to McKenzie Group taking on the site, and furthermore whether the decisions relating to closure are based on financial, rather than size / patient numbers.

"If it's not feasible, then why open it? Someone else was prepared to take it over"

"So when you looked at the premises before you took on the contract – how were they adequate then but not now?"

One individual queries whether another care provider could be brought in, given that there were no issues with the previous care provider.

5.1.6 Quality of care

Some attendees discussed the high standard of care that is received from Hartfields Medical Centre, with questions asked as to whether the same standard would be received at other GP Practices.

"If I want to see a GP and I'd get the same quality of care as elsewhere then I would like to see a GP here [Hartfields Medical Centre]"

In line with this, comments were made about the lack of continuity of care that McKenzie Group provides, with individuals seeing different GPs at different practices. Having consistency was important for some.

"We used to have a 'family GP' who knew our family. It's all changed now"

“Doctors used to know us and now it's a stranger each time and they have to read through the full history.”

5.1.7 Suggestions for consideration

A number of different options were put for consideration, these included;

- Part-time opening hours e.g. 3 days a week
 - Helpful for those that can't access other practices
 - Dedicated days for nurse practitioner and phlebotomist considered key.

“There is a case for part of the service to be available for people with mobility issues. As least some level of service would be a useful 'step-down' rather than closure.”

“Any thoughts on opening 3 days a week, so that there's face to face appointments, to provide a limited service. This would be better than closing”

- Expanding the site by using space in Hartfields Retirement Village or using an alternative site.

“Can the practice be expanded in this building?”

“When you looked around to open another consultation room in Hartfields retirement village, were there other options? You mentioned a possible solution.”

- Designated taxi for disabled patients helping to provide access to other GP practices in the McKenzie Group.

“When it comes to the lack of disabled taxis, why doesn't the practice provide one? Revolutionary ideas are needed when looking at the model”

- Availability of home visits for residents of Hartfields Retirement Village.

“If you live in here [Retirement Village] and you're not mobile then what about home visits?”

- Training programmes to upskill patients in terms of accessing online GP services.

6 Additional responses

6.1 Stakeholder responses

6.1.1 Neighbourhood Manager, Joseph Rowntree Housing Trust (JRHT)

A formal response was received on 1 July 2022 from the Neighbourhood Manager of JRHT who own and manage the Hartfields Extra Care Scheme to which Hartfields Medical Centre is attached.

Reference was made to the letter sent to the Chair of the Audit and Governance Committee on 21 September 2021 which highlighted JRHT's concerns on the potential impact on Hartfields residents of the closure. Key points of this included;

- JRHT redesigning Hartfields to incorporate a GP surgery after being approached to do so by Hartlepool PCT and the Local Authority in 2004.
- The significant impact of the closure of the Medical Centre throughout the pandemic, meaning many residents had difficulties accessing medical support.
- Residents will have difficulty accessing appointments which they are currently able to do independently due to the location of the surgery.
- Potential increase in home visits required by GPs at a cost to the NHS or a delay in resident's accessing appointments due to location and therefore resulting in increased hospital admissions if health deteriorates.
- Increased subscription to other surgeries resulting in people waiting longer for appointments.
- Reducing quality of wrap round care provision as JRHT staff will be unable to work as closely with staff in GP surgery.
- Cost of transport to access appointments at other surgeries for people on low incomes (£7 for return trip in a taxi)
- Inability to access appointments independently as some residents are unable to access public transport due to nearest bus stop being up a hill.
- Space requirements of the practice should be explored with JRHT.

Since the last period of engagement, it was felt that many of these issues have been exacerbated with the current cost of living crisis e.g. increasing concerns around the cost of taxi provision to access appointments. Furthermore, the significantly fewer options available for taxis in Hartlepool, particularly wheelchair accessible taxis, makes concerns about accessibility even more prominent.

It was noted that one of the many attractive features of Hartfields is local access to a GP and how this has been an integral factor in the decision for residents to choose to move to Hartfields.

Reference was made to the 'Telling The Story of Hartfields' study by Karen Croucher and Mark Bevan (2010) which tracked key decisions made in the development of Hartfields, and challenges faced, as the scheme developed from initial plans in 2004 to the first residents arriving in 2008. The study details how successful Hartfields is and how, locating other services and professional groups, such as GPs and specialist nurses, in

the scheme, provides opportunities to promote healthy living and wellbeing later in life, both for residents and the wider community.

