

**NHS ENGLAND (CHESHIRE AND MERSEYSIDE)  
HIGHTOWN VILLAGE SURGERY**

**Patient Listening Exercise Analysis Report**



Report Produced on behalf of NHS England Cheshire and Merseyside by:  
H2A Partnership Limited

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## 1. Acknowledgements

This report has been prepared for NHS England (Cheshire and Merseyside) in respect to the future of Hightown Village Surgery ('the practice') in accordance with the terms of our agreement dated October 26, 2016 ('the agreement') and solely for the purpose and terms of the agreement with you. We accept no liability to anyone else in connection to this report.

This report contains information obtained from the patient population of the practice as indicated within the document. We have not sought to establish the reliability of these sources or verified the information that these individuals provided.

We understand that you may wish to disseminate this report to key individuals and stakeholders and, in doing so, we would draw your attention, and that of any other parties who may access and read this document, to the following:

1. The report is provided to NHS England (Cheshire and Merseyside), in accordance with NHS England (Cheshire and Merseyside) instructions, as a summary of the work carried out by H2A Partnership Ltd under the agreement, which was executed exclusively for NHS England (Cheshire and Merseyside) benefit and use.
2. The report may consequently not include all matters pertinent to the reader.
3. The report does not constitute professional advice to any third party.
4. The information contained in this report should not be acted on by any other party without first obtaining professional advice.
5. H2A Partnership Ltd accepts no liability (including for negligence) to any party, other than NHS England (Cheshire and Merseyside), in relation to this document.

In addition, we would like to extend our thanks to all the members of the public, patients and carers who took the time to take part in the listening exercise and attend one of the 8 organised listening events. During the listening exercise (April 3 – May 12, 2017) a total of 230 patients of the practice attended the listening events, 13 patients contacted the Freephone helpline and 35 patients emailed the dedicated email address.

This is our final report.  
Yours faithfully  
H2A Partnership Ltd

## 2. Executive Summary

### Service Background Information

In April 2013 NHS England (Cheshire and Merseyside) inherited 20 APMS contracts, operated by a single provider, one of which was Hightown Village Surgery. The provider who ran the surgery in 2013, had been awarded a 3-year APMS contract with an option to extend for 2 years. Following inadequacies in the service provision which led to numerous patient complaints, NHS England worked with the provider to resolve these issues. However, when the contract terminated at 3 years, NHS England (Cheshire and Merseyside) chose not to extend the contract for a further 2 years.

Since March 2016 an interim provider of GP services has been in place at Hightown Village Surgery. This contract ends on December 31, 2017.

As of April 2017, NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group are working together as joint commissioners of primary care medical services.

The average size of a GP practice nationally is approximately 7,500 patients. However, patient numbers at Hightown Village Surgery fall significantly short of this figure, as detailed below, with numbers continuing to decrease since April 2014. There has been a slight increase in the past 12 months from 1,965 to 1,974.

Practice List Size	April 14	April 15	April 16	January 17
<b>Hightown Village Surgery</b>	<b>2142</b>	<b>2041</b>	<b>1965</b>	<b>1974</b>

Since the appointment of the current interim provider, NHS England has been financially subsidising the practice at a significantly higher cost than standard General Medical Service (GMS) rates. This arrangement is neither sustainable or equitable in the long-term and across the locality.

In the Autumn of 2016, NHS commissioners carried out a review and options exercise looking at the future of 9 GP practices. Different solutions were sought for each of these practices and a procurement exercise was undertaken for seven of them. At the time, there was limited information available regarding Hightown Village Surgery in respect of deciding the long-term future of the practice.

Due to the small patient list size, NHS (Cheshire and Merseyside) and NHS South Sefton CCG's main concern is the viability of finding a suitable, quality provider for the practice in the future. The main challenge at the practice is delivering sustainable, improved quality and a wider range of primary care services that the NHS is required to provide in relation to the NHS General Practice Forward View.

As insufficient information was known about Hightown Village Surgery, in January 2017, a Task & Finish Group was assembled with representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, the practice's Patient Participation Group representatives, Healthwatch Sefton and H2A. Through the collaborative work of the Task & Finish Group, NHS commissioners chose to undertake a Patient Listening Exercise to seek the views of the patients directly affected by any potential change, and to understand what is important to them. This exercise provided a platform for patients to feedback their views and present further potential options which commissioners may not have considered. The findings of this listening exercise, in addition to an independent travel assessment and premises survey, will be considered, along with other statutory considerations, in order to determine what happens next in respect of Hightown Village Surgery.

### **Listening Exercise Options**

All attendees at the listening exercise were presented with several potential options for consideration, as listed below:

- 1. Procure a new provider for the surgery with the same level of funding as other practices.**
- 2. When the current contract expires, transfer patients to another local surgery with sufficient capacity.**
- 3. Merge Hightown Village Surgery and Freshfield Surgery to form one practice and procure a single provider to run both practices full-time.**
- 4. Merge Hightown Village Surgery and Freshfield Surgery, operating a full-time service across two sites, with each site operating part-time.**
- 5. Establish Hightown Village Surgery as a branch surgery, which would be linked to another existing practice.**
- 6. Patients' ideas. NHS England hoped patients would offer options which hadn't been considered.**

## Patient Engagement Prior to Listening Exercise

An interim communication was disseminated by NHS England (Cheshire and Merseyside) on November 18, 2016 to patients of Hightown Village Surgery regarding the future of the practice. This included the H2A Freephone helpline number as a point of contact.

Consequently, on November 26, 2016, a local communication was posted to all residents of Hightown Village. This communication was written by the Hightown Village Surgery Working Group. It was subsequently posted on Hightown Village social media channels, including Facebook and Twitter. The communication asked patients and residents to contact key individuals in the NHS in relation to the future of Hightown Village Surgery, which consequently prompted a surge of emails addressed to NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. These emails were collated, and the findings analysed in a report produced by H2A. This report was submitted to NHS commissioners on January 20, 2017. The full report can be found in Appendix 1.

From November 28, 2016 to January 20, 2017, a total of 187 emails were received and responded to. All emails regarded the potential closure of Hightown Village Surgery and all objected to this outcome.

A total of 93% of emails were written by patients of the practice, 4% by residents of the village, and a further 3% from concerned relatives or carers.

