

**Primary Care Commissioning  
& Assurance Committee  
Meeting held in Public**

**27.09.22.**

**Date:** 27.09.22.  
**Time:** 1515-1700  
**Venue:** MSTeams  
**Meeting:** **Primary Care Commissioning & Assurance Committee (PCC&AC)**  
**Meeting held in Public**

### Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Chair	-	1515-1520
2.	Relevant Persons Disclosure of Interests	Chair	Decision or Approve	
3.	Approval of Minutes and Matters Arising - Minutes 08.07.22.			
4.	Review of Action Tracker - Action Tracker 08.07.22.			
5.	Terms of Reference (Draft) 5.1 Primary Care Delivery Group (PCDG) 5.2 Primary Care Commissioning & Assurance Committee (PCC&AC)	Chair	Approve	1520-1530
Strategy & Integration				
6.	Primary Care Workforce Programme & Highlight report	Susi Clarke Primary Care Workforce Programme Lead Primary Care Training Hub Lead	Note	1530-1545
7.	Primary Care Estates 7.1 North Bedford Hub – Summary of Patient Engagement 7.2 Report from Estates Working Group – Prioritisation Update	Nikki Barnes Head of System & Estates	7.1 Note  7.2 Note	1545-1600
8.	Proposed BLMK Fuller Programme to implement the national recommendations	Nicky Poulain Chief Primary Care Officer	Discussion	1600-1615
8.1	Report from Primary Care Access Oversight Group	Amanda Flower Associate Director Primary Care Commissioning & Transformation	Note	1615-1630

No.	Agenda Item	Lead	Purpose	Time
Operational				
9.	Primary Care and Digital Risk Registers	Jill White Senior Primary Care Contracting & Development Manager	Note	1630-1640
10.	Primary Medical Services Delegated Primary Care Financial Report (July 2022)	Roger Hammond Associate Director of Finance	Note	1640-1650
Governance				
11.	Annual Cycle of Business	Chair	Note	1650-1700
12.	Communications from the meeting to all partner organisations	Chair	Note	
13.	Review of meeting effectiveness	Chair	Discussion	
14.	Questions from the Public	Chair	Discussion	
Closing Actions				
15.	Any Other Business	Chair	-	
16.	Date and time of next meeting: ▪ 09.12.22. Private 1300-1400 Public 1415-1615	Chair	-	

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

2. Relevant Persons Disclosure of Interests

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Governance and Compliance Team
<b>Date to which the information this report is based on was accurate</b>	10 August 2022
<b>Senior Responsible Owner</b>	Chair of the meeting

## Executive summary

### What is a conflict of interest?

A conflict of interest occurs where your ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest you hold. Conflicts of interest are inevitable, and it is how we manage them that matters.

Disclosures of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing).

Further opportunities to make declarations include on application, on appointment, at meetings, when prompted to do so by the organisation or, on change of role.

### What are the rules on Gifts and Hospitality?

- Never accept cash of any amount.
- You may accept promotional aids worth less than £6, even from suppliers / contractors.
- Gifts under £50 may be accepted, but not from suppliers / contractors (unless a promotional aid under £6).
- Gifts over £50 must be treated with caution and only accepted on behalf of an organisation, not an individual.
- Meals / refreshments under £75 may be accepted, except if they go beyond what the organisation might offer but offers from a supplier / contractor need particular caution and Executive Director approval.
- Offers of foreign travel and accommodation - offers of hospitality, including offers of foreign travel, that go beyond what the organisation might offer should be politely declined.

## What are the available options?

To maintain accurate entries on the Registers of Interests.

## Recommendation/s

### All in attendance are asked to:

- Confirm that all offers of Gifts and Hospitality received in the last 28 days have been registered with the Governance & Compliance team via [blmkicb.corporatesec@nhs.net](mailto:blmkicb.corporatesec@nhs.net)
- Declare any relevant interests relating to matters on the Agenda.

## Key Risks and Issues

There are none identified.

### Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes ☐

No ☒

This is not applicable in this circumstance.

## Are there any financial implications or other resourcing implications?

There are none identified.

## How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

This is not applicable in this circumstance.
<b>How will / does this work help to address inequalities?</b>
This is not applicable in this circumstance.
<b>The following individuals were consulted and involved in the development of this report:</b>
Governance & Compliance Team
<b>Next steps:</b>
<p>Should an individual declare an interest relating to items on the agenda, the minutes must include:</p> <ol style="list-style-type: none"> <li>1. Individual declaring the interest.</li> <li>2. At what point the interest was declared.</li> <li>3. The nature of the interest (see descriptions below).</li> <li>4. The Chair's decision and resulting action taken (i.e., will be required to leave the meeting for the item, can stay for the item but not involved in decision-making, etc.)</li> </ol> <p>If applicable, the point during the meeting at which any individual/s retired from and returned to the meeting to be captured under the relevant agenda item: Start of item: xx left the meeting as agreed under item 2. - End of item: xx returned to the meeting. Following the meeting the Secretariat must forward a Declaration of Interest form to the individual to complete and return. The Register of Interests will then be updated by the Governance &amp; Compliance Team.</p>
<b>Appendices</b>
<p>None.</p> <p>Full list of members register of interests will be shared once completed.</p>

Type	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a decision.
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

3. Draft minutes of Primary Care Commissioning & Assurance Committee 08.07.22.

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

### Strategic priorities

<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

### Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

### What are the members being asked to do?

Approve <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee.
<b>Date to which the information this report is based on was accurate</b>	11.07.22.
<b>Senior Responsible Owner</b>	Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee.

<b>Executive summary</b>		
Attendees at the 08.07.22. meeting of the Primary Care Commissioning & Assurance Committee are asked to approve the draft minutes as an accurate record.		
The draft minutes were approved by the Chair on 11.07.22.		
<b>What are the available options?</b>		
Not applicable.		
<b>Recommendation/s</b>		
The members are asked to <b>approve</b> the following: 1) Draft minutes of Primary Care Commissioning & Assurance Committee 08.07.22.		
<b>Key Risks and Issues</b>		
Not applicable.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not applicable.		
<b>Are there any financial implications or other resourcing implications?</b>		
Not applicable.		
<b>How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
Not applicable.		
<b>How will / does this work help to address inequalities?</b>		
Not applicable.		
<b>The following individuals were consulted and involved in the development of this report:</b>		
Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee. Nicky Poulain, Chief Primary Care Officer, BLMK ICB.		
<b>Next steps:</b>		
Approved minutes will be shared with the Board of the BLMK ICB.		
<b>Appendices</b>		
Appendix A – Draft Minutes of the Primary Care Commissioning & Assurance Committee 08.07.22.		



**Item 3 Appendix A**

**Date:** 08.07.22.

**Time:** 1100-1142

**Venue:** MST

**Minutes of the:** Primary Care Commissioning & Assurance Committee (PCCAC)

Members:		
Name	Role	Initial
Borrett, Alison	Chair / Non-Executive Member BLMK ICB	AB
Makin, Stephen	Deputy Chief Finance Officer BLMK ICB	SM
Poulain, Nicky	Chief Primary Care Officer BLMK ICB	NP
Shah, Mahesh	Primary Medical Services Providers Partner Member BLMK ICB	MS
Turner, Phil	Chair, Healthwatch Luton	PT
Terry, Helen	Chief Executive, Healthwatch Bedford Borough	HT
Whiteman, Sarah (Dr)	Chief Medical Director BLMK ICB	SW

In attendance:		
Name	Role	Initial
Atkin, Kim	Committee Governance and Compliance Officer BLMK ICB	KA
Evans-Riches, Michelle	BLMK ICS Transition Programme Manager	MER
Feal, Sarah	Head of Governance BLMK ICB	SF

Apologies:		
Name	Role	Initial
Cartwright, Sally	Director of Public Health, Luton Council	SC
Cox, Felicity	Chief Executive Officer, BLMK ICB	FC
Head, Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire & Milton Keynes Councils	VH
Keech, Tracy	Deputy CEO, Healthwatch Milton Keynes	TK
Kufeji, Tayo (Dr)	Primary Medical Services Providers Partner Member, BLMK ICB	TKU
Murray, Anne	Interim Chief Nursing Director, BLMK ICB	AM
Westcott, Dean	Chief Finance Officer, BLMK ICB	DW
Wogan, Maria	Chief of System Assurance & Corporate Services BLMK ICB	MW

No.	Agenda Item	Action
1.	<p><b>Welcome, Introductions and Apologies (Chair)</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>Mahesh Shah and Helen Terry introduced themselves to the Committee. Mahesh is a pharmacist operating from Luton for over 40 years and recently appointed to the</p>	

	<p>ICB as a partner member representing primary medical services. Helen is the Chief Executive of Healthwatch Bedford Borough.</p> <p>Apologies were received and noted as above.</p> <p>The Chair informed the committee that:</p> <ul style="list-style-type: none"> <li>- this was an initial meeting of the PCCAC to note terms of reference, discuss draft cycle of business, timelines for delegation of pharmacy, optometry and dental whilst also introducing the new format for ICB committee meetings</li> <li>- not all voting and non-voting members would join this meeting as ICB awaiting organisations confirmation of who they wish to attend</li> <li>- the meeting would be recorded for the purpose of the minutes</li> <li>- this was a private meeting and papers should not therefore be shared outside of this meeting unless you gain permission from the author</li> <li>- the meeting was confirmed as quorate.</li> </ul>	
2.	<p><b>Relevant Persons Disclosure of Interests (Chair)</b></p> <p>Conflict of Interest Management &amp; Standards of Business Conduct Policy mentioned in the report will be shared with the Committee members as soon as possible but in the interim the Chair asked members:</p> <ol style="list-style-type: none"> <li>1. to confirm their entry on the Register of Interests was accurate and up to date. All members confirmed entries were accurate and up to date.</li> <li>2. to declare any relevant interests relating to matters on the Agenda. No interests were declared.</li> </ol>	
3.	<p><b>Draft Primary Care Commissioning and Assurance Committee Terms of Reference (LD)</b></p> <p>PCCAC terms of reference approved by the ICB on 01.07.22. All committees to review their terms of reference throughout the year and adapt as required.</p> <p>Members discussed and raised the following points:</p> <ul style="list-style-type: none"> <li>• <i>questioned the rationale around 'no deputies' specifically around voting which could limited effectiveness of the committee.</i></li> <li>• <i>amendment required to 3.1 due to incomplete sentence: The Committee exists to scrutinise the robustness of to gain and provide assurance to the ICB that there is an effective system of primary medical services commissioning.</i></li> <li>• <i>6.0. Responsibilities of the committee: queried if some of the operational responsibilities sat with PCCAC whose responsibility was to 'oversee commissioning of' and not to commission services which needs to be emphasised in terms (6.1. a)). These operational responsibilities are within scheme of reservation and delegation and standing financial instructions and sit with officers rather than PCCAC.</i></li> </ul> <p>It was noted that some operational responsibilities may transition to sub-group committee being set up. LD confirmed the list would be reviewed (6.1 a-s) and moved as 'officers' work to the Executive led group which is focused on delivery.</p>	

	<p><b>Committee discussed and noted the terms of reference and subsequent actions agreed.</b></p> <p>ACTION1: MER to confirm voting rights of deputies.  ACTION2: amendment required to 3.1 due to incomplete sentence.  ACTION3: Review responsibilities of the committee (6.1).  ACTION4: Review of TOR to be scheduled on cycle of business.  ACTION5: TOR for sub-group delegated from PCCAC to be agreed.</p>	<p>MER SF LD LD LD</p>
4.	<p><b>Timeline for transition of delegated functions to the ICB in 2022 and 2023 (LD)</b></p> <p>High level summary presented of work taking place with ICB, NHSE regional team and other system partners:</p> <ul style="list-style-type: none"> <li>- CCG was in delegated commissioning arrangement for the 96 Primary Medical Services (GP) contracts since 2017/18.</li> <li>- signed new national delegation agreement to continue with commissioning of GP contracts from 01.07.22. on transition to the ICB.</li> <li>- working through transition of pharmacy, optometry and dental (POD) services and NHS complaint functions from April 2023.</li> <li>- national delegated agreement for PMS prepared for pharmacy, optometry and dental but will not be signed until circa March 2023 to allow time to receive.</li> <li>- The ICB will be required to work through the development of a Pre-Delegation Assessment Framework (PDAF) with NHSE.</li> <li>- significant number of contracts to be delegated in April 2023 - Community pharmacy contracts: 163; Optometry contracts: 86; Dental contracts: 148. BLMK ICB may directly hold those contracts or agree a hosting arrangement with regional system partners, i.e. one ICB hosts contracts on behalf of other ICBs. Agreeing these arrangements are part of programme being worked through at regional meetings and include assurance, finances/budgets and staffing to support future arrangements. Pre-Delegation Assessment Framework (PDAF) process is the tool used to provide assurance.</li> <li>- PCCAC will receive regular reports up to March 23 which is the target date.</li> </ul> <p>Members raised following questions/points:</p> <ul style="list-style-type: none"> <li>• <i>LD to send MS and members a visual of the various PMS contracts and numbers.</i></li> <li>• <i>LD explained that ICB hold GP contracts and will be holding dental but pharmacy and optometry may be hosted by one ICB (six ICBs in EoE region) on behalf of the other five.</i></li> <li>• <i>Architecture for complaints function will not change until April 2023; number of NHSE complaints staff in region small due to large capacity via 'contactus' in Redditch. Working through if function to be hosted to ensure subject matter experts are retained or whether ICB take its own complaints.</i></li> <li>• <i>Questioned what would happen through PDAF process if ICB (or ICBs collectively) declared they were unprepared or unwilling to take on delegation from April 2023?</i></li> </ul> <p>Commitment made from six ICBs to take on delegation but arrangements to be decided; each function will be reviewed and worked through. NP suggested value of having central complaints function to enable ICBs to see totality of</p>	

	<p>issues/pathways and link to PHM work. ICBs in EOE also committed to work collaboratively.</p> <ul style="list-style-type: none"> <li>• <i>SM questioned if community and acute dental were being considered by this committee for delegation and was it in the committee's remit to do so (noting significant risks with commissioning those services due to long waiting lists)?</i> LD/NP confirmed that community dental and acute dental would be in scope of PCCAC who would have oversight of this as a sub-committee of the Board.</li> </ul> <p><b>Committee noted the update and timelines for transition of delegated functions to the ICB in 2022 and 2023.</b></p> <p><b>ACTION6: LD to circulate visual overview of contracts the ICB will hold from April 2023.</b></p>	LD
5.	<p><b>Draft Committee Cycle of Business (LD &amp; NP)</b></p> <p>Draft cycle of business reflected work being undertaken and what is anticipated to be presented to PCCAC for assurance in 2022-23. This will include the large programme of procurement, review and refresh of strategies and quality and performance reports.</p> <p>Members were asked for feedback and any additional business to be added.</p> <ul style="list-style-type: none"> <li>- <i>NP noted overlaps of business and reports to the committee e.g. (i) primary care digital overlaps with wider digital strategy (SW SRO) but PCCAC would be assured on how primary care digital was driving transformation; (ii) estates (DW SRO) would be showing how primary care drives and enables system ambitions.</i></li> <li>- <i>cycle of business was a live document and would be a standing agenda item to ensure complete oversight and input from members.</i></li> <li>- <i>noting the number of items for assurance the Chair questioned length of meeting and suggested this be reviewed after two meetings (added to business cycle).</i></li> </ul> <p><b>Committee noted draft cycle of business and that it would be a standing item.</b></p>	
6.	<p><b>Communications from the meeting (MER)</b></p> <p>Committee informed this would be a standing agenda item with a member of communications team attending to identify (with Chair's direction) the key pieces of information to go out to ICB, partners and the public.</p> <p>All meetings will be held in public.</p> <ul style="list-style-type: none"> <li>• <i>PT and MS raised lack of awareness of both public and health professionals of what primary care commissioning, the ICS and ICB etc. were.</i></li> <li>• <i>PT suggested communications via PCN Clinical Directors to PPGs.</i></li> <li>• <i>NP advised need to work through how using Place Boards to recognise what was important to residents in each place and how to work collectively to address these and share communications. Part of recommendations of Fuller stocktake was resilient excellent primary care at the heart of all communities (<a href="https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/">https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/</a>). NP to share previous slides with MS.</i></li> </ul>	

	<ul style="list-style-type: none"> <li>Identify communications and determine 'who does it need to be shared with and for what purpose?'</li> </ul> <p><b>Committee noted as new standing item on agenda.</b></p>	
7.	<p><b>Review of Meeting Effectiveness (MER)</b></p> <p>Committee informed this would be a standing item at each meeting. ICB formal review of effectiveness to be held at six months and this item would provide evidence of continuous opportunity for members to comment. Standard questions to be agreed with the Chair and used to structure feedback.</p> <ul style="list-style-type: none"> <li>PT supported its inclusion and suggested statement outlining purpose of the committee at the beginning of the meeting.</li> <li>LD confirmed to the Chair that how the sub-group would feed into PCCAC was being worked through. Advised that under NHSE you can now double delegate which PCCAC would do to the sub-group to ensure the Committee receives high level assurance and not day to day operational items.</li> <li>MER confirmed to HT that papers and minutes would be on the public website.</li> </ul> <p><b>Committee noted as new standing item on agenda.</b></p> <p><b>ACTION7: Chair to advise attendees of the purpose of committee at beginning of each meeting.</b></p> <p><b>ACTION8: Add committee to public website for papers and minutes.</b></p>	<p>Chair</p> <p>MER</p>
8.	<p><b>Any Other Business</b></p>	
8.1	<p>MER confirmed to MS that the Committee would review frequency and timings of committees as part of the ICB's six-month formal review of effectiveness, but reiterated that this was an 'assurance' committee of the board and operational issues would be delegated to its sub-group.</p>	
9.	<p>Date and time of next meeting: 09.09.22. 1400-1600 via teams</p>	

Approval of Minutes:		
Name	Role	Date
Alison Borrett	Chair	11.07.22.

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

4. Review of Action Tracker - Primary Care Commissioning & Assurance Committee 08.07.22.

**Vision:** "For everyone in our towns, villages and communities to live a longer, healthier life"

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities** [click all that apply]

<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers** [click all that apply]

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>
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<b>Report Author</b>	Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee.
<b>Date to which the information this report is based on was accurate</b>	11.07.22.
<b>Senior Responsible Owner</b>	Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee.

<b>Executive summary</b>		
<p>The Action Tracker records any outstanding and completed actions of the Primary Care Commissioning &amp; Assurance Committee.</p> <p>The Committee are asked to review, note and discuss (where required) any updates on actions including new action deadlines/reassigning action owners where appropriate. Action owners should be Executive or Senior Manager level.</p>		
<b>What are the available options?</b>		
Not applicable.		
<b>Recommendation/s</b>		
<p>The members are asked to <b>review and note</b> the following:</p> <p>1) Action Tracker of Primary Care Commissioning &amp; Assurance Committee 08.07.22.</p>		
<b>Key Risks and Issues</b>		
[please describe your key risks and mitigation]		
Not applicable.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not applicable.		
<b>Are there any financial implications or other resourcing implications?</b>		
[please outline sources and applications of funds]		
Not applicable.		
<b>How will / does this work help to address the Green Plan Commitments?</b>		
<a href="#">Click to view Green Plan</a>		
Not applicable.		
<b>How will / does this work help to address inequalities?</b>		
Not applicable.		
<b>The following individuals were consulted and involved in the development of this report:</b>		
Alison Borrett, Non-Executive member BLMK ICB & Chair of Primary Care Commissioning & Assurance Committee & Nicky Poulain, Chief Primary Care Officer, BLMK ICB.		
<b>Next steps:</b>		
<p>Completed actions will be moved to closed section of tracker as agreed by the Committee.</p> <p>Outstanding / not yet due actions will continue to be monitored to ensure deadlines met.</p>		
<b>Appendices</b>		
Appendix A – Action Tracker of the Primary Care Commissioning & Assurance Committee 08.07.22.		



## ITEM 4 - APPENDIX A

## Primary Care Commissioning &amp; Assurance Committee (PCC&amp;AC) meeting held in Public - Action Tracker

## Key

Escalated	Escalated - items flagged RED for 3 subsequent meetings - BLACK
Outstanding	Outstanding - no actions made to progress OR actions made but not on track to deliver due date - RED
In Progress	In Progress. Outstanding - actions made to progress & on track to deliver due date - AMBER
Not Yet Due	Not Yet Due - BLUE
COMPLETE:	COMPLETE - GREEN
Propose closure at next meeting (insert date of meeting)	
CLOSED	Actions to be marked closed and moved to "Closed Actions" Tab once approved for closure at meeting.

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (Latest Update)	RAG
1	08.07.22.	Terms of Reference PCC&AC	Confirm voting rights of deputies attending on behalf of voting members.	Michelle Evans-Riches		09.09.22.	Terms of reference confirm that (5.3) 'Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.'	COMPLETE: Propose closure at next meeting
2	08.07.22.	3. Terms of Reference PCC&AC	Amendment required to 3.1.	Sarah Feal		09.09.22.	Completed and approved by BLMK ICB Board on 29.07.22.	COMPLETE: Propose closure at next meeting
3	08.07.22.	3. Terms of Reference (TOR) PCC&AC	Review responsibilities of the committee (6.1)	Lynn Dalton		09.09.22.	Agenda item 5.2 09.09.22.	
4	08.07.22.	3. Terms of Reference (TOR) PCC&AC	Review of terms of reference to be scheduled on business cycle.	Lynn Dalton		09.09.22.	Review of TOR ongoing. Scheduled for annual review August 2023.	
5	08.07.22.	3. Terms of Reference (TOR) PCC&AC sub delivery group	TOR for sub group delegated from PCC&AC to be agreed.	Lynn Dalton		09.09.22.	Agenda item 5.1 09.09.22.	
6	08.07.22.	4. Timeline transition of delegated functions to ICB.	Circulate visual overview of contracts the ICB will hold from April 2023.	Lynn Dalton & Nicky Poulain		11.07.22.	Information circulated.	COMPLETE: Propose closure at next meeting
7	08.07.22.	7. Committee purpose statement	Chair to advise attendees of purpose of committee at beginning of each meeting.	Alison Borrett		09.09.22.	Part of Agenda item 1 on 09.09.22. (and ongoing).	
8	08.07.22.	7. Committee papers & minutes on public website	Access to papers and minutes to be available on public website	Michelle Evans-Riches		09.09.22.	Committee name / date & link & papers added to BLMK ICB Website (ongoing).	COMPLETE: Propose closure at next meeting



Report to the Primary Care Commissioning and Assurance Committee (PCC&AC)
5. Terms of Reference
5.1. Primary Care Delivery Group
5.2. Primary Care Commissioning and Assurance Committee - updates

<b>Vision:</b> “For everyone in our towns, villages and communities to live a longer, healthier life”	
Please state which strategic priority and / or enabler this report relates to	
<b>Strategic priorities</b>	
<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

<b>Enablers</b>			
Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

<b>What are the members being asked to do?</b>		
Approve <input checked="" type="checkbox"/>	Note <input type="checkbox"/>	Discuss <input type="checkbox"/>

<b>Report Authors</b>	Lynn Dalton, Associate Director of Primary Care Development Nicky Poulain, Chief Primary Care Officer
<b>Date to which the information this report is based on was accurate</b>	25.08.22.
<b>Senior Responsible Owner</b>	Maria Wogan, Chief of System Assurance and Corporate Services

<b>Executive summary</b>		
<p>At its meeting on 08.07.22. the Primary Care Commissioning &amp; Assurance Committee requested the development of Terms of Reference (TOR) for its executive led sub-group – Primary Care Delivery Group.</p> <p>The development of this TOR led to updates being required to the Assurance Committee's TOR.</p> <p>The latest version of the Primary Care Commissioning &amp; Assurance TOR was approved by the BLMK ICB Board on 29.07.22. Updates approved by the Committee will be subject to approval by the Board.</p>		
<b>Recommendation/s</b>		
<p>The members are asked to approve</p> <ol style="list-style-type: none"> <li>1) Draft Primary Care Delivery Group Terms of Reference</li> <li>2) updates to the Primary Care Commissioning and Assurance Committee Terms of Reference.</li> </ol>		
<b>Key Risks and Issues</b>		
Not applicable.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not applicable.		
<b>Are there any financial implications or other resourcing implications?</b> <p>[please outline sources and applications of funds]</p>		
Not applicable.		
<b>How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
Not applicable.		
<b>How will / does this work help to address inequalities?</b>		
Not applicable.		
<b>The following individuals were consulted and involved in the development of this report:</b>		
Sarah Feal, Head of Governance.		
<b>Next steps:</b>		
During 2022/23 it is anticipated that the Primary Care Commissioning and Assurance Committee and the Primary Care Delivery Group Terms of Reference will continue to be developed. The Delivery Group TOR and amendments to the Committee TOR will need to be approved by the ICB Board.		
<b>Appendices</b>		
<p>Item 5.1 draft Terms of Reference Primary Care Delivery Group</p> <p>Item 5.2 Terms of Reference Primary Care Commissioning &amp; Assurance Committee (updated).</p>		

## Primary Care Delivery Group (PCDG)

### Terms of Reference

The Primary Care Delivery Group is an Executive led sub-group of the Primary Care Commissioning and Assurance Committee (PCC&AC). The PCC&AC was established by Bedfordshire Luton and Milton Keynes Integrated Commissioning Board (BLMK ICB) in July 2022 and reports to the ICB in accordance with its constitution.

#### 1. Authority

The Primary Care Commissioning and Assurance Committee has delegated authority to the Chief Primary Care Officer to oversee the Executive led Primary Care Delivery Group as set out in the ICB committee structure **Appendix 1**.

#### 2. Purpose

The Primary Care Delivery Group is to enable the Chief Primary Care Officer to focus and oversee the management and delivery of the entire primary medical services programmes of work in the context of promoting increased quality, efficiency, productivity, value for money and reducing administration burden whilst providing assurance reports to the PCC&AC on the following functions.

- Business as usual operational issues;
- Ensure the sustainability of primary care medical services (GP) contracts and community pharmacy, optometry and dental from 2023;
- Oversee the transition of delegated commissioning of community pharmacy, optometry, dental and complaints functions to the ICB from NHSE in April 2023;
- Oversee the implementation of primary care transformation adhering to the principle of subsidiarity;
- Implementation and delivery of the primary care strategy and key recommendations from the Fuller Report (2022);
- promotion of working collaboratively with the finance, quality and safeguarding and estates directorates and wider system health and care partners to support the delivery of primary medical services;
- To give financial approval within the Chief Primary Care Officers financial authorisation level set out in the Statement of Financial Orders (SFOs).

#### 3. Membership and attendance

The PCDG will meet on a bi-monthly basis as convened by the Group Chair. The core membership of the PCDG will include the following representation or their designate:

### **3.1 Members with voting rights:**

- ICB Chief Primary Care Officer (Chair)
- ICB Associate Director of Primary Care Development (Vice Chair)
- ICB Associate Directors of Primary Care Transformation
- ICB Associate Director of Finance
- ICB Associate Director of Quality and Safety
- ICB Head of System & ICB Estates.

### **3.2 Other attendees non-voting rights**

- ICB Head of Primary Care
- ICB Head of Digital
- NHSE Senior Contract Manager (From April 2023 to include NHSE Senior Dental Manager, Senior Pharmacy and Optometry Manager)
- ICB Primary Care Workforce Programme Lead
- ICB Senior Primary Care Officer
- ICB Head of Primary Care Development and Transformation - Luton and Central Bedfordshire
- ICB Head of Primary Care Development and Transformation Bedford Borough & Milton Keynes
- LMC one representative from Bedfordshire and Hertfordshire Local Medical Committee and/or one representative from Berkshire, Buckinghamshire, and Oxford Local Medical Committee
- Healthwatch one representative per area.

### **3.3 Other members will be co-opted as and when appropriate including, but not limited to:**

- Associate Director of Pharmacy and Medicines Optimisation
- Senior Finance Manager
- NHSE Contract Manager
- Public Health
- Others to be agreed.

## **4. Quoracy**

Will be a minimum **four** representatives Chief Primary Care Officer (Chair) or deputy, one Associate Director of Primary Care, Associate Director of Finance and Associate Director of Quality and Safety or Head of System & ICB Estates.

Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who can participate and vote on their behalf.

## **5. Decision making and voting**

- Decisions will be taken in accordance with the Standing Orders. The group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- Only voting members of the group may vote. Each voting member is allowed one vote and a majority will be conclusive on any matter.
- Voting members and responsible officers unable to attend the PCDG may appoint a deputy to attend and vote on their behalf. No other deputies are permissible.
- Where there is a split vote, with no clear majority, the Chair of the Group will hold the casting vote. The result of the vote will be recorded in the minutes.
- There may be times that decisions will need to be taken outside the meeting and subject to agreement with key representatives including the Chair of the Primary Care Commissioning & Assurance Committee.

## **6. Responsibilities of the Group:**

The responsibilities of the Primary Care Delivery Group will be delegated by the Primary Care Commissioning and Assurance Committee. It is expected these will be the focus areas:

### **6.1 Strategic:**

- Take an active role in driving forward the NHS Long Term Plan;
- Plan primary medical care services in the BLMK area in response to population health assessment;
- Promoting collaborative working on monitoring and addressing issues of quality in primary care based on the principle of continuous improvement;
- Oversee the programme of APMS procurements subject to PCC&AC agreement;
- Make recommendations to the PCC&AC on whether to establish new GP practices in an area subject to the Committees agreement;
- Agree and put forward the key primary care priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care;
- Promote collaborative working and interconnectivity with the Quality and Safeguarding Group, Estates Working Group, Workforce & Education Network Training Hub Steering Group and Digital Group;
- Review and monitor primary care risks and mitigations to provide assurance to the PCC&AC;
- Monitor, review risks on the Board Assurance Framework (BAF) and Corporate Risk Register which relate to primary care to include identifying new risks;

- Ensure the Primary Care Commissioning and Assurance Committee is kept informed of significant risks and mitigation plans, in a timely manner.

## **6.2 Operational:**

- Oversee commissioning and operational delivery of General Medical Services (GMS) and Alternative Provider of Medical Services (APMS) contracts (including the design of APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Oversee the development (subject to financial authorisation) of newly designed enhanced services “Local Enhanced Services” and implementation of “Directed Enhanced Services” and “Local Incentive Schemes”;
- Approving practice mergers;
- Approving changes to practice boundaries;
- Approving applications for NHSE GP Retainer Scheme.
- Making decisions on discretionary payment within the Executives SFO authorisation limits;
- Undertake reviews of primary medical services in the BLMK area and co-ordinate a common approach to the commissioning of primary care services generally;
- Utilise local clinical and management knowledge to influence the development of and investment in general practice to improve patient access to services and taking a population health management approach;
- Develop and commission end to end care and shape future primary care services;
- Provide the PCC&AC with an annual work plan outlining key committee date to receive specific reports in addition to the quarterly assurance report.
- Oversee the ICB Vaccination strategy.

## **6.3 Assurance reporting to the PCC&AC:**

- Provide assurance to the Committee to manage the overall budget for commissioning of primary medical services and future pharmacy, optometry, and dental services (from 2023) in Bedfordshire Luton and Milton Keynes.
- Provide progress updates and assurance on the transition of NHSE Community Pharmacy, Optometry and Dental commissioning arrangements is being progressed as planned in line with the national programme.
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the PCC&AC that these are disseminated and implemented across all sites. that they are appropriately reviewed, and actions are being undertaken, embedded, and sustained.

- Provide assurance that the mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by primary care providers and place.
- Ensure risks both financial and operational are highlighted to the Committee with the appropriate mitigation plans.

## **7. Declarations of Interest**

All members of the Primary Care Delivery Group and those in attendance declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair.

## **8. Accountability and reporting**

The Primary Care Delivery Group is directly accountable to the Primary Care Commissioning and Assurance Committee. The minutes of meetings shall be formally recorded.

The Chair of the Group shall report to the Primary Care Commissioning and Assurance Committee and provide an assurance report to the committee on a quarterly basis and escalate concerns to the Chair of the PCC&AC where necessary.

The Group will work collaboratively to ensure interconnectivity with other ICB Executive Led Groups including but not limited to finance and estates, quality and safeguarding and external Integrated Health and Care Partnership stakeholders.

The Primary Care Training Hub Steering Group and Estates Working Group to report into the Primary Care Delivery Group.

## **9. Secretariat and Administration**

The Group shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Associate Director.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members and conflicts of interest will be declared and recorded at each meeting.



- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Primary Care Commissioning and Assurance Committee.
- The Group is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## **10. Review**

The Terms of Reference will be reviewed at least annually and more frequently if required. The Terms of Reference and any proposed amendments will be submitted to the Primary Care Commissioning and Assurance Committee for approval.

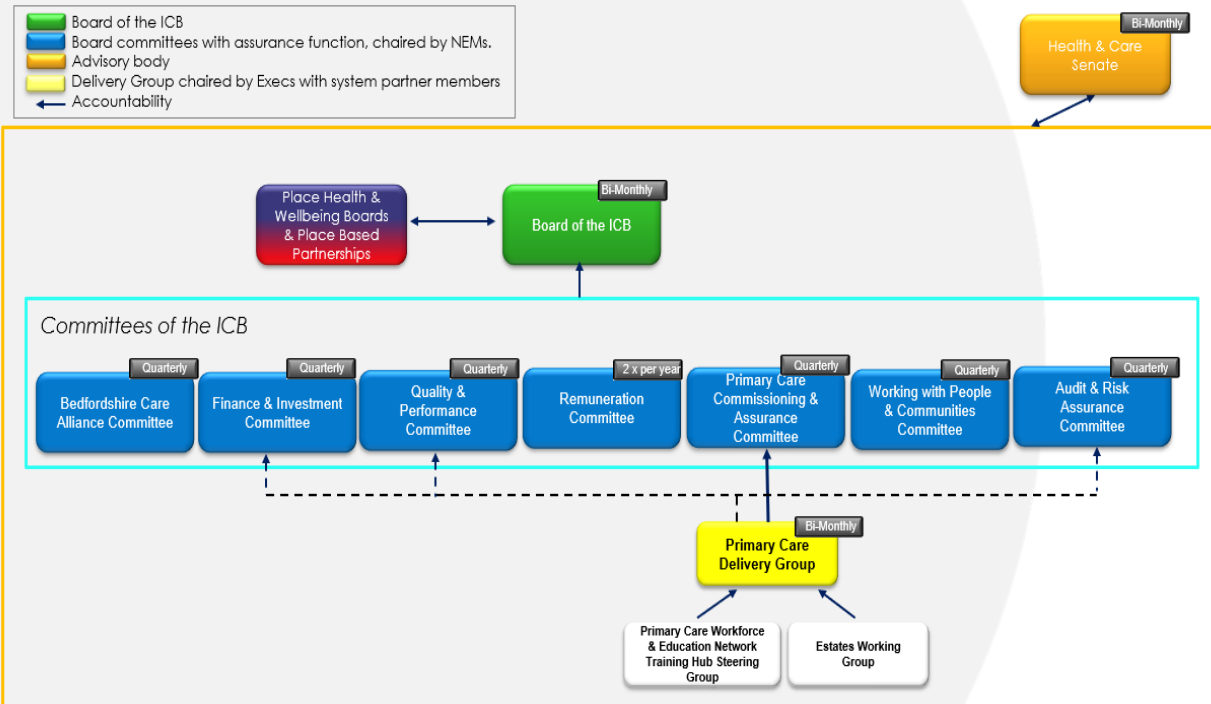
**Date of approval: --/--/2022**

**Date of review:**



## Appendix 1 Bedfordshire Luton & Milton Keynes – ICB Committee Structure

### ICB Committee Structure



**Governance Handbook Appendix F – Primary Care Commissioning and Assurance Committee Terms of Reference** v2.0 approved by the Board of the Integrated Care Board 29-07-2022 with proposed amendments v3.0 presented to PCC&AC 27.09.22.

## **1.0 Constitution**

- 1.1 The Primary Care Commissioning and Assurance Committee (the Committee) is established by the Integrated Care Board (ICB) as a Committee of the Board of the ICB (the Board) in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive chaired Committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

## **2.0 Authority**

- 2.1 The Primary Care Commissioning and Assurance Committee is accountable to the ICB and shall report to the Board on how it discharges its delegated primary care commissioning functions for primary medical services from July 2022 and pharmacy, optometry and dental services from April 2023.
- 2.2 The ICB holds only those powers as delegated in these Terms of Reference as determined by the NHS England Commissioning Board.

## **3.0 Purpose**

- 3.1 The Committee exists to scrutinise and provide assurance to the ICB that there is an effective system of primary medical services commissioning that supports it to effectively deliver its statutory and strategic objectives and provide sustainable, high quality primary care.
  - 3.1.1 The Committee acknowledges in exercising the ICB's functions (including those delegated to it), it must comply with the statutory duties including:
    - a) Management of conflicts of interest (section 14O);
    - b) Duty to promote the NHS Constitution (section 14P);
    - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
    - d) Duty as to improvement in quality of services (section 14R);
    - e) Duty in relation to quality of primary medical services (section 14S);
    - f) Duties as to reducing inequalities (section 14T);
    - g) Duty to promote the involvement of each patient (section 14U);
    - h) Duty as to patient choice (section 14V);
    - i) Duty as to promoting integration (section 14Z1);
    - j) Public involvement and consultation (section 14Z2).

- k) Delivery of the ICB & Health & Care Partnership strategic objectives for primary care commissioning.
- 3.1.2 The Committee acknowledges that it is subject to any directions made by NHS England or the Secretary of State to the ICB.

### **3.2 Role of the Committee**

- 3.2.1 The Committee has been established in accordance with the above statutory provisions to enable the members to, for example, make collective decisions on the review, planning and procurement of primary medical services in Bedfordshire, Luton and Milton Keynes under delegated authority from NHS England.
- 3.2.2 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the current NHS Act.
- 3.2.3 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Bedfordshire, Luton and Milton Keynes ICB which will sit alongside the delegation and Terms of Reference.
- 3.2.4 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.

### **4.0 Membership and attendance**

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than eight members of the Committee including one who is a Non-Executive Member of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.
- 4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.
- 4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

#### Chair and Deputy Chair

- 4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If the Chair has a conflict of interest, then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

4.7 Members with Voting rights:

a) Non-Executive Member (Chair)

a)b) Non-Executive Member (tbc voting or non-voting)

b)c) ICB Chief Executive Officer

c)d) ICB Chief Primary Care Officer

d)e) ICB Chief Finance Officer

e)f) ICB Chief Nursing Director

f)g) ICB Chief Medical Director

g)h) At least two Clinical Representatives who have primary care leadership experience delivering either primary medical, primary dental and primary ophthalmic services or services that may be provided as pharmaceutical services, following appointment of the ICB Partner Members or clinical lead roles. One of these members will be the Deputy Chair of the Committee.

4.8 Other attendees – Non-voting

4.8.1 The following non-voting attendees will be invited to attend the meetings of the Primary Care Commissioning and Assurance Committee, as subject area specialists and as pertinent to Agenda items:

a) Associate Directors of Primary Care and Transformation (2)

b) Associate Director of Primary Care Development

c) Head of Primary Care Contracting

d) Associate Director of Medicines Optimisation

e) NHS England GP Contract Manager or Deputy' (co-opted as member of Primary Care Commissioning-Delivery Group)

f) One representative from each Health Watch (4)

g) One representative from each Local Medical Committee (2)

h) Health and Wellbeing Board Representatives

i) One or more Public Health Representatives.

## 5.0 Meeting Quoracy and Decisions

5.1 The Primary Care Commissioning and Assurance Committee shall meet in private and public on a quarterly (four times per year) basis (to be determined by the ICB). Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

5.1.1 Meetings of the Committee shall be held in public, subject to the application of a)

a) The Committee may resolve to exclude the public from a meeting that is

open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for the other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

### Quorum

- 5.2 There will be a minimum of one Non-Executive Member - Chair or nominated deputy for the meeting, ICB Chief Primary Care Officer or ICB Chief Medical Director, ICB Chief Finance Officer plus one other ICB Executive Board Member.
- 5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

### Decision making and voting

- 5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.5 Only voting members of the Committee, or deputies for members required for quoracy, may vote. Each voting member is allowed one vote and a majority will be conclusive on any matter.
- 5.6 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

## **6.0 Responsibilities of the Committee**

- 6.1 The responsibilities of the Primary Care Commissioning and Assurance Committee will be authorised by the ICB Board. It is expected that the Committee will:

- a) ~~Oversee~~ have oversight and assurance of the decisions made by the Primary Care Delivery Group to include: commissioning of:
  - i. GMS and APMS contracts (including the design of APMS contracts, monitoring performance of contracts, taking appropriate contractual action such as issuing branch/remedial notices, and removing a contract); has been applied;
  - ii. Newly the commissioning of newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - iii. Decision making on whether to establish new GP practices in an area;
  - iv. Approving practice mergers;
  - v. Making decisions on discretionary payment;
  - vi. Making decisions relating to Primary Care Estates issues;
  - vii. Making decisions relating to Primary Care Digital issues;
  - viii. Making decisions relating to Primary Care Workforce.
- b) Utilise local clinical knowledge to influence the development of and investment in general practice to improve access to services and taking a population health management approach;
- c) Develop and commission end to end care and increased autonomy to shape future primary care services;
- d) Take an active role in driving forward the NHS Long Term Plan;
- e) Provide assurance on and to manage the budget for commissioning of primary medical services and future pharmacy, optometry and dental services (from 2024) in Bedfordshire, Luton and Milton Keynes;
- f) Plan, ~~including population health assessment,~~ primary medical care services in the BLMK area in response to population health assessment;
- g) Undertake reviews of primary medical services in the BLMK area;
- h) Co-ordinate a common approach to the commissioning of primary care services generally;
- i) Ensure collaborative working on monitoring and addressing issues of quality in primary care based on the principle of continuous improvement;
- j) Agree and put forward the key primary care priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care;
- k) Oversee and monitor delivery of primary care related ~~the~~ ICB key statutory requirements;
- l) Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to primary care, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner;

- m) Oversee and scrutinise the ICB's response to all relevant (as applicable to primary care) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies (e.g. Care Quality Commission, National Institute of Clinical Excellence) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained;
- n) Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites;
- o) Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place;
- p) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services;
- q) Oversee the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety;
- r) Have oversight of and approve the Terms of Reference and work programmes for the group reporting into the Primary Care Commissioning and Assurance Committee (Primary Care [Commissioning-Delivery](#) Group).
- s) The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.
- t) Provide assurance on delivery of the Primary Care Strategy including Phase one - Primary Medical Services Transformation.

## 7.0 Behaviours and Conduct

### ICB Values

- 7.1 Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and Diversity

- 7.2 Members must consider the equality and diversity implications of decisions they make.

### Declarations of Interest

- 7.3 All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes.



Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

## **8.0 Accountability and reporting**

- 8.1 The Primary Care Commissioning and Assurance Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 8.3 The Committee will receive scheduled assurance report from its delegated group the Executive led Primary Care Delivery Group which will include quarterly assurance reports from the Primary Care Workforce & Education Network Training Hub Steering Group and the Estates Working Group. Any delegated groups would need to be agreed by the ICB Board.

## **9.0 Secretariat and Administration**

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
  - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
  - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
  - Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
  - The Chair is supported to prepare and deliver reports to the Board.
  - The Committee is updated on pertinent issues/ areas of interest/ policy developments.
  - Action points are taken forward between meetings and progress against those actions is monitored.

## **10.0 Review**

- 10.1 The Committee will review its effectiveness at least annually.



10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

10.3 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

## **11.0 Responsibilities of the Committee to provide assurance of Delegated Functions**

11.1 The Primary Care Commissioning and Assurance Committee is responsible for providing the ICB with assurance in relation to its decisions for the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

- i) Decisions made in relation to Directed and Local Enhanced Services and Local Incentive Schemes (including the design of such schemes);
- ii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- iii) decisions made about 'discretionary' payments;
- iv) decisions about commissioning urgent same day access care. (including home visits as required) for out of area registered patients;

~~a) the approval of practice mergers;~~

~~b) a) Ensuring robust~~ planning ~~for~~ primary medical care services in the ~~Areaarea~~, including carrying out needs assessments;

~~e) b)~~ undertaking reviews of primary medical care services in the ~~Areaarea~~;

~~d) c)~~ providing assurance on contractual compliance and decisions making in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the Care Quality Commission where the Care Quality Commission has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

~~e) d)~~ providing assurance and oversight of the management of the Delegated primary medical services Funds-funds in the ~~Areaarea~~;

~~f) e)~~ Ensuring compliance with the Premises Costs Directions (PCD) functions;

~~g) f)~~ co-ordinating-ordination of a common approach to the commissioning of primary care services with other commissioners in the ~~Area-area~~ where appropriate; and

~~h) g)~~ such other ancillary activities as are necessary to exercise the Delegated Functions.

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

6. Primary Care Workforce Programme & Highlight Report

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities** [click all that apply]

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers** [click all that apply]

Data and Digital <input type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input checked="" type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Susi Clarke Primary Care Workforce Programme Lead
<b>Date to which the information this report is based on was accurate</b>	24/8/22
<b>Senior Responsible Owner</b>	Nicky Poulain Chief Primary Care Officer. Dr Nina Pearson-Chair Primary Care Training Hub.

## Executive summary

This paper includes an overall update on the Primary Care Workforce Programme via the regular highlight report illustrating progress against the programme's strategic workstreams;

- Wellbeing, Education, Training & Development
- Retention, Career Development & Equality, Diversity & Inclusion
- Leadership & Organisational Development
- Attraction, recruitment, planning & supply

In addition to a progress update, the report provides financial allocations, a RAG rating and highlights the critical success factors and risks or challenges for each of the projects / workstreams.

## What are the available options?

Not applicable.

## Recommendation/s

The members are asked to **note** the following:

- 1) Progress outlined in the Primary Care Workforce Programme highlight report
- 2) The Primary Care Delivery Group will be the forum to establish proactively collaboration to facilitate primary care transformation enabled by the Primary Care Training Hub.

## Key Risks and Issues

- Insufficient capacity and resource within the current team to deliver against all NHS E/I & HEE priorities in addition to local priorities and need
- Primary Care staff workload and potential burnout impacting on ability / capacity to engage with training and development initiatives
- Primary Care staff workload & potential burnout impacting on retention
- Estates constraints impacting ability to grow workforce, embed new ARRS roles and increase student placement capacity
- System Development Funding budgets from NHS E/I still not confirmed for 2022-23.

## Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes ☒

No ☐

## Are there any financial implications or other resourcing implications?

All financial detail for initiatives is included in the Primary Care Highlight Report.

## How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

Supporting innovative new ways of working and new models of care  
Embedding sustainability into workforce  
Green wellbeing offers e.g. Allotment project and BLMK Walking Group  
Digital innovation e.g. Shine Mind App and digital prescriptions via Shine Project  
Virtual delivery of training & development reducing travel.

## How will / does this work help to address inequalities?

All initiatives and activities within the Primary Care Workforce Programme consider how they can address inequalities within their delivery.

**The following individuals were consulted and involved in the development of this report:**

Dr Nina Pearson, Clinical Workforce Lead & Primary Care Training Hub Chair.

**Next steps:**

To provide regular updates on delivery and associated risks.

**Appendices**

Appendix A – Primary Care Highlight Report.

