



Report to Health Scrutiny Sub-Committee

Report of:	<i>Abigail Tebbs, Deputy Director of Delivery – Primary Care Digital and Estates</i>
Report to:	<i>Health Scrutiny Sub-Committee</i>
Date:	<i>7th September 2023</i>
Subject:	<i>Primary Care Transformation Plan -New Sheffield Health Centres Update</i>

Purpose of Report:

- part A is to update the Health Scrutiny Sub-Committee of arrangements for continuing involvement with local people following the decision to approve the building of three new health centres in Sheffield; and
- part B is to inform the Health Scrutiny Sub-Committee of developments on proposals for a City Centre Health Centre, and the consultation that has been launched to influence decision making.

Recommendations:

The Health Scrutiny Sub-committee is invited to note:

- the plans South Yorkshire Integrated Care Board (SY ICB) has put in place to continue involving local people in the development of the three new health centres already approved; and
- the consultation underway on the proposal to develop a City Centre health centre and relocate PCS City and PCS Mulberry practices to the new site.



Sheffield Health Centres Update

Part A: Post-consultation Involvement on Three New Health Centres

1. Background

1.1. NHS South Yorkshire Integrated Care Board (SY ICB) approved a decision making business case (DMBC) to build three new health centres in Sheffield on 1 February 2023. If built, these sites will accommodate several GP practices that will relocate from their present premises.

1.2. The locations of the approved health centres, along with the seven GP practices who will relocate to the sites, are set out in table 1 below.

Table 1: New Health Centre Sites and Participating Practices

New Health Centre location	Relocating GP practices
Foundry 1 - Spital Street	<ul style="list-style-type: none">• Burngreave Surgery• Sheffield Medical Centre
Foundry 2 - Rushby Street	<ul style="list-style-type: none">• Page Hall Medical Centre• Upwell Street Surgery
SAPA 2 - Wordsworth Avenue	<ul style="list-style-type: none">• The Health Care Surgery• Buchanan Road• Margetson Surgery

1.3. One proposed health centre, SAPA 1, was not approved. This means that the proposed health centre at Concord Leisure Centre will not be built and Firth Park Surgery and Shiregreen Medical Centre will remain in their existing premises.

1.4. The approval of the DMBC enabled SYICB to proceed with the development of the Outline and Full Business Case for each of the health centres. These must be submitted to NHS England and His Majesty's Treasury for approval before the developments can proceed.

1.5. This paper sets out the timescale for the development of the health centres and how patients and communities are and will continue to be involved during the design, planning and development of the sites and beyond.

2. Informing Patients and Communities of the Decision Made

2.1. Patients were informed of the decision taken in February using the same preferred methods of communication deployed in the consultation. Clear and accessible infographics were designed to support the communication with

patients about the findings of the consultation. These can be found in Appendix 1 of this paper.

3. Sharing Best Practice

- 3.1. The health centre consultation has been recognised as an example of best practice and SY ICB is sharing the learning from the consultation nationally.
- 3.2. NHS England requested a case study of the consultation to share as an example of best practice for large scale service change. This was presented at a national Learning Network session with a particular focus on engaging with stakeholders and communities.
- 3.3. The Consultation Institute has also published a case study of how they worked with SY ICB to provide a certificate of consultation readiness. The case study has been shared widely on the Consultation Institute's website, newsletters and social media.

<https://www.consultationinstitute.org/wp-content/uploads/2023/04/tCI-Case-Study-South-Yorkshire-ICB.pdf>

4. Continuing Involvement Activity

- 4.1. As part of the DMBC and Equality Impact Assessments recommendations to mitigate concerns raised during the consultation were made. Many of these related to ongoing communication and involvement with patients and communities as the planning and development continues.
- 4.2. To ensure the recommendations are acted upon, we are working with community organisations to involve and inform local people in the progress of the health centre developments and to prepare people for the transition to the new sites.

Involving people in:

- design of buildings working with disability stakeholder groups and other community interest groups;
- how the buildings become valued community resources that compliment, rather than duplicating current community provision;
- travel training;
- safety and anti-social behaviour;
- environmental aspects of the design and opportunities;
- transition to using the new site for those who require it;
- how the impact of the change is evaluated.

These activities are being delivered through partnerships with community organisations and roadshow events.

4.3. Appendix 2 to this paper sets out the latest images produced in the design process which will be made available during the ongoing engagement and involvement process.

Informing people about:

- the final decision of new health centres following consultation;
- public transport arrangements;
- continuity of care;
- disposal of existing sites;
- pharmacy arrangements;
- alternative GP registration for those who do not wish to move;
- travel training.

These activities will be delivered through NHS South Yorkshire, community organisation, and GP practice communications channels.

