

Primary Care Capital Transformation Project Draft Communications and Consultation Plan

1. Introduction

NHS Sheffield Clinical Commissioning Group (CCG) has been awarded £37m to transform Sheffield GP practices across the city as part of £57.5m allocated to primary care bids across South Yorkshire. The funding is part of a £1 billion increase in NHS capital spending by the current government (Wave 4B capital funding).

Plans were originally developed by GP practices, and the CCG supported them to develop these bids and submit them for government funding via South Yorkshire ICS. Following confirmation of the funding, the CCG has worked with the practices to develop the plans further. The plans include up to 5 new health centres in Sheffield bringing together existing GP practices, other health services, and some voluntary services all under one roof to change the way that healthcare is delivered.

They would give practices more modern, flexible spaces to help meet the needs of patients in the 21st century and the demands of a growing population. Council services may also have a presence in some of the buildings.

The health centres are planned for 3 areas in the city.

- One centre in the City Centre
- Up to two centres in SAPA5 Primary Care Network
- Up to two centres in Foundry Primary Care Network

These areas were chosen as they have not benefited from previous funding for GP buildings, so many practice sites are in converted properties or otherwise need modernisation.

More than 60,000 Sheffield residents could benefit from the developments which would support us to tackle health inequalities in the city so we must work with local communities in planning the hubs to meet their specific community's needs.

The funding will also be used to improve and make more space in some existing GP practices. This will create modern and flexible spaces offering a range of services to patients, joining up local services and improving the use of digital technology in primary care.

The construction of the health centres is not yet determined, and involvement and consultation activity with local people and stakeholders is essential to ensure that informed decisions are made on this programme. We might not build the hubs or GPs practices might choose to not move, however, the funding will be lost to other areas of the country if the plans do not go ahead.

The funding comes with strict national requirements, including a deadline of December 2023 for the completion of all funded developments and a strict business case development and approval process set by HM Treasury. While the national timetable for approving the programme has slipped these requirements and deadlines remain the same. This, together with the COVID-19 pandemic, has meant that we have been unable to involve patients and the public in our plans from the beginning as much as we would have liked and that we now have very tight timelines for involvement and consultation.

Due to changes to the commissioning structures of the NHS, the planning and pre-consultation engagement will be delivered by NHS Sheffield CCG, working with practices and primary care

networks (known as PCNs), and the consultation will be delivered by NHS South Yorkshire Integrated Care Board (known as the ICB). The ICB will formally be established as the statutory NHS organisation for commissioning primary care in Sheffield on 1 July 2022.

2. Overview of plans

The plans for the capital funding of £37m in Sheffield cover three areas:

- Transformational hubs - exploring the potential to build up to five new health centres in three areas of the city;
- Redeveloping void space in existing LIFT buildings in Sheffield to bring it back into use for the benefit of the local community;
- Refurbishment of existing premises occupied by several practices across the city

This consultation plan focuses on the transformational hubs or health centres only.

As described above, several practices in three primary care networks (known as PCNs) in the centre and north of the city developed plans which were submitted for government funding as part of a South Yorkshire and Bassetlaw bid. These practices now want to develop and pursue these plans further with their patients and the CCG. The number of registered patients indicated below includes individuals who access main and branch sites out of these areas.

At present no formal commitment is required from any practice as part of the development of these projects. The practices are being supported by the CCG to understand the effect that participating in one of the health centre developments could have on both the practice and their registered patients. There are several factors that each practice will need to consider before they give a final commitment in the autumn to progressing the scheme. The factors will be different for each practice.

The 3 PCNs identified for the new centres include:

- City - Broomhall / Hanover / City centre areas
- SAPA - Shiregreen / Firth Park / Parson Cross areas
- Foundry - Fir Vale / Burngreave / Wincobank / Pitsmoor areas

Table 1: Health centres by the hub and potential location

Health Centre	Interested practices	Max. Number of patients	Potential locations
Foundry hub 1	<ul style="list-style-type: none"> • Burngreave Surgery (including branch sites - Cornerstone Building & Herries Road Surgery) • Sheffield Medical Centre 	10,606	Spital Street (adjacent to Sheffield Medical Centre)
Foundry hub 2	<ul style="list-style-type: none"> • Page Hall Medical Centre • Upwell Street Surgery 	12,891	<ul style="list-style-type: none"> • Rushby Street
SAPA 5 hub 1	<ul style="list-style-type: none"> • Firth Park Surgery • Dunninc Road Surgery (branch site of The Health Care Surgery) • Shiregreen Medical Centre 	17,966	<ul style="list-style-type: none"> • Concord Sports Centre
SAPA 5 hub 2	<ul style="list-style-type: none"> • The Health Care Surgery • Buchanan Road Surgery • Margetson Practice (branch site of Ecclesfield Group Practice) 	10,772	<ul style="list-style-type: none"> • Buchanan Road / Wordsworth Avenue
City hub	<ul style="list-style-type: none"> • Clover City Practice • The Mulberry Practice 	8,614	<ul style="list-style-type: none"> • TBC

Although the programme includes funding for a fifth health centre for the city centre and Mulberry and Clover City practices are exploring options to relocate, we don't yet have a shortlist of

locations, so the city centre health centre is not part of this consultation. Once we have a proposal, the practices will consult on proposal to relocate later this year.

3. Constraints on the programme

3.1. Funding

As outlined above, to be successful in receiving this funding we must meet the strict criteria for this programme has strict national conditions attached to it for it to be used.

- The funding must be used for the purposes laid out in the initial bid only. In this case, that means that only these health centres can be built using this funding, we can't use the money to build in other areas, and if it is not used it will have to be returned to the Treasury.
- The buildings must be in public ownership. NHS Sheffield CCG has been working with Sheffield City Council to identify suitable council owned locations.
- The buildings need to be completed by December 2023. This is a tight deadline, but achievable.

3.2. Timetable

As described above, official approval of this funding from the government was significantly delayed due to the pandemic. Despite this delay in approval, the original deadline for completion remains December 2023. The process of developing the sites and building the health centres is estimated to take over 12 months, so the instruction to start construction needs to be made by December 2022.

This has placed considerable constraints on the timetable to progress the programme including engagement and consultation activity. This has resulted in the pre-consultation engagement being 8 weeks and the planned consultation of 10 weeks.

Although there is no legal set time for the duration of a consultation, it is often suggested that this should be 12 weeks. The timeframe is usually for citywide consultations or where affected populations are harder to identify and reach. As we know all the potentially affected people, that is they are patients at the registered practices who can be reached via the practice channels. We plan to consult over 10 weeks to meet the Treasury's timeline.

Despite the restraints, CCG/ ICB are committed to running a fair and open consultation process that meets the Gunning Principles of good consultation:

1. Proposals are still at a formative stage
2. There is sufficient information to give 'intelligent consideration'
3. There is adequate time for consideration and response
4. 'Conscientious consideration' is given to the consultation responses before a decision is made

3.3. Changes to NHS organisations and other structures

Due to the time required to plan a programme of this scale, the plans have already passed through different iterations of NHS structures. These original plans were born from neighbourhoods and since passed to primary care networks.

NHS Sheffield CCG has supported GP practices and primary care networks to develop these plans for funding approval. From 1 July 2022 however, NHS Sheffield CCG is due to be abolished. Its functions as the NHS organisation responsible for commissioning primary care in Sheffield will transfer to NHS South Yorkshire Integrated Care Board (known as the ICB). As all statutory duties will transfer to the comparable internal committees overseeing assurance and decision making will be in place for the programme come July.

4. Proposals

Sheffield CCG is working with practices to develop the business cases that need to be submitted to NHS England and the Treasury for these projects. To meet the requirements the buildings developed under this scheme remain in public ownership it is proposed that the city council owns the buildings once completed.

This offers several additional advantages, such as opportunities to co-locate and integrate social care and other council services with health and voluntary sector provision at locations that are accessible to local people. However, this partnership approach means that site selection has been limited in most cases to sites already within council ownership. Extensive work has taken place to identify suitable and viable locations with good public transport routes. This has involved narrowing down 37 sites to 4 potential locations. The reasons why other sites have not been suitable have included:

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

4.1. Foundry Hub 1

The following practices previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the CCG.

- Pitsmoor Surgery
- Burngreave Surgery
- Cornerstone Surgery (branch site of Burngreave Surgery)
- Sheffield Medical Centre

Following the engagement, these practices will now move to consult with their patients.

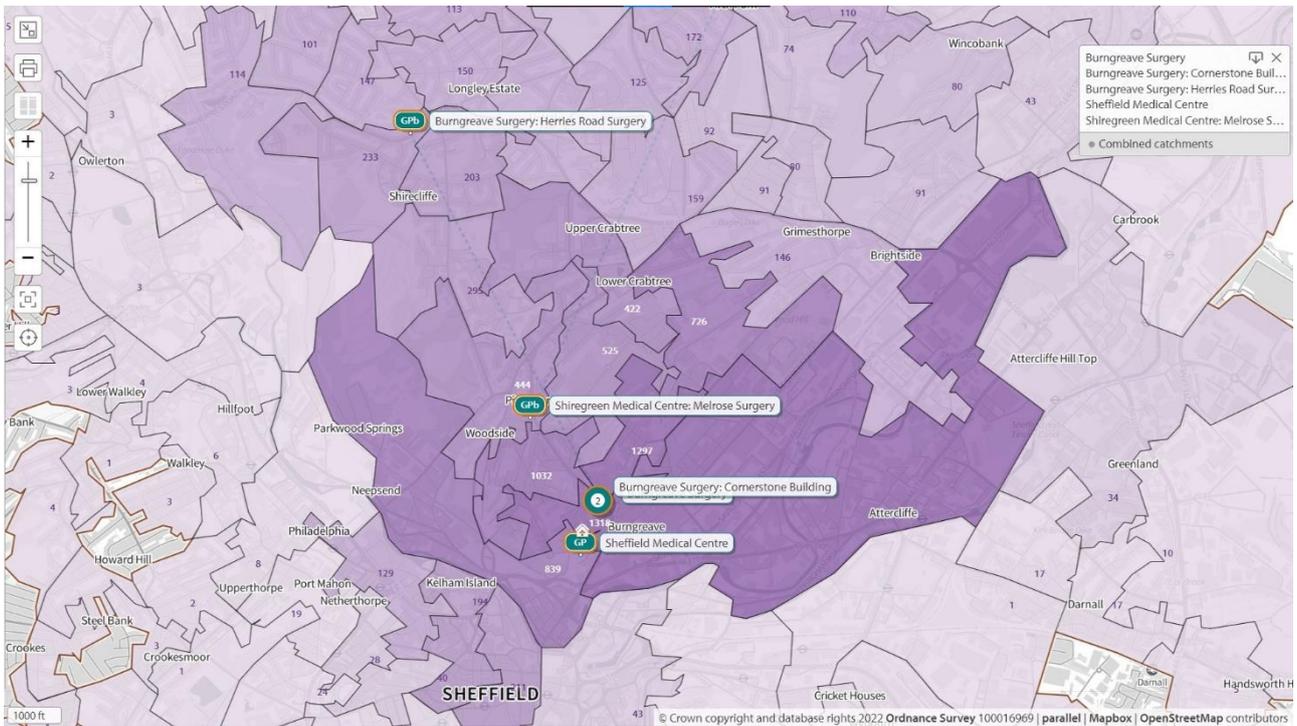
GP Practice	Number of registered patients
Burngreave Surgery	3,696
Cornerstone Surgery (branch site of Burngreave Surgery)	2,613
Herries Road (branch site of Burngreave Surgery)	2,831
Sheffield Medical Centre	1,466

Pitsmoor surgery who were included in the earlier proposals are pursuing funding to extend and improve its buildings. Pitsmoor Surgery is no longer in scope for the consultation.