**Appendix A - Primary Care Workforce Programme - Highlight Report**  
**SRO: Nicky Poulain, Chief Primary Care Officer / Dr Nina Pearson, Chair Primary Care Training Hub**  
**Programme Lead: Susi Clarke**

**Aug-22**

People Plan Priorities	Strategic Workstream	Project Overview						Progress Update - August 2022				
		Deliverable	Project/s	Responsible Person	Potential Allocation / Investment	Metrics	Status	Critical Success Factors	Key Progress This Month	Risks / Challenges / Comments	Key Activities Planned for Next Month	Last Updated
A - Looking after our People	Wellbeing, Education, Training & Development	1. Continuing Professional Development	CPD Programme	Ray Tariq	139K	All places & funding fully utilised		- Full utilisation of HEE CPD programme budget - Rollout of programme positive uptake of training places offered	Full programme launched with good take up in short courses	Capacity in general practice to release time for staff to attend training Challenge with staff attending / committing to longer courses e.g. diplomas	Ongoing promotion of funded places	Aug-22
			ACP development & scoping	Hannah Baker / Ray Tariq	Funding for 1 ICS ACP strategic Lead & 2 x AP Supervision Leads	All places & funding fully utilised		Full utilisation of training places offered by HEE	1 x strategic ACP lead appointed ACP Forum established to commence Oct 22 Training needs to be established via the Forum Knowledge Specialist providing research skills development sessions	Capacity/appetite for practices to set up digital apprenticeship account to access levy fees to pay for ACP MSc course fees. Access to apprenticeship levy to fund ACP places Limited interest for PG GPN Diploma - entry criteria broadened and to also include as part of N2P programme offer	- Process applications - Continue advertising courses to potential candidates - Support practices with setting up a digital apprenticeship account and facilitating levy transfer with HEE and HEIs of ACP MSc	Aug-22
			HCA Training Programme	Hannah Baker / Kirsty Shanley	15k	All places & funding fully utilised		Engagement with staff & full utilisation of training places	Programme advertised and places filled with a number of waiting lists	Engagement / release of staff to attend training Capacity within team to facilitate programme delivery	Ongoing provision & roll out Recruitment to Training & Development Manager to support	Aug-22
			PCN Pilot Project	Hannah Baker				Approval of Pilot sites as PCN Learning Environments and transfer of responsibility from HEE to the TH	1st PCN Learning Environment approval visit undertaken 1st Panel of backlog reapprovals undertaken GP Educator role extended to 31st March 2024 in line with other clinical leads	Different processes continue to be in place for EOE and Thames Valley Primary Care Schools so variation between MK and Bedfordshire (incl Luton)	Actively manage quality concerns 2nd panel for reapprovals backlog Planning for yearly cycle of panels needed to assess applications 2 further PCNs going through approval process to be Learning Organisations in Nov 22	Aug-22
			2. PCN Learning Environment Development	Student Pharmacist & Physician Associate Summer Placement Programme	Rajiv Nandha / Lydia Jacks	35k	Number of Student Pharmacists placed & retained in BLMK		Uptake from students and practices. Students increased ambition to work in Primary Care and more practices/PCNs wishing to take on students and PAs/Pharmacists	2022 cohort complete with excellent feedback and engagement. 2 students offered jobs in MK Programme so successful Clinical Pharmacist Lead is supporting 2 other systems in EOE to roll out Joint celebration day with C&P and SNEE	Ensuring recurrent funding in place to maintain programme	Project Evaluation & planning for 2023 cohort
		3. Student Education, Supervision & Placement	Expanding Supervisory Capacity	Hannah Baker		Increase supervisory capacity & support to PCNs from baseline		Sufficient supervisory capacity to support all professions in Primary Care with a key focus on support to FCPs and ACPs through their verification of competencies.	Number of FCP Supervisors increased to 15	Capacity in Primary Care to support additional roles with Supervision and to create capacity where Supervision may not already be active Capacity in team to progress at pace	New dates for FCP supervisor training released, actively encouraging take up Working with clinical leads to develop model to support with increased supervisory capacity Advertising & offering funding for ACPs to train to Tier 3 Educational Supervisors	Aug-22
			Expanding Student Placement Capacity	Hannah Baker	£26k	22 additional GP student placements in 22/23 27 in 23/24 and 27 in 24/25 Increase of 30 GP Educators and 10 Learning Organisations by Aug 22		Engagement from practices, PCNs & wider system to increase placements Retention of existing placements & Educators	Expansion Capacity Leads group established, Educator Expansion Lead appointed Actively tracking against targets - met target for Bedford Borough where greatest challenge Funding advertised for second cohort of educators to be ready by Feb 24 adding to the existing 24 ready by Aug 23 Backfill for Educators to attend ARCP days and maintain requirements Educator & GP trainee development days	Capacity in Primary Care to increase the number of students in placement. Estates challenges. Capacity of Primary Care staff to take on additional Education roles / responsibilities.	Delivering SSSA training in conjunction with UoB to increase Nurse Assessor & Supervisory capacity Delivering clinical supervision training to increase number of clinical supervisors	Aug-22
		4. AHP Roadmap Development	Support to FCPs & PCNs with Roadmap navigation	Hannah Baker / Tom McNally / Matt Cooper	£60k			All PCNs / Practices / FCPs aware of requirements. Each FCP access to a supervisor and plans in place to support through the requirements.	Ongoing support from AHP leads to FCPs HEE funding to provide 11 grants to enable FCP supervisors to support trainees Additional funding allocated to increase AHP Lead hours / appoint further support	Capacity of Practices / PCNs to provide the required supervision. No additional funding currently to support supervision. Awareness of the FCP role. Response from NHSE on ARRS requirements.	Plan for roll out of grants and additional capacity	Aug-22



		2. Career Development, Work Experience & Legacy opportunities	Mid-late career package	Nina Pearson	45k	Retention of Vital Third GPs		Retention of mid-late career workforce	GP Retention strategy & principles devised Commissioning Phoenix Leadership development programme	Engagement Capacity within team to facilitate	Launch Phoenix Leadership programme GP Lead networking within existing forums to promote offers	Aug-22	
			Coaching Faculty Development	Helen Worthington-Smith		No of professionals in BLMK Faculty		This opportunity will bring together individuals that have had coaching training to build a faculty to support, share learning and build resilience in Primary Care	Strategy agreed for development of alumni	Retention of coaches trained, engagement from workforce to access coaching	Proposal agreed for future strategy & plans	Aug-22	
								Improved attainment for those at risk of Differential Attainment. Support programmes available to all those that need it. Transfer of responsibility from HEE to the TH for the remaining areas of quality including management of student placements and associated tariffs.	QDA roles well embedded and working with PC School to support trainees in need	No access to programmes currently for Clinical students (fact finding ongoing). Lack of clarity of roles and responsibilities between HEE and TH posts.	Continue scoping DA provision for Clinical students and start to look at support that may need to be developed.	Aug-22	
			Quality & Differential Attainment programme	Hannah Baker / Kirsty Shanley / Sadaf Javed		No of trainees supported to complete training							
			Clinical Pharmacist Network development	Rajiv Nandha / Lydia Jacks		No of clinical pharmacists engaged		Retention of Clinical Pharmacists within Primary Care	Clinical Pharmacist network day planned Sept 22 Peer support networks established Clinical Pharmacist Lead providing 121 support to newly appointed CPs in practice	Adequate supervision & induction in place to retain Clinical Pharmacists	Ongoing development of training & networking opportunities	Aug-22	
	3. Equality, Diversity & Inclusion	Primary Care EDI Strategy	Shankari Maha / Lydia Jacks		Number of practices engaged in agenda		Engagement & ongoing participation	Primary Care representation on system EDI network and PM lead developer Pride in Practice accreditation programme match funded for every practice to access Agreement to host EDI Training Programme Director on behalf of EOE aligned to Anti-racism team	Capacity within team to progress Capacity within general practice to take on board actions required	Launch EDI network & understand best practice that can be shared across general practice	Aug-22		
C. New Ways of Working	Leadership & Organisational Development	1. Leadership Development	CARE Leadership Programme	Janet Thornley / Nina Pearson	£50k	Number of staff engaged with programme		Engagement & ongoing participation	Further two cohorts of CARE Leadership programme in planning for Autumn 22 - multi-professional & specifically focussed on supporting newly qualified & experienced nurses	Capacity for staff to fully engage & participate	Ongoing planning	Aug-22	
			RCGP Practice Manager Accreditation	Hannah Baker	£27k	Uptake and completion		Engagement & uptake	Advertised offer to fund all practices to put their PM forward to undertake the accreditation	Capacity for PM to take up offer	Ongoing promotion	Aug-22	
		2. Culture & Change Management	Personalised Care	Helen Worthington-Smith	30K	Personalised care roles fully supported via peer networks and opportunities for development		Engagement and staff released to attend training	Funding allocated to recruit Personalised Care Lead - out to advert Funding agreed to support further personalised care training opportunities	Engagement and ability to release staff for training Overwhelming amount of training available Difficulty reaching Social Prescribing Link Workers due to their employment via voluntary organisations therefore low takeup of this training	Appoint Personalised Care Lead Ongoing communication of training available	Aug-22	
			Video Group Consultations	Helen Worthington-Smith				Utilisation of 150 training places and intensive support offer across PCNs.	PCNs now engaging & taking up places on intensive programme Roll out of Menopause circles utilising Group Consultation methodology	Capacity of PCNs to participate in programmes	Ongoing promotion of remaining places	Aug-22	
		3. Digital Workforce Strategy	Support to PCNs with Workforce Plans & data analysis	Susi Clarke / Place-based leads				PCNs review workforce plans in relation to population health needs Supply to enable recruitment to plans	PCNs finalising refreshed workforce plans - deadline submission 31st August	Workforce supply Capacity within PCN to successfully recruit and retain	Review of plans with place based leads Sept 22 for affordability and feasibility Planning targeted 121 sessions with PCN leads to support workforce planning in line with PHM (Fuller Review case study)	Aug-22	
	1. PCN Workforce Data & Planning	New to Practice Programme	Helen Worthington-Smith / Shankari Maha / Bethany Buddery	900k	No. new GPs signed up, no. new GPNs signed up		Increase the uptake of GPs and GPNs accessing the programme and are retained and engaged for a future career in Primary Care. Increase in practices seeing the benefit of the programme in their recruitment and retention of early career GPs and GPNs.	Recruitment of Early Careers GPN Clinical Lead who is leading on the New to Practice Programme for GPNs Review of all current participants and re-engagement to ensure uptake of educational programme and appropriate use of backfilled hours	Lack of uptake from newly qualified GPs and GPNs. Lack of engagement from some participants and participants leaving the programme or general practice without informing programme team leading to funding needing to be recouped from practices	Ongoing support to programme via clinical leads and new PM	Aug-22		
				In reach schools & HEIs	Janet Thornley / Kirsty Shanley / Mehreen Shafiq				Ongoing connectivity with schools & HEIs Visible supply of students into Primary Care settings	Ongoing engagement with schools New GPN lead recruited to support Central Beds	Practice capacity to engage Ensuring appropriate supervision & retention of students	Plan resources to support understanding of General Practice	Aug-22
				Roll out PC Apprenticeships - In scoping	TBC				Gifting of Apprenticeship Levy from partner organisations	SNAs supported to undertake Nursing Associate programme, levy gifted by CNWL and supported by TH	Reliant on gifting of levy not sustainable	Linking with ICS Apprenticeship group to understand further support for Primary Care	Aug-22
				Digital Student Nurse Placements	Kirsty Shanley / Hannah Baker	£30k	Increased number of digital student nurse placements		Adequate support provided for students during placements	Developing digital placements for 18 students from Feb 23 SSSA training undertaken with 25 nurses to support and increase capacity	Recruiting to placements Ensuring adequate support	Ongoing implementation	Aug-22



#### D. Growing for an integrated workforce

**Attraction,  
recruitment,  
planning & supply**

[illegible]



Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

7.1 North Bedford Hub – Summary of Patient Engagement

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Carrie Walker Estates Programme Manager
<b>Date to which the information this report is based on was accurate</b>	20/08/2022
<b>Senior Responsible Owner</b>	Dean Westcott Chief Finance Officer

## Executive summary

In 2018 the Bedfordshire, Luton and Milton Keynes STP successfully submitted a bid to NHS England & Improvement (NHSE&I) for capital funding of £6m to develop Gilbert Hitchcock House (GHH) on the North Wing Site, Bedford, into a primary care hub, plus £1.08m enabling funding to support relocation of Trust services back to the main hospital site. The clinical vision for the Primary Care Hub at a high level focussed on bringing together clinical activity from three GP surgeries (Pemberley, 2 Goldington Avenue, and De Parys) within the De Parys Group (list size 37,813 as at 1 June '22), in modern, compliant healthcare facilities, alongside mental health and community health services.

A project to develop the detailed planning and business case was initiated but was paused during the Covid crisis.

In July 2021, the CCG re-engaged stakeholders on the project including working in partnership with Bedfordshire Hospitals NHS Foundation Trust (BHNHSFT). The initial option of utilising the full GHH building was no longer possible, and the options appraisal for the scheme was refreshed to consider alternative affordable options for achieving the original objectives. An opportunity was identified to deliver the Primary Care Hub, by refurbishing parts of both the Enhanced Services Centre and GHH buildings on the Bedford Health Village site to deliver the clinical strategy and to improve the utilisation of both buildings.

The Programme Team are now working alongside a Design Team to produce a Full Business Case, to be submitted to NHSE/I in September 2022.

The proposal set out in the Full Business Case is to relocate patient facing services from four of the practice's six premises onto this central site (now including the De Parys services already delivered from the GHH building), enabling a consolidated and expanded service offer to patients, operating alongside a range of community and mental health services on the Health Village site.

A key element of the Communications and Engagement Strategy for the Programme was to carry out patient engagement with the patients of The De Parys Group to gather their views on the relocation of patient facing services from four of their current premises, and to enable feedback to be included into the plans and business case for the primary care hub.

With the endorsement of the Bedford Borough Health Overview and Scrutiny Committee, Bedfordshire, Luton and Milton Keynes CCG and The De Parys Group (TDPG) ran a formal patient engagement for a ten-week period from Wednesday 25 May 2022 until midnight on Wednesday 20 July 2022. The Patient Engagement Report is available in Appendix A.

In total 4,462 responses were received to the survey, which is the largest response rate BLMK ICB have seen to this type of engagement exercise and equates to a response rate of around 11% of TDPG patients completing the survey.

Whilst the survey was aimed at understanding patients' thoughts on the proposals for the relocation of services to the Primary Care Hub, patients provided a great deal of feedback on the current services provided by The De Parys Group. A strong theme in this feedback was the difficulty accessing appointments – one of the key objectives of the relocation to the ESC is to enable increased productivity through co-location of teams, and to deliver service efficiencies thus improving access to appointments for patients.

Another key theme from the engagement was concerns raised in relation to availability of car parking provision on the Health Village site and charges to patients.

A specialist consultancy were commissioned by the Trust to provide a Transport Strategy for the site to feed into plans for the Hub. It sets out the existing provision for parking and likely future demand. There

are currently 257 parking places in total on the site. A shortfall of spaces is expected given likely demand, however, mitigating actions to encourage walking, cycling and use of public transport for staff and patients are expected to help this gap. The Strategy reflects the desire of the Programme to find a sustainable transport solution which is in line with local and national transport policies to reduce reliance on travel by private car, bearing in mind the impact of unfettered car use on air quality, the environment, road congestion and safety. This strategy also reflects the Trust and ICS Green Plans.

In response to the feedback raised by TDPG patients regarding car parking, the Programme Team have committed to the following actions:

- Move the current 18 parking spaces allocated to TDPG patients (free for patients to use, included in a lease held by the practice) from the rear of GHH adjacent to the ESC building for ease of access for TDPG patients
- Produce an information leaflet for patients outlining all the available parking provision on the site and in the vicinity, and highlighting sustainable methods of accessing the site including local bus and cycle routes
- Review the parking provision within the first six months of the Hub being open with consideration of requiring further parking capacity at the Rugby Club subject to affordability
- A staff permit system will be put in place for all NHS staff and staff working on behalf of the NHS who live more than 20 minutes' walk away – those within 20 minutes' walk will be expected to travel on foot or by bicycle (with the exception of on-call and home visiting staff) and therefore will need to pay for parking on-site if they choose to drive.

#### What are the available options?

N/A

#### Recommendation/s

The members are asked to **note** the following:

- 1) The progress made on the North Bedford Hub project
- 2) The outcome and high response rate to the Patient Engagement exercise
- 3) To note the actions being taken to mitigate the concerns of respondents in relation to the availability and cost of parking.

#### Key Risks and Issues

There is a risk of reputational damage should the Full Business Case not be approved by NHSE/I & the project is not able to go ahead. This has been mitigated by ensuring that the engagement materials stated that the proposal was dependent upon business case approval.

There is a risk that the pressure on car parking at the site cannot be mitigated against by the sustainable transport strategy and that the ICB would potentially need to lease further car parking from the Rugby Club close by.

**Have you recorded the risk/s on the Risk Management system?**

[Click to access system](#)

Yes ☐

No ☐

The risks associated with the scheme are managed by the joint Programme Board between the Integrated Care Board (ICB) and Hospital Trust. Only major risks are included on the ICB Risk Management System.

<b>Are there any financial implications or other resourcing implications?</b>
<p>The scheme is expected to be funded via capital funding from NHS England - £7.08m.</p> <p>Revenue – the Financial model for the scheme will be included in the Full Business Case.</p> <p>No direct financial implications associated with this report.</p>
<b>How will / does this work help to address the Green Plan Commitments?</b>
<a href="#">Click to view Green Plan</a>
<ul style="list-style-type: none"> <li>• Reduce the requirement to travel – De Parys Group staff will have reduced requirement to travel between sites</li> <li>• Scheme underpinned by Transport Strategy with an emphasis on sustainable travel arrangements</li> <li>• This work will contribute to the commitment to improve energy efficiency and decarbonise energy inputs across all estates.</li> </ul>
<b>How will / does this work help to address inequalities?</b>
<p>One of the key objectives of the project is to improve access to primary care services for the patients of the North Bedford PCN and this will help to address inequalities.</p>
<b>The following individuals were consulted and involved in the development of this report:</b>
<p>Head of System &amp; ICB Estates</p> <p>Communications Team</p> <p>North Bedford Hub Programme Board.</p>
<b>Next steps:</b>
<p>Complete Full Business Case</p> <p>Progress enabling schemes</p> <p>Mobilisation planning.</p>
<b>Appendices</b>
<p>Appendix A – North Bedford Primary Care Hub Patient Engagement Report.</p>

## North Bedford Primary Care Hub – Summary of Patient Engagement Exercise

### Purpose

The purpose of this paper is to give an overview of the patient engagement undertaken for the North Bedford Primary Care Hub project and resulting actions.

### Background

In 2018 the Bedfordshire, Luton and Milton Keynes STP successfully submitted a bid to NHS England & Improvement (NHSE&I) for capital funding of £6m to develop Gilbert Hitchcock House (GHH) on the North Wing Site, Bedford, into a primary care hub, plus £1.08m enabling funding to support relocation of Trust services back to the main hospital site. The clinical vision for the Primary Care Hub at a high level focussed on bringing together clinical activity from three GP surgeries (Pemberley, 2 Goldington Avenue, and De Parys) within the De Parys Group (list size 37,813 as at 1 June '22), in modern, compliant healthcare facilities, alongside mental health and community health services.

A project to develop the detailed planning and business case was initiated but was paused during the Covid crisis.

As a result of the pandemic, the now merged Hospital Trust had a significant recovery programme ahead to reduce waiting times for elective pathways, and it became clear that the Trust would need additional clinical (outpatient) space to facilitate this – which impacted on the previous plans to release the Gilbert Hitchcock House building from their estate to create the Primary Care Hub.

In July 2021, the CCG re-engaged stakeholders on the project including working in partnership with Bedfordshire Hospitals NHS Foundation Trust (BHNHSFT). The initial option of utilising the full GHH building was no longer possible, and the options appraisal for the scheme was refreshed to consider alternative affordable options for achieving the original objectives. An opportunity was identified to deliver the Primary Care Hub, by refurbishing parts of both the Enhanced Services Centre and GHH buildings on the Bedford Health Village site to deliver the clinical strategy and to improve the utilisation of both buildings.

The Programme Team are now working alongside a Design Team to produce a Full Business Case, to be submitted to NHS England in September 2022.

The proposal set out in the Full Business Case is to relocate patient facing services from four of the practice's six premises onto this central site (now including the De Parys services already delivered from the GHH building), enabling a consolidated and expanded service offer to patients, operating alongside a range of community and mental health services on the Health Village site.

The scope of services to be delivered from the Hub (incorporating both the GHH and ESC buildings) includes:

- Core and enhanced General Medical Services – to a list size of c. 40,000 patients (supported by two additional existing branch surgeries)
- Primary Care Network services, including all of the professionals employed under the Additional Roles Reimbursement Scheme)
- Podiatry
- Anticoagulation services
- Tissue viability services
- Mental health and learning disability services
- Phlebotomy
- Retinopathy
- Therapy services, including MSK services
- Specialist outreach from secondary care services to support integrated management of patients with long-term conditions and frail elderly.

The practice (co-terminus with the North Bedford Primary Care Network) has an ambitious clinical strategy for delivering proactive, integrated care at scale, aligned to a targeted Population Health Management approach. Delivery of these ambitions is currently hindered by the capacity and quality of their estate. Operating across numerous sites hinders the practice's/PCN organisational development plan that includes maximising workforce efficiencies and interprofessional working enabling a consistent and more robust service offer to patients/communities.

A key element of the Communications and Engagement Strategy for the Programme was to carry out an engagement exercise with the patients of The De Parys Group to gather their views on the relocation of patient facing services from four of their current premises, and to enable feedback to be included into the plans and business case for the primary care hub.

### **Detail**

With the endorsement of the Bedford Borough Health Overview and Scrutiny Committee, Bedfordshire, Luton and Milton Keynes CCG and The De Parys Group (TDPG) ran a formal patient engagement for a ten-week period from Wednesday 25 May 2022 until midnight on Wednesday 20 July 2022. The Patient Engagement Report is available in Appendix A.

The process, key findings and action plans are summarised here:

### **Process**

An engagement document was produced to outline the proposal to relocate patient facing services offered by TDPG from four of its existing premises (De Parys, 2 Goldington Road, Pemberley, GHH) to the ESC. The document was made available online, and as a printed version available on request from each of The De Parys Group practices. Alternative formats were also available on request.

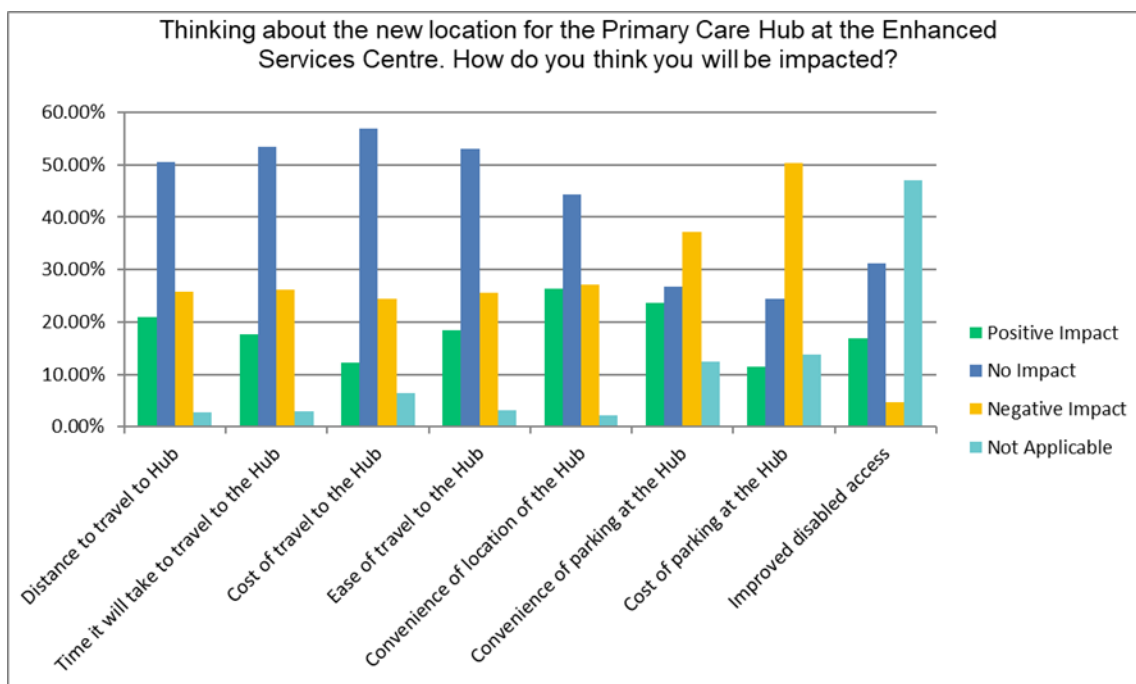
Various methods were used to engage with patients and stakeholders to encourage them to give their views, including a media release, a text message to patients with a link to the survey and letters sent to patient households where a mobile number was not held by the practice. Printed posters were displayed in each of the TDPG locations as well as information being displayed on waiting room digital screens. The BLMK CCG/ICB social media channels were also used to promote the patient engagement.

### **Key Findings & Related Actions**

In total 4,462 responses were received to the survey, which is the largest response rate BLMK CCG/ICB has seen to this type of engagement exercise and equates to a response rate of around 11% of TDPG patients completing the survey.

Whilst the survey was aimed at understanding patients' thoughts on the proposals for the relocation of services to the Primary Care Hub, patients provided a great deal of feedback on the current services provide by The De Parys Group. A strong theme in this feedback was the difficulty accessing appointments – one of the key objectives of the relocation to the ESC is to enable increased productivity through co-location of teams, and to deliver service efficiencies thus improving access to appointments for patients.

The table below summarises responses to questions regarding the impact of the new location for TDPG patients:



When considering the impact of the new location of the Primary Care Hub, 71.42% noted there would be either a positive or no impact for them, 25.76% stated there would be a negative impact.

When considering the location of the Hub, the potential cost and availability of parking is highlighted as a concern through the survey questions, with 50.36% of patients stating that the cost of parking would be a negative impact for them and the open response questions.

When considering the other areas associated with the location of the Hub, distance and time it will take to travel to the Hub, and cost and ease of travelling to the Hub were for most respondents seen as having a positive or no impact.

The programme team examined the demographic information of the responses to four of the questions above to understand if any particular groups of patients would potentially experience a greater negative impact as a result of the relocation plans:

- Convenience of location of the Hub
- Convenience of parking at the Hub
- Cost of Travel to the Hub
- Cost of Parking at the Hub.

There was no greater proportion of respondents who felt that they would be negatively impacted when looking at age, gender and where respondents had a disability. When looking at the answers from some ethnic groups, there was a small increase in the proportion of respondents who felt they would be negatively impacted. Whilst the actual number of respondents in these categories was very low, the programme team feel that some further work should be carried out to understand more about the greater proportion of respondents who feel they will be negatively impacted by the plans. For example, do they live in a particular ward and therefore can we put in place any measures to assist particular groups of residents in relation to travel to the Hub, and two remaining branch surgeries at Church Lane and Biddenham.

With relation to travel and parking, a specialist consultancy, Stantec, were commissioned by the Trust to provide a Transport Strategy for the site to feed into the planning for the Hub. It sets out the existing provision for parking and likely future demand. There are currently 257 parking places in total on the site. A shortfall of spaces is expected, given likely demand, however, mitigating actions to encourage walking, cycling and use of public transport are expected to close this gap.

The Strategy reflects the desire of the Programme to find a sustainable transport solution which is in line with local and national transport policies to reduce reliance on travel by private car, bearing in mind the impact of unfettered car use on air quality, the environment, road congestion and safety. This strategy also reflects the Trust and ICS Green Plans.

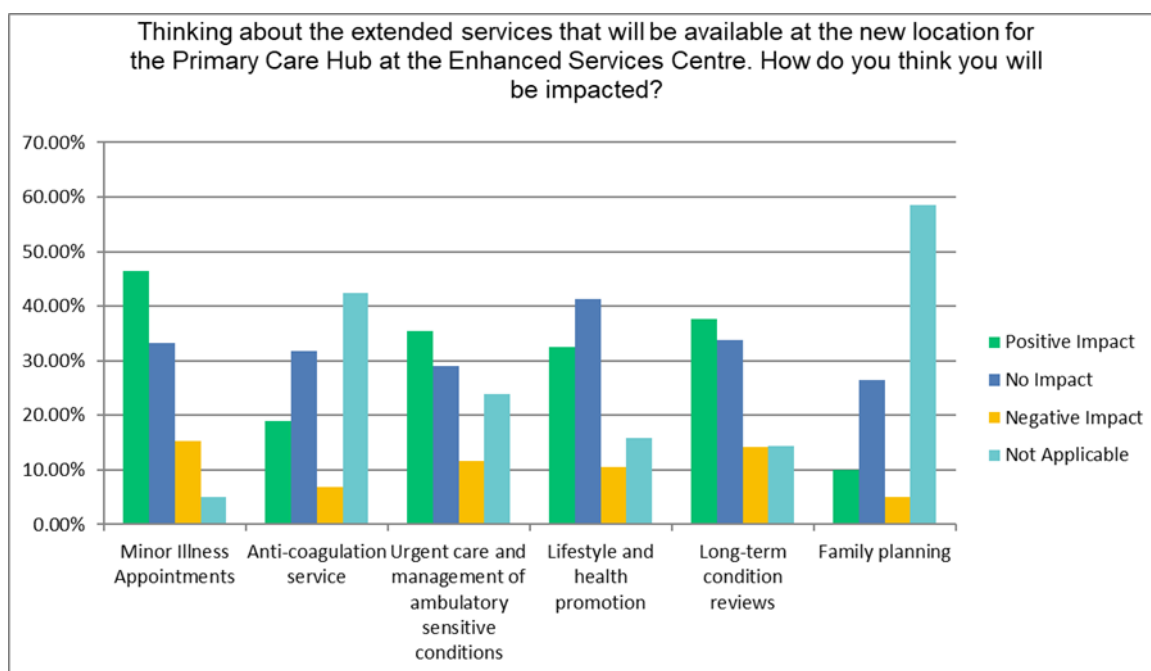


In response to the feedback raised by TDPG patients regarding car parking, the Programme Team have committed to the following actions:

- Move the current 18 parking spaces allocated to TDPG patients (free for patients to use, included in a lease held by the practice) from the rear of GHH adjacent to the ESC building for ease of access for TDPG patients
- Produce an information leaflet for patients outlining all the available parking provision on the site and in the vicinity, and highlighting sustainable methods of accessing the site including local bus and cycle routes
- Review the parking provision within the first six months of the Hub being open with consideration of requiring further parking capacity at the Rugby Club subject to affordability
- A staff permit system will be put in place for all NHS staff and staff working on behalf of the NHS who live more than 20 minutes' walk away – those within 20 minutes' walk will be expected to travel on foot or by bicycle (with the exception of on-call and home visiting staff) and therefore will need to pay for parking on-site if they choose to drive.

It should be noted that there is a risk that despite the mitigating actions, parking requirements may exceed the number of spaces available, which may result in the ICB needing to consider additional parking capacity at the Rugby Club which would incur further ongoing revenue costs.

When asked about the impact of the service strategy and the extended services proposed to be delivered from the Hub, those seen to have the highest positive impact were, Minor Illness Appointments 46.41%, long-term condition reviews, 37.64%, Urgent Care and Management of ambulatory sensitive conditions 35.52%, and Lifestyle and health promotion 32.51%. The table below summarises the answers to this set of questions:



The De Parys Group Clinical Strategy includes offering minor illness and urgent same day appointments, long term condition reviews and family planning. The practice will seek links with providers including the third sector and public health to establish health promotion and wellbeing services that can take place in the refurbished accommodation, operating alongside the social prescribing model developed within the PCN. ELFT Community Services such as anti-coagulation clinics will be delivered within the same building as TDPG and greater integration with these services will planned from the outset. It is encouraging that the respondents to the survey feel that this improved service offering will be beneficial to them.



### **Next Steps**

The ICB and The De Parys Group are working closely to ensure the new Hub is designed in a way to best meet patient demand and to ensure high quality primary care services are delivered and integrated with wider services to benefit patients.

This engagement report will be submitted to North Bedford Primary Care Hub Programme Board and will be used to inform the business case being developed to support the relocation.

It is anticipated that this new facility will open in early 2024, although the relocation is subject to approval of the Full Business Case.

The patient engagement report will be made available online and shared with all of those that indicated they would like to receive a copy, including key local stakeholders.



**The De Parys Group**



**Bedfordshire, Luton  
and Milton Keynes**  
Integrated Care Board

# **North Bedford Primary Care Hub Patient Engagement Report July 2022**

2 September 2022

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## **1.0 Background**

Bedfordshire Luton and Milton Keynes Clinical Commissioning Group (CCG) has been working with The De Parys Group to deliver a new Primary Care Hub for their registered patients. On 1<sup>st</sup> July 2022, the CCG ceased to exist and was replaced by a new organisation, Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB). The ICB has taken on the many of the responsibilities of the CCG and this report reflects the change of organisation.

The proposed new Primary Care Hub will be located in the Enhanced Services Centre, which is based in the Bedford Health Village, 3 Kimbolton Road, Bedford. The patient engagement undertaken was to inform the final business case that will be submitted to secure the required funding to enable BLMK ICB and The De Parys Group to deliver the Hub.

The patient engagement was undertaken as part of the planning for the development of the new Hub, in order that patient feedback could be incorporated into the detailed plans that will be submitted.

The De Parys Group (TDPG) (which also forms the North Bedford Primary Care Network) currently serves a population of just under 40,000 from six premises across the town.

The practice has been formed through a merger between three previous practices, with a catchment spanning across most of the geography of Bedford Borough, an area of significant housing growth.

The proposal is to relocate 4 of the 6 De Parys Group practices to the new Primary Care Hub.

This would mean that patient facing services at De Parys Surgery, Pemberley Surgery, Goldington Road Surgery and Gilbert Hitchcock House, would be relocated to the Primary Care Hub in the Enhanced Services Centre, Kimbolton Road, Bedford. Since the engagement exercise took place, plans have been adapted and The De Parys Group intend to maintain the De Parys Avenue premises for staff and administrative purposes. Patients will not be seen face to face at De Parys Avenue.

The De Parys Group will continue to deliver the existing range of primary care services from the Church Lane Medical Centre and the new Biddenham facility (which will replace the current branch surgery in Bromham), where care is provided for patients who live in communities further away from the town centre.

## **2.0 Summary of engagement activity**

BLMK ICB and The De Parys Group ran the patient engagement for a ten-week period from Wednesday 25 May 2022 until midnight on Wednesday 20 July 2022.

### **2.1 Engagement Document**

An engagement document was produced to outline the proposal. The document included a link to the online survey and how to request the information in an alternative format.

The document was made [available online](#), and as a printed version available on request from each of The De Parys Group practices. Alternative formats were also available on request.

A copy of the engagement document can be seen in Appendix 1.

## **2.2 Patient Survey**

The survey was available online (via the Survey Monkey platform) and a printed version was available on request.

In total 4,462 responses were received to the survey, these can be broken down into the following groups;

Online version: 4,432

Printed copies returned: 30

We received correspondence from two residents one directly and one via the office of Mohammad Yasin MP. In addition, we received a web submission from a patient. Copies of this correspondence are in Appendix 2.

A copy of the survey can be seen in Appendix 3.

## **2.3 How we engaged with Stakeholders and patients**

[A media release was issued](#) to encourage patients to give their views on the proposal. The story was published in The Bedford Independent on 15 June 2022.

A text message was sent to 27,496 patients who have registered a phone number, the text message linked to the engagement documents via the online survey.

The text message read;

*'Dear Patient*

*Give your views on plans to move 4 of our surgeries to a new hub at the Enhanced Services Centre, Kimbolton Rd. To take the survey visit (weblink to survey)*

*Kind Regards  
The De Parys Group'*

For those patients where a mobile number is not registered a letter was sent to their household.

Patient letters were sent to 2,457 registered households.

A copy of the patient letter can be seen in Appendix 4.

Information about the engagement was displayed in each of The De Parys Group locations as printed posters and on waiting room digital screens.

The De Parys Group also met with their Patient Participation Group (PPG) on two occasions to discuss the proposals.

An off-agenda briefing was shared with the Bedford Borough Overview and Scrutiny Committee to advise of the proposed patient engagement, no concerns were raised by the Committee over the method of patient engagement.

## 2.4 Social Media

The patient engagement was promoted on social media on the BLMK CCG owned channels.

Social Media Platform	Impressions	Engagements
Twitter	2,338	97
Facebook	6,662	6,560
Instagram	211	201

*Total Impressions* - Impressions measure how often the advert was on screen for the target audience.

## 3.0 Survey Results

In total 4462 responses were received to the survey, not all respondents answered every question and some questions allowed for multiple answers to a question, therefore not all totals will equal 4462.

We asked respondents if they were a patient, a carer/advocate or other.  
Of the total number of respondents 4,444 answered this question 18 respondents skipped this question.

Table 1 below shows the total answers.

*Table 1*

Responding to the Survey as ...	Responses	Percent
Patient	4,383	98.63
Carer / advocate	117	2.63
Other	22	0.50
<b>Total</b>	<b>4,522</b>	<b>101.76</b>

Nb some respondents ticked multiple answers so the totals exceed the total number of respondents.

See appendix 5 for details of the answers given when respondents answered 'other'.

**Please provide the first part of your postcode.**

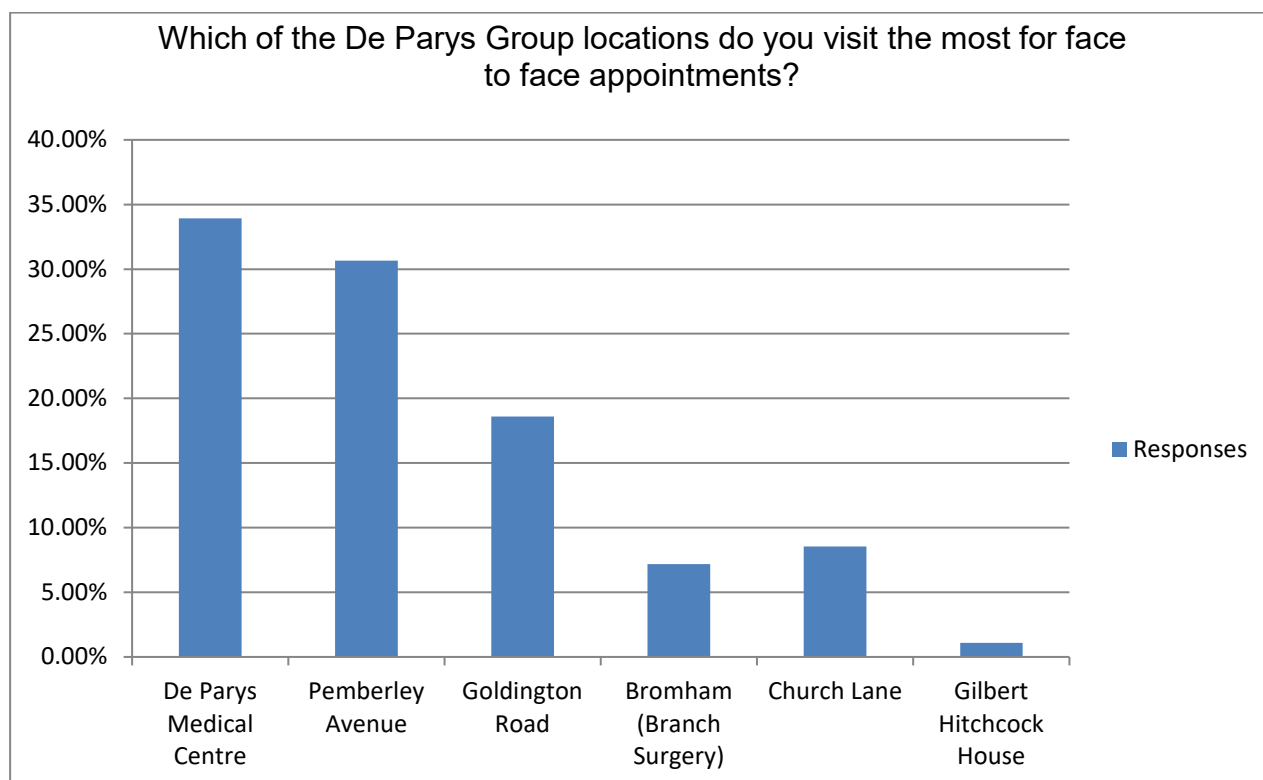
We asked respondents to provide the first part of their postcode, these can be found in appendix 6.

**Which of the De Parys Group locations do you visit the most for face to face appointments?**

We asked respondents which of the De Parys Group locations they visit the most for face to face appointments 1,151 respondents did not answer this question. Looking at those who *did* answer the question, Table 2 shows:

*Table 2*

<b>Which of the De Parys Group locations do you visit the most for face to face appointments?</b>		
<b>Answer Choices</b>	<b>Percentage</b>	<b>Responses</b>
De Parys Medical Centre	33.92%	1123
Pemberley Avenue	30.66%	1015
Goldington Road	18.60%	616
Bromham (Branch Surgery)	7.19%	238
Church Lane	8.55%	283
Gilbert Hitchcock House	1.09%	36
	<b>Answered</b>	<b>3311</b>



## How do you usually travel to the surgery you visit the most?

We asked respondents how they usually travel to the surgery they visit the most 1,146 respondents did not answer this question. Looking at those who *did* answer the question, Table 3 shows:

Table 3

How do you usually travel to the surgery you visit the most?		
Answer Choices	Percentage	Responses
Walk	27.05%	897
Car (as a passenger)	9.14%	303
Car (driving self)	55.61%	1844
Bus	3.32%	110
Bike	2.71%	90
Taxi	1.15%	38
Dial-a-ride service	0.06%	2
Other (please specify)	0.97%	32
	<b>Answered</b>	<b>3316</b>

Table 4 below shows the answers given when 32 respondents answered 'other'

Table 4

Other (please specify)
Mobility Scooter
Car as a passenger, Car (driving Self) at the moment
Car as a passenger, Car (driving Self) at the moment
Walk and Car (driving Self)
Bed ridden can't travel
Mobility scooter
It has been impossible to get a face to face appointment since well before covid
Bus and walk
House bound
Nobody has said which practices are closing.
Walk
Car as passenger only as I don't want to have to pay for parking myself and appointments often overrun
Depends either walk or drive
Mobility scooter
Walk, bus taxi or car passenger
At present it is impossible to have an IRL appointment. In the past, I drove myself.
Drive part way then walk
Can't see a GP they insist on phone appointments if you can get one
Visits at Care Home when Health Professionals are required.
Mobility scooter
I ride my motorcycle
Wheelchair



Invalid carriage
I don't travel to the GP as it's impossible to get an appointment
Dr., nurse or district nurse visit (care home)
I can never get an appointment so I don't travel
Mobility scooter
I don't travel, I am only offered telephone appointments since covid.
Mobility scooter
Mobility scooter
Drive to Park and Ride then walk from bus station
Mobility scooter

### When the North Bedford Primary Care Hub opens, which of the De Parys Group locations do you think you will use most?

We asked respondents which of the De Parys Group locations they would use the most when the North Bedford Primary Care Hub opens 1,140 respondents did not answer this question.

Looking at those who *did* answer the question, Table 5 shows that 48.34% (1606) of respondents think they will use the new Primary Care Hub the most, 17.10% (568) church Lane, 13.73% (456) the new Biddenham facility when open, 4.52% (150) would register at a different practice and 16.32% (542) do not know which of the locations they would use the most.

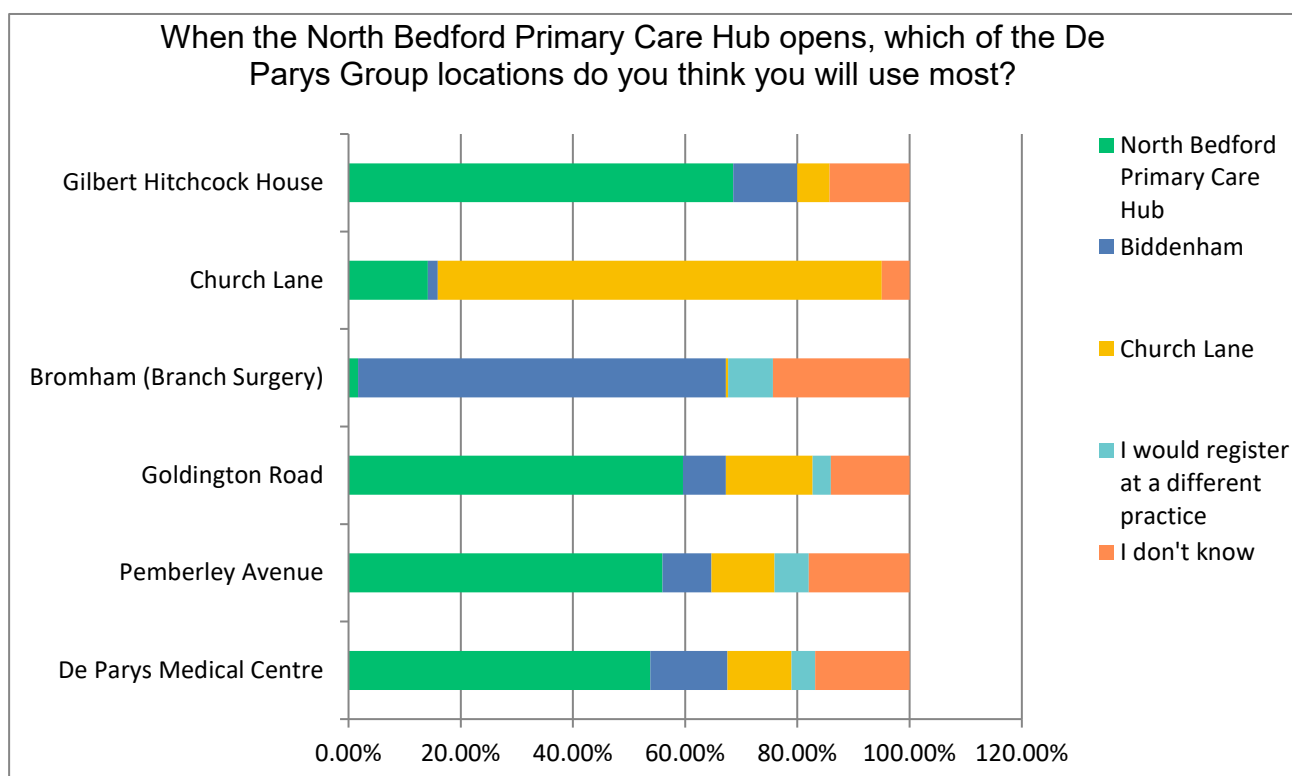
Table 5

When the North Bedford Primary Care Hub opens, which of the De Parys Group locations do you think you will use most?		
Answer Choices	Percentage	Responses
North Bedford Primary Care Hub (at the Enhanced Services Centre, new facility opening 2024)	48.34%	1606
Biddenham (new facility opening 2023)	13.73%	456
Church Lane	17.10%	568
I would register at a different practice	4.52%	150
I don't know	16.32%	542
	<b>Answered</b>	<b>3322</b>

Table 6 (overleaf) looks at which location respondents think they will use most when the North Bedford Primary Care Hub is open, by which De Parys Group location they use most for face to face appointments currently.

Table 6

Which of the De Parys Group locations do you visit the most for face to face appointments?	When the North Bedford Primary Care Hub opens, which of the De Parys Group locations do you think you will use most?									
	North Bedford Primary Care Hub		Biddenham		Church Lane		I would register at a different practice		I don't know	
De Parys Medical Centre	53.79%	603	13.74%	154	11.42%	128	4.19%	47	16.86%	189
Pemberley Avenue	55.97%	567	8.69%	88	11.25%	114	6.12%	62	17.97%	182
Goldington Road	59.61%	366	7.65%	47	15.47%	95	3.26%	20	14.01%	86
Bromham (Branch Surgery)	1.68%	4	65.55%	156	0.42%	1	7.98%	19	24.37%	58
Church Lane	14.13%	40	1.77%	5	79.15%	224	0.00%	0	4.95%	14
Gilbert Hitchcock House	68.57%	24	11.43%	4	5.71%	2	0.00%	0	14.29%	5
<b>Total</b>	<b>48.55%</b>	<b>1604</b>	<b>13.74%</b>	<b>454</b>	<b>17.07%</b>	<b>564</b>	<b>4.48%</b>	<b>148</b>	<b>16.16%</b>	<b>534</b>



When looking at which patients are most likely to use the North Bedford Primary Care Hub in the future, those that currently use Gilbert Hitchcock House are the most likely with 68.57%, however this is based on a low number of responses (24). 59.61% (366 responses) of those that use Goldington Road intend to use the Hub and 53.79% (603) of those that currently visit De Parys Medical Centre most intend to use the Hub. Those that currently use the Bromham branch are the least likely to use the Hub 1.6% (4) and Church Lane 14.13% (40). Those that visit Bromham branch are most likely 65.55% (156) to visit the new Biddenham Medical Centre and of those that use Church Lane 79.15% (224) intend to continue using Church Lane the most.

We asked respondents how they think they will travel to the location they are most likely to visit in the future 1,140 respondents did not answer this question. Looking at those who *did* answer the question, Table 7 shows:

Table 7

Thinking about the location you are most likely to use in the future, how do you think you would travel there?		
Answer Choices	Percentage	Responses
Walk	27.51%	914
Car (as a passenger)	8.31%	276
Car (driving self)	51.14%	1699
Bus	3.46%	115
Bicycle	3.19%	106
Taxi	1.02%	34
Dial-a-ride service	0.09%	3
I don't know / not sure	3.61%	120
Other (please specify)	1.66%	55
	<b>Answered</b>	<b>3322</b>

Table 8 below shows the answers given when 55 respondents answered 'other'

Table 8

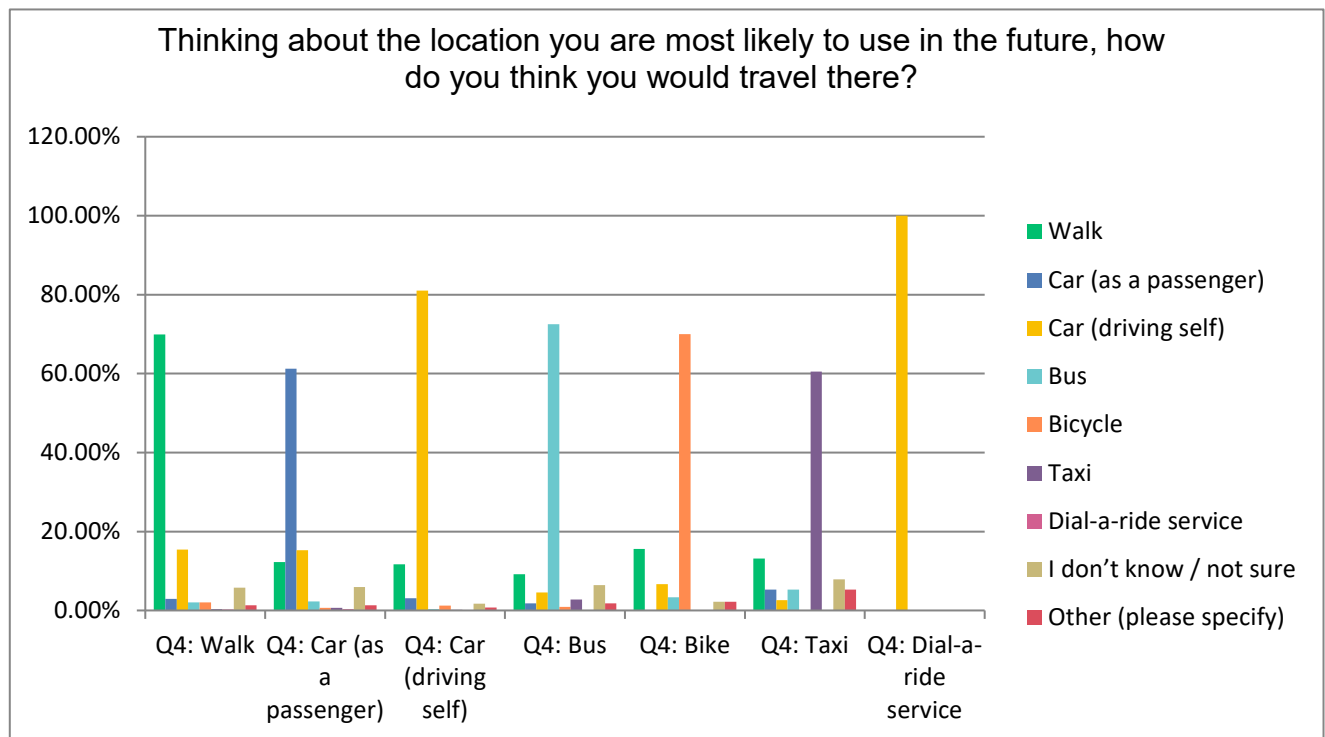
Other (please specify)
Mobility Scooter / bus
Car (as passenger), Car (driving Self) at the moment
Car (as passenger), Car (driving Self) at the moment
Bed ridden can't travel
Mobility scooter
by car as a driver if free parking. change practice if charged for parking
As previous question
Transportation will be very difficult at that location
would cycle / walk but I guess not feeling well if visiting
It's managing to get an appmt that's the problem, not travel
Family would move 100+ years as parents as a family
I am 80, how long will I be able to walk there?
Bus and walk
Disability Scooter
Car 🚗 r walk
Depending were I am sent
House bound
move practice
Not relevant- will leave
How can this be answered when I don't know where I need to go what the changes are
Depends either walk or drive

<i>In walking distance from the bus station which departs is</i>
<i>Walk/ Park car near</i>
<i>I won't, this is a crap survey with an agenda</i>
<i>I would hope to travel by car if I ever manage to a) get through on the phone, b) actually speak to a receptionist and c) actually get an appointment which is not a telephone call requiring me to have my phone with me for up to 10 hours!</i>
<i>Bike</i>
<i>a lift if I can get 1, don't drive or taxi as a last resort</i>
<i>Home Visits and walk in for Capable users</i>
<i>Mobility scooter</i>
<i>Mobility scooter</i>
<i>Ride my motorcycle</i>
<i>No desire to visit another practice</i>
<i>Wheelchair</i>
<i>As there is only a poor bus service, I would need to be able to drive or use a taxi service.</i>
<i>Car, walk or maybe bus</i>
<i>N/A</i>
<i>Depends where Biddenham site is located</i>
<i>If Biddenham walk else car</i>
<i>Electric wheelchair</i>
<i>Wheelchair</i>
<i>Invalid carriage</i>
<i>Bus and then walk from bus station</i>
<i>What's a GP again? Not seen one for years.</i>
<i>Very worried about parking esp if it moves to enhanced on Kimbolton. I couldn't even find a disabled parking place there last month.</i>
<i>as long as I can get to see a doctor when I need to, any changes you put in place will be an improvement on the service the Group does now.</i>
<i>I wouldn't switch to it</i>
<i>If I was lucky enough to get a face to face appointment then I would travel by car</i>
<i>Cycle</i>
<i>Walk, bike or car depending on reason for visit</i>
<i>Walk preferably or car if not able</i>
<i>Mobility scooter</i>
<i>Depends on parking</i>
<i>Disability scooter if Church Lane</i>
<i>Mobility scooter</i>
<i>Mobility scooter</i>

The graph and table 9 below look at how patients currently travel to the location they use most, by how they think they will travel to the location they are most likely to use in the future.