5. Timescales for Development

5.1. Subject to approval of the full business case (FBC) work to complete the health centre developments will take place between 13 February 2023 and March 2025. The key phases and milestones are:

- Design phase - 13 February to October 2023;
- Business Case Approvals – October to December 2023;
- Build phase – January 2024 to March 2025;
- Transition phase – January 2025 - March 2025

6. Design Groups

6.1. A design group has been established to lead the design of each of the health centre buildings. This covers all aspects of design both externally and internally, including architectural, electrical, acoustic, and landscaping engineers.

6.2. Conversations were held with community organisations; Disability Sheffield; Firvale Community Hub; and SOAR, to understand different ethnic and cultural perspectives within the design, especially for the two Foundry sites which serve very diverse communities.

6.3. Significant considerations have already gone into the initial design stages to improve accessibility and wayfinding, but the bulk of this work takes place in the Stage 4 interior designs.

7. Roadshows

7.1. Detailed planning applications for each of the approved sites have now been made. To support this process we have planned a series of roadshows which will allow local people to get more detailed information about the:

- findings of the consultation;
- decision-making process and outcomes;
- design group;
- planning applications.

7.2. These drop-in sessions will also capture people's views to influence the design group, future communications, and transition arrangements.

7.3. The roadshows will take place at the following times:

- Foundry 1 – 7 September 2-4pm at Burngreave Library;
- Foundry 2 - 6 September 6-8pm at Fir Vale Community Hub;
- SAPA 2 - 13 September 4-6pm at The Learning Zone.

7.4. Patients will be informed about these roadshows through GP practice communications. Information is also available on practice websites, and through local community organisations.

8. Involvement in Stage 4 tender evaluations

8.1. The process we are following includes a Stage 4 final design process with the contractor selected to build each hub ('Design and Build'). This stage is where the involvement of community representatives will be key, and we will make arrangements for representatives of community organisations to be involved in this process, including those representing groups with additional needs.

9. Consideration Against Business Case Objectives

9.1. The three new-build hubs remain on track to deliver the benefits stated in the Strategic Outline Case (SOC) and the Decision Making Business Case (DMBC).

9.2. In July 2023, the Outline Business Case (OBC) was approved by NHS England. This restated and reassessed the benefits expected to be achieved by the scheme. There have been no material adjustments to the schemes as now designed, that remove any of the benefits expected at DMBC stage.

9.3. Whilst the buildings themselves and the facilities they will provide are a significant part and enabler of the stated benefits, there is work to do on the service models, transition plan and benefits realisation workstreams to fully deliver on the spending objectives and benefits as stated in the OBC. Further details of these will be included in the FBC in November 2023.

Sheffield Health Centres Update

Part B: Proposed Relocation of PCS City and PCS Mulberry Practices Consultation Plan

