Report to Health Scrutiny Sub-Committee

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Report of:	*NHS South Yorkshire*
Report to:	*Health Scrutiny Sub- Committee*
Date:	*7 December 2022*
Subject:	*Decision Making Business Case for Proposed New Health Centres in Sheffield*

Purpose of Report:

To present the attached Decision Making Business Case (DMBC) on the development of up to five new health centres in Sheffield to the Sub-Committee for consideration. The Sub-Committee is asked to provide a formal response to NHS South Yorkshire in advance of the presentation of the business case to the Integrated Care Board on 5 January 2023

The deadline for the written response is 14 December.

Recommendations:

1. *Consider the DMBC*
2. *Provide a formal response to the DMBC to lucy.ettridge@nhs.net by xx December 2022.*

Background Papers:

The DMBC is attached at Appendix A to this paper.

Decision Making Business Case for Proposed New Health Centres in Sheffield

1. **Background**

In March 2022, His Majesty's Treasury confirmed the award of £57.5m funding to South Yorkshire to improve primary care buildings. Of this, £37m was allocated for schemes in Sheffield.

Most of the money is to build up to five new health centres in Sheffield to replace 13 existing GP practice buildings used by 11 GP practices. If plans proceed each practice would move from its current site and into a new building shared with other GP practices, and the current GP practice site would close

NHS South Yorkshire undertook a 10-week consultation exercise from 9 August 2022 to 10 October 2022 to consult on the proposal to relocate some GP practices in Sheffield across two of the PCNs, to new health centres (hubs). The results of this consultation were presented to Health Scrutiny Sub-Committee on 23 November for consideration and comment.

The attached DMBC has been developed in response to, and taking into account, the feedback received from the public and other stakeholders, including this Sub-Committee as part of that consultation.

2. **Context**

Funding was allocated to Sheffield based on plans previously submitted to NHS England to build up to five health centres to accommodate existing GP practices whose premises were no longer fit for purpose. Four of the health centres were proposed for two Primary Care Networks (PCNs) in the north of the city, SAPA 5 and Foundry PCNs, the fifth is proposed for the city centre.

The DMBC presents post-consultation proposals for four of the proposed health centres, in SAPA and Foundry PCNs. A shortlist of locations for the fifth health centre in the city centre has not yet been completed and so that proposal was not considered in the recent consultation. However, the proposed city centre health centre is referenced in the DMBC as it remains an active proposal and therefore needs to be included when considering the affordability of the plans and which practices wish to use the opportunity provided by co-location to develop a wider offer of care to benefit their patients and secure stability for their practices.

The case for change was based on the following issues:

The city needs more clinical staff, more accessible and higher quality services, and better premises and technology. There is a chronic shortage of GPs in the UK and a growing population in Sheffield.

We believe building new health centres will help attract more clinical staff as doctors and nurses want to work in modern, more spacious buildings and will have room to train other staff. The areas where the hubs are proposed are in areas of deprivation, where it is often harder to attract and retain staff.

We believe the best way to support people and improve their health is to bring services together and wrap them around patients in these new health centres, keeping them well, independent, and out of hospital.

A number of GP premises in these areas are more than 50 years old. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in healthcare and in technology. Waiting rooms are cramped, they lack enough consultation rooms and space for other services which could help improve people's health. Poor ventilation makes management of Infection Prevention and Control measures difficult.

The new health centres will do more for patients on one site, increasing access to services and ultimately improving people's health.

Between October to November 2022, a Consultation Report covering all proposed health centre proposals was produced to capture the consultation findings, along with an individual hub proposal Post-Consultation Equality Impact Assessments (EIA). The Consultation Report was presented to HSSC on 23 November 2022 for review and comment. The comments were considered by the Sheffield Place Team and incorporated into the findings of this DMBC.

3. The Decision Making Business Case (DMBC)

The purpose of this DMBC (attached at Appendix A) is to decide on which, if any, health centre hub proposals should move forward to the next stages (this being the development of both Outline Business Case (OBC) and Full Business Case (FBC) in line with HM Treasury Better Business Care guidance. It is proposed that the developments will be led by Sheffield City Council (SCC) on behalf of the NHS, under a Section 2 agreement, and the resulting buildings would be in the public ownership of SCC.

To do this the DMBC reviews the outcomes of public consultation, equality impact assessment (EIA), together with the four years of development undertaken to produce the Strategic Outline Case (SOC) and Outline Business Case (OBC). It also aligns other factors that have developed during the consultation process and ensures that the final proposal is deliverable in service, economic and financial affordability terms.

This DMBC is not a final implementation plan for the proposal, nor a replacement for the further detailed work required for any potential OBC or FBC that is required beyond this DMBC. To ensure appropriate implementation, this DMBC does however, create clear requirements of any subsequent business cases.

The DMBC describes the case for change and the process taken to reach the current position and proposals as well as the pre-consultation engagement and consultation undertaken by the ICB and previously presented to the Sub-Committee for consideration.

The DMBC presents the analysis of the consultation as reported to the Sub-Committee on 23 November 2022. It synthesises the themes from the consultation and the EIA and presents a response to these. This is set out in

section 7 of the DMBC which recommends, where appropriate, suitable mitigation to be taken in response to the consultation report and feedback from key stakeholders including this Sub-Committee.

In section 8, the DMBC then assesses the impact of mitigation recommended in response to the consultation and EIA concerns determine if this is sufficient to support the progress of the proposals to Full Business Case.

In addition to evaluating issues and mitigation from consultation and EIA, to make a recommendation on whether to progress all proposals the DMBC considers other factors likely to affect the viability of the programme or assist in reaching a decision on whether to proceed with the plans. These are presented at section 9 and 10 and include, deprivation, affordability and likelihood of delivery within the timescales prescribed by NHS England and HM Treasury, value for money and practice ability and commitment to proceed. The case sets out the process and outcomes of this evaluation.

Finally, the DMBC presents a recommendation and proposed implementation scheme for the progress of the programme (sections 11 to 13).

4. DMBC Recommendations

Based on the review and analysis undertaken the DMBC proposes that the best approach to address the findings of the EIA and consultation and meet the case for change is to:

- proceed with the following new build hub proposals:
  - Spital Street (Foundry Hub 1)
  - Rushby Street (Foundry Hub 2)
  - Wordsworth Avenue/Buchanan Road (SAPA Hub 2)
- withdraw the SAPA Hub 1 proposal for Concord Sports Centre
- whilst not part of this recent consultation, continue to develop plans for a City Centre high street location in readiness of consultation
- proceed with development of proposals for extension/remodelling works at sites identified in the ‘do intermediate options’ i.e. Norwood Medical Centre (SAPA PCN), Pitsmoor Surgery (Foundry PCN) and Firth Park Surgery (Foundry PCN) through development of NHS project initiation documents via a direction 8 of the premises costs directions, so part funded via the NHS and part by practices
- agree and adopt the recommendations for implementation, based on the extensive feedback from the consultation exercise as outlined in section 7.

5. NHS England Service Change Assurance Process

This programme has followed the NHS England Service Change Assurance Process which requires a review at each stage of the development process to

ensure sufficient and appropriate public involvement has taken place and that NHS South Yorkshire is responding appropriately to the findings of this.

NHS England reviewed the consultation report and a draft of the DMBC on 30 November 2022 and considered the consultation to be robust and comprehensive. They concluded that the themes from the consultation and EIA process have been reflected in the recommendations of the draft DMBC and requested an update if any of the subsequent feedback from key stakeholders had a material impact on the recommendations.

6. Next steps and Implementation

Full details of next steps and implementation, together with risks and timeline are set out in the DMBC, the paper will also be considered by the Sheffield Place Partnership Board on 6 December and the Strategic Patient Involvement, Experience and Equality Committee (SPIEEC) on 20 December.

On receipt, any comments and the formal response from this Sub Committee will be reflected in the DMBC.

The final DMBC will be presented to the NHS South Yorkshire Board on 4 January 2023 for decision.

If approved, the programme with then proceed to Full Business Case preparation with completion of the projects expected from the end of 2023/early 2024.

7. Recommendations for Health Scrutiny Sub-Committee

The Sub-committee is asked to consider the DMBC and provide a formal response to the DMBC to lucy.ettridge@nhs.net by 14 December 2022.

NHS
South Yorkshire
Integrated Care Board

Decision-Making Business Case (DMBC)

Sheffield Transformational Hubs

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December 2022

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Version control

Rev	Originator	Description	Date
1	ICB	First draft	14/11/22
1.1	J Mills	Comments and suggestions	29/11/22
1.2	M Speakman	Edits and updates following review	30/11/22

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NHS South Yorkshire Integrated Care Board

Glossary

Acronym	Description
A&E	Accident and Emergency
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
DMBC	Decision Making Business case
EIA	Equality Impact Assessment
FAQ	Frequently Asked Questions
FBC	Full Business Case
GMS	General Medical Services
HBN	Health Building Notes
HMT	His Majesty's Treasury
HSSC	Health Scrutiny Sub-Committee
ICB	Integrated Care Board
ICS	Integrated Care System/ Integrated Community Services
NHSE	NHS England
OBC	Outline Business Case
PBC	Programme Business Case
PCBC	Pre-Consultation Business Case
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PDG	Project Delivery Group
PEG	Programme Executive Group
PMS	Primary Medical Services
POG	Programme Oversight Group
PWF	Preferred Way Forward
RIBA	Royal Institute of British Architects
SCC	Sheffield City Council
SO	Spending Objectives
SOC	Strategic Outline Case
STP	Sustainability and Transformation Plan
SYICB	South Yorkshire Integrated Care Board

Executive summary

As commissioners of healthcare in the local area, we (SY ICB) have been exploring the best way to meet the healthcare needs of our populations in a sustainable way through consideration of primary care health centre hubs. This included working to identify priorities for the delivery of high quality, affordable and sustainable primary care by co-locating GP practices into a smaller number of premises.

In 2018 South Yorkshire and Bassetlaw was awarded £57.5m to transform primary care premises, based on proposals worked up by groups of GP practices, subject to approval of a programme business case. Of this, £37m related to schemes in Sheffield. The funding is part of a £1 billion increase in NHS capital spending by the current government. The programme business case received formal approval by Treasury in March 2022.

SY ICB undertook a 10-week consultation exercise from 9th August 2022 to 10th October 2022 to consult on the proposal to relocate some GP practices in Sheffield across 2 Primary Care Networks (PCN's)[1], to new health centres (Hubs). There are also proposals to create a separate Primary Care Hub within Sheffield City Centre, which was not included as part of the public & patient consultation process considered in this document, but however may be referenced for context.

This Decision-Making Business Case (DMBC) is based on the evidence compiled in the Pre-Consultation Business Case (PCBC), feedback from consultation and post-consultation Equality Impact Assessment (EIAs) and any further evidence compiled post-consultation. The purpose of this DMBC is to decide on which, if any, health centre hub proposals should move forward to the next stages (this being the development of both Outline Business Case (OBC) and Full Business Case (FBC) to follow the His Majesty Treasury (HMT) capital business case process. This will be led by Sheffield City Council (SCC) on behalf of the NHS.

This DMBC reviews the outcomes from the consultation report, produced in October 2022 following the closure of the consultation, and seeks to ensure that progress to decision-making and implementation is fully informed by detailed analysis of consultation outcomes. It also aligns other factors that have developed during the consultation process and ensures that the final proposal is deliverable in service, economic and financial affordability terms.

This DMBC is not a final implementation plan for the proposal, nor a replacement for the further detailed work required for any potential OBC or FBC that is required beyond this DMBC. To ensure appropriate implementation, this DMBC does however, create clear requirements of any subsequent business cases. These requirements will need to be met as a condition of commissioner support for further (OBC and FBC) business cases (or Project Initiation Documents for related smaller schemes).

This document has been written at a point in time, reflecting information (including sources and references accessed) as of the date of publication. The document, including its related analysis and conclusions, may change based on new or additional information which is made available to the programme.

Section 1: Introduction

As commissioners of healthcare across Sheffield, we are clear that we must ensure that the needs of our populations are met and support improved health of our populations, both currently and in the future. This includes provision of effective, responsive primary care and other supporting services for all our populations.

To meet these needs, we have a **vision** for our future primary healthcare services:

- **Build on the success so far** of regional and local teams integrating services
- Ensure the **sustainability of primary care** in Sheffield

[1] The City PCN proposed hub was not consulted on as part of this, as the proposed location was not confirmed at that time

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- **Help people stay well and support them** when they need help
- Enable people to **stay at home for as long as possible**
- **Create hubs** for colocation of primary and complementary services.

We want the best for our patients. We know that our local primary care facilities, are facing problems with quality of services, buildings, and finances. Despite the hard work and commitment of staff, not all practices are able to meet all the necessary building and capacity requirements and therefore service standards we would expect to see. We want to solve these problems and we believe that to do this we need to create and deliver clinical models that support our primary care workforce to deliver the best possible services for our populations.

Section 2: Case for change

We have identified several barriers to delivering our vision. We have three core challenges with some of our primary care providers:

- **Delivering clinical quality:** Some of our surgeries in City, SAPA and Foundry PCN are not clinically sustainable due to their limited estate ability to provide a full suite of PCN wrap around supports our populations require.
- **Providing primary healthcare from modern buildings:** Our primary care buildings are ageing and are not designed for modern primary care delivery. Most of the primary care surgeries within these three PCNs have very little room for expansion, no space to absorb additional patients or services through demographic change and the fabric condition of their buildings will require significant capital expenditure for improvements if not rectified in the short to medium term
- **Achieving financial sustainability:** The cost of maintaining primary care services across the surgeries in these three PCNs is a major financial driver for us for these PCNs. Our last (2016) estate premises survey indicated circa £750k to bring the premises up to the expected standard, but this would not address the functional suitability, capacity and sustainability issues identified.

Section 3: Process undertaken to form the proposals

In January 2022, Strategic Outline Case (SOC) documents captured the latest proposals. When following NHSE guidance[2], some of the proposals were indicating as amounting to 'substantial service change' (through the requirement to move GP practice locations). Between March to May 2022, a **Pre-Consultation Engagement exercise** was undertaken to support undertaking reviews of the proposals to obtain initial stakeholder feedback. This provided stakeholders, particularly practices involved at that time, with some patient and public insights into thoughts on the initial proposals. Indeed, based on the feedback from patients, some practices concluded that they would not continue participation in their respective Hub schemes.

In June 2022, the outcomes of the pre-consultation exercise, along with all proposal information was documented in a **Pre-Consultation Business Case (PCBC).** The PCBC[3], which sought approval to commence public consultation, included:

- Pre-Consultation Engagement Report
- Pre-Consultation Equalities Impact Assessment (EIA)
- Consultation Plan
- Consultation Document.

The PCBC was presented to the Health Scrutiny Sub-Committee (HSSC) of Sheffield City Council on 21 June 2022 for consideration and comment. The HSSC comments were presented, along with the PCBC to NHS Sheffield CCG Primary Care Commissioning Committee (PCCC) on 23 June 2022. The

[2] NHS England » Planning, assuring and delivering service change for patients
[3] Author(s)/Presenter and title (sheffieldccg.nhs.uk)

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PCCC, on 23 June 2022 approved the progression to public consultation as set out in the Consultation Plan.

SY ICB (following formation from 1 July 2022) undertook a 10-week consultation exercise from 9th August 2022 to 10th October 2022 to consult on the proposal to relocate some GP practices in Sheffield across the 3 PCN's, to new health centres (Hubs).

Between October to November 2022, a **Consultation Report** covering all proposed health centre proposals was produced to capture the consultation findings, along with an individual hub proposal **Post-Consultation Equality Impact Assessments (EIA).** The Consultation Report went to HSSC on 23 November 2022 for review and comment. The comments were considered by the Sheffield Place Team and incorporated into the findings of this DMBC.

Section 4: Proposals that underwent consultation

Following a comprehensive evaluation, options appraisal, and pre-consultation engagement process, four options were shortlisted to take forward to wider formal consultation:

- **Build a new hub within Foundry PCN at Spital Street (Foundry hub 1),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub within Foundry PCN at Rushby Street (Foundry hub 2),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub within SAPA PCN at Concord Sports Centre (SAPA hub 1),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub within SAPA PCN at Wordsworth Road/Buchanan Junction (SAPA hub 2),** providing all primary care, plus wrap around, voluntary and supporting Council services.

The 'no service change' (Do-Nothing) option, the Do-Minimum (minor works at existing practice sites) was not consulted on as they do not constitute 'significant service change' according to the NHS guidance[4].

We have not consulted on the City Hub proposal as part of this process as the preferred location for this facility is not confirmed. The preferred proposals for consultation were for all four new build primary care health centre hubs at the above location sites. The consultation document produced for consultation[5], captured full details of each of the new build proposals.

Section 5: How the consultation was undertaken

The consultation on the proposals for delivering the Primary Care Hub model and addressing the case for change was launched on 9th August 2022, for 10 weeks, and closed on 10th October 2022. This involved working with a wide range of partners to carry out the consultation activities and analyse the responses. The ICB communications and engagement team coordinated these activities, seeking support from:

- Community groups
- GPs
- Sheffield Health and Care Partnership
- SMSR, a social research agency
- Wider community groups.

The consultation included:

- nearly 5,000 contributions/responses from people living in Sheffield
- translation of documentation into many languages
- materials at different locations (GP practice sites, pharmacies, libraries, Independent Living schemes (sheltered housing), children centres, leisure centres, churches and mosques)

[4] NHS England » Planning, assuring and delivering service change for patients
[5] ICB Public Consultation document 2 copy (syics.co.uk)

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- community partners funded to undertake consultation activity
- supporting documents (FAQ, consultation document, PCBC, travel analysis, equality impact assessments)
- GP practices' activity
- Public events
- Social media
- Community partners
- Community activity
- Online survey.

The activities, feedback and analysis formed the basis for the ICB to understand the views of their population that may be affected by these proposals.

Section 6: Consultation findings

Feedback from the consultation across all strands was analysed and collated by an independent company called SMSR research[6]. SMSR research produced a full report[7] which can be referred to for more detailed insights and understanding of the views and opinions about the possible changes to introduce four health centre hubs across the two (SAPA and Foundry) PCNs.

Following review of the consultation report, several consistent themes were identified by the SY ICB Sheffield Place Team. These included:

- **Accessibility / Travel** – the change in distance from some patient's homes to the proposed new locations, modes of transport (especially public transport) and the cost of transport (e.g bus fares and taxis). The ability to access and move around all parts of the healthcare premises was identified (both issues with current practice buildings and assurances on the standards to be applied to the proposed new facilities)
- **Changes to current services –** Patients were concerned with being able to make appointments, see the same practice staff, get though on the telephone. Some were concerned about the change process and not having to re-register with their practice
- **Appointments & Care –** There was significant concern about the current availability of appointments, especially face-to-face. Patients were seeking assurances that the proposals would help lead to increased availability in appointments, reduced waiting times and a wider range of services closer to home
- **Proposed Location –** Some concerns were raised about the proposed locations in terms of topography, anti-social behaviour, and loss of perceived green space in one location.
- **Parking & Traffic –** Patients were seeking assurances on the levels of car parking to be provided at the proposed locations, and the issues of traffic congestion in some locations, particularly at school pick-up times
- **Affordability & Costs –** Concerns were raised about the impact of inflation on the proposed buildings, the running costs and seeking assurances that the funds for running the proposed new buildings wouldn't be lost elsewhere
- **Other concerns** – Patients expressed concerns around what might happen to the current GP premises once vacated, and around the sustainability of community Pharmacies, which may be impacted if the proposals go ahead. Views were also received that new pharmacies should be included within the proposed Hubs

[6] SMSR: Market Research & Analysis
[7] NHS South Yorkshire Health Centre Engagement Report v4.pdf (sheffield.gov.uk)

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EIAs were updated post consultation by Arc of Inclusion[8], who prepare the pre-consultation EIA. Following review of the post-consultation EIA reports, several consistent themes were identified by the SY ICB Sheffield Place Team. These included:

- **Timescale** – There were concerns that the rapid timescales for the opening of the new hubs may not allow sufficient time to work with groups to help ensure the services are designed to best meet their needs and familiarise those that need support with the changes.
- **Accessibility / Travel** – Concern that those with a disability, visual impairment or others with additional needs may find accessing healthcare more difficult in a new location which may be further from their home and have different travel requirements
- **Design** – Concerns that the building being larger may be more difficult to navigate or access or may feel intimidating to or by people with additional requirements, who may be very familiar with their current practice.
- **Communication** – The need to ensure people with diverse or additional needs may need further support in becoming familiar and comfortable with the proposed changes, especially in the transitional and early operational stages to ensure additional barriers to accessing healthcare are not created, and current barriers are reduced.
- **Other concerns** – Ensuring that practice staff are trained and updated on supporting people with additional needs in accessing primary healthcare, and that an independent post-implementation review is carried out to ensure the needs of all patients are being met.

Many of these themes are consistent to areas identified in pre-consultation early public engagement.

Section 7: Addressing themes from consultation and EIAs

The consultation and EIA raised a number of positives, but also a number of important concerns, these latter concerns which we must address if we wish to successfully deliver these proposals. We have summarised some of these key concerns below. This section identifies these into key themes, highlighting our proposed mitigations for addressing these concerns, along with clear aligned recommendations.

Table 1 – Consultation themes and recommendations

Theme	Recommendations arising from consultation themes
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure provision of bus stops as close as possible to proposed Hub locations once approved.
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.

[8] https://www.arcofinclusion.co.uk/

Theme	Recommendations arising from consultation themes
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement. • **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.

C = Consultation

Table 2 – EIA themes and recommendations

EIA Themes	Recommendations arising from the Equality Impact Assessments
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP
	• **Recommendation E6:** explore options with practices around provision of home visits
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully

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EIA Themes	Recommendations arising from the Equality Impact Assessments
	informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).

E = Equality

Section 8: Consultation and EIA conclusions

The SY ICB Sheffield Place Team has reviewed the feedback from consultation and the EIA per hub. **In summary except for SAPA Hub 1 travel concerns, the feedback from consultation has not materially affected the proposals to the extent that they should cease to be developed further. There are key areas that are captured within the recommendations to be mitigated during the implementation stage of the projects (should the proposals be approved to proceed.**

Section 9: Other considerations

There are several other factors that need to be considered alongside the consultation and EIA findings, that will help determine the schemes that are considered suitable and able to proceed to OBC/FBC development. For overall assessment and comparison purposes the City Centre Hub, which did not form part of the patient and public consultation process is included in these considerations.

The table below brings each of the non-consultation factors considered into a single table, to show the relative merits and challenges for each site, against these factors. Section 9 considers each of these in more detail. A total of the rankings in each factor is shown, without weightings to help summarise the respective position of each hub.

Table 3 – Overall summary of other considerations per scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
1. Index of Multiple Deprivation (IMD) (LSOA)	49.23	45.84	52.74	57.74	16.59
2. Assessment of stakeholder support	Acceptable	Acceptable	Low	Average	High
3. Benefit to Cost Ratio	3.44	2.58	3.70	2.69	5.69
4. Capital Affordability (£ total)	£7.42m	£9.35m	£11.10m	£9.01m	£4.3m
5.Capital Affordability (£ per m^2)	£5,752	£5,841	£5,466	£5,629	£4,705
6.Revenue Savings provided per annum	£54,079	£83,448	£50,129	£51,384	£14,799
7.Practice commitment & ability to proceed					
8. Assessment of Technical Deliverability					
Total of Rankings (Low-best, High-worst)*	**20**	**23**	**24**	**20**	**17**
Overall rank	**2**	**4**	**5**	**2**	**1**

*Total of individual rank scores for each factor – lowest score is the highest ranking

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Section 10: Overall conclusions

The SY ICB Sheffield Place Team has reviewed the feedback from consultation and the additional evidence developed as part of this DMBC. They have considered the impact of the feedback from consultation and additional considerations on the hubs proposals, and the recommendations for implementation. Aside from the matter of distance in SAPA Hub 1, the feedback from consultation has not materially impacted on the proposals, however, the additional considerations have.

In summary, given the overall affordability issue, one scheme (SAPA 1) indicating issues with practice commitment / ability to proceed, **it is proposed that SAPA hub 1 is withdrawn**. Subject to Programme Board change control processes, funding allocations for remaining hubs may be increased to support the affordability issues of the schemes that can progress to the next stage (subject to ICB approving the DMBC recommendations).

Section 11: Recommendations

It is the SY ICB Place Team's recommendation to the ICB that the following recommendations should be considered for agreement and approval, considering all the evidence that has been made available, on the basis that they represent the best solution to address the case for change and consultation/EIA findings, to:

- proceed with the following new build hub proposals:
    - Spital Street (Foundry Hub 1)
    - Rushby Street (Foundry Hub 2)
    - Wordsworth Avenue/Buchanan Road (SAPA Hub 2)
- withdraw the SAPA Hub 1 proposal for Concord Sports Centre
- whilst not part of the consultation, continue to develop plans for a City Centre high street location in readiness of consultation
- proceed with development of proposals for extension/remodelling works at Norwood Medical Centre (SAPA PCN), Pitsmoor Surgery (Foundry PCN) and Firth Park Surgery (Foundry PCN) through development of NHS project initiation documents via a direction 8 of the premises costs directions, so part funded via the NHS and part by practices
- agree and adopt the recommendations for implementation, based on the extensive feedback from the consultation exercise as outlined in section 7.

Section 12: Implementation

The SY ICB Primary Care Capital Programme Board, has provided strategic oversight to the programme to date. During implementation, the Programme Board will become the ICB Implementation Board with responsibility for overseeing the development and implementation of the programme.

Commissioners would have oversight of the implementation of the recommendations set out within this DMBC and the implementation of the OBC and FBC for the new build proposals and NHSE PIDs for the works at existing practices.

This oversight would be in the form of a Programme Oversight Group (POG), consisting of the ICB Place Leads and Sheffield City Council and any appointed programme delivery resources as required. This group would meet on a bi-monthly basis as a forum to report progress. On the intervening months, a Project Delivery Group (PDG) per hub, would meet, consisting of the two ICB accountable officers and two Council accountable officers, alongside any appointed delivery group team members.

Clear, consistent, and effective governance arrangements at all levels across the respective PCN wide implementation will be key to manage risks and dependencies across these areas and wider supporting system. The governance arrangements will build on the governance structures and

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processes that have been in place for the development of the PCBC and DMBC but will pass over to the Council rather than continuing to be the responsibility of commissioners.

Given the scale of capital requirements, securing (including any additional) capital investment will require ICB-led business case processes dependent on the outcomes of decision making.

To secure funding for the preferred way forward, Sheffield City Council (on behalf of the ICB) will need to:

- Develop an outline business case (OBC) and full business case (FBC) for the new build hub proposals (and the City Hub should this proceed), for approval by the ICB, NHSE and SCC
- Enter into Section 2 agreements with NHS England for capital grants
- Enter into construction contracts for the development of the approved Hubs.

The SY ICB Sheffield Place Team will develop Project Initiation Documents (PIDs) for the proposed extension/remodelling works where applicable for existing practices, for approval by NHSE. These schemes will be delivered directly with practices as the contracting authority, using SCC professional services supply chain where appropriate. This includes premises indicated to be extended / remodelled both as part of a Do Intermediate option or as part of the Developing Capacity Workstream (all Direction 8 schemes).

Section 13 – Next steps

This DMBC is the result of 4 years of evidence development, assurance, and review of proposals to deliver a solution that addresses our case for change and delivers our primary care hub model.

The feedback from consultation has shown that there is clear public support for our case for change. As commissioners, we believe we have identified the best solution to deliver primary healthcare for our local population in these PCNs. We have tested this with the public through consultation, a review of the findings including individual proposal post consultation EIAs, and a review of other programme factors to consider alongside such findings. Work has been undertaken to ensure that we have understood the themes from public consultation and post consultation EIAs, and how this affected the proposals and combined with other factors affecting the programme, how the proposals should be implemented.

The Council will now be asked to continue the development of the preferred way forward proposals as per the recommendations. The ICB will continue to have a role in ensuring that all the recommendations are implemented through the proposed assurance groups (namely the Programme Oversight Group (POG) and the Project Delivery Group (PDG).

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1 Introduction

1.1 Purpose of this document

The purpose of this DMBC is to decide on the health centre hub proposals.

This DMBC is based on the evidence compiled in the pre consultation business case, feedback from consultation and further evidence compiled post consultation.

This DMBC reviews the outcomes from the consultation report and seeks to ensure that progress to decision-making and implementation is fully informed by detailed analysis of consultation outcomes. It also ensures that the final proposal is sustainable in service, economic and financial terms.

This DMBC is not a final implementation plan for the proposal, nor a replacement for the further detailed work required for any potential OBC or FBC that may be required at a later stage in the process.

To ensure appropriate implementation it does, however, create clear requirements of any subsequent business cases. This will need to be met as a condition of commissioner support for further business cases.

This document has been written at a point in time, reflecting information (including sources and references accessed) as of the date of publication. The document, including its related analysis and conclusions, may change based on new or additional information which is made available to the programme.

1.2 Our vision and commitment

As commissioners of healthcare across Sheffield, we are clear that we must ensure that the needs of our populations are met and support improved health of our populations, both currently and in the future.

To meet these needs, we have a vision for future primary healthcare:

- **Build on the success so far** of regional and local teams integrating services
- Ensure the **sustainability of primary care** in Sheffield
- **Help people stay well and support them** when they need help
- Enable people to **stay at home for as long as possible**
- **Create hubs** for colocation of primary and complementary services.

We want the best for our patients. We know that our local primary care facilities are facing problems with quality of services, buildings, and finance. Despite the hard work and commitment of staff, not all practices are able to meet all the necessary quality and capacity standards we would expect to see with their existing facilities. We want to solve these problems and we believe that to do this we need to create a new clinical model to change how primary care is provided in the future.

Over the last four years we have worked with primary care staff and local people to develop the proposals for an estate that supports new ways of working, which formed the basis of the development of our proposals set out in this document. We want our local primary care facilities to continue to be safe for local people, attract expert staff, and care for our patients in modern, state-of-the art buildings.

1.3 Background to the proposals

The primary care estate in some of the City, SAPA and Foundry PCNs are not fit for purpose to provide modern health and care services. This was confirmed in the findings of the 2016 six-facet (estate) surveys undertaken by independent surveyors stating that over £750,000 would need to be spent to address backlog maintenance items on current buildings. Given the time since these surveys, should such backlog maintenance have not been addressed this situation could be significantly worse.

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Some practices are housed in old buildings with limited accessibility. This is having an impact on the GPs' ability to recruit and retain staff and to plan for delivery of primary care in the future. GPs are the bedrock of the NHS; they are everyone's first port of call. Ensuring primary care is sustainable and able to support integrated working is crucial. Local GPs need to be equipped to deliver the benefits of integrated working, so they can continue to enhance the existing model of care and further embed services locally.

In December 2017 feasibility studies developed a long list of potential options to improve patient care and outcomes by considering the expansion of the primary care estate for these three PCNs in Sheffield (City, SAPA and Foundry).

The concepts behind the studies were originally developed by GP practices, and the South Yorkshire Integrated Care Board (SY ICB, previously NHS Sheffield Clinical Commissioning Group (CCG)) supported them to develop bids for government funding via SY ICS.

In 2018 SY ICS were awarded £37m to transform Sheffield GP practices across the city as part of £57.5m allocated to primary care bids across South Yorkshire, subject to the approval of a Programme Business Case. The funding is part of a £1 billion increase in NHS capital spending by the current government. Final approval of the programme business case was signed off by HMT Treasury in March 2022.

Following confirmation of funding, the ICB has worked with the practices to develop the plans further. The plans include up to 5 new health centres (hubs) in Sheffield bringing together existing GP practices, other health services, local authority, and some voluntary services all under one roof to change the way that healthcare is delivered.

The next step in these three specific areas of Sheffield is to further integrate services with primary care, and we believe the only way to achieve this is by having them all under one roof, co-located in fit for purpose buildings.

Having those services based in a smaller number of locations would put real focus on prevention, independence and keeping people well and out of hospital - physical and mental health would work alongside social care and the voluntary sector. Everything that is currently available would continue to be available – the same services, delivered through an enhanced model of care, but in a more modern location with people being able to work better together. Attracting and recruiting doctors, nurses and carers would be vastly improved within an environment in which people want to work.

The health centre hubs would give practices more modern, flexible spaces to help meet the needs of patients in the 21st century and the demands of a growing population. The health centre hubs are planned for 3 areas in the city:

- Up to two centres in SAPA PCN
- Up to two centres in Foundry PCN.
- One centre in the City Centre PCN (not included in the scope of this consultation process, but considered within the overall affordability / deliverability assessments herein)

Plan were developed further through the development of 5 Strategic Outline Case (SOCs) in early 2022 alongside a Pre-Consultation Business Case (PCBC, **Appendix A**) which supported shaping the options for further engagement, consideration, and public consultation. The SOCs helped shape the PCBC and the subsequent consultation (see figure below for key programme milestones).

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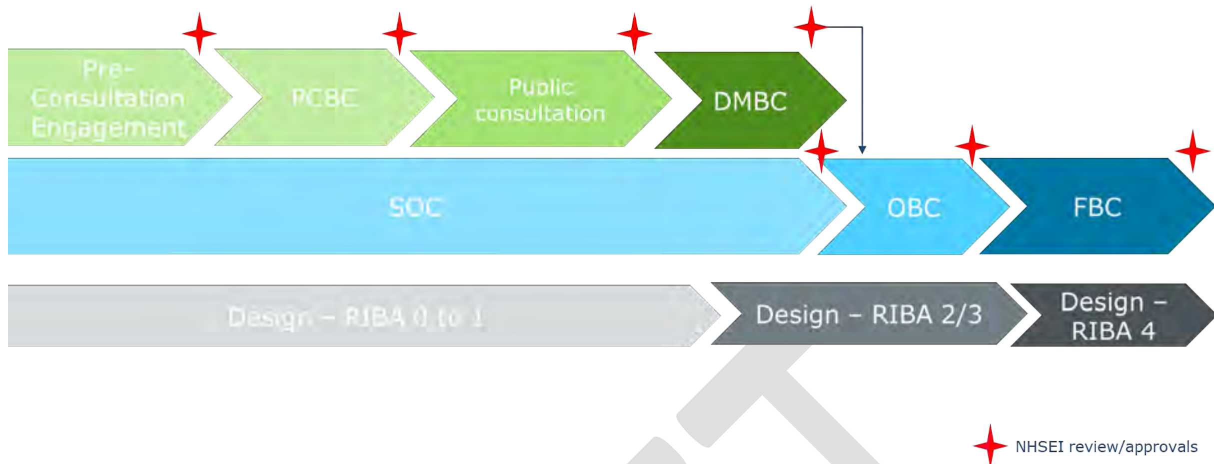
Figure 1 – Programme milestones



Note: The City Centre hub is outside the scope of this DMBC as a location has not yet been confirmed.

Beyond the public consultation and this DMBC, would see the completion of future capital project business case stages, namely OBC and FBC. Figure 1 shows where possible (project dependant) architects and design teams can be commissioned to support options by commencement of their project stages (called the RIBA stages – the Royal Institute of British Architects)[9]:

- Strategic Definition (RIBA 0)
- Preparation and Brief (RIBA 1)
- Concept Design (RIBA 2)
- Spatial Coordination (RIBA 3)
- Technical Design (RIBA 4).

This not only assists with enabling more accurate project option cost estimates but supports with engagement and consultation for stakeholders to consider options from a building / visual perspective.

The OBC and FBC which would typically develop the Preferred Way Forward (PWF) proposals confirmed at SOC stage, into a preferred option. Beyond the architectural RIBA stage 4, would see delivery/implementation in this case construction of new buildings (RIBA stage 5) e.g., to potentially expand the primary care estate by building the preferred option on an agreed site.

The preferred option asset(s), upon the construction stage, would be handed over from a contractor to the building owner to allow commencement of commissioning (set-up), followed by subsequent occupation and operation (RIBA 6).

1.4 Aims of the decision-making business case

The Primary Care Hub schemes within the overall programme seek to address long-standing estate issues in three PCNs in Sheffield (City, SAPA and Foundry). We have identified specific issues with the long-term sustainability of primary healthcare in these PCNs (i.e., the geographic areas covered by our primary care providers). Specifically, there are issues with clinical quality, estates and finance that create a need for us to consider how primary healthcare should change. These issues specifically affect some of our practices in these three PCNs.

We have previously published:

[9] https://www.architecture.com/-/media/gathercontent/riba-plan-of-work/additional-documents/ribaplanofwork2013overviewfinalpdf.pdf

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- the pre-consultation business case, published in July 2022, which further built upon all previous work on this programme and carried out a non-financial and financial appraisal of the shortlist of options to determine a preferred way forward, and launched the consultation on our proposals.

Following consultation, we have now developed this DMBC. The DMBC collates and considers the range of evidence and feedback and concludes upon the best way forward.

1.5 The process we are undertaking

A regional Primary Care Capital Programme was developed to identify potential solutions to regional and our local challenges, to ensure consensus is maintained across the system and enable a decision to be made on the best solution.

The estate related issues at City, SAPA and Foundry PCNs are longstanding and there have been previous attempts to resolve them. These did not address several critical challenges and did not have full commissioner support, and therefore were not successful. However, these issues have remained and worsened, creating a need for change in some of these PCN areas.

In recent years the practices, and we as commissioners, have revisited these issues to determine the potential solutions through several earlier feasibility and project initiation documents (PID) (business cases).

1.6 Strategic Outline Case (SOC)

In 2021 NHS Sheffield CCG (now SY ICB) approved SOCs for investment in three PCN areas (City, SAPA and Foundry). This document described the ICB's view of its challenges. As commissioners, we accepted that there were issues to address and agreed to commence further work to explore the future for primary healthcare locally. This led to the development of the pre-consultation business case (PCBC), which reconsidered the challenges within the specific PCNs, and assessed potential solutions to address this.

1.7 Pre-consultation business case

To develop the pre-consultation business case, the ICB developed principles, processes and governance that supported decision-making. The development of the PCBC was ICB led, informed by engagement with key stakeholders and the public and worked with partners across our specific PCNs in scope of the programme. Governance groups were established to make recommendations that would be considered by the ICB as part of the decision-making process. These groups were supported by workstreams to carry out key elements of work.

Four key processes supported the development of the pre-consultation business case:

- The development of the clinical model, overseen by the ICB, which included initially defining an emerging clinical model for public engagement, and a further phase where areas of work were identified following a review by the Health Scrutiny Sub-Committee (HSSC).
- The development of the finance and activity model, overseen by the SY ICB Sheffield Place Team, which oversaw the modelling of the short list of proposals to determine their impacts
- The proposals consideration process, which established the approach to developing a long list, short list and evaluation
- Public and stakeholder engagement, which tested proposals and the options consideration process with the public through engagement, including individual practice and group PCN meetings, involvement in the options appraisal, and through our Communication and Engagement Group.

This work culminated in the production of the PCBC, which led to the launching of our public consultation in August 2022.

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1.8 Consultation

1.8.1 Aims of the consultation

The consultation was carried out over a 10-week period and involved a sequence of online and face-to-face events. The aim of the consultation was to seek the public's views on the proposals to assist the programme with its decision-making. The consultation activities therefore aimed to ensure people in the affected PCN areas were aware of and understood the proposed proposals for change, by providing information in clear and simple language in a variety of formats.

In this way we heard people's views on the proposed changes to primary care services in the two PCN areas of Sheffield (as City was not included in the consultation due to no proposed site at that point). This ensured the ICB had the evidence from the consultation feedback to contribute to decision-making. The aim was also to further hear ideas for alternative solutions to solve the challenges identified in the case for change.

1.8.2 Key areas of work and outputs

The consultation was extensive and used a wide range of methods and materials to reach people and collect their views and feedback, described further in Section 7. This included focus groups, public events, surveys, online and printed information.

This informed the development of the consultation report (outputs described in Section 8), which itself collated further data from social media and events. This informed the development of the DMBC and further decision-making.

1.8.3 Decision-making business case

Following the closure of consultation, the programme has carried out extensive work to understand the evidence and feedback that has been developed through consultation. The feedback and responses from the public and stakeholders have been used within this DMBC to determine what the right solution is for our local population.

The process to bring together this evidence and feedback involved four stages:

- Collate the feedback and evidence from consultation into a consultation report
- Review and deliberation of consultation findings
- Development of further analysis and evidence to understand the views and impacts emerging from consultation
- The decision-making process.

1.8.4 Development of the consultation report

The consultation report (**Appendix B**) brings together all the outputs associated with the activities carried out as part of the consultation and all the feedback. This includes an overview of the consultation, the consultation process, and key findings across several themes including:

- Survey findings
- Focus groups
- Public events
- Written submissions
- Social and other media
- Pop-up consultation stalls

The consultation analysis considered feedback on the case for change, primary care hub model, the proposal, and the possible impacts of these. A full description of the outputs of this analysis can be found in Section 8.

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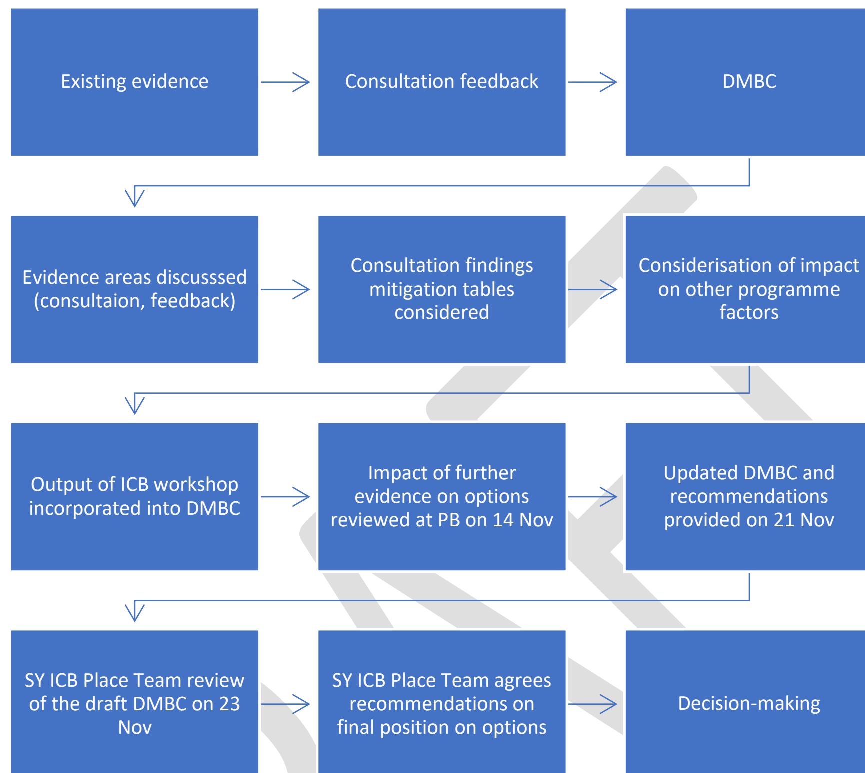
1.8.5 Review and deliberation of consultation findings

The programme and its governance have been through an extensive process of understanding the consultation findings to help to arrive at the right solution.

This process is outlined in the figure below, and the main themes considered are set out in Section 9.

Figure 2 – Review process



*PB = Programme Board

1.8.6 Development of further evidence

Within this DMBC, we have used the feedback from consultation and EIAs to help us find the right solution for our population. Given this feedback, we have spent time reviewing and developing further evidence across several areas. This evidence is summarised in Section 9.

1.8.7 Decision-making process

Within this DMBC, we have used the feedback from consultation to help us find the right solution for our population. This DMBC includes a detailed description of how we have considered the evidence to determine the right solution for our in-scope PCNs in Sections 8, 9 and 11.

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2 Case for change

In some of the most deprived areas of Sheffield, particularly across City, SAPA and Foundry PCNs, there is a lack of appropriate primary care accommodation, which will continue to worsen if not acted upon now. This primary care estate issue is likely to increase significantly in the future (i.e., over the next twenty years up to 2040) due to a growing and ageing population due to future residential developments in the area, people living longer and more complex conditions.

There is a need to expand the primary care estate in Sheffield to meet such future population growth and future need. This is predicated upon a robust and evidence-based case for change which includes the rationale for why expanding the primary care estate in these areas of Sheffield is required, as well as a clear definition of the benefits and the potential scope for what is to be achieved. The proposal for change demonstrates that the development of Transformational Hubs as a potential way forward following previous NHS reviews fits with national, regional, and local policies, local needs, commissioning intentions, strategies, and plans.

Currently there is awarded Government capital funding available for development of the primary care estate in Sheffield for these new Hubs. However, capital funders (namely the Department of Health and Social Care (DHSC) via NHSE) as with any public sector investment, require the appropriate level of due diligence in the form of a series of business cases (Figure 1) to present the case for change, interventions required and that the schemes offer value for money through evidencing and testing the benefits and the costs of the proposed investment(s).

2.1.1 Programme objectives

This section outlines the programme objectives and benefits for investing in the primary care estate in Sheffield by:

- Exploring the need for change
- Alignment to organisational strategic objectives
- Setting out the Spending Objectives (SOs)
- Identifying the benefits
- Shaping a benefits plan.

2.1.2 The need for change

The proposed investment is driven by a need to overcome problems with the existing estate, respond to drivers for change, and opportunities to improve outcomes.

The main reasons causing the need for change are listed in the table below which also describes the likely impact of the status quo continuing as well as highlighting why action is required now through this project:

Table 4 – Main issues causing the need for change

Causes of the need for change	Effect of the cause	Why action now?
Lack of primary care estate to accommodate likely significant increase in patient list sizes	New residential developments are increasing the population in particular areas of Sheffield, therefore creating increased patients for practices	Modifications, remodelling, expanding, or new builds require both time to develop business cases, design and deliver. In addition, the availability of limited capital funding and changing requirements.
Future service demand	An ageing population is likely to result in an unprecedented increase in demand for services, creating an increased cost pressure.	To ensure that the growing demand for different types of services can be met to ensure patients receive the right care and support at the right time in the

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Causes of the need for change	Effect of the cause	Why action now?
		right place and minimise the associated cost pressures
Patient expectations changing	Patients want local health and care services to deliver better quality, more accessible and more co-ordinated healthcare in and out-of-hospital	To meet patient expectations, new ways of working are needed, and the estate needs to be an enabler for this. However, this requires planning and strategic alignment with other competing priorities.
Socio-economic profile of the PCN – low car ownership / high unemployment	Patients not being able to access full services that they require	If services are housed together, patients are more likely to access required healthcare services and or preventative services
Problems with disabled access to current premises	Existing premises cannot accommodate or make reasonable adjustments to enable disabled access to many parts e.g steps, stairs, door widths, car parking.	New premises are designed to be fully accessible and to the latest standards, with level access, car parking and lifts that will remove significant barriers to accessing healthcare to all disabled patients and carers, thus reducing health inequalities in these groups.
Poor ventilation not compatible with IPC requirements in current premises	Existing premises rarely have mechanical ventilation or filtration and rely solely on opening windows, which is not effective and leads to poor temperature control and high energy costs.	Covid has underlined the importance of effective ventilation in healthcare settings, and the consequences of poor ventilation on the ability of practices to always offer high-quality services, in an acceptable care environment.
Property issues being a barrier to attracting and retaining staff	Poor quality properties in low value areas create significant risk and reluctance for new partners to join a practice, make general recruitment more difficult and space restrictions are preventing the appointment of clinical staff as there is no place for them to work effectively.	Ensuring a modern, high-quality environment with the correct facilities is a key requirement to recruitment and retention of practice staff, many of whom are compromised in their capacity and effectiveness through the lack of clinical space in which to see patients. The ability to recruit to vacant and new posts will be enhanced

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2.1.3 Alignment with NHS SY ICB strategic objectives

NHS SY ICB has set out several strategic objectives, which these proposals would support to achieve:

- Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners
- Lead the improvement of quality of care and standards
- Bring care closer to home
- Improve health care sustainability and affordability
- Be a caring employer that values diversity and maximises the potential of our people.

2.1.4 Spending objectives (SO)

The SOs outline '**what we are seeking to achieve'** with the proposals. They are shown in relation to what is required to overcome the 'effects of the causes of the need for change' highlighted earlier in this section.

The SOs are crucial for making a convincing argument for the proposed investment. It is important that all objectives deliver tangible results which would assist stakeholders in achieving their respective organisational strategic objectives.

The programme developed the (SMART – specific, measurable, achievable, realistic, and timely) SOs. The programme would work towards, within 5 years completion of its individual Hub projects, the following SO shown in the table below.

Table 5 – Spending objectives (SOs)

SO	Title	Objective
SO1	Building Constraints	Dispose/reduce not fit for purpose estate driving efficiencies within the system, supporting local regeneration
SO2	Increased Capacity	Additional primary care capacity required due to forecast population growth / housing developments demand
SO3	Improved Service Integration	Greater integration of primary care with other complimentary PCN services in a highly accessible location
SO4	Enhanced Scale and Quality	Additional/new services available, enhancing patient choice and service quality
SO5	Affordable Scheme	Meets financial tests of capital and revenue availability and affordability, and offers long term value for money
SO6	Improved Early Intervention, Access, and Support	Embeds wellbeing, prevention, protection, early intervention and enables fair access, considering specific needs of local communities
SO7	Sustainable Workforce	Supports service delivery and attracts and supports a sustainable workforce, including anticipated technological changes, digital connectivity, and overall system shifts
SO8	Achievable Scheme	Scheme capable of being delivered within any capital timeframe requirements

2.1.5 Clinical strategy and commissioning intentions

The proposal seeks to expand the range of services that can be accommodated in primary care buildings to reduce the need to attend hospital. To achieve this SY ICB will continue its trend of commissioning services outside of the hospital environment. The current estate lacks the space within surgeries to provide these services whilst continuing to meet requirements of General Medical Services (GMS) contracts. As a result, services have been provided in a range of location and building types sourced by providers. Such practices are not conducive to overseeing the interconnected needs of patients, whilst provision of healthcare across a myriad of locations can be confusing for patients and unreliable.

2.1.6 Promoting integrated working between health, social care, and public health

Several services, including social prescribing are currently provided from existing surgery estate. However, in some cases particular PCN / wrap around services can only be provided from some surgeries due to a lack of space to accommodate such services. GPs inform that current PCN services and potentially other hospital community type services would view the hub proposals as a positive step, a real opportunity, to provide services from larger, modern primary care hub facilities. Some PCN surgeries, are clear that they are currently limited in what they can provide on top of existing services because they are curtailed by the estate (i.e., their buildings). Any health/other service providers engaged in this programme have been supportive of opportunities to work closer with GPs.

2.1.7 Improved access

Expanding access to the GMS elements of the building services is limited by the contractual constraints of the contract which provide a limited number of hours. Currently, the estate typically operates from 0830hrs to 1800hrs 5 days a week with some surgeries providing extended hours being open on Saturday mornings for example.

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As expansion of the GMS contract is limited, it is envisaged that activity in the evenings will focus on extended hours, extended access and those services delivered by visiting healthcare professionals.

The NHS aspiration for 7-day services is possible, but the GMS contract does not require GPs to provide a 7-day service. The surgeries have limited numbers of existing staff and a move towards a 7-day service would only be possible through additional recruitment. The ICB is actively engaged with these surgeries specifically around transitioning them towards a more robust service delivery model. Once complete, it will be possible to investigate increasing the number of operational days.

The role of the programme is to test the overall viability of the proposals and it is not within the remit of this document to drive changes in how surgeries should be managed. However, it does note that increasing service provision across a 7-day working week would allow the proposed Transformational Hubs to operate more intensively and therefore potentially cost less to deliver, as the hub building would be in-use 7 days a week, rather than 5.

Provision of a single site will inevitably reduce the accessibility of services to those who live adjacent to the existing surgeries for those practices in scope. However, it should be noted that older surgeries, where often sited where land or buildings permitted and the robust processes that is being enacted as part of this programme were often not undertaken historically, or if they were, urban areas have often evolved to such an extent that the original considerations are now obsolete.

2.1.8 Consistency with current and prospective need for patient choice

Development of new Transformational Hubs in Sheffield would seek to alleviate the current constraints on the primary care estate that to some extent prevent patients being offered access or choice in terms of a range of care closer to home within primary care. Shortfalls in the current estate mean that there can be rolling closures of patient lists which prevent patients choosing which surgery they wish to register with. In addition, the under-provision of space or not optimally configured space within surgeries curtails the number of appointments each surgery can offer despite maximising the potential of their respective primary medical services contracts. As a result, there can in some cases be extended waiting times to get a GP appointment which likely substantially worsen during peak times. These restrictions on the primary care estate increase the risk of patients presenting themselves at Accident and Emergency (A&E) or walk-in centres, putting strain across the entire healthcare network.

2.1.9 Clear, clinical evidence base

The hub space modelling developed as part of the programme is based on Department of Health, Health Building Notes (HBN) 11-01 Facilities for primary care and community services[10] guidance for the calculation of consultation and treatment rooms. The process has involved calculating the number of appointments per annum needed to satisfy the needs of the patient populations and calculates the number of appropriate rooms needed to meet these needs.

A specialist healthcare planner has worked with each practice in scope to support them to understand the art of the possible from the potential hubs. This has resulted in an understanding of the potential scope and scale of such building proposals.

2.2 Business needs

The ICB is focusing on closing any gaps between where we are now (existing arrangements) and where we need to be in the future (business needs). A summary of our business needs is highlighted in the table below.

Table 6 – Business needs

10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148509/HBN_11-01_Final.pdf

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Existing arrangement ('current state')	Problems and difficulties associated with existing arrangements	Opportunities for bridging any existing or future gaps ('future state')
Current GP premises too small / incorrectly configured for enhanced primary care provision at scale model	Not able to fully deliver all services required from current premises	Build modern buildings to fully accommodate enhanced primary care provision
An older age primary care estate	Buildings require ongoing / costly maintenance with being / becoming no longer fit for purpose	Moving several practices into a modern new Hub building, significantly reduces primary care estate maintenance issues
Rapidly ageing population, presenting with more complex conditions	Disjointed approach to service provision, exacerbates inequalities in population health	Enhanced and improved collaborative working across health and social and communicate care services
Increasing patient expectations around waiting time for consultation, referral, and treatment	Not able to cope with demand and needs	Support increased capacity in Primary and Community services enabling efficient patient care to alleviate pressures of increasing demand
Weak digital accessibility	Patients not able to access the appropriate technology and technology not in place or not efficiently integrated between primary and community services	Have in place appropriate systems and skills to deliver digital-enabled models of care, together with a more integrated delivery of care using the latest technology

2.2.1 Future requirements

2.2.1.1 *Engagement feedback on capacity requirements*

A series of meetings and workshops have been held with each GP practice involved in this programme. The availability of space was discussed and in general reported as insufficient for the needs of most surgeries.

Part of these discussions included the list of PCN services that are currently undertaken at the surgeries. Surgeries indicated that provision of additional PCN (wrap around) services within a GP surgery environment would help provide a more integrated approach to care and improve patient treatment. This allowed the programme to create an understanding for how much space would be needed to consolidate PCN services within the proposed hub buildings per project. The appointed healthcare planner developed plans to confirm estimated total space estimations per practice, per proposed hub which supports with the site selection process.

2.3 Scope

This covers the potential scope of the hub proposals, in terms of the operational capabilities and service changes required to satisfy the identified business needs.

The ICB has considered the potential range of business functions, areas and operations that would be affected by the proposals and the key services required to improve organisational capability on a continuum of need, where:

- the '**core**' coverage and services required represent the '**essential**' changes without which the proposals will not be judged a success
- the '**desirable**' coverage and services required represent the '**additional**' changes which the proposals can potentially justify on a cost/benefit and thus Value for Money basis
- the '**optional**' coverage and services required represent the '**possible**' changes which the proposals can potentially justify on a marginal low cost and affordability basis.

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This aims to assist in avoiding 'scope creep' during the options appraisal stage of the programme and is summarised in the table below.

Table 7 – Business scope and key service requirements

Coverage (Changes)	Core (Essential changes)	Desirable (Additional changes)	Optional (Possible changes)
Potential scope	Improved estate to accommodate primary care provision	Improved estate to accommodate enhanced primary care provision	Improved estate to accommodate other new service provision
Key service requirements	GMS/PMS	PCN	Other health and care services

2.4 Benefits and risks

This section highlights the main potential benefits and risks of implementing the proposals.

2.4.1 Identifying the benefits

All stakeholders want to improve services to patients, to build on opportunities to expand services offered, potentially from shared buildings, such as "near patient testing" to reduce need to travel for some tests, introduction of practice-based pharmacists to support medication advice, as well as social prescribing to support wellbeing. Co-location would enable sharing 'back office' working which would release funding to patient-facing staff.

New hubs would enable practices to provide services from a modern building, fit for purpose, with comprehensive disabled access. There are demonstrable benefits of hub models, and scope for further improvements could be jeopardised if we do not act now.

The benefits of a primary health centre hub could be:

- Opportunity to co-locate the health, local authority community teams and voluntary sector together with primary care in an easily accessible new buildings and enhance the outcomes of multi-agency working already in other parts of the City
- Greater integration which will improve our ability to support people in their own homes, further reducing hospital admissions and demand on the acute hospital. The main challenges for acute sites are emergency department performance and finance. These hub developments would directly contribute to improvement in these areas through a reduction in hospital-based care. Integration of services alongside primary care would deliver further efficiencies and improvement in performance
- Further development of the multi-professional, multi-agency, self-managed team with strength of therapy and nursing leadership in clinical decision making
- Provision of more space so other services can be included on a drop-in basis
- Support the sustainability of primary care with a modern fit-for-purpose building providing a more attractive partnership model without the burden of property ownership
- Improved training opportunities for GPs and other clinical staff with better professional development
- Providing a great place to work, in a bright, modern, and airy environment
- Providing the ability to share services especially back-office functions.

In developing benefits, the programme reviewed the spending objectives and sought to consider how these translate into clearly linked measurable benefits, on the basis that a benefit is an economic measure of the outcome that is expected in return for an investment. Benefits have been categorised into cash releasing, non-cash releasing, societal or unmonetisable. The benefits contribute an

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important element of the options appraisal process to support with the value for money assessment i.e., the more benefits compared to the cost of delivering the proposal, the better value for money.

2.4.2 Risk management arrangements

The ICB and Council will maintain a risk register, which is included within the ICB's overall risk management and governance arrangements.

Any risks will be continually updated and refined as our proposals are being refined and in response to feedback from stakeholders throughout key project periods and as any other relevant information about the impacts of the final outputs.

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3 Process undertaken to form the proposals

In January 2022 the SOC documents captured the latest proposals and were submitted and approved to progress by NHS Sheffield CCG Primary Care Commissioning Committee (PCCC) on 18 November 2021. The SOC's were submitted to NHSE who worked with NHS Sheffield CCG to assure and support the plans.

The proposal to consider relocating practices was confirmed as 'substantial service change' by SY ICB and NHSE and requires SY ICB to follow NHSE guidance[11] to consult on such proposals. Between March to May 2022, a **pre-consultation exercise** was undertaken to support undertaking reviews of the proposals to obtain initial stakeholder feedback. This provided stakeholders, particularly practices involved at that time, with some patient and public insights into thoughts on the initial proposals.

In June 2022, the outcomes of the pre-consultation exercise, along with all proposal information was documented in a **Pre-Consultation Business Case (PCBC).** The PCBC presented the case for change (summarised in the previous section), focused on the need for change in the three PCNs (City, SAPA, Foundry) in Sheffield to address several estate challenges which limit practice's ability to provide effective high-quality and sustainable primary care services to their population. The PCBC[12], which sought approval to commence public consultation, included:

- Pre-Consultation Engagement Report
- Pre-Consultation Equalities Impact Assessment (EIA)
- Consultation Plan
- Consultation Document.

The PCBC was presented to the Health Scrutiny Sub-Committee (HSSC) of Sheffield City Council on 21 June 2022 for consideration and comment. The HSSC comments were presented, along with the PCBC to NHS Sheffield CCG PCCC on 23 June 2022. The **PCCC, on 23 June 2022 approved the progression to public consultation as set out in the Consultation Plan**.

SY ICB undertook a 10-week consultation exercise from 9th August 2022 to 10th October 2022 to consult on the proposal to relocate some GP practices in Sheffield across the 3 PCN's, to new health centres (Hubs).

A **Consultation Report (Appendix B)** covering all proposed health centre proposals was produced in October 2022, along with an individual hub proposal EIA (a **Post-Consultation EIA**). The Consultation Report went to HSSC on 23 November 2022 for review and comment. The comments were considered by the SY ICB Place Team and incorporated into the findings of this DMBC.

3.1 Comments from HSSC from 23 November 2022

Note: Due to timing of HSSC comments received and deadline for HSSC papers for 7th December a further review of HSSC recommendations and proposed mitigations is still required, and comments from HSSC on 7th Dec will be taken in to consideration also

At its meeting on the 23rd November 2022, the Health Scrutiny Sub-Committee received a report on the findings of NHS South Yorkshire's consultation on the development of four new health centres in the North of the city. The report asked the sub-committee to submit its response to NHS South Yorkshire by the 30th November 2022 as part of the formal consultation process. That response is set out below.

The Health Scrutiny Sub-Committee looks forward to seeing the issues raised here addressed in the Business Case, and to a further discussion with the ICB at its meeting on the 7th December 2022.

[11] NHS England » Planning, assuring and delivering service change for patients
[12] Author(s)/Presenter and title (sheffieldccg.nhs.uk)

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RESPONSE TO THE NHS SOUTH YORKSHIRE CONSULTATION ON RELOCATING NINE GP PRACTICES TO NEW HEALTH CENTRES

These comments and recommendations have been agreed by members of the Sheffield Health Scrutiny Sub-committee as a reflection of their collective deliberations.

Members are in agreement that the funding made available to transform primary care in the North of the city is welcomed in principle, and recognise that doing nothing could pose risks by potentially limiting access to future central funding, and leaving the primary care estate less able to cater for expansion of community-based health and wellbeing services.

The Sub-committee has sought to hold the needs of patients as the primary consideration in its scrutinising of this programme, and in weighing up the pros and cons of the individual transformation proposals.

3.2 Travel

- There should be assistance offered to smooth the transition for patients who find themselves no longer able to attend their GP in a new location.
- The sub-committee notes that there is a commitment from the ICB to supporting people with disabilities; this should also extend to any patient who finds they are struggling to access healthcare due to relocation of their practice. We recommend a dedicated support team with 'open door' ethos.
- The EIA in the June report to Scrutiny mentioned travel concerns regarding increased distances to new facilities for some patients; "minibus" was given as a mitigation. The Business Case should detail a plan regarding minibus or other similar transport provision.
- In addition to the EIA mitigations, the ICB should commit to interaction with local bus companies and the South Yorkshire Combined Mayoral Authority regarding restoration of comprehensive route provision to healthcare facilities in North Sheffield.
- Cost of travel: anecdotally, Councillors have heard stories and concerns about patients skipping appointments in Primary Care and at hospitals because of lack of reliable buses; people often can't afford taxi fares. The Business Case should give consideration to, and mitigate, this real risk to patient health and safety.
- Reductions in bus services have made access even more difficult for patients who rely on a disability bus pass and cannot afford taxi fares. ICB needs to provide assurance in the Business Case that these patients will be fully supported in accessing primary care appointments, including the detail of planned mitigations, e.g. travel cost reimbursement schemes.

3.3 Hub Buildings, design and construction

- Since the proposals were developed, costs across the board have gone up, whilst the total funding available for the project remains the same. The Business Case should clearly set out what can realistically be achieved with the funding.
- We recommend that the originally envisaged specification of the buildings in terms of floor area / capacity; build quality and durability; disability access; environmental standards should not be compromised. If the available funding does not allow for all 4 proposed 'hubs' to be built to these standards, the ICB should consider building fewer 'hubs' than originally planned.
- We recommend that new buildings should be constructed in line with the city's climate ambitions. Consideration should also be given to environmental benefits achievable in design and construction, such as living walls, landscaping and planting.
- We recommend that the ICB maximises social value in procurement, using local firms where possible in the design and construction of new 'hubs'.

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- We support the commitment of the ICB to form a working group to include disability groups in the design phase of the project(s).

3.4 'Wrap-around' service provision

- Careful consideration should be given to whether the ambition for locating multiple clinical services in each of the new 'hubs' is achievable.
- The ICB should be seeking agreement in principle from a minimum number of clinical and supporting services that will occupy the new 'hubs', to ensure that the objective of locating more primary care and complimentary services in the community (out of hospitals) is met.
- In seeking to co-locate complementary services in the new 'hubs', the ICB should be wary of removing existing successful and well-placed services from current locations.
- The ICB should work with local health and care service providers and the voluntary sector to ensure that there is no undue duplication of existing service provision, or unwanted relocation of any successful existing community-located services.
- In seeking to locate more Council and community services in these new buildings, the ICB should consider the fact that some of these services are shrinking in capacity.
- The ICB should consider whether fewer 'hubs' than the originally envisaged four in north Sheffield will stand a greater chance of success in terms of occupancy and the number of services located in them.

3.5 Concerns and needs of disability groups

- The concerns and requests put forward by Disability Sheffield through the consultation should be addressed pro-actively and in a timely way, ensuring that new travel plans are facilitated, and that no patients are at risk of permanent disadvantage as a result of their GP practice relocating.
- The ICB should publish an action plan, working directly with all relevant disability groups (including those representing learning disabilities) to address this area at the earliest opportunity, and should remain committed to supporting patients with access issues following the transition to new locations.
- The new 'hubs' should facilitate appointment booking for patients who find using the phone systems difficult. The Business Case should set out a clear plan for improving access to appointment making to ensure no patient is excluded.

3.6 Re-purposing / disposal of existing gp premises

- Members of the sub-committee have expressed concerns that buildings may fall into disuse / disrepair when currently occupying GPs have vacated. We seek assurance that the ICB will use all possible levers to ensure that vacated buildings will have future use to the benefit of local communities.

3.7 Performance

- The ICB should publish clear objectives and expected outcomes to provide a framework for performance monitoring once the hubs are operational. These should reflect an overall strategy to improve patient outcomes, healthy life expectancy, and keeping people out of hospital, cared for in a community setting.
- There should be clear 'red lines' by which sub-optimal or unacceptable performance is defined and an improvement process triggered.
- The Sheffield Health Scrutiny Sub-committee requests that a report be brought by the ICB to a future meeting, detailing these objectives and sought outcomes, along with a performance monitoring framework.

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3.8 Individual 'hub' proposals

3.8.1 SAPA 1

- The Scrutiny sub-committee has **significant concerns** about the SAPA 1 hub proposal.
- Accessibility is a key concern, particularly the location of the proposed hub site at the top of a steep hill, the recent loss of local bus services, and the general instability of bus services.
- The overwhelming majority of people local Councillors spoke with said it would be inaccessible and instead wanted more appointments available at existing surgeries.
- The Sub-Committee notes that the SAPA 1 'hub' has the highest negative feedback of the hub proposals, with only 33% of consultation respondents saying there would be a positive impact; and 42% of respondents aged 65+ saying there would be a negative impact.
- The ICB should consider whether expansion and renovation of existing surgeries would be a more appropriate solution for this area.

3.8.2 SAPA 2

- The Scrutiny sub-committee has **some concerns** about the SAPA 2 hub proposal.
- Wordsworth Avenue is a busy community location with relatively good accessibility, and 56% of survey respondents said the proposals would have a positive impact.
- The sub-committee is however concerned about disproportionate impact on some groups of patients. The consultation report states that 17% of people felt that they would be negatively impacted by the proposals, but this rises to 26% for disabled respondents, and 24% for those aged 65+.
- There is also a disproportionate impact by GP Surgery – with 33% of patients from Margetson Surgery and 36% of patients from The Health Care Surgery feeling negatively impacted.

3.8.3 Foundry 1

- The Scrutiny sub-committee has **some concerns** about the Foundry 1 hub proposals.
- Frequent concerns heard through local conversations relate to the proposed site being very dark, not enough street lighting and people feeling unsafe, especially after dark. Good lighting for the route from Spital Hill should be funded through the project (not by the Council) and included in the design plan.
- The steep hill is also a factor often mentioned in terms of accessibility.
- 27% of respondents felt that the proposals would result in more appointments being available. The sub-committee questions why such a significant number of respondents have this impression, when it is our understanding that the hub proposals will not directly result in an increase in the number of appointments available.

3.8.4 Foundry 2

- The Scrutiny sub-committee has **no significant concerns** with the Foundry 2 hub proposal.
- There are limited impacts in terms of travel distances for patients of Page Hall Medical Centre and Upwell Street Surgery and we note the higher positive responses in the consultation (77%).
- The sub-committee would like to see the Business Case address concerns raised in the consultation about the loss of green space in the location and pollution – including what mitigations are planned.

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4 Proposals that underwent consultation

SY ICB has been working with practices to develop the proposals, which included confirming the preferred health centre hub locations. To meet NHSE and His Majesty's Treasury (HMT) requirements the buildings developed under the awarded funding must remain in public ownership. It is proposed that Sheffield City Council owns and maintains on behalf of the NHS the buildings once completed.

This offers several additional advantages, such as opportunities to co-locate and integrate social care and other Council services with health and voluntary sector provision at locations that are accessible to local people. However, this partnership approach means that site selection has been limited in most cases to sites already within Council ownership. Extensive work has taken place to identify suitable and viable locations with good public transport routes. This has involved narrowing down circa 40 sites to 4 potential locations. The reasons why other sites have not been suitable have included:

- Not being big enough to build a health centre on
- Being in the wrong location, and not accessible to communities
- Not being available or being planned for other developments.

The proposals as they have developed for consultation are documented below.

4.1 Foundry PCN

4.1.1 Hub 1

The following Foundry PCN practices that previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the ICB were:

- Pitsmoor Surgery
- Burngreave Surgery
- Cornerstone Surgery and Herries Road Surgery (branch sites of Burngreave Surgery)
- Sheffield Medical Centre

Following pre-consultation engagement, Pitsmoor Surgery who were included in the earlier proposals decided to pursue funding to extend and improve its current building. Pitsmoor Surgery was therefore no longer in scope for the consultation.

Herries Road Surgery was originally included in a different hub, but is now considered alongside its main site, Burngreave Surgery. Burngreave Surgery propose to run all their services from this hub location.

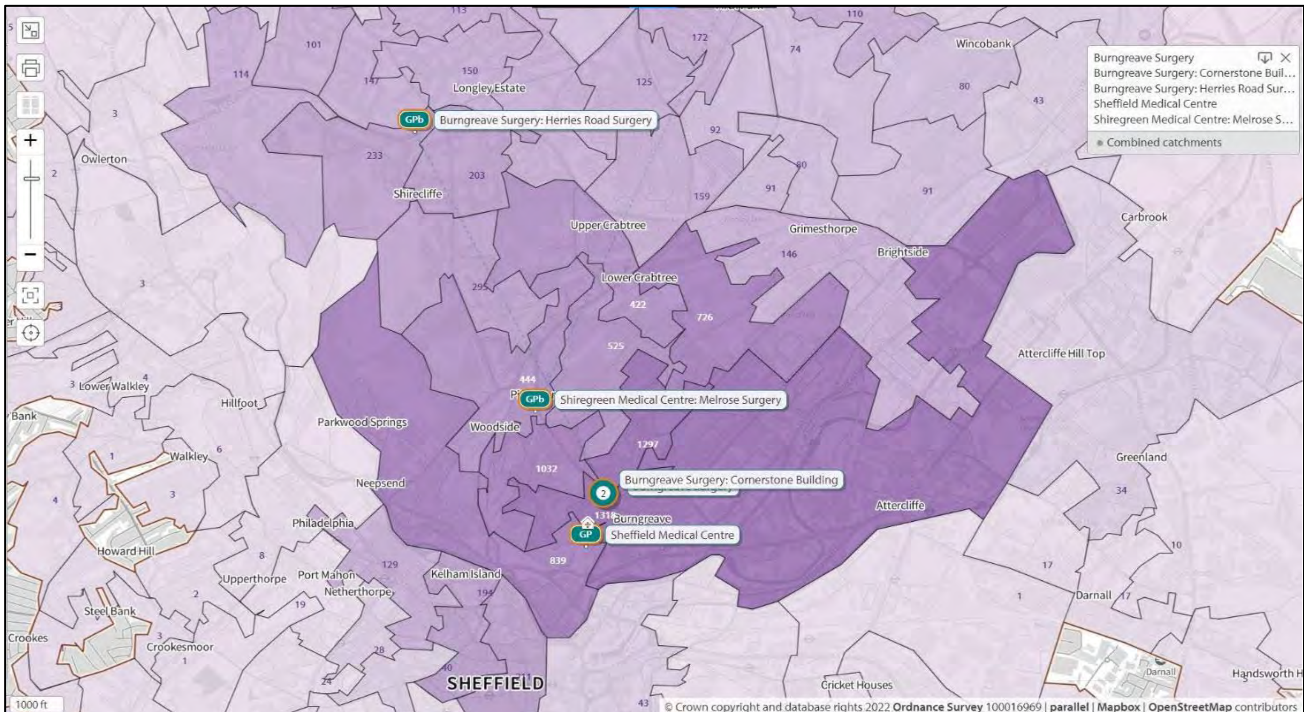
It is proposed that Melrose Surgery will close as a branch surgery of Shiregreen Medical Centre. It is expected that patients would remain with Shiregreen Medical Centre at their chosen main site, or chose to register to Burngreave Surgery, Pitsmoor Surgery, or Sheffield Medical Centre. The table below provides those practices in scope along registered patients at the time of consultation.

Table 8 – Foundry hub 1 practices and registered patient numbers

GP Practice	Number of registered patients
Burngreave Surgery	3,696
Cornerstone Surgery	2,613
Herries Road Surgery	2,813
Sheffield Medical Centre	1,466
Total	**10,588**

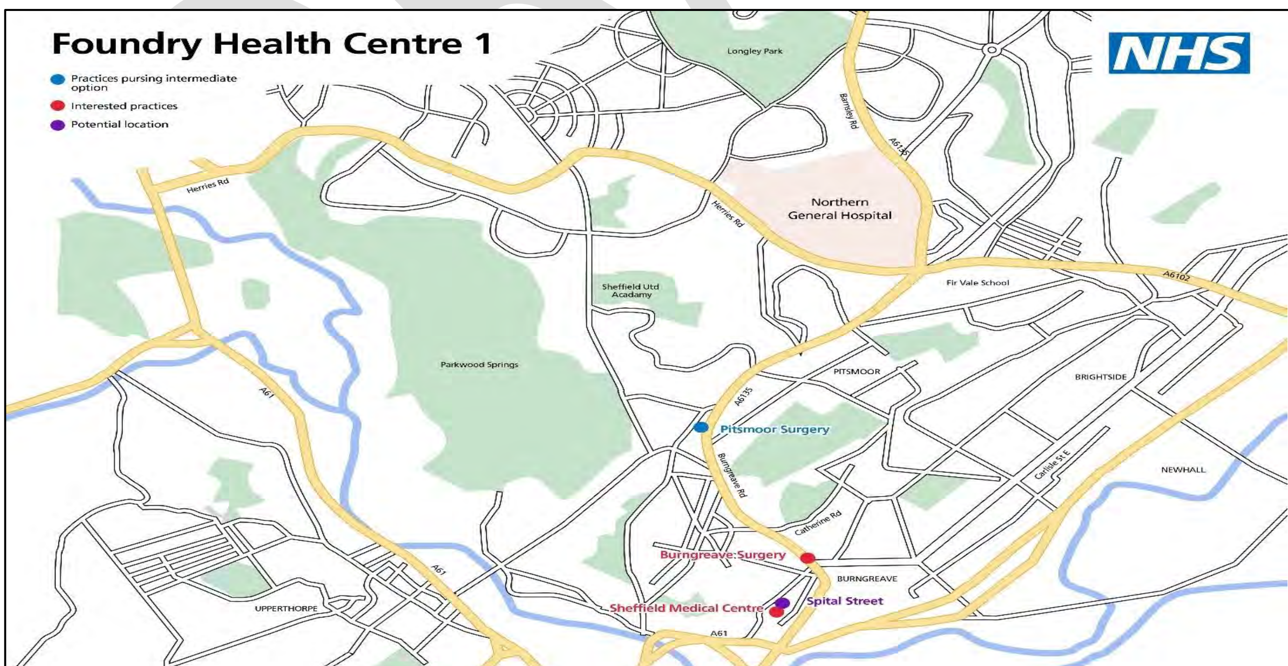
These practices agreed to move forward and to consult with their patients. The following map shows the distribution of where registered patients of these practices live. Where a practice has a main and branch surgery, it is not possible to differentiate patients at branch sites as patients have the choice to attend either site.

Figure 3 – Foundry hub 1 registered patient map



The location of the site being considered for a new GP health centre hub in this area is **Spital Street (adjacent to Sheffield Medical Centre).** This has been marked on the maps below.

Figure 4 – Foundry hub 1 health centre hub proposed location



4.2 Foundry PCN

4.2.1 Hub 2

The following Foundry PCN practices that previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the ICB were:

- Herries Road Surgery (branch site of Burngreave Surgery)
- Page Hall Medical Centre
- Upwell Street Surgery

Following the pre-consultation engagement, Herries Road Surgery was originally included in this hub, but was considered alongside its main site, Burngreave Surgery, within the Foundry Hub 1 (as highlighted earlier in this document).

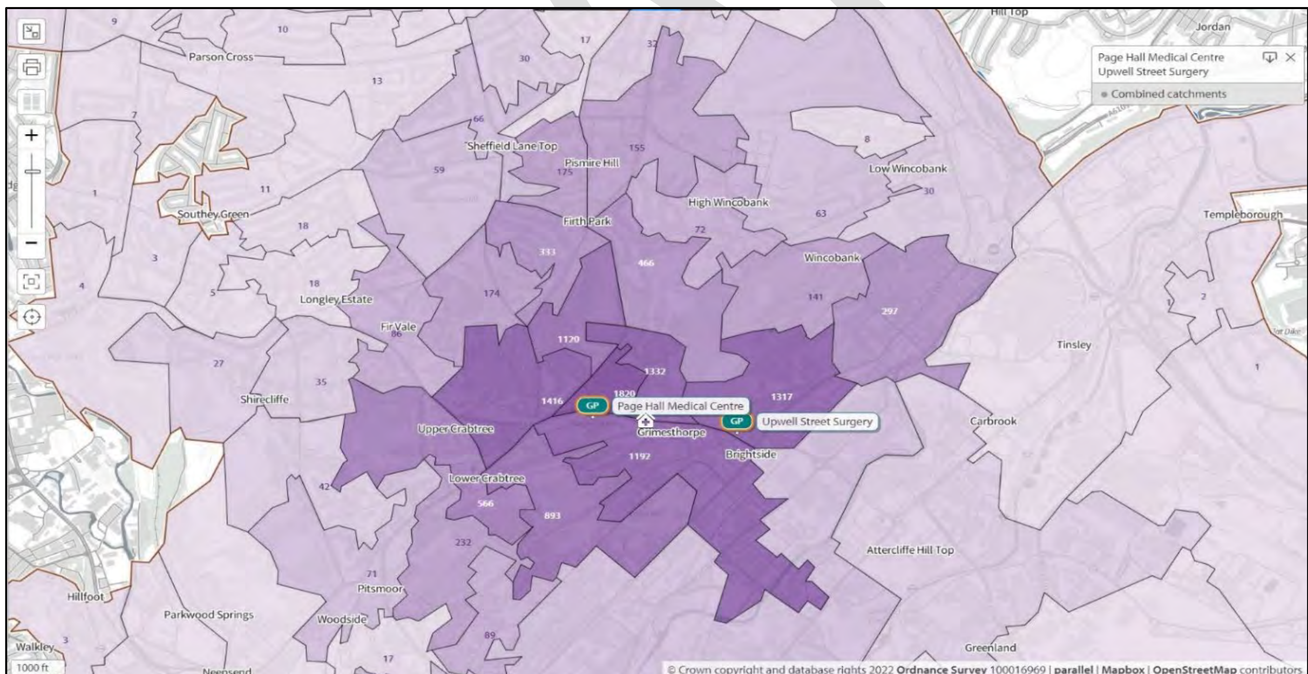
Table 9 – Foundry hub 2 practices and registered patient numbers

GP Practice	Number of registered patients
Page Hall Medical Centre	8,119
Upwell Street Surgery	4,772
Total	**12,891**

These practices agreed to move forward and to consult with their patients.

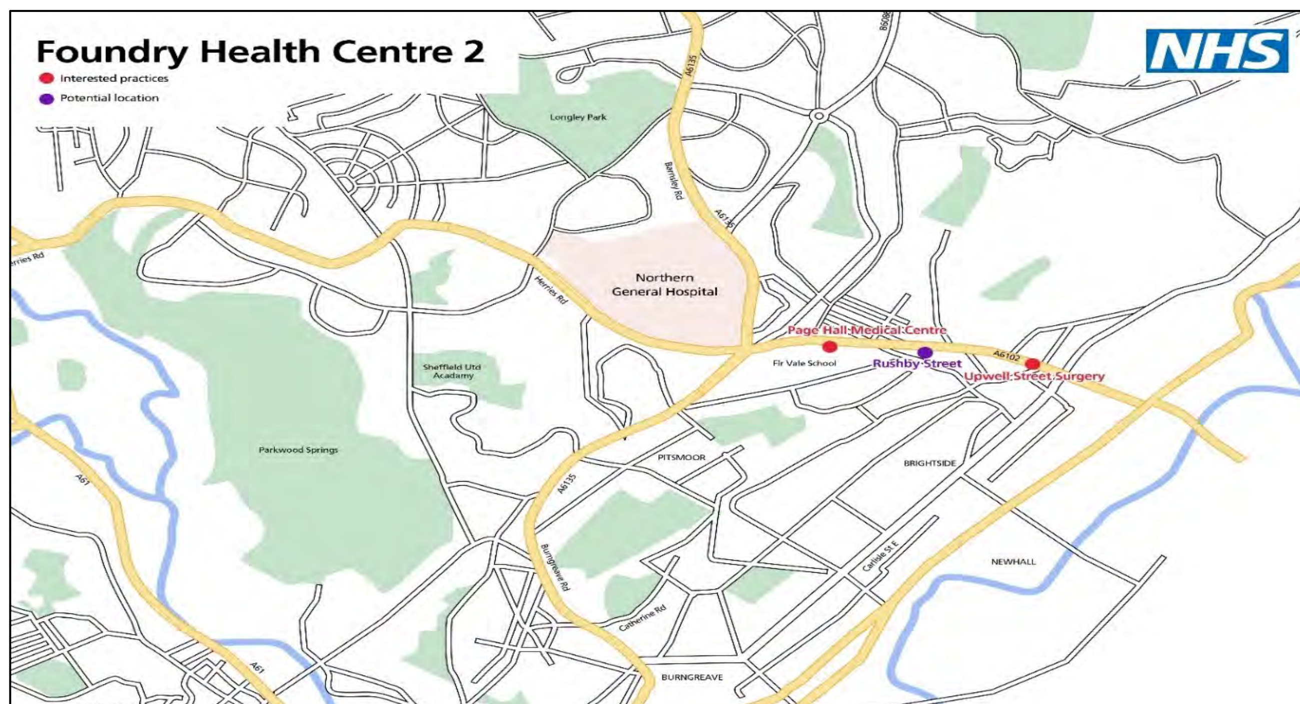
The following map shows the distribution of where registered patients of these practices live.

Figure 5 – Foundry hub 2 registered patient map



The location of the site being considered for a new GP health centre in this area is at **Rushby Street**. This has been marked on the maps below.

Figure 6 – Foundry hub 2 health centre hub proposed location



4.3 SAPA PCN

4.3.1 Hub 1

The following SAPA PCN practices that previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the ICB were:

- Shiregreen Medical Centre
- Elm Lane Surgery
- Firth Park Surgery (note within Foundry PCN)
- Dunninc Road Surgery (branch of Green Cross Group Practice).

Following the pre-consultation engagement, Elm Lane Surgery who was included in the earlier proposals are pursuing funding to extend and improve their buildings separately to this programme. Dunninc Road Surgery who was included in the earlier proposals has decided to withdraw from these proposals.

It is proposed that Melrose Surgery will close as a branch surgery of Shiregreen Medical Centre (should the Foundry Hub 1 health centre hub development be approved). It is expected that patients would remain with Shiregreen Medical Centre at their chosen main site, or chose to register to Burngreave Surgery, Pitsmoor Surgery, or Sheffield Medical Centre.

Table 10 – SAPA hub 1 practices and registered patient numbers

GP Practice	Number of registered patients
Shiregreen Medical Centre	2,311
Firth Park	9,947
Total	**12,258**

These practices agreed to move forward and to consult with their patients.

The following map shows the distribution of where registered patients of these practices live. Where a practice has a main and branch surgery, it is not possible to differentiate patients at branch sites as patients have the choice to attend either site.

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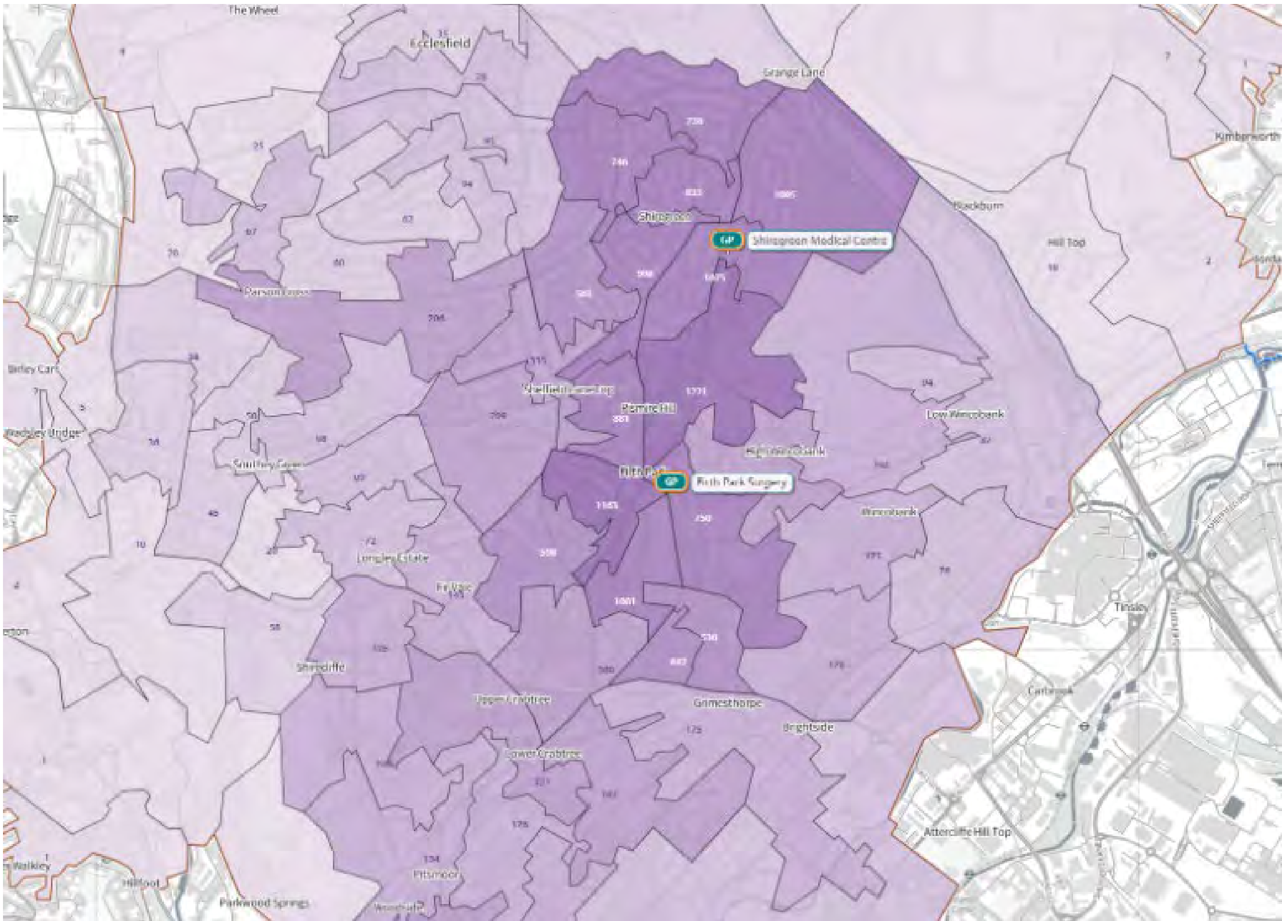
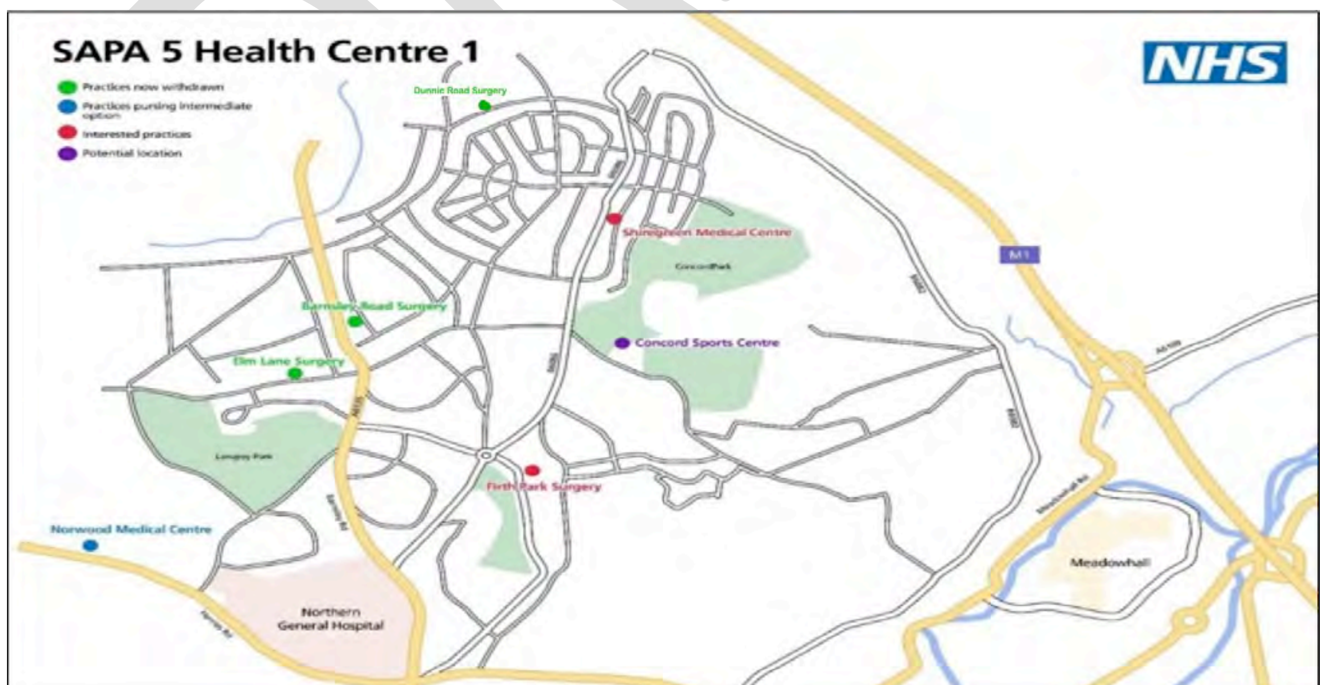
Figure 7 – SAPA hub 1 registered patient map



The location of the site being considered for a new GP Health Centre in this area is at **Concord Sports Centre.** This has been marked on the map below.

Figure 8 – SAPA hub 1 health centre hub proposed location



4.4 SAPA PCN

4.4.1 Hub 2

The following SAPA PCN practices that previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the ICB were:

- The Health Care Surgery
- Buchanan Road Surgery
- Southey Green Medical Centre
- Melrose Surgery (branch site of Shiregreen Medical Centre)
- Margetson Surgery (branch site of Ecclesfield Group Practice)

Following the pre-consultation engagement, Southey Green Medical Centre who was included in the earlier proposals has decided to withdraw from these proposals.

It is proposed that Melrose Surgery will close as a branch surgery of Shiregreen Medical Centre. It is expected that patients would remain with Shiregreen Medical Centre at their chosen main site, or chose to register to Burngreave Surgery, Pitsmoor Surgery, or Sheffield Medical Centre.

Table 11 – SAPA hub 1 practices and registered patient numbers

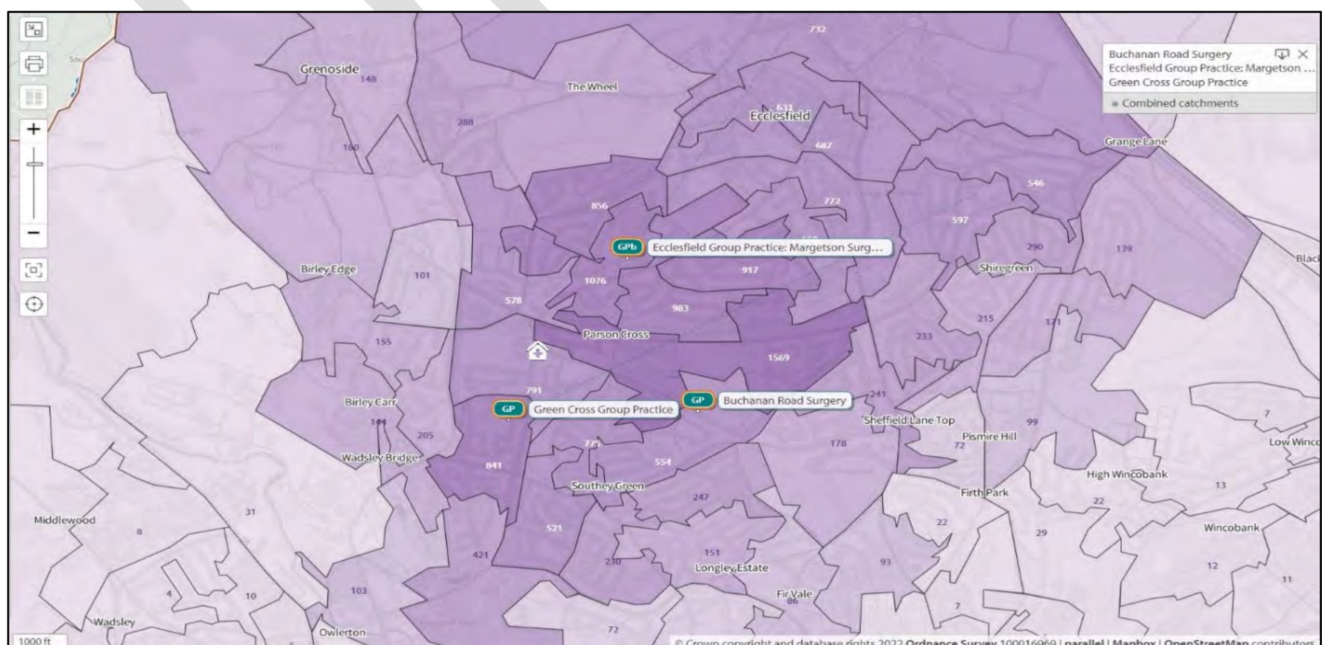
GP Practice	Number of registered patients
The Healthcare Surgery	5,245
Buchanan Road Surgery	4,625
Margetson Practice	902
Total	**10,772**

These practices agreed to move forward and to consult with their patients.