Table 9

Current travel to surgery (response to qn 4)	Likely future travel																			
	Walk		Car (as a passenger)		Car (driving self)		Bus		Bicycle		Taxi		Dial-a-ride service		I don't know / not sure		Other (please specify)		Total	
Q4: Walk	69.9%	626	2.9%	26	15.4%	138	2.0%	18	2.0%	18	0.3%	3	0.2%	2	5.8%	52	1.3%	12	27.3%	895
Q4: Car (as a passenger)	12.3%	37	61.3%	185	15.2%	46	2.3%	7	0.7%	2	0.7%	2	0.3%	1	6.0%	18	1.3%	4	9.2%	302
Q4: Car (driving self)	11.7%	215	3.1%	57	81.1%	1493	0.3%	6	1.2%	22	0.2%	3	0.0%	0	1.7%	32	0.8%	14	56.2%	1842
Q4: Bus	9.2%	10	1.8%	2	4.6%	5	72.5%	79	0.9%	1	2.8%	3	0.0%	0	6.4%	7	1.8%	2	3.3%	109
Q4: Bike	15.6%	14	0.0%	0	6.7%	6	3.3%	3	70.0%	63	0.0%	0	0.0%	0	2.2%	2	2.2%	2	2.8%	90
Q4: Taxi	13.2%	5	5.3%	2	2.6%	1	5.3%	2	0.0%	0	60.5%	23	0.0%	0	7.9%	3	5.3%	2	1.2%	38
Q4: Dial-a-ride service	0.0%	0	0.0%	0	100.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.1%	2
<b>Total</b>	<b>27.7%</b>	<b>907</b>	<b>8.3%</b>	<b>272</b>	<b>51.6%</b>	<b>1691</b>	<b>3.5%</b>	<b>115</b>	<b>3.2%</b>	<b>106</b>	<b>1.0%</b>	<b>34</b>	<b>0.1%</b>	<b>3</b>	<b>3.5%</b>	<b>114</b>	<b>1.1%</b>	<b>36</b>	<b>100.0%</b>	<b>3278</b>
																			<b>Answered</b>	<b>3278</b>
																			<b>Skipped</b>	<b>6</b>



When looking at mode of transport for the location patients think they will use most in the future, of those that currently Walk, 69.94% (626) will continue to walk, 61.26% (185) will continue to travel as a passenger in a car, 81.05% (1493) will continue to drive themselves, 72.48% (79) will travel by bus, 70% (63) will travel by Bike and 60.53% (23) will travel by taxi.

The largest percentage shifts are seen in those that currently walk and those that currently drive themselves. Of those that currently walk 12.25% (37) will travel by car as a passenger, 11.67% (215) will drive by car, 9.17% (10) will travel by bus, 15.56% (14) will travel by bike, 13.16% (5) will travel by taxi.

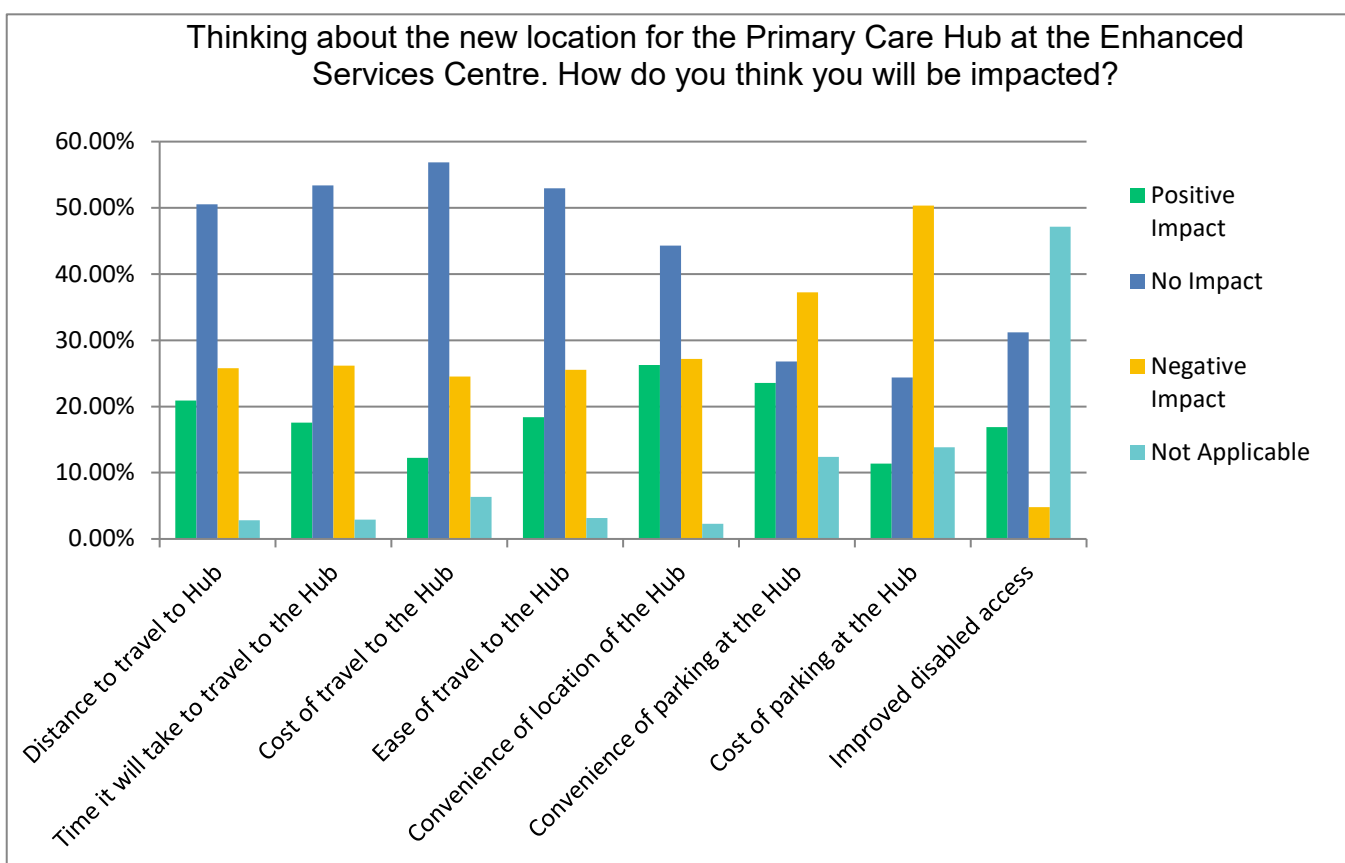
Of those that currently drive themselves 15.42% (138) will walk, 15.23% (46) will travel by car as a passenger.

### Thinking about the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?

We asked respondents how they think they will be impacted by the new location of the Primary Care Hub at the enhanced Services centre 1,147 respondents did not answer this question. Looking at those who *did* answer the question, Table 10 shows:

Table 10

Thinking about the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?								
	Positive Impact		No Impact		Negative Impact		Not Applicable	
Distance to travel to Hub	20.91%	691	50.51%	1669	25.76%	851	2.81%	93
Time it will take to travel to the Hub	17.58%	574	53.37%	1743	26.15%	854	2.91%	95
Cost of travel to the Hub	12.27%	393	56.88%	1822	24.51%	785	6.34%	203
Ease of travel to the Hub	18.39%	597	52.94%	1719	25.53%	829	3.14%	102
Convenience of location of the Hub	26.28%	858	44.29%	1446	27.17%	887	2.27%	74
Convenience of parking at the Hub	23.58%	767	26.81%	872	37.23%	1211	12.39%	403
Cost of parking at the Hub	11.40%	368	24.39%	787	50.36%	1625	13.85%	447
Improved disabled access	16.91%	549	31.18%	1012	4.78%	155	47.13%	1530



When considering the impact of the new location of the Primary Care Hub, 71.42% noted there would be either a positive or no impact for them, 25.76% stated this would be a negative impact. 70.95% said there would be a positive or no impact on the time it would take to travel to the Hub, 26.15% said this would be a negative impact for them. 69.15% said that there would be a positive impact or no impact on the cost of travelling to the hub, 24.51% said this would be a negative impact for them. When considering the impact of ease of travel to the Hub, 71.33% said this would be a positive or no impact and 25.53% a negative impact. For the convenience of the Hub location, 70.57% said this would be a positive or no impact for them, 27.17% said this would be a negative impact.

50.39% said the convenience of parking at the hub had a positive or no impact for them and 37.23% said this would be a negative impact. When looking at the cost of the parking of the Hub 35.79% noted this as a positive or neutral impact, 50.36% said this would be a negative impact. When asked about Improved disabled access 48.09% said this would be either a positive or no impact for them 4.78% said this would be a negative impact, 47.13% said this was not applicable to them.

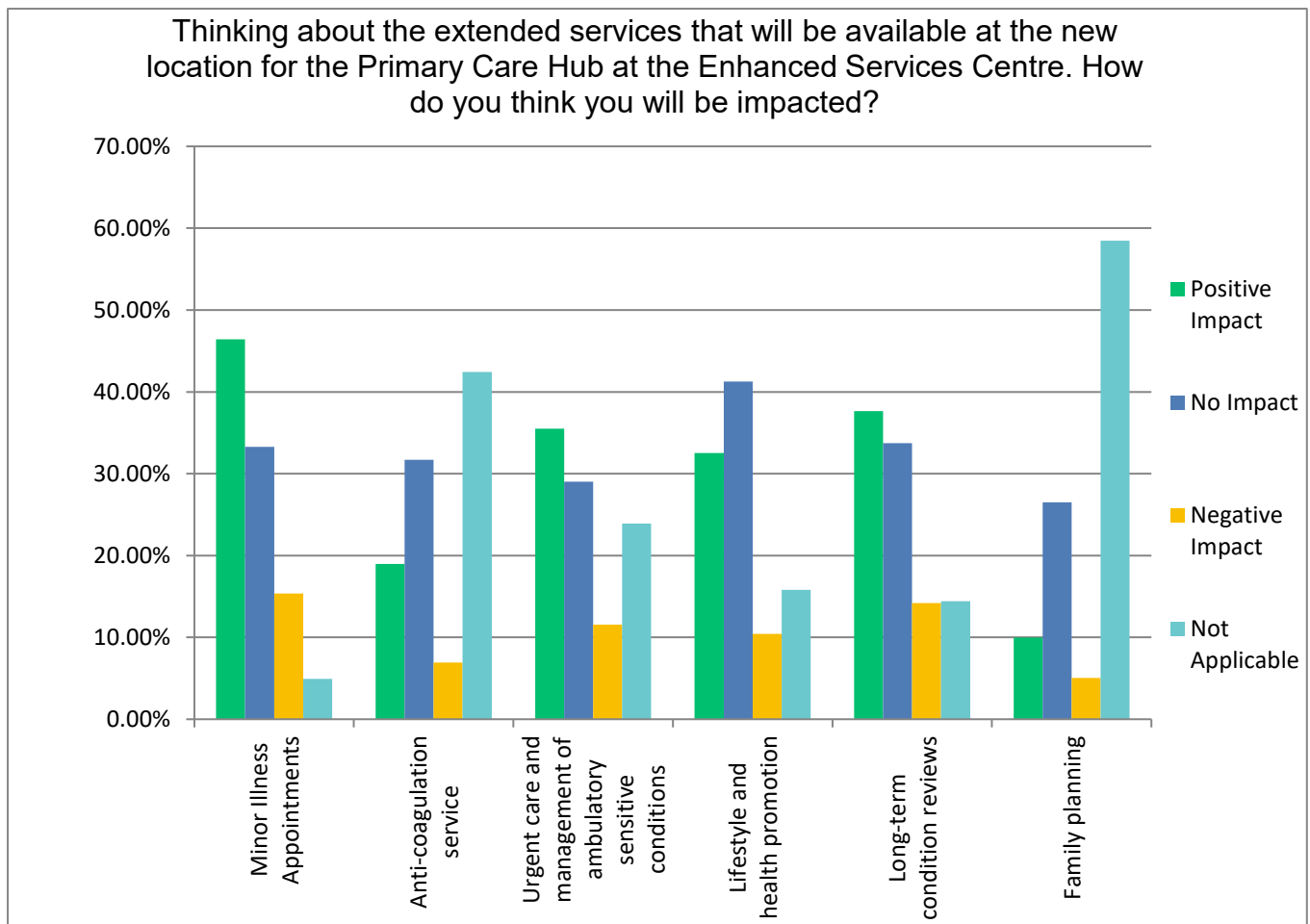
### **Thinking about the extended services that will be available at the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?**

We asked respondents how they think they will be impacted by extended services available at the new location of the Primary Care Hub at the enhanced Services centre 1,169 respondents did not answer this question. Looking at those who *did* answer the question, Table 11 shows:

*Table 11*

<b>Thinking about the extended services that will be available at the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?</b>								
	Positive Impact		No Impact		Negative Impact		Not Applicable	
Minor Illness Appointments	46.41%	1521	33.29%	1091	15.35%	503	4.94%	162
Anti-coagulation service	18.98%	612	31.69%	1022	6.91%	223	42.42%	1368
Urgent care and management of ambulatory sensitive conditions	35.52%	1154	29.02%	943	11.54%	375	23.92%	777
Lifestyle and health promotion	32.51%	1049	41.25%	1331	10.44%	337	15.80%	510
Long-term condition reviews	37.64%	1218	33.75%	1092	14.18%	459	14.43%	467
Family planning	9.98%	321	26.52%	853	5.04%	162	58.47%	1881





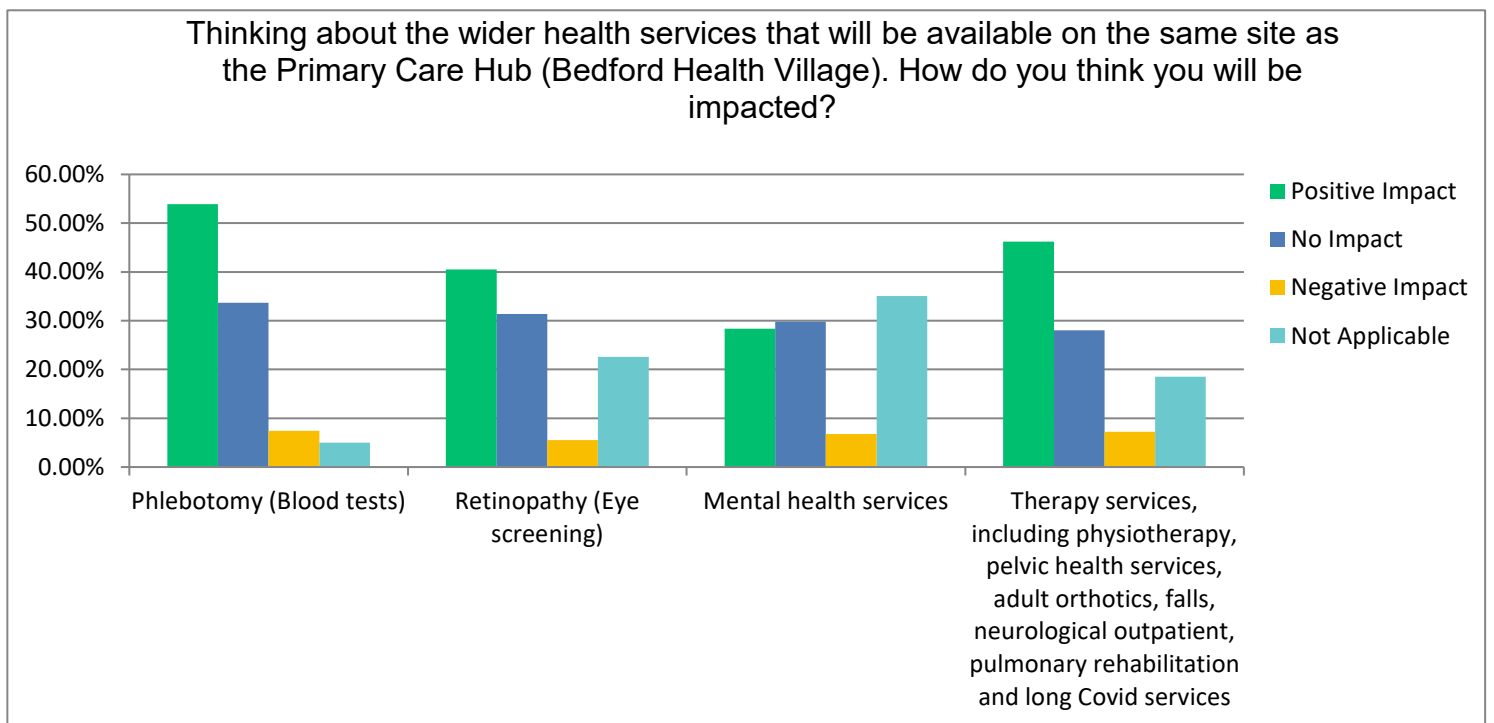
Of the extended services proposed to be delivered from the Hub, those seen to have the highest positive impact were, Minor Illness Appointments 46.41%, long-term condition reviews, 37.64%, Urgent Care and Management of ambulatory sensitive conditions (such as diabetes and chronic obstructive pulmonary disease (COPD)) 35.52% and Lifestyle and health promotion 32.51%.

**Thinking about the wider health services that will be available on the same site as the Primary Care Hub (Bedford Health Village). How do you think you will be impacted?**

We asked respondents how they think they will be impacted by the new location of the Primary Care Hub at the enhanced Services centre 1,171 respondents did not answer this question. Looking at those who *did* answer the question, Table 12 shows:

Table 12

Thinking about the wider health services that will be available on the same site as the Primary Care Hub (Bedford Health Village). How do you think you will be impacted?								
	Positive Impact		No Impact		Negative Impact		Not Applicable	
Phlebotomy (Blood tests)	53.92%	1769	33.65%	1104	7.44%	244	5.00%	164
Retinopathy (Eye screening)	40.52%	1318	31.39%	1021	5.53%	180	22.56%	734
Mental health services	28.36%	919	29.81%	966	6.76%	219	35.06%	1136
Therapy services, including physiotherapy, pelvic health services, adult orthotics, falls, neurological outpatient, pulmonary rehabilitation and long Covid services	46.24%	1511	28.03%	916	7.22%	236	18.51%	605



Of the wider health services that may be available on the Bedford Health Village site, those seen to have the highest positive impact were, Phlebotomy (blood tests) 53.92%, therapy services 46.24% and Retinopathy (eye screening) 40.52%.

## Are there any other impacts we need to consider?

We asked respondents to let us know if there are any other impacts we need to consider, this was an open response.

2,289 comments were received in total, 2,173 respondents skipped this question. All comments have been tagged and arranged as themes. Some comments fall under multiple headings, and, where this is the case, the comment has been tagged with multiple themes. Therefore, the total number of comments includes duplicates. Each comment has also been given a Positive, Negative or Neutral tag.

The number of comments received by theme is in the table below the full verbatim comments are included in Appendix 7.

Table 13

Theme	Number of Responses
Access for All	57
Availability of Appointments	332
Car Travel / Parking	427
Engagement Process	52
Environmental	14
Location / Access	176
Misc	60
None / N/A	855
Public Transport	45
Services	754
Positive	27
Negative	703
Neutral	701

The most comments received to this open question related to Services (754 comments), Car Travel and Parking (427 comments) and Availability of Appointments (332 comments).

Some examples of comments made under the themes are;

### i. Access for All

*'It is already a struggle to park since all the phlebotomy services moved to Gilbert Hitchcock, without the added issue of 3x surgeries patients too! No where near enough disabled parking spaces.'*

*'I'm not a fan of change and I'm worried about foot fall and the amount of people in the waiting room. I visited a surgery last week and the waiting room was full of patients it put my anxiety into overdrive.'*

*'Suitability for people with dementia - quiet surroundings, disabled toilets, quiet waiting area'*

*'Parking availability. My partner is disabled and cannot walk any distance. We would not want to be late or miss appointments due to parking.'*

*'For me as someone disabled and in a wheelchair this move would be a huge benefit to me. As is atm I have Miss appointments if no ground floor room is available'*

## **ii. Availability of Appointments**

*'Will there actually be any Drs at this site? - Very Short Supply elsewhere. Feel 'Let Down' by current service availability since the take-over.'*

*'It's nearly impossible to get an appointment for a GP - they don't seem to want to see patients - so maybe that problem should be sorted before providing new premises with empty waiting rooms.'*

*'The issue is getting an appointment in the first place if that improves then the move is generally positive'*

*'Just to make sure that we can all get an appointment and make this with less hanging on to the phone for hours on end'*

*'I don't believe changing a building will change the service level. This comes down to good systems / great people. I do believe there should be a facility to book a GP appointment on a set day in advance, for minor issues which don't need same day. Issues which are in need of advice but cannot take urgent same day space. Parking for free in some locations would clearly be beneficial for the community services by the Health Centre.'*

## **iii. Car Travel / Parking**

*'The parking at the Health Village site is already dire at some times of the day. To add yet more visitors to the site is unmanageable. Also parking charges there are ridiculously high compared to the free parking available near Pemberly and Goldington Road surgeries and the cheaper parking on De Parys Ave or free parking on Park Avenue for those able to undertake the walk. We should NOT have to pay such charges just to see our primary care health support.'*

*'Car park. How do you know how long you are going to be? If you are worried about this and are going for a blood pressure check I'm sure it will have a negative effect! I know this was going to be looked into last this merger was proposed!*

*Also, medically, how ever will be be able to ever see the same Doctor or continuity of care? This always important but particularly as I'm now getting older I require my GP to k ow me and my medical background.'*

*'Cost of parking is more at esc than elsewhere, as managed by same team as south wing with similar costs, parking available already very limited and local streets are full of esc workers already as no available space on site*

*Difficult to drive around/ about esc site since fire as no one way system anymore  
Mental health workers from florence ball house already park in areas that block flow of traffic. Limited disabled spaces near esc'*

*'It is hard to say as we have no idea if parking will be an issue and if there is parking available whether it will be affordable or not'*

*'For me parking is the most important for all sites, for examples parking at the deparys surgery has been frustrating as you have to pay and can only stay for an hour which causes worry when my appointments have been consistently late'*

*'The stress of trying to park when you already feel unwell, Parkin is very limited at this site'*

*'Just please ensure there is adequate parking at the proposed new sites!!'*

*'Easy car parking. One site for all positive'*

#### **iv. Engagement Process**

*'There are no details about the ration of GP to patient in this document which is far more important than a building. Is it to be self financed from the sale of current properties within the practise, will this generate surplus funds?'*

*'The consultation document was very poorly done. There is no mention of the opening hours, number of appointment slots that will be available vs the current four locations and which enhancement services will now be available to patients that was not previously available. More detailed information needed. Thanks'*

*'It has been impossible to effectively answer these questions because there is insufficient information available as to what the new arrangements will provide. The biggest existing problem is the great difficulty in not being able to obtain face to face appointments.'*

*'Explaining in a clearer way what is moving - all a bit nhs jargony to date. Happy with the move, things change just communicate lots'*

*'I answered the questions, but some answers should have been "don't know" if I had had the option - it depends on what exactly is proposed - e.g. disabled parking'*

#### **v. Environmental**

*'The effects of more difficult and more expensive travel plus cost of parking which will, as always, impact most heavily on those with the greatest medical needs and those with the smallest incomes and those who are the most frail or unable to drive etc etc Public transport in the Bedford area is quite pathetic. I can think of no way I could reach the new set up if I became unable to drive as I get older. I am trying to health and environmental reasons to switch to cycling for as many journeys as possible but I think this one will be just a bit too far even now and even more so as I get older.'*

*'You are bringing together services from 4 sites onto 1, environmentally causing more travel mostly by car, then providing no dedicated parking causing patients to try and find parking elsewhere.'*

*'We chose Church Lane as we can walk to the surgery without causing a negative environmental impact by using motorised transport.'*

#### **vi. Location / Access**

*'Difficult location to get to due to poor east west links. This makes a negative impact overall. As it's hard to get an appointment service extension is pointless.'*

*'How far to travel is seem that patients in the east of you practice have not been considered. Having to travel in and out of Bedford is bad enough. Being able to see a doctor would be a miracle and one at church lane would be a bloody miracle.'*

*'Access to facility for those who cannot walk or drive, eg Bromham Surgery if it closes. as there is no bus service from Bromham that stops anywhere near the proposed Biddenham development.'*

*'To reduce the volume of cars/parking and parking fees is it possible for a designated bus stop on the site to allow the access of public transport?*

*Considering the extensive services proposed, many patients could be on the site an hour or more.*

*If that stop was available on many of the local bus routes, I am certain that it would be utilised. Less cars, less fuel, less parking facilities, less costs and less stress.'*

*'no we live very close to all of the sites so everything is O K please take this as from both of us'*

*'You ask which of the locations I would use most, usually you are not given a choice and have to take whichever surgery you are told for an appointment, I am lucky as No7 Bus goes to Church Lane and your Hub without too much walking so better for me than your 3 town surgeries at present.'*

*'Ease of access will be a huge positive. The stairs at Goldington Road are a problem.'*

*'If I can go to doctors in Biddenham surgery then all positive impact. This is closer to where I reside'*

## **vii. Misc**

*'GP surgeries require people being at ease enough to talk and make appointments, that's why they've always been small in size and often in former houses, to make people feel at home and so that they can form a relationship with a regular gp. Moving to one big practice bases at a hospital is a stupid idea, people will never be able to see the same gp often and a clinical setting will make people feel awkward and uncomfortable to talk about mental health or a suspicious rash etc. Absolutely terrible idea which I imagine is driven by the fact the new sight will likely be a lease on favourable terms, whilst allowing you to sell the very favourable real estate you currently own in the de parys area'*

*'I am concerned about Covid transmission as my husband is immunosuppressed.'*

*'Directions to health village poorly sign posted'*

*'Everything is changing and we are confused as service user'*

*'Very happy with the proposals you are going for.'*

*'No. Fantastic idea for both patients and staff to be one service at one location'*

## **viii. Public Transport**

*'Can't see how anything will change, except more difficult to get to, nightmare parking, few appointments, and access walking from Bedford bus station will be impossible.'*

*'I think you have not considered non-driving disabled people. Yes, bus routes etc are named but these do not go past my house and the only of these actually goes down Kimbolton Road which is the number 7. The De Parys Surgery is much closer to the town centre and bus station and bus stops for other routes.'*

*'Many pts are elderly, vulnerable and don't drive. It is going to be extremely difficult for them to get to the proposed hub on public transport and time consuming (through the traffic in that area) and expensive to use taxis. For people who work and with children travelling*

*further us going to be a disadvantage despite a wider range of services. De parys group should maintain at least one practice on town, either Pemberley or De Parys Avenue.'*

*'Access to public transport. No obvious solution for me.'*

*'Access to public transport. Access for disabled people. Cost and time travelling for people who have registered primarily at practises in the north of the town being moved south.'*

*'No easy access by public transport. Provision of a direct patient transport similar to the old Hospital car service, maybe a minibus? We value getting to know (and being known by) the medical staff which was an asset to us at Pemberley surgery before the merger.'*

*'It's on several bus routes for those who don't drive.'*

## **ix. Services**

*'There should be sufficient admin staff to manage the level of telephone calls coming into the surgery. The surgery should consider using advanced practitioners in a range of AHPs to compensate for the difficulty in recruiting GPS. There's a high level of complaints about this surgery on the neighbourhood WhatsApp group. The surgery needs to look at how it can better manage the level of demand using a more diverse range of health care professionals.'*

*'Trying to get face to face appointments has been over 3 years since was able to see dr. always by phone or nurse. If wait 40+ minutes just to speak receptionist! haven't even seen my designated Dr. or any Dr face to face amalgamation supposed to make it better? What a joke!!!!'*

*'Making sure there is enough appointments for the amount of patients its an ongoing major problem at the moment i can only see this getting worst. Gone are the days were you knew you dr and the dr knew you. Your lucky if you get an app within 3 weeks of asking which by then either the health issue is alot worst or not needed by the time the app comes round.'*

*'Since the merger with de parys group accessing face to face appointment has been impossible. Online apps are frequently full. My text consultations were confusing for myself and the pharmacy. Every recent development has made accessing the GP harder. So I have no confidence these suggestions will have any positive benefits for patients. The single phone number for these combined services ignores patients needs, as the lines are always busy. Surgery times do not meet the needs of working people. The reputation of this GP group is appalling among local residents for the reasons above.'*

*'Whilst trying to provide additional services it is important to remember how difficult it is currently to get access to appointments for general medical issues'*

*'Cost of parking and getting to the surgery.  
Will there be access to a pharmacy to obtain medication?  
Will there be specialist GPS to deal with mental health? What about routine procedures like dewaxing ears for example?'*

*'Only support this if it means someone will answer the phone and I can arrange an appointment with a doctor within a reasonable time. Otherwise it's a complete waste of time for patients'*

*'Being able to get an appointment with a GP in a timely manner is more important than anything mentioned in the questionnaire so far.'*

*'All things considered it seems to be a positive project. However the most vital concern is to vastly improve patients phone access to a human being otherwise all your excellent plans will fall'*

*'No. Better access in new premises and joined-up services sound great to me.'*

*'No, I think this has been needed for a long time The De Parys site has not been fit for purpose in regard to elderly and frail.'*

*'I think this would be a great move and use of an underutilised facility on this site'*

### **Is there anything else you think we should take into consideration?**

We asked respondents to let us know if there is anything else we should take into consideration, this was an open response.

2,099 comments were received in total, 2,363 respondents skipped this question. All comments have been tagged and arranged as themes. Some comments fall under multiple headings, and, where this is the case, the comment has been tagged with multiple themes. Therefore, the total number of comments includes duplicates. Each comment has also been given a Positive, Negative or Neutral tag.

The number of comments received by theme is in the table below the full verbatim comments are included in Appendix 8.

**Table 14**

<b>Theme</b>	<b>Number of Responses</b>
Access for All	33
Availability of Appointments	109
Car Travel / Parking	259
Engagement Process	40
Environmental	9
Location / Access	148
Misc	60
None / N/A	804
Public Transport	30
Services	821
Positive	20
Negative	527
Neutral	747

The most comments received to this open question related to Services (820 comments), Car Travel and Parking (259 comments) and Availability of Appointments (109 comments).

Some examples of comments made under the themes are;



## **i. Access for All**

*'Adequate parking. I recently attended the surgery at G Hitchcock house and no spaces were available let alone space for me a blue badge holder'*

*'Multiple sites into one, lots of disabled people all wanting to be at the same place, there will never be enough blue badge spaces putting my wheelchair wife off as she won't be able to go alone'*

*'Hearing disability means hearing aids amplify all surrounding sound but does not improve speech clarity. I hope the new hub will take account of good acoustics at the reception desk without the interference of echoey surrounding sound'*

*'I am visually Impaired. Good signage and contrast in colours'*

*'To have staff understand that people with autism need to have the patience to say what I want to say to get checked by the doctors'*

## **ii. Availability of Appointments**

*'Start seeing patients face to face instead of having to wait 50 minutes to get through to the surgery to be told there are no appointments or have to speak to a doctor on the phone first'*

*'Phone all system for de parys group is rubbish. The rush to phone at 9am is madness. The online offer is rubbish as you have to call in as above to sign on for first time. When you get through there are no appointments.'*

*'As previous. Also being someone that is not allowed access to a phone while they are working, to be told call next day at 8am, which I can not do and still not being able to speak to a doctor 3 months later (this was pushed through by a nurse as being more urgent so got this 4 days after bringing up the issue to her). The reason I saw the nurse was because of a text sent to me about an asthma review and they eventually contacted me as I gave up trying on the occasional day I could as would be on hold for between 40 mins and 90 mins and being hung up on or told to go to the walk in centre.'*

*'For us the key is more appointments. It is so hard to get an appointment even for under 5s. With our 4 year old we could get on the day appointments even in the afternoon when there was an issue but now we can't. It's really worrying.'*

*'1) Please ensure there is a lot of thought given to patient access to see their doctors. The length of time spent waiting on phones recently has been very frustrating. The recent move to 'ring patients back' has been very positive - but a wait of three hours should be an exception and not the norm.*

*2) Please consider giving allocated clinics to patients who are seen regularly eg. consults with elderly, mental health and other patients should not 'block out' doctors time when some of the people could be seen by other health care professionals.*

*3) Maybe a holistic approach could be taken with people employed to regularly review patient care and bring together any care that a patient need that is, at present possibly being delivered without every carer knowing what other treatment a patient is receiving.*

*4) More access to on-line services - test results...'*

### iii. Car Travel / Parking

*'Cost of Parking'*

*'Parking a likely problem.'*

*'Parking looks as if it could be an issue especially if you're going to be charging. Please consider elderly who can't walk far'*

*'Parking availability due to other patients from. Differing surgeries attending that location for blood test, Moorfields Eye appointments'*

*'Parking spaces can be very very difficult to find at North Wing and the number of disabled spaces is currently inadequate too and for those without a blue badge and paying car parking charges the costs are very high and the fee scale such that as historically it is rare to see a GP /nurse at your allotted appointment time then you inevitably have to pay for a longer period than you might need to avoid a penalty charge. In the past parking issues could be exacerbated at nearby school drop off and collection times.'*

*'The plans sound good if you read them quickly but the greatest problem at present seems to be lack of sufficient GPs and lack of sufficient staff in all the other specialities mentioned. So what will be the advantage of everything on one site when each 'service' will have a long waiting list and patients may have to make many repeat visits to access the services to which they are recommended? There are also going to be traffic density issues as these plans will require even more people to join in the Bedford Town Centre dense traffic and traffic jams with particularly severe effects for appointments in the morning and evening rush hour.'*

*'How much is it going to cost me to park every time I come? If I'm dropping off or picking something up do I still have to pay to park for a few minutes. I feel ever since merging it has become a business not a surgery.'*

*'Free parking for both patients & staff is imperative.'*

*'Although not a problem for me (as I can catch a bus or walk) the charge for car parking might be an issue. Also will consultation rooms be on ground floor for disabled access'*

*'Validated parking for patients only, giving up to 2 hours free parking, must prove appointment and receptionist validate in order to prevent non patients parking there Similar to how Lidl car park in town is'*

### iv. Engagement Process

*'I don't even know why the change is happening and what the differences are. E.g. parking - I don't know what the cost will be in the new place so how can I say if impact will be positive, negative or it will make no impact?'*

*'This questionnaire really does not explain what benefits - in terms of additional services - might be available at the new site, so it's hard to make any comment on impact'*

*'I am concerned that this move will reduce the number of available appointments and also visits; I'm concerned that the overall staffing will be reduced, also the number of consulting rooms.'*

*'There is no detail about this in the consultation document- it seems to have been kept deliberately vague.'*

*'You do not provide enough detail or options in this survey nor the supporting documents for a considered response. Poorly thought out. Will there be more Dr availability? Nurse availability? Arrange appointments on line? Where will the money go if you sell the current buildings? Etc'*

## **v. Environmental**

*'Will you encourage sustainability and be using green energy on the site? Will the ventilation in the buildings support Covid safety?'*

*'Installing bike racks'*

*'Temperature controlled environment and green energy sourcing'*

*'Local facilities help reduce car usage, congestion, pollution'*

## **vi. Location / Access**

*'Not everyone drives and many buses do not go along Kimbolton Road, so will pedestrian access be made from Goldington Road. There used to be access many years ago when maternity was on that site. I have heard a lot of people complaining that cannot get through on the phone. When they do they cannot get a face to face appointment and even have to wait 2 weeks or more for a telephone consultation, will this improve?'*

*'Yes, This will destroy the already failing patient access to their Dr. Look at the reception congestion already at this reception site —This will be an overload to blood test seekers physiotherapist patients and eye test patients let alone the loss of confidentiality in a goldfish bowl setting'*

*'Reasonable parking costs in the car park so as to not further negatively impact lower income families who may now have to drive to access the new location'*

*'This site is already very busy for traffic and parking with circle msk and phlebotomy services for a large number of patients across Bedford area. I am concerned that access will be very difficult at certain times of day'*

*'Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!'*

## **vii. Misc**

*'Would there be enough provision for bicycle parking?'*

*'Yes - how much is it all going to cost? In absolute terms taking into account capital releases elsewhere in group.'*

*'Less personal so won't see same person each time'*

*'We have been waiting for this for years. Please make it happen soon!'*

*'Nope seems all good to me and makes sense to have a hub as opposed to various sites'*

## **viii. Public Transport**

*'From the villages I know from previous experience that when on crutches the bus stops are nowhere near North Wing and impossible to get to if you have mobility issues particularly going back to bus station.*

*The buses from the North Beds Villages arrive at the bus station just after the next bus service to North Wing so there is a long wait- the journey time even if you are mobile enough to use public transport was well in excess of 1 hour each way for a 5/6 mile trip and a 20minute appointment! If you have no one to drive you then in 2019 the return taxi fare was in excess of £16 plus often a wait for the return taxi. It would now probably be in excess of £20.'*

*'Have you considered public transport. If I look at Goldington Road for example the bus numbers 5, 7, 27, 905 and x5 all go past the front of it with stops close by. Green proposed sites only has the 7 and 27'*

*'I can walk to church Lane would need to drive or get bus to kimbolton Road, cost time and environment brings about issues'*

*'Putting a bus shelter on the Kimbolton bound side of Kimbolton Road . There is only a stop bus flag ...no shelter'*

*'Impact on patients with no mode of transportation and mobility issues'*

## **ix. Services**

*'Phones have been going unanswered for an hour when we called repeatedly even though number one in the queue, if we had been seriously ill this could have been dangerous - not acceptable, need to be assured that phone calls will be answered.'*

*'Employ more doctors instead of spending money on new projects. There is no point if you can't get the basics right. If you need to see what your patients actually think of the service log on to the neighbourhood chat threads. They are full of complaints'*

*'The practice must urgently sort out access to appointments and staff to answer the phones as the current system does not work. It is very stressful trying to access anything via the surgery at the moment and this should not be the case. We cannot afford to wait until the new facility is opened to address this.'*

*'Less waiting time on telephone calls and more face to face appointments with GPs given instead of telephone calls by medical staff which often results in seeing someone. Your staff should take ownership of patients problems resolve the queries to the patients satisfaction and not simply ask them to phone back joining yet another telephone queue.'*

*'Maintain booking system for blood tests rather than queuing system. Much improved since it's introduction.'*

*'Proper training of reception/administration staff so that queries are answered correctly. Better telephone system. Better IT, more user friendly website. Do not make everything online, as more vulnerable members of the community find this difficult ie elderly, disabled and patients with psychological issues/disorders. What about having doctors who can sign?'*

*‘Generally it is a good idea but you need to sort out GP availability’*

*‘The benefit of de parry’s is the lovely way staff treat you. If the new set provides an impersonal service it will fail’*

*‘Services are better provided in modern, fit for purpose premises so I am in favour of the proposal’*

Through the open response questions respondents highlighted a number of services they would like to be available at the hub

Services
Minor Surgery
Asthma Clinic
Diagnostic tests such as x-ray and ultrasound
Dispensing/Pharmacy facility with delivery service for housebound patients
Podiatrist
New mum/breastfeeding clinic / Baby services / Access to midwife/health visitors / Antenatal and maternity services
COPD Service/clinic
Menopause Specialist
Walk-in facility
Dentistry Services
LBGQT facilities help and support
Vaccination / Immunisation Service
Mental Health Services
Diabetic Clinic
Chiropodist
Dermatologist
Onsite instant blood tests
Monthly Implants
Vascular services
Access to Interpreter
Osteopathy
Drug and Alcohol addiction services
Service / information for Special Education Needs and Disabilities (SEND)
Prolapse help
Dementia support patient & family
Cancer support
Cancer screening (breast/cervical/testicular etc)
Hydrotherapy for injury recovery
More emphasis on long term conditions and medication monitoring and follow up tests.
Long term healthcare and regular support to ongoing cancer treatment patients
Muscular medical support for health
Health checks eg 50+, cholesterol, bowel cancer, well-women/man checks, heart checks
Pain control MS care Transplant patient care ie auto immunity vulnerability patient

## **4.0 Key findings summary**

The response rate to the patient engagement was significant with a around 11% of patients completed the survey.

Whilst the survey was aimed at understanding patients' thoughts on the proposals for the relocation of services to the Primary Care Hub, patients provided a great deal of feedback on the current services provided by The De Parys Group.

When considering the location of the Hub, the potential cost and availability of parking is highlighted as a concern through the survey questions, with 50.36% of patients stating that the cost of parking would be a negative impact for them and the open response questions indicating concerns over the cost and availability of ample parking.

When considering the other areas associated with the location of the Hub, distance and time it will take to travel to the Hub were for the majority of respondents seen as positive or no impact. Distance to travel to Hub (71.42% Positive or no Impact, 25.76% Negative Impact, 2.81% N/A). Time to Travel to the Hub (70.95% Positive or no Impact, 26.15% Negative Impact, 2.91% N/A).

This was similar to the respondents' answers given for the cost and ease of travelling to the Hub. Cost of Travel to the Hub (69.15% Positive or no Impact, 24.51% Negative Impact, 6.34% N/A). Ease of travelling to the Hub (71.33% Positive or no Impact, 25.53% Negative Impact, 3.14% N/A)

Access to extended services and services available in the wider Bedford Health Village were in the main seen as a positive or no impact for patients in the survey questions, through the open response questions concerns were raised about how these services would be accessed.

When looking at modes of transport currently and how patients feel they will travel to the new Hub location, the largest shifts are seen in those that currently walk and those that currently drive themselves. Of those that currently walk, 267 will move to either a car (252), bus (10) or taxi (5).

Of those that currently drive themselves (138) will walk and 26 who are driven as a passenger will walk.

## **5.0 Next Steps**

The ICB and The De Parys Group are working closely to ensure the new Hub is designed in a way to best meet patient demand and to ensure high quality primary care services are delivered and integrated with wider services to benefit patients.

This engagement report will be submitted to North Bedford Primary Care Hub Programme Board and will be used to inform the business case being developed to support the relocation.

It is anticipated that this new facility will open in early 2024, although the relocation is subject to approval of the final business case.

This report will be shared will be made available online and shared with all of those that indicated they would like to receive a copy.

# North Bedford Primary Care Hub

## Patient Engagement



Patient survey open  
from 25 May 2022 –  
20 July 2022.



## Background – Who are we?

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) is the NHS organisation responsible for planning, organising and buying NHS-funded healthcare for over 1 million people living in Bedfordshire, Luton and Milton Keynes. This includes hospital services, community health services, community pharmacies and mental health services.

BLMK CCG is run by GP's, nurses, hospital doctors and other clinicians – the people you see whenever you come into contact with the NHS. All 95 GP practices across Bedfordshire, Luton and Milton Keynes are members of the CCG.

We are committed to delivering local, high-quality healthcare services while making sure we achieve the best value for money and equity of access for our growing population.

BLMK CCG is working with The De Parys Group to deliver a new Primary Care Hub for their registered patients. The new Hub will be located in the Enhanced Services Centre, which is based in the Bedford Health Village, 3 Kimbolton Road, Bedford.

The De Parys Group (TDPG) (which also forms the North Bedford Primary Care Network) currently serves a population of just under 40,000 from six premises across the town. The practice has been formed through a merger between three previous practices, with a catchment spanning across most of the geography of Bedford Borough, an area of significant housing growth.

## What is this document about?

It is important that primary care services can meet the demand of the growing population and BLMK CCG has to consider the way it delivers services across the region now and in the future. To that end we work very closely with local GP practices to ensure that they are given the best opportunities to deliver high quality services to patients.

We would like your views on the plans for The De Parys Group to relocate to the Enhanced Services Centre, based in the Bedford Health Village, 3 Kimbolton Road, Bedford where they would deliver your primary care services from a newly refurbished facility.



## What are we proposing to do?

The De Parys Group currently has 6 GP practice locations in Bedford Borough from where they deliver primary care services. Since July 2019 same day access appointments for De Parys Group patients have been delivered from Gilbert Hitchcock House, located on the former Bedford Hospital North Wing Site, Kimbolton Road.



There is an opportunity to bring together all of the primary care services, including same day access appointments, delivered by the De Parys Group into a purpose designed area of the Enhanced Services Centre. This would mean that De Parys Surgery, Pemberley Surgery, Goldington Road Surgery and Gilbert Hitchcock House, would be relocated to the Hub.



The De Parys Group will continue to deliver the existing range of primary care services from the Church Lane Medical Centre and the new Biddenham facility (which will replace the current branch surgery in Bromham), where care is provided for patients who live in communities further away from the town centre.

## Why is change needed?

By bringing together primary care services in one location, The De Parys Group will be able to improve access to appointments for patients. Staff will be able to work more flexibly and work together more closely to improve care for patients. The new facility will have accessible purpose-built appointment rooms that provide flexible space.

The current premises are largely converted Victorian residential properties, which are not compliant with current modern healthcare facilities; for example, consulting rooms on the upper floors can only be reached by steep staircases and are not accessible to all patients. Due to the nature of the properties, there is very little scope for making improvements. There is also insufficient space within the premises for the number of patients on the practice list which can make it difficult for patients to get appointments quickly and limits the range of services that can be offered.



## Current provision by The De Parys Group

<b>De Parys</b> 23 De Parys Avenue, Bedford	<b>Opening Hours</b>
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	08:00-12:00 (extended hours service)
Sunday	Closed

<b>Goldington Road</b> 2 Goldington Road, Bedford	<b>Opening Hours</b>
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	Closed
Sunday	Closed

<b>Pemberley</b> 32 Pemberley Avenue, Bedford	<b>Opening Hours</b>
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	Closed
Sunday	Closed

<b>Church Lane</b> 147A Church Lane, Bedford	<b>Opening Hours</b>
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	Closed
Sunday	Closed

<b>Bromham*</b> Molivers Lane, Bromham	<b>Opening Hours</b>
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Saturday	Closed
Sunday	Closed
*The Bromham location will close, with services being relocated to the new Biddenham facility, which is planned to open in 2023.	

### Current list size for The De Parys Group

The De Parys Group has a patient list size of approximately 40,000. This is expected to grow over the coming years as a result of intended housing growth in the Borough. It is expected that a proportion of new residents will register with the De Parys Group.