A thematic analysis of the contents and attachments identified the following themes in order of popularity:

- Poor public transport links to neighbouring localities (60%)
- Elderly demographic and increasing number of young families (59%)
- Planned increase in residential housing (52%)
- Excellent service offered by current provider (25%)
- Neighbouring surgeries being at full capacity (24%)
- Impact potential closure would have on local pharmacy (19%)

H2A began to receive telephone queries to the established Freephone helpline number from November 15, 2016. Between then and January 20, 2017, 14 contacts were recorded, which resulted in 11 conversations taking place. The average call time was 13.5 minutes per call. The themes which emerged from the phone calls were comparable with those received in patient and resident emails:

- Anger at potential closure of the surgery
- Concern for the elderly population, and families with young children
- Poor transport infrastructure
- Poor parking facilities at nearest surgeries
- Impact on the local pharmacy
- Increase in residential housing
- Poor service of the previous provider
- Praise for the current service provider

A further interim patient communication was sent by NHS England (Cheshire and Merseyside) on December 21, 2016, updating patients on the current position. It assured patients that no decision had been made, and that the current provider's contract had been extended to December 31, 2017 to provide time to undertake a patient listening exercise. NHS England (Cheshire and Merseyside) informed patients that they would write to them again in early spring 2017 but, in the meantime, signposting them to the Freephone helpline should they have any questions.

From the initial patient feedback summary report until the start of the listening exercise (January 21, 2017 – April 2, 2017), a further 3 emails were sent to NHS commissioners and 2 calls were made to the Freephone helpline.

All emails were sent by patients, including a member of the Hightown Village Surgery Working Group, and the content covered the themes listed above. The 2 calls came from the same patient regarding rumours which were circulating in the village and wanting more information in respect of the start of the listening exercise. In May 2017, the Hightown Village Surgery Working Group also started an online petition against the potential closure of the practice. At the close of the listening exercise this petition had 177 online signatures.

### **Listening Exercise Summary**

At the launch of the listening exercise (April 3, 2017), all patients of the practice aged 13 years and older received a communication from NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. The mailshot included all relevant information to the listening exercise, including details of the listening events and other channels by which patients could put forward their views, including a dedicated email address and the Freephone helpline. A pull-up banner was also placed within the waiting room of the practice which provided all the relevant information, and details of how patients could register to attend the listening events or feedback their views.

In total, 8 listening events were organised at St Stephen's Church Hall within Hightown Village for patients to attend. Each event had a maximum capacity for 60 attendees presenting the opportunity for 480 patients to attend an event throughout the listening exercise. Should the events have become oversubscribed, NHS commissioners planned to organise and facilitate more events. To ensure inclusivity and adherence to the Equality Act, the mailshot signposted patients to the number of ways they could register to attend; this included registering online through Eventbrite or, alternatively, emailing the dedicated email address or calling the Freephone helpline. H2A registered all patients who contacted the email address and Freephone.

The aim of the listening exercise sessions was to provide patients with further detail in relation to the options NHS England (Cheshire and Merseyside) and NHS South Sefton CCG had considered in respect of the potential solution for Hightown Village Surgery. It provided patients with an opportunity to discuss the options which NHS commissioners presented, whilst also allowing patients to put forward their own thoughts and options.

The listening events took place at St Stephen's Church Hall, Hightown and there were 8 opportunities for patients to attend, as follows:

<b>Date of Event</b>	<b>Session</b>
Monday, April 10, 2017	1:30pm – 3:30pm
Monday, April 10, 2017	4:00pm – 6:00pm
Tuesday, April 18, 2017	1:00pm – 3:00pm
Tuesday, April 18, 2017	3:30pm – 5:30pm
Tuesday, April 18, 2017	6:30pm – 8:30pm
Monday April 24, 2017	11:30am – 1:30pm
Monday April 24, 2017	2:30pm – 4:30pm
Monday April 24, 2017	6:30pm – 8:30pm

The venue was easily accessible and within walking distance of the centre of the village and Hightown Village Surgery. Representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at the events to discuss with patients their concerns and issues. The format of each event was planned to include a presentation from Senior Commissioning Manager for NHS England (Cheshire and Merseyside), Alan Cummings, followed by a video featuring the Chair of the Task and Finish Group, Dr Niall Leonard, and, finally, a table-top workshop exercise with patients and NHS commissioners. Comment cards were also scattered on each table should attendees wish to make any additional comments at the end of the session, or feel that they did not get a question answered. A total of 49 comments cards were left with a variety of statements and questions. Each event had a capacity of 60 attendees, with a total of 480 potential attendees throughout the 8 sessions. A total of 230 patients attended.

Each attendee was given an event pack of papers upon arrival. These included an itinerary of events for the session, a copy of the presentation, the transcript for the video featuring Dr Niall Leonard, and a copy of the Frequently Asked Questions. From April 18, a letter was included in the pack which responded to a communication written by the Hightown Village Surgery Working Group. In addition, copies of these packs were also available from the reception at Hightown Village Surgery, and patients who were unable to attend a session were signposted to them being there.



## Summary table of attendance

Date	Time Slot	Registered	Attended	Non-Attendees	Non-Registered
Monday, April 10	1:30pm - 3:30pm	39	39	3	3
Monday, April 10	4:00pm - 6:00pm	11	13	2	4
Tuesday, April 18	1:00pm - 3:00pm	36	31	9	4
Tuesday, April 18	3:30pm - 5:30pm	14	12	2	0
Tuesday, April 18	6:30pm - 8:30pm	19	19	3	3
Monday, April 24	11:30am - 1:30pm	38	41	2	5
Monday, April 24	2:30pm - 4:30pm	28	25	5	2
Monday, April 24	6:30pm - 8:30pm	58	50	13	5
<b>Totals</b>		<b>243</b>	<b>230</b>	<b>39</b>	<b>26</b>

Of the 1974 patients registered at Hightown Village Surgery some 230 patients attended the events; a total of 11.7% of the surgery's patient population. The main concern articulated throughout the events was the desire to retain their primary care services within Hightown Village, ideally on a full-time basis. However, patients would prefer part-time over no GP provision at all in the village. A qualitative analysis of the comments suggests that patients' main concerns regarding primary care services moving outside the village are the following:

- Capacity at surgeries in Formby and Crosby – currently long waiting times to see a doctor.
- Hightown is isolated and has poor public transport links.
- The elderly demographic of Hightown.
- The decrease in patient list size being due to the previous provider.
- New housing having planning permission in Hightown.
- Belief that patients will return to Hightown Village Surgery should the future be certain.
- Belief that current provider wishes to continue the contract.

During the listening exercise a Twitter account, Freephone helpline and email were established as points of contact for patients. Coverage of Twitter reached 3 tweets, 103 profile visits, 236 impressions and 4 mentions. The Freephone helpline received 13 phone calls from patients and residents regarding queries about the listening exercise and future of Hightown Village Surgery, and to share their views regarding the future of the practice. The established email address received 35 emails from patients; 7 wishing to register to

attend a listening event, 3 requesting the URL link to register for the listening event online and 25 expressing their views regarding the future of the practice.