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

It is proposed that Melrose Surgery will close as a branch surgery of Shiregreen Medical Centre. It is expected that patients would be dispersed to Burngreave Surgery, Pitsmoor Surgery, or Sheffield Medical Centre.

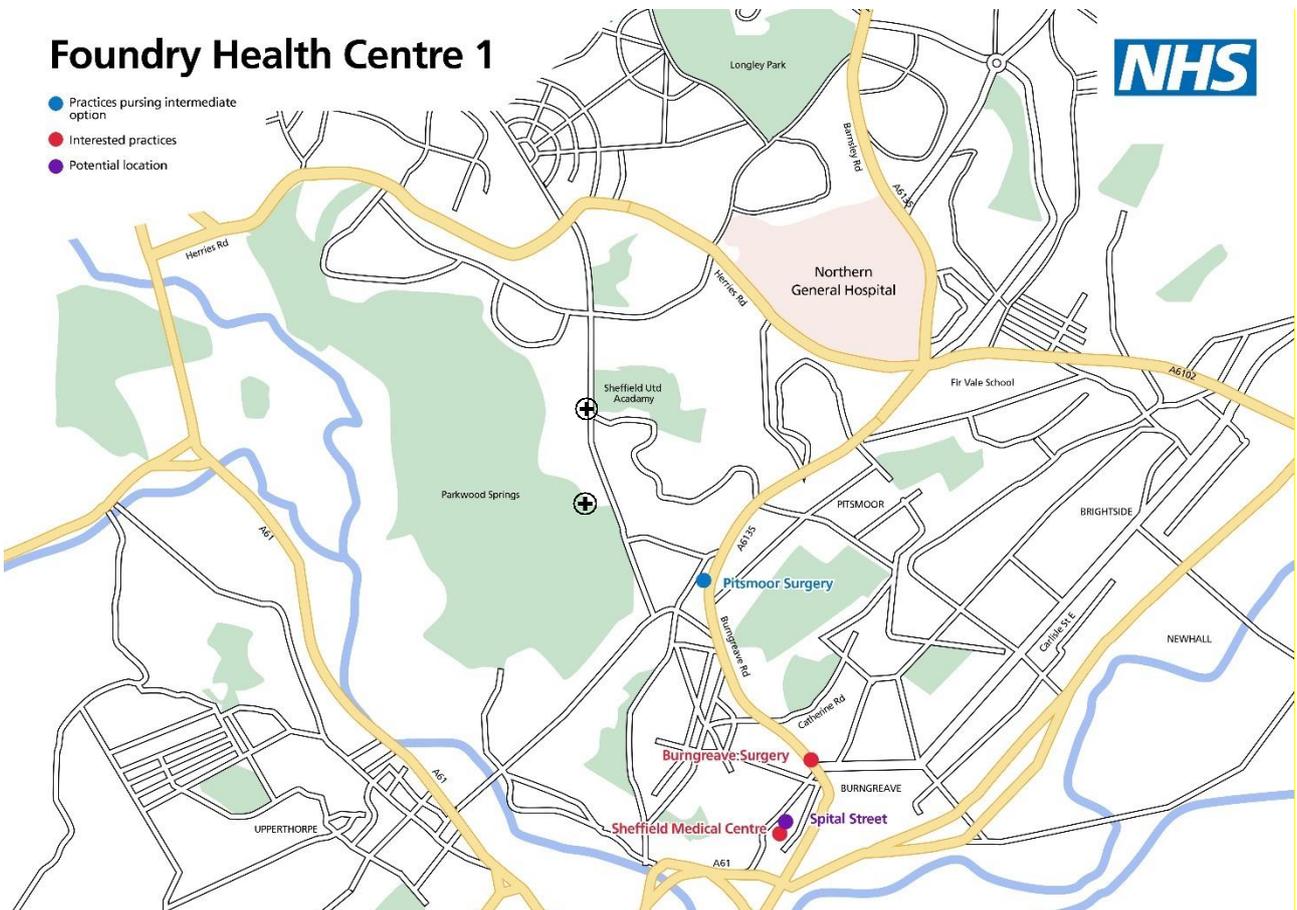
The following map shows the distribution of where registered patients of these practices live. Unfortunately, it is not possible to differentiate patients at branch sites.



The location of the site being considered for a new GP health centre in this area is:

- Spital Street (adjacent to Sheffield Medical Centre)

This has been marked on the maps below.



4.2. Foundry Hub 2

The following practices previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the CCG.

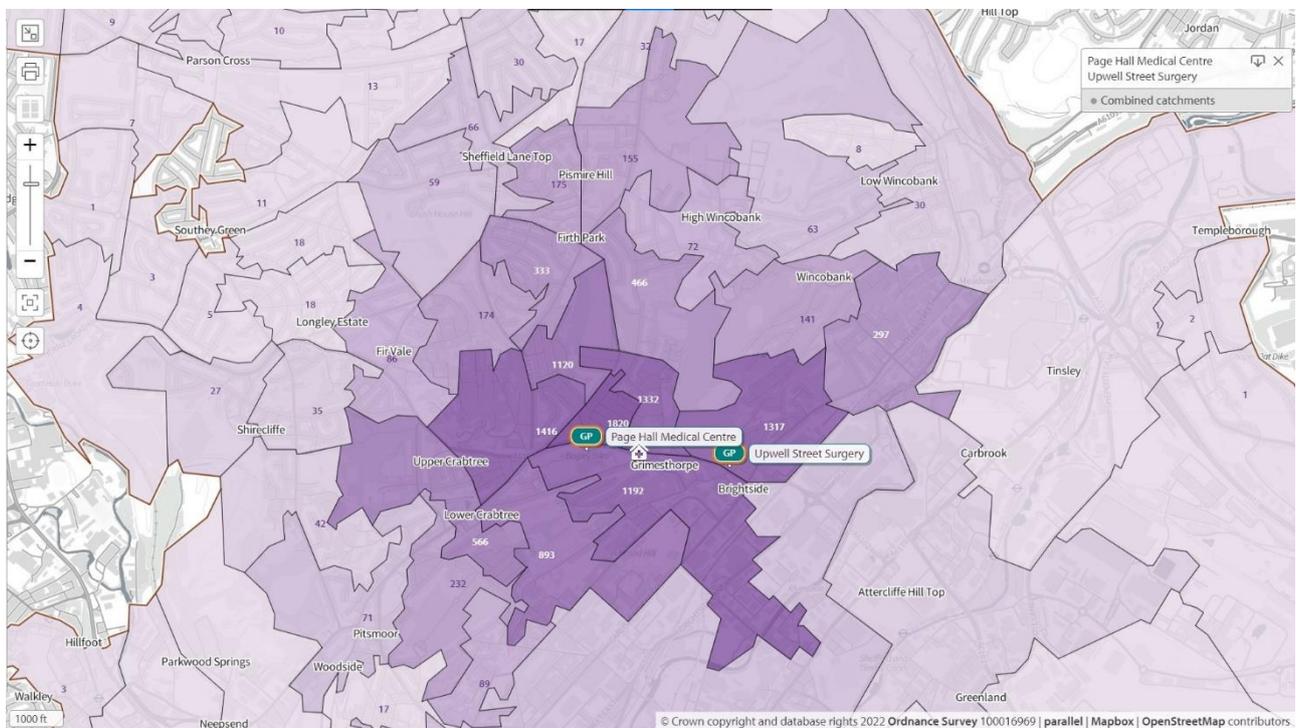
- Herries Road Surgery (branch site of Burngreave Surgery)
- Page Hall Medical Centre
- Upwell Street Surgery

Following the engagement, these practices will now move to consult with their patients.

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

Herries Road Surgery was originally included in this hub, but will now be considered alongside its main site, Burngreave Surgery, within the Foundry Hub 1.

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



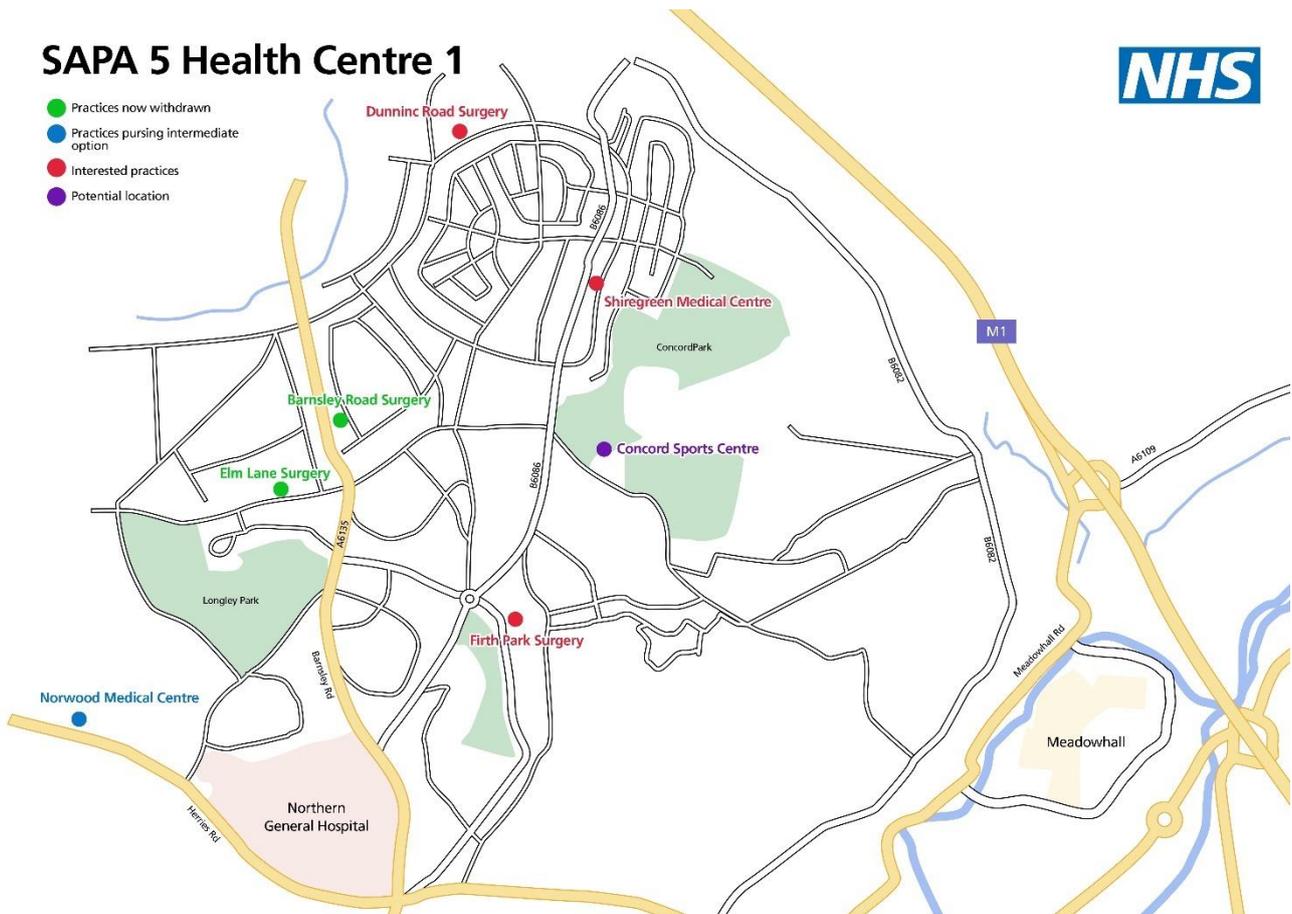


The location of the site being considered for a new GP Health Centre in this area is at Concord Sports Centre. This has been marked on the map below.