### What are the benefits of the new Primary Care Hub at the Enhanced Services Centre?

- A new purpose built, accessible facility, which meets the required standards for modern medical services
- The new facility will provide capacity to help The De Parys Group continue to improve access to a range of appointments for their patients
- The hub will enable The De Parys Group to provide access to innovative services developed in line with patient need
- Working from a purpose-built facility, with opportunities for colleagues from across primary care to work together not only improves patient care but encourages development for primary care colleagues, and helps the practice to retain staff and aids recruitment
- As a prominent training practice within the town, relocation of the existing surgeries into one site will support The De Parys Group to consolidate and expand their training offer – helping to develop the future primary care workforce for the local area
- Bringing together primary, community, mental health and secondary care (hospital and community care) on the same site will improve the way in which services work together to enable them to provide joined up care for patients, improving health outcomes
- The De Parys Group patients will benefit from easy access to a range of services on the Bedford Health Village site



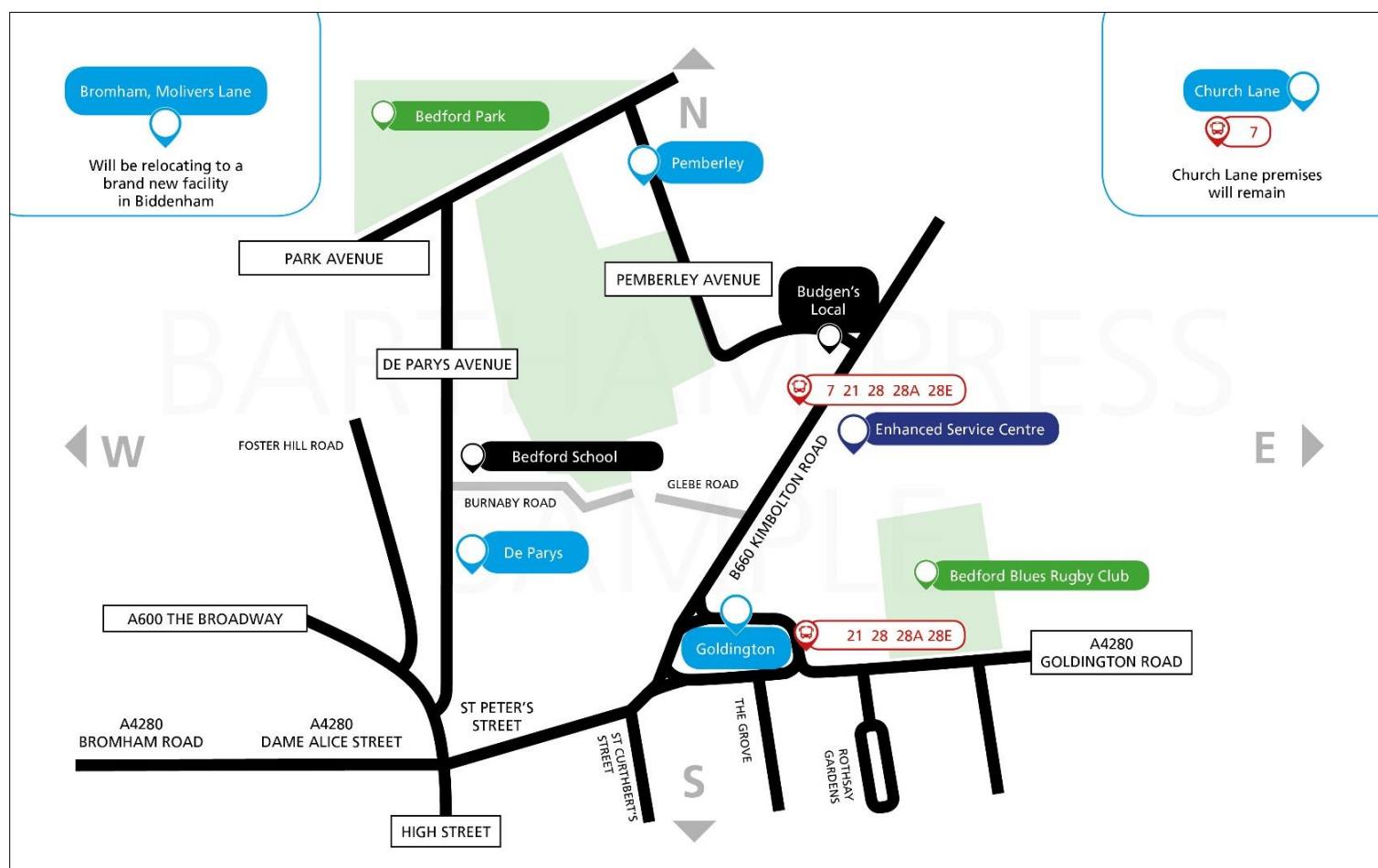
In addition, the Hub will support the development of integrated teams and increase opportunities for services to work together with other community-based services that can positively impact on health and well-being of patients providing the right care at the right time. It will enable the Primary Care Network to develop robust multi-disciplinary teams through providing the right accommodation for the range of health professionals now working alongside The De Parys Group practice GPs and nurses, such as physiotherapists, mental health link workers, social prescribers, clinical pharmacists, care co-ordinators and paramedics.

A Transport Strategy and Car Parking Management Plan for the Health Village site are in development, with the aim of ensuring an appropriate level of on-site car parking for the new Hub (including disabled parking), whilst also encouraging more sustainable modes of travel, such as walking, cycling, and public transport (and car sharing for staff). Feedback from patients via the patient survey will help to inform these plans.

The Bedford Health Village site has significant parking provision, with over 250 car parking spaces in total, and over 90 of these currently available to visitors to the site (e.g. patients and their carers). The number of spaces to be made available to staff and visitors and charging arrangements will be reviewed as part of the development of the Car Parking Management Plan. There are also two nearby large pay and display car parks accessible to the public.

A summary of the routes and frequency of service of buses calling within close proximity to the Health Village site are outlined in the table below.

Service	Route	One-Way Frequency		
		Monday-Friday	Saturday	Sunday
7	Bedford – Woodside	Every 30 minutes	Every 30 minutes	Hourly
21	Abbeyfields – Bedford – Woodlands Park	Hourly	Hourly	-
28	Bedford – Riseley – Kimbolton – Bedford	Every 2 hours	Every 2 hours	-
28A	Bedford – Keysoe – Little Staughton – Colmworth – Bedford	Every 2 hours	Every 2 hours	-
28E	Bedford – Riseley - Bedford	Three daily (approx. 07:58, 17:47 and 18:38)	-	-



## Next steps and Timeframes

BLMK CCG and The De Parys Group are working closely to ensure the new Hub is designed in a way to best meet patient demand and to ensure high quality primary care services are delivered and integrated with wider services to benefit patients.

This patient engagement will run until Wednesday 20 July 2022, views gathered will then be used to inform the business case being developed to support the relocation.

It is anticipated that this new facility will open in early 2024, although the relocation is subject to approval of the final business case.

## What do you think of our proposal?

Please complete the patient survey to share your views, you can complete it online at <https://eu.surveymonkey.com/r/NBPrimaryCareHub> or pick up a copy in your De Parys Group GP Practice. **The survey is open until midnight on Wednesday 20 July 2022.**

Please complete the  
survey to share  
your views, you  
can complete it online at  
<https://eu.surveymonkey.com/r/NBPrimaryCareHub>  
or scan the QR code.



Do you need this document in a different format?

Email: [blmkccg.communications@nhs.net](mailto:blmkccg.communications@nhs.net)

Or ask in your De Parys Group practice.

## Appendix 2

### Resident Correspondence

From:

Sent: 03 June 2022 15:53

To: CONTACTUS (NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG)

Subject: North Bedford Primary Care Trust

Patient survey via SurveyMonkey:

This is very poorly designed and does not give adequate information or allow an adequate patient response.

- 1) It is non-inclusive I.e. sent via text and during a Bank Holiday weekend.  
Assumes patients are computer literate, can use a keyboard, do not have vision or mental impairment etc etc...
- 2) What is dial-a-ride service?
- 3) What are minor illnesses. This is often subjective and dependent on admin or GP response
- 4) What is anti-coagulation?
- 5) What are ambulatory sensitive conditions?

Should have been space for comments at the end. Completion is sudden. Suggests there are more questions still to come.

I need to give my views on car parking. There was no specific question on this.

I cannot access Gilbert Hitchcock House or Biddenham by public transport. This will become essential as I get older and poorer. I guess you are forcing out long-term patients like me.

Whenever I have been to Gilbert Hitchcock House the rear car park is always full. How will patients be accommodated?

I strongly object to paying a parking fee- this is wholly unethical.

Regards

### Response by BLMK Clinical Commissioning Group

Dear ,

Thank you for your email regarding the patient survey.

I am sorry that you found the online survey to be poorly designed. There are two open text questions within the survey that are designed for patients to leave any other comments they would like to give on the plans and highlight any areas they think should be considered. The survey includes a link in the introduction to the engagement document which explains the plans and lets patient know that printed versions of the engagement document and the patient survey are available from any of The De Parys Group practices on request.

We appreciate that not all patients will be comfortable completing the survey online. The printed versions of the engagement documents are being promoted in the practices and those patients who are not registered to receive text message updates from the practice will receive a letter to their household informing them of the engagement and how they can give their views. The text messages to patients have been sent over a number of days due to the volume of messages being sent and the patient engagement is open until Weds 20 July, which in total is an eight week period for patients to consider the plans and provide their feedback.

If you would be happy to provide me with your address I can send you printed versions of the documents and you can complete the survey that way, alternatively if you have completed the survey and have additional comments that you would like to include in particular on car parking you can email those to me and I can add them to the survey system to ensure they are captured in the feedback.

In your email you asked what a number of terms meant, below is some detail which in hindsight should have been added to the survey and I will look at how these can be added.

1) What is dial-a-ride service? Dial a ride is a term used for community transport services that are often available for those with mobility issues

2) What are minor illnesses. This is often subjective and dependent on admin or GP response – You are correct that a minor illness service can cover a number of different ailments and it is not possible to include an exhaustive list through the survey

We are referring here to conditions that can be self-treated or are uncomplicated and do not require further investigation.

3) What is anti-coagulation? Anticoagulants are medicines that help prevent blood clots. They're given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks. A local Anti-coagulation service means that patients can access the care they need without going to hospital.

4) What are ambulatory sensitive conditions? Ambulatory care sensitive (ACS) conditions are conditions such as diabetes or chronic obstructive pulmonary disease where effective community care can help prevent the need for hospital admission.

With kind regards,



## Correspondence from the office of Mohammad Yasin MP

From: Mohammad Yasin MP

Sent: 14 June 2022 12:49

Subject: FW: Problems with the North Bedford Primary Care Hub Patient Survey (Case Ref: MY25521)

Dear

I hope you are well.

I wasn't too sure exactly what to do with this one, but I have offered the constituent to pass on his feedback on the questionnaire that is being sent to De Parys Group patients at present as part of the consultation on the proposed North Bedford Primary Care Hub.

Would you be so kind as to please share this with whoever may wish to see feedback on the design of the questionnaire?

Kind regards

On behalf of Mohammad Yasin, Member of Parliament for Bedford and Kempston

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From:

Sent: 6 June 2022 14:19

To: Mohammad Yasin MP

Subject: Problems with the North Bedford Primary Care Hub Patient Survey

Good afternoon

I received a text message informing me of the plans for The De Parys Group to relocate to the Enhanced Services Centre, based in the Bedford Health Village.

I commenced filling in the survey as requested but quickly found it to have significant failings, and thus felt compelled to write to you to convey my concerns and observations. They're quite numerous so I very much hope you may find reading this an appropriate use of your time.

Upon recommencing the survey I found that there is a link provided to the North Bedford Primary Care Hub [webpage](#) on the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group website. However, one then needs to recognise that to get access to the necessary information you then need to click on an additional [link to the Patient Engagement document](#).

Already, there are problems here:

- Those undertaking the survey have to see that there's a link, go to that link and then find the next link before they have access to \*some\* of the information they'll need to properly complete it. Already this is then selecting for those of a more meticulous nature and people who are undeterred by fiddly IT processes.
- The document is named as "a patient engagement document". This is policy/governance jargon. Some of the patients at the various DeParys Group surgeries may not even speak good English, let alone know enough to recognise that this is significant to them in any way.

So before the survey has even begun, the way the process has been designed it is already filtering out those who may be more vulnerable to negative changes in the proposal, inherently biasing it against certain criticism.

Personally were I designing this Survey I would've had the first page link this document with a big flashing red button with **"Click here for information on the new GP Services before filling in the Survey"**

Even with reference to the Patient Engagement document, it is not possible to answer all of the questions in any meaningful way: e.g.

### **Service Quality**

How are we supposed to know? There's no information on what services will be provided, or how it will actually change.

For example, how does one think the Minor Illness Appointments service will be impacted?

- How many weekly appointments are currently available across the DeParys Group?
- Will the number of weekly appointments go up or down when combined into a Primary Care Hub?
- Will the opening hours be longer than the current GP surgery group's hours?
- Will more same-day appointments be available?
- Will the website on SystemOnline show ANY free bookable appointments once this goes through? (For over a year, only Pap Smears or Flu Immunisations have been available, even when searching months in advance - see below[Embedded Image])

There is not one thing on the Patient Engagement document to provide answers to such practical questions that need to be addressed when making a reasonable evaluation.

Instead the guiding document only discusses vagueries and planned ideas:

- *"There is an opportunity to bring together all of the primary care services, including same day access appointments, delivered by the De Parys Group into a purpose designed area of the Enhanced Services Centre."*
  - This only tells the reader that they're going to put everything in one place. Nothing more.
- *"By bringing together primary care services in one location, The De Parys Group will be able to improve access to appointments for patients."*
  - "improve access" doesn't mean anything. It doesn't mean there will be more appointments
    - Does "access" mean that it will be easier to get in touch with a receptionist?
    - Does "access" mean that it will be more accessible for those of limited mobility?
- *"Staff will be able to work more flexibly and work together more closely to improve care for patients"*
  - Not a clue what this is saying

It goes on to discuss that the different practice buildings are out of date, poorly design for modern expectations of reasonable physical access and have too few rooms.

This heavily implies that there are plenty of staff and locum GPs and nurses available and thus the problem of limited appointments and types of appointments will be alleviated once there is somewhere to put them all. I am rather suspicious that this is not the case.

This concern is not at all alleviated by the line "*The hub will enable The De Parys Group to provide access to innovative services developed in line with patient need*", which sounds rather like they're suggesting that they'll be developing digital remote appointments via WhatsApp or Zoom or something similar as a way of keeping physical attendance to a minimum, and probably outsourcing that work to an external provider such as Babylon. Regardless of whether one is in favour of this method or not, it would leave the NHS service at the mercy of a private provider's capacity planning... but I digress.

This could mean even fewer appointments available with the "*innovative services developed in line with patient need*" sounding concerningly like it might mean "*we know what's best for you and you'll be able to talk to people on the internet via a screening survey or automated Chat Bot instead*"

Without explicitly stating what these things mean, the person undertaking the survey is in no way capable of answering in a meaningful, accurate or representative way.

### **Travel**

"*Transport Strategy and Car Parking Management Plan for the Health Village site*" is described as "under development" and "under review" meaning that there is going to be the amalgamation of the GP services into an already busy hospital, but they do not yet know what the parking capacity will be for staff and patients.

When reading the proposal, I was deeply concerned that people from Riseley, Kimbolton, Keysoe, Little Staughton and Colmworth would need to make a long bus journey work around the arbitrarily assigned appointments.

These bus journeys can be 45 mins each way already, and then with a 2hr frequency on top of that will make it a logistical nightmare for someone who could already be only partially mobile and in considerable discomfort or other stressful condition which may involve intense public embarrassment such as incontinence or nauseous vomiting.

In the question about the "*Cost of parking at the Hub*", the information should've been made available in the survey.

The current car parking tariff at North Wing is:

30 mins -£1.20

1hr – £3.00

2hrs – £4.00

3hrs – £4.50

7hrs – £6.50

24hrs – £12.00

(Disabled Badge Holders Free Parking)

<https://www.bedfordshirehospitals.nhs.uk/patients-visitors/information-for-patients-visitors-bedford-hospital/car-parking-directions-and-maps-bedford-hospital-north-wing/>

There's no reason that information couldn't have been provided in-survey, instead once again the person filling it in has to go and look it up and assume the information is correct. Plus that's only the current information, not necessarily the planned charges, if indeed they have even formulated a tariff structure yet as part of the apparently ongoing work on travel strategy.

### **Summary**

From the Patient Engagement document: "*Since July 2019 same day access appointments for De Parys Group patients have been delivered from Gilbert Hitchcock House, located on the former Bedford Hospital North Wing Site, Kimbolton Road.*" I've been a patient of the DeParys Group since 2015 and this was the first I'd heard of it... Neither myself nor anyone I know has ever been seen for an appointment at Gilbert Hitchcock house, unless they're saying that the receptionist service is based there... in which case I can only presume that as patients we can not expect the long delays in calls being answered to improve once the services are amalgamated in the Primary Care Hub.

### Language

The language such as "Primary Care Hub", "patient engagement" or "Enhanced Services Centre, based in the Bedford Health Village" is opaque professional governance & policy jargon which I believe is highly inappropriate for an essential public service which is used by people for whom English is not their first language.

I don't see why it can't be referred to in familiar language such as "GP Services" and "Information for Patients on putting the DeParys Group GP Surgeries in a single building on Kimbolton Road". Phrases like "Patient Engagement" might sound perfectly clear to the clinical commissioning group but it suggests to me that they're rather out of touch with the patients whose interests they're charged with looking after.

People don't instinctively understand what an "Enhanced Services Centre" is - it sounds like a fancy garage you go to to get your engine remapped. A "Health Village" sounds like a spa retreat not a Doctor's surgery. How is an elderly person from Poland or Pakistan who's only recently started living with their children in Bedford supposed to grasp what a "Primary Care Hub" is when they arrive at Kimbolton Road looking for their appointment?

In my opinion this survey is only likely to support the case for the GP service integration regardless of what the reality may be due to its design and content... which may or may not have been deliberate. Rather than allay my concerns with the already worrying underperformance of the local GP services in Bedford, this survey has only increased them.

I hope this either helpfully brings to your attention ongoing concerns regarding Bedford's GP services, or provides supporting documentation for addressing the problems I'm sure you're already well aware of.

Kind Regards

### Response issued by BLMK Clinical Commissioning Group

Thank you for your email regarding the patient engagement for the North Bedford Primary Care Hub.

Whilst we understand the points Mr has raised we have been overwhelmed by the response rate to the survey which currently stands at 4,000 responses, the highest number of responses we have had for any patient engagement of this nature.

In light of Mr comments we will review the information on the webpage to make sure the patient engagement document is more prominent. We appreciate that not all patients will be comfortable completing the survey online. The introduction to the survey lets patient know that printed versions of the engagement document and the patient survey are available from any of The De Parys Group practices on request. The text messages to patients have been sent over a number of days due to the volume of messages being sent and the patient engagement is open until Weds 20 July, which in total is an eight week period for patients to consider the plans and provide their feedback.

The printed versions of the engagement documents are being promoted in the practices and those patients who are not registered to receive text message updates from the practice have received a letter to their household informing them of the engagement and how they can give their views.

The engagement is taking place during a formative stage of the project so that patient feedback can be incorporated into the final business case. This does however mean that some of the detail that Mr Cook suggests should be included in the engagement document is not yet finalised so cannot be included as it may be subject to change during the development of the final business case and subsequent approval of the business case. The patient engagement seeks to establish the impacts the new hub would have on patients to enable where possible for negative impacts to be mitigated. The engagement also gives patients the opportunity to highlight any issues they may be concerned about or find of benefit through the relocation that may not have been identified so that these too can be given due consideration in the development of the final business case.

We are encouraged by the level of response we have had so far and look forward to understanding better the views of patients as we work with The De Parys group to develop primary care services for their registered patients.

### **Online Form feedback to De Parys group**

Received 13 June 2022

Primary care hub feedback.

The survey monkey address is not working here is my feedback. I welcome the improved facilities and the services that are being offered. The only issues I have is the parking is difficult and also expensive. Will there be any provision for parking for elderly?

## North Bedford Primary Care Hub

**A survey for patients registered with The De Parys Group**

We would like your views on the plans for The De Parys Group to relocate to the new North Bedford Primary Care Hub based in the Enhanced Services Centre, at the Bedford Health Village, 3 Kimbolton Road, Bedford, where your primary care services will be delivered from a newly refurbished facility.

We would like to understand any potential impacts for patients of relocating four of The De Parys Group GP practices to the new North Bedford Primary Care Hub.

**Please complete the following questions to share your views and return to your De Parys Practice by Wednesday 20 July 2022.**

Full details of the patient engagement can be found at [www.blmkccg.nhs.uk/NorthBedfordHub](http://www.blmkccg.nhs.uk/NorthBedfordHub) or [www.thedeparysgroup.co.uk](http://www.thedeparysgroup.co.uk)

The engagement document is also available to pick-up in your De Parys practice. Please ask in reception you have any questions about the patient engagement.

1. Are you responding to this survey as...

Please tick appropriate box(s)

<input type="checkbox"/>	A Patient	
<input type="checkbox"/>	A carer/advocate for a patient	
<input type="checkbox"/>	Other (please specify)	

2. Please provide the first part of your postcode (for example MK40 1, MK42 9)

Appendix 3

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3. Which of The De Parys Group locations do you visit the most for face to face appointments?

Tick **ONE** box only

<input type="checkbox"/>	De Parys Medical Centre
<input type="checkbox"/>	Pemberley Avenue
<input type="checkbox"/>	Goldington Road
<input type="checkbox"/>	Bromham (Branch Surgery)
<input type="checkbox"/>	Church Lane
<input type="checkbox"/>	Gilbert Hitchcock House

4. How do you **usually** travel to the surgery you visit the most?

Tick **ONE** box only

<input type="checkbox"/>	Walk	<input type="checkbox"/>	Bus
<input type="checkbox"/>	Car (as a passenger)	<input type="checkbox"/>	Bicycle
<input type="checkbox"/>	Car (driving self)	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Dial-a-ride service		
<input type="checkbox"/>	Other (please specify)		

5. When the North Bedford Primary Care Hub opens, which of The De Parys Group locations do you think you will use most?

Tick **ONE** box only

<input type="checkbox"/>	North Bedford Primary Care Hub (at the Enhanced Services Centre, new facility opening 2024)
<input type="checkbox"/>	Biddenham (new facility opening 2023)
<input type="checkbox"/>	Church Lane
<input type="checkbox"/>	I would register at a different practice
<input type="checkbox"/>	I don't know

6. Thinking about the location you are most likely to use in the future, how do you think you would travel there?

Tick **ONE** box only

<input type="checkbox"/>	Walk	<input type="checkbox"/>	Bus
<input type="checkbox"/>	Car (as a passenger)	<input type="checkbox"/>	Bicycle
<input type="checkbox"/>	Car (driving self)	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Dial-a-ride service	<input type="checkbox"/>	I don't know / not sure
<input type="checkbox"/>	Other (please specify)		

7. Thinking about the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?

Please tick whether positive, no impact, negative or not applicable for each question.

		Positive Impact	No impact	Negative impact	Not applicable
A	Distance to travel to Hub				
B	Time it will take to travel to the Hub				
C	Cost of travel to the Hub				
D	Ease of travel to the Hub				
E	Convenience of location at the Hub				
F	Convenience of parking at the Hub				
G	Cost of parking at the Hub				
H	Improved disabled access				



8. Thinking about the extended services that will be available at the new location for the Primary Care Hub at the Enhanced Services Centre. How do you think you will be impacted?

Please tick positive, no impact, negative or not applicable for each service.

		Positive Impact	No impact	Negative impact	Not applicable
A	Minor illness appointments				
B	Anti-coagulation service				
C	Urgent care and management of ambulatory sensitive conditions				
D	Lifestyle and health promotion				
E	Long-term condition reviews				
F	Family planning				

9. Thinking about the wider health services that will be available on the same site as the Primary Care Hub (Bedford Health Village). How do you think you will be impacted?

Please tick positive, no impact, negative or not applicable for each area.

		Positive Impact	No impact	Negative impact	Not applicable
A	Phlebotomy (Blood tests)				
B	Retinopathy (Eye screening)				
C	Mental health services				
D	Therapy services, including physiotherapy, pelvic health services, adult orthotics, falls, neurological outpatient, pulmonary rehabilitation and long Covid services				

10. Are there any other impacts we need to consider?

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11. Is there anything else you think we should take into consideration?

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## About you

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group is committed to delivering excellent services, but we can only do this if we understand our patients and their needs. We would be grateful if you could please tell us a little more about yourself to help us understand whether we have heard from a mix of people and to help us consider any consistent feelings that may be expressed by different groups.

This section is not compulsory, and your views will still be taken into account should you choose not to fill it in. All information will be kept strictly confidential and in accordance with the Data Protection Act and GDPR guidance.

### 12. What age group do you belong to?

Tick **ONE** box

<input type="checkbox"/>	Under 18 years	<input type="checkbox"/>	55- 64
<input type="checkbox"/>	18 – 24	<input type="checkbox"/>	65 – 74
<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	75 – 85
<input type="checkbox"/>	35 – 44	<input type="checkbox"/>	85 or older
<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	Prefer not to say

### 13. Do you consider yourself to have a disability?

Tick **ONE** box

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say
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### 14.If **Yes**, what is the nature of your disability?

Tick all boxes that apply

<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Blind / sight impairment
<input type="checkbox"/>	Long term mental health condition	<input type="checkbox"/>	D/deaf or hearing impairment
<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	Other long term condition Please specify
<input type="checkbox"/>	Prefer not to say		

15. What is your gender?

Tick **ONE** box

<input type="checkbox"/>	Male	<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Female	<input type="checkbox"/>	Intersex
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Prefer to self describe, please specify		

16. Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?

Tick **ONE** box

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

17. Have you been through the process, or are considering, gender reassignment?

Tick **ONE** box

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

18. Which of the following best describes your sexual orientation?

Tick **ONE** box

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual/Straight
<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other sexual orientation Please specify		

19. What is your legal marital or civil partnership status?

Tick **ONE** box

<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Single
<input type="checkbox"/>	In a civil partnership	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Prefer to not say

20. What is your ethnic group?

Tick **ONE** box only

<b>WHITE</b>			
<input type="checkbox"/>	English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/>	Gypsy or Irish Traveller
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Roma
<input type="checkbox"/>	Any other White background, please specify		
<b>MIXED</b>			
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	White and Black African		
<input type="checkbox"/>	Any other mixed ethnic background, please specify		
<b>ASIAN OR ASIAN BRITISH</b>			
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background, please specify		
<b>BLACK OR BLACK BRITISH</b>			
<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Any other Black background, please specify		
<b>OTHER ETHNIC GROUP</b>			
<input type="checkbox"/>	Arab		
<input type="checkbox"/>	Any other, please specify		
<b>PREFER NOT TO SAY</b>			
<input type="checkbox"/>	Prefer not to say		

21. What is your religion?

Tick **ONE** box

<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Any other religion, please specify		

## Thank you for taking part in our survey.

The engagement feedback will be evaluated and used to develop the final business case for the North Bedford Primary Care Hub. Once complete, the results will be available on the Bedfordshire, Luton and Milton Keynes Clinical Commissioning website and The De Parys Group website.

If you would like to receive a copy of the final report, please provide your details below.

Please complete using BLOCK CAPITALS

Name	
Full address	
Postcode	
Email address	

Please hand your completed survey back to your De Parys Surgery before

**Wednesday 20 July 2022**



**The De Parys Group**

**NHS**  
**Bedfordshire, Luton**  
**and Milton Keynes**  
Clinical Commissioning Group





De Parys – 23 De Parys Avenue – Bedford – MK40 2TX – 01234 351022  
Pemberley– 32 Pemberley Avenue – Bedford – MK40 2LA – 01234 351051  
Goldington– 2 Goldington Road – Bedford – MK40 3NG – 01234 351341  
Church Lane – 147a Church Lane – Bedford – MK41 0PW – 01234 351341  
Bromham– Molivers Lane – Bromham – MK43 8JT – 01234 826505  
thedeparysgroup@nhs.net

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### Private and Confidential

25 May 2022

### North Bedford Primary Care Hub

Dear Patient(s)

As a patient registered with The De Parys Group, I am writing to let you know about our proposal to relocate De Parys Surgery, Pemberley Surgery, Goldington Road Surgery and same day access appointments at Gilbert Hitchcock House, to a new purpose-built facility in the Enhanced Services Centre, based in the Bedford Health Village, Kimbolton Road, Bedford.

The De Parys Group will continue to deliver the existing range of primary care services from the Church Lane Medical Centre and the new Biddenham facility (which will replace the current branch surgery in Bromham).

We would like to seek your views on the proposal, so are undertaking patient engagement from Wednesday 25 May 2022 to Wednesday 20 July 2022. Please share this letter with other members of your household if they are also registered with our group of practices.

By bringing together primary care services in one location, The De Parys Group will be able to improve access to appointments for our patients. Staff will be able to work more flexibly and work together more closely to improve care for patients. Working from one building also allows us to provide consistent care owing to improved and more efficient communication between the team.

Our current premises are largely converted Victorian residential properties, which are not compliant with current modern healthcare facilities; for example consulting rooms on the upper floors can only be reached by steep staircases and are not accessible to all patients. There is also insufficient space within the premises for the number of patients on our practice list which can make it difficult for patients to get appointments quickly and also limits the range of services that we can offer.

There are many reasons for wanting to relocate to the Enhanced Services Centre, these include:

- A new building will provide improved facilities for the provision of health services
- We will have opportunity to increase the number of appointments available and expand the services available
- Bringing together primary, community, mental health and secondary care (hospital and community care) on the same site will improve the way in which services work together to enable them to provide joined up care for patients, improving health outcomes
- Our patients will benefit from easy access to a range of services on the Bedford Health Village site

We would like to hear your views on the proposal and want to understand any potential impact you feel the relocation of services may have on how you access care.

Further information about the proposal is available on our website [www.thedeparysgroup.co.uk](http://www.thedeparysgroup.co.uk) and on Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group's (BLMK CCG) website [www.blmkccg.nhs.uk/NorthBedfordHub](http://www.blmkccg.nhs.uk/NorthBedfordHub). Printed copies of the engagement documents are also available in each of the De Parys Group practices.

How you can share your views;

- Fill in the online survey at <https://eu.surveymonkey.com/r/NBPrimaryCareHub>
- Request a paper copy of the survey, by email at [thedeparysgroup@nhs.net](mailto:thedeparysgroup@nhs.net) or collect a paper copy in your local practice

The survey will remain open until midnight on Wednesday 20 July 2022.

BLMK CCG and The De Parys Group are working closely to ensure the new Hub is designed in a way to best meet patient demand and to ensure high quality primary care services are delivered and integrated with wider services to benefit patients. It is anticipated that this new facility will open in early 2024. We look forward to hearing your views.

Yours faithfully

Dr Asma Ali  
Managing Partner

**The De Parys Group**



## Appendix 5

We asked respondents if they were a patient, a carer/advocate or other (see table 1)

22 respondents answered 'Other'.

Other
Patients
E
I am a patient myself, and a carer/advocate for a patient - my son
Will it be easier to see a GP?
Potential patient
.
New
Family member (son)
Yes
Both
Son
Interested party
Healthcare professional who deals with the surgery
Partner
D
On Behalf of the Residents of Highfield Residential Care care Home
None
Someone who's failed to get a GP appointment in 2 months
Someone who gave up on the De Parys Group years ago
Wife of patient
Son of mother
Later in the survey you ask if I am single widow etc but do not include divorced- WHY? It has a huge impact on life mental health etc

## Appendix 6

### Responses received by postcode

MK40	521
MK40 0	6
MK40 1	60
MK40 2	142
MK40 3	250
MK40 4	170
MK40 7	2
MK40 8	2

MK41	975
MK41 0	194
MK41 1	1
MK41 6	56
MK41 7	373
MK41 8	257
MK41 9	213

MK42	185
MK42 0	75
MK42 6	1
MK42 7	26
MK42 8	53
MK42 9	58

MK43	349
MK43 7	61
MK43 8	195
MK43 9	13

MK44	91
MK44 1	14
MK44 2	30
MK44 3	40
MK44 9	1
MK45	10
MK45 3	12
MK49	2
MK49 2	1
MK49 7	1

.	1
MK	5
MK1	3
MK20	1
MK30	1
MK4	2
MK4q	1
MK4w	1
MK52	1
MK53 8lb	1
NN9	1
Not Given	2
SG5 3LH	1
Xxxx	1

## Appendix 7

### Are there any other impacts we need to consider?

#### Theme 'Access for all'

1	1) Disabled places to park 2) If you offer all the services you say will there be enough parking 3) will church Lane have full services to offer eg able to take payments 4) I haven't had a face to face appointment since Feb '20 This has not helped me. 5) Will phone appointments be undertaken if so waiting 4 weeks is too long 6) need more face to face appointments (I appreciate some was due to Covid).	Negative
2	It is already a struggle to park since all the phlebotomy services moved to Gilbert Hitchcock, without the added issue of 3x surgeries patients too! No where near enough disabled parking spaces.	Negative
3	Cost of parking is more at esc than elsewhere, as managed by same team as south wing with similar costs, parking available already very limited and local streets are full of esc workers already as no available space on site Difficult to drive around/ about esc site since fire as no one way system anymore Mental health workers from florence ball house already park in areas that block flow of traffic. Limited disabled spaces near esc I think	Negative
4	Parking not accessible	Negative
5	Lack of parking/waiting slots/disabled parking	Negative
6	YES PARKING, PARKING PARKING PARKING COST OF PARKING COST OF PARKING COST OF PARKING ENOUGH DISABLED PARKING TELEPHONE ANSWERING HAS TO IMPROVE BEYOND ALL RECOGNITION FROM CURRENT SHAMBLES (I HOUR WAITS TO SPEAK TO SOMEONE)	Negative
7	Parking has to be well in excess.. already there was no parking yesterday morning at the enhanced centre and that's without all the patients from these surgeries .. this must be factored in to plans with a lot of disabled. Staff should not be allowed to use these parking spaces. By moving to the enhanced centre, how will this create additional appointments without additional doctors and nurses .. this needs to be explained within the plan ? How will you be expanding services and what services will you be expanding .. Patients should be aware of this before when engaging in this survey ? It is a good idea to merge into one building but this has been planned a couple of times in the past with other surgeries and did not make it to fruition with a waste of money in preparation for something that did not happen .. please don't make the same costly mistakes as in previous years ?? Keep patients informed, ask patients groups for their input ? Ask staff what they want.. they are the ones working in these premises and know better than architects and office bods exactly what is needed within the service . I have been an nhs worker for over 40 years both in hospital and GP settings .. please get this right and don't waste money like you have done before ... good luck	Negative
8	the number of people in the waiting room is likely to increase which negatively impacts anxiety and stress and a bigger risk of cross infection and delayed appointment times	Negative
9	Parking is a problem now especially for poor mobility patient who can't walk from other parking sites. This needs to be considered adding more clinics will only increase the problem.	Negative
10	Consider the impact on agoraphobic and claustrophobic patients who are currently able to get to the surgery, but may find the new location tricky or impossible	Negative

## Are there any other impacts we need to consider?

### Theme 'Access for all'

11	It think moving and reducing sites will mean even less continuity for those of use with long term illnesses having to go through everything at each appointment. It is already very difficult let along having only one place to visit. Parking especially for disabled patients or those with young children will be more difficult and more costly. Having to park further away from the doors will cause a lot of patients more stress. Patients will also have to go through two reception desks wish take up time. I believe this needs more consultation and planning .	Negative
12	Doctors make me anxious. Going to ever bigger, more faceless locations is very unhelpful. Especially when they are increasingly far away. Environmentally, making everyone drive also bad.	Negative
13	Only people that are not registered with disability but cant walk far. Sometime car park is quite full and they would have to use kimbolton road which is quite a walk.	Negative
14	Disabled parking/access. If insufficient then I may turn up but not be able to attend. This worries me a lot. I feel our services has deteriorated since Pemberley Avenue merge into the De Parys Group. Worst thing ever in my experience. When expressed something is not possible due to my disability I have been made to feel I am being difficult. My recently deceased mother had horrendous experience just a few weeks before passing away and there is no option on the phone for other options such as to request a fit note or talk to the practice manager. This is not good enough. I wish I could be looked after by my previous GP who retired from a different surgery in 2016 as he was a people person. Now, as a patient, even the most vulnerable are made to feel they are an inconvenience to the surgery staff.	Negative
15	Larger busier areas are a barrier to many youngsters/ adults who are Autistic. I think a busy health hub would make it harder for some of them to access health care.	Negative
16	Consideration to the elderly in obtaining appointments without having to travel miles, or being able to make home visits.	Negative
17	I'm not a fan of change and I'm worried about foot fall and the amount of people in the waiting room. I visited a surgery last week and the waiting room was full of patients it put my anxiety into overdrive.	Negative
18	Patients that have no mode of transportation and mobility issues	Negative
19	Disabled places to park	Neutral
20	Parking is the most important due to disabilities	Neutral
21	Wheelchair availability on site	Neutral
22	Must be wheelchair accesible	Neutral
23	Suitability for people with dementia - quiet surroundings, disabled toilets, quiet waiting area	Neutral
24	Wheel chair access	Neutral
25	Availability to needed appointments, waiting times, waiting area space is limited in enhanced centre and Disability user car spaces	Neutral
26	Plenty of disabled parking.	Neutral
27	Wheelchair access and parking	Neutral
28	Clinical air filtration systems should be built into the premises. <input type="checkbox"/> Sufficiency and convenience of waiting areas important. <input type="checkbox"/> Mobility aids including lifts. <input type="checkbox"/> Easy escape routes in the event of fire.	Neutral
29	Number of patients per GP, <input type="checkbox"/> Access to GPs with special interests e.g dermatology, menopause, Womens health. Accessibility/increased availability of face to face appointments, less waiting time when phoning the practice. <input type="checkbox"/> Car parking charges?	Neutral
30	Normally when we need an appointment A & E has been quicker. We like Goldington road & church Lane ASD doesn't like change	Neutral

## Are there any other impacts we need to consider?

### Theme 'Access for all'

31	Parking availability. My partner is disabled and cannot walk any distance. We would not want to be late or miss appointments due to parking.	Neutral
32	Improved disabled parking	Neutral
33	Needs extra disable parking	Neutral
34	Effects on autistic parents	Neutral
35	I been going to Goldington site for years and closed to town Centre and bus station I don't drive and Disable	Neutral
36	People with disabilities i.e. autism need sort of help because I myself I'm autistic and I find it really difficult when I'm at the doctor surgery because there's so much noise and sound going on so to help me with giving me some quiet places to sit	Neutral
37	With my mental health and copd I don't like overcrowded places and new people	Neutral
38	Disabled access	Neutral
39	Access to public transport. Access for disabled people. Cost and time travelling for people who have registered primarily at practises in the north of the town being moved south.	Neutral
40	Ease of parking and cost of parking □ How many consultations will be available. Any Sat services? Any Increased services? No mention of disabled access being improved. Which surgeries will close. Where will surgery be biddenham.	Neutral
41	Plenty of parking spaces for all and disabled	Neutral
42	Disabled access	Neutral
43	The cost of parking is high on the site. It's a long way to walk to, for someone who can't drive and disabled. □ The bus services to the location are extremely unreliable. The buses are not very frequent	Neutral
44	I think you have not considered non-driving disabled people. Yes, bus routes etc are named but these do not go past my house and the only of these actually goes down Kimbolton Road which is the number 7. The De Parys Surgery is much closer to the town centre and bus station and bus stops for other routes.	Neutral
45	Lack of parking space will impact Blue Badge Holders	Neutral
46	affects on people on the autistic spectrum.	Neutral
47	Mostly the cost of travel, parking prices and making sure there is plenty of parking available. Especially disabled bays and keep them monitored as plenty of people use them without a blue badge and it takes space for someone who really needs it.	Neutral
48	Availability of a proportionate number of child and parent/accessible parking spaces alongside disabled provision. Bedford has a growing population of young families and finding spaces wide enough to accommodate getting children and baby car seats out of cars is especially difficult at the current De Parys Health Village site, as well as surrounding car parks. Even if it is my appointment I often need to take my children with me and this is a real barrier that I haven't encountered at other De Parys sites.	Neutral
49	Sufficient disabled parking spaces	Neutral
50	I will walk to the practice, but parking availability, especially disability parking would be a significant issue for many patients.	Neutral
51	Ample free parking and disabled spaces are very important.	Neutral
52	Space available for parking close to the Hub for disabled patients and others.	Neutral
53	Transport and access for the disabled.	Neutral
54	To be accessible for all disabilities, including visually impaired.	Neutral
55	Travel expenses for disabled people on a pension	Neutral
56	I believe increased demand for parking will be concern, in particular for the disabled. Design of reception ,ensure welcoming not overwhelming,impersonal	Neutral

**Are there any other impacts we need to consider?**

**Theme 'Access for all'**

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57	For me as someone disabled and in a wheelchair thus move would be a huge benefit to me. As is atm I have Miss appointments if no ground floor room is available	Positive
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## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

1	1) Disabled places to park 2) If you offer all the services you say will there be enough parking 3) will church Lane have full services to offer eg able to take payments 4) I haven't had a face to face appointment since Feb '20 This has not helped me. 5) Will phone appointments be undertaken if so waiting 4 weeks is too long 6) need more face to face appointments (I appreciate some was due to Covid).	Negative
2	This surgery can't service it's patients for even basic go diagnosis now.it won't change with a new site which just compounds the issue.there has been a high turnover of staff and you NEVER see the same doctor twice. There is no continuity of care between the surgery. Doctors or the hospital and everything is passed through the same bottleneck telephone services.it seems now for anything you are put into the queing system that often means waiting 2 hrs for a response. No matter what.you are either cut off or pushed from pillar to post I have told the it costs me 20p minute and have paid in excess of £10 for a call before now.getting a face to face appointment is a joke the only way to do it is to get there by 8am, I was forced to walk in and leave home at 7.30 in the morning even though telling the I am financially challenged and have mobility problems.i was sent to another surgery filled with patients from my own surgery and was not only forced to wait 30mins pat the time of my appointment but given the hurry up by the Dr who it appeared only wanted to treat me for one condition.i myself have had to chase up CT scan appointments which the surgery has failed to make, sent letters and emails that have been ignored and yet the same information sent to 111 has seen an ambulance sent to my front door and this is the tip of the iceberg . Hubs might seem a great idea like addenbrooks but there is this misguided assumption that everyone has transport... They don't. And like I told addenbrooks if there is no patient transport there it's as much use as a chocolate tea pot. The same is true here I want a surgery that can dispense the basic gp requirements or see a doctor face to face because I cannot self diagnose a problem, because I'm not a Dr. But then when is the last time a Dr has physically examined you. The whole practice went down the tubes when it had grandios ideas of joining other surgeries. At best it's already a facing practice at worst it's a joke. This hub won't change that. Seems it's a money making exercise to sell properties and tag on extra services when they can't even offer basic gp services. (cont in next cell)	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

2a	(... cont) The whole idea behind a surgery is it serves a local community. It's not supposed to be a hospital serving the whole of Bedford. It's quite interesting the comments you make about space because the last couple of times I have been into the surgery the waiting room is practically empty even though 2 doctors nurses have been there. WHAT ARE THEY DOING. you don't have enough doctors to service the number of patients so on wonders why you still keep taking on patients. The telephone call backs can waste days waiting for a reply and the silent call from unlisted numbers is annoying. Can I see this changing NO dothey or you listen to patients responses, just look on the net where the same things turn up again and again. This won't change in the new premisi. I don't want or needs access to the other services on site I just want a gp I can have a face to face appointment with and does the basics like examine you and peruse your records before seeing you. Asking you about any appointments you might have been sent to. I don't want phone appointments because I'm not a doctor and can't self diagnose. If you don't ask the right questions you don't get the right responses. And if you can't do that then put an ai system on that can ask the right questions and diagnose things and get rid of the gp system all together because I don't think anything will change. As I said it's a money making exercise offering things you don't need and cashing in on the current property portfolio. It's nothing like the practice that used to be in lurke Street and I don't see this will make anything better in fact it will compound the issues and make seeing a gp even worse as it would seem you want to concentrate on other issues rather than offering the basics	
3	Getting an appoint to see a GP in the flesh would be a very positive impact	Negative
4	Actually seeing patients face to face.□ Improving telephone response procedure.	Negative
5	Car park. How do you know how long you are going to be? If you are worried about this and are going for a blood pressure check I'm sure it will have a negative effect! I know this was going to be looked into last this merger was proposed!□ Also, medically, how ever will be be able to ever see the same Doctor or continuity of care? This always important but particularly as I'm now getting older I require my GP to k ow me and my medical background.	Negative
6	Yes can't get GP s as ppoingments now what a useless waste of nhs money	Negative
7	As ever, the time taken to reach the surgery by phone, and the availability of appointments.	Negative
8	Yes not to be waiting when making a call to the surgery " you are 10th in the queue * especially when you are at work and still on the phone half an hour later !!!	Negative
9	yes, being able to get through on the telephone, and not let your life slip away , waiting	Negative
10	Whilst trying to provide additional services it is important to remember how difficult it is currently to get access to appointments for general medical issues	Negative
11	Get to see a GP or nurse when you badly need to see someone	Negative
12	Does this mean you won't have to be in a queue to speak to a receptionist for indefinitely to get a appointment with the GP (you are 10 in the queue )especially when you are at work?□ Will you actually see a doctor!	Negative



## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

13	There should be sufficient admin staff to manage the level of telephone calls coming into the surgery. The surgery should consider using advanced practitioners in a range of AHPs to compensate for the difficulty in recruiting GPs. There's a high level of complaints about this surgery on the neighbourhood WhatsApp group. The surgery needs to look at how it can better manage the level of demand using a more diverse range of health care professionals.	Negative
14	Ease of actually getting through to get an appointment or even a response from a GP	Negative
15	You simply need to provide a proper service. It is a major challenge to obtain any support from De Parys which is why so many patients have left. I have asked an appointment many times in the last 18 months, all without success.	Negative
16	The main issues with the service overall are lack of access to doctors, lack of doctor availability and lack of appointments. The service, if you can call it that, is appalling. There seems to be no duty of care or even kindness. Will your new hub sort it out with all these fancy new clinics? I doubt it. There will still be no doctors.	Negative
17	Will it be any easier to get a face to face appointment with a GP?	Negative
18	Access to more face to face appointments	Negative
19	Improved access to actually seeing a doctor and shorter waits for appointments viz more GPs.	Negative
20	It's nearly impossible to get an appointment for a GP - they don't seem to want to see patients - so maybe that problem should be sorted before providing new premises with empty waiting rooms.	Negative
21	Easier access to a doctor face to face	Negative
22	Access to appointment, more available?	Negative
23	Trying to contact them	Negative
24	Improving the availability to actually see a doctor	Negative
25	Will there actually be any Drs at this site? - Very Short Supply elsewhere. Feel 'Let Down' by current service availability since the take-over.	Negative
26	Will it be easier to speak to a Doctor	Negative
27	I hope it will be easier to get a face-to-face appointment with a GP of my choice.	Negative
28	Loss of continuity of health care and monitoring as a variety of health care professionals are seen by patients	Negative
29	Are there actually going to be appointments or will everything still be over the phone? Also will anyone ever be able to speak to the same doctor continuously? I understand you can't see everyone face to face and occasionally the doctor you saw before may not be at work, but speaking to a different doctor every single time you're "seen" for the same issue is just not okay. I've been suffering with my mental health for half of my life of but I only reached out for help around 6 months ago. Since then I haven't spoken to the same doctor twice. No one reads the notes. Every doctor constantly asks the same questions and seems to have no regard for the effects of these on the patient. I understand they're "just doing their jobs" but if I'm getting a medication review, why am I getting asked every time "why do you have anxiety" "why do you have depression" "what trauma have you been through" this process is traumatic in itself. Constantly reliving everything. I'm sure these comments won't be read anyway, but if they are, please just ask the doctors to take 30 seconds to skim through notes before they pick up the phone. It's 30 seconds and MINIMAL effort to them but makes a big difference to the patients.	Negative
30	Enough doctors to actually see patients	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

31	Will there be a guarantee that face to face appointments will be available? This is all very academic bearing in mind I have not been able to have any form of face to face consultation for well over 2 years.	Negative
32	Yes <input type="checkbox"/> The high difficulty of finding access to a person on phone, the shortage of car parking spaces, the increased traffic on major road causing chaos in school times and rush hours	Negative
33	Actually being able to see a doctor face to face	Negative
34	Being able to get a doctors appointment in the first place ! Since the surgery merged the service is terrible i needed antibiotics for an infected hand and was told by receptionist to go to A&E even though i hadn't requested to see a doctor in over 5 years which should mean im not a time waster and perhaps really needed help ! The walk in surgery was great and made my surgery look bad !! Pemberly was a great surgery until it merged with De parys group	Negative
35	This questionnaire is not very good. Most services like phlebotomy or physio take place at North Wing already, however it is already hard to park there and adding further pressure will not help stress levels in getting to appointments. A purpose built facility on a separate site would be more efficient.	Negative
36	The doctors are unwilling to see patients now this stupid idea will just make the situation worse.	Negative
37	I'm more interested in having my email queries answered. <input type="checkbox"/> Telephone calls to surgery answered and not waiting 3 weeks for an appointment. <input type="checkbox"/> Seeing the same doctor or at least limited to only 2/3 in total. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Negative
38	Will I actually be able to consult a qualified person now?	Negative
39	Answer the phone would be a good start. Provide appointments within a week would also be helpful	Negative
40	The amount of doctors available needs consideration. Will there be more as at the moment it is difficult to get appointments.	Negative
41	Parking <input type="checkbox"/> Lack of public transport options in Bromham <input type="checkbox"/> I've put no impact to many as I just can't get an appointment anyway	Negative
42	Access to a named Dr, will this be positively impacted?	Negative
43	Whether direct access to these services will be offered, or will the current protracted system of referral persist.	Negative
44	There's no gps or appointments so why you wasting time with questionnaires?	Negative
45	Hopefully an answer to ringing phone to be able to make appointments	Negative
46	Yes whether we will ever see a doctor again or get through on the phone in less than an hour!	Negative
47	Will you have enough staff, as currently you are struggling to provide a full service	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