The following map shows the distribution of where registered patients of these practices live.

The large area of patients around and above Ecclesfield on this map are most likely to be patients registered at Ecclesfield Group Practice, the main site of Margetson Surgery. Unfortunately, it is not possible to differentiate patients at branch sites as patients have the choice to attend either site.

Figure 9 – SAPA hub 2 registered patient map



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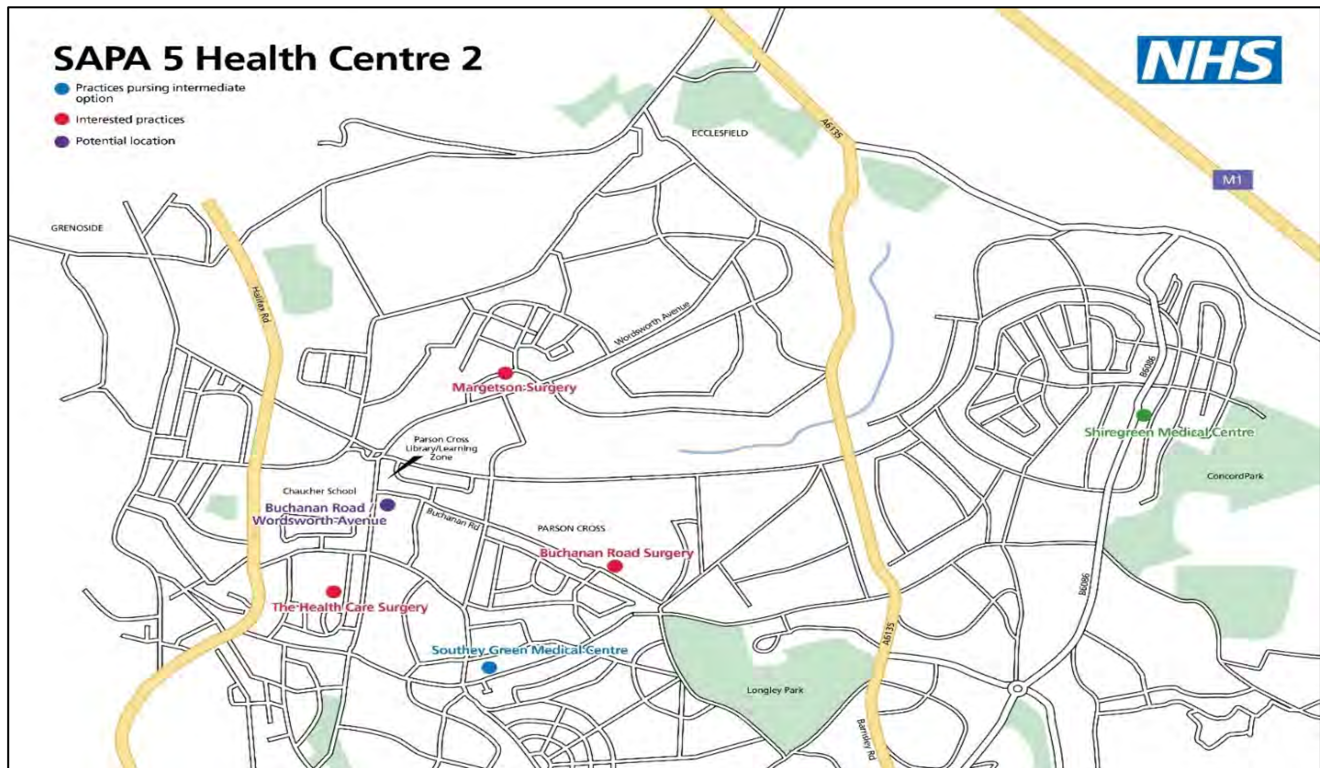
The location of the site being considered for a new GP Health Centre in this area is at **Buchanan Road / Wordsworth Avenue**. This has been marked on the maps below.

Figure 10 – SAPA hub 2 health centre hub proposed location



4.4.2 Overview of the proposals that were consulted on

Following a comprehensive evaluation, options appraisal, and pre-consultation engagement process, the four options highlighted above, were shortlisted to take forward to wider formal consultation:

- **Build a new hub for Burngreave Surgery, Sheffield Medical Centre, Sheffield City Council, within Foundry PCN at Spital Street (Foundry hub 1),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub for Page Hall Medical Centre, Upwell Street Surgery, Sheffield City Council, within Foundry PCN at Rushby Street (Foundry hub 2),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub for Firth Park Surgery, Shiregreen Medical Centre, Sheffield City Council, within SAPA PCN at Concord Sports Centre (SAPA hub 1),** providing all primary care, plus wrap around, voluntary and supporting Council services.
- **Build a new hub for The Healthcare Surgery, Buchanan Road Surgery, Margetson Surgery, Sheffield City Council, within SAPA PCN at Wordsworth Road/Buchanan Junction (SAPA hub 2),** providing all primary care, plus wrap around, voluntary and supporting Council services.

The 'no service change' (Do-Nothing) option, the Do-Minimum (minor works at existing sites, some of which would support a new hub in some areas) was not consulted on as it is not a proposal indicating as significant service change.

We have not yet consulted on the City Hub proposal as the preferred way forward site at this point was not identified. The preferred proposals for consultation were for all four new build primary care health centre hubs at the above location sites. The consultation document captured full details of each of the new build proposals (**Appendix C**).

5 How the consultation was undertaken

5.1 Introduction

During the pre-consultation engagement, 19 practice sites as part of 14 practices were part of the proposals. Following some practice withdrawals after the pre-consultation engagement (as discussed in the last section), this meant there were 11 practice sites and 9 practices for consultation.

SY ICB undertook a 10-week consultation exercise from 9th August 2022 to 10th October 2022 to consult on the proposal to relocate some GP practices in Sheffield across the 3 PCN's, to new health centres (Hubs).

The following summaries from the Consultation Report (including the approaches followed) and Equality Impact Assessments (EIA) produced in October 2022 are discussed below per health centre hub proposal.

5.2 Consultation approach

5.2.1 Responses

The consultation saw just over 5,000 contributions/responses from people living in Sheffield. The consultation included over:

- **2,000** consultation documents
- **12,000** leaflets
- **500** posters.

5.2.2 Translations

In addition, the consultation document and leaflet were translated into nine alternative languages, including:

- Arabic
- British Sign Language
- Easy Read
- Romanian
- Simplified Chinese (China)
- Slovak
- Traditional Chinese (Hong Kong)
- Urdu.

5.2.3 Material locations

These materials were distributed to the following community locations:

- 12 GP practice sites
- 19 local pharmacies
- 4 libraries:
  - Parson Cross
  - Firth Park
  - Southey
  - Burngreave
- Concord Leisure Centre
- Independent Living schemes (sheltered housing)
- 5 children centres:
  - The Meadow (Shirecliffe)
  - Early Days (Parson Cross)
  - Burngreave
  - First Start (Firth Park)
  - Grimesthorpe
- 18 churches
- 5 mosques

Materials were also made available to community partners funded to undertake consultation activity as well as the following community organisations.

- Burngreave Food Bank
- Church on the Corner (Food Bank)
- Fir Vale Food Bank
- Flower Estate Family Action
- International Worship Centre
- ISRAAC
- Lower Wincobank TARA
- MAAN
- SAYIT
- Sheffield MIND
- Young carers

5.2.4 Supporting documents

In addition to the materials mentioned above, the following documents were also made available on the NHS South Yorkshire website to allow for full consideration of the proposals.

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- Frequently Asked Questions (FAQ)
- Equality Impact Assessment (EIA)
- Pre-Consultation Business Case
- Travel analysis

5.2.5 GP practices' activity

Each GP practice involved in the proposals sent at least one text message to their patients with a valid mobile number on their patient record. The text message included a brief explanation of the proposal, with a weblink for more information and the telephone number of the local community partner to get more information. A letter was sent to all patients who did not have a mobile telephone number recorded.

A second text message was sent from GP practices to their patient's mid-way through the consultation which included details of the remaining public meetings for each health centre area.

All GP practices included information on their own websites.

5.2.6 Public meetings

Sixteen public meetings were advertised and held. 217 people attended these meetings in total. The meeting details are summarised in the table below.

Table 12 – Consultation Public Meetings

Date	Time	Venue	Health Centre	Attendance
Monday 15 /08/2022	10:30	Greentop Circus Centre	Foundry 2	5
Tuesday 16 /08/2022	10:00	Parson Cross Development Forum	SAPA 2	13
Tuesday 16/08/2022	17:30	Firvale Community Hub	Foundry 2	13
Wednesday 17/08/2022	12:00	Vestry Hall	Foundry 1	2
Wednesday 17/08/2022	15:30	The Learning Zone	SAPA 2	9
Friday 19/08/2022	11:30	Firth Park Methodist Centre	SAPA 1	25
Wednesday 24/08/2022	10:30	Verdon Street Community Centre	Foundry 1	10
Friday 26/08/2022	12:00	Shiregreen Community Centre	SAPA 1	14
Friday 02/09/2022	11:30	The Learning Zone	SAPA 2	26
Friday 02/09/2022	19:00	Parson Cross Development Forum	SAPA 2	8
Monday 05/09/2022	10:30	Vestry Hall	Foundry 1	15
Monday 05/09/2022	16:30	Firvale Community Hub	Foundry 2	9
Tuesday 06/09/2022	18:30	Firth Park Methodist Centre	SAPA 1	24
Wednesday 07/09/2022	18:30	Verdon Street Community Centre	Foundry 1	0
Tuesday 27/09/2022	18:00	Online meeting	All	14
Monday 03/10/2022	18:30	Grimesthorpe Family Centre	Foundry 2	30
			Total	217

Two of the planned meetings were cancelled due to Her Majesty the Queen's death. One of these was rescheduled with patients being informed of the new date. Unfortunately, a suitable venue was unable to be sourced for the other meeting.

In addition, a pop-up consultation stall was run in Ellesmere Green on 16 September 2022 between 11am and 3pm. This was suggested by a community partner as a way of reaching people attending Friday prayers. Several members of NHS South Yorkshire staff were in attendance alongside multi-lingual volunteers from Reach Up Youth to talk to people. Over 100 people were spoken to during this session with an additional 44 responses recorded.

5.2.7 Social media

Information has been regularly posted on the social media accounts of NHS South Yorkshire and Sheffield Health and Care Partnership. table below highlights the overall number of impressions for these posts.

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Table 13 – Consultation on social media

Social media platform	Posts	Impressions
Facebook	56	34,687
Twitter	56	18,119
Total	112	52,806

5.2.8 Community partners

Seventeen local community organisations were funded to help raise awareness of the proposals and support individuals to respond. These organisations were selected for their specific reach into, and trusted relationships with, the communities identified as being potentially affected by the proposals, including geography and protected characteristics.

- ACT
- Age UK
- Binstead TARA
- Brushes TARA
- Burngreave TARA
- Carers Centre
- Deaf Advice Team
- Disability Sheffield
- Faithstar
- Fir Vale Community Hub
- Friends of Firth Park
- Longley 4G
- Mencap
- Parson Cross Development Forum
- Reach Up Youth
- SADACCA
- SOAR

5.2.9 Community activity

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback. The telephone numbers were included in the materials and text messages sent out by GP practices. The majority of phone calls have been from patients that have no, or limited, internet access, or have low literacy levels.

For those individuals who have contacted the telephone lines, the community partners have been completing the survey online with them whilst on the phone, sending out the information booklet with additional surveys for family members, meeting people face to face (including home visits for those who have mobility issues), and setting up drop-in sessions for question and answers and survey filling support. They have also been sharing any insight that they did not feel would be recorded in surveys, which will be included in the overall analysis.

Wider community partners have been utilising the groups and sessions that they run to share information about the proposals and ask and record feedback, using bilingual workers to ensure that those who don't speak English as a first language are able to take part in the consultation. These groups include:

- Arts groups
- Bowls clubs
- Carers' groups
- Croquet clubs
- Dementia groups and day centres
- Falls prevention classes
- Food banks
- Holiday activity programmes
- Keep fit sessions
- Lunch clubs
- Music and singing groups
- Over 50s groups
- Social cafes
- Tai Chi sessions
- Yemeni community sessions
- Youth groups

Community partners also visited other groups around their localities including food banks, churches, mosques, local Tenants and Residents Associations, and other smaller groups.

Pop up stalls and street teams were set up outside GP practices, shopping areas, and local community centres, with one organisation specifically speaking to homeless individuals. Materials were delivered door to door. Local residents were taken on a walk to the Rushby Street site to show the potential location.

Other community partners contacted service users with disabilities, learning disabilities, and carers, to explain and advise about the proposals and support completion of the survey. Sessions were arranged with specific groups to facilitate conversations with individuals with additional communication requirements. These included:

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Sheffield Voices for people with learning difficulties or autism.

Sheffield Royal Society for the Blind for people experiencing sight loss on the 21st of September. This session included extra description for maps where details were difficult to produce in a clear alternative format.

A British Sign Language event on 14th September facilitated by the Deaf Advice Team with fully qualified BSL interpreters.

5.2.10 Social media

Information was included on community partners' social media channels including Facebook pages, websites, WhatsApp groups, and e-newsletters. The reported total of people contacted via these methods was 16,597.

Community partners coordinated their activity with each other to avoid duplication and maximise their resources.

5.2.11 SMSR

NHS South Yorkshire commissioned SMSR, a social research agency, to provide an online survey, and to undertake a telephone and fieldwork survey of a minimum of 1,000 responses in each health centre area.

The online survey included the ability to offer the alternative languages detailed above.

SMSR Research commenced their data capture on week commencing 15 August. They have worked with the SY ICB Communications and Engagement Team and used census information from the ONS to understand the layout of each area in terms of demographics and worked to quota targets to engage with a representative sample of residents in each of the four target locations.

SMSR coordinated their activity with both GP practices and community organisations situated in the area.

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6 Consultation findings

6.1 Summary of consultation feedback

Feedback from the consultation across all consultation approaches (section 8) was analysed and collated by SMSR Research13. They produced a full report which can be referred to for more detailed insights and understanding of the views and opinions about the possible changes to how primary healthcare services are organised across the specific areas within the two PCNs of SAPA and Foundry.

This section provides a summary of the main finding of the quantitative and qualitative data from the public consultation report per health centre hub proposal.

6.2 Foundry 1 - Spital Street

6.2.1 Survey feedback

Respondents ranked the most important aspects of their GP practice as:

- availability of appointments
- quality of care.

The tables below provide some of the main outputs from the Foundry 1 consultation with full analysis provided in the consultation report.

Table 14 – Foundry 1 summary findings

3 main possible advantages		3 main possible disadvantages	
%	Response	%	Response
29	a better range of services	**23**	travel distance
27	more appointments	**19**	access issues for the elderly / vulnerable
25	modern facilities/equipment	**16**	being too busy

%	Response
54	thought the proposals would have a **positive impact** on them
73	would **continue to use the practices** if the proposals went ahead

Mins	Response
9	Average travel time **now**
12	Average travel time **future**
This means some respondents would be more likely to take a bus or taxi, rather than walking	

%	Response
6	with a **disability** might be impacted more than other people if the proposed site went ahead
5	with an **age-related issue** might be impacted more than other people if the proposed site went ahead

6.2.2 Public meetings feedback

Across the meetings, a total of 27 residents attended to ask questions, air concerns, and provide their opinions on the proposed new health centre. Prevalent themes included questions on:

- The proposal itself,
- how the proposal would be funded and sustained,
- the design of the building,

[13] SMSR: Market Research & Analysis

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- the services available
- access to healthcare within the Foundry 1 community.

Other topics of conversations included transport and travel, staffing and the scope of the consultation.

6.2.3 Community feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

A small number of respondents made contact via telephone about the Foundry 1 proposal. Aside from enquiries of how to participate in the consultation, the remaining highlighted the need for continuity in accessing healthcare and travel times would not be adversely affected:

"I'm not really bothered either way as long as I can get in when I need to."

"I hope it works out. It's not really that far from my Drs now and I walk anyway if I have to go."

6.3 Foundry 2 - Rushby Street

Respondents ranked the most important aspects of their GP practice as:

- quality of care.
- availability of appointments

The tables below provide some of the main outputs from the Foundry 2 consultation with full analysis provided in the consultation report.

Table 15 – Foundry 2 summary findings

3 main possible advantages		3 main possible disadvantages	
%	Response	%	Response
43	modern facilities/equipment	**27**	being too busy
42	better quality of care	**22**	access issues for the elderly / vulnerable
36	better range of services	**19**	being impersonal

%	Response
77	thought the proposals would have a **positive impact** on them
81	would **continue to use the practices** if the proposals went ahead

Mins	Response
10	Average travel time **now**
12	Average travel time **future**
This means some respondents would be more likely to take a bus or taxi, rather than walking	

%	Response
6	with a **disability** might be impacted more than other people if the proposed site went ahead
5	with an **age-related issue** might be impacted more than other people if the proposed site went ahead

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6.3.1 Public meetings feedback

A total of 66 residents attended the meetings to ask questions about the proposed new health centre and speak to stakeholders about their concerns. The predominant themes of conversations within the meetings concerned:

- clarification of the proposal,
- the location of the proposed health centre,
- the design of the building,
- transport links and services.

6.3.2 Community feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

The main themes amongst the feedback highlighted concerns about accessing appointments and issues experienced with current provision:

"You still won't be able to get an appointment if they are moving it exactly like it is. It will be a waste of money."

"I understand about the other services they want to put in the new building but if you can't get to see your Dr, how can you get referred to the other services? It needs more Drs and I hope it works because you can't get to see one now."

"How will it change for the better. They don't pick up the phone now and sometimes I wait for an hour to get through."

"I could be dying and can't get an appointment."

There were also some concerns about the location of the new centre:

"They want to build it in front of where I live. I'm concerned it will cause lots more traffic and congestion and it's already really busy there."

"Very concerned about how safe it is around Rushby St, particularly when it gets darker for evening appointments. It's further than the current surgery location and some are in their 80's with mobility issues which will make it more difficult to get to Rushby St. There's no bus that will get them there. The agreed consensus was that it was a done deal already and having their say won't make a difference."

6.4 SAPA 1 - Concord Sports Centre

Respondents ranked the most important aspects of their GP practice as:

- availability of appointments
- quality of care.

The tables below provide some of the main outputs from the SAPA 1 consultation with full analysis provided in the consultation report.

Table 16 – SAPA 1 summary findings

3 main possible advantages		3 main possible disadvantages	
%	Response	%	Response
22	more appointments	38	travel distance
21	better range of services	23	availability of appointments

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3 main possible advantages		3 main possible disadvantages	
18	modern facilities/equipment	**21**	access issues for the elderly / vulnerable

%	Response
33	thought the proposals would have a **positive impact** on them
66	would **continue to use the practices** if the proposals went ahead

Mins	Response
8	Average travel time **now**
17	Average travel time **future**
This means some respondents would be more likely to take a bus or taxi, rather than walking	

%	Response
8	with a **disability** might be impacted more than other people if the proposed site went ahead
6	with an **age-related issue** might be impacted more than other people if the proposed site went ahead

6.4.1 Public meetings feedback

Altogether, 63 residents attended across three meetings in the network to share their thoughts, feelings, and concerns about the proposal to build a new health centre. The main themes discussed across the meetings were:

- general thoughts on the proposal;
- transport and travel issues;
- services that would be available as part of the offer and continued access to healthcare in the network.

6.4.2 Community feedback

Feedback was mixed amongst patients affected by the SAPA 1 proposals:

- some were not affected by the plans;
- some people were concerned about vulnerable patients and how they may react to or travel to the new health centre and
- some felt the proposals had already been approved.

Feedback from Friends of Firth Park:

Main concerns voiced centred around:

- greater distance to proposed new site at Concord and
- poor bus services to facilitate attendance,
- increased risk of being late or worrying about missing appointments because of this.

6.5 SAPA 2 - Wordsworth Avenue/Buchanan Road

Respondents ranked the most important aspects of their GP practice as:

- availability of appointments
- quality of care.

The tables below provide some of the main outputs from the Foundry 2 consultation with full analysis provided in the consultation report.

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Table 17 – Foundry 2 summary findings

3 main possible advantages		3 main possible disadvantages	
%	Response	%	Response
46	modern facilities/equipment	**26**	access issues for the elderly / vulnerable
44	better range of services	**25**	travel issues
28	bigger, better building	**16**	too busy

%	Response
56	thought the proposals would have a **positive impact** on them
80	would **continue to use the practices** if the proposals went ahead

Mins	Response
8	Average travel time **now**
12	Average travel time **future**
This means some respondents would be more likely to take a bus or taxi, rather than walking	

%	Response
10	with a **disability** might be impacted more than other people if the proposed site went ahead
8	with an **age-related issue** might be impacted more than other people if the proposed site went ahead

6.5.1 Public meetings feedback

Altogether, 56 residents attended the public meetings set up in the network to air thoughts and concerns around the proposal to build a new health centre in this location. Discussions within the meetings covered:

- the proposal and insight into the details of the project
- access to healthcare,
- the financial aspect of the proposal,
- the wider consultation and the proposed building.

6.5.2 Community feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

There was positive and negative feedback provided on the SAPA 2 proposal from patients in this network. Much of the positive feedback seemed to focus on the location of the new centre in terms of convenience:

- "Happy either way. New location is not too far away from Buchanan surgery."
- "Excellent idea. Closer than doctor is now and on a bus route."
- "It will put it on a bus route for me. It won't be any further to walk either. I hope it makes it easier to get an appointment because you can't now."
- "Happy with the Proposal if it is on the corner near the café as walking down Buchanan would be a struggle. The Bus route at Asda will be good and would encourage a pharmacy within the premises as he has bad legs and struggles to access his prescriptions at the other pharmacies."
- "The proposal is a brilliant idea as all the doctors will be nearer together."
- In the main, opposition to the proposal also focussed on the potential location of the surgery:
- "Against the proposal. It will be much further away from my house than it is now and means I won't be able to get there."

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- "Has anyone given any thought to the traffic at the junction to Wordsworth Ave and Buchanan Rd. Its already busy and the crossing is really close."
- "Doesn't want the change, it's just inconvenient. The caller was sure it would go ahead but didn't want it to. Concern that they would need to take a taxi to the GP which would cost a lot of money. Also complained about the difficulty of getting an appointment currently and a fear the changes would make this worse."

6.6 Key themes from consultation

There were several other key themes coming from across the various consultation methods undertaken for the consultation. These have been grouped into the following themes below:

- **Accessibility / Travel** – the change in distance from some patient's homes to the proposed new locations, modes of transport (especially public transport) and the cost of transport (e.g bus fares and taxis). The ability to access and move around all parts of the healthcare premises was identified (both issues with current practice buildings and assurances on the standards to be applied to the proposed new facilities)
- **Changes to current services** – Patients were concerned with being able to make appointments, see the same practice staff, get though on the telephone. Some were concerned about the change process and not having to re-register with their practice
- **Appointments & Care** - There was significant concern about the current availability of appointments, especially face-to-face. Patients were seeking assurances that the proposals would help lead to increased availability in appointments, reduced waiting times and a wider range of services closer to home
- **Proposed Location** – Some concerns were raised about the proposed locations in terms of topography, anti-social behaviour, and loss of perceived green space in one location.
- **Parking & Traffic** – Patients were seeking assurances on the levels of car parking to be provided at the proposed locations, and the issues of traffic congestion in some locations, particularly at school pick-up times
- **Affordability & Costs** – Concerns were raised about the impact of inflation on the proposed buildings, the running costs and seeking assurances that the funds for running the proposed new buildings wouldn't be lost elsewhere
- **Other concerns** – Patients expressed concerns around what might happen to the current GP premises once vacated, and around the sustainability of community Pharmacies, which may be impacted if the proposals go ahead. Views were also received that new pharmacies should be included within the proposed Hubs

6.7 Findings of the Equality Impact Assessments (EIA)

The Equalities Impact Assessment (EIA) last undertaken during the pre-consultation stage was refreshed following the successful completion of the ten-week public consultation. The refreshed EIA was reviewed and supported by the SY ICB Sheffield Place Team and is provided in Appendix E. The inform the ICB has a legal duty to pay due regard to the following:

- The Equality Act 2010
- The Human Rights Act 1998.

The ICB commissioned Arc of Inclusion[14] to undertake both the Pre-Consultation EIA and the Post-Consultation EIA. The Pre-Consultation EIA report covered all health centre hub proposals, whereas the Post-Consultation Report, provided an individual EIA report for each hub proposal. The following two sections

[14] Home (arcofinclusion.co.uk)

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highlights some of the key points raised with the full pre- and post-consultation reports being provided in Appendix D and E respectively.

6.7.1 Pre-consultation EIA

A Pre-Consultation EIA report was produced in July 2022 following the pre-consultation exercise (**Appendix D**). It highlighted the main issue (of the proposal) impacting equality is that:

- combining several surgeries in one health centre hub requires more people to travel over a larger distance to see a GP
- this will impact patient groups who don't drive and need to rely on public transport, taxis, or lifts from carers/relatives/friends.
- public transport represents barriers such as travel time, reliability, accessibility, potentially a hostile environment for people at risk of discrimination and increased costs.

6.7.2 Post-consultation EIA

A Post-Consultation EIA report was produced in October 2022 per health centre hub proposal (**Appendix E**) following the consultation exercise. Each report:

- Summarised the approach to conducting this phase of the equality impact assessment.
- Outlined the project objectives and intended benefits
- Identified who will be affected by the changes
- Highlighted what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the specific project
- Analysed and summarise findings of both positive and negative impact
- Identified mitigation steps to remove or lessen negative impact
- Makes recommendations about access and inclusion considerations for the implementation phase if the project(s) goes ahead.

The EIA reports identified the **positive impacts** of the hubs (hubs built to current standard, fully-accessible that will benefit people with physical disability with things such as ramps, accessible toilets, handrails etc, opportunity to create safe, accessible and inclusive spaces, more baby/child friendly spaces, more additional services being provided and ability to be more cost-effective (economies of scale) through providing more frequent interpretation and translation services with a focus on accessible communications for all.

The EIA reports identified a number of **risks and issues**; timescales of project to be delivered by Dec 2023 (potentially impacting co-production), potential loss of relationship with current primary care staff, having to potentially re-register can be confusing process, potential travel barriers (having to travel further/cost/different way of travelling), new setting being unfamiliar/more anonymous (particularly for people with autism), potentially losing green space, potential specific learning disability negative impacts (way finding, communication barriers), and continued impact of COVID alongside this potential change.

The EIA recommendations for the SY ICB Sheffield Place Team to consider should the proposals go ahead for each hub are shown in the table below.

Table 18 – Potential mitigations to concerns/impacts

Type of mitigation: influence or control	Main concerns/impact
Influence	▪ Influence the provision of public transport ▪ Influence the council to ensure the area around the Hub is well-lit and potentially re-landscaped to make it safer ▪ Advocate for crime-reducing measures and building better relationships between the communities, e.g. using civic mediation approaches

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Type of mitigation: influence or control	Main concerns/impact
Control	▪ Ensure the accessibility standards are fully met, potentially involving patient users in the design and testing ▪ Provide training for surgery staff to ensure the transition for patients with disabilities is optimal ▪ Communicate the changes to all patients, esp. those who may be more affected by changes ▪ Provide support for patients to register with an alternative GP

The EIA report highlights that in addition to the above, the following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits.
- A dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term).
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are housed in the same Hub, that accessible communications are levelled up too (access to BSL interpreters, easy read information).
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource.
- Levelling up of accessible communications in Hub.
- Levelling up of EDI skills for new Hub staff.
- Travel training for disabled people (however, the Council-provided training service is already over-stretched with a 9-10 month waiting list).
- An independent evaluation of impact once changes have been made.

6.8 Key themes from EIA

We have grouped the recommendations from the post-consultation EIAs against the identified consultation key themes, in the table below. This will support to ensure both EIA recommendations are mitigated alongside the consultation finding recommendations.

There were several other key themes coming from post-consultation EIAs. These have been grouped into the following themes below:

- **Timescale** – There were concerns that the rapid timescales for the opening of the new hubs may not allow sufficient time to work with groups to help ensure the services are designed to best meet their needs and familiarise those that need support with the changes.
- **Accessibility / Travel** – Concern that those with a disability, visual impairment or others with additional needs may find accessing healthcare more difficult in a new location which may be further from their home and have different travel requirements
- **Design** – Concerns that the building being larger may be more difficult to navigate or access or may feel intimidating to or by people with additional requirements, who may be very familiar with their current practice.
- **Communication** – The need to ensure people with diverse or additional needs may need further support in becoming familiar and comfortable with the proposed changes, especially in the transitional and early operational stages to ensure additional barriers to accessing healthcare are not created, and current barriers are reduced.

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- **Other concerns** – Ensuring that practice staff are trained and updated on supporting people with additional needs in accessing primary healthcare, and that an independent post-implementation review is carried out to ensure the needs of all patients are being met.

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7 Addressing themes from consultation and EIA

This section sets out how:

- for each consultation finding and EIA theme, we have listened to the consultation feedback
- we have developed and assessed any new evidence or alternative proposals and its materiality, because of this feedback; and
- we have listened to this feedback and incorporated this into our decision-making.

Our process therefore is to:

- **Step 1:** Assess all the evidence from consultation and the subsequent report and EIAs
- **Step 2:** Assess whether the evidence from consultation impacts on our understanding of the proposals. That is, whether the new evidence from consultation affects our understanding of the proposals.
- **Step 3:** Assess whether the evidence from consultation is material to decision-making. That is, whether the evidence highlights anything that needs to be managed through implementation. This can include areas for further work in subsequent business cases.

Details around how the consultation process and evidence has been brought into the decision-making process is set out in Section 11. This includes the changes we have made to our proposals and specific requirements around subsequent business cases. The tables below highlight the key themes from the consultation, the associated example from the consultation findings and our proposed response/mitigation.

7.1 Key theme 1 – Accessibility / Travel

Theme	Example of Consultation Concerns	Response / Mitigation
Accessibility / Travel	Increased travel for some with, some sites having challenging topography. This is a concern for people with mobility issues and long-term conditions. Missed appointments due to extra travel time. The timing and frequency of public transport, when available, can sometimes not be prohibitive to attending early appointment times	There is a scarcity of alternative sites suitable for development locally, and topography affects existing GP surgeries too. We acknowledge different patients may be affected in different ways, but on balance consider the changes brought about by the proposals to be reasonable both in terms of distance, travel times and topography for the vast majority of patients. However, we do in particular note the consultation feedback and extended distance for a significant number of patients served by the SAPA 1 hub (Concord Leisure Centre) in reaching overall conclusions, where a higher proportion of patients expressed moderate or strong concerns around the distance from their home and resulting accessibility issues and costs.
	There is currently a lack of suitable public transport links to the proposed sites, and the cost can be prohibitive, especially for people that may currently walk to their surgery. Some feel that taxis would be their only choice, but this would cost even more.	We note and understand the concerns raised, particularly with regard to recent changes to public transport across South Yorkshire and locally to Foundry and SAPA PCNs. These changes impact on the accessibility of existing GP surgeries and services locally, which is of concern too. However, we have held positive and

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Theme	Example of Consultation Concerns	Response / Mitigation
	People with mobility issues could find it hard to access new location. Concern that people who can currently access their surgery independently may have to rely on family and friends to access GP appointments.	supportive discussions with Directors of SY Combined Mayoral Authority, who have confirmed a willingness to consider diversions of a number of services / routes to better serve practices once locations have been confirmed. We have a shared objective to optimise accessibility to locations where patients / passengers need to travel to. On balance, we feel the proposals offer a significant improvement in the range of services provided, accessibility within the buildings, sustainability of primary care and workforce development to support the proposed changes.

7.2 Key theme 2 – Changes to current services

Theme	Example of Consultation Concerns	Response / Mitigation
Changes to current services	Support is required for individuals with visual impairments to navigate to, and within, the new sites. Sheffield City Council's mobility training service currently has a lengthy waiting list. Accessibility of the building, and the staff and processes within it, for people with different disabilities.	The proposed new health centres will be modern, fully compliant, and accessible buildings with disabled access including level access, lifts, wayfinding, interior and exterior design and better lighting. We will ensure disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible. We are also committed to supporting practices to ensure operationally the needs of disabled patients, carers, families and staff are taken fully into consideration, and we maximise the benefits provided by the proposed facilities. We would welcome proposals from disability stakeholder groups to ensure our implementation plans are appropriately designed and resourced to best meet their needs of those they represent, during design, transition, and operation of the proposed hubs.
	Concern that the building could be too busy and impersonal. This has been highlighted as a particular concern for those with a learning disability, autism, or mental health condition.	
	People do not like the change and uncertainty that these proposals could bring. This is a particular concern for individuals with a learning disability or autism who value routine and can react adversely to change.	
	Some people may need, or want, to register with a different practice. Many people have not done this before, and the process can be confusing and daunting.	We believe the numbers of patients seeking or needing to re-register with another practice to be small. However, support for re-registering for those individuals that do feel that is their best or preferred option will be provided by the receiving practice. There will be no special conditions attached that affect patient choice, and no surrounding practices have or are expected to have list closures agreed.

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7.3 Key theme 3 – Appointment and care

Theme	Example of Consultation Concerns	Response / Mitigation
Appointments & Care	Currently a concern about a lack of appointments. Some fear this proposal could mean less available appointments. Others didn't understand how the building would improve appointments which they see as the main issue they face.	With the exception of 1 practice, all the surgeries have insufficient space and lack appropriate facilities for their list sizes and have reached the limits of flexibility and service delivery without more clinical space. The proposals allow PCN services to be delivered from additional, dedicated spaces giving greater flexibility and capacity to recruit, retain and develop practice and PCN workforce. A modern, fit-for-purpose clinical environment will make recruitment to key roles in deprived communities considerably easier. All financial savings that will be released from paying for old, outdated buildings will be made available for reinvestment within the relevant PCN. The proposed hubs are not a silver bullet to all the challenges with Primary Care but go a long way in helping to provide the right facilities, right workforce and releasing funding from old buildings to be better deployed to help reduce health inequalities.
	Concern about continuity of care especially for those with complex medical histories. They want to be able to see the healthcare staff that they are familiar with and know about them.	There are currently no plans to merge GP practices as part of these proposals, and all practices will retain the same Doctors, Nurses, practitioners, receptionists and other staff - there is no expectation that continuity of care will be affected. This concern will be fed into the implementation workstreams to consider and provide positive assurance. Support to be offered to anyone changing practice as a result of a branch site relocation / closure.

7.4 Key theme 4 – Proposed location

Theme	Example of Consultation Concerns	Response / Mitigation
Proposed Location	The proposed location feels unsafe, especially in the dark. It is felt that there is a higher crime rate in the proposed area. Vulnerable people may be more reluctant to go to their GP as a result.	We will work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. The buildings themselves will have CCTV, good levels of lighting and seek to promote a strong sense of community, higher levels of footfall and presence. It is acknowledged that unacceptable anti-social behaviour occurs around existing practices too, and our proposals must ensure this is reduced wherever possible through effective inter-agency working and community engagement.
	Concern that the proposed Rushby Street site will remove the only green space in the area	The Rushby Street site is not designated as a green space and was put forward by SCC as a potential development site. The team

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Theme	Example of Consultation Concerns	Response / Mitigation
		has ensured all designated green spaces were excluded from the proposals at an early stage.

7.5 Key theme 5 – Parking and traffic

Theme	Example of Consultation Concerns	Response / Mitigation
Parking & Traffic	There is limited parking in the local area. There needs to suitable parking spaces to accommodate the increased patients at one site. Bringing more people to one site will result in extra congestion in the local area. There is some concern about the construction phase and how disruptive this may be.	Each site has been selected to ensure it can support the level of car parking required for the expected activity of the facility, in line with Sheffield City Council planning guidelines, without impinging on local access roads. None of the existing practices have adequate or similar levels of parking, so this is considered to be a significant improvement. There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites, to minimise disruption and traffic during construction. This can include designated routes, delivery times and contractor parking arrangements on site.

7.6 Key theme 6 – Affordability and costs

Theme	Example of Consultation Concerns	Response / Mitigation
Affordability & Costs	Concerns about the affordability of these buildings in light of the current economic climate. Also the future costs of running of the buildings and who will be responsible for these.	There are indeed cost pressures given the recent inflationary factors and challenges since the budgets were established. The design team has worked hard with practices on value engineering the proposals to achieve the best possible outcome for each hub, but cost pressures do remain that cannot be contained within the allocated capital funding without reducing the scope of the programme in some way. The future running costs (revenue) have been modelled and whilst the larger, more complex buildings do cost more to run in some aspects, there are savings in other areas, especially energy costs. Overall, each Hub proposal produces a saving on the costs currently incurred in operating the existing GP premises. A service charge agreement is being prepared to ensure the new properties would be funded and maintained at the required level for their operational life, with costs falling to the GP practices /ICB, with no additional costs incurred by SCC as landlord.

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7.7 Key theme 7 – Other concerns

Theme	Example of Consultation Concerns	Response / Mitigation
Other concerns	Concern about the future usage of current premises. People do not want derelict, unused, buildings, as these can attract crime and other social issues. People are also concerned that losing a community building in their central shopping areas could have an impact on local business and amenities.	It is proposed that a disposals strategy is developed as part of the FBC plan, once it is confirmed which properties will become vacant. No all properties are owned directly by the GPs involved in each hub, and ultimately property owners may decide their own course of action. However, there is broad agreement that all stakeholders wish to see current buildings / locations have a purposeful future and not be left without a plan.
	Pharmacy arrangements. Further travel to collect prescriptions as not co-located.	The location of existing community pharmacies has been assessed and there is ample provision currently, close to peoples homes and frequently visited amenities. Modern prescription method mean that all patients can have their prescription sent electronically to the Pharmacy of their choice and then delivered to the patient's home if required. The team have worked hard to ensure the existing community pharmacy network is not put at risk through disruption or destabilisation, as they provide far more to each community that just prescription services.

Supporting recommendations to mitigate the concerns raised during consultation are shown in the table below.

Table 19 – Recommendation to mitigate consultation concerns

Theme	Recommendations arising from consultation themes
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure provision of bus stops as close as possible to proposed Hub locations once approved.
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement.

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Theme	Recommendations arising from consultation themes
	• **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.

C = Consultation

The tables below highlight the key themes from the post-consultation EIA, the associated example of the EIA concerns and our proposed response/mitigation.

7.8 Key theme 1 – Timescale

Theme	Example of EIA Concerns	Response / Mitigation
Timescale	With a deadline of completion by December 2023, this reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres	Ensure sufficient time and planning to enable the co-production of the building design, working with community interest groups and stakeholders to ensure the proposed hubs release their potential to help reduce health inequalities. There is currently discussion underway that may allow for a slightly later completion date for the Hubs, that will help with this process.

7.9 Key theme 2 – Accessibility / travel

Theme	Example of EIA Concerns	Response / Mitigation
Accessibility / Travel	Patients who are unable to travel to the new Hub and those whose surgery is closing, will lose the relationships with their current GP/nurses/surgery staff. A change in surgery can lead to some discontinuity in care for patients because the GP or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.	Additional support to be offered by both relocating practice and nearby practice for any patient wishing or needed to re-register with a different practice, in particular ensuring continuity of care for those affected patients.
	For people who find it difficult to navigate the health system or are reluctant to visit their GP	Additional support to be offered, at least in the transitional stages to help

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Theme	Example of EIA Concerns	Response / Mitigation
	(e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an extra barrier.	encourage and familiarise identified cohorts of patients with the new centres.
	Travel/distance barriers are very relevant to people withs **physical or sensory impairments and people with learning disabilities**. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.	Support for people with additional needs to be provided, especially during the preparatory, transitional and implementation stages to ensure they and any carers are best equipped to access the new facilities. Consideration of schemes to provide supported travel to practices rather than home visits, as seen elsewhere (e.g. Ealing). Work with other agencies providing transport and travel support to disabled people and those with additional needs
	Clinically vulnerable people to COVID may in particular be reluctant to use public transport.	Ensure practices offer a range of services for those unable to access the healthcare centre for clinical reasons, which may include additional telephone, online support or home visits.

7.10 Key theme 3 – Design

Theme	Example of EIA Concerns	Response / Mitigation
Design	Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.	The design team are highly experienced in designing modern, compliant, and welcoming primary healthcare facilities with a particular focus on those patients that may have additional needs due to disability, visual or other sensory impairments, autism or cognitive disorders. In addition, the building design will be aligned to the latest best practice guides wherever possible, and we will work with representatives and stakeholders of each group on the design, layout, furnishing and way finding to ensure the new premises best meet the needs of identified groups. We welcome the input of local stakeholders not only to the building design stages but also to the transitional planning, training, and operation alongside practice teams to ensure the best possible outcomes. The design team will take full regard of the latest design guides and best
	A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.	
	In addition to the travel issue, people with autism can face a number of difficulties relating to the built environment: e.g., large waiting rooms may	

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Theme	Example of EIA Concerns	Response / Mitigation
	cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group	practice in ensuring all environments are welcoming and supportive to people with learning disabilities, cognitive impairment, Autism and other such additional needs. They will also work with local stakeholder to co-design and assure the proposals at design and fit-out stages.

7.11 Key theme 4 – Communication

Theme	Example of EIA Concerns	Response / Mitigation
Communication	Communications barriers with regard to understanding or retaining information. Mencap recommends continuing consultations with specific groups using individual/group sessions. Communication about any changes impacting them will need to be tailored to their needs. Mencap recommends Easy Read documents, face-to-face or phone conversations, in-person and virtual tours of the new Hubs before it opens.	Additional support will be provided to ensure effective communication and engagement with affected individuals and their carers where applicable in appropriate forms, to help them understand and prepare for the changes. Further, as part of the transitional plans for each practice in person meetings and familiarisation will take place to best ensure a smooth and effective transfer happens and any on-going support needs are understood, agreed and recorded.

7.12 Key theme 4 – Others concerns

Theme	Example of EIA Concerns	Response / Mitigation
Other concerns	▪ provide training for surgery staff to ensure the transition for patients with disabilities is optimal	We will ensure as part of the transitional planning that we and practices will work with stakeholder groups to align and embed best practice training for all practice staff, appropriate to their roles and the needs of patients
	▪ Levelling up of EDI skills for new Hub staff	
	▪ An independent evaluation of impact once changes have been made.	As part of the proposed plans, a full Post Project Evaluation (PPE) is to be undertaken, and we will ensure this includes specific review of how patients with protected characteristics, disabilities, sensory impairments or additional needs are being provided for within the new facilities and by practices.

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Supporting recommendations to mitigate the concerns raised during consultation are shown in the table below.

Table 20 – Recommendation to mitigate EIA concerns

EIA Themes	Recommendations arising from the Equality Impact Assessments
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP
	• **Recommendation E6:** explore options with practices around provision of home visits
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).

E = Equality

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8 Consultation decision-making

The purpose of this document is to conclude on whether the consultation findings have materially affected the proposals for new health centre hubs in both SAPA and Foundry PCNs. The process for considering all the available evidence identified before, during and after consultation is detailed below.

We have also identified several critical issues for implementation. These will need to be addressed as the hubs are designed and built (should decision to progress be made). We will ensure this is delivered through clear governance (see Section 12).

8.1 Process for decision making

Throughout the development of the DMBC, we have been through a process to:

- Collate and review the findings from consultation and EIA
- Scrutinise the findings from consultation and EIA and identify areas for mitigation
- Understand if the findings from consultation and EIA change the proposals.

There have been dedicated sessions for SY ICB Place Team to review the consulting and EIA findings. This allowed the SY ICB Place Team and the ICB to deliberate on the consultation and EIA findings and deliberate the evidence and its impact.

8.2 Impact of consultation and EIA feedback on decision making

Following on from consultation the post consultation EIA, the feedback has been considered and further evidence deliberated on, to understand what impact such findings have on the overall programme.

The consultation and EIA findings have been considered in detail through the process described above. We have considered all this evidence during the development of this DMBC and addressed the points raised. This is summarised in the table below.

Assurance outputs were classified as one of the following:

- Sufficient – green
- Further assurance required – amber
- Insufficient – red

Table 21 – Consultation themes recommendation assurance – Foundry hub 1

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure provision of bus stops as close as possible to proposed Hub locations once approved.	Sufficient
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible	Sufficient
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the	Sufficient

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.	
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement. • **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible	Sufficient
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites	Sufficient
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.	Sufficient
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.	Sufficient

Table 22 – Consultation themes recommendation assurance – Foundry hub 2

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure provision of bus stops as close as possible to proposed Hub locations once approved.	Sufficient
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and	Sufficient

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	specialists to ensure our proposed buildings are as supportive and enabling as possible	
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.	Sufficient
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement. • **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible	Sufficient
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites	Sufficient
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.	Sufficient
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.	Sufficient

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Table 23 – Consultation themes recommendation assurance – SAPA hub 1

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure	Insufficient

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	provision of bus stops as close as possible to proposed Hub locations once approved.	
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible	Sufficient
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.	Sufficient
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement. • **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible	Sufficient
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites	Sufficient
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.	Sufficient
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.	Sufficient

Table 24 – Consultation themes recommendation assurance – SAPA hub 2

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Accessibility / Travel	• **Recommendation C1:** To continue dialogue with SY Combined Mayoral Authority to ensure appropriate public transport routes & provision to and around the proposed hub locations, to the maximum extent possible. Ensure provision of bus stops as close as possible to proposed Hub locations once approved.	Sufficient
Changes to current services	• **Recommendation C2:** Relevant stakeholder groups asked to submit / co-develop proposals to ensure appropriate input and consideration in Stage 3 & 4 design and transition plans. Disability stakeholder groups are invited to work with our healthcare architects and specialists to ensure our proposed buildings are as supportive and enabling as possible	Sufficient
Appointments & Care	• **Recommendation C3:** That those concerned about the continuity of care especially for those with complex medical histories and those people who want to be able to see the healthcare staff that they are familiar with and know about them will have support put in place to do so. This will be incorporated into our implementation workstreams to consider and provide positive assurance.	Sufficient
Proposed Location	• **Recommendation C4:** To continue to work with SCC and other local agencies, plus community groups to consider what steps can be taken to ensure people feel safe in visiting the health centres at all times. • **Recommendation C5:** Our proposals must ensure that anti-social behaviour is reduced wherever possible through effective inter-agency working and community engagement. • **Recommendation C6:** That we continue to work with SCC and their planning team to continue to review and assess each site to plan to maximise a sites potential new green / external environmental arrangements as much as possible	Sufficient
Parking & Traffic	• **Recommendation C7:** Foundry & SAPA Hubs to have appropriate car parking provision in line with local authority design standards • **Recommendation C8:** There will be a traffic management plan developed and agreed with planners as part of the site establishment and development for each of the proposed sites	Sufficient
Affordability & Costs	• **Recommendation C9:** We continue to review proposal affordability in light of the current economic climate to demonstrate positive Benefit-Cost ratio on each scheme as part of the OBC / FBC approval process.	Sufficient
Other concerns	• **Recommendation C10:** We develop a disposal strategy as part of the FBC plan to seek to reduce the risk of any existing premises becoming derelict/unused buildings • **Recommendation C11:** We continue to work closely with our practices and their pharmacy arrangements locally to each proposed hub to ensure clear communication about the available pharmacy options for patients.	Sufficient

Table 25 – EIA themes recommendation assurance – Foundry hub 1

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)	Sufficient
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services	Sufficient
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design	Sufficient
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)	Sufficient
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP	Sufficient
	• **Recommendation E6:** explore options with practices around provision of home visits	Sufficient
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs	Sufficient
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.	Sufficient
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.	Sufficient
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.	Sufficient
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal	Sufficient

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).	Sufficient

Table 26 – EIA themes recommendation assurance – Foundry hub 2

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)	Sufficient
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services	Sufficient
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design	Sufficient
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)	Sufficient
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP	Sufficient
	• **Recommendation E6:** explore options with practices around provision of home visits	Sufficient
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs	Sufficient
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.	Sufficient

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.	Sufficient
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.	Sufficient
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal	Sufficient
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).	Sufficient

Table 27 – EIA themes recommendation assurance – Foundry hub 2

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)	Sufficient
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services	Sufficient
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design	Sufficient
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)	Sufficient
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP	Sufficient
	• **Recommendation E6:** explore options with practices around provision of home visits	Sufficient
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and	Sufficient

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	that there is levelling up of accessible communications in the hubs	
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.	Sufficient
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.	Sufficient
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.	Sufficient
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal	Sufficient
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).	Sufficient

Table 28 – EIA themes recommendation assurance – SAPA hub 1

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)	Sufficient
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services	Sufficient
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design	Sufficient
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)	Sufficient

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Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP	Sufficient
	• **Recommendation E6:** explore options with practices around provision of home visits	Sufficient
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs	Sufficient
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.	Sufficient
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.	Sufficient
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.	Sufficient
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal	Sufficient
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).	Sufficient

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Table 29 – EIA themes recommendation assurance – SAPA hub 2

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
Timescale	• **Recommendation E1:** ensure sufficient time is given to enable the co-production of the design (particularly with community interest groups to ensure the centres realise their potential of being a valued community resource)	Sufficient
Accessibility / Travel	• **Recommendation E2:** ensure engagement undertaken with relevant organisations to ensure the best possible arrangements put in place for the provision of affordable	Sufficient

Theme	Recommendation (We will ensure)	Assurance provided by implementation of recommendations
	public transport (over the long term) for any new hubs, whether there is a possibility of a dedicated minibus for the hubs and whether provision of home visits can be linked to the hub services	
	• **Recommendation E3:** ensure there is travel training for disabled people and that disabled people are involved in the design	Sufficient
	• **Recommendation E4:** explore options for a dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)	Sufficient
	• **Recommendation E5:** ensure there is appropriate support in place for patients to register with an alternative GP	Sufficient
	• **Recommendation E6:** explore options with practices around provision of home visits	Sufficient
Design	• **Recommendation E7:** ensure that as part of any future hub proposal design development, the areas around the hubs are well-lit, have appropriate landscaping and CCTV to make is as safe an environment as possible, that hubs are co-designed with community interest groups, disabled people and prioritise accessibility and that there is levelling up of accessible communications in the hubs	Sufficient
Communication	• **Recommendation E8:** engage the most deprived communities (especially those with visual impairments) and their carers/companions are fully informed about the change, during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement. Additional support during their first visits to the new building may help the transition.	Sufficient
	• **Recommendation E9:** specific engagement undertaken with patient groups of any branch sites that may close because of the proposals, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.	Sufficient
Other concerns	• **Recommendation E10:** ensure the schemes seek to be an advocate for crime-reducing measures and seek to build better relationships between the communities, e.g., using civic mediation approaches.	Sufficient
	• **Recommendation E11:** ensure there is specific training for surgery staff, to level up EDI skills for new staff and to ensure the transition for patient with disabilities is optimal	Sufficient
	• **Recommendation E12:** ensure there is an independent evaluation of impact once changes have been made (should changes be made).	Sufficient

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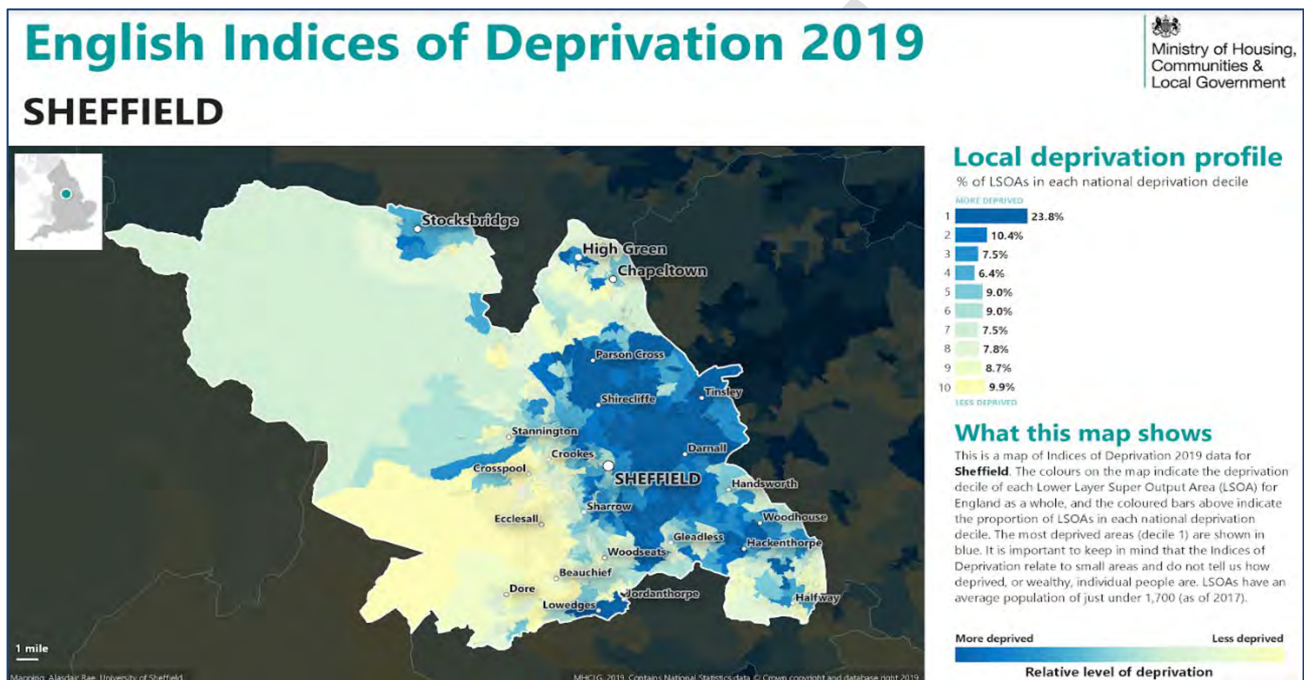
9 Other factors for consideration

There are several other factors that need to be considered alongside the consultation and EIA findings, that will help determine the schemes that are considered suitable and able to proceed to OBC/FBC development. For overall assessment and comparison purposes the City Centre Hub, which did not form part of the patient and public consultation process is included in these considerations. The assessments of these factors are summarised below.

9.1 Deprivation / Health Inequalities

Two of the three PCN areas, SAPA and Foundry, are some of the most deprived across Sheffield. The figure below provides the deprivation levels across Sheffield using the latest 2019 data.

Figure 11 – Sheffield Deprivation 2019



The table below compares the PCN area deprivation scores to each other and to the England wide Index of Multiple Deprivation (IMD)

Table 30 – PCN Deprivation comparison

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Index of Multiple Deprivation (IMD) (LSOA)	49.23	45.84	52.74	57.74	16.59
England wide IMD - mean value	21.67	21.67	21.67	21.67	21.67
% Difference in IMD	127%	112%	143%	166%	-23%
IMD rank project (1 = most deprived)	3	4	2	1	5

*Lower Super Output Area (LSOA)

9.2 Other stakeholder feedback

Throughout the Early Communication and Engagement stage, formal Patient & Public Consultation and post-consultation review, representations have been made by a range of stakeholders, elected members and community groups expressing views on each of the proposed Hubs. These comments are largely captured within the consultation findings, having been made either by the stakeholder or reflected in general comments from patients. However, we note the importance of such representations by stakeholders and those they represent. The assessment of such stakeholder support is qualitative rather than quantitative and is the combined feedback from the SY ICB Sheffield Place delivery team over this

period. Consideration has been given to discussions with, and comments received by, team members to reflect the overall level of support or concern expressed, as shown below.

Table 31 – Other stakeholder feedback assessment outcome

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Assessment of stakeholder support	Acceptable	Acceptable	Low	Acceptable	High
Rank (1 = most support)	3	3	5	3	1

9.3 Value for money (Benefit to Cost Ratio - BCR)

Following the pre-consultation exercise, in which some practices withdrew, the proposal short-list options changed. These were re-tested from a benefits, risks, and cost perspective to re-assess the value for money position, by confirming the latest Benefit Cost Ratio (BCR) per proposal per option, with those options affected and removed from the appraisal shown as n/a.

Table 32 – Value for money (BCR) score per proposal per option

Economic Summary (Discounted) - £	City Hub			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£1,799,884.11	n/a	-£5,407,334.57
Incremental benefits - total	£0.00	£3,040,173.35	n/a	£30,754,855.46
Risk-adjusted Net Present Social Value	£0.00	£1,240,289.24	n/a	£25,347,520.89
Benefit-cost ratio	0.00	1.69	n/a	5.69

Economic Summary (Discounted) - £	SAPA Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,962,497.46	-£16,097,169.95	n/a
Incremental benefits - total	£0.00	£3,543,021.04	£59,511,670.79	n/a
Risk-adjusted Net Present Social Value	£0.00	£580,523.57	£43,414,500.84	n/a
Benefit-cost ratio	0.00	1.20	3.70	n/a

Economic Summary (Discounted) - £	SAPA Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,184,948.10	-£10,171,849.62	n/a
Incremental benefits - total	£0.00	£3,550,736.68	£27,352,608.66	n/a
Risk-adjusted Net Present Social Value	£0.00	£1,365,788.58	£17,180,759.04	n/a
Benefit-cost ratio	0.00	1.63	2.69	n/a

Economic Summary (Discounted) - £	Foundry Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	
Incremental costs - total	£0.00	-£2,962,497.46	-£10,171,010.40	n/a
Incremental benefits - total	£0.00	£3,543,021.04	£34,995,033.30	n/a
Risk-adjusted Net Present Social Value	£0.00	£580,523.57	£24,824,022.90	n/a
Benefit-cost ratio	0.00	1.20	3.44	n/a

Economic Summary (Discounted) - £	Foundry Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum		3 - Do-Maximum
Incremental costs - total	£0.00	-£3,900,187.81	n/a	-£10,857,154.06
Incremental benefits - total	£0.00	£4,483,757.88	n/a	£28,063,200.41
Risk-adjusted Net Present Social Value	£0.00	£583,570.07	n/a	£17,206,046.35
Benefit-cost ratio	0.00	1.15	n/a	2.58

The table above indicates, those options with BCRs above 2 are indicating high value for money and this is confirming these as the preferred way forwards. For clarity these are shown in the table below.

Table 33 – Preferred Way Forwards (PWF) based on BCR

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Site/location	Land at Spital Street, S3 9LD	Land at Rushby Street, S4 8GD	Land at Concord Sports Centre, S5 6AE	Land at Wordsworth Ave. / Buchanan	(No site identified)

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
				Road, S5 8AU	
PWF option	Do-Intermediate	Do-Maximum	Do-Intermediate	Do-Maximum	Do-Maximum
BCR	3.70	2.58	3.70	2.69	5.69
Rank	2	5	2	4	1

***Do-Intermediate** – Build a new hub, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services and retain/expand an existing practice. Works to existing practices, linked to Hub developments are not to be included in Section 2 proposals with the council and will be delivered by the practice as the contracting party.
***Do-Maximum** - Build a new hub, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services.

9.4 Capital Affordability

The overall capital budget for the Sheffield schemes was determined in 2018 when the bid was submitted, and even though some allowance for inflation due to expected delivery dates was made, factors outside of the control or expectation of the delivery team have led to significant cost pressures when compared to what is now proposed to be delivered for each Hub. These factors include but are not limited to;

- Covid-19 pandemic
- Extended timeframe and added complexity of scheme development
- Accelerated programme requirements
- Construction inflationary factors at unprecedented levels
- Change of ownership model compared to original plan
- Labour constraints post Brexit and pandemic
- Materials availability and supply chain pressures /capacity
- Risk appetite / mitigation in supply chain partners
- Net Zero Carbon inclusion

A paper giving further details of these and other unprecedented pressures was considered by the SY ICB Primary Care Capital Programme Board in September 2022 (enclosed at Appendix F).

Extensive work on the proposals, including specialist cost advice, has been used to determine the optimum design, method of delivery and value engineering to help ensure all schemes represent the best available value for money, whilst not compromising the critical success factors and benefits delivered.

Having carried out these steps, we are currently in a position where we do not have sufficient funding within the overall SY ICS Primary Care Capital programme to deliver all of the original schemes, due to unprecedented cost projections we now have. Whilst there was strong acknowledgment of the issues and the impact on overall scheme cost projections, the current economic climate does not allow for additional funding to be provided to these schemes.

For this reason, the ICB Programme Board has determined that to remain within the overall affordability parameters, a prioritisation of scheme must take place.

The values shown below are the most recent cost estimates for each scheme, based on the work undertaken with Practices, advisors, and supply chain partners. Costs are shown as both scheme totals and outturn cost per m^2, ranked by total scheme cost.

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Table 34 – Capital affordability by scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Capital Affordability (£ total)	£7.42m	£9.35m	£11.10m	£9.01m	£4.3m
Capital Affordability (£ per m^2)	£5,752	£5,841	£5,466	£5,629	£4,705
Rank (5 = most expensive, total)	2	4	5	3	1

9.5 Revenue Affordability

Estimated saving produced by each scheme have been determined through examination of premises costs for each existing building, including actual or notional rent reimbursement, compared to the forecast premises costs for the new hub, as designed. Whilst there is still more work to do at OBC & FBC stages on these figures, the savings below are calculated on a reasonable and consistent basis for comparison and ranking purposes as shown below.

Table 35 – Revenue affordability by scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Revenue savings provided per annum	£54,079	£83,448	£50,129	£51,384	£14,799
Rank (1 = highest savings)	2	1	4	3	5

9.6 Practice commitment and ability

It is essential that each practice considering relocating and becoming part of a proposed hub is kept informed and updated on the progress and development of their scheme. The consultation findings have been shared with all practices within the scope of the consultation process, and review meetings held with practices (Partners and managers) individually. In those meetings, each practice has been appraised of the capital affordability challenge above and consulted on methods to assess the viability of each hub scheme to proceed. A fundamental part of that assessment is the continuing commitment and ability to proceed by each practice proposed to become part of the new hub.

Open and frank discussions on these matters have been held with each practice, covering consultation findings applicable to their patient cohort, to their hub and overall, to the programme. The expected financial parameters of the new hub, their own practice and partnership financial positions, potential legal / due diligence issues and likely exit scenarios for their existing premises were also discussed. These discussions have been used to determine and agree a rating for each Hub, of overall practice commitment and ability to proceed. This is a fundamental point in considering the viability of each hub, as without a positive assessment of commitment and ability to proceed, the successful delivery of the hub is seriously compromised even if all consultation and other factors are ranked highly. The assessments are shown below.

Table 36 – Practice commitment and ability per scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Practice commitment & ability to proceed					
Rank (1 = most support)	2	2	5	4	1

9.7 Technical deliverability

Each site for a proposed hub has been assessed for technical deliverability now site ground investigations, topographical surveys, foundation requirements, initial layout design, car parking, external landscape and access arrangements have been determined. Whilst all sites are considered viable and their particular requirements factored into their respective cost plan, there is some variability as shown below. In summary, Foundry 1 and 2 are sloping, more congested sites whereas SAPA 1 & 2 are flat, less congested sites.

Table 37 – Technical deliverability per scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
Assessment of Technical Deliverability					
Rank (1 = most deliverable)	5	4	1	2	3

9.8 Overall summary of other considerations

The table below brings each of the non-consultation factors considered above into a single table, to show the relative merits and challenges for each site, against these factors. A total of the rankings in each factor is shown, without weightings to help summarise the respective position of each hub.

Table 38 – Overall summary of other considerations per scheme

Scheme name	Foundry 1	Foundry 2	SAPA 1	SAPA 2	City
1. Index of Multiple Deprivation (IMD) (LSOA)	49.23	45.84	52.74	57.74	16.59
2. Assessment of stakeholder support	Acceptable	Acceptable	Low	Average	High
3. Benefit to Cost Ratio	3.44	2.58	3.70	2.69	5.69
4. Capital Affordability (£ total)	£7.42m	£9.35m	£11.10m	£9.01m	£4.3m
5.Capital Affordability (£ per m^2)	£5,752	£5,841	£5,466	£5,629	£4,705
6.Revenue Savings provided per annum	£54,079	£83,448	£50,129	£51,384	£14,799
7.Practice commitment & ability to proceed					
8. Assessment of Technical Deliverability					
Total of Rankings (Low-best, High-worst)*	**20**	**23**	**24**	**20**	**17**
Overall rank	**2**	**4**	**5**	**2**	**1**

*Total of individual rank scores for each factor – lowest score is the highest ranking

9.9 Impact on decision making

Whilst the public and patient consultation findings have a primary role in assessing the acceptability of the proposals, it is also important to consider other key parameters that may affect the viability of each scheme to help ensure our conclusions and recommendations draw upon all available evidence and information to make a fully informed decision. The additional parameters considered and summarised in Table 38 above show each scheme has particular strengths or vulnerabilities. Of key importance is the Practice commitment and ability to proceed, as confirmed through meetings with Practice partners, having sight of the most recent metrics, proposals and importantly outcomes from the Patient and Public Consultation, which all practices have taken in to consideration alongside their own views.

As was concluded in the Patient and Public Consultation findings, that the SAPA 1 Accessibility & Travel concerns cannot be adequately mitigated, it may also be seen from Table 38 above that there are also significant concerns around local stakeholder support and Practice commitment & ability to proceed. This hub also has the highest overall capital cost (albeit the lowest cost per m^2, as the largest hub) and therefore greatest impact on regaining overall affordability of the programme if stood down. It is also the lowest ranking hub of the five in consideration in terms of the additional factors. For these reasons, in consultation with the relevant practices for this Hub and reviewing these factors, it is proposed that SAPA Hub 1 be removed from the SY ICB Primary Care Capital Programme as having the least likely prospect of successful delivery

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10 Conclusion

The SY ICB Sheffield Place Team has reviewed the feedback from consultation and the additional evidence developed as part of this DMBC. They have considered the impact of the feedback from consultation and additional considerations on the hubs proposals, and the recommendations for implementation. The feedback from consultation has not materially impacted on the proposals, however, the additional considerations have.

Consultation and other factor findings

Both he consultation and the EIA identified several key themes which have been reviewed to identify recommendation to provide assurances that findings will be mitigated as much as possible. Themes identified includes area such as accessibility / travel, changes to current services, appointments and care, proposed locations, parking and traffic, affordability and costs and other concerns.

Overall affordability challenge

The overall capital budget for the Sheffield schemes was determined in 2018 when the bid was submitted, and even though some allowance for inflation due to expected delivery dates was made, factors outside of the control or expectation of the delivery team have led to significant cost pressures when compared to what is now proposed to be delivered for each Hub. These factors include but are not limited Covid-19 pandemic, extended timeframe and added complexity of scheme development, accelerated programme requirements, construction inflationary factors at unprecedented levels, change of ownership model compared to original plan, labour constraints post Brexit and pandemic, materials availability and supply chain pressures /capacity, risk appetite / mitigation in supply chain partners and Net Zero Carbon inclusion.

Due to such affordability challenges we are now in a position where we do not have sufficient funding within the overall SY ICS Primary Care Capital programme to deliver all of the original schemes, due to unprecedented cost projections we now have. For this reason, the ICB Programme Board has determined that to remain within the overall affordability parameters, a prioritisation of scheme must take place.

Practice commitment and ability to proceed

A fundamental part of assessing the viability of each hub scheme to proceed is an assessment of the continuing commitment and ability to proceed by each practice proposed to become part of a new hub.

Open and frank discussions on these matters have been held with each practice, covering consultation findings applicable to their patient cohort, to their hub and overall, to the programme. Discussions with practices have been used to determine and agree a rating for each Hub, of overall practice commitment and ability to proceed.

SAPA Hub 1 is indicating a red flag on practice commitment and thus ability to proceed which prevents its proposal to progress beyond this stage.

Other hubs considered viable

All other hubs are considered viable following the consultation, EIA and other programme factors considered within this DMBC. However, notwithstanding the proposal for a City Centre Hub, still requires consultation once a preferred site is confirmed.

Summary of overall affordability, subject to Programme Board change control processes and allocations

In summary, given the overall affordability issue, one scheme (SAPA 1) indicating issues with practice commitment / ability to proceed, and subject to Programme Board change control processes and allocations, it is proposed that a reallocation of the SAPA hub 1 original budget is made to support the affordability issues of the schemes that can progress to the next stage (subject to ICB approving the DMBC recommendations).

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11 Recommendations

It is the SY ICB Place Team's recommendation to the ICB that the following recommendations should be considered for agreement and approval, considering all the evidence that has been made available, on the basis that they represent the best solution to address the case for change and consultation/EIA findings, to:

- proceed with the following new build hub proposals:
  - Spital Street (Foundry Hub 1)
  - Rushby Street (Foundry Hub 2)
  - Wordsworth Avenue/Buchanan Road (SAPA Hub 2)
- withdraw the SAPA Hub 1 proposal for Concord Sports Centre
- whilst not part of the consultation, continue to develop plans for a City Centre high street location in readiness of consultation
- proceed with development of proposals for extension/remodelling works at Norwood Medical Centre (SAPA PCN), Pitsmoor Surgery (Foundry PCN) and Firth Park Surgery (Foundry PCN) through development of NHS project initiation documents via a direction 8 of the premises costs directions, so part funded via the NHS and part by practices
- agree and adopt the recommendations for implementation, based on the extensive feedback from the consultation exercise as outlined in section 7.

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12 Implementation

Following decision-making it is expected that some transition time would be required to set up governance arrangements and finalise plans to progress implementation, but this time will be kept as short as possible to support early implementation.

The key considerations to ensure successful implementation of the plans are securing the capital monies, any temporary / decant capacity during refurbishment, the lead time for capital developments, the availability of the workforce to staff the sites and developing any agreed mitigations.

Given the scale of capital requirements, securing capital monies will require ICB-led business case processes dependent on the outcomes of decision making. To secure funding for the preferred way forward, for each scheme as proposed to move forward SY ICB will need to:

Develop an **Outline Business Case (OBC):**

- make required adjustments / mitigation for issues arising from the Patient & Public consultation
- carry out a refresh of the strategic rationale and benefits of the investment
- align of the scheme to clinical strategy and commissioning intentions
- define the design and plans for the hubs
- define the commercial strategy for securing Council building owner and maintainer
- assess the overall impact, financial and non-financial
- provide a clear statement of affordability and funding sources is provided for capital and revenue.

Develop a **Full Business Case (FBC)**:

- confirm the outcome of the commercial strategy
- finalise financials, including the final price of the build
- be clear of affordability and funding sources are provided for capital and revenue
- Following this process, NHSE can sign a Section 2 development agreement with the Council to enable them to sign a construction contract with an appropriate procured contractor and then work can commence.

The SY ICB Sheffield Place Team will develop Project Initiation Documents (PIDs) for the proposed extension/remodelling works where applicable for existing practices, for approval by NHSE. These schemes will be delivered directly with practices as the contracting authority, using SCC professional services supply chain where appropriate. This includes premises indicated to be extended / remodelled both as part of a Do Intermediate option or as part of the Developing Capacity Workstream (all Direction 8 schemes).

As part of this process, the Council will need to secure commissioner support for the OBCs and FBCs. This support will be contingent upon meeting the recommendations defined in Section 11.

The programme to build new primary care health centre hubs is complex and takes many years. The number and sequencing of moves, and the breadth of building work necessary impacts on the complexity of the build and the time taken to build.

Any significant new health centre build or refurbishment may need patients and/or services to be relocated (this is also known as a decant).

Some options may require temporary accommodation to provide services while other spaces are redeveloped. Refurbishment of sites can only begin once new areas are available due to space requirements

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12.1 Implementation approach and methodology

12.1.1 Key implementation activities

As part of the business case processes and to progress implementation, several workstreams will be vital to ensure a coordinated approach:

- **PMO:** Leading programme, project, cost, and business case management activities to support implementation and development of business cases (OBC and FBCs)
- **Estates & FM:** Developing a fully costed estates design for the hubs based on the clinical model and design requirements and developing all the requirements for OBC including Outline Planning, followed by FBCs.
- **Technology:** Developing technology requirements for the hubs to feed into design requirements and developing any support technology business case and options appraisals as required e.g., hub integrated appointment/self-check-in system, paper record off-site storage, meeting room booking system.
- **Finance & Economic:** Developing and refining finance and activity forecasts and leading development of the Finance and Economic cases, including any GP assistance and VAT arrangements
- **Stakeholder engagement:** Managing ongoing stakeholder engagement as plans progress and developing and delivering a communications and engagement plan. Leading engagement with other providers to ensure the impact of the scheme is agreed, and that capital schemes are sufficiently developed.
- **Commercial:** Developing and delivering the commercial strategy, including the drafting and finalising of legal documentation between parties involved
- **People:** Leading workforce modelling to define future requirements and identify people change requirements. This will involve working closely with the clinical workstream to ensure that all people impacts of the programme are captured and an effective transition period is planned and delivered
- **Clinical:** Leading development of the detailed clinical model and design to feed into the Estates & FM workstream. Additionally, identifying the clinical benefits and risks associated with the design and developing the transition plan to the new clinical model

Each of the **eight workstreams** will deliver multiple packages of work to develop the Council-led business cases (OBC's and FBCs), summarised in the table below. Further activities will be identified as the programme progresses.

Table 39 – Workstream work packages

Workstream	Work packages				
Sheffield Place Team (PMO)	Programme & project management	Governance	OBC / FBC authoring (five cases)	Cost estimating	PCBC, DMBC
Estates & FM	Local planning (incl. travel strategy)	Hubs – design & costing	Net-zero carbon commitment	Non-clinical requirements	FM & Service charge
Technology	Technology requirements	Any linked business cases	Appointment system	Hub wifi	
Finance/ Economic	Activity modelling	Overall model (CIA model)	Option / criteria / scoring	Economic assessment	Affordability assessment
Stakeholder engagement	Public / patient engagement	Comms and engagement	GP & other providers engagement	Programme & project comms	PCBC, DMBC
Commercial	Procure support for OBC & FBC	Commercial strategy	Property / legal	Market engagement	
People	Workforce modelling	People change			

DRAFT

Workstream	Work packages			
Clinical	Clinical model	Hub – design requirements	Benefits / risks	Transition planning

12.2 Governance arrangements for implementation

Clear, consistent, and effective governance arrangements at all levels across the SAPA and Foundry PCN hub implementation will be key to manage risks and dependencies across the system. The governance arrangements will build on the governance structures and processes that have been in place for the development of the PCBC and DMBC but will pass over to the Council rather than continuing to be the responsibility of commissioners.

A draft programme high-level programme governance structure is shown below.

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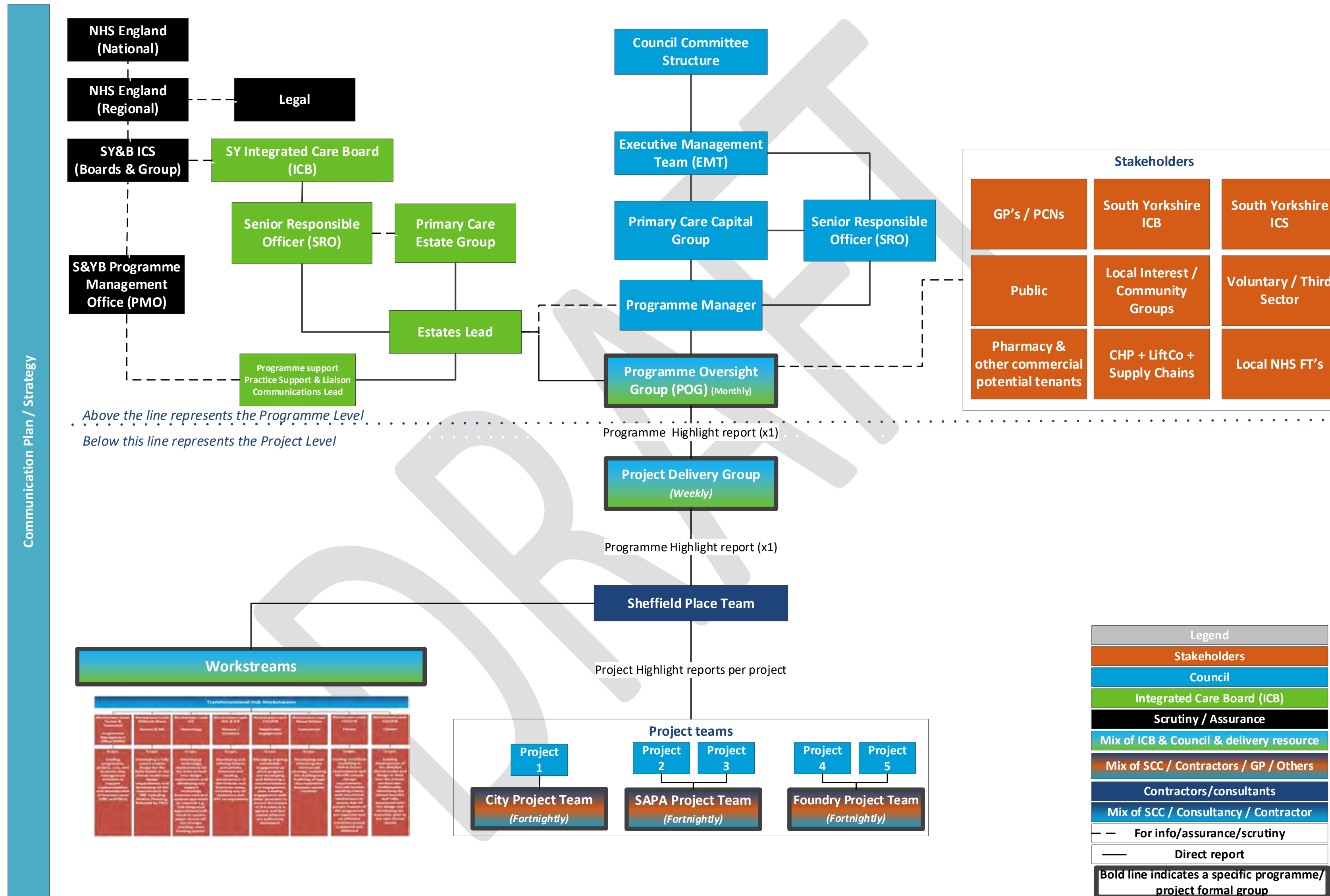
Figure 12 – Proposed draft high-level programme governance



The SY ICB Primary Care Capital Programme Board, has provided strategic oversight to the Programme to date. During implementation, the SY ICB Sheffield Place Team will become the NHS/Council Implementation Board with responsibility for overseeing the development and implementation of the Sheffield programme.

The Implementation Board will oversee several workstreams. These workstreams will be established to lead on both the planning and development required to support changes to service provision. Each workstream will have an Executive Sponsor. The workstream leads will report to the relevant Executive Sponsor and into the PMO.

A Delivery Group chaired by the SY ICB Sheffield Place Team will oversee and drive progress and delivery of the programme, facilitating alignment on key decisions across workstreams. The Clinical Advisory Group will provide clinical leadership and oversight to the programme and will make clinical recommendations to the Programme Board / Implementation Board.

12.2.1 Commissioner scrutiny requirements

Commissioners would have oversight of the implementation of the recommendations set out within this DMBC and the implementation of the OBC and FBC. This would be in the form of a **Programme Oversight Group**, consisting of the ICB and regulator. This group would meet on a bi-monthly basis as a forum to report progress.

On the intervening months, the **Programme Executive Group (PEG)** would meet, consisting of the two ICB accountable officers and the Council Director of Resources.

12.2.2 Implementation risks

The consolidation of clinical services across sites brings risks which will need to be carefully managed throughout implementation and beyond. Risks are identified at all levels within the programme and are noted on a central risk register, held by the PMO. Risks are then rated based on their probability and impact. These are combined into an overall risk rating as shown below.

During implementation, the Implementation Board will take responsibility for managing risks supported by other groups who will regularly review risks to delivery.

Figure 13 – Risk rating matrix

IMPACT							
	Highly Significant	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Insignificant	1	1	2	3	4	5
			1	2	3	4	5
			Rare	Unlikely	Possible	Probable	Almost Certain
			PROBABILITY				

The table below sets out the risks identified to date. They have been reviewed by the SY ICB Sheffield Place Team. The risks are regularly reviewed and are updated when new risks are identified, or amendments are required.

Table 40 – Risks identified to date

Risk	Category	Risk rating	Avoidance / Mitigation Action
Cost plan identifies cost pressures	Budget	18	VAT impact to be confirmed. Risk/OB to be regularly reviewed. Inflation causing impact.
Inflated peaking prices of materials, potential shortage of labour continues into construction	Budget	16	Seeking regular updates from project cost manager on market conditions
ICS Capital funding not awarded to pay for construction of Hubs	Cost	14	Funding allocated - business cases required to confirm changes
Buildability/geo technical suitability of selected sites	Cost	12	Site appraisals undertaken along with geotechnical surveys

12.3 Implementation timetable

A programme plan has been developed incorporating the key implementation activities to secure capital monies and progress towards build stage. The draft programme plan is shown below.

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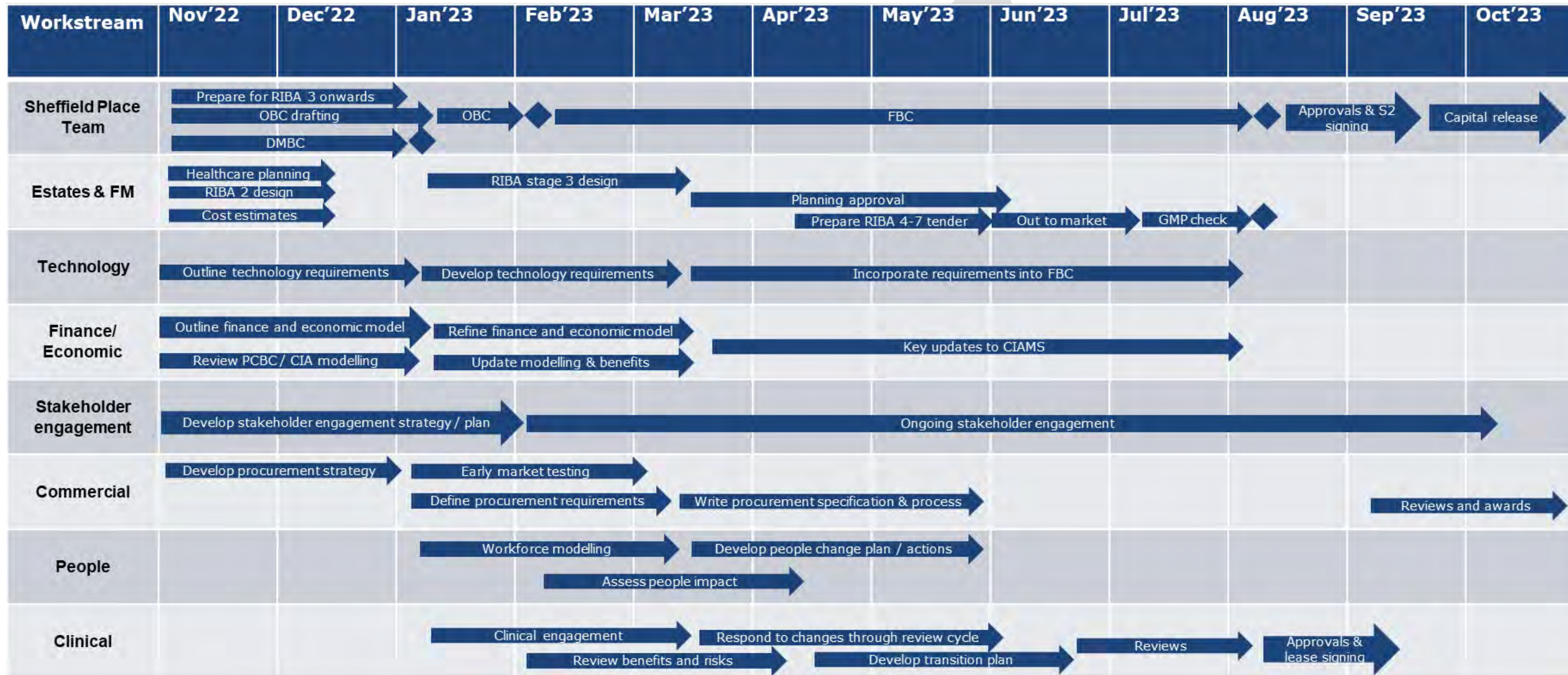
Figure 14 – Draft programme plan

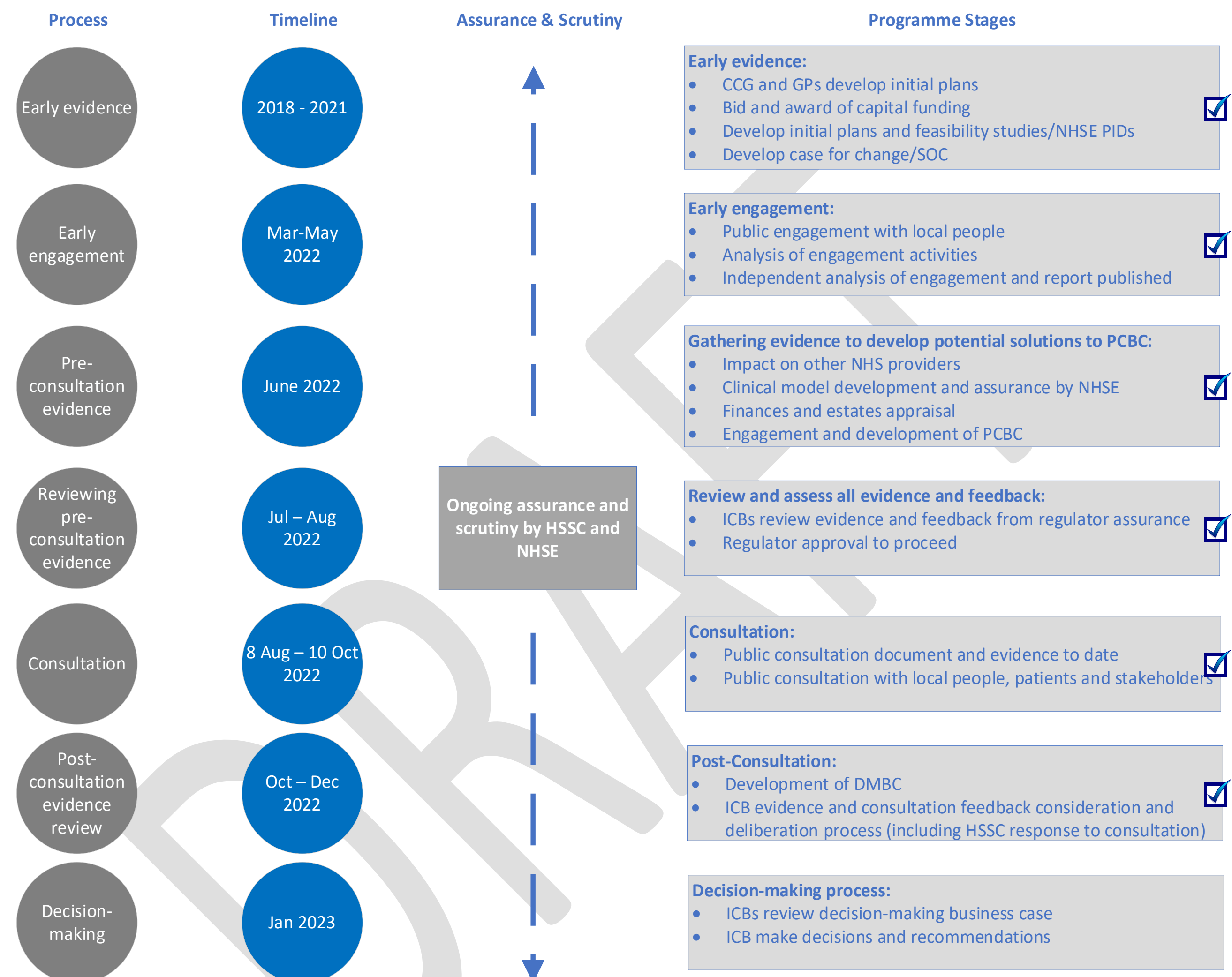


Draft

13 Next steps

This DMBC is the result of circa four years of evidence development, assurance, and review of proposals to deliver a solution that addresses our case for change and delivers our primary care hub model. The figure below summaries this programme.

Figure 15 – Process of the primary care capital programme



The feedback from consultation has shown that there is clear public support for our case for change and proposed hub primary care model.

As commissioners, we believe we have identified the best solution to deliver primary healthcare for our local population and have tested this with the public through consultation. Further work has been undertaken to ensure that we have understood the themes from public consultation, and how this affected proposals and how they should be implemented.

The Council will now be asked to implement the preferred way forward proposals, as per our first recommendation. We will continue to have a role in ensuring that the Council implements all the recommendations as developed through our review of the consultation feedback, through the Programme Oversight Group (POG) and Programme Executive Group (PEG).

14 Appendices

A. Pre-Consultation Business Case (PCBC)

B. Consultation Report

C. Consultation Document

D. Pre-Consultation Equalities Impact Assessment (EIA)

E. Post-Consultation Equalities Impact Assessment (EIA)

F. Inflation Factors Paper to Programme Board

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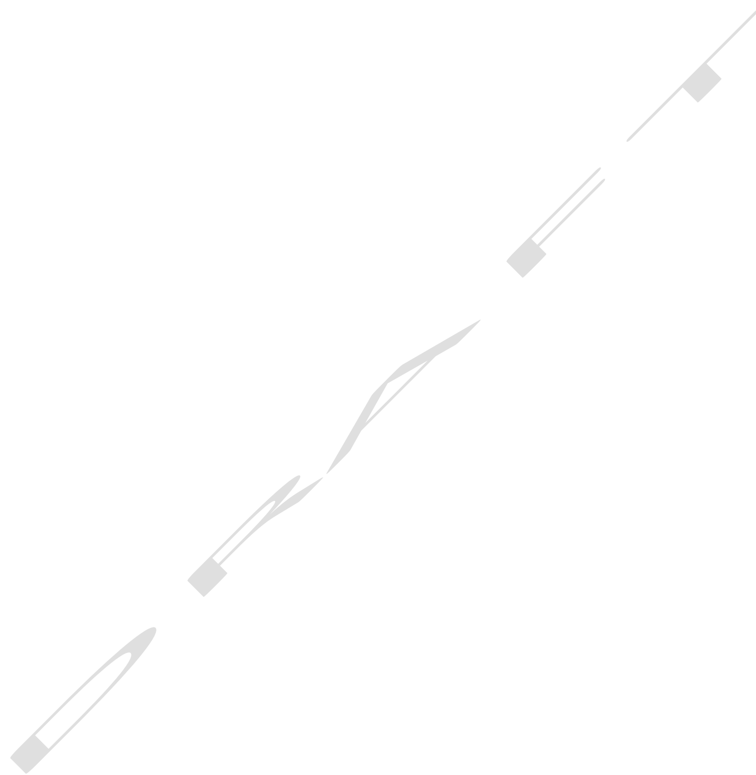
Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Pre-Consultation Business Case (PCBC)

Sheffield Transformational Hubs



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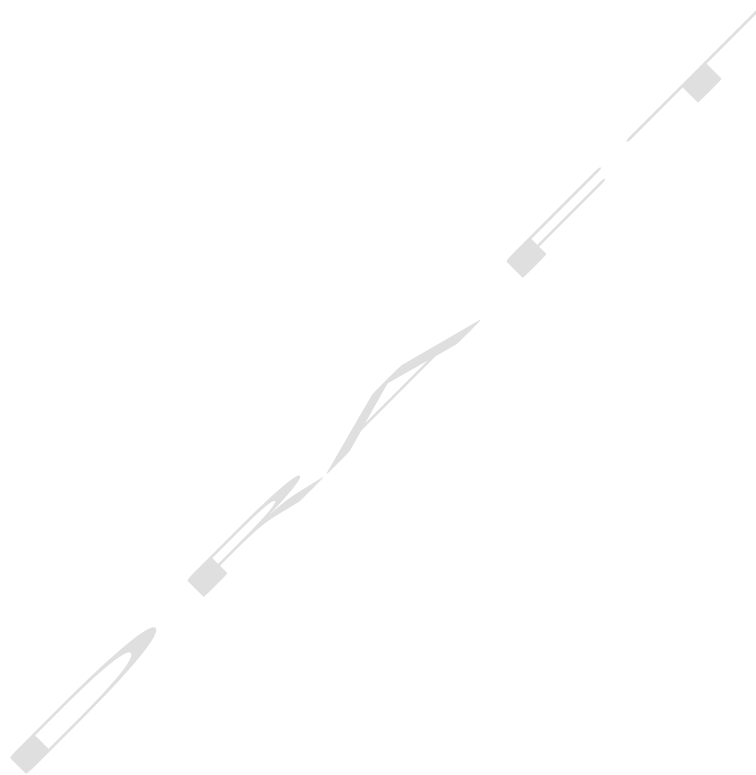
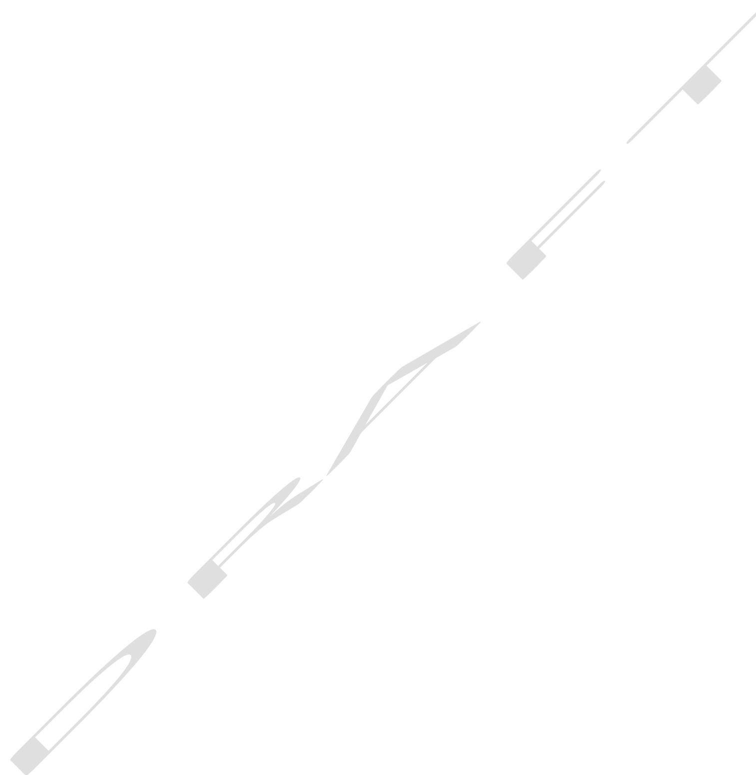


Version control

Rev	Originator	Description	Date
1	CCG	First draft	09/06/22
2	CCG	Updated draft following OSC/PCCC	29/06/22
3	CCG	Edits and site summaries added	30/06/22



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Acronym	Description
5YFV	**NHS Five Year Forward View**
ARRS	Additional Roles Reimbursement Scheme
BAU	Business as Usual (or Do-Nothing)
BRP	Benefits Realisation Plan
CCG	Clinical Commissioning Group
CIA	Comprehensive Investment Appraisal
CRB	Cash releasing benefit
CSFs	Critical Success Factors
CSU	Commissioning Support Unit
DES	Directed Enhanced Service
DHSC	Department of Health & Social Care
DMBC	Decision Making Business Case
EHIA	Equality Health Impact Assessment
EPRR	Emergency Preparedness, Resilience and Response
FBC	Full Business Case
GIA	Gross Internal Area
GP	General Practice
GPFYFV	GP Five-Year Forward View
HBN	Health Building Notes
HMT	Her Majesty's Treasury
ICB	Integrated Care Board
ICS	Integrated Care System
IG	Improvement Grant
JSNA	Joint Strategic Needs Assessment
LAC	Local Area Committee
LTP	NHS Long-Term Plan
NAPC	National Association of Primary Care
NCRB	Non-cash releasing benefit
NHSE	NHS England
NHSE/I	NHS England and Improvement
NIA	Net Internal Area
OBC	Outline Business Case
OCS	Overview Scrutiny Committee
OPE	One Public Estate
PBC	Programme Business Case
PC	Practical Completion
PCBC	Pre-Consultation Business Case
PCCC	Primary Care Commissioning Committee

Acronym	Description
PCES	Primary Care Estate Strategy
PCN	Primary Care Network
PIDs	Project Initial Documents (PIDs)
PM	Planned Maintenance
PWF	Preferred Way Forward
QIA	Quality Impact Assessment
RIBA	Royal Institute of British Architects
SB	Societal Benefit
SCC	Sheffield City Council
SCCG	Sheffield Clinical Commissioning Group
SHAPE	Strategic Health Asset Planning and Evaluation
SO	Spending Objectives
SOA	Schedule of Accommodation
SOC	Strategic Outline Case
SPEEIC	Strategic Patient Involvement, Experience and Equality Committee
SRO	Senior Responsible Officer
STP	Sustainability & Transformation Plan
SY&B	South Yorkshire & Bassetlaw
UBs	Unmonestiable benefits
VfM	Value for Money

1 Executive Summary

Primary care services in Sheffield face a number of significant challenges. This Pre-Consultation Business Case (PCBC) sets out our journey so far in making the case for transforming the future of local primary and community services in three specific primary care networks (PCNs) (City, SAPA and Foundry). It explains how we have developed what we believe to be a sustainable hub model of care for the future of primary services, and the options for change which we wish to test and consult upon. The document:

- Explains the purpose of the PCBC
- Presents the key features of the local system and the case for change
- Provides proposals for co-locating primary services into hubs; and
- Proposes the next steps for further consultation and implementation.