Other key organisations and stakeholders were engaged in the listening exercise. Healthwatch Sefton and the practice's Patient Participation Group representatives both sit on the established Task and Finish Group.

### 3. Engagement Process

In April 2017, a listening exercise was undertaken to gather feedback of patient opinions and concerns regarding the future of Hightown Village Surgery. Information was mailed to patients informing them of the listening exercise and inviting them to engage in the process. All patients were encouraged to engage in the process to ensure that their views could be heard. All findings would be collated and analysed before submission to NHS commissioners to enable them to fully understand the patients' views and perspective regarding the future of Hightown Village Surgery. The exercise provided an opportunity for NHS commissioners to expand on their activity relating to the future of Hightown Village Surgery, alongside discussing and sharing the potential options that they had previously given thought to. All options were presented to patients with an emphasis on the potential benefits and possible negatives which commissioners would need to take into consideration.

All patients of the practice aged 13 years and older received a mailshot from NHS England (Cheshire and Merseyside) and NHS South Sefton CCG informing them of the upcoming listening exercise. The mailshot included information relating to the various channels through which they could engage in the listening exercise, including how to register for patient listening events and, if they were unable to attend, the alternate contact points by which they could express their concerns, issues and questions relating to the information about the future of Hightown Village Surgery.

### Here's how you can tell us what you think...

	<b>Online</b>	Please register by copying the URL below into your web browser and selecting the date and time which is most convenient for you: <a href="https://www.eventbrite.co.uk/o/nhs-england-13198312969">https://www.eventbrite.co.uk/o/nhs-england-13198312969</a>
	<b>Freephone help line</b> <b>0800 044 8169</b>	If you do not have access to the internet, please call the Freephone number below and we will secure you place based on availability. You can also feedback your views via the helpline number.  Use the same number if you require information regarding Hightown Village Surgery in large print, audio, Braille or an alternative format or language.  Call <b>0800 044 8169</b> and we will do our best to help.
	<b>Email</b>	Alternatively, you can register via email or send any feedback on your views to: <a href="mailto:hightownpractice@h2a.global">hightownpractice@h2a.global</a>
	<b>Twitter</b>	You can feedback your views via twitter or follow us for more information: <a href="https://twitter.com/HightownGP">@HightownGP</a>

The exercise concluded with 230 patients attending the listening events, 25 people emailing their feedback, and 13 individuals contacting the Freephone helpline. A total of 13.6% of the patient population engaged in the listening exercise and fed back their views. Further analysis of the feedback received can be found in the following section of this report.

## 4. Listening Events Feedback

A total of 8 listening events were organised to engage with patients of Hightown Village Surgery regarding the future of the practice. The events provided an opportunity for NHS commissioners to expand in greater detail on the current position, the background, possible solutions that they had already considered, and the rationale which had informed their decisions so far. All patients were encouraged to attend to gain further insight but, more importantly, to allow their views, concerns and questions to be heard. This gave NHS commissioners the opportunity to fully understand any issues and concerns, and gain insight in to the impact any potential decision would have on the patient population of the practice.

The events were held in a local venue, St Stephen's Church Hall, which is a popular venue for community events. Representatives from NHS England (Cheshire and Merseyside), NHS South Sefton CCG, clinical leads, Chair of the Task & Finish Group and H2A were present at the events to discuss with patients their concerns and issues. The events were scheduled over a 3-week period, with a variety of timed sessions to ensure that there was equity of access.

The itinerary of the events included a presentation from Senior Commissioning Manager at NHS England (Cheshire and Merseyside), Alan Cummings, who presented the current position and potential options. The presentation was followed by a brief video, featuring the Chair of the Task and Finish Group, Dr Niall Leonard. The video summarised the position and expanded further on the vision for primary care as detailed in the NHS General Practice Forward View. The session then moved to a table top facilitated workshop with 10 patients per table, an NHS facilitator from either NHS England (Cheshire and Merseyside) or NHS South Sefton CCG, and a scribe who took notes of the discussion.

Comment cards were also made available to patients during the table top workshops. Patients were asked to use these cards should they feel that they had been unable to express their views during the discussion, whether they simply had additional comments to add to the discussion, or if they had a specific question that they wanted to raise with NHS commissioners. Patients requiring a direct response to their questions were asked to leave their contact details on the card. A total of 49 cards were left by patients of Hightown Village Surgery throughout the 8 sessions.

Each event had a capacity for 60 patients/attendees, with a total of 480 patients being able to attend. Prior to the launch of the listening exercise the decision was taken to cap the number of events at 8. However, the Task and Finish Group appreciated that in doing this they were only providing capacity for 24% of the patient population of Hightown Village Surgery.

It was agreed that more events would be organised if demand for places quickly outweighed capacity. Patients could register via different methods including a URL website link, by emailing the dedicated email address, or by calling the Freephone helpline number. A total of 230 patients attended the 8 events hosted over the course

of 3 weeks, totalling 11.7% of the patient population of Hightown Village Surgery. The attendance of patients and NHS staff can be found in the table overleaf.

Date	Time Slot	Registered	Attended	Non-Attendees	Non-Registered	Facilitators	Floating Facilitator	Scribes	Clinician	Healthwatch
Monday, April 10	1:30pm - 3:30pm	39	39	3	3	5	2	4	0	0
Monday, April 10	4:00pm - 6:00pm	11	13	2	4	2	2	2	0	1
Tuesday, April 18	1:00pm - 3:00pm	36	31	9	4	4	2	4	1	0
Tuesday, April 18	3:30pm - 5:30pm	14	12	2	0	3	2	2	2	0
Tuesday, April 18	6:30pm - 8:30pm	19	19	3	3	2	2	2	1	0
Monday, April 24	11:30am - 1:30pm	38	41	2	5	4	2	4	0	2
Monday, April 24	2:30pm - 4:30pm	28	25	5	2	4	2	3	0	0
Monday, April 24	6:30pm - 8:30pm	58	50	13	5	5	2	5	0	0
<b>Totals</b>		<b>243</b>	<b>230</b>	<b>39</b>	<b>26</b>	<b>29</b>	<b>16</b>	<b>26</b>	<b>4</b>	<b>3</b>

NHS commissioners and the scribes at each table top workshop were given 3 prompt questions to seek patients' comments on. This was to ensure that there was consistency in the group discussions. The 3 prompt questions were as follows:

1. Do you have any views in terms of the options which have been shared today?
2. Do you have any other options which commissioners have not yet considered?
3. Are there any other factors which you feel commissioners have overlooked or not considered? Do you have any comments?