48	Since the merger with de parys group accessing face to face appointment has been impossible. Online apps are frequently full. My text consultations were confusing for myself and the pharmacy. Every recent development has made accessing the GP harder. So I have no confidence these suggestions will have any positive benefits for patients. The single phone number for these combined services ignores patients needs, as the lines are always busy . Surgery times do not meet the needs of working people. The reputation of this GP group is appalling among local residents for the reasons above.	Negative
49	De Parys Group is a disgrace. No face to face with Doctors appointments offered only 3 weeks after you ring. No fobbing people off if need urgent appointment. Better telephone system. No telephone appointment, my husband was given the wrong diagnosis over phone, urine infection, he had to be rushed into hospital with an enlarged prostate affecting his bladder, which potentially could have caused kidney damage.	Negative
50	This questionnaire is rather misleading, if I'm honest. If your moving four practices into one hub this is surely going to effect the elderly, disabled and vulnerable patients. These are individuals who need the service, people can't afford to get to some of these areas. Having one hub doesn't benefit the population. You haven't mention the reason why this would benefit your patient population. You need more phone lines and more appointments available with experienced competent GPS for the amount of patients in your current population. I was registered with Dr x back in the 80's and have seen this practice deteriorate. I have been registered in several London practices for the past 10 years and have been given much better care and they had a larger population. Your system doesn't work, it's scary . An elderly person needs to call at 8 on the dot and sit in a queue for sometimes 45 minutes. We often have to be flexible and get to other Gp surgeries which I did not sign up to. I am young, with transport and I am able to do this. I haven't been seen at De Parys for years as I've had to travel around Bedford for wherever you have appointments. Why don't you look at offering weekend appointments. Employing more Gp/ nurse practitioners / receptionists who can give patients urgent appointments and routine appointments. You've got too big and your not providing a sufficient service if I'm honest.	Negative
51	At the moment you telephone and the calls divert to a receptionist in any one of the 5 surgeries. If all the surgeries get merged into one place there will only be one/two receptionists talking fewer calls and it will be even more impossible to get an appointment. Different locations provide people with a choice so they can pick where is most convenient to get to. It is hard to park at the health village. Parking is always full so how will it suddenly be able to support the parking needed for □ volume of patients attending.	Negative
52	More reception staff to answer the phone and maybe even book you a face to face appointment something that currently does not happen. You can never get through and if you turn up to book get told no appointments available so any changes can only be good Thank you	Negative
53	The fact I can't currently get a face to face Appt with my Gp in 7 months ??	Negative
54	Since we rarely are able to see a Dr face to face or get any real care from the practice since amalgamation, we feel this survey is pointless. Parking should be free for any consultation. How much more public money will be given over to yet more privatisation when the system is on its knees?	Negative
55	Access to see a doctor and not meet a phone robotic roadblock	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

56	The impact of 40,000 registered patients seeking to make appointments and visit a single site is not mentioned. It is currently almost impossible to get through on the phone, no matter what time of day you call. This proposal will only work if significant investment is made in the support services around the GP practice itself. Parking is limited at the site and is expensive. Pay and Display does not work for patients who do not know whether they will be waiting for 10 minutes or 2 hours. Consolidating staff & patients from 4 separate buildings to one will only work if sufficient parking and support is put in place at the new site.	Negative
57	Availability of appointments is vital for all patients. Current waiting times of 2 to 4 weeks just for a telephone consultation are unacceptable and dangerous for patients. Patients need to see a doctor quickly and face to face.	Negative
58	Whether or not you can actually get to see a GP face to face and not have to wait weeks just to have a phone call which means matters become urgent which would not necessarily have become urgent	Negative
59	I hope that we'll actually be able to book appointment and access all of the services mentioned in the survey , which at the moment is a joke.	Negative
60	Ability to actually get a face to face appointment would be good	Negative
61	I dread contacting the doctor. I do my utmost to avoid because of the situation with the phone and time it takes. I always use e-consult but even that can be difficult. I seriously don't know what I'd do if I needed urgent care.	Negative
62	Just being able to contact the surgery to make an appointment would be an improvement. Is this move going to improve that?	Negative
63	We just want to be able to see doctors face to face in a quick time and not be difficult to get an appointment	Negative
64	This kind of practice will not improve access to primary care.□ It will be more chaotic than it is. Personal contact with doctor is vital. It will mean not seeing the same doctor. They do not know you and this has a negative effect on diagnosis and treatment. □	Negative
65	Hopefully easier to actually see someone. It's impossible at the moment	Negative
66	It would be quite nice to actually be able to get an appointment with a doctor I have never in my life had this problem when I was a child in the 70s we could get an appointment easy and see a doctor faace to face and they knew what they were talking about instead of looking on a computer I can do that at home	Negative
67	Ability to contact input by telephone□	Negative
68	The main thing AND the most important thing is.... For you as a practise is to improve your PHONE situation. One phone number with 25 calls holding for 38000 registered patients is totally unacceptable. I feel so sorry for your front line staff ( your receptionists), even If we as patients manage to get through, your staff find it difficult to offer same day appointments and it is nigh on impossible to get a routine appointment. Mental health patients should be offered regular appointments with their nominated GP as stability is to be maintained when dealing with mental health issues.	Negative
69	Ability to get face to face appointment which has Deterated at de parys	Negative
70	Will you actually be able to get face to face appointments when you want one.	Negative
71	Waiting times are already at unacceptable level for appts, reducing the number of practices will just exacerbate this problem. I don't know who my GP is anymore when I have to fill in forms	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

72	Is there going to be more doctors to see, and one to one appointments hopefully getting to answer telephone calls without having long waits to speak to receptionist to name a doctors appointment.	Negative
73	Yes your patients since you've merged with the other surgeries everything's fine down hill 1 hour waiting on a phone call. No one contacting you back from emails. Even told the online booking system doesn't work so should ring?	Negative
74	The general amalgamation of local GP services has had a negative impact on all patients' continuity of care. It's not only virtually impossible to get an appointment at all, but if you do manage to get an appointment within a couple of weeks that is then simply booted down the road with an automated text sent at 8.01am on the day of the "appointment" regardless of the time "booked" (case in point was that I arranged for an appointment at a time I could attend on my last 3 appointments, as I work full time) stating that the Dr "tried to call but you didn't answer" (despite no missed call notification and the phone BEING IN MY HAND at the time the texts were received on each occasion - it didn't ring ...)□ so "please book another appointment". Actually seeing the same GP twice who has the soft skills and ongoing relationship was already destroyed when the surgeries joined. This looks like yet another step up the ladder towards a conveyor belt approach. I appreciate this is not the fault of individual practices or GPs who are largely committed professionals but likely a top-down policy approach from government towards the eventual disbandment of the NHS system but hey, you asked.	Negative
75	Not a good idea why not leave surgeries as they are. Easier for patients to get to. Better parking facilities are at the surgeries now. It is hard enough to see a Doctor if they exist anymore. Too many calls at once. Waiting in a queue is a negative. Why can patients not see Doctors instead of phone calls. Too many negatives with new choice.	Negative
76	Environmental and staffing - this encourages people to travel via car and currently you do not have enough staff to cope with the influx of patients as we still cannot book appointments unless emergency ones.	Negative
77	Please ensure your phone line/access to contact is improved as part of any changes	Negative
78	Answering the phone would be a refreshing change	Negative
79	Housebound patient. Unable to access GP for appointments or contact via answerphone response.	Negative
80	all well having all these services but you cant get appt with them for along time and its never now face to face , there is not enough free parking on site for patients	Negative
81	Just the need to see patients. It is appalling at the moment and causes problems for patients. The group is too HP focussed not enough patient first focus	Negative
82	It wud be good if you cud book an appointment by phone	Negative
83	Ratio of patients to GPs, availability of appointments has to improve. Cost of parking has to be reasonable not current hospital parking tariffs.	Negative
84	How does consolidation increase the available number of doctors and nurses? The building will be newer, but so what if it still takes 3 weeks plus to see a GP? ( ... and pay £3 to park).	Negative
85	Whether it would actually be possible to get an appointment. I haven't actually seen anyone for years because I can never get an appointment. I have been left to suffer or see a walk in centre	Negative



## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

86	Trying to get appointments to see doctor in first place impossible!have not ever seen own doctor in 3 years!since dr.x left! Can not see how going to make difference?can only see longer waits to see a doctor face to face!	Negative
87	I would not want to go to the old North Wing. Parking there costs a fortune. Worse than DeParys Avenue. But there are far more pressing issues than location. The ability to book an appointment is a massive and disgraceful issue at the moment and will be having a hugely negative impact on the physical and emotional health of the community. It's a disgrace.	Negative
88	I will not be attending the hub so this is all negative to me as I will only attend church lane. □ It would be a miracle if ever I sees doctor again□ where are they ? Not impressed with the service from the deparys group at all	Negative
89	How far to travel is seam that patients in the east of you practice have not been considered. Having to travel in and out of Bedford is bad enough. Being able to see a doctor would be a miracle and one at church lane would be a bloody miracle.	Negative
90	Even longer waiting times	Negative
91	Your ability to see sufficient patients in one location if you move. Health impacts of more patients in waiting areas.□ Access during school rush hours	Negative
92	How it will impact on making appointments if we ever get back to actually seeing a GP	Negative
93	Would there be reduced access to a standard gp appointment as we experienced when Goldington surgery joined the de parys group? At my stage of life that could be the worst impact.	Negative
94	The surgery has gone down hill in the last 4 years, it is virtually impossible to get an appointment, often I am cut off multiple times before speaking to anyone□ Is this new facility going to improve this, No I don't think so. Perhaps it would be better to save money and try to improve what you already have	Negative
95	Ease of getting face to face appointments and telephoning practice as currently unacceptable	Negative
96	I've not been able to see a Dr since before lockdown in March 20..trying to get thru on the phone is high impossible..□ phoning at 8 I was no.30 in the queue, at 9 no.20..I gave up. I tried booking an appt when attending for shingles jab, but was told I have to phone. I sent an email which gave intructions of how to go online, I think. Google deleted it before I could try..getting access to a Dr is the thing I'd like to see changed, please..help!	Negative
97	1. Unless the clients of D'Parys group get priority for the above services, I don't see any benefit whatsoever to being on site. □ 2.Also unless more appointments are made available Face to face or video, I again don't see any benefit to moving site. □ 3. Will the money made from selling off the prestigious buildings be put back into the practice to Employ more medical/ nursing staff?? □ 4. Parking on that site is at a premium anyway due to services already on site, without adding 4 more GP surgery's with staff and patients. □ 5. I am already concerned about the lack of continuity in care at the present time, with no idea who you are speaking to Nurse/ Doctor they often only say D'Parys surgery and unless you ask specifically do not say their names.	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

98	Parking cost please! Im presuming there will be no charge to park, otherwise my answers would be negative instead for this. Wait times for routine appointments are currently outrageous as are call times (I've called first thing at 0759 in the morning before and have still have 25 minute waits; also calling mid day to find I'm 30th in a queue)	Negative
99	Can I get my appointments without spending hours on telephone	Negative
100	I am concerned about closing 4 different sites and putting it all in one busy centre it will be harder to access appointments.	Negative
At the moment I feel very happy about waiting times for appointments and I usually get to see someone pretty soon in one of the surgeries, as there are lots to choose from.		
101	Ability to actually see a doctor	Negative
102	Lack of available appointments to see a GP. Apparently you can't book in advance. But by 08.01am on the day you ring for an appointment there is none available.	Negative
103	Time and duration of waiting, attitudes of some towards patients.	Negative
104	Get a better telephone answering system. You cannot let patients hang on for 40+ mins and sometimes it cuts off.	Negative
105	It is already hard enough to get a timely appointment. Will this make getting appointments more difficult?	Negative
106	Totally understand if you could see a Dr.... xx are they all doing for the last 3 years. Outrageous service 0/10	Negative
107	Since the merging of the surgery it has been very difficult to get appointments , Even though we were told otherwise. The service keep on declining. I am afraid with this change it will take week or more to get appointments which will mean then the Surgery will not be fit for purpose. Please what ever decision you are taking put the service of human beings first. This not a moan , This what we as patients are experiencing and not happy about this	Negative
108	How is combining 4 different surgeries going to impact the availability of appointments. It is already notoriously a total nightmare to get through to and make an appointment with a surgery at the de parys group. With everything now in one location is this going to improve? Or be even worse?	Negative
109	Yes. It is impossible to 'see' a GP at De Parys. Are there going to be more GPs?	Negative
110	I would go anywhere if I could get an appointment easily and speak to someone on the phone without waiting an hour and then being told no appointments available phone again at 8 in the morning	Negative
111	I'm concerned about how many GPs will be available at the Hub, with nearly 40 thousand patients registered in the whole group (at the last count), feel getting face to face appointments <input type="checkbox"/> will be even harder. <input type="checkbox"/> With all the other services that take place if you need to drive or be driven to a appointment it will be hard to find space in a very over priced car park. It is far more expensive than on street parking and public car parks.	Negative
112	I don't care if I have to travel 10 mins down the road if I can actually get through to reception in a decent time and get an appointment.	Negative
113	It has been impossible to effectively answer these questions because there is insufficient information available as to what the new arrangements will provide. The biggest existing problem is the great difficulty in not being able to obtain face to face appointments.	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

114	Building relationships with a GP which is currently non-existent <input type="checkbox"/> Ability to get an appointment which is currently impossible <input type="checkbox"/> Ability just to speak to someone at the surgery which currently is impossible	Negative
115	Inconvenience to Bromham residents, appalling declines in appointment availability and response times since merger with Pemberley and fear of this been repeated	Negative
116	I moved to Bromham BECAUSE it had a GP surgery and now you are taking it away.	Negative
117	Given how challenging it has been to get any kind of appointment for years then the impact of actually getting a timely appointment would be paramount! I have no way of knowing impact of others as all depends on getting appointment when needed	Negative
118	As we can't get an appointment now . How will merging 4 surgeries improve things. Car parking at north wing is already over used . People need more appointments 7am til 7pm opening hours. Continuity between the team . Special needs children and adults need one to one care even if it's a cough or cold. It could be pneumonia next week if not taken seriously. I've tried 4 times to get an appointment I've sat in the waiting room 2 hours refusing to budge to get seen . Yes I got a scan 24 hours later so I needed it .	Negative
119	Not enough parking spaces. <input type="checkbox"/> You would have to park along way away . A very busy area already <input type="checkbox"/> This would make people late for appointments <input type="checkbox"/> .. that is if you can get an appointment!!!!!!	Negative
120	Since the amalgamation of my Pemberly Road Surgery it has had a major impact on the availability of appointments. <input type="checkbox"/> My concern with the 'Hub' would be access to parking , with sharing the car park for Gilbert House and the cost of parking , especially if the doctor is running late.	Negative
121	Will there be extra free parking for patients at the new facility? Hopefully there will be more than enough doctors and nurses for AI practices to merge to one place and will it take even longer to get through on the phone?	Negative
122	Availability of appointments.... More availability of urgent same day without having to ring at 8am to be held in a long queue to then be told no appts... Ring tomorrow which will be the same	Negative
123	A better telephone answer service..It can easily take up to an hour	Negative
124	Can't get gp appointment now, closing 4 surgery will make it impossible	Negative
125	It would be great to be able to get an appointment in person from time to time!	Negative
126	It think moving and reducing sites will mean even less continuity for those of use with long term illnesses having to go through everything at each appointment. It is already very difficult let along having only one place to visit. Parking especially for disabled patients or those with young children will be more difficult and more costly. Having to park further away from the doors will cause a lot of patients more stress. Patients will also have to go through two reception desks wish take up time. I believe this needs more consultation and planning .	Negative
127	Will there be an equivalent or increased amount of GPs, Nurses & Nurse Practitioners and other qualified & relevant staff? <input type="checkbox"/> Will there be equivalent number or more consulting rooms? <input type="checkbox"/> The documents provided by the Health authority do not give this information. <input type="checkbox"/> I am concerned that the six locations will move to premises that do not provide equivalent or greater facilities and space. <input type="checkbox"/> It is already very difficult for me to get an appointment. I'm very concerned that this merger/move will make it next to impossible.	Negative



## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

128	Impossible to get an appointment. When you can it's always a different GP. I gave up on the De Parys Group years ago. Complete waste of time and not interested in people who are actually ill.	Negative
129	Ability to actually make an appointment.	Negative
130	You have already made your decision , can't get to see a Doctor anyway , so makes no difference where you put it	Negative
131	Just the availability of face to face appts.. currently it's deplorable .. covid is here to stay	Negative
132	Can't see how anything will change, except more difficult to get to, nightmare parking, few appointments, and access walking from Bedford bus station will be impossible.	Negative
133	Improvement in availability of appointments	Negative
134	Increased difficulty in getting an appointment if there are even more patients	Negative
135	Lack of face to face appointments or contact with GP's	Negative
136	Having been unable to get a face to face appointment or speak to a GP about health concerns I worry that this move will further complicate access to primary care	Negative
137	The amount of patients per gp. □ Ease of getting appointments which are currently very hard to get!!	Negative
138	Parking is the biggest issue. Pemberley and church Lane are easy to park at. I expect it'll be almost impossible to get through on the phone too	Negative
139	When you can't even see a GP, it is hardly worth debating their location. Part time female GP's are destroying primary healthcare.	Negative
140	Would be good to see someone face to face .... Appealing service from this practice	Negative
141	It has been almost impossible to see a GP for two years. This needs to be sorted out urgently	Negative
142	Will you actually be able to get through by phone or an appointment. Services are pointless if you can't access them	Negative
143	Ease of getting appointments is a concern now and one I'm concerned would get worse with this move - generally it has little impact on me, but if I can't get an appointment now with ease - this isn't going to help is it?	Negative
144	Ability to make contact with GPs - at the moment it is very hard to get appointments	Negative
145	More face to face appointments MUST be made available. The current situation where it is virtually impossible to get a face to face appointment for non-urgent conditions MUST be addressed urgently!	Negative
146	Its already near impossible to get F2F I can't see this move improving if a see it being possibly worse	Negative
147	I haven't been able to get an appointment for over two months, you should get the basics sorted first	Negative
148	Availability of doctors and access to services. □ Now almost impossible. □ Have to use private services □	Negative
149	The last time I saw a Doctor in person ( not telephone appt) I was still wearing nappies. Its almost impossible to telephone and make an appointment in the same week. Beyond a sick joke. Good luck on making more profit.	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

150	The availability of seeing a GP. As a patient I no longer can see a GP face to face. Even a telephone appointment takes up to 3 weeks of waiting. This is TOTALLY UNACCEPTABLE as a patient.	Negative
151	Main issue is parking/congestion of having so many services in the same place. Getting an appointment is so difficult now, will wait to see if this makes it better or worse	Negative
152	Hopefully better appointment system so as we don't have to wait so long	Negative
153	As all of the services mentioned need an appointment it will be of no benefit to move.	Negative
154	If you could answer the phone,book appointments and see an actual Doctor before I drop dead, would be nice. Good luck in your profit maximum making exercise.££££££££££..... Never mind the sick,dying & dead. Think of the pure	Negative
155	With the GPS actually do their job seeing patients face to face or hide away still,?	Negative
156	Yes improve your service, the way you practice at the moment is appalling	Negative
157	Money spent on posh buildings could be better spent on more doctors that we get to know . Only then can we be treated holistically . It would be nice to get an appointment in a reasonable time without waiting hours to speak to a receptionist who tells us to try again another day at 8 am . Then still having to wait for hours to actually get a telephone appointment with a doctor . It is terrible .	Negative
158	I hope the move makes it more possible to get an appointment or see a GP. This is almost impossible now	Negative
159	I can't even get a face to face anymore. Call with chest pains and get told I can have a callback in 4 weeks.	Negative
160	Just hope the service is easier to access than it is now. Since the merger it has been awful.	Negative
161	I'm hoping this facility will have more doctors as not seen a doctor in 2years can't get a face to face appointment. So expectations are high	Negative
162	Will appointments be made widely available than what they are now	Negative
163	Start seeing patients face to face again	Negative
164	Being able to see a dr would be great	Negative
165	I wish the phones would be answered.	Negative
166	Easier access to see doctors and different appointment system	Negative
167	If it means actually getting an appt it will be positive	Negative
168	Impact of GPs working part time	Negative
169	Not sure you have defined negative and positive impacts so survey is meaningless. Impossible to make phone appointment at present. So I go in person to Church Lane.	Negative
170	less chance of getting an appointment	Negative
171	Will patients actually get face to face appointments	Negative
172	Appointment are 6 weeks so more to offerer less doctors available for appointment	Negative
173	At the moment cannot get ANY appointment with GP - by phone, in person or email. I have no idea who my GP even is or who anyone who I speak to is. I find it very difficult when I phone a receptionist I have to tell them what's wrong before I can try and sort out any form of appt.	Negative
174	The amount of people trying to get an appointment	Negative
175	Will we be able to get through on the phone? Will we get an appointment? Will we get any actual care?	Negative

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

176	It's hard enough to get an appointment if ever at the moment. It will be even harder when under one roof	Negative
177	Yes will it make any difference to the time and difficulty it now takes to see a doctor? Have know people that have died because they have not been able to get an appointment!!!!	Negative
178	Crucial. Doesn't matter where the physical building is but the fact that you can't get an appointment is key. I would travel to see a clinician. I have cancer and it's impossible to even get through on the phone. Unacceptable <input type="checkbox"/> Please improve the access and pathways before opening new facilities or no difference will be seen by patients.	Negative
179	It is impossible to book an appointment on the app.	Negative
180	Parking has to be well in excess.. already there was no parking yesterday morning at the enhanced centre and that's without all the patients from these surgeries .. this must be factored in to plans with a lot of disabled. Staff should not be allowed to use these parking spaces. By moving to the enhanced centre, how will this create additional appointments without additional doctors and nurses .. this needs to be explained within the plan ? How will you be expanding services and what services will you be expanding .. Patients should be aware of this before when engaging in this survey ? It is a good idea to merge into one building but this has been planned a couple of times in the past with other surgeries and did not make it to fruition with a waste of money in preparation for something that did not happen .. please don't make the same costly mistakes as in previous years ?? Keep patients informed, ask patients groups for their input ? Ask staff what they want.. they are the ones working in these premises and know better than architects and office bods exactly what is needed within the service . I have been an nhs worker for over 40 years both in hospital and GP settings .. please get this right and don't waste money like you have done before ... good luck	Negative
181	The parking and congestion on Kimbolton road will be horrendous and I can't imagine combining 4 surgeries will make it any quicker to get appointments	Negative
182	Yes. Bromham surgery has hardly been open since we moved here. The questionnaire is skewed. First question how often does one use Bromham surgery. Obviously if not open even post pandemic one cant say one uses it often. Bromham needs a local surgery. There are many elderly people here. During my husband's recent illnesses he has had to go other side of Bedford to another de parys surgery. And I had to threaten legal action to get a face to face appointment with them. De Parys are am absolute disgrace of a practice. Profit driven not patient driven	Negative
183	Being able to get an appt with a dr or a nurse!	Negative
184	Actually getting a face to face appointment	Negative
185	Traffic, cost of parking, availability to see doctors.	Negative
186	Can't get appointments anyway, so unless that improves nothing will change.	Negative
187	Yes it's impossible to get an appointment now god knows how it will be then	Negative
188	The cost of parking and availability of parking spaces as being in one site there would be more people using the Carpark. Thank God I don't have to see a dr very often at the moment but, will this move improve the service as at the moment it's seems to be a struggle to get any appointments and you are kept waiting in the phone for so long before they answer too	Negative
189	Improve telephone services to receive and answer calls in a timely manner, provide face to face appointments rather than telephone calls, free parking.	Negative




## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

190	If it means one actually gets to see a GP without protracted delays as one has now we are all for the change- if not- what's the point?	Negative
191	Making appointments available there are none now hence my answers as I am never able to get to see a doctor	Negative
192	Put services in one place will mean less appointments available	Negative
193	Getting appointment is a nightmare and unless you own a car you are stuck	Negative
194	Terrible idea for the people who live close to the current surgeries. Also I feel it will be even harder to get an appointment	Negative
195	Making it easier to get an appointment i. e. being able to book ahead and not having this 'call after 8am' system	Neutral
196	Would trust that the ability to arrange an appointment with a doctor at the new location would be available on a timely basis i.e. within 24 hours dependent upon the potential severity of the request for help.	Neutral
197	Main concern will be availability of appointments and continuity of care	Neutral
198	1. The ease of booking a face-to-face appointment with a doctor. <input type="checkbox"/> 2. Repeat prescription issuance.	Neutral
199	More face to face appointments	Neutral
200	Will general appointments be any easier arrange?	Neutral
201	In your letter of 31 May, you mention that this relocation will increase the number of appointments available - will there be the same number of GPs? or is the plan to increase the number of appointments with other HCPs or increasing the number of remote appointments? It is hard to see how this objective will be realised? It is already difficult to obtain timely GP appointments (and we are not critical of this as we understand the multiple factors causing this) but would wish to have an assurance that this relocation would ameliorate this issue and would provide for a high quality service and increased levels of primary care services - including preventative activities	Neutral
202	Will there be the same number of appointments offered at the new venue as there are over the 4 now?	Neutral
203	Vastly improved patient friendly facilities to enable those in need to be able to book an appointment to see a doctor	Neutral
204	The issue is getting an appointment in the first place if that improves then the move is generally positive	Neutral
205	Accessibility and convenience for patients including hours of opening	Neutral
206	Availability to needed appointments, waiting times, waiting area space is limited in enhanced centre and Disability user car spaces	Neutral
207	On site parking for patients and appointment availability.	Neutral
208	Availability of Doctors, face to face surgeries. Are we to be handed around different department and become anonymous ?	Neutral
209	Only support this if it means someone will answer the phone and I can arrange an appointment with a doctor within a reasonable time. Otherwise it's a complete waste of time for patients	Neutral
210	Being able to get an appointment with a GP in a timely manner is more important than anything mentioned in the questionnaire so far.	Neutral
211	Face to face appointments with GPs	Neutral
212	More ways of actually seeing a Dr face to face and actually getting a appt on the same day	Neutral
213	Ability to get an appointment, if there is a merge...	Neutral
214	Appointment availability improved	Neutral
215	Actually getting an appointment face to face in the first place	Neutral

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

216	Time for appointments waiting	Neutral
217	Will it be easier to obtain a face to face appointment at this hub?	Neutral
218	How services will cope with need.	Neutral
219	Speed of SEEING a Doctor FACE toFACE	Neutral
220	Doctor availability face to face appointment would be good   	Neutral
221	Will the availability of appointments be improved?	Neutral
222	It is already difficult to get through to book appointments without the increase in people calling due to the amount of people who would be merged. <input type="checkbox"/> Can't see a doctor you know or who you have seen previously. <input type="checkbox"/>	Neutral
223	Cost car parking, car parking facilities, ease of getting an appointment	Neutral
224	Just to make sure that we can all get an appointment and make this with less hanging on to the phone for hours on end	Neutral
225	Yes, most important is to have more available appointments, regardless where!!!!!!	Neutral
226	Would we still have a dedicated family doctor? Could appointments be made on line to see a doctor?	Neutral
227	Appointment availability on weekends and out of 9-5 hours.	Neutral
228	Number of patients per GP, <input type="checkbox"/> Access to GPs with special interests e.g dermatology, menopause, Womens health. Accessibility/increased availability of face to face appointments, less waiting time when phoning the practice. <input type="checkbox"/> Car parking charges?	Neutral
229	Ease of getting an actual appointment. Ease of seeing the same GP. Ease of parking.	Neutral
230	Need face to face appointments with GP.	Neutral
231	Ensuring availability of appointments	Neutral
232	Ability to see doctor face to face	Neutral
233	Availability of clinicians.	Neutral
234	Accessibility to see a doctor - face to face, must be the prime objective of the new centre. Location is irrelevant to most patients.	Neutral
235	I don't believe changing a building will change the service level. This comes down to good systems / great people. I do believe there should be a facility to book a GP appointment on a set day in advance, for minor issues which don't need same day. Issues which are in need of advice but cannot take urgent same day space. Parking for free in some locations would clearly be beneficial for the community services by the Health Centre.	Neutral
236	Availability of appointments	Neutral
237	More access to doctors?	Neutral
238	The number of GPS <input type="checkbox"/> Face to face appointment.	Neutral
239	Will I be able to get an appointment	Neutral
240	We need easier and more frequent face to face appointments	Neutral
241	Telephone services availability and time to answer.	Neutral
242	Just want face to face appts	Neutral
243	Parking we don't have to pay to see a doctor . We don't see a doctor now everything done by phone face to face	Neutral
244	Availability of appointments	Neutral
245	Availability of appointments	Neutral
246	Availability to get an appointment is crucial.	Neutral



## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

247	Will it be quicker to see a Dr in person than it is at the present time. Will there be a pharmacist on sight to obtain prescriptions on sight? Will there be sufficient parking spaces for the obvious demand	Neutral
248	Availability of appointments; same day access; health checks eg 50+, cholesterol, bowel cancer, well-women/man checks	Neutral
249	I just want to be able to have face to face consultations.	Neutral
250	Number of patients accessing services - currently high demand makes booking appointments time consuming	Neutral
251	Most definitely parking <input type="checkbox"/> Enough reception staff and waiting areas <input type="checkbox"/> Nearest pharmacy for older people to access, will there be one on sight?	Neutral
252	The availability of seeing or talking to a GP is of primary importance	Neutral
253	Being able to make an appointment easily in order to see a doctor	Neutral
254	Can you delivery a better patient service with a move to Gilbert Hitchcock?	Neutral
255	More appointments available	Neutral
256	Please have more doctors working there more hours and make it easier to see a doctor face to face	Neutral
257	How easy will parking be and how much will it cost. Will it be easier to book a doctors appointment and to get through on telephone	Neutral
258	Appointment availability merging several sites into one	Neutral
259	Ability to obtain an appointment	Neutral
260	As long as there is enough staff so the waiting times for appointments reduce	Neutral
261	Having a face to face appointment is crucial and free parking is needed	Neutral
262	Whether this change will improve appointments and waiting times.	Neutral
263	Seeing a doctor face to face would help irrespective of where it is located	Neutral
264	Getting access to a GP and providing physical appointments. <input type="checkbox"/>	Neutral
265	Ease and cost of parking. More efficient and prompt telephone answering and access to appointments.	Neutral
266	Just need to improve access to a doctor when required within a short time period. Would the practice boundaries be reshaped at all?	Neutral
267	Ease of booking appointments	Neutral
268	Queues and how easily appointments will be available	Neutral
269	Making life easier to see a doctor	Neutral
270	Availability and waiting times with a condensed location	Neutral
271	An appointment with a doctor within a reasonable time frame	Neutral
272	Availability of face to face appointments.	Neutral
273	Ability to phone up and talk to receptionist quickly and get an appointment <input type="checkbox"/>	Neutral
274	Ensuring availability of appointments and a better system for contacting the surgery	Neutral
275	Availability of appointments and suitably qualified staff will continue to limit the use of any facilities	Neutral
276	Would be good if appointments were more available	Neutral
277	Same day appointments. Telephone being answered	Neutral
278	Face to face appointments more available would be a positive one.	Neutral
279	Availability of GPs	Neutral
280	Ease of booking appointments & getting through on the phone. Must be enough staff to cope with the demand of patients registered	Neutral
281	Availability of Doctors	Neutral

## Are there any other impacts we need to consider?

### Theme 'Availability of appointments'

282	Amount of appointments available	Neutral
283	Availability of more appointments.	Neutral
284	Parking availability and costs. Availability to get appt if needed	Neutral
285	Availability of appointments	Neutral
286	Not really as long as we can get an appointment to see a doctor. <input type="checkbox"/> Parking is going to be the main issue.	Neutral
287	Parking and charge, toilets , seats and water , enough staff so people can actually see a GP! Not on the phone x	Neutral
288	Ease of obtaining an appointment. Parking space. Will there be waiting time getting appointment or when there for the appointment?	Neutral
289	Face to face appointments would be a positive	Neutral
290	Availability of appointments	Neutral
291	Main concern is will there be enough parking and the cost. <input type="checkbox"/> Also will there be enough appointments times and phone lines?	Neutral
292	Better system for availability of obtaining appointments more easily and consider whether there is sufficient car parking in the vicinity.	Neutral
293	I think its great to offer all these wonderful services but you need staff to provide these services. 40 000 patients for one practice is enormous and you are constantly adding. How easy is it going to be to get appointments?	Neutral
294	Will there be less appointments available if practices merge? May force people to drive rather than walk to their local surgery.	Neutral
295	The ease of access to appointments <input type="checkbox"/> Cost of parking	Neutral
296	I would like to see doctor on the day that I ring .	Neutral
297	Speed of access to primary care. Need same day service for acute infection	Neutral
298	Face to face appointment availability	Neutral
299	Will face to face appointments with G.P. be more Available, when practices move. <input type="checkbox"/> <input type="checkbox"/>	Neutral
300	Ability to make appointments easily.	Neutral
301	Getting face to face appointments. Long term medication review.	Neutral
302	Availability and ease of booking GP appointments. <input type="checkbox"/> Patient waiting times when on site	Neutral
303	Number of doctors	Neutral
304	Will there be more appts available?	Neutral
305	Time to wait for a face to face appointment	Neutral
306	Ease of getting appointments	Neutral
307	The ease of getting appointments	Neutral
308	Sufficient parking spaces <input type="checkbox"/> Being able to see own doctor	Neutral
309	I hope that people will actually be able to see a doctor face to face and that waiting times on the phone will be not so long	Neutral
310	Ensuring there is increased capacity for appointments. <input type="checkbox"/> Offering more minor illness slots also	Neutral
311	More ease of getting actual appointments especially same day urgent ones	Neutral
312	Will there be more appointments available?	Neutral
313	Cost of parking and availability of doctors	Neutral
314	Paying for parking, parking spaces availability, traffic, are there more doctors at this surgery as I find it unlikely to get same day appointments even if I ring at 8am	Neutral

**Are there any other impacts we need to consider?**

**Theme 'Availability of appointments'**

315	Ease of getting face to face appointments	Neutral
316	Appointment wait time - will this mean we can get non urgent appointments earlier?	Neutral
317	Will you get a face to face appointment. What waiting time will patients expect What onward referrals will be improved or not improved	Neutral
318	Availability of appointments	Neutral
319	If it makes more appointments available then it will be a good thing	Neutral
320	Availability of appointments	Neutral
321	Availability of appointment	Neutral
322	Availability of doctor appointments	Neutral
323	Will appointments be available	Neutral
324	Telephone answering	Neutral
325	The only thing we all want is more GP appointment availability. If this helps then great. Otherwise it is not a good move.	Neutral
326	The impact on meeting potential increased demand on the available resources, for example, patient capacity and reasonable parking policies at the hub, should be considered.	Neutral
327	Parking costs and space availability. Sufficient, timely appointments relevant to conditions. Seamless access to wider Bedford Health Village facilities for effective throughput.	Neutral
328	Good parking at reasonable cost. Will this improve the ability to see a GP?	Neutral
329	None that I can think of, other than facilitating longer opening hours for access to GPs and making it easier to get appointments	Neutral
330	Cost of short term parking availability of appointments	Neutral
331	Free parking. Being able to see a doctor face to face.	Neutral
332	Free parking. Able to see a doctor face to face.	Neutral



## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

1	1) Disabled places to park 2) If you offer all the services you say will there be enough parking 3) will church Lane have full services to offer eg able to take payments 4) I haven't had a face to face appointment since Feb '20 This has not helped me. 5) Will phone appointments be undertaken if so waiting 4 weeks is too long 6) need more face to face appointments (I appreciate some was due to Covid).	Negative
2	Parking, its hard enough now, but when your got it open with all your doctors, nurses, office staff, with cars, your ten allotted parking places outside your building, will not be enough. I drive myself, but cant walk far.	Negative
3	With the surgeries now being brought together on one site I can foresee a huge problem with parking facilities where patients like me wont be able to find a parking space (I have COPD, Psoriasis and arthritis & have been on immuno-suppressant drugs since 2006 ) & will have to resort to on street parking and the inevitable long walk - with my stick - to new facility...I am 83 and my wife is 80... Its a pity the Deparys Group can't come up some system of parking passes for people over the age of 70... This would be a kind gesture to alleviate the worry of finding some where to park...	Negative
4	The parking at the Health Village site is already dire at some times of the day. To add yet more visitors to the site is unmanageable. Also parking charges there are ridiculously high compared to the free parking available near Pemberly and Goldington Road surgeries and the cheaper parking on De Parys Ave or free parking on Park Avenue for those able to undertake the walk. We should NOT have to pay such charges just to see our primary care health support.	Negative
5	Since I live right across the road from the ESC my main worries are about increased traffic, particularly increased air and noise pollution, and congestion. This will have a significant detrimental effect on my physical and mental health on an on-going basis.	Negative
6	The effects of more difficult and more expensive travel plus cost of parking which will, as always, impact most heavily on those with the greatest medical needs and those with the smallest incomes and those who are the most frail or unable to drive etc etc Public transport in the Bedford area is quite pathetic. I can think of no way I could reach the new set up if I became unable to drive as I get older. I am trying to health and environmental reasons to switch to cycling for as many journeys as possible but I think this one will be just a bit too far even now and even more so as I get older.	Negative
7	Financial impact - cost of parking at the new health centre	Negative
8	Car park. How do you know how long you are going to be? If you are worried about this and are going for a blood pressure check I'm sure it will have a negative effect! I know this was going to be looked into last this merger was proposed! Also, medically, how ever will be be able to ever see the same Doctor or continuity of care? This always important but particularly as I'm now getting older I require my GP to know me and my medical background.	Negative
9	Many pts are elderly, vulnerable and don't drive. It is going to be extremely difficult for them to get to the proposed hub on public transport and time consuming (throught the traffic in that area) and expensive to use taxis. For people who work and with children travelling further us going to be a disadvantage despite a wider range of services. De parys group should maintain at least one practice on town, either Pemberley or De Parys Avenue.	Negative
10	Adequate free parking although I am planning to change to a different practice once the Bromham surgery closes. Since merging with others this practice seems more like a business than a doctors surgery.	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

11	It is already a struggle to park since all the phlebotomy services moved to Gilbert Hitchcock, without the added issue of 3x surgeries patients too! No where near enough disabled parking spaces.	Negative
12	Total lack of parking, the site is already too hard to park, forcing us all to improve your profit into one site	Negative
13	This survey should have a "Don't know" option. At the moment I'm having to say there will be "No impact" when I don't know if the new hub will have convenient and free parking, etc.	Negative
14	Car parking is extremely difficult already at this site. Adding more services will make it impossible	Negative
15	Huge impact on Bromham and other village residents in terms of travelling to appointments/services. Forces use of car which isn't environmentally or health friendly. Makes people dependent on others for transport and puts time pressure on families accessing services out of the village when a local provision could be easily accessed.	Negative
16	Yes <input type="checkbox"/> The high difficulty of finding access to a person on phone, the shortage of car parking spaces, the increased traffic on major road causing chaos in school times and rush hours	Negative
17	This questionnaire is not very good. Most services like phlebotomy or physio take place at North Wing already, however it is already hard to park there and adding further pressure will not help stress levels in getting to appointments. A purpose built facility on a separate site would be more efficient.	Negative
18	There is already not enough parking on this site,	Negative
19	Travel is going to become a big issue	Negative
20	Parking <input type="checkbox"/> Lack of public transport options in Bromham <input type="checkbox"/> I've put no impact to many as I just can't get an appointment anyway	Negative
21	Cost of parking is more at esc than elsewhere, as managed by same team as south wing with similar costs, parking available already very limited and local streets are full of esc workers already as no available space on site Difficult to drive around/ about esc site since fire as no one way system anymore Mental health workers from Florence Ball House already park in areas that block flow of traffic. Limited disabled spaces near esc I think	Negative
22	The horrific parking charges	Negative
23	Parking difficult at best of times at Enhanced Services Centre, with 3 practices moving to the one site it will be a challenge.	Negative
24	Car parking at the Kimbolton road site is already VERY BAD. This proposal will make it worse.	Negative
25	Main concern is availability and cost of parking	Negative
26	This set will not ensure continuity of care. Also the set up at GHH does not appear large enough nor adequate parking to cover 4 practices working from there.	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

27	At the moment you telephone and the calls divert to a receptionist in any one of the 5 surgeries. If all the surgeries get merged into one place there will only be one/two receptionists talking fewer calls and it will be even more impossible to get an appointment. Different locations provide people with a choice so they can pick where is most convenient to get to. It is hard to park at the health village. Parking is always full so how will it suddenly be able to support the parking needed for □ volume of patients attending.	Negative
28	Parking is going to be an issue,,,as it is already	Negative
29	The impact of 40,000 registered patients seeking to make appointments and visit a single site is not mentioned. It is currently almost impossible to get through on the phone, no matter what time of day you call. This proposal will only work if significant investment is made in the support services around the GP practice itself. Parking is limited at the site and is expensive. Pay and Display does not work for patients who do not know whether they will be waiting for 10 minutes or 2 hours. Consolidating staff & patients from 4 separate buildings to one will only work if sufficient parking and support is put in place at the new site.	Negative
30	Parking at the hub is limited and very expensive . Will car parking places be extended due to more people attending this site ?	Negative
31	Parking not accessible	Negative
32	A very bad area for car parking	Negative
33	Parking issues - rude staff	Negative
34	Potential problems with increased traffic moving into and out of the site, beside a busy road, with schools nearby.	Negative
35	Potential problems with traffic management, into and out of the site, beside a busy and relatively narrow road, with schools nearby.	Negative
36	Not a good idea why not leave surgeries as they are. Easier for patients to get to. Better parking facilities are at the surgeries now. It is hard enough to see a Doctor if they exist anymore. Too many calls at once. Waiting in a queue is a negative. Why can patients not see Doctors instead of phone calls. Too many negatives with new choice.	Negative
37	Environmental and staffing - this encourages people to travel via car and currently you do not have enough staff to cope with the influx of patients as we still cannot book appointments unless emergency ones.	Negative
38	Parking is extortionate there, what are you going to do about it	Negative
39	Lack of available parking	Negative
40	Parking is a huge issue	Negative
41	all well having all these services but you cant get appt with them for along time and its never now face to face , there is not enough free parking on site for patients	Negative
42	Accessibility to the site if increased traffic going in and out, as well as provision of more parking spaces. Impact of increased traffic on Kimbolton road	Negative
43	Ratio of patients to GPs, availability of appointments has to improve. Cost of parking has to be reasonable not current hospital parking tariffs.	Negative
44	Parking in that area is already difficult, more parking would need to be allocated and at a reasonable cost	Negative
45	How does consolidation increase the available number of doctors and nurses? The building will be newer, but so what if it still takes 3 weeks plus to see a GP? ( ... and pay £3 to park).	Negative
46	Parking fees, Traffic	Negative
47	Parking is the biggest issue. Pemberley and church Lane are easy to park at. I expect it'll be almost impossible to get through on the phone too	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

48	I would not want to go to the old North Wing. Parking there costs a fortune. Worse than DeParys Avenue. But there are far more pressing issues than location. The ability to book an appointment is a massive and disgraceful issue at the moment and will be having a hugely negative impact on the physical and emotional health of the community. It's a disgrace.	Negative
49	Parking - will make surrounding area very congested with cars due to no free parking on North wing site Elderly and frail patients will find it harder to attend the surgery	Negative
50	Cost of parking and available spaces is my main concern.	Negative
51	limited parking and the cost as a pensioner it is a concern.	Negative
52	Cost of parking as it goes from 0 to whatever it is at the village	Negative
53	Parking costs are a main issue	Negative
54	Car parking costs and spaces, loss of personal touch, already treated as a nameless inconvenience to surgery	Negative
55	The parking near the Hub is appallingly bad. Personally the extra distance is not a problem but parking will be.	Negative
56	Parking cost please! Im presuming there will be no charge to park, otherwise my answers would be negative instead for this. Wait times for routine appointments are currently outrageous as are call times (I've called first thing at 0759 in the morning before and have still have 25 minute waits; also calling mid day to find I'm 30th in a queue)	Negative
57	Its not just the cost of parking (which is already extortionate) but its the amount of parking available on site. It is already hard to park there but if the surgery moves there no one will be able to park and this will put people, including me, from going there.	Negative
58	May move practice as it's ok if driving but if walking the extra distance would put me off	Negative
59	Parking at the site is limited for this to work it would need to be urgently improved and extended , this is a busy site.□ All services require major improvement, it's difficult to comment on impact when you feel none exist at the moment.	Negative
60	Parking is costly and it's too far to walk to	Negative
61	Parking problem	Negative
62	No parking now without cash card no money accepted	Negative
63	Parking at Kimbolton Rd hub needs to be greatly extended now, let alone when there are many more people visiting the surgery	Negative
64	I'm concerned about how many GPs will be available at the Hub, with nearly 40 thousand patients registered in the whole group (at the last count(,□ feel getting face to face appointments □ will be even harder.□ With all the other services that take place if you need to drive or be driven to a appointment it will be hard to find space in a very over priced car park. It is far more expensive than on street parking and public car parks.	Negative
65	You need to look very carefully to the car traffic which will impact on a now very busy car park.	Negative
66	The only downside would be lack of and expense of parking if I had to go to the ESC rather than church lane.	Negative
67	Parking is key issue	Negative
68	Parking issues	Negative
69	Parking availability is the main negative	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

70	Concentration of several GP practices at one location will increase car parking problems already evident.	Negative
71	Cost of parking is not affordable	Negative
72	If parking will be free like it is now at GHH then wonderful, if not, then that would be a negative impact	Negative
73	The availability and cost of parking... current North Wing parking rates are unacceptable.	Negative
74	Parking spaces is a big problem at current de parts street clinic	Negative
75	The only issue I have is that currently Pemberly Avenue has free parking and easily available and thats where I would normally go. The hub would be a difficult location to park near and it will also be costly parking due to location	Negative
76	Parking will be a problem	Negative
77	Car Parking . Would this be Reserved bays specific to the Practice. Present arrangements at Gibert Hitchcock often fully taken and have lead to being late, or having to plan to allow for finding Space.	Negative
78	YES PARKING, PARKING PARKING PARKING COST OF PARKING COST OF PARKING COST OF PARKING ENOUGH DISABLED PARKING TELEPHONE ANSWERING HAS TO IMPROVE BEYOND ALL RECOGNITION FROM CURRENT SHAMBLES (I HOUR WAITS TO SPEAK TO SOMEONE)	Negative
79	Parking has to be well in excess.. already there was no parking yesterday morning at the enhanced centre and that's without all the patients from these surgeries .. this must be factored in to plans with a lot of disabled. Staff should not be allowed to use these parking spaces. By moving to the enhanced centre, how will this create additional appointments without additional doctors and nurses .. this needs to be explained within the plan ? How will you be expanding services and what services will you be expanding .. Patients should be aware of this before when engaging in this survey ? It is a good idea to merge into one building but this has been planned a couple of times in the past with other surgeries and did not make it to fruition with a waste of money in preparation for something that did not happen .. please don't make the same costly mistakes as in previous years ?? Keep patients informed, ask patients groups for their input ? Ask staff what they want.. they are the ones working in these premises and know better than architects and office bods exactly what is needed within the service . I have been an nhs worker for over 40 years both in hospital and GP settings .. please get this right and don't waste money like you have done before ... good luck	Negative
80	Negative impact if the facility is so big and impersonal that it feels more like an airport concourse than a family practice. Extremely negative impact if there isn't enough parking, or if the parking area is not kept safely free of ice in the winter.	Negative
81	Negative impact if the facility is so big and impersonal that it feels more like an airport concourse than a family practice. Extremely negative impact if there isn't enough parking, or if the parking area is not kept safely free of ice in the winter.	Negative
82	It is difficult to answer some of the questions, (e.g. car parking provision) as we don't have details of the new facility.	Negative
83	well you don't say how much parking will cost!? your recent service has been shambolic so anything is better than the current	Negative
84	Traffic congestion increased due to collocating services at a busy part of Bedford - especially at peak times	Negative
85	Parking will be costly	Negative



## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

86	My answers were based on the location and condition of the building right now, it's difficult to find, parking isn't great, the amount of stairs, I was made to climb up 3 flights of stairs for a physio appointment with a recently herniated disc and 2 bulging discs	Negative
87	Distance and (free) parking for elderly patients	Negative
88	The cost of parking on site will be expensive	Negative
89	Definitely parking MUST be considered. How can it possibly work? A new car park will have to be built to take all those extra cars, but where?	Negative
90	The location seems like it would be OK but the main thing for me is parking, I have had to leave the Goldington Road surgery and buy an additional parking ticket before as there were delays (and this was long before COVID). Free parking for those attending the surgery would be a HUGE bonus.	Negative
91	Ease of and cost of parking is main problem.	Negative
92	Parking costs and availability of parking spaces are limited at new proposed site and parking fees are astronomical, well out of most people's reach. To park off site for free can be very difficult if you are feeling unwell .	Negative
93	Car parking is more expensive than deparys	Negative
94	Improve telephone services to receive and answer calls in a timely manner, provide face to face appointments rather than telephone calls, free parking.	Negative
95	For me, the main issue is cost of parking vs parking qt the DeParys site	Negative
96	The lack of parking. Bad bus route	Negative
97	Cost of parking and ability to park is problematic for the area	Negative
98	Parking is as big issue .. getting more expensive.. Hope it will organise easy to access, easy for patients parking..and not too expensive.	Negative
99	Can't see how anything will change, except more difficult to get to, nightmare parking, few appointments, and access walking from Bedford bus station will be impossible.	Negative
100	Cost of carparking. Ease of travelling there from North Bedfordshire. Actually seeing a doctor face to face..	Negative
101	As mentioned, car parking both expensive and restricted. Church lane is much better.	Negative
102	Parking will be the biggest issue along with the cost of parking.	Negative
103	Cost of parking would be the only negative point	Negative
104	I know I have ticked about negative impact in parking but the car park charges are ridiculous, especially when your appointments are frequently delayed costing even more.	Negative
105	Cost/availability of parking as it is expensive, and not always available at the moment and so likely to be even more difficult	Negative
106	Distance parking to surgery due to crowded car parking already in hub	Negative
107	Parking will be the biggest issue for this move. There is already not enough car parking around that area for all the current services!!	Negative
108	Car parking adequacy and access	Negative
109	Please consider difficulty of parking and cost of parking which is very high	Negative
110	Staffing - will there be anybody there? Parking is very very expensive - I will not be parking there and may think of moving if it becomes difficult to access the service	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