SAPA 5 Health Centre 1



- Practices now withdrawn
- Practices pursuing intermediate option
- Interested practices
- Potential location



4.4. SAPA Hub 2

The following practices previously showed an interest in pursuing these plans by engaging with patients and exploring financial and business information with the CCG.

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

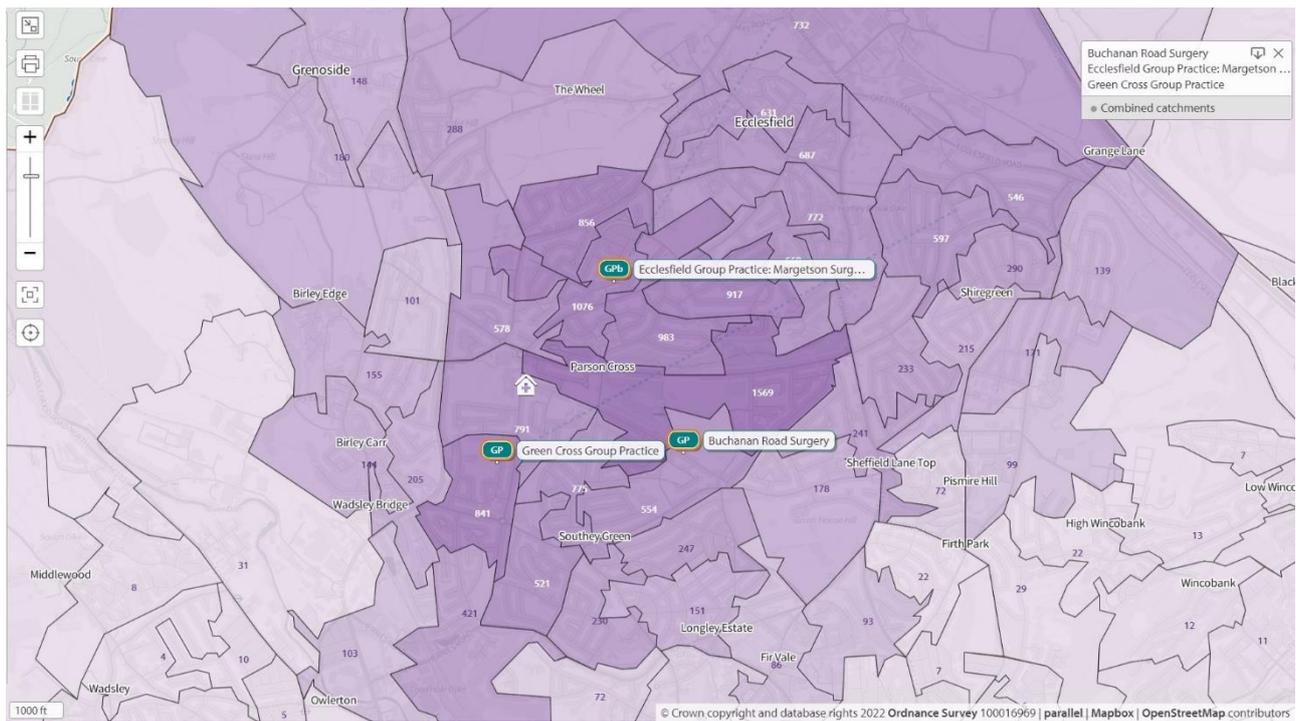
Following the engagement, these practices will now move to consult with their patients.

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

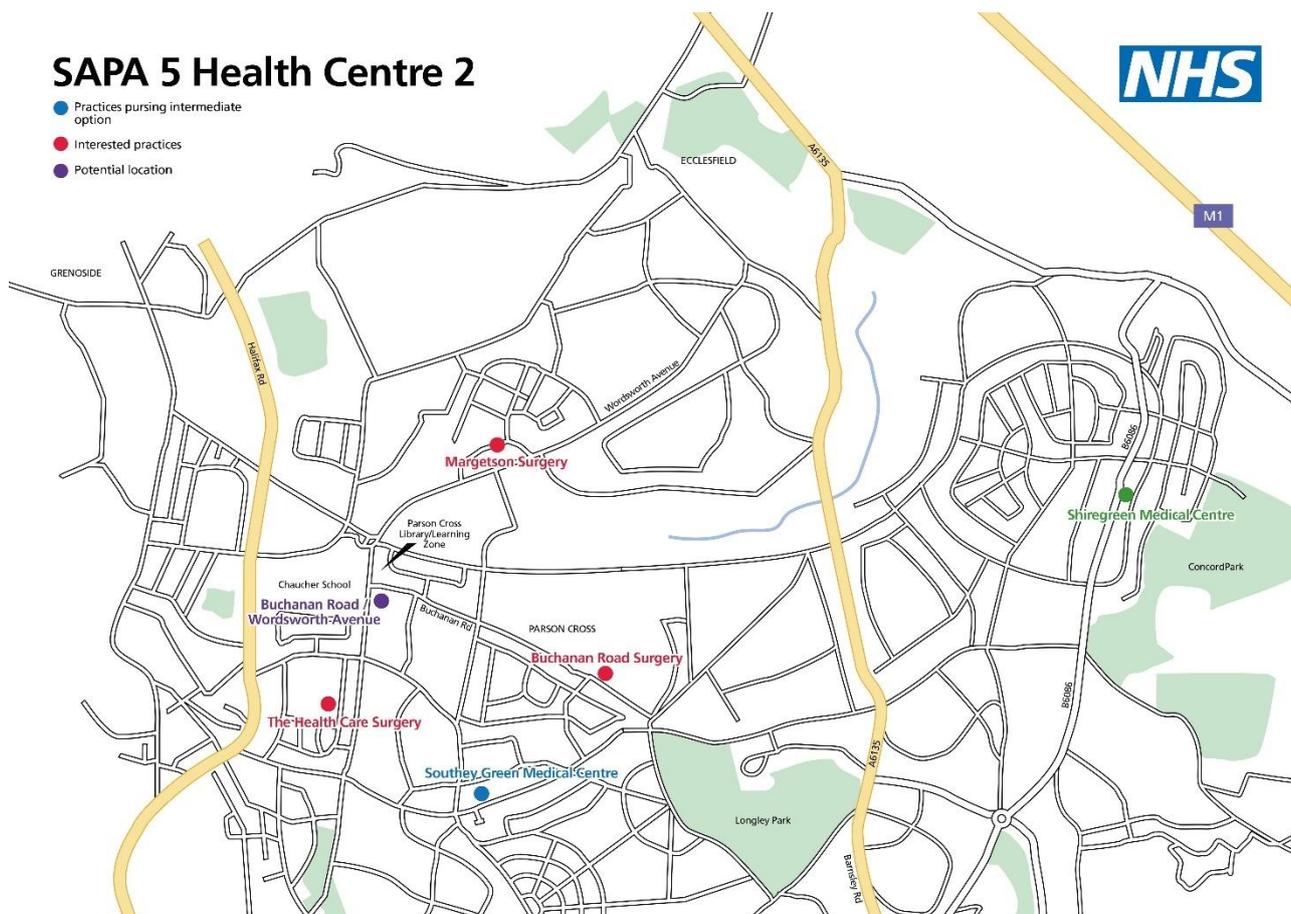
Southey Green Medical Centre who was included in the earlier proposals has decided to withdraw from these proposals.

It is proposed that Melrose Surgery will close as a branch surgery of Shiregreen Medical Centre.

The following map shows the distribution of where registered patients of these practices live. The large area of patients around and above Ecclesfield on this map are most likely to be patients registered at Ecclesfield Group Practice, the main site of Margetson Surgery. Unfortunately, it is not possible to differentiate patients at branch sites.



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



During the pre-consultation engagement, 19 sites as part of 14 practices were part of the proposals. As we move to consultation, 14 sites and 10 practices will be consulted on either here in this consultation plan or later in the year for city hub.

5. Aims and objectives of the consultation

The consultation aims to ensure the public voice is heard, shapes the final plans, and provides sufficient insight into the impact the plans may have on local people and patients.

6. Background on patient information on hub areas

The 3 PCNs identified for the new hubs include:

- City PCN - Broomhall / Hanover / City centre areas
- SAPA PCN - Shiregreen / Firth Park / Parson Cross areas
- Foundry PCN - Fir Vale / Burngreave / Wincobank / Pitsmoor areas

Using numerous sources of insight and information, the following overviews of the affected areas have been produced.

Sources of information used include:

- Insight from the Primary Care Capital Estates Communications and Engagement workstream
- Sheffield City Council Community Knowledge Profiles - <https://www.sheffield.gov.uk/home/your-city-council/community-knowledge-profiles>

- Sheffield City Council Ward Profiles - <https://www.sheffield.gov.uk/home/your-city-council/ward-profiles>
- NHS Sheffield CCG Equality Profiles - <https://www.sheffieldccg.nhs.uk/equality-profiles.htm>
- Acorn profiles
- NHS Digital GP Practice Data Hub - <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub>
- Shape Atlas - <https://shapeatlas.net/>

A summary of each of these areas can be seen below.

City

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

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

Top 5 Acorn type descriptions for this PCN:

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

Issues raised for area:

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

Foundry

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

Languages: English, Arabic, Roma Slovak, Urdu

Top 5 Acorn type descriptions for this PCN:

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

Issues raised for area/important to note:

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

- Some communities don't read in their spoken language.
- Issue of digital exclusion – social media/web/digital can't be accessed.

SAPA

Communities: White English, small dispersed BAME communities

Languages: English

Top 5 Acorn type descriptions for this PCN:

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

Issues raised for area:

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

7. Overall potential issues

As well as the potential issues in each hub area, we believe the following could also be potential issues overall:

- Language barriers
- Cultural differences
- To avoid conflicts of interest and to retain trust within communities, community organisations will be asked to act as a critical friend and a conduit to reaching communities, not as agents for the proposals
- Communities would prefer to hear from their practice directly, rather than through the media or CCG
- GP practices are already under considerable resource strain. Every effort should be made to ensure that this activity does not impact on the resource to deliver patient care
- The announcement of these plans could result in patients choosing to move practices
- We need to be consistent – communities talk so they all should all be informed at the same time

8. Timeframe

The engagement of this programme is split into 3 phases.

- Pre-consultation engagement – 14 March 2022 to 15 May 2022
- Consultation – 18 July 2022 to 25 September 2022
- Post-consultation – December 2022 and continues until after health centres have been built and practices relocate

The timeline below shows the planned engagement and consultation activity for the programme.

The milestones from the timeline above are shown in the table below.

Milestone	Date
Consultation starts	18 July 2022
Consultation end	25 September 2022
Consultation report shared with a subcommittee of ICB with oversight of equality and engagement	TBC (est early Nov)
Consultation report shared with Scrutiny committee	TBC (est early Nov)
A final decision by ICB	TBC (est early Dec)

9. Strategic Patient Involvement, Experience and Equality Committee

NHS Sheffield CCG's Strategic Patient Involvement, Experience and Equality Committee (known as SPIEEC) has delegated responsibility from governing body for approval of the arrangements for discharging the CCG's statutory duties relating to public involvement and consultation and equality, specifically to:

- Gain assurance that public involvement, patient experience and equality, diversity and inclusion activity is being carried out in line with statutory requirements and to a high standard by the CCG
- Gain assurance that information from this activity is used appropriately to influence commissioning
- Oversee equalities, involvement, and experience, not covered by Quality Assurance Committee (known as QAC) to assure work in these areas is effectively joined up with partners

On 1 March 2022, SPIEEC assured the communications and engagement plan for the programme, and on 12 April 2022 they approved and assured the consultation plan. SPIEEC will continue to

receive updates and provide assurance throughout the programme until equivalent ICB governance is in place.