1.1 Purpose of the PCBC

This PCBC is focussed on primary services across three PCN areas of Sheffield. Specifically, we consider the preferred way forward for primary and community-based care covering our proposals to collocate and expand existing primary and wider community services into hubs. The purpose is to:

- Describe our emerging proposals for service change, and to enable decision makers to decide whether there is a case to launch a public consultation
- To build alignment between the NHS and local authority by describing the case for change and:
  - Demonstrate that all options, benefits, and impact on service users have been considered
  - Demonstrate that the planned consultation will seek the views of patients and members of the public who may potentially be impacted by the proposals.
- To inform the necessary assurance process that our proposals against the government's four tests of service change, and NHS England's fifth test of service change and best practice checks for planning service change and consultation.

This document refers to proposals and indicates changes that will be made to services if those proposals are implemented. However, the CCG has not made any final decisions on:

- Whether to make changes to services in accordance with any of the proposals discussed in this document, or
- How to implement any proposal which is subsequently agreed.

As we have indicated, this document is issued prior to public consultation. No decisions will be made until the views of all stakeholders, including members of the public and our patients have been carefully considered following that consultation. Accordingly, nothing in this document should be interpreted as indicating that the CCG or ICB have made any decision on any of the proposals described in this document.

1.2 The local situation and case for change

To meet the changing demographic demands for care and make sure people's outcomes continue to improve, we must transform the way in which care is provided to ensure people are cared for in the right place and setting.

1.2.1 Proposals

Our proposed model of care is based on the outputs of the 2017 Sheffield Sustainability and Transformation Plan (STP) bid for Wave 4b capital funding to enhance primary care, through wrapping care around patients, and based on their needs. We will deliver this enhanced support through considering proposals focussed on service redesign of colocation of complementary services to primary care within hubs.

Our proposal is to co-locate through relocating primary care services from existing not fit for purpose buildings into new modern hubs. Our proposals are for 5 new hubs, x1 in the City PCN, x2 in the Foundry PCN and x2 in the SAPA PCN.

1.2.2 Hubs/ health centres

Some services need to be delivered on a wider scale than at locality level to maximise efficiency and effectiveness, but on a small enough scale to align to population/place needs. To this end, we will develop hubs also known as health centres in some of the most deprived PCNs of Sheffield: City, SAPA and Foundry. The hubs will for some provide the opportunity for patients to receive care at locations closer to their homes and communities. However, we need to support and put in place appropriate mitigations for those that may be negatively impacted should this be the case if our proposals were to go ahead.

The hubs would also provide physical locations where primary, other PCN wrap-around services and local authority community teams can come together to deliver care side by side and enable discussions on options for ongoing patient care.

The wrap around and local authority teams based out of hubs will identify with a network of general practices, improving the working relationships between primary care and community-based services. Services delivered through the hubs by community teams will interface closely with primary care staff, removing barriers to referrals between teams and allowing swift escalation to the most appropriate clinicians as care needs change.

Our proposed model of care aligns clinical teams from across primary care so they can work collectively to deliver joined up care for patients. It takes a proactive approach to delivering the care that people need, aiming to prevent or identify early deterioration in health status, working with each person and their family or carer to help them help themselves.

1.2.3 Strategic Context

The hub proposal will deliver against current national, regional, and local strategic directions such as the NHS Long Term Plan[1], Five Year Forward View[2], GP Forward View[3], South Yorkshire & Bassetlaw Integrated Care System (SY&B ICS) Five-Year plan[4] and the

---

[1] NHS Long Term Plan
[2] Five Year Forward View (england.nhs.uk)
[3] NHS England » General Practice Forward View (GPFV)
[4] Five Year Plan (2019 - 2024) :: SYB ICS

Sheffield Joint Health and Wellbeing Strategy[5]. Our PCBC informs how our proposals for service change will support towards achievement of the above strategic direction.

1.2.4 Vision

Our vision is to provide excellent integrated services, to:

- Build on the success so far of regional and local teams integrating services
- Ensure the sustainability of primary care in Sheffield
- Help people stay well and support them when they need help
- Enable people to stay at home for as long as possible
- Create hubs for colocation of primary and complementary services.

1.2.5 Our local health needs

The three PCN areas of City, SAPA and Foundry are some of the most deprived across Sheffield. ONS suggests population figures for Sheffield, mid-2019, were 584,853, a figure that has grown significantly in recent years due to large scale housing developments. The population of Sheffield is expected to increase by 9.2% between now and 2040. Based on Council new housing development projections, this may create an additional patient list of circa 20,500 over the next 20 years for these three PCNs.

1.2.6 Current estate

Most of the GP estate across Sheffield is aged with varying levels of backlog maintenance required to bring up to a suitable standard. Detailed 6-Facet information was collected for all 105 GP premises in the city (including those in scope of these proposals). Just 19 (18%) practices had a Gross Internal Area (GIA) over 800m2, the size where wrap-around services are considered viable in practice and an older age profile of our primary care estate (average building age was 53 years).

The existing estate across the **practices in scope of the programme** in some cases do not provide appropriate environments to fully address the current health needs of the local community or for proposed new models of care for the future. **Some of the existing services are currently being provided off-site due to not having any available space in the current buildings**.

The existing estate in terms of functionality and condition is not fit for the future in that:

- The premises GIA (m2) are below the levels to meet the demand of future patient list sizes
- Very little room for expansion on the existing sites
- No space to absorb additional patients or services through demographic change, new models of care or residential developments, and
- The fabric condition of the buildings will require capital expenditure for improvements with 5 years.

The practices in scope of the proposals have a combined building area (GIA) of 5,252 m2 and a total weighted list size (as Jan 2022) of 82,850.

[5] 2 Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)

The needs of the patient list this size is met by operating in buildings with occupancy that is already at 100% capacity and utilising space from third party sites.

1.3 Case for Change and our proposals

1.3.1 Case for change

In some of the most deprived areas of Sheffield, particularly across City, SAPA and Foundry PCNs, our review has indicated there is a lack of appropriate primary care accommodation, which will continue to worsen if not acted upon now. This primary care estate issue is likely to increase significantly in the future (i.e., over the next twenty years up to 2040) due to a growing and ageing population and due to future residential developments in the area, people living longer and more complex conditions.

There are **four strategic drivers for change** for these three areas of Sheffield:

- **Lack of primary care estate** – to accommodate likely significant increase in patient list sizes - new residential developments are increasing the population in particular areas of Sheffield, therefore creating increased patients for practices
- **Future service demand** – an ageing population is likely to result in an unprecedented increase in demand for services, creating an increased cost pressure
- **Patient expectations changing** – patients want local health and care services to deliver better quality, more accessible and more co-ordinated healthcare in and out-of-hospital
- **Socio-economic profile of the PCN** – low car ownership / high unemployment – patients not being able to access full services that they require.

1.3.2 Objectives

The project strategic objectives (SOs, i.e., '**what we are seeking to achieve'**) were defined as:

- **SO1 - Building Constraints** - Dispose/reduce not fit for purpose estate driving efficiencies within the system, supporting local regeneration
- **SO2 - Increased Capacity** - Additional primary care capacity required due to forecast population growth / housing developments demand
- **SO3 - Improved Service Integration** - Greater integration of primary care with other complimentary PCN services in a highly accessible location
- **SO4 - Enhanced Scale and Quality** - Additional/new services available, enhancing patient choice and service quality
- **SO5 - Affordable Scheme** - Meets financial tests of capital and revenue availability and affordability, and offers long term value for money
- **SO6 - Improved Early Intervention, Access, and Support** - Embeds wellbeing, prevention, protection, early intervention and enables fair access, considering specific needs of local communities
- **SO7 - Sustainable Workforce** - Supports service delivery and attracts and supports a sustainable workforce, including anticipated technological changes, digital connectivity, and overall system shifts

- **SO8 - Achievable Scheme** - Scheme capable of being delivered within any capital timeframe requirements.

1.3.3 Benefits

In developing the proposal benefits, we have reviewed the SOs and considered how these translated into clearly linked measurable benefits, on the basis that a **benefit is an economic measure of the outcome that is expected in return for an investment**. We have developed 34 individual benefits with these being categories into unmonetisable or monetisable. Of those that were monetisable, they were used within the economic case options appraisals. A Benefits Realisation Plan (BRP) has been developed to be refined during consultation to assist with identifying benefit baseline position and setting and agreeing a plan for future improvements and how they will be monitored and evaluated.

1.4 Economic case

To assist the economic case options appraisal, several **Critical Success Factors (CSFs)** were developed:

- **CSF 1: Alignment** with the project spending objectives and business needs and any other relevant Council and ICB (or wider i.e., system level) strategies, programmes, and projects.
- **CSF 2: Delivers benefits** – delivers the proposed required benefits
- **CSF 3: Deliverability** within appropriate timescales and with minimal disruption to service delivery
- **CSF 4: Attractive** to the market to deliver
- **CSF 5: Delivers efficiency** savings and affordable to implement.

1.4.1 Options Appraisal

Using the Green Book[6] options framework, a range of possible solutions have been reviewed, developed, and initially appraised by us and the GPs in scope. We used the SOs and the CSFs to appraise each option. This saw any alternative options to doing-nothing (or Business as Usual – BAU), and doing-minimum being developed and appraised.

1.4.2 Site selection

In conjunction with stakeholders, including GPs, CCG and Council the project developed and undertook a site selection exercise for the potential new hub sites. A long list of 40 potential hub sites were reduced to a shorter list (of 32 across the 5 hub projects[7]) which were then scored using a stakeholder agreed criteria to determine a preferred way forward site per hub.

1.4.3 Our proposals (the short-list)

The outputs of the options appraisal and site selection exercise with project stakeholders (CCG, GPs, Council) was a shorter list of proposals and a preferred way forward site per hub upon which enabled us to undertake our pre-consultation engagement prior to any formal consultation. Not all options per project ended up being applicable from the initial

[6] The Green Book: appraisal and evaluation in central government - GOV.UK (www.gov.uk)
[7] City – 9 site options, Foundry Hub 1 – 10, Foundry Hub 2 – 10, SAPA Hub 1 – 7, SAPA Hub 2 – 4

short list. We have used a green tick to show those that now still apply and a red cross for those that do not now apply.

Option	Description	Site	C	F1	F2	S1	S2
Do-Nothing (BAU)	No change to existing ('in-scope')* practices in scope of this PCN. **Periodic backlog maintenance is undertaken** as per the latest 6 Facet Surveys.	n/a – practices remain at existing sites	√	√	√	√	√
Do-Minimum	**Extension and or reconfiguration of existing practice(s)** to provide additional future capacity	n/a – practices remain at existing sites	X	√	√	√	√
Do-Intermediate	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services and **retain an existing practice.**	Varies per hub (see table below)	X	√	X	√	√
Do-Maximum	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services.	Varies per hub (see table below)	√	X	√	X	X

C = City Hub, F1 = Foundry Hub 1, F2 = Foundry Hub 2, S1 = SAPA Hub 1, S2 = SAPA Hub 2

1.4.4 Preferred way forward hub locations

The current preferred short list of hub site options that we will consult upon are shown in the table below. These are not final decisions, but enabled us to engage upon, understand buildability and the Council to develop the initial high level cost estimates.

PCN / Hub	Preferred way forward site option
City Hub	No appropriate preferred site identified at this stage
Foundry Hub 1	Land at Spital Street, S3 9LD
Foundry Hub 2	Land at Rushby Street, S4 8GD
SAPA Hub 1	Land at Concord Sports Centre, S5 6AE
SAPA Hub 2	Land at Wordsworth Ave. / Buchanan Rd. junction, S5 8AU

We now propose, subject to this PCBC approval, to consult on these options and preferred way forward hub sites. Using the Department of Health and Social Care Comprehensive Investment Appraisal (CIA) model[8] we have in conjunction with the Council project team, undertaken initial value for money assessment and affordability tests of the proposal options.

The table below indicates both the do-intermediate and do-maximum are better value for money compared to the do-nothing or do-minimum options. Although the do-intermediate and do-maximum options will be more costly due to the need to build new buildings (or refurbish in City Hub case), they are indicating higher financial benefits. The table below is an updated version on the initial SOC estimates following recent practices confirmations if they wished to continue following the initial public engagement exercise in 2022.

[8] Comprehensive Investment Appraisal (CIA) Model and guidance - GOV.UK (www.gov.uk)

Economic Summary (Discounted) - £	City Hub			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,025,684.64	n/a	-£3,839,724.79
Incremental benefits - total	£0.00	£1,604,068.17	n/a	£19,854,400.03
Risk-adjusted Net Present Social Value	£0.00	-£421,616.47	n/a	£16,014,675.24
Benefit-cost ratio	0.00	0.79	n/a	5.17

Economic Summary (Discounted) - £	SAPA Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,535,658.54	-£14,003,163.30	n/a
Incremental benefits - total	£0.00	£2,912,574.49	£51,406,914.77	n/a
Risk-adjusted Net Present Social Value	£0.00	£376,915.95	£37,403,751.47	n/a
Benefit-cost ratio	0.00	1.15	3.67	n/a

Economic Summary (Discounted) - £	SAPA Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,084,518.38	-£6,192,005.91	n/a
Incremental benefits - total	£0.00	£1,750,153.50	£27,990,509.32	n/a
Risk-adjusted Net Present Social Value	£0.00	-£334,364.88	£21,798,503.41	n/a
Benefit-cost ratio	0.00	0.84	4.52	n/a

Economic Summary (Discounted) - £	Foundry Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	
Incremental costs - total	£0.00	-£1,742,745.33	-£9,479,759.95	n/a
Incremental benefits - total	£0.00	£2,394,505.59	£24,517,753.36	n/a
Risk-adjusted Net Present Social Value	£0.00	£651,760.26	£15,037,993.41	n/a
Benefit-cost ratio	0.00	1.37	2.59	n/a

Economic Summary (Discounted) - £	Foundry Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum		3 - Do-Maximum
Incremental costs - total	£0.00	-£4,619,782.73	n/a	-£8,164,597.46
Incremental benefits - total	£0.00	£2,727,101.70	n/a	£25,759,303.83
Risk-adjusted Net Present Social Value	£0.00	-£1,892,681.04	n/a	£17,594,706.37
Benefit-cost ratio	0.00	0.59	n/a	3.15

1.4.5 Pre-consultation engagement

We have undertaken pre-consultation engagement on the latest options. The outputs of this are captured in our **Pre-Consultation Engagement Report** (**Appendix 01**). The outputs of this support us to shape our final pre-consultation scheme proposals.

1.4.6 Final pre-consultation scheme proposals

From the pre-consultation engagement process, we learnt more about the impact our proposals will have on patients and on other services. We need to show how we would support patients in the future to access the right service for them and how we would support any other services that would be impacted by our proposal. **Our pre-consultation proposals are shown in the table below.**

Proposal	Hub	Preferred way forward hub site
Build four new primary care hub buildings **(and for the following practices to move into them, disposing of their existing buildings)**	**Foundry Hub 1** – Burngreave Surgery and Sheffield Medical Centre) – with Pitsmoor Surgery remaining and expanding on its existing site	Land at Spital Street, S3 9LD
	Foundry Hub 2 – Page Hall Surgery and Upwell Street	Land at Rushby Street, S4 8GD
	SAPA Hub 1 – Dunninc Road Surgery, Shiregreen Surgery and Firth Park Surgery) – with Norwood Medical Centre Surgery remaining and expanding on its existing site. Elm Lane decided to withdraw from the project.	Land at Concord Sports Centre, S5 6AE
	SAPA Hub 2 – Margetson Surgery, Buchanan Road Surgery and The Healthcare Surgery – with Southey Green remaining at their existing site	Land at Wordsworth Avenue / Buchanan Road Junction, S5 8AU
Refurbish an existing city centre building **(and for the**	**City Hub –** City Practice and Mulberry Practice – Devonshire Green MC and	Site TBC

Proposal	Hub	Preferred way forward hub site
following practices to move into it, disposing of their existing building(s):	Hanover MC decided to withdraw from the project.	

1.5 Financial impact

There are no capital financial impacts for the CCG or ICB. This is because the STP Wave 4b capital will be used to fund any capital works. A financial impact assessment on our revenue consequences of the proposals has been made, based on initial high-level estimates. We are forecasting a potential saving following implementation of the proposals. We have agreement from our governing body for any savings to be ringfenced for things such as future hub financial support and or practice development and to help address health inequalities within the respective PCNs. Such estimates will be refined as proposals are as further considered, particularly following public consultation and the development of the Decision-Making Business Case (DMBC).

1.5.1 Impact assessments

Several impacts assessments have been undertaken on our proposals:

Equality and Health Inequality Impact Assessment (EHIA) – to inform this PCBC, we undertook a comprehensive equality impact analysis for each proposed hub or health centre. See section 13 for more information.

1.5.2 Assurance

Assurances are in place from both NHS England and Improvement and Her Majesty's Treasury (HMT). HMT approved the Programme Business Case (PBC) in January 2022. This enables access to the STP wave 4b capital to deliver the proposal. However, there are conditions attached which need to be evidenced via the HMT business case process through completion of Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC).

We regularly review proposals with NHS England and Improvement through a checkpoint process called Stage Gate. The next one of these in September where we will provide the latest programme position and re-check on value for money, affordability, and deliverability of our proposals. The outputs of the consultation will be discussed at Stage Gate (subject to ICB approval).

The pre-consultation engagement plan and consultation plan have been presented to and assured by CCG's Strategic Public Involvement, Experience and Equality Committee – a sub-committee of our governing body.

1.5.3 Reconfiguration: The Four Tests

Our PCBC has considered the 2010, Government "four tests" for service changes, documented in the Planning, Assuring, and Delivering Service Change for Patients[9]. The tests require any NHS organisations considering a change of service to be able to demonstrate evidence of:

- Strong public and patient engagement

[9] planning-assuring-delivering-service-change-v6-1.pdf (england.nhs.uk)

- Consistency with the current and prospective need for patient choice
- A clear, clinical evidence base
- Support for proposals from clinical commissioners.

The NHS England additional test introduced on 1 April 2017, of any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the three conditions. However, our proposals do not propose to reduce hospital bed numbers.

We believe our proposals meet the above requirements and we would like to progress to consultation to seek feedback to help shape and develop these exciting proposals for Sheffield.

1.6 Next steps: Consultation and Implementation

Our **Consultation Document** (**Appendix 05**) implementation plan considers the requirements for workforce, estates, digital, procurement and finance. Benefits realisation is a key aspect of ensuring we deliver the outcomes and improvements we have planned for. We have performed an initial assessment of risks and mitigations, which are also summarised in this document.

Moving forward we will continue to engage with the public and our consultation implementation plan outlined in this document, sets out a **10-week consultation process, planned to run from Monday 18th July to Sunday 25th September 2022.** The outputs from the consultation will be reviewed on a fortnightly basis with a full mid-point review to assess any gaps in demographic and geographic responses and the Consultation implementation plan will then be adjusted accordingly. A full analysis of the consultation outcomes will be undertaken to inform the Full Business Case (FBC) per hub to be considered for decision to proceed by the Integrated Care Board (ICB) Governing Body.

Sheffield City Council has confirmed its willingness to deliver the hub schemes via a Section 2 grant from the NHS England STP Wave 4b Capital to enable the hubs to be developed (subject to the necessary engagement, consultation, legal, financial, and political agreements, and final business case approvals). The Council would own the new build facilities (and refurbished hub in the City Centre) and would lease the premises to health partners in order that the planned hub services can be delivered in modern, fit for purpose facilities, to meet the needs of the local population as set out within this PCBC. This commitment is in principle and is conditional on agreeing overall development/capital values, the finer details of the lease arrangements and full Council approval.

2 Introduction

2.1 Context

This pre-consultation business case (PCBC) outlines the proposals to ensure the sustainability of primary care, in three Primary Care Networks (PCNs) in Sheffield (namely City, SAPA and Foundry PCNs). The purpose of this PCBC is to:

- Describe our emerging proposals for service change, and to enable decision makers to decide whether there is a case to launch a public consultation
- To build alignment between the NHS and local authority by describing the case for change and:-
    - Demonstrate that all options, benefits, and impact on service users have been considered
    - Demonstrate that the planned consultation will seek the views of patients and members of the public who may potentially be impacted by the proposals.
- To inform the necessary assurance process that our proposals against the government's four tests of service change, and NHS England's fifth test of service change and best practice checks for planning service change and consultation.

The aim is to commence public consultation in July 2022 supporting the vision of further integration between primary care and other PCN complementary services within the health, social care, and voluntary sector in new Hubs in the three PCNs (City, SAPA, and Foundry).

2.2 Public consultation

The pre-consultation business case outlines how CCG has ensured that the plans for public consultation meet the government's four tests and the requirements of the NHS England gateway process.

NHS England published 'Planning, assuring, and delivering service change for patients'[10] in March 2018 (along with more recent updates in May 2022[11]) which sets out guidance for NHS bodies with regard to service change. There is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

NHS commissioners and providers have duties in relation to public involvement and consultation, and local authority consultation. They should comply with these duties when planning and delivering service change. The public involvement and consultation duties of commissioners are set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs. The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement. Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the 2013 Regulations") made under s.244 NHS Act 2006.

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[10] planning-assuring-delivering-service-change-v6-1.pdf (england.nhs.uk)

[11] B0595_addendum-to-planning-assuring-and-delivering-service-change-for-patients_may-2022.pdf (england.nhs.uk)

All service change should be assured against the government's four tests:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear, clinical evidence base
- Support for proposals from clinical commissioners.

Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England's fifth test – a test for proposed bed closures. However, this programme is not proposing to reduce hospital bed numbers.

2.3 Background to this proposal

The primary care estate in some of the City, SAPA and Foundry PCNs are not fit to provide modern health and care services. This was confirmed the finding of the 2016 six-facet surveys undertaken by independent surveyors stated that over £750,000 would need to be spent to address backlog maintenance items.

Some practices are housed in old buildings with limited accessibility. This is having an impact on the GPs' ability to recruit and retain staff and to plan for delivery of primary care in the future. GPs are the bedrock of the NHS; they are everyone's first port of call. Ensuring primary care is sustainable and able to support integrated working is crucial. Local GPs need to be equipped to deliver the benefits of integrated working, so they can continue to enhance the existing model of care and further embed services locally.

In December 2017 feasibility studies developed a long list of potential options to improve patient care and outcomes by considering the expansion of the primary care estate for the Primary Care Networks (PCNs) of City, SAPA and Foundry.

NHS Sheffield Clinical Commissioning Group (SCCG) reviewed and developed addendums to these studies to support with their further development. NHSE Project Initiation Documents (PIDs) were subsequently produced by SCCG to further review potential hub plans and capture the latest options in February 2020.

These PIDs were reviewed by NHS England (NHSE) with SCCG, through a temporary forum set-up by NHS England and Improvement (NHSE/I) called a Star Chamber, in February 2020, with subsequent regular regional assurance discussions held since then entitled Stage Gate.

It was agreed, by NHSE and SCCG, that the following Her Majesty's Treasury (HMT) business cases were required to progress this:

- Strategic Outline Case (SOC)
- Outline Business Case (OBC)
- Full Business Case (FBC).

The next step in these three specific areas of Sheffield is to further integrate services with primary care, and we believe the only way to achieve this is by having them all under one roof, co-located in a fit for purpose building.

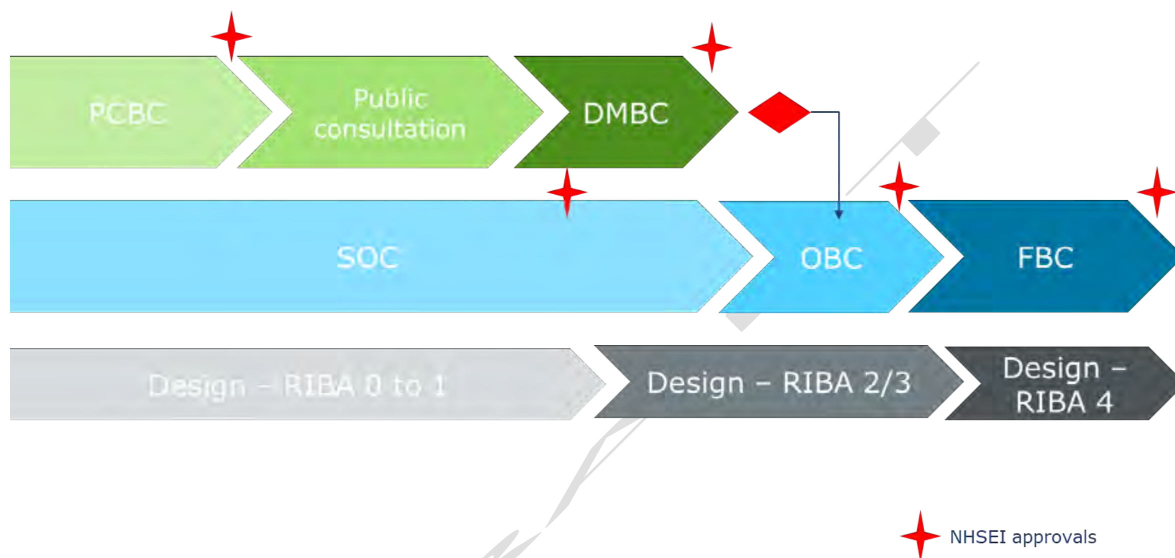
Having those services based in a smaller number of locations would put real focus on prevention, independence and keeping people well and out of hospital - physical and mental health would work alongside social care and the voluntary sector. Everything that is currently

available would continue to be available – the same services, delivered through an enhanced model of care, but in a more modern location with people being able to work better together. Attracting and recruiting doctors, nurses and carers would be vastly improved within an environment in which people want to work.

The previous considerations and more recent SOCs (x1 City, x2 SAPA and x2 Foundry PCNs), to improve care and outcome for patients, via primary care estate expansion, has focused on the development, integration and co-location of services via buildings called **hubs**.

Five SOCs have been developed in 2021 alongside this Pre-Consultation Business Case (PCBC) to support shaping the options for further engagement, consideration, and public consultation. The SOCs are helping shape this PCBC and the proposed subsequent consultation (see figure below).

Figure 1 – Programme milestones



Beyond any public consultation would see the development of a Decision-Making Business Case (DMBC), which enables completion of future HMT business case stages, namely OBC and FBC. Figure 1 shows where possible (project dependant) architects can be commissioned to support options by commencement of their project stages (called the RIBA stages – the Royal Institute of British Architects) [12],:

- Strategic Definition (RIBA 0)
- Preparation and Brief (RIBA 1)
- Concept Design (RIBA 2)
- Spatial Coordination (RIBA 3)
- Technical Design (RIBA 4)

This not only assists with enabling more accurate project option cost estimates but supports with engagement and consultation for stakeholders to consider options from a building perspective.

[12] https://www.architecture.com/-/media/gathercontent/riba-plan-of-work/additional-documents/ribaplanofwork2013overviewfinalpdf.pdf

The OBC and FBC which would typically develop the Preferred Way Forward (PWF) option at SOC stage into a preferred option. Beyond RIBA stage 4, would see a construction stage (RIBA stage 5) e.g., to potentially expand the primary care estate by building the preferred option on an agreed site.

The preferred option asset(s), upon the Construction stage Practical Completion (PC), would be handed over from the principal contractor to the building owner to allow commencement of commissioning (set-up), followed by subsequent occupation and operation (RIBA 6).

2.4 Our engagement

As part of our commitment to involving people at all stages of our work we have been carrying out pre-consultation engagement on our evolving hub proposals. A **Pre-Consultation Engagement Report** of this engagement is provided in **Appendix 01**.

To reach our target audiences, we used a range of methods. These included:

- Online and paper survey
- Public meetings with a face-to-face meeting in each hub area and one Zoom meeting.
- People email with comments
- Community outreach via three community groups who undertook on-street interviews, in-situ interviews in GP surgeries and attending community meetings.
- Meetings with stakeholders.

Overall, we received feedback from 2,205 people.

The headlines from the engagement are:

Over three-quarters (77%) of people agreed that their GP currently provided a good environment for healthcare. People in SAPA 2 and city centre areas were less likely to agree and over a quarter of them disagreed.

A large majority (76%) of people agreed that more investment is needed in GP services in their area. People in SAPA 2 were most likely to agree (net agree of 88%) and those in the city hub were less likely to agree (net agree of +45%).

Nearly two-thirds (64%) of people told us they were not willing to travel further if it meant they got better care. Overall, there was a net agree of -44% (meaning more people disagreed than agreed). Those on SAPA 2 and Foundry 1 were more likely to agree than those in the other areas were and city residents most likely to disagree.

Overall, there was no agreement from respondents on whether building new GP health centres were a good idea or not, with slightly more people disagreeing than agreeing (net agree of -8%). However, there were differences between areas with SAPA 2 and Foundry 1 areas more than likely to agree than disagree (net agree of +29% and +1% respectively) and city most likely to disagree (net agree of -31%) compared to others and the average.

Overall, 6 in 10 people (61%) said they would not be able to get to their practice if it was further away. In all hub areas, more people agreed that they wouldn't be able to get there than disagreed with city and SAPA1 having the highest percentage of net agree (+43% and +49% respectively) and SAPA 2 having lowest number disagreeing – 32%.

People did want to see other services lo-located in the new health centres. Rapid testing and diagnostics services were rated highest overall, with community mental health also rated

highly in each area, particularly in SAPA 2 with two-thirds of people wanting mental health and Foundry 1 (61% rapid testing and diagnostics).

The lowest rated services were interpreting services (8%), spaces for community organisations (9%) in SAPA 1, and group sessions rooms in SAPA 1 (11%) and Foundry 2 (11%).

Overall, the most mentioned theme from the qualitative data was that these proposals were good, but people had significant concerns about the extra distance travel that would be required for some, particularly more vulnerable members of the community, with concerns about the lack of suitable public transport for some proposed locations. In a significant number of responses these concerns were seen as sufficient for them to feel that the proposals would not benefit patients and should not proceed.

People felt that the main problem was staff and that either the investment should be made in staff and services instead or would be required to deliver the improved care of these proposals.

People's main concern was about the current availability of appointments with many feeling that having more patients at one site would make appointments harder to get, although some felt that these proposals may help to make appointments more available. Some people shared that they are satisfied with the current service that they receive from their current GP practice. Some suggested that the investment should be spent on improving current premises, whilst others felt that some of the sites included in these proposals were suitable as they are modern, purpose-built buildings.

2.5 Key duties for consideration

In line with the Health and Social Care Act 2012, the CCG is mindful that it must have due regard to:

- Reducing inequalities between patients with respect to their ability to access health services
- Reducing inequalities between patients with respect to outcomes achieved for them by the provision of health services.

As such, consideration has been given to a wide range of information about the CCG's population including issues such as deprivation, ability to access services, demographic trends, and patterns of service use. This evidence has informed the development of our proposals to ensure that local people continue to have access to high quality, safe and sustainable services to meet their needs.

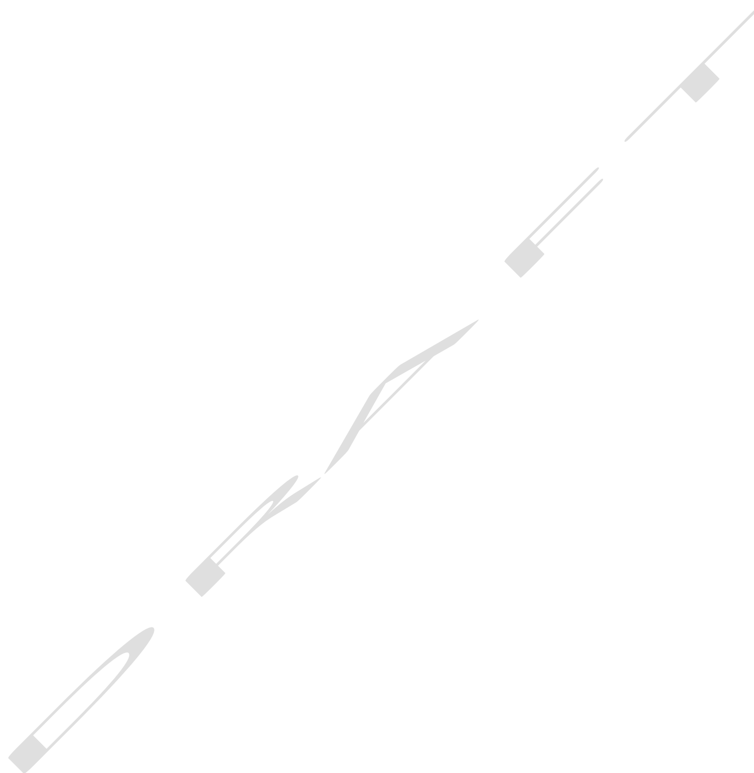
Alongside this, the CCG is keen to ensure we promote integration with a view to securing health services that will:

- Improve the quality of those services
- Reduce inequalities between people with respect to their ability to access those services
- Reduce inequalities between people with respect to the outcomes achieved for them by the provision of those services.

These duties have been considered as part of our process in developing these proposals, supporting clinical and financial sustainability across our local system, and supporting the delivery of a wide range of services within our local community.

To fulfil our public sector equality duty under Section 149 of the Equality Act 2010, the CCG has undertaken an **Equality Impact Assessment (EIA)**.

his is to ensure that the impact of our proposal is understood and that there is no adverse impact on any group of individuals (of protected characteristics and groups who may be most impacted by health inequality) and to identify actions to mitigate any identified impact where necessary. This is described in more detail in **section 11 ('Impact of the Pre-Consultation Proposals')**.



3 Strategic National Context

3.1 NHS Long-Term Plan (LTP)

The NHS Long Term Plan sets out the vision for the provision of health services over the coming decade. It identifies where and how changes need to be made to keep it in pace with those requiring its services. Part of this focus is on providing more support and a joined-up approach to care at the right time, in the optimal setting.

The Plan aims to achieve this by focusing at a PCN level to support GPs to work more collaboratively in commissioning a range of services to meet the needs of the local population. These newly expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

The Transformational Hubs will allow more people to receive a wider range of healthcare services in their home and community by becoming a focal point for the PCN. By providing a facility for GPs and other community and healthcare practitioners to work together, in a single facility, care will be more coordinated and tailored to the needs of the individual.

3.2 The Five Year Forward View

The NHS Five Year Forward View (5YFV) published by NHSE (NHSE) in October 2014 set out the government's priorities and a clear direction for the NHS, showing why change was needed and what it would look like. It set out a triple integration agenda, involving greater integration between primary and specialist care; physical and mental health care; and health and social care.

The vision was one of services organised around the needs of patients rather than professional boundaries. As such there was a clear emphasis that delivering the 5YFV vision would require the input of the NHS, local communities, local authorities, and employers.

3.3 General Practice Forward View (GPFV)

The 2016 GP Forward View (GPFV) introduced the ambition to establish hubs to offer shared, same-day access and appointments across a group of practices. The objective of this model was to provide additional, and more convenient, capacity to better deal with same-day demand for primary care.

The proposal fits fully with the national strategic direction set out in the NHS Long Term Plan, the NHS Five Year Forward View and General Practice Forward View. It is designed to combine the benefits of primary care at scale and integrated delivery models.

3.4 GP Contracts (2019)

In 2019 GP contracts were updated to reflect the Long-Term Plan as well as respond to current and emerging needs within the health environment. Central to this is how GPs and their contracts respond to the rollout of PCNs across the country. Most notably within this was the drive to increase staffing numbers to meet these new services. In total 22,000 additional staff are expected to be working within primary care by 2024. At an individual surgery level this translates to an average 3 additional healthcare practitioners per surgery.

The proposed transformational hubs will be developed specifically to any new requirements that the PCN creates. By advocating the provision of more services at a

local level and increasing staffing levels of primary care it is essential that the estate is enlarged to support these expanded provisions.

3.5 One Public Estate (OPE)

OPE was established to provide practical, technical support and funding to public sector organisations to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners. This programme will propose how the identified primary care health care improvements will fulfil the objectives of OPE including economic growth, integrated services and generating efficiencies.

The hubs would aim to offer a more integrated, and patient focused approach to health care, made possible by the bringing together geographically disparate services into a coordinated hub, mirroring the OPE objectives.

3.6 Primary Care Networks (PCN)

The CCG has rolled out its PCNs across Sheffield. Refreshing NHS Plans for 2018-19 set out the ambition for CCGs to actively encourage every practice to be part of a local PCN so that these cover the whole country as far as possible by the end of 2018/19.

PCNs contain geographic populations of 30-50,000 patients and consequently around 1,300 have been created across England. They are expected to think about the wider health of their population, taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

In June 2020, NHSE/I provided updated advice to PCNs on accommodating additional Multi-Disciplinary Team (MDT) staff appointed under the **'Network Contract Directed Enhanced Service (DES) Contract Specification 2020/21 – PCN Entitlements and Requirements ('the Contract')**. This contract "paves the way for around **seven additional new full-time clinical support staff** for an average PCN in 2020/21. This figure rises to **20 full-time staff by April 2024**. It is predicted that the introduction of these new staff, under the Additional Roles Reimbursement Scheme (ARRS), will transform service delivery for patients, and ease the mounting pressures on existing clinical staff, including GPs and practice nurses.

Practices within a PCN within continue to develop their relationships and will work more collaboratively to provide services that might otherwise not be possible from a standalone surgery through joint commissioning. This has already commenced and roles such as social prescribers are being fulfilled at a PCN level.

This programme aims to set out the case for bringing surgeries into a single central location and providing them with the facilities needed to deliver the wide range of PCN and out of hospital services their community requires.

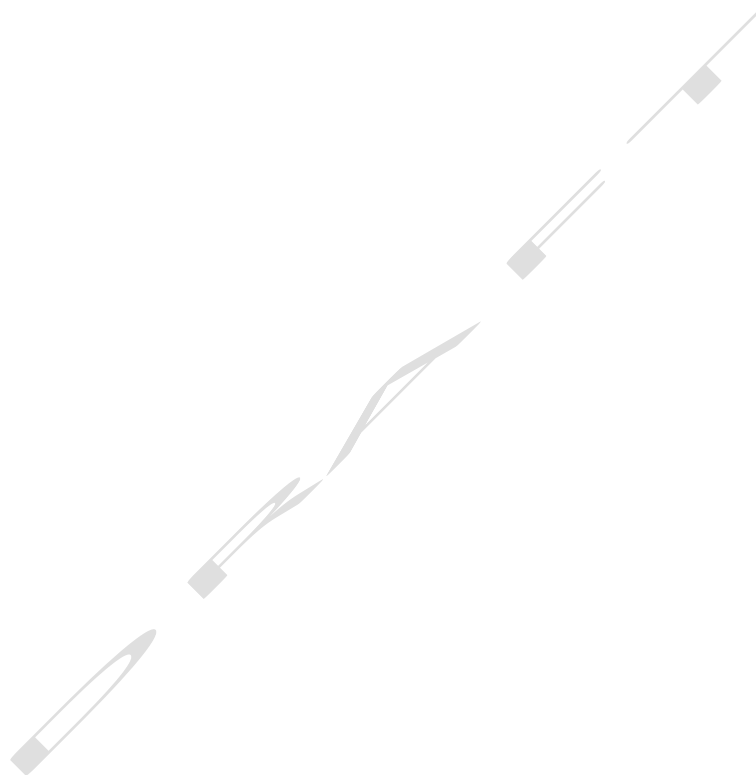
3.7 Primary Care Home Model

Developed by the National Association of Primary Care (NAPC)[13], the model advocates the colocation of health and social care to provide personalised services better equipped to offer preventative care for the local community.

In the model, health care professionals come together to provide joined-up GP, mental health, social and acute care. It is also providing a formal route for the voluntary sector to provide services. Sitting within the PCN, the mix of services can be refined according to the needs of the local community.

[13] https://napc.co.uk/

The proposal set out the programme aims to achieve these objectives by bringing together GPs and other primary health care professionals in a new purpose-built facility with sufficient space to meet the needs of the local community.



4 Local context

4.1 South Yorkshire & Bassetlaw Integrated Care System (SY&B ICS)

The ICS has set out the following vision within its Five-Year plan (2019-2024):

"Our vision is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well for longer".

The ICS has set out the following four key ambitions:

- i Developing a population health system
- ii Strengthening our foundations
- iii Building a sustainable health and care system
- iv Broadening and strengthening our partnerships to increase our opportunity

The overarching regional Programme Business Case (PBC), in which these proposals sit, was developed by the ICS, and was approved by Her Majesty's Treasury (HMT) in January 2022. The approval came with several conditions and any proposals will need to work to meet such requirements as we work through consultation and any initial option design and cost estimating developments.

The proposed Hubs in Sheffield will fulfil this vision and ambitions through the provision of a more robust and expanded primary care service that is able to address more of people's needs without referral to hospital and tackling problems at an early stage, near their home, before they are able to develop into more complex medical conditions requiring secondary care intervention.

4.2 Sheffield Joint Health and Wellbeing Strategy (2019-2024)

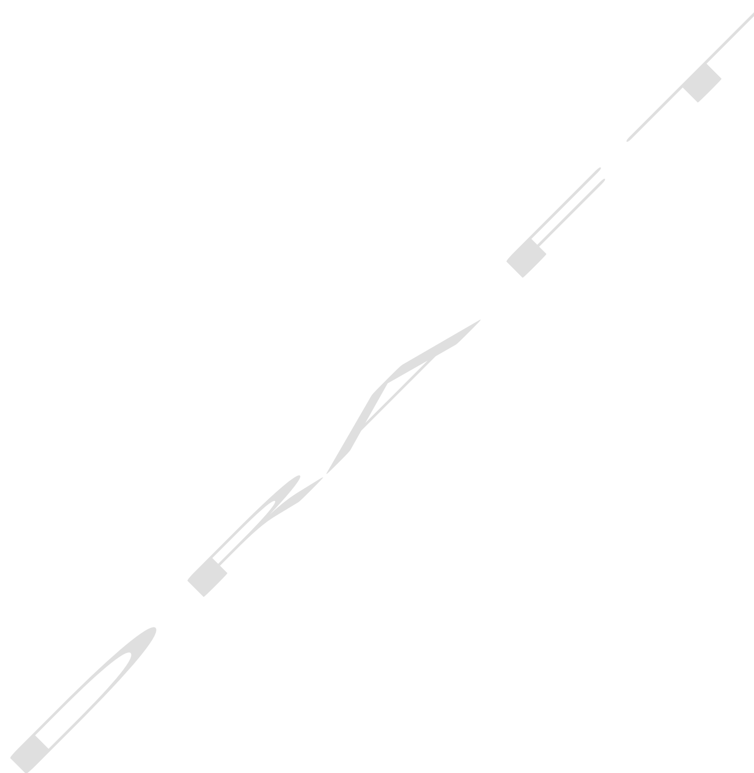
Sheffield City Council (SCC) has established the Sheffield Joint Health and Wellbeing Strategy (2019-2024) with the vision of facilitating ***"a city that is eventually free from damaging disparities in living conditions and life chances"***. The Strategy is informed by the Joint Strategic Needs Assessment (JSNA) of the health and wellbeing needs of Sheffield, and responds to the needs of residents, but also supports to develop the work led via the ICS.

The overarching ambition of the Health and Wellbeing Board aims to improve the health and wellbeing of residents and reduce health inequalities, and to achieve this a life course approach will be maintained, that is ensuring plans are targeted at critical points throughout life: giving children and young people the best start in life and enabling adults and older people to live well and remain independent. However, the health of residents and communities is also shaped by the conditions in which they live, the extent of social connections, and whether they have stable and supportive work. The Strategy has an approach focused around three area for a health lift as follows:

- **Starting Well** – where we lay the foundations for a healthy life
- **Living Well** – where we ensure people have the opportunity to live a healthy life
- **Ageing Well** – where we consider the factors that help us age healthily throughout our lives.

Whist it is recognised that greater emphasis on prevention may slow growth in demand for health and care services, it is imperative in the current financial climate that the actions agreed are delivered within the respective resource envelopes of the partner organisations.

Delivery of transformational hubs in Sheffield will support the achievement of these aspirations through improved access to primary care and the co-location of primary health services, reducing demand on in-hospital services. Whilst GPs will provide mental health support, it is in the intention of the transformational hubs to work with additional mental health support organisations who would provide access to mental health services in the Hubs. Their co-location would ensure a closer alignment of services tailored to the needs of the individual.



5 Vision

To provide excellent integrated services:

- To build on the success so far of integrating services
- To ensure the sustainability of primary care in Sheffield
- To help people stay well and support them when they need help
- To enable people to stay at home for as long as possible.

As the commissioner primary care for the people of Sheffield, we have an ambition to help people stay well and support them when they need expert help. We believe the best way to support people is to bring services together and integrate them around the needs of individuals, enabling them to stay well and at home for as long as possible.

By bringing the services of general practice, voluntary sector, and community services together we can create more resilient, integrated health and care provision, delivered in modern facilities designed better to meet the needs of service users, their families, and carers. Coming together in one building will enable closer working relationships and co-ordination benefiting patients, their carers, families, and staff. This will also support the GP practices who need to ensure that they are able to recruit staff and continue to deliver high quality care to sustain local health provision into the future.

Through STP Wave 4b capital funding we will invest in these local services and the buildings they are delivered in so that local people will receive care that is resilient and sustainable in buildings that are fit for purpose both now and in the foreseeable future. Without these changes, the future of GP services in these areas of Sheffield may not be sustainable over the next decade.

5.1 Plans

Our shared plans include:

- Bringing services together through the creation of a vibrant new hubs
- Supporting sustainable GP services working together with partners to bring services from hospital closer to people's homes, improving communications between services, enhancing 'joined up' working and training the future workforce of doctors and nurses
- Developing new ways of working and new services for the benefit of the local population and extending education of the workforce needed to deliver this care
- Ensuring that local people can access GP and some other services from a new hub
- Housing voluntary sector services in the new hub, linking up a range of community services
- Pooling our resources and facilities so we can better respond to the health and care needs of the people of City, SAPA and Foundry PCNs.

6 Our local health needs

6.1 Location

Sheffield is a UK City in South Yorkshire, England. Both the programme and individual hub projects are located within the Sheffield City boundary (see Figure below).

Within the Sheffield City Boundary, CCG split the primary care estate across 15 areas / neighbourhoods (called Primary Care Networks, PCNs). The three PCNs in scope in the Programme are City Centre PCN, SAPA PCN (was SAPA 5) and Foundry PCN (was North 2).

Figure 2 – Maps identifying Sheffield City Boundary, UK (Source – SCC)

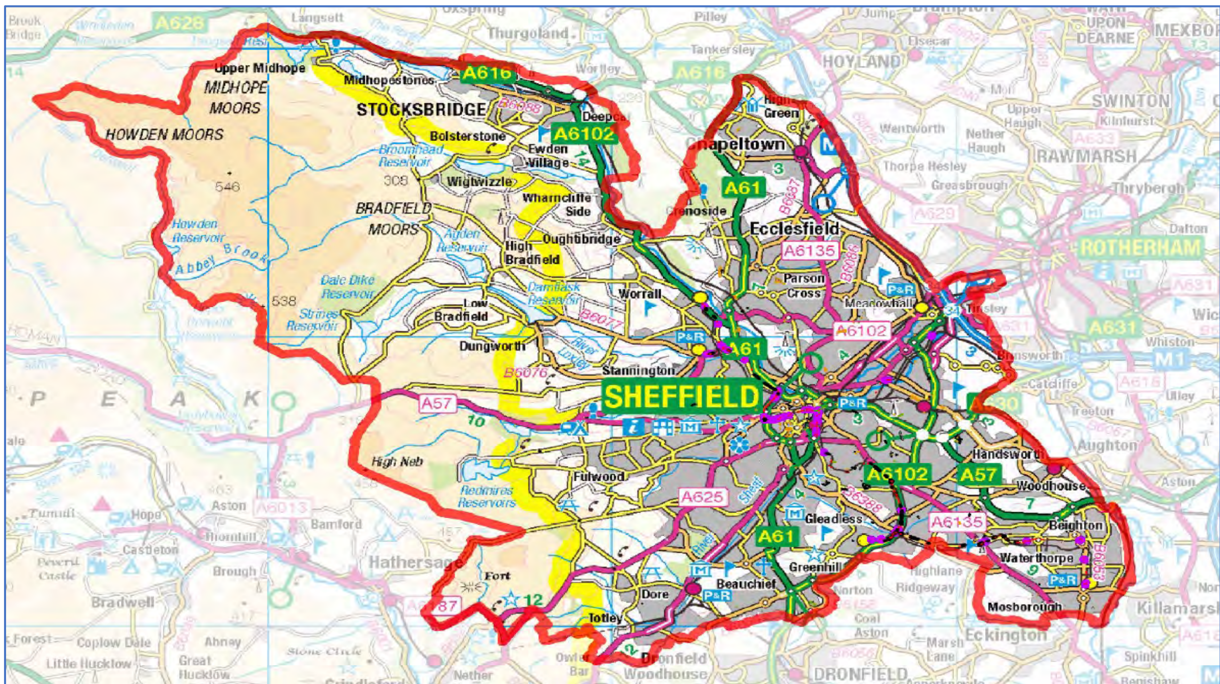
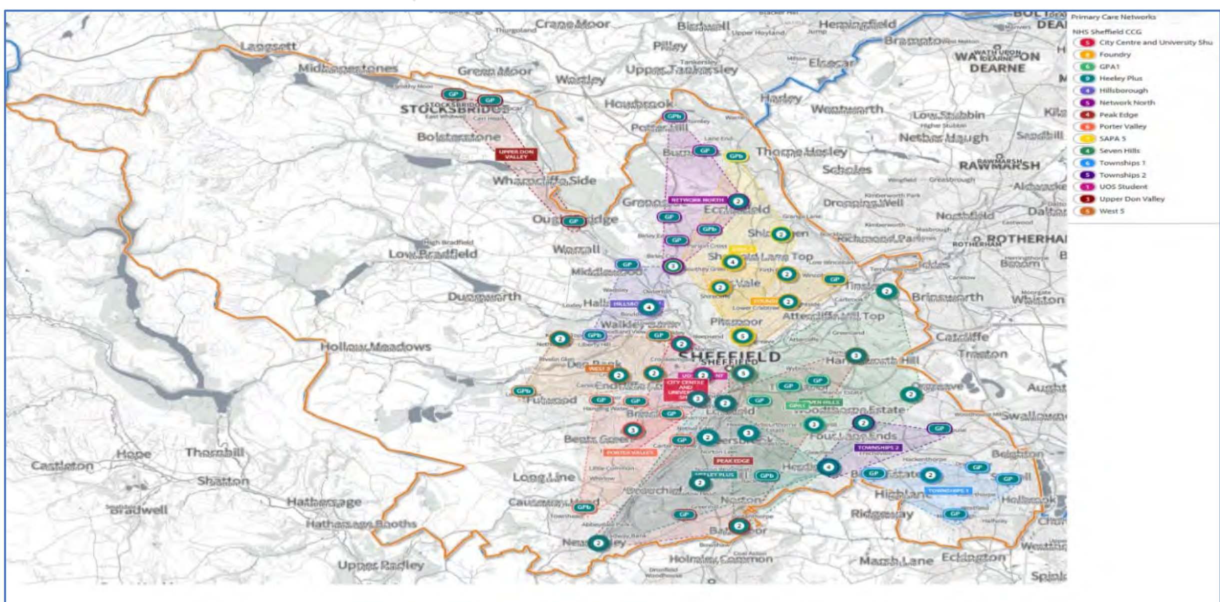


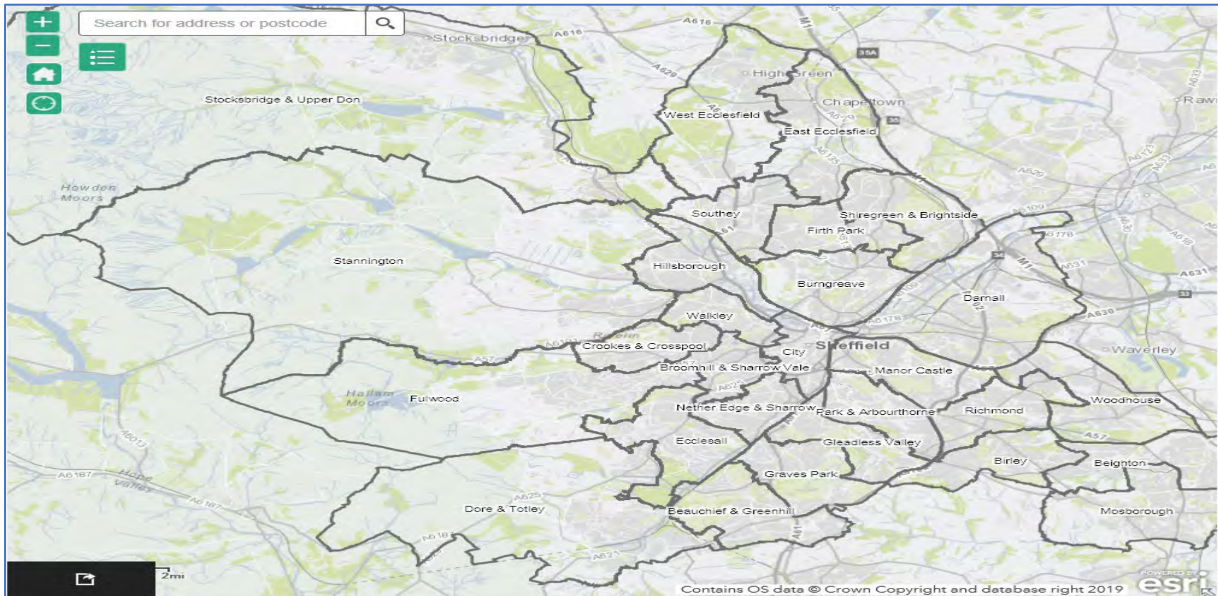
Figure 3 – Sheffield City Boundary showing all GP practice premises (Source – SHAPE)



Sheffield is divided into 28 elected wards. The PCNs do not align directly with the SCC wards (see figure below). The three Transformation Hubs in scope of the ICS Capital Programme (i.e. some practices from the City, SAPA and Foundry PCNs), are situated approximately within the following wards / areas of Sheffield:

- City PCN – 3 practices within the City Centre only (City)
- SAPA PCN – Northeast Sheffield (Burngreave, Firth Park, Shiregreen & Brightside)
- Foundry PCN – East Sheffield (part of Darnall, parts of Burngreave).

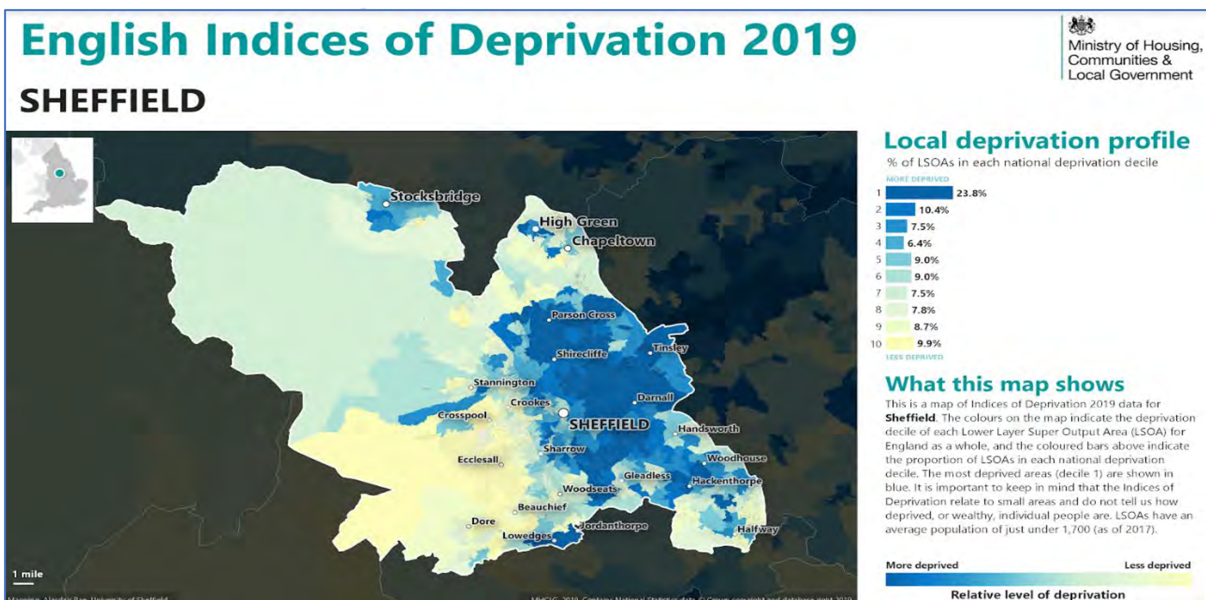
Figure 4 – Sheffield Council Wards Map (Source – Sheffield City Website – OS data)



6.2 Deprivation

The three PCN areas of City, SAPA and Foundry are some of the most deprived across Sheffield. The figure below provides the deprivation levels across Sheffield as of 2019.

Figure 5 – Sheffield Deprivation 2019



7 Current situation

7.1 Existing and future arrangements

7.1.1 Existing arrangements

SCC and the CCG are committed to ensuring assets are used effectively providing users and staff with flexible working environments in line with modern working practices. The latest Primary Care Estate Strategy (PCES) 2017-2022 reviewed the primary care current estate and identified areas for improvement over that five-year period (2017-2022).

SCC and SCCG both aim to ensure assets are used efficiently, effectively, and that they meet all statutory compliance standards. SCC and SCCG are committed to ensuring the primary care footprint support local areas from a health, social, environmental, and economical perspective but also from an operationally active perspective i.e., sites do not remain inactive/vacant for long periods of time to ensure site safety and value for money.

A review of the existing estate was undertaken during June – July 2020. This involved reviewing information provided by SCCG, particularly the 6 facet surveys. In addition, stakeholder engagement enabled the collation of additional existing and future requirements with GPs and non-GP stakeholders. GPs completed a questionnaire which provided information on current opening hours, patient list sizes, services provided and current ways of working. Follow-up engagement with each GP enabled discussions to focus on both the strategic aspirations and the potential commercial future arrangements. The sections below capture the outputs from this review and engagement phase of the project.

Across Sheffield, where practices are not open (e.g., 'out of hours') for their patients, there is an organisation called Primary Care Sheffield (a GP Collaborative) who provide GP out of hours and extended access services. The Sheffield GP Collaborative are based at the Sheffield Northern General Hospital. Primary Care Sheffield is a GP-led company set up to support Sheffield's general practices.

Primary Care Sheffield operates a few extended access satellite hubs across Sheffield, which operate 6pm-10pm Monday to Friday and 10am-6pm on Saturdays and Sundays. These satellite hubs are based in the following surgeries: Sloan Medical Centre, Woodhouse Health Centre, The Crookes Practice and The Health Care Surgery.

The practices in the original scope of the programme and individual projects are shown in the table below.

Table 1 – Practices in original scope

Project / PCN	Practices in original scope	Practices in the PCN but not in the original scope
City	▪ City Practice ▪ Mulberry Practice ▪ Devonshire Green Medical Centre ▪ Hanover Medical Centre	▪ Crookes Valley MC ▪ Harold Street MC ▪ Porter Brook MC ▪ Upperthorpe MC ▪ Sheffield Hallam University Medical Centre ▪ Steel City Group practice
Foundry	▪ Burngreave Surgery (including branch sites at Herries Road and Cornerstone Surgery) ▪ Sheffield Medical Centre ▪ Pitsmoor Surgery	▪ Wincobank Medical Centre ▪ The Flowers (part of Forge Health group practice)

Project / PCN	Practices in original scope	Practices in the PCN but not in the original scope
	▪ Page Hall Medical Centre ▪ Upwell Street Surgery ▪ Firth Park Surgery ▪ Southey Green Medical Centre	
SAPA	▪ Dunninc Road Surgery ▪ Shiregreen Medical Centre (including branch site at Melrose Surgery) ▪ Elm Lane Surgery ▪ Norwood Medical Centre ▪ Buchanan Road Surgery ▪ The Healthcare Surgery ▪ Margetson Practice*	

*Part of Network North PCN

7.1.2 Demographics, developments, and the current estate

A review of the demographics, developments and the current primary care estate in Sheffield was undertaken in June 2020. The key outputs are provided below. The review covered:

- Demographics
- Developments
- Current estate.

7.1.2.1 *Demographics*

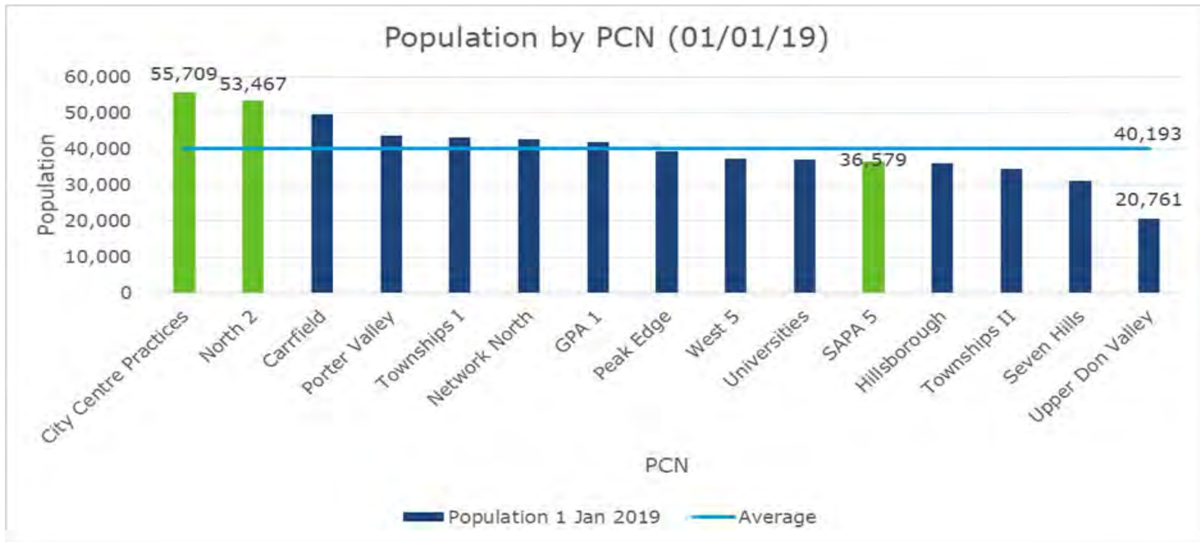
ONS suggests population figures for Sheffield, mid-2019, was 584,853[14], a figure that has grown significantly in recent years due to large scale housing developments.

Despite the current geopolitical uncertainty, housing demand is likely to persist, and this can be seen in the new housing sites that are coming online and the maintenance of housing land value.

Using a January 2019 data set provided by the SCCG Primary Care Commissioning Committee (PCCC) report 29 May 2019, the figure below provides the population by PCN across Sheffield.

14 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

Figure 6 – Population across the PCN (Source – SCCG[15])



The population of Sheffield is expected to increase by 9.2% between now and 2040[16]. The table below demonstrates this significant increase.

Table 2 – Population change forecast Sheffield from 2018-2040

Year	2018	2025	2030	2035	2040
Population	582,506	596,486	612,214	623,864	636,097
	% change*	2.4%	5.1%	7.1%	9.2%

An SCC supplementary review and examination of key data areas was undertaken by in August 2020 – see **Appendix 02**.

Using numerous sources of insight and information, we know the following about the people who live in these areas per hub area:

City
Communities: White English, Indian, Bengali, Pakistani, Chinese, Roma, carers, new arrivals (asylum seekers, refugees), students, young people, homeless, isolated people living on own

Languages: English, Punjabi, Urdu, Hindi, Arabic, Romanian, Slovak, Chinese

Top 5 Acorn type descriptions for this PCN:

Acorn type description	%
Educated young people in flats and tenements	24.3
Student flats and halls of residence	17.9
Deprived areas and high-rise flats	10.8
Term-time terraces	6.5
First time buyers in small, modern homes	5.5

Issues raised for area:

15 https://www.sheffieldccg.nhs.uk/Downloads/Primary%20Care%20Commissioning%20Committee/2019/MAY%202019/PAPER%20C%20Primary%20Care%20Networks%20Update.pdf

16 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based

- Consider how to reach those with no GP practice – students/asylum seekers/refugees
- Consider how to reach seldom heard groups such as the homeless community
- Mulberry Practice specialises in new arrivals to the city and treats people in a personalised and holistic way. Integrating new arrivals and mainstream patients within the same building should be considered to prevent conflict.

Foundry
Communities: White English, Pakistani, Roma, Slovak, Somali, Yemeni, new arrivals (asylum seekers, refugees).

Languages: English, Arabic, Roma Slovak, Urdu

Top 5 Acorn type descriptions for this PCN:

Acorn type description	%
Poorer families, many children, terraced housing	10.2
Deprived areas and high-rise flats	10.1
High occupancy terraces, culturally diverse family areas	9.2
Young people in small, low cost terraces	8.8
Suburban semis, conventional attitudes	8.6

Issues raised for area/important to note:

- PCN with the highest percentage of patients from an ethnic minority background.
- GPs embedded in communities/neighbourhoods and practices all within walking distance.
- Majority of people don't leave their areas and don't use public transport – practices are on the doorstep/convenient.
- Deprived areas with teen pregnancies/young families/ people don't navigate the system well.
- Need comms on the bigger picture although often these communities don't like change.
- Roma Slovak community are not as familiar with the use of relative time formats such as quarter past, half past. These should be avoided in favour of a digital clock format.
- Some communities don't read in their spoken language.
- Issue of digital exclusion – social media/web/digital can't be accessed.

SAPA
Communities: White English, small dispersed BAME communities

Languages: English

Top 5 Acorn type descriptions for this PCN:

Acorn type description	%
Singles and young families, some receiving benefits	25.7
Poorer families, many children, terraced housing	17.3
Low income large families in social rented semis	11.2
Post-war estates, limited means	9.8
Low income older people in smaller semis	9.4

Issues raised for area:

- High working age population.
- Less densely populated area.
- Residents often shop out of area, so going beyond boundaries of PCN is advised.
- Large Methodist Church following.

7.1.2.2 Developments

The SCC local plan and supporting documents captures potential housing developments over a long future forecast i.e., up to 2038. The local plan is currently being reviewed and figures will therefore be refreshed. However, analysis was undertaken by SCC based on current housing development data, to highlight the potential number of new developments potentially occurring 800m around the practices in scope of the projects between now and 2038. Within this there are a large number which are more hypothetical developments. We concentrated on the more certain development and excluded the hypothetical development. This was:

Table 3 – Estimated future additional patients per hub

Project	New developments / homes	Average patient per new dwelling*1	Potential new patients	Adjustment factor*2	Adjusted estimated new patients
City	9,882	1.8	17,788	33%	11,198
Foundry 1	2,157	2.4	5,177	40%	3,106
Foundry 2	2,157	2.4	5,177	40%	3,106
SAPA 1	1,293	2.4	3,104	50%	1,552
SAPA 2	1,293	2.4	3,104	50%	1,552
Total	**16,782**		**34,884**		**20,514**

*1 - based on a 2.4-person average per 'out of centre' new dwelling (and 1.8 per City Centre)
*2 – City % due to presence of many other practices in the PCN, Foundry % due LIFT building taking remaining 20% and SAPA % due to split between the two potential hubs

Whilst other development sites are across Sheffield, they have been excluded as they fell beyond the 800m sample boundary area considered by SCC and those populations will be serviced by other primary care practices within Sheffield.

7.1.2.3 Current estate for those practices in scope of this Hub Programme

Most of the GP estate across Sheffield are aged although generally in good condition, with varying levels of backlog maintenance required to bring up to a suitable standard. This is reflective of City, Foundry and SAPA PCNs. The majority of the most recent 6 facet surveys for these practices were completed in July 2016. However, many practices do have space constraints with many not suitable for current primary care needs.

Detailed 6-Facet information was collected for all 105 GP premises. CCG summarised key findings from this showed that across Sheffield there are:

- A high proportion of smaller practices (average list size c6,600)
- A high proportion of physically small practices (average Gross Internal Area of 577m^2)
- Just 19 practices with a Gross Internal Area over 800m^2, the size where wrap-around services are considered viable in practice
- A high proportion of converted properties
- An older age profile of our primary care estate (average building age is 53 years)
- 71% of practices have less than 0.15 Clinical Rooms per 100 patients (CCG indicated rate)
- LIFT Buildings have low utilisation between 33% and 55% of potential capacity, with 67% of clinical rooms being used below 40% of the potential time (sampled).

Capacity and the existing areas

The existing estate across the **practices in scope of the hub programme** in some cases do not provide appropriate environments to fully address the current health needs of the local community or for proposed new models of care for the future. **Some of the existing services are currently being provided off-site from due to not having any available space in the current buildings**.

The existing estate in terms of functionality and condition is not fit for the future in that:

- The premises Gross Internal Area (GIA, in m^2) are below the levels to meet the demand of future patient list sizes
- Very little room for expansion on the existing sites
- No space to absorb additional patients or services through demographic change, new models of care or residential developments
- The fabric condition of the buildings will require capital expenditure for improvements with 5 years.

Within all the surgeries, space has become a major limiting factor in their ability to serve their registered patients and meet the needs of a modern primary care system requiring significantly more than the traditional GP consultation rooms. Examining the current clinical space against the current number of patients and against an estimated patient list size in 2040 we can consider the patient per square meter for each of the practices in scope.

The total size of the buildings is set out in the table below. It provides the approximate Net Internal Area (NIA, in m^2) of each surgery which includes all clinical and ancillary space such as training rooms.

Table 4 – Existing Surgery Space/List Size

Project / PCN	Practices	Building area current (NIA)[*2]	List sizes[*1]
	▪ City Practice	▪ 193	▪ 4,160.72

Project / PCN	Practices	Building area current (NIA)[*2]	List sizes[*1]
City	▪ Mulberry Practice	▪ 202	▪ 3,134.90
	▪ Devonshire Medical Centre[*3]	▪ 571	▪ 7,689.63
Foundry	▪ Burngreave Surgery[*3]	▪ 606	▪ 8,150.59
	▪ Sheffield Medical Centre	▪ 171	▪ 2,876.00
	▪ Pitsmoor Surgery	▪ 700	▪ 11,287.38
	▪ Page Hall Medical Centre	▪ 407	▪ 7,600.11
	▪ Upwell Street Surgery	▪ 465	▪ 4,742.47
	▪ Firth Park Surgery	▪ 471	▪ 9,731.17
	▪ Southey Green Medical Centre	▪ 323	▪ 3,101.70
SAPA	▪ Dunninc Road Surgery	▪ 143	▪ 2,383.17
	▪ Shiregreen Medical Centre	▪ 460	▪ 5,841.48
	▪ Elm Lane Surgery	▪ 237	▪ 6,056.72
	▪ Norwood Medical Centre	▪ 479	▪ 9,098.50
	▪ Margetson Practice	▪ 133	▪ 1,017.00
	▪ Buchanan Road Surgery	▪ 498	▪ 4,879.91
	▪ The Healthcare Surgery	▪ 324	▪ 5,409.17
	Total	▪ **5,252**	▪ **82,862.14**

*1 – Based on CCG data 01/01/2022
*2 – Rounded up
*3 – Includes branch sites

The needs of the patient list this size is met by operating in buildings with occupancy that is already at 100% capacity and utilising space from third party sites.

The lack of rooms for the provision of out of hospital services means that in some cases GP consultation rooms are used for these purposes where possible. Whilst this intensive use of space is beneficial, the lack of alternative space for GPs to work from foreshortens any possible gains. Surgeries lack sufficient alternative space for GPs to work beyond a consultation room. As a result, consultation rooms must be used to carry out telephone call appointment consultations with patients when they could be conducted in more cost effective, smaller back of house space, had the space been available.

8 Case for Change and Our Proposals

8.1 Case for change

8.1.1 Rationale

In some of the most deprived areas of Sheffield, particularly across City, SAPA and Foundry PCNs, there is a lack of appropriate primary care accommodation, which will continue to worsen if not acted upon now. This primary care estate issue is likely to increase significantly in the future (i.e., over the next twenty years up to 2040) due to a growing and ageing population due to future residential developments in the area, people living longer and more complex conditions.

The strategic case demonstrates the need to expand the primary care estate in Sheffield to meet such future population growth and future need. This is predicated upon a robust and evidence-based case for change which includes the rationale for why expanding the primary care estate in these areas of Sheffield is required, as well as a clear definition of the benefits and the potential scope for what is to be achieved. It also demonstrates that the development of Transformational Hubs as a potential preferred way forward following previous feasibility studies and NHSE PIDs fits with national, regional, and local policies, local needs, CCG commissioning intentions, strategies, and plans.

Currently there is awarded Government capital funding available for development of the primary care estate in Sheffield for these new Hubs. However, capital funders (namely the Department of Health and Social Care (DHSC) through NHS E&I) as with any public sector investment, require the appropriate level of due diligence in the form of a series of business cases (section 2) to present the case for change, interventions required and that the schemes offer value for money through evidencing and testing the benefits and the costs of the proposed investment(s).

8.1.2 Project objectives

This section outlines the individual project objectives and benefits for investing in the primary care estate in Sheffield by:

- Exploring the need for change
- Alignment to organisational strategic objectives
- Setting out the Spending Objectives (SOs)
- Identifying the benefits
- Developing a Benefits Realisation Plan (BRP).

8.1.3 The need for change

The proposed investment is driven by a need to overcome problems with the existing estate, respond to drivers for change, and opportunities to improve outcomes.

The main reasons causing the need for change are listed in the table below which also describes the likely impact of the status quo continuing as well as highlighting why action is required now through this project:

Table 5 – Main issues causing the need for change

Causes of the need for change	Effect of the cause	Why action now?
Lack of primary care estate to accommodate likely significant increase in patient list sizes	New residential developments are increasing the population in particular areas of Sheffield, therefore creating increased patients for practices	Modifications, remodelling, expanding, or new builds require both time to develop business cases, design and deliver. In addition, the availability of limited capital funding and changing requirements.
Future service demand	An ageing population is likely to result in an unprecedented increase in demand for services, creating an increased cost pressure.	To ensure that the growing demand for different types of services can be met to ensure patients receive the right care and support at the right time in the right place and minimise the associated cost pressures
Patient expectations changing	Patients want local health and care services to deliver better quality, more accessible and more co-ordinated healthcare in and out-of-hospital	To meet patient expectations, new ways of working are needed, and the estate needs to be an enabler for this. However, this requires planning and strategic alignment with other competing priorities.
Socio-economic profile of the PCN – low car ownership / high unemployment	Patients not being able to access full services that they require	If services are housed together, patients are more likely to access required healthcare services and or preventative services

8.1.4 Alignment with SCCG strategic objectives

SCCG has set out several strategic objectives listed in the table below.

- Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners
- Lead the improvement of quality of care and standards
- Bring care closer to home
- Improve health care sustainability and affordability
- Be a caring employer that values diversity and maximises the potential of our people

Spending objectives (SO)

The SOs outline '**what we are seeking to achieve'** with the programme of projects. They are shown in relation to what is required to overcome the 'effects of the causes of the need for change' highlighted earlier in this section.

The SOs are crucial for making a convincing argument for the proposed investment as set out in this business case. It is important that all objectives deliver tangible results which would assist stakeholders in achieving their respective organisational strategic objectives.

The programme developed the (SMART – specific, measurable, achievable, realistic, and timely) SOs. The programme will work towards, within 5 years completion of its individual Hub projects, the following SO shown in the table below.

Table 6 – Spending objectives (SOs)

SO	Title	Objective
SO1	Building Constraints	Dispose/reduce not fit for purpose estate driving efficiencies within the system, supporting local regeneration
SO2	Increased Capacity	Additional primary care capacity required due to forecast population growth / housing developments demand
SO3	Improved Service Integration	Greater integration of primary care with other complimentary PCN services in a highly accessible location
SO4	Enhanced Scale and Quality	Additional/new services available, enhancing patient choice and service quality
SO5	Affordable Scheme	Meets financial tests of capital and revenue availability and affordability, and offers long term value for money
SO6	Improved Early Intervention, Access, and Support	Embeds wellbeing, prevention, protection, early intervention and enables fair access, considering specific needs of local communities
SO7	Sustainable Workforce	Supports service delivery and attracts and supports a sustainable workforce, including anticipated technological changes, digital connectivity, and overall system shifts
SO8	Achievable Scheme	Scheme capable of being delivered within any capital timeframe requirements

8.1.5 Clinical Strategy and Commissioning Intentions

The proposal seeks to expand the range of services that can be accommodated in primary care buildings to reduce the need to attend hospital. To achieve this SCCG will continue its trend of commissioning services outside of the hospital environment. The current estate lacks the space within surgeries to provide these services whilst continuing to meet requirements of GMS Contracts. As a result, services have been provided in a range of location and building types sourced by providers. Such practices are not conducive to overseeing the interconnected needs of patients, whilst provision of healthcare across a myriad of locations can be confusing for patients and unreliable.

8.1.6 Promoting integrated working between health, social care, and public health

8.1.6.1 *Integrated working*

Several services, including social prescribing are currently provided from the existing surgery estate. However, in some cases particular PCN/ wrap around services can only be provided from surgeries due to a lack of space to accommodate such services. GPs inform that current PCN services and potentially other hospital community type services would view the Hub as a positive step, a real opportunity, to provide services from larger, modern primary care hub facilities. Some PCN surgeries, are clear that they are currently limited in what they can provide on top of existing services because they are curtailed by the estate. Any health/other service providers engaged in the preparation of this SOC were supportive of opportunities to work closer with GPs.

8.1.6.2 *Improved access*

Expanding access to the GMS elements of the building services is limited by the contractual constraints of the contract which provide a limited number of hours. However, it is envisaged

that other services could easily expand, and building access in the building model, has been calculated over a 12-hour day (0800 – 2000hrs), including some weekend access (e.g., Saturday mornings between 0800 and 1300hrs), meaning the Hub building being open for 65 hours per week. Currently, the estate typically operates from 0830hrs to 1800hrs 5 days a week with some surgeries providing extended hours being open on Saturday mornings for example.

As expansion of the GMS contract is limited, it is envisaged that activity in the evenings will focus on Extended Hours, Extended Access and those services delivered by visiting healthcare professionals.

The NHS aspiration for 7-day services is possible, but the GMS contract does not require GPs to provide a 7-day service. The surgeries have limited numbers of existing staff and a move towards a 7-day service would only be possible through additional recruitment. The CCG is actively engaged with these surgeries specifically around transitioning them towards a more robust service delivery model. Once complete, it will be possible to investigate increasing the number of operational days.

The role of the programme is to test the overall viability of the proposals and it is not within the remit of this document to drive changes in how surgeries should be managed. However, it does note that increasing service provision across a 7-day working week would allow the proposed Transformational Hubs to operate more intensively and therefore potentially cost less to deliver, as the hub building would be in-use 7 days a week, rather than 5.

Provision of a single site will inevitably reduce the accessibility of services to those who live adjacent to the existing surgeries for those practices in scope. However, it should be noted that older surgeries, where often sited where land or buildings permitted and the robust processes that is being enacted as part of this programme were often not undertaken historically, or if they were, urban areas have often evolved to such an extent that the original considerations are now obsolete. Later sections of this document expand upon this point, quantifying impact of accessibility and ultimately concludes that some patients would be disadvantaged due to a new Hub site being further from their existing surgery, however anyone traveling by public or private transport are likely to be unaffected or benefit from increased accessibility.

8.1.6.3 *Consistency with current and prospective need for patient choice*

Development of new Transformational Hubs in Sheffield would seek to alleviate the current constraints on the primary care estate that to some extent prevent patients being offered a choice over their primary care. Shortfalls in the current estate mean that there are rolling closures of patient lists which prevent patients choosing which surgery they wish to register with. In addition, the under-provision or not optimally configured space within surgeries curtails the number of appointments each surgery can offer despite maximising the potential of the GMS contract. As a result, there can be in some cases perpetual waiting times to get a GP appointment which likely substantially worsen during peak times. These restrictions on the primary care estate increase the risk of patients presenting themselves at A&E or walk-in centres, putting strain across the entire healthcare network.

8.1.6.4 *Clear, clinical evidence base*

The hub space modelling developed as part of the programme is based on Department of Health, Health Building Notes (HBN) 11-01 Facilities for primary care and community services[17] guidance for the calculation of consultation and treatment rooms. The process

17 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148509/HBN_11-01_Final.pdf

has involved calculating the number of appointments per annum needed to satisfy the needs of the patient populations and calculates the number of appropriate rooms needed to meet these needs. Room sizes are also based on this HBN guidance.

A healthcare planner has worked with each practice in scope to support them to understand the art of the possible from the potential hubs. This has resulted in the development of a Schedule of Accommodation (SoA) for each potential new hub being considered by specific practices.

8.2 Business needs

The CCG needs to focus on closing any gaps between where we are now (existing arrangements) and where we need to be in the future (business needs). The business needs are highlighted in the table below.

Table 7 – Business needs

Existing arrangement ('current state')	Problems and difficulties associated with existing arrangements	Opportunities for bridging any existing or future gaps ('future state')
Current GP premises too small / incorrectly configured for enhanced primary care provision at scale model	Not able to fully deliver all services required from current premises	Build modern buildings to fully accommodate enhanced primary care provision
An older age primary care estate	Buildings require ongoing / costly maintenance with being / becoming no longer fit for purpose	Moving several practices into a modern new Hub building, significantly reduces primary care estate maintenance issues
Rapidly ageing population, presenting with more complex conditions	Disjointed approach to service provision, exacerbates inequalities in population health	Enhanced and improved collaborative working across health and social and communicate care services
Increasing patient expectations around waiting time for consultation, referral, and treatment	Not able to cope with demand and needs	Support increased capacity in Primary and Community services enabling efficient patient care to alleviate pressures of increasing demand
Weak digital accessibility	Patients not able to access the appropriate technology and technology not in place or not efficiently integrated between primary and community services	Have in place appropriate systems and skills to deliver digital-enabled models of care, together with a more integrated delivery of care using the latest technology

8.2.1 Future requirements

8.2.1.1 *Engagement feedback on capacity requirements*

As part of the preparation of this PCBC and SOC, meetings were held with each GP practice. The availability of space was discussed and in general reported as insufficient for the needs of each surgery.

Part of these discussions included the list of PCN services that are currently undertaken at the surgeries. Surgeries indicated that provision of additional PCN (wrap around) services within a GP surgery environment would help provide a more integrated approach to care and improve patient treatment.

This allowed the project to build up a specification (a Schedule of Accommodation, SoA) for how much space would be needed to consolidate PCN services within the proposed hub buildings per project. Room sizes were led by guidance from HBN 11.01. The appointed healthcare planner developed the SoAs to confirm total space allocations per practice and per hub.

8.2.1.2 *Agreed size and scope*

The combined information from the stakeholder engagement was used to develop the initial building model outputs for any proposed alternative options. The future estate aims to provide a flexible estate to cover circa the next twenty years. It is expected that some PCN services would continue to be provided at the other practice surgeries not included in this study (unless they too are considered for an alternative Hub).

From discussions with GPs, they are in some cases currently facilitating PCN services by using existing GP consultation rooms. This, however, prevents the space from being used by GP to undertake consultations. The proposed mix of consultation, treatment and PCN space reflects an up-to-date special requirement for Sheffield where rooms are used in the most efficient, functionally suitable purpose.

8.3 Project Scope

This covers the potential scope of the hub projects, in terms of the operational capabilities and service changes required to satisfy the identified business needs.

The CCG has considered the potential range of business functions, areas and operations that would be affected by the projects and the key services required to improve organisational capability on a continuum of need, where:

- the ‘**core**’ coverage and services required represent the ‘**essential**’ changes without which the project will not be judged a success
- the ‘**desirable**’ coverage and services required represent the ‘**additional**’ changes which the project can potentially justify on a cost/benefit and thus Value for Money basis
- the ‘**optional**’ coverage and services required represent the ‘**possible**’ changes which the project can potentially justify on a marginal low cost and affordability basis.

This aims to assist in avoiding ‘scope creep’ during the options appraisal stage of the project and is summarised in the table below.

Table 8 – Business scope and key service requirements

Coverage (Changes)	Core (Essential changes)	Desirable (Additional changes)	Optional (Possible changes)
Potential scope	Improved estate to accommodate primary care provision	Improved estate to accommodate enhanced primary care provision	Improved estate to accommodate other new service provision
Key service requirements	GMS/PMS	PCN	Other health and care services

8.4 Benefits and Risks

This section highlights the main potential benefits and risks.

8.4.1 Identifying the benefits

All stakeholders want to improve services to patients, to build on opportunities to expand services offered, potentially from shared buildings, such as "near patient testing" to reduce need to travel for some tests, introduction of practice-based pharmacists to support medication advice, as well as social prescribing to support wellbeing. Co-location would enable sharing 'back office' working which would release funding to patient-facing staff.

New hubs would enable practices to provide services from a modern building, fit for purpose, with comprehensive disabled access. There are demonstrable benefits of hub models, and scope for further improvements could be jeopardised if we do not act now.

The benefits of a primary and community care hub are:

- Opportunity to co-locate the health, local authority community teams and voluntary sector together with primary care in an easily accessible new buildings and enhance the outcomes of multi-agency working already in other parts of Sheffield
- Greater integration which will improve our ability to support people in their own homes, further reducing hospital admissions and demand on the acute hospital. The main challenges for acute sites are Emergency Department performance and finance. These hub developments would directly contribute to improvement in these areas through a reduction in hospital-based care. Integration of services alongside primary care would deliver further efficiencies and improvement in performance
- Further development of the multi-professional, multi-agency, self-managed team with strength of therapy and nursing leadership in clinical decision making
- Provision of more space so other services can be included on a drop-in basis
- Support the sustainability of primary care with a modern fit-for-purpose building providing a more attractive partnership model without the burden of property ownership
- Improved training opportunities for GPs and other clinical staff with better professional development
- Providing a great place to work, in a bright, modern, and airy environment
- Providing the ability to share services especially back-office functions.

In developing the project benefits the project team reviewed the SOs and sought to consider how these translate into clearly linked measurable benefits, on the basis that a **benefit is an economic measure of the outcome that is expected in return for an investment**.

The key benefits arising from the proposed SOs are set out in the table below.

Table 9 – Scheme benefits

Benefit ref	Benefit Category	Benefit description
B1	Reduced GP sickness	GP sickness rates reduced
B2	Reduced Admin sickness	Admin sickness rates reduced
B3	Reduced recruitment costs	Admin recruitment costs reduced
B4	Reduced non-clinical days	GP non-clinical days reduced
B5	Reduced prescriptions	Reduced prescribing costs through close collaboration with pharmacist
B6	Reduced falls	Proactive fall prevention care based on MDT prevention of 3 falls per annum which would have led to hospital admission
B7	Incentivised recruitment	Primary Care Hub identified as contributing to workforce recruitment & retention as they are perceived as attractive workforces and more innovative than traditional models.
B8	Backlog reduction	Decreases backlog requirement per annum
B9	Reduction in complaints	Less staff time spent responding to less complaints - due to the environment and accessibility to appointments
B10	Reduced emergency visits	Reduction in hospital emergency visits (by new Hub emergency support service)
B11	Reduced A&E admissions	Continue to contribute to reduction in A&E admissions
B12	Reduced MH episodes	Primary Care Hub new model of care incorporating social prescribing, reducing mental health crisis episode.
B13	Public/third sector rental of additional space	Lease to Health Trusts, Community/Third Sector groups
B14	Delivers expected Service Quality	will allow services to provide the level of service quality expected
B15	Meets capacity requirements	Assets provide sufficient capacity requirements
B16	Timeliness to deliver by end 2023	Construction and funding can be completed before the end of 2023
B17	Delivers service efficiencies	New arrangement supports to deliver service efficiencies
B18	Capacity for future growth	Assets provide sufficient space for future growth
B19	Co-location with other services	New arrangement supports co-location of complimentary services
B20	Capital avoidance elsewhere	New asset prevents spending money of existing assets
B21	Enhanced patient experience	Patient experienced is enhanced
B22	Enhanced accessibility	Accessibility to and within the new asset is enhanced compared to existing
B23	Likelihood of full stakeholder support	All stakeholders have full support

Benefit ref	Benefit Category	Benefit description
B24	Strategic fit – demand management	New arrangements provide strategic fit - from a demand management perspective
B25	Strategic Fit – Promotes Health & Wellbeing	New arrangements provide strategic fit - promoting/improving health and wellbeing
B26	Strategic Fit – reducing health inequalities	New arrangements provide strategic fit - by reducing health inequalities
B27	Strategic Fit - Primary care at Scale / New Models of Care	New arrangements provide strategic fit - by enabling primary care at scale / new models of care
B28	Rent saving for CCG (Public Sector)	Rent saving for CCG as not reimbursing GPs for (e.g.) 70 years due to capital investment
B29	Avoidance of Planned Maintenance (PM)	PM eradicated as current buildings vacated and disposed of.
B30	Disposal of Public Sector site	Vacation and disposal of Publicly owned Building(s)
B31	Commercial rental of additional space	Lease to Commercial Sector
B32	Travel costs & lost hours	Reduction in travel costs and reduction in lost hours
B33	Crime reduction	Reduction in crime due to reduced premises
B34	Alternatives to Social Care	Users/patients offered social prescribing reducing social care required

The above list of benefits includes some which are 'unmonetisable' benefits. These benefits are used to assist the economic case qualitative (non-financial) appraisal. Any financial related benefits identified, are appraised through the economic case quantitative appraisal. To ensure that all identified benefits that are to be realised through this project, these are developed into a Benefits Realisation Plan (BRP). The BRP is considered further within the management case section.

8.4.2 Risk management arrangements

The project team working on the delivery of this PCBC will maintain a risk register, which is included within the CCG's overall risk management and governance arrangements.

Any risks to the PCBC will be continually updated and refined as our proposed model is being refined and in response to feedback from stakeholders throughout the consultation period and as any other relevant information about the impacts of the final pre-consultation proposal becomes available.

8.5 Our proposals

We reviewed the Case for Change, and this led us to conclude that our proposal should be to consider alternatives to remaining and expanding at all existing practices in scope and to consider finding suitable public sector sites capable of delivery within the programme timescales and that can meet our future population and place needs.

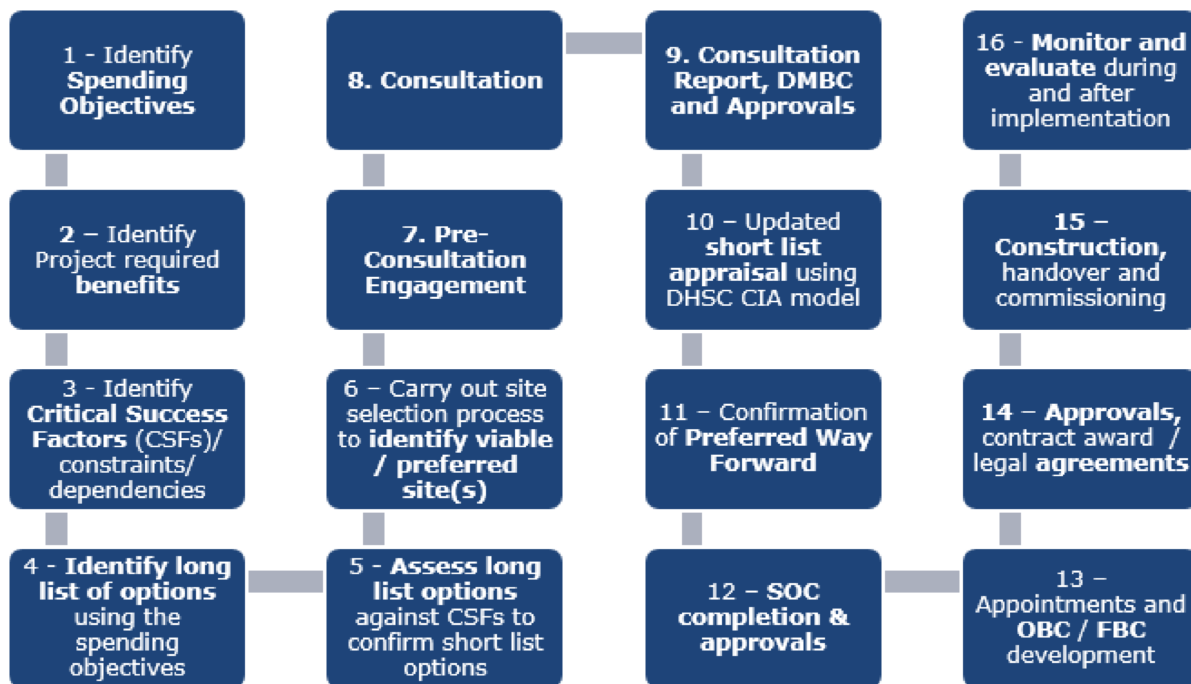
Whatever future options are decided we will take swift action to ensure that patients can continue to see a local GP when they need to, and we will communicate with patients to ensure they know what is happening.