111	Disabled parking/access. If insufficient then I may turn up but not be able to attend. This worries me a lot. I feel our services has deteriorated since Pemberley Avenue merge into the De Parys Group. Worst thing ever in my experience. When expressed something is not possible due to my disability I have been made to feel I am being difficult. My recently deceased mother had horrendous experience just a few weeks before passing away and there is no option on the phone for other options such as to request a fit note or talk to the practice manager. This is not good enough. I wish I could be looked after by my previous GP who retired from a different surgery in 2016 as he was a people person. Now, as a patient, even the most vulnerable are made to feel they are an inconvenience to the surgery staff.	Negative
112	You mentioned car parking but this has already become a massive issue with prohibitive costs	Negative
113	The cost of car parking	Negative
114	You are bringing together services from 4 sites onto 1, environmentally causing more travel mostly by car, then providing no dedicated parking causing patients to try and find parking elsewhere.	Negative
115	Cost of parking at the hub is more expensive than De Parys Avenue.	Negative
116	Environmental impact of more people driving. Car parking needs to be readily available at no cost	Negative
117	The cost and availability of parking is a big issue for me.	Negative
118	From a selfish perspective I live just across the road from the new surgery so for me it will be very useful though for people who travel by car it will be more expensive as it is quite a distance to any free parking zones	Negative
119	Not immediately on a bus route for those without own transport. Limited parking at North Wing site and that is available at cost.	Negative
120	Considering how busy Gilbert Hitchcock is alone and already difficulties parking (including pedestrian safety) I feel this is a very poorly thought out placement for combining 4 other surgeries! Ridiculous.	Negative
121	There is limited parking in the site and the charges are high. With the cost living crisis the cost of parking must be reviewed. And additional parking spaces must be found to support the staff	Negative
122	Bromham Branch currently serves a large (and expanding) village with a lot of older residents, who would now need to travel much further to appointments, congesting the roads where a number of new houses are also being built.	Negative
123	The cost of parking will increase. Even though you are in the same building as the other service it's like you can get quick access to anything	Negative
124	Continuity of care, difficult and expensive parking, patient confidentiality, patient centred care	Negative
125	Cost of parking and IF there is parking- causing being late to appointment	Negative
126	Car parking is the most problem at this site and cost.	Negative
127	Parking for those who live too far away or are unable to walk. There isn't much scope for increased parking at the Kimbolton Road site	Negative
128	No. Parking is an add in concern	Negative
129	Parking could be a problem at new site	Negative
130	Parking and cost of!!!	Negative
131	Parking may be an issue and the cost	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

132	You have NOT given any reason for the proposal or identified any benefit of the proposed location so your questionnaire is pointless.□ Other Impact. Unless there is sufficient and reasonably priced car parking the move is likely to be a disadvantage to me and mine, also the number of patients using g the facilities may overwhelm the municipality park in the 'roundabout' at the junction of Kimbolton Road with Goldington Road and St. Peters Street.	Negative
133	The lack of car parking at the hub a d the cost	Negative
134	Mostly cost of parking and lack of parking spaces	Negative
135	Parking will be an issue	Negative
136	Main issue is parking/congestion of having so many services in the same place. Getting an appointment is so difficult now, will wait to see if this makes it better or worse	Negative
137	Bus availability, traffic, and lack of doctors you already have.	Negative
138	The cost of having to park would be the only negative impact	Negative
139	I'm concerned about enough parking facilities	Negative
140	The parking and congestion on Kimbolton road will be horrendous and I can't imagine combining 4 surgeries will make it any quicker to get appointments	Negative
141	Amount of parking available. Parking in that area is already limited and not the most easy to access	Negative
142	Parking costs will be significantly increased. You should be looking to provide free parking for patients in reserved spaces	Negative
143	Traffic, parking and parking charges are huge negatives of this relocation, how will you demonstrate you are mitigating then?	Negative
144	Parking a car is a big issue high price of NHS car parks also limited parking on site...	Negative
145	Amount of extra cars in kimbolton road and diff of parking so costs may be incurred where they are not now.	Negative
146	Parking on site and in the area could be a major issue.	Negative
147	Lack of parking and the high cost of parking on site.	Negative
148	I doubt if there will be sufficient car parking spaces, and there is no on-street parking close by.	Negative
149	Parking is the main issue for me as I am unable to walk very far (arthritis/fibromyalgia). Gilbert Hitchcock car park is often full or nearly full so no room for lots of extra patients. Also very expensive. Not knowing if there would be parking I would be unable to attend appts except by even more expensive taxi.	Negative
150	Parking is the main issue	Negative
151	The cost and availability of parking for those unable to walk there or use other transport□	Negative
152	As we can't get an appointment now . How will merging 4 surgeries improve things. Car parking at north wing is already over used . People need more appointments 7am til 7pm opening hours. Continuity between the team . Special needs children and adults need one to one care even if it's a cough or cold. It could be pneumonia next week if not taken seriously. I've tried 4 times to get an appointment I've sat in the waiting room 2 hours refusing to budge to get seen . Yes I got a scan 24 hours later so I needed it .	Negative
153	Not enough parking spaces. □ You would have to park along way away . A very busy area already □ This would make people late for appointments □ .. that is if you can get an appointment!!!!!!	Negative



## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

154	Since the amalgamation of my Pemberly Road Surgery it has had a major impact on the availability of appointments. □ My concern with the 'Hub' would be access to parking , with sharing the car park for Gilbert House and the cost of parking , especially if the doctor is running late.	Negative
155	Will there be extra free parking for patients at the new facility? Hopefully there will be more than enough doctors and nurses for AI practices to merge to one place and will it take even longer to get through on the phone?	Negative
156	The cost of parking and it is already difficult finding a space in that area	Negative
157	Difficulty with parking and the cost of parking on that site.	Negative
158	Luckily I haven't needed to use your service since I was forced to change to you. I prefer to see the same GP and don't like the way things are going to centralise everything. I also presume the parking at this location is paid for, which is totally wrong.	Negative
159	Parking will be an issue. Public transport does not work for this location.	Negative
160	More traffic and not enough parking. Also cost of parking.	Negative
161	Traffic, cost of parking, availability to see doctors.	Negative
162	Just the hideous cost for of parking would put me off going.	Negative
163	Access on rugby match days as car park used	Negative
164	Parking and the flow of traffic into the area	Negative
165	No room for any patients parking	Negative
166	Parking is poor and expensive at most locations and especially so in NHS car parks.	Negative
167	Car parking as this new facility will be additional to an already crowded and busy site.	Negative
168	Ease of parking is the main one.	Negative
169	Parking facilities are lacking in the new location. Joined the practice because of its Pemberley location.	Negative
170	Cost of parking at this site	Negative
171	Cost of parking as usually walk but this will not be possible for all my family	Negative
172	Parking is a problem now especially for poor mobility patient who can't walk from other parking sites. This needs to be considered adding more clinics will only increase the problem.	Negative
173	The village is a confusing site with no parking. This is a highly detrimental proposal. I may well look for an alternative practice	Negative
174	It think moving and reducing sites will mean even less continuity for those of use with long term illnesses having to go through everything at each appointment. It is already very difficult let alone having only one place to visit. Parking especially for disabled patients or those with young children will be more difficult and more costly. Having to park further away from the doors will cause a lot of patients more stress. Patients will also have to go through two reception desks which take up time. I believe this needs more consultation and planning .	Negative
175	The cost of parking it's a joke	Negative
176	Doctors make me anxious. Going to ever bigger, more faceless locations is very unhelpful. Especially when they are increasingly far away. Environmentally, making everyone drive also bad.	Negative
177	The cost of parking and availability of parking spaces as being in one site there would be more people using the Carpark. Thank God I don't have to see a dr very often at the moment but, will this move improve the service as at the moment it's seems to be a struggle to get any appointments and you are kept waiting in the phone for so long before they answer too	Negative

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

178	Only people that are not registered with disability but cant walk far. Sometime car park is quite full and they would have to use kimbolton road which is quite a walk.	Negative
179	Getting appointment is a nightmare and unless you own a car you are stuck	Negative
180	Parking will be an issue	Negative
181	Disabled places to park	Neutral
182	Parking costs or tax fares, bus routes	Neutral
183	Parking is the most important due to disabilities	Neutral
184	Waiting times - if you don't know how long you will have to wait you will probably over run your parking fee as you won't know how long it will take	Neutral
185	Cost of parking	Neutral
186	Will there be additional parking at the New Hub, will there be a cost for an appointment to see a GP?	Neutral
187	Parking is main concern.Is there allocated parking for de Parts patients?	Neutral
188	Patients don't have to pay to park at Pemberley Avenue or Church Lane, whereas we do have to pay at Gilbert Hitchcock House. Will patients have to pay to visit the new Hub? Dead against the new Hub if so.	Neutral
189	A drive through area to drop off and pick up as the parking is extremely limited - paid for parking expensive and free parking a good distance away.	Neutral
190	Cost and availability of parking	Neutral
191	Parking should be free	Neutral
192	It is hard to say as we have no idea if parking will be an issue and if there is parking available whether it will be affordable or not	Neutral
193	Will there be free parking at the new site?	Neutral
194	Mainly transport issues for the elderly	Neutral
195	Free car parking should be a necessity.	Neutral
196	More parking places	Neutral
197	Parking costs & availability	Neutral
198	Availability of parking	Neutral
199	Cost of parking and getting to the surgery.□ Will there be access to a pharmacy to obtain medication?□ Will there be specialist GPS to deal with mental health? What about routine procedures like dewaxing ears for example?	Neutral
200	Availability and cost, if any of parking	Neutral
201	Available parking and cost of parking	Neutral
202	Available parking for patients who feel unwell and disabled	Neutral
203	Ease of parking. I have no idea what the current situation is.	Neutral
204	The bigger the practice the more parking will be needed, it is already a very busy car park	Neutral
205	Parking area in Rugby Club Car Park possibility.	Neutral
206	Major one is the cost of parking. I can't compare convenience of Hub hours and Church Lane hours of we don't know what those will be	Neutral
207	Cost of parking amount of room for parking	Neutral
208	Availability to needed appointments, waiting times, waiting area space is limited in enhanced centre and Disability user car spaces	Neutral
209	Cost of parking	Neutral
210	On site parking for patients and appointment availability.	Neutral
211	Parking cost	Neutral
212	Just the availability of car parking and the costs	Neutral

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

213	Parking & dropping elderly parents	Neutral
214	Lack of parking	Neutral
215	Free parking or cheaper parking	Neutral
216	Parking	Neutral
217	Cost and availability of parking is a real issue	Neutral
218	Parking. There isn't enough parking spaces for the area already.	Neutral
219	Parking	Neutral
220	Parking	Neutral
221	Plenty of disabled parking.	Neutral
222	What is the cost of parking? How much parking is available for de Parys group patients?	Neutral
223	Sufficient parking at no cost is essential for all	Neutral
224	For me parking is the most important for all sites, for examples parking at the deparys surgery has been frustrating as you have to pay and can only stay for an hour which causes worry when my appointments have been consistently late	Neutral
225	Ease of parking when this location is used by residents all over Bedford and not just the DeParys group	Neutral
226	Parking costs and availability of parking spaces	Neutral
227	Cost car parking, car parking facilities, ease of getting an appointment	Neutral
228	Parking	Neutral
229	Wheelchair access and parking	Neutral
230	Ensure enough parking	Neutral
231	Number of patients per GP, □ Access to GPs with special interests e.g dermatology, menopause, Womens health. Accessibility/increased availability of face to face appointments, less waiting time when phoning the practice. □ Car parking charges?	Neutral
232	Parking charges	Neutral
233	Ease of getting an actual appointment. Ease of seeing the same GP. Ease of parking.	Neutral
234	The biggest impact for me is the COST and AVAILABILITY of parking, as it's free and easy to park at Church Lane.	Neutral
235	Cost of parking and availability of parking	Neutral
236	Parking availability. My partner is disabled and cannot walk any distance. We would not want to be late or miss appointments due to parking.	Neutral
237	Improved disabled parking	Neutral
238	Cost and availability of parking	Neutral
239	Needs extra disable parking	Neutral
240	Parking	Neutral
241	Cost of travel and parking for pensioners	Neutral
242	Car parking. Cannot tell how long required and whether sufficient space.	Neutral

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

243	I don't believe changing a building will change the service level. This comes down to good systems / great people. I do believe there should be a facility to book a GP appointment on a set day in advance, for minor issues which don't need same day. Issues which are in need of advice but cannot take urgent same day space. Parking for free in some locations would clearly be beneficial for the community services by the Health Centre.	Neutral
244	Parking	Neutral
245	The cost of parking and lack of spaces at the proposed site will be a massive issue for most	Neutral
246	The stress of trying to park when you already feel unwell, Parkin is very limited at this site	Neutral
247	Travel	Neutral
248	Travel and I been 2 Goldington for ages 1e years and my family <input type="checkbox"/> Have	Neutral
249	Parking we don't have to pay to see a doctor . We don't see a doctor now everything done by phone face to face	Neutral
250	Parking availability and cost	Neutral
251	Just please ensure there is adequate parking at the proposed new sites!!	Neutral
252	Parking and especially cost	Neutral
253	Parking and parking costs.	Neutral
254	Purely concerned about parking	Neutral
255	Only the cost of parking	Neutral
256	Parking charges outside Gilbert Hitchcock house and surrounding areas	Neutral
257	More car parking spaces would be needed as the present car parking is at present is for the use of Gilbert Hitchcock Unit	Neutral
258	Will it be quicker to see a Dr in person than it is at the present time. Will there be a pharmacist on sight to obtain prescriptions on sight? Will there be sufficient parking spaces for the obvious demand	Neutral
259	Parking consessions for visits	Neutral
260	For me, as long as I have ease in calling and speaking to someone to make an appointment, the appointments are booked as quickly as possible and Dr's are caring then where the actual surgery is doesn't matter. The reason I like going to church Lane rather than my current practice which is pemberley is purely the free parking!! Which I hope would be a consideration for the new site.	Neutral
261	The venue needs to be welcoming and attractive wuth plenty of parking, shaded in summer and free of ice in winter	Neutral
262	Cost of car parking	Neutral
263	Parking availability	Neutral
264	Parking availability	Neutral
265	Car parking	Neutral
266	Available onsite free parking needs to be a consideration. There are pay and display car parks, where these use an app or require a debit card registering - this will prevent use by a significant number of patients who either do not use an app and are not prepared to register a debit card. Coin machines are disappearing.	Neutral
267	Sufficient parking spaces <input type="checkbox"/> Being able to see own doctor	Neutral
268	Adequate parking?	Neutral

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

269	Ease of parking and cost of parking <input type="checkbox"/> How many consultations will be available. Any Sat services? Any Increased services? No mention of disabled access being improved. Which surgeries will close. Where will surgery be biddenham.	Neutral
270	The cost of parking is high on the site. It's a long way to walk to, for someone who can't drive and disabled. <input type="checkbox"/> The bus services to the location are extremely unreliable. The buses are not very frequent	Neutral
271	Parking. Hopefully enough spaces will be made available and parking should be free.	Neutral
272	Car parking space and any fees	Neutral
273	Increase traffic and need for more parking or a dedicated bus service from the town centre.	Neutral
274	Taking away local surgeries will surely negatively impact the elderly and those with mobility issues or those without access to private transport. I'm surprised this wouldn't be brought up on an Equality Impact Assessment.	Neutral
275	Car parking.	Neutral
276	Ease and cost of parking!!!	Neutral
277	Yes, what about home visits and night visits <input type="checkbox"/> Will there be free parking on site <input type="checkbox"/> Will one be allocated or be able to choose a GP <input type="checkbox"/>	Neutral
278	At present there is plenty of parking close to all the surgeries. If all are to be combined on one site will there be enough parking?	Neutral
279	Parking costs	Neutral
280	Cost of parking is unclear - I think it should be free. Ease of booking appointments	Neutral
281	How crowded the waiting rooms will be. That has been a key issue during recent years and one's choice, when possible, of where one wants to attend. Phlebotomy has greatly improved. <input type="checkbox"/> It's hard to see how parking will be easier as that site is often jammed with people wanting blood tests.	Neutral
282	Ability to park easily at no cost. When I'm unwell I need to see a doctor soon without the awful hassle of the dreaded phone call when I have to wait on hold for ages.	Neutral
283	Your Workers park elsewhere for free. <input type="checkbox"/> ANPR parking system like the Dartford tunnel. <input type="checkbox"/> A service info for SEND and all applicable services available	Neutral
284	Paying for parking inconvenience. Too big and lose individuality	Neutral
285	Car parking and bus routes	Neutral
286	Adequate parking is essential with reasonable parking charge giving sufficient time for appointment.	Neutral
287	Ease of nearby parking.	Neutral
288	Parking and cost of parking	Neutral
289	The impact on meeting potential increased demand on the available resources, for example, patient capacity and reasonable parking policies at the hub, should be considered.	Neutral
290	Cost of parking is the most important factor	Neutral
291	Parking ! At the hub . It should be free . Getting to know one doctor would be best for the patient !!!	Neutral
292	Free car parking would be good	Neutral

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

293	I would suggest cheaper or no charge carpark charges for those who have to travel.	Neutral
294	Easy access with plenty of free parking	Neutral
295	Just the number of parking spaces	Neutral
296	Parking	Neutral
297	How much parking there is , how much it will cost. Will it mean quicker to see a doctor	Neutral
298	Free parking and sufficient parking spaces	Neutral
299	Parking costs	Neutral
300	How much parking is available and what is the cost to park.	Neutral
301	Cost of parking	Neutral
302	Parking cost, parking cost, parking cost	Neutral
303	I am assuming all these services will be offered and it is not just wishful thinking on my part. There is no mention of the ease of parking or the cost at the HUB so it is hard to answer sensibly.	Neutral
304	Parking to pick up prescriptions	Neutral
305	Once it becomes a hub no restrictions on parking	Neutral
306	Free car parking is important	Neutral
307	Parking, drop-in facility and the need for a greater staff to patient ratio.	Neutral
308	Ease and cost of parking	Neutral
309	No on-site parking could create congestion in the vicinity	Neutral
310	Parking	Neutral
311	There is currently more parking available in DeParys Avenue. Will more parking be made available ?	Neutral
312	Cost of parking and ease to park	Neutral
313	Cost of parking when you do not know how long you will need	Neutral
314	Just cost of parking	Neutral
315	Please keep parking costs reasonable.	Neutral
316	Given the BLMK CCG has taken the decision to deliver a new Primary Care Hub the survey has little value. The decision has already been made. I am concerned with the lack of information regarding the detailed use of the building in the document. A photograph of the building and a plan drawing of the use of rooms and floors within it would have helped me understand better what was intended. The Transport Strategy and Car Parking Management Plan are in development. They should have been finalised. In principle the consolidation of health services makes sense. I have still to be convinced the location of the hub is appropriate and its parking arrangements given its proximity to the Gilbert Hitchcock House	Neutral
317	Cost of parking	Neutral
318	Car parking costs	Neutral
319	Space available for parking close to the Hub for disabled patients and others.	Neutral
320	Will there be plenty of parking and what will the cost be? □ Where is the location going to be? □ Are you phone lines going to be able to cope with the volumes?	Neutral
321	Ease of access and cost of parking	Neutral
322	Parking charges and space availability	Neutral
323	The cost of parking and parking spaces	Neutral
324	Parking cost	Neutral
325	As I am usually a Goldington Road patient this move will not cause me too much 'trouble' except maybe parking as it is already very busy there most days.	Neutral



## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

326	Ok having a hub for everything ,what happens there will never be enough parking. There will also be a cost to park.	neutral
327	The exit onto Kimbolton Rd	Neutral
328	My main concern with any of the new hub placements would be parking. It's enough for a patient to have to attend a GP appointment let alone worry about parking either near enough or having to pay.	Neutral
329	The ease of access to appointments <input type="checkbox"/> Cost of parking	Neutral
330	Parking and cost for parking needs to be low or no fee at all for the first 1 hour	Neutral
331	Free parking	Neutral
332	Free parking and ensuring there will be enough space to park	Neutral
333	Lack of parking/waiting slots/disabled parking	Neutral
334	Free parking	Neutral
335	Space, parking, etc	Neutral
336	Plenty of parking spaces for all and disabled	Neutral
337	Cost of parking and availability of doctors	Neutral
338	Cost of parking and parking space	Neutral
339	Parking costs	Neutral
340	Ample parking	Neutral
341	I've answered these questions on the basis that there won't be a charge for parking. (Parking near DeParys or Pemberley means paying to park for even a short stay.)	Neutral
342	There needs to be adequate FREE parking at the Hub	Neutral
343	Most definitely parking <input type="checkbox"/> Enough reception staff and waiting areas <input type="checkbox"/> Nearest pharmacy for older people to access, will there be one on sight?	Neutral
344	? Parking charges	Neutral
345	Parking availability and cost of parking <input type="checkbox"/> Difficult to say impact as doesn't say what us changing anywhere to know?!	Neutral
346	Parking and cost of parking	Neutral
347	free parking	Neutral
348	How easy will parking be and how much will it cost. Will it be easier to book a doctors appointment and to get through on telephone	Neutral
349	Cost and availability of parking	Neutral
350	Parking. If the parking can be free for patients, that would be a huge bonus for going there rather than another location. Also is the parking enough for this and for the existing provisions?	Neutral
351	Paying for parking, parking spaces availability, traffic, are there more doctors at this surgery as I find it unlikely to get same day appointment s even if I ring at 8am	Neutral
352	Having a face to face appointment is crucial and free parking is needed	Neutral
353	Sufficient free parking is essential	Neutral
354	Free parking with sufficient spaces	Neutral
355	Cost and availability of working- I put neutral as no info about how many spaces will be available and for what cost. There would need to be an option for a 30 minute or 60 minute parking slot	Neutral
356	Ease and cost of parking. More efficient and prompt telephone answering and access to appointments.	Neutral
357	Lack of parking space will impact Blue Badge Holders	Neutral
358	Need parking to be available	Neutral

## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

359	Just make sure parking is ample and cheap or even better free!	Neutral
360	For us- ensuring that there are child friendly car parking spaces. <input type="checkbox"/> For others- maybe making sure that they can still access the surgery easily if they don't have a car.	Neutral
361	I assume the parking will be free?	Neutral
362	Availability of parking and cost of parking	Neutral
363	The only one is car parking and the only benefit to the different location is if decent amount of easy access free car parking is provided. This is the major downside to the current location.	Neutral
364	Availability of parking spaces and cost of parking	Neutral
365	Parking	Neutral
366	Cost of car parking	Neutral
367	Parking spaces	Neutral
368	More parking will be required and reduce the cost to park.	Neutral
369	Cost of parking as church lane is free.	Neutral
370	So long as there's plenty of parking	Neutral
371	Parking availability and costs. Availability to get appt if needed	Neutral
372	Cost of parking	Neutral
373	May be cost of the parking	Neutral
374	Cost of parking and availability of car park space - whilst I understand this may not be entirely under your control you must have a voice in what's provided	Neutral
375	Not really as long as we can get an appointment to see a doctor. <input type="checkbox"/> Parking is going to be the main issue.	Neutral
376	Mostly the cost of travel, parking prices and making sure there is plenty of parking available. Especially disabled bays and keep them monitored as plenty of people use them without a blue badge and it takes space for someone who really needs it.	Neutral
377	Parking and charge, toilets , seats and water , enough staff so people can actually see a GP! Not on the phone x	Neutral
378	Cost to park and ease of parking	Neutral
379	The availability of enough parking and at a reasonable cost now a huge area of Bedford will have to attend this new hub	Neutral
380	Cost of parking	Neutral
381	Ease of obtaining an appointment. Parking space. Will there be waiting time gwtting appointment or when there for the appointment?	Neutral
382	Parking charges if applicable need to be reasonable & affordable !!!!!	Neutral
383	Cost of parking. Needs to be free like church Lane	Neutral
384	Just making parking free and easily accessible	Neutral
385	Parking access	Neutral
386	Availability of a proportionate number of child and parent/accessible parking spaces alongside disabled provision. Bedford has a growing population of young families and finding spaces wide enough to accommodate getting children and baby car seats out of cars is especially difficult at the current De Parys Health Village site, as well as surrounding car parks. Even if it is my appointment I often need to take my children with me and this is a real barrier that I haven't encountered at other De Parys sites.	Neutral
387	Parking costs and space availability. Sufficient, timely appointments relevant to conditions. Seamless access to wider Bedford Health Village facilities for effective throughput.	Neutral
388	Parking	Neutral
389	Car parking which is free or very cheap <£1 is essential...	Neutral



## Are there any other impacts we need to consider?

### Theme 'Car Travel / Parking'

390	That there is enough affordable parking available.	Neutral
391	Parking costs	Neutral
392	Availability of car parking	Neutral
393	Cost of parking and ease of Access for the large number of patients	Neutral
394	Sufficient disabled parking spaces	Neutral
395	Good parking at reasonable cost. Will this improve the ability to see a GP?	Neutral
396	I will walk to the practice, but parking availability, especially disability parking would be a significant issue for many patients.	Neutral
397	Parking	Neutral
398	More parking on site for patients	Neutral
399	Consider free parking especially for the elderly	Neutral
400	Car parking charges	Neutral
401	Access and parking in old age	Neutral
402	Cost of parking and availability	Neutral
403	Cost of short term parking availability of appointments	Neutral
404	Free parking. Being able to see a doctor face to face.	Neutral
405	Free parking. Able to see a doctor face to face.	Neutral
406	I believe increased demand for parking will be concern, in particular for the disabled. Design of reception ,ensure welcoming not overwhelming,impersonal	Neutral
407	Price of car parking	Neutral
408	Ample free parking and disabled spaces are very important.	Neutral
409	Main concern is will there be enough parking and the cost.□ Also will there be enough appointments times and phone lines?	Neutral
410	Not sure if parking will be free at the new hub. That would be a positive impact	Neutral
411	Ample parking at sensible price	Neutral
412	Number of parking spaces and cost of parking	Neutral
413	Need to have free parking for drs apts	Neutral
414	Availability of parking to endure sufficient spaces for patients visiting the site	Neutral
415	More parking and minimal cost to park	Neutral
416	Parking for patients must be free	Neutral
417	Parking at the centre and cost for patients	Neutral
418	Paying for parking and spaces available for patients difficulty walking and do not have a blue badge!!!!!!	Neutral
419	Cost of parking	Neutral
420	You have not said what onsite parking will e available- crucial.	Neutral
421	Parking costs	Neutral
422	Parking cost.	Neutral
423	Better system for availability of obtaining appointments more easily and consider whether there is sufficient car parking in the vicinity.	Neutral
424	Free parking	Neutral
425	Enough parking	Neutral
426	Thanks□ Parking has to be a positive	positive
427	Easy car parking. One site for all positive	positive

## Are there any other impacts we need to consider?

### Theme 'Engagement Process'

1	Re Question 8 as I don't know what the extended services are I do not feel I can answer.	Negative
2	There are no details about the ration of GP to patient in this document which is far more important than a building. Is it to be self financed from the sale of current properties within the practise, will this generate surplus funds?	Negative
3	This survey should have a "Don't know" option. At the moment I'm having to say there will be "No impact" when I don't know if the new hub will have convenient and free parking, etc.	Negative
4	You never give appointments anyway and call for 2 seconds before having a chance to answer, if I were to actually be given appointments we can both commit too I would maybe have a further opinion on moving the location, I also don't know where the new location is	Negative
5	I believe the overall service will be diminished, there a lack of familiarity lack of personal touch, much more likely to be treated as a number not a person	Negative
6	I don't really know where it's moving too or why so I can't answer most of these questions it's all very unclear	Negative
7	Having no details on what this services is actually planing to offer how can we know what the impacts are. This survey is pointless	Negative
8	I don't even know why the change is happening and what the differences are. E.g. parking - I don't know what the cost will be in the new place so how can I say if impact will be positive, negative or it will make no impact?	Negative
9	I don't know enough about the facilities at the new development, the attached document does not give sufficient information about services which will be available.	Negative
10	This questionnaire is not very good. Most services like phlebotomy or physio take place at North Wing already, however it is already hard to park there and adding further pressure will not help stress levels in getting to appointments. A purpose built facility on a separate site would be more efficient.	Negative
11	I would rather you publish the impact of the merger before making this significant change. The merger has negatively impacted the service provided. There was never an issue getting an appointment before this.	Negative
12	Well it would help to have some information. This is the first I am hearing about this. You're asking me about service you will offer - I have no idea. You're asking about parking - I assume it will be better and free. Where will the surgery be in Biddenham and what are the opening times?	Negative
13	Yes. You haven't provided any easily found information regarding parking so i can't do the surve.	Negative
14	It is impossible to answer these questions accurately without knowing whether there may be more doctors and other practitioners, easier access to appointments and the cost and availability of parking. These are the concerns for patients and we have no details on how they might change.	Negative
15	I can't comment on the impact as I'm not aware of what difference will be compared to now	Negative
16	Not been given any info about all these promised services. Will any of them materialise?	Negative
17	Is Pemberley going to be open or closed - no information given.	Negative
18	You need to give me more specific details of wgg gf at is going to happen to the Pemberley practice.	Negative

## Are there any other impacts we need to consider?

### Theme 'Engagement Process'

19	This survey is badly constructed as it asks opinions but doesn't provide information that would enable respondents to answer based on facts. Therefore I suggest that results will be meaningless, or worse still, misleading.	Negative
20	The consultation document was very poorly done. There is no mention of the opening hours, number of appointment slots that will be available vs the current four locations and which enhancement services will now be available to patients that was not previously available. More detailed information needed. Thanks	Negative
21	If you had provided more information about the changes taking place I might have a better idea. So far, it has been questions with detail nor context	Negative
22	You haven't even stated what changes are happening. You send a text with no background, what's is this new health care location?! What a rubbish survey, organisers don't have a clue	Negative
23	Stop taking your patients for idiots - You've decided what you want to and it is SOLELY about money! To date the merger has proved a disaster for patients but you have done nothing to rectify it - on the contrary you continue to run roughshod over us to the point that negative social media posts by patients are now commonplace The survey is a front bit if any of the clueless clowns making the decisions are supposedly running the show wish to discuss it properly my name is xxx and you can get my contact details from Pemberley Surgery)! They won't though!!!!	Negative
24	It has been impossible to effectively answer these questions because there is insufficient information available as to what the new arrangements will provide. The biggest existing problem is the great difficulty in not being able to obtain face to face appointments.	Negative
25	I cannot see how I can give positive impact answers to these questions until I use the facility.	Negative
26	How about disclosing which 4 locations the new hub is to replace.	Negative
27	Clearly stating which practices will be affected, as it seems you have already decided to move.	Negative
28	Yes, it is difficult to answer a survey about services that may be available when you don't know how they are going to work or be accessed in order to give an honest answer as to what the impact will be. □ It has been extremely frustrating trying to get a doctor's appointment since Covid in particular. The telephone system has been appalling with waits up to 45 minutes and then getting cut off. I do accept that Covid put an enormous strain on GP services but I cannot accept that it is the whole reason. Supermarket staff still saw customers but for some reason GP's did not do so. This was acceptable when Covid at its peak but not now and certainly not for the last 6 months. Please, before you do anything else and try to cope with providing other services improve the basics first. Once these are improved you can then look at introducing other things. I know this seems like a rant but access to GPs has been totally awful as has the phone system.	Negative
29	Make the questions easier impact/non impact ?	Negative

## Are there any other impacts we need to consider?

### Theme 'Engagement Process'

30	Parking has to be well in excess.. already there was no parking yesterday morning at the enhanced centre and that's without all the patients from these surgeries .. this must be factored in to plans with a lot of disabled. Staff should not be allowed to use these parking spaces. By moving to the enhanced centre, how will this create additional appointments without additional doctors and nurses .. this needs to be explained within the plan ? How will you be expanding services and what services will you be expanding .. Patients should be aware of this before when engaging in this survey ? It is a good idea to merge into one building but this has been planned a couple of times in the past with other surgeries and did not make it to fruition with a waste of money in preparation for something that did not happen .. please don't make the same costly mistakes as in previous years ?? Keep patients informed, ask patients groups for their input ? Ask staff what they want.. they are the ones working in these premises and know better than architects and office bods exactly what is needed within the service . I have been an nhs worker for over 40 years both in hospital and GP settings .. please get this right and don't waste money like you have done before ... good luck	Negative
31	I have no idea. Don't understand!! the point of the questions. Sorry	Negative
32	Yes. Bromham surgery has hardly been open since we moved here. The questionnaire is skewed. First question how often does one use Bromham surgery. Obviously if not open even post pandemic one cant say one uses it often. Bromham needs a local surgery. There are many elderly people here. During my husband's recent illnesses he has had to go other side of Bedford to another de parys surgery. And I had to threaten legal action to get a face to face appointment with them. De Parys are am absolute disgrace of a practice. Profit driven not patient driven	Negative
33	How easy will it be to get a face to face appointment in a sensible time frame. Haven't been able to get a face to face appointment at Pemberley for over 2 years. Not enough information on the survey regarding which surgeries are moving and what it means for patients. Was never informed at any time of any such consultation which apparently was closed before I received this email.	Negative
34	I am not sure how this improve service overall? Where can I find this information?	Negative
35	To start with what is this? First I have heard of it was a text 10 minutes ago (5/6/22) despite that consultation seems to have been open for 2 weeks? I have had no contact from de parys and have spoken on phone with them in this time also. The document with details is blank soni have no idea what we are judging. However, while I go to the proposed site for blood tests it does effect me for the rare occasion that de parys allow a in person appointment. How does this affect the chance or ability for in person appointments. Most of my in person appointments are at Pemberly although my local surgery is Goldington. Hard to judge how this effects me and I wo der if staying quite and only texting with no background on a BH weekend of jubilee is the group hoping it slips u det the radar with no comments	Negative

## Are there any other impacts we need to consider?

### Theme 'Engagement Process'

36	The atomisation of what was once a personal doctor patient relationship advances still further with this new proposal. One imagines that this is consultation in name only, a requirement to evidence the results of a basic transport impact survey and little more. Once GPs have been replaced by IBM Watson the structural remodelling of our NHS will be almost complete. How predictable, how depressing, and all in the name of efficiency savings. If the NHS wants to make some real savings, it could start by decoupling from US consultants, I.e. MacKinsey et al, delete middle manager positions across the board, and reinstate bursaries to train a new generation of doctors and nurses.	Negative
37	Yes, making the same effort to describe the new services and issues as you made to send patients this survey. How can we know how to answer without all the info?	Negative
38	Didn't know this was happening. So I have not been informed of any additional service or indeed any services that will be unavailable. I don't know anything about this hub because I have not been informed of the move	Negative
39	You have not explained what will actually change!	Negative
40	How on earth am I to know the differences envisaged for the new location? How do I know what parking facilities or what parking charges will be made? How do I know what services will be offered or what impact it will have upon me?	Negative
41	This is another NHS scam. The decision has already been made for the financial benefit of the partners without any consideration of patients' views	Negative
42	Consulting us properly. I've looked through everything and cannot properly understand every you're proposing because I can't see anything clearly written down and explained. For example, if the main place to visit is Notth Wing, parking will be difficult - unless you have made limited-time free parking available. IN WHICH CASE YOU NEED TO PUBLICISE IT!! I wouldn't know - haven't been able to get an appointment with you for years. I have been forced twice to go private as a result!!	Negative
43	Explaining in a clearer way what is moving - all a bit nhs jargony to date. Happy with the move, things change just communicate lots	Neutral
44	Which GP surgeries are moving to the new location?	Neutral
45	I am assuming all these services will be offered and it is not just wishful thinking on my part. There is no mention of the ease of parking or the cost at the HUB so it is hard to answer sensibly.	Neutral
46	I answered the questions, but some answers should have been "don't know" if I had had the option - it depends on what exactly is proposed - e.g. disabled parking	Neutral
47	How can this survey be answered when we have been told nothing about any changes	Neutral
48	I was unaware of this move	Neutral
49	Not at all sure eat you mean by Impacts	Neutral
50	As I have no idea what is changing I cannot give you an in depth answer	Neutral
51	At no time does the form explain which actual benefits will be available, form should include the option of not known .	Neutral
52	Don't know as I this is the first I've heard of it and received no prior information	Neutral

## Are there any other impacts we need to consider?

### Theme 'Environment'

1	Since I live right across the road from the ESC my main worries are about increased traffic, particularly increased air and noise pollution, and congestion. This will have a significant detrimental effect on my physical and mental health on an on-going basis.	Negative
2	The effects of more difficult and more expensive travel plus cost of parking which will, as always, impact most heavily on those with the greatest medical needs and those with the smallest incomes and those who are the most frail or unable to drive etc etc Public transport in the Bedford area is quite pathetic. I can think of no way I could reach the new set up if I became unable to drive as I get older. I am trying to health and environmental reasons to switch to cycling for as many journeys as possible but I think this one will be just a bit too far even now and even more so as I get older.	Negative
3	Why are you taking away the bromham surgery? Surely the people of bromham will be adversely affected by the changes and having to drive. Not very green or cost effective	Negative
4	Huge impact on Bromham and other village residents in terms of travelling to appointments/services. Forces use of car which isn't environmentally or health friendly. Makes people dependent on others for transport and puts time pressure on families accessing services out of the village when a local provision could be easily accessed.	Negative
5	Environmental and staffing - this encourages people to travel via car and currently you do not have enough staff to cope with the influx of patients as we still cannot book appointments unless emergency ones.	Negative
6	The closure of the Bromham branch surgery will have a negative impact on both my wife and myself. At the moment we can easily walk to the surgery for appointments; if it is moved to Biddenham we will either have to use the car or rely on public transport (which is not practical as the timetables are at present). Both options will impact the environment and have financial implications. Using public transport will also limit the choice of appointments available as we will have to fit appointments around bus times.	Negative
7	Doctors make me anxious. Going to ever bigger, more faceless locations is very unhelpful. Especially when they are increasingly far away. Environmentally, making everyone drive also bad.	Negative
8	You are bringing together services from 4 sites onto 1, environmentally causing more travel mostly by car, then providing no dedicated parking causing patients to try and find parking elsewhere.	Negative
9	We chose Church Lane as we can walk to the surgery without causing a negative environmental impact by using motorised transport.	Negative
10	Keep Bromham surgery open for people like myself in Bromham with no need for fuel, no parking fees, no unnecessary traffic in and around Kimbolton Road/Goldington Road. Less traffic in Bedford Town for patients and better environment and for patients	Negative
11	The environment- don't encourage more people to drive. When our services are local and community based.	Negative
12	Environmental pollution by having to travel. Bromham should be kept open	Negative
13	Will there be less appointments available if practices merge? May force people to drive rather than walk to their local surgery.	Neutral
14	Environmental	Neutral



## Are there any other impacts we need to consider?

### Theme 'Location / Access'

1	why withdraw services from Bromham when new house building has already taken place, more will take place with families moving into the village? Bromham has a modern purpose built, on one level building with a car park, why close it? What impact will there be on repeat prescriptions for the many older patients (like us) who have no access to the internet? will we be able to phone in?	Negative
2	Why withdraw services from Bromham when new house building has already taken place, more will take place with families moving into the village? Bromham has a modern purpose built, on one level building with a car park, why close it? What impact will there be on repeat prescriptions for the may older patients (like us) who have no access to the internet? will we be able to 'phone in'?	Negative
3	Parking, its hard enough now, but when your got it open with all your doctors, nurses, office staff, with cars, your ten allotted parking places outside your building, will not be enough. I drive myself, but cant walk far.	Negative
4	There is no direct transport to the proposed Biddenham facility from the village of Bromham, other than an irregular bus service. Walking is not an option and would be two miles from where I live.	Negative
5	Since I live right across the road from the ESC my main worries are about increased traffic, particularly increased air and noise pollution, and congestion. This will have a significant detrimental effect on my physical and mental health on an on-going basis.	Negative
6	The effects of more difficult and more expensive travel plus cost of parking which will, as always, impact most heavily on those with the greatest medical needs and those with the smallest incomes and those who are the most frail or unable to drive etc etc Public transport in the Bedford area is quite pathetic. I can think of no way I could reach the new set up if I became unable to drive as I get older. I am trying to health and environmental reasons to switch to cycling for as many journeys as possible but I think this one will be just a bit too far even now and even more so as I get older.	Negative
7	Many pts are elderly, vulnerable and don't drive. It is going to be extremely difficult for them to get to the proposed hub on public transport and time consuming (throught the traffic in that area) and expensive to use taxis. For people who work and with children travelling further us going to be a disadvantage despite a wider range of services. De parys group should maintain at least one practice on town, either Pemberley or De Parys Avenue.	Negative
8	Total lack of parking, the site is already too hard to park, forcing us all to improve your profit into one site	Negative
9	Poor bus service to North Wing - every 30 minutes	Negative
10	Why are you taking away the bromham surgery? Surely the people of bromham will be adversely affected by the changes and having to drive. Not very green or cost effective	Negative
11	Poor bus service and substantial increase in taxi costs imminent	Negative
12	Huge impact on Bromham and other village residents in terms of travelling to appointments/services. Forces use of car which isn't environmentally or health friendly. Makes people dependent on others for transport and puts time pressure on families accessing services out of the village when a local provision could be easily accessed.	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

13	Yes <input type="checkbox"/> The high difficulty of finding access to a person on phone, the shortage of car parking spaces, the increased traffic on major road causing chaos in school times and rush hours	Negative
14	This questionnaire is not very good. Most services like phlebotomy or physio take place at North Wing already, however it is already hard to park there and adding further pressure will not help stress levels in getting to appointments. A purpose built facility on a separate site would be more efficient.	Negative
15	Travel is going to become a big issue	Negative
16	This set will not ensure continuity of care. Also the set up at GHH does not appear large enough nor adequate parking to cover 4 practices working from there.	Negative
17	This questionnaire is rather misleading, if I'm honest. If your moving four practices into one hub this is surely going to effect the elderly, disabled and vulnerable patients. These are individuals who need the service, people can't afford to get to some of these areas. Having one hub doesn't benefit the population. You haven't mention the reason why this would benefit your patient population. You need more phone lines and more appointments available with experienced competent GPs for the amount of patients in your current population. I was registered with Dr x back in the 80's and have seen this practice deteriorate. I have been registered in several London practices for the past 10 years and have been given much better care and they had a larger population. Your system doesn't work, it's scary. An elderly person needs to call at 8 on the dot and sit in a queue for sometimes 45 minutes. We often have to be flexible and get to other Gp surgeries which I did not sign up to. I am young, with transport and I am able to do this. I haven't been seen at De Parys for years as I've had to travel around Bedford for wherever you have appointments. Why don't you look at offering weekend appointments. Employing more Gp/ nurse practitioners / receptionists who can give patients urgent appointments and routine appointments. You've got too big and your not providing a sufficient service if I'm honest.	Negative
18	At the moment you telephone and the calls divert to a receptionist in any one of the 5 surgeries. If all the surgeries get merged into one place there will only be one/two receptionists taking fewer calls and it will be even more impossible to get an appointment. Different locations provide people with a choice so they can pick where is most convenient to get to. It is hard to park at the health village. Parking is always full so how will it suddenly be able to support the parking needed for <input type="checkbox"/> volume of patients attending.	Negative
19	Capacity of the site to cope with the same volume of patients who currently attend the existing sites.	Negative
20	Potential problems with increased traffic moving into and out of the site, beside a busy road, with schools nearby.	Negative
21	Potential problems with traffic management, into and out of the site, beside a busy and relatively narrow road, with schools nearby.	Negative



## Are there any other impacts we need to consider?

### Theme 'Location / Access'

22	<p>The general amalgamation of local GP services has had a negative impact on all patients' continuity of care. It's not only virtually impossible to get an appointment at all, but if you do manage to get an appointment within a couple of weeks that is then simply booted down the road with an automated text sent at 8.01am on the day of the "appointment" regardless of the time "booked" (case in point was that I arranged for an appointment at a time I could attend on my last 3 appointments, as I work full time) stating that the Dr "tried to call but you didn't answer" (despite no missed call notification and the phone BEING IN MY HAND at the time the texts were received on each occasion - it didn't ring ...)□</p> <p>so "please book another appointment". Actually seeing the same GP twice who has the soft skills and ongoing relationship was already destroyed when the surgeries joined. This looks like yet another step up the ladder towards a conveyor belt approach. I appreciate this is not the fault of individual practices or GPs who are largely committed professionals but likely a top-down policy approach from government towards the eventual disbandment of the NHS system but hey, you asked.</p>	Negative
23	<p>Not a good idea why not leave surgeries as they are. Easier for patients to get to. Better parking facilities are at the surgeries now. It is hard enough to see a Doctor if they exist anymore. Too many calls at once. Waiting in a queue is a negative. Why can patients not see Doctors instead of phone calls. Too many negatives with new choice.</p>	Negative
24	<p>Environmental and staffing - this encourages people to travel via car and currently you do not have enough staff to cope with the influx of patients as we still cannot book</p>	Negative
25	<p>Housebound patient. Unable to access GP for appointments or contact via</p>	Negative
26	<p>Accessibility to the site if increased traffic going in and out, as well as provision of more parking spaces. Impact of increased traffic on Kimbolton road</p>	Negative
27	<p>Overwhelmed site with phlebotomy, mental health, physiotherapy already cramed on the health village, limited parking, congestion at entrance/exit issues with crowding</p>	Negative
28	<p>Parking fees, Traffic</p>	Negative
29	<p>Parking at the site is limited for this to work it would need to be urgently improved and extended , this is a busy site.□</p> <p>All services require major improvement, it's difficult to comment on impact when you feel none exist at the moment.</p>	Negative
30	<p>Bus time tables may impact on appointment times. Walking slower for the elderly thereby needing local GP.</p>	Negative
31	<p>People who do not drive and use public transport but would have to walk from town centre</p>	Negative
32	<p>It is the other side of town and is almost impossible to get there by bus because of bus times</p>	Negative
33	<p>Cost of getting a bus . I'm only on ESA</p>	Negative
34	<p>There is no direct bus service so as I age and don't drive it will be impossible to reach.</p>	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

35	Yes. Bromham surgery has hardly been open since we moved here. The questionnaire is skewed. First question how often does one use Bromham surgery. Obviously if not open even post pandemic one cant say one uses it often. Bromham needs a local surgery. There are many elderly people here. During my husband's recent illnesses he has had to go other side of Bedford to another de parys surgery. And I had to threaten legal action to get a face to face appointment with them. De Parys are am absolute disgrace of a practice. Profit driven not patient driven	Negative
36	What bus service(s) serve the Bedford Health Village and ease of access?	Negative
37	The closure of the Bromham branch surgery will have a negative impact on both my wife and myself. At the moment we can easily walk to the surgery for appointments; if it is moved to Biddenham we will either have to use the car or rely on public transport (which is not practical as the timetables are at present). Both options will impact the environment and have financial implications. Using public transport will also limit the choice of appointments available as we will have to fit appointments around bus times.	Negative
38	As we can't get an appointment now . How will merging 4 surgeries improve things. Car parking at north wing is already over used . People need more appointments 7am til 7pm opening hours. Continuity between the team . Special needs children and adults need one to one care even if it's a cough or cold. It could be pneumonia next week if not taken seriously. I've tried 4 times to get an appointment I've sat in the waiting room 2 hours refusing to budge to get seen . Yes I got a scan 24 hours later so I needed it .	Negative
39	Far for me. But if services are better , that would be a a great improvement. It is an abysmal and chaotic surgery with 40 minutes or more to book an appointment and if you are lucky to get one. Services are poor : eg blood tests . I am thinking of changing to another medical centre but if you building a new surgery in Biddenham to replace Bromham surgery, that will be satisfactory to me living in Biddenham.	Negative
40	poor bus services from Bromham	Negative
41	Distance away from your patients in elstow and mile road? Hard enough getting an appointment and getting to de parys as it is!!	Negative
42	Parking is a problem now especially for poor mobility patient who can't walk from other parking sites. This needs to be considered adding more clinics will only increase the problem.	Negative
43	Consider the impact on agoraphobic and claustrophobic patients who are currently able to get to the surgery, but may find the new location tricky or impossible	Negative
44	Traffic congestion increased due to collocating services at a busy part of Bedford - especially at peak times	Negative
45	My answers were based on the location and condition of the building right now, it's difficult to find, parking isn't great, the amount of stairs, I was made to climb up 3 flights of stairs for a physio appointment with a recently herniated disc and 2 bulging discs	Negative
46	Doctors make me anxious. Going to ever bigger, more faceless locations is very unhelpful. Especially when they are increasingly far away. Environmentally, making everyone drive also bad.	Negative
47	Distance to walk for people (elderly especially) with no access to transport. No convenient nearby bus route, either.	Negative
48	Distance, cost, inconvenience, traffic, travel difficulties, more than 1 bus required.	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

49	Can't see how anything will change, except more difficult to get to, nightmare parking, few appointments, and access walking from Bedford bus station will be impossible.	Negative
50	Cost of carparking. Ease of travelling there from North Bedfordshire. Actually seeing a doctor face to face..	Negative
51	As a wheelchair user this site will be less accessible by bus for me than Goldington Rd if I have to go there rather than goldington rd.	Negative
52	Staffing - will there be anybody there? Parking is very very expensive - I will not be parking there and may think of moving if it becomes difficult to access the service	Negative
53	You are bringing together services from 4 sites onto 1, environmentally causing more travel mostly by car, then providing no dedicated parking causing patients to try and find parking elsewhere.	Negative
54	Bromham Branch currently serves a large (and expanding) village with a lot of older residents, who would now need to travel much further to appointments, congesting the roads where a number of new houses are also being built.	Negative
55	Consideration to the elderly in obtaining appointments without having to travel miles, or being able to make home visits.	Negative
56	I'm not a fan of change and I'm worried about foot fall and the amount of people in the waiting room. I visited a surgery last week and the waiting room was full of patients it put my anxiety into overdrive.	Negative
57	Patients that have no mode of transportation and mobility issues	Negative
58	I walk to Bromham. The buses are only once every hour and half I can't get to Biddenham either Bromham and Biddenham have new housing developments,	Negative
59	No thought how elderly will get to hub via bus - there is no service direct from Bromham	Negative
60	The extra travel time and traffic.	Negative
61	The location is already busy this will just make things worse	Negative
62	How are people in Bromham who have no transport supposed to access medical services? If the surgery closes there will be no medical services available in Bromham which is a rapidly growing village. My mother is 92 and at present uses the Bromham surgery which is in walking distance. If she has to go elsewhere then she will have to rely on friends and family to transport her as she no longer drives. Patient convenience seems to be being overlooked.	Negative
63	We chose Church Lane as we can walk to the surgery without causing a negative environmental impact by using motorised transport.	Negative
64	Cost of parking is more at esc than elsewhere, as managed by same team as south wing with similar costs, parking available already very limited and local streets are full of esc workers already as no available space on site Difficult to drive around/ about esc site since fire as no one way system anymore Mental health workers from Florence Ball House already park in areas that block flow of traffic. Limited disabled spaces near esc I think	Negative
65	People who don't drive or have the money for public transport it will impact them	Negative
66	Difficult location to get to due to poor east west links. This makes a negative impact overall. As it's hard to get an appointment service extension is pointless.	Negative
67	Sheer distance and inconvenience	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