10. Communications and engagement workstream

A workstream of the programme was set up in January 2022 to oversee stakeholder communications, public involvement, and consultation plans, and to raise awareness of the programme ensuring the public voice is heard in the planning and development of business cases and plans.

It brings together people from the CCG, primary care networks, practices, voluntary and community sector, and Healthwatch Sheffield with the purpose to oversee the communications and engagement of this programme.

The workstream has been instrumental in helping to design engagement and consultation activities, including this consultation plan. It will continue to support the programme through to the end of phase three of the engagement.

11. Communication and consultation tactics

To achieve the project aims our tactics will be as follows:

Aim	How do we achieve this?
Ensure the public voice is heard	Engaging people in the process and building trust with clear, regular, open, honest, and accessible communications
	Work with primary care networks and local area committees to reach communities, avoiding duplication and overloading the public
	Encouraging key stakeholders and practices promote the programme to raise awareness and to help with this ensuring that practices, VCS, and key stakeholders are briefed before any media
Ensure the public shape the final plans	Overcoming barriers to engagement
	Using accessible formats, translations, and a range of activities to ensure equality of opportunity
	Produce versions of the main involvement document in a minimum of six main community languages
	Building long-term, sustainable links with communities to maintain a dialogue beyond the project
Ensure the public provides sufficient insight into the impact the plans may have on local people and patients	Raising awareness of why current services need to transform
	Ensuring balanced media coverage which is factually correct
	Help ensure that the consultation is of good quality by reaching people with the greatest health needs and those in the poorest health
	Raising awareness of investment in Sheffield

11.1. Communications channels

To ensure a robust consultation, we want it to be far reaching, so have a comprehensive communications plan to ensure those potentially affected and those interested know about the plans and have an opportunity to be heard.

The methods we will use will differ for audiences. We will use a blanket approach for everyone and a targeted approach for key stakeholders and seldom heard communities.

Channels include:

- Through community organisations – trained volunteers asking for feedback
- Face to face drop-ins in community venues and groups (e.g., local community orgs/venues)
- Text messages from GP practices to all patients who have a telephone number registered
- Letters from GP practices for those without mobiles
- Posters in GP practices, pharmacies, and community venues
- Videos created by community organisations and key community influencers (Imams, GPs, other community leaders)
- WhatsApp groups - Using community groups existing groups to share messages / survey link / videos
- Meetings
- Community radio stations – e.g., Link FM
- Community newsletters
- Dedicated webpage to the programme including all documents and FAQs to respond to common enquiries and concerns
- Social media – CCG, council, practices, and community groups
- Broadcast and print media
- Local area committees
- Advertisements in local areas

Channels via audience:

Patients and the wider public

- Local and regional media – media releases / broadcast interviews
- NHS Sheffield CCG/ ICB website and social media
- Copy for voluntary sector newsletters
- Texts from GP practice
- Posters on primary care premises
- Local area committees
- PPGs
- Public meetings

MPs, councillors, community, and voluntary sector

- Targeted briefings face to face and email
- NHS Sheffield CCG/ ICB website and social media
- Online briefings

Citywide key stakeholders

- Targeted briefings
- Emails
- Local and regional media
- Online briefings

Internal

- Targeted written briefings
- Spoken briefings at meetings
- Emails
- Practice bulletin
- CCG/ ICB intranet
- Internal bulletins

11.2. Messaging and narrative

Narrative

The proposal is to build some new, modern buildings where several practices can have a base, along with some other useful services on site.

GP practices are not merging and there are no plans to create 'super surgeries' with thousands of patients.

This is about separate existing GP practices sharing a building, not their patients.

People would stay with their own GP and receive the same personalised care.

Some would find their GP is nearer, for others they might be a little further away; everyone would benefit from the modern facilities and enhanced offer on site.

The new centres might include other services such as outpatients and diagnostics, talking therapies and others, reducing trips to the hospital and other locations for treatment.

Case for change

- More than 60,000 Sheffield residents could benefit from the developments which would support us to tackle health inequalities in the city
- The areas chosen haven't benefited from new funding for the development of GP buildings for many years
- The funding will also be used to improve and make more space in some existing GP practices
- The changes will create modern and flexible spaces offering a range of services to patients, joining up local services and improving the use of digital technology in primary care
- The money can't be spent on anything else and if plans don't go ahead, we'll lose it

Key messages

More than 60,000 Sheffield residents could benefit from new buildings for GPs		
Plans – initially put forward by GPs themselves – would see some new, modern buildings built where several practices can have a base, along with some other useful services on site. Other buildings would be improved.	The areas chosen haven't benefited from new funding for the development of GP buildings for many years and people there have the biggest health needs	You can give your views by XXXXXX
A few existing GP practices would share a building but not their patients. There are no plans to merge GPs into 'super surgeries' with thousands of patients on their books	The new centres might include other services such as outpatients and diagnostics, talking therapies and others, reducing trips to the hospital and other locations for treatment	The consultation runs until XXXXXXX
People would stay with their own GP and receive the same personalised care	Some would find their GP is nearer, for others they might be a little further away; everyone would benefit from	These are your local GP services so make sure you have your say

	the modern facilities and enhanced offer on site	
If the plans don't go forward, we'll lose £37 million as it can't be spent anywhere else in the city. It will be allocated elsewhere in South Yorkshire first, and if there are no feasible plans, then elsewhere in the country		

12. Phase 1 – Pre-consultation engagement

12.1. Engagement activity

Pre-consultation engagement activity commenced on 14 March 2022 running through to 15 May 2022. This involved starting the conversation with the public and stakeholders, gathering insights on identified viable locations, and finding out what the most important factors are about primary care provision in each area. There was also an opportunity for people to share their contact details so they can be directly informed about future ways of being involved in the programme.

A pre-election period between 28 March and 6 May 2022 was observed before local and regional mayoral elections. This restricted how NHS Sheffield CCG communicated with the public during these times, but feedback will continue to be received during this time.

The full pre-consultation engagement findings report can be found on CCG's website here - www.sheffieldccg.nhs.uk/get-involved/healthcentres.htm.

The findings along with equality impact analysis have been used to inform the pre-consultation business case on CCG's website here - www.sheffieldccg.nhs.uk/get-involved/healthcentres.htm.

13. Phase 2 - Consultation

A consultation will be carried out with affected patients and communities on the impact that any proposals would have on them or who their advocate for and seek views on alternative options to spending £37 million. Due to time restrictions with the pre-election period and the time required to build the sites, the consultation period will be 10 weeks as the affected populations can be identified and there are established channels in place to communicate. The impacts of this reduced period have been negated by the inclusion of a robust pre-consultation engagement period and targeted community approach.

Appropriate timescales for consideration and approval have been built into the timeline to ensure that CCG's primary care commissioning committee or successor ICB committee have sufficient time to scrutinise the feedback received from the consultation before a decision is made.

The findings of the consultation will be shared with Health Scrutiny Sub Committee so they can make a formal response knowing the views of the public and patients.

13.1. Documents and materials

To ensure that people can make a considered response to the consultation, they must have access to all the relevant information. NHS Sheffield CCG and the ICB are committed to being transparent throughout the process and will publish the following documents on the CCG/ ICB websites:

- Pre-consultation business case
- Summary consultation document
- Quality and equality impact assessments for each site

The business case will include information on the case for change, options appraisal, financial information, how the public have been involved have been involved and shaped the options, and details of equality impact assessments.

The CCG will produce a summary of the business case which clearly and simply tells the story of why the plans are being proposed, the advantages and disadvantages, and how we arrived at the final options for consultation. This document will also explain how people can have their say and how and when a decision will be made by the ICB.

This draft consultation document can be found in appendix A.

This will be translated into key community languages, including BSL, and also Easy Read.

13.2. Readers' panel

A readers' panel will be set up to proof and sense check the consultation document and other materials such as surveys, leaflets, and posters. This is to help ensure the information being shared is understood, clear, free from jargon, the tone is right, and structure and layout are accessible, and helping pre-empts potential issues and questions.

The public, councillors and practice staff will be invited to be members. The survey will also be piloted to test for reliability and validity.

13.3. Methods for feedback

13.3.1. Survey

An online survey will be the key method for collating responses. The survey will be translated into the main community languages as well as Easy Read.

A web link for the survey will be sent via a text message from GP practices to their patients. This has proven to be an effective method of reaching a wide range of patients and achieving a high return of responses.

Paper copies will also be made available within GP practices and for community organisations. These will be entered into the same dataset as the online survey to ensure all information is recorded.

All surveys will include equality monitoring questions so responses can be monitored by protected characteristics. This will ensure that:

- We monitor which groups are responding and be responsive with our activity to ensure we gain insight from all groups. If we aren't hearing from certain communities, we will review what we have done and put resources into reaching them
- We understand the differences in views from different groups

A draft copy of the consultation survey can be found at the back of the consultation document in appendix A.

13.3.2. Independent telephone and face to face survey

During the consultation phase, an independent social research company will be commissioned to gain a representative sample of 1,000 people per hub via a telephone or face to face survey.

This will provide a 95% confidence level with approximately a 3% margin error. This is a robust sample size and means if 70% of respondents said they agreed with a statement, we could be confident in 95% of cases that if we asked everyone in the population, as opposed to a sample, that between 68% and 73% of them would agree.

The same survey will be used as an online and paper survey.

13.3.3. Community conversations

Community organisations are being funded to support the distribution of messages and gain feedback from communities to ensure people with the greatest health needs and underrepresented voices are heard.

Three main community organisations have been funded for the duration of the programme. They are SOAR (SAPA), Firvale Community Hub (Foundry) and Shipshape (City). They will help coordinate the engagement in their areas to ensure maximum reach.

We will seek to fund further community organisations as part of the consultation to ensure a wider reach. The list includes:

City hub	Foundry hubs	SAPA hubs	City wide
Ben's Centre	ACT	Binstead TARA	ADIRA & Likkle Jamaica
Cathedral Archer Project	Brushes TARA	Church on the Corner (Food Bank)	Age UK
City of Sanctuary	Burngreave Food Bank	Flower Estate Family Action	Carers Centre
Lansdowne TARA	Burngreave TARA	Friends of Firth Park	Deaf Advice Centre
Refugee Council	Fir Vale Community Hub	International Worship Centre	Disability Sheffield
Shipshape	Fir Vale Food Bank	Longley 4G	Faithstar
Unity Gym	Lower Wincobank TARA	Parson Cross Development Forum	ISRAAC
	Reach Up Youth	SOAR	MAAN
			Mencap
			SADACCA
			SAYIT
			Sheffield MIND
			Young carers

The methods used by the community organisations will be tailored to the needs of the communities, and they will use their knowledge and expertise of working in these organisations to create culturally appropriate tools to reach as many people as possible.

13.3.4. Public meetings

The importance of a two way dialogue between the public and representatives of the programme is important. There will be a minimum of two public meetings per hub, held in a community venue, and publicised at least 3 weeks in advance. We will also host at least two public meetings on Zoom for people who struggle to get to a venue (daytime and evening). We propose to have meetings at the start of the consultation and towards the end. Representatives from GP practices and ICB will attend to give an overview of the plan and answer questions from the public.

The questions and comments made will be recorded and fed into the consultation analysis.

Interpreters will be available at the meetings.

There will also be programme representation at relevant Local Area Committees (LACs) to give briefings, invite questions and comments, and signpost people to the survey. This will give another opportunity for a two way dialogue.

We will also attend other people's meetings to talk to people about the consultation and organise more meeting where needed or requested.