As highlighted in the previous section, prior work was in the form of Feasibility Studies, Addendums to these and NHSE PIDs were undertaken. This work created the initial long list of options in collaboration with GP stakeholders at that time.

8.5.1 Approach to develop the preferred way forward

This PCBC has reviewed and considered outputs from all previous work and considered if the options remain valid today. This has involved engaging with stakeholders to ascertain the latest position. The PCBC has followed steps 1 to 8 in the process shown in the figure below. Steps 1 and 2 were highlighted in the previous section.

Figure 7 – Approach



8.5.2 Identifying the Critical Success Factors (CSFs, step 3)

CSFs relate to the deliverability of the options. They provide a rationale to discard long list options before any detailed review is undertaken. The CSFs were developed using the Green Book guidance[18]. Using the HMT Green Book suggested key CSF areas, the CCG developed specific CSFs for this project. These are shown in the table below.

Table 10 – CSFs and benefits criteria

Key CSFs (5 case link)	Broad Description	Benefits Criteria for this project
Strategic Fit and Business Needs *(Strategic)*	How well the option: ▪ Meets agreed SOs related business needs and service requirements ▪ Provides holistic fit and synergy with other strategies, programmes, and projects.	▪ **CSF 1: Alignment** with the project spending objectives and business needs and any other relevant Council and CCG (or wider i.e., system level) strategies, programmes, and projects.

[18] The Green Book: appraisal and evaluation in central government - GOV.UK (www.gov.uk)

Key CSFs (5 case link)	Broad Description	Benefits Criteria for this project
Potential value for money *(Economic)*	How well the option: ▪ Maximises the return on the required spend (benefits optimisation) in terms of economy, efficiency, and effectiveness from both the perspective of the organisation and wider society. ▪ Minimises associated risks.	▪ **CSF 2: Delivers** the proposed required benefits
Potential achievability *(Management)*	How well the option: ▪ Is likely to be delivered in view of the respective organisation's ability to assimilate, adapt, and respond to the required level of change ▪ Matches the level of available skills which are required for successful delivery.	▪ **CSF 3: Deliverability** within appropriate timescales and with minimal disruption to service delivery
Supply-side capacity and capability *(Commercial)*	How well the option: ▪ Matches the ability of the service providers to deliver the required level of services and business functionality ▪ Appeals to the supply-side.	▪ **CSF 4: Attractive** to the market to deliver
Potential affordability *(Financial)*	▪ The project is affordable to the organisation (revenue and capital)	▪ **CSF 5: Delivers** efficiency savings and affordable to implement.

Achieving these CSFs will be a key part of delivering a successful project. All the long list options were assessed against them (see next steps).

8.5.3 Identify long list of options using the spending objectives (step 4) and assessing the long list options against the CSFs to confirm short-list options (step 5)

To support with identifying the long list of options, the individual projects adopted the HMT 'Option Framework Evaluation'. The options framework evaluation, as outlined in HMT Green Book guidance (page 15), provides a systematic approach to identifying and filtering a broad range of options for operational scope, service solutions, implementation timeframes and the funding mechanism for a project.

Several long list high level options were reviewed to develop a shorter list. The long list includes the 'Do nothing' (or otherwise known as the Business as Usual (BAU)) and do-minimum options, however as part of this process, care was taken to ensure that the options considered reflected an appropriately wide and well-defined range of alternatives.

The development of the long list was undertaken in 2020/21 by assessing the following categories:

- **Scoping options** – The range of potential services to be included within the project
- **Service solution** – How the preferred scope of the project can be delivered
- **Service delivery** – in relation to delivery of the preferred scope and solution
- **Implementation options** – The range of potential delivery timescales
- **Funding options** – The range of potential funding options for the project.

The above categories were assessed against the following assessment criteria:

- **Preferred way forward** – The option that is most likely to optimise public value for money since it best meets the CSFs and the SOs, where advantages far outweigh disadvantages
- **Carry forward** – Options to carry forward for further evaluation on the basis that they adequately meet a range of CSFs and SOs, where advantages outweigh disadvantages
- **Discounted** – carry forward as 'baseline': options that are not feasible but should be carried forward to compare against as a baseline (i.e. the do-nothing/BAU option)
- **Discounted** – Unrealistic options that do not adequately meet the schemes CSFs and SOs, where disadvantages outweigh advantages.

Table 11 – Identification of the long-list

Project	0. Business as Usual (BAU)	1. Do-Minimum	2. Do-Intermediate	3. Do-Maximum
1. Project scope – as outline in the strategic case	1.0 Status quo option. GPs continue to provide existing services only.	1.1 Existing GP practice(s) delivered services only	1.2 Same as 1.1 plus existing and new 'PCN wrap around' services	1.3 Same as 1.2 plus other complimentary services (e.g. Third & Commercial Sector)
	Discounted	Discounted	Carry forward	Preferred Way Forward
2. Project solution – in relation to the preferred scope	2.0 Current services: Backlog maintenance works at existing practice premises/sites	2.1 Extension and or reconfiguration existing premises(s)	2.2 Mix of reconfigure/ expand existing premises and new build Hub	2.3 Build only new Hub, dispose of other sites
	Discounted	Carry forward	Carry forward	Preferred Way Forward
3. Service delivery – in relation to the preferred scope & solution	3.0 In-house delivery	3.1 Local contractor	3.2 National contractor	3.3 International contractor
	Discounted	Preferred way forward	Carry forward	Carry forward
4. Implementation – in relation to preferred scope, solution and method of service delivery	4.0 Phased over 5 years	4.1 Phased over 3 FYs	4.2 Phase over 2 FY's	4.3 Big bang over 1 FY
	Discounted	Discounted	Carry forward	Preferred way forward
5. Funding – in relation to preferred scope, solution and method of service delivery & implementation	5.0 GP cost	5.1 CCG plus GP contribute (e.g. as per PCDs)	5.2 Full 100% Government capital funded	5.3 Mix of public & private funding
	Discounted	Carry Forward	Preferred way forward	Discounted

Using the above options framework enabled the consideration of a possible **72 permutations** (**Appendix 03**). These **72 permutations** were grouped into four overarching options per project shown in the table below.

Table 12 – Summary description of long list options

Long-list options	0. Business as Usual (BAU)	1. Do-Minimum	2. Do-Intermediate	3. Do-Maximum
Description	Provide existing services through undertaking of **backlog maintenance of existing practice premises**, using a GP's (in-house) own contractors, phased over 5 financial years through an improvement grant (IG) funded route.	Provide existing services through the **extension and or reconfiguration of existing practice premise(s)**, using a local contractor (or national / international) contractor, over 1 financial year (or phased over 2 or 3) to be fully funded by 100% of the Government grant (or CCG plus GP contributions).	Provide existing services plus additional PCN 'wrap around' services through a **mix of retaining or expanding existing practices and new build Hubs**, using a local (or national / international) contractor, over 1 financial year (or phased over 2) to be fully funded by 100% of the Government grant (or CCG plus GP contributions).	Provide existing services plus additional PCN 'wrap around', third and commercial sector services, through **new build Hubs**, using a local (or national / international) contractor, over 1 financial year (or phased over 2) to be fully funded by 100% of the Government grant (or CCG plus GP contributions).
Initial assessment	Discounted	Discounted	Carry forward	Preferred way forward

As both the BAU and Do-Minimum options from an options framework scope perspective do not meet the project objectives or critical success factors these were discounted. However, although this initial desktop appraisal discounts both option 0 and 1, the capital business case process will require them both to be used for comparison purposes to other alternative options in the SOC, OBC and FBC capital business case economic case appraisal processes.

Within option 2 and 3, the 'alternative options', this is where there are several permutations depending upon the chosen solution, delivery, implementation and funding route chosen. The initial assessment indicates to carry forward the do-intermediate and the do-maximum, with the do-maximum of creating a hub and all moving in being the preferred way forward at this early stage.

Each of the long options, were evaluated, focusing on how well each option meets the project's SOs and CSFs. Based on the long list, an assessment was made about whether it is feasible to carry the option forward in terms of:

- **Green:** assessment indicates **fully** meets SOs and or CSFs
- **Amber:** assessment indicates **partly** meets SOs and or CSFs
- **Red:** assessment indicates **does not** meet.

The results are shown in the table below. This indicates that option 3, do-maximum of providing existing services plus additional PCN 'wrap around', third and commercial sector services, through a new build hub, using either a local (preferred), national or international contractor, over 1 financial year (preferred) and to be fully funded using 100% of the government grant (preferred) would fully meet the SOs and CSFs and is the early preferred way forward at this stage. The tables below show more detail including some additional further commentary/analysis.

Table 13 – Filtering the long-list using the SO & CSFs

Option	0. Business as usual	1. Do-Minimum	2. Intermediate option	3. Do-Maximum
Spending Objectives (SO's)				
SO1: Enables estate efficiencies	Does not meet	Does not meet	Partly meets	Fully meets
SO2: Enables greater primary care capacity	Does not meet	Partly meets	Partly meets	Fully meets
SO3: Enhances service integration	Does not meet	Does not meet	Partly meets	Fully meets
SO4: Enhances patient choice and quality	Does not meet	Partly meets	Fully meets	Fully meets
SO5: Capital and revenue affordable	Partly meets	Partly meets	Partly meets	Fully meets
SO6: Embeds prevention, community needs	Does not meet	Does not meet	Fully meets	Fully meets
SO7: Supports a sustainable workforce	Does not meet	Does not meet	Fully meets	Fully meets
SO8: Scheme capable of being delivered	Does not meet	Fully meets	Fully meets	Fully meets
Critical Success Factors (CSFs)				
CSF1: SOs & business needs	Does not meet	Does not meet	Partly meets	Fully meets
CSF2: Required benefits	Does not meet	Partly meets	Fully meets	Fully meets
CSF3: Deliverability	Does not meet	Does not meet	Partly meets	Fully meets
CSF4: Attractive to market	Partly meets	Partly meets	Fully meets	Fully meets
CSF5: Efficiency	Does not meet	Does not meet	Partly meets	Fully meets
Summary	Discounted	Discounted	Carry Forward	Preferred Way Forward

The outcome / analysis of the SO and CSF filtering is shown in the table below.

Table 14 – Option filtering commentary

Nr	Option	Description	Outcome (at this stage i.e. pre-site selection)
0	Business as Usual (BAU)	No changes to existing GP practices. Buildings continue to present **capacity and configuration issues**, plus future **maintenance issues**.	**Discounted** as it does not deliver against the project SOs, business needs or allow for service relocation. Premises may become costly to maintain as assets become older and go beyond existing life. Existing leaseholds could impact some practices requiring them to seek alternative accommodation. **However, as per HMT guidance, carried forward for comparison to alternative options that make the 'short list'.**
1	Do-Minimum	**Extension and or reconfiguration of existing practice(s)** to provide additional future capacity	**Discounted** as unlikely to be able to meet SOs/project needs, delivery of changes likely to cause major disruption to relocate existing services during reconfiguration / cost of temporary accommodation and unlikely to provide value for money due to higher reconfiguration costs/costs to GPs. However, likely to partially meet benefits and be attractive to some contractors. Other potential issue with this option is that to fully deliver against the project benefits i.e. primary care at scale, the existing reconfigured GP buildings may not provide sufficient space. Also, this option would be an Improvement Grant (IG) route requiring 34% GP capital contribution. **However, as per HMT guidance, carried forward for comparison to alternative options that make the 'short list'.**
2	Do-Intermediate	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services and **retain an existing practice**	**Carried forward** although it only partly meets the SO's and business needs and required benefits, it appears to fully meets the other CSFs (deliverability, attractive to the market and efficiency). Any new PWF sites, provided following the site selection process, will be able to be delivered without service disruption because it could be a new/adjacent alternative site. Building a new public sector building in central/north/east Sheffield is likely to be attractive to the construction market and with Government capital funding available it could support future revenue savings.
3	Do-Maximum (PWF)	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services.	**Preferred way forward** as it appears to fully meet all CSFs. Could be delivered without disruption due to it being at new sites/adjacent to existing sites, attractive to the construction market and would provide future revenue savings through use of Government grant to fully pay for capital works. This option is preferred over option 2, because it involves all in scope and in agreement practices moving out of current premises and into a new build Hub providing a bigger building benefitting patients by having as much of their primary care/support services within one building, preventing additional travel. However, some patients would be more negatively impacted than others following the agreement of the preferred way forward site (from the site selection process).

The identified project short list is therefore displayed in the table below. The table below also indicates what the likely site options could be for each option. The Do-Nothing and Do-Minimum would not see any site changes are options are focused solely on improvements at the existing practice sites.

GP stakeholders were involved in the options development process which included confirming the proposed number of hubs per PCN (x1 City hub, x2 hub Foundry and x2 hubs in SAPA) and practices per hub as well as reviewing any required appraisal assessment criteria.

This included specific reviews and discussions as to likely do-minimum changes. With each of the options there could be additional sub-options but at this early stage, most scenarios have been captured into these four short list options.

Table 15 – The Short List

Option	Description	Site options
0. Do-Nothing (BAU)	No change to existing ('in-scope')* practices in scope of this PCN. **Periodic backlog maintenance is undertaken** as per the latest 6 Facet Surveys.	n/a – practices remain at existing sites
1. Do-Minimum	**Extension and or reconfiguration of existing practice(s)** to provide additional future capacity	n/a – practices remain at existing sites
2. Do-Intermediate	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services and **retain an existing practice.**	Across each of the PCN hub projects the following list the number of potential long list site options City Hub 9 Foundry Hub 1 10 Foundry Hub 2 10 SAPA Hub 1 7 SAPA Hub 2 4 **Grand Total 40** The same site options were applicable for the Do-Maximum option
3. Do-Maximum	**Build a new Hub**, practices in agreement to move in, plus any other agreed existing and new PCN ('wrap around'/third and commercial sector) supporting services.	

**In some cases, this only includes some not all practices in the PCN*

The site selection exercise commenced with the Council upon short list option identification. This highlighted a potential 40 sites in total for consideration (City – 9 site options, Foundry Hub 1 – 10 site options, Foundry Hub 2 – 10 site options, SAPA Hub 1 – 7 site options, SAPA Hub 2 – 4 site options). The focus of the site options was based on the site being in Council ownership but was not essential. Therefore, there were some non-Council owned sites, including some existing GP premises, that would require acquisition should they eventually become preferred sites. The impact of this on the capital budget would need to be factored into this process (if applicable).

8.5.4 Discounted sites – Existing

The project first assessed the existing sites. Through interviews held with each surgery and numerical assessments on the space needed to support the Sheffield population it was identified that most of the existing estate in scope was already being used very heavily and that additional clinical space was required.

Internal reorganisation, where possible, has already been undertaken with the surgeries converting back-office space into clinical rooms and utilising hot-desking. Even after

maximising the amount of clinical space, the surgeries are unable to provide enough clinical space to meet the future population needs and to deliver primary care at scale.

Expanding the existing surgeries was then reviewed as a means of meeting the clinical space deficit. However, this has by in large been undertaken with all surgeries having been expanded in the last 20 years by permanent or temporary buildings. Such changes now fill the curtilage of most sites, significantly compromising parking provisions and leaving no future room for expansion.

Further expansion beyond the curtilage of each surgery is possible in some sites although very unlikely at a level needed to meet the space requirements of a new Transformational Hub. This therefore would typically lead practices to considering the purchase of multiple adjacent plots of land with the possibility of higher acquisition costs, thus exposing the project cost pressure on the project capital budget. However, all options were considered were appropriate and agreed with all stakeholders.

8.5.4.1 *Discounted sites – Newly identified*

In identifying new viable sites, we used a few guiding principles to help in the identification process:

- The site should be in its respective PCN settlements of Sheffield to avoid increasing travel requirements of patients
- Empty sites are preferable, although developed sites with a use that could foreseeably be relocated are considered
- The buildings will be subject to the normal planning and legal constraints and scrutiny. Therefore, public parks or protected open space has not been considered
- The size of the building is still being considered; however, it will need to be substantially bigger than the existing primary care facilities in this area of Sheffield.

8.5.4.2 *Potential sites*

Following, the initial review of the 40 total site long list, using the above, 8 were discounted, e.g., too far, site too small, site fully in use etc. The remaining viable sites (of which there were 32) were taken forward to be scored by stakeholders.

Hub	Total	Initial discounted	Total to be scored
City Hub	9	0	9
Foundry Hub 1	10	3	7
Foundry Hub 2	10	3	7
SAPA Hub 1	7	2	5
SAPA Hub 2	4	0	4
Total	**40**	**8**	**32**

8.5.5 Site selection process to identify viable/preferred site(s) (step 6)

In conjunction with stakeholders, including GP, CCG and SCC, the project developed a site selection exercise for the potential new hub site locations. Key factors that were used to identify potential sites included:

- **Size** – is the site foreseeably able to accommodate a building and car park (i.e., aligning to any Local Authority parking standards / guidance)
- **Availability / Surplus to requirements** – is the site vacant, undeveloped, due to be vacated in the foreseeable future
- **Certainty of acquisition** – is it foreseeable that the site could be acquired from the existing owner, or is the existing owner already associated with the Project (e.g., Local Authority or another public sector body)
- **Location and access** – the site is in or around the area of interest in Sheffield and it is foreseeable that the site could be accessed by car and/or on foot.

The process to select a preferred site was discussed and agreed in principle with stakeholders. It provided for a qualitative assessment of all potential sites in the in-scope areas of Sheffield.

An assessment criterion was developed with stakeholders to assess each site. It focused on four key themes: Access, Impact, Functionality and Deliverability. These four themes comprised 9 points of measures. These were:

- Is the site easily accessible by bus? (e.g. near one or more bus routes / bus stops?)
- Does the site avoid estate roads which may become congested with additional traffic?
- Will the site be impacted by particular adjacent / neighbouring properties / businesses / infrastructure?
- Is the site centrally located amongst existing patient populations?
- How well does the site accommodate what is required?
- Is there room for future expansion?
- Is there good access to complimentary services or local amenities in the vicinity?
- Is there certainty of acquisition?
- Is the site in public body ownership?

Each of the 9 measures were individually weighted based on how important the stakeholders believe them to be in ensuring the overall deliverability of the scheme. Those measures which were felt to be essential to deliverability were awarded a higher weighting. Evaluation of each site was based on a scale of 1 to 5:

- 5 – Meets or fulfils expectations, going substantially beyond expectations
- 3 – Meets or fulfils expectations
- 1 – Falls substantially short of expectations, objective still achievable, but with notable compromises.

A score of 0 was also available should a site fail to meet a basic level of the measure. Normally any site that scored 0 for any measure would be removed from further consideration (i.e., classed as not viable).

Following site selection and stakeholder discussions a ranking of all sites was confirmed to provide the preferred way forward site(s) per hub. A heat map summary of the site scoring exercises is included at **Appendix 07**). A summary of the sites considered and ranked in the Site Scoring Exercise is included, together with the principal reasons for sites not taken forwards.

Foundry Hub 1			
Site name	Score	Rank	Summary Outcome / Findings
Sheffield MC + neighbouring land	151	1	PWF site - do-intermediate
Sorby House	143	2	Too small
Brackley St / Catherine St	142	3	Too steep to build large health centre
Catherine St (Watoto Pre-School)	131	4	PWF site - do-maximum
Burngreave Vestry Hall	127	5	Listed building and too small, insufficient parking provision
Cornerstone, Burngreave & Adjacent Property	122	6	Too small
Site in commercial ownership	101	7	Too small, residential area / congestion

Foundry Hub 2			
Site name	Score	Rank	Outcome
Rushby Street	180	1	PWF site - do-maximum
Upwell Street / Wincobank Lane	143	2	Sloping site, with likely ground condition issues preventing building
Page Hall Medical Centre + neighbouring site	135	3	Too small
Land in private ownership	133	4	Sloping site, that would require residential property purpose to ensure large enough site
Sheaf Training Centre	130	5	Too far from majority of existing practices / site too big / likely demolition costs
Site in commercial ownership	130	6	Too far from majority of existing practices / site too big / acqusitiion not assured & demolition costs / not affordable
Daffodil Road	116	7	Too far from majority of existing practices / catchment areas

SAPA Hub 1			
Site name	Score	Rank	Outcome
Concord Sport Centre	171	1	PWF site - do-intermediate
Site in commercial ownership	159	2	Site not vacant/in use, privately owned, acqusition likely outside of programme timescales and affordability
Steel City disused tennis courts	146	3	Too far from majority of existing practices / catchment areas
Site in commercial ownership	138	4	Site not vacant/in use, privately owned, acqusition likely outside of programme timescales and affordability
Land in private ownership	101	5	Low scoring, in private ownership impact on remaining build capital budget/distance from some practices

SAPA Hub 2			
Site name	Score	Rank	Outcome
Wordsworth / Buchanan	166	1	PWF site - do-intermediate
Wordsworth Avenue	130	2	Too far from majority of existing practices / catchment areas / site shape may limit buildability scope
Parson Cross Park	127	3	Irregular shaped site / likely issues with site access and potential issues with removal of park spaces.
Site in commercial ownership	118	4	Low scoring, but became unavailable due to residential development plans

City Hub			
Site name	Score	Rank	Outcome
Site in commercial ownership	145	1	Although top - following Devonshire & Hanover withdrawal, site is too big
Eldon Street Car Park	141	2	SCC informed site no longer available or affordable
Site in commercial ownership	130	3	Part of site in use, privately owned, acqusition likely outside of timescales / likely high costs to re-devevelop
Telephone House	129	4	Area not central for City/Mulberry practice patients / potential timing issues with many other planned developments
Devonshire Quarter development site	129	5	Area not central for City/Mulberry practice patients / potential timing issues with many other planned developments
Site in commercial ownership	119	6	Too big in total and Landlord decided to sell full premises post scoring/project for other plans
Site in commercial ownership	113	7	Privately owned / too big / likely too high a cost, not scored well by stakeholders
Site in commercial ownership	109	8	Privately owned / too big / likely too high a cost, not scored well by stakeholders
Site in commercial ownership	68	9	Too small and still occupied

The proposed preferred way forward sites were taken forward for feedback from all stakeholders and for the patient and public engagement exercise. The **Pre-Consultation Engagement Report** captures any site-specific feedback (**Appendix 01**).

The table below indicates the latest outcome following CCG and GP site appraisals, advice from SCC and the more recent public and patient early engagement feedback.

Table 16 – Preferred Way Forward (PWF) hub sites

PCN / Hub	Preferred site options for consideration	Landowner
City Hub	(No appropriate preferred site identified at this stage)	n/a
Foundry Hub 1	Land at Spital Street, S3 9LD	Sheffield City Council
Foundry Hub 2	Land at Rushby Street, S4 8GD	Sheffield City Council
SAPA Hub 1	Land at Concord Sports Centre, S5 6AE	Sheffield City Council

SAPA Hub 2	Land at Wordsworth Ave. / Buchanan Rd., S5 8AU	Sheffield City Council

These sites will be used as the basis for public consultation. Similarly, any previous capital estimates will be refined based on these potential new hub sites.

8.5.6 Final short-list options

After pre-consultation engagement, practices were asked by the CCG to confirm their continued involvement in the programme and individual potential hub projects taking into account their patients' views as well as their own business analysis. This resulted in some changes to the original scope of the project, with the table below detailing the final short-list options for further appraisals.

Proposal	Hub	Preferred way forward hub site
Build four new primary care hub buildings **(and for the following practices to move into them, disposing of their existing buildings)**	**Foundry Hub 1** – Burngreave Surgery and Sheffield Medical Centre) – with Pitsmoor Surgery remaining and expanding on its existing site	Land at Spital Street, S3 9LD
	Foundry Hub 2 – Page Hall Surgery and Upwell Street	Land at Rushby Street, S4 8GD
	SAPA Hub 1 – Dunninc Road Surgery, Shiregreen Surgery and Firth Park Surgery) – with Norwood Medical Centre Surgery remaining and expanding on its existing site. Elm Lane decided to withdraw from the project.	Land at Concord Sports Centre, S5 6AE
	SAPA Hub 2 – Margetson Surgery, Buchanan Road Surgery and The Healthcare Surgery – with Southey Green remaining at their existing site	Land at Wordsworth Avenue / Buchanan Road Junction, S5 8AU
Refurbish an existing city centre building **(and for the following practices to move into it, disposing of their existing building(s):**	**City Hub –** City Practice and Mulberry Practice – Devonshire Green MC and Hanover MC decided to withdraw from the project.	Site TBC

8.6 Steps 7, 8 and 9 (Pre-Consultation Engagement, Consultation and Post Consultation)

Following the development of the initial options and sites, we undertook pre-consultation engagement (section 9). Both consultation and its associated output report(s) are proposed upon necessary approvals of this PCBC. To assist with assessing initial viability, step 10 (below) was undertaken. Post stages 8 and 9, step 10 would be updated and progress as shown in figure 7 above.

8.7 Economic appraisal

8.7.1 Appraisal of short-list options and site(s) using the CIA model (Step 10)

8.7.1.1 *Developing the Preferred Way Forward (PWF)*

The DHSC CIA model ('financial appraisal') alongside CCG and GP quality appraisal of the options ('non-financial appraisal') was used to determine the initial preferred way forward options per hub project.

8.7.1.2 *Non-financial appraisal*

Where it was not possible to quantify a benefit from a monetary perspective, these benefits fell into the Unmonestiable benefits (UB) category. The UBs have been separately qualitatively evaluated. This aims to support building upon any previous qualitative appraisals undertaken previously during the original 2017 feasibility studies. **The outputs of the non-financial appraisals indicated the alternative options (the do-intermediate or do-maximum) are indicating qualitatively, better options than the do-nothing or doing-minimum.**

8.7.2 Economic appraisal outcome

For the purposes of this appraisal, the BAU is the baseline position against which all other direct investment costs, such as capital costs, are assumed to be marginal to the implementation of that option. The Benefit Cost Ratio (BCR) has been calculated on this basis and outlined within the table below.

Table 17 – Economic appraisal outcome

Economic Summary (Discounted) - £	City Hub			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,025,684.64	n/a	-£3,839,724.79
Incremental benefits - total	£0.00	£1,604,068.17	n/a	£19,854,400.03
Risk-adjusted Net Present Social Value	£0.00	-£421,616.47	n/a	£16,014,675.24
Benefit-cost ratio	0.00	0.79	n/a	5.17
Economic Summary (Discounted) - £	SAPA Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,535,658.54	-£14,003,163.30	n/a
Incremental benefits - total	£0.00	£2,912,574.49	£51,406,914.77	n/a
Risk-adjusted Net Present Social Value	£0.00	£376,915.95	£37,403,751.47	n/a
Benefit-cost ratio	0.00	1.15	3.67	n/a
Economic Summary (Discounted) - £	SAPA Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	3 - Do-Maximum
Incremental costs - total	£0.00	-£2,084,518.38	-£6,192,005.91	n/a
Incremental benefits - total	£0.00	£1,750,153.50	£27,990,509.32	n/a
Risk-adjusted Net Present Social Value	£0.00	-£334,364.88	£21,798,503.41	n/a
Benefit-cost ratio	0.00	0.84	4.52	n/a
Economic Summary (Discounted) - £	Foundry Hub 1			
Options	0 - Business as Usual	1 - Do-Minimum	2 - Do-Intermediate	
Incremental costs - total	£0.00	-£1,742,745.33	-£9,479,759.95	n/a
Incremental benefits - total	£0.00	£2,394,505.59	£24,517,753.36	n/a
Risk-adjusted Net Present Social Value	£0.00	£651,760.26	£15,037,993.41	n/a
Benefit-cost ratio	0.00	1.37	2.59	n/a
Economic Summary (Discounted) - £	Foundry Hub 2			
Options	0 - Business as Usual	1 - Do-Minimum		3 - Do-Maximum
Incremental costs - total	£0.00	-£4,619,782.73	n/a	-£8,164,597.46
Incremental benefits - total	£0.00	£2,727,101.70	n/a	£25,759,303.83
Risk-adjusted Net Present Social Value	£0.00	-£1,892,681.04	n/a	£17,594,706.37
Benefit-cost ratio	0.00	0.59	n/a	3.15

As shown in the table above, in all cases, the alternative options (either Do-Intermediate or Do-Maximum) indicates the **highest BCRs** and are therefore deemed to be the preferred way forward options are this stage. As this are indicating above the MHCLG benchmark of above 2, they are indicating as high (green), and therefore are likely to represent value for money (VfM) for the public sector.

8.8 Sensitivity Analysis

The figures used in the economic appraisals are rarely certain and it is not possible to remove all uncertainties. Sensitivity analysis was used to test the robustness of the appraisal's conclusions to variations in key assumptions, and so determine whether the

conclusions of the option appraisal are robust or in any way “sensitive” to assumptions and if this alters the preference ranking of the options.

A series of sensitivities was undertaken with **no change to the PWF in scenarios 1, 2 and 3 shown below.** However, we will re-visit sensitivity during OBC following additional detail on each of the short-listed options.

1. Increase costs by 10%
2. Decrease benefits by 10%
3. Both scenarios above together.

8.9 Funding

The hub alternative options will be funded by NHS England STP Wave 4b Capital. The do-minimum options will follow an Improvement Grant (IG) funding route which would require capital contributions from practices based on the latest Premises Cost Directions (2013).

Therefore, as we have value for money preferred way forward options, preferred way forward sites, supportive stakeholders, capital funding approved in principle by HMT (subject to future business case development and approval), we have viable schemes upon which to progress to consultation.

9 Pre-consultation engagement

We have undertaken a staged approach to engagement when developing this PCBC:

Table 18 – Engagement stages

Stage	Description	Dates
1	Engagement with the health services, in particular GP practices in scope on improving access with our developing PCNs and how best our estate can support current and future patient and population demands and needs	August 2019 to ongoing
2	Pre-Consultation engagement and communications for this PCBC, including the case for change	March – May 2022
3	Formal consultation on proposals (planned subject to approval for the PCBC)	18/07/22 – 25/09/22 (10 weeks)

The key aim of our engagement process, and of stage 2 pre-consultation engagement, was to ensure that a robust and transparent approach was in place that enabled stakeholders to assist us to inform and test the assumptions for this PCBC.

Throughout our pre-consultation engagement, we incorporated the findings from our stakeholder mapping exercise and from the – this is described in more detail in Section 13 **Impact Assessments** (and **Appendix 04**). This approach ensured that a range of stakeholders was given the opportunity to be involved in the early engagement discussions across the CCG. The approach also included opportunities for engagement targeted at those who have a particular stake in the practices in scope to help inform the PCBC: for example, engagement sessions were conducted with patients in local community settings.

A **Pre-Consultation Engagement Report** is provided in **Appendix 01**. The key themes which have emerged from the surveys, social media comments and discussions at stakeholder meetings and forums during the pre-consultation engagement are summarised in the table below.

In addition to the above, the key themes which emerged from engagement with primary care including GPs, practice managers and practice nurses were:

- The importance of seeing the right person at the right stage of a patient's pathway - sometimes it is important for patients to see a clinician early on in their journey
- The importance of access and patients having the right information about services
- The role of community pharmacies and mental health crisis services
- The importance of local support services for homeless patients who use the practices in scope, particularly within the city centre.

A common theme emerging from meetings with GP was that the impact of any changes to patients and service users' needs to be as minimal as possible.

10 Our pre-consultation scheme proposals

10.1 How did we develop our pre-consultation scheme proposals?

Our process for developing the pre-consultation proposal was:

- Finding out what is important to local people - we have been engaging with local practices about the transformation hubs in primary care services since 2018/19. This has also included the recent period of dedicated pre-consultation engagement on the Sheffield Transformational Hubs to inform this PCBC and what other improvements in services we should be exploring. We have done this through meetings with key stakeholder groups, surveys, meetings, community outreach, and social media feedback
- Finding out what is important to local clinicians – we have engaged with our local GP membership through GP locality meetings and to seek feedback on our proposal
- Undertaking reviews of the practice services to better understand who uses the service, how it is used and why - this review was carried out in the 2018/19 through the production of feasibility studies
- Reviewing what other services are available locally – looking at what services have become available since the original STP bid was originally approved
- Modelling the potential impact of the proposal on other services – we have used the data from the feasibilities, national research, and analysis of current GP attendance data to model the likely impact of the proposal on local people and the services they use
- Assuring our proposal by working with NHSE, local clinicians and SAPA and Foundry PCNs (and part of City PCN), who reviewed the capital investment Strategic Outline Case (SOC) proposals. This is outlined in more detail in **Section 14.**

Our pre-consultation engagement process has given us further assurance that changes to the existing GP services in scope are necessary, and that the Case for Change outlined in **Section 8** is valid:

- The GP services used by people to meet their primary care needs is seeing an increasing demand
- Understanding from our practices if they remain on board with the proposals or whether they wish to explore other routes to improve their service delivery. The initial public engagement led to a smaller number of practices deciding to withdraw, with some other practices wishing to expand their existing sites.

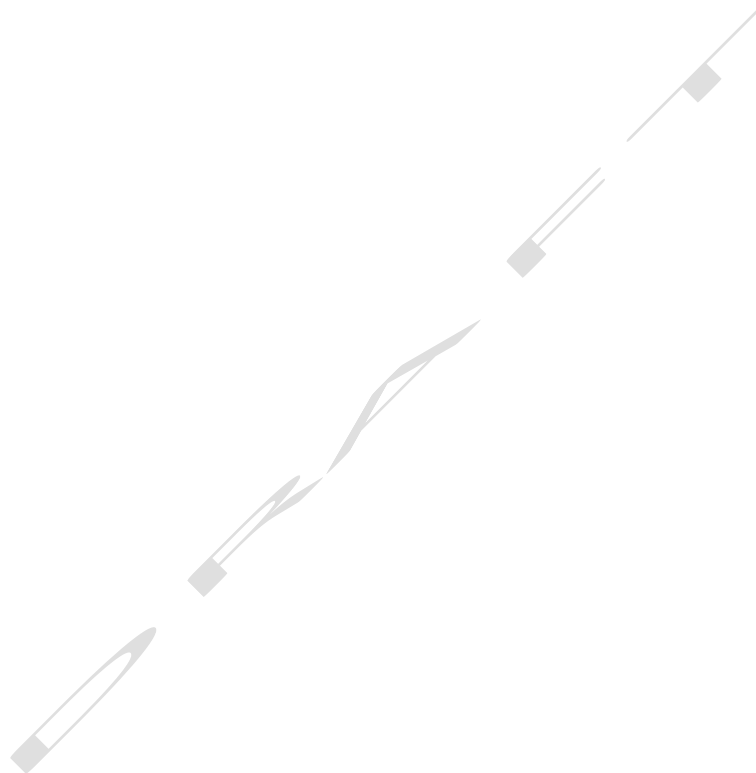
10.2 Final pre-consultation scheme proposals

From the pre-consultation engagement process, we learnt more about the impact our proposals will have on patients and on other services. We need to show how we would support patients in the future to access the right service for them and how we would support any other services that would be impacted by our proposal. Our pre-consultation proposal, is therefore now to:

Proposal	Hub	Preferred way forward site
Build four new primary care hub buildings **(and for the following practices to move into them, disposing of their existing buildings)**	**Foundry Hub 1** – Burngreave Surgery and Sheffield Medical Centre) – with Pitsmoor Surgery remaining and expanding on their existing site	Land at Spital Street
	Foundry Hub 2 – Page Hall Surgery and Upwell Street	Land at Rushby Street
	SAPA Hub 1 – Dunninc Road Surgery, Shiregreen Surgery, Firth Park Surgery) – with Norwood Medical Centre Surgery remaining and expanding on their existing site. Elm Lane have decided they do not wish to join this hub.	Land at Concord Sports Centre
	SAPA Hub 2 – Margetson Surgery, Buchanan Road Surgery, The Healthcare Surgery – with Southey Green remaining at their existing site	Land at Buchanan Road/ Wordsworth Junction
Refurbish an existing city centre building **(and for the following practices to move into it, disposing of their existing building(s):**	**City Hub –** City Practice and Mulberry Practice – Devonshire Green MC and Hanover MC do not wish to join this hub.	Site TBC

11 Impact of the pre-consultation final scheme proposals

Those practices following engagement who have decided to withdraw or remain and expand at their existing premises, are excluded from the pre-consultation final proposals. Therefore, the impacts relate only to those moving into a hub.



12 Financial case

12.1 Financial impact of the PCBC scheme proposal

We have considered the financial impact of the PCBC scheme proposals. The financial considerations of the proposals fall into two main areas, capital, and revenue affordability.

12.2 Capital affordability

The CCG is not contributing any capital to the potential new hubs. The funding to deliver the proposals would come from NHS England, via the STP Wave 4b capital grant (£36m), of which the proposed hub schemes was granted £33.9m[19]. However, this has a national spend time constraint, and must be spent by December 2023. The following is therefore focused on CCG/ICB future revenue impacts.

Capital affordability is being reviewed by SCC, who are leading on the design and build workstream of the proposals. SCC will produce cost estimates which will be continuously refined as the consultation and designs are developed with public, patients, and other stakeholders. Early indications are that the schemes require further certainty over design information and proposed site survey information to confirm affordability. This is being developed alongside the consultation and updates are planned to be fed into the consultation process.

12.3 Revenue affordability

The purpose of this section is to outline the potential impact of the proposal on CCG finances and to show that the proposal is affordable. The principal driver for this business case is not to achieve financial savings, and if this proposal were to deliver any savings, we would look at reinvesting released funds in other services that support local people.

The early indication from the Council is that the hubs could cost in the region of £180/sqm to run per hub on an annual basis. Using the Health care planner developed draft schedule of accommodations, we have estimated potential reimbursable impacts. A key difference from current business as usual to the proposal of hubs, is due to the NHSE STP wave 4b capital, this supports for a long rent-free period within the new hub buildings for the NHS occupiers.

We have agreed via our governing body that any savings from cash releasing savings (in particular from rent savings) will be ring fenced and reinvested within the PCNs in scope, to help address significant health inequalities locally. We have also agreed to ensure that our practices will not be significantly financially disadvantaged by moving into a hub and we will work with them to support this change. We are considering as part of our service change proposals to support practices with financial support based on potential new costs, they may face from moving into a bigger and new building. However, the final details on this needs to be reviewed further with our practices. For the purposes of PCBC, we have estimated an initial contribution of 40% to support assessing initial financial revenue impacts.

We have considered our financial recurring revenue impacts at this stage, based on our estimations. We have examined our existing current reimbursables against potential future reimbursables, covering for the hub proposals and for those potentially remaining and or extending their existing premises. Reimbursables cover rent, rates, water, and clinical waste. This is indicating at this stage an annual saving of £140,000.

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[19] Microsoft Word - C WAVE 4 CAPITAL ALLOCATIONS FOR PRIMARY CARE (sheffieldccg.nhs.uk)

Table 19 – Financial recurring revenue estimate impact of the proposals

Recurring revenue	Total (£pa)
Current reimbursables[*1]	£970,000
Future reimbursables[*2]	£530,000
Sub-total	**-£440,000**
New ICB financial support to GPs[*2]	-£300,000
Net impact (savings)/cost	**£140,000**

*1 – Excluding any original in scope PCN practices that have withdrawn (see table 5)
*2 – Estimates

There will be non-recurrent which we will need to review with each practice as we progress each project. A non-exhaustive list of the type of estimated non-recurrent revenue costs are shown in the table below.

Table 20 – Non-recurrent revenue costs

Non-recurring revenue	Total (£pa)
Project Fees	TBC
Exiting GP Freehold Premises Related Costs	TBC
Exiting GP Leasehold Premises Related Costs	TBC
Removals	TBC

12.3.1 Sensitivity analysis

We undertook some initial high-level revenue sensitivity analysis. We did this by fixing all other factors other than the (not confirmed) 40% financial support to practices for moving into a hub. We found that the breakeven point, where the above £140,000 saving, reduces to £0, is by supporting each practice annually with 58% financial support with their estimated new service charge at £180/sqm. There are still many variables in place at this early project stage, but this gives us some confidence of the sensitivity of the financial support percentage. The reason there is still uncertainty at this early stage is because there is currently no design information for the new hubs. Therefore, the new costs to run the building from the Council is based on benchmarks only, which is the estimated £180/sqm. This will be refined as the design information and tenant requirements become clearer as the projects develop.

12.3.2 Financial Assumptions

From an ICS (commissioner) perspective, the financial analysis has been focused on revenue (not capital), and cover the following assumptions:

- Reimbursables will continue to be in the new hubs for rates, water, clinical waste
- Future reimbursables and ICB financial support are estimates
- For those practices remaining and or extending existing sites, they would also continue to receive their reimbursables as per current arrangement with agreed uplift as Premises Cost Directions (2013)
- We assume from discussions that due to initial early discussions with the Council that because the NHS is contributing the whole of the capital investment to build the new assets, that there will be no rent for life of building for health tenants, and we have therefore assumed no rent reimbursables from commissioner to GP

- We assume a starting estimating of £180/sqm from the Council as a baseline on which to estimate potential new future reimbursables
- We assume 5% inflation on Council building running costs between now and then the hub buildings could open
- We are assuming an estimated growth in practice list size based on Council estimated housing developments up to 2040
- We have assumed a working estimated draft 40% for new GP financial support for those practices moving into a hub.

12.4 Transitional costs and how will they be funded

As nothing would close before any proposed future alternative arrangement is available, there will therefore be no double running. There will however be some transitional revenue costs. These costs will need to be developed once the consultation has completed and we know final decisions. Potential transitional costs include things like costs to support GP with exiting existing premises / lease arrangements, removals costs and equipment. Where any value for money is required, we will work with our local District Valuer (DV) to support us.

Those practice who are considering remaining and extending alongside a proposed hub development, may require some double running and or transitional costs. This needs to be developed with the practices.

12.5 Workforce & activity models and cost

We have worked with health sector and local authority community services over the last two years to engage on workforce and activity data. This has included consideration of practices current estate information and the type and quantity of services they provide. This cover things like number of appointments per week, per role, etc.

Our health care planner has met with each practice in scope to review their data and develop initial schedules of accommodation to understand the potential scale of the hubs. This drives both the capital and revenue costs impacts.

We will work with practices to develop their workforce and service plans to support a smooth and planned transition into a new hub.

12.6 Workforce plan and implications for future

All services would 'lift and shift' from their current locations and there will be no change to workforce numbers. However, we do anticipate the integration and co-location of services in a new build will increase our ability to recruit and retain staff.

13 Impact assessments

13.1 Equality Impact Assessment (EIA)

Four EIAs (**Appendix 04**) has been undertaken while developing this PCBC covering the proposed closure of several practices within the hub projects. These assessments have been reviewed following the conclusion of the **pre-consultation engagement** and are attached in **Appendix 01**.

The EIAs looked at the potential impacts on different sections of the local population, including the protected characteristics as laid down in the Equality Act 2010.

The overall thematic equality analysis is shown below.

This pre-consultation equality impact assessment of a proposal is to relocate GP Practices to up to five hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks.

The main issue impacting equality is that combining several surgeries in one hub requires more people to travel over a larger distance to see a GP or access GP service. This will impact patient groups who don't drive and need to rely on public transport, taxis, or lifts from carers/relatives/friends. Public transport represents barriers such as travel time, reliability, accessibility, potentially a hostile environment for people at risk of discrimination and increased costs.

This distance to travel increases the larger the area the surgeries are spread out over. The more surgeries combine into one hub and the larger the area the surgeries are spread out over, the more people will be affected. People with specific protected characteristics that impact their ability to travel, have communication barriers, need to see a GP more regularly or are less inclined to visit a GP will be negatively impacted by the consolidation of surgeries into a hub.

Those most affected will be older patients, carers and primary carers of children. Disabled people, and other marginalised communities who will need public transport and don't speak English, will struggle to navigate the transport system. The changes could cause confusion and lead to increased stress and anxiety for people who are already facing multiple pressures.

Any mitigating factors that can be put into place to make it less costly and less time consuming for people to travel to the hub (e.g., free transport / taxis, travel training) require system collaboration on already pressurised services and need to be guaranteed for the lifetime of the building - which is unlikely to be the case. It is unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

Patients may decide to register with another local GP rather than see their existing GP. However, whether this option is available to patients will be influenced by (a) patients' catchment areas and (b) the availability of other local GPs. Patients moving to a local GP may negatively impact the workload of these practices, which may lead to longer waiting times and ultimately worse patient outcomes.

Consolidation of several surgeries into a hub will reduce choice of GP for people who have issues traveling over a longer distance, whether this be for mobility, cost, time or reluctance reasons. The positives that a modern fully accessible building brings will not come into play if travel to the hub discourages many of the patient groups who would benefit from them.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the

GP/nurses who know their medical history and with whom they have built a relationship. Even if other local GPs are in theory available to them, reducing their choice of GP is putting them at a disadvantage.

A key theme coming from pre-consultation engagement is of concern about already strained GP services undergoing major change, and the benefits of the change not being clear, or strong enough to outweigh many people's concerns about the negative impacts.

While the CCG has prioritised equality, diversity, and inclusion in the project development process, including the pre-consultation engagement, issues raised about the process include the need for clearer information, not everyone having online access, and the proposals needing clearer support from GPs in involved practices.

A key concern is the time scale of the proposed project – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design.

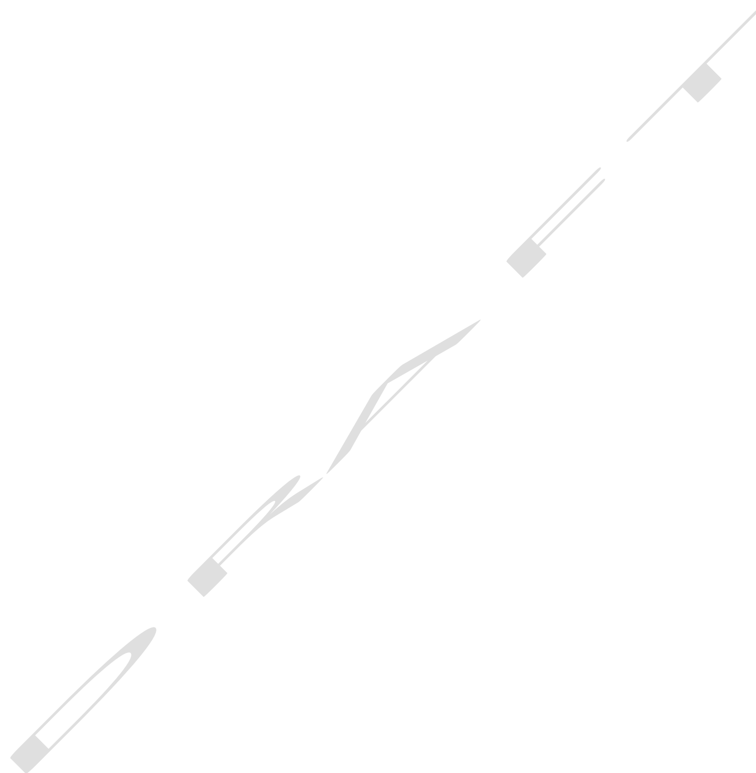


Diagram Key positive and negative impacts

New hub leads to short travel distance for patients	New hub leads to longer(er/ish) travel distance for patients
Positives from the new building being accessible **dominant** – positives for many categories of patients (& carers) eg • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc.	**Negatives** from increased travel distance **dominant** – impact on many categories of patients (& carers) • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc. • Lone parents • Economically stretched And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.
Positives from a larger hub – based on "economies of scale" and levelling up	**Negatives from a larger hub – more "impersonal"**
• Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location • Access to a wider range of services • Quiet / prayer room • Potential for community services to access rooms / meeting space	• More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community • Larger hub can feel intimidating/exposing, esp. for specific patient groups, eg. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.
Negative impact from change / disruption	
• Relocation is likely to result in extra strain / pressure on GPs and practice staff • Decrease in the number of local GP practices 'on the doorstep' • Potential disruption or confusion for patients • Stress to those who will be negatively impacted • Stress of participating in consultation process to those who do not agree with the changes	

For **Foundry 1,** positive impact should be dominant for patients of Burngreave – Cornerstone Branch and Sheffield Medical Centre as distances are very small. However, Church of Scotland EDI Assessment. August 2021 4 for patients of Herries Road Surgery, the likely increased travel distance leads to negative impact. If Melrose Surgery is closed patients need to register with a different GP this can lead to a negative impact for many categories of patients (& carers): disabled people, people, with long-term health conditions, older people, people needing frequent check-ups, etc.

For **Foundry 2**, positive impact should be dominant as distances from Margetson Surgery, Buchanan Road and The Health Care Surgery to the proposed hub at Buchanan Road are small.

For **SAPA 1,** negative impact likely to be dominant, particularly for patients of Dunninc Road, which is the furthest from Concord. Especially impacted are patients living North and North-West of Shiregreen Medical Centre. The straight distance from Dunninc Rd surgery to the proposed new hub at Concord is 1mile.

For **SAPA 2,** the distances are relatively short (+- 0.6m). Least impacted are the patients registered at Health Care Surgery given that the proposed SAPA hub 2 is relatively close (approx 0.2 miles from Healthcare surgery). These patients will benefit from the new hub. Patients to the South of Health Care surgery also have two local surgeries as an option (Wadsley Bridge Medical Centre and Southey Green Medical Centre). For patients of

Buchanan Road surgery, the situation is similar, however with a distance of approx. 0.6 miles to the proposed SAPA hub 2, and Southey Green Medical Centre and Elm Lane Surgery as fairly local alternatives. Especially impacted are patients living North, North-East and East of Margetson surgery as that is a large area where there are no local alternatives (Ecclesfield group Practice is over one mile to the North)

Table 21 – Summary of the EIA for the PCBC

Race	• Accessible information to communities • Good interpretation service or Prescence in hubs
Sex	• A dedicated minibus for hubs and or provision of bus routes and affordable bus travel
Gender reassignment	
Age	• Provision of home visits • A dedicated minibus for hubs and or provision of bus routes and affordable bus travel
Religion and belief	
Disability	• Provision of home visits • Reassurance / information given to people with learning difficulties (e.g. Autism) and people with learning disabilities • Travel training for disabled people (Council training service already over-stretched)
Sexual Orientation	
Marriage or civil partnership	
Pregnancy and maternity	
Social deprivation	• A dedicated minibus for hubs and or provision of bus routes and affordable bus travel
Transient population (e.g. visitors)	
Community cohesion	
Overall	• Levelling up of accessible communications in hubs • Levelling up of EDI skills for all hub staff • An independent evaluation of impact once changes have been made, if proposals go ahead • Involve communities in the design to overcome feelings of bigger space being impersonal. • Have community/ volunteers as meeters and greeters

Our pre-consultation engagement helped us to refine the EIA and define the work we will do to support patients in the future to access the right services for them. As part of our proposal we have developed a wide-ranging communications and engagement programme, which would include the principles of social marketing, to support our patient population to make the right choices for their healthcare.

13.2 Travel Impact

One of the principal impacts of closing practices is on travel and the accessibility of other services available locally. As part of initial reviews into the impact on practices and patients on relocations, studies into travel times and distances from each current site to all short-listed site options were undertaken. Shown in the table below are the distances and travel times, via various modes of transport, from current sites to the current Preferred Way Forward (PWF) sites. Practices that have elected to withdraw from consideration within hubs are marked in grey.

These studies have not involved specialist transport consultancy and so are to be regarded as indicative only.

See full list of travel/maps in Appendix 08a.

Table 22 – Indicative travel times from existing surgery to Preferred Way Forward (PWF) Hub sites

Site option:	Notional location: Fargate					
	Distance (miles)	Walking (mins)	Driving (mins)	Cycling (mins)	Bus Stop (mins)	Parking Spc. (proposed)
City Hub						
Mulberry Practice	0.1-1.9	2	10	1	0 (High St HS4)	TBC
City Practice	0.1-1.9	2	10	1		
Devonshire Green Medical Centre	0.5-1.2	9	6	2		
Hanover Medical Centre	0.6-1.9	17	8	5		

Site option:	Sheffield Medical Centre + neighbouring land (Spital St)					
	Distance (miles)	Walking (mins)	Driving (mins)	Cycling (mins)	Bus Stop (mins)	Parking Spc. (proposed)
Foundry Hub 1						
Sheffield Medical Centre	0	0	0	0	2 (Spital Hill)	64
Cornerstone Surgery	0.2	4	2	1		
Burngreave Surgery	0.2	4	2	1		
Pitsmoor Surgery	0.8	17	4	7		

Site option:	Rushby Street					
	Distance (miles)	Walking (mins)	Driving (mins)	Cycling (mins)	Bus (mins)	Parking Spc. (proposed)
Foundry Hub 2						
Page Hall Medical Centre	0.1	3	1	1	N/A	96
Upwell Street Surgery	0.4	9	2	3	4	
Herries Road Surgery	1.4	32	5	13	20	

Site option:	Concord Sports Centre					
	Distance (miles)	Walking (mins)	Driving (mins)	Cycling (mins)	Bus (mins)	Parking Spc. (proposed)
SAPA Hub 1						
Dunninc Road	1.2	26	5	10	0 (Shiregreen Lane / Jacobs Drive)	140
Shiregreen Medical Centre	0.6	11	2	5		
Firth Park	1	15	5	5		
Norwood Medical Centre	1.9	35	5	12		
Barnsley Road Surgery	1.2	19	3	5		
Elm Lane	1.2	19	3	5		

Site option:	Wordsworth Ave / Buchanan Rd					
	Distance (miles)	Walking (mins)	Driving (mins)	Cycling (mins)	Bus (mins)*	Parking Spc. (proposed)
SAPA Hub 2						
Margetson Practice	0.6	11	2	3	2 (Wordsworth Av. / Deerlands Av.)	92
Buchanan Road	0.6	12	2	2		
The Health Care Surgery	0.5	10	2	2		
Southey Green Medical Centre	0.6	15	2	4		

Further travel analysis was undertaken to assess the potential impact on practice patients by comparing their travel (in distance and by four different ways of travelling, walking, cycling, public transport and by car) to their existing practice versus their potential new hub (where their practice may relocate/be based in the future).

To understand how many patients are advantaged and disadvantaged by the relocation of GP practices into the proposed Hubs, an in-depth distance and travel time exercise has been undertaken. The analysis used each practice's patient location information available from SHAPE by Lower Super Output Area (LSOA). Distance and travel times from the centre point of each LSOA was recorded to each existing site and to the proposed hubs (disregarding LSOAs with fewer than 10 resident patients). The impact of each hub was then measured in additional or reduced volume of 'patient-miles' or 'patient-minutes'. The results of this exercise are illustrated in the tables and graphs below and in Appendix 08b.

Table 23 – Summary output of travel analysis

		Distance of walking time			Minutes of walking time			Minutes of cycle time			Minutes of PubTran* time			Minutes of Car time		
GP Practice	Hub	Curren	Future	Diff	Curren	Future	Diff	Curren	Future	Diff	Curren	Future	Diff	Curren	Future	Diff
Burngreave Surgery*	F1	1.0	1.1	0.1	18.9	22.2	3.3	6.4	7.5	1.1	10.9	12.9	2.0	4.0	5.2	1.2
Sheffield Medical Centre	F1	0.8	0.8	0.0	16.7	16.6	-0.1	5.8	5.8	0.0	11.4	11.3	-0.1	4.4	4.5	0.1
Page Hall Medical Centre	F2	0.6	0.6	0.0	11.1	11.2	0.1	3.5	2.9	-0.6	8.3	9.3	1.0	2.8	3.1	0.2
Upwell Street Surgery	F2	0.7	0.6	-0.1	13.0	11.4	-1.6	3.6	3.3	-0.3	11.4	9.4	-2.1	3.5	3.3	-0.2
Shiregreen Medical Centre	S1	0.9	1.2	0.3	20.2	25.7	5.5	7.7	9.4	1.7	11.9	17.2	5.3	3.7	6.0	2.2
Firth Park Surgery	S1	0.8	1.1	0.4	16.1	21.8	5.7	5.6	6.0	0.5	10.3	16.1	5.8	3.3	5.0	1.8
The Health Care Surgery	S2	1.2	1.1	-0.1	24.1	22.8	-1.3	7.5	7.3	-0.1	18.8	17.2	-1.6	4.9	4.2	-0.7
Buchanan Road Surgery	S2	0.8	0.9	0.1	16.2	18.5	2.3	5.2	5.8	0.6	13.5	14.3	0.8	3.1	3.3	0.2
Margetson Surgery	S2	1.1	1.5	0.4	22.9	30.0	7.2	7.7	10.7	2.9	14.8	16.0	1.2	4.3	5.2	0.9
Total for all hubs		**7.9**	**9.0**	**1.1**	**159.2**	**180.3**	**21.1**	**52.9**	**58.7**	**5.8**	**111.3**	**123.6**	**12.3**	**33.9**	**39.8**	**5.9**
Average for all hubs		**0.9**	**1.0**	**0.1**	**17.7**	**20.0**	**2.3**	**5.9**	**6.5**	**0.6**	**12.4**	**13.7**	**1.4**	**3.8**	**4.4**	**0.7**

Across all hubs in terms of impact on patient travel, the results indicate the following:

- Distance – an extra 0.1 mile on average
- Walking – an extra 2.3 minutes on average
- Cycle – an extra 0.6 minutes on average
- Public Transport – an extra 1.4 minutes on average
- Car – an extra 0.7 minutes on average.

The full results of the study are available in Appendix 08b.

14 Assurance

14.1 NHS England and Improvement

NHSE&I have supported the development of the proposals through several ways including through regular virtual gateway review meetings called Stage Gate. In addition, the regional NHSE&I team have reviewed the initial SOC information to support shaping and developing the proposals within this PCBC. This has saw the review of the proposals against the NHSE&I business case checklist for capital projects.

Letters of support have been provided by key stakeholders to indicate their continued support and involvement in the continued consideration of our proposals. These cover for the CCG, GPs, and the Council.

14.1.1 NHS Gateway Reviews

During and at the end of each milestone, a series of **NHS gateway reviews** have been held called 'stage gate'. These reviews have included the regional ICS team requesting documentation, reviewing, and providing assurance for this project.

14.1.2 HMT

The overarching regional Programme Business Case (PBC), in which these proposals have been developed from, was approved by Her Majesty's Treasury (HMT) in January 2022 with confirmation letter received in March 2022. The approval came with several conditions and the programme and individual projects will work to meet such requirements as we work through consultation and initial option design and cost estimating development.

14.2 Reconfiguration: The Four Tests

In 2010, the Government introduced the "four tests" for service changes. The tests require any NHS organisations considering a change of service to be able to demonstrate evidence of:

- strong public and patient engagement
- consistency with the current and prospective need for patient choice
- a clear, clinical evidence base
- support for proposals from clinical commissioners.

A further test was introduced in 2017 that covers any proposals that significantly reduce hospital bed numbers. This test does not apply to this PCBC.

Table 24 – NHS Four Tests

Test	Meeting the tests
Strong public and patient engagement	Extensive public engagement on the proposals to understand what matters most to local people when using services – we have used the outcomes of this feedback to shape our plans for Primary Care Services in scope, and we have also considered the views while developing this PCBC Regular communications with our stakeholder GPs via virtual and some face-to-face meetings Pre-consultation engagement and communications programme Jan to May 2022

Test	Meeting the tests
Consistency with the current and prospective need for patient choice	The proposal supports patient choice by promoting other alternative services, such as social prescribing, physiotherapy, community pharmacy etc. The current configuration of services means that patients are often seen in an inappropriate place or by not by the right professional, which means that patients need to be often referred to other services. The proposal aims to reduce handoffs. People would get the right care in the right place, the first time.
A clear, clinical evidence base	The proposal is aligned to the national and Sheffield-wide model of care, and Primary Care Strategy. The proposal was generated based on national, local, and regional requirements and models for Primary Care Common themes from the engagement to date were identified and used to formulate this proposal and the case for change Ongoing discussions and engagement with NHS England to review and assure the appropriateness of the proposal. The outcomes of this review are outlined in this section. GP members and the CCG Governing Body have been part of our engagement programme that has informed this proposal. Our proposal will see a continuation and expansion of existing primary care services with enhanced provision, this change is considered clinically viable.
Support for proposals from clinical commissioners	There is a GP clinical lead as part of the team developing these proposal Regular communications with our member GPs via locality meetings to ensure full awareness of proposals and enable any feedback to shape the proposal Specific engagement with practices to ensure any issues have been addressed

15 Proposed consultation principles

In undertaking any engagement and consultation, the CCG will adopt a transparent, best practice approach based on several key principles.

In line with the 'Working with people and communities' section of the Integrated Care System (ICS) design framework and NHS Sheffield CCG's Communication and Engagement Strategy, the following principles will be followed in the preparation and undertaking of all involvement activity with people and communities for Primary Care Capital Estates projects.

- Meet all equality and involvement statutory duties as detailed in the Public Sector Equality Duty of the Equality Act 2010 and section 14Z2 of the Health and Social Care Act 2012.
- Put the voices of people and communities at the centre of plans. Take them on the journey with you.
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
- Understand your community's needs, experience and aspirations for health and care, using ongoing involvement to find out if change is having the desired effect.
- Build relationships with excluded groups, especially those affected by inequalities. Take time to involve seldom groups, those experiencing the greatest health inequalities, and the most vulnerable people.
- Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- Use community development approaches that empower people and communities, making connections to social action.
- Co-produce and redesign services in partnership with people and communities.
- Learn from what works and build on the assets of all partners – networks, relationships, activity in local places.
- Engagement will be an ongoing process, not a one-off exercise.

The above principles can be applied in practice using the list below.

What good looks like

- Making full use of existing insights from local and national data sources, and from place, neighbourhood, and practice-level engagement to inform activity and decision making.
- Building trust with clear, regular and accessible communications with the public.
- Being open and clear about the reasons, scope and limitations of the involvement activity from the start.
- Maintaining proactive and systematic dialogue with public representatives, such as councillors and MPs.
- Maintaining governance arrangements through the Strategic Patient Involvement, Experience, and Equality Committee to ensure all involvement activity is appropriate, proportionate, and meets statutory duties.
- Working with primary care networks and local area committees to work with people and communities, avoiding duplication and overload for the public.
- Supporting local VCSE organisations by identifying funding and having early conversations with them to allow them to plan their workload effectively.

- Approaching external groups; not depending on them coming to you.
- Putting resources into involving people with the greatest health needs and those in the poorest health.
- Recognising and utilising the unique skills and experience of the public within the project e.g. involving the public in accessibility and transport audits of premises or designs.
- Using accessible formats and a range of activities to ensure equality of opportunity.
- Building long term, sustainable links with communities to maintain a dialogue beyond the project.

We will continue to engage with key stakeholders to:

- review data, evidence, and feedback from the pre-consultation engagement
- share information about local patient demand analysis together
- develop a shared understanding of the wide range of services that are available and the national context.

15.1 Outline of the consultation process

We have a detailed communications and consultation plan.

The consultation aims to ensure:

- Ensure the public voice is heard
- Ensure the public shape the final plans
- Ensure the public provides sufficient insight into the impact the plans may have on local people and patients

The engagement of this programme is currently split into 3 phases (subject to necessary approvals).

- Pre-consultation engagement – March 2022 to May 2022
- Consultation – July 2022 to September 2022
- Post-consultation – November 2022 and continues until after health centres have been built and practices relocate.

The timeline below shows the planned engagement and consultation activity for the programme.

The milestones from the timeline above are shown in the table below.

Milestone	Date
Consultation starts	18 July 2022
Consultation end	25 September 2022
Consultation report shared with a subcommittee of ICB with oversight of equality and engagement	TBC
Consultation report shared with Scrutiny committee	TBC
A final decision by ICB	TBC

- The responses to the consultation process will be independently analysed and a report will be published outlining how we have considered these in coming to our decision.

To ensure a robust consultation, we want it to be far reaching, so have a comprehensive communications plan to ensure those potentially affected and those interested know about the plans and have an opportunity to be heard.

The methods we will use will differ for audiences. We will use a blanket approach for everyone and a targeted approach for key stakeholders and seldom heard communities.

Channels include:

- Through community organisations – trained volunteers asking for feedback
- Face to face drop-ins in community venues and groups (e.g., Local community orgs/venues)
- Text messages from GP practices to all patients who have a telephone number registered
- Letters from GP Practices for those without mobiles
- Posters in GP practices, pharmacies, and community venues
- Videos created by community organisations and key community influencers (Imams, GPs, other community leaders)
- WhatsApp groups - Using community groups existing groups to share messages / survey link / videos
- Community radio stations – e.g., Link FM
- Community newsletters
- Dedicated webpage to the programme including all documents and FAQs to respond to common enquiries and concerns
- Social media – CCG, council, practices, and community groups
- Broadcast and print media
- Local area committees
- Advertisements in local areas

15.2 Consultation Plan

A consultation will be carried out with affected patients and communities on the impact that any proposals would have on them or who they advocate for, and if they support the proposals or not. Due to time restrictions with the overall programme, and that a defined target audience of the consultation is known, the consultation period will be 10 weeks. The impacts of this reduced period have been mitigated by the inclusion of a robust pre-consultation engagement period and targeted community approach.

Appropriate timescales for consideration and approval have been built into the timeline to ensure that CCG's primary care commissioning committee or successor ICB committee have sufficient time to scrutinise the feedback received from the consultation before a decision is made.

The findings of the consultation will be shared with Health Scrutiny Sub Committee so they can make a formal response knowing the views of the public and patients.

We'll use multiple channels and methods to reach our target audiences (see in the consultation plan and below).

1. Documents and materials

To ensure that people can make a considered response to the consultation, they must have access to all the relevant information. NHS Sheffield CCG and the ICB are committed to being transparent throughout the process and will publish the following documents on the CCG/ ICB websites:

- Pre-consultation business case
- Summary consultation document
- Quality and equality impact assessments for each site

2. Readers' panel

A readers' panel will be set up to proof and sense check the consultation document and other materials such as surveys, leaflets, and posters. This is to help ensure the information being shared is understood, clear, free from jargon, the tone is right, and structure and layout are accessible, and helping pre-empts potential issues and questions.

3. Survey

An online survey will be the key method for collating responses. The survey will be translated into the main community languages as well as Easy Read.

Paper copies will also be made available within GP practices and for community organisations.

4. Independent telephone and face to face survey

During the consultation phase, an independent social research company will be commissioned to gain a representative sample of 1,000 people per hub via a telephone or face to face survey.

5. Community conversations

Community organisations are being funded to support the distribution of messages and gain feedback from communities to ensure people with the greatest health needs and underrepresented voices are heard.

The methods used by the community organisations will be tailored to the needs of the communities, and they will use their knowledge and expertise of working in these organisations to create culturally appropriate tools to reach as many people as possible.

6. Public meetings

The importance of a two-way dialogue between the public and representatives of the programme is recognised. There will be a minimum of two public meetings per hub, held in a community venue, and publicised at least 3 weeks in advance. We will also host at least two public meetings on Zoom for people who struggle to get to a venue (daytime and evening). We propose to have meetings at the start of the consultation and towards the end. Representatives from GP practices and ICB will attend to give an overview of the plan and answer questions from the public.

The questions and comments made will be recorded and fed into consultation analysis.

Interpreters will be available at the meetings.

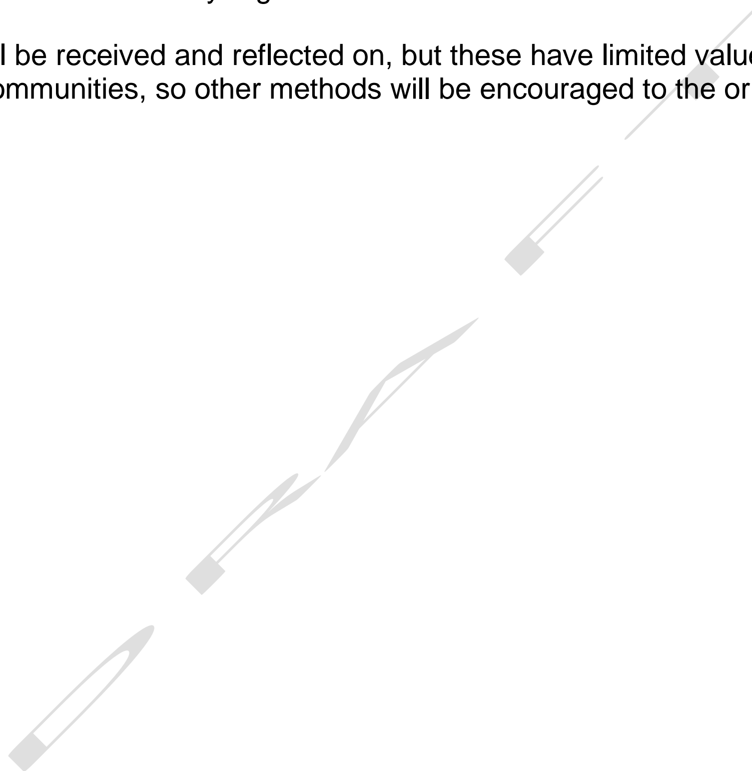
There will also be programme representation at relevant Local Area Committees (LACs) to give briefings, invite questions and comments, and signpost people to the survey. This will give another opportunity for a two-way dialogue.

We will also attend other people's meetings to talk to people about the consultation and organise more meeting where needed or requested.

7. Other methods of feedback
The survey will be encouraged as the main route for feedback due to the ability to equality monitor and gain comparable data, however, it is recognised that some individuals may not be able to feedback in this way, therefore other methods will be available and promoted including:

- Freepost postal address
- Email address
- Conversation with community organisations

Any petitions will be received and reflected on, but these have limited value in understanding the impact on communities, so other methods will be encouraged to the originators of these petitions.



16 Management case

16.1 Project management

We are working with the Council and have set-up joint governance arrangements which has identified the strategy, framework and outline plans required for successful delivery of our proposals using a robust project management methodology.

The governance arrangements in place allow us and the Council to manage the development of the overarching programme and the individual project that sits within the programme.

This PCBC will go to the CCG Governing Body and Overview and Scrutiny Committee (OSC) to consider if the proposals constitute a substantial variation to services and should therefore be subject to public consultation. If so, then this process will begin in July 2022. Beyond consultation, a Decision-Making Business Case (DMBC) will be produced and re-seek approval of the governing body and OSC.

Both the CCG and Council have identified Senior Responsible Officer (SROs) for the proposals:

- CCG – Director of Finance
- Council – Director of Resources.

The SROs are responsible for ensuring that the programme and its projects meets its objectives and delivers on any agreed benefits. The SROs are senior managers in their respective organisation. The SRO(s) carry out key duties on behalf of a Programme or Project Board. Specific tasks include:

- Monitoring and managing the progress of the Programme and Projects
- Acting as the point of contact for the partner stakeholders, providing a direct link to the Programme Board
- Overseeing the appointment of external advisors.

16.1.1 Benefit realisation plan (BRP)

The BRP sets out the anticipated benefits which could be realised because of the proposals. Some initial modelling has been undertaken, which has led to a list of benefits and some initial positive outputs that could be delivered from delivering the proposals. The initial BRP capture this and includes the following information:

- Confirmation of the benefits that are expected to arise from the project
- Who is likely to benefit from the expected benefits
- Who is accountable for delivering the expected benefits
- Confirmation of the alignment of the identified benefits to the project SOs
- Identify the measure/indicators that will be used to assess whether the expected benefits are realised
- Set out the timescales for delivery of the expected benefits
- Establish the baseline measure for each expected benefit
- Set the target measure for each expected benefit, to be achieved through implementation of the project

- Identification of the benefit type e.g. cash releasing benefit (CRB), non-cash releasing benefit (NCRB), societal benefit (SB), unmonetised benefit (UB)
- Where identified as either a CRBs, NCRBs or SBs the data and assumptions used to quantify the benefit and how many years over the investment period the benefit is likely to be achieved / realised
- Where identified as a UB, which short-listed option that applies to.

The BRP will be updated as both the consultation feedback is analysed and the project teams undertake further reviews to refine and develop.

16.1.2 Resource plan

Both CCG and Council have appointed project/delivery teams to support and lead on delivering the projects. The project teams will follow a delivery programme, using individual project progress report and a programme report to manage progress, risks, and issues.

Areas such as digital, information governance, workforce, change management, these areas will be developing should proposals progress following consultation. Such specific areas of work or workstreams, will have a specific CCG or Council lead. This role will develop a workstream plan and implement to support to hit programme and project milestones.

The management and processes of programme communication and engagement is captured within the **Engagement and Communication Plan (Appendix 06).**

16.2 Organisation readiness

16.2.1 Risk management arrangements

The project team working on the delivery of this PCBC will maintain a risk register, which is included within the CCG's overall risk management and governance arrangements.

Any potential negative impacts have clear evidence of mitigating actions planned or to be undertaken to ensure effective Emergency Preparedness, Resilience and Response (EPRR) is maintained.

Any risks to the PCBC will be continually updated and refined as our proposed model is being refined and in response to feedback from stakeholders throughout the consultation period and as any other relevant information about the impacts of the final pre-consultation proposal becomes available.

16.2.2 Monitoring and evaluation of impacts of the pre-consultation proposals

Through targeted conversations with local people and activity and performance data, we will continually monitor and evaluate patient experience and the quality of the services that form part of this proposal. In addition, we will monitor that we are undertaking actions as indicated through our impact assessments.

16.2.3 Process for decision-making following close of the consultation

Subject to scrutiny, review, and approval of the PCBC by the CCG's Governing Body, we will formally consult with the public on these proposals and with a wider community and those who have a stake in the GP practices in scope. We will also consult with OSC and ensure we meet any requirements of this scrutiny process.

Following the close of the formal consultation, the CCG (or ICB) will establish a panel that will review all the available evidence and any new and relevant information received during the consultation period to inform the final decision on the proposal.

16.2.4 Next steps

The high-level project milestones for the proposal support to **identify our indicative implementation timescales** and are shown in the table below. The initial **consultation document** (**Appendix 05**) for the proposal options has been developed to test deliverability and make clear our plans for consultation.

Table 25 – High-level project milestones

Milestones	Date
Engagement with stakeholders, continuous evidence gathering	Ongoing
Final PCBC submitted to the CCG Governing Body for approval	23/06/22
Formal consultation on the final pre-consultation proposal (subject to the approval by the Governing Body)	15/07/22
Engagement and consultation with the OSC Review Board	Ongoing
Evaluation of the consultation outcomes	TBC by ICB
OSC meeting to receive OSC Review Board report for submission to the CCG Governing Body	TBC by ICB
Final proposal submitted to CCG Governing Body	TBC by ICB
Final decision by CCG/ICB Governing Body submitted to OSC	TBC by ICB
Implementation of the PCBC proposal (subject to the outcomes of the consultation; final approval by the GB and OSC)	TBC by ICB

The **high-level implementation plan supports to test the proposal is implementable**. The programme governance is in place so that should different proposals and options need to be implemented decisions can be acted upon quickly to assist programme delivery targets.

17 Conclusion and recommendations

This PCBC outlines the process by which we have reviewed the existing services that currently serve the needs of people who use the practices in scope of this proposal. It describes the national and local context within which we are commissioning services. We have asked local people and clinicians what is important to them about their primary care services. This feedback has informed this PCBC.

We have considered the recommendations of NHS England, national research, and our impact assessments (equality, and health inequality) and the previous feasibilities into who uses the current services in scope, how and why they use it.

The conclusion from this wide range of insight and evidence is that our current primary care services in most cases are not fit for purpose we therefore propose to consider alternative estates provision via developing hubs (i.e., co-locating practices into the same buildings).

Our analysis and impact assessments have highlighted that implementation of this proposal could cause some confusion in the initial stages of any potential change. We plan to address this in the following ways:

- **Continuing to ask local people how we can best support them** - we would establish targeted conversations (potentially through the establishment of a local people's reference group) to inform our understanding of patient experience during the implementation of any changes and to support us in ongoing monitoring and evaluation of the enhanced range of services in the community
- **Clearly communicate about changes, existing services, new services and how to access them** – we would implement communications to make people aware of the changes, including targeted information.

If this PCBC proposal is supported by the CCG Governing Body and OSC consider that the proposal constitutes a substantial variation to services and should therefore be subject to public consultation, then this process will begin in July 2022.

It is anticipated that during this time there will be further opportunity to gather information, evidence and stakeholder feedback that will enable the CCG/ICB Governing Body to make an informed decision on the proposal in the best interests of local people.

18 Appendices

18.1 Appendix 01 – Pre-consultation engagement report

18.2 Appendix 02 – SCC population/deprivation supplementary review

18.3 Appendix 03 – Long-List of Options

18.4 Appendix 04 – Equality and Health Inequality Impact Assessments (EHIA)

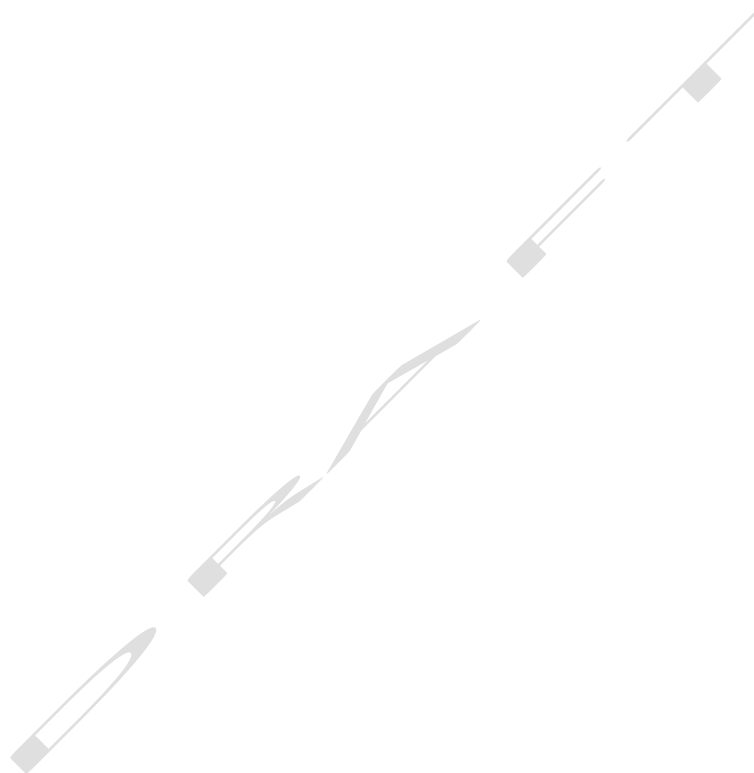
18.5 Appendix 05 – Consultation Document

18.6 Appendix 06 – Engagement and Communication Plan

18.7 Appendix 07 – Site scoring outcomes

18.8 Appendix 08a – Travel information

18.9 Appendix 08b – Travel impact analysis



NHS South Yorkshire

Proposal to relocate nine GP Practices to new health centres

Survey carried out by SMSR Social Research

Contributions from 5,006 people living in Sheffield

October 2022 (V02)

South Yorkshire

Integrated Care Board

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Summary

Foundry 1 - Spital Street

Respondents who provided feedback on Foundry 1 (Spital Street), ranked availability of appointments and quality of care as the most important aspects of their GP Practice.

They felt the main advantages of the proposals were a better range of services (29%), more appointments (27%) and modern facilities/equipment (25%). Although, travel distance (23%), access issues for the elderly/vulnerable (19%) and being too busy (16%) were cited as possible disadvantages.

Over half (54%) think the proposals would have a positive impact on them and the majority (73%) would continue to use the practices if the proposals went ahead.

The average travel time to the GP Practice would increase from 9 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a bus or taxi, rather than walking.

Some respondents reported those with a disability or age-related issues might be impacted more than other people if the proposed site went ahead.

Foundry 2 - Rushby Street

Respondents who provided feedback on Foundry 2 (Rushby Street) ranked quality of care as the most important aspect of their GP Practice, followed by availability of appointments.

They felt the main advantages of the proposals were modern facilities/equipment (43%) and better quality of care (42%). Although, being too busy (27%), access issues for the elderly/vulnerable (22%) and being impersonal (19%) were cited as possible disadvantages.

The majority were optimistic about the proposals, with over three-quarters (77%) saying they would have a positive impact on them. Over eight in ten (81%) would continue to use the practice if the proposals went ahead.

The average travel time to the GP Practice would increase from 10 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a car/motorcycle, bus or taxi, rather than walking.

Some respondents reported those with a disability or age-related issues might be impacted more than other people if the proposed site went ahead.

SAPA 1 - Concord Sports Centre

Respondents who provided feedback on SAPA 1 (Concord Sports Centre) ranked availability of appointments and quality of care as the most important aspects of their GP Practice

They felt the main advantages of the proposals were more appointments (22%), a better range of services (21%) and modern facilities/equipment (18%). Although many (44%) felt there were no advantages to the proposals, especially those aged 65+ (56%). The main disadvantage to the proposals was seen to be travel distance (38%), followed by availability of appointments (23%) and issues for the elderly/vulnerable (21%).

Only a minority were optimistic about the proposals, with just 33% feeling they would have a positive impact on them. A further third (34%) felt they would be negatively impacted by the proposals, rising to 42% for those aged 65+.

The average travel time to the GP Practice would increase significantly from 8 minutes currently to 17 minutes at the proposed site. This means many more respondents felt they would need to take a car/motorcycle, bus or taxi, rather than walking. However, two-thirds of people (66%) would continue to use the practice if the proposals went ahead.

This would impact those with a disability or older people disproportionately if the proposed site went ahead.

SAPA 2 - Wordsworth Avenue/Buchanan Road

Respondents who provided feedback on SAPA 2 – (Wordsworth Avenue/Buchanan Road) ranked availability of appointments and quality of care as the most important aspects of their GP Practice.

They felt the main advantages of the proposals were modern facilities/equipment (46%) and a better range of services (44%). Although, issues for the elderly/vulnerable (26%) and travel distance (25%) were cited as possible disadvantages.

Over half (56%) think the proposals would have a positive impact on them and the majority (80%) would continue to use the practice if the proposals went ahead.

The average travel time to the GP Practice would increase from 8 minutes currently to 12 minutes at the proposed site. This means some respondents would be more likely to take a car/motorcycle, bus or taxi, rather than walking.

Some respondents reported that those with a disability or older people might be impacted more than other people if the proposed site went ahead.

Introduction

Background

NHS South Yorkshire Integrated Care Board ran a public consultation on behalf of local GPs on proposals to relocate nine GP practices to four new health centres in Sheffield. The consultation ran for 10 weeks between 1 August 2022 and 9 October 2022.

The following table details the GP practices involved and the potential locations for each new health centre.

Centre	Practices interested in moving	Potential location	Branch sites that may close
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street	Herries Road Surgery Cornerstone Building
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue	

This report includes:

- The arrangements that NHS South Yorkshire put in place to inform the public about the proposals and provide opportunities to respond.
- An independent analysis of the feedback received.

Consultation activity - NHS South Yorkshire

Consultation materials

Over 2,000 consultation documents, 12,000 leaflets, and 500 posters were made available from 1 August.

In addition, the consultation document and leaflet were translated into nine alternative languages, including:

- Arabic
- British Sign Language
- Easy Read
- Romanian
- Simplified Chinese (China)
- Slovak
- Traditional Chinese (Hong Kong)
- Urdu

These materials were distributed to the following community locations:

- 12 GP practice sites
- 19 local pharmacies
- 4 libraries:
    - Parson Cross
    - Firth Park
    - Southey
    - Burngreave
- Concord Leisure Centre
- Independent Living schemes (sheltered housing)
- 5 children centres:
    - The Meadow (Shirecliffe)
    - Early Days (Parson Cross)
    - Burngreave
    - First Start (Firth Park)
    - Grimesthorpe
- 18 churches
- 5 mosques

Materials were also made available to community partners funded to undertake consultation activity as well as the following community organisations.

- Burngreave Food Bank
- Church on the Corner (Food Bank)
- Fir Vale Food Bank
- Flower Estate Family Action
- International Worship Centre
- ISRAAC
- Lower Wincobank TARA
- MAAN
- SAYIT
- Sheffield MIND
- Young carers

Supporting documents

In addition to the materials mentioned above, the following documents were also made available on the NHS South Yorkshire website to allow for full consideration of the proposals.

- Frequently Asked Questions
- Equality Impact Assessment
- Pre-Consultation Business Case
- Travel analysis

GP practices' activity

Each GP practice involved in the proposals sent at least one text message to their patients with a valid mobile number on their patient record. The text message included a brief explanation of the proposal, with a weblink for more information and the telephone number of the local community partner to get more information. A letter was sent to patients who did not have a mobile telephone number recorded.

A second text message was sent from GP practices to their patient's mid-way through the consultation which included details of the remaining public meetings for each health centre area.

All GP practices included information on their own websites.

Public meetings

Sixteen public meetings were advertised and held. 226 people attended these meetings in total. The meeting details are summarised in the table below.

Date	Time	Venue	Health Centre	Attendance
Monday 15 /08/2022	10:30	Greentop Circus Centre	Foundry 2	14
Tuesday 16 /08/2022	10:00	Parson Cross Development Forum	SAPA 2	13
Tuesday 16/08/2022	17:30	Firvale Community Hub	Foundry 2	13
Wednesday 17/08/2022	12:00	Vestry Hall	Foundry 1	2
Wednesday 17/08/2022	15:30	The Learning Zone	SAPA 2	9
Friday 19/08/2022	11:30	Firth Park Methodist Centre	SAPA 1	25
Wednesday 24/08/2022	10:30	Verdon Street Community Centre	Foundry 1	10
Friday 26/08/2022	12:00	Shiregreen Community Centre	SAPA 1	14
Friday 02/09/2022	11:30	The Learning Zone	SAPA 2	26
Friday 02/09/2022	19:00	Parson Cross Development Forum	SAPA 2	8
Monday 05/09/2022	10:30	Vestry Hall	Foundry 1	15
Monday 05/09/2022	16:30	Firvale Community Hub	Foundry 2	9
Tuesday 06/09/2022	18:30	Firth Park Methodist Centre	SAPA 1	24
Wednesday 07/09/2022	18:30	Verdon Street Community Centre	Foundry 1	0
Tuesday 27/09/2022	18:00	Online meeting	All	14
Monday 03/10/2022	18:30	Grimesthorpe Family Centre	Foundry 2	30

Two of the planned meetings were cancelled due to Her Majesty the Queen's death. One of these was rescheduled with patients being informed of the new date. Unfortunately, a suitable venue was unable to be sourced for the other meeting.

In addition, a pop-up consultation stall was run in Ellesmere Green on 16 September 2022 between 11am and 3pm. This was suggested by a community partner as a way of reaching people attending Friday prayers. Several members of NHS South Yorkshire staff were in attendance alongside multi-lingual volunteers from Reach Up Youth to talk to people. Over 100 people were spoken to during this session with an additional 44 responses recorded.

Social media

Information has been regularly posted on the social media accounts of NHS South Yorkshire and Sheffield Health and Care Partnership. table below highlights the overall number of impressions for these posts.

Social media platform	Posts	Impressions
Facebook	56	34,687
Twitter	56	18,119
Total	112	52,806

Community partners

Seventeen local community organisations were funded to help raise awareness of the proposals and support individuals to respond. These organisations were selected for their specific reach into, and trusted relationships with, the communities identified as being potentially affected by the proposals, including geography and protected characteristics.

- ACT
- Age UK
- Binstead TARA
- Brushes TARA
- Burngreave TARA
- Carers Centre
- Deaf Advice Team
- Disability Sheffield
- Faithstar
- Fir Vale Community Hub
- Friends of Firth Park
- Longley 4G
- Mencap
- Parson Cross Development Forum
- Reach Up Youth
- SADACCA
- SOAR

Community activity

Both Fir Vale Community Hub and SOAR hosted telephone lines to have one to one conversations with people wanting to know more information and feedback. The telephone numbers were included in the materials and text messages sent out by GP practices. The majority of phone calls have been from patients that have no, or limited, internet access, or have low literacy levels.

For those individuals who have contacted the telephone lines, the community partners have been completing the survey online with them whilst on the phone, sending out the information booklet with additional surveys for family members, meeting people face to face (including home visits for those who have mobility issues), and setting up drop-in sessions for question and answers and survey filling support. They have also been sharing any insight that they did not feel would be recorded in surveys, which will be included in the overall analysis.

Wider community partners have been utilising the groups and sessions that they run to share information about the proposals and ask and record feedback, using bilingual workers to ensure that those who don't speak English as a first language are able to take part in the consultation. These groups include:

- Arts groups
- Bowls clubs
- Carers' groups
- Croquet clubs
- Dementia groups and day centres
- Falls prevention classes
- Food banks
- Holiday activity programmes
- Keep fit sessions
- Lunch clubs
- Music and singing groups
- Over 50s groups
- Social cafes
- Tai Chi sessions
- Yemeni community sessions
- Youth groups

Community partners also visited other groups around their localities including food banks, churches, mosques, local Tenants and Residents Associations, and other smaller groups.

Pop up stalls and street teams were set up outside GP practices, shopping areas, and local community centres, with one organisation specifically speaking to homeless individuals. Materials were delivered door to door. Local residents were taken on a walk to the Rushby Street site to show the potential location.

Other community partners contacted service users with disabilities, learning disabilities, and carers, to explain and advise about the proposals and support completion of the survey. Sessions were arranged with specific groups to facilitate conversations with individuals with additional communication requirements. These included:

- Sheffield Voices for people with learning difficulties or autism.
- Sheffield Royal Society for the Blind for people experiencing sight loss on the 21st of September. This session included extra description for maps where details were difficult to produce in a clear alternative format.
- A British Sign Language event on 14th September facilitated by the Deaf Advice Team with fully qualified BSL interpreters.

Social media

Information was included on community partners' social media channels including Facebook pages, websites, WhatsApp groups, and e-newsletters. The reported total of people contacted via these methods was 16,597.

Community partners coordinated their activity with each other to avoid duplication and maximise their resources.

SMSR

NHS South Yorkshire commissioned SMSR, a social research agency, to provide an online survey, and to undertake a telephone and fieldwork survey of a minimum of 1,000 responses in each health centre area.

The online survey included the ability to offer the alternative languages detailed above.

SMSR Research commenced their data capture on week commencing 15 August. They have worked with the Communications and Engagement Team and used census information from the ONS to understand the layout of each area in terms of demographics and worked to quota targets to engage with a representative sample of residents in each of the four target locations.

SMSR coordinated their activity with both GP practices and community organisations situated in the area.

Report Structure

This report includes headline findings for each question combined with insight based on demographic trends, methodology and qualitative data. Individual results are provided for each of the four proposed centres. It should be noted that when the results are discussed within the report, often percentages will be rounded up or down to the nearest one per cent. Therefore, occasionally figures may add up to 101% or 99%. Due to multiple responses being allowed for the question, some results may exceed the sum of 100%.

Trends identified in the reporting are statistically significant at a 95% confidence level. This means that there is only 5% probability that the difference has occurred by chance (a commonly accepted level of probability), rather than being a 'real' difference. The margin of error overall is +/- 3%. For example, a 60% "yes" response with a margin of error of 3% means that between 57% and 63% of the general population think that the answer is "yes. Unless otherwise stated, statistically significant trends have been reported on.

Some questions have been subject to cross-tabulation against demographic information and significance tested to a 95% confidence level. Not all demographic trends displayed in charts are significant, however, those that have been commented on throughout the report.

Throughout the report, the descriptions of findings have been standardised. The table below provides a guide between the language used and the percentage referred to:

Term	%
The vast majority	90% or more
The majority	50% + 1
Many	25%-49%

Sample and Methodology

An interviewer led, CAPI (Computer Aided Personal Interviewing) survey was designed by staff from NHS South Yorkshire and validated by the project team at SMSR Ltd. Due to the specific nature of the target areas, interviews were mainly conducted face to face with residents within four GP networks in North-East Sheffield. Quotas for age, gender and ethnicity were set using the latest census data together with mapping and demographic information provided by the ICB. Interviewing took place between the 15th August 2022 and 9th October 2022.

SMSR Research engaged with a total of 4,023 residents across the four networks. A further 561 surveys were completed online, and 116 paper surveys were collected by the ICB and delivered to SMSR Research for processing, meaning 4,700 residents took part in the research by completing a survey. A total of 226 people attended a public meeting with a further 80 individuals being involved in disability specific focus groups bringing the overall total of participants to 5,006..