1. Introduction

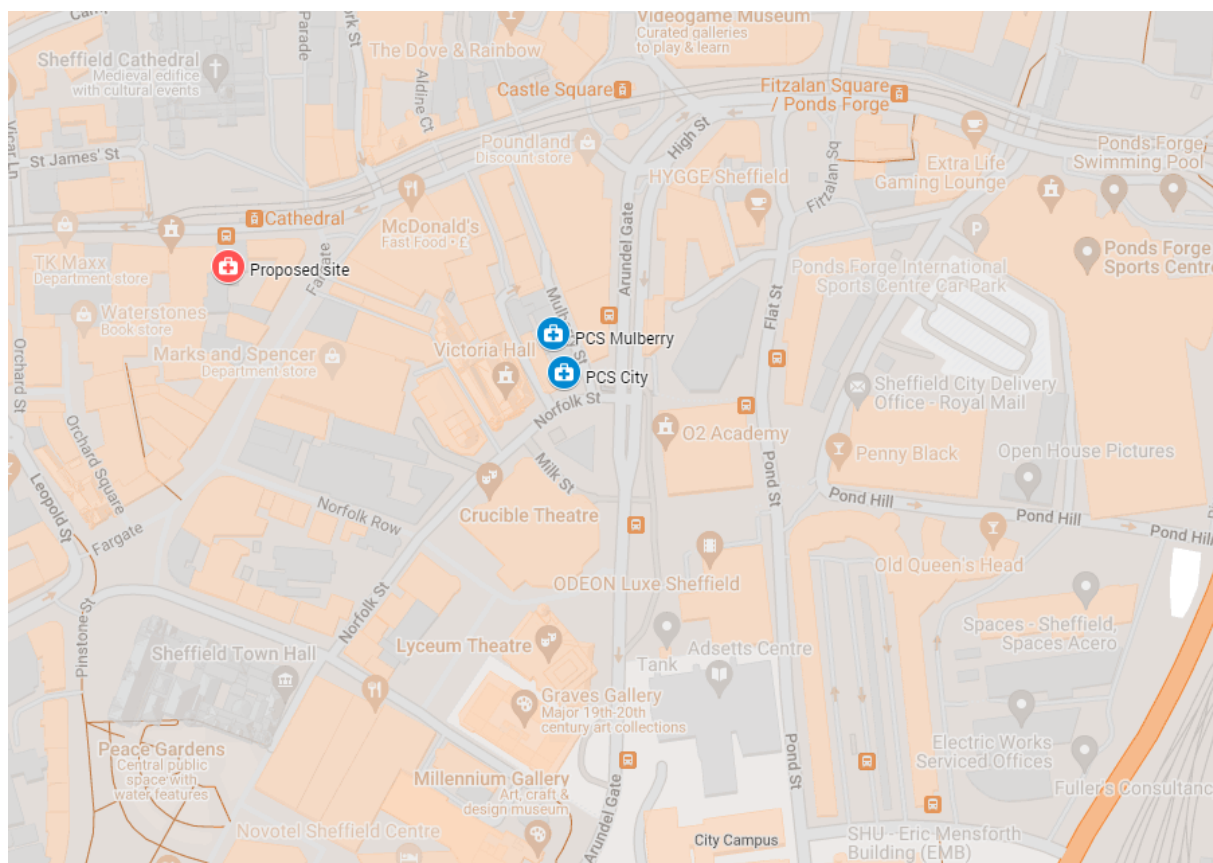
- 1.1. Some of Sheffield's GP practices are based in old buildings which are not ideal for patients or staff. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in health care and in technology. Waiting rooms are cramped, the buildings lack enough consultation 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 future of general practice in north-east Sheffield.
- 1.2. 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.
- 1.3. Proposals to build three new GP health centres in the north of Sheffield received approval from NHS South Yorkshire Integrated Care Board in January 2023. As a site for the City Centre health centre had not been identified at the time of the consultation in August 2022, this was not included.
- 1.4. A suitable site has now been identified and a proposal has been put forward for two GP practices based in the City Centre to relocate to this new site which will be renovated and remodelled to meet the needs of the practices.
- 1.5. The scale and impact of this proposal is significantly less than other Health Centre plans and so, this consultation plan reflects a proportionate approach to the level of change proposed, it is in line with similar GP practice relocations.
- 1.6. The site is the former Royal Bank of Scotland building on Church Street, It is within 300 metres of the current practice sites and there are bus and tram stops directly outside the building offering good access by public transport.
- 1.7. The two practices, PCS City and PCS Mulberry, are GP practices run by Primary Care Sheffield (PCS) the local GP Federation. They serve a combined practice population of 6573 patients. The locations of the current and proposed sites are set out in map 1 overleaf.
- 1.8. PCS Mulberry is a specialist service for patients living in Sheffield who are:
 - seeking asylum in the UK; or
 - homeless; or
 - living in a hostel or temporary accommodation.

The Mulberry team has vast knowledge and experience in dealing with the complex issues that these individuals often experience and recognise the problems faced by this population in accessing mainstream services. They are

a dedicated team of clinical and administrative staff who have links with partner organisations and can support their patients to access services.

1.9. PCS City is a general practice open to anyone resident within its geographical boundary which is the whole of Sheffield. Many successful asylum seekers join the practice as it is familiar to them. The practice also hosts the Sheffield Special Allocation Scheme.

Map 1: Location of proposed new site in relation to current sites



1.10. Walking distances and times from the current practice sites and the proposed new health centre can be found in table 1 below.

Table 1: Journey distance and time between the current practice sites and the proposed new health centre

Travel to proposed new health centre site from...	Walk		
	Distance (miles)	Time (mins)	Ascent (feet)
PCS City	0.2	3	20
PCS Mulberry	0.2	3	20

1.11. From the Sheffield City Council draft Infrastructure Delivery Plan (IDP) ¹it is expected that there will be significant population growth within the city centre, beyond the collective capacity of the existing nearby GP practices. NHS South Yorkshire has made representations as part of the IDP to help

¹ <https://www.sheffield.gov.uk/sites/default/files/2022-11/scc-council-delivery-plan-22-23.pdf>

ensure primary care facilities and other health services are considered as part of the plan. NHS South Yorkshire are already increasing primary care capacity in the city centre, with several practices already being supported to provide additional clinical capacity.

1.12. The proposed new City Centre hub would have additional capacity, above that provided for in the current facilities of PCS Mulberry and PCS City, and the provision of further expansion space has been identified as a priority for the scheme.

1.13. Whilst these steps are part of the plan to ensure appropriate capacity is provided for the expected City Centre population growth, there are development areas that have been indicated (e.g. Kelham Island) that are expected to need additional facilities to be created as part of those developments, funded through s106 or CIL levies (or similar).

2. Practice Profiles

2.1. Detailed profiles of the two practices' patients are required to ensure that the consultation's reach can be measured, this information is gathered from Public Health England's National General Practice Profiles.