13.3.5. Other methods of feedback

The survey will be encouraged as the main route for feedback due to the ability to equality monitor and gain comparable data, however, it is recognised that some individuals may not be able to feedback in this way, therefore other methods will be available and promoted including:

- Freepost postal address
- Email address
- Conversation with community organisations

Any petitions will be received and reflected on, but these have limited value in understanding the impact on communities, so other methods will be encouraged to the originators of these petitions.

13.3.6. MPs and Councillors

The support of MPs and councillors of affected areas within the consultation process is essential to ensuring that there is a strong public voice within the decision making of this programme. Full briefings will be made to them throughout the consultation process, and their responses will be welcomed and included as part of the overall analysis.

The voice of the Health Scrutiny Sub-Committee will be considered as a separate body, distinct from its individual councillor membership, as part of the consultation.

13.4. Analysis

Independent analysis will be commissioned by NHS Sheffield CCG to ensure an unbiased interpretation of the responses. The analysis will be based on responses gathered across all methods and will include an equality analysis by protected characteristic. An individual report will be produced for each health centre to ensure that they can be considered and influence each project separately.

This report will be shared with Sheffield City Council's Health Scrutiny Sub-Committee well in advance of the ICB decision to ensure the committee considers and factors in public view before they formally share the committee's view. This will be shared with the ICB decision making committee to inform its final decision.

13.5. Governance

Following the completion of the consultation, a report will be provided to the committee with responsibility for approval of the arrangements for discharging statutory duties relating to public involvement, consultation, and equality. This will detail the activity undertaken alongside the independent analysis.

If assurance is given, the consultation report including the independent analysis will then be provided to South Yorkshire Integrated Care Board for their consideration. All responses will also be available to the committee to read and review before they make their decision. before final decision being made.

A final post-consultation business case will be presented to the South Yorkshire Integrated Care Board for their decision in December 2022. This meeting will be held in public.

14. Phase 3 – Post-consultation

If proposals are approved, arrangements will be made to continue informing and involving patients and communities about the development. The purpose of this continued involvement is to help connect communities with the new buildings. Efforts will be made to build upon these relationships to develop an ongoing relationship between practices and communities.

There are expected to be opportunities to be involved in the following areas:

- Design and accessibility of the building

- Community project to name buildings
- Community project through schools and community groups for artwork for buildings

15. Audiences

A list of all stakeholders can be seen below.

Some of the stakeholders by nature of their levels of interest and potential influence will be communicated and/or involved more than others. Below are lists all the stakeholders we will communicate with and involve.

(*key stakeholders)

15.1. External

15.1.1. Citywide

- Health Scrutiny Sub-Committee*
- Healthwatch chair and CEO*
- Public
- Trusts
- Local Medical Committee chair
- VAS
- Citywide community groups
- Health and wellbeing board
- All MPs*
- All councillors and parties*
- Media – Star, Radio Sheff, Calendar, Look North, Hallam, Tribune*
- South Yorkshire Mayor
- David Blunkett
- Primary Care Sheffield
- SADACCA
- Disability Sheffield
- Faithstar
- Citizens Advice Bureau Sheffield
- Sheffield Save our NHS
- Carers Centre
- Young Carers
- Age UK
- Alzheimer's Society
- Mencap
- Community Pharmacy Sheffield
- SYPTE

15.1.2. Foundry PCN

- PCN staff*
- Gill Furniss MP*
- Firvale Community Hub*
- Local Area Committee (LAC) chair*
- Reach Up
- The Furnival
- Patients*
- Practice Patient Groups (PPGs)
- ACT*
- ISRAAC*
- Ward councillors*

- Faith centres
- Schools
- Supported living/temporary accommodation/care homes
- TARAs

15.1.3. SAPA PCN

- PCN staff*
- Gill Furniss MP*
- LAC chairs*
- Ward councillors*
- Faith centres
- Foxhill Forum
- Schools
- SOAR*
- Flower Estate Family Action
- Patients*
- PPGs
- Sheffield Wednesday Football Club
- TARAs

15.1.4. Internal

- CCG Governing body/ ICB Board*
- Senior management teams
- Primary Care Commissioning Committee of CCG*
- All staff
- Practices – GPs*/Practice managers*/Reception staff*
- SPIEEC*
- CCG Clinical directors
- Locality managers*
- Sheffield City Council Comms, Engagement and Equality teams
- Sheffield City Council executives
- Other SCC staff to be identified

Appendix A – Draft Consultation document

Five new health centres in Sheffield to replace some existing GP practices Date of consultation 18 July 2022 to 25 September 2022

Introduction

Welcome to the public consultation document about proposals to build up to five new health centres in Sheffield to replace some existing GP practice buildings. This document gives you the background and all the information you need to take part in this consultation.

Some of our city's GP practice buildings are based in old premises which is not ideal for patients or staff. Many are too small to deliver medicine in the 21st century and to benefit from the latest advancements in health care and in technology. Waiting rooms are cramped, they lack enough consultation rooms and space for other services which could help improve people's health.

We need to address this now to address health inequalities across the city.

We have £37m in government funding available to transform general practice across the city. Most of this money could be used to build up to five new health centres in some of the areas that need them most, bringing together GP and other services all under one roof.

For this consultation we are consulting on the proposal to build four new health centres in Sheffield. We have funding for a fifth health centre for the city centre but we don't yet have a short-list of locations, so is not part of this consultation. Once we have a proposal, the practices will consult on relocation later this year.

There is only one location option for each health centre. We have worked extensively to identify and assess a range of possible site options for each of the four health centres. Despite the best efforts of all concerned, it has only been possible to identify one viable site for each centre.

Practices are considering whether to become part of a new health centre or if they should stay in their current location. If the GP practices involved in the consultation decide to go ahead and move into the new health centres it would mean moving from their existing practices to the new health centres.

The proposed locations for these new health centres are in some of the most deprived areas of Sheffield and where people have the greatest health needs. These parts of the city haven't benefited from new funding for developing GP buildings for many years which is why so many practice sites are in sub-standard premises.

10 GP practices are interested in moving into one of four new buildings. If plans go ahead, it will mean the practice moving from its current site and into a new building shared with other GP practices, and the current premises would close as a GP surgery.

Even though this consultation is about building new health centres, it is more than just being about bricks and mortar. This is an opportunity to provide services in a better way.

New health centres will allow us to improve health facilities for local people and tackle health inequalities in the city.

Where did the funding come from?

The funding is part of a £1 billion boost to NHS capital spending across the whole country from the government. The £37m Sheffield funding is part of £57.5m for South Yorkshire.

This is capital funding, a one-off cost which comes out of a different pot from the day-to-day running of services and cannot be used to buy services. Capital funding can only be used for new buildings or upgrading old buildings and buying new IT equipment. It can't be used to improve services such as employing more doctors or new treatments.

The funding will also be used to improve and make more space in some existing GP practices across Sheffield. This is not part of the consultation. Further information about this can be found on our website [xxxx\(to be added once live on the website\)](#).

How did the plans develop?

The plans were originally developed a few years ago by GP practices working together in networks and were combined into a bid for the city, which was submitted as a South Yorkshire plan. Since the bid for funding was confirmed in January 2022, practices have been exploring the option of moving to a new health centre.

From March to May 2022 the NHS in Sheffield, along with GP practices, asked patients in the affected areas for their views on their practices moving to new health centres as part of a pre consultation engagement exercise. A summary of those findings can be found in this document on page [xx](#). There have been some changes made to the latest proposals due to the pre consultation engagement - this is all explained on page [xx to be added once document is designed](#).

We are now formally consulting on the plans.

After the consultation, practices may choose not to move into the new centres and to remain in their original premises.

Who is running the consultation?

On behalf of practices, the proposals in this document have been developed by NHS South Yorkshire Integrated Care Board (known as the ICB). In July 2022, NHS South Yorkshire ICB replaced NHS Sheffield CCG as the new commissioning organisation taking on commissioning responsibilities for Sheffield.

The proposals were jointly developed with NHS Sheffield CCG working with the GP practices involved. The CCG ran the pre-consultation engagement from April to May 2022 which has fed into the proposals.

NHS South Yorkshire ICB is the statutory organisation leading this consultation and will make a final decision on the proposals after the consultation.

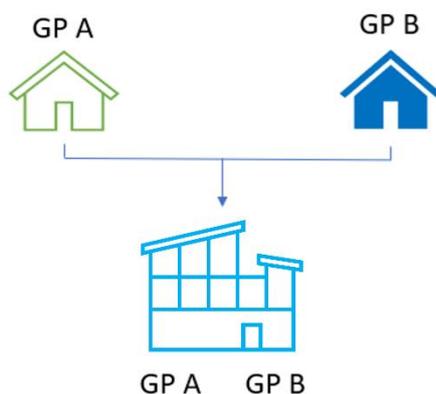
What are we consulting on?

This consultation is essentially about where people will go to see their GP and what other services might be available on site.

Currently, each practice has its own building, but Sheffield has been given £37m to build some new, modern buildings where several GP practices can have a base, along with some other useful services on site.

This would mean GPs 'moving office' to a new shared space alongside other practices. They wouldn't be merging or sharing patients.

This diagram shows how separate GP practices could move into one shared health centre.



So, what we're asking is what impact these changes would have on you if the health centres went ahead. if?

These wouldn't be 'super surgeries' as practices are not planning on merging together. They will be separate existing GP practices simply sharing a building. People would stay with their own GP practice and receive the same personalised care.

Some would find their GP is nearer, for others they might be further away; everyone would benefit from the modern facilities and enhanced offer on site. The new centres might include other services such as some outpatient clinics, blood tests, talking therapies, physiotherapy and debt advice, which could reduce trips to the hospital and other locations for treatment.

We don't have to do this, but we will lose the £37m government funding if we decide not to create the new Health Centres and the money will either be reallocated to other schemes in the South Yorkshire programme or returned to central Government.

Which GP practices are affected?

The health centres are planned for three areas in the city:

- One centre in the City Centre
- Up to two centres in SAPA5 Primary Care Network
- Up to two centres in Foundry Primary Care Network

These are the GP surgeries that are interested in moving to new premises:

Interested practices	Potential location of new Health Centre
Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre) S3
Page Hall Medical Centre Upwell Street Surgery	Rushby Street S4
Firth Park Surgery Dunninc Road Surgery Shiregreen Medical Centre	Concord Sports Centre S5
The Health Care Surgery Buchanan Road Surgery Margetson Practice	Buchanan Road / Wordsworth Avenue S5
Clover City Practice The Mulberry Practice	City Centre location TBC

We have funding for a fifth health centre for the city centre which Mulberry and Clover City practices are exploring options to relocate. We don't yet have a short-list of locations, so is not part of this consultation. Once we have a proposal, the practices will consult on relocation later this year.

The new buildings



This is an artist's impression of a larger health centre elsewhere in the country



This is an artist's impression of what a new health centre could look like inside

The new centres have huge potential to benefit local people and improve health. They would be more modern and spacious, with additional clinical and interview rooms so practices can recruit more staff and offer more services such as mental health support, physiotherapy, blood tests, and minor surgery.

The buildings would meet the highest environmental standards including net-zero carbon emissions, use less energy, and have better lighting and ventilation, helping reduce the risk of infection. They would offer an opportunity to improve access to care for people in these areas and a better environment for the staff working there. These improvements would not all be possible simply by improving current premises.

The buildings would be entirely in public ownership (built and owned by Sheffield City Council), funded by an NHS capital grant and GP practices would each have a lease for their part of the building.

What will stay the same?

- People will stay with their current practice.
- Practices are not being asked to merge.
- People will see the same doctors, nurses, receptionists and other staff as now.
- Face to face, telephone and online appointments will still be available.

What could change?

One of the main things that would change if a practice moved to a new health centre is that the GP practices would no longer own their own buildings.