Survey	SMSR	Online	Paper
Foundry 1 - Spital Street	1,000	34	67
Foundry 2 - Rushby Street	1,011	161	19
SAPA 1 - Concord Sports Centre	1,004	138	23
SAPA 2 - Wordsworth Avenue/Buchanan Road	1,008	228	7

The overall demographic and geographic breakdown of those who completed a survey was as follows:

Survey	Number	Percentage
Foundry 1 - Spital Street	1,101	23%
Foundry 2 - Rushby Street	1,191	25%
SAPA 1 - Concord Sports Centre	1,165	25%
SAPA 2 - Wordsworth Avenue/Buchanan Road	1,243	26%

Age	Number	Percentage
16-24	462	10%
25-34	693	15%
35-44	821	18%
45-54	765	17%
55-64	872	19%
65+	943	21%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	22	0%
Asian, or Asian British - Indian	124	3%
Asian, or Asian British - Pakistani	495	11%
Asian, or Asian British - Other Asian background	205	4%
Black, or Black British - African	153	3%
Black, or Black British - Caribbean	100	2%
Black, or Black British - Other Black background	130	3%
Mixed / multiple ethnic group - Asian and White	27	1%
Mixed / multiple ethnic group - Black African and White	43	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	36	1%
White - British	2,873	62%
White - Gypsy / Traveller	10	0%
White - Other White background	216	5%
Other - Arab	85	2%
Other	26	1%
Prefer not to say	115	2%

Disability	Number	Percentage
Yes	1,676	36%
No	2,702	58%
Don’t wish to say	276	6%

Gender	Number	Percentage
Male	2,054	44%
Female	2,582	55%
Other	1	0%
Prefer not to say	28	1%

Sexuality	Number	Percentage
Heterosexual	4,315	93%
Homosexual	77	2%
Bisexual	52	1%
Other	16	0%
Prefer not to say	181	4%

Foundry 1 - Spital Street

1,101 respondents completed a survey and provided their views on the Foundry 1 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	523	48%
Foundry 1 - Cornerstone Building	9	1%
Foundry 1 - Herries Road Surgery	58	5%
Foundry 1 - Sheffield Medical Centre	186	17%
Foundry 1 - Melrose Surgery	72	7%
Foundry 2 - Page Hall Medical Centre	4	0%
Foundry 2 - Upwell Street Surgery	0	0%
SAPA 1 - Firth Park Surgery	9	1%
SAPA 1 - Shiregreen Medical Centre	9	1%
SAPA 2 - Buchanan Road Surgery	2	0%
SAPA 2 - Margetson Surgery	0	0%
SAPA 2 - The Health Care Surgery	0	0%
None of the above	213	19%
I am not registered with a GP	16	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	4	0%
Asian, or Asian British - Indian	33	3%
Asian, or Asian British - Pakistani	142	13%
Asian, or Asian British - Other Asian background	43	4%
Black, or Black British - African	88	8%
Black, or Black British - Caribbean	41	4%
Black, or Black British - Other Black background	24	2%
Mixed / multiple ethnic group - Asian and White	9	1%
Mixed / multiple ethnic group - Black African and White	22	2%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	15	1%
White - British	558	51%
White - Gypsy / Traveller	0	0%
White - Other White background	68	6%
Other - Arab	28	3%
Other	7	1%
Prefer not to say	16	1%

Age	Number	Percentage
16-24	155	14%
25-34	161	15%
35-44	193	18%
45-54	172	16%
55-64	196	18%
65+	195	18%

Gender	Number	Percentage
Male	531	48%
Female	567	52%
Other	0	0%
Prefer not to say	2	0%

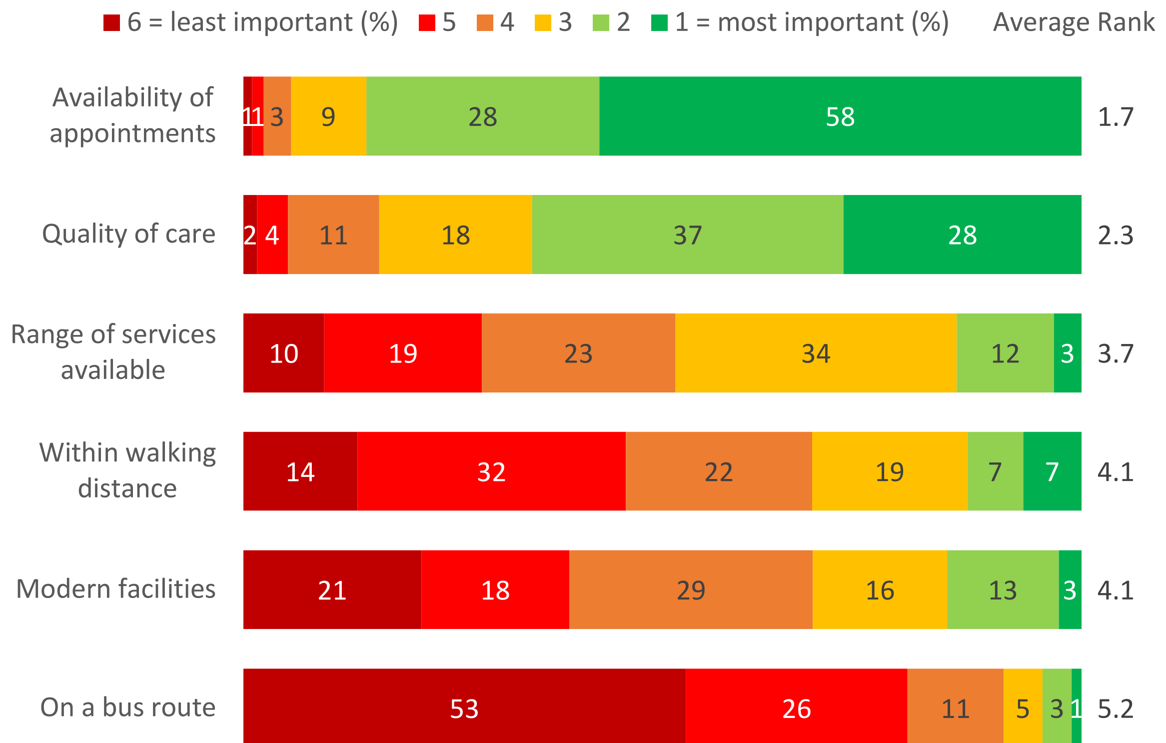
Disability	Number	Percentage
Yes	329	30%
No	702	64%
Don't wish to say	68	6%

Sexuality	Number	Percentage
Heterosexual	1,047	95%
Homosexual	17	2%
Bisexual	8	1%
Other	2	0%
Prefer not to say	24	2%

Main Findings

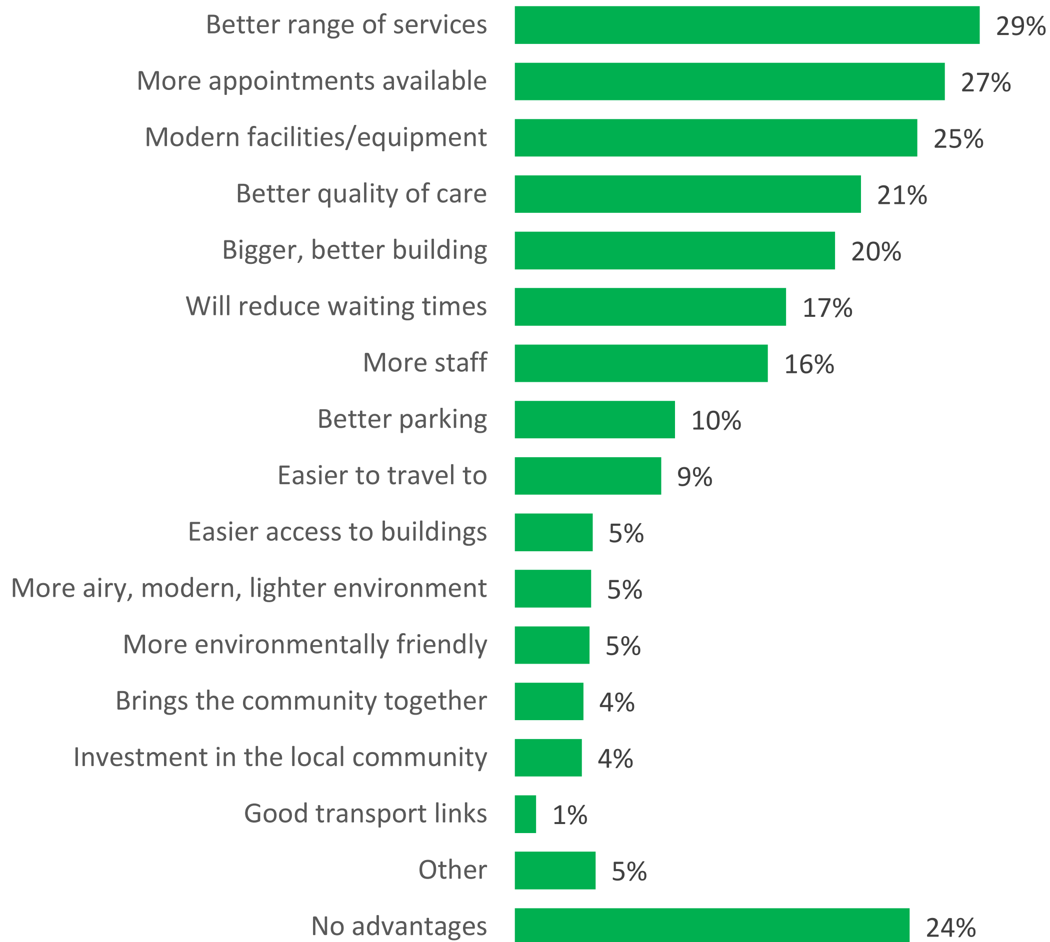
Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with the majority (58%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.3. The range of services available, being within walking distance and modern facilities received similar importance rankings. Being on a bus route was less important, with over half (53%) ranking this as the least important element.

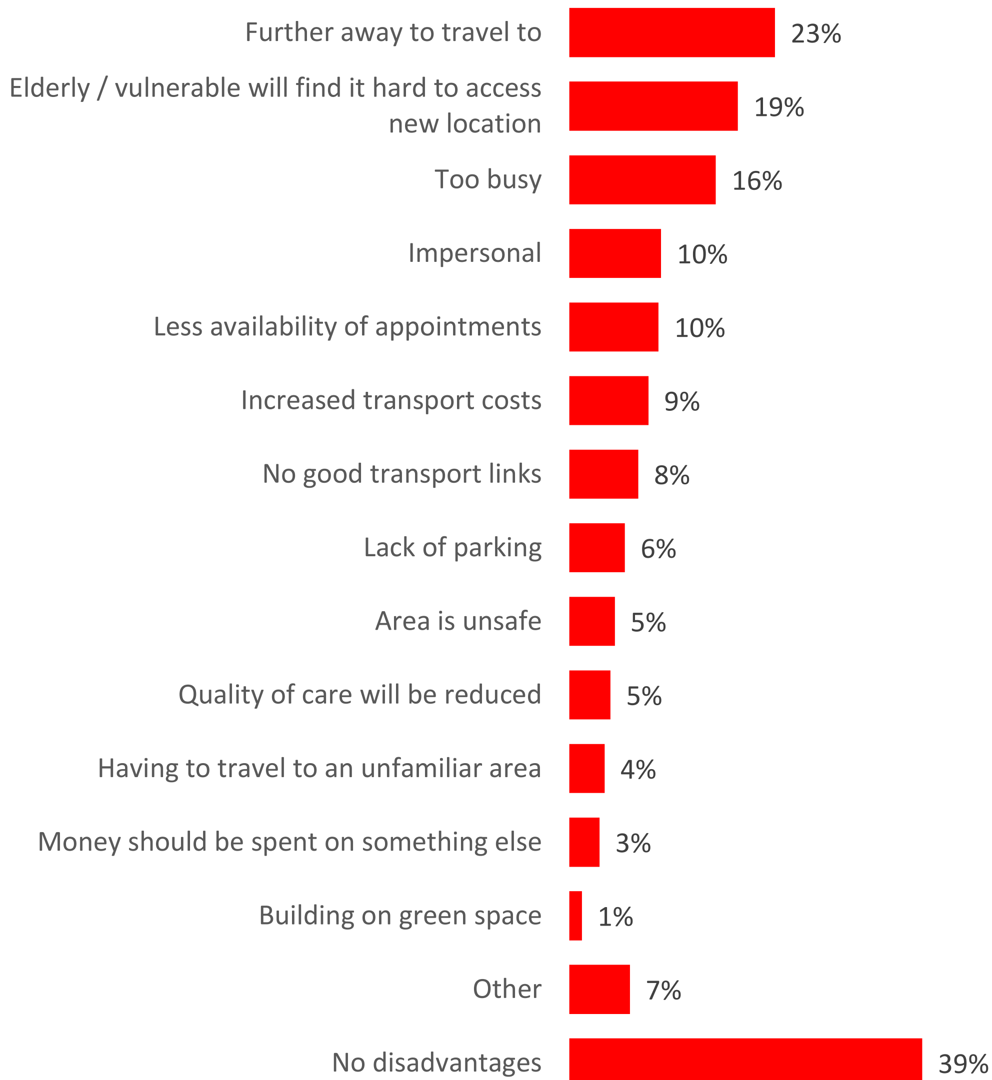


The main advantages to the proposals were seen as a better range of services (29%), more appointments (27%) and modern facilities/equipment (25%). Around a fifth also cited better quality care (25%) and a bigger, better building (20%).

A quarter (24%) felt there were no advantages to the proposals, especially those aged 55+ (31%)



Respondents felt the main disadvantages to the proposals were travel distance (23%), access issues for the elderly/vulnerable (19%) and being too busy (16%). Although almost four in ten (39%) could not find any disadvantages with the proposals, rising to half for under 25s (50%).

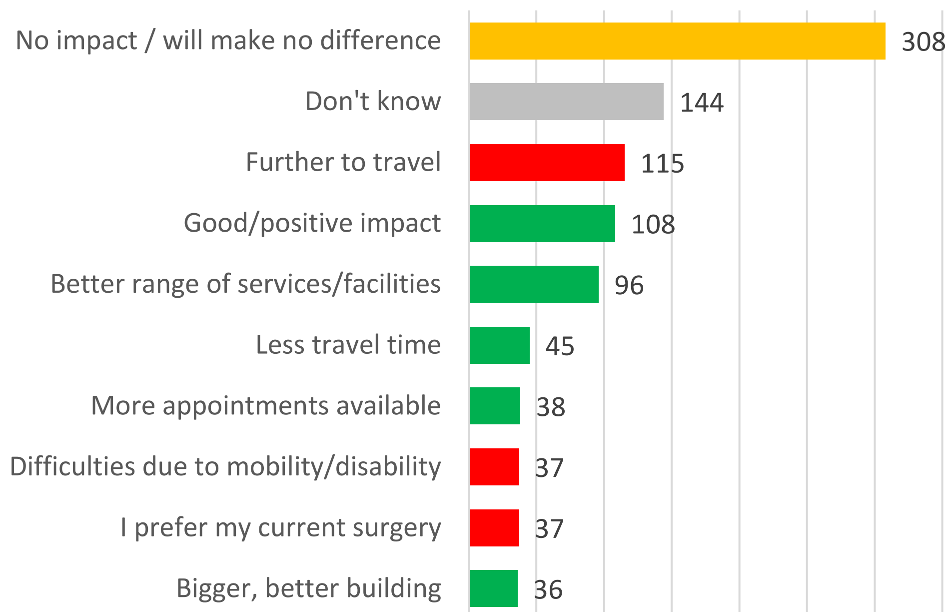


Over half (54%) think the proposals will have a positive impact on them. These are more likely to be ethnic minorities (64%) and those aged 25-44 (62%).

Almost a fifth (18%) think they will be negatively impacted by the proposals, rising to 24% for those aged 65+. Although respondents were low (n=58), almost half of patients attending Herries Road Surgery felt they would be negatively impacted (47%).

What impact will these proposals have on you?
On a scale of 1-10, where 1 = positive and 10 = negative

Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:



More than a quarter of those responding (29%, 308 respondents) felt the proposal to build a new health centre on at the Spital Street site would have no impact. More than a tenth (13%, 144 respondents) were unsure about what impact the proposal would bring. Those from an ethnic minority background were less likely to feel the proposals would have no impact compared to White residents (25% vs 32% respectively).

"Having recently moved, I'm looking to change practice anyway but as long as my GP is accessible, has appointments available when needed and isn't too far away, there'd be no real impact."

"No impact - looking forward to it, as I am not very happy with the reception staff and go since my GP has gone So difficult to reach out."

"It's almost the same distance from my house, so it won't affect me much."

"No impact unless it gets harder to get an appointment."

"Same area, new location is not far from my existing surgery Should not be any problem."

In terms of negative impacts, around a tenth said the new proposal would have an impact on the distance they would need to travel to access health services (11%, 115 respondents) and a small percentage foresee difficulties due to mobility or disability (4%, 37 respondents). The same percentage said they would prefer to continue using their current survey (4%, 37 respondents). A higher proportion of disabled respondents felt that having to travel further would impact them, compared to non-disabled residents (16% vs 7%).

"I'm not sure of this, I want proof that it'll be a bigger, better surgery with better facilities: how do you know this until it is built and in action? You don't! My surgery is convenient where it is, it's right next to the pharmacy. If the surgery relocates, it could mean missed appointments due to being late with further to travel."

"This would be a real trek for me. I don't drive. There is no direct bus route that I know of, and the area is unsafe. It would take me 30 minutes to walk there!"

"This will be bad for me as I have a bad hip and have to walk with two sticks, my sight is poor, and I don't like change."

"I suffer with depression and anxiety, I don't like change but if it means we have more services in one place, I am all for that."

A tenth (10%, 108 respondents) revealed the impact of the proposal would be generally good or have a positive impact and a similar percentage believe a better range of services or facilities would be available (9%, 96 respondents). Fewer felt that travel times would be reduced (4% 45 respondents) or that more appointments would be available (4%, 38 respondents).

"As far as I've heard the walk-in centre won't be affected but it's just bringing things up to date and the modern centre will be able to offer more healthcare instead of having hospital visits."

"It's quite local and not too far out of our way and I have a car so I could drive there, and it would have much better parking than our current surgery."

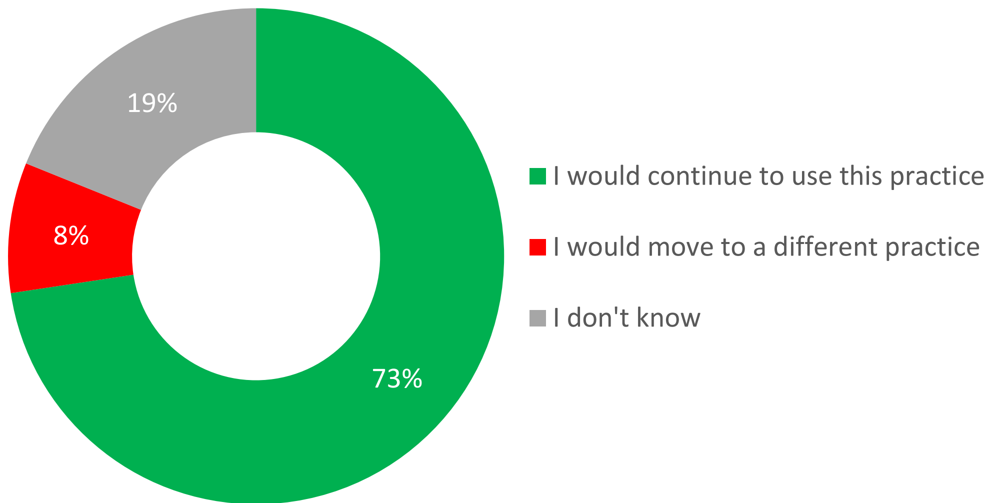
"It will save me having to travel to different area for different appointment of they are putting other services into the same building."

"No impact on me, personally, but I think this is a good thing, there'll be better services and access to lots more."

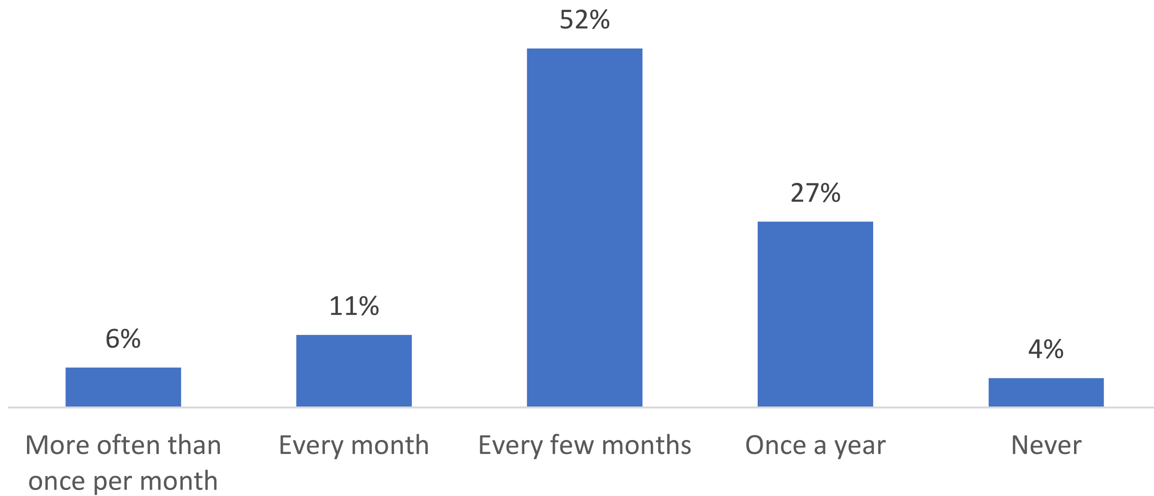
"It's all positive from me, something as to be done to help relieve the problems we suffer now."

"I feel this a big step forward of bringing the GPs in Sheffield into the modern era."

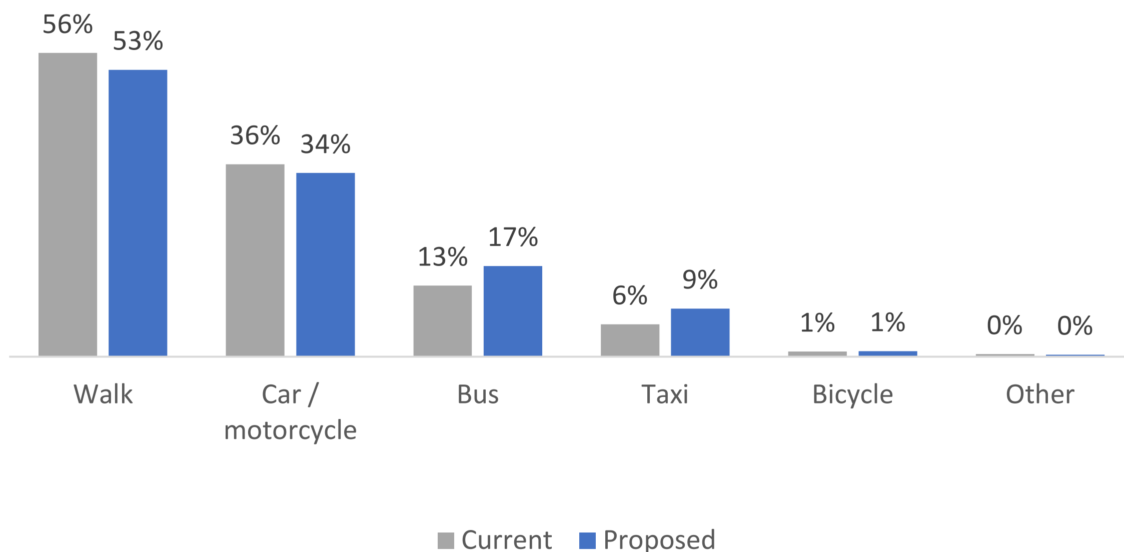
Almost three-quarters (73%) say they would continue to use the practice if the proposals went ahead, with less than one in ten (8%) saying they would move to a different practice.



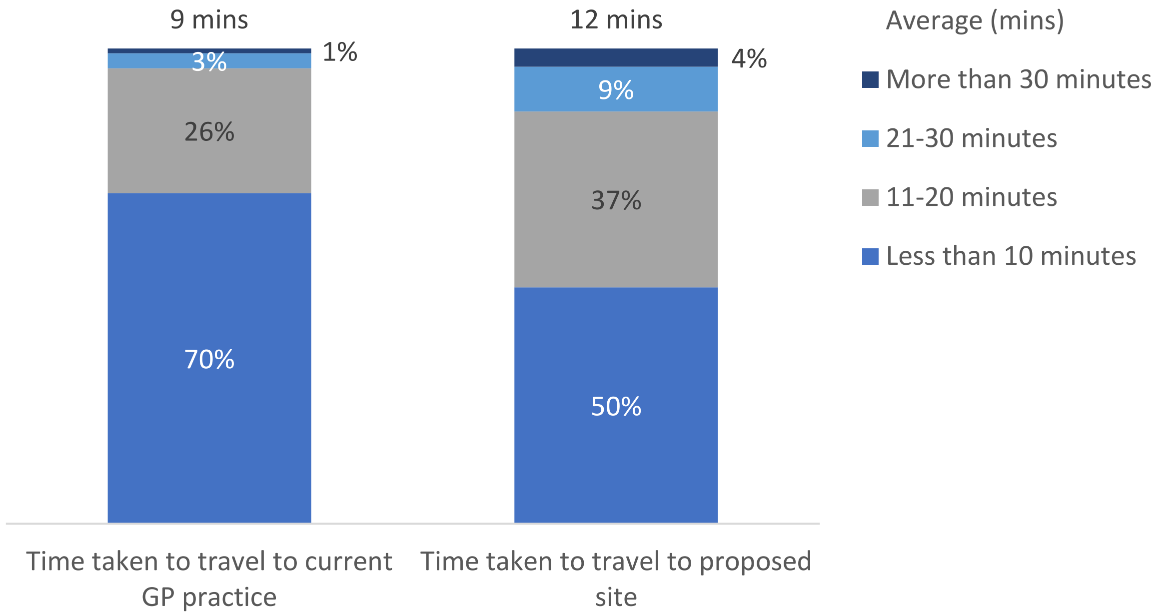
The most frequent visit to the GP Practice was once every few months (52%). Frequency of visitation was higher for more vulnerable groups. The majority of those with a disability (84%) or aged 65+ (74%) visit their GP Practice at least every few months – compared to an average of 69%.



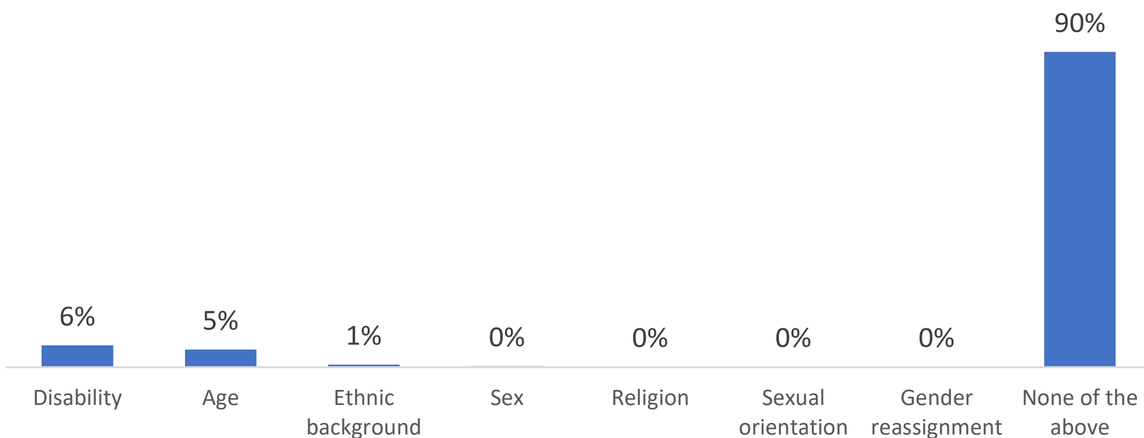
The majority of respondents (56%) currently walk to their GP practice and will continue to do so at the proposed site (53%). There is some indication that buses (+4%) and taxis (+3%) will be used more frequently at the proposed site.



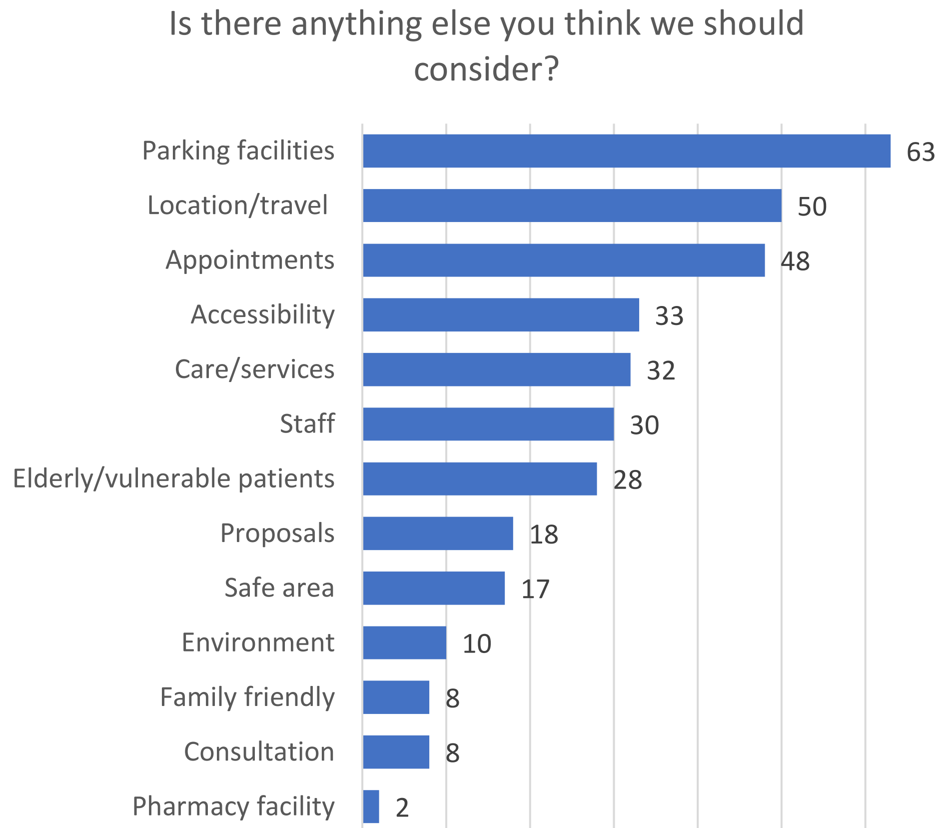
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 9 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently seven in ten respondents (70%) live within 10 minutes of their GP Practice. Under the proposed site this drops to 50%.



The vast majority (90%) did not feel the proposals would impact them more than other people. Disability (6%) and age (5%) were the main issues cited by respondents who felt they would be more impacted than others.



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



Almost a fifth of those who provided an answer mentioned that parking facilities should be considered (18%, 63 respondents), indicating that provision is not adequate in the area and given that service users may have to travel further to access healthcare, if the proposals are approved:

"There is an issue with parking at the moment. Hopefully they (sic) will be a car park."

"Parking because you can never park around that area as it is."

"Traffic levels and parking is a major problem around that area."

Respondents were also concerned about the availability and system of appointments (15%), with some explaining it can be difficult to access healthcare at their current surgery:

"Trying to get appointment is a problem now."

"Just make sure there are enough appointments for patients."

"So many patients under one roof which could make it difficult for people to get an appointment."

A similar percentage mentioned the location of the proposed health centre (15%, 50 respondents), stating concerns about an increase in travel time, the cost of travel and provision of public transport:

“Don't drive, it can be difficult for me to walk if I am not well. There are no bus routes. Would get a taxi.”

“Better public transport as there is no bus.”

“The bus services are not very good from where I live which can affect the time you can travel.”

Those who identified as having a disability were more likely to raise concerns about the location of the new health centre compared to those who did not (27% vs 9%).

Others talked about accessibility (10%, 33 respondents) and that any new building should be designed to be accessible to all patients, including elderly and vulnerable service users and those whose first language is not English. A similar percentage (9%, 32 respondents) mentioned care and services including the scope available, whether there could be a pharmacy onsite and perhaps dentists. Other themes that respondents put forward for consideration included the staffing of the new building (9%, 30 respondents) and taking extra care of the elderly and vulnerable (8%, 28 respondents).

“For those that physically have to pick their prescriptions up, those that are not online, if the surgery is further away from them then this will be really inconvenient.”

“I don't think people that come up with these ideas actually think about the older generation who have been attending our GP practices for many, many years and have rapport with our GPS's and other clinical and non-clinical staff. We like our surgeries leave them alone. This is not going to improve services; it's going to make them worse!”

“My mother is elderly and struggles with walking, but the GP is not far, so she is able to attend alone. She won't be able to attend the new one alone.”

“To be easily accessible. More toilets needed. Improve waiting areas and disabled access.”

“Make it accessible to everyone and make sure it's wheelchair friendly.”

“Access to the building as there is a lot of parking on the pavements.”

“The elderly: especially of its location and it seems it will be impossible to get an appointment.”

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the Foundry 1 proposals to build a new health centre on Spital Street (next to Sheffield Medical Centre):

Date	Time	Venue	Health Centre	Attendance
17/08/2022	12:00	Vestry Hall	Foundry 1	2
24/08/2022	10:30	Verdon Street Community Centre	Foundry 1	10
05/09/2022	10:30	Vestry Hall	Foundry 1	15
07/09/2022	18:30	Verdon Street Community Centre	Foundry 1	0

Across the meetings, a total of 27 residents attended to ask questions, air concerns and provide their opinions on the proposed new health centre. Prevalent themes included questions on the proposal itself, how the proposal would be funded and sustained, the design of the building, services available and access to healthcare within the Foundry 1 community. Other topics of conversations included transport and travel, staffing and the scope of the consultation.

Residents were keen to understand the proposals in more detail and how they would be affected by the building of a new centre:

“I thought the practices were merging?”

“I thought there would be lots more people going to the same practice.”

“Can’t we change the current buildings?”

“Will Burngreave Close?”

Stakeholders attending the meetings provided answers to the questions posed, providing an indication that information could be key to allaying concerns about the project as highlighted by one attendee:

“I’ve been going to my practice since I was a baby so when I first heard about it, I thought ‘no you can’t move my practice!’ but now you’ve explained it I’m liking the idea.”

Residents also provided questions regarding budgeting considerations including how services would be funded, reinvestment and sustainability including rent costs.

Questions were aired regarding the design of the health centre, how it would be laid out, environmental credentials and access issues. As found throughout the consultation, mobility issues were also touched on:

“In LIFT buildings there are long corridors – hard for people with mobility problems – will there be places to stop and sit down and rest- comfort seating stops?”

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Access to healthcare and continuity were discussed in the meetings; service users were naturally concerned about accessing healthcare:

"How is a new building going to give more appointments?"

"Can patients change GPs if they want?"

"The main concern is I am able to get an appointment with a GP like I can now?"

there was hope that a number of services could be provided at the new centre including a pharmacy, phlebotomy, physiotherapy, addiction support, vaccine provision and social prescribing.

Due to potentially having to move surgeries, some attendees had worries about travelling to the new centre:

"I am concerned about Public Transport being available to the new hub. There used to be a bus, H1, that went between the hospitals and through a lot of these areas. They even made it free for people with a bus pass who had an appointment. That would help vulnerable people if that could be run."

"Travel is main concern, have you explored current buildings, for example the one here in (Vestry Hall)?"

"Can you divert buses?"

These concerns were addressed, and it was mentioned the ICB were working with the relevant parties and the Transport Executive will look to change the routes if the project goes ahead.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

A small number of respondents made contact via telephone about the Foundry 1 proposal. Aside from enquiries of how to participate in the consultation, the remaining highlighted the need for continuity in accessing healthcare and travel times would not be adversely affected:

"I'm not really bothered either way as long as I can get in when I need to."

"I hope it works out. It's not really that far from my Drs now and I walk anyway if I have to go."

Foundry 2 - Rushby Street

1,191 respondents completed a survey and provided their views on the Foundry 2 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	3	0%
Foundry 1 - Cornerstone Building	0	0%
Foundry 1 - Herries Road Surgery	1	0%
Foundry 1 - Sheffield Medical Centre	0	0%
Foundry 1 - Melrose Surgery	0	0%
Foundry 2 - Page Hall Medical Centre	346	29%
Foundry 2 - Upwell Street Surgery	827	69%
SAPA 1 - Firth Park Surgery	3	0%
SAPA 1 - Shiregreen Medical Centre	0	0%
SAPA 2 - Buchanan Road Surgery	0	0%
SAPA 2 - Margetson Surgery	0	0%
SAPA 2 - The Health Care Surgery	0	0%
None of the above	8	1%
I am not registered with a GP	3	0%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	6	1%
Asian, or Asian British - Indian	49	4%
Asian, or Asian British - Pakistani	217	19%
Asian, or Asian British - Other Asian background	95	8%
Black, or Black British - African	35	3%
Black, or Black British - Caribbean	19	2%
Black, or Black British - Other Black background	74	6%
Mixed / multiple ethnic group - Asian and White	6	1%
Mixed / multiple ethnic group - Black African and White	5	0%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	5	0%
White - British	525	45%
White - Gypsy / Traveller	2	0%
White - Other White background	64	5%
Other - Arab	41	3%
Other	10	1%
Prefer not to say	19	2%

Age	Number	Percentage
16-24	95	8%
25-34	190	17%
35-44	229	20%
45-54	210	18%
55-64	219	19%
65+	200	17%

Gender	Number	Percentage
Male	508	43%
Female	655	56%
Other	0	0%
Prefer not to say	11	1%

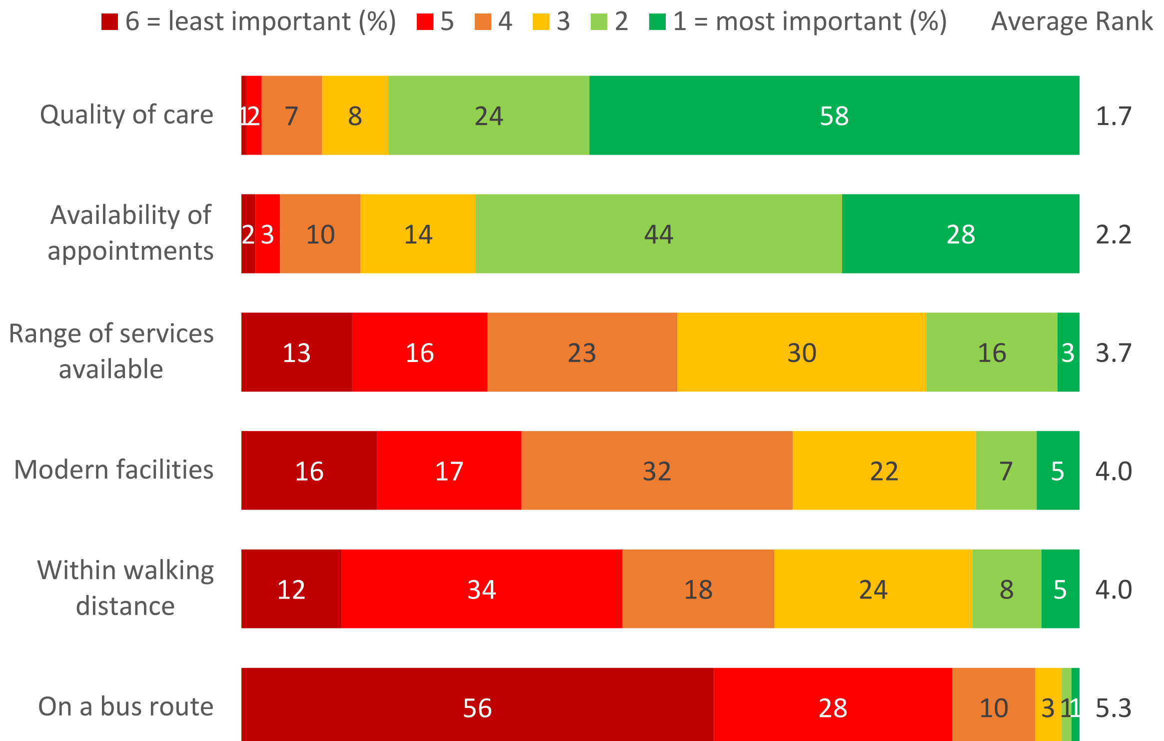
Disability	Number	Percentage
Yes	427	37%
No	700	60%
Don’t wish to say	40	3%

Sexuality	Number	Percentage
Heterosexual	1,107	95%
Homosexual	11	1%
Bisexual	13	1%
Other	3	0%
Prefer not to say	31	3%

Main Findings

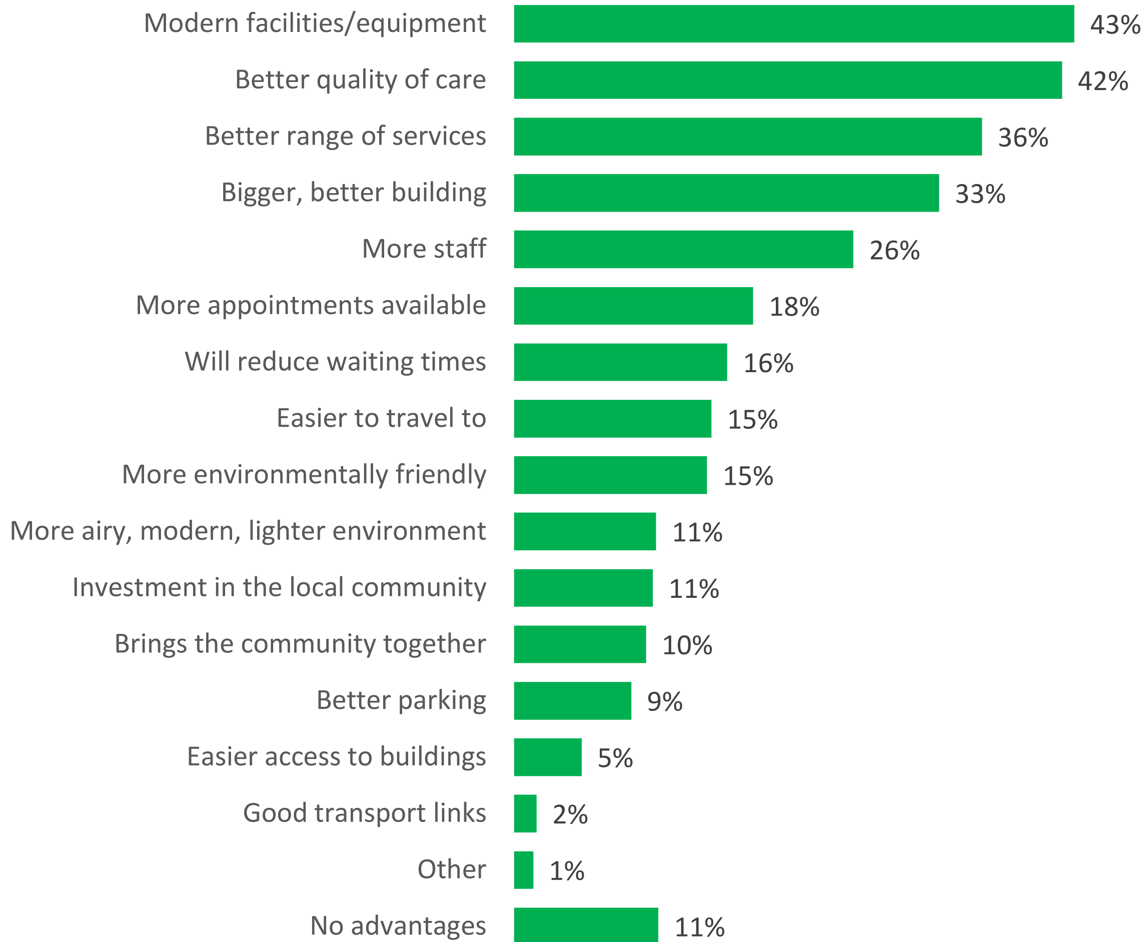
Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Quality of care was ranked the most important, with the majority (58%) ranking it as their most important item. This was followed by availability of appointments with an average ranking of 2.2. The range of services available, modern facilities and being within walking distance received similar importance rankings. Being on a bus route was less important, with over half (56%) ranking this as the least important element.

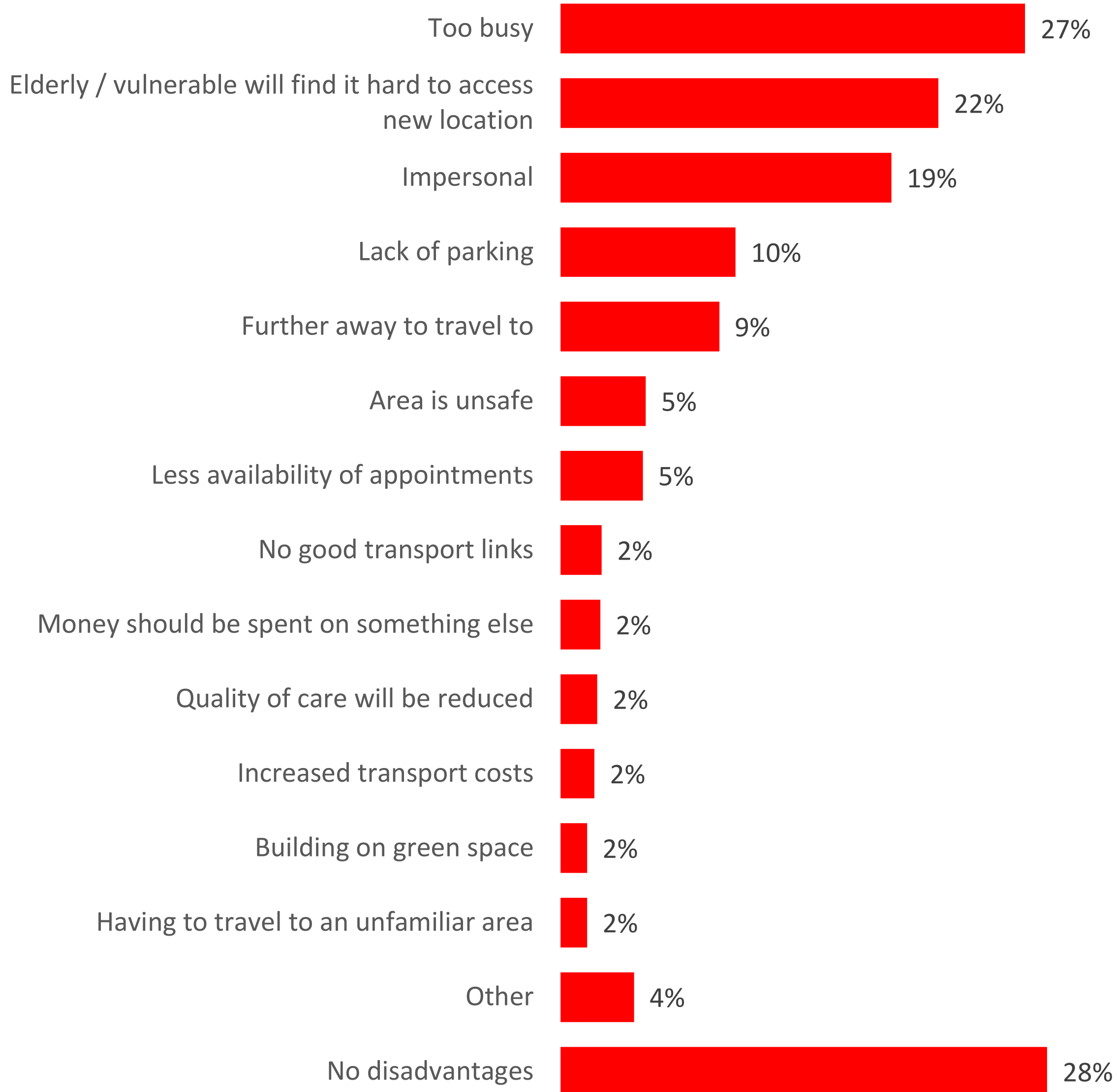


The main advantages to the proposals were modern facilities/equipment (43%) and better quality of care (42%). Around a third also cited better range of services (36%) or a better, bigger building (33%).

Only around one in ten (11%) could not see any advantages to the proposals.



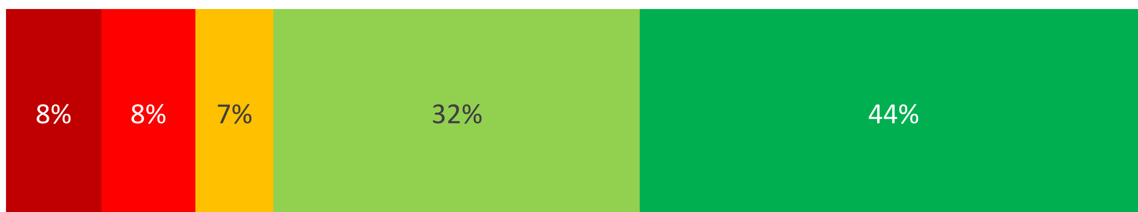
Respondents felt the main disadvantages to the proposals were being too busy (27%), access issues for the elderly/vulnerable (22%) and being impersonal (19%). Over a quarter (28%) could not find any disadvantages with the proposals, rising to almost half for under 25s (46%).



Over three-quarters (77%) think the proposals will have a positive impact on them, rising to 84% amongst those aged 35-54.

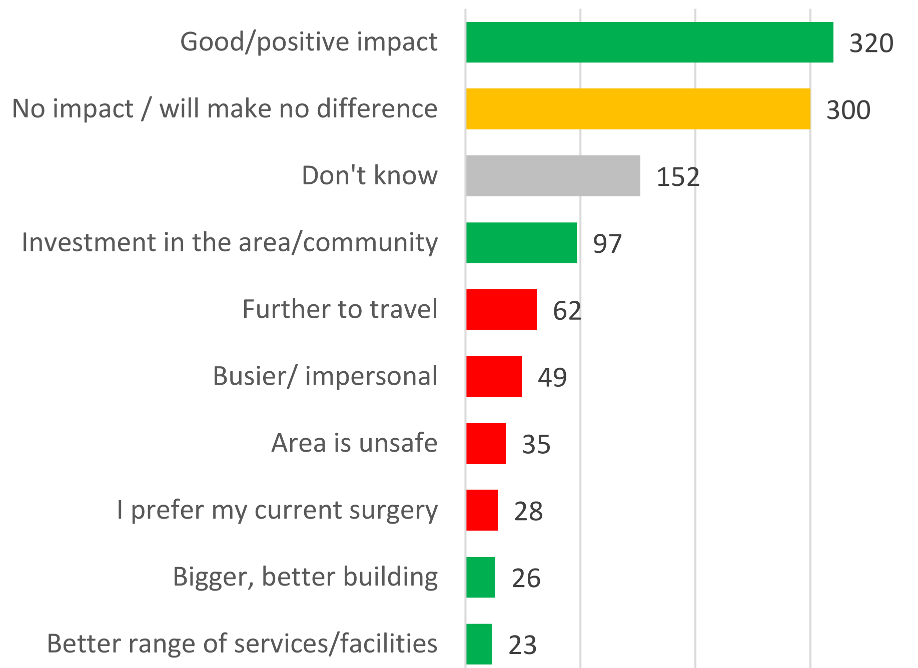
Only around one in six respondents (16%) think they will be negatively impacted by the proposals, although this rises to one in five amongst those with a disability (20%) or aged 65+ (19%). No significant differences in impact were observed between the two main surgeries in this network: Page Hall and Upwell Street.

What impact will these proposals have on you?
On a scale of 1-10, where 1 = positive and 10 = negative



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family? (Top 10)



More than a quarter revealed they felt the proposals would have a positive impact in general (28%, 320 respondents); a quarter reported they expected no negative impact or that the proposals would make no difference (26%, 300 respondents). Just over a tenth (13%, 152 respondents) were unsure what impact the new health centre would have on them. Generally, younger people were more likely to say they were unsure of the impact of the proposal.

"I disagree with my wife (surveyed separately)! I think this is a good idea, I think it will be better, less crowded, better parking and a better experience all together."

"Just better. Good idea. NHS spending money in the right way, for once, instead of high salaried management."

"This will be beneficial as I've been with this doctors since 1998 and it's in need of an upgrade."

"Very good and positive impact on local health service."

"Shouldn't have any problem, almost the same distance for me. As long as I am seeing my own GP."

"No problem at all, same distance from my house and will have the same staff."

Other positive impacts cited by respondents included investment in the area or community (8%, 97 respondents), the advantage of a better, bigger building (2%, 26 respondents) and a better range of facilities (2%, 23 respondents).

"I think the new proposals, with better facilities and quirkier of care, are extremely beneficial for us all and give us hope for better health and care. Over the past two years I stopped calling my local medical centre and stopped having hope of being helped."

"Good for me and the community, it will create more jobs in the area."

"No problem, actually it's a good investment for the community."

"Good investment in the area, it'll be good for us."

"It is the same distance to both surgeries. But will be bigger and better."

"This area does need this kind of investment."

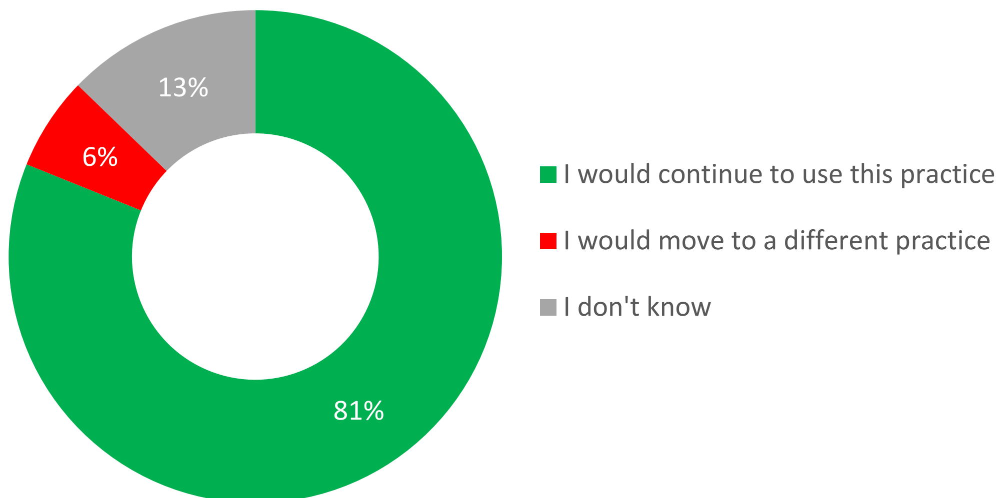
Respondents also highlighted some negative impacts the proposals may bring, stating that it would be further to travel to the centre (5%, 62 respondents). Disabled residents were more likely to mention this than non-disabled residents (7% vs 3%, respectively). Others felt the building itself may be busier or more impersonal that their current surgery (4%, 49 respondents) and that the area surrounding the new health centre is deemed unsafe (3%, 35 respondents). A small percentage revealed they would prefer to stay at their current surgery.

"I only visit my GP on foot, this proposal will move the practice further away from me. The other practices involved in the merge have lower patient satisfaction scores and longer wait times. Therefore, the merge can only have a negative impact on the health care I currently receive. I have a complicated health history, including a chronic bowel disease, and I have built a relationship with the doctors at the current practice. The proposal means I will be far less likely to see the same GP and instead will see doctors unfamiliar with me personally."

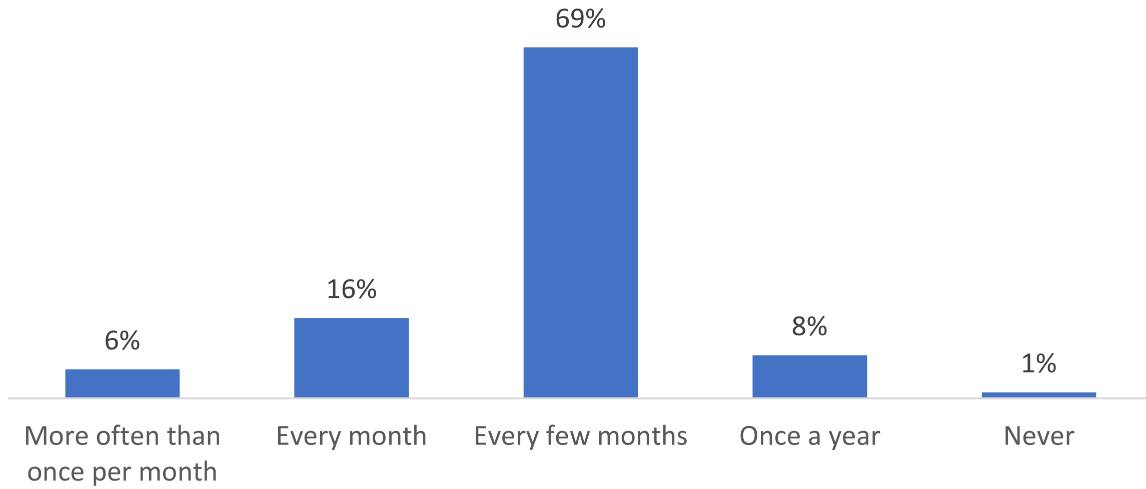
"I will probably have to try to change my GP, which I am reluctant to do as I have been with the practice for over 20 years and know the staff and they know me. But the proposed area is not one I would consider safe due to the crime rate etc and I would certainly not want to be around there in the dark. There is no bus service to get there so I will have to get taxis there and back which is an extra expense in difficult financial times."

"I have a chronic illness and frequently visit my GP. I am currently able to communicate with the same GP and surgery staff. I also don't drive and walk to the GP. The proposal will move it further away and will reduce the continuity of care I currently receive. I see NO advantage to me in this proposal."

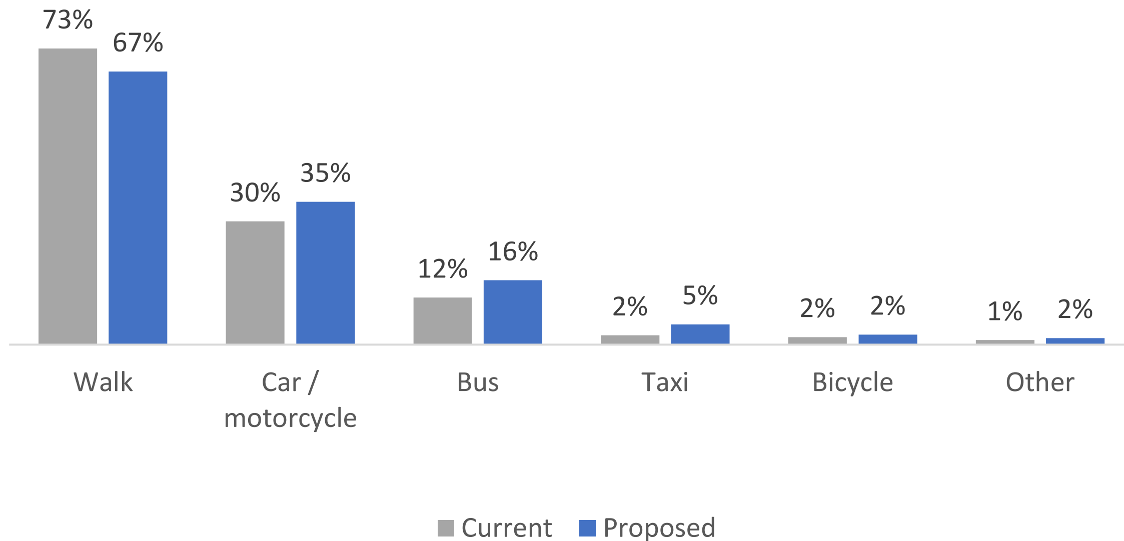
Over eight in ten respondents (81%) say they would continue to use the practice if the proposals went ahead, with only a minority (6%) saying they would move to a different practice.



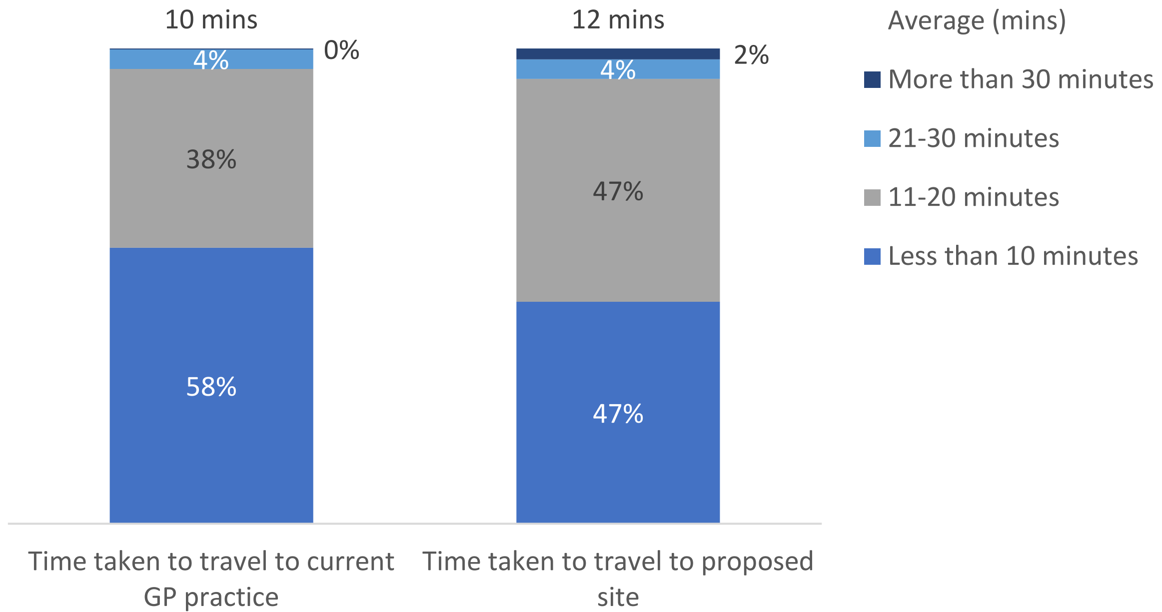
The most frequent visits to the GP Practice was once every few months (69%). Frequency of visitation was higher for more vulnerable groups. Many of those aged 65+ (39%) or with a disability (31%) visit their GP Practice at least every month – compared to an average of 22%.



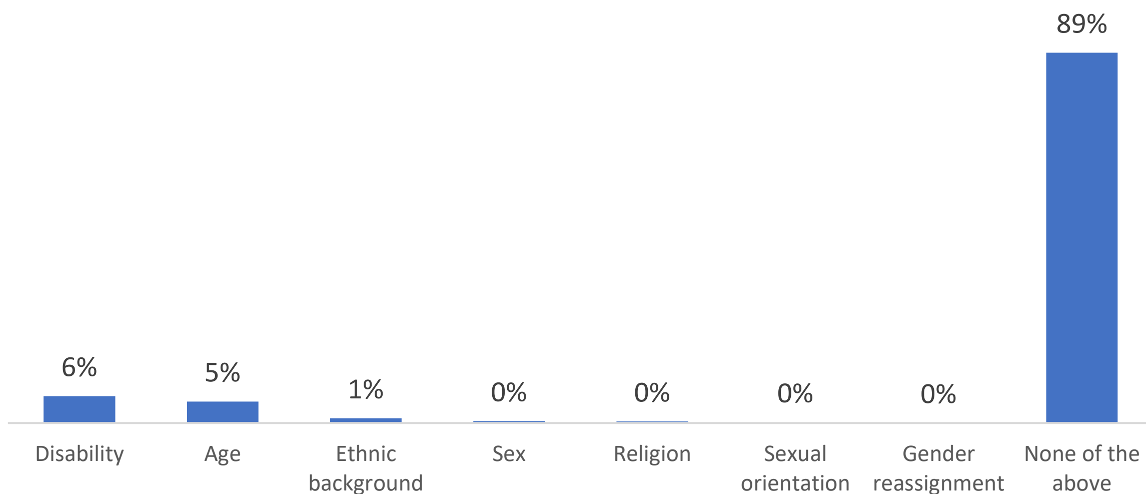
Although the majority of respondents say they will continue to walk to the proposed site (67%), this is significantly lower than the proportion who currently walk to their GP Practice (73%). This will be replaced by a higher proportion travelling by car / motorcycle (+5%), bus (+4%) or taxi (+3%).



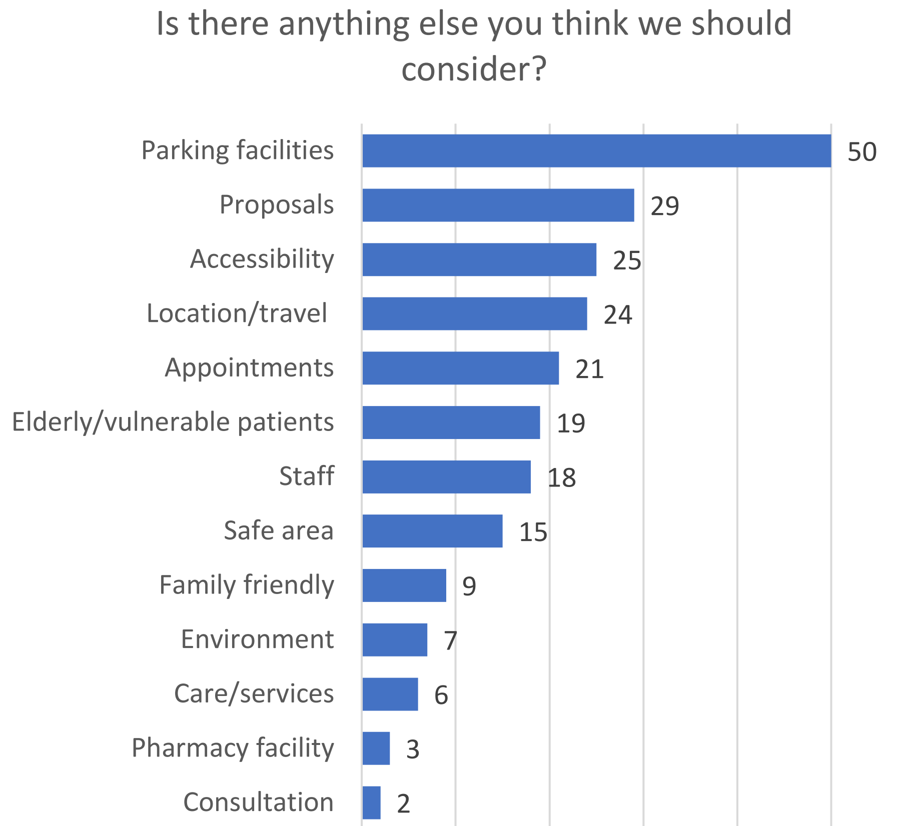
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 10 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently almost six in ten respondents (58%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 47%.



The majority (89%) did not feel the proposals would impact them more than other people. Disability (6%) and age (5%) were the main issues cited by respondents who felt they would be more impacted than others.



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



Almost a quarter of those who provided a response raised the importance of parking facilities at the proposed new site (23%, 50 respondents) stating there should be ample bays available for service users:

"It needs to have a proper car park and a big one."

"Suitable parking to accommodate patients."

"Enough parking spaces."

Just over a tenth said they had issues with the proposals (13%, 29 respondents) feeling they should be reconsidered or amended, or that they would have a negative impact on the community:

"Leave the surgeries where they are and spend money on getting more doctors and nurses plus more admin staff to answer the phones."

"On speaking to many of my neighbours who attend the same practice I don't know of anyone who wishes the proposal to go ahead."

"Please consider not going ahead with this plan, many local residents share similar concern to mine."

A tenth mentioned that accessibility to the new health centre should be considered (11%, 25 respondents), with thought given to accessing the building, wheelchair access and cited issues accessing healthcare in a deprived area:

"Easy access for vulnerable people, I accompany my mother-in-law and sometimes it gets difficult with her."

"For others that also will face difficulties registering with a new surgery or not being informed could be in for a vast shock or may not be able to access the healthcare they need."

"Easy access to the building Faster appointment system."

Other aspects respondents wished to draw attention to include the location of the new building (11%, 24 respondents) and the impact that a potential increase in travel time would have on service users, particularly the elderly and those without transport. Respondents also alluded to the requirement of a better appointments system and the availability of appointments (10%, 21 respondents). Other prevalent themes included consideration of elderly and vulnerable patients (9%, 19 respondents), staffing concerns (8%, 18 respondents) and the safety of the area the proposed centre is to be built in (7%, 15 respondents).

"As happy as I am that the location would still be local, the area is really not the best. The health of patients, as well as the staff needs to be considered. I feel like the Page Hall medical should stay where it is and be reconstructed with better facilities."

"I am thinking about my husband has he cannot do this has he has problem and not been able to walk I think it is unfair to move the doctors and make it harder for people when there is no need for it."

"The new building will make the area more congested in terms of cars, the building itself won't look appealing as it will be built on area of greenery."

"Putting your site in an area notorious for street fighting, mugging and an area people are afraid to walk around in is not a good idea."

"Yes, older people will be more vulnerable are most likely be scared visiting such a rough area."

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the Foundry 2 proposals to build a new health centre on Rushby Street:

Date	Time	Venue	Health Centre	Attendance
15/08/2022	10:30	Greentop Circus Centre	Foundry 2	14
16/08/2022	17:30	Firvale Community Hub	Foundry 2	13
05/09/2022	16:30	Firvale Community Hub	Foundry 2	9
03/10/2022	18:30	Grimesthorpe Family Centre	Foundry 2	30

A total of 66 residents attended the meetings to ask questions about the proposed new health centre and speak to stakeholders about their concerns. The predominant themes of conversations within the meetings concerned clarification of the proposal, the location of the proposed health centre, the design of the building, transport links and services.

Attendees were eager to understand what considerations had been given to the project:

“What happens if Rushby Street isn’t suitable? The environmental land survey is today.”

“I’ve been going to Upwell since the old building, say want more room, there half the rooms are empty.”

“Was the space behind Rushby Street considered?”

“It sounds like there is still a degree of sorting out between the NHS and GP surgeries that needs to happen. Just want to check that the public won’t be any worse off if this goes ahead?”

There was some concern amongst attendees about the location of the new health centre, especially regarding patient safety when travelling to and from the new health centre:

“Why have you picked areas so dangerous at night?”

“This area is horrendous.”

“There was a riot there last night. It’s very frightening.”

“People don’t feel safe in this area. It is real fear. Why are we putting a brand-new building in an area where people fear crime?”

Some patients in the wider consultation alluded to safety concerns regarding the Rushby Street proposal - it is clear this aspect will need to be considered by the ICB.

Residents also posed questions concerning the new health centre building in terms of design, construction and the existing buildings that service users receive care in:

“Will it be built to a size that could accommodate other surgeries in the future or will it just fit two?”

“Where will the entrance be?”

“Have you got any idea of what the building will look like? Will it be an eyesore in the middle?

“What about when you’re building it – will there be lots of disruption?”

“What happens to the current buildings?”

There were also fears expressed concerning the environmental impact of building a new health centre on the Rushby Street site, especially the loss of green space and trees:

“I like that it’s green belt space. You’re going to dig it all out and all those trees.”

“What are you going to do with all that? That one mature tree, will it stay?”

“It’s one of the last green spaces we have. I think there’s a much better site behind the GP surgery.”

“Worry about losing an open space.”

As with all the proposals, the theme of travel and transport was discussed at the meetings with service users highlighting potential issues with getting to and from the new centre. Concerns around public transport, parking and traffic were all mentioned:

“I find the traffic a real problem around here. There’s schools and gyms and a community centre and a nursery & families have lots of cars – there’s so much traffic. If you’re coming to a GP surgery, you’re not worried about the people who live here are you when you’re looking where to park your car?”

“The 18 bus comes down here, but only every hour.”

“Has there been any agreement about public transport?”

Residents who attended the Firvale Community Hub groups cited concerns about the provision of a chemist next to the surgery, which they currently have access to.

Residents also wanted to know understand the money involved in the project and how it would be allocated to health provision:

“We all know that the council have got no money. I heard it’ll be council owned – what about if there’s a recession and they need to make more cuts – what happens then? What guarantees are there for us that in 18 months they won’t want their money back?”

“Some practices are now just doing extensions. Are they getting the money to do this form this fund?”

“Is the NHS responsible for revenue streams once it is built?”

“Savings that are coming out of this – will that go back into to GP surgeries, so they have additional funds?”

Attendees addressed worries about accessing healthcare at the new centre, some of which were being experienced at their existing surgery:

“Need a better telephone system – wait 40 mins and get cut off.”

“I have to wait 6-8 weeks to get an appointment. On the phone from 8am, wait in line, by the time you get through there’s no appointments. I’m sick and tired of Page Hall Medical Centre. Ever since Covid they’ve used it as an excuse to not see you. They say they will call you back, but they never do. We’ve got the same problem with dentists.”

“People want quicker, easier appointments. Space is mentioned ten times in the consultation document, but the bit after, getting more people/doctors, needs to be part of this now.”

“Will it be harder to register with a GP?”

Other themes of discussion included how the new centre will be staffed, given a shortage of health professionals in the media and that further consultation with residents may be needed to provide answers to service users’ questions and the benefits of the new centre.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

The main themes amongst the feedback highlighted concerns about accessing appointments and issues experienced with current provision:

“You still won't be able to get an appointment if they are moving it exactly like it is. It will be a waste of money.”

“I understand about the other services they want to put in the new building but if you can't get to see your Dr, how can you get referred to the other services? It needs more Drs and I hope it works because you can't get to see one now.”

“How will it change for the better. They don't pick up the phone now and sometimes I wait for an hour to get through.”

“I could be dying and can't get an appointment.”

There were also some concerns about the location of the new centre:

“They want to build it in front of where I live. I'm concerned it will cause lots more traffic and congestion and it's already really busy there.”

“Very concerned about how safe it is around Rushby St, particularly when it gets darker for evening appointments.   It's further than the current surgery location and some are in their 80's with mobility issues which will make it more difficult to get to Rushby St. There's no bus that will get them there. The agreed consensus was that it was a done deal already and having their say won't make a difference.”

SAPA 1 - Concord Sports Centre

1,165 respondents completed a survey and provided their views on the SAPA 1 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	13	1%
Foundry 1 - Cornerstone Building	1	0%
Foundry 1 - Herries Road Surgery	18	2%
Foundry 1 - Sheffield Medical Centre	3	0%
Foundry 1 - Melrose Surgery	15	1%
Foundry 2 - Page Hall Medical Centre	23	2%
Foundry 2 - Upwell Street Surgery	10	1%
SAPA 1 - Firth Park Surgery	308	26%
SAPA 1 - Shiregreen Medical Centre	320	27%
SAPA 2 - Buchanan Road Surgery	38	3%
SAPA 2 - Margetson Surgery	10	1%
SAPA 2 - The Health Care Surgery	7	1%
None of the above	389	33%
I am not registered with a GP	10	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	5	0%
Asian, or Asian British - Indian	13	1%
Asian, or Asian British - Pakistani	57	5%
Asian, or Asian British - Other Asian background	13	1%
Black, or Black British - African	13	1%
Black, or Black British - Caribbean	18	2%
Black, or Black British - Other Black background	8	1%
Mixed / multiple ethnic group - Asian and White	8	1%
Mixed / multiple ethnic group - Black African and White	9	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	9	1%
White - British	918	79%
White - Gypsy / Traveller	5	0%
White - Other White background	27	2%
Other - Arab	4	0%
Other	7	1%
Prefer not to say	46	4%

Age	Number	Percentage
16-24	128	11%
25-34	162	14%
35-44	159	14%
45-54	171	15%
55-64	221	20%
65+	282	25%

Gender	Number	Percentage
Male	491	42%
Female	662	57%
Other	0	0%
Prefer not to say	8	1%

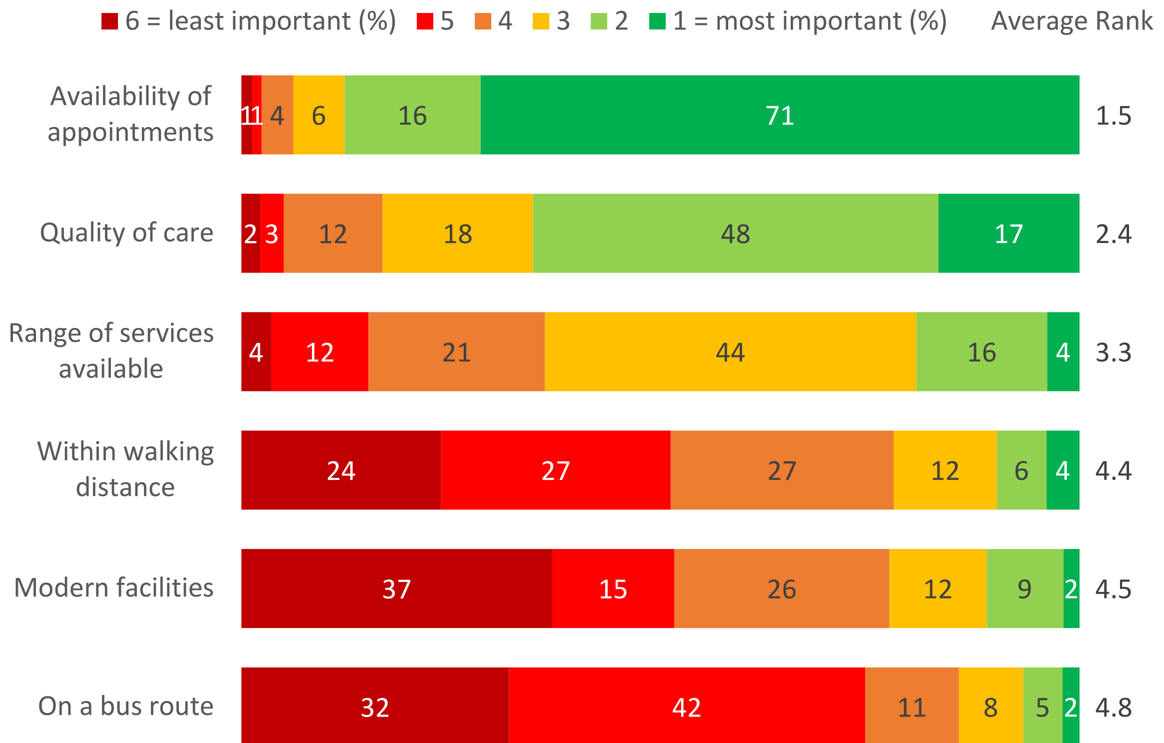
Disability	Number	Percentage
Yes	469	41%
No	611	53%
Don’t wish to say	78	7%

Sexuality	Number	Percentage
Heterosexual	1,056	92%
Homosexual	26	2%
Bisexual	17	1%
Other	5	0%
Prefer not to say	45	4%

Main Findings

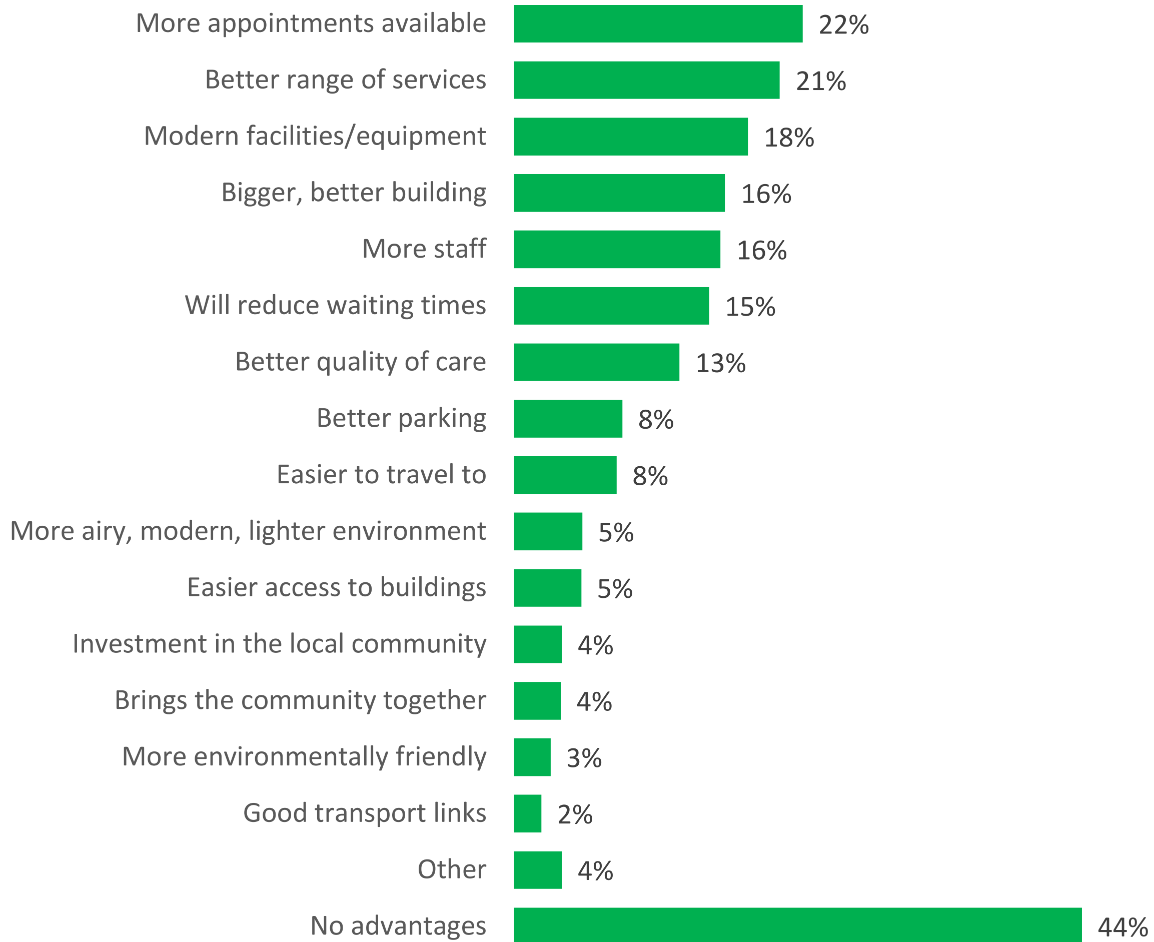
Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with the majority (71%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.4 and range of services (3.3). Being within walking distance and modern facilities received similar importance rankings. Being on a bus route was least important, with almost three-quarters (74%) ranking it fifth or sixth.

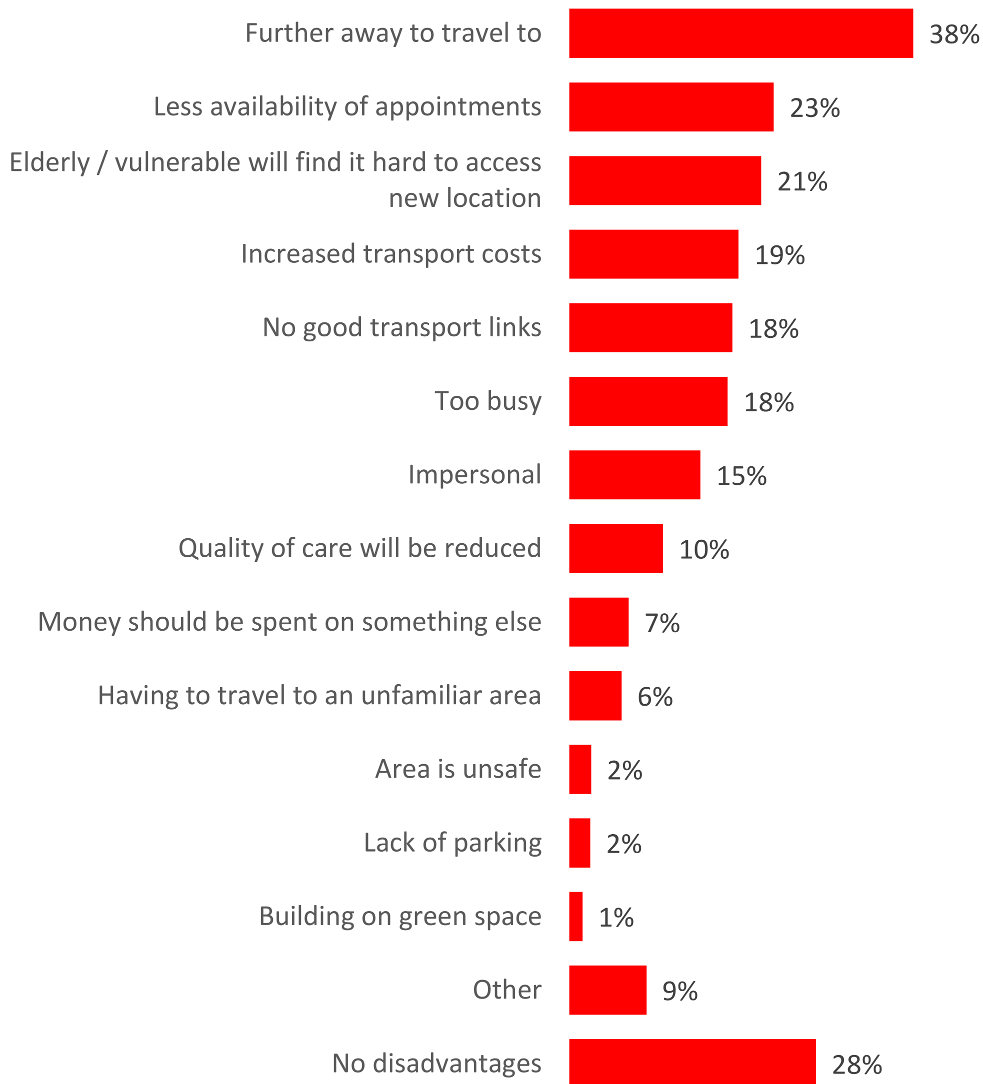


The main advantages to the proposals were seen as more appointments (22%), better range of services (21%) and modern facilities/equipment (18%). Around one in six also cited a bigger, better building (16%) and more staff (16%).

Almost half (44%) felt there were no advantages to the proposals, especially those aged 65+ (56%).



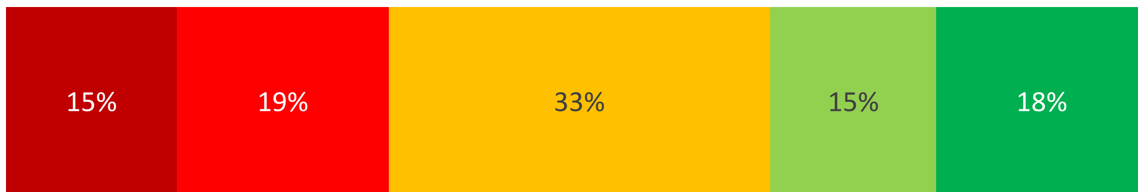
Many respondents (38%) felt the main disadvantage to the proposals was travel distance. Over a fifth also cited availability of appointments (23%) or issues for the elderly/vulnerable (21%). Although almost three in ten (28%) could not find any disadvantages with the proposals, rising to 40% amongst under 25s.



A third (33%) think the proposals will have a positive impact on them. These are more likely to be ethnic minorities (41%) and those aged under 35 (40%).

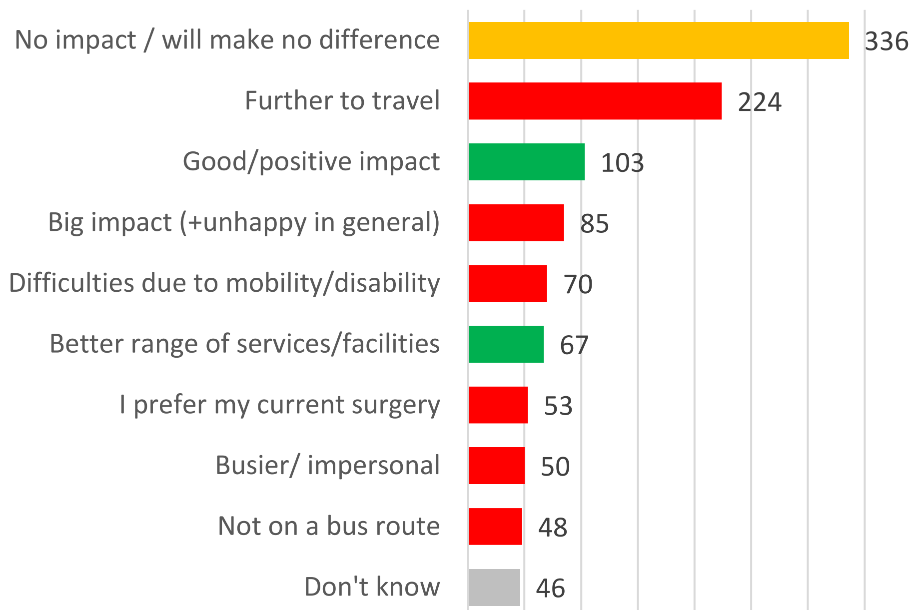
A further third (34%) think they will be negatively impacted by the proposals, rising to 42% for those aged 65+. No significant differences in impact were reported between the two main surgeries in the network: Firth Park and Shiregreen.

What impact will these proposals have on you?
On a scale of 1-10, where 1 = positive and 10 = negative



Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family?



Almost a third say the proposals to build a new health centre at the Concord Sports Centre would have no impact (30%, 336 respondents).

"I don't think this will have much impact on me and my family as it's around about the same distance to travel to, progress is a good thing, but the elderly might find the changes disruptive, and it might be even harder to get an appointment."

"Won't really have an impact as it's still an easy location to get to for myself, it's just if the Increase in availability of appointments will actually happen."

"I don't use the surgery very much so won't impact me much, I'm happy to travel to a GP of it makes thing better and easier for all involved."

However, a fifth (20%, 224 respondents) say it would impact on travel time to and from the centre. Almost a third of disabled residents mentioned distance as an impact compared to non-disabled respondents (29% vs 13%).

"This would be really bad for me, too far away and out in the middle of nowhere. Where my surgery is at the moment is really convenient for me and my children, school is close so I can take them quickly and bring them back, moving to concord would mean they'd need to spend more time outside of school."

"This will have a bad impact on me, it's too far to travel to, uphill, if it snows how do we get there? There are no public transport links, how will the elderly cope with a thirty-minute walk up hill?"

"Further away from home. Not on a bus route. Difficult to get there in winter - Icy. Need a taxi - costs involved. What parking would be available."

Regarding the positive effects of the proposals on service users, a tenth felt the new health centre would have a positive impact in general (9%, 103 respondents) with younger people more likely to envisage a positive impact. Others felt there would be a better range of service and facilities on offer (6%, 67 respondents).

"After weighing up the advantages and disadvantages the advantages outweigh the disadvantages. The only thing that concerns is travelling to the new premises where I'm not sure they are etc."

"A welcome reassurance that public health and wellbeing are an ongoing consideration of agencies entrusted to promote the improvement of provision. Forecast already exceeds expectations."

"I think this will be better overall. I'm a wheelchair user and even though the new location will be further away, I'd imagine it will be more easily accessible by wheelchair."

"Seen something about this change and had text messages regarding it, I see it as a positive move. If it has a range of services under one roof and more staff then it will be less waiting times for hospitals."

"I have five children and so the extra services and more appointments will make a huge difference."

Aside from having to travel further, almost a tenth viewed the proposal as having a negative impact, generally (8%, 85 respondents). Others mentioned difficulties due to limited mobility (6%, 70 respondents), they would prefer to stay with their current surgery (5%, 53 respondents) and a larger centre could be busier or more impersonal that current facilities (4%, 50 respondents). A further 4% raised the fact that the centre is not on a bus route (48 respondents).

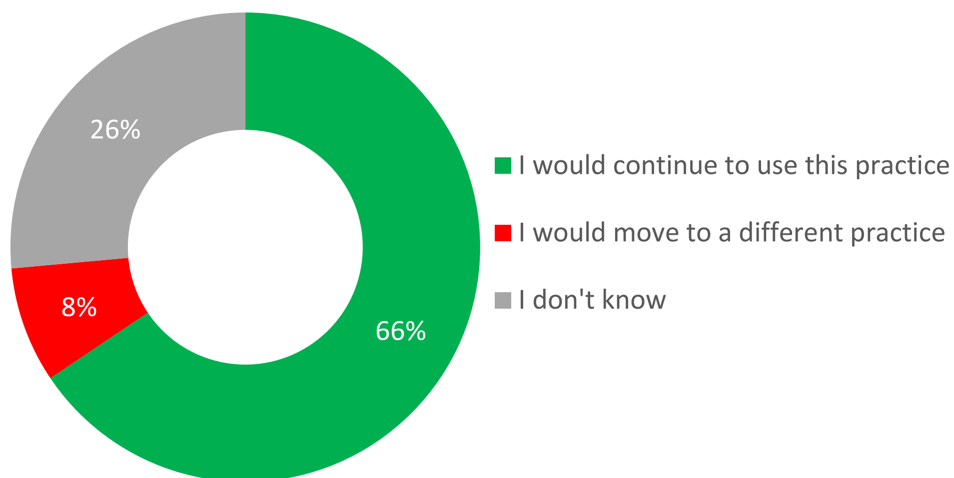
"This would be inconvenient for me and my family as my father has a pulmonary heart murmur, diabetes and high blood pressure so needs to visit the GP regularly and it needs to be within close proximity. My mum is also a nurse and gets her supplies from the practitioners before work. If it were to move, it would be very, very inconvenient for us."

"Extremely negative. This will affect my mental health severely. I have spent years making a relationship with doctors who know me to then have to start again."

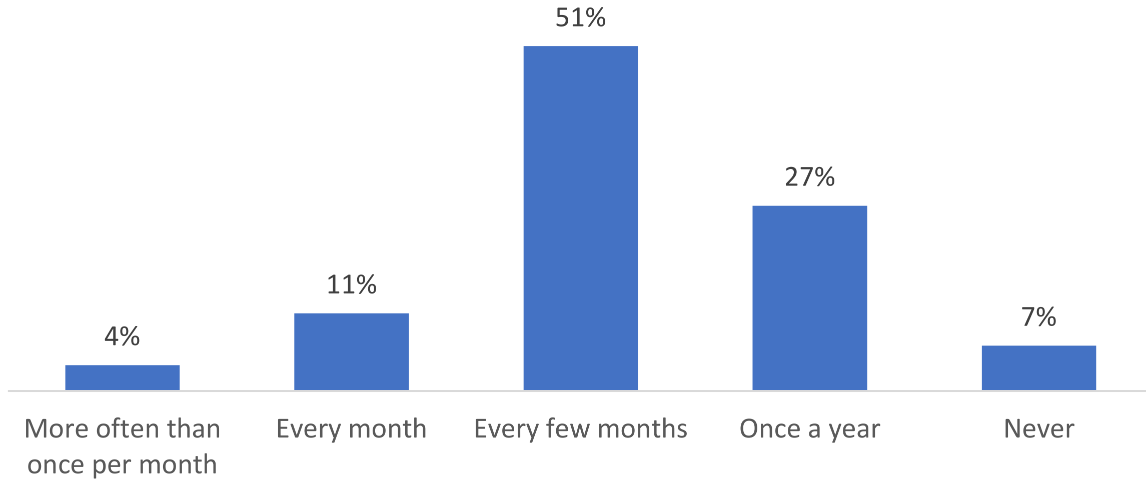
"I have heart problems and at the moment my wife drives me to my surgery but if she were incapacitated in any way then it would be impossible for me to get to the new location."

Two-thirds (66%) say they would continue to use the practice if the proposals went ahead, with less than one in ten (8%) saying they would move to a different practice.

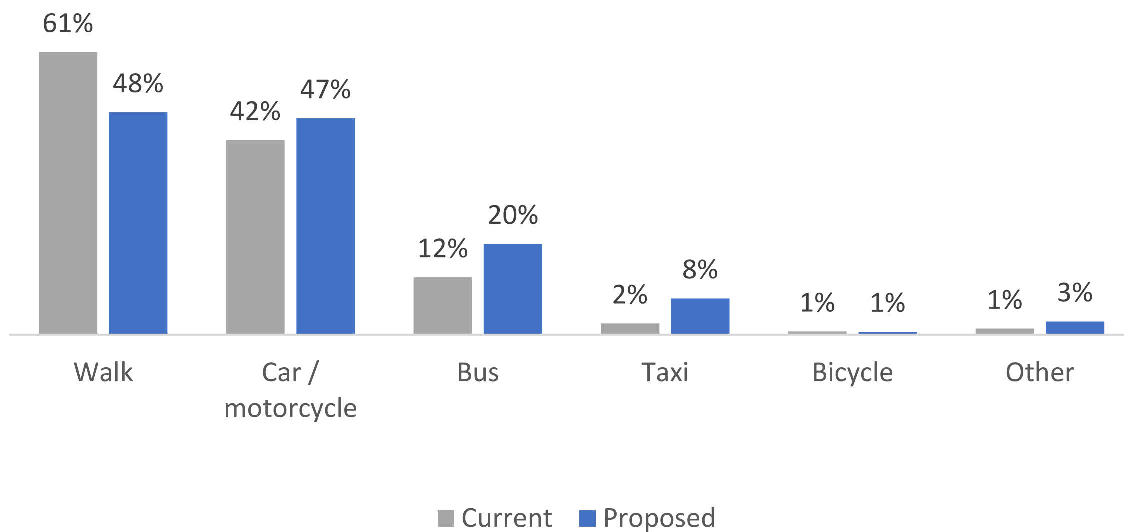
If the proposals went ahead, would you continue to use your practice, or would you move practice?