It was stressed that having wraparound services provided by a wide range of medical professionals at Hartfields Medical Centre would be extremely valuable and enhance the care offer that some residents at Hartfields already receive from JRHT.

JRHT want the above points to be taken into account when decisions about the future of the GP practice are made, particularly in light of the fact that they support some of the poorest, most vulnerable people in society.

6.1.2 Audit and Governance Committee

On 23 June 2022, Dr Parker gave a 'stakeholder engagement' presentation to the Audit and Governance Committee.

The Committee noted the outcome of the patient engagement mid-point review meeting, undertaken on the 27 May 2022 and welcomed indications that the McKenzie Group have responded to patient and stakeholder feedback from the initial engagement processes. The outcome of this being that the extended engagement was now exploring alternatives for the provision of services from Hartfields Medical Centre outside of the site being either fully open or closed.

The Committee was mindful of not wanting to pre-empt the results of the engagement and the outcome of the subsequent independent report. The Committee requested that the McKenzie Group attend a future meeting to present the findings of the engagement process. With due regard to the view of residents as part of the engagement process, the Committee would then be in position to formally respond to the engagement

6.2 Social media

In response to posts on Facebook, 19 individuals commented on the engagement; these were grouped under the following themes;

Comments concerning the closure of Hartfields Medical Centre:

- Difficulty in seeing / speaking to a GP at any of the practices in the McKenzie Group.
- Hartfields Medical Centre is an extremely important service that should be maintained - concern about the impact on the elderly, those without a car and/or those with children.
- Concern that the decision to close will be made regardless of the outcome of the engagement.
- Query as to whether decisions around closure are being made for financial reasons rather than in the best interests of patients.

Other comments:

- Concern that McKenzie Group is too big
- Doubt as to whether Hartfields Medical Centre is actually open at the moment / staffed by GPs
- Importance of engaging via other methods not just social media
- Primary care has changed over the years / Hartfields Medical Centre does not operate how it used to.

7 Conclusion

This report provides an overview of the engagement undertaken during an eight-week period from 9 May to 3 July 2022 to explore possible scenarios regarding the provision of services from Hartfields Medical Centre.

For many, Hartfields Medical Centre is a much-loved practice, with respondents commenting favourably on its location, parking facilities, access to healthcare professionals as well as the standard of care provided.

The permanent closure of Hartfields Medical Centre will evidently be a concern for many, particularly those who normally access GP services from this practice, including Hartfields Retirement Village residents, and those who support someone to attend care at this practice.

Key concerns amongst these individuals relate to;

- Appointment availability – with respondents concerned about the impact the closure will have on their ability to contact practices and book an appointment, due to their being less available options for the same number of patients. Many stressed the difficulty and frustration they currently face in doing so, with this anticipated to only worsen with the closure of Hartfields, and in addition to planned housing developments in the area.
- Accessibility – respondents raised concern about the travel implications that moving to an alternative GP practice will have, more specifically in terms of increased travel time, cost, lack of direct public transport routes and taxis as well as personal factors such as age and disability.

Looking at alternative scenarios to the full closure, survey respondents deemed the most important services to have available face-to-face, on a daily basis at Hartfields Medical Centre were immunisations / vaccinations, phlebotomy and blood pressure management.

Following consideration of this report by McKenzie Group, the ICB and stakeholders, any updated information will be shared, when available, on the ICB and McKenzie Group websites.