The vast majority of practices in the city are independent providers of NHS services. Currently, the GP Practices in these proposals own their own buildings or rent them from landlords. Practices have told us that in some cases where a building is owned by the practice partners (who own and run the business) it is difficult to attract new partners who are expected to buy in to the ownership of the building. This can cause problems when existing partners want to leave or retire.

As these proposed health centres would be in public ownership, if a GP or GPs did want to move on or retire, the local NHS would be able to make sure that GP practice services could continue be offered there. This would result in more sustainable services for the communities.

In line with the conditions of the funding, the ICB is working in partnership with Sheffield City Council who will own the properties. The ICB will be making a capital grant to Sheffield City Council to build the facilities, with NHS funding.

Other things that could change include:

- It could be further to travel for face to face appointments to see GP or practice staff. But,
- It could be nearer to access services such as blood tests, scans, talking therapy, physiotherapy, debt management advice. Additional services within the health centres have not yet been decided but these types of services are what we aspire to have.
- Two or more practices would be under one roof
- More staff could be available as there would be more space to recruit staff.
- More services could be available
- There could be longer opening hours for NHS and other services

Where the public can influence this project

This is local people's chance to have their say on the on the proposal to create the new Health Centres which, if approved, would replace the existing GP surgeries when the practices relocate.

What's already been decided?

Timescales have been set by the government who are providing money for the project. This funding comes with strict national requirements, including a deadline of December 2023 for completion of all construction and a strict business case development and approval process set by HM Treasury.

The following practices have now confirmed their intention to participate in this consultation process and continue to explore the possibility of moving to a new Health Centre. This doesn't mean they have decided to move or will move.

Foundry 1 Centre

- Burngreave Surgery
- Sheffield Medical Centre

Foundry 2 Centre

- Page Hall Medical Centre
- Upwell Street Surgery

Southey and Parson Cross Association (SAPA) 1 Centre

- Dunninc Road Surgery
- Shiregreen Medical Centre
- Firth Park

SAPA 2 Centre

Margetson Practice

Buchanan Road Surgery

The Healthcare Surgery

Norwood Medical Centre, Elm Lane and Pitsmoor Surgeries who were included in the earlier proposals are pursuing funding to extend and improve their buildings and would not relocate to a new Health Centre

A condition of Sheffield receiving this money is that the buildings will be in public ownership. Sheffield City Council will own and run the buildings. If practices move, they will lease the premises from the council, rather than own their own the building or rent from a private landlord as what happens now.

Planning permission

Given the tight funding timescales we will need to begin the process to apply for planning permission in early September 2022. Applying for planning permission does not mean we have made a decision, it merely allows us to have things in place for if the current proposals go forward. If plans do not go forward the planning permission, if granted, will lapse.

What isn't being considered as part of this consultation?

The £37m we have received from the government is what's known as 'capital funding' – which means it can only be used to build new premises and improve existing ones. It cannot be used for any other purpose such as employing more doctors or nurses

The consultation is primarily about buildings, the ICB is not proposing to close or merge any GP practices as part of this scheme.

The funding is also limited to the geographical areas specified in the initial bid we submitted. These are the City Centre, SAPA (Southey and Parson Cross Association) Primary Care Network and Foundry Primary Care Network. These networks worked together on the plans and were submitted for funding by the CCG chosen as they have not benefited from previous funding for GP buildings, so many practice sites are in converted properties or otherwise need modernisation. We can't consider suggestions to build new surgeries in any other parts of the city.

Because of the nature of the funding provided by the Treasury, we can't use any of the money for ongoing expenditure e.g. to employ more doctors or nurses, fund waiting list initiatives, additional services or anything of that nature.

There are also some GP practices who after the pre consultation engagement decided not to take up the option to move. We are exploring options with these practices as to how we address their ongoing constraints.

All practices are either owned by the current / former GPs or leased by the practice. Therefore, the decision of what will happen to any vacated buildings will ultimately be down to the owners. However, we have agreed with all practices that there will be a disposals strategy as part of the final plan, once potential premises are confirmed. We will work with building owners and Sheffield City Council to develop proposals that are aligned to community needs wherever possible - e.g. the provision of affordable housing, creation of green space, employment opportunities, support for community organisations. The funding included in the business case does allow us to help achieve this, working with stakeholders and we would be keen to hear suggestions from the community.

How much will the programme cost?

We don't have exact costings for the proposed new health centres yet as the designs aren't finished but similar buildings in other areas have cost around £5-7m each.

Any savings from GPs moving into new premises will be reinvested in primary care services locally, specifically at reducing health inequalities.

Why these changes are needed

The proposed locations for the new health centres are in some of the most deprived areas of the city and where people have the greatest health needs.

We want to invest in these areas and £37m allows us to improve the health of local people. Money for the health centres is available and is likely to be lost to Sheffield if the schemes do not go ahead, at least in some form that meets the requirements set out by Treasury.

These parts of the city haven't benefited from new funding for developing GP buildings for many years so many practice sites are old, not fit for purpose and unable to achieve modern standards.

Many are too small to deliver medicine in the 21st century and benefit from the latest advancements in health care and in technology. There's a lack of space in waiting rooms, consultation rooms, and space for other services which could help improve people's health.

We want to build the new health centres because we want:

- Bigger, better spaces to provide care
- To bring services together improves your care
- More space to attract and employ more staff
- Easier access to buildings
- Child friendly spaces

- Spaces for community events and services
- Pods where people can access the internet
- More eco-friendly buildings
- Lower energy costs

Developing proposals

The story so far...

The story so far is that a few years ago GP practices working together in 'networks' were invited to bid for government funding to make improvements to primary care. This was combined into a bid for the city.

The bid for funding was successful and significant work was undertaken to further develop proposals that met the requirements of HM Treasury. In January 2022 Sheffield received notice of £37m funding was approved, with further some conditions confirmed in March 2022. This was part of £57.5m funding for South Yorkshire from £1 billion given to the NHS by the government for capital spending.

Each practice considered a range of options to address the needs of their patients and the practice, and so four scenarios were modelled at an early stage and assessed against investment objectives. These were:

1. Business as usual (do nothing) - all practices stay as they are currently
2. Do the minimum - adjustments to each practice where required to help address the problems / capacity constraints identified by each practice as far as possible
3. Intermediate - which described just some practices moving to a new build health centre, but some remain in their current buildings but have more significant alterations where possible and required
4. Maximum - where all practices moving to new build health centres.

All four options were evaluated separately for each centre, considering the benefits delivered and cost to deliver, which produces a "benefit to cost ratio" - this is used to help determine the preferred way forwards. Each practice was asked to consider which of the four options described for their practice it would like to take forwards, taking all factors into account.

This does not mean a decision has been made to relocate to a new health centre, just that the partners of those practices (the people that run the practice) have considered the preferred option they wish to explore further, including consultation where required.

All practices have been very mindful of the views of their patients, the impact it may have on some and the benefits that relocating to a new health centre would bring.

Whilst each practice may have had different reasons for reaching their decision to stay in their current site based on their relative location, needs and constraints, the most common reason cited for staying in their current location has been to minimise the impact on their patients due to distance and accessibility.

Pre-consultation engagement

In March 2022, the NHS in Sheffield, working with GP practices, decided to explore what this would mean for practices and their patients so held an engagement exercise for 9 weeks starting on 14 March 2022 and ending on 15 May 2022.

During this time, we engaged with GP practices and their patients to find out what they thought about the proposed new health centres and to help develop the plans.

What we did

During the engagement we:

- Asked people to fill in an online survey, this was also available as a paper copy.
- Held six public meetings, one online and five face to face in the communities affected.
- Organised community outreach via 3 of our community partners: Firvale Community Centre, SOAR Community and ShipShape.
- Distributed leaflets, posters and flyers in the communities affected via our community partners.
- Made information available on the NHS Sheffield website including frequently asked questions
- Posted information on social media
- Had media coverage in Sheffield Star

We heard from over 1,900 people via the survey, 200 people at public meetings, and 65 emails.

The NHS in Sheffield and practices evaluated feedback to help develop the options in this consultation.

What we found out

- People like the idea of talking therapy, diagnostics, community mental health and children's services co-located in new centres
- People think more investment in their local area is needed
- Majority of people aren't willing to travel further for better care but say they can travel
- Slightly more people disagree with the idea of building centres than agree
- Some of the concerns people have been that it could be further to travel for some people, it could be harder to get to by bus, people are worried about changes to their practice and want to know if they have to re-register.

Themes from the engagement

Can we spend the money on existing practices instead?

Some people asked if we could spend the money on improving their existing practice instead.

There are also some GP practices who after the pre consultation engagement decided to seek investment to make improvements to their premises, but we will not be consulting on these practices' intermediate options as part of this consultation.

If we did not develop the new health centres with NHS capital funding, there would be no revenue funding released from paying rent for older buildings and we could not afford the extra running costs of more practices extending or modifying their existing premises, which is a condition of the Treasury funding.

Investment should be made in staff and services

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

One of the benefits of building the new health centres will be additional space which could help attract and employ more staff. There is a government initiative to fund additional roles in primary care networks (PCNs) which is called the additional roles reimbursement scheme. Many of our PCNs have told us one of the restrictions stopping them making full use of this funding is lack of accommodation.

Availability of appointments

Another theme was about the current availability of appointments with many people feeling that having more patients at one site would make appointments harder to get, although some felt that these proposals may help to make appointments more available.

Practices will continue to run as individual practices. This means patients in practices also based in the building won't be able to access your practice's appointments and vice versa.

Mergers and closures

Some people who responded to the pre consultation engagement were concerned about their practice merging or closing.

Practices are exploring the option of moving to a new health centre, and no decisions have been made about if they will move or where the centres will be.

Practices are not being asked to merge or close. If it goes ahead, the practices will remain as individual practices but in the same building.

Transport and travel

Some people who responded to the pre consultation engagement were concerned that it would be further to travel for some people and it could be harder to get to by bus and the cost of transport would hinder access. They were particularly concerned about more vulnerable members of the community.

All the locations being explored are on good transport routes. However, a transport accessible assessment will be carried out before any decisions to approve the proposals are made. The findings will be shared as part of the consultation.

If we go ahead and build the health centres and find they are not on a particular bus route, changes to routes can be explored. It is easier to move a bus route than find a plot of land to build on that is on a bus route. NHS Sheffield was recently successful in getting a bus

route changes so it went past Jordanthorpe Health Centre following the relocation of a practice.

Environmental issues

Some people were concerned about environmental issues such as loss of only green space in the area and traffic/ congestion. This will be addressed as part of any planning application. We are looking at the design of these buildings including how they will fit in with the area and how they can enhance the green space around them.

Safety of the health centre locations

Some people raised concerns about the safety issues of the locations.

As modern healthcare facilities and public buildings, each new centre will be designed and assessed to the latest standards, including Safer by Design. They will feature high efficiency and effective external lighting to the building and surrounding area (car parks etc.) and include CCTV and managed access when required.

Whilst many of these measures are to ensure and promote a strong sense of safety and security to all who use the premises, it will also be aimed at reducing anti-social behaviour and preventing crime in the general area. Whilst community safety is everybody's responsibility, it is outside of the scope of the project to address any wider neighbourhood issues but we'll will work with partner agencies to assess and reduce concerns wherever possible.

We have a strong view that creating busy, high foot-fall, well designed and monitored areas can help reduce crime and the fear of crime, in areas where people may not feel safe currently.

Parking

Some people queried about car parking including having enough spaces for multiple practices and also worried that people would park on-street near schools and other busy areas.

The design will follow the latest guidance and significantly improve the overall provision at current practices without encroaching on surrounding roads.

Additional services

People wanted more information on services that could be offered.