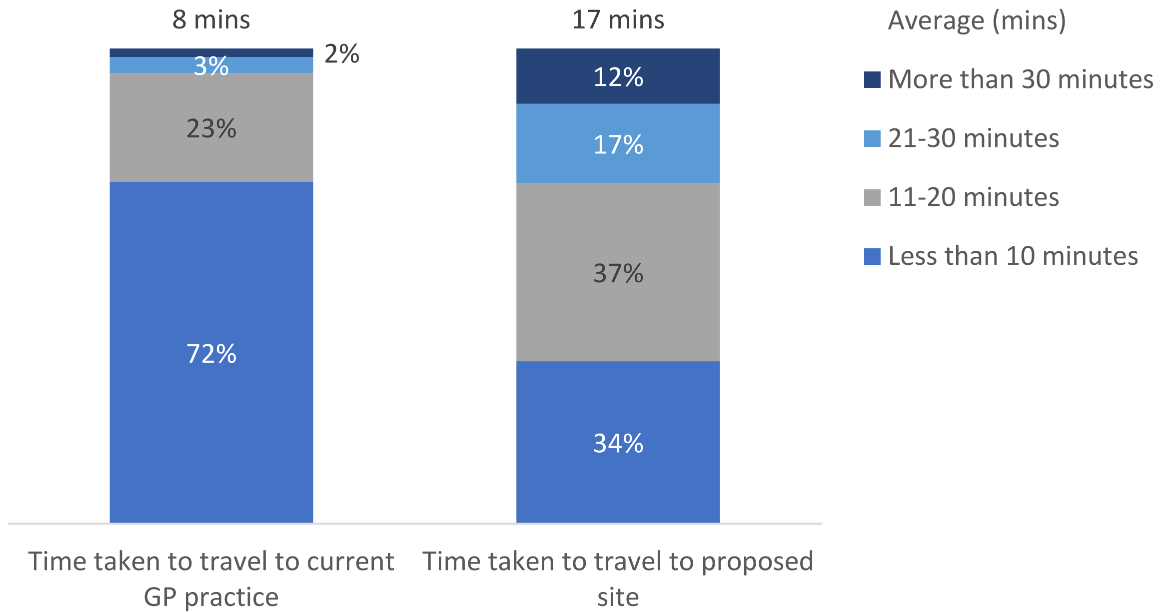
The most likely frequency to visit the GP Practice was once every few months (51%). Frequency of visitation was higher for more vulnerable groups. The majority of those with a disability (80%) or aged 65+ (75%) visit their GP Practice at least every few months – compared to an average of 66%.



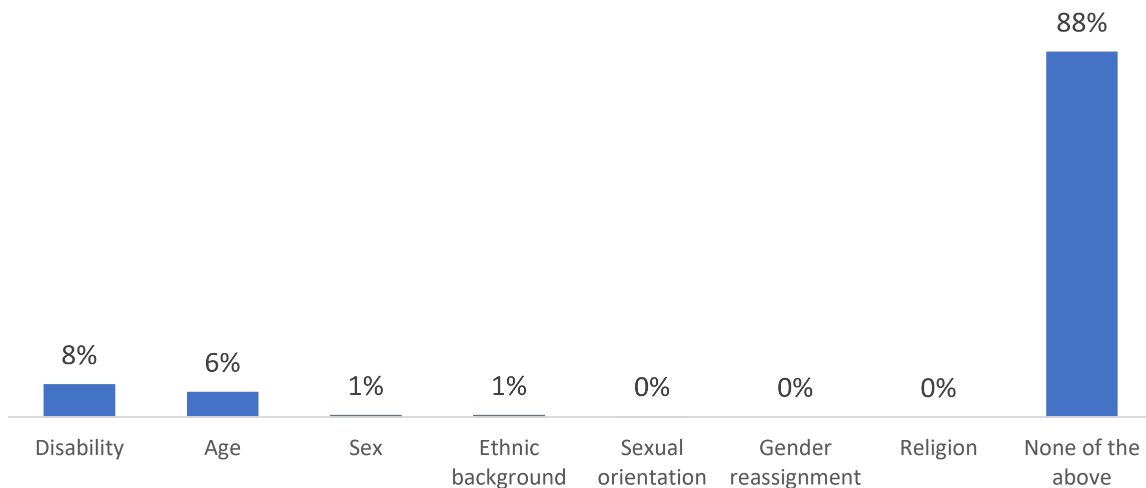
The proportion of respondents who currently walk to their GP Practice (61%) will reduce significantly under the proposed site (48%). There is some indication that cars/motorcycles (+5%), buses (+8%) and taxis (+6%) will be used more frequently at the proposed site.



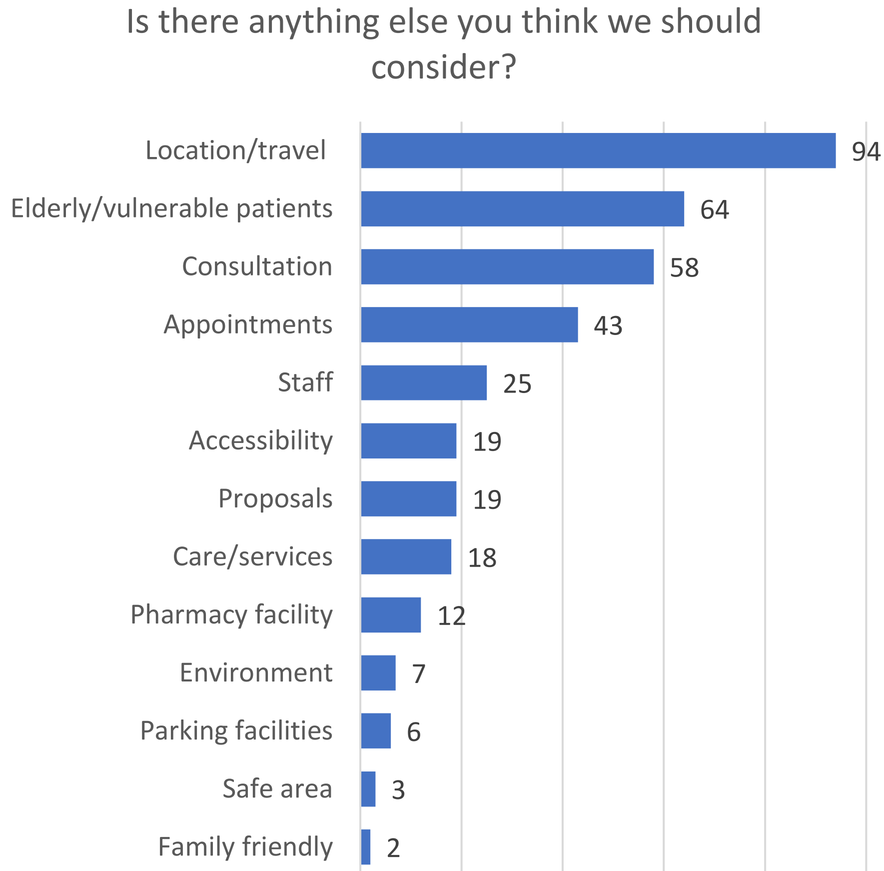
The travel time from home to the proposed site is more than double the current travelling time. At the moment it takes respondents an average of 8 mins to travel to their GP Practice. This rises to 17 mins for the proposed site. Presently, over seven in ten respondents (72%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 34%.



The majority (88%) did not feel the proposals would impact them more than other people. Disability (8%) and age (6%) were the main issues cited by respondents who felt they would be more impacted than others.



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



The main consideration that people responding to the SAPA 1 proposals was the location of the new health centre (26%, 94 respondents). Respondents mentioned the need for adequate public transport provision, and that increased distances may affect older people, disproportionately:

"No transport, no links, not thinking about disabled and elderly."

"Ensuring that there's bus routes direct as I currently have that issue with my own GP."

"Just transport, elderly people and it may be too far to travel."

Furthermore, respondents also drew attention to the impact on elderly and vulnerable patients (18%, 64 respondents) which should be considered:

"What about old people who won't understand this change or can't get to the new surgeries."

"What about the elderly, I think they will find it very hard to accept this. They will have been using the same practice for years."

"I think this will be a bad move I am talking for the elder generation rather than myself having worked in the community and speaking to the more vulnerable service users."

Others questioned the reach of the consultation and whether people had been informed about the plans or included in the discussions (16%, 58 respondents):

"They should have more contact with the patients, actual see people not online services, listen to the patients as well."

"The people that are at the surgery, more research into what they want, the older generation will not want change"

"They should have more contact with the patients, actual see people not online services, listen to the patients as well."

Respondents also stated there were other considerations that should be factored into the proposals such as the availability of appointments (12%, 43 respondents), staffing considerations at the new buildings (7%, 25 respondents) and accessibility to the new health centre (5%, 19 respondents).

"Most people in Firth Park are on low incomes and having to get on a bus is expensive for them. People cannot walk far when they are ill and elderly people are less likely to seek medical help if it not here in Firth Park. Currently it is central and near the pharmacist which us useful for people."

"Accessibility has got to come first! There is no point in moving to admittedly more spacious premises if (as seems very likely) there is no increase in the availability of appointments. All that will happen is that patients will find it more difficult to get to the surgery."

"Some patients will have difficulties getting to surgeries. They have mobility issues and domiciliary visits should be available. Communicating better if phone appointments don't just ring once keep trying people may not reach the phone quickly enough."

"The current surgery is fit for purpose, it's the ability to book an appointment that causes all issues. Moving to a new location does not guarantee more availability or an easier booking system, just more difficulty."

"GP appointments need to be more available receptionists need to be more helpful, stop trying to act like they are medically trained and understand when an appointment is needed."

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the SAPA 1 proposals to build a new health centre at the Concord Sports Centre:

Date	Time	Venue	Health Centre	Attendance
19/08/2022	11:30	Firth Park Methodist Centre	SAPA 1	25
26/08/2022	12:00	Shiregreen Community Centre	SAPA 1	14
06/09/2022	18:30	Firth Park Methodist Centre	SAPA 1	24

Altogether, 63 residents attended across three meetings in the network to share their thoughts, feelings and concerns about the proposal to build a new health centre. The main themes discussed across the meetings were as follows: general thoughts on the proposal; transport and travel issues; services that would be available as part of the offer and continued access to healthcare in the network.

Residents questioned the scope of the project and what it would mean for surgeries and other projects in Sheffield:

“If Elm and Dunninc close, you’ll get their doctors. Is there room for these patients (at the new centre)?”

“Have plans been drawn up already? Because there were going to be 5 practices and now it is only 2 so how does that change the plans?”

“The city centre hub – is that going to be affected by surgeries in the north-east?”

“Could surgeries that have said that they don’t want to be involved change their mind and go into the hub?”

“What name will the new hub have?”

It was noted that strong support was expressed towards the proposal by some attendees, however, travel and distance concerns were repeatedly mentioned.

Residents were interested in understanding what considerations had been given to transport links and travelling during the design of the proposal, citing concern about public transport, traffic and parking:

“What about bus services to the new practice?”

“Transport is very important because these areas have a lot of people with limited mobility.”

“Let’s get to the nub of it. There is no bus route. The 32 has stopped after you started this consultation.”

“How many disabled parking spaces are at Concord?”

"I don't think shared car parking will work."

"Have you ever actually tried to divert a bus route?"

There was also some disagreement from residents about whether the travel figures given were accurate.

Across the meetings, discussions were had regarding services at the new health centre, what services would be available, if they could be sustained and if there would be the provision of a chemist at the site:

"Extra services potentially on offer at the new hubs are already overstretched – how will new buildings help?"

"Main concern is moving to a bigger building; we want better services."

"Will you move the chemist? Chemists around here need replacing."

"You're going to have 15k people in one building. Why no pharmacy?"

"Will the new facilities include x-rays?"

"Will there be a community pharmacy in the building?"

Access to healthcare was prevalent amongst discussions and poor experiences were raised within the meetings when trying to get an appointment, referral or access surgeries via telephone:

"You go to countries that aren't as rich with better healthcare."

"From a poorer area, it takes 2-3 times longer for a referral to a hospital."

"I don't want to go to surgery if I can't get in (as so many patients)."

"We can't get an appt because there is a lack of staff. Can't get to see a GP. There are not enough receptionists. Can't get through on the phone."

"I can't get through to the GP so my default is to go the Northern General rather than the GP and I am sure that it is the same for most people."

It was acknowledged that practice systems are out of date, and it is not just new buildings that are needed, phone systems need to be updated and modernised. One elderly attendee understood that healthcare provision had to be modernised:

"Well, we've moved on since then. Thank goodness or we would still all be waiting in a waiting room and going into that dingy room to see one doctor. I am 70 now. We have got to look forward and think about what will be provided for the young people and children growing up on these estates. The investment is a fabulous opportunity, we need modern healthcare facilities, it would be a shame to lose this opportunity."

Other themes across the meetings included questions on the budgeting of the proposal in terms of which areas of the city would benefit, where money for additional staff would come from and how the new centre would be sustained financially. Questions were also asked about the building itself – if it could cope with the volume of patients and why existing building could be expanded. Some concerns were raised about the reach of the consultation in that some residents were not aware of the meetings.

Community Feedback

Feedback was mixed amongst patients affected by the SAPA 1 proposals: some were not affected by the plans; some people were concerned about vulnerable patients and how they may react to or travel to the new health centre and some felt the proposals had already been approved.

Patients at Dunninc Road surgery seemed largely unaffected but may consider moving to a new centre:

“I usually go to Dunninc and didn't know they have decided to pull out. I'll still have a look though. One of the new sites is closer to me.”

“I'm at Dunninc and might move to the new one as its closer to where I live.”

“I might be able to access some services at the new building as part of the GP group and hope that I can if I need them. Dunninc has pulled out, but I take mum to Firth Park and hopefully it will make it easier with parking etc. I know it's further for some people, but time has to move on. It's really not working as it is so why not give it a chance. Travel and distance will always be a problem for some people, and I bet it already is for some at the GP's as they cover big areas. It just might mean it will become an issue for different people this time and there is always a solution.”

Those affected by the move mentioned they may have issues accessing the new site if they had to travel:

“It all looks like a great idea but for me it’s just too far to go. I live past Wincobank and there is no bus to get me there. It takes me long enough to get to Firth Park surgery as it is. It'll take me even longer to get to Concord and I don’t drive. I probably change my Drs but I don't want to have to.”

“It’s going to be very difficult for many elderly people. There's no consideration for those bad on their legs. I'm extremely concerned about it.”

“Not happy with Bellhouse road surgery moving – it’s too far and no public transport”

"Moving it will make it too far and not accessible on foot. I have to have regular blood tests with an early appointment, and this will mean I either have to walk through the park before 8am in the morning and it's not nice for an older lady, or I will have to get on the bus and that costs money. I also don't have internet and have to take my prescriptions into the surgery, so this means further to go more often. Right now, I live quite near so it's no problem. It will make it difficult in the bad weather and our busses always stop when it snows."

Some felt that a decision had already been made:

"I've been to one of the meetings and might go to the one at Firth Park. I think they have already decided though and they will do what they want."

"Been to a couple of the meetings and the GP at one was clearly so in favour it wouldn't matter what the patients say. They want it to go ahead regardless. What nobody seems to understand is that when you are older and already not feeling well, travelling further is a big ask. There is how much it might cost too."

Feedback from Friends of Firth Park

Main concerns voiced centred around greater distance to proposed new site at Concord and poor bus services to facilitate attendance, with increased risk of being late or worrying about missing appointments because of this.

Likewise, distance and worrying about not being able to use mobility scooter for attending appointments, without having to rely on other people to take them in a car or expense of a taxi.

One lady suggested that present 75/76 buses could make a 'loop' to Concord from their present routes.

SAPA 2 - Wordsworth Avenue/Buchanan Road

1,165 respondents completed a survey and provided their views on the SAPA 2 proposal. The breakdown of respondents by practice and ethnicity are as follows:

Practice	Number	Percentage
Foundry 1 - Burngreave Surgery	6	0%
Foundry 1 - Cornerstone Building	0	0%
Foundry 1 - Herries Road Surgery	3	0%
Foundry 1 - Sheffield Medical Centre	1	0%
Foundry 1 - Melrose Surgery	1	0%
Foundry 2 - Page Hall Medical Centre	0	0%
Foundry 2 - Upwell Street Surgery	0	0%
SAPA 1 - Firth Park Surgery	1	0%
SAPA 1 - Shiregreen Medical Centre	6	0%
SAPA 2 - Buchanan Road Surgery	362	29%
SAPA 2 - Margetson Surgery	426	34%
SAPA 2 - The Health Care Surgery	300	24%
None of the above	130	10%
I am not registered with a GP	7	1%

Ethnicity	Number	Percentage
Asian, or Asian British - Chinese	7	1%
Asian, or Asian British - Indian	29	2%
Asian, or Asian British - Pakistani	79	6%
Asian, or Asian British - Other Asian background	54	4%
Black, or Black British - African	17	1%
Black, or Black British - Caribbean	22	2%
Black, or Black British - Other Black background	24	2%
Mixed / multiple ethnic group - Asian and White	4	0%
Mixed / multiple ethnic group - Black African and White	7	1%
Mixed / multiple ethnic group - Other Mixed / multiple ethnic background	7	1%
White - British	872	71%
White - Gypsy / Traveller	3	0%
White - Other White background	57	5%
Other - Arab	12	1%
Other	2	0%
Prefer not to say	34	3%

Age	Number	Percentage
16-24	84	7%
25-34	180	15%
35-44	240	20%
45-54	212	17%
55-64	236	19%
65+	266	22%

Gender	Number	Percentage
Male	524	43%
Female	698	57%
Other	1	0%
Prefer not to say	7	1%

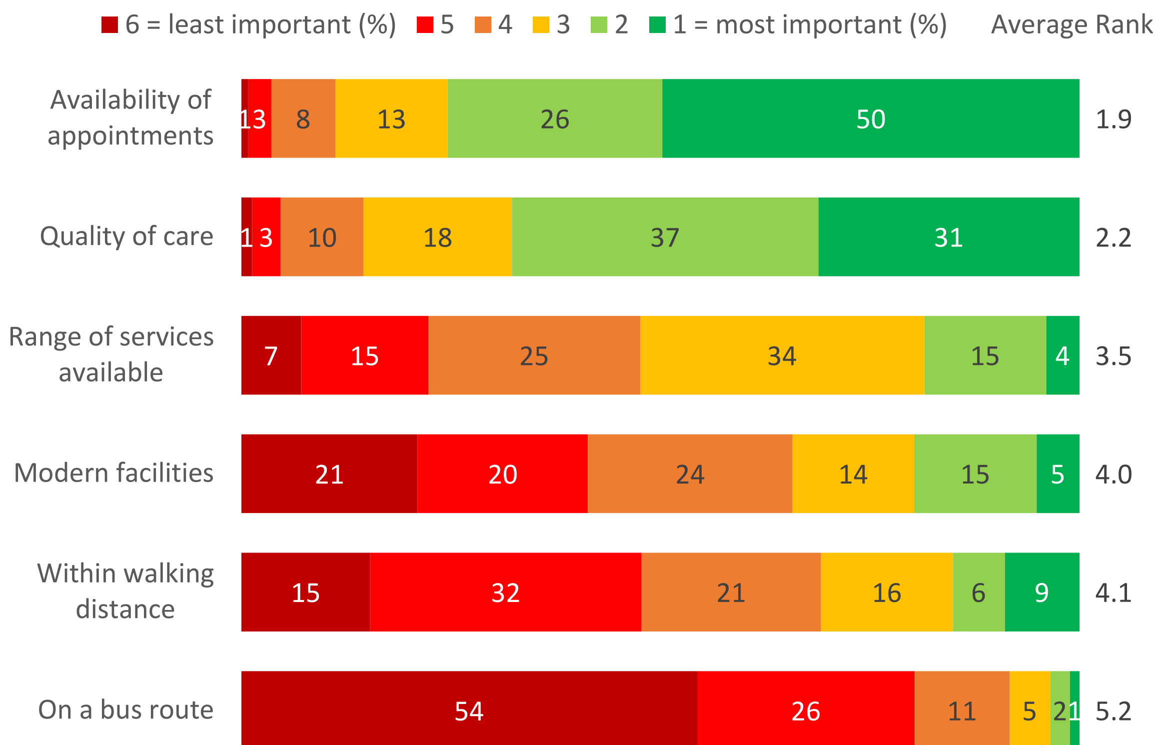
Disability	Number	Percentage
Yes	450	37%
No	690	56%
Don't wish to say	90	7%

Sexuality	Number	Percentage
Heterosexual	1,105	90%
Homosexual	23	2%
Bisexual	14	1%
Other	6	0%
Prefer not to say	81	7%

Main Findings

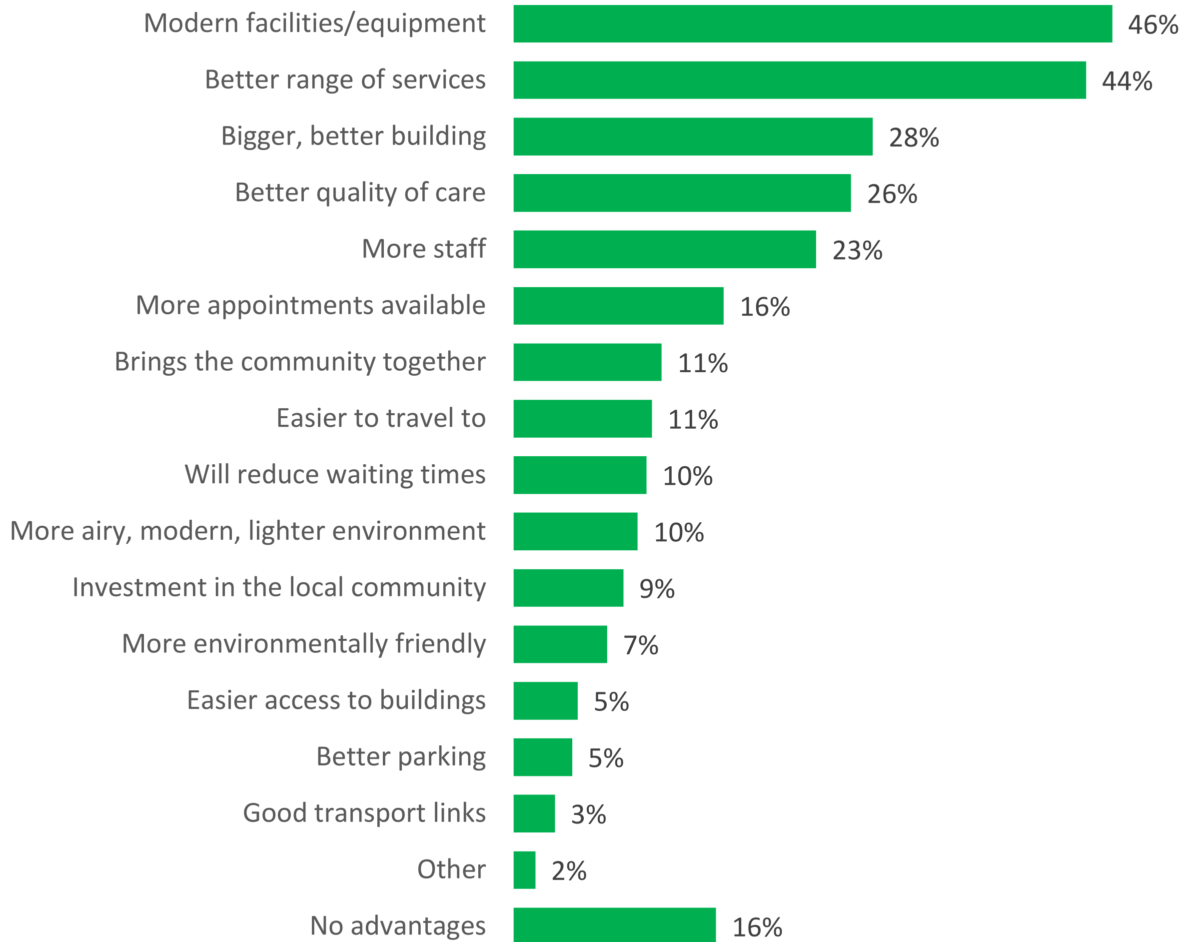
Respondents were first asked to rank how important each of the following items was in terms of their GP Practice.

Availability of appointments was ranked the most important, with half (50%) ranking it as their most important item. This was followed by quality of care with an average ranking of 2.2 and range of services (3.5). Modern facilities and being within walking distance received similar importance rankings. Being on a bus route was least important, with eight in ten (80%) ranking it fifth or sixth.

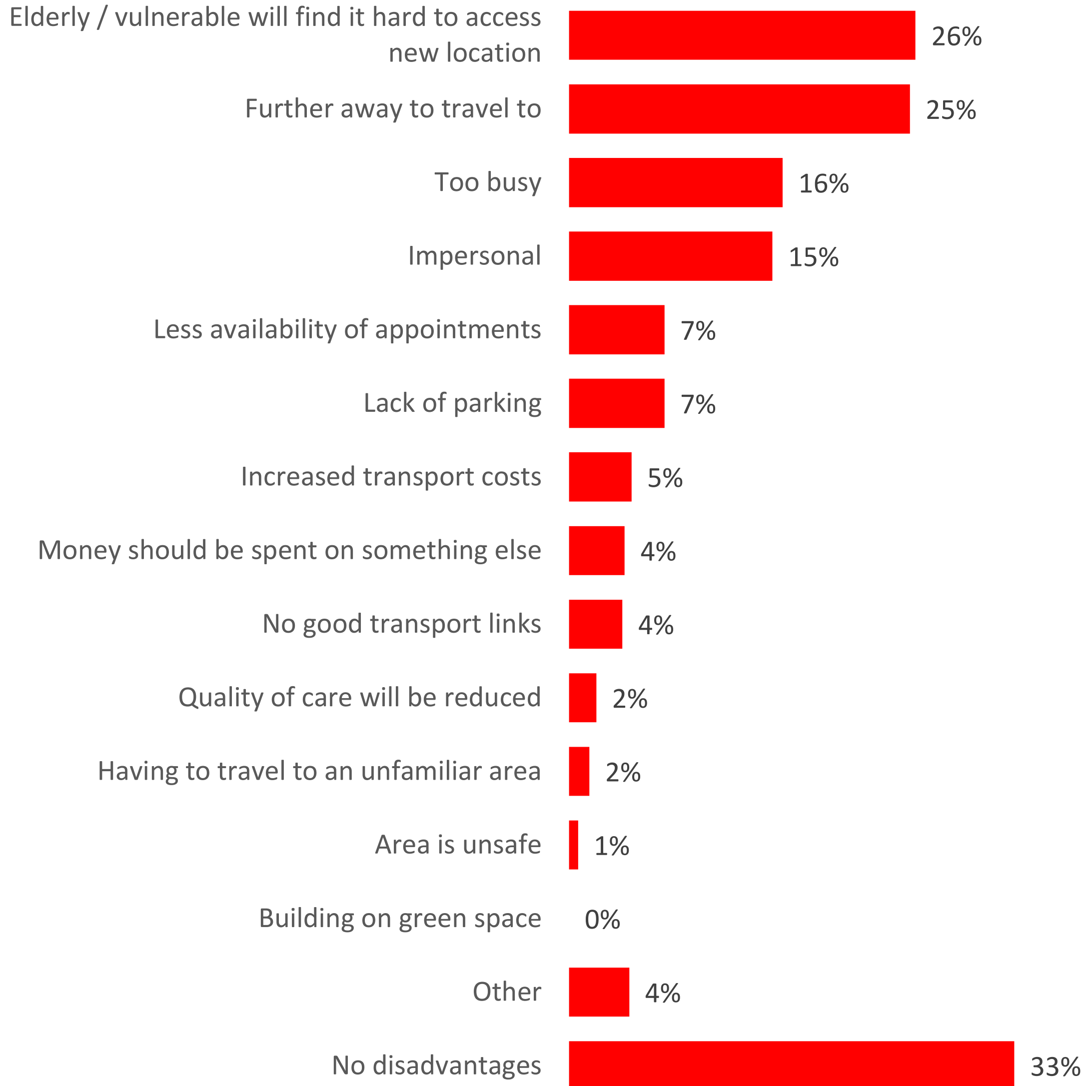


The main advantages to the proposals were modern facilities/equipment (46%) and a better range of services (44%). Over a quarter also cited a bigger, better building (28%) or better quality of care (16%).

Only around one in six (16%) felt there were no advantages to the proposals.



The main disadvantage to the proposals were issues for the elderly/vulnerable (26%) and travel distance (25%). Around one in six also cited the proposed site would be too busy (16%) or impersonal (15%). Although a third (33%) could not find any disadvantages with the proposals, rising to 49% amongst under 25s.



Over half (56%) think the proposals will have a positive impact on them. These are more likely to be those aged under 35 (67%) and ethnic minorities (63%)

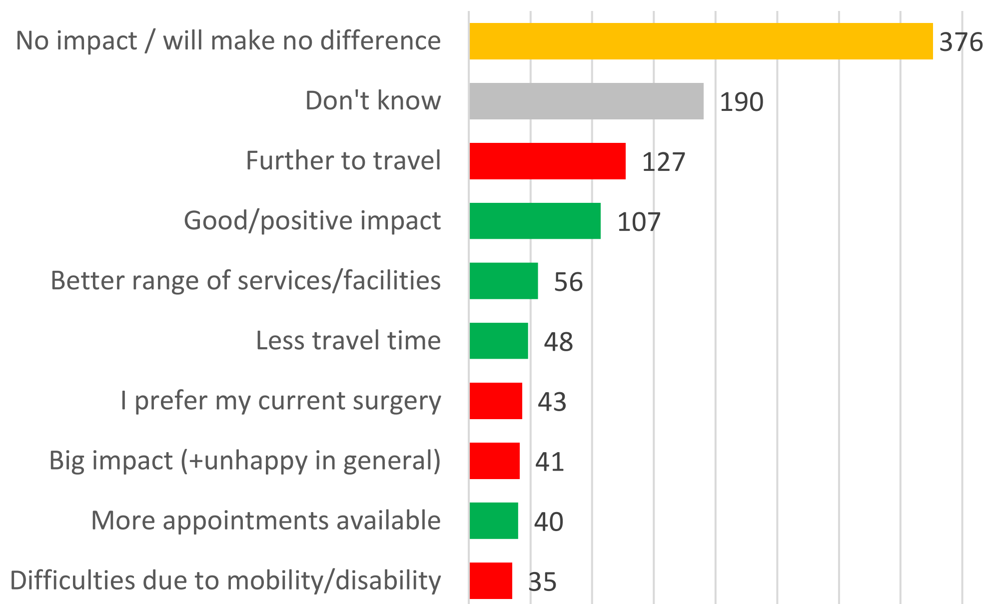
Less than a fifth (17%) think they will be negatively impacted by the proposals, although this rises to 26% for disabled respondents and 24% for those aged 65+. More than a third of patients attending Margetson Surgery (33%) and The Health Care Surgery (36%) felt they would be negatively impacted compared to a fifth (20%) of those attending Buchanan Road.

What impact will these proposals have on you?
On a scale of 1-10, where 1 = positive and 10 = negative

Very negative (9-10) | Somewhat negative (6-8) | Neutral (5) | Somewhat positive (3-4) | Very positive (1-2)

Respondents were asked to explain the impact the proposal may have on them or their families; verbatim comments were grouped into key themes:

What impact do these proposals have on you or your family?



Around a third of respondents confirmed the proposals would have no impact (33%, 376 respondents). Less than a fifth (16%, 190 respondents), were unsure about how the proposals would affect them.

"No direct impact on me personally, but based on the document, relocation sounds positive in terms of physical state of building and impact on staff and community. But, like any service, it needs to be within easy reach, especially for those in struggling areas and elderly/disabled/those who struggle to walk."

"They probably won't impact me too much right now, but I am getting older and so worry about how this move may affect me in the future. Will I be able to get to the new hub as easily, probably not."

"None really, my surgery will still be close to me. Hopefully there'll be a car park to make parking easier as parking can be a challenge currently."

"No difference in the distance I'd have to go to get there."

A tenth believe the proposals will have a generally positive impact (9%, 107 respondents) and others predicted more specific advantages, including a better range of services and facilities (5%, 56 respondents), less travel time (4%, 48 respondents) and more appointments (4%, 40 respondents).

"I will be able to access other health care such as physio, mental health support. The building will be a nicer place to attend GP appts. New technology should mean that it would be easier to contact GPs. There will be more room for outside agencies to meet. The funding will not have to be paid back so this is a genuine redevelopment of the area."

"I like the idea of one purpose-built place that can offer additional services. I like the idea of a new modernised space, that will hopefully offer the latest technology e.g. displaying wait times or QR codes to information leaflets about particular services."

"My wife is disabled so any more modern facilities are a better option. The proposed site is easier and nearer for us to get to. There is a chemist just across the road from the proposed site. My wife has regular injections and blood tests so this would be better for her treatment."

A tenth said the proposed site would incur longer travelling times (11%, 127 respondents); disabled residents were more likely to be impacted in this way (14% vs 9% non-disabled) together with those aged 65+ (22%). A small percentage said they would prefer to stay at their current surgery (4%, 43 respondents). A similar percentage felt the proposal will impact them in a negative way (4%, 41 respondents) and 3% had concerns about the impact on patients with mobility issues or disabilities (35 respondents).

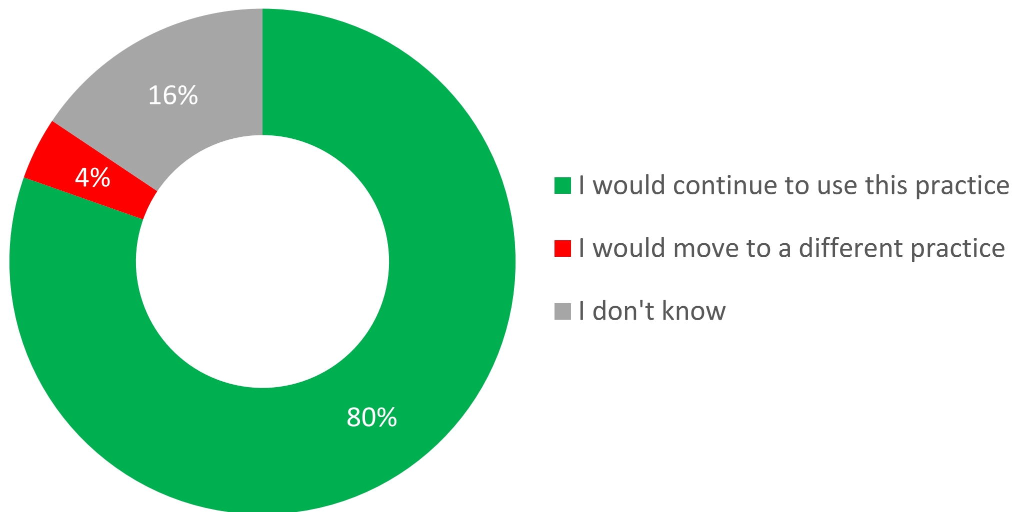
"Significant. At present I have to walk one to two miles to the surgery, mostly up hill. There is a bus but it still leaves a fair walk. As I am getting older, my condition is making it harder to visit the present surgery. Consequently I have stopped making appointments. The situation has been compounded by the surgery not taking prescriptions over the phone, only by letter at the surgery. The new health centre would address all of these limitations."

"It's further away from my home and I just don't feel like it will be managed well enough to see an improvement. I hardly ever need to see a doctor but on the rare occasion I do it's always like mission impossible trying to get an appointment. Moving more patients to one place will make it even more difficult."

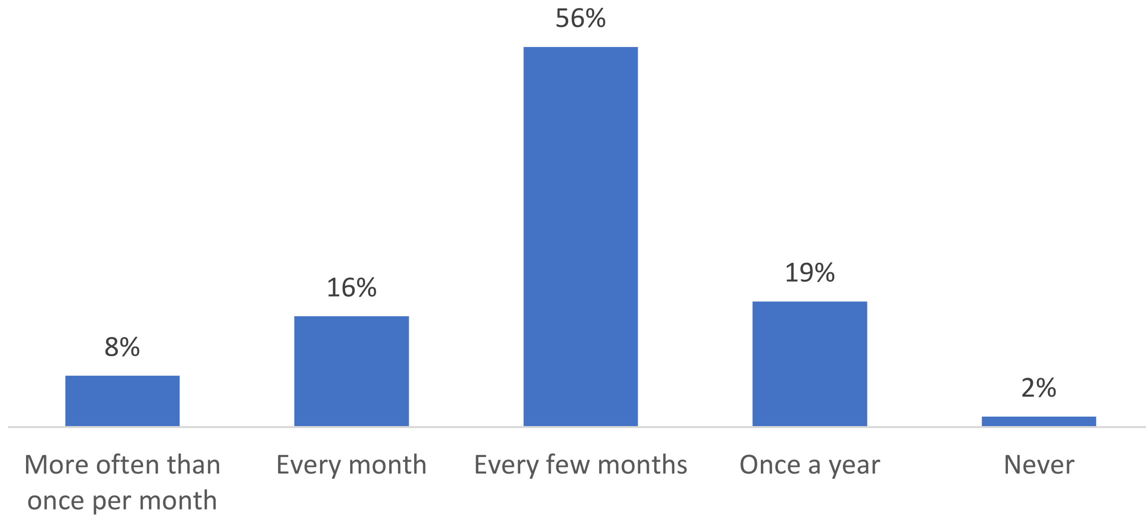
"The new site is further away. I don't have internet so can't get prescriptions online and now I can't order them on the phone so have to go to the surgery. This could be a problem in bad weather and even more if it moves further away."

"I don't want a move to happen. It would be another 10 mins added on to my walk there. At the moment I like to walk but it's still too much."

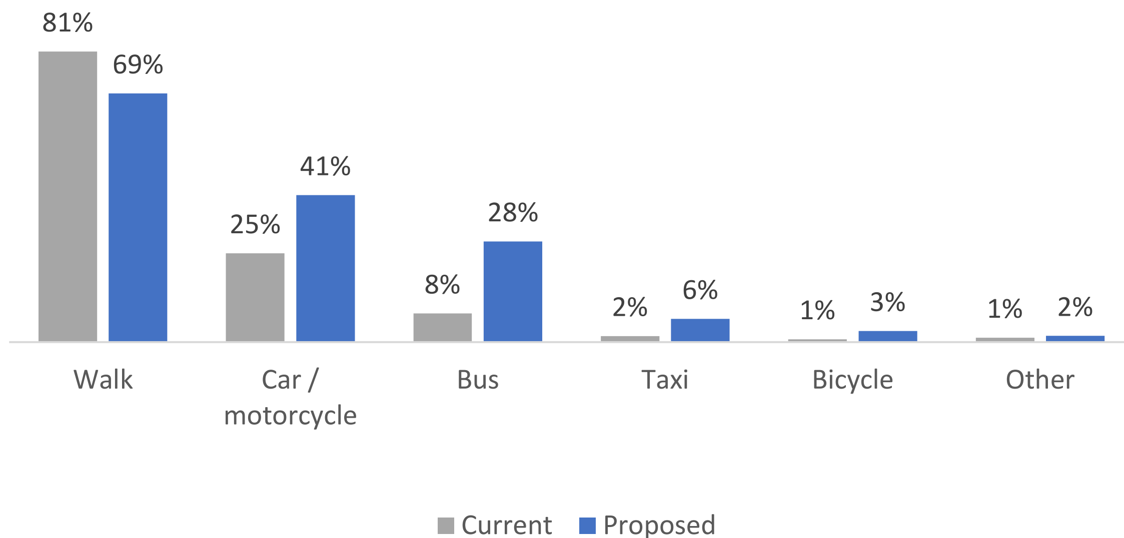
Eight in ten (80%) say they would continue to use the practice if the proposals went ahead, with less than one in twenty (4%) saying they would move to a different practice.



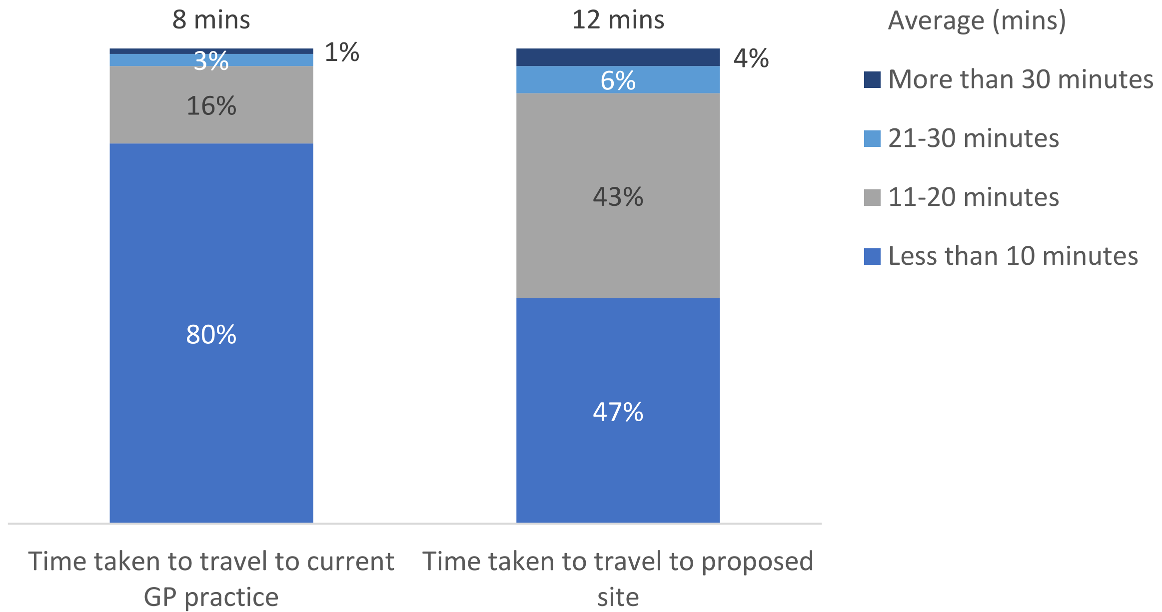
The most frequent visits to the GP Practice was once every few months (56%). Frequency of visitation was higher for more vulnerable groups. Many of those with aged 65+ (46%) or with a disability (39%) visit their GP Practice at least every month – compared to an average of 24%.



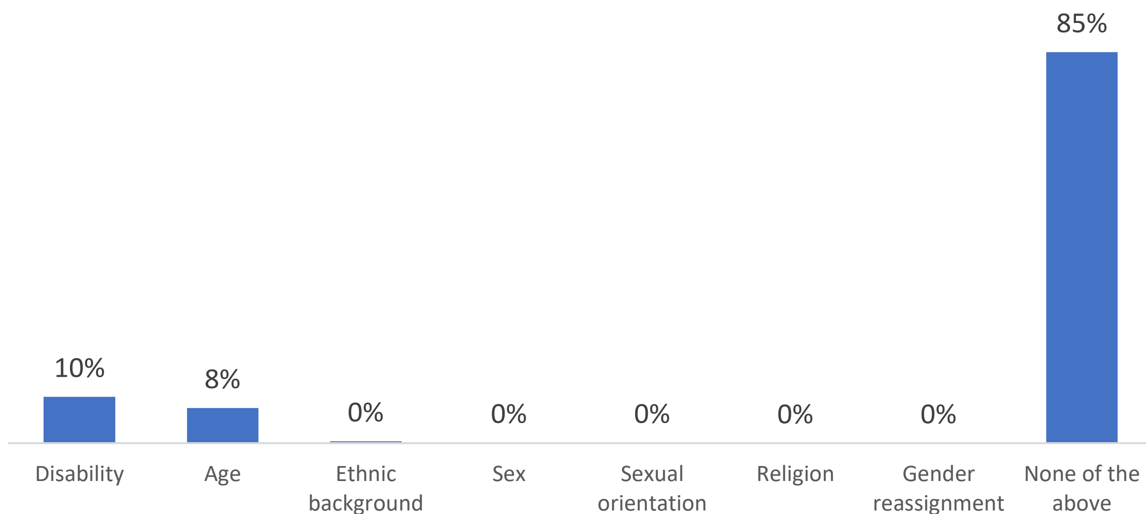
The proportion of respondents who currently walk to their GP Practice (81%) will reduce significantly under the proposed site (69%). Respondents will be significantly more likely to travel to the proposed site via car/motorcycle (+16%), bus (+20%) or taxi (+4%).



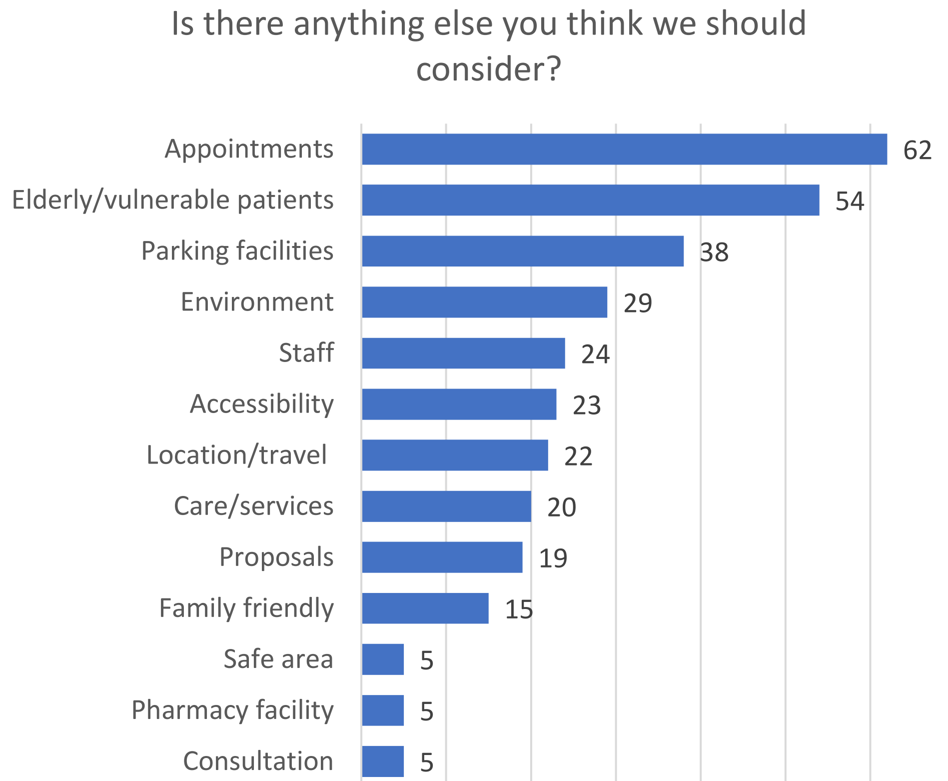
The travel time from home to the proposed site is significantly higher than the travel time to the current GP Practice. Currently it takes an average of 8 minutes to travel to the GP Practice, which increases to 12 minutes for the proposed site. Presently, eight in ten respondents (80%) live within 10 minutes of their GP Practice. Under the proposed site this drops significantly to 47%.



The majority (85%) did not feel the proposals would impact them more than other people. Disability (10%) and age (8%) were the main issues cited by respondents who felt they would be more impacted than others.



Finally, respondents were asked if there was anything else that should be considered in relation to the proposed health centre; verbatim comments were grouped into key themes:



The most prominent theme mentioned involved appointments with a fifth (21%, 62 respondents) raising this aspect for consideration. Respondents mentioned the need for a better appointment booking system, the availability of appointments and reduced waiting times:

"If practices were to combine there would be more patients, which would mean actually making an appointment for a face-to-face consultation even more difficult than it already is."

"As stated before. You can't get a GP appointment anymore so you tell me what the benefit will be for the proposed changes"

"Will we be able to get quicker appointments and better services? Make sure we do!"

There was also concern amongst respondents for elderly and vulnerable people and that they should be considered as part of the proposals, almost a fifth highlighted the need to consider these groups (18%, 54 respondents), a quarter of disabled respondents mentioned this aspect (25%):

"Patient of MS, sometimes get difficult to sit for long so need comfortable seating area and less waiting time."

"Consider the elderly who live near to me. How will they travel to the new location?"

"I have a learning disability so find changes difficult."

As with other proposals, respondents feel that parking facilities should be considered when designing the new health centre (13%, 38 respondents):

"Available parking, and pharmacy on site or within easy distance."

"Parking at the current surgery is very limited."

"As I drive a fully electric vehicle, it would be handy if charging points were available."

In addition, respondents also put forward other aspects of healthcare that should be considered in the proposals such as the environment of the building (10%, 29 respondents): comfortable waiting rooms; peaceful environment and friendly and open. Staffing was also mentioned (8%, 24 respondents) together with accessibility of the new health centre (8%, 23 respondents).

"People like this surgery including myself because it is one of the last of the old school style doctors, where the staff are aware of who you like the receptionist this gives a huge impact on being at ease when in a nervous situation, I have attended other practices previous to this one and it does make you more uneasy when it is so impersonal."

"I also have anxiety and big places and crowds bring on panic attacks, the current surgery is very helpful in accommodating for that, it would all change if the surgery moved to a new building and I definitely would stop going to the doctors."

"Spacious and open reception area, have depression don't like too many people."

"Spacious waiting room, it can get very busy."

"Think of people's financial hardship and the extra costs of bus fares that will impact budgets. Think of the effects of people's mental health having to travel further away from home. Think of families with small children and the upheaval, stress and financial difficulties having to travel on bus. Think of our poor elderly people and their needs too."

Public Meetings Findings

The following public meetings were held with residents and stakeholders affected by the SAPA 2 proposals to build a new health centre at Buchanan Road/Wordsworth Avenue:

Date	Time	Venue	Health Centre	Attendance
16/08/2022	10:00	Parson Cross Development Forum	SAPA 2	13
17/08/2022	15:30	The Learning Zone	SAPA 2	9
02/09/2022	11:30	The Learning Zone	SAPA 2	26
02/09/2022	19:00	Parson Cross Development Forum	SAPA 2	8

Altogether, 56 residents attended the public meetings set up in the network to air thoughts and concerns around the proposal to build a new health centre in this location. Naturally, discussions within the meetings covered the proposal and insight into the details of the project but there were also conversations in which issues including access to healthcare, the financial aspect of the proposal, the wider consultation and the proposed building.

When discussing the plans laid out in the proposed changes, residents aired concerns about how the proposals will affect people and organisations within the network:

"Could these plans all change again? Practices have already pulled out, does that mean that the £37m will be reduced? That's how funding usually works, less practices, less money."

"If the new buildings have community rooms to hire out and voluntary services like debt advice it could affect local community groups and venues like SOAR or offer debt advice and get revenue from hiring out community rooms."

"Are these happening in the south of the city as well? Why just in the North?"

"Will the GPs remain the same?

"Can we change GPs?"

Some attendees did acknowledge that health provision had to move forward, and that people are sceptical due to the lack of investment in the area.

More specific discussions involved access to appointments with a number of service users providing examples of not being able to access appointments within the current system:

"Appointments for those that aren't good at using technology. All appointments go early in the morning. The only way is to wait outside the practice in the morning. Those on computer seem to get through quicker."

"It's not a problem once you get an appointment. It's getting through to get one in the first place."

"Will there be new telephone systems?"

One patient explained that in her many years of being a patient at Margetson Practice, she has never been able to telephone for an appointment and has to physically attend the practice to book and return when the appointment is planned and was mirrored by other attendees. These issues were accepted by representatives and reassurances were made that improvements to telephone systems will be made. Attendees also questioned potential duplication of services such as smoking cessation and whether bringing services under one roof would put pressure on shared services such as counselling.

Budget considerations formed a common theme within the meetings and concerns were raised about instability in the economy:

"The council have no money; how can they afford to run this?"

"Worried about funding. Inflation is high and will shrink the budget. Concerned that we could be left with the building not being finished or scaled back and the benefits not fully realised."

"At what point could inflation seriously affect these plans? We don't want buildings that aren't fit for purpose. We've had community buildings in the past that have been built that weren't fit for purpose."

"How far will £37m go with inflation and rising building costs?"

There were other questions regarding finances and how they affect patients, the targeting of the funding and whether GPs pay rent at the new building, all of which were explained by representatives.

Comments were made by residents about the wider consultation with some expressing their disappointment that GPs did not attend the meetings:

"Why is there no GP at this meeting? They've known about this meeting for long enough."

"It's disappointing and concerning that GP's can't spend time crossing the road to attend the session tonight."

There were also some concerns that not enough people had been informed about the benefits of the proposals and disappointment that more residents had not attended the meetings.

As found across the other networks, residents wanted to understand what would happen to the current buildings and what they would be turned into:

"We don't want current buildings being left to rack and ruin. Similar abandoned buildings have been turned into cannabis farms and crack dens."

"It does sound great with all the different things you would have in the new buildings but what happens to the old practice buildings? Is there a cost?"

Other points covered included transport and how vulnerable residents such as the elderly could continue to access health services if they move location and if there would be increased costs to

access such as parking fees and taxi fares. The provision of a pharmacy was also discussed and if services such as bereavement counselling could be made available. This was taken on board and representatives explained that the move promotes transformation and that practices need to look at their current deliver and how they can improve the services they currently offer.

Community Feedback

Both Fir Vale Community Hub and SOAR have hosted telephone lines to have one to one conversations with people wanting to know more information and feedback.

There was positive and negative feedback provided on the SAPA 2 proposal from patients in this network. Much of the positive feedback seemed to focus on the location of the new centre in terms of convenience:

“Happy either way. New location is not too far away from Buchanan surgery.”

“Excellent idea. Closer than doctor is now and on a bus route.”

“It will put it on a bus route for me. It won't be any further to walk either. I hope it makes it easier to get an appointment because you can't now.”

“Happy with the Proposal if it is on the corner near the café as walking down Buchanan would be a struggle. The Bus route at Asda will be good and would encourage a pharmacy within the premises as he has bad legs and struggles to access his prescriptions at the other pharmacies.”

“The proposal is a brilliant idea as all the doctors will be nearer together.”

In the main, opposition to the proposal also focussed on the potential location of the surgery:

“Against the proposal. It will be much further away from my house than it is now and means I won't be able to get there.”

“Has anyone given any thought to the traffic at the junction to Wordsworth Ave and Buchanan Rd. Its already busy and the crossing is really close.”

“Doesn’t want the change, it's just inconvenient. The caller was sure it would go ahead but didn't want it to. Concern that they would need to take a taxi to the GP which would cost a lot of money. Also complained about the difficulty of getting an appointment currently and a fear the changes would make this worse.”

Additional feedback

Feedback from Sheffield Voices (Disability Sheffield)

Concerns

- Some people were worried that they would not get to see their normal GP and they felt very strongly that they needed someone who they have a relationship with.
- People also worried that they might have to travel a distance to get to the hub.
- People were worried there would be fewer doctors and more of the new 'physician assistants' and that it might lead to people having a worse service - a particular concern where their learning disability makes it harder to track their own health and self-advocate.

Advantages

- People might get a better service.
- Expecting to not have to wait in queues so much on the phone
- Have access to longer hours of access to GP care rather than having to go to walk in or A&E

Summary of group findings at Sheffield Royal Society for the Blind (Disability Sheffield)

Much of the discussion related to how the indicated approach of several GP surgeries on one site would function where much of the concern was the practicality of using a larger service if the proposed plans go ahead.

Several would be unhappy with the proposed change of scale “From what you are telling me I’d be looking at changing to a smaller surgery” This came to a head for several of the group when considering not just the scale but that many of the new sites would likely be on multiple floors.

Smaller scale existing services were generally favoured because this is easier to learn or be supported to use by staff. One person highlighted that they (and others not present) really valued the personal touch where staff already remembered their needs.

Will larger setting successfully deliver the “telling you when you’re being called because you can’t see the next patient display” that visually impaired people can’t use. This can be more practical for long term residents in particular who have acquired sight loss more recently. Another noted of their existing GP surgery “the way they communicated was superb and so I wouldn’t want to change”.

One member reflected on whether separate receptionist teams etc would increase delays and make it harder to get prompt attention particularly if patients are struggling to identify where they should be queuing etc. They went on to note in some surgeries where many have English as a second language there can be significant delays at reception desks to get help.

There are also concerns that some GPs with onsite/integrated chemists might be at risk as this gives much better access to the treatment just prescribed.

SAPA 1 (Concord) caused some concern because of distances and the need to rely on a carer to access whichever alternative whether a new or alternative existing surgery.

With some sites such as Rushby Street, it is unclear from the maps supplied whether there will be an entrance on the main road. Entrances on back roads or side streets would potentially cause more difficulty in navigating to when arriving.

The key thing will be for entry to always work well for those arriving both on foot or by bus for all of the sites NOT just car.

Some proposed sites e.g. Rushby Street site is near many schools etc. there is a concern that parking will be abused making it hard at times to get taken and parked up. Additionally, want to see confirmed number of spaces for staff, blue badge, etc.

If the plans go ahead some thoughts:

- Will it be better to just merge everything together, so it is simpler for arriving, booking etc?
- What risk is there of smaller surgeries closing their lists to new patients who cannot cope with the larger health centres?
- Concern that some will not bother to go if too difficult, or too far, or not getting support for mobility training in a timely manner.
- Will opening hours be improved?
- Impacts on older or more unwell are more dramatic as they need to go more regularly. There is a danger that some proposals will increase poverty/inequality at least for some surgeries/proposals.

Practicalities of independent access:

- Getting to/finding the new premises.
- Mobility training in all instances.
- Whether a bus service is available especially considering the implications of getting older and difficulty walking.
- Getting to the right places once inside the surgery:
- One reception desk with multiple queues will be impossible to know which queue you should join if you have little or no sight.
- Any digital check-in would also suffer from serious difficulties in both locating and likely in using it.
- Building entry reception will need to be able to facilitate sighted guiding to the relevant location for waiting/appointment.

Key requirements for accessible transition:

- Planning for and funding additional mobility training support to show affected visually impaired patients' new routes.
- Physical building design group to meet monthly with building designers to share their lived experience on what will make the building more accessible. For VI, lighting design, good contrast with walls, skirting, floor.
- Separate Operations consultation group to work with healthcare providers to ensure the onsite processes and assistance will work.

Email Responses

A small number of email responses were sent from service users potentially affected by the proposals which contained a combination of concerns and enquiries for further information. The content of the emails were generally in opposition to the proposals and cited transport issues, access to healthcare and mobility issues that may disproportionately affect older people.

BSL Consultation

An evening event for profoundly Deaf BSL users was held at Voluntary Action Sheffield, Rockingham Lane on the 14th September 2022. Citizens Advice Sheffield promoted the event by posting a BSL video on our social media page, which reached over 220 of our Facebook members. The consultation document was also posted for people to access independently. Two qualified British Sign Language Interpreters were present to ensure full communication. A total of 21 Deaf BSL users of mixed age, gender and ethnicity attended the event.

Key sections of the BSL version of the consultation were played, and we then opened up the floor for discussion about the access needs of BSL users in relation to the proposed new health centres. The following points and suggestions were raised which apply to all the proposed new health centres

- Must have good public transport links to the health centres
- Clearly lit buildings especially when it's becoming dark in the evenings
- Clear visual signs that show where the Deaf patient needs to go - could be colour coded
- Letters detailing appointments should state that an Interpreter has been booked - do not write letters requesting patients to call the surgery
- Dedicated text number for Deaf patients only to text using basic language - use to book appointments
- Add a 'marker' on patient's medical records which identifies that they are Deaf and prompts an Interpreter to be automatically booked for all appointments; even blood tests etc to ensure that full communication is achieved
- Create visual information leaflets-simple language
- Reception area which does not have a screen as his makes attempting to lip read even harder

- Lip reading is not an alternative to an Interpreter
- Deaf Awareness for all staff to be refreshed on a regular basis
- Full access into the health centres - no intercoms which require patients to speak or systems for that rely on being able to hear your name being shouted out
- Make good use and integrate Apps and other technology that assist Deaf people's access
- Information in BSL- health videos in waiting rooms / use social media to produce information in BSL formats
- Use Video Interpreters such as Sign Live for emergency appointments and where an in-person Interpreter can't be booked in advance
- Qualified Interpreters NO using of family members or unqualified signers
- Choice of interpreters i.e. male / female
- Provide continuity by seeing the same GP or nurse
- Implement the Accessible Information in Standards and ensure Deaf people's preference for how they are communicated with is recorded and adhered to
- BSL users to be consulted at every stage of the process should the proposals go ahead- Service users' group to oversee
- Generally Deaf BSL users don't change GP's even if they are dissatisfied with the service- don't want to (or know how to) complain so are often impacted negatively by developments and changes because of their disability
- Resources could be shared between the different GP surgeries that are housed in the same new building i.e. one Interpreter across the different surgeries -economy of scale
- Typically BSL users feel they receive a poor service from their GP's; for example refusal to book and pay for interpreters, no Deaf awareness, assumptions made that they can read and write or lipread etc - this should be an opportunity to get accessibility correct from the start
- Ensure Deaf patients communication needs are shared across all medical services i.e. if a GP refers a patient to the hospital make sure the hospital know they are Deaf and what they need to fully access the service
- It was reported that some BSL users are frightened to attend their GP surgeries because often there is no effective communication and this causes upset, confusion and frustration- so people reported 'not bothering' to seek health care
- Deaf Blind patients will require further support with access and will need to be consulted - one suggestion is to ensure there are yellow markers in the reception areas leading to the various rooms in the Health Centres

Summary of Sheffield Mencap and Gateway Consultation

Feedback was recorded from 59 people, this was a mixture of adults with learning disabilities, carers of adults with learning disabilities and others known to the organisations, some of whom are registered to the GP Practices impacted by the proposals. In total 14 people are registered to the GPs Practices that could be impacted and 45 who were registered to other GP Practices. People were consulted by group work, 1-1 sessions in person and over the phone and an online form we shared with carers via e-mail.

Protected Characteristics

Throughout the consultation topics were repeated, around quality of care, being able to see the same GP, new venue and transport concerns. These were also presented when asked why they felt their protected characteristic and the proposed changes impacted them more. Out of 59 people surveyed 47 have a disability and 11 selected age.

Following the question around protected characteristics we recorded the following explanations (some are repeated but were stated by different groups or individuals) as to why the proposed changes could impact them greater than the general public. Quotes were split into categories:

New GP

- Worries about going to GP
- More staff in a building could mean I see different people
- I don't like explaining things to the GP
- Doctors need to understand me
- The only thing that concerns me is the idea of seeing a different GP, but this might not happen

Accessibility

- Need to be accessible
- The places need to be accessible and welcoming for people with learning disabilities
- It needs to be accessible for my wheelchair

Meeting new people

- Don't like meeting new people
- Takes me a while to remember people
- Unsure of meeting new people
- I don't like meeting new people
- Unsure of meeting new people

Transport worries

- Planning new journeys
- Feel shy, nervous, worry about getting lost/ getting there on time
- Travel times
- Might need to arrange alternative transport
- Finding new buildings in new areas
- Might need to rely on public transport - might mean having to wait/miss appointments
- I might get on the wrong bus
- This will make life a lot harder. Not everyone has access to a car. Moving the surgery would mean I have to take 2 buses and then walk to my local surgery.
- I would need to learn new routes/new buses or trams
- My mum takes me to appointments and doesn't drive. I need to be close to my surgery. Also, if weather is bad, I live at Stannington, and it can be hard to get buses in snow. This may stop me being able to get to the doctors.
- Difficulty in travelling

Mobility

- My son has a disability, and it is difficult for him to walk longer distances.
- Husband has mobility problems.
- My son struggles with walking. Long distances are more difficult for him because of this.

Complex Health needs

- Multiple and complex needs in the family.
- Complex needs.
- People one has respiratory problems and people 2 has physical and Learning disabilities and autism, so new venue would be challenging.
- I have mobility issues my husband has breathing issues plus a bad heart and my daughter has anxiety and autism

New places and Anxiety

- Unsure of new places.
- uncomfortable in new surroundings
- how would I feel inside the building
- What if there is security?
- Unsure of visiting new places
- Unsure of new places, need reassurance
- Getting to know a different setting is difficult
- Unsure of new places
- Adjusting to something new can be harder for me because of my disabilities

Other quotes of considerations:

- This was tried with the Norfolk Park surgery and Dovercourt. There was a protest. With an aging/disabled population places need to be accessible.
  Impact on the environment
- People are all different, and 'one fits all' will not fit many, with disabilities and especially autism what could have been OK one day may not be the next.
- I'd like to know about the parking if it would be free?
- I would have to arrange for someone to come with me, so I knew where I was going. The money could be spent elsewhere on staff maybe.

Advantages and disadvantages of the proposals

Respondents most frequently mentioned that a better range of services and that more appointments may be available were advantages of the proposals. Others mentioned the more modern building, a reduction in waiting times, a better environment and modern facilities and equipment.

The main disadvantage was an increase in distance to the new centre which could adversely affect disabled patients or cost more in travel expense. Others perceived a new centre to be too busy and impersonal, presenting a challenging environment to deal with.

Following the consultation period and the feedback we received, should the proposals go ahead, here are some recommendations that would support any challenges with the above concerns raised, appreciating all these may not be possible/ practicable:

- Easy read documents about the new health centre, where its located and bus routes, services available.
- Support from other agencies to explain the changes face- face or over the phone so concerns can be heard and where possible reassurances and support put in place.
- Quiet waiting room spaces.
- Allowing a tour of the new health centre before its opens.
- Virtual tours online to enable carers to show their loved ones before arriving.
- Staff trained/ have awareness of disabilities and hidden disabilities.
- Availability/option of appointments available at times where travelling would be quieter, e.g. not required to travel during peak traffic.
- Signage in venue is clear and concise.
- GP consistency, enabling people to book to see the GP that knows them, so appointments are not lengthy or repetitive in answering the same questions over and over again (given that 41 people stated they see their GP every few months).
- Ensure systems are in place to recognise disabilities on making an appointment- so if someone doesn't attend an appointment due to anxiety that day, they are not at risk of losing their registration to GP.
- Able to make appointments in the way which the current GPs take appointments. E.g. if they can currently ring for an appointment, still allow this.
- Continue with home visits for those who require them. (Communicate this to those individuals)
- Staff aware of bus routes, should someone ring to ask about travel options to the practise.

In addition to recommendations around the proposed changes, here are some regarding the consultation:

- Continue to commission consultation for face to face/ group sessions for specific groups. It was very beneficial to have face to face, group consultations by staff who know our members (patients) and understand learning disabilities. This allowed good communication and further questioning to increase understanding of issues that would have not been recorded.
- Review question types that do scales of 1-10 or 1-5. There are a lot of numbers and if there are no further explanation to the scores, we find that people can just pick a number. We have also found this not only within this consultation but online polls we have completed for other pieces of work. A good example where it can work for example 1: strongly agree, 2: agree, 3: neither agree/ disagree (neutral), 4: Disagree, 5: strongly disagree. It's clear and concise and helps aid the person in picking the number that is right for their views/ answer.

Conclusion

The consultation worked well. We were able to consult people who, usually, would not have a voice or the support to voice their opinions on the subject. This can be time consuming to ensure questions are understood and answers are accurately recorded, but data received enabled us to offer recommendations to support smooth transition.

We received feedback from 59 people.

- 41 people currently attend their GP Practice every few months, this meant change of venue could impact them 3 to 4 times per year.
- 57 people currently have a journey time of 20 minutes or less to their practice.
- Transport to a new health centre remained the same for car/ motorcycle, Bus and taxi. Walking reduced from 23 to 6. However, 'Don't know' increased by 11 and 'Other' by 2. There can be a number of factors around this, that people genuinely don't know if the new health centre would be in walking distance or if they needed to get a bus, what bus they would get etc.
- 19 people attend appointments on their own, 28 with a parent/carer, 6 by other relative and 10 by support staff.
- 28 people said they would continue to use their current GP, 19 were unsure, 11 said they would move and 1 couldn't give an answer. If further support could be available with the transition to the new health centre, this could alleviate some of the concerns and anxiety around attending the new health centre.

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Public Consultation

South Yorkshire
Integrated Care Board

Proposal to relocate some GP practices to new health centres

1 August 2022 to 9 October 2022

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Introduction

Welcome to the public consultation document about proposals to build new health centres in Sheffield to replace some existing GP practice buildings. This document gives you the background and all the information you need to take part in this consultation.

We want to hear from as many people as possible. If you have concerns, tell us. If you support the proposals, it's also vital you let us know.

It's important that we start by saying that no decisions have been made and the changes wouldn't mean GP practices merging.

Also, all patients have the right to choose which GP practice they go to and are able to register with other local practices, use any community pharmacy, as well as any additional services.

Everyone in Sheffield loves the NHS and will probably agree it needs to change to improve people's health. We need more clinical staff, more accessible and higher quality services, and better buildings and technology.

There is a chronic shortage of GPs in the UK and a growing population in Sheffield. Some of those with the greatest health needs live in the north east of the city where the new health centres are being proposed.

We believe the best way to support people and improve their health is to bring services together and coordinate them around patients, helping to keep well and out of hospital.

GP sites in these areas are, on average, more than 50 years old. We hope building new health centres will attract more clinical staff and bring more services into the north east of the city, increasing access to services and ultimately improving people's health. More than 50,000 patients could benefit from the developments.

Some of our city's GP practice buildings are based in old buildings which are not ideal for patients or staff. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in health care and in technology. Waiting rooms are cramped, they lack enough consultation rooms and space for other services which could help improve people's health. The new health centres would enable us to do more for patients on one site; they will also help protect the future of general practice in north east Sheffield.

We need to address this now to reduce health inequalities across the city.

We have a once in a generation opportunity to improve healthcare for people in Sheffield. £37m in government funding is available to transform general practice across the city. Most of this money could be used to build new health centres in some of the areas that need them most, bringing together GP and other services all under one roof.

Any savings from GPs moving into new buildings – which we estimate as being £140k a year from rents, energy and water bills – will be reinvested in primary care services locally, specifically at improving health in these areas.

For this consultation, we are focusing on the proposal to build four new health centres:

- Spital Street
- Rushby Street
- Concord Sports Centre
- Buchanan Road/Wordsworth Avenue

We have funding for a fifth health centre for the city centre, but we don't yet have a short-list of locations, so is not part of this consultation. Once we have a proposal, the practices will consult on relocation later this year.

There is only one location option for each health centre. We have worked extensively to identify and assess a range of possible site options for each of the four health centres. Despite the best efforts of all concerned, due to the constraints attached to the funding, it has only been possible to identify one viable site for each centre.

Practices are considering whether to relocate to a new health centre or if they should stay in their current location. GPs from 12 different practice sites are interested in moving into one of four new buildings. If the GP practices involved in the consultation decide to go ahead and move into the new health centres, it would mean moving from their existing sites to the new ones and the current sites would close as a GP practice site. The proposed new locations are between 0.2 miles and 1.2 miles from current locations.

At the time of print in July 2022 South Yorkshire Mayoral Combined Authority announced that local bus operators would be cutting a number of routes in the region. This includes the 32 and 32a bus route from Sheffield to Firth Park and Parson Cross which would be completely withdrawn from 24 July 2022. The NHS in Sheffield will be working with partners to see a bus service reinstated in the area. A transport accessible assessment will be carried out before any decisions to approve the proposals are made.

These parts of the city haven't benefited from new funding for developing GP buildings for many years which is why so many practice sites are not up to standard.

Even though this consultation is about building new health centres, it is more than just being about bricks and mortar. This is an opportunity to provide services in a better way. New health centres will allow us to improve health facilities for local people; tackle health inequalities in the city by providing other services to compliment GP services; and create additional space which could help attract and employ more staff to work in these areas.

Positives and negatives of relocating your GP practice to a new health centre

Below we have included some of the positives and negatives of relocating practices. Some are from what the NHS and practices think and others from what people shared in the pre-consultation engagement.

Positives

- Bigger, better spaces to provide care
- More services brought together under one roof to improve care
- Some services will be nearer as they move into local areas
- More space to attract and employ more staff
- More space for additional clinical and support roles
- More space to support training, which in turn could support staff recruitment
- More space to provide face-to-face appointments and services
- More space for services such as rapid testing and diagnostics
- More airy, lighter spaces with better ventilation, helping to reduce the risk of infection
- Modern facilities to better address health needs
- Easier access to buildings
- Dedicated space for call handlers freeing up staff to see patients
- Child friendly spaces
- Spaces for community events and services
- Pods where people can access the internet
- More eco-friendly buildings with lower energy bills and neutral carbon footprint
- Free parking, with dozens more spaces
- Investment in the local community
- Savings released from rent on old buildings can help pay for new services
- The buildings would be in public ownership so GPs would not have to invest their own money in providing premises

Negatives

- Some patients may have to travel further than their current GP practice
- Travelling further can incur additional travel costs
- Travelling further can impact on time
- Some patients may have to access additional public transport to get there
- May mean developing some sites currently used informally as green space
- People may feel unsafe travelling into an unfamiliar area

Dr Josh Meek, GP at Firth Park Surgery, said: "A new building would make a huge difference to patients' experience of visiting our practice. It would be modern, spacious, and with that extra room we would be able to offer more useful services on site. Now it's for you to tell us what you think about the benefits and drawbacks of the plans."

How did the plans develop?

A few years ago, GP practices developed the plans as they decided they needed more space to run their practices by working together in networks. The NHS in Sheffield combined these into a bid for the city, which was submitted as a South Yorkshire plan. Since the bid for funding was confirmed in January 2022, practices have been exploring the option of moving to a new health centre.

From March to May 2022 the NHS in Sheffield, along with GP practices, asked patients in the affected areas for their initial views on their practices moving to new health centres as part of an engagement exercise. A summary of those findings can be found in this document in the 'Engagement' section. There have been some changes made to the latest proposals due to the engagement - this is all explained in this document in the 'What has changed since the engagement and why' section.

We are now formally consulting on the plans.

After the consultation, practices may choose not to move into the new centres and to remain at their original sites.

Where did the funding come from?

The funding is part of a £1 billion boost to NHS capital spending across the whole country from the government. The £37m Sheffield funding is part of £57.5m for South Yorkshire.

This is capital funding, a one-off cost which comes out of a different pot from the day-to-day running of services and cannot be used to run services. Capital funding can only be used for new buildings or upgrading old buildings and buying new IT equipment. It can't be used to improve services such as employing more doctors, other staff or new treatments.

The funding will also be used to improve and make more space in some existing GP practices across Sheffield. This is not part of the consultation. Further information about this can be found on our website https://southyorkshire.icb.nhs.uk/get-involved/public-consultations.

Who is running the consultation?

On behalf of practices, NHS South Yorkshire Integrated Care Board (known as the ICB) is consulting the public, patients and other stakeholders. In July 2022, NHS South Yorkshire ICB replaced NHS Sheffield Clinical Commissioning Group (CCG) as the new organisation taking on commissioning services for Sheffield people.

The proposals were jointly developed with NHS Sheffield CCG working with the GP practices involved. The CCG ran the pre-consultation engagement from April to May 2022 which has fed into the proposals.

NHS South Yorkshire ICB is the statutory organisation leading this consultation and will make a final decision on the proposals after the consultation.

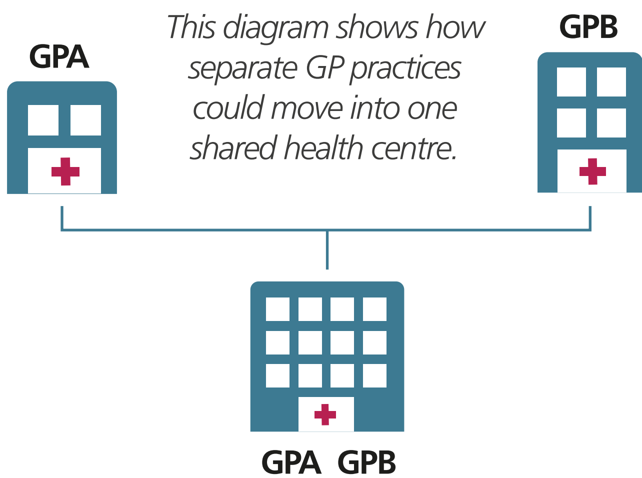
What are we consulting on?

This consultation is essentially about where people will go to see their GP.

Currently, each practice has its own building, but Sheffield has been given £37m to build some new, modern buildings where several GP practices can have a base, along with some other useful services on site.

This would mean GPs 'moving office' to a new shared space alongside other practices and services. They wouldn't be merging or sharing patients. Patients will continue to be seen by their own practice, by the practice staff that they are used to dealing with.

Via the engagement, we heard people's ideas on what services they would like to see in these new buildings. We are considering your views to inform what might be located where, but for this consultation we are only asking about the location of GP services, not other NHS, council or voluntary services.



So, what we're asking is what impact these changes would have on you if the health centres went ahead?

These wouldn't be 'super surgeries' as practices are not planning on merging together. They will be separate existing GP practices simply sharing a building. People would stay with their own GP practice and receive the same personalised care.

Having more than one GP practice in these health centres will allow patients to be able to choose the best service for them without having to move locations. All patients have the right to choose which GP practice they go to and are able to register with other local practices, use any community pharmacy, as well as any additional services.

Which GP practices are affected?

The health centres are planned for three areas in the city:

- One centre in the City Centre
- Up to two centres in SAPA5 Primary Care Network
- Up to two centres in Foundry Primary Care Network

These are the GP practices that are interested in moving to new health centres:

- Burngreave Surgery (including Cornerstone Surgery and Herries Road Surgery branch)
- Sheffield Medical Centre
- Page Hall Medical Centre
- Upwell Street Surgery
- Firth Park Surgery
- Shiregreen Medical Centre
- The Health Care Surgery (part of Green Cross Group Practice)
- Buchanan Road Surgery
- Margetson Surgery (part of Ecclesfield Group Practice)

We have funding for a fifth health centre for the city centre where Mulberry and Clover City practices are exploring options to relocate. We don't yet have a short-list of locations, so is not part of this consultation. Once we have a proposal, the practices will share more information later this year.

The new buildings

This is an artist's impression of a larger health centre elsewhere in the country

This is an artist's impression of what a new health centre could look like inside

The new centres have huge potential to benefit local people and improve health. They would be more modern and spacious, with additional clinical and interview rooms so practices can recruit more staff and offer more services such as mental health support, physiotherapy, blood tests, and minor surgery.

The buildings would meet the highest environmental standards including net-zero carbon emissions, use less energy, and have better lighting and ventilation, helping reduce the risk of infection. They would offer an opportunity to improve access to care for people in these areas and a better environment for the staff working there. These improvements would not all be possible simply by improving their current sites.

The buildings would be entirely in public ownership funded by an NHS capital grant and GP practices would each have a lease for their part of the building. The proposal is for Sheffield City Council to own the buildings subject to Sheffield City Council approval processes.

What will stay the same?

- People will stay with their current practice.
- Practices are not being asked to merge.
- People will see the same doctors, nurses, receptionists and other staff as now.
- Face to face, telephone and online appointments will still be available.

What could change?

For patients:

- It could be further for some people to travel for face to face appointments to see GP or practice staff.
- But, It could be nearer to access services such as blood tests, scans, talking therapy, physiotherapy, debt management advice. Additional services within the health centres have not yet been decided but these types of services are what we aspire to have.
- Two or more practices would be under one roof
- More staff could be available as there would be more space to recruit staff.
- More services could be available
- There could be longer opening hours for NHS and other services
- Plenty of car parking spaces

Other changes:

- If a practice moved to a new health centre the GP practices would no longer own their own buildings.
- The buildings would be entirely in public ownership funded by an NHS capital grant and GP practices would each have a lease for their part of the building. The proposal is for Sheffield City Council to own the buildings subject to Sheffield City Council approval processes.

Where the public can influence this project

This is local people's chance to have their say on the proposal to create the new health centres which, if approved, would replace the existing GP surgeries when the practices relocate.

What's already been decided?

No decision has been made about how many, if any, GP practices will move into new buildings.

Timescales have been set by the government who are providing money for the project. This funding comes with strict national requirements, including a deadline of December 2023 for completion of all construction and a strict business case development and approval process set by the government.

The following practices have now confirmed their intention to participate in this consultation process and continue to explore the possibility of moving to a new health Centre. This doesn't mean they have decided to move or will move.

Foundry 1 Centre

- Burngreave Surgery
- Sheffield Medical Centre

Foundry 2 Centre

- Page Hall Medical Centre
- Upwell Street Surgery

Southey and Parson Cross Association (SAPA) 1 Centre

- Firth Park Surgery
- Shiregreen Medical Centre

Southey and Parson Cross Association (SAPA) 2 Centre

- Buchanan Road Surgery
- Margetson Surgery
- The Healthcare Surgery

Norwood Medical Centre, Elm Lane, Dunninc Road and Pitsmoor Surgeries were included in the earlier proposals but have decided that they will not move to one of the new health centres.

A condition of Sheffield receiving this money is that the buildings will be in public ownership. We have been working with Sheffield City Council on a proposal for them to receive the investment and to own these new buildings. If agreed and practices move, practices will lease the building from the council, rather than own their own the building or rent from a private landlord as happens now. All of this is subject to the council's approval processes.

Planning permission

Given the tight funding timescales we will need to begin the process to apply for planning permission in early September 2022. Applying for planning permission does not mean we have made a decision; it merely allows us to have things in place if the current proposals go forward and not delayed. If plans do not go forward the planning permission, if granted, will lapse.

What isn't being considered as part of this consultation?

The consultation is about buildings, GP practices will not close or merge as part of this programme.

The funding is also limited to the geographical areas specified in the initial bid we submitted. These are the Firth Park, Burngreave, Page Hall and Parson Cross areas. PCN networks of GP practices worked together on the plans and the CCG submitted them for funding. The funding was agreed as many practice sites are in converted properties or otherwise need modernisation and are too small to deliver services needed to patients in the areas. The money cannot be spent on any other buildings or on any other services or staff in these areas or elsewhere in the city. If we don't spend the money on the new health centres, we would lose it and it'll be spent outside of Sheffield.

Because of the nature of the capital funding provided by the government for these schemes, we can't use any of the money for everyday expenses such as employing more doctors or nurses, funding more appointments, additional services, or anything of that nature. It can only be spent on these buildings.

There are also some GP practices who after the pre consultation engagement decided not to take up the option to move. We are exploring options with these practices as to how we address their ongoing constraints.

All practices are either owned by the current / former GPs or leased by the practice. Therefore, the decision of what will happen to any vacated buildings will ultimately be down to the owners and is not part of this consultation. However, we have agreed with all practices that there will be a disposals strategy as part of the final plan once plans have been confirmed. We will work with building owners and Sheffield City Council to develop proposals that are aligned to community needs wherever possible - e.g. the provision of affordable housing, creation of green space, employment opportunities, support for community organisations. The funding included in the business case does allow us to help achieve this, working with stakeholders and we would be keen to hear suggestions from the community.

How much will the programme cost?

We don't have exact costings for the proposed new health centres yet as the designs aren't finished but similar buildings in other areas have cost around £6-10 million each.

Why these changes are needed

Building these new health centres will go towards helping to improve the health of patients in the north east of Sheffield. They will have room for more clinical staff, more accessible and higher quality services, better buildings and technology.

The proposed locations for the new health centres are in some of the most deprived areas of the city and where people have the greatest health needs.

We want to invest in these areas and £37m allows us to improve the health of local people. These parts of the city haven't benefited from new funding for developing GP buildings for many years so many practice sites are old, not fit for purpose and unable to achieve modern standards.

Many are too small to deliver medicine in the 21st century and benefit from the latest advancements in health care and in technology. There's a lack of space in waiting rooms, consultation rooms, and space for other services which could help improve people's health.

We want to build the new health centres because we want bigger, better spaces to provide care. One of the benefits of building the new health centres will be additional space which could help attract and employ more staff. There is a government initiative to fund additional roles in primary care networks (PCNs) by 2024 every PCN needs on average 7 extra clinical staff. Many of our PCNs have told us lack of space in existing buildings will prevent them from accessing the money. They need the new health centres to house the staff who will deliver more and better services to their patients.

The buildings would be purpose built to bring services together and improve care. We might have spaces for community events and services and pods where people can access the internet.

The buildings would be modern and eco-friendly. They'd benefit from significantly lower energy costs. They'd also be better ventilated, making them healthier places for patients to visit.

Some would find their GP is nearer, for others they might be further away; everyone would benefit from the modern facilities and enhanced offer on site. The new centres might include other services such as some outpatient clinics, blood tests, talking therapies, physiotherapy and debt advice, which could reduce trips to the hospital and other locations for treatment.

We don't have to do this, but we will lose the £37m government funding if we decide not to create the new health centres and the money will either be reallocated to other schemes in the South Yorkshire programme or returned to the central government.

Most practices in the city are independent providers of NHS services. Currently, the GP practices in these proposals own their own buildings or rent them from landlords. Practices have told us that in some cases where a building is owned by the practice partners (who own and run the business) it is difficult to attract new partners who are expected to buy in to the ownership of the building. This can cause problems when existing partners want to leave or retire.

As these proposed health centres would be in public ownership, if a GP or GPs did want to move on or retire, the local NHS would be able to make sure that GP practice services could continue be offered there. This would result in more sustainable services for the communities.

Developing proposals

The story so far...

The story so far is that a few years ago GP practices working together in 'networks' were invited to bid for government funding to make improvements to primary care. This was combined into a bid for the city.

The bid for funding was successful and significant work was undertaken to further develop proposals that met the Government's requirements. In January 2022 £37m funding was approved, with further conditions confirmed in March 2022. This was part of £57.5m funding for South Yorkshire from £1 billion given to the NHS by the government for capital spending.

The government rules for accessing the funding means that we need to produce a case that demonstrates value for money for the public purse. Each practice considered a range of options to address the needs of their patients and the practice, and so four scenarios were modelled at an early stage and assessed against investment objectives. These were:

1. Business as usual (do nothing) - all practices stay as they are currently
2. Do the minimum - adjustments to each practice where required to help address the problems / capacity constraints identified by each practice as far as possible
3. Intermediate - which described just some practices in the original plan moving to a new build health centre, but some remain in their current buildings but have more significant alterations where possible and required
4. Maximum - where all practices in the original plan moving to new build health centres.

All four options were evaluated separately for each centre, considering the benefits delivered and cost to deliver, which produces a "benefit to cost ratio" - this is used to help determine the preferred options. Each practice was asked to consider which of the four options described for their practice it would like to take forwards, taking all factors into account.

This does not mean a decision has been made to relocate to a new health centre, just that the Partners of those practices (the people that run the practice) have considered the preferred option they wish to explore further, including consultation where required.

All practices have been very mindful of the views of their patients, the impact it may have on some and the benefits that relocating to a new health centre would bring.

Some practices decided to withdraw from the proposed changes. Whilst each practice may have had different reasons for reaching their decision to stay in their current site based on their relative location, needs and constraints, the most common reason cited for staying in their current location has been to minimise the impact on their patients due to distance and accessibility.

Engagement

In March 2022, the NHS in Sheffield, working with GP practices, decided to explore what this would mean for practices and their patients so held an engagement exercise for 9 weeks starting on 14 March 2022 and ending on 15 May 2022.

During this time, we engaged with patients to find out what they thought about the proposed new health centres and to help develop the plans.

What we did

During the engagement we:

- Asked people to fill in an online survey, this was also available as a paper copy.
- Held six public meetings, one online and five face to face in the communities affected.
- Organised community outreach via 3 of our community partners: Firvale Community Centre, SOAR Community and ShipShape.
- Distributed leaflets, posters and flyers in the communities affected via our community partners.
- Made information available on the NHS Sheffield website including frequently asked questions
- Posted information on social media
- Had media coverage in Sheffield Star

We heard from over 1,900 people via the survey, 200 people at public meetings, and 65 through emails and telephone calls.

The NHS in Sheffield and practices evaluated feedback to help develop the options in this consultation.

What we found out

There are mixed feelings about whether these plans are the right thing to do. Many people that responded suggested that these proposals were a good idea, but people had significant concerns about the extra distance and travel that would be required for some, particularly more vulnerable members of the community, with concerns about the lack of suitable public transport for some proposed locations. The majority of people that responded aren't willing to travel further for better care but say they can travel. In a significant number of responses these concerns were seen as sufficient enough for them to feel that the proposals would not benefit patients.

People like the idea of extra services being available locally especially talking therapy, diagnostics, community mental health and children's services co-located in new centres.

People think more investment in their local area is needed, but many felt that the main problem was staff and that either the investment should be made in staff and services instead or would be required to deliver the improved care of these proposals. Some people suggested that the investment should be spent on improving current sites, whilst others felt that some of the sites included in these proposals were already sufficient as they are modern, purpose-built buildings.

Overall, there is a general satisfaction with the current service that patients receive from their GP practice, although there is significant concern about the current availability of appointments with many feeling that having more patients at one site would make appointments harder to get, although some felt that these proposals may help to make appointments more available.

Other things that people shared with us through the engagement

These included:

Can we spend the money on existing practices instead?

Some people asked if we could spend the money on improving their existing practice instead.

There are also some GP practices who after the pre consultation engagement decided to seek investment to make improvements to their existing sites. We are working with these practices to consider how to address the ongoing issues with their existing buildings, but there are some constraints about their premises and how the government funding can be used to support addressing these. We are not consulting on these practices' intermediate options as part of this consultation.

Some practices just do not have the space in their existing location to expand.

If we did not develop the new health centres with NHS capital funding, there would be no revenue funding released from paying rent for older buildings and we could not afford the extra running costs of more practices extending or modifying their existing sites, which is a condition of the funding.

Investment should be made in staff and services

Some people also felt that the main problem was with lack of staff and that either the investment should be made in staff and services instead, or would be required to delivermproved care.

Availability of appointments

Another theme was about the current availability of appointments with many people feeling that having more patients at one site would make appointments harder to get, although some felt that these proposals may help to make appointments more available.

Practices will continue to run as individual practices. This means patients in other practices also based in the building won't be able to access your practice's appointments and vice versa. However, if we can attract more staff to work in these areas this should improve the availability of appointments.

Mergers and closures

Some people who responded to the pre consultation engagement were concerned about their practice merging or closing.

Practices are exploring the option of moving to a new health centre, and no decisions have been made about if they will move or where the centres will be.

Practices are not being asked to merge or close. If it goes ahead, the practices will remain as individual practices but relocate and be in a new building along with 1 or 2 other practices.

Transport and travel

Some people who responded to the pre consultation engagement were concerned that it would be further to travel for some people and it could be harder to get to by bus and the cost of transport would hinder access They were particularly concerned about more vulnerable members of the community.

At the time of writing this document in May 2022 proposals were made on the information available on bus routes at the time. At the time of print in July 2022 South Yorkshire Mayoral Combined Authority announced that local bus operators would be cutting a number of routes in the region. This includes the 32 and 32a bus route from Sheffield to Firth Park and Parson Cross which would be completely withdrawn from 24 July 2022. The NHS in Sheffield will be working with partners to see a bus service reinstated in the area. A transport accessible assessment will be carried out before any decisions to approve the proposals are made. The findings will be shared as part of the consultation.

We have produced maps of where people live who are registered with the practices within the scope of this consultation, rather than just the distance between the current practice site and the proposed

new health centres. The maps show the current distances that people travel to access their existing practice. For the majority of people there isn't much distance. We do accept that this may still cause issues for particular groups of people, for example people with mobility issues.

Environmental issues

Some people were concerned about environmental issues such as loss of the only green space in the area and traffic/ congestion. This will be addressed as part of any planning application. We are looking at the design of these buildings including how they will fit in with the area and how they can enhance the green space around them.

Safety of the health centre locations

Some people raised concerns about the safety issues of the locations.

As modern healthcare facilities and public buildings, each new centre will be designed and assessed to the latest standards, including Safer by Design. They will feature high efficiency and effective external lighting to the building and surrounding area (car parks etc.) and include CCTV and managed access when required.

Whilst many of these measures are to ensure and promote a strong sense of safety and security to all who use the building, it will also be aimed at reducing anti-social behaviour and preventing crime in the general area. Whilst community safety is everybody's responsibility, it is outside of the scope of the project to address any wider neighbourhood issues, but we will work with partner agencies to assess and reduce concerns wherever possible.

We have a strong view that creating busy, high foot-fall, well designed and monitored areas can help reduce crime and the fear of crime, in areas where people may not feel safe currently.

Parking

Some people queried about car parking including having enough spaces for multiple practices and also worried that people would park on-street near schools and other busy areas.

The design will follow the latest guidance and significantly improve the overall provision at current practices without encroaching on surrounding roads.

Under the proposals there would be 64 parking spaces at Spital Street, 96 at Rushby Street 140 at Concord and 92 at Wordsworth Avenue/Buchanan Road health centres.

Additional services

People wanted more information on services that could be offered.

Practices are planning to be able to offer a wider range of services from the centre, recruit to roles they can't currently accommodate and have other providers working from the centres rather than other locations or online only. We are also committing to ensure all savings made from the schemes will be reinvested in reducing health inequalities in the respective networks.

Continuity of care

Some people thought that practices being in the same building would mean they would merge and therefore people wouldn't see the same staff.

There are no changes to the continuity of care patients receive from their GP practice now.
Practices are not being asked to merge. People will see the same doctors, nurses, receptionists and other staff as now.

All practices will maintain their existing identity, have their own accommodation and be able to access shared / bookable spaces within their new centre. All the buildings will have new, fit for purpose telephone systems, with modern call management and capacity standards to improve patient experience. All waiting areas, entrances etc. will be fully accessible, and designed to the latest standards or capacity and patient expectations.

Concord Leisure Centre

Some people asked what would happen to Concord Leisure Centre if the health centre went ahead on that site. The proposed health centre would be a new and separate building on the site. Sheffield City Council are looking at a phased redevelopment of the leisure centre so will be looking at how the buildings could work with each other. For example, one suggestion is that GPs could refer patients for exercise at the centre as part of improving their health and wellbeing.

What people told us and what we've done

The engagement work has given clear indication of issues to address as we develop our plans and also for the range of services we should be prioritising as being available from the new health centres.

What has changed since the engagement and why?

Foundry 1 (Burngreave/Spital Hill)

Two practices wish to continue in the process - Burngreave Surgery and Sheffield Medical Centre.

No practices have fully withdrawn but following the engagement Pitsmoor Surgery will remain at its current location and has decided to extend, reconfigure or otherwise modify their current practice and is not part of the consultation. This can be funded by the £37m capital funding as was included as an option in the plan which was approved by the government.

The proposed location for the new health centre we are consulting on is on Spital Street, next to Sheffield Medical Centre. A site on Catherine Road was also proposed during the pre-consultation engagement but with Pitsmoor Surgery having withdrawn it means the Catherine Road site is no longer under consideration as it's not suitable or viable for the two remaining practices, as it is furthest away from the two practices wishing to consider moving to a new hub and more recent surveys have identified technical constraints with the Catherine Road site (topography and ground conditions).

It is being proposed that Herries Road Surgery, a branch of Burngreave Surgery, would close, and patients would have the choice of attending the hub where Burngreave Surgery relocates to or registering with another practice (either in another hub if nearer or an existing practice that is not proposing to relocate). It is also being proposed that Cornerstone Building would close and relocate along with the main Burngreave Surgery.

Foundry 2 (Page Hall and Brightside)

Two practices wish to continue in the process - Page Hall Medical Centre and Upwell Street Surgery.

No practices have withdrawn or are pursuing the intermediate option.

The proposed location has not changed since the pre consultation engagement and remains the Rushby Street site.

SAPA 1 (Firth Park and Shiregreen)

Two practice sites wish to continue in the process – Firth Park Surgery and Shiregreen Medical Centre.

It is being proposed that Melrose Surgery, a branch site of Shiregreen Medical Centre, would close. Patients would continue to be registered with Shiregreen Medical Centre, but it is likely that patients would prefer to register with more local practices such as Burngreave Surgery or Sheffield Medical Centre at the hub they may relocate to, or with Pitsmoor Surgery.