2.2. PCS Mulberry

- Approximately 1,596 registered patients.
- The age profile of the service population cannot be separated at the time of writing from the population of its parent practice. However, it is considered to have a significantly younger age profile than local and national averages which is in part due to the client groups the practice serves.
- Ethnicity estimates of the service's patients are 30% Black African/Caribbean, 22% not stated, 19% Other, 17% Asian, 9% Arab, 2% White European, and 1% Mixed.
- 72% of patients speak a language other than English.
- The population is in the most deprived decile of the Index of Multiple Deprivation 2019.

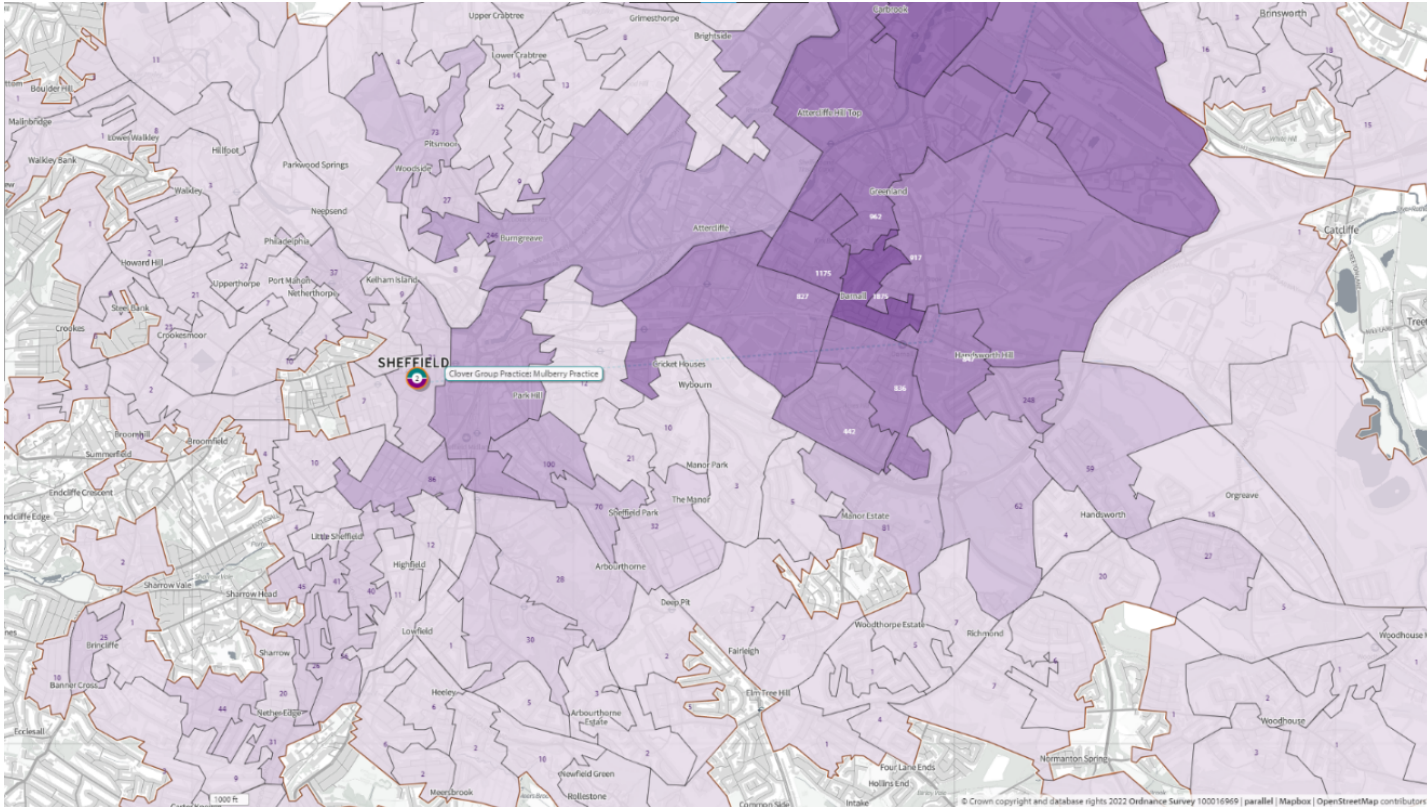
2.3. PCS City practice profile

- 4,930 registered patients.
- The practice has a very low elderly population, patients are mainly of working age.
- Only 209 patients are over the age of 60. This represents 4% of the overall number of registered patients. This compares to a national average of 23%.
- Ethnicity estimates of registered patients are 52% White British, 17% Pakistani/Indian, 11% Black African/Caribbean, 10% not stated, 5% White Other, 3% Chinese, 1% Mixed, and 1% Asian Other.
- 57% of patients speak a language other than English.
- Large transient population (2,272 registrations since 2019).
- The practice hosts 49 Special Allocation Scheme patients.
- As deprivation is derived from practice boundaries and the practice serves the whole of Sheffield, the official practice deprivation level is just below

average. However, many patients register from PCS Mulberry at the same site and tend to be from the most deprived areas of Sheffield.