Practices are planning to be able to offer a wider range of services from the centre, recruit to roles they can't currently accommodate and have other providers working from the centres rather than other locations or on-line only. We are also committing to ensure all savings made from the schemes will be reinvested in reducing health inequalities in the respective networks.

Continuity of care

Some people thought that practices being in the same building would mean they would merge and therefore people wouldn't see the same staff.

There are no changes to the continuity of care patients receive from their GP practice now. Practices are not being asked to merge. People will see the same doctors, nurses, receptionists and other staff as now.

All practices will maintain their existing identity, have their own excluding accommodation and be able to access shared / bookable spaces within their new centre. All the buildings will have new, fit for purpose telephone systems, with modern call management and capacity standards to improve patient experience. All waiting areas, entrances etc. will be fully accessible, and designed to the latest standards or capacity and patient expectations.

Concord Leisure Centre

Some people asked what would happen to Concord Leisure Centre if the health centre went ahead on that site. Sheffield City Council are looking at a phased redevelopment of the leisure centre so we will be looking at how the buildings could work with each other. For example, one suggestion is that GPs could refer patients for exercise at the centre as part of improving their health and wellbeing.

What people told us and what we've done

The pre-consultation work has given clear indication of issues to address as we develop our plans and also for the range of services we should be prioritising as being available from the new health centres.

What has changed since the pre consultation engagement and why?

Foundry 1

Two practices wish to continue in the process - Burngreave Surgery and Sheffield Medical Centre.

No practices have fully withdrawn but Pitsmoor Surgery decided to pursue the intermediate option after the pre consultation engagement. This means proposals will be worked up with the practice to extend, reconfigure or otherwise modify their current practice.

The proposed location for the new Health Centre we are consulting on is on Spital Street, next to Sheffield Medical Centre. A site on Catherine Road was also proposed during the pre-consultation engagement but with Pitsmoor Surgery having withdrawn it means the Catherine Road site is no longer under consideration as it's not suitable or viable for the two remaining practices, as it is furthest away from the two practices wishing to consider moving to a new hub and more recent surveys have identified technical constraints with the Catherine Road site (topography and ground conditions).

It is proposed that Herries Road Surgery, a branch of Burngreave Surgery would also close, and patients would have the choice of attending the hub where Burngreave Surgery relocate to or registering with another practice (either in another hub is nearer or an existing practice that is not proposing to relocate). Cornerstone Surgery would close and relocate along with the main Burngreave Surgery.

Foundry 2

There are two practices who wish to continue in the process - Page Hall Medical Centre and Upwell Street Surgery.

No practices have withdrawn or are pursuing the intermediate option.

The proposed location has not changed since the pre consultation engagement and remains the Rushby Street site.

SAPA 1

Three practices wish to continue in the process - Firth Park Surgery, Dunninc Road Surgery, Shiregreen Medical Centre.

Melrose Surgery, a branch of Shiregreen Medical Centre, would close. Patients may either attend Shiregreen Medical Centre in the new health centre, or re-register with a practice in a nearer health centre, or with a an exiting practice not relocating,

Barnsley Road Surgery withdrew from the programme before the engagement process. Elm Lane have fully withdrawn from the process since the pre consultation engagement ended, and will therefore stay in their current location.

Norwood Medical Centre is pursuing the intermediate option. This means proposals will be developed to expand, reconfigure or otherwise modify their current practice.

The proposed location has not changed since the pre consultation engagement and remains the Concord Sports site.

SAPA 2

Three practices wish to continue in the process - The Health Care Surgery, Buchanan Road Surgery and Margetson Practice.

No practices have fully withdrawn. Southey Green Medical Centre has decided to pursue the intermediate option, which means they will stay in their current location.

The proposed location has not changed since the pre consultation engagement and remains the Buchanan Road / Wordsworth Avenue site.

This information is summarised in the following table:

Centre	Practices now withdrawn	Practices pursuing intermediate option	Interested practices	Potential location	Branch sites affected
Foundry 1	None	Pitsmoor Surgery	Burngreave Surgery Sheffield Medical Centre	Spital Street (next to Sheffield Medical Centre)	Herries Rd Cornerstone
Foundry 2	None	None	Page Hall Medical Centre Upwell Street Surgery	Rushby Street	
SAPA1	Barnsley Road Surgery Elm Lane	Norwood Medical Centre	Firth Park Surgery Dunninc Road Surgery Shiregreen Medical Centre	Concord Sports Centre	Melrose Surgery
SAPA 2	None	Southey Green Medical Centre	The Health Care Surgery Buchanan Road Surgery Margetson Practice	Buchanan Road / Wordsworth Avenue	(branch of Ecclesfield)

Surgeries who decided to withdraw or opted for the intermediate option had a range of reasons for doing so, these include:

- The location of the relevant centre about their practice and where patients mostly live was too far away
- Wanting to retain ownership of their current premises
- Perceived risk / financial implications / practice sustainability of moving
- Feedback from patients wanting to retain existing services in their current form
- A wish to see a more unified approach to the provision of GP services rather than individual practices co-located in a health centre, sharing some facilities
- No reason given

Directions to more information and discarded alternatives

More information on the original proposals in the pre consultation engagement and discarded alternatives can be found on our website here [xxxxxx add once live on site](#)

Who will make the decision

The consultation will close on **25 September 2022**

The post consultation consideration period will begin on **xx till xxx 2022 Need to confirm.**

Once we have analysed the consultation findings, these will be shared with the practices. They will be asked formally if they want to go ahead with moving to a new centre.

NHS South Yorkshire Integrated Care Board will make the ultimate decision on whether any, or all, of the proposed new health centres will go ahead.

The decision will be made in a meeting in public in **November 2022 TBC**

If ICB approves the building of any of the centres, NHS England will also need to approve the final business case prior to release of the government funding.

Add SCC decisions process

Options

Practices are considering whether to become part of a new health centre and patient feedback is vital in their decision of whether the proposals are right for most of their patients and their practice, taking all factors in to account, or if they should stay in their current location.

There is no need to consult on continuing to provide the current service, in the current location. Therefore, the consultation is about moving to the proposed health centre, if that does not happen, they will continue to provide services in the same way as they do now.

We have listened to practices and their patients' views through the pre consultation engagement exercise earlier this year. As a result, of this we have developed the following proposal. We also want your views on any other options that we may not have thought about.

There is only one location option for each health centre. We have worked extensively to identify and assess a range of possible site options for each of the four health centres.

In total, a long list of 30 potential sites was initially considered, reduced to 23 on further review. These sites were evaluated for each health centre by the respective practices, Sheffield City Council representatives, and NHS Sheffield representatives an agreed weighted criterion (see the Pre Consultation Business Case). The weighting from practices was equal to the combined weighting from the council and NHS Sheffield CCG to prioritise their preferences. This process identified 7 possible sites across the 4 centres, which were then considered from a technical / availability perspective. Some sites could not be made available in time, others had restrictions that prevented development, or ground conditions / topography that meant it was not possible to build a suitable centre.

Site selection criteria that was used to choose the sites included:

- How easily the site is accessed by bus
- Avoiding congestion on local roads being caused by the health centre
- Avoiding impact to or from neighbouring properties
- Sites being centrally located amongst the patient population it would serve

- How well the site could accommodate a new health centre
- If a site had scope for future expansion / other services
- If a site was in proximity to other complimentary services or local amenities

Despite the best efforts of all concerned, it has only been possible to identify one viable site for each centre. We would very much have wanted to consult on a range of sites, but sites of the required size, and topography and not already committed to housing development or other availability restrictions cannot be found.

Proposals

We are proposing to build four new health centres in Sheffield.

The health centres may be in the following four locations and may involve the GP practices listed below moving from their existing practices to the new health centres.

If you live in one of the areas where a new health centre could be built, we would like to hear your views on your current practice site, the potential new health centre location, accessibility and new services that could be available.

Need to add in main map of all locations

Foundry 1

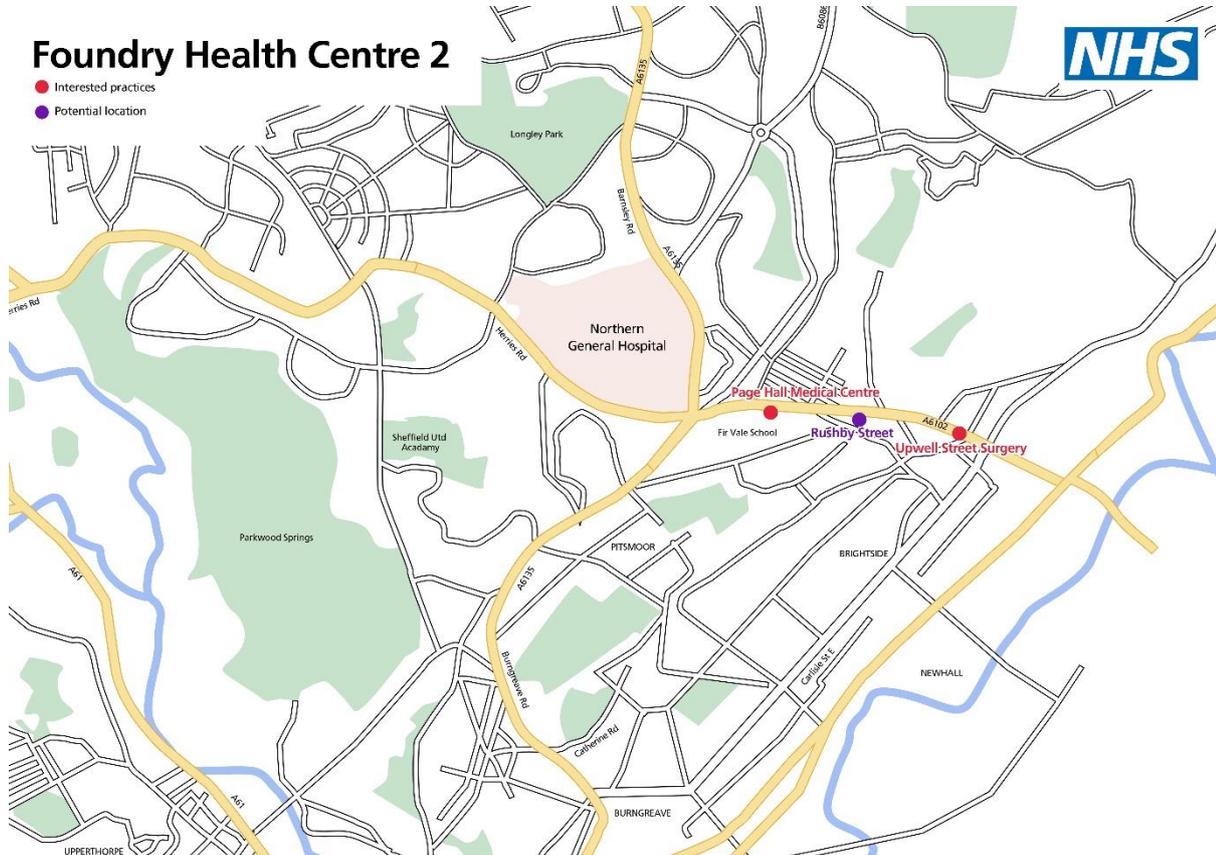
Burngreave Surgery
Sheffield Medical Centre

Health centre site - Spital Street (next to Sheffield Medical Centre)