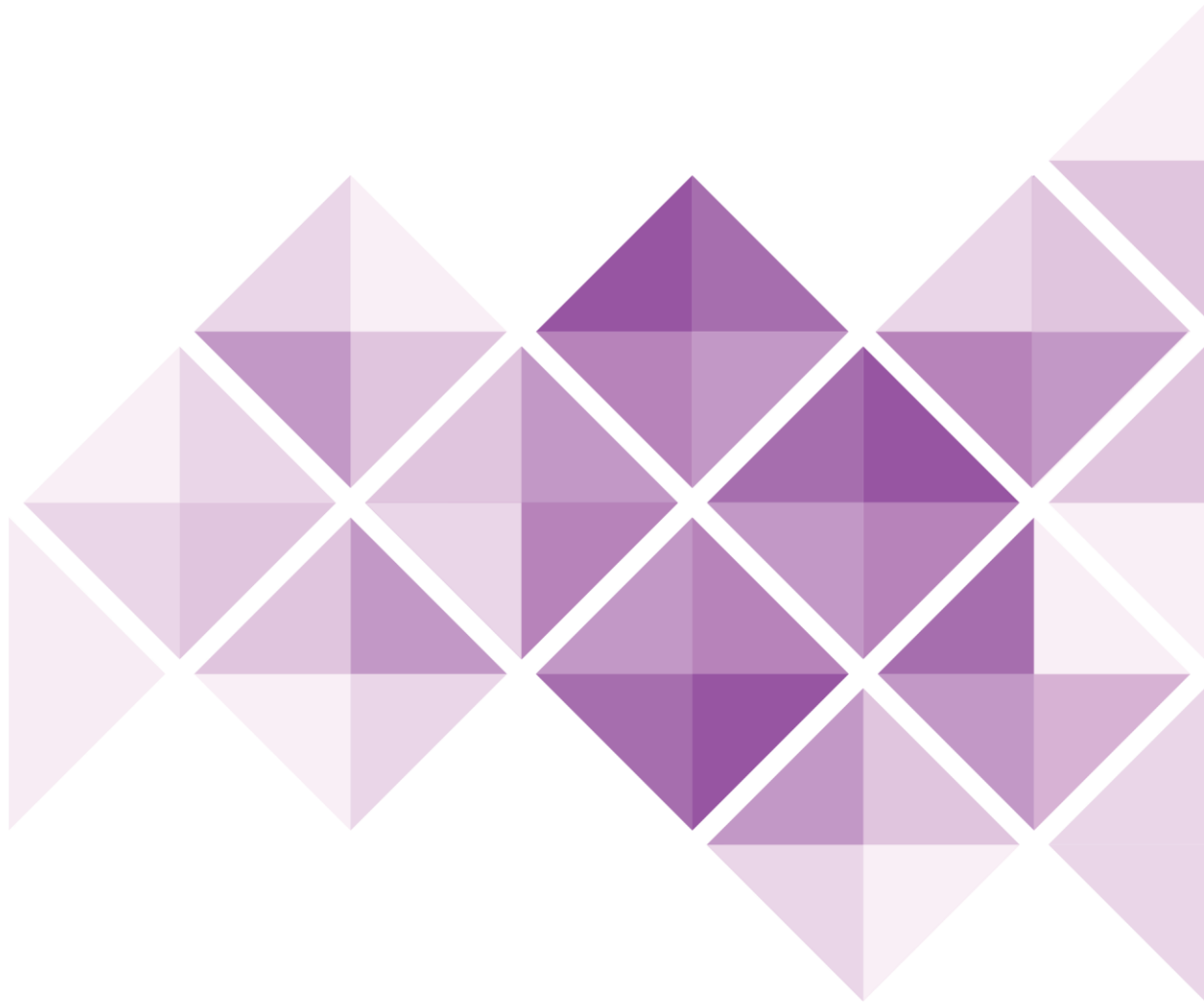
8 Appendix

8.1 Respondent demographics

	Identified patients (N=541)		Non-identified patients (N=796)		All respondents (N=1337)	
Age	No.	%	No.	%	No.	%
Under 18	24	4.44%	12	1.51%	36	2.69%
18 – 24	13	2.40%	18	2.26%	31	2.32%
25 - 34	27	4.99%	55	6.91%	82	6.13%
35 – 44	68	12.57%	66	8.29%	134	10.02%
45 – 54	102	18.85%	133	16.71%	235	17.58%
55 – 64	105	19.41%	203	25.50%	308	23.04%
65+	186	34.38%	283	35.55%	469	35.08%
No answer	16	2.96%	26	3.27%	42	3.14%
Gender	No.	%	No.	%	No.	%
Male	188	34.75%	319	40.08%	507	37.92%
Female	335	61.92%	454	57.04%	789	59.01%
Non-binary	1	0.18%	0	0.00%	1	0.07%
Gender non-conforming	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	1	0.13%	1	0.07%
No answer	17	3.14%	22	2.76%	39	2.92%
Gender identity match sex as registered at birth	No.	%	No.	%	No.	%
Yes	523	96.67%	766	96.23%	1289	96.41%
No	2	0.37%	1	0.13%	3	0.22%
Don't know	1	0.18%	2	0.25%	3	0.22%
No answer	15	2.77%	27	3.39%	42	3.14%
Currently pregnant / been pregnant in last year	No.	%	No.	%	No.	%
Yes	6	1.11%	15	1.88%	21	1.57%
No	407	75.23%	571	71.73%	978	73.15%
Not applicable	13	2.40%	5	0.63%	18	1.35%
No answer	115	21.26%	205	25.75%	320	23.93%
Marital status	No.	%	No.	%	No.	%
Single	80	14.79%	92	11.56%	172	12.86%
Cohabiting	58	10.72%	75	9.42%	133	9.95%
Married	294	54.34%	450	56.53%	744	55.65%
Civil partnership	0	0.00%	12	1.51%	12	0.90%
Separated	6	1.11%	9	1.13%	15	1.12%
Divorced / civil partnership dissolved	20	3.70%	54	6.78%	74	5.53%
Widowed	49	9.06%	52	6.53%	101	7.55%