### Potential Solutions/Options

A key part of the presentation given by NHS England Senior Commissioning Manager, Alan Cummings, focussed upon the options which had already been thought through by commissioners and the Task and Finish group members. The first prompt question aimed to get feedback on these solutions. During each of the 8 listening events in Hightown there was an overwhelming consensus from attendees that **Solution 2**, which was to allow the current provider's contract to expire on December 31, 2017 and disperse the patient population to other local surgeries, was not acceptable and was strongly opposed.

**Solution 1** - was to procure a new provider with the same level of funding as other practices, under GMS rates. This proved to be the most favourable solution by attendees. Patients expressed their need for quality primary care services in Hightown Village, and a wish for future services to be maintained at the current excellent standard, with appointments being easily available on the same day and with continuity of care. Ideally, they wished for the service to be run on a full-time basis with at least a single doctor present during working hours. Patients were less interested in having additional services which are available at larger surgeries. Instead, they conveyed their happiness at having a basic or core level of service available at the practice and travelling occasionally, when necessary, to access additional services. However, they also conveyed that although it wasn't perfect, a part-time service in the village was better than no primary care provision at all.

**Solution 3** - considered a potential merger with Freshfield Surgery which is in a comparable situation, with a single provider running a full-time service at both sites. Most patients believed this to be a feasible solution for the future of the practice as it offers an increase in patient list size which has the potential to be viewed as more financially viable by a bidding provider. Patients agreed that this would cause less problems to arise in the future as it would maintain a general practice in the village.

**Solution 4** - offered a similar option to solution 3, however the practice would be run part-time, with access to Freshfield Surgery when a doctor wasn't present in Hightown. Patients believed this option was better than no primary care services in the village. However, concern was expressed that patients would wait when a doctor wasn't



present, which would lead to further deterioration of health and an increase in hospital admissions. To combat this a suggestion was made that when a GP wasn't present, in these circumstances the practice would run a nurse-led service instead.

**Solution 5** - focused on Hightown Village Surgery being run as a branch of an existing local practice. There are legal restrictions around the creation of branch surgeries, and some patients believed that if they had more information around these restrictions that they would find this solution agreeable. Patients expressed the view that they would prefer the service to be run full-time as it maintains a general practice in the village, and they would be happy to travel to the other surgery should they need to access additional services. However, there was not a consensus amongst patients that they believed this solution to be acceptable.

### **Other Factors for Consideration**

NHS commissioners sought patients' views in terms of whether there were any other factors that they felt had not been considered in relation to the future of Hightown Village Surgery. There were three main factors which were mentioned repeatedly by more than 50% of patients attending; these were:

- Removing primary care provision in Hightown Village will lead to the elderly demographic waiting to see a doctor which will lead to an increase in emergency cases and demand on A&E.
- The local hospice contract was lost under the previous provider. This would have been a substantial number of patients removed from the patient list size which could be won back under a new quality provider with a certain future.
- The impact that closing the surgery would have on the local pharmacy.

Other factors mentioned were the Altcar training camp; concern regarding the new electronic repeat prescription arrangements; the community benefit of having the surgery in the village; the current situation with lease arrangement; and new residents not buying the new houses in the village without the presence of a surgery.

### **Patient Suggested Options/Solutions**

The listening events allowed NHS commissioners to share details of the options which had already been thought through, however, they were keen to use the listening exercise to ask patients directly if they had any potential ideas or further solutions which could be explored.

The primary concern articulated was the desire to maintain a primary care service within Hightown Village. Additional services which many other GP surgeries offer were believed to be services that were only accessed occasionally and, for this reason, patients were happy to travel to the clinic in Formby should they need them. Although not ideal, the

clear majority of patients suggested that they would be happy with a part-time service, or reduced hours at the very minimum, to maintain some GP presence in the village. However, if the surgery were part-time they would wish to be paired with another practice which they could access when Hightown Village Surgery was not open. The patients suggested 8 potential ideas that would ensure that primary care services remain in Hightown Village.

- **Establish Hightown Village Surgery as a satellite or overflow surgery** – The practice could be established as an overflow surgery for a collection of practices, or a single practice, in Crosby and/or Formby. There was an overwhelming suggestion that the surgeries in nearby localities are struggling with capacity, with registered patients waiting several weeks to see a GP. The recommendation was made that these surgeries could use capacity at Hightown Village Surgery to relieve pressures in their own practices, whilst keeping the practice open for current patients.
- **Establish a walk-in centre alongside the GP Practice at Hightown Village Surgery** – By using the additional space at the practice to host a walk-in centre, patients believed that this would make Hightown Village Surgery more viable; it would create a local walk-in centre and, most importantly, ensure that primary care services are available in Hightown.
- **Merge the GP Practice with the local pharmacy** – The idea was suggested to combine the practice with the local pharmacy, by using a consultation room within the pharmacy premises to host a practice. The purpose of this solution was to ensure that primary care services and pharmacy services are maintained within Hightown.
- **Allocate patients to Hightown Village Surgery** – As previously mentioned, patients were under the impression that surgeries in Formby and Crosby were at full capacity, with some having closed lists. Patients suggested that NHS commissioners could allocate patients from those surgeries to Hightown Village Surgery, therefore decreasing GP pressures elsewhere and increasing the patient list size at the practice. The increase in patient list size would make the practice more viable and more attractive to a potential provider.
- **Survey ex-patients and residents not registered at the practice** – The suggestion was made that, should the practice's future be certain under a quality provider, then ex-patients would return, and residents of the village registered at other practices may consider changing their provider. It was suggested that NHS commissioners collaborate with the Patient Participation Group and Parish Council to survey ex-patients and residents of Hightown Village to confirm the number of individual who would return to/register with the practice should it be procured. These numbers could potentially be included in the procurement package to inform providers of the potential patient list size.
- **Patients pay a levy to maintain the subsidy of the practice** – Some patients suggested that a levy payment could be made through the Parish Council to maintain the current subsidy that the practice is currently receiving. This would

continue until the patient list size increased to a viable level that would ensure adequate funding under GMS rates and therefore secure the practice.

- **NHS Commissioners to maintain the financial subsidy for dedicated period** – Patients believe that those patients who had previously left the surgery would return to the surgery should its future be certain under a new quality provider. They suggested that if NHS commissioners maintain the subsidy for a dedicated period, it would create certainty about the future of the practice and encourage patients to return and register. Consequently, the patient list size would increase to a viable level enabling NHS commissioners to then withdraw the extra subsidy at this point.
- **Provider to sub-let some of the rooms within the premises** – The new provider of the service in Hightown could sub-let some of the additional consultation rooms to earn the extra subsidy needed to make the practice viable.