Dunninc Road Surgery was included in the earlier proposals but has decided this does not present the best option for them or their patients so will not be proceeding.

Barnsley Road Surgery withdrew from the programme before the engagement process. Elm Lane Surgery has fully withdrawn from the process since the pre consultation engagement ended and will therefore stay in their current location.

Norwood Medical Centre is looking to extend its current site by pursuing the intermediate option. This means proposals will be developed to expand, reconfigure, or otherwise modify their current practice.

The proposed location has not changed since the pre consultation engagement and remains Concord Sports Centre site. The proposed health centre would be a new and separate building on the site.

SAPA2 (Parson Cross and Southey Green)

Three practices wish to continue in the process - The Health Care Surgery, Buchanan Road Surgery and Margetson Surgery.

Southey Green Medical Centre has decided to stay in their current location.

The proposed location has not changed since the pre consultation engagement and remains the Buchanan Road / Wordsworth Avenue site.

This information is summarised in the following table:

Centre	Centre Practices withdrawn	Practices interested in moving	Potential location	Branch sites that may close
Foundry 1	Pitsmoor Surgery	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building
Foundry 2	None	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	
SAPA 1	Barnsley Road Surgery Norwood Medical Centre Elm Lane Surgery Dunninc Road Surgery	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery
SAPA 2	Southey Green Medical Centre	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue	

Practices who decided to withdraw or opted for the intermediate option had a range of reasons for doing so, these include:

- Feedback from patients wanting to retain existing services in their current form
- The location of the relevant centre and where patients mostly live was too far away
- Wanting to retain ownership of their current sites
- Perceived risk / financial implications / practice sustainability of moving
- A wish to see a more unified approach to the provision of GP services rather than individual practices co-located in a health centre, sharing some facilities
- No reason given

Travel Analysis

To understand the effect these proposals would have on patients travelling to their GP practices an in-depth travel analysis was undertaken.

The table shows the average change in distance and travelling time (walking, cycling, by public transport, and driving) for a patient registered at each practice from their residential area to the proposed health centre compared to their existing practice.

So, a patient from Burngreave Surgery would travel on average 0.1 mile further to get to the new health centre at Spital Street than to the existing surgery, or it would take a patient at Upwell Street on average 0.2 minutes less to drive to the health than the existing site.

Across all hubs patients would, on average, have to:

- Travel an extra 0.1 mile
- Walk for an extra 2.3 minutes
- Cycle for an extra 0.6 minutes
- Travel for an extra 1.4 minutes by public transport
- Drive for an extra 0.7 minutes

The full analysis is available on our website here **www.southyorkshire.icb.nhs.uk/get-involved/public-consultations.**

	Walking distance (Difference in miles)	Walking time (Difference in mins)	Cycling time (Difference in mins)	Public transport time (Difference in mins)	Car journey times (Difference in mins)
Foundry 1: Spital Street (next to Sheffield Medical Centre)					
Burngreave Surgery	+0.1	+3.3	+1.1	+2.0	+1.2
Sheffield Medical Centre	0.0	-0.1	0.0	-0.1	+0.1
Foundry 2: Rushby Street					
Page Hall Medical Centre	0.0	0.1	-0.6	+1.0	+0.2
Upwell Street Surgery	-0.1	-1.6	-0.3	-2.1	-0.2
SAPA 1: Concord Sports Centre					
Firth Park Surgery	+0.4	+5.7	+0.5	+5.8	+1.8
Shiregreen Medical Centre	+0.3	+5.5	+1.7	+5.3	+2.2
SAPA 2: Buchanan Road / Wordsworth Avenue					
The Health Care Surgery	-0.1	-1.3	-0.1	-1.6	-0.7
Buchanan Road Surgery	+0.1	+2.3	+0.6	+0.8	+0.2
Margetson Surgery	+0.4	+7.2	+2.9	+1.2	+0.9

More information and discarded alternatives

More information on the original proposals in the engagement and discarded alternatives can be found on our website **www.southyorkshire.icb.nhs.uk/get-involved/public-consultations.**

Who will make the decision?

NHS South Yorkshire Integrated Care Board will make the ultimate decision on whether any, or how many, of the proposed new health centres will go ahead.

The consultation will close on 9 October 2022

The post consultation consideration period will begin on 10 October to 7 December 2022.

Once we have analysed the consultation findings, these will be shared with the practices. They will be asked formally if they want to go ahead with moving to a new centre.

The decision will be made in a meeting in public in December 2022.

If the ICB approves the building of any of the centres, NHS England will also need to approve the final business case prior to release of the government funding.

Options

Practices are considering whether to become part of a new health centre and patient feedback is vital in their decision of whether the proposals are right for most of their patients and their practice, taking all factors into account, or if they should stay in their current location.

There is no need to consult on continuing to provide the current service, in the current location. Therefore, the consultation is about moving to the proposed health centre,

We have listened to practices and their patients' views through the pre consultation engagement exercise earlier this year. As a result of this we have developed the following proposal. We also want your views on any other options that we may not have thought about.

There is only one location option for each health centre. We have worked extensively to identify and assess a range of possible site options for each of the four health centres.

In total, a long list of 30 potential sites was initially considered, reduced to 23 on further review. These sites were evaluated for each health centre by the respective practices, Sheffield City Council representatives, and NHS Sheffield representatives on agreed weighted criterion (see the Pre Consultation Business Case). The weighting from practices was equal to the combined weighting from the council and NHS Sheffield CCG to prioritise their preferences. This process identified 7 possible sites across 4 centres, which were then considered from a technical / availability perspective. Some sites could not be made available in time, others had restrictions that prevented development, or ground conditions / topography that meant it was not possible to build a suitable centre.

Site selection criteria that were used to choose the sites included:

- How easily the site is accessed by bus
- Avoiding congestion on local roads being caused by the health centre
- Avoiding impact to or from neighbouring properties
- Sites being centrally located amongst the patient population it would serve
- How well the site could accommodate a new health centre
- If a site had scope for future expansion / other services
- If a site was in proximity to other complementary services or local amenities

Despite the best efforts of all concerned, it has only been possible to identify one viable site for each centre. We would very much have wanted to consult on a range of sites, but sites of the required size, and topography and not already committed to housing development or other availability restrictions cannot be found.

Dr Mali Subasinghe, GP at Margetson Surgery, said: "We think this is a good opportunity for the surgery and our patients. Even if we move building people will still see the same familiar GP. We need to make sure that any changes are right for the local community though, so it's vital you make your voice heard."

Proposals

We are proposing to build four new health centres in Sheffield.

The health centres may be in the following four locations and may involve the GP practices listed below moving from their existing practices to the new health centres.

If you live in one of the areas where a new health centre could be built, we would like to hear your views on your current practice site, the potential new health centre location, accessibility and new services that could be available.

Proposed health centres in Sheffield

Ecclesfield Group Practice
Grenoside Surgery
Dunninc Road Surgery
Margetson Surgery (4)
Shiregreen Medical Centre (3)
Foxhill Medical Centre
Buchanan Road / Wordsworth Avenue (4)
Barnsley Road Surgery
Buchanan Road Surgery (4)
Concord Sports Centre (3)
Elm Lane Surgery
The Health Care Surgery (4)
Southey Green Medical Centre
Wadsley Bridge Medical Centre
Flowers Health Centre
Firth Park Surgery (3)
Norwood Medical Centre
Wincobank Medical Centre
Herries Road Surgery (1)
Northern General Hospital
Page Hall Medical Centre (2)
Rushby Street (2)
Upwell Street Surgery (2)
Pitsmoor Surgery
Melrose Surgery (1)
Harold Street Medical Centre
Burngreave Surgery (1)
Cornerstone Building (1)
Spital Street (1)
Sheffield Medical Centre (1)
Upperthorpe Medical Centre

Proposed health centres

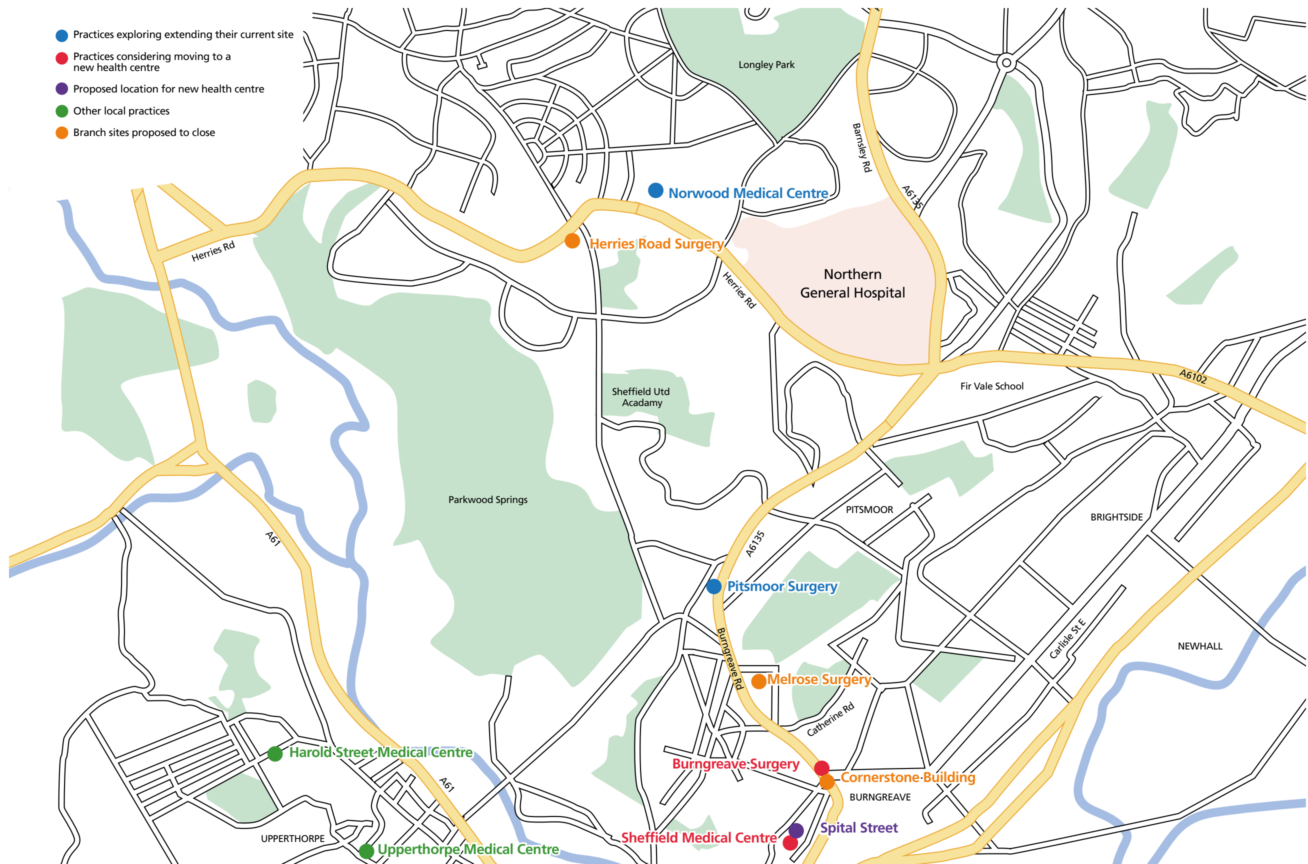
1. Foundry 1
2. Foundry 2
3. SAPA 1
4. SAPA 2

Key

- Practices exploring extending their current site
- Practices considering moving to a new health centre
- Proposed location for new health centre
- Other local practices
- Branch sites proposed to close

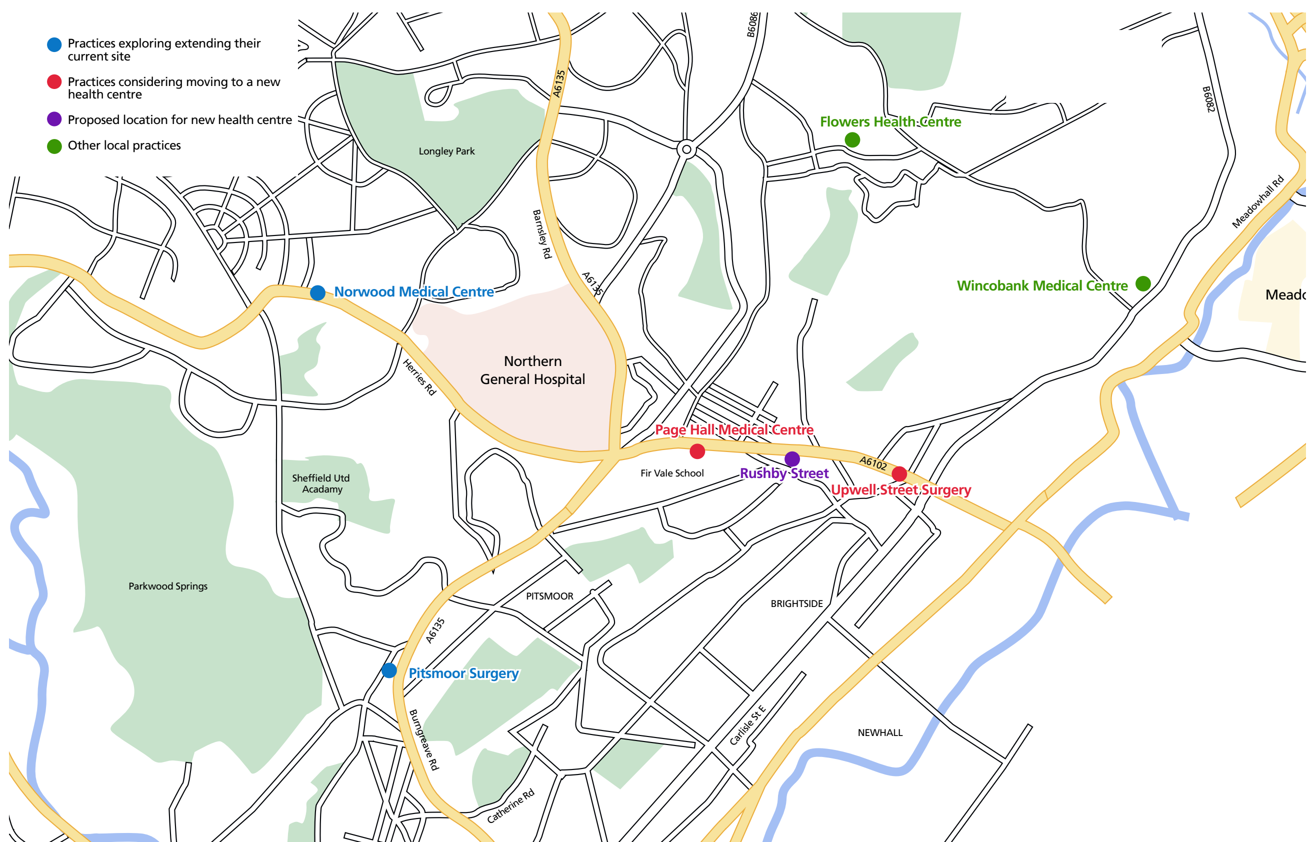
Foundry 1

Burngreave Surgery | Sheffield Medical Centre
Proposed health centre site - Spital Street (next to Sheffield Medical Centre)



Foundry 2

Page Hall Medical Centre | Upwell Street Surgery
Proposed health centre site - Rushby Street



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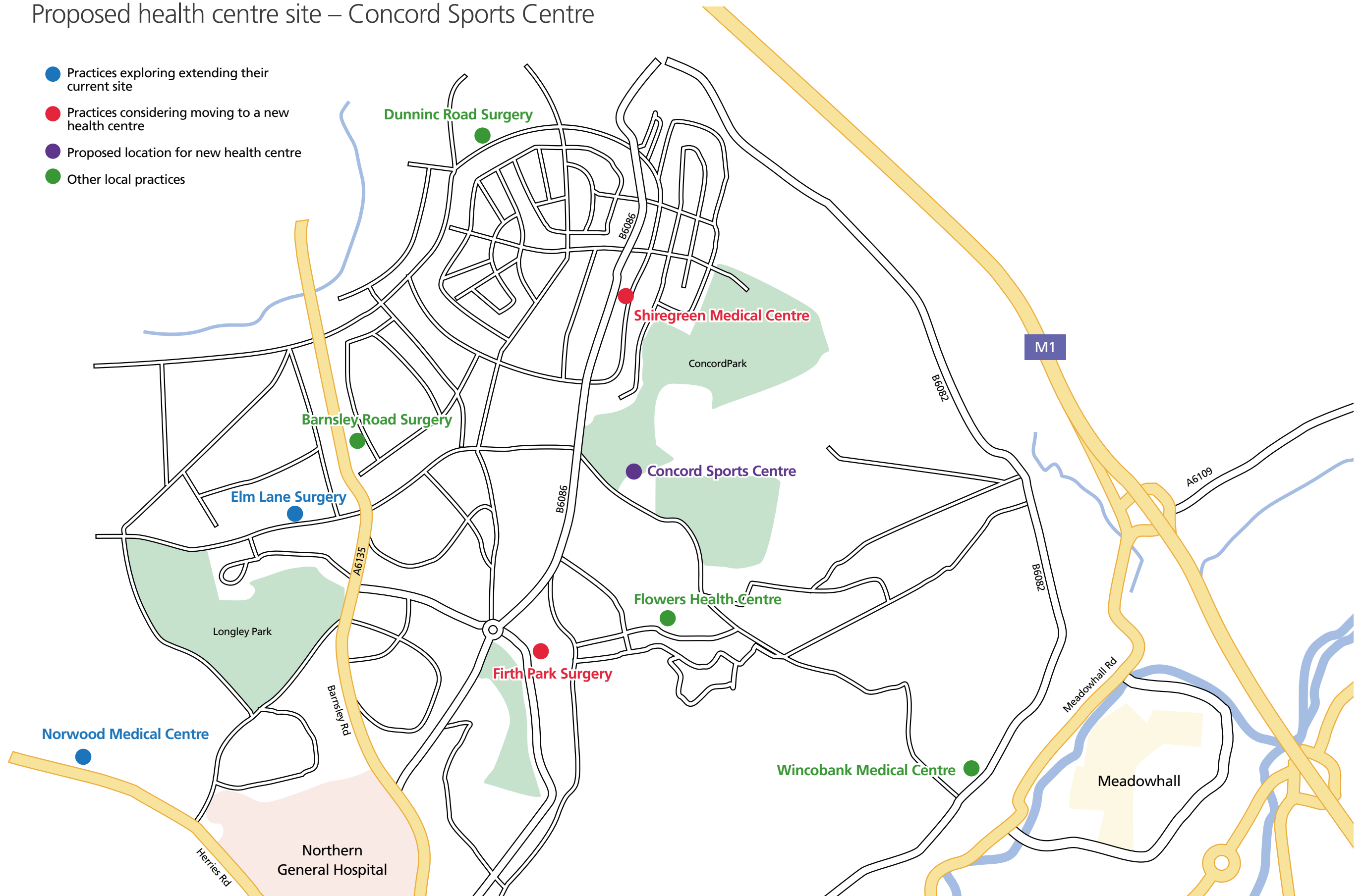
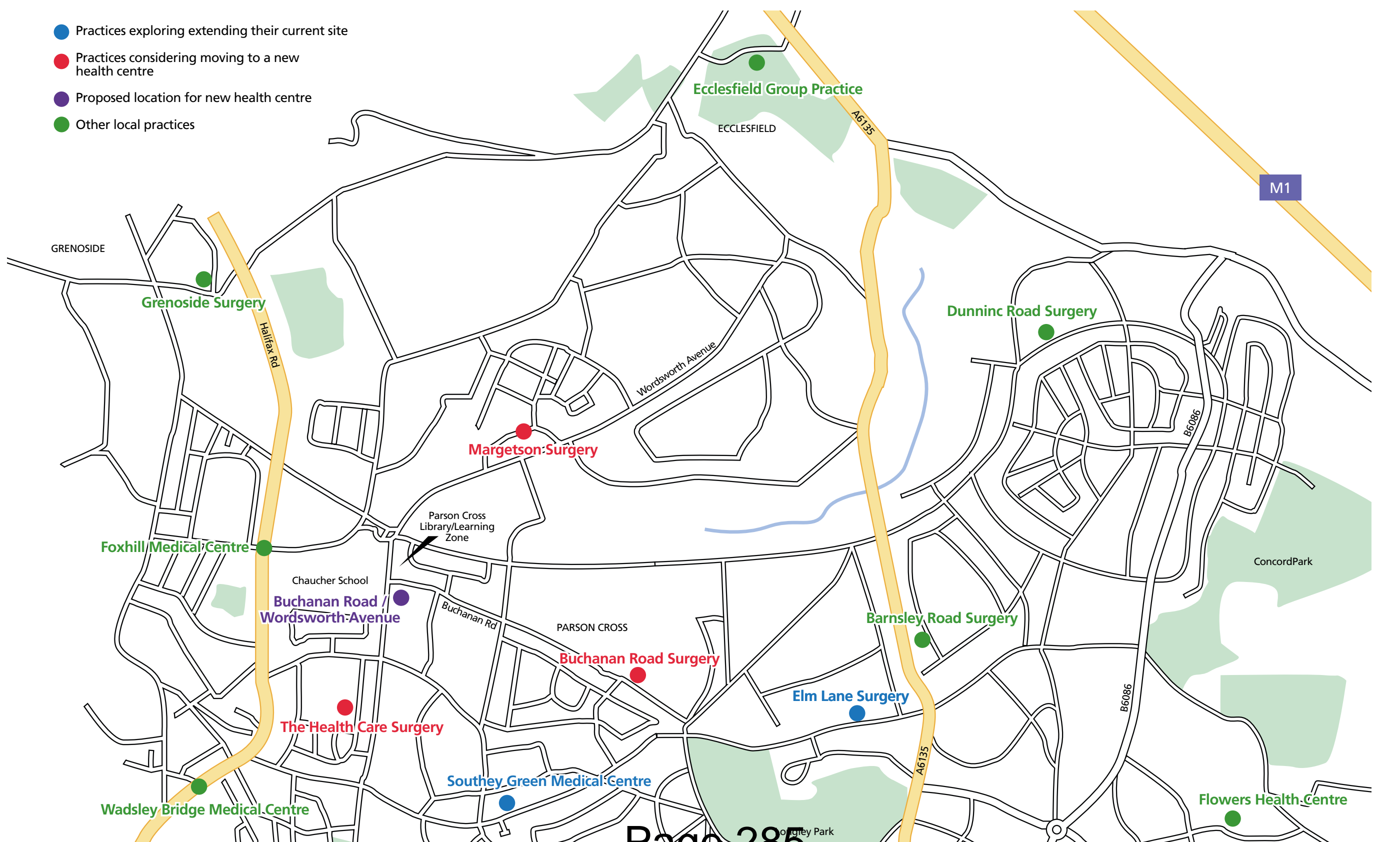
SAPA 1

Firth Park Surgery | Shiregreen Medical Centre
Proposed health centre site – Concord Sports Centre



SAPA 2

The Health Care Surgery | Buchanan Road Surgery | Margetson Surgery
Proposed health centre site - Buchanan Road / Wordsworth Avenue



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Additional services that could be provided at the health centres

We have been exploring which additional services could be provided at the new health centres.

They are aspirations now and a service provided in one health centre may not be provided in another.

Via the engagement, we heard people's ideas on what services they would like to see in these new buildings. We are considering your views and working with local health providers, the council and the voluntary and community sector to develop a model for extra services. The extra services are not part of this consultation, we are only asking about the location of GP services, not other NHS, council or voluntary services.

Possibilities include:

- Council services
- Voluntary services
- Community mental health support
- Talking therapies
- Children's health
- Physiotherapy
- Blood testing
- Rapid testing and diagnostics
- Minor surgery
- Podiatry
- Wellbeing services
- Interpreting services
- Debt advice
- Housing
- Changing places toilets
- Privacy rooms
- Group session rooms
- Spaces for community organisations

Have your say

The NHS in Sheffield and GPs want to know your thoughts on the options. You can feedback in several ways:

Online survey

You can have your say by filling in the online survey on the ICB website here **www.southyorkshire.icb.nhs.uk/get-involved/public-consultations**

It is also available at the end of this document. You can send it by using the reply form on the back of the survey form.

Telephone surveys

f contacted, agree to talk to a researcher from an independent research company who will be carrying out a random quota sample of surveys in each of the areas.

Speak to someone

You can speak to someone at one of our local community partners by calling up or dropping in. They will also be visiting local groups and venues in their areas.

- SOAR Community www.soarcommunity.org.uk 0114 213 4065
- Firvale Community Centre www.firvalecommunitycentre.org.uk 0114 261 9130

The following community organisations will also be seeking views from their communities and will feedback all views to the ICB:

- ACT
- Age UK
- Carers Centre
- Deaf Advice Team
- Disability Sheffield
- Faithstar
- Friends of Firth Park
- Longley 4G
- Mencap
- Parson Cross Development Forum
- Reach Up Youth
- SADACCA
- Tenants and Residents Associations (TARAs)

As GP practices are so busy helping patients, please do not contact them about the plans.

Public meetings – online and in person

The following public meetings will be held. Although they will focus on the areas they are in, information will be provided about all locations. Each meeting will last approximately 90 minutes.

We will also be holding some online meetings. Please see the website for further details **www.southyorkshire.icb.nhs.uk/get-involved/public-consultations**

Health centre area (GP practices affected)	Venue	Dates	
Foundry 1 Burngreave Surgery Sheffield Medical Centre	Verdon Street Community Centre Vestry Hall	24 August 10.30am 17 August 12pm	7 September 6.30pm 5 September 10.30am
Foundry 2 Page Hall Medical Centre Upwell Street Surgery	Firvale Community Hub Greentop Circus Centre Grimesthorpe Family Centre	16 August 5.30pm 15 August 10.30am	5 September 4.30pm 15 September 6.30pm
SAPA 1 Firth Park Surgery Shiregreen Medical Centre	Firth Park Methodist Centre Shiregreen and District Community Association	19 August 11.30am 26 August 12pm	6 September 6.30pm 9 September 5.30pm
SAPA 2 The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Parson Cross Development Forum The Learning Zone	16 August10am 17 August 3.30pm	2 September 7pm 2 September11.30am

When do I need to feed back?

You can start making comments from 1 August 2022
The consultation closes at midnight on 9 October 2022

Will what I say make a difference?

Yes. This is your opportunity to let the NHS in Sheffield and your GP practice know your views. We are aware that people may be worried about the possibility of their GP practice relocating to a new building. We hope that by involving you in the development of these proposals and listening to your views, we will build your confidence in the future of the services.

Contact details

NHS South Yorkshire Integrated Care Board
722 Prince of Wales Road, Sheffield S9 4EU
0114 305 1905

Website: www.southyorkshire.icb.nhs.uk
Email: Sheccg.comms@nhs.net

If you would like a copy of this publication in another format such as Braille, large print, audio or in another language please contact us.

Dr Kate Bellingham, GP at Page Hall Medical Centre, said: "We need more space to offer external staff & services to our community. We are hopeful that this investment will provide this space and are carefully exploring the options for our patients and staff. We would really like to hear what you think."

Glossary

ACT – Aspiring Communities Together - a community organisation for Black and Minority Ethnic (BME) communities across Sheffield.

Benefit to cost ratio – an indicator showing the relationship between the relative costs and benefits of a proposed project.

Business case – a document that provides justification for undertaking a project or programme. It evaluates the benefits, costs and risks of alternative options.

Capital funding – A one-off cost which comes out of a different pot from the day-to-day running of services and cannot be used to buy services. Capital funding can only be used for new buildings or upgrading old buildings and buying new IT equipment. It can't be used to improve services such as employing more doctors or new treatments.

Continuity of care – the extent to which a person experiences an ongoing relationship with a clinician or other health care staff that sees a patient moving smoothly between different parts of the health service.

Diagnostics – diagnostic tests used to help diagnose a disease or health condition.

Firvale Community hub – a community organisation in Firvale

Foundry Primary Care Network - A network (or group) of GP practices working together in the 'Foundry' area which includes Burngreave, Pitsmoor, Firvale and Page Hall.

HM Treasury – Her Majesty's (HM) Treasury is the government's economic and finance ministry, maintaining control over public spending and working to achieve strong and sustainable economic growth.

Net-zero carbon emissions – achieving a balance between the carbon emitted into the atmosphere and the carbon removed from it. The balance (net zero) will happen when the amount of carbon we add to the atmosphere is no more than the amount removed.

NHS capital grant – a contribution by a government to an independent governmental body or authority to cover part of the cost of the body/authority's facilities.

NHS Sheffield Clinical Commissioning Group (CCG) – The CCG was abolished in June 2022. Before it was abolished the organisation was responsible for planning and buying (otherwise known as commissioning) many of Sheffield's healthcare services.

NHS South Yorkshire Integrated Care Board (ICB) – In July 2022, NHS South Yorkshire ICB replaced NHS Sheffield CCG as the new commissioning organisation taking on commissioning responsibilities for Sheffield.

Planning application – a document asking a local authority (Council) for official permission to build something new or make changes to an existing building.

Planning permission – formal approval from a local authority (Council) to build or make changes to a building.

Pre-Consultation Business Case – written before public consultation this document provides justification for undertaking a project or programme. It evaluates the benefits, costs and risks of alternative options. It must be approved by NHS England.

Primary Care Network – A network (or group) of GP practices working together in one area.

Public consultation – a process that involves the public providing their views and feedback on a proposal which are then considered in the decision making.

Public ownership – where the government owns property, a company or industry.

Pre consultation engagement – The engagement period before a public consultation where an organisation engages with people to help develop the plans to be formally consulted on.

SADACCA – Sheffield and District African Caribbean Community Association - a Sheffield organisation providing community and health care services

Safer by Design – a framework when building new homes and other buildings.

SAPA Primary Care Network - A network (or group) of GP practices working together in the 'SAPA' area which includes the Shiregreeen, Firth Park, Southey Green and Parson Cross areas.

SOAR Community – a community regeneration charity in the North of Sheffield

Talking therapies –treatments delivered by NHS practitioners to help with common mental health problems like stress, anxiety and depression.

TARA – Tenants and Residents Association

Transport accessible assessment – a comprehensive process that sets out transport issues for a proposed development.

Topography – a detailed map of the surface features of land such as mountains, hills and rivers.

Weighted criterion – a weighted scoring model creates a value weighted number score for a project so you can compare projects or proposals.

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Fold 1

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Fold 3

NHS South Yorkshire
722 Prince of Wales Road
Darnall
Sheffield
S9 4EU

Business Reply Plus
Licence Number
RTHL-CLKA-BXUH

2

Fold 4

Consultation survey

South Yorkshire
Integrated Care Board

You can also complete this survey online at **www.southyorkshire.icb.nhs.uk/get-invovled/public-consutlations**

Are you responding as...?

- ☐ A patient or member of public
- ☐ A stakeholder
- ☐ Member of staff

Which of these proposals do you wish to provide feedback on?

- ☐ Foundry 1 - Spital Street
- ☐ Foundry 2 - Rushby Street
- ☐ SAPA 1 - Concord Sports Centre
- ☐ SAPA 2 - Wordsworth Avenue/Buchanan Road

Which GP Practice are you registered with?

Foundry 1
- ☐ Burngreave Surgery
- ☐ Cornerstone Building
- ☐ Herries Road Surgery
- ☐ Sheffield Medical Centre
- ☐ Melrose Surgery

Foundry 2
- ☐ Page Hall Medical Centre
- ☐ Upwell Street Surgery

SAPA 1
- ☐ Firth Park Surgery
- ☐ Shiregreen Medical Centre

SAPA 2
- ☐ Buchanan Road Surgery
- ☐ Margetson Surgery
- ☐ The Health Care Surgery

None of the above, please specify here

In terms of your GP Practice, please rank each item below in order of how important they are to you

	Most important					Least important
Availability of appointments	1	2	3	4	5	6
Modern facilities	1	2	3	4	5	6
On a bus route	1	2	3	4	5	6
Quality of care	1	2	3	4	5	6
Range of services available	1	2	3	4	5	6
Within walking distance	1	2	3	4	5	6

What are the advantages of these proposals?

What are the disadvantages of the proposals?

On a scale of 1 - 10, what impact will these proposals have on you?

Positive 1 2 3 4 5 6 7 8 9 10 **Negative impact**

Please tell us about the impact these proposals will have on you

If the proposals went ahead, would you continue to use your practice, or would you move practice?

- [ ] I would continue to use this practice
- [ ] I would move to a different practice
- [ ] I don't know

On average, how often do you visit your GP Practice?

- [ ] More often than once per month
- [ ] Every month
- [ ] Every few months
- [ ] Once a year
- [ ] Once a year
- [ ] Never

How long does it take for you to travel from your home to your GP practice?

- [ ] Less than 10 minutes
- [ ] 11 - 20 minutes
- [ ] 21- 30 minutes
- [ ] More than 30 mins

How do you normally travel to your GP practice? Tick all that apply

- [ ] Car/motorcycle
- [ ] Bus
- [ ] Taxi
- [ ] Walk
- [ ] Bicycle
- [ ] Other, please specify

How long would it take for you to travel from your home to the proposed new site for your practice?

- [ ] Less than 10 minutes
- [ ] 10 - 20 minutes
- [ ] 21 - 30 minutes
- [ ] More than 30 mins

How would you travel to the proposed new site?

- [ ] Car/motorcycle
- [ ] Bus
- [ ] Taxi
- [ ] Walk
- [ ] Bicycle
- [ ] Other, please specify

Do you feel that these proposals will impact you more than other people because of your...?

- [ ] Age
- [ ] Disability
- [ ] Sex
- [ ] Ethnic background
- [ ] Religion
- [ ] Sexual orientation
- [ ] Gender reassignment

If so, please tell us why

Is there anything else you think we should consider, or be aware of?

Equality Monitoring - OPTIONAL

We need to gather the following information so we know how this proposal might affect different communities. All information will be protected and stored securely in line with data protection rules. You don't have to answer these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. S9, S35)

- [ ] Prefer not to say

What is your sex?

- [ ] Female
- [ ] Male
- [ ] Other
- [ ] Prefer not to say

Gender reassignment

Have you gone through any part of a process to change from the sex you were described as at birth, or do you intend to? (For example, how you present yourself, taking hormones, changing your name, or having surgery?)

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

What is your age?

- [ ] Prefer not to say

What is your sexual orientation?

- [ ] Bisexual
- [ ] Heterosexual
- [ ] Homosexual
- Other, please specify
- [ ] Prefer not to say

What is your ethnic background?

Asian, or Asian British
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Other Asian background

Black, or Black British
- [ ] African
- [ ] Caribbean
- [ ] Other Black background

Mixed / multiple ethnic group
- [ ] Asian & White
- [ ] Black African & White
- [ ] Other Mixed / multiple ethnic background

White
- [ ] British
- [ ] Gypsy/Traveller
- [ ] Other White background

Other
- [ ] Arab

Other, please specify

- [ ] Prefer not to say

Do you consider yourself to belong to any religion?

- [ ] Buddhism
- [ ] Islam
- [ ] Christianity
- [ ] Judaism
- [ ] Hinduism
- [ ] Sikhism
- [ ] No religion
- [ ] Prefer not to say
- Other, please specify

Do you live with any of these conditions? (Tick all that apply)

- [ ] Autism
- [ ] Limitations to physical mobility
- [ ] Learning disability
- [ ] Hearing impairment or Deaf
- [ ] Mental Health condition
- [ ] Visual impairment or Blind
- [ ] Long-standing health condition or illness

Other, please specify

- [ ] Prefer not to say

Do you provide care for someone?

Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Extra Notes

Moisten Here

South Yorkshire
Integrated Care Board

NHS South Yorkshire Integrated Care Board
722 Prince of Wales Road
Sheffield
S9 4EU
0114 305 1905
Email: Sheccg.comms@nhs.net
www.southyorkshire.icb.nhs.uk

If you need this document in a different format more accessible to you, please email info@arcofinclusion.co.uk or text 07714 208 928.

[Draft] Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report

V6 5 July 2022

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1 Executive Summary

This pre-consultation equality impact assessment of a proposal to relocate GP Practices to up to five hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks (detailed in Table 1 below).

Hub	GP Practices involved	Site
Foundry 1	Burngreave Surgery *Cornerstone (branch) *Herries Road Surgery (branch) Sheffield Medical Centre	Spital Street
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street
SAPA 1	Shiregreen Medical Centre Dunninc Road Surgery Firth Park Surgery	Concord Sports Centre
SAPA 2	Margetson Surgery Buchanan Road Surgery The Health Care Surgery	Buchanan Road / Wordsworth Avenue
City	Clover City Practice Mulberry Practice	TBC

The main issue impacting equality is that combining several surgeries in one hub requires more people to travel over a larger distance to see a GP. This will impact patient groups who don't drive and need to rely on public transport, taxis or lifts from carers/relatives/friends. Public transport represents barriers such as travel time, reliability, accessibility, potentially a hostile environment for people at risk of discrimination and increased costs.

This distance to travel increases the larger the area the surgeries are spread out over. The more surgeries combine into one hub and the larger the area the surgeries are spread out over, the more people will be affected. People with specific protected characteristics that impact their ability to travel, have communication barriers, need to see a GP more regularly or are less inclined to visit a GP will be negatively impacted by the consolidation of surgeries into a hub.

Those most affected will be older patients, carers and primary carers of children. Disabled people, and other marginalised communities who will need public transport and don't speak English, will struggle to navigate the transport system. The changes could cause confusion and lead to increased stress and anxiety for people who are already facing multiple pressures.

Any mitigating factors that can be put into place to make it less costly and less time-consuming for people to travel to the hub (e.g., free transport / taxis, travel training) require

system collaboration on already pressurised services, and need to be guaranteed for the lifetime of the building - which is unlikely to be the case. It is unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

Patients may decide to register with another local GP rather than see their existing GP. However, whether this option is available to patients will be influenced by (a) patients' catchment areas and (b) the availability of other local GPs. Patients moving to a local GP may negatively impact the workload of these practices, which may lead to longer waiting times and ultimately worse patient outcomes.

Consolidation of several surgeries into a hub will reduce choice of GP for people who have issues traveling over a longer distance, whether this be for mobility, cost, time or reluctance reasons. The positives that a modern fully accessible building brings will not come into play if travel to the hub discourages many of the patient groups who would benefit from them.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship. Even if other local GPs are in theory available to them, reducing their choice of GP is putting them at a disadvantage.

A key theme coming from pre-consultation engagement is of concern about already strained GP services undergoing major change, and the benefits of the change not being clear, or strong enough to outweigh many people's concerns about the negative impacts.

While the CCG has prioritised equality, diversity and inclusion in the project development process, including the pre-consultation engagement, issues raised about the process include the need for clearer information, not everyone having online access, and the proposals needing clearer support from GPs in involved practices.

A key concern is the time scale of the proposed project – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design.

Key positive and negative impacts:

New hub leads to short travel distance for patients	New hub leads to longer(er/ish) travel distance for patients
Positives from the new building being accessible **dominant** – positives for many categories of patients (& carers) eg	**Negatives** from increased travel distance **dominant** – impact on many categories of patients (& carers) • Disabled people

<table>
<tr><td>

- Disabled people
- People with long-term health conditions
- Older people
- People needing frequent check-ups, etc.

</td><td>

- People with long-term health conditions
- Older people
- People needing frequent check-ups, etc.
- Lone parents
- Economically stretched

And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.

</td></tr>
<tr><th>Positives from a larger hub – based on “economies of scale” and levelling up</th><th>Negatives from a larger hub – more “impersonal”</th></tr>
<tr><td>

- Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location
- Access to a wider range of services
- Quiet / prayer room
- Potential for community services to access rooms / meeting space

</td><td>

- More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community
- Larger hub can feel intimidating/exposing, esp. for specific patient groups, eg. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.

</td></tr>
<tr><th colspan="2">Negative impact from change / disruption</th></tr>
<tr><td colspan="2">

- Relocation is likely to result in extra strain / pressure on GPs and practice staff
- Decrease in the number of local GP practices ‘on the doorstep’
- Potential disruption or confusion for patients
- Stress to those who will be negatively impacted
- Stress of participating in consultation process to those who do not agree with the changes

</td></tr>
</table>

For **Foundry 1**, positive impact should be dominant for patients of Burngreave – Cornerstone Branch and Sheffield Medical Centre as distances are very small. However, for patients of Herries Road Surgery, the likely increased travel distance leads to negative impact.

If Melrose Surgery is closed patients need to register with a different GP this can lead to a negative impact for many categories of patients (& carers): disabled people, people, with long-term health conditions, older people, people needing frequent check-ups, etc.

For **Foundry 2**, positive impact should be dominant as the difference in the distances between Rushby Street and Upwell Street are relatively short (0.4m), and just 0.1m for Page Hall.

For **SAPA 1**, negative impact likely to be dominant, particularly for patients of Dunninc Road, which is the furthest from Concord. Especially impacted are patients living North and North-West of Shiregreen Medical Centre. The straight distance from Dunninc Rd surgery to the proposed new hub at Concord is 1mile.

For **SAPA 2**, an important issue impacting equality for SAPA hub 2 is that combining the three surgeries into one hub requires more people to travel over a larger distance to see a GP.

Least impacted are the patients registered at Health Care Surgery given that the proposed SAPA hub 2 is relatively close (approx 0.2 miles from Health Care Surgery). These patients will benefit from the new hub. Patients to the South of Health Care Surgery also have two local surgeries as an option (Wadsley Bridge Medical Centre and Southey Green Medical Centre).

For patients of Buchanan Road surgery, the situation is similar, however with a distance of approx. 0.6 miles to the proposed SAPA hub 2, and Southey Green Medical Centre and Elm Lane Surgery as fairly local alternatives.

Especially impacted are patients living North, North-East and East of Margetson surgery as that is a large area where there are no local alternatives (Ecclesfield group Practice is over one mile to the North).

The impact on practice staff for all hubs and involved practices needs to be assessed (SCCG + involved GPs).

2 Introduction

The aim of this report is to highlight the equality impact (EIA) of the proposed changes to primary care centres in parts of Sheffield. Arc of Inclusion have been commissioned to conduct an independent equality impact analysis to inform SCCG's decision making and duty to pay due regard to equality.

The proposed project (referred to as the "Primary Care Capital Transformation Project"), stems from an award of £37 million from the UK Government as part of Wave 4B Capital Funding. The funding can only be spent on primary care capital investment to upgrade facilities, which need to be completed by December 2023.

The funding bid was originally developed by GP Practices, with the support of Sheffield Clinical Commissioning Group (SCCG). The project has been through a pre-consultation

engagement phase (14 March to 18 May 2022), with formal consultation due to start in early July 2022, supported by a pre-consultation business case.

The project applies to three Primary Care Networks in Sheffield: SAPA5, Foundry, and City Centre, with a view to creating five new health centre hubs, involving 14 practices / practice branches. At the time of writing, the location of the City Centre hub was not known, and therefore has not been included in this report.

This is a pre-consultation equality impact assessment which applies to four of the five hubs and will inform the pre-consultation business case. Issues identified in the equality impact assessments will be further explored through the consultation process. This report accompanies the four equality impact assessment spreadsheets using SCCG's template, with all documents to be made available and accessible as part of the consultation process.

The report will:

- Summarise our approach to conducting this phase of the equality impact assessment
- Set out the legal duty to pay due regard to equality under the Equality Act 2010 Public Sector Equality Duties and the Human Rights Act
- Outline the project objectives and intended benefits
- Identify who will be affected by the changes
- Highlight what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the project.
- Highlights gaps in information and questions that need to be addressed in the consultation process
- Table the data used to make the assessment, including:
- Summarise findings of both positive and negative impact
- Identify mitigation steps to remove or lessen negative impact
- Make recommendations about access and inclusion considerations for the consultation phase

It is important to note that this equality impact assessment is not complete. It is based on what is known at this pre-consultation stage. In many ways the value of undertaking an equality impact analysis is to highlight issues and ask questions which can be explored through further consultation with those who will be most affected by the changes.

3 Project aims and scope

The proposal is to relocate 12 GP Practices to up to five hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks[1].

[1] Details of Sheffield Primary Care Networks can be found here: https://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2020/10/SHEFFIELD-PCN-Details-Current-27.10.2020.pdf

- Foundry, hubs 1 & 2
- SAPA5, hubs 1 & 2
- City Centre

3.1 Intended benefits

The benefits to patients identified by the CCG are the provision of more spacious, better equipped buildings, with higher accessibility standards than many existing practice buildings. Having access to a wider range of services in one location, and being a community resource (for example pods where people can go online to access services). A list of benefits are given by the CCG here.

3.2 Who will be impacted?

- Patients of participating practices
- Participating GP Practices involved in the project (see Table 1 below).
- Practice staff who will need to relocate, with the potential for role changes as practices merge
- GP Practices within affected PCNs and those in nearby areas
- Communities living near sites that are being redeveloped

Hub	GP Practices still involved	GP Practices not involved	Site
Foundry 1	Burngreave Surgery *Cornerstone (branch) *Herries Road Surgery (branch) Sheffield Medical Centre	Pitsmoor Surgery (Extending using funds from programme) Melrose surgery (branch site of Shiregreen Medical Centre). Proposal is for Melrose Surgery to close with patients being dispersed to Burngreave, Sheffield MC, and Pitsmoor.	Spital Street
Foundry 2	Page Hall Medical Centre Upwell Street Surgery		Rushby Street
SAPA 1	Shiregreen Medical Centre Dunninc Road Surgery Firth Park Surgery	Norwood Medical Centre (Extending using funds from programme) Elm Lane Surgery	Concord Sports Centre
SAPA 2	Margetson Surgery Buchanan Road Surgery The Health Care Surgery	Southey Green	Buchanan Road / Wordsworth Avenue
City	Clover City Practice Mulberry Practice		TBC

Table 1

4 Legal duty

4.1 The Equality Act 2010

The CCG is required to pay due regard to equality in carrying out its functions under the Public Sector Equality Duty (PSED). More information about this Duty and the characteristics protected by the Act are given at Appendix 1.

Equality impact assessments that inform decision making in a meaningful way so that the CCG can meet the Brown principles for paying due regard. These principles were established in *Brown, R v Secretary of State for Work and Pensions [2008] EWHC 3158 (Admin)* and serve as an enduring guide to having due regard to equality:

According to the Brown principles, public authorities in Great Britain should ensure that:

1. *Decision-makers are aware of their duty to have "due regard" for the identified aims,*
2. *They consider the general equality duty before and during discussions of a particular policy as well as at the time a decision is taken,*
3. *The equality duty is exercised in substance, with rigour and with an open mind,*
4. *The equality duty is not delegated to a third party*
5. *The equality duty is constantly valid,*
6. *"Good practice" records are kept when it comes to regard for the aims in order to prove that the general equality duty was fulfilled.*

This report supports these principles and provides an independent assessment of equality impact at this pre-consultation stage.

4.2 The Human Rights Act 1998

SCCG has a duty under the Human Rights Act to respect, protect and fulfil people's human rights. This assessment draws on the CQC equality and human rights analysis for primary care, using human rights based approach based on principles of fairness, respect, equality, dignity and autonomy [1].

4.3 Who holds the duty?

SCCG is the legal entity holding the public sector equality duty for this project. However, from July 2022, SCCG will cease to exist. "I*ts functions as the NHS organisation responsible for commissioning primary care in Sheffield will transfer to the South Yorkshire Integrated Care Board. As all statutory duties will remain with South Yorkshire Integrated Care Board, comparable internal committees overseeing assurance and decision making will be in place for the programme come July.*[2]"

[2] From Primary Care Capital Transformation Project. Draft Consultation Plan Report to the Scrutiny and Policy Development Committee

5 Approach

We were commissioned by SCCG on 23 May 2022 and received EIA templates and relevant documentation [see 10.1] by 26 May 2022. A list of practices continuing to participate in the project was provided by the CCG on 1 June 2022.

A desk-based review of the documentation was done, along with research into additional sources of information and insight [see 10.2].

SCCG made introductions to SOAR, Firvale Community Hub, Shipshape who had supported people to participate in the pre-consultation engagement, and Disability Sheffield who had provided initial disability equality impact feedback. We were able to have conversations with representatives of SOAR and Disability Sheffield (video calls) and Firvale Community Hub (via email).. The conversations complemented insight already provided through feedback summaries. As City Centre was out of scope at this time, we did not speak to Shipshape.

We submitted draft EIA template spreadsheets to the CCG on 10 June 2012, with this report submitted on 17 June 2022.

It should be noted that the EIAs have been done within a very short timescale, based on the analysis of a large volume of quantitative and qualitative data.

These pre-consultation EIAs provide a starting point to gather the data together, highlight the issues being raised, ask questions that to inform the consultation phase, and make recommendations about mitigating adverse impact.

5.1 Data sources used

The data sources used in this assessment (listed in Appendix 2 - References), include:

- National equality and human rights analysis of primary care services
- Demographic patient profiles by protected characteristic, where these are available
- Health needs and inequalities
- Insight from pre-consultation engagement undertaken by SCGG (although this needs further analysis due to timescales)
- Research conducted by other stakeholders regarding patient access and experience of primary care (e.g. HealthWatch hearing access report)

We also developed an interactive map to better understand the location and spread of current practices involved and the proximity to proposed new hub centres[3].

[3] https://www.google.com/maps/d/u/0/viewer?mid=1pj2Y5VukreRlARHJITBxjGrizv458cQ&ll=53.37988550000001%2C-1.473911600000004&z=12

5.1.1 Gaps in information / further analysis needed

Areas that we were not able to address within the timescale:

- Practice specific data regarding disability and access
- Further analysis of pre-consultation survey
- Impact on practice staff

6 Engagement

The CCG has developed a wide stakeholder list (tabled in their Consultation Plan [3]), and worked with SOAR, Fir Vale Community, Shipshape to engage with local communities and encourage participation in the consultation process. Disability Sheffield has provided feedback about potential disability equality impact.

Further engagement with the Deaf community is needed to ensure that they received accurate information and equality impact is understood from the perspective of this community.

7 Demographic profile and health inequalities

7.1.1 England and Sheffield wide

Age

Older people are more likely to use GP surgeries than other age groups. An ageing population, (a number of those people with multiple long-term conditions) means large numbers of GP consultations are with older people.[25]

Home consultations are far rarer now than in previous years, which mean that people have to travel to surgeries. This can have a bigger impact on older people, they may have no transport, they may are more likely to have a mobility, sensory or cognitive impairment that makes travelling in to see a GP more difficult or they may need other assistance due to their age. Nine per cent of people over the age of 75 find it very difficult to get to their doctor's surgery (AGE UK later life).

Young people aged 0-15 accounted for 19% of the population (Census 2011).

COVID has had a detrimental impact on the mental health and wellbeing of young people, which is likely to mean needing additional support from their GPs[4].

Sex

Overall, the proportion of people registered with GPs are similar – men (49.7%) and women (50.3%). Men are less likely to use their GP. Women have specific concerns about maternity services. In 2012, Dementia and Alzheimer's disease were the leading cause of death for women over 80. Heart disease was the leading cause of death for men aged 50 and over.

The CQC notes the occurrence and impacts of female genital mutilation (FGM), particularly relevant to first-generation immigrants, refugees and asylum seekers. [25].

Women make up 54% of people in Sheffield with a long-term health condition or disability so the impact on these groups is likely to impact proportionally more women [26].

58% of unpaid carers in Sheffield are female so any impact on unpaid carers will affect more women than men.

Men are less likely to visit their GP [25]. It is important to ensure that men do not perceive the changes as an extra barrier to visiting their GP.

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[4] *The Health Foundation: Weathering the storm? The pandemic's impact on young people's wellbeing, May 2021:* https://www.health.org.uk/news-and-comment/blogs/weathering-the-storm-the-pandemics-impact-on-young-peoples-wellbeing?gclid=CjwKCAjwqauVBhBGEiwAXOepkcRVjR86vAxI8nvDiZOAXpsGKG-5UKeusHvYcHrZFzs8nQnysJFS2hoCwHYQAvD_BwE

Disability

Disability affects people with a physical or sensory impairment, people with a learning disability and people experiencing mental distress, as well as people with other long-term conditions that have a substantial and long-term effect on the ability to carry out daily activities.[5]

There are 14.6 million disabled people in the UK.

- 9% of children are disabled
- 21% of working age adults are disabled
- 42% of pension age adults are disabled[6]

Around 20% of the population of Sheffield said their health condition or disability resulted in their experiencing a degree of difficulties with their day-to-day activities (2011 Census).

Disabled people are likely to use health services more frequently than non-disabled people, although (CQC notes limitations in monitoring data). [25]

People with a learning disability have poorer health than the general population yet are less likely to access healthcare. Annual health checks for people with a learning disability, carried out by a GP, are therefore very important. [25]

One in every six patients has a hearing loss. Fifty-five per cent of people over 60 have a hearing loss and 90% of patients over 81 experience hearing loss. [25]. Hearing Access: HealthWatch Report (2018) quote 990 people registered as Deaf in Sheffield, 560 hard of hearing (based on 2010 figures likely to be out of date) [39].

The prevalence of Autism in Sheffield is estimated to be 2.76% in children (under 18 years) and to be 1.1% in the adult population.

People with Autism tend to have sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. This translates into difficulties relating to the physical environment, e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff.

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[5] *Note Social Model for Disability: people are disabled by barriers to access, contrast with medical model focused on impairment.*

[6] *UK Government Family Resources Survey 2020-21: https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2020-to-2021/family-resources-survey-financial-year-2020-to-2021*

People with Autism are much more likely than the general population to have certain other long term health conditions in addition to Autism, so it is important they are consulted and informed about any changes.

Mental health: around 40% of GP visits are related to mental health concerns[7]. One of the impacts of the COVID pandemic is the impact on people's mental health. A recent Mind survey[8] highlighted that:

- People with mental health problems report an increase in the severity of challenges they are facing now and concerns about the future.
- Around 1/3 of adults and young people say their mental health has deteriorated since March 2020
- People on benefits have been particularly affected, with nearly 60% of respondents receiving benefits saying their mental health has been poor (this needs to be considered with any changes that can lead to increased costs).

Examples of barriers to access for disabled people:

- More than one in every four patients with hearing loss have difficulty getting an appointment with their GP because of communication difficulties.
- Blind and partially sighted people may face access difficulties or receive sub-optimal healthcare because staff are unaware of how to meet their needs.
- Wheelchair users find it difficult to access some premises. Reasonable adjustments include: provision of automatic doors, accessible toilets, lower reception counters, wider doors, level access.
- Transport and parking
- Lack of accessible communication

Health inequalities for disabled people have been exacerbated by COVID:

- 6 out of 10 people who have died from COVID-19 are disabled [38]
- Eight in 10 deaths of people with a learning disability are from COVID[9]

Race (Including ethnicity and nationality)

14.2% of Sheffield's households are 32 Black, Asian or Minority Ethnic. Sheffield has the 4th largest city centre BME population after Birmingham, Manchester and Leeds [26].

In the Sheffield Black Caribbean community 21% of households are lone parents [26] so any impact on lone parents will impact this community significantly.

Barriers to access can include language/communication issues:

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[7] https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/
[8] https://www.mind.org.uk/coronavirus-we-are-here-for-you/coronavirus-research/
[9] https://www.mencap.org.uk/press-release/eight-10-deaths-people-learning-disability-are-covid-related-inequality-soars

- Lack of language support may mean that people feel they need to bring a family member to interpret. They may not receive the correct medical interpretation or the family member may not accurately pass on information to the GP, for example through embarrassment.
- People for whom English is not the first language may not be able to access written information
- Some groups of people who experience discrimination and disadvantage are not using NHS GP services as much as expected for the size of their population, for example gypsies and travellers.

Health inequalities experienced by Black, Asian and people from other ethnic minorities are stark:

- Black women are four times more likely to die around childbirth than white women. Asian women two times more [35]
- The Race Health Observatory highlight a number of other health inequalities that could be reduced by good access to GPs for early intervention[10]
- Hearing loss is an issue amongst children in the Roma community (7% of all Roma school pupils have significant hearing loss). Roma child mortality rates are 2 to 6 times higher than those for the general population. For Roma, life expectancy is estimated to be around 10 years less than the European average. Clearly this patient group has specific health issues - care needs to be taken that the changes do not negatively impact their care [26].
- Black African women in Sheffield have a highest obesity prevalence (38.5%), which links to a range a health conditions. Black African people are at greater risk of developing diabetes [26].
- South Asian people are at greater risk of developing diabetes - the prevalence of diabetes in Sheffield is esp. high for Pakistani women aged 55+. If left undiagnosed and/or untreated, diabetes can lead to a range of serious conditions. People with diabetes need regular checks [26].
- The UK-based GP appointment-based system is a barrier to Roma patients. The change in surgery location can add an extra barrier for this community. [26].

These inequalities have been magnified by COVID, with mortality more than twice as high for Black and ethnic minority people [34]. COVID has seen stark disparities for NHS staff:

- 95% of doctors who have died of Covid [35] and 63% of healthcare workers who died of COVID were Black, Asian or from another ethnic minority [35]

Religion or belief

According to the 2011 Census, just over half of Sheffield's population are Christian. The second largest proportion of Sheffield's population state that they have no religion. Around 8% of Sheffield’s population are Muslim.

[10] https://www.nhsrho.org/publications/ethnic-health-inequalities-in-the-uk/

The CQC analysis highlights religious requirements which could lead to inequalities, including:

- Dietary requirements which could affect suitability of medication
- Fasting
- Religious observance periods which could impact on availability to attend appointments at certain times
- Receiving blood or blood products
- [Requirement to see clinicians of the same sex as patient]

Attending appointments in a larger, more anonymous setting may represent an additional barrier for this group. If the new building includes a prayer/quiet room this may be of benefit to certain patient groups.

Sexual orientation

Government estimates based on 5-7% Lesbian, Gay and Bisexual (LGB) people in England. Evidence indicates lesbian and gay people are not being treated with dignity and respect by healthcare staff they can trust, and this is having an adverse influence on their experience of NHS GP services[11].

Poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking disproportionately affect lesbian, gay, bisexual and transgender (LGBT) populations. LGBT people may be worried, nervous or apprehensive about accessing health services and about discrimination. Attending appointments in a larger, more anonymous setting may represent an additional barrier for this group.

Public transport can particularly be challenging for people from LGBT+ communities who are at risk of discrimination/abuse/hate crime, esp. same sex couples with children. LGBT people may also be worried, nervous or apprehensive about accessing health services and about discrimination. Attending appointments in a larger, more anonymous setting may represent an additional barrier.

Gender reassignment (gender identity)

There is no official estimate of the transgender population in England. However, the Gender Identity Research and Education Society (GIRES) estimate the number of trans people in the UK to be between 300,000 and 500,000. While the number of transgender is relatively small, transgender people experience extreme discrimination and health inequalities[12].

As with any other patient, transgender people may need treatment from their GP over the course of their lives. Transgender patients seeking medical support for their gender reassignment will need the support of their GP, and often experience barriers, e.g.:

- Patients' name and gender records not being correctly updated

[11] https://www.stonewall.org.uk/resources/prescription-change-2008
[12] http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf

- Lack of awareness / training of frontline practice staff of the needs of transgender patients
- Willingness of GP to support transition

Transgender patients people may be worried, nervous or apprehensive about accessing health services and about discrimination. Attending appointments in a larger, more anonymous setting may represent an additional barrier for this group.

Pregnancy and maternity

Pregnancy may require patients to visit their surgery more frequently. New hub centres with child-friendly spaces may have a positive impact, however, longer travel times will impact pregnant women and young families in particular.

Carers

The number of carers in the UK is increasing as the population ages and disabled people with serious illnesses live longer and are more likely to live at home. Carers often accompany disabled or older patients and bring health concerns to their GPs.

In Sheffield approximately 30% who are carers themselves have a long-term health issue or disability; this number is 50% for those who provide more than 50 hours of unpaid care per week. Carers are more likely to have poor health than non-carers - they may suffer from stress and their own health can be impacted. Hence, it's important for carers that access to primary care is as friction-free as possible. The points under disability and mental health are particularly relevant to this group.

Within the White Irish, White British, Black Caribbean and Gypsy or Irish Traveller communities the percentage of people who provide unpaid care is higher than in the Sheffield population so any negative impact for carers will have a disproportionate effect on these communities.

Digital exclusion

Since the change is the move to a new building digital in/exclusion is a separate issue as surgeries can decide to rely more on digital communication and e-health solutions regardless of their location.

It is recommended to provide full postal/phone/face-to-face communication for the consultation and informing/awareness raising that does not rely on digital devices to ensure this group is consulted and informed.

Asylum seekers and refugees

Attending appointments in a larger, more anonymous setting may represent an additional barrier for this group. (This needs further exploration to ascertain impact).

Homelessness

This group has specific health challenges: the proportion of homeless people with diagnosed mental health problems i(63%) is over double that of the general Sheffield

population, and almost all long-term physical health problems are more prevalent in the homeless population than in the general public (11% of homeless households have physical disability recorded as a priority need). Any negative impact on people with mental health issues and on people with long-term health issues is likely to impact this group disproportionally. Being homeless can make it more difficult to access health services so additional barriers may have further detrimental impacts on this group.

Economic deprivation

Around 50% of people in poverty in Sheffield are either disabled or living in a household with a disabled person so the points relating to disability apply disproportionally to the most deprived groups.

8 Overarching concerns

- A key concern about this proposal is the time scale of the project – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres.
- Patients risk losing the relationships with their current GP/nurses/surgery staff. A change in surgery and or GP can lead to some discontinuity in care for patients because the new GPs or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.
- For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an extra barrier.
- Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.
- People with learning disabilities can face:
    - A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.

   - Communications barriers with regard to understanding or retaining information. Communication during the consultation and any changes impacting them will need to be tailored to their needs.
- Travel/distance barriers are very relevant to people withs physical or sensory impairments and people with learning disabilities. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.
- Clinically vulnerable people to COVID may in particular be reluctant to use public transport.
- In addition to the travel issue, people with autism can face a number of difficulties relating to the built environment: e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group.

Insight from Disability Sheffield: longer distances to travel, distances from bus stops, limited access to taxi services (in some areas - needs further research) and increased travel fares all impact negatively on disabled people. Travel is a system issue beyond the CCG, and impact needs to be considered along with pressures on public transport in the CIty. The roads & pavements in new hubs can also create barriers and safety issues. Travel training service for disabled people is already over-subscribed and under-resourced. This will need additional resources into the service to mitigate the negative impact to disabled people who need support to plan and familarise themselves with new routes.

9 Positive impacts

- The new hub built to current building standards will have features that benefit people with physical disabilities such as ramps, accessible toilets, handrails, etc.
- The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, etc. This is especially true for teenage mothers.
- Having several surgeries in one hub may lead to more additional services being provided for patients (e.g. physiotherapy) at the same site. However, if these services are by appointment or heavily used patients may still need to make one journey per appointment.
- *There is an opportunity to use the economy of scale of the larger hub to provide a more frequent and cost-effective translation service.*

Exchange of best practice in EDI can be easier and happen more organically if several surgeries concentrated in one location.

10 Foundry

Foundry Primary Care Network (PCN) population:

- Total number of patients = 53,568 - 48% female, 52% male patients
- Foundry serves a diverse population with the highest percentage of patients from an ethnic minority background. Pakistani, Roma, Slovak, Somali, Yemeni, new arrivals (asylum seekers, refugees). Main languages: English, Arabic, Roma Slovak, Urdu. “Often these communities don’t like change”[3].
- The most prevalent profile in the Foundry area is poorer families with many children. Similar to above care needs to be taken that these families are fully informed of the change to the new hub.
- COVID Health Inequalities: Foundry had the highest COVID mortality of all Sheffield PCNs, and so may be more impacted by proposed changes if they create barriers to accessing GPs. Black, Asian or minority ethnic patients may need greater support from their GPs dealing with COVID related chronic conditions (associated with long COVID).

The changes will affect “*Marginalised communities who will need public transport can’t speak English to navigate the transport system. Could cause major confusion.*”[13]

Recommendation: Special effort is recommended to engage these communities during the consultation and during the initial phase when the new hub is starting to operate to ensure that they can see the benefits of the change to a new hub. Communication would need to include written materials as well as verbal engagement.

[13] *Insight from Fir Vale Community Hub*

10.1 Foundry hub 1

Scope

Proposed new hub location: Sheffield Medical Centre, Spital Street. Practices involved:

- Burngreave Surgery with 7,775 patients (including Herries Road and Cornerstone branches)
- Sheffield Medical Centre practice with 2,831 patients
- Melrose Surgery, branch of Shiregreen Medical Centre to close. Shiregreen is part of SAPA5 PCN, but Melrose Surgery is located central to Foundry. Patients currently registered will need to register with a different surgery (Burngreave, Sheffield Medical Centre, or Pitsmoor). Pitsmoor is not involved in the relocation but is receiving funds to be extended.

Overarching Issues and opportunities

The Foundry hub 1 area is amongst the most deprived areas of Sheffield, whether using the Index of Multiple Deprivation (2019), using the Income Deprivation Affecting Children Index (2015) or the Income Deprivation Affecting Older People Index (2015). Between 40 & 55% of households in the Foundry 1 area are in poverty before housing costs are taken into account (between 33% and 47% after housing costs taken into account). 50% of people in poverty in Sheffield are either disabled or living in a household with a disabled person so the points relating to disability apply disproportionally to the most deprived groups.

People in these communities already experience challenges in navigating the system well, so it is recommended to engage especially the most deprived communities during the consultation and during the initial phase when the new hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need.

Fir Vale Community Hub input: "*Elderly most affected*" (relating concerns about travelling and potentially losing link / relationship with GP). "*Marginalised communities who will need public transport can't speak English to navigate the transport system. Could cause major confusion.*"

Except for Herries Road surgery patients, there is little difference in the distance that people will need to travel to the new hub compared to their current GPs, which are within walking distance. This is positive as people don't need to take costly public transport.

The distance from Herries Road Surgery to the new Foundry hub 1 is the greatest (1.2 miles). Increased travel time, expense and inconvenience linked to this for patients, their carers or parents (esp. impacting lone parents) may lead patients to register with Norwood Practice instead (0.2 of a mile distance). (Norwood not involved but being extended). The proximity of Northern General Hospital to Herries Road could also lead to an increase in people attending A&E if they experience barriers to accessing a GP.

The closure of Melrose Surgery and the relocation of Herries Road surgery to the new Foundry hub 1 effectively reduces patients' choice of GP.

The pre-consultation engagement survey: concerns raised about accessibility of new site being worse than current practice (needs further analysis by CCG).

Currently translation services are available in practices with the highest number of Roma families but they are limited in available time. There is an opportunity to use the "economy of scale" of the larger hub to provide a more frequent and cost-effective translation service. Further engagement needed to understand impact on Roma population.

The new hub, built to current building standards, will be accessible to a high standard which will benefit people with disabilities and long-term health conditions. There is an opportunity to include Changing Places toilets.

Patient population:

- A high percentage of young people (24% are under 17)
- The percentage of people over 65 is relatively low in the Foundry hub 1 area. However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building. This group will benefit from the new building as they are more likely to have one or more health conditions that result in accessibility needs.
- Over half of the patients of Burngreave Surgery & Sheffield Medical Centre are Black, Asian or minority ethnic [9]. Burngreave Surgery: "Up to 50% of daily communication with our patients requires the support of an interpreter"[14]-
- Relatively high percentage of Black African residents in Foundry 1 (approx. 8%). In the Sheffield Black African community 21% of households are lone parents (source: JSNA), so any impact on lone parents will impact this community significantly. Care needs to be taken that these patients, esp. those of Melrose surgery & Herries Road surgery, are informed and on board with the proposed changes to that this group continues to get the care they need.
- A high percentage of Pakistani residents (approx. 25%) - increased prevalence of diabetes in this community
- The largest group in the Pakistani community are parents with dependent children and more than a third of the Pakistani community is under 16 – impact on young people applies particularly to this ethnic group.
- A relatively high percentage of Black Caribbean residents (approx. 5%) – increased prevalence of diabetes in this community
- Pockets of White Irish residents in the Foundry hub 1 area - this community has a relatively old age profile (approx. a third are over 65), with linked limiting long-term health problems or disabilities. Sections of the Irish community are socially excluded, including pensioners and those with mental health and alcohol and drug

[14] *From Burngreave Surgery's website: https://www.burngreavesurgery.nhs.uk/*

dependency issues. The Irish community has a higher contact rate with mental health services than the white British and 'white other' population.
- The largest number of Roma pupils of Sheffield
- A significantly higher percentage of people with a long-term health conditions or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- The percentage of patients reporting blindness or partial sight registered at Burngreave surgery is approx. 2.6%, which is more than 1.5 times higher than the Sheffield average (1.6%). People with sight loss or blindness or partial sight may need special support, esp. with wayfinding to the new location and in the new building. It is recommended to ensure these patient groups and their carers/companion are fully informed (in an accessible format) about the changes. Additional support during their first visits to the new building may help the transition.
- *Number of patients registered with a learning disability (data to be added*)
- Between 0.2% and 4.5% of the population carries out 50 or more hours of unpaid care. It also has one of the highest proportions of young carers (3.2%) and one of the proportions of young carers who provide more than 50 hrs unpaid care. Young carers in Sheffield are more likely to be from a BME background and have a disability than their peers.
- The Foundry hub 1 area has a very high percentage of lone parents (11%, which is above the Sheffield average). Lone parents with children registered at Herries Rd surgery, may be at a disadvantage due to longer travel to the new hub, or they need to register at Norwood Medical Centre

Special care needs to be taken that these patient groups, especially those of Melrose Surgery and Herries Rd Surgery, are informed and on board with the proposed changes to that this group continues to get the care they need.

It is recommended that children/young people and their parents/carers in this deprived area are fully engaged during the consultation and during the initial phase when the new hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare these children need.

10.2 Foundry hub 2

Proposed new location: Rushby Street. Two practices involved:
- Page Hall Medical Centre (8,119 patients)
- Upwell Street Surgery (4,772 patients)

There is little difference in the distance that people will need to travel to the new hub compared to their current GPs, which are within walking or wheeling distance (for most people). This avoids that people need to take costly public transport.

Given that the new hub is close to the two existing surgeries travel is not as great a barrier as Foundry 1, however people still voiced concern in the pre-consultation engagement

about losing the care provided by local practices and going into hubs with larger numbers of patients.

Patient Population

- The Foundry hub 2 area has a very high percentage of Pakistani residents (approx. 45%) and also a community of Indian residents (between 2% and 5%)
- A relatively high percentage of Black African and Black Caribbean residents
- Area is amongst those with the largest number of Roma pupils of Sheffield.
- A significantly higher percentage of people with a long-term health condition or disability compared to the Sheffield average.
- The percentage of patients reporting blindness or partial sight registered at Page Hall surgery is approx. 2.6%, which is more than 1.5 times higher than the Sheffield average (1.6%); for Upwell Street it is approx. doble the Sheffield average. People with sight loss or blindness or partial sight may need special support, esp. with wayfinding to the new location and in the new building. It is recommended to ensure these patient groups and their carers/companions are fully informed (in an accessible format) about the changes. Additional support during their first visits to the new building may help the transition.
- *Number of patients registered with a learning disability (data to be added*)
- *No impact identified at this point in the assessment for carers, asylum seekers or people who are homeless (needs to be further explored).*

Opportunities / positive impacts

The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, etc.

The percentage of people over 65 is relatively low in the Foundry hub 2 area. However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building. This group will benefit from the new building as they are more likely to have one or more health conditions that result in accessibility needs.

If the new building includes a prayer/quiet room this may be of benefit to certain patient groups. The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, etc.

11 SAPA5

SAPA PCN Patient population:

- Total number of patients = 36,139
- Population is predominately White British, with small dispersed BME communities. There are few Roma pupils registered in the SAPA hub 2 area.
- Public transport can particularly be challenging for people from minority ethnic groups who are at risk of discrimination/abuse/hate crime. People from minority

ethnic groups may have language issues and may need to bring a family member to interpret which means that the time/cost/inconvenience factor of travel would also impact their companion.

- There is a cluster of White Irish residents in the SAPA area - this community has a relatively old age profile (approx. a third are over 65), with linked limiting long-term health problems or disabilities. Sections of the Irish community are socially excluded, including pensioners and those with mental health and alcohol and drug dependency issues. The Irish community has a higher contact rate with mental health services than the white British and 'white other' population. Points [G] and [PT] are in particular relevant to this group.
- For White British residents, the percentage of people who provide unpaid care is higher than in the Sheffield population so the negative impact on carers will have a disproportionate effect on these communities.
- There are more lone parents in SAPA5 (14%) than the Sheffield average - lone parents are likely to be more time-poor because of carrying more of the parenting duties.
- The average age in SAPA5 is slightly younger than the Sheffield average, 25% of the SAPA5 population is under 17, 50% of the SAPA5 population is in the age bracket 25-64, 16% over 65.
- There are more lone parents in SAPA5 (14%) than the Sheffield average - lone parents are likely to be more time-poor because of carrying more of the parenting duties. Barriers for primary carers accessing their GPs may result in worse health outcomes for the young patients.

11.1 SAPA5 hub 1

Scope and overarching issues

Proposed new hub location: Concord Sports Centre. Practices involved:

- Shiregreen Medical Centre (5,708 patients)
- Firth Park Surgery (9,947 patients)

The main issue impacting equality for SAPA hub 1 is that combining the three surgeries into one hub requires more people to travel over a larger distance to see a GP. Especially impacted are patients living north and north-west of Shiregreen Medical Centre.

(Further information about bus routes, and other issues that can affect travel and access needs to be gathered during the consultation e.g. are there inclines or any obstacles? Distance from bus stop etc.)

This requirement to travel over a larger distance will impact in particular patient groups who do not drive and need to rely on public transport, taxis or lifts from carers/relatives/friends. Public transport represents a number of barriers such as cost, travel time, reliability, accessibility for people with impairments, potentially a hostile environment for people at risk of discrimination. People with specific protected characteristics that impact their ability to travel, need to see a GP more regularly or are

less inclined to visit a GP will be negatively impacted by the consolidation of the surgeries into the SAPA hub 1.

Any mitigating factors that can be put into place to make it less costly and less time-consuming for people to travel to the hub (e.g. free transport/taxis) would need to be guaranteed for the lifetime of the building - which is unlikely to be the case.

The positives that a modern fully accessible building brings will not come into play if travel to the hub discourages many of the patient groups who would benefit from them.

In other areas patients may be able to get around the travel issue by registering with a different, more local GP. However, in the SAPA hub 1 there are very few other local GPs: the patients of Firth Park Surgery would have the Flowers Health Centre as an alternative, and the patients of Shiregreen Medical Centre would have Dunninc Road Surgery as an alternative. There is an area of approx. 3 $miles^2$ between Dunninc Road Surgery in the East, Chaucer Road/St Thomas More Primary School area in the West, Barnsley Road surgery in the South and Ecclesfield group Practice in the North where there are no other surgeries. Even for people who have an alternative GP, the consolidation of the surgeries into one hub reduces their choice of GP.

It is unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship. Even the patients for whom another local GP is available may be put a disadvantage due to this change in their medical care.

Public transport can particularly be challenging for carers with prams.

The Concord Centre is located on a hill, which is a barrier for people with mobility issues (gleaned from pre-consultation survey – check this). Pre-consultation engagement survey: concerns raised about accessibility of new site being worse than current practice

Patient population specific to hub 1:

- The SAPA hub 1 area is one of the most economically deprived areas of Sheffield, whether using the Index of Multiple Deprivation (2019), the Income Deprivation Affecting Children Index (2015) or the Income Deprivation Affecting Older People Index (2015). Between 20% and 28% of households in the area are in poverty before housing costs are taken into account (between 25% and 33% after housing costs taken into account). People in these communities don't tend to navigate the system well so it is recommended to engage especially the most deprived communities during the consultation.

- SAPA hub 1 area has in particular high numbers of children aged 5-17
- The SAPA hub 1 area has a higher percentage of people with a long-term health condition or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- In the SAPA hub 1 area the percentage of patients with sight impairments is relatively high
- The percentage of people over 65 is relatively low in the SAPA hub 1 area (16%). However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building
- The SAPA hub 1 area has a high percentage of people who provide unpaid care - the time/cost/inconvenience factor of longer travel distances will impact carers, esp. unpaid carers. Carers are more likely to have poor health than non-carers - they may suffer from stress and their own health can be impacted. Hence it is important for carers that access to primary care is as friction-free as possible.

  In the SAPA hub 1 area between 2.4% and 4.5% of the population carries out 50 or more hours of unpaid care. It is also part of the area with the highest proportions of young carers who provide more than 50 hrs unpaid care. Young carers in Sheffield are more likely to be from a BME background and have a disability than their peers. 58% of unpaid carers in Sheffield are female so carer equality impact issues are likely to impact more female carers.

11.2 SAPA5 Hub 2

Scope and overarching issues

Proposed new hub location: Wordsworth Avenue / Buchanan Road. Practices involved:

- The Health Care Surgery (5,245 patients)
- Buchanan Road Surgery (4,625 patients)
- Margetson Surgery (902 patients)

An important issue impacting equality for SAPA hub 2 is that combining the 3 surgeries into one hub requires more people to travel over a larger distance to see a GP.

Least impacted are the patients registered at Health Care surgery given that the proposed SAPA hub 2 is relatively close These patients will benefit from the fully accessible new hub. Patients to the south of Health Care Surgery also have two local surgeries as an option (Wadsley Bridge Medical Centre and Southey Green Medical Centre).

For patients of Buchanan Road surgery the situation is similar, however with a distance of approximately 0.5 m to the proposed SAPA hub 2, and Southey Green Medical Centre and Elm Lane Surgery as fairly local alternatives.

Especially impacted are patients living North, North-East and east of Margeston surgery as that is a large area where there are no local alternatives (Ecclesfield group Practice is approximately 1m to the north).

This requirement to travel over a larger distance will impact in particular patient groups who do not drive and need to rely on public transport, taxis or lifts from carers/relatives/friends.

Public transport represents a number of barriers such as cost, travel time, reliability, accessibility for people with impairments, potentially a hostile environment for people at risk of discrimination. People with specific protected characteristics that impact their ability to travel, need to see a GP more regularly or are less inclined to visit a GP will be negatively impacted by the consolidation of the surgeries into the SAPA hub 2.

Any mitigating factors that can be put into place to make it less costly and less time-consuming for people to travel to the hub (eg free transport/taxis) would need to be guaranteed for the lifetime of the building - which is unlikely to be the case. It's unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

The positives that a modern fully accessible building brings will not come into play if travel to the hub discourages many of the patient groups who would benefit from them.
Even for people who have an alternative GP, the consolidation of the surgeries into one hub reduces their choice of GP.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship. Even the patients for whom another local GP is available may be put a disadvantage due to this change in their medical care.

Population:

- The SAPA hub 2 area has a significantly higher percentage of people with a long-term health condition or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- The SAPA hub 2 area has a high percentage of people who provide unpaid care - the time, cost and inconvenience factor of longer travel distances will impact carers, esp. unpaid carers. Carers are more likely to have poor health than non-carers - they may suffer from stress and their own health can be impacted. Hence it's important for carers that access to primary care is as friction-free as possible.

  In the SAPA hub 2 area a high percentage of the population (between 2.4% and 12.4%) carries out more than 50 hours of unpaid care. It is also part of the area with the highest proportions of young carers who provide more than 50 hrs unpaid care.

12 City Centre

(Location to be decided, EIA to follow).

13 Recommendations

13.1 Mitigating actions if proposal goes ahead

The following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits
- A dedicated minibus for hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term)
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are merged, that accessible communications is levelled up too (access to BSL interpreters, easy read information
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource
- Levelling up of accessible communications in hubs
- Levelling up of EDI skills for new hub staff
- Travel training for disabled people (however, the Council provided training service already over-stretched with a 9-10 month waiting list)
- Reassurance / information given to people with learning difficulties (e.g. Autism) and people with learning disabilities
- An independent evaluation of impact once changes have been made

13.2 Regarding the consultation process:

People in economically deprived communities already experience challenges in navigating the system well, so it is recommended to engage especially the most deprived communities during the consultation and during the initial phase when the new hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need.

If the business case proceeds to the consultation phase, recommended steps to increase inclusion:

- Information needs to make it clear how proposed hubs will improve access and quality of services “How is it going making a difference?” (e.g. provision of urgent care / walk in services)
- Rather than just providing information in different formats, offer support to go through information (some people with English as a second language may not be able to read in their first language)
- Language needs to be clear, accessible for a range of audiences with different communications needs. Leaflets / information should be checked by a reference audience for accessibility + whether it conveys the information needed

- Public events might not be good for people who are neurodiverse or are anxious, or concerned about and or clinically vulnerable to COVID
- Smaller, quieter sessions, or one to one conversations could be offered as an alternative
- Online meetings can be more effective and accessible than town hall type meetings (for those who are able to access)
- Offer meeting options at different times of the day.
- Send information out in enough time to prepare people
- More engagement / outreach needed with the Deaf community

Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are merged, that accessible communications is levelled up too (access to BSL interpreters, easy read information

(Further information to be gathered about bus routes, and other issues that can affect travel and access needs to be gathered during the consultation. For example: are there inclines or any obstacles? Distance from bus stop etc.)

14 Appendix 1 – The Equality Act

Sheffield CCG is a public body under The Equality Act 2010, and subject to the general and specific Public Sector Equality Duty Regulations, the due to pay due regard to:

1. Eliminating unlawful discrimination, harassment, and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
    - Removing or minimising disadvantage experienced by people due to their personal characteristics
    - Meeting the needs of people with protected characteristics
    - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
    - Tackling prejudice, with relevant information and reducing stigma
    - Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard means considering the above in all the decision making, including:

- How the organisation acts as an employer
- Developing, reviewing, and evaluating policies
- Designing, delivering, and reviewing services
- Procuring and commissioning
- Providing equitable access to services.

14.1 Protected Characteristics

The protected characteristics referred to in the Act are:

- **Age**, which refers to a person of any age group
- **Disability**, defined as persons with a physical or mental impairment where the impairment has a substantial long-term adverse effect on that person's ability to carry out day-to-day activities. Includes people experiencing mental distress, as well

as people with other long-term conditions that have a substantial and long term effect on the ability to carry out daily activities.

- **Sex**, refers to a male or a female
- **Gender reassignment,** which refers to a person proposing to or has undergone a process in relation to physiological or other attributes of sex, with the aim of aligning gender identity
- **Pregnancy and maternity**, this includes protection from discrimination when someone is pregnant, or after they have given birth. It includes protection for breastfeeding mothers
- **Race**, including ethnic or national origins, colour, or nationality
- **Religion or belief**, including a lack of religion or belief, and where belief includes any religious or philosophical belief
- **Sexual orientation**, meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex
- **Marriage and civil partnership**, refers to marital or civil partnership status, but in terms of assessing equality impact, only has relevance when a policy or decision includes criteria related to a person's marital or civil partnership status.

15 Appendix 2 - References

15.1 Provided by SCCG

1. SSCG EIA Template (Dec 2020) (Based on Devon & Cornwall CCG EIA quality and equality impact assessment template)
2. EIA Example for Skin Services (Aug 2020)
3. Primary Care Capital Transformation Project Draft Consultation Plan
4. Initial consultation - Quantitative and qualitative results of patient survey about the proposed centres
5. Initial consultation - Feedback from patients via community orgs
6. Initial consultation - Feedback from patients collected at 2 lunch clubs, one in Firth Park and one in Parson Cross
7. Initial consultation - Response from Disability Sheffield
8. *Patient experience data:* *GP Patient Survey – www.gp-patient.co.uk/* *Online feedback – we encourage the use of www.careopinion.org.uk locally*
9. CQC reports from announced visits - contains general service info but also how surgery caters for specific groups, eg home visits (not for all surgeries, eg not for Dunninc Road Surgery)

10. Acorn profile for City GP practices
11. Acorn profile for North GP practices
12. Acorn profile for SAPA GP practices
13. Distribution map of where registered patients live of GP practices corresponding to City hub
14. Distribution map of where registered patients live of GP practices corresponding to Foundry hub 1
15. Distribution map of where registered patients live of GP practices corresponding to Foundry hub 2
16. Distribution map of where registered patients live of GP practices corresponding to SAPA hub 1
17. Distribution map of where registered patients live of GP practices corresponding to SAPA hub 2
18. Detailed location map Foundry 1 (Potential practices to relocate to new health centres; Neighbouring GPs; Potential locations for health centre; Potential Practice to relocate to a different health centre)
19. Detailed location map Foundry 2 (Potential practices to relocate to new health centres; Neighbouring GPs; Potential locations for health centre; Potential Practice to relocate to a different health centre)
20. Detailed location map SAPA 1 (Potential practices to relocate to new health centres; Neighbouring GPs; Potential locations for health centre)
21. Detailed location map SAPA 2 (Potential practices to relocate to new health centres; Neighbouring GPs; Potential locations for health centre; Potential Practice to relocate to a different health centre)
22. Breakdown of patient demographics (sex, age, ethnicity) for City, SAPA and Foundry
23. Breakdown of patient demographics (deprivation, sex, age, ethnicity) for City, SAPA and Foundry - data not complete as a few GP practices missing
24. Location map of 15 Sheffield NHS networks

15.2 Additional sources

25. Care Quality Commission - Equality and human rights duties impact analysis for the provider handbook on NHS GP practices and providers of out- of-hours GP services
26. Joint Strategic Needs Assessment (Overall population health needs disaggregated by protected characteristic - link to A-Z index of all topics)
27. SAPA neighbourhood map - more neighbourhood maps available on web site
28. SAPA map & patient travel distances
29. A MATTER OF LIFE AND HEALTHY LIFE- Director of Public Health Report for Sheffield 2016
30. Public Sector Equality Duty - People Who Use Commissioned Services - Equality and Diversity Monitoring Report - data covers 2019 to Mar 2020 -but Sheffield wide data
31. Number of patients Registered at a GP Practice, May 2022 by age (group) and sex - as interactive web version (can be found in interactive web version) - explanation of data fields in csv: https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/metadata
32. Google map of surgeries - interactive (& saved as PDFs)

33. Homelessness Prevention Strategy 3: Data on prevalence of homelessness in communities such as ethnic minorities, disabled people, etc.
34. Race health observatory: Ethnic health inequality in the UK
35. MBRRACE and the disproportionate number of BAME deaths: https://www.aims.org.uk/journal/item/mbrrace-bame
36. BMA - COVID-19: the risk to BAME doctors - https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors
37. Public Health England - Beyond the data: Understanding the impact of COVID-19 on BAME groups (2020)
38. Health Foundation response to ONS data on COVID-19 related deaths by disability status in England: https://www.health.org.uk/news-and-comment/news/6-out-of-10-people-who-have-died-from-covid-19-are-disabled
39. HealthWatch Sheffield - Not equal: The experiences of Deaf people accessing health and social care in Sheffield (2018)
40. Interactive Google map of hub centres and involved surgeries: https://www.google.com/maps/d/u/0/viewer?mid=1pj2Y5VukreRlARHJITBxjGrizv458cQ&ll=53.37988550000001%2C-1.473911600000004&z=12

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[Final] Sheffield Primary Care Transformation Project: Equality Impact Assessment Report Foundry 1

7 November 2022

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1 Introduction

The aim of this report is to highlight the equality impact (EIA) of the proposed changes to primary care centres in parts of Sheffield. Arc of Inclusion have been commissioned to conduct an independent equality impact analysis to inform the South Yorkshire Integrated Care Board's (ICB) decision making and duty to pay due regard to equality.

The proposed project (referred to as the "Primary Care Capital Transformation Project"), stems from an award of £37 million from the UK Government as part of Wave 4B Capital Funding. The funding can only be spent on primary care capital investment to upgrade facilities, which need to be completed by December 2023.

The funding bid was originally developed by GP Practices, with the support of Sheffield Clinical Commissioning Group (SCCG), now South Yorkshire Integrated Care Board (ICB). The original proposal envisaged the relocation of 12 GP Practices to up to five Hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks.

The project has been through a pre-consultation engagement phase (14 March to 18 May 2022) and a formal consultation engagement phase from 1 August 2022 to 9 October 2022 (see the Consultation document "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board").

We carried out a **pre-consultation Equality Impact Assessment** in July 2022 ("Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report"). Our July report includes relevant UK and Sheffield population and health inequalities data and insight that this report draws on.

Following the pre-consultation changes have been made to scope of the project: 9 GP surgeries are now proposed to relocate to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks, as detailed in the Consultation document. The main changes are:

- Herries Road Surgery and Cornerstone Building (both in Foundry 1) will not relocate and will be closed.
- Dunninc Road Surgery (SAPA 1) will remain in its current location.
- Elm Lane Surgery (SAPA 1) and Southey Green Medical Centre (SAPA 2) will be extended in their current location.

The report will:

- Summarise our approach to conducting this phase of the equality impact assessment.
- Outline the project objectives and intended benefits.
- Identify who will be affected by the changes.

- Highlight what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the project.
- Analyse and summarise findings of both positive and negative impact.
- Identify mitigation steps to remove or lessen negative impact.
- Make recommendations about access and inclusion considerations for the implementation phase if the project goes ahead.

It is important to note that this equality impact assessment is not complete. It is based on the information that was available to us by 11th October 2022 and which is listed in Appendix – References. The quantitative consultation survey data was received on 17th Oct, with the 500 collated raw qualitative responses to the Equality Impact question (Question 15) received on 18 October. As the agreed deadline for this EIA was 21 October, further time is needed to analyse these in more depth.

2 Project aims and scope

The proposal is to relocate 12 GP Practices to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks:

- Foundry, Hubs 1 & 2
- SAPA5, Hubs 1 & 2

Note: The City Centre Hub is outside the scope of this EIA as a location has not yet been earmarked.

2.1 Intended benefits for patients

The benefits to patients identified by the South Yorkshire Integrated Care Board (ICB) are the provision of more spacious, better equipped buildings, with higher accessibility standards than many existing practice buildings. Having access to a wider range of services in one location and being a community resource (for example pods where people can go online to access services). A list of benefits are given by the ICB in their Pubic Consultation document “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).

2.2 Who will be impacted?

- Patients of participating practices
- Participating GP Practices involved in the project (see table below).
- Practice staff who will need to relocate, with the potential for role changes
- GP Practices within affected PCNs and those in nearby areas
- Communities living near sites that are being redeveloped

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building	Pitsmoor Surgery (M)
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street		
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery	Barnsley Road Surgery Norwood Medical Centre (M) Elm Lane Surgery (M) Dunninc Road Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue		Southey Green Medical Centre (M)

(M): Surgeries to be modified: Surgeries that will be seeking investment to make improvements (expand, reconfigure, or otherwise modify) to their existing sites.

3 Our approach

ICB commissioned us at the end of September 2022 to refresh the EIA we carried out in July 2022 following the public consultation that was started on 1 August 2022 and would complete on 9 October 2022. The list of documents received from ICB is listed in Appendix – References).

The main information used in this assessment include:

1. "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board" (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres

A desk-based review of the information provided was carried out, including a thematic analysis of the public meeting notes and the specific input from the community

organisations. We also developed an interactive map to better understand the location and spread of current practices involved and the proximity to proposed new Hub centres[1].

Although initially it was envisaged that we would have access to the insights of the analysis of the consultation survey (which was commissioned from another provider) we did not receive these insights in time to take them into account in our assessment. We received the 500 collated raw qualitative responses to the Equality Impact question (Question 15) on 18 October and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Notes regarding the consultation survey data:

- The consultation survey dataset included all paper and telephone survey responses, responses gathered during fieldwork and translated responses from alternative language surveys.
- Question 15 only probes impact related to **seven protected characteristics** (Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment) – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.
- Question 15 does not cover the protected characteristic **"Pregnancy or Maternity"**. However, the impact of relocating surgeries on expecting patients and their new-born children is a factor that should not be overlooked.
- Some responses to the Equality Impact question were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions about the reason why the patient would be disadvantaged. The numbers we report are thus likely to underestimate the number of patients that will be impacted.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses we report.
- **Richer insights on equality impacts** on patients can be obtained by analysing the responses to other survey questions, in particular Q 6 "What are the disadvantages of the proposals?", "Q 8 Please tell us about the impact these proposals will have on you." and Q16 "Is there anything else you think we should consider, or be aware of?" This was outside the scope of our assignment.

It should be noted that the EIA has been done within a very short timescale.

[1] https://www.google.com/maps/d/u/0/edit?mid=1G4i025_0VD5FO0H2nMe9x7q8dpVewBM&usp=sharing

Gaps in information / further analysis needed
Areas that we were not able to address within the timescale:

- Detailed analysis of the equality impact data from the consultation survey, including. verification whether respondents were representative for the patient population for each hub area
- Practice specific data regarding disability and access
- Impact on practice staff

4 Engagement

During the pre-consultation stage the Sheffield Clinical Commissioning Group (SCCG) developed a wide stakeholder list (see their "Primary Care Capital Transformation Project – Draft Consultation Plan") and worked with SOAR, Fir Vale Community, Shipshape to engage with local communities and encourage participation in the consultation process. Disability Sheffield has provided feedback about potential disability equality impact.

During the consultation stage the South Yorkshire Integrated Care Board (ICB) consulted further with patients and stakeholders via public meetings, input from community and disability support organisations (including Disability Sheffield, and with views heard from visually impaired people and from deaf patients via a BSL supported session) and via a survey.

During our pre-consultation EIA work we consulted with Fir Vale Community Hub, SOAR and Disability Sheffield.

5 Positive impacts

- The new Hub built to current building standards will have features that benefit people with physical disabilities such as ramps, accessible toilets, handrails, etc.
- There is an opportunity to create safe, accessible and inclusive spaces for people who are neurodiverse and patients and carers with dementia.
- The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, spaces for breastfeeding, etc. This is especially relevant to teenage mothers.
- Having several surgeries in one Hub may lead to more additional services being provided for patients (e.g. physiotherapy) at the same site. However, if these services are by appointment or heavily used patients may still need to make one journey per appointment.
- There is an opportunity to use the economy of scale of the larger Hub to provide a more frequent and cost-effective interpretation and translation services, with a focus on accessible communications for all.

- Exchange of best practice in EDI can be easier and happen more organically if several surgeries concentrated in one location.

6 Overall risks and issues

- A key concern about this proposal is **the time scale of the project** – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres.
- Patients who are unable to travel to the new Hub and those whose surgery is closing, will **lose the relationships with their current GP/nurses/surgery staff**. A change in surgery can lead to some discontinuity in care for patients because the GP or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.
- For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an **extra barrier**.
- Attending appointments in an at first **unfamiliar larger, more anonymous setting** may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.
- **People with learning** disabilities can face:
    - A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.
    - Communications barriers with regard to understanding or retaining information. Mencap recommends continuing consultations with specific groups using individual/group sessions [2]. Communication about any changes impacting them will need to be tailored to their needs. Mencap recommends Easy Read documents, face-to-face or phone conversations, in-person and virtual tours of the new Hubs before it opens [2].

- Travel/distance barriers are very relevant to people withs **physical or sensory impairments and people with learning disabilities**. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.
- **Clinically vulnerable people** to COVID may in particular be reluctant to use public transport.
- In addition to the travel issue, **people with autism** can face a number of difficulties relating to the built environment: e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group.