2.4. The distribution of PCS City patients by Lower Super Output Area (LSOA) are shown in map 2.²

Map 2: Practice population distribution by LSOA



3. Information We Already Have from Patients

3.1. During pre-consultation engagement activity for the proposal to build new health centres that took place in March 2022, the following insight was gathered from patients of practices interested in pursuing the City Centre health centre:

- the majority of people said that it should be accessible and in a central location, with good access to public transport;
- most people felt that this proposal was good and a needed investment in the area;
- there was some concern about what affect the proposal would have on their continuity of care;
- others suggested that more staff would also be needed to be able to improve services, or that the investment could be spent on improving existing services.

² Public Health England (31 May 2023). National General Practice Profiles. https://app.shapeatlas.net/place/E54000061#14/53.3803/-1.4334/b-03N/sc-pc,s-200,sc-tmp/v-1,C88069004,LOC_54290/o-v,a/f-C88069004/m-CCG,ml-CCG/rs-visible,rsi-C88069004,rh-0,rdr-t/e-LOC_54290/h-gp_catchments_Isoa,hc-C88069004

- there was a general satisfaction with the service they receive from their GP practice;
- some people reported issues getting an appointment and a general dissatisfaction with the service they receive from their GP practice;
- people felt that the new health centres shouldn't duplicate other local and voluntary services as they are a vital part of the community.

3.2. Publicly available patient experience data, primarily from the GP patient survey, indicates that:

PCS City rated higher than other nearby practices in the following areas:

- 50% of respondents find it easy to get through to this GP practice by phone.
- 64% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s).
- 83% of respondents find the receptionists at this GP practice helpful.

PCS City rated lower than other nearby practices in the following areas:

- 57% of respondents were satisfied with the appointment they were offered.
- 69% of respondents say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment.
- 57% of respondents describe their overall experience of this GP practice as good.

The Care Quality Commission rate PCS City as good and Clover Practice (the parent practice of PCS Mulberry) as outstanding.

4. Approval Process

- 4.1. For a relocation to proceed, approval is required from the commissioner of primary medical services. NHS South Yorkshire ICB have delegated responsibility for commissioning primary medical services and the Sheffield Primary Care Committee will consider the application from the two practices to relocate and make a recommendation accordingly and final approval for the relocation would be given by NHS South Yorkshire's Operational Executive, the Chief Executive, Deputy Chief Executive, or Executive Director (Primary Care lead).
- 4.2. When approving GP practice relocations the ICB must undertake all necessary consultation when taking any decision in relation to GP practice relocations including those set out under section 14Z45 of the NHS Act (duty for public involvement and consultation) and that the consultation must be appropriate and proportionate and should include consulting with the Local Medical Committee.
- 4.3. The ICB must be able to demonstrate it has fully considered any impact on the GP practice's registered population and that of surrounding practices.

4.4. NHS South Yorkshire has adopted NHS England's '*Primary Medical Care Policy and Guidance Manual (PGM) version 3.0*' (London, 2021) to manage primary medical services. This articulates clearly the process for managing a practice relocation and the considerations that the commissioner should take into account when deciding whether to approve a relocation application, in particular, the effect of the proposed practice relocation on patients including involvement in the change process, access to services, premises, patient choice and benefits.

5. Key issues from the Equality Impact Assessment

5.1. The Equality Impact Assessment (EIA) identifies a number of groups of patients for whom additional consideration is required to ensure that they are properly represented in the consultation process. These include:

- those who do not speak English, or whose first language is not English;
- those with a disability;
- those disadvantaged by socio-economic factors.

6. Consultation approach

6.1. PCS City and PCS Mulberry practices intend to run a 12-week consultation on the proposed changes from 31 July 2023 until 29 October 2023. Steps will be taken to identify patient groups, stakeholders and people who may be affected by the proposed changes. The practices are committed to making sure that the public consultation provides genuine opportunities for local people's voices to be heard.

6.2. The public consultation is also informed by an Equality Impact Assessment which is attached to this document. All parties aim to run an inclusive consultation to encourage as many individuals and groups within the practice area to give their views and feedback about the proposed changes.

6.3. The consultation plan will make pro-active efforts to obtain the views of people living in the geographical location of the current service and will work with voluntary sector partners to cascade information and hear the views of patients including those with long term conditions.

6.4. Key target groups include:

- Patients and carers
- Patient Participation Groups
- Neighbouring GP practices and other health and social care partners who may be impacted if patients choose to re-register
- Healthwatch Sheffield
- Local voluntary organisation partners
- Local MPs in Sheffield Central and Heeley constituencies, and Councillors in the City Centre, Park & Arbourthorne, Manor Castle, and Nether Edge and Sharrow wards.