## **Salient Themes**

A thematic analysis of the discussions which took place during the listening events, and the issues raised on the comment cards, highlighted the main concerns felt by Hightown Village Surgery patients.

The most prominent concerns expressed by patients at the listening event sessions, centred around the following themes:

- Capacity at other local practices should they have to absorb Hightown Village Surgery patients.
- Hightown has poor public transport links and is geographically isolated.
- The elderly demographic of the village.
- Current situation being due to poor service of previous provider.
- The increase in residential housing planned for the village.
- Wanting the current provider to continue in the future.

Other concerns mentioned included the ability to get an appointment; impact on emergency services; impact on the local pharmacy business; electronic repeat prescription system; ability to get home-visits; and continuity of care.

## Frequently Asked Questions

As the listening exercise concluded, all questions and patients enquires from both the table discussions and comments cards were collated into a list. This list was shared with NHS commissioners and communication leads. A response was formulated via a new Frequently Asked Questions (FAQs) to be shared with patients via the practice.

Some patients had asked for a direct response to their questions; these will be emailed directly and included in the FAQs. A total of 34 varying questions were asked of NHS commissioners; the full list can be found in Appendix 2.

In total, there were 26 table top workshops throughout the 8 listening events, and the following questions proved to be the most prominent:

- What is the capacity for patients in surgeries in Formby and Crosby? (31%)
- Why can't Ashurst (the current provider) continue? (31%)
- What is the definition of 'urban' and 'rural'? (27%)
- Will NHS England subsidise travel costs or provide a shuttle bus should the practice list disperse? (23%)
- How many patients would make Hightown Village Surgery viable? (19%)

Of the 49 comment cards the most popular questions was, "What effort is being made to encourage patients to register at the practice?" with 10% of the comment cards making this enquiry.

## 5. Contact Points Feedback

A Freephone helpline and dedicated email were established to enable patients to register to attend one of the listening events, or to answer any queries regarding the listening exercise or future of Hightown Village Surgery. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into an alternate language.

During the 6-week listening exercise a total of 13 phone calls were received to the Freephone helpline and 35 emails to the dedicated email address. All patients who contacted any of the channels were encouraged to attend a listening event to have the chance to engage with NHS commissioners face-to-face and raise their concerns and questions.

### Freephone Helpline

The Freephone helpline began to receive telephone queries from the launch of the listening exercise (April 3) and the calls continued until the closing date (May 12). In total, 13 phone calls were recorded during the listening exercise period; this number does not include the calls which were received to register patients for the events. Of the 13 calls, 11 were from patients whilst the other 2 were from non-patients and included a local stakeholder.

The duration of the 13 conversations amounts to 3 hours 2 minutes; an average of 14 minutes per call (the longest lasting 35 minutes and the shortest 5 minutes).

In the main, the themes mirrored those from the listening events, with an overwhelming majority of the calls sharing their disapproval and anger at the potential closure of the surgery. Other themes were as follows:

- Hightown Village is an isolated village with poor public transport links both by rail and bus. Patients would struggle to access a service in another locality (39%).
- The patient list has a significant percentage of elderly patients who do not drive and would find it impossible to access services elsewhere (31%).
- Many patients believed that the listening exercise was a waste of NHS time, money and resources as the decision regarding the future of Hightown Village Surgery had been made, and the exercise was viewed as a 'box-ticking exercise' (31%). A further 15% wished to know the cost of the exercise.
- Several patients wished to discuss the previous provider who had provided a poor service, which lacked continuity of care, and consequently led to patients losing confidence in the service. The overwhelming belief was that the surgery would not be in the current position if this previous provider had not been awarded the contract (31%).

Other salient themes which arose during the phone conversations included an increase in demand on emergency services and A&E; the increase of residential housing in the locality; misinformation and rumours regarding the size of Hightown Village's population; impact on young families; the impact on the local pharmacy business; and a wish for NHS commissioners to also engage ex-patients and residents.

A single caller, who was a patient of the surgery and was attending a listening event, wished to express her views in an anonymous phone call as she felt she would be stigmatised by her fellow patients if she expressed them in public at an event. The caller expressed the view that patients and residents were very emotive and generally did not understand the economics of the situation. Like many of her peers she wished for GP provision to remain in Hightown Village but enquired why it was in an expensive area of the village, suggesting NHS Property Services purchase cheaper premises. Her suggestion was to operate Hightown Village Surgery as a satellite surgery of a practice in Formby, hosted within a consultation room located in the local pharmacy. This would maintain both the GP and pharmacy in Hightown but, by removing the back-office function to Formby, there would be a reduction in costs. This is a similar solution to one that had been suggested during one of the listening events that had already taken place.

## **Emails**

A total of 35 patient, non-patient and resident emails were received during the 6-week listening exercise. The dedicated email was established to allow patients to either register to attend an event, request the URL link to register themselves to attend an event, or express their comments, views, concerns and questions. Of the enquiries received, 7 wished to be registered to attend a listening event and 3 patients choose to email to request the URL link to register for an event themselves. The remaining 25 emails were from patients and non-patients who wished to express their views and concerns.

The 25 emails which expressed opinions and asked questions were not all sent to the dedicated email address; 36% were received by the dedicated email address and 64% were sent to Anthony Leo, Commissioning Director, NHS England (Cheshire and Merseyside).

Of the emails received, 88% were written by patients of Hightown Village Surgery, 12% were sent by residents of Hightown Village who were not patients at the practice.

A thematic analysis has been applied to the contents of the emails and, in the main, the themes resonated with those in both the listening events and phone calls. The following themes emerged most often:

- 76% of emails expressed concern relating to potentially having to travel to an alternate local surgery as Hightown is an isolated village and there are few and poor public transport links.

- 68% of patients were concerned about the potential impact a move would have on the largely elderly demographic of patients and residents of the village and those patients who make up young families.
- 60% of emails mentioned that there will be many new residential houses which have received planning permission from the local council. The patients believe that the individuals who move into these new houses will wish to register with the practice and will therefore increase the patient list size.
- 44% commented that the decrease in patient list size, and the reason why the practice is in the current position, was due to the poor service provision which had been provided by the previous provider.
- 36% believed that the other surgeries in the locality, which are in Formby and Crosby, currently are at full capacity, with some having closed lists. They are under the impression that, at these surgeries, patients will struggle to get an appointment to see a GP without waiting more than 2 weeks.
- 28% praised the current interim provider for delivering an excellent service, with exceptional access to appointments, and expressed a wish for this provider to continue in the future.
- 24% of emails specifically referenced the local pharmacist/pharmacy, with a concern that, should the surgery close, then the pharmacy will be negatively impacted and close soon after.