No answer	34	6.28%	52	6.53%	86	6.43%
Disability, long-term illness or health condition	No.	%	No.	%	No.	%
Yes	251	46.40%	395	49.62%	646	48.32%
No	254	46.95%	337	42.34%	591	44.20%
No answer	36	6.65%	64	8.04%	100	7.48%
Caring responsibilities	No.	%	No.	%	No.	%
None	328	60.63%	463	58.17%	791	59.16%
Primary carer of a child or children under 2	8	1.48%	17	2.14%	25	2.00%
Primary carer of a child or children aged 2 - 18	96	17.74%	112	14.07%	208	15.00%
Primary carer of a disabled child or children	6	1.11%	11	1.38%	17	1.00%
Primary carer or assistant for a disabled adult (18 years and over)	12	2.22%	30	3.77%	42	3.00%
Primary carer or assistant for an older person or people (65 years and over)	29	5.36%	67	8.42%	96	7.00%
Secondary carer	22	4.07%	27	3.39%	49	4.00%
Race / ethnicity	No.	%	No.	%	No.	%
Asian/British Asian: Bangladeshi	0	0.00%	1	0.13%	1	0.07%
Asian/British Asian: Chinese	0	0.00%	2	0.25%	2	0.15%
Asian/British Asian: Indian	2	0.37%	2	0.25%	4	0.30%
White: British	502	92.79%	728	91.46%	1230	92.00%
White: Irish	1	0.18%	3	0.38%	4	0.30%
White: European	8	1.48%	11	1.38%	19	1.42%
Black/British Black: African	0	0.00%	1	0.13%	1	0.07%
Black/British Black: Caribbean	0	0.00%	0	0.00%	0	0.00%
Mixed race: Black and White	0	0.00%	3	0.38%	3	0.22%
Mixed race: Asian and White	0	0.00%	0	0.00%	0	0.00%
Gypsy or traveller	0	0.00%	0	0.00%	0	0.00%
Other	4	0.74%	5	0.63%	9	0.67%
No answer	24	4.44%	40	5.03%	64	4.79%
Sexual orientation	No.	%	No.	%	No.	%
Heterosexual	461	85.21%	712	89.45%	1173	87.73%
Gay man	5	0.92%	2	0.25%	7	0.52%
Gay woman or lesbian	4	0.74%	3	0.38%	7	0.52%
Bisexual	4	0.74%	2	0.25%	6	0.45%
Asexual	1	0.18%	1	0.13%	2	0.15%
Other	2	0.37%	6	0.75%	8	0.60%
No answer	64	11.83%	70	8.79%	134	10.02%

Religion / belief	No.	%	No.	%	No.	%
No religion	170	31.42%	250	31.41%	420	31.41%
Christianity	313	57.86%	463	58.17%	776	58.04%
Buddhism	0	0.00%	3	0.38%	3	0.22%
Hindu	0	0.00%	0	0.00%	0	0.00%
Jewish	0	0.00%	0	0.00%	0	0.00%
Muslim	0	0.00%	0	0.00%	7	0.52%
Sikh	0	0.00%	1	0.13%	1	0.07%
Other religion	7	1.29%	14	1.76%	21	1.57%
No answer	49	9.06%	60	7.54%	109	8.15%



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