7. Summary of public consultation activity

7.1. The public consultation will include a wide variety of activities to ensure maximum reach of patients to be informed, and to encourage and enable all who want to participate to be involved. A summary of consultation activity and resources are set out at table 2 below.

<i>Table 2: Consultation activity and resources</i>
Sheffield City Council's Health Scrutiny Committee will be consulted about the proposed changes
Meet with Patient Participation Group to discuss the proposal
Summary document and survey available on the practice website
All activity will include optional equality monitoring form
Frequently Asked Questions section to kept updated on practice website
Inform Local Medical Committee, Healthwatch Sheffield, local pharmacies, local councillors and MPs of consultation
Provide visits to proposed site for key stakeholders
Patient letter and questionnaire available on reception desk in practice until end of consultation
All patients to be sent letter and survey as per their preferred method of communication and in line with the Accessible Information Standard
Posters at key points within the practice, on entry, at the reception desk and in the waiting room
Translations of main consultation resources to be made available in main community languages and easy read
Local practices, voluntary sector organisations and community nursing team will be informed of consultation
Shipshape Health and Wellbeing will run community consultation activities using their existing groups, activities and mechanisms to raise awareness of the consultation in the local community and support individuals to respond where needed
Work with other local community organisations supporting identified client groups to increase awareness and support to respond
Consultation information sent to local asylum accommodation
Public consultation meetings
Consultation report available to view on the practice website
Patients will be informed of the decision and any next steps through the practice website and as per their preferred method of communication and in line with the AIS
Neighbouring practices, voluntary organisations, community nursing team, local pharmacy, Healthwatch, local Councillors and MP informed of decision and next steps

Copies of the consultation survey and easy read survey are provided with this paper.

8. Ensuring involvement of under-represented patient groups

8.1. Ethnicity

- There are issues that minority ethnic communities may face which may make it harder for them to respond to this consultation. This could include language barriers and cultural barriers making people less likely to engage with the consultation. It is imperative to understand and overcome these barriers to allow minority ethnic groups to respond to ensure that the

proposed relocation does not compound any inequality of access to GP services.

- To ensure that these communities are represented in this consultation we will provide translations of key consultation resources in main community languages and offer to provide translation services for any consultation meetings. We will work with Shipshape and our link worker to ensure that minority ethnic groups are represented in the consultation.
- Throughout consultation we intend to monitor ethnicity data of responders to ensure views are captured and considered in the final recommendation.

8.2. Sex

- There are not likely to be significant differences in the needs of men and women in responding to this consultation, however women may have additional needs relating to pregnancy and maternity. We will ensure that the consultation offers information about the impact on pre and post-natal services and that the survey captures the feedback of new and expectant mothers.

8.3. Disability

- Sensory, learning and physical disabilities could impact on a person's ability to engage with the consultation and for some LD patients the proposed change could be unsettling if we don't work closely with patients to support them through the change. There is a need to hear the views of disabled people to ensure services are not shaped in ways that are detrimental to them.
- In order to ensure that disabled people are represented in this consultation we will communicate the change and ways of getting involved in accordance with the patient's preferred method of communication where recorded in their record as per the Accessible Information Standard, including communicating the change to the patient's carer where appropriate, and offering them the opportunity to respond as a carer of a disabled person.
- We will provide information in the patient's preferred way including easy read format and large print and offer support in completing the survey and participating in the consultation meeting.
- We will also ensure that any housebound patients are able to feedback to us by telephone.

8.4. Religion or Belief

- It is not believed that there will be any specific barriers to responding to this consultation related to a person's religion or beliefs however we will monitor the data of these responders to the consultation.

8.5. Sexual Orientation

- It is not considered likely that there are specific barriers to responding to this consultation related to a person's sexuality however we will monitor the data of these responders to the consultation.

8.6. Age

- There are actions required to address the potential barriers to involvement based on age. Younger people may be less likely to engage in formal consultation meetings and where formal language is used. Older people may be disadvantaged by online methods.

- We intend to offer the ability to feedback as part of the consultation through both online and paper/postal methods. We will look to convene face-to-face consultation meetings. We will also ensure that any housebound patients are able to feedback to us by telephone. We will inform the VCSE sector partners in our primary care network to enable them to support this group of patients to be involved.
- The proposed change could be unsettling for older people with dementia, and we will work closely with this group to support them to be involved with the consultation process where appropriate.
- We anticipate that online methods might encourage an increased number of young people to be involved. We plan to hold an online consultation meeting.