Other topics included the view that the listening exercise was a waste of NHS commissioners' time and money (12%); the impact that the surgery closure would have on the community (12%); a belief that the patients lost under the previous provider will return (8%); complaint that ex-patients and residents aren't being actively included in the listening exercise (8%); there being room for expansion at the surgery premises (4%); the impact on A&E and emergency services (4%); the ability to get home-visits should the patient list be dispersed (4%); and the loss of the hospice contract under the previous provider (4%).

Two of the patient emails referred to the potential solutions which had been discussed at the listening events. The emails discussed the need for a full-time surgery to be situated in Hightown Village, with 1 email suggesting that the solutions for a merger or a branch surgery would be feasible, and the other email proposed an overflow surgery for the surgeries in Formby and Crosby; this being a patient potential solution mentioned often in the discussions at the listening events.

## Social Media

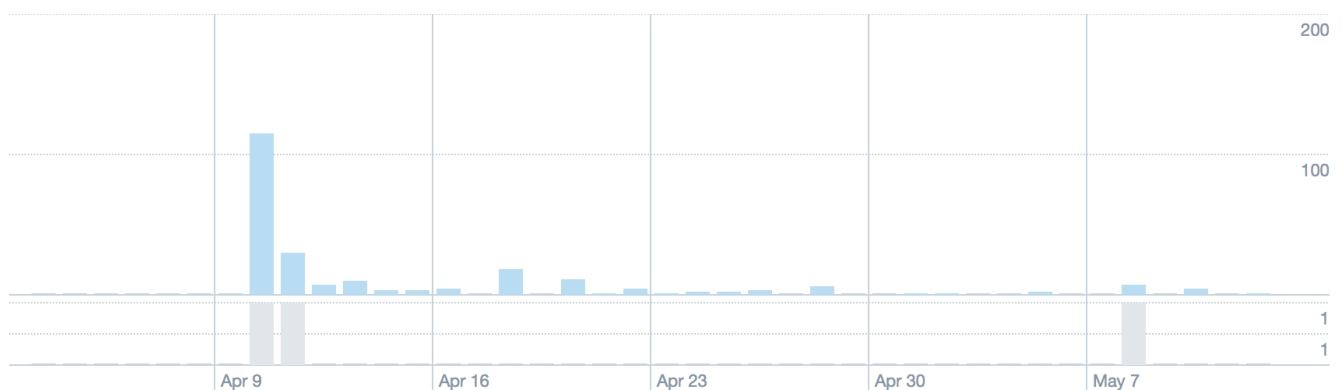
Hightown Village has a very active social media community, including Facebook and Twitter accounts, that regularly posts updates regarding the future of Hightown Village Surgery, and information disseminated from NHS commissioners, the Parish Council and the Hightown Village Surgery Working Group.

A dedicated Twitter account, @HightownGP, was established from which patients could ask questions, express their concerns, or engage during the listening exercise (April 3 – May 12, 2017). The Twitter account was also available to convey immediate information, for example, the availability of the event attendee packs in the practice for those patients unable to attend, and a reminder that the listening exercise was “closing soon”. Twitter analytics over these timescales were:

- 3 tweets
- 103 profile visits
- 5 followers
- 236 impressions
- 4 mentions
- 1 enquiry

The 1 enquiry and 4 mentions received came from the Hightown Village Twitter account. The enquiry related to an issue with misprinting that had occurred with the mailshot and was questioning how this was being handled. A response was tweeted advising that any patient who needed another copy of the mailshot could either call the Freephone helpline, and a further copy would be sent via Royal Mail, or, alternatively, patients could email the dedicated email address to receive a copy electronically. The additional mentions were informing patients about the above information and signposting patients to continue to register to attend a listening event, or engage in the listening exercise using one of the alternate channels.

### Your Tweets earned **236 impressions** over this **40 day** period





## 6. Engagement Activity Plan

Audience	Activity
Patients	<ul style="list-style-type: none"> <li>• A mailshot was sent by post to all patients of the practice aged 13 years and older. The mailshot included all information pertaining to the current situation relating to Hightown Village Surgery. It explained the listening exercise that NHS commissioners were about to undertake regarding the future of the practice, and how patients could engage by attending a listening event and/or contacting the dedicated email address or Freephone helpline.</li> <li>• 8 listening events were organised over a 3-week period, with sessions running in the afternoon and evening, at St Stephen's Church Hall, Hightown.</li> <li>• A Freephone helpline was established to answer any queries or concerns patients had; these would feed into the listening exercise. Patients who did not have access to the internet were asked to contact the Freephone helpline should they wish to register to attend a listening event. Patients were directed to the Freephone helpline should they require the correspondence in large print, audio, braille, or any alternative format, or translation of the mailshot into a different language.</li> <li>• A dedicated email address was provided for patients to contact who wished to register to attend a listening event, or to be sent the URL link to register themselves online. Patients who could not attend an event were encouraged to direct any questions, concerns, issues or comments to the email address to feed into the listening exercise.</li> <li>• A dedicated Twitter account, @HightownGP, was established to provide patients with information relating to the listening exercise, answer queries, and convey relevant information when needed.</li> <li>• A pull-up banner was placed in the practice's waiting area containing all relevant information regarding the listening exercise. The banner also provided information signposting patients to the Freephone helpline, dedicated email address and Twitter. Additionally, it</li> </ul>

	<p>informed them of the times and dates of the listening events and how they could register to attend.</p>
Practice	<ul style="list-style-type: none"> <li>• During the listening exercise, there was regular communication and engagement with Hightown Village Surgery's Practice Manager regarding the listening exercise.</li> <li>• Office staff at the practice were briefed regarding the pull-up banner in the waiting area and the need to signpost patients to the listening events, and various points of contact, should they have queries.</li> </ul>
Third Sector Organisations	<ul style="list-style-type: none"> <li>• Healthwatch Sefton were invited to join the established Task &amp; Finish Group for Hightown Village Surgery. They were engaged throughout the planning and facilitating of the listening exercise and attended 2 of the 8 listening events.</li> </ul>
Patient Participation Group (PPG)	<ul style="list-style-type: none"> <li>• The Patient Participation Group was asked to send a representative to join the established Task &amp; Finish Group on behalf of Hightown Village Surgery. They have therefore been engaged throughout the planning of the listening exercise and, as patients, they were all invited to feed into the exercise through either attending an event, or using the Freephone helpline or dedicated email address.</li> <li>• The PPG have also been engaged throughout the process to disseminate information throughout the patient population and when necessary to counteract rumours.</li> </ul>

## 7. Outcomes and Next Steps

Of the 1974 patients registered at Hightown Village Surgery, 13.6% of the patient population engaged in the listening exercise, either through attending a listening event, or feeding their comments through the Freephone helpline or email address. An overwhelming majority of the patients who engaged did not want to see the contract expire on December 31, 2017 and the patient list be dispersed amongst other surgeries locally in Formby and Crosby. There was a large consensus to keep primary care services within Hightown Village; primarily core GP services remaining in the village, with additional services being accessible elsewhere.