68	The impact of 40,000 registered patients seeking to make appointments and visit a single site is not mentioned. It is currently almost impossible to get through on the phone, no matter what time of day you call. This proposal will only work if significant investment is made in the support services around the GP practice itself. Parking is limited at the site and is expensive. Pay and Display does not work for patients who do not know whether they will be waiting for 10 minutes or 2 hours. Consolidating staff & patients from 4 separate buildings to one will only work if sufficient parking and support is put in place at the new site.	Negative
69	Too far	Negative
70	I would not want to go to the old North Wing. Parking there costs a fortune. Worse than DeParys Avenue. But there are far more pressing issues than location. The ability to book an appointment is a massive and disgraceful issue at the moment and will be having a hugely negative impact on the physical and emotional health of the community. It's a disgrace.	Negative
71	How far to travel is seem that patients in the east of you practice have not been considered. Having to travel in and out of Bedford is bad enough. Being able to see a doctor would be a miracle and one at church lane would be a bloody miracle.	Negative
72	Your ability to see sufficient patients in one location if you move. Health impacts of more patients in waiting areas. □ Access during school rush hours	Negative
73	Although I live in Bromham, when I get appointments they always are at Pemberley Avenue (never given Bromham as a choice), so I need to get a bus into town and then walk - it is the same for both Pemberley and for the North Wing site.	Negative
74	Parking - will make surrounding area very congested with cars due to no free parking on North wing site Elderly and frail patients will find it harder to attend the surgery	Negative
75	Keep Bromham surgery open for people like myself in Bromham with no need for fuel, no parking fees, no unnecessary traffic in and around Kimbolton Road/Goldington Road. Less traffic in Bedford Town for patients and better environment and for patients	Negative
76	Overly centralising the services will have a sustained negative impact on patients with mobility issues who now live too far from the surgery to get there easily.	Negative
77	Access to facility for those who cannot walk or drive, eg Bromham Surgery if it closes. as there is no bus service from Bromham that stops anywhere near the proposed Biddenham development.	Negative
78	Support for the frail and infirm, especially the elderly in Bromham as the service replacement (Biddenham) will not be accessible unless by car. The nearest bus stop (Biddenham Gold Lane) is the far side of a very busy road with no underpass or safe pelican crossing. Buses are infrequent. □ The Health Hub (North Wing, Bedford) will involve at least 2 buses to get to visit a GP or for other essential health services from Bromham.	Negative
79	May move practice as it's ok if driving but if walking the extra distance would put me off	Negative
80	75,walking is not applicable to the Hub . Church Lane is ,De Parys is a pain and relief on other people's transport. Not happy .	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

81	I do not drive and to go where you need me to go is a far longer walk, I have been with your surgery for 67 year and do not wish to move	Negative
82	Further to travel when feeling unwell	Negative
83	Increased traffic in and out of the area, especially at peak times.	Negative
84	I don't have access to a car and you are moving my primary health care service out of reasonable walking distance	Negative
85	Narrower choices of locations	Negative
86	Traffic congestion	Negative
87	Bromham surgery is used by a lot of patients in the village that may well struggle to get to elsewhere.	Negative
88	Why should I have to get a but at a cost to me when there's a doctors surgery down the road in walking distance	Negative
89	He distance to the facility is much further when I cannot drive myself I am 67 this is a war	Negative
90	It's further for me to travel & I like where my current surgery is now	Negative
91	The parking and congestion on Kimbolton road will be horrendous and I can't imagine combining 4 surgeries will make it any quicker to get appointments	Negative
92	Huge inconvenience for patients using their current location	Negative
93	Loss of Bromham surgery	Negative
94	I chose to join the practice so I could walk to the surgery, moving the practice will impact as I can't get to the new hub easily	Negative
95	YES, elderly patients from Bromham would not find this suitable	Negative
96	the negative impact upon older patients and the traffic gridlock that is so often a feature of Bedford town center	Negative
97	Cycling on Kimbolton Rd is unpleasant	Negative
98	Currently the GP surgery is at the bottom of the road where my mother lives in a care home. This will no longer be the case. If the new centre means that she will have to visit the surgery for each appointment, rather than have visits as happens now (or appointment at De Parys, which care staff can take her to), it will have a significant impact on me, as I will have to travel to collect her and bring her to the new centre. This will mean time away from my work - probably at short notice, as well as extra costs for petrol.	Negative
99	It think moving and reducing sites will mean even less continuity for those of use with long term illnesses having to go through everything at each appointment. It is already very difficult let alone having only one place to visit. Parking especially for disabled patients or those with young children will be more difficult and more costly. Having to park further away from the doors will cause a lot of patients more stress. Patients will also have to go through two reception desks which take up time. I believe this needs more consultation and planning .	Negative
100	Yes. Considerable inconvenience to 80 year olds caring for aged spouses with limited mobility	Negative
101	I live the other side of town so it would be further for me to travel being in deparys its only fifteen minutes in a taxi	Negative
102	Bromham is a large village. Removing a GP surgery from here makes no sense. You are making many people's lives worse.	Negative

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

103	I don't think extra services at a less accessible location makes up for the fact that it is *less accessible*	Negative
104	Terrible idea for the people who live close to the current surgeries. Also I feel it will be even harder to get an appointment	Negative
105	Yes, As I don't go online I drop my repeat prescription for Loperomide into the exterior box at Goldington Road and at present I can do that on a Tuesday to coincide with my class at the retirement education centre (R.E.C) In Rothsay Gardens to save an extra journey. classes start at 10am and I would not be able to do this at a different location, Also I have a hollow back condition, Lordosis, that is making walking more difficult and would not be able to cope with walking to Kimbolton Road.	Neutral
106	Parking costs or tax fares, bus routes	Neutral
107	I see no reason why Church Lane is so under used, it on a level, large waiting room and free car parking	Neutral
108	Easy to find and air conditioning	Neutral
109	easy physical access to the building	Neutral
110	For me personally its all about convenience, but I also have older relatives that live in Bromham, and I'm considering their needs and how convenient the Bromham surgery is for them	Neutral
111	If Bromham surgery closes, will the alternative locations be able to cope with the addition load?	Neutral
112	We don't mind where surgeries are as long as we are allowed to see doc face to face and not spending hours on phone	Neutral
113	Normally when we need an appointment A & E has been quicker. We like Goldington road & church Lane ASD doesn't like change	Neutral
114	Ease of public transport links. Not everyone can afford taxis	Neutral
115	Proper signage to access car park as often miss the turn on the Goldington rd location.	Neutral
116	The ease of access to appointments <input type="checkbox"/> Cost of parking	Neutral
117	I been going to Goldington site for years and closed to town Centre and bus station I don't drive and Disable	Neutral
118	Lack of parking/waiting slots/disabled parking	Neutral
119	Access to public transport. Access for disabled people. Cost and time travelling for people who have registered primarily at practises in the north of the town being moved south.	Neutral
120	Ease of parking and cost of parking <input type="checkbox"/> How many consultations will be available. Any Sat services? Any Increased services? No mention of disabled access being improved. Which surgeries will close. Where will surgery be biddenham.	Neutral
121	Loss of local ability to pop into De Parys Avenue when I can never get through on the phone system and where staff are so helpful and able to help me immediately with repeat prescription issues or appts for myself and my children. <input type="checkbox"/> Concern that I won't be able to see the GP who has been managing very effectively my long term health conditions	Neutral



## Are there any other impacts we need to consider?

### Theme 'Location / Access'

122	How crowded the waiting rooms will be. That has been a key issue during recent years and one's choice, when possible, of where one wants to attend. Phlebotomy has greatly improved.□ It's hard to see how parking will be easier as that site is often jammed with people wanting blood tests.	Neutral
123	Convenience as I live in Bromham the surgery there is my go to where possible	Neutral
124	Yes, is there a pharmacy available? It's a bit of a long walk into town for many people if it's not.	Neutral
125	I don't drive, my husband drives me. Only going to one known centre (on a bus route for me) is better than being sent all over to places we don't know re travel time, parking, bus routes but it's getting to the point you can't get an appointment so you are prepared to go anywhere. To get a timely appointment is the most impactful thing for me	Neutral
126	Given the BLMK CCG has taken the decision to deliver a new Primary Care Hub the survey has little value. The decision has already been made. I am concerned with the lack of information regarding the detailed use of the building in the document. A photograph of the building and a plan drawing of the use of rooms and floors within it would have helped me understand better what was intended. The Transport Strategy and Car Parking Management Plan are in development. They should have been finalised. In principle the consolidation of health services makes sense. I have still to be convinced the location of the hub is appropriate and its parking arrangements given its proximity to the Gilbert Hitchcock House	Neutral
127	Transport and access for the disabled.	Neutral
128	No easy access by public transport.□ Provision of a direct patient transport similar to the old Hospital car service, maybe a minibus?□ We value getting to know (and being known by) the medical staff which was an asset to us at Pemberley surgery before the merger.	Neutral
129	Will there be plenty of parking and what will the cost be?□ Where is the location going to be?□ Are you phone lines going to be able to cope with the volumes?	Neutral
130	To reduce the volume of cars/parking and parking fees is it possible for a designated bus stop on the site to allow the access of public transport? Considering the extensive services proposed, many patients could be on the site an hour or more. If that stop was available on many of the local bus routes, I am certain that it would be utilised. Less cars, less fuel, less parking facilities, less costs and less stress.	Neutral
131	Keep Bromham surgery and open it up all day, 5 days a week	Negative
132	Surgery in Bromham is much more accessible to local patients	Negative
133	Time it will take to travel to the Hub - 25 mins	Neutral
134	You ask which of the locations I would use most, usually you are not given a choice and have to take whichever surgery you are told for an appointment, I am lucky as No7 Bus goes to Church Lane and your Hub without too much walking so better for me than your 3 town surgeries at present.	Neutral
135	no we live very close to all of the sites so everything is O K please take this as from both of us	Neutral

## Are there any other impacts we need to consider?

### Theme 'Location / Access'

136	Church Lane will be much easier for me as I am paralysed said on your chair the other surgeries are a struggle to get into especially De Parys Avenue	Neutral
137	Accessability for long term housebound patients.	Neutral
138	Mainly transport issues for the elderly	Neutral
139	As I am usually a Goldington Road patient this move will not cause me too much 'trouble' except maybe parking as it is already very busy there most days.	Neutral
140	Will there be less appointments available if practices merge? May force people to drive rather than walk to their local surgery.	Neutral
141	Patient confidence in the service being provided. <input type="checkbox"/> Disruption for elderly or infirm patients resident in outlying villages where public transport is not readily available, particularly if the Bromham surgery is moved <input type="checkbox"/>	Neutral
142	I would choose the Biddenham site wherever possible as it's closest to where I live (Bromham). However, that obviously doesn't apply to everyone. It just happens to suit me better.	Neutral
143	Cost of travel and parking for pensioners	Neutral
144	The exit onto Kimbolton Rd	Neutral
145	My main concern with any of the new hub placements would be parking. It's enough for a patient to have to attend a GP appointment let alone worry about parking either near enough or having to pay.	Neutral
146	Am next to South Wing so anything with appointments there both would add a lot of times	Neutral
147	Travel	Neutral
148	Travel and I been 2 Goldington for ages 16 years and my family <input type="checkbox"/> Have	Neutral
149	To be accessible for all disabilities, including visually impaired.	Neutral
150	For me, as long as I have ease in calling and speaking to someone to make an appointment, the appointments are booked as quickly as possible and Dr's are caring then where the actual surgery is doesn't matter. The reason I like going to church Lane rather than my current practice which is pemberley is purely the free parking!! Which I hope would be a consideration for the new site.	neutral
151	The venue needs to be welcoming and attractive wuth plenty of parking, shaded in summer and free of ice in winter	Neutral
152	Travel expenses for disabled people on a pension	Neutral
153	Space, parking, etc	Neutral
154	How big the new hub will be and how far it will be to walk within the building to the appointment rooms	Neutral
155	Paying for parking, parking spaces availability, traffic, are there more doctors at this surgery as I find it unlikely to get same day appointment s even if I ring at 8am	Neutral
156	I don't know but de Parys too small for purpose and elderly can't climb stairs	Neutral
157	As we get older we cannot walk so far. Therefore Bromham Surgery is very important to retain for a vastly expanding village.	Neutral
158	The cost of parking is high on the site. It's a long way to walk to, for someone who can't drive and disabled. <input type="checkbox"/> The bus services to the location are extremely unreliable. The buses are not very frequent	Neutral



## Are there any other impacts we need to consider?

### Theme 'Location / Access'

159	Increase traffic and need for more parking or a dedicated bus service from the town centre.	Neutral
160	Availability and waiting times with a condensed location	Neutral
161	I don't drive I picked church lane as I can't leave my husband for to long it is 10 minutes away	Neutral
162	How patients with life limiting conditions combined with other conditions are going to cope without transport/relatives to help out to enable ease of appts.with low travel costs.	Neutral
163	Taking away local surgeries will surely negatively impact the elderly and those with mobility issues or those without access to private transport. I'm surprised this wouldn't be brought up on an Equality Impact Assessment.	Neutral
164	For us- ensuring that there are child friendly car parking spaces. □ For others- maybe making sure that they can still access the surgery easily if they don't have a car.	Neutral
165	Going to church lane will be more convenient for us both.So it have no impact on us	Neutral
166	No just a bit further to go and may be busier than Pemberley Avenue?	Neutral
167	Access from villages if you do not drive	Neutral
168	Cost of parking and ease of Access for the large number of patients	Neutral
169	Traffic to the area	Neutral
170	I believe increased demand for parking will be concern, in particular for the disabled. Design of reception ,ensure welcoming not overwhelming,impersonal	Neutral
171	Closeness to home as one gets order for treatment.	Neutral
172	Paying for parking and spaces available for patients difficulty walking and do not have a blue badge!!!!!!	Neutral
173	Ease of access will be a huge positive. The stairs at Goldington Road are a problem.	Positive
174	It will be more convenient than Church Lane	Positive
175	If I can go to doctors in Biddenham surgery then all positive impact. This is closer to where I reside	Positive
176	Easier to get to.	Positive

## Are there any other impacts we need to consider?

### Theme 'Miscellaneous'

1	There are no details about the ration of GP to patient in this document which is far more important than a building. Is it to be self financed from the sale of current properties within the practise, will this generate surplus funds?	Negative
2	This questionnaire is rather misleading, if I'm honest. If your moving four practices into one hub this is surely going to effect the elderly, disabled and vulnerable patients. These are individuals who need the service, people can't afford to get to some of these areas. Having one hub doesn't benefit the population. You haven't mention the reason why this would benefit your patient population. You need more phone lines and more appointments available with experienced competent GPS for the amount of patients in your current population. I was registered with Dr xx back in the 80's and have seen this practice deteriorate. I have been registered in several London practices for the past 10 years and have been given much better care and they had a larger population. Your system doesn't work, it's scary . An elderly person needs to call at 8 on the dot and sit in a queue for sometimes 45 minutes. We often have to be flexible and get to other Gp surgeries which I did not sign up to. I am young, with transport and I am able to do this. I haven't been seen at De Parys for years as I've had to travel around Bedford for wherever you have appointments. Why don't you look at offering weekend appointments. Employing more Gp/ nurse practitioners / receptionists who can give patients urgent appointments and routine appointments. You've got too big and your not providing a sufficient service if I'm honest.	Negative
3	Since we rarely are able to see a Dr face to face or get any real care from the practice since amalgamation, we feel this survey is pointless. Parking should be free for any consultation. How much more public money will be given over to yet more privatisation when the system is on its knees?	Negative
4	The site is so big personal well being is lost x personal service is already poor at the Goldington Site with reception staff (some) being very abrupt and dismissive x will we become just caught up in a massive big hell hole	Negative
5	GP surgeries require people being at ease enough to talk and make appointments, that's why they've always been small in size and often in former houses, to make people feel at home and so that they can form a relationship with a regular gp. Moving to one big practice bases at a hospital is a stupid idea, people will never be able to see the same gp often and a clinical setting will make people feel awkward and uncomfortable to talk about mental health or a suspicious rash etc. Absolutely terrible idea which I imagine is driven by the fact the new sight will likely be a lease on favourable terms, whilst allowing you to sell the very favourable real estate you currently own in the de parys area	Negative

## Are there any other impacts we need to consider?

### Theme 'Miscellaneous'

6	1. Unless the clients of D'Parys group get priority for the above services, I don't see any benefit whatsoever to being on site. □ 2. Also unless more appointments are made available Face to face or video, I again don't see any benefit to moving site. □ 3. Will the money made from selling off the prestigious buildings be put back into the practice to Employ more medical/ nursing staff?? □ 4. Parking on that site is at a premium anyway due to services already on site, without adding 4 more GP surgery's with staff and patients. □ 5. I am already concerned about the lack of continuity in care at the present time, with no idea who you are speaking to Nurse/ Doctor they often only say D'Parys surgery and unless you ask specifically do not say their names.	Negative
7	The atomisation of what was once a personal doctor patient relationship advances still further with this new proposal. One imagines that this is consultation in name only, a requirement to evidence the results of a basic transport impact survey and little more. Once GPs have been replaced by IBM Watson the structural remodelling of our NHS will be almost complete. How predictable, how depressing, and all in the name of efficiency savings. If the NHS wants to make some real savings, it could start by decoupling from US consultants, I.e. MacKinsey et al, delete middle manager positions across the board, and reinstate bursaries to train a new generation of doctors and nurses.	Negative
8	Parking and charge, toilets , seats and water , enough staff so people can actually see a GP! Not on the phone x	Neutral
9	If not broken why change	Negative
10	Stay where you are	Negative
11	Yes, don't move	Negative
12	It would be nice for Middle Aged people to be acknowledged by the surgery	Negative
13	I am concerned about Covid transmission as my husband is immunosuppressed.	Negative
14	Do not do this, the De Parys group has had a negative impact on Pemberley Surgery	Negative
15	Your ability to see sufficient patients in one location if you move. Health impacts of more patients in waiting areas. Access during school rush hours	Negative
16	Don't do it? It's shocking,	Negative
17	Too many people in one surgery	Negative
18	Yes, the pathetic service that the practice has deteriorated into since merging into de parys	Negative
19	These surgeries should be open were they are know. These Tories are killing the NHS and I hope it's the end of them going forward, GP surgery's should be all over the place , and I pay high tax for that privilege, other I think tax shouldn't be paid at all, as it's not being used correctly	Negative
20	Everything is changing and we are confused as service user	Negative
21	I am sad that one of the reasons I was so excited to move to Bromham was access to the surgery.	Negative
22	Terrible decision all round	Negative
23	Don't want the move	Negative
24	Inconvenience	Negative
25	I think this is a terrible idea.	Negative

## Are there any other impacts we need to consider?

### Theme 'Miscellaneous'

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26a	<p>This surgery can't service it's patients for even basic go diagnosis now.it won't change with a new site which just compounds the issue.there has been a high turnover of staff and you NEVER see the same doctor twice. There is no continuity of care between the surgery. Doctors or the hospital and everything is passed through the same bottleneck telephone services.it seems now for anything you are put into the queing system that often means waiting 2 hrs for a response. No matter what.you are either cut off or pushed from pillar to post I have told the it costs me 20p minute and have paid in excess of £10 for a call before now.getting a face to face appointment is a joke the only way to do it is to get there by 8am, I was forced to walk in and leave home at 7.30 in the morning even though telling the I am financially challenged and have mobility problems.i was sent to another surgery filled with patients from my own surgery and was not only forced to wait 30mins pat the time of my appointment but given the hurry up by the Dr who it appeared only wanted to treat me for one condition.i myself have had to chase up CT scan appointments which the surgery has failed to make, sent letters and emails that have been ignored and yet the same information sent to 111 has seen an ambulance sent to my front door and this is the tip of the iceberg . Hubs might seem a great idea like addenbrooks but there is this misguided assumption that everyone has transport... They don't. And like I told addenbrooks if there is no patient transport there it's as much use as a chocolate tea pot. The same is true here I want a surgery that can dispense the basic gp requirements or see a doctor face to face because I cannot self diagnose a problem, because I'm not a Dr. But then when is the last time a Dr has physically examined you. The whole practice went down the tubes when it had grandios ideas of joining other surgeries. At best it's already a facing practice at worst it's a joke. This hub won't change that. Seems it's a money making exercise to sell properties and tag on extra services when they can't even offer basic gp services. (cont in next cell)</p>	Negative
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## Are there any other impacts we need to consider?

### Theme 'Miscellaneous'

26b (... cont) The whole idea behind a surgery is it serves a local community. It's not supposed to be a hospital serving the whole of Bedford. It's quite interesting the comments you make about space because the last couple of times I have been into the surgery the waiting room is practically empty even though 2 doctors nurses have been there. WHAT ARE THEY DOING. you don't have enough doctors to service the number of patients so on wonders why you still keep taking on patients. The telephone call backs can waste days waiting for a reply and the silent call from unlisted numbers is annoying. Can I see this changing NO dothey or you listen to patients responses, just look on the net where the same things turn up again and again. This won't change in the new premisi. I don't want or needs access to the other services on site I just want a gp I can have a face to face appointment with and does the basics like examine you and peruse your records before seeing you. Asking you about any appointments you might have been sent to. I don't want phone appointments because I'm not a doctor and can't self diagnose. If you don't ask the right questions you don't get the right responses. And if you can't do that then put an ai system on that can ask the right questions and diagnose things and get rid of the gp system all together because I don't think anything will change. As I said it's a money making exercise offering things you don't need and cashing in on the current property portfolio. It's nothing like the practice that used to be in lurke Street and I don't see this will make anything better in fact it will compound the issues and make seeing a gp even worse as it would seem you want to concentrate on other issues rather than offering the basics

27	Old Age	Neutral
28	Communication	Neutral
29	why have you decide to proceed with this change when previously you decide not proceed.□ what has changed???	Neutral
30	Concerned what if any changes may occur for catchment area	Neutral
31	Will catchment areas remain as currently?	Neutral
32	Need to be flexible	Neutral
33	will have to wait and see.	Neutral
34	Keeping the Bromham surgery	Neutral
35	Depends on condition at time	Neutral
36	Directions to health village poorly sign posted	Neutral
37	Will signage be improved?	Neutral
38	Privacy/ data protection. I don't want to explain my illness to a receptionist	Neutral
39	Signage will□ Need to be very clear	Neutral
40	Impact of disused buildings around the community	Neutral
41	Hopefully it runs very smoothly	Neutral
42	Is Deparys closing	Neutral
43	Will the catchment area change and will you therefore be chucking people off the list if they are in mk40?	Neutral
44	No just a bit further to go and may be busier than Pemberley Avenue?	Neutral
45	Will it be crowded	Neutral
46	Have a facility of using three sites at present	Neutral

## Are there any other impacts we need to consider?

### Theme 'Miscellaneous'

47	I think all the questions are very carefully planned but I am filling this in with reputation as if it goes the same way as the doctor surgery is had it will be an expensive disaster	Neutral
48	Have GPs worked out the difference between a man and a woman yet? The one consolation of not being able to get an appointment, is why bother meeting a profession which doesn't know what a woman is. What do they teach them at Medical School?	Neutral
49	The development of the Bidenham Centre is of key importance.	Neutral
50	Costs	Neutral
51	Old age	Neutral
52	Not for me but perhaps a few more for elderly patients.	Neutral
53	None I can think of, all sounds like a very positive move to me.	Positive
54	I think it's a good idea.	Positive
55	No all covered it would be a good move.	Positive
56	Very happy with with the proposals you are going for.	Positive
57	Excellent plan!	Positive
58	No. Fantastic idea for both patients and staff to be one service at one location	Positive
59	Happy GPS make good GPS, so good facilities vital.	Positive
60	No it's a great idea to have a collaborative health hub, it's long overdue	Positive

## Are there any other impacts we need to consider?

### Theme 'Public Transport'

1	There is no direct transport to the proposed Biddenham facility from the village of Bromham, other than an irregular bus service. Walking is not an option and would be two miles from where I live.	Negative
2	The effects of more difficult and more expensive travel plus cost of parking which will, as always, impact most heavily on those with the greatest medical needs and those with the smallest incomes and those who are the most frail or unable to drive etc etc Public transport in the Bedford area is quite pathetic. I can think of no way I could reach the new set up if I became unable to drive as I get older. I am trying to health and environmental reasons to switch to cycling for as many journeys as possible but I think this one will be just a bit too far even now and even more so as I get older.	Negative
3	Many pts are elderly, vulnerable and don't drive. It is going to be extremely difficult for them to get to the proposed hub on public transport and time consuming (throught the traffic in that area) and expensive to use taxis. For people who work and with children travelling further us going to be a disadvantage despite a wider range of services. De parys group should maintain at least one practice on town, either Pemberley or De Parys Avenue.	Negative
4	Poor bus service to North Wing - every 30 minutes	Negative
5	Poor bus service and substantial increase in taxi costs imminent	Negative
6	Travel is going to become a big issue	Negative
7	Parking <input type="checkbox"/> Lack of public transport options in Bromham <input type="checkbox"/> I've put no impact to many as I just can't get an appointment anyway	Negative
8	Bus time tables may impact on appointment times. Walking slower for the elderly thereby needing local GP.	Negative
9	I think you have not considered non-driving disabled people. Yes, bus routes etc are named but these do not go past my house and the only of these actually goes down Kimbolton Road which is the number 7. The De Parys Surgery is much closer to the town centre and bus station and bus stops for other routes.	Negative
10	Bus availability, traffic, and lack of doctors you already have.	Negative
11	People who do not drive and use public transport but would have to walk from town centre	Negative
12	It is the other side of town and is almost impossible to get there by bus because of bus times	Negative
13	Cost of getting a bus . I'm only on ESA	Negative
14	There is no direct bus service so as I age and don't drive it will be impossible to reach.	Negative
15	What bus service(s) serve the Bedford Health Village and ease of access?	Negative
16	The closure of the Bromham branch surgery will have a negative impact on both my wife and myself. At the moment we can easily walk to the surgery for appointments; if it is moved to Biddenham we will either have to use the car or rely on public transport (which is not practical as the timetables are at present). Both options will impact the environment and have financial implications. Using public transport will also limit the choice of appointments available as we will have to fit appointments around bus times.	Negative
17	poor bus services from Bromham	Negative



## Are there any other impacts we need to consider?

### Theme 'Public Transport'

18	Distance to walk for people (elderly especially) with no access to transport. No convenient nearby bus route, either.	Negative
19	The lack of parking. Bad bus route	Negative
20	Distance, cost, inconvenience, traffic, travel difficulties, more than 1 bus required.	Negative
21	Can't see how anything will change, except more difficult to get to, nightmare parking, few appointments, and access walking from Bedford bus station will be impossible.	Negative
22	As a wheelchair user this site will be less accessible by bus for me than Goldington Rd if I have to go there rather than goldington rd.	Negative
23	Not immediately on a bus route for those without own transport. Limited parking at North Wing site and that is available at cost.	Negative
24	I walk to Bromham. The buses are only once every hour and half I can't get to Biddenham either Bromham and Biddenham have new housing developments,	Negative
25	No thought how elderly will get to hub via bus - there is no service direct from Bromham	Negative
26	Parking costs or tax fares, bus routes	Neutral
27	Access by public transport	Neutral
28	Mainly transport issues for the elderly	Neutral
29	Patient confidence in the service being provided. <input type="checkbox"/> Disruption for elderly or infirm patients resident in outlying villages where public transport is not readily available, particularly if the Bromham surgery is moved <input type="checkbox"/>	Neutral
30	Cost of travel and parking for pensioners	Neutral
31	Ease of public transport links. Not everyone can afford taxis	Neutral
32	Travel	Neutral
33	Travel and I been 2 Goldington for ages 16 years and my family <input type="checkbox"/> Have	Neutral
34	I been going to Goldington site for years and closed to town Centre and bus station I don't drive and Disable	Neutral
35	Access to public transport. Access for disabled people. Cost and time travelling for people who have registered primarily at practises in the north of the town being moved south.	Neutral
36	Access to public transport. No obvious solution for me.	Neutral
37	The cost of parking is high on the site. It's a long way to walk to, for someone who can't drive and disabled. <input type="checkbox"/> The bus services to the location are extremely unreliable. The buses are not very frequent	Neutral
38	Increase traffic and need for more parking or a dedicated bus service from the town centre.	Neutral
39	Taking away local surgeries will surely negatively impact the elderly and those with mobility issues or those without access to private transport. I'm surprised this wouldn't be brought up on an Equality Impact Assessment.	Neutral
40	Car parking and bus routes	Neutral



## Are there any other impacts we need to consider?

### Theme 'Public Transport'

41	I don't drive, my husband drives me. Only going to one known centre (on a bus route for me) is better than being sent all over to places we don't know re travel time, parking, bus routes but it's getting to the point you can't get an appointment so you are prepared to go anywhere. To get a timely appointment is the most impactful thing for me	Neutral
42	Transport and access for the disabled.	Neutral
43	No easy access by public transport. Provision of a direct patient transport similar to the old Hospital car service, maybe a minibus? We value getting to know (and being known by) the medical staff which was an asset to us at Pemberley surgery before the merger.	Neutral
44	To reduce the volume of cars/parking and parking fees is it possible for a designated bus stop on the site to allow the access of public transport? Considering the extensive services proposed, many patients could be on the site an hour or more. If that stop was available on many of the local bus routes, I am certain that it would be utilised. Less cars, less fuel, less parking facilities, less costs and less stress.	Neutral
45	It's on several bus routes for those who don't drive.	Positive

## Are there any other impacts we need to consider?

### Theme 'Services'

1	1) Disabled places to park 2) If you offer all the services you say will there be enough parking 3) will church Lane have full services to offer eg able to take payments 4) I haven't had a face to face appointment since Feb '20 This has not helped me. 5) Will phone appointments be undertaken if so waiting 4 weeks is too long 6) need more face to face appointments (I appreciate some was due to Covid).	Negative
2	why withdraw services from Bromham when new house building has already taken place, more will take place with families moving into the village? Bromham has a modern purpose built, on one level building with a car park, why close it? What impact will there be on repeat prescriptions for the many older patients (like us) who have no access to the internet? will we be able to phone in?	Negative
3	Why withdraw services from Bromham when new house building has already taken place, more will take place with families moving into the village? Bromham has a modern purpose built, on one level building with a car park, why close it? What impact will there be on repeat prescriptions for the may older patients (like us) who have no access to the internet? will we be able to 'phone in'?	Negative
4	Drs need to read the notes written on their systems. I have been repeatedly let down by dr's saying I didn't know, when it is they who are insisting they talk to you. Countermanding what consultant have written, despite seeing you face to face in your home. GP at deparrys just cancel drugs with no discussion and ignore what the consultant has written. Lived Experience. Why do they make so much more additional work for themselves there's no logical reason at all	Negative
5	You need to put your patients before yourselves. Closing the branches will make it very difficult to get to the new surgeries.	Negative
6	Trying to get face to face appointments.has been over 3 years since was able to see dr.always by phone or nurse.if wait 40+ minutes just to speak receptionist!haven't even seen my designated dr.or any dr face to face.amalgamation supposed to make it better? What a joke!!!!	Negative
7	Currently the group has redundancy of location, so a catastrophic event at any single location won't have an overwhelming impact, whereas concentrating everything in one location means that services will be compromised more easily	Negative
8	Getting an appoint to see a GP in the flesh would be a very positive impact	Negative
9	Actually seeing patients face to face.□ Improving telephone response procedure.	Negative
10	Car park. How do you know how long you are going to be? If you are worried about this and are going for a blood pressure check I'm sure it will have a negative effect! I know this was going to be looked into last this merger was proposed!□ Also, medically, how ever will be be able to ever see the same Doctor or continuity of care? This always important but particularly as I'm now getting older I require my GP to k ow me and my medical background.	Negative
11	Improving telephone system as it is a disgrace. I can never get through and then am disconnected as too many in queue. I ring up Putnoe medical centre and get straight through !	Negative
12	Yes can't get GP s as ppoingments now what a useless waste of nhs money	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

13	As ever, the time taken to reach the surgery by phone, and the availability of appointments.	Negative
14	Yes not to be waiting when making a call to the surgery “ you are 10th in the queue * especially when you are at work and still on the phone half an hour later !!!	Negative
15	Before making any changes sort out your basic services first. De Parys is easily the most inefficient service I have ever encountered	Negative
16	Adequate free parking although I am planning to change to a different practice once the Bromham surgery closes. Since merging with others this practice seems more like a business than a doctors surgery.	Negative
17	yes, being able to get through on the telephone, and not let your life slip away , waiting	Negative
18	Whether it will be easier to get a face to face appointment!	Negative
19	Whilst trying to provide additional services it is important to remember how difficult it is currently to get access to appointments for general medical issues	Negative
20	Does this mean you won't have to be in a queue to speak to a receptionist for indefinitely to get a appointment with the GP (you are 10 in the queue )especially when you are at work?□ Will you actually see a doctor!	Negative
21	There should be sufficient admin staff to manage the level of telephone calls coming into the surgery. The surgery should consider using advanced practitioners in a range of AHPs to compensate for the difficulty in recruiting GPs. There's a high level of complaints about this surgery on the neighbourhood WhatsApp group. The surgery needs to look at how it can better manage the level of demand .using a more diverse range of health care professionals.	Negative
22	Ease of actually getting through to get an appointment or even a response from a GP	Negative
23	Don't like centralisation, am concerned that we now will never see the same GP again, being passed from one to another.	Negative
24	Improve current services as they have decreased since the merger & become worse since the Covid 19 Pandemic	Negative
25	You simply need to provide a proper service. It is a major challenge to obtain any support from De Parys which is way so many patients have left. I have asked an appointment many times in the last 18 months, all without success.	Negative
26	The main issues with the service overall are lack of access to doctors, lack of doctor availability and lack of appointments. The service, if you can call it that, is appalling. There seems to be no duty of care or even kindness. Will your new hub sort it out with all these fancy new clinics? I doubt it. There will still be no doctors.	Negative
27	Patients seem you don't give a xx !	Negative
28	Volume of phone calls with all these extra services so are your phones going to be dealt with more efficiently	Negative
29	Why are you taking away the bromham surgery? Surely the people of bromham will be adversely affected by the changes and having to drive. Not very green or cost effective	Negative
30	Will it be any easier to get a face to face appointment with a GP?	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

31	Access to more face to face appointments	Negative
32	Improved access to actually seeing a doctor and shorter waits for appointments viz more GPS.	Negative
33	You never give appointments anyway and call for 2 seconds before having a chance to answer, if I were to actually be given appointments we can both commit too I would maybe have a further opinion on moving the location, I also don't know where the new location is	Negative
34	I believe the overall service will be diminished, there a lack of familiarity lack of personal touch, much more likely to be treated as a number not a person	Negative
35	Cut the waiting time to see your GP	Negative
36	Will there be enough Doctors and staff to man the new scheme. The present service from the group has deteriorated from when the doctors were independent.	Negative
37	It's nearly impossible to get an appointment for a GP - they don't seem to want to see patients - so maybe that problem should be sorted before providing new premises with empty waiting rooms.	Negative
38	Things are so bad now that any impact should be positive	Negative
39	Easier access to a doctor face to face	Negative
40	Acess to appointment, more available?	Negative
41	Trying to contact them	Negative
42	Improving the availability to actually see a doctor	Negative
43	Will there actually be any Drs at this site? - Very Short Supply elsewhere. Feel 'Let Down' by current service availability since the take-over.	Negative
44	Will it be easier to speak to a Doctor	Negative
45	I hope it will be easier to get a face-to-face appointment with a GP of my choice.	Negative
46	Loss of continuity of health care and monitoring as a variety of health care professionals are seen by patients	Negative
47	Are there actually going to be appointments or will everything still be over the phone? Also will anyone ever be able to speak to the same doctor continuously? I understand you can't see everyone face to face and occasionally the doctor you saw before may not be at work, but speaking to a different doctor every single time you're "seen" for the same issue is just not okay. I've been suffering with my mental health for half of my life of but I only reached out for help around 6 months ago. Since then I haven't spoken to the same doctor twice. No one reads the notes. Every doctor constantly asks the same questions and seems to have no regard for the effects of these on the patient. I understand they're "just doing their jobs" but if I'm getting a medication review, why am I getting asked every time "why do you have anxiety" "why do you have depression" "what trauma have you been through" this process is traumatic in itself. Constantly reliving everything. I'm sure these comments won't be read anyway, but if they are, please just ask the doctors to take 30 seconds to skim through notes before they pick up the phone. It's 30 seconds and MINIMAL effort to them but makes a big difference to the patients.	Negative
48	Enough doctors to actually see patients	Negative
49	Will there be a guarantee that face to face appointments will be available? This is all very academic bearing in mind I have not been able to have any form of face to face consultation for well over 2 years.	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

50	Yes <input type="checkbox"/> The high difficulty of finding access to a person on phone, the shortage of car parking spaces, the increased traffic on major road causing chaos in school times and rush hours	Negative
51	Actually being able to see a doctor face to face	Negative
52	Being able to get a doctors appointment in the first place ! Since the surgery merged the service is terrible i needed antibiotics for an infected hand and was told by receptionist to go to A&E even though i hadn't requested to see a doctor in over 5 years which should mean im not a time waster and perhaps really needed help ! The walk-in surgery was great and made my surgery look bad !! Pemberly was a great surgery until it merged with De parys group	Negative
53	I don't understand when I rang the surgery at 8 a week ago and I didn't get through until 9.25 I was then told all the GP's were fully booked when there are 6 surgeries although I do understand we are short of GP's in this country	Negative
54	I have not been able to get an appointment whenever I have needed one over the past year - I have also find services generally appalling	Negative
55	It would be so grateful received to get an appointment which at present is impossible and to all other services as well. I feel the NHS has now stopped working at all and should be, privatised so we do get a service. I have paid all my life tax and National Insurance now to receive hardly any service at all.	Negative
56	The doctors are unwilling to see patients now this stupid idea will just make the situation worse.	Negative
57	I'm more interested in having my email queries answered. <input type="checkbox"/> Telephone calls to surgery answered and not waiting 3 weeks for an appointment. <input type="checkbox"/> Seeing the same doctor or at least limited to only 2/3 in total. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Negative
58	Will I actually be able to consult a qualified person now?	Negative
59	Answer the phone would be a good start. Provide appointments within a week would also be helpful	Negative
60	The amount of doctors available needs consideration. Will there be more as at the moment it is difficult to get appointments.	Negative
61	Parking <input type="checkbox"/> Lack of public transport options in Bromham <input type="checkbox"/> I've put no impact to many as I just can't get an appointment anyway	Negative
62	Yes <input type="checkbox"/> De pary's is awful for getting to see a doctor	Negative
63	How am I supposed to know. If getting an appointment is the same as now then it will be equally awful. The current disorganised confusion is appalling I only hope this will improve things and reception staff will improve.	Negative
64	Whether you will make it easier to get appointments. The merger has had a hugely negative impact on current services.	Negative
65	Being able to book appointments online. The phone service is awful and not suitable. The world has changed yet this phone system is stuck in the 90s	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

66	How about acting as an accessible, competent, efficient practice. It would be a nice change and a 'positive impact'	Negative
67	Can you please get receptionist to try and be more understanding when you are ringing for appointments and you don't have to drive to surgery at 8am to be able to get appointment or to be able to discuss anything .	Negative
68	There is a need for improved communication with hospitals outside Bedford which are providing ongoing care for patients of TDPG. This seems to have greatly deteriorated since COVID. Results of blood tests are not shared and messages are not passed on.	Negative
69	Access to a named Dr, will this be positively impacted?	Negative
70	Making sure there is enough appointments for the amount of patients its an ongoing major problem at the moment i can only see this getting worst. Gone are the days were you knew you dr and the dr knew you. Your lucky if you get an app within 3 weeks of asking which by then either the health issue is alot worst or not needed by the time the app comes round.	Negative
71	Have been with this practice for 30 years and the services offered have declined year on year	Negative
72	Whether direct access to these services will be offered, or will the current protracted system of referral persist.	Negative
73	There's no gps or appointments so why you wasting time with questionnaires?	Negative
74	Hopefully an answer to ringing phone to be able to make appointments	Negative
75	Yes whether we will ever see a doctor again or get through on the phone in less than an hour!	Negative
76	Will you have enough staff, as currently you are struggling to provide a full service	Negative
77	Since the merger with de parys group accessing face to face appointment has been impossible. Online apps are frequently full. My text consultations were confusing for myself and the pharmacy. Every recent development has made accessing the GP harder. So I have no confidence these suggestions will have any positive benefits for patients. The single phone number for these combined services ignores patients needs, as the lines are always busy . Surgery times do not meet the needs of working people. The reputation of this GP group is appalling among local residents for the reasons above.	Negative
78	Yes.Get the doctors to do what they are paid to do, that is see patients. The most update to date facilities in the world will be no good unless doctors get off their backsides and see patients. Unless the service improves this is YET AGAIN a waste of the taxpayers money.	Negative
79	Will I actually be able to get a face to face appointment in. A Timely fashion and without interrogation	Negative
80	This set will not ensure continuity of care .Also the set up at GHH does not appear large enough nor adequate parking to cover 4 practices working from there.	Negative
81	Will there actually be face to face appointments?	Negative
82	Better times answering calls	Negative
83	Ratio of GP appointments to patients is currently unacceptable.	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

84	De Parys Group is a disgrace. No face to face with Doctors appointments offered only 3 weeks after you ring. No fobbing people off if need urgent appointment. Better telephone system. No telephone appointment, my husband was given the wrong diagnosis over phone, urine infection, he had to be rushed into hospital with an enlarged prostate affecting his bladder, which potentially could have caused kidney damage.	Negative
85	This questionnaire is rather misleading, if I'm honest. If your moving four practices into one hub this is surely going to effect the elderly, disabled and vulnerable patients. These are individuals who need the service, people can't afford to get to some of these areas. Having one hub doesn't benefit the population. You haven't mention the reason why this would benefit your patient population. You need more phone lines and more appointments available with experienced competent GPs for the amount of patients in your current population. I was registered with Dr xx back in the 80's and have seen this practice deteriorate. I have been registered in several London practices for the past 10 years and have been given much better care and they had a larger population. Your system doesn't work, it's scary . An elderly person needs to call at 8 on the dot and sit in a queue for sometimes 45 minutes. We often have to be flexible and get to other Gp surgeries which I did not sign up to. I am young, with transport and I am able to do this. I haven't been seen at De Parys for years as I've had to travel around Bedford for wherever you have appointments. Why don't you look at offering weekend appointments. Employing more Gp/ nurse practitioners / receptionists who can give patients urgent appointments and routine appointments. You've got too big and your not providing a sufficient service if I'm honest.	Negative
86	At the moment you telephone and the calls divert to a receptionist in any one of the 5 surgeries. If all the surgeries get merged into one place there will only be one/two receptionists talking fewer calls and it will be even more impossible to get an appointment. Different locations provide people with a choice so they can pick where is most convenient to get to. It is hard to park at the health village. Parking is always full so how will it suddenly be able to support the parking needed for □ volume of patients attending.	Negative
87	More reception staff to answer the phone and maybe even book you a face to face appointment something that currently does not happen. You can never get through and if you turn up to book get told no appointments available so any changes can only be good Thank you	Negative
88	The fact I can't currently get a face to face Appt with my Gp in 7 months ??	Negative
89	Since we rarely are able to see a Dr face to face or get any real care from the practice since amalgamation, we feel this survey is pointless. Parking should be free for any consultation. How much more public money will be given over to yet more privatisation when the system is on its knees?	Negative
90	No mention of how these new facilities will improve availability of GPs. This is the main problem for getting appointments. Not location of surgeries or linking up with ancillary healthcare	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

91	The move is reducing patient choice and convenience of access to services. I haven't managed to see a doctor in person for years. What difference will the location of the practice make if you can never actually see a doctor anyway! I'm thinking of moving to another practice if I can find one that will register me.	Negative
92	Access to see a doctor and not meet a phone robotic roadblock	Negative
93	The impact of 40,000 registered patients seeking to make appointments and visit a single site is not mentioned. It is currently almost impossible to get through on the phone, no matter what time of day you call. This proposal will only work if significant investment is made in the support services around the GP practice itself. Parking is limited at the site and is expensive. Pay and Display does not work for patients who do not know whether they will be waiting for 10 minutes or 2 hours. Consolidating staff & patients from 4 separate buildings to one will only work if sufficient parking and support is put in place at the new site.	Negative
94	If the above services we actually be available or if you still get sent somewhere else	Negative
95	Availability of appointments is vital for all patients. Current waiting times of 2 to 4 weeks just for a telephone consultation are unacceptable and dangerous for patients. Patients need to see a doctor quickly and face to face.	Negative
96	Whether or not you can actually get to see a GP face to face and not have to wait weeks just to have a phone call which means matters become urgent which would not necessarily have become urgent	Negative
97	I hope that we'll actually be able to book appointment and access all of the services mentioned in the survey , which at the moment is a joke.	Negative
98	Ability to actually get a face to face appointment would be good	Negative
99	What GP will I see as I am over 70 yrs don't like seeing different doctors how will they know me?□ Also Nurses see different ones not good	Negative
100	Yes, by moving to one site. Your service will be even worse than now. Too many patients not enough COMPETENT staff. This is the group just being greedy. Please just provide a good gp service rather than offering all your planning badly as you struggle to provide a competent gp service	Negative
101	Hope there's a doctor to see	Negative
102	Just being able to contact the surgery to make an appointment would be an improvement. Is this move going to improve that?	Negative
103	We just want to be able to see doctors face to face in a quick time and not be difficult to get an appointment	Negative
104	Capacity of the site to cope with the same volume of patients who currently attend the existing sites.	Negative
105	This kind of practice will not improve access to primary care.□ It will be more chaotic than it is. Personal contact with doctor is vital. It will mean not seeing the same doctor. They do not know you and this has a negative effect on diagnosis and treatment. □	Negative
106	Hopefully easier to actually see someone. It's impossible at the moment	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

107	It would be quite nice to actually be able to get an appointment with a doctor I have never in my life had this problem when I was a child in the 70s we could get an appointment easy and see a doctor face to face and they knew what they were talking about instead of looking on a computer I can do that at home	Negative
108	Ability to contact input by telephone <input type="checkbox"/>	Negative
109	Parking issues - rude staff	Negative
110	The main thing AND the most important thing is.... For you as a practise is to improve your PHONE situation. One phone number with 25 calls holding for 38000 registered patients is totally unacceptable. I feel so sorry for your front line staff ( your receptionists), even If we as patients manage to get through, your staff find it difficult to offer same day appointments and it is nigh on impossible to get a routine appointment. Mental health patients should be offered regular appointments with their nominated GP as stability is to be maintained when dealing with mental health issues.	Negative
111	You need to split!!!! Rather than combine all the surgeries into one location. Your service is already poor!	Negative
112	Ability to get face to face appointment which has Deterated at de parys	Negative
113	Will you actually be able to get face to face appointments when you want one.	Negative
114	Waiting times are already at unacceptable level for appts, reducing the number of practices will just exacerbate this problem. I don't know who my GP is anymore when I have to fill in forms	Negative
115	Is there going to be more doctors to see, and one to one appointments hopefully getting to answer telephone calls without having long waits to speak to receptionist to name a doctors appointment.	Negative
116	Quality of service and I don't believe it will be any better.	Negative
117	Yes your patients since you've merged with the other surgeries everything's fine down hill 1 hour waiting on a phone call. No one contacting you back from emails. Even told the online booking system doesn't work so should ring?	Negative
118	The general amalgamation of local GP services has had a negative impact on all patients' continuity of care. It's not only virtually impossible to get an appointment at all, but if you do manage to get an appointment within a couple of weeks that is then simply booted down the road with an automated text sent at 8.01am on the day of the "appointment" regardless of the time "booked" (case in point was that I arranged for an appointment at a time I could attend on my last 3 appointments, as I work full time) stating that the Dr "tried to call but you didn't answer" (despite no missed call notification and the phone BEING IN MY HAND at the time the texts were received on each occasion - it didn't ring ...) <input type="checkbox"/> so "please book another appointment". Actually seeing the same GP twice who has the soft skills and ongoing relationship was already destroyed when the surgeries joined. This looks like yet another step up the ladder towards a conveyor belt approach. I appreciate this is not the fault of individual practices or GPs who are largely committed professionals but likely a top-down policy approach from government towards the eventual disbandment of the NHS system but hey, you asked.	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