Foundry 2
Page Hall Medical Centre
Upwell Street Surgery

Health centre site - Rushby Street

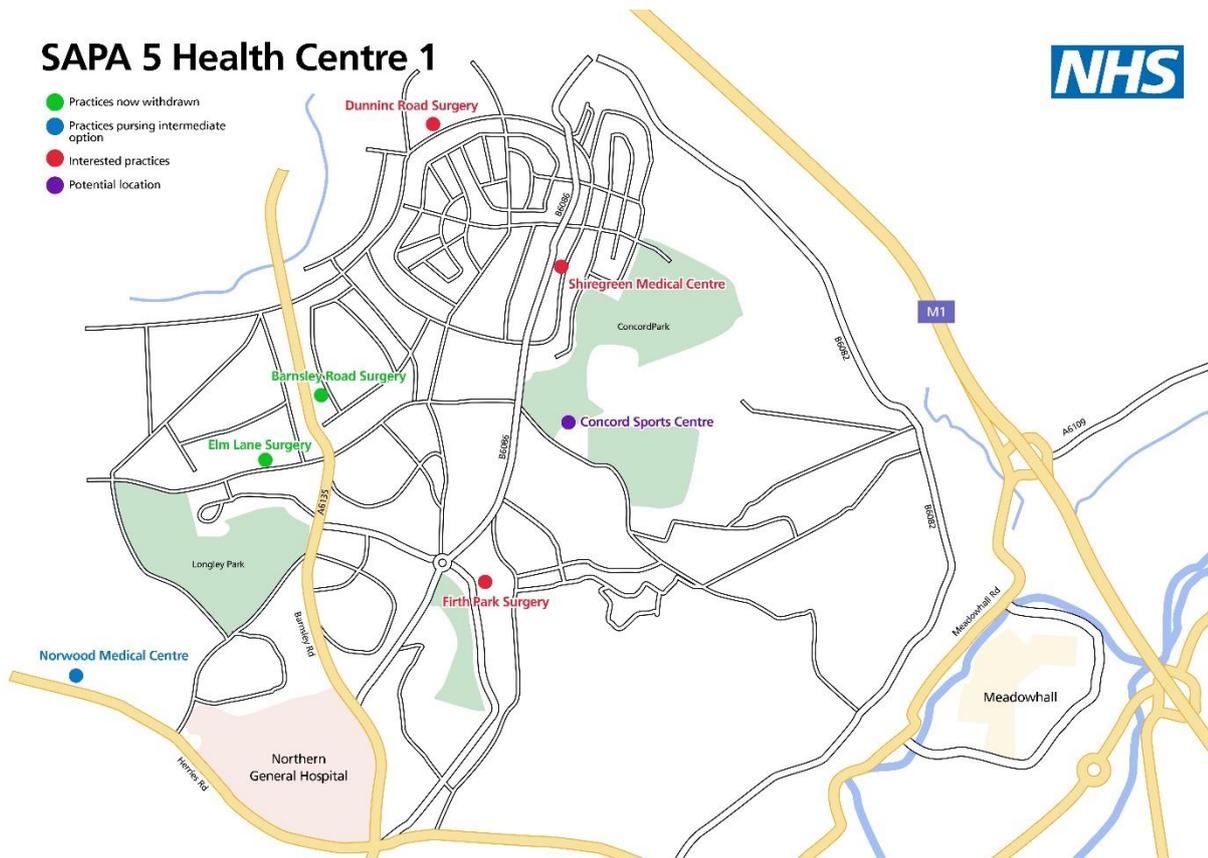


SAPA 1

Firth Park Surgery
Dunninc Road Surgery
Shiregreen Medical Centre

Health centre site - Concord Sports Centre

SAPA 5 Health Centre 1



SAPA 2

The Health Care Surgery
Buchanan Road Surgery
Margetson Practice

Health centre site - Buchanan Road / Wordsworth Avenue

- Housing
- Changing places toilets
- Privacy rooms
- Group session rooms
- Spaces for community organisations

We want to know your ideas.

Positives and negatives of relocating your GP practice to a new health centre

Below we have included some of the positives and negatives of relocating practices. Some are from what the NHS and practices think and others from what people shared in the pre-consultation engagement.

Positives

- Bigger, better spaces to provide care
- More services brought together under one roof to improve care
- Some services will be nearer as they move into local areas
- More space to attract and employ more staff
- More space for services such as rapid testing and diagnostics
- More airy, lighter spaces
- Modern facilities to better address health needs
- Easier access to buildings
- Dedicated space for call handlers freeing up receptionists to see patients
- Child friendly spaces
- Spaces for community events and services
- Pods where people can access the internet
- More eco-friendly buildings
- Free parking
- Investment in the local community
- Cheaper energy buildings

Negatives

- Some patients may have to travel further than their current GP practice
- Travelling further can incur additional travel costs
- Travelling further can impact on time
- Some patients may find it harder to access care if it is further away
- Some patients may have to access additional public transport to get there
- May mean developing some sites currently used informally as green space
- People may feel unsafe travelling into an unfamiliar area

Have your say

The NHS in Sheffield and GPs want to know your thoughts on the options. You can feedback in several ways:

Online survey

You can have your say by filling in the online survey on the ICB website here [xxxxxxx](#)

It is also available at the end of this document. You can send it to **FREEPOST xxx**

Telephone surveys

Agree to talk to a researcher from **xxx** an independent research company who will be carrying out a random quota sample of surveys in each of the four areas.

Speak to someone

You can speak to someone at one of our local community partners by calling up or dropping in. They will also be visiting local groups and venues in their areas.

- SOAR Community www.soarcommunity.org.uk
0114 213 4065
- Firvale Community Centre www.firvalecommunitycentre.org.uk 0114 261 9130
- Shipshape
www.shipshape.org.uk
0114 250 0222

The following community organisations are also involved in the consultation and will seek views from their communities:

City centre	Foundry centres	SAPA centres	City wide
Refugee Council	ACT	Flower Estate Family Action	Disability Sheffield
Unity Gym	Reach Up Youth	Binstead TARA	ISRAAC
Cathedral Archer Project	Brushes TARA		SADACCA
Ben's Centre	Burngreave TARA		Mencap
Lansdowne TARA	Lower Wincobank TARA		

They will feedback all views to the ICB.

As GP practices are so busy helping patients, please do not contact them about the plans.

Public meetings – online and in person

There will be a minimum of eight public meetings, two for each proposed location.

Add details

Email

You can email the ICB Sheffield communications team on sheccg.comms@nhs.net.

When do I need to feed back?

You can start making comments from 18 July 2022

The consultation closes at midnight on 25 September 2022

Will, what I say make a difference?

Yes. This is your opportunity to let the NHS in Sheffield and your GP practice know your views. We are aware that people may be worried about the possibility of their GP practice relocating to a new building. We hope that by involving you in the development of these proposals and listening to your views, we will build your confidence in the future of the services.

Contact details

NHS South Yorkshire Integrated Care Board
722 Prince of Wales Road
Sheffield
S9 4EU
0114 305 1905

Website: [xxxxxx](#)

Email: Sheccg.comms@nhs.net

If you would like a copy of this publication in another format such as Braille, large print, audio or in another language please contact

**Draft Consultation survey
Health Centres**

Which GP Practice are you registered with?			
Foundry 1			
<input type="checkbox"/>	Burngreave Surgery	<input type="checkbox"/>	Cornerstone Surgery
<input type="checkbox"/>	Herries Road Surgery	<input type="checkbox"/>	Sheffield Medical Centre
Foundry 2			
<input type="checkbox"/>	Page Hall Medical Centre	<input type="checkbox"/>	Upwell Street Surgery
SAPA 1			
<input type="checkbox"/>	Dunninc Road Surgery	<input type="checkbox"/>	Firth Park Surgery
<input type="checkbox"/>		<input type="checkbox"/>	Shiregreen Medical Centre
SAPA 2			
<input type="checkbox"/>	Buchanan Road Surgery	<input type="checkbox"/>	Margertson Surgery
<input type="checkbox"/>		<input type="checkbox"/>	The Health Care Surgery
None of the above			
If none of the above, please specify here			

On average, how often do you visit your GP Practice?			
<input type="checkbox"/>	More often than once per month	<input type="checkbox"/>	Every month
<input type="checkbox"/>	Every few months	<input type="checkbox"/>	Once a year
<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Never
<input type="checkbox"/>		<input type="checkbox"/>	

How long does it take for you to travel from your home to your GP practice?			
<input type="checkbox"/>	Less than 10 minutes	<input type="checkbox"/>	11 - 20 minutes
<input type="checkbox"/>		<input type="checkbox"/>	21- 30 minutes
<input type="checkbox"/>		<input type="checkbox"/>	More than 30 mins

How do you normally travel to your GP practice? Tick all that apply			
<input type="checkbox"/>	Car/ motorcycle	<input type="checkbox"/>	Bus
<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Other, please specify below

How long would it take for you to travel from your home to the proposed new site for your practice?			
<input type="checkbox"/>	Less than 10 minutes	<input type="checkbox"/>	10 - 20 minutes
<input type="checkbox"/>		<input type="checkbox"/>	21 - 30 minutes
<input type="checkbox"/>		<input type="checkbox"/>	More than 30 mins

How would you travel to the proposed new site?			
<input type="checkbox"/>	Car/ motorcycle	<input type="checkbox"/>	Bus
<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Other, please specify below

Will these proposals have a positive or negative impact on you?			
<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative
<input type="checkbox"/>		<input type="checkbox"/>	Unsure

Please tell us how these proposals will affect you

Do you feel that these proposals will impact you more than other people because of your...?							
<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Ethnic background	<input type="checkbox"/>	Gender reassignment
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Sexual orientation		

If so, please tell us why

What are the advantages of these proposals?

What are the disadvantages of the proposals?

Is there anything else you think we should consider, or be aware of?

If these proposals were to go ahead, would you continue to use your practice, or would you move to a different practice?			
<input type="checkbox"/>	I would continue to use this practice	<input type="checkbox"/>	I would move to a different practice
<input type="checkbox"/>	I don't know	<input type="checkbox"/>	

Please tell us if you are responding as a..?

<input type="checkbox"/>	Patient in affected practice	<input type="checkbox"/>	Equality Monitoring - OPTIONAL	<input type="checkbox"/>	Local resident	<input type="checkbox"/>	
<input type="checkbox"/>	Interested member of the public	<input type="checkbox"/>	Neighbouring practice	<input type="checkbox"/>	Staff working for the affected practice	<input type="checkbox"/>	
We need to know the following information to help us understand how this proposal might affect different communities. All information will be protected and stored securely in line with data protection rules. You don't have to answer these questions, but we would be very grateful if you do.							
Please tell us the first part of your postcode (e.g. S9, S35)				<input type="checkbox"/>	Prefer not to say		
Please enter here				<input type="checkbox"/>	Prefer not to say		

What is your sex?

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say
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Gender reassignment

Have you gone through any part of a process to change from the sex you were described as at birth, or do you intend to? (For example, how you present yourself, taking hormones, changing your name, or having surgery?)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say
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What is your age?

<input type="text"/>	years	<input type="checkbox"/>	Prefer not to say
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What is your sexual orientation?

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Homosexual
<input type="checkbox"/>	Other, please specify			<input type="checkbox"/>	Prefer not to say

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed / multiple ethnic group	White	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	African	Asian & White	British	Arab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	Caribbean	Black African & White	Gypsy/Traveller	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	Other Black background	Other Mixed / multiple ethnic background	Other White background	
<input type="checkbox"/>				Prefer not to say
<input type="checkbox"/>				Prefer not to say

Do you consider yourself to belong to any religion?

<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism
<input type="checkbox"/>	Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	No religion	<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>				Other, please specify	

Do you live with any of these conditions? (Tick all that apply)

<input type="checkbox"/>	Autism	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental Health condition
<input type="checkbox"/>	Limitations to physical mobility	<input type="checkbox"/>	Hearing impairment or Deaf	<input type="checkbox"/>	Visual impairment or Blind
<input type="checkbox"/>	Long-standing health condition or illness			<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>					
<input type="checkbox"/>					

Do you provide care for someone?

Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

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