Although other solutions were considered acceptable by patients, their main concern was to keep a full-time GP service provision in the village by whatever means. This might include a merger with Freshfield, a possible branch surgery, or an overflow surgery. All options were acceptable to maintain the practice at Hightown.

The principal concerns regarding a potential closure and move to another local surgery were echoed in all the different channels for patients to feedback and included:

- The capacity at other surgeries in Formby and Crosby to take Hightown Village Surgery patients should they be allocated there and, furthermore, the impact this would have upon the level of service capable of being provided with additional patients.
- The isolation of Hightown Village which leads to poor public transport links both for rail and bus services, consequently making it difficult for any patient who doesn't have access to a car to travel to the GP services in other locations.
- The elderly population of Hightown Village and the practice who may not drive, and would have difficulty accessing the public transport links which makes their travelling to GP services challenging. Included in this concern was the number of young families who require a primary care services to be located locally.
- The belief that should the practice's future be secured with a suitable, quality provider, that those patients lost during the previous provider's contract would return, subsequently increasing the patient list size and making the practice viable.
- There is a planned increase in residential housing for the area and those new residents will need access to primary care services locally, ideally at Hightown Village Surgery which, again, will increase the patient list size and make the practice viable.

This report, in addition to the Independent Transport Survey, Premises Survey and Equality Impact Assessment will be considered by both NHS England (Cheshire and Merseyside) and NHS South Sefton CCG commissioners in relation to the next steps for the future of Hightown Village Surgery. In addition to these documents, further consideration is required in relation to the 4 NHS reconfiguration tests which commissioners must demonstrate that any decision taken takes account of:

1. Strong patient and public engagement;
2. Consistency with current and future need for patient choice;
3. Clear, clinical evidence base;
4. Support for proposals from NHS commissioners.

Once a decision is reached in terms of next steps, NHS commissioners will present relevant material and evidence base to the Joint Health Overview and Scrutiny Committee, scheduled for June 27, 2017.

Further consideration:

- A copy of the report and next steps to be shared with the relevant NHS internal governance body(s).
- A copy of the report to be shared with NHS South Sefton CCG Engagement and Patient Experience Group.
- A copy of the report and findings to be shared with Sefton Public Consultation Panel.
- A copy of the report to be shared with key stakeholders as recognised by NHS England (Cheshire and Merseyside) and NHS South Sefton CCG.
- A copy of the report to be shared with the Patient Participation Group of Hightown Village Surgery.
- A copy of the report to be shared with Healthwatch.
- During the listening events, patients suggested a local survey to ascertain how many Hightown residents and patients who had previously been registered at the surgery would be willing to register or return to Hightown Village Surgery if a long-term provider was secured. NHS England supported the suggestion but explained that, as a commissioner of services, they could not conduct the survey. It was suggested that an independent survey could be conducted by the Parish Council, Patient Participation Group and local pharmacist. NHS commissioners confirmed that they would be willing to include any findings of

the survey in a future procurement exercise, if the decision is taken to seek a new provider for the practice following the listening exercise.

- A commitment was made by NHS commissioners at the listening events to undertake a scoping exercise across other GP practices within the vicinity of Hightown. The purpose of the scoping exercise would be to determine which surrounding practices would have the capacity to take additional patients in the event of dispersal.

End of report.

## 8. Appendix 1

### Hightown and Freshfield Feedback Summary Report

#### Emails

#### Timeframe: 28<sup>th</sup> November 2016 to 20<sup>th</sup> January 2017

On 26<sup>th</sup> November 2016, a communication was posted to residents of Hightown Village, this communication was subsequently posted on Hightown Village social media channels, including Facebook and Twitter. The receipt of this communication prompted a surge of resident emails addressed to NHS England Cheshire and Merseyside, and NHS South Sefton and Southport & Formby Clinical Commissioning Groups.

The communication regarded the future of Hightown Village Surgery, and informed residents and patients that a small working group had been established to challenge the decisions which were believed to have been made by NHS commissioners. The communication stated the following:

- 'Patients will be forced to re-register with surgeries in either Formby, Thornton or Crosby, this will require significant travel to each'.
- 'Surgeries in each of these areas are at capacity and many have closed lists, hence are not taking any new patients'.
- 'The imminent, significant expansion of Hightown village, with the construction of between 150 to 200 new homes, which will potentially mean upwards of 500 new residents'.
- 'Hightown Village Surgery is made up of a significant number of elderly residents, who will struggle to access GP services if our surgery closed'.
- 'The councillors feel that there has been a sheer lack of engagement from NHS England with patients, residents, healthcare professionals and the council.'

Patients and residents in receipt of the communications were asked to contact the following people to convey their thoughts and feeling in respect of what they had read:

- Anthony Leo, Commissioning Director NHSE
- Bill Esterson MP – Sefton Central
- Fiona Taylor – Chief Office South Sefton, Southport and Formby CCG
- John Joseph Kelly – Councillor Manor Ward
- Hightown Pharmacy

NHS commissioners procured the services of H2A to respond to the resident/patient communications on their behalf. A record log was established to ensure transparency and provide a detailed audit trail.

From 28<sup>th</sup> November 2016 to 20<sup>th</sup> January, 2017, a total of 187 emails have been received and responded to. All emails regarded the potential closure of Hightown Village Surgery and all objected to this outcome.

Of the 187 emails received, 18 were written and submitted by a member of the established working group who has been assisting patients/residents who do not have access to a computer or emails. Consequently, their correspondence is either an attached hand written letter or a typed letter written with the aid of the working group member.

93% of emails were written by patients of Hightown Village Surgery, 4% by residents of Hightown but not patients of the surgery, and a further 3% from concerned relatives or carers of patients of the surgery.

A thematic analysis has been applied to the contents of the emails and attachments and the following themes have emerged:

- 59% of emails mentioned that Hightown is home to a large elderly and ageing population, as well as many young families with children and/or babies. It was a repetitive suggestion that closure of the surgery would lead to patients being dispersed to surgeries in the local villages of Formby, Thornton or Crosby.