7 EIA

7.1 Surgeries affected

Proposed new Hub location: Sheffield Medical Centre, Spital Street. Practices moving:

- **Burngreave Surgery** with 6,478 patients (including Herries Road and Cornerstone branches which will close)
- **Sheffield Medical Centre** practice with 1,747 patients

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building	Pitsmoor Surgery (to be modified)

Impact on patients due to proposed surgery closures:

Herries Road Surgery	Patients will need to register with a different GP. Either: • With a different GP at the Foundry 1 Hub (the difference in distance is considerable). • With local alternative surgeries: Norwood or Southey Green (in SAPA2).
Cornerstone Building	Patients will need to register with a different GP at the Foundry 1 Hub (the difference in distance is small)
Melrose Surgery (located in Foundry 1 area)	Patients will need to register with a different GP. Either: • With a different GP at the Foundry 1 Hub (the difference in distance is small). • With Pitsmoor. (Pitsmoor is not involved in the relocation but is receiving funds to be extended.)

Note: Melrose Surgery, branch of Shiregreen Medical Centre to close. Shiregreen is part of SAPA5 PCN, but Melrose Surgery is located central to Foundry.

7.2 Demographics and resulting equality impacts/opportunities

Foundry Primary Care Network (PCN) population:

- Total number of patients = 53,568 – 48% female, 52% male patients.
- Foundry serves a diverse population with the **highest percentage of patients from an ethnic minority background**. Pakistani, Roma, Slovak, Somali, Yemeni, new arrivals (asylum seekers, refugees). Main languages: English, Arabic, Roma, Slovak, Urdu. "Often these communities don't like change" [1].
- The most prevalent profile in the Foundry area is **poorer families with many children**. Care needs to be taken that these families are fully informed of the change to the new Hub.
- COVID Health Inequalities: Foundry had the highest COVID mortality of all Sheffield PCNs, and so may be more impacted by proposed changes if they create barriers to accessing GPs. Black, Asian or minority ethnic patients may need greater support from their GPs dealing with COVID related chronic conditions (associated with long COVID).

The **Foundry Hub 1 area** is amongst the **most deprived areas of Sheffield**, whether using the Index of Multiple Deprivation (2019), using the Income Deprivation Affecting Children Index (2015) or the Income Deprivation Affecting Older People Index (2015). Between 40 & 55% of households in the Foundry 1 area are in poverty before housing costs are taken into account (between 33% and 47% after housing costs taken into account). With increasing inflation and wealth inequality this situation is likely to become exacerbated. 50% of people in poverty in Sheffield are either disabled or living in a household with a disabled person so the points relating to disability apply disproportionally to the most deprived groups.

The Foundry 1 area has the following **specific demographic characteristics which impact health equalities:**

- A high percentage of young people (24% are under 17).
- The percentage of people over 65 is relatively low in the Foundry Hub 1 area. However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building. This group will benefit from the new building as they are more likely to have one or more health conditions that result in accessibility needs.
- Over half of the patients of Burngreave Surgery & Sheffield Medical Centre are Black, Asian or minority ethnic. Burngreave Surgery: "Up to 50% of daily communication with our patients requires the support of an interpreter"[2]
- Relatively high percentage of Black African residents in Foundry 1 (approx. 8%). In the Sheffield Black African community 21% of households are lone parents (source: JSNA), so any impact on lone parents will impact this community significantly. Care needs to be taken that these patients, esp. those of Melrose surgery & Herries Road surgery, are informed and on board with the proposed changes to that this group continues to get the care they need.
- A high percentage of Pakistani residents (approx. 25%) - increased prevalence of diabetes in this community.
- The largest group in the Pakistani community are parents with dependent children and more than a third of the Pakistani community is under 16 – impact on young people applies particularly to this ethnic group.
- A relatively high percentage of Black Caribbean residents (approx. 5%) – increased prevalence of diabetes in this community.
- Pockets of White Irish residents in the Foundry Hub 1 area – this community has a relatively old age profile (approx. a third are over 65), with linked limiting long-term health problems or disabilities. Sections of the Irish community are socially excluded, including pensioners and those with mental health and alcohol and drug dependency issues. The Irish community has a higher contact rate with mental health services than the white British and 'white other' population.
- The largest number of Roma pupils of Sheffield.
- A significantly higher percentage of people with a long-term health conditions or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- The percentage of patients reporting blindness or partial sight registered at Burngreave surgery is approx. 2.6%, which is more than 1.5 times higher than the Sheffield average (1.6%). People with sight loss or blindness or partial sight may need special support, esp. with wayfinding to the new location and in the new building. It is recommended to ensure these patient groups and their carers/companion are fully informed (in an accessible format) about the changes. Additional support during their first visits to the new building may help the transition.

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[2] *From Burngreave Surgery's website: https://www.burngreavesurgery.nhs.uk/*

- Between 0.2% and 4.5% of the population carries out 50 or more hours of unpaid care. It also has one of the highest proportions of young carers (3.2%) and one of the proportions of young carers who provide more than 50 hrs unpaid care. Young carers in Sheffield are more likely to be from a BME background and have a disability than their peers.
- The Foundry Hub 1 area has a very high percentage of lone parents (11%, which is above the Sheffield average). Lone parents with children registered at Herries Rd surgery may be at a disadvantage due to longer travel to the new Hub, or they need to register at Norwood Medical Centre or Southey Green in SAPA2.

7.3 Insights from consultation with patients

7.3.1 Consultation meetings

The ICB held a number of public consultation meetings and received input from community groups, including organisations representing patients with disabilities. During the pre-consultation EIA phase we consulted with Fir Vale Community Hub and Disability Sheffield.

Patient population	Main concerns raised during meetings
General (open public meetings)	Key concerns: • Availability of public transport • Safety of the environment of the Foundry 1 Hub, especially at night • Need for more appointments Also: • Distance patients will have to travel • Safety of the journey to the Foundry 1 Hub • Accessibility of public transport
British Sign Language (BSL) users	• Losing connection with GP • Availability of public transport • Safety of the location
People with learning disabilities	• Losing connection with GP • Distance patients will have to travel
People with visual impairments	• Loss of independence • Building layout/access point to building • Availability of public transport • Availability of parking
Adults with learning disabilities	• Transport worries • New places and anxiety • Mobility issues • Meeting new people/new GP

“The new location isn’t a safe area to go at night, issues with drug dealing, etc. Distance isn’t an issue but antisocial behaviour is.”, Cllr Abtisam Mohamed

“Marginalised communities who will need public transport can’t speak English to navigate the transport system. Could cause major confusion.”, Fir Vale Community Hub

" A lot of concern around travel and distance. Elderly most effected and young women with children” (relating concerns about travelling and potentially losing link / relationship with GP). Marginalised communities who will need public transport can’t speak English to navigate the transport system. Could cause major confusion.”, Fir Vale Community Hub

7.3.2 Consultation survey

The ICB administered a consultation survey. Question 15 “Do you feel that these proposals will impact you more than other people because of your…? Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment / None of the above” asked about the impact relating to a number of protected characteristics. One-hundred and nine responses to Q15 relating to Foundry 1 were received.

Note that Q15 only probes the seven listed protected characteristics – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.

Due to the short timescale we were unable to analyse the verbatim comment in detail and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Highlights:

- Of the 109 responses to Q15, **25 mention more than one protected characteristic** as causing impact – by far the most common combination is Age and Disability.
- Approximately half of responses to Q15 mention that **travel** to the new Hub will be an issue for them. The location on a hill is also mentioned several times.
- Concerns about the **safety of the area** were mentioned six time.
- Not being able to **deal with change** was also mentioned, particularly by older people. Other change-related factors were mental health and mental disability issues.

Notes:

- Some responses were **vague** (e.g. “I’m old”, “Disabled”) and did not allow us to draw conclusions. The numbers we report are thus likely to be an underestimation.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses.

7.4 Analysis based on demographic, geographic and consultation data

This analysis is based on our independent assessment of demographic data and resulting equality impacts/opportunities; the location of the new Hubs compared to the current situation and consultation data.

Key considerations in the analysis are:

- The **travel experience** of patients when the Hub becomes a reality: distance, time and cost of the journey and any barriers during the journey.
- The **experience at the location** of the new Hub: e.g. safety of the neighbourhood, parking, state of the pavement, etc.
- The **experience in the building**: wayfinding in the building and features of the modern, fully accessible building
- The **change patients will experience**, for example, by needing to register with a different GP or losing independence by needing to rely on a carer to attend appointments in the new Hub.

It's important to note that both **objective factors** (e.g. factual travel time or crime rates) as well as **patients' perceptions** are important impacts (e.g. feeling of unsafety, anxiety linked to traveling to a new area, etc.).

New Hub leads to short travel distance for patients	New Hub leads to long(er/ish) travel distance for patients
Positives from the new building being accessible **dominant** – positives for many categories of patients (& carers) e.g. • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc.	**Negatives** from increased travel distance **dominant** – impact on many categories of patients (& carers) • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc. • Lone parents, those who are pregnant and parents of young children • Economically stretched And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.
Positives from a larger Hub – based on "economies of scale" and levelling up	**Negatives from a larger Hub – more "impersonal"**
• Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location • Access to a wider range of services	• More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community

• Quiet / prayer room • Potential for community services to access rooms / meeting space	• Larger Hub can feel intimidating/exposing, esp. for specific patient groups, e.g. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.
Negative impact from change / disruption	
• Relocation is likely to result in extra strain / pressure on GPs and practice staff • Decrease in the number of local GP practices 'on the doorstep' • Potential disruption or confusion for patients • Stress to those who will be negatively impacted	

7.4.1 Travel experience

Sheffield Medical Centre: Since the new Hub will be located next to the current surgery site, the impact for patients will be only positive: they will be able to remain with their current GP and will benefit from the positives of a fully accessible building and any additional services that may be offered.

Burngreave Surgery: The difference in distance between the current location and the new Foundry 1 Hub will be small so patients will benefit from the positive of the fully accessible building and any additional services.

Cornerstone Building (to close): The difference in distance between the current location and the new Foundry 1 Hub will be small so patients will benefit from the positive of the fully accessible building and any additional services.

Herries Road Surgery (to close): Patients have two local alternatives: Norwood and Southey Green (in SAPA2).

Melrose Surgery (to close): The difference in distance between the current location and Foundry 1 Hub is small. Patients also have Pitsmoor as local alternative.

Note that some concerns regarding availability of public transport have been raised for Foundry 1. These may be linked to the proposed changes in bus services, which are unconnected to the new Hub proposal.

The **location on a hill** was also raised as a concern by people with mobility issues.

7.4.2 Experience at the location

Some issues regarding the **safety of the environment** of the new Hub have been voiced. These are likely to be of more concern to more vulnerable patients (e.g. those from an ethnic minority background, with a sensory or mobility impairment or with mental health issues).

7.4.3 Experience in the building

The new Hub, built to current building standards, will be **accessible to a high standard** which will benefit people with disabilities and long-term health conditions. There is an opportunity to include Changing Places toilets.

Concerns about finding the **access point to the building and wayfinding** in the building have been raised by visually impaired patients.

Currently **translation services** are available in practices with the highest number of Roma families but they are limited in available time. There is an opportunity to use the "economy of scale" of the larger Hub to provide a more frequent and cost-effective translation service. Further engagement needed to understand impact on Roma population.

7.4.4 Change experience

The closure of Cornerstone Building, Herries Road Surgery and of Melrose Surgery will **lead to patients having to register with a different GP**. This is can lead to a health negative impact for many categories of patients (& carers): disabled people, people, with long-term health conditions, older people, people needing frequent check-ups, etc.

Patients who are BSL speakers and those who have a visual impairment have voiced concerns about **losing the connection with their GP**. This is likely to affect other patients with protected characteristics.

Visually impaired patients have also raised the issue of **losing their independence** by having to rely on a carer when they need to attend appointments in the new location and unfamiliar environment.

People with **mental health conditions**, **learning disabilities** and **older people** have raised concerns about their ability to deal with change.

7.5 Recommendations

People in deprived communities, especially those with disabilities and children/young people and their parents/carers, already experience challenges in navigating the system well, so – if the proposals go ahead – it is recommended to engage especially the most deprived communities during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement.

Special care needs to be taken that these patient groups, especially those of Melrose Surgery and Herries Road Surgery, are informed and continue to get the care they need.

Potential mitigations to concerns/impacts

Type of mitigation: influence or control	Main concerns/impact
Influence	• Influence the provision of public transport • Influence the council to ensure the area around the Hub is well-lit and potentially re-landscaped to make it safer
Control	• Ensure the accessibility standards are fully met, potentially involving patient users in the design and testing • Provide training for surgery staff to ensure the transition for patients with disabilities is optimal, including staff knowledge of bus routes and recognising disabilities on making an appointment • Communicate the changes to all patients, esp. those who may be more affected by changes, in a variety of formats, including Easy Read documents, individual conversations (face-to-face or over the phone), physical and virtual tours • Provide support for patients to register with an alternative GP

In addition the following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits and availability of appointments available at times where travelling would be quieter.
- A dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term).
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are housed in the same Hub, that accessible communications is levelled up too (access to BSL interpreters, easy read information).
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource.
- Levelling up of accessible communications in Hub.
- Levelling up of EDI skills for new Hub staff.
- Travel training for disabled people (however, the Council-provided training service is already over-stretched with a 9-10 month waiting list).
- Support from other organisations so concerns can be heard and where possible reassurances and support put in place.
- An independent evaluation of impact once changes have been made.

7.6 Conclusion

Positive impact from the fully-accessible building should be dominant for patients of **Burngreave – Cornerstone Building** and **Sheffield Medical Centre** as differences in distances are very small.

Patients at **Melrose Surgery**, which is proposed to close, have Pitsmoor Surgery as a local alternative if they are unable to travel to the new Foundry 1 Hub and patients at **Herries Road Surgery**, which is proposed to close and is located far from the new Foundry 1 Hub, have local alternatives. However, this means that these patients will not benefit from the new fully-accessible Hub with enhanced services.
In addition, many categories of patients (& carers) of these surgeries (disabled people, people, with long-term health conditions, older people, people needing frequent check-ups, etc.) may experience negative impact because they lose continuity (because the new GPs or practice nurses are not familiar with their medical history) and the relationship with their current GP.

For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an extra barrier.

Concerns about **safety of the area** of the new Hub need to be considered. Care needs to be taken also that the accessibility of the building indeed provides for clearly marked access points and wayfinding for people with visual impairments.

When assessing health equality impacts we need to give due weight to the fact that a relatively small percentage of the patient population may be **disproportionally negatively impacted** due to the complexity of their health needs and intersectionality.

8 Appendix – References

1. "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board" (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres
5. Dos & Don'ts for Communicating with Deaf People: Guidance for Health & Social Care Professionals
6. Appendix_08b_-_Travel_Impact_Assessment
7. Distribution map of where registered patients of Buchanan Road surgery live
8. Distribution map of where registered patients of Burngreave, Cornerstone and Herries Road surgeries live
9. Distribution map of where registered patients of Firth Park surgery live
10. Distribution map of where registered patients of Health Care surgery live
11. Distribution map of where registered patients of Ecclesfield Group Practice live (incl. Margetson branch)
12. Distribution map of where registered patients of Melrose surgery live
13. Distribution map of where registered patients of Page Hall surgery live
14. Distribution map of where registered patients of Sheffield Medical Centre live
15. Distribution map of where registered patients of Shiregreen Medical Centre live
16. Distribution map of where registered patients of Upwell Street surgery live
17. Consultation survey responses to Question 15 (collated raw data) "South Yorkshire ICB Equalities Verbatim" (received 18 October 2022)
18. "Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report", 5 July 2022, Arc of Inclusion
19. Primary Care Capital Transformation Project, Draft Consultation Plan
20. "GP Consultation with Adults with learning disabilities at Sheffield Mencap and Gateway", Mencap

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[Final] Sheffield Primary Care Transformation Project: Equality Impact Assessment Report Foundry 2

7 November 2022

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1 Introduction

The aim of this report is to highlight the equality impact (EIA) of the proposed changes to primary care centres in parts of Sheffield. Arc of Inclusion have been commissioned to conduct an independent equality impact analysis to inform the South Yorkshire Integrated Care Board's (ICB) decision making and duty to pay due regard to equality.

The proposed project (referred to as the "Primary Care Capital Transformation Project"), stems from an award of £37 million from the UK Government as part of Wave 4B Capital Funding. The funding can only be spent on primary care capital investment to upgrade facilities, which need to be completed by December 2023.

The funding bid was originally developed by GP Practices, with the support of Sheffield Clinical Commissioning Group (SCCG), now South Yorkshire Integrated Care Board (ICB). The original proposal envisaged the relocation of 12 GP Practices to up to five Hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks.

The project has been through a pre-consultation engagement phase (14 March to 18 May 2022) and a formal consultation engagement phase from 1 August 2022 to 9 October 2022 (see the Consultation document "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board").

We carried out a **pre-consultation Equality Impact Assessment** in July 2022 ("Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report"). Our July report includes relevant UK and Sheffield population and health inequalities data and insight that this report draws on.

Following the pre-consultation changes have been made to scope of the project: 9 GP surgeries are now proposed to relocate to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks, as detailed in the Consultation document. The main changes are:

- Herries Road Surgery and Cornerstone Building (both in Foundry 1) will not relocate and will be closed.
- Dunninc Road Surgery (SAPA 1) will remain in its current location.
- Elm Lane Surgery (SAPA 1) and Southey Green Medical Centre (SAPA 2) will be extended in their current location.

The report will:

- Summarise our approach to conducting this phase of the equality impact assessment.
- Outline the project objectives and intended benefits.
- Identify who will be affected by the changes.

- Highlight what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the project.
- Analyse and summarise findings of both positive and negative impact.
- Identify mitigation steps to remove or lessen negative impact.
- Make recommendations about access and inclusion considerations for the implementation phase if the project goes ahead.

It is important to note that this equality impact assessment is not complete. It is based on the information that was available to us by 11th October 2022 and which is listed in Appendix – References. The quantitative consultation survey data was received on 17th Oct, with the 500 collated raw qualitative responses to the Equality Impact question (Question 15) received on 18 October. As the agreed deadline for this EIA was 21 October, further time is needed to analyse these in more depth.

2 Project aims and scope

The proposal is to relocate 12 GP Practices to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks:

- Foundry, Hubs 1 & 2
- SAPA5, Hubs 1 & 2

Note: The City Centre Hub is outside the scope of this EIA as a location has not yet been earmarked.

2.1 Intended benefits for patients

The benefits to patients identified by the South Yorkshire Integrated Care Board (ICB) are the provision of more spacious, better equipped buildings, with higher accessibility standards than many existing practice buildings. Having access to a wider range of services in one location and being a community resource (for example pods where people can go online to access services). A list of benefits are given by the ICB in their Pubic Consultation document “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).

2.2 Who will be impacted?

- Patients of participating practices
- Participating GP Practices involved in the project (see table below).
- Practice staff who will need to relocate, with the potential for role changes
- GP Practices within affected PCNs and those in nearby areas
- Communities living near sites that are being redeveloped

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building	Pitsmoor Surgery (M)
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street		
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery	Barnsley Road Surgery Norwood Medical Centre (M) Elm Lane Surgery (M) Dunninc Road Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue		Southey Green Medical Centre (M)

(M): Surgeries to be modified: Surgeries that will be seeking investment to make improvements (expand, reconfigure, or otherwise modify) to their existing sites.

3 Our approach

ICB commissioned us at the end of September 2022 to refresh the EIA we carried out in July 2022 following the public consultation that was started on 1 August 2022 and would complete on 9 October 2022. The list of documents received from ICB is listed in Appendix – References).

The main information used in this assessment include:

1. "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board" (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres

A desk-based review of the information provided was carried out, including a thematic analysis of the public meeting notes and the specific input from the community

organisations. We also developed an interactive map to better understand the location and spread of current practices involved and the proximity to proposed new Hub centres[1].

Although initially it was envisaged that we would have access to the insights of the analysis of the consultation survey (which was commissioned from another provider) we did not receive these insights in time to take them into account in our assessment. We received the 500 collated raw qualitative responses to the Equality Impact question (Question 15) on 18 October and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Notes regarding the consultation survey data:

- The consultation survey dataset included all paper and telephone survey responses, responses gathered during fieldwork and translated responses from alternative language surveys.
- Question 15 only probes impact related to **seven protected characteristics** (Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment) – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.
- Question 15 does not cover the protected characteristic **“Pregnancy or Maternity”**. However, the impact of relocating surgeries on expecting patients and their new-born children is a factor that should not be overlooked.
- Some responses to the Equality Impact question were **vague** (e.g. “I’m old”, “Disabled”) and did not allow us to draw conclusions about the reason why the patient would be disadvantaged. The numbers we report are thus likely to underestimate the number of patients that will be impacted.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses we report.
- **Richer insights on equality impacts** on patients can be obtained by analysing the responses to other survey questions, in particular Q 6 “What are the disadvantages of the proposals?”, “Q 8 Please tell us about the impact these proposals will have on you.” and Q16 “Is there anything else you think we should consider, or be aware of?” This was outside the scope of our assignment.

It should be noted that the EIA has been done within a very short timescale.

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[1] https://www.google.com/maps/d/u/0/edit?mid=1G4i025_0VD5FO0H2nMe9x7q8dpVewBM&usp=sharing

Gaps in information / further analysis needed
Areas that we were not able to address within the timescale:

- Detailed analysis of the equality impact data from the consultation survey, including. verification whether respondents were representative for the patient population for each hub area
- Practice specific data regarding disability and access
- Impact on practice staff

4 Engagement

During the pre-consultation stage the Sheffield Clinical Commissioning Group (SCCG) developed a wide stakeholder list (see their "Primary Care Capital Transformation Project – Draft Consultation Plan") and worked with SOAR, Fir Vale Community, Shipshape to engage with local communities and encourage participation in the consultation process. Disability Sheffield has provided feedback about potential disability equality impact.

During the consultation stage the South Yorkshire Integrated Care Board (ICB) consulted further with patients and stakeholders via public meetings, input from community and disability support organisations (including Disability Sheffield, and with views heard from visually impaired people and from deaf patients via a BSL supported session) and via a survey.

During our pre-consultation EIA work we consulted with Fir Vale Community Hub, SOAR and Disability Sheffield.

5 Positive impacts

- The new Hub built to current building standards will have features that benefit people with physical disabilities such as ramps, accessible toilets, handrails, etc.
- There is an opportunity to create safe, accessible and inclusive spaces for people who are neurodiverse and patients and carers with dementia.
- The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, spaces for breastfeeding, etc. This is especially relevant to teenage mothers.
- Having several surgeries in one Hub may lead to more additional services being provided for patients (e.g. physiotherapy) at the same site. However, if these services are by appointment or heavily used patients may still need to make one journey per appointment.
- There is an opportunity to use the economy of scale of the larger Hub to provide a more frequent and cost-effective interpretation and translation services, with a focus on accessible communications for all.

- Exchange of best practice in EDI can be easier and happen more organically if several surgeries concentrated in one location.

6 Overall risks and issues

- A key concern about this proposal is **the time scale of the project** – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres.
- Patients who are unable to travel to the new Hub and those whose surgery is closing, will **lose the relationships with their current GP/nurses/surgery staff**. A change in surgery can lead to some discontinuity in care for patients because the GP or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.
- For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an **extra barrier**.
- Attending appointments in an at first **unfamiliar larger, more anonymous setting** may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.
- **People with learning** disabilities can face:
  - A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.
  - Communications barriers with regard to understanding or retaining information. Mencap recommends continuing consultations with specific groups using individual/group sessions [2]. Communication about any changes impacting them will need to be tailored to their needs. Mencap recommends Easy Read documents, face-to-face or phone conversations, in-person and virtual tours of the new Hubs before it opens [2].

- Travel/distance barriers are very relevant to people withs **physical or sensory impairments and people with learning disabilities**. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.
- **Clinically vulnerable people** to COVID may in particular be reluctant to use public transport.
- In addition to the travel issue, **people with autism** can face a number of difficulties relating to the built environment: e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group.

7 EIA

7.1 Surgeries affected

Proposed new Hub location: Rushby Street. Practices moving: Page Hall Medical Centre and Upwell Street Surgery with a total of 15, 251patients.

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	none	na

7.2 Demographics and resulting equality impacts/opportunities

Foundry Primary Care Network (PCN) population:

- Total number of patients = 53,568 – 48% female, 52% male patients
- Foundry serves a diverse population with the highest percentage of patients from an ethnic minority background. Pakistani, Roma, Slovak, Somali, Yemeni, new arrivals (asylum seekers, refugees). Main languages: English, Arabic, Roma Slovak, Urdu. “Often these communities don’t like change” [3].
- The most prevalent profile in the Foundry area is poorer families with many children. Similar to above care needs to be taken that these families are fully informed of the change to the new Hub.
- COVID Health Inequalities: Foundry had the highest COVID mortality of all Sheffield PCNs, and so may be more impacted by proposed changes if they create barriers to accessing GPs. Black, Asian or minority ethnic patients may need greater support from their GPs dealing with COVID related chronic conditions (associated with long COVID).

The Foundry 2 area has the following **specific demographic characteristics which impact health equalities:**

- The Foundry Hub 2 area has a very high percentage of Pakistani residents (approx. 45%) and also a community of Indian residents (between 2% and 5%).
- A relatively high percentage of Black African and Black Caribbean residents.
- Area is amongst those with the largest number of Roma pupils of Sheffield.
- A significantly higher percentage of people with a long-term health condition or disability compared to the Sheffield average.
- The percentage of patients reporting blindness or partial sight registered at Page Hall surgery is approx. 2.6%, which is more than 1.5 times higher than the Sheffield average (1.6%); for Upwell Street it is approx. double the Sheffield average. People with sight loss or blindness or partial sight may need special support, esp. with wayfinding to the new location and in the new building.
- The percentage of people over 65 is relatively low in the Foundry Hub 2 area. However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building. This group will benefit from the new building as they are more likely to have one or more health conditions that result in accessibility needs.

7.3 Insights from consultation with patients

7.3.1 Consultation meetings

The ICB held a number of public consultation meetings and received input from community groups, including organisations representing patients with disabilities. During the pre-consultation EIA phase we consulted with Fir Vale Community Hub and Disability Sheffield.

Patient population	Main concerns raised during meetings
General (open public meetings)	Key concerns: • Safety of the Hub location • Loss of green space • Need for more appointments • Distance patients will have to travel • Congestion Also: • Availability of public transport • Air pollution • Cost & availability of parking
British Sign Language (BSL) users	• Availability of public transport • Safety of the location
People with learning disabilities	• Distance patients will have to travel
People with visual impairments	• Building layout/access point to building • Availability of public transport • Availability of parking
Adults with learning disabilities	• Transport worries • New places and anxiety • Mobility issues • Meeting new people/new GP

“People don’t feel safe in this area. It is real fear. Why are we putting a brand new building in an area where people fear crime?”

“We need green space and parking. We have lots of housing and buildings. We just need backing, we need investment. This area can’t cope with any more mistakes.”

“We want the money, we don’t want it to go anywhere else, but we want it where there isn’t congestion, air pollution, and children playing.”

“The concern is new building, same old problems.”

7.3.2 Consultation survey

The ICB administered a consultation survey. Question 15 “Do you feel that these proposals will impact you more than other people because of your…? Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment / None of the above” asked about the impact relating to a number of protected characteristics. One-hundred and twenty-five responses to Q15 relating to Foundry 2 were received.

Note that Q15 only probes the seven listed protected characteristics – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.

Due to the short timescale we were unable to analyse the verbatim comment in detail and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Highlights:

- Of the 125 responses to Q15, **25 mention more than one protected characteristic** as causing impact – by far the most common combination is Age and Disability.
- More than 50 responses to Q15 mention that **travel** to the new Hub will be an issue for them.
- Concerns about the **safety of the area** due to differences in ethnicity between patients and the local community were highlighted (13 times).
- Other location-related concerns were linked to parking, traffic and pollution.
- Some concerns regarding the **building** were voices relating to difficulty in dealing with bigger, noisier buildings.
- Not being able to **deal with change** was also mentioned (9 times), particularly due to mental health issues.

Notes:

- Some responses were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions. The numbers we report are thus likely to be an underestimation.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses.

7.4 Analysis based on demographic, geographic and consultation data

This analysis is based on our independent assessment of demographic data and resulting equality impacts/opportunities; the location of the new Hubs compared to the current situation and consultation data.

Key considerations in the analysis are:

- The **travel experience** of patients when the Hub becomes a reality: distance, time and cost of the journey and any barriers during the journey.
- The **experience at the location** of the new Hub: e.g. safety of the neighbourhood, parking, state of the pavement, etc.
- The **experience in the building**: wayfinding in the building and features of the modern, fully accessible building
- The **change patients will experience**, for example, by needing to register with a different GP or losing independence by needing to rely on a carer to attend appointments in the new Hub.

It's important to note that both **objective factors** (e.g. factual travel time or crime rates) as well as **patients' perceptions** are important impacts (e.g. feeling of unsafety, anxiety linked to traveling to a new area, etc.).

<table>
<tr><th>New Hub leads to short travel distance for patients</th><th>New Hub leads to long(er/ish) travel distance for patients</th></tr>
<tr><td>Positives from the new building being accessible dominant – positives for many categories of patients (& carers) e.g.
• Disabled people
• People with long-term health conditions
• Older people
• People needing frequent check-ups, etc.</td><td>Negatives from increased travel distance dominant – impact on many categories of patients (& carers)
• Disabled people
• People with long-term health conditions
• Older people
• People needing frequent check-ups, etc.
• Lone parents, those who are pregnant and parents of young children
• Economically stretched
And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.</td></tr>
<tr><th>Positives from a larger Hub – based on “economies of scale” and levelling up</th><th>Negatives from a larger Hub – more “impersonal”</th></tr>
<tr><td>• Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location
• Access to a wider range of services
• Quiet / prayer room
• Potential for community services to access rooms / meeting space</td><td>• More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community
• Larger Hub can feel intimidating/exposing, esp. for specific patient groups, e.g. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.</td></tr>
<tr><th colspan="2">Negative impact from change / disruption</th></tr>
<tr><td colspan="2">• Relocation is likely to result in extra strain / pressure on GPs and practice staff
• Decrease in the number of local GP practices ‘on the doorstep’
• Potential disruption or confusion for patients
• Stress to those who will be negatively impacted</td></tr>
</table>

7.4.1 Travel experience

The difference in **distance** between the current locations of **Upwell Street Surgery** and **Page Hall Surgery** is small/very small respectively. Nevertheless during the consultation meetings some concerns were voiced from patients who would need to travel further about the distance and availability, accessibility and safety of public transport. For patients with mobility issues even a relatively short increase in distance can be a **barrier**. Out-of-hours taxis are often not available, as Disability Sheffield has noted, particularly if wheelchair-adapted vehicles are needed.

7.4.2 Experience at the location

Major concerns were voiced regarding the **safety of the environment** of the new Hub. These are likely to be of more concern to more vulnerable patients (e.g. those from an ethnic minority background, with a sensory or mobility impairment or with mental health issues).
Patients are also concerned about the availability and cost of **parking, congestion, air pollution and the loss of green space**. Safeguarding green space is important for mental health, especially in an area with very little public green.

7.4.3 Experience in the building

The new Hub, built to current building standards, will be **accessible to a high standard** which will benefit people with disabilities and long-term health conditions. There is an opportunity to include Changing Places toilets.

If the new building includes a prayer/quiet room this may be of benefit to certain patient groups. The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, etc.

Concerns about finding the **access point to the building and wayfinding** in the building have been raised by visually impaired patients. This is particularly relevant given the significantly higher percentage of patients with blindness or partial sight registered at both surgeries.

Currently **translation services** are available in practices with the highest number of Roma families but they are limited in available time. There is an opportunity to use the “economy of scale” of the larger Hub to provide a more frequent and cost-effective translation service. Further engagement needed to understand impact on Roma population.

7.4.4 Change experience

Visually impaired patients have raised the issue of **losing their independence** by having to rely on a carer when they need to attend appointments in the new location and unfamiliar environment.

7.5 Recommendations

It is recommended to ensure patients (esp. those with visual impairments) and their carers/companions are fully informed (in an accessible format) about the changes. Additional support during their first visits to the new building may help the transition.

Potential mitigations to concerns/impacts

Type of mitigation: influence or control	Main concerns/impact
Influence	• Influence the council to ensure the area around the Hub is well-lit and potentially re-landscaped to make it safer • Advocate for crime-reducing measures and building better relationships between the communities, e.g. using civic mediation approaches • Influence the provision of public transport
Control	• Ensure the accessibility standards are fully met, potentially involving patient users in the design and testing • Provide training for surgery staff to ensure the transition for patients with disabilities is optimal, including staff knowledge of bus routes and recognising disabilities on making an appointment • Communicate the changes to all patients, esp. those who may be more affected by changes, in a variety of formats, including Easy Read documents, individual conversations (face-to-face or over the phone), physical and virtual tours

In addition the following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits and availability of appointments available at times where travelling would be quieter.
- A dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term).
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are housed in the same Hub, that accessible communications is levelled up too (access to BSL interpreters, easy read information).
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource.
- Levelling up of accessible communications in Hub.
- Levelling up of EDI skills for new Hub staff.
- Travel training for disabled people (however, the Council-provided training service is already over-stretched with a 9-10 month waiting list).
- Support from other organisations so concerns can be heard and where possible reassurances and support put in place.
- An independent evaluation of impact once changes have been made.

7.6 Conclusion

The key point of concern is the **locality of the new site**. Safety is a main issue. Also parking, congestion, air pollution and the loss of green space were all raised. Impact from travel distances is minor.

Patients will benefit from the positives of the fully-accessible building. However, feeling unsafe may deter many patient groups from attending appointments, especially at night or during the darker winter months, which may impact their health outcomes.

When assessing health equality impacts we need to give due weight to the fact that a relatively small percentage of the patient population may be **disproportionally negatively impacted** due to the complexity of their health needs and intersectionality.

8 Appendix – References

1. “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres
5. Dos & Don’ts for Communicating with Deaf People: Guidance for Health & Social Care Professionals
6. Appendix_08b_-_Travel_Impact_Assessment
7. Distribution map of where registered patients of Buchanan Road surgery live
8. Distribution map of where registered patients of Burngreave, Cornerstone and Herries Road surgeries live
9. Distribution map of where registered patients of Firth Park surgery live
10. Distribution map of where registered patients of Health Care surgery live
11. Distribution map of where registered patients of Ecclesfield Group Practice live (incl. Margetson branch)
12. Distribution map of where registered patients of Melrose surgery live
13. Distribution map of where registered patients of Page Hall surgery live
14. Distribution map of where registered patients of Sheffield Medical Centre live
15. Distribution map of where registered patients of Shiregreen Medical Centre live
16. Distribution map of where registered patients of Upwell Street surgery live
17. Consultation survey responses to Question 15 (collated raw data) “South Yorkshire ICB Equalities Verbatim” (received 18 October 2022)
18. “Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report”, 5 July 2022, Arc of Inclusion
19. Primary Care Capital Transformation Project, Draft Consultation Plan
20. “GP Consultation with Adults with learning disabilities at Sheffield Mencap and Gateway”, Mencap

If you need this document in a different format more accessible to you, please email info@arcofinclusion.co.uk or text 07714 208 928.

[Final] Sheffield Primary Care Transformation Project: Equality Impact Assessment Report SAPA 1

7 November 2022

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1 Introduction

The aim of this report is to highlight the equality impact (EIA) of the proposed changes to primary care centres in parts of Sheffield. Arc of Inclusion have been commissioned to conduct an independent equality impact analysis to inform the South Yorkshire Integrated Care Board's (ICB) decision making and duty to pay due regard to equality.

The proposed project (referred to as the "Primary Care Capital Transformation Project"), stems from an award of £37 million from the UK Government as part of Wave 4B Capital Funding. The funding can only be spent on primary care capital investment to upgrade facilities, which need to be completed by December 2023.

The funding bid was originally developed by GP Practices, with the support of Sheffield Clinical Commissioning Group (SCCG), now South Yorkshire Integrated Care Board (ICB). The original proposal envisaged the relocation of 12 GP Practices to up to five Hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks.

The project has been through a pre-consultation engagement phase (14 March to 18 May 2022) and a formal consultation engagement phase from 1 August 2022 to 9 October 2022 (see the Consultation document "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board").

We carried out a **pre-consultation Equality Impact Assessment** in July 2022 ("Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report"). Our July report includes relevant UK and Sheffield population and health inequalities data and insight that this report draws on.

Following the pre-consultation changes have been made to scope of the project: 9 GP surgeries are now proposed to relocate to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks, as detailed in the Consultation document. The main changes are:

- Herries Road Surgery and Cornerstone Building (both in Foundry 1) will not relocate and will be closed.
- Dunninc Road Surgery (SAPA 1) will remain in its current location.
- Elm Lane Surgery (SAPA 1) and Southey Green Medical Centre (SAPA 2) will be extended in their current location.

The report will:

- Summarise our approach to conducting this phase of the equality impact assessment.
- Outline the project objectives and intended benefits.
- Identify who will be affected by the changes.

- Highlight what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the project.
- Analyse and summarise findings of both positive and negative impact.
- Identify mitigation steps to remove or lessen negative impact.
- Make recommendations about access and inclusion considerations for the implementation phase if the project goes ahead.

It is important to note that this equality impact assessment is not complete. It is based on the information that was available to us by 11th October 2022 and which is listed in Appendix – References. The quantitative consultation survey data was received on 17th Oct, with the 500 collated raw qualitative responses to the Equality Impact question (Question 15) received on 18 October. As the agreed deadline for this EIA was 21 October, further time is needed to analyse these in more depth.

2 Project aims and scope

The proposal is to relocate 12 GP Practices to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks:

- Foundry, Hubs 1 & 2
- SAPA5, Hubs 1 & 2

Note: The City Centre Hub is outside the scope of this EIA as a location has not yet been earmarked.

2.1 Intended benefits for patients

The benefits to patients identified by the South Yorkshire Integrated Care Board (ICB) are the provision of more spacious, better equipped buildings, with higher accessibility standards than many existing practice buildings. Having access to a wider range of services in one location and being a community resource (for example pods where people can go online to access services). A list of benefits are given by the ICB in their Pubic Consultation document “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).

2.2 Who will be impacted?

- Patients of participating practices
- Participating GP Practices involved in the project (see table below).
- Practice staff who will need to relocate, with the potential for role changes
- GP Practices within affected PCNs and those in nearby areas
- Communities living near sites that are being redeveloped

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building	Pitsmoor Surgery (M)
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street		
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery	Barnsley Road Surgery Norwood Medical Centre (M) Elm Lane Surgery (M) Dunninc Road Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue		Southey Green Medical Centre (M)

(M): Surgeries to be modified: Surgeries that will be seeking investment to make improvements (expand, reconfigure, or otherwise modify) to their existing sites.

3 Our approach

ICB commissioned us at the end of September 2022 to refresh the EIA we carried out in July 2022 following the public consultation that was started on 1 August 2022 and would complete on 9 October 2022. The list of documents received from ICB is listed in Appendix – References).

The main information used in this assessment include:

1. "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board" (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres

A desk-based review of the information provided was carried out, including a thematic analysis of the public meeting notes and the specific input from the community

organisations. We also developed an interactive map to better understand the location and spread of current practices involved and the proximity to proposed new Hub centres[1].

Although initially it was envisaged that we would have access to the insights of the analysis of the consultation survey (which was commissioned from another provider) we did not receive these insights in time to take them into account in our assessment. We received the 500 collated raw qualitative responses to the Equality Impact question (Question 15) on 18 October and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Notes regarding the consultation survey data:

- The consultation survey dataset included all paper and telephone survey responses, responses gathered during fieldwork and translated responses from alternative language surveys.
- Question 15 only probes impact related to **seven protected characteristics** (Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment) – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.
- Question 15 does not cover the protected characteristic **"Pregnancy or Maternity"**. However, the impact of relocating surgeries on expecting patients and their new-born children is a factor that should not be overlooked.
- Some responses to the Equality Impact question were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions about the reason why the patient would be disadvantaged. The numbers we report are thus likely to underestimate the number of patients that will be impacted.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses we report.
- **Richer insights on equality impacts** on patients can be obtained by analysing the responses to other survey questions, in particular Q 6 "What are the disadvantages of the proposals?", "Q 8 Please tell us about the impact these proposals will have on you." and Q16 "Is there anything else you think we should consider, or be aware of?" This was outside the scope of our assignment.

It should be noted that the EIA has been done within a very short timescale.

[1] https://www.google.com/maps/d/u/0/edit?mid=1G4i025_0VD5FO0H2nMe9x7q8dpVewBM&usp=sharing

Gaps in information / further analysis needed
Areas that we were not able to address within the timescale:

- Detailed analysis of the equality impact data from the consultation survey, including. verification whether respondents were representative for the patient population for each hub area
- Practice specific data regarding disability and access
- Impact on practice staff

4 Engagement

During the pre-consultation stage the Sheffield Clinical Commissioning Group (SCCG) developed a wide stakeholder list (see their "Primary Care Capital Transformation Project – Draft Consultation Plan") and worked with SOAR, Fir Vale Community, Shipshape to engage with local communities and encourage participation in the consultation process. Disability Sheffield has provided feedback about potential disability equality impact.

During the consultation stage the South Yorkshire Integrated Care Board (ICB) consulted further with patients and stakeholders via public meetings, input from community and disability support organisations (including Disability Sheffield, and with views heard from visually impaired people and from deaf patients via a BSL supported session) and via a survey.

During our pre-consultation EIA work we consulted with Fir Vale Community Hub, SOAR and Disability Sheffield.

5 Positive impacts

- The new Hub built to current building standards will have features that benefit people with physical disabilities such as ramps, accessible toilets, handrails, etc.
- There is an opportunity to create safe, accessible and inclusive spaces for people who are neurodiverse and patients and carers with dementia.
- The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, spaces for breastfeeding, etc. This is especially relevant to teenage mothers.
- Having several surgeries in one Hub may lead to more additional services being provided for patients (e.g. physiotherapy) at the same site. However, if these services are by appointment or heavily used patients may still need to make one journey per appointment.
- There is an opportunity to use the economy of scale of the larger Hub to provide a more frequent and cost-effective interpretation and translation services, with a focus on accessible communications for all.

- Exchange of best practice in EDI can be easier and happen more organically if several surgeries concentrated in one location.

6 Overall risks and issues

- A key concern about this proposal is **the time scale of the project** – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres.
- Patients who are unable to travel to the new Hub and those whose surgery is closing, will **lose the relationships with their current GP/nurses/surgery staff**. A change in surgery can lead to some discontinuity in care for patients because the GP or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.
- For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an **extra barrier**.
- Attending appointments in an at first **unfamiliar larger, more anonymous setting** may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.
- **People with learning** disabilities can face:
  - A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.
  - Communications barriers with regard to understanding or retaining information. Mencap recommends continuing consultations with specific groups using individual/group sessions [2]. Communication about any changes impacting them will need to be tailored to their needs. Mencap recommends Easy Read documents, face-to-face or phone conversations, in-person and virtual tours of the new Hubs before it opens [2].

- Travel/distance barriers are very relevant to people withs **physical or sensory impairments and people with learning disabilities**. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.
- **Clinically vulnerable people** to COVID may in particular be reluctant to use public transport.
- In addition to the travel issue, **people with autism** can face a number of difficulties relating to the built environment: e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group.

7 EIA

7.1 Surgeries affected

Proposed new Hub location: Concord Sports Centre. Practices moving:

- **Firth Park Surgery** with 10,003 patients.
- **Shiregreen Medical Centre** with 8,100 patients.

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery	Barnsley Road Surgery Norwood Medical Centre (to be modified) Elm Lane Surgery (to be modified)

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
				Dunninc Road Surgery (to be modified)

Impact on patients due to proposed surgery closures:

Melrose Surgery (located in Foundry 1 area)	Patients will need to register with a different GP. Either: • With a different GP at the Foundry 1 Hub (the difference in distance is small). • With Pitsmoor. (Pitsmoor is not involved in the relocation but is receiving funds to be extended.)

Note: Melrose Surgery, branch of Shiregreen Medical Centre to close. Shiregreen is part of SAPA5 PCN, but Melrose Surgery is located central to Foundry – see the EIA for Foundry 1.

7.2 Demographics and resulting equality impacts/opportunities

SAPA Primary Care Network (PCN) population:

- Total number of patients: 36,139.
- Population is predominately White British, with small dispersed BME communities.
- Public transport can particularly be challenging for people from minority ethnic groups who are at risk of discrimination/abuse/hate crime. People from minority ethnic groups may have language issues and may need to bring a family member to interpret which means that the time/cost/inconvenience factor of travel would also impact their companion.
- There is a cluster of White Irish residents in the SAPA area - this community has a relatively old age profile (approx. a third are over 65), with linked limiting long-term health problems or disabilities. Sections of the Irish community are socially excluded, including pensioners and those with mental health and alcohol and drug dependency issues. The Irish community has a higher contact rate with mental health services than the white British and 'white other' population.
- For White British residents, the percentage of people who provide unpaid care is higher than in the Sheffield population so the negative impact on carers will have a disproportionate effect on these communities.
- The average age in SAPA5 is slightly younger than the Sheffield average, 25% of the SAPA5 population is under 17, 50% of the SAPA5 population is in the age bracket 25-64, 16% over 65.
- There are more lone parents in SAPA5 (14%) than the Sheffield average – lone parents are likely to be more time-poor because of carrying more of the parenting

duties. Barriers for primary carers accessing their GPs may result in worse health outcomes for the young patients.

The **SAPA Hub 1 area** is one of the most economically deprived areas of Sheffield, whether using the Index of Multiple Deprivation (2019), the Income Deprivation Affecting Children Index (2015) or the Income Deprivation Affecting Older People Index (2015). Between 20% and 28% of households in the area are in poverty before housing costs are taken into account (between 25% and 33% after housing costs taken into account). With increasing inflation and wealth inequality this situation is likely to become exacerbated. People in these communities don't tend to navigate the system well.

The SAPA 1 area has the following **specific demographic characteristics which impact health equalities:**

- SAPA Hub 1 area has particular high numbers of children aged 5-17.
- The SAPA Hub 1 area has a higher percentage of people with a long-term health condition or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- In the SAPA Hub 1 area the percentage of patients with sight impairments is relatively high.
- The percentage of people over 65 is relatively low in the SAPA Hub 1 area (16%). However, as general life expectancy increases, the percentage of older people will increase over the lifetime of the building.
- The SAPA Hub 1 area has a high percentage of people who provide unpaid care - the time/cost/inconvenience factor of longer travel distances will impact carers, esp. unpaid carers. Carers are more likely to have poor health than non-carers - they may suffer from stress and their own health can be impacted. Hence it's important for carers that access to primary care is as friction-free as possible.

  In the SAPA Hub 1 area between 2.4% and 4.5% of the population carries out 50 or more hours of unpaid care. It is also part of the area with the highest proportions of young carers who provide more than 50 hrs unpaid care. Young carers in Sheffield are more likely to be from a BME background and have a disability than their peers. 58% of unpaid carers in Sheffield are female so carer equality impact issues are likely to impact more female carers.

7.3 Insights from consultation with patients

7.3.1 Consultation meetings

The ICB held a number of public consultation meetings and received input from community groups, including organisations representing patients with disabilities. During the pre-consultation EIA phase we consulted with SOAR and Disability Sheffield.

Patient population	Main concerns raised during meetings
General (open public meetings)	Key concerns: • Distance patients will have to travel • Availability of public transport • Need for more appointments • No pharmacy in the Hub Also: • Congestion • Availability of parking
British Sign Language (BSL) users	• Losing connection with GP • Availability of public transport • Safety of the location
People with learning disabilities	• Losing connection with GP • Distance patients will have to travel
People with visual impairments	• Loss of independence • Building layout/access point to building • Availability of public transport • Availability of parking
Adults with learning disabilities	• Transport worries • New places and anxiety • Mobility issues • Meeting new people/new GP

"Transport is very important because these areas have a lot of people with limited mobility."

"It's getting there on one side and on the other side is improved services."

"It is strange how the other practices in the area, e.g. Rushby St, are only moving down the road, but Firth Park patients have to move a long way."

"Need to think of mobility of patients in picking up prescriptions (best if it's in the centre)."

7.3.2 Consultation survey

The ICB administered a consultation survey. Question 15 "Do you feel that these proposals will impact you more than other people because of your…? Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment / None of the above" asked about the impact relating to a number of protected characteristics. One-hundred and thirty-nine responses to Q15 relating to SAPA 1 were received.

Note that Q15 only probes the seven listed protected characteristics – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.

Due to the short timescale we were unable to analyse the verbatim comment in detail and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Highlights:

- Of the 139 responses to Q15, 58 mention that **travel** to the new Hub will be an issue for them.
- Concerns about the **safety of the area** due to the location in the Park (dark, anti-social behaviour) were highlighted (8 times).
- Concerns about the **building** were raised a few times, e.g. difficulty negotiating a much larger, multi-service building due to visual impairment, mobility issues or autism.
- Not being able to **deal with change** was also mentioned 20 times, most cited reasons were due to learning disabilities, mental health disabilities/issues and general difficulty dealing with change.

Notes:

- About 10 responses referred to answers to previous questions ("See previous answer) so we were unable to take these into account.
- Some responses were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions. The numbers we report are thus likely to be an underestimation.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses.

7.4 Analysis based on demographic, geographic and consultation data

This analysis is based on our independent assessment of demographic data and resulting equality impacts/opportunities; the location of the new Hubs compared to the current situation and consultation data.

Key considerations in the analysis are:

- The **travel experience** of patients when the Hub becomes a reality: distance, time and cost of the journey and any barriers during the journey.
- The **experience at the location** of the new Hub: e.g. safety of the neighbourhood, parking, state of the pavement, etc.
- The **experience in the building**: wayfinding in the building and features of the modern, fully accessible building
- The **change patients will experience**, for example, by needing to register with a different GP or losing independence by needing to rely on a carer to attend appointments in the new Hub.

It’s important to note that both **objective factors** (e.g. factual travel time or crime rates) as well as **patients’ perceptions** are important impacts (e.g. feeling of unsafety, anxiety linked to traveling to a new area, etc.).

New Hub leads to short travel distance for patients	New Hub leads to long(er/ish) travel distance for patients
Positives from the new building being accessible **dominant** – positives for many categories of patients (& carers) e.g. • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc.	**Negatives** from increased travel distance **dominant** – impact on many categories of patients (& carers) • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc. • Lone parents, those who are pregnant and parents of young children • Economically stretched And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.
Positives from a larger Hub – based on “economies of scale” and levelling up	**Negatives from a larger Hub – more “impersonal”**
• Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location • Access to a wider range of services • Quiet / prayer room • Potential for community services to access rooms / meeting space	• More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community • Larger Hub can feel intimidating/exposing, esp. for specific patient groups, e.g. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.

Negative impact from change / disruption
• Relocation is likely to result in extra strain / pressure on GPs and practice staff • Decrease in the number of local GP practices ‘on the doorstep’ • Potential disruption or confusion for patients • Stress to those who will be negatively impacted

7.4.1 Travel experience

Shiregreen Medical Centre and Firth Park Surgery: During the consultation process concerns have been voiced repeatedly about the **longer distance** that patients will have to travel to get to the Concord Hub and about the **availability of public transport**. Since the Hub is located inside Concord Park almost no patients live on the immediate

surrounding area – meaning that the vast majority of patients will need to travel longer compared to the current situation. Furthermore, the Concord Centre is located on a hill, which is a barrier for people with mobility issues. Out-of-hours taxis are often not available, as Disability Sheffield has noted, particularly if wheelchair-adapted vehicles are needed.

It needs to be noted that – compared to the initial proposals – **Dunninc Road Surgery** not relocating to the SAPA 1 Hub is a positive change for the patients in that area as the distance to the SAPA 1 Hub is considerable and they had no local alternatives.

Important points to note regarding the travel time analysis:

- **Travel time analysis is much less accurate for public transport than for walking, driving or cycling**:
    - **Buses don't run to timetables** – and a small disruption/delay can result in significantly longer travel times, e.g. (for multi-leg journeys) a small delay in one bus can cause the connection to be missed; if a bus is delayed it will pick up more people, which leads to further delays and may be full when it comes at the bus stop a patient needs; bus times are more sensitive to poor weather conditions (when it rains more people take the bus rather than walk/cycle) than driving, cycling or walking.
    - **Deviations from bus travel time estimates are more likely to disproportionately impact negatively on people with disabilities** that affect their ability to travel, esp. people with mobility issues, with sensory impairments and with learning disabilities, as they have more limited travel options.
    - **Bus timetables and service provision change over time and are outside the control of the ICB** – since the building is a long-term investment this consideration is considerable.
- **How a patient experiences a journey is subjective** – theoretical travel times do not accurately reflect this. Factors that influence the subjective experience include inconvenience (e.g. waiting in poor weather), discomfort (e.g. traveling in a crowded bus), pain (e.g. standing/sitting for longer for people with physical disabilities), worry (e.g. about missing appointments), anxiety (e.g. fear of receiving abuse or venturing further from home), reluctance to change, etc. This subjective experience can negatively impact on whether a patient is seeking the care they need and can thus result in poorer health outcomes.

7.4.2 Experience at the location

Some concerns have also been voiced about **congestion**, availability of **parking** and **safety** of the location, especially at night.

7.4.3 Experience in the building

The new Hub, built to current building standards, will be **accessible to a high standard** which will benefit people with disabilities and long-term health conditions. There is an opportunity to include Changing Places toilets.

Concerns about finding the **access point to the building and wayfinding** in the building have been raised by visually impaired patients.

Concerns were also raised about the **lack of pharmacy** in the building to ensure prescriptions can be picked up during the trip to the surgery.

7.4.4 Change experience

Visually impaired patients have raised the issue of **losing their independence** by having to rely on a carer when they need to attend appointments in the new location and unfamiliar environment.

7.5 Recommendations

Although there are many benefits to a modern, fully-accessible building, the barriers that patients who have difficulty traveling are likely to experience are a source of concern. There do not seem to be any guaranteed, effective actions that can be taken to mitigate the impact on the most disadvantaged patients.

People in deprived communities, especially those with disabilities and children/young people and their parents/carers, already experience challenges in navigating the system well, so it is recommended to engage especially the most deprived communities during the initial phase when the new Hub is starting to operate to ensure that the change isn't an additional barrier to accessing the healthcare they need. Communication would need to include written materials as well as verbal engagement.

Potential mitigations to concerns/impacts

Type of mitigation: influence or control	Main concerns/impact
Influence	• Influence the provision of public transport
Control	• Ensure the accessibility standards are fully met, potentially involving patient users in the design and testing • Provide training for surgery staff to ensure the transition for patients with disabilities is optimal, including staff knowledge of bus routes and recognising disabilities on making an appointment • Communicate the changes to all patients, esp. those who may be more affected by changes, in a variety of formats, including Easy Read documents, individual conversations (face-to-face or over the phone), physical and virtual tours

In addition the following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits and availability of appointments available at times where travelling would be quieter.
- A dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term).
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are housed in the same Hub, that accessible communications is levelled up too (access to BSL interpreters, easy read information).
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource.
- Levelling up of accessible communications in Hub.
- Levelling up of EDI skills for new Hub staff.
- Travel training for disabled people (however, the Council-provided training service is already over-stretched with a 9-10 month waiting list).
- Support from other organisations so concerns can be heard and where possible reassurances and support put in place.
- An independent evaluation of impact once changes have been made.

7.6 Conclusion

The main issues impacting equality for SAPA Hub 1 is that combining the two surgeries into one Hub requires **more people to travel over a larger distance** and the **availability of public transport**. The positives that a modern fully accessible building brings will not come into play if travel to the Hub discourages many of the patient groups who would benefit from them.

This requirement to travel over a larger distance will impact in particular **patient groups who do not drive** and need to rely on public transport, taxis or lifts from carers/relatives/friends. Public transport represents a number of barriers such as cost, travel time, reliability, accessibility for people with impairments, potentially a hostile environment for people at risk of discrimination. People with specific protected characteristics that impact their ability to travel, need to see a GP more regularly or are less inclined to visit a GP will be negatively impacted by the move of the two surgeries to the SAPA Hub 1.

Important points with regard to inequalities in health outcomes and wellbeing:

- **Impact of longer travel distances is more likely to be disproportionately felt by who don't have access to a car**, mostly **less advantaged people,** as they will be more affected by the **increased cost** – due to either a longer bus journey or having to take public transport rather than walking/using a mobility scooter. For patients with access to a car the increased distance will likely be an inconvenience only; for patients

without access to a car the distance/travel barrier may lead to worse health outcomes. This is particularly relevant given that SAPA 1 area is one of the most deprived in Sheffield.

- **Impact of longer bus travel distances is more likely to be felt disproportionately by people with disabilities that affect their travel experience**, esp. people with mobility issues, with sensory impairments and with learning disabilities, as they are more likely to experience discomfort/pain/worry/anxiety. This is exacerbated by the fact that people with more complex needs are likely to need to visit their surgery more frequently.
- **Loss of independence – patients with a condition affecting their ability to travel over longer distances may need to rely on a carer to give them a lift or accompany them to the surgery** if the surgery is further away compared to when they were able to walk or use a mobility scooter to get to the surgery independently.

Patients may be able to get around the travel issue by registering with a different, more local GP – although that would mean they would **not benefit from the fully-accessible Hub.** For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP can be an extra barrier.

For patients who are unable to travel to Concord but have a closer alternative surgery, the move of their surgery reduces still their choice of GP and the change in GP may also lead to **discontinuity in their care** (because the new GPs or practice nurses are not familiar with their medical history) and impact their health outcomes. This is particularly relevant to people with disabilities/long-term health conditions.

Any mitigating factors that can be put into place to make it less costly and less time-consuming for people to travel to the Hub (e.g. free transport/wheelchair-adapted taxis) would need to be guaranteed for the lifetime of the building – which is unlikely to be the case.

It is unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship. Even the patients for whom another local GP is available may be put a disadvantage due to this change in their medical care.

When assessing health equality impacts we need to give due weight to the fact that a relatively small percentage of the patient population may be **disproportionally negatively impacted** due to the complexity of their health needs and intersectionality.

8 Appendix – References

1. “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres
5. Dos & Don’ts for Communicating with Deaf People: Guidance for Health & Social Care Professionals
6. Appendix_08b_-_Travel_Impact_Assessment
7. Distribution map of where registered patients of Buchanan Road surgery live
8. Distribution map of where registered patients of Burngreave, Cornerstone and Herries Road surgeries live
9. Distribution map of where registered patients of Firth Park surgery live
10. Distribution map of where registered patients of Health Care surgery live
11. Distribution map of where registered patients of Ecclesfield Group Practice live (incl. Margetson branch)
12. Distribution map of where registered patients of Melrose surgery live
13. Distribution map of where registered patients of Page Hall surgery live
14. Distribution map of where registered patients of Sheffield Medical Centre live
15. Distribution map of where registered patients of Shiregreen Medical Centre live
16. Distribution map of where registered patients of Upwell Street surgery live
17. Consultation survey responses to Question 15 (collated raw data) “South Yorkshire ICB Equalities Verbatim” (received 18 October 2022)
18. “Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report”, 5 July 2022, Arc of Inclusion
19. Primary Care Capital Transformation Project, Draft Consultation Plan
20. “GP Consultation with Adults with learning disabilities at Sheffield Mencap and Gateway”, Mencap

If you need this document in a different format more accessible to you, please email info@arcofinclusion.co.uk or text 07714 208 928.

[Final] Sheffield Primary Care Transformation Project: Equality Impact Assessment Report SAPA 2

7 November 2022

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1 Introduction

The aim of this report is to highlight the equality impact (EIA) of the proposed changes to primary care centres in parts of Sheffield. Arc of Inclusion have been commissioned to conduct an independent equality impact analysis to inform the South Yorkshire Integrated Care Board's (ICB) decision making and duty to pay due regard to equality.

The proposed project (referred to as the "Primary Care Capital Transformation Project"), stems from an award of £37 million from the UK Government as part of Wave 4B Capital Funding. The funding can only be spent on primary care capital investment to upgrade facilities, which need to be completed by December 2023.

The funding bid was originally developed by GP Practices, with the support of Sheffield Clinical Commissioning Group (SCCG), now South Yorkshire Integrated Care Board (ICB). The original proposal envisaged the relocation of 12 GP Practices to up to five Hubs linked to the Foundry, SAPA5 and City Centre Primary Care Networks.

The project has been through a pre-consultation engagement phase (14 March to 18 May 2022) and a formal consultation engagement phase from 1 August 2022 to 9 October 2022 (see the Consultation document "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board").

We carried out a **pre-consultation Equality Impact Assessment** in July 2022 ("Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report"). Our July report includes relevant UK and Sheffield population and health inequalities data and insight that this report draws on.

Following the pre-consultation changes have been made to scope of the project: 9 GP surgeries are now proposed to relocate to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks, as detailed in the Consultation document. The main changes are:

- Herries Road Surgery and Cornerstone Building (both in Foundry 1) will not relocate and will be closed.
- Dunninc Road Surgery (SAPA 1) will remain in its current location.
- Elm Lane Surgery (SAPA 1) and Southey Green Medical Centre (SAPA 2) will be extended in their current location.

The report will:

- Summarise our approach to conducting this phase of the equality impact assessment.
- Outline the project objectives and intended benefits.
- Identify who will be affected by the changes.

- Highlight what is known about needs and access to primary care from an equality and human rights perspective nationally, for the city of Sheffield, for each primary care network area and for the practices involved in the project.
- Analyse and summarise findings of both positive and negative impact.
- Identify mitigation steps to remove or lessen negative impact.
- Make recommendations about access and inclusion considerations for the implementation phase if the project goes ahead.

It is important to note that this equality impact assessment is not complete. It is based on the information that was available to us by 11th October 2022 and which is listed in Appendix – References. The quantitative consultation survey data was received on 17th Oct, with the 500 collated raw qualitative responses to the Equality Impact question (Question 15) received on 18 October. As the agreed deadline for this EIA was 21 October, further time is needed to analyse these in more depth.

2 Project aims and scope

The proposal is to relocate 12 GP Practices to up to four Hubs linked to the Foundry and SAPA5 Primary Care Networks:

- Foundry, Hubs 1 & 2
- SAPA5, Hubs 1 & 2

Note: The City Centre Hub is outside the scope of this EIA as a location has not yet been earmarked.

2.1 Intended benefits for patients

The benefits to patients identified by the South Yorkshire Integrated Care Board (ICB) are the provision of more spacious, better equipped buildings, with higher accessibility standards than many existing practice buildings. Having access to a wider range of services in one location and being a community resource (for example pods where people can go online to access services). A list of benefits are given by the ICB in their Pubic Consultation document “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).

2.2 Who will be impacted?

- Patients of participating practices
- Participating GP Practices involved in the project (see table below).
- Practice staff who will need to relocate, with the potential for role changes
- GP Practices within affected PCNs and those in nearby areas
- Communities living near sites that are being redeveloped

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
Foundry 1	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Road Surgery Cornerstone Building	Pitsmoor Surgery (M)
Foundry 2	Page Hall Medical Centre Upwell Street Surgery	Rushby Street		
SAPA 1	Firth Park Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery	Barnsley Road Surgery Norwood Medical Centre (M) Elm Lane Surgery (M) Dunninc Road Surgery
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue		Southey Green Medical Centre (M)

(M): Surgeries to be modified: Surgeries that will be seeking investment to make improvements (expand, reconfigure, or otherwise modify) to their existing sites.

3 Our approach

ICB commissioned us at the end of September 2022 to refresh the EIA we carried out in July 2022 following the public consultation that was started on 1 August 2022 and would complete on 9 October 2022. The list of documents received from ICB is listed in Appendix – References).

The main information used in this assessment include:

1. “Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board” (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres

A desk-based review of the information provided was carried out, including a thematic analysis of the public meeting notes and the specific input from the community

organisations. We also developed an interactive map to better understand the location and spread of current practices involved and the proximity to proposed new Hub centres[1].

Although initially it was envisaged that we would have access to the insights of the analysis of the consultation survey (which was commissioned from another provider) we did not receive these insights in time to take them into account in our assessment. We received the 500 collated raw qualitative responses to the Equality Impact question (Question 15) on 18 October and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Notes regarding the consultation survey data:

- The consultation survey dataset included all paper and telephone survey responses, responses gathered during fieldwork and translated responses from alternative language surveys.
- Question 15 only probes impact related to **seven protected characteristics** (Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment) – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.
- Question 15 does not cover the protected characteristic **"Pregnancy or Maternity"**. However, the impact of relocating surgeries on expecting patients and their new-born children is a factor that should not be overlooked.
- Some responses to the Equality Impact question were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions about the reason why the patient would be disadvantaged. The numbers we report are thus likely to underestimate the number of patients that will be impacted.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses we report.
- **Richer insights on equality impacts** on patients can be obtained by analysing the responses to other survey questions, in particular Q 6 "What are the disadvantages of the proposals?", "Q 8 Please tell us about the impact these proposals will have on you." and Q16 "Is there anything else you think we should consider, or be aware of?" This was outside the scope of our assignment.

It should be noted that the EIA has been done within a very short timescale.

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[1] https://www.google.com/maps/d/u/0/edit?mid=1G4i025_0VD5FO0H2nMe9x7q8dpVewBM&usp=sharing

Gaps in information / further analysis needed
Areas that we were not able to address within the timescale:

- Detailed analysis of the equality impact data from the consultation survey, including. verification whether respondents were representative for the patient population for each hub area
- Practice specific data regarding disability and access
- Impact on practice staff

4 Engagement

During the pre-consultation stage the Sheffield Clinical Commissioning Group (SCCG) developed a wide stakeholder list (see their “Primary Care Capital Transformation Project – Draft Consultation Plan”) and worked with SOAR, Fir Vale Community, Shipshape to engage with local communities and encourage participation in the consultation process. Disability Sheffield has provided feedback about potential disability equality impact.

During the consultation stage the South Yorkshire Integrated Care Board (ICB) consulted further with patients and stakeholders via public meetings, input from community and disability support organisations (including Disability Sheffield, and with views heard from visually impaired people and from deaf patients via a BSL supported session) and via a survey.

During our pre-consultation EIA work we consulted with Fir Vale Community Hub, SOAR and Disability Sheffield.

5 Positive impacts

- The new Hub built to current building standards will have features that benefit people with physical disabilities such as ramps, accessible toilets, handrails, etc.
- There is an opportunity to create safe, accessible and inclusive spaces for people who are neurodiverse and patients and carers with dementia.
- The new building offers an opportunity for more baby/child friendly spaces such as baby changing facilities, play areas, spaces for breastfeeding, etc. This is especially relevant to teenage mothers.
- Having several surgeries in one Hub may lead to more additional services being provided for patients (e.g. physiotherapy) at the same site. However, if these services are by appointment or heavily used patients may still need to make one journey per appointment.
- There is an opportunity to use the economy of scale of the larger Hub to provide a more frequent and cost-effective interpretation and translation services, with a focus on accessible communications for all.

- Exchange of best practice in EDI can be easier and happen more organically if several surgeries concentrated in one location.

6 Overall risks and issues

- A key concern about this proposal is **the time scale of the project** – with a deadline of completion by December 2023. This reduces the time to engage with patients who will be adversely affected or who have concerns. It also reduces time to co-produce solutions and accessible design in the new centres.
- Patients who are unable to travel to the new Hub and those whose surgery is closing, will **lose the relationships with their current GP/nurses/surgery staff**. A change in surgery can lead to some discontinuity in care for patients because the GP or practice nurses are not familiar with their medical history. For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship.
- For people who find difficult to navigate the health system or are reluctant to visit their GP (e.g. men, certain ethnic minorities), registering with a different GP or travelling to a new centre location can be an **extra barrier**.
- Attending appointments in an at first **unfamiliar larger, more anonymous setting** may represent an additional barrier for people with mental health conditions. Losing green space and impact on mental health raised as a concern. Anxiety about change adding to strains mental health. Mental health impact for people on benefits needs to be considered, particularly if there are additional costs in getting to new hubs.
- **People with learning** disabilities can face:
  - A number of difficulties relating to the physical environment: difficulty finding their way around the building, large waiting rooms and hubs with more people may cause distress. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree. People with learning disabilities may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have built up with the staff. Annual health checks are especially important to this group.
  - Communications barriers with regard to understanding or retaining information. Mencap recommends continuing consultations with specific groups using individual/group sessions [2]. Communication about any changes impacting them will need to be tailored to their needs. Mencap recommends Easy Read documents, face-to-face or phone conversations, in-person and virtual tours of the new Hubs before it opens [2].

- Travel/distance barriers are very relevant to people withs **physical or sensory impairments and people with learning disabilities**. Public transport can particularly be challenging for people using a wheelchair due to the limited space available for wheelchair users. In addition, people with physical disabilities may need a carer to accompany them to the surgery, which means that the time/cost/inconvenience factor of travel would also impact their carer. Even if assistance (e.g. free community transport) can be guaranteed for the lifetime of the building, having to rely on assistance to see one's GP is likely to have a negative impact on people's sense of independence.
- **Clinically vulnerable people** to COVID may in particular be reluctant to use public transport.
- In addition to the travel issue, **people with autism** can face a number of difficulties relating to the built environment: e.g. large waiting rooms may cause distress and they may have difficulty with crowds. These issues are likely to be more significant in a larger hub, although the design could mitigate this to some degree, for example by providing quiet waiting rooms/areas. People with Autistic Spectrum Disorder may also find it unsettling to have to change surgery location. Attending appointments in an at first unfamiliar larger, more anonymous setting may represent an additional barrier for this group. They can be especially impacted if they need to change GP and lose the relationships they have build up with the staff. People with autism are much more likely than the general population to have certain other long term health conditions (co-morbidity) in addition to autism so the proposed changes are in particular relevant to this patient group.

7 EIA

7.1 Surgeries affected

Proposed new Hub location: Buchanan Road / Wordsworth Avenue. Practices moving:

- The Health Care Surgery
- Buchanan Road Surgery
- Margetson Surgery

New Health Centre (Hub)	Practices interested in moving to Hub	Potential location of Hub	Branch sites that may close	Practices remaining in their current location
SAPA 2	The Health Care Surgery Buchanan Road Surgery Margetson Surgery	Buchanan Road / Wordsworth Avenue	none	Southey Green Medical Centre (to be modified)

7.2 Demographics and resulting equality impacts/opportunities

SAPA Primary Care Network (PCN) population:

- Total number of patients: 36,139.
- Population is predominately White British, with small dispersed BME communities.
- Public transport can particularly be challenging for people from minority ethnic groups who are at risk of discrimination/abuse/hate crime. People from minority ethnic groups may have language issues and may need to bring a family member to interpret which means that the time/cost/inconvenience factor of travel would also impact their companion.
- There is a cluster of White Irish residents in the SAPA area - this community has a relatively old age profile (approx. a third are over 65), with linked limiting long-term health problems or disabilities. Sections of the Irish community are socially excluded, including pensioners and those with mental health and alcohol and drug dependency issues. The Irish community has a higher contact rate with mental health services than the white British and ‘white other’ population.
- For White British residents, the percentage of people who provide unpaid care is higher than in the Sheffield population so the negative impact on carers will have a disproportionate effect on these communities.
- The average age in SAPA5 is slightly younger than the Sheffield average, 25% of the SAPA5 population is under 17, 50% of the SAPA5 population is in the age bracket 25-64, 16% over 65.
- There are more lone parents in SAPA5 (14%) than the Sheffield average – lone parents are likely to be more time-poor because of carrying more of the parenting duties. Barriers for primary carers accessing their GPs may result in worse health outcomes for the young patients.

The SAPA 2 area has the following **specific demographic characteristics which impact health equalities:**

- The SAPA Hub 2 area has a significantly higher percentage of people with a long-term health condition or disability compared to the Sheffield average. As the population ages, the number of people with a long-term health condition or disability will increase.
- In the SAPA Hub 2 area a high percentage of the population (between 2.4% and 12.4%) carries out more than 50 hours of unpaid care. It is also part of the area with the highest proportions of young carers who provide more than 50 hrs unpaid care. Carers are more likely to have poor health than non-carers - they may suffer from stress and their own health can be impacted. Hence it's important for carers that access to primary care is as friction-free as possible.

7.3 Insights from consultation with patients

7.3.1 Consultation meetings

The ICB held a number of public consultation meetings and received input from community groups, including organisations representing patients with disabilities. During the pre-consultation EIA phase we consulted with SOAR and Disability Sheffield.

Patient population	Main concerns raised during meetings
General (open public meetings)	Key concerns: • Availability of public transport • Need for more appointments
British Sign Language (BSL) users	• Losing connection with GP • Availability of public transport • Safety of the location
People with learning disabilities	• Losing connection with GP • Distance patients will have to travel
People with visual impairments	• Loss of independence • Building layout/access point to building • Availability of public transport • Availability of parking
Adults with learning disabilities	• Transport worries • New places and anxiety • Mobility issues • Meeting new people/new GP

"Concerned about local elderly people, and people with mobility issues. Is there any transport that is being planned to be out on to help people get there? "

"Transport is the biggest issue. I couldn't get in to see the doctor, so I was sent to Middlewood and it cost me £17."

"I've looked at where the new 104 homes are being built to here and it's a 14 minute walk and there is no bus. The distances you give are just averages."

"Better services, rather than going to hospital, is better. People are worried that they will lose their connection with their GP. This has been an issue during the pandemic. Public transport needs to be sorted.", Cllr Jayne Dunn

7.3.2 Consultation survey

The ICB administered a consultation survey. Question 15 "Do you feel that these proposals will impact you more than other people because of your…? Age / Disability / Sex / Ethnic background / Religion / Sexual orientation / Gender reassignment / None of the

above" asked about the impact relating to a number of protected characteristics. One-hundred and eighty-seven responses to Q15 relating to SAPA 2 were received.

Note that Q15 only probes the seven listed protected characteristics – other reasons which may impact patients and are of concern to us in this EIA such as deprivation, being a carer or being digitally excluded are not covered by this question.

Due to the short timescale we were unable to analyse the verbatim comment in detail and have focused on identifying key concerns relating to travel, the location of the new Hub, the building and the change that patients may experience.

Highlights:

- Of the 187 responses to Q15, 65 responses mention that **travel** to the new Hub will be an issue for them.
- Some concerns about the **building** related to having difficulty being in an environment with many people.
- Not being able to **deal with change** was also mentioned 18 times, most cited reasons were generally struggling with change and anxiety/mental health, learning disability or autism.
- There were 8 comments in support of the new Hub. **Positives** highlighted were related to better parking, better experience in the building (more space, easier to get around) and having several services under one roof.

Notes:

- Some responses were **vague** (e.g. "I'm old", "Disabled") and did not allow us to draw conclusions. The numbers we report are thus likely to be an underestimation.
- Some responses related to **more than one patient** (e.g. couple, parent and child) so the number of patients impacted will be higher than the number of responses.

7.4 Analysis based on demographic, geographic and consultation data

This analysis is based on our independent assessment of demographic data and resulting equality impacts/opportunities; the location of the new Hubs compared to the current situation and consultation data.

Key considerations in the analysis are:

- The **travel experience** of patients when the Hub becomes a reality: distance, time and cost of the journey and any barriers during the journey.
- The **experience at the location** of the new 1 Hub: e.g. safety of the neighbourhood, parking, state of the pavement, etc.
- The **experience in the building**: wayfinding in the building and features of the modern, fully accessible building
- The **change patients will experience**, for example, by needing to register with a different GP or losing independence by needing to rely on a carer to attend appointments in the new Hub.

It's important to note that both **objective factors** (e.g. factual travel time or crime rates) as well as **patients' perceptions** are important impacts (e.g. feeling of unsafety, anxiety linked to traveling to a new area, etc.).

New Hub leads to short travel distance for patients	New Hub leads to long(er/ish) travel distance for patients
Positives from the new building being accessible **dominant** – positives for many categories of patients (& carers) e.g. • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc.	**Negatives** from increased travel distance **dominant** – impact on many categories of patients (& carers) • Disabled people • People with long-term health conditions • Older people • People needing frequent check-ups, etc. • Lone parents, those who are pregnant and parents of young children • Economically stretched And knock-on effect that people may feel they have no choice but to switch to a different, more local GP – if there are local options they can register with.
Positives from a larger Hub – based on "economies of scale" and levelling up	**Negatives from a larger Hub – more "impersonal"**
• Interpretation services may be more easy/economical to provide if there is more need all concentrated in one location • Access to a wider range of services • Quiet / prayer room • Potential for community services to access rooms / meeting space	• More likely to feel less personal – building design can overcome this to some degree, esp. if co-designed with patients/community • Larger Hub can feel intimidating/exposing, esp. for specific patient groups, e.g. people with learning disabilities, dementia, mental health issues, LGB + & transgender people, introverted people etc.
Negative impact from change / disruption	
• Relocation is likely to result in extra strain / pressure on GPs and practice staff • Decrease in the number of local GP practices 'on the doorstep' • Potential disruption or confusion for patients • Stress to those who will be negatively impacted	

7.4.1 Travel experience

Patients have expressed concerns about the **availability of public transport** to reach the new SAPA 2 Hub. This came through via both the consultation meetings and the consultation survey.

Although the difference in distances between the three surgeries and the new SAPA 2 Hub are not that large (approx. 500 m for Health Care Surgery to Hub; approx. 700 m for Margetson Surgery and about 1 km for Buchanan Road Surgery (map measurements)), an additional distance can be a **considerable barrier for people with mobility issues**. Instead of walking they may need to get public transport – which adds complexity, cost, time and cost to the journey. Taxis are even more costly and out-of-hours taxis are often not available, as Disability Sheffield has noted, particularly if wheelchair-adapted vehicles are needed.

Buchanan Road Surgery: Based on the distribution of where registered patients live, about one quarter of patients will be living closer to the new Hub; more than three quarters will be further away – unless they use local alternative surgeries e.g. Elm Lane Surgery or Southey Green Medical Centre. However, patients who because of travel issues need to change to a local GP will be disadvantaged and miss out on the benefits of the new Hub.

Health Care Surgery: Based on the distribution of where registered patients live, 50% - 80% patients will be living further away from the new Hub. Those living south of Health Care Surgery have Wadsley or Southey Green Medical Centre as local alternatives – but using these surgeries would mean being disadvantaged by a change in GP and missing out on the benefits of the new Hub.

Margetson Surgery: The distribution map of where registered patients live combines data for Margetson and Ecclesfield Group so it is difficult to get insight into where patient predominantly live.

7.4.2 Experience at the location

From the data received so far no specific concerns were noted about the location or immediate environment of the new Hub.

7.4.3 Experience in the building

The new Hub, built to current building standards, will be **accessible to a high standard** which will benefit people with disabilities and long-term health conditions. There is an opportunity to include Changing Places toilets.

Concerns about finding the **access point to the building and wayfinding** in the building have been raised by visually impaired patients.

Some concerns were raised about having difficulty being in a building with many people.

7.4.4 Change experience

Visually impaired patients have raised the issue of **losing their independence** by having to rely on a carer when they need to attend appointments in the new location and unfamiliar environment.

7.5 Recommendations

Although there are many benefits to a modern, fully-accessible building, the barriers that patients who have difficulty traveling are likely to experience are a source of concern. There do not seem to be any guaranteed, effective actions that can be taken to mitigate the impact on the most disadvantaged patients.

Potential mitigations to concerns/impacts

Type of mitigation: influence or control	Main concerns/impact
Influence	• Influence the provision of public transport
Control	• Ensure the accessibility standards are fully met, potentially involving patient users in the design and testing • Provide training for surgery staff to ensure the transition for patients with disabilities is optimal, including staff knowledge of bus routes and recognising disabilities on making an appointment • Communicate the changes to all patients, esp. those who may be more affected by changes, in a variety of formats, including Easy Read documents, individual conversations (face-to-face or over the phone), physical and virtual tours

In addition the following mitigation actions could alleviate some of the negative impacts identified in this assessment. These need to be considered as long-term steps that will require additional spending as well as system-wide collaboration:

- Provision of home visits and availability of appointments available at times where travelling would be quieter.
- A dedicated minibus for Hubs and or provision of bus routes and affordable bus travel (that will be reliable over the long term).
- Design plans need to involve disabled people and prioritise accessibility. It is important that this is considered beyond the bricks and mortar as practices are housed in the same Hub, that accessible communications is levelled up too (access to BSL interpreters, easy read information).
- Co-design of new centres with community interest groups to ensure the centres realise their potential of being a valued community resource.
- Levelling up of accessible communications in Hub.
- Levelling up of EDI skills for new Hub staff.

- Travel training for disabled people (however, the Council-provided training service is already over-stretched with a 9-10 month waiting list).
- Support from other organisations so concerns can be heard and where possible reassurances and support put in place.
- An independent evaluation of impact once changes have been made.

7.6 Conclusion

An important issue impacting equality for SAPA Hub 2 is that combining the three surgeries into one Hub requires more people to **travel over a larger distance** to see a GP.

The SAPA Hub 2 area has a high percentage of people who provide **unpaid care** – the time, cost and inconvenience factor of longer travel distances will impact carers, esp. unpaid carers.

Least impacted distance-wise are the patients registered at **Health Care Surgery** given that the proposed SAPA Hub 2 is relatively close – although 50% - 80% patients will be living further away from the new Hub. Patients who can travel to the new location will benefit from the fully accessible new Hub with enhanced services. Patients to the south of Health Care Surgery also have two local surgeries as an option (Wadsley Bridge Medical Centre and Southey Green Medical Centre) – although they would then not benefit from the fully-accessible new building and enhanced services.

For patients of **Buchanan Road Surgery** the situation is similar, however with a difference in distance of approximately 500 m between the current surgery location and the proposed SAPA Hub 2 and about one quarter of patients living closer to the new Hub; more than three quarters further away. Southey Green Medical Centre and Elm Lane Surgery are fairly local alternatives.

Positives highlighted were related to better parking, better experience in the building (more space, easier to get around) and having several services under one roof.

Especially impacted are patients living North, North-East and east of **Margetson Surgery** as that is a large area where there are no local alternatives (Ecclesfield group Practice is approximately 1mile to the north).

This requirement to **travel over a larger distance** will impact in particular patient groups who do not drive and need to rely on public transport, taxis or lifts from carers/relatives/friends.

Public transport represents barriers such as cost, travel time, reliability, accessibility for people with impairments, potentially a hostile environment for people at risk of discrimination. People with specific protected characteristics that impact their ability to

travel, need to see a GP more regularly or are less inclined to visit a GP will be negatively impacted by the consolidation of the surgeries into the SAPA Hub 2.

Any mitigating factors that can be put into place to make it less costly and less time-consuming for people to travel to the Hub (e.g. free transport/taxis) would need to be guaranteed for the lifetime of the building - which is unlikely to be the case. It's unclear how psychological factors that make people less inclined to visit a GP, which may be exacerbated if the distance/travel is seen as an additional barrier, can be mitigated.

The positives that a modern fully accessible building brings will not come into play if travel to the Hub discourages many of the patient groups who would benefit from them.
Even for people who have an alternative GP, the consolidation of the surgeries into one Hub reduces their choice of GP.

For people with protected characteristics impacting their health needs, such as a disability, long-term health condition or advanced age, it may be more important to continue seeing the GP/nurses who know their medical history and with whom they have built a relationship. Even the patients for whom another local GP is available may be put a disadvantage due to this change in their medical care.
When assessing health equality impacts we need to give due weight to the fact that a relatively small percentage of the patient population may be **disproportionally negatively impacted** due to the complexity of their health needs and intersectionality.

8 Appendix – References

1. "Proposal to relocate some GP practices to new health centres – South Yorkshire Integrated Care Board" (Consultation held from 1 August 2022 to 9 October 2022).
2. Health Centre consultation – Public meeting notes
3. Sheffield new health centres consultation – Additional feedback reported by community organisations relating to protected characteristics
4. BSL Consultation on the proposal to relocate some GP practices to new health centres
5. Dos & Don'ts for Communicating with Deaf People: Guidance for Health & Social Care Professionals
6. Appendix_08b_-_Travel_Impact_Assessment
7. Distribution map of where registered patients of Buchanan Road surgery live
8. Distribution map of where registered patients of Burngreave, Cornerstone and Herries Road surgeries live
9. Distribution map of where registered patients of Firth Park surgery live
10. Distribution map of where registered patients of Health Care surgery live
11. Distribution map of where registered patients of Ecclesfield Group Practice live (incl. Margetson branch)
12. Distribution map of where registered patients of Melrose surgery live
13. Distribution map of where registered patients of Page Hall surgery live
14. Distribution map of where registered patients of Sheffield Medical Centre live
15. Distribution map of where registered patients of Shiregreen Medical Centre live
16. Distribution map of where registered patients of Upwell Street surgery live
17. Consultation survey responses to Question 15 (collated raw data) "South Yorkshire ICB Equalities Verbatim" (received 18 October 2022)
18. "Sheffield Primary Care Transformation Project: Pre-consultation Equality Impact Assessment Report", 5 July 2022, Arc of Inclusion
19. Primary Care Capital Transformation Project, Draft Consultation Plan
20. "GP Consultation with Adults with learning disabilities at Sheffield Mencap and Gateway", Mencap

South Yorkshire ICS Primary Care Capital Programme
Sheffield Place Schemes – Briefing Note

1. Introduction.

This paper sets out key strategic issues and risks that have recently emerged following detailed and intense work by the project delivery teams, in relation to the Sheffield Transformational Hubs schemes. Whilst the focus of this briefing is the 4 new build hubs (2x Foundry PCN, 2x SAPA PCN) some issues also have implications for the City Centre Hub and should also be considered in relation to the wider SY Primary Care Schemes to assess relevance and materiality.

Whilst this briefing may be seen to set a gloomy scenario, it is important to recognise the wider context of the schemes, the huge progress and recent achievements in shaping and detailing the schemes, and significant positivity from stakeholders on the benefits that can be achieved through the successful delivery of these schemes to highly deprived communities.

2. Emerging Strategic Drivers

Inflationary factors – The construction industry as a whole has seen significant inflationary pressures in terms of key materials (e.g timber, steel, concrete, electrical components especially) but also across the wider product range, especially where they are imported or have significant energy input requirements (e.g plaster products). These range from 15-45% increases over the past 12 months, on top of other rises during the pandemic. The impact of the war in Ukraine is causing significant increases in the price of steel, timber, fuel and energy especially. Additional costs are also being seen as a result on the new Building Regulations, and post-Grenfell professional and public liability indemnity costs.

Labour constraints – the restart of many construction schemes post pandemic, coupled with the impact of Brexit related changes to the construction industry workforce demographic and changes to the expectations of many workers has led to significant labour availability constraints in many trades. The impact of these is materialising in longer lead-times and higher rates to secure labour resources. There is evidence of significant volatility, late changes to programme and costs by contractors, and concerns around sustainability for some key supply chain partners in the current market.

Material availability, substitution and manufacturing capacity – The proposed solution to be deployed for the new build hubs, in line with Programme approval requirements, has a high degree of off-site construction (MMC – Modern Methods of Construction). There are now significant concerns over the capacity of such production which has seen a significant increase in demand due in part to the high costs of steelwork. Structural steel is now having to be re-introduced as a major construction element, albeit at very high cost, due to the forecast limited availability of off-site construction capacity in the programme timeline.

Programme Requirements – Whilst the plan to build the 4 new build hubs concurrently and in close proximity was originally seen to bring economies of scale to each project, the labour and supply chain constraints are translating into critical path issues and cost pressures.

Market feedback – Feedback from our supply chain partner, Willmott Dixon has revealed considerable losses on schemes currently under delivery / nearing completion due to the fixed pricing / guaranteed maximum price structures entered in to prior to the recent materials and labour price increases. There is now considerable reluctance to enter into such pricing agreements (even progress through design stages) without budgetary provision for anticipated outturn prices, given recent economic events and market volatility. In turn, main contractors and sub-contractors are revising pricing terms, inflationary protections and indeed taking a much more risk-adverse approach to pricing of contracts and committing to delivery programmes.

Risk appetite / mitigation - linked to the above factors, supply chain partners are seeking to avoid risks related to outturn costs and programme overrun (e.g LADs) and are mitigating these with revised cost forecast and programme extensions to avoid adverse impacts. Whilst realistic cost and programme projections are expected by all parties, the experience of recent schemes is driving such adjustments above where the market trend analysis would expect, as this is based on prior periods of completion.

Supply Chain constraints – packages of work to be delivered by sub-contractors are also being impacted, and often compound the issues faced by the main contractor. Availability of technical and skilled labour is of significant concern, and is leading to extended delivery times. An example of this is the Site investigations package, originally forecast as a typical 9-11 week programme, actually taking 21 weeks to complete due to labour availability. The ability to achieve concurrent working is impacted by having labour resource constraints.

3. Cost Implications

Budgetary Allocations – The budget allocation for the 4 x new build hubs is £28.3m. In June 2022, the project team received updated cost estimates of £30.8m, a cost pressure of £2.5m, which was felt to be containable within normal Value Engineering (VE) steps and adjustments to the Schedule of Accommodation (SoA).

Updated outturn estimates – on 26th July 2022, Willmott Dixon provided updated cost estimates of £35.4m, having undertaken a review of supply chain elements, material and labour availability, and adjustments to design to substitute many off-site construction processes due to forecast supply / capacity constraints. This is based on expected cost outturns on other projects of comparable nature, either under construction and experiencing pressures, or nearing completion having incurred significant additional cost and redesign due to supply chain pressures.

Inflationary provisions – On 3rd August an at an urgently convened meeting followed by an email notification, sanctioned at Director level, Willmott Dixon set out a scenario where expected costs for our schemes could rise significantly over the delivery period, following a

review across their whole project portfolio, risk allowances and pricing structure. We are aware than a number of projects already under contract using GMP / Fixed price tender are expected to incur £multi-million losses, and as a company they are now adopting a more risk adverse approach, taking steps to limit exposure to market variations and ensure prospective contracts are set up on a basis where such risks are provided for, before entering in to agreements.

Net Zero Carbon – One of the major cost reduction elements considered by practices and the delivery team was the removal of Net Zero Carbon enhancements, but ensuring the buildings still achieve BREEAM 'Excellent' rating. A detailed review, based on current cost projections for relevant building components and systems, has indicated a cost implication of c£2.7m to achieve NZC. Given operational cost pressures on practices due to increased energy costs (+400-500% over 12 months due to no price cap applying), plus the power sharing agreement with the Green Party in Sheffield City Council, there is a strong desire to retain NZC and it has therefore not been removed from cost plans currently.

4. Programme Implications

Concurrent Schemes – there is a cost pressure being created by the need to concurrently develop all 4 hubs, due to the requirement to deploy multiple teams, some of which have limited availability and therefore attract a premium, if even available in the numbers required. Limited or non-availability of labour is creating an unacceptable programme risk/

Supply Chain constraints – the projected restrictions to off-site construction capacity are resulting in traditional construction techniques being used to a much greater degree as substitutes which is creating a programme pressure and prolongation on site.

Design & Procurement review – The identified cost pressures have required a number of redesigns, VE applications and now a design pause, whilst the cost and programme issues are worked through. The current budget allocations have resulted in Willmott Dixon being unable to enter into a Pre-Contract Services Agreement (PCSA) unless the scheme is considered financially viable – therefore the design team scope has been limited to Stage 2 design. This pause, whilst impacting on programme itself, is also being used to assess alternative procurement routes and construction requirements that may deliver better value for money. This process is being led by the T&T Cost Management team in an advisory role.

Consultation Requirements – The requirement to undertake extensive patient and public consultation was not flagged in the earlier stages of the programme. The production of the PCBC, Consultation plan and the 10 week consultation process prior to the production of the Decision Making Business Case (and subsequent consideration by the ICB) has extended the process of FBC development and submission.

Political Issues – Whilst the projects have been developed to this stage with the support of Sheffield City Council, negative perceptions emerged during the early Communication & Engagement process, that has prompted significant concerns to be raised by a number of

locally elected Councillors. Whilst there has been good progress in communicating and sharing accurate information on what is proposed and the outcomes for patients, there is currently a hiatus whereby SCC officers are unable to progress instructions to the design team without Committee approval. An urgent meeting between stakeholders, the leader of the Council and respective local Councillors is being arranged. Whilst this current impasse is currently a significant programme risk and is anticipated to be resolved, it coincides with the design pause instigated by Willmott Dixon being unwilling to enter in to the PCSA.

Planning Permissions – the WD design pause / SCC approval constraints have led to a delay in developing sufficient design detail to submit planning applications for the new hubs, which is now a critical path item and will prolong the period ahead of FBC submission.

FBC / Approval sequencing – The ability to populate the FBC with Stage 4 design and cost information is now impacted by the WD/SCC delays. More detailed work is required on the commercial arrangements, procurement route and overall affordability – which in themselves are functions of the programme requirements. Further, WD have stated they would not be able to price required works until Stage 4 design has been completed, which would require an additional 14 weeks for full subcontractor packages to be obtained. The period for which prices can be considered valid and able to be accepted may also be restricted, requiring prompt approval and award of contract once obtained.

5. Options.

Recent economic, political, procedural and capacity developments are now indicating that the original scope of works cannot be delivered within the original timeframe and budget. Therefore a range of options need to be considered, which are not necessarily mutually exclusive in resolving issues.

Budgetary Options

- Reduce scope of hub projects to ensure financial viability of some, but not all schemes as planned / deploy reduced options (respecting the appropriate PMO change management processes)
- Seek alternative funding sources for some elements – e.g Net Zero Carbon enhancements
- Seek additional financial support for inflationary pressures, given budgets were set in 2018 and could not foresee the significant economic drivers and approval parameters set out by DH.
- Using revised programme opportunities, develop plans based on greater sequential delivery, using different procurement routes and build techniques. (e.g D&B)
- Determine that the projects as planned cannot be delivered within the current budget and programme constraints and withdraw them.

Programme Options.

- Deliver a reduced scope of projects, at a premium cost and within resource availability, to remain within programme parameters

- Seek an extension of the current programme period beyond Dec 2023 to allow alternative procurement and construction routes to be utilised.
- Seek an extension to the current programme to allow more sequential delivery options.
- Determine that the projects as planned cannot be delivered within the current budget and programme constraints and withdraw them.

6. Conclusion

The challenges presented since the initial submission of the bids in 2018 has included a combination of the following;

- Determination that assets need to be in public ownership rather than Development Grants to practices for shared ownership.
- Political issues arising from the requirement for public ownership (Section 2 route)
- The impact of Brexit on the construction industry labour market and supply of materials
- The Covid 19 Pandemic
- The ongoing war in Ukraine and resulting energy and material price increases
- Increased interest rates and market volatility
- Inflationary factors linked to a combination of the above
- Market factors linked to a combination of the above

There has been tremendous progress in addressing these factors, adjusting plans and delivery routes with stakeholders to stay within the required parameters – that is the role of the project team and we have taken professional pride in developing innovative solutions to problems.

However, the recent developments in terms of consultation requirements, inflationary factors and market conditions that our supply chain partners are having to respond to require us to make a paradigm shift in our thinking and expectations, but we believe, along with our GP partners, that the benefits this level of investment will bring to patients and sustainable primary care are worth the renewed efforts.

September 2022

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