8.7. *Gender reassignment*

- It is not considered likely that there are specific barriers to responding to this consultation for the transgender community however, we will monitor the data of these responders to the consultation

8.8. *Communities disadvantaged by socio-economic factors such as low incomes, low literacy levels, and digital access*

- We are conscious that both PCS Clover and PCS Mulberry support disadvantaged groups and anticipate that there will be barriers related to learning or access to the internet which will impact on this group's ability to be involved.
- We intend to offer information in an easy-to-read format and provide support with completing the survey and being involved in the consultation. For those who don't have access to the internet, we will ensure that we offer the opportunity to feed into the consultation via a paper survey. We will inform the VCSE sector partners in our primary care network to enable them to support this group of patients to be involved.

9. **Outputs of consultation**

9.1. As a result of the consultation the following products should be made available to decision makers as part of the evidence required for assurance:

- A full log of activity undertaken as part of the consultation, including dates and the number of participants.
- A thematic analysis of all feedback, broken down by protected characteristic where there are clear indications of specific impacts within these groups.
- All responses must be available for decisions makers to consider in their entirety.
- An analysis of the equality monitoring of respondents.
- An Equality Impact Assessment (EIA) that has been updated to reflect the findings from the consultation, highlighting where potential impacts may affect patients with a protected characteristic and other vulnerable groups, and what mitigations will put in place to avoid, or reduce, any negative impacts.

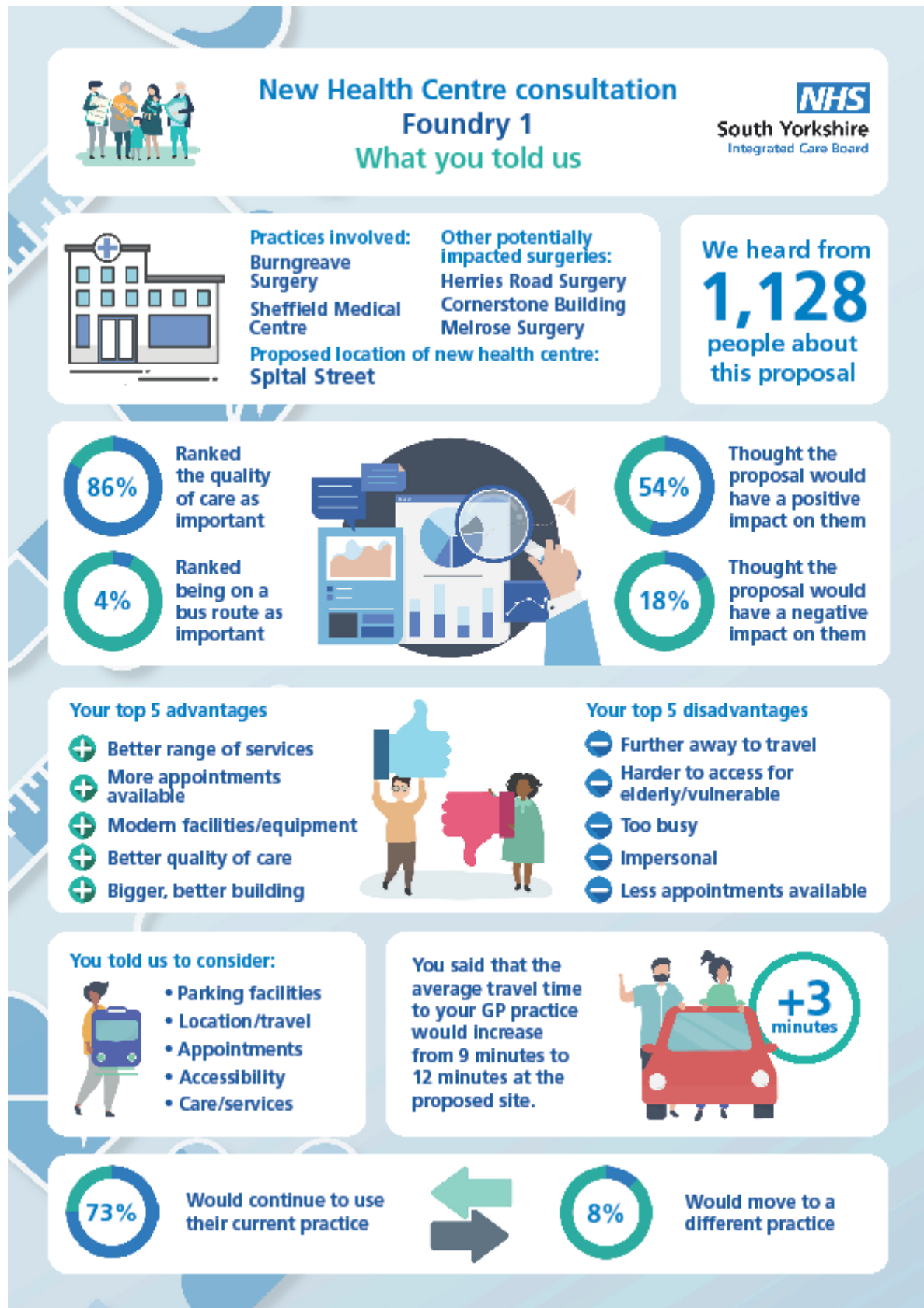
10. Consultation timetable and milestones