60% noted that these nearby villages were not easily accessible from Hightown and that patients in the two categories referenced above, along with patients with mobility issues, would struggle to attend these surgeries.

- 52% of emails noted that there would soon be an increase in residential housing in Hightown village, with numbers of 200 being quoted. It was concluded that with increased housing, there would be an increased number of residents who would wish to register and attend Hightown Village Surgery.
- 25% mentioned that the current provider was providing an excellent quality service, whilst 13% mentioned the poor service which had previously been provided by an alternate provider.
- 24% of enquires stated that the current GP Practices in Formby, Thornton and Crosby were at full patient capacity, and that many had closed their lists. Concern was articulated about patients who were currently registered at these practices, struggling to obtain appointments and putting the surgeries under increasing pressure to meet demand.
- 19% of emails specifically referenced the local pharmacist/pharmacy, the excellent service they provided for the community, their support when the surgery was unable to provide sufficient care and how it would suffer without the presence of the surgery.
- 16% mentioned their dissatisfaction with NHS England. These included both negative remarks about their employees and their lack of consultation and

engagement with the community members about the future of Hightown Village Surgery.

- Other topics included distress and panic caused to patients of the surgery (9%), the current provider being happy to continue with the primary care contract at Hightown Village Surgery should NHS England chose to re-procure the contract (8%), and some mention of a previous communication earlier in 2016 regarding the future of the surgery (7%).

Of note, most of the reoccurring themes across the 187 emails directly correlated to the content of the resident/patient communication disseminated on 26<sup>th</sup> November, 2016.

Following an interim communication (21<sup>st</sup> December 2016) from NHS commissioners to all registered patients of Hightown Village, a further 11 emails have been received from patients objecting to the potential closure of the surgery.

## **Telephone Calls**

### **Timeframe: 15<sup>th</sup> November, 2016 to 20<sup>th</sup> January, 2017**

H2A began to receive telephone queries to the established Freephone number from 15<sup>th</sup> November, 2016 following receipt of a call by NHS England (Cheshire and Merseyside) on 14<sup>th</sup> November, 2016. A patient had been alerted to the fact that a decision pertaining to Hightown Village Surgery would be made and wanted to know when and how this decision would be communicated. H2A returned this call.

An interim communication was subsequently sent by NHS England (Cheshire and Merseyside) on 18<sup>th</sup> November, 2016 to both Hightown Village and Freshfield Surgeries which included the H2A Freephone number as a point of contact.

A total of 15 contacts have been recorded which have resulted in 11 conversations taking place (including follow-up calls). Of the 15 contacts, 4 went to voicemail of which 3 callers chose not to leave a message, 14 related to Hightown Village Surgery and 1 to Freshfield Surgery.

The total duration of the 11 conversations amounts to 2 hours 30 minutes; an average of 13.5 minutes per call (the longest lasting 24 minutes and the shortest 2 minutes).

With regards to Hightown Village Surgery, in the main, the themes emulated those in the e-mails detailed earlier in the report, as follows:

- Anger at the thought of the closure of the surgery.
- Anger and dissatisfaction at the (deemed) lack of communication from NHS England which included negative remarks about the NHS as an organisation, and their employees.
- The amount of elderly people, and people with young families, living in the locality who would be left vulnerable.



- Poor transport infrastructure for access to surgeries in the nearest localities of Formby, Thornton and Crosby.
- Poor parking facilities at the nearest surgeries in Formby for those able to drive.
- Impact on the local pharmacy (the service from which is highly regarded by the community).
- The local development plans for the increase in residential housing in Hightown.
- The poor service provided by the previous service provider (seen as the reason for the decline in number of registered patients).
- Considerable praise for the current service provider who, it is believed, are happy to continue which would attract patients to return.

The issue of repeat prescriptions was raised by one patient who has to attend the surgery three times a month to submit the necessary requests due to the combined frequencies of his and his wife's scripts. He expressed both anger and concern at the implications of having to travel outside of Hightown for this purpose.

In the case of the call relating to Freshfield Surgery, the caller had received the interim communication dated 21<sup>st</sup> December 2016, didn't understand the contents and simply requested clarification as to what it was all about. Once an explanation had been provided their only concern was, in the event of the closure of the surgery, whether they would be left to find an alternative provider or whether NHS England would undertake this on their behalf. After receiving confirmation that this would be undertaken by NHS England, the caller was quite happy with the situation.

## 9. Appendix 2

### HIGHTOWN VILLAGE SURGERY LISTENING EVENTS QUESTIONS

#### Questions Asked During Session

1. How many patients would make Hightown viable?
2. Why can't the subsidy be maintained?
3. Why can't Ashurst continue?
4. Will NHS England subsidise travel costs or provide a shuttle bus?
5. What is a reasonable distance patients can be expected to travel?
6. What is the breakdown of the 68% extra subsidy? And what percentage of this is a consistent additional cost?
7. Why can't we have a single GP provider i.e. Dr Welch?
8. What's the definition of 'urban' and 'rural'?
9. Where is the capacity for patients in surgeries in Formby and Crosby?
10. How much is it costing to keep the surgery open per year?
11. If solution 2 is taken what would be the allocation process to another surgery?
12. Will additional GP's be appointed to the practices we may be allocated to?
13. How long does it take to procure a provider?
14. Why are you not including ex-patients or residents in the Listening Exercise?
15. How can you be sure of a quality provider?
16. Could Ellis bid to be a provider?
17. How much extra per patient is NHS England paying?
18. Number of surgeries nationally that are the same size or smaller and are viable
19. What is the cost of the Listening Exercise?
20. What is the capacity of the premises?
21. Can the GPFV funding be used to subsidise Hightown until it becomes viable?

#### Comment Card Questions

22. Merseyrail is currently threatening to remove guards from trains, if patients who are wheelchair bound need to access services via train how are they meant to do that?
23. If we move surgeries will the GP still be prepared to do home visits?
24. How many residents of Hightown are registered at the surgery?
25. If you sign the lease for another five years and leave it empty how is that equitable or good value?
26. How much does the surgery get charged for walk-in centre attendances?
27. What is the population of Hightown?
28. What effort is being made to encourage more patients to register to the surgery?
29. Urgent Care 24 has taken 5 practices including Thornton and two in Crosby, why can't Hightown be absorbed in to their contract?
30. When is the final decision going to be made on which option is going to be taken?

### **Direct Comment Card Questions**

31. If I get allocated to a practice where the practice nurse or midwife etc won't come out to do a home visit after I have had my baby, what do I do then?
32. Can we appeal against any decision we disagree with?
33. What is the cost of the exercise, the mail shots etc i.e the paper/envelope quality!
34. Has the survey for patients returning been done and if so where are the results?