- 10.1. The Equality Impact Assessment (EIA) Review Group will assure that the EIA has been completed to an appropriate standard and contains the information required, with regards to potential impacts on groups that share a protected characteristic and other vulnerable communities, for an informed decision to be made.
- 10.2. The Quality, Performance, Public Involvement and Experience Committee (QPPIE) will approve that the consultation has been carried out in line with statutory requirements and to a high standard.
- 10.3. If approved by QPPIE, the Sheffield Primary Care Committee will conscientiously take into account the findings of the consultation and EIA, alongside the business case, when making a final decision on the relocation application.
- 10.4. The key milestones for the consultation and decision making process are set out at table 3 below.

Table 3: Consultation timetable and milestones

Milestone	Date	Required
Consultation start	31/07/23	Consultation materials
QPPIE	08/08/23	Consultation Plan / EIA
Health Scrutiny Committee	07/09/23	Consultation Plan / EIA / Consultation materials
Consultation end	29/10/23	
Consultation analysis	24/11/23	Equality Analysis
EIA review group	TBC	Updated EIA
QPPIE	05/12/23	Consultation Report / updated EIA
Sheffield Primary Care Committee	10/01/24	Business Case / Consultation Report / updated EIA
Operational Executive	TBC	Final decision

Consultation Findings Infographics





New Health Centre consultation Foundry 2 What you told us

NHS
South Yorkshire
Integrated Care Board



Practices involved:
Page Hall Medical Centre
Upwell Street Surgery
Proposed location of new
health centre:
Rushby Street

We heard from
1,157
people about
this proposal



Ranked the quality of care as important



Ranked being on a bus route as important



Thought the proposal would have a positive impact on them



Thought the proposal would have a negative impact on them

Your top 5 advantages

- Modern facilities/equipment
- Better quality of care
- Better range of services
- Bigger, better building
- More staff



Your top 5 disadvantages

- Too busy
- Harder to access for elderly/vulnerable
- Impersonal
- Lack of parking
- Further away to travel

You told us to consider:



- Parking facilities
- Location/travel
- Appointments
- Accessibility
- Care/services

You said that the average travel time to your GP practice would increase from 10 minutes to 12 minutes at the proposed site.



Would continue to use their current practice



Would move to a different practice



New Health Centre consultation SAPA 1 What you told us



Practices involved:
Firth Park Surgery
Shiregreen Medical Centre
**Proposed location of new
health centre:**
Concord Sports Centre

We heard from
1,228
people about
this proposal



Ranked
the quality
of care as
important



Ranked
being on a
bus route as
important



Thought the
proposal would
have a positive
impact on them



Thought the
proposal would
have a negative
impact on them

Your top 5 advantages

- More appointments available
- Better range of services
- Modern facilities/equipment
- Bigger, better building
- More staff



Your top 5 disadvantages

- Further away to travel
- Less available appointments
- Harder to access for elderly/vulnerable
- Increased transport cost
- No good transport links

You told us to consider:



- Location/travel
- Elderly/vulnerable patients
- Consultation
- Appointments
- Staff

You said that the
average travel time
to your GP practice
would increase
from 8 minutes to
17 minutes at the
proposed site.



Would continue to use
their current practice



Would move to a
different practice



New Health Centre consultation SAPA 2 What you told us

NHS
South Yorkshire
Integrated Care Board



Practices involved:
Buchanan Road Surgery
The Health Care Centre
Margetson Surgery
Proposed location of new health centre:
Wordsworth Avenue/
Buchanan Road

We heard from
1,299
people about
this proposal



Ranked the quality of care as important



Ranked being on a bus route as important



Thought the proposal would have a positive impact on them



Thought the proposal would have a negative impact on them

Your top 5 advantages

- Modern facilities/equipment
- Better range of services
- Bigger, better building
- Better quality of care
- More staff



Your top 5 disadvantages

- Harder to access for elderly/vulnerable
- Further away to travel
- Too busy
- Impersonal
- Less availability of appointments

You told us to consider:

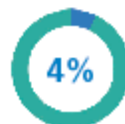


- Appointments
- Elderly/vulnerable patients
- Parking facilities
- Environment
- Location/travel
- Staff

You said that the average travel time to your GP practice would increase from 8 minutes to 12 minutes at the proposed site.



Would continue to use their current practice



Would move to a different practice

Images of the Proposed New-build Hubs



Foundry 1 Hub (Spital Street)



Foundry 2 Hub (Rushby Street)



SAPA 2 Hub (Wordsworth Avenue / Bucanan Road junction)