119	Not a good idea why not leave surgeries as they are. Easier for patients to get to. Better parking facilities are at the surgeries now. It is hard enough to see a Doctor if they exist anymore. Too many calls at once. Waiting in a queue is a negative. Why can patients not see Doctors instead of phone calls. Too many negatives with new choice.	Negative
120	Environmental and staffing - this encourages people to travel via car and currently you do not have enough staff to cope with the influx of patients as we still cannot book appointments unless emergency ones.	Negative
121	Please ensure your phone line/access to contact is improved as part of any changes	Negative
122	Better GP care. Stop sending people YouTube links and actually help them	Negative
123	Answering the phone would be a refreshing change	Negative
124	Housebound patient. Unable to access GP for appointments or contact via answerphone response.	Negative
125	all well having all these services but you cant get appt with them for along time and its never now face to face , there is not enough free parking on site for patients	Negative
126	Just the need to see patients. It is appalling at the moment and causes problems for patients. The group is too HP focussed not enough patient first focus	Negative
127	It wud be good if you cud book an appointment by phone	Negative
128	The site is so big personal well being is lost x personal service is already poor at the Goldington Site with reception staff (some) being very abrupt and dismissive x will we become just caught up in a massive big hell hole	Negative
129	GP surgeries require people being at ease enough to talk and make appointments, that's why they've always been small in size and often in former houses, to make people feel at home and so that they can form a relationship with a regular gp. Moving to one big practice bases at a hospital is a stupid idea, people will never be able to see the same gp often and a clinical setting will make people feel awkward and uncomfortable to talk about mental health or a suspicious rash etc. Absolutely terrible idea which I imagine is driven by the fact the new sight will likely be a lease on favourable terms, whilst allowing you to sell the very favourable real estate you currently own in the de parys area	Negative
130	Ratio of patients to GPs, availability of appointments has to improve. Cost of parking has to be reasonable not current hospital parking tariffs.	Negative
131	The amount of patients per gp.□ Ease of getting appointments which are currently very hard to get!!	Negative
132	Overwhelmed site with phlebotomy, mental health, physiotherapy already cramed on the health village, limited parking, congestion at entrance/exit issues with crowding	Negative
133	How does consolidation increase the available number of doctors and nurses? The building will be newer, but so what if it still takes 3 weeks plus to see a GP? ( ... and pay £3 to park).	Negative
134	With my mental health and copd I don't like overcrowded places and new people	Negative
135	Whether it would actually be possible to get an appointment. I haven't actually seen anyone for years because I can never get an appointment. I have been left to suffer or see a walk in centre	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

136	Parking is the biggest issue. Pemberley and church Lane are easy to park at. I expect it'll be almost impossible to get through on the phone too	Negative
137	I am extremely dissatisfied with the current practice, so can only hope it will be an improvement	Negative
138	Trying to get appointments to see doctor in first place impossible!have not ever seen own doctor in 3 years!since dr.xx left! Can not see how going to make difference?can only see longer waits to see a doctor face to face!	Negative
139	I would not want to go to the old North Wing. Parking there costs a fortune. Worse than DeParys Avenue. But there are far more pressing issues than location. The ability to book an appointment is a massive and disgraceful issue at the moment and will be having a hugely negative impact on the physical and emotional health of the community. It's a disgrace.	Negative
140	This place is not comfortable for me and it means that I would be better off going to the new place. This can lead to you having to treat a much more serious problem later and seriously.	Negative
141	I will not be attending the hub so this is all negative to me as I will only attend church lane. <input type="checkbox"/> It would be a miracle if ever I sees doctor again <input type="checkbox"/> where are they ? Not impressed with the service from the deparys group at all	Negative
142	How far to travel is seam that patients in the east of you practice have not been considered. Having to travel in and out of Bedford is bad enough. Being able to see a doctor would be a miracle and one at church lane would be a bloody miracle.	Negative
143	Even longer waiting times	Negative
144	All these change is great only when you can actually see a doctor! And not left to wait for over an hour for someone to answer a call. Which 9 out of 10 is very important!	Negative
145	Your ability to see sufficient patients in one location if you move. Health impacts of more patients in waiting areas. <input type="checkbox"/> Access during school rush hours	Negative
146	The decrease of personalisation. With do many patients and HCPs, no-one will know anyone else. We'll all be like numbers even more so than we are now.	Negative
147	How it will impact on making appointments if we ever get back to actually seeing a GP	Negative
148	Would there be reduced access to a standard gp appointment as we experienced when Goldington surgery joined the de parys group? At my stage of life that could be the worst impact.	Negative
149	Patients being known by the GP and having a relationship with them. I feel this will be lacking at the Hub	Negative
150	The continuing poor service which the practice provide. At the level any change would be an improvement but the poor statndard by which you are running makes me feel it will be long process	Negative
151	When you can't even see a GP, it is hardly worth debating their location. Part time female GP's are destroying primary healthcare.	Negative
152	Would be good to see someone face to face .... Appealing service from this practice	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

153	It has been almost impossible to see a GP for two years. This needs to be sorted out urgently	Negative
154	I hope that people will actually be able to see a doctor face to face and that waiting times on the phone will be not so long	Negative
155	Since Pemberley joined De Parys Group the level of care has gone down. Pemberley was always an amazing practice where you had your own Doctor I feel something personal has been lost. Over the last 2 years trying to get through on the phone has been dismal, there have been times when you were only allowed to ring in an emergency, which I think has been dreadful.	Negative
156	Will you actually be able to get through by phone or an appointment. Services are pointless if you can't access them	Negative
157	The surgery has gone down hill in the last 4 years, it is virtually impossible to get an appointment, often I am cut off multiple times before speaking to anyone Is this new facility going to improve this, No I don't think so. Perhaps it would be better to save money and try to improve what you already have	Negative
158	Ease of getting face to face appointments and telephoning practice as currently unacceptable	Negative
159	1. Unless the clients of D'Parys group get priority for the above services, I don't see any benefit whatsoever to being on site. <input type="checkbox"/> 2. Also unless more appointments are made available Face to face or video, I again don't see any benefit to moving site. <input type="checkbox"/> 3. Will the money made from selling off the prestigious buildings be put back into the practice to Employ more medical/ nursing staff?? <input type="checkbox"/> 4. Parking on that site is at a premium anyway due to services already on site, without adding 4 more GP surgery's with staff and patients. <input type="checkbox"/> 5. I am already concerned about the lack of continuity in care at the present time, with no idea who you are speaking to Nurse/ Doctor they often only say D'Parys surgery and unless you ask specifically do not say their names.	Negative
160	Car parking costs and spaces, loss of personal touch, already treated as a nameless inconvenience to surgery	Negative
161	Parking cost please! Im presuming there will be no charge to park, otherwise my answers would be negative instead for this. Wait times for routine appointments are currently outrageous as are call times (I've called first thing at 0759 in the morning before and have still have 25 minute waits; also calling mid day to find I'm 30th in a queue)	Negative
162	I've answered 'Not applicable' to all, as patients still cannot get to see a Doctor so it really doesn't matter where the practice is!	Negative
163	Can I get my appointments without spending hours on telephone	Negative
164	I M currentlth registered with Pemberley surgery and have been for 19 years. I have been shocked at the fact that even now you cannot get a face to face appointment and for a non urgent medical appointment the wait was a out 7 weeks and this was just to receive a telephone call. I have no idea whether moving to Kimbolton Road will make a difference but I don't feel it can get much worse. On the occasions when I have had to use the walk in clinic in Putnoe the service is face to face and far superior to that provided at Pemberley. Patient provision at Putnoe walk in clinic needs to be the blueprint.	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

165	I am concerned about closing 4 different sites and putting it all in one busy centre it will be harder to access appointments. At the moment I feel very happy about waiting times for appointments and I usually get to see someone pretty soon in one of the surgeries, as there are lots to choose from.	Negative
166	Lack of available appointments to see a GP. Apparently you can't book in advance. But by 08.01am on the day you ring for an appointment there is none available.	Negative
167	Time and duration of waiting, attitudes of some towards patients.	Negative
168	Parking at the site is limited for this to work it would need to be urgently improved and extended , this is a busy site.□ All services require major improvement, it's difficult to comment on impact when you feel none exist at the moment.	Negative
169	How do I get to see my Doctor who understands my history	Negative
170	Totally understand if you could see a Dr.... Wtf are they all doing for the last 3 years. Outrageous service 0/10	Negative
171	Since the merging of the surgery it has been very difficult to get appointments , Even though we were told otherwise. The service keep on declining. I am afraid with this change it will take week or more to get appointments which will mean then the Surgery will not be fit for purpose. Please what ever decision you are taking put the service of human beings first. This not a moan , This what we as patients are experiencing and not happy about this	Negative
172	How is combining 4 different surgeries going to impact the availability of appointments. It is already notoriously a total nightmare to get through to and make an appointment with a surgery at the de parys group. With everything now in one location is this going to improve? Or be even worse?	Negative
173	Yes. It is impossible to 'see' a GP at De Parys. Are there going to be more GPs?	Negative
174	I would go anywhere if I could get an appointment easily and speak to someone on the phone without waiting an hour and then being told no appointments available phone again at 8 in the morning	Negative
175	I'm concerned about how many GPs will be available at the Hub, with nearly 40 thousand patients registered in the whole group (at the last count(,□ feel getting face to face appointments □ will be even harder.□ With all the other services that take place if you need to drive or be driven to a appointment it will be hard to find space in a very over priced car park. It is far more expensive than on street parking and public car parks.	Negative
176	Every time there is a change its negative. Funny question "where do u go for face 2 face?" You CANT get a face to face appointment. GP s are absolutely useless now and a waste of money coming out of my wages	Negative
177	can we see docs no phone calls	Negative
178	Provide services and visits to housebound patients.□ You don't want to know at the moment!	Negative
179	We might at last be able to see a doctor!!!!	Negative
180	As we cannot get an appointment now and only telephone appointments if you wait weeks I cannot see this improving matters unless all the GP's are being changed	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

181	It's virtually impossible to see a GP	Negative
182	As long as it is possible to book appointments in person, as I do with De Parys Avenue surgery, - getting through by telephone has been a nightmare on some occasions	Negative
183	Yes answer the phone to get appointments	Negative
184	Impossible to access service if only one number is used. No evidence that coming together will be of benefit. Currently online booking is 3rd world. <input type="checkbox"/> Out of hours service should be part of the plan , hours to be extended to 10pm. <input type="checkbox"/> More ways to offer serves, range if options such as online, WhatsApp, etc	Negative
185	Provide appointments for patients face to face. Set up a telephone service where you don't have to wait up to an hour to get a answer and then be told no appointments call back tomorrow. Take into account that patients do work and cannot sit hiding on a phone.	Negative
186	The de Parys group needs a complete overhaul. Polite receptionists would be a start. Less queue times on the phone. Being able to actually get an appointment. Seeing someone face to face. Doctors who actually listen and care.	Negative
187	Yes improve your service, the way you practice at the moment is appalling	Negative
188	Money spent on posh buildings could be better spent on more doctors that we get to know . Only then can we be treated holistically . It would be nice to get an appointment in a reasonable time without waiting hours to speak to a receptionist who tells us to try again another day at 8 am . Then still having to wait for hours to actually get a telephone appointment with a doctor . It is terrible .	Negative
189	I can't even get a face to face anymore. Call with chest pains and get told I can have a callback in 4 weeks.	Negative
190	Just hope the service is easier to access than it is now. Since the merger it has been awful.	Negative
191	Can reception handle number of calls as recently this has been very problematic for myself and others I know who are also patients of your surgery.	Negative
192	Yes, you can't actually manage your patient load at present and the service you offer is woefully inadequate!	Negative
193	Stop taking your patients for idiots - You've decided what tou want to and it is SOLELY about money! To date the merger has proved a disaster for patients but you have done nothing to rectify it - on the contrary you continue to run roughshod over us to the point that negative social media posts by patients are now commonplace The survey is a front bit if any of the clueless clowns making the decisons ans supposedly running the show wish to discuss it properly my name is xxxx and you can get my contact details from Pemberley Surgery)! They wont though!!!!	Negative
194	Will there be more availability of appointments. I am having to wait 2 and half weeks for a telephone appointment.	Negative
195	The fact that the services are hard to get now so not worth trying for so dont believe potentially having less doctors and all the patients in one hub will makke the patients life harder and the soctors easier	Negative
196	Its hard enough now to see a doctor merging more surgery's will make it even harder to be seen	Negative
197	If patients struggle to get any sort of appointment now how is moving to one location going to make any difference?	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

198	This is a positive move if it means we can actually make contact with the surgery ..which is impossible at present. In the last month I have been forced to use Putnoe Walk In surgery twice for urgent care as it is not possible to reach a contact at Pemberley Ave	Negative
199	The service needs to be improved for all of the centres that have merged	Negative
200	No doctors and cannot get through to speak to ANYONE	Negative
201	how many people can you get in the building to answer the phone, last time I had to call with 35 in the queue	Negative
202	The de parts group is an awful service and need to completely close	Negative
203	Less clinicians available than presently. Reduction in availability of services due to compression. Four into one to achieve monetary savings.	Negative
204	It would be nice to get an appointment to see a doctor, rather than have to phone and not get through or have to do an E consult and be phoned anytime in the day when you are working. □ De parys group use to be a very good doctors, unfortunately now it has a very poor reputation, this needs to be sorted out before moving and allow patients to be seen face to face and not spend lots of money on a new building.	Negative
205	I appreciate the strains covid has placed on you however why does the majority of Bedford businesses now provide a better service and it is a nightmare to make an appointment- I haven't bothered trying to make an appointment for screening as I can not get an appointment when I'll.	Negative
206	Yes, it is difficult to answer a survey about services that may be available when you don't know how they are going to work or be accessed in order to give an honest answer as to what the impact will be.□ It has been extremely frustrating trying to get a doctors appointment since Covid in particular. The telephone system has been appalling with waits up to 45 minutes and then getting cut off. I do accept that Covid put an enormous strain on GP services but I cannot accept that it is the whole reason. Supermarket staff still saw customers but for some reason GP's did not do so. This was acceptable when Covid at its peak but not now and certainly not for the last 6 months. Please, before you do anything else and try to cope with providing other services improve the basics first. Once these are improved you can then look at introducing other things. I know this seems like a rant but access to GPs has been totally awful as has the phone system.	Negative
207	Will patients actually get face to face appointments	Negative
208	Loss of customer care and knowing your doctor you have been using for years	Negative
209	Will there be more face to face apts available. will there be a better system for booking apts. eg currently you must call at 8 am and waiting for min 30 mins and then phone cuts off.	Negative
210	I feel that dpm has become so large in bedford that it neither responds to or cares about the actual service it gives to patients. Health care is spread so thin that everything is now just a 'box-ticking' exercise. Saying that all of the things you allegedly offer, doesn't necessarily make it so. I'm sorry, I have just watched over the years, the practice get bigger and bigger, and actually offer less and less quality of service. I know it's not your fault. The bean counters have outsourced so much to you, so they can say that services are covered, when actually, services are thin or just not delivered. Such is life.	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

211	At the moment cannot get ANY appointment with GP - by phone, in person or email. I have no idea who my GP even is or who anyone who I speak to is. I find it very difficult when I phone a receptionist I have to tell them what's wrong before I can try and sort out any form of appt.	Negative
212	Bus availability, traffic, and lack of doctors you already have.	Negative
213	Availability to see a doctor not being vetted by a receptionist long wait time on the phone not being answered you are number 25 then operator goes for lunch	Negative
214	I will use the new surgery at Biddenham when it opens. Difference between Goldington road to North Wing site makes no difference to me. Current service is woeful, phone lines jammed to capacity, no available appointments when your ill. Need to be sorting that out not shiny new offices!!	Negative
215	Are people able to get real face to face appointments in a timely manner with no face masks ? as it was before this group of practices joined up and became virtually useless for people who are in real need. We don't need a flash surgery costing millions, we just need real appointments with Doctors who care about their patients.	Negative
216	Will we be able to get through on the phone? Will we get an appointment? Will we get any actual care?	Negative
217	Presumably you are closing the Bromham surgery for the convenience of Bromham residents.	Negative
218	The surgery has gone down hill since it's become a big group	Negative
219	The availability of appointments and ability to get through to book. The current system is worse than appalling - in recent weeks I have waited on hold for upwards of 45 minutes before giving up. It certainly will impact outcomes for patients if calls are answered and fielded appropriately.	Negative
220	YES PARKING, PARKING PARKING PARKING COST OF PARKING COST OF PARKING COST OF PARKING ENOUGH DISABLED PARKING TELEPHONE ANSWERING HAS TO IMPROVE BEYOND ALL RECOGNITION FROM CURRENT SHAMBLES (I HOUR WAITS TO SPEAK TO SOMEONE)	Negative
221	Crucial. Doesn't matter where the physical building is but the fact that you can't get an appointment is key. I would travel to see a clinician. I have cancer and it's impossible to even get through on the phone. Unacceptable Please improve the access and pathways before opening new facilities or no difference will be seen by patients.	Negative
222	How will the GP service work in term of familiarity with the patient in a large hub? This was already an issue under De Parys Group	Negative
223	It is impossible to book an appointment on the app.	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

224	Parking has to be well in excess.. already there was no parking yesterday morning at the enhanced centre and that's without all the patients from these surgeries .. this must be factored in to plans with a lot of disabled. Staff should not be allowed to use these parking spaces. By moving to the enhanced centre, how will this create additional appointments without additional doctors and nurses .. this needs to be explained within the plan ? How will you be expanding services and what services will you be expanding .. Patients should be aware of this before when engaging in this survey ? It is a good idea to merge into one building but this has been planned a couple of times in the past with other surgeries and did not make it to fruition with a waste of money in preparation for something that did not happen .. please don't make the same costly mistakes as in previous years ?? Keep patients informed, ask patients groups for their input ? Ask staff what they want.. they are the ones working in these premises and know better than architects and office bods exactly what is needed within the service . I have been an nhs worker for over 40 years both in hospital and GP settings .. please get this right and don't waste money like you have done before ... good luck	Negative
225	well you don't say how much parking will cost!? your recent service has been shambolic so anything is better than the current	Negative
226	The impact of combining 4 practices into one site when I am already struggling to get appointments when I need them. The wait is so long if it's not an emergency. How will you make sure that you have enough staff in this one facility to not only meet current levels of patient care at 4 previous sites but noticeably improve it?	Negative
227	The volume of patients, which means are we going to have to wait even longer to get an appointment to see a doctor?	Negative
228	Very difficult to answer as it is virtually impossible to see any health professional.	Negative
229	Who knows what you have planned and how it will affect us ! Pick up the phone quicker I hope !	Negative
230	Is it going to be as difficult to get an appointment	Negative
231	Enough staff to answer the telephones instead of patients having to wait over an hour	Negative
232	Lack of appointments!	Negative
233	As long as I can actually get an appointment i don't care. I'm disgusted with the level of care you provide now but becaus3 I'm registered with you no other practice will take me on	Negative
234	The surgery can't get any worse than it already is	Negative
235	Can't even get to see a doctor nowadays	Negative
236	Yes. Bromham surgery has hardly been open since we moved here. The questionnaire is skewed. First question how often does one use Bromham surgery. Obviously if not open even post pandemic one cant say one uses it often. Bromham needs a local surgery. There are many elderly people here. During my husband's recent illnesses he has had to go other side of Bedford to another de parys surgery. And I had to threaten legal action to get a face to face appointment with them. De Parys are am absolute disgrace of a practice. Profit driven not patient driven	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

237	Building relationships with a GP which is currently non-existent <input type="checkbox"/> Ability to get an appointment which is currently impossible <input type="checkbox"/> Ability just to speak to someone at the surgery which currently is impossible	Negative
238	Inconvenience to Bromham residents, appalling declines in appointment availability and response times since merger with Pemberley and fear of this been repeated	Negative
239	I moved to Bromham BECAUSE it had a GP surgery and now you are taking it away.	Negative
240	De parys standards are falling.shocking service of late	Negative
241	Same day appointment not enough you can get through at 8.03 am only too be told the appointment are all gone it's ridiculous	Negative
242	I hope the telephone system improves as at the moment it is a disgrace.	Negative
243	Yes make doctors available for face to face appointments and allow reception to pick up the phone. It is virtually impossible to be seen at all and this hub will encourage further impossible appointments	Negative
244	As we can't get an appointment now . How will merging 4 surgeries improve things. Car parking at north wing is already over used . People need more appointments 7am til 7pm opening hours. Continuity between the team . Special needs children and adults need one to one care even if it's a cough or cold. It could be pneumonia next week if not taken seriously. I've tried 4 times to get an appointment I've sat in the waiting room 2 hours refusing to budge to get seen . Yes I got a scan 24 hours later so I needed it .	Negative
245	Far for me. But if services are better , that would be a a great improvement. It is an abysmal and chaotic surgery with 40 minutes or more to book an appointment and if you are lucky to get one. Services are poor : eg blood tests . I am thinking of changing to another medical centre but if you building a new surgery in Biddenham to replace Bromham surgery, that will be satisfactory to me living in Biddenham.	Negative
246	Able to get through to a gp. Currently unacceptable service	Negative
247	The ability to get an appointment which is almost impossible at the moment.	Negative
248	How easy will it be to get a face to face appointment in a sensible time frame. Haven't been able to get a face to face appointment at Pemberley for over 2 years. Not enough information on the survey regarding which surgeries are moving and what it means for patients. Was never informed at any time of any such consultation which apparently was closed before I received this email.	Negative
249	At present it took me 3 months to get an appointment with a doctor, to be then told I need to go to A&E immediately. The way the service is run at the moment is not working and I know of 3 people that have died as they gave up trying to see a doctor.	Negative
250	Waiting times are atrocious and I suggest this should be looked at as a prority	Negative
251	Need to be able to answer the phone in a LOT less than 30 minutes and book appointment in days not weeks	Negative
252	Loss of local practice, familiar faces and not having a ' family Dr', something that many of us think is of great need.	Negative
253	I have no preference for the siting of the surgery. All I would like is to be able to make an appointment without spending 40 minutes on the phone trying to do so at 8am .	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

254	Will someone actually answer the phone?	Negative
255	the number of people in the waiting room is likely to increase which negatively impacts anxiety and stress and a bigger risk of cross infection and delayed appointment times	Negative
256	Cannot get face to face appointment with any GP at any of surgeries so this survey totally irrelevant	Negative
257	How about making your services more available and less wasting of patients time	Negative
258	Yes - will the receptionists be more helpful and polite that is currently the case at Pemberley Surgery?	Negative
259	Care has been lacking generally of late. How a larger affair will improve anything I don't see. The phone wait is very long and getting to see a doctor almost impossible. The service has to improve	Negative
260	A better telephone answer service..It can easily take up to an hour	Negative
261	As I or other patients get older, with Hub services further from home transport might become problematic. I feel that there is already a lack of contact with the doctors in the practice to the point where I have not had a face to face consultation in over 2 years. I believe with the opening of Hubs this will get worse, there will be no connection between doctor + patient Bad News imho.	Negative
262	Can't get gp appointment now, closing 4 surgery will make it impossible	Negative
263	Am in constant pain and cannot get to see doctor	Negative
264	To start with what is this? First I have heard of it was a text 10 minutes ago (5/6/22) despite that consultation seems to have been open for 2 weeks? I have had no contact from de parys and have spoken on phone with them in this time also. The document with details is blank soni have no idea what we are judging. However, while I go to the proposed site for blood tests it does effect me for the rare occasion that de parys allow a in person appointment. How does this affect the chance or ability for in person appointments. Most of my in person appointments are at Pemberly although my local surgery is Goldington. Hard to judge how this effects me and I wo der if staying quite and only texting with no background on a BH weekend of jubilee is the group hoping it slips u det the radar with no comments	Negative
265	Distance aey from your patients in elstow and mile road? Hard enough getting an appointment and getting to de parys as it is!!	Negative
266	The ability to actually get an appointment or speak with a doctor and getting back to pre covid levels of service.	Negative
267	The wait time to see a doctor us already far too long, how will having more patients at one location impact an already over allocated service?	Negative
268	The fact that nobody can ever get through when they need to must be addressed urgently	Negative
269	If it means you can actually get an appoint to see a GP which at the minute is completely impossible at any point in time even for my children then potentially might be a positive step, however until the point, that the ability to get an appoint on the day you are unwell and need to see a GP is possible then unfortunately can't see any issues getting better	Negative
270	the surgery has been with us for years. it's declined in service and this will make it worse	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

271	Unless the service improves and you hire more staff it'll still be poor regardless of where you move too	Negative
272	Will there be improved telephone answering? It can take up to an hour to get through to a receptionist at present.	Negative
273	Booking system that works. Reception staff that are not rude	Negative
274	Only if you have to wait weeks for an appointment to see a doctor.	Negative
275	A more central hub will take longer for patients, not quicker, unless the additional management resource is very well planned out.	Negative
276	It think moving and reducing sites will mean even less continuity for those of use with long term illnesses having to go through everything at each appointment. It is already very difficult let alone having only one place to visit. Parking especially for disabled patients or those with young children will be more difficult and more costly. Having to park further away from the doors will cause a lot of patients more stress. Patients will also have to go through two reception desks which take up time. I believe this needs more consultation and planning .	Negative
277	Will there be an equivalent or increased amount of GPs, Nurses & Nurse Practitioners and other qualified & relevant staff? <input type="checkbox"/> Will there be equivalent number or more consulting rooms? <input type="checkbox"/> The documents provided by the Health authority do not give this information. <input type="checkbox"/> I am concerned that the six locations will move to premises that do not provide equivalent or greater facilities and space. <input type="checkbox"/> It is already very difficult for me to get an appointment. I'm very concerned that this merger/move will make it next to impossible.	Negative
278	I have been unable to get a face to face appointment at De Parys since the pandemic and have therefore used private healthcare - I therefore see no benefit as I am unable to see a doctor - the services have been reduced yet I pay more tax - it is hopeless - I have paid for travel injections and had a lump removed on my leg privately as I could not access my GP just appalling	Negative
279	You have already made your decision , can't get to see a Doctor anyway , so makes no difference where you put it	Negative
280	Just the availability of face to face appts.. currently it's deplorable .. covid is here to stay	Negative
281	The doctors must visit the patient, NO by telephone.	Negative
282	Can't get a visit	Negative
283	Yes... Get back to one to one appointments... Patients DO NOT want phone calls. We want to see a doctor face to face	Negative
284	Since the amalgamation of surgeries into the De Parys group, it has been far more difficult to get through to speak to someone, often being left for 30 minutes + on hold, and once through, almost impossible to make a same day appointment. If you call at any point beyond 8.05am all same day appointments are gone - so how is condensing this service further going to help this? <input type="checkbox"/> <input type="checkbox"/> This was happening pre-covid too, so this cannot be used as an excuse.	Negative
285	Can't get a normal appointment now or get in contact with 111 so how is this going to help five surgeries and you cannot get a appointment 😞	Negative
286	I like the option of Surgeries for appointments, one location only one chance to see GP, so how can that be an improvement?	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

287	How about being able to see a GP face to face in the flesh without any of the nonsense (e.g. face masks etcetera) over the last two years?	Negative
288	Yes, making the same effort to describe the new services and issues as you made to send patients this survey. How can we know how to answer without all the info?	Negative
289	The most positive impact would be to be able to get an appointment at all within reasonable time. So far it's been the biggest negative impact of this surgery group.	Negative
290	Appointments on the telephone cannot get through have to go to surgery to try and get appointment also the online booking system needs improvement to be able to book GP appointments.	Negative
291	Availability of seeing a GP. COVID is an excuse and the GP's get paid enough to see patients face to face. Let's move on	Negative
292	Even more difficult to get an appointment with more people using one hub than spread over 4 sites	Negative
293	Improve telephone services to receive and answer calls in a timely manner, provide face to face appointments rather than telephone calls, free parking.	Negative
294	The Doctor will NOT see me now!!!! So how will this be better????	Negative
295	The service being less user friendly and more of a business. Becoming a large business where the patients aren't at the forefront and instead are just a number	Negative
296	Will moving to one location reduce the amount of possible daily appointments? If so, that's a big problem.	Negative
297	Further disruption to a service already not performing to an acceptable standard	Negative
298	Hardly no face to face appointments, length of phone time trying to get appointments.	Negative
299	Costs incurred both patients and NHS. Trying to get an appointment - diabolical now if all moved it will be even worse although I doubt that is possible but it will happen.	Negative
300	The lack of staff who actually know their patients - since the merge from oemberley to de parys the service has been dreadful. You have to fight to see anyone. I know personally if many people who have really suffered and still do because of being unable to see a gp.	Negative
301	Will we actually be able to get an appointment and prescription updates. Currently almost impossible to actually see someone	Negative
302	The queues, the dilution of gp service. It's ridiculous and misleading to ask about services such as pblebotomy and mental health services as part of this move as these are not walk-in services do you'd still need referral and wait for your appointment	Negative
303	Your staff are lovely, caring, understanding but, your management is restrictive, prohibitive and lack of resources promotes a conviction that patients are an inconvenience. Note that I say, 'conviction', as opposed to a feeling. My experience of trying to get to a GP is extremely poor within 48hrs of asking. Where I used to live, two years ago, the Harrold Medical Practice would see me within 48 hours.	Negative
304	My surgery is absolutely shockingly rubbish since joining De Parys group and so it can't possibly be any worse than it is now	Negative
305	Larger practice longer waiting time	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

306	Please get more courteous receptionists and better telephone services.	Negative
307	Yes, it's practically impossible to get a face to face appointment currently, The amalgamation of 4 branches will make it impossible to get an appointment	Negative
308	The impact of being able to SEE a doctor on request	Negative
309	Convenience of making appointments, current phone lines system don't work	Negative
310	Delays in seeing patients	Negative
311	Having a better appointment system. Currently waiting time from 8am can be up to an hour when finally answered all appointments gone. It is soul destroying.	Negative
312	Ensuring that patients are actually able to get through on the phone much quicker. Average time is 1 hour which is ridiculous! Not practical when you have small children either.	Negative
313	Getting appointments when u need one! Not 3 weeks later ! Plus regular check ups with health issue's	Negative
314	I haven't been able to have a face to face appointment with an actual doctor since before covid, will I actually get to have physical appointments going forward	Negative
315	Cost of carparking. Ease of travelling there from North Bedfordshire. Actually seeing a doctor face to face..	Negative
316	Answering tge phone. Pemberley is dismal. I go to putnoe walk in. Far better service	Negative
317	Will I be able to get through on the phone and get an appointment	Negative
318	Will more face to face appointments be available compared to now	Negative
319	Healthcare of patients!!! Transport is trivial. The current service from De Parys group is absolutely disgraceful.	Negative
320	Actually being able to get an appointment would be a positive one	Negative
321	Yes since the I day I registered with your surgery, I've never had to come there, But when I really needed help, To see a doctor couldn't get to see one, Was told to go to Queens Drive Medical centre not once but again second time, Not happy with this service at all	Negative
322	Hopefully I will be able to see a doctor, that would be an improvement	Negative
323	The ability to make a face to face appointment with a doctor which is very difficult at the present time. See the same for all appointments	Negative
324	Frustration of patients trying to get a physical appointment.	Negative
325	Hard to get appointment on the phone and emergency appointments when needed this needs improving big time	Negative
326	It is not possible to get an appointment currently. This is the major issue. The changes will not change this. If people cannot get seen then their healthcare needs can not be address.	Negative
327	Increasingly corporate approach. A service and that is increasingly distanced from the patient.	Negative
328	Staffing - will there be anybody there? Parking is very very expensive - I will not be parking there and may think of moving if it becomes difficult to access the service	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

329	That you are having two new sites when other surgeries are not gaining anything. That opening flasher newer buildings will not help your capacity or access issue as you currently have both. To call and be told the telephone queue is too full is ridiculous - to send an eCons and not know who and when is calling back is equally ridiculous. Then for someone to not even have taken the time to read it is poor.	Negative
330	Available appointments should be easier to access. <input type="checkbox"/> Continuity of care is of upmost importance, but this is not currently working. <input type="checkbox"/> Face to face consultations must return, as telephone appointments are detrimental to patient care. <input type="checkbox"/> The surgery need to improve the telephone system, to enable patients to speak to reception in an acceptable timely manner, elderly patients can find online systems difficult to negotiate	Negative
331	There aren't really any impacts that will affect me as I can't ever get a face to face appointment so I won't be visiting	Negative
332	Disabled parking/access. If insufficient then I may turn up but not be able to attend. This worries me a lot. I feel our services has deteriorated since Pemberley Avenue merge into the De Parys Group. Worst thing ever in my experience. When expressed something is not possible due to my disability I have been made to feel I am being difficult. My recently deceased mother had horrendous experience just a few weeks before passing away and there is no option on the phone for other options such as to request a fit note or talk to the practice manager. This is not good enough. I wish I could be looked after by my previous GP who retired from a different surgery in 2016 as he was a people person. Now, as a patient, even the most vulnerable are made to feel they are an inconvenience to the surgery staff.	Negative
333	You asked which surgery I visit for face to face appointment, can I just say I haven't seen a doctor for over 2 years no wonder it's sending me bonkers it's just so frustrating that de parys seems to be the only surgery that you can't see a doctor. My mum nanna and past family were at this surgery and in all the years it has never been so disappointing and hurtful.	Negative
334	Need less emphasis on buildings/location and more emphasis on being able to get an appointment or get through on the phone ,IF the new centre makes an IMPACT on service and efficiency of the practice then yes it would be positive ! Otherwise spend the funds on delivering service .	Negative
335	Ease of access to doctors. All those sevicees were already available without closing down. 4 surgeries. If you want to talk that attitude a bit further then close all surgeties and have a single place with all those services. Hospitals do that of course and do solve patient access issues. What is being proposed is a mini hospital and without full benefits of hospital and without access to doctors. So why do it?	Negative
336	You are already useless. Combining all practices at one location with added traffic no doubt reduced admin staff and doctors will elevate you to absolutely incompetent	Negative
337	You are obsessed with surveys and dealing with non medical items I.e I'd documents etc to access nhs treatment.get back to what the NHS was created for	Negative



## Are there any other impacts we need to consider?

### Theme 'Services'

338	It's impossible to get an appointment, or even to get through to book an appointment. PLEASE invest any available time and money in something that will immediately BENEFIT the patients, not a 'pretty' surgery for your healthcare professionals to work from. Make the currently available resources work, and I'm sure the patients will support this move - until the surgery works for it's patients, support for plans such as these will be non existent I'm afraid.	Negative
339	Just generally getting a face to face appointment when you are actually ill would be a positive impact	Negative
340	Whether it will improve the ability of doctors to see patients. The rest is irrelevant to me. I asked for an appointment (very rare) a few months ago & was told my best bet was to pitch up in the new improved (!) surgery at 8am & hope to see a doctor. Next appointment was so far in future that it was laughable. Just put the patients first that's all most people want.	Negative
341	Yes. Methods for making appointments for dr need to be hugely improved. Asking people to call at 8am only to call and find yourself 28th in the queue is utterly preposterous	Negative
342	Not really - except you need to improve the service. You don't answer the phone. You need better staff training and I hear lots of complaints about rudeness. Although the staff have always been ok with me.	Negative
343	No relocation will help solve the issue of availability and access to a face to face GP appointment on the same day as you make contact or alter being 27th in the phone queue at 08.00 and after waiting 45 minutes no appointments for the day being available.	Negative
344	Face to face appointments, enough of phone appointments, Drs that listen and actual are would be nice	Negative
345	It is hard now trying to get an appointment, with the proposed move would this have more impact of not being able to see doctor	Negative
346	Currently very frustrating to not get prompt, face to face appointments. Would like a walk in session for urgent appointments.	Negative
347	No continuity, no regular doctor, no ability to develop patient dr relationship	Negative
348	We can never get to see a doctor now, let alone when all under one roof!	Negative
349	The only thing you need to consider is whether or not this will improve your services. I have lost all faith in GP's since Coronavirus, I'm probably going to have to go private because it is impossible to be seen by the doctors, your staff are rude and are no use over the phone, last time a "doctor" was reading treatments from the NHS website which id already looked at, I would expect a doctor to do more than read treatments from website, at the very least they should be able to do more than myself who has no medical qualifications. In short, a doctor surgery is useless if I can't see a doctor, so that's need sorting out as a priority	Negative
350	Lack of capacity of complementary services to be able to take advantage of colocation	Negative
351	Get an appointment in the first place is a mission with 4 centres, putting them all into one.....well you figure it out.	Negative
352	Can't get appts face to face anyway	Negative
353	Likely lack of capacity of complementary services to take advantage of colocation	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

354	Availability of actually getting a face to face appointment. Can't get one now, will it be worse?	Negative
355	The fact you don't currently offer face to face appointments I doubt the money wasted on this will have any positive impact when the lack of care you offer now and effectively pass onto other NHS services to pick up your mess is a shambles. The de parys group needs disbanding not given more money to waste and neglect patients	Negative
356	Continuity of care ? <input type="checkbox"/> I am missing this from the time of the grouping	Negative
357	Sufficient staff to answer phones. At present the De Parys Group has a very poor performance. There are constant complaints on line and social media.	Negative
358	More congestion to both other nearby services and the new surgeries	Negative
359	The cost of parking will increased. Even though you are in the same building as the other service it's like you can get quick access to anything	Negative
360	Ability to make an appointment at any time of the day other than 8am has made attending any De Parys Group surgery impossible and I have had no choice but to go private for the most basic appointments which is something I can't afford to do but have no other choice. <input type="checkbox"/> <input type="checkbox"/> It would also be amazing if doctors could also learn to empathize or least seem the least bit interested in talking to their patients as most of my experiences have been poor in an actual appointment.	Negative
361	Ensuring people are able to get appointments is the most vital thing. The current process and timelines are not acceptable.	Negative
362	Continuity of care, difficult and expensive parking, patient confidentiality, patient centred care	Negative
363	If we can get appointments face to face that would be good but at the moment we can't end up waiting 49 mins for 111 no answer so waited for dr receptionist said go to a&e as I had a mini stroke bring back the system where we could see our dr	Negative
364	Difficulty in getting an appointment.	Negative
365	Consulting us properly. I've looked through everything and cannot properly understand every you're proposing because I can't see anything clearly written down and explained. For example, if the main place to visit is North Wing, parking will be difficult - unless you have made limited-time free parking available. IN WHICH CASE YOU NEED TO PUBLICISE IT!! I wouldn't know - haven't been able to get an appointment with you for years. I have been forced twice to go private as a result!!	Negative
366	It would be good if you could actually see a doctor	Negative
367	It is hard to get face to face appointments, privacy is often compromised as you have to explain why you need appointments to the receptionist. Longer waiting times waited almost 6 months for face to face physio. Am considering changing gp at the moment due to lack of personal touch. Used to know all GPs now I could end up anywhere. It's very sad waited 40 mins on the phone to get through older people believe their a nuisance and possibly hang up as they don't want to be a bother certainly the case for my mum. People's mental wellbeing used to get people going to see gp then would disclose possible MH struggles.	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

368	Whether you are actually going to provide a decent service with polite, patient focused staff. And will we actually be able to get an appointment?	Negative
369	Larger busier areas are a barrier to many youngsters/ adults who are Autistic. I think a busy health hub would make it harder for some of them to access health care.	Negative
370	The only consideration needs to be access to GP appointments which is already so awful that it can't afford to get any worse	Negative
371	Yes more people requiring access to same site will result in negative impacts. I want to see a doctor that knows me not a hospital staff member which is how it will feel	Negative
372	Treat patients as individuals, not as units to be processed	Negative
373	Ensuring face to face appointments again would be a big help and to be able to make a same day appointment rather than in 2 weeks time!□	Negative
374	Patients need continuity, they need to not have to repeat the same explanation to several different people, to be repeatedly referred, lost in the system and end up back at square one.	Negative
375	I want my GP and my children a GP to be local and personal - I'm not just a number, I'm a person and this cost cutting is hurtful and harmful.	Negative
376	Actually getting a face to face appointment and seeing the same Dr. Not having to repeat to a different person every time. Anonymity and feeling staff don't really care, are impatient and lack empathy. Flashy new buildings seem to generate bad attitudes to patients.	Negative
377	Closing down doctors surgeries will have an incredibly negative impact on patients. Less doctors per patients will increase waiting times, and patients with long term illness will be less likely to be seen. As demonstrated by other counties that have implicated this	Negative
378	Yes we can't get a GP appt now- how will you improve that!!!!!!	Negative
379	The reason it will not impact most patients is you can never get through to a surgery. If you do get through it's really unlikely that there will be a face to face visit.	Negative
380	It can't be any worse than it is now.	Negative
381	Will we be able to get an appointment to see or talk to someone, will it be better than it is now. We can't get to see or talk to anyone at the moment. Will we be able to see a Dr face to face as it used to be?	Negative
382	You need to make the doctors more easier to see I haven't seen mine for over 2 years and every time I try I get told by the receptionist I'm Told no	Negative
383	Not seeing a doctor as the practice is getting so big	Negative
384	If this new combined practice (about which I have no prior knowledge) does go ahead, it will only improve the current situation if it is possible to see a practitioner when required. At the moment, a patient has to wait 3 weeks to see a doctor!	Negative
385	Impacts of your reception staff thinking that they are more important than your patients. Sack the lot and go totally digital	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

386	More appointments are desperately needed and the phone system is an absolute nightmare. IF you can get through the Q can take forever and working full time makes it impossible. Reinstate being able to book on line. Pemberly surgery was so much better before the merger to the Deparys Group.	Negative
387	I think for me as a carer it should have a positive impact but as a patient I believe you are turning my doctors into a cold mini hospital with no feeling towards the patients, I think the patients will be just a number, I mean I haven't been able to go to my doctors about anything, I don't even know who my doctor is anymore, I feel like the surgery is not my doctors anymore and that my health wellbeing is not bothered about anymore. I used to know my doctor years ago and the closest I have been to him is to talk on the phone. Also I have heard absolutely nothing from the surgery concerning my 92 year old mum who I look after.	Negative
388	We haven't seen a doctor in years. Had to ask our local chemist	Negative
389	Not cutting down on gps to save money and making waiting times for appointments longer	Negative
390	It's just a very bad idea to move these services	Negative
391	Please do not contact me by email again...as a doctor it should be a personal service not via technology....not appointment ever available....what's the point of moving to new premises further away....it will be robot doctors next...would change practice if I could....appalling service! Nnn	Negative
392	Great having a new base but we need to be able to actually SEE a doctor when needed and not be fobbed off by receptionists telling us to call back another day!!!!	Negative

## Are there any other impacts we need to consider?

### Theme 'Services'

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393a	<p>This surgery can't service it's patients for even basic go diagnosis now.it won't change with a new site which just compounds the issue.there has been a high turnover of staff and you NEVER see the same doctor twice. There is no continuity of care between the surgery. Doctors or the hospital and everything is passed through the same bottleneck telephone services.it seems now for anything you are put into the queing system that often means waiting 2 hrs for a response. No matter what.you are either cut off or pushed from pillar to post I have told the it costs me 20p minute and have paid in excess of £10 for a call before now.getting a face to face appointment is a joke the only way to do it is to get there by 8am, I was forced to walk in and leave home at 7.30 in the morning even though telling the I am financially challenged and have mobility problems.i was sent to another surgery filled with patients from my own surgery and was not only forced to wait 30mins pat the time of my appointment but given the hurry up by the Dr who it appeared only wanted to treat me for one condition.i myself have had to chase up CT scan appointments which the surgery has failed to make, sent letters and emails that have been ignored and yet the same information sent to 111 has seen an ambulance sent to my front door and this is the tip of the iceberg . Hubs might seem a great idea like addenbrooks but there is this misguided assumption that everyone has transport... They don't. And like I told addenbrooks if there is no patient transport there it's as much use as a chocolate tea pot. The same is true here I want a surgery that can dispense the basic gp requirements or see a doctor face to face because I cannot self diagnose a problem, because I'm not a Dr. But then when is the last time a Dr has physically examined you. The whole practice went down the tubes when it had grandios ideas of joining other surgeries. At best it's already a facing practice at worst it's a joke. This hub won't change that. Seems it's a money making exercise to sell properties and tag on extra services when they can't even offer basic gp services. (cont in next cell)</p>	Negative
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## Are there any other impacts we need to consider?

### Theme 'Services'

393b (... cont)	The whole idea behind a surgery is it serves a local community. It's not supposed to be a hospital serving the whole of Bedford. It's quite interesting the comments you make about space because the last couple of times I have been into the surgery the waiting room is practically empty even though 2 doctors nurses have been there. WHAT ARE THEY DOING. you don't have enough doctors to service the number of patients so on wonders why you still keep taking on patients. The telephone call backs can waste days waiting for a reply and the silent call from unlisted numbers is annoying. Can I see this changing NO dothey or you listen to patients responses, just look on the net where the same things turn up again and again. This won't change in the new premisi. I don't want or needs access to the other services on site I just want a gp I can have a face to face appointment with and does the basics like examine you and peruse your records before seeing you. Asking you about any appointments you might have been sent to. I don't want phone appointments because I'm not a doctor and can't self diagnose. If you don't ask the right questions you don't get the right responses. And if you can't do that then put an ai system on that can ask the right questions and diagnose things and get rid of the gp system all together because I don't think anything will change. As I said it's a money making exercise offering things you don't need and cashing in on the current property portfolio. It's nothing like the practice that used to be in lurke Street and I don't see this will make anything better in fact it will compound the issues and make seeing a gp even worse as it would seem you want to concentrate on other issues rather than offering the basics	
394	Positive impact for me is to be able to book an appointment doe a face to face with doctor. Positive impact for me is faster responses.	Neutral
395	Positive Impacts - more face to face appointments, faster responses on the phone cutting down the length of hanging on. A full well woman medical check-up once a year.	Neutral
396	Yes, As I don't go online I drop my repeat prescription for Loperomide into the exterior box at Goldington Road and at present I can do that on a Tuesday to coincide with my class at the retirement education centre (R.E.C) In Rothsay Gardens to save an extra journey. classes start at 10am and I would not be able to do this at a different location, Also I have a hollow back condition, Lordosis, that is making walking more difficult and would not be able to cope with walking to Kimbolton Road.	Neutral
397	I see no reason why Church Lane is so under used, it on a level, large waiting room and free car parking	Neutral
398	Easy to find and air conditioning	Neutral
399	More emphasis on long term conditions and medication monitoring and follow up tests.	Neutral
400	Waiting room capacity	Neutral
401	Will there be improved availability of face-to-face appointments	Neutral
402	Online Doctor appointments available??	Neutral
403	Ensure patients can hear or see notice when they are called in the waiting area	Neutral
404	Will there be additional parking at the New Hub, will there be a cost for an appointment to see a GP?	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

405	Would trust that the ability to arrange an appointment with a doctor at the new location would be available on a timely basis i.e. within 24 hours dependent upon the potential severity of the request for help.	Neutral
406	No, services at the proposed new surgery in Biddenham will affect me more than the hub in Bedford	Neutral
407	long term healthcare and regular support to ongoing cancer treatment patients who are virtually housebound and living alone	Neutral
408	Main concern will be availability of appointments and continuity of care	Neutral
409	Requesting perscription.	Neutral
410	1. The ease of booking a face-to-face appointment with a doctor. <input type="checkbox"/> 2. Repeat prescription issuance.	Neutral
411	Will patients have continuity if care? Named GP	Neutral
412	Suitability for people with dementia - quiet surroundings, disabled toilets, quiet waiting area	Neutral
413	Regular medical referrals <input type="checkbox"/> Muscular medical support for health <input type="checkbox"/> <input type="checkbox"/>	Neutral
414	How many Dr's are going to be available daily??	Neutral
415	Ante natal and maternity (not for me though)	Neutral
416	Are patients able to keep to their GP and see the same one all the time - unless an emergency occurs? Feel this is important because you know your doctor and he/she knows you well.	Neutral
417	Waiting times <input type="checkbox"/> Walk-in facilities <input type="checkbox"/> Opening hours	Neutral
418	All moving to a new modern <input type="checkbox"/> Site Shoud have a positive out come so long has thier appiontment available for each of these facilities other wise it's a Negative	Neutral
419	Cost of parking and getting to the surgery. Will there be access to a pharmacy to obtain medication? Will there be specialist GPS to deal with mental health? What about routine procedures like dewaxing ears for example?	Neutral
420	Sheer number of patients all trying to access services	Neutral
421	Time it takes to get through to surgery to make appts.	Neutral
422	Being able to book and appointment and actually see a doctor on the same day 100% improvement	Neutral
423	In your letter of 31 May, you mention that this relocation will increase the number of appointments available - will there be the same number of GPs? or is the plan to increase the number of appointments with other HCPs or increasing the number of remote appointments? It is hard to see how this objective will be realised? It is already difficult to obtain timely GP appointments (and we are not critical of this as we understand the multiple factors causing this) but would wish to have an assurance that this relocation would ameliorate this issue and would provide for a high quality service and increased levels of primary care services - including preventative activities	Neutral
424	Monthly implants	Neutral



## Are there any other impacts we need to consider?

### Theme 'Services'

425	For me personally its all about convenience, but I also have older relatives that live in Bromham, and I'm considering their needs and how convenient the Bromham surgery is for them	Neutral
426	Vastly improved patient friendly facilities to enable those in need to be able to book an appointment to see a doctor	Neutral
427	The issue is getting an appointment in the first place if that improves then the move is generally positive	Neutral
428	Accessibility and convenience for patients including hours of opening	Neutral
429	If Bromham surgery closes, will the alternative locations be able to cope with the addition load?	Neutral
430	Access to GP and wider primary health care services. More telephone lines for easier access to make or cancel appointments.	Neutral
431	Communication. Getting an appointment!	Neutral
432	We don't mind where surgeries are as long as we are allowed to see doc face to face and not spending hours on phone	Neutral
433	Availability of Doctors, face to face surgeries. Are we to be handed around different department and become anonymous ?	Neutral
434	Improvements to phone appointment booking	Neutral
435	Only support this if it means someone will answer the phone and I can arrange an appointment with a doctor within a reasonable time. Otherwise it's a complete waste of time for patients	Neutral
436	Being able to get an appointment with a GP in a timely manner is more important than anything mentioned in the questionnaire so far.	Neutral
437	Face to face appointments with GPs	Neutral
438	More ways of actually seeing a Dr face to face and actually getting a appt on the same day	Neutral
439	Easier phone connection to speak to receptionist	Neutral
440	Staff to answer the phones in a timely manner	Neutral
441	Staffing levels	Neutral
442	Yes <input type="checkbox"/> See more patients and remove the unnecessary administration	Neutral
443	COPD	Neutral
444	Perhaps extend surgery times, employ more clinicians and stop calling it "hub", personal experience suggests this is a byword for "cramming everyone in one place to save costs."	Neutral
445	Capacity to keep updating technology to communicate with patients: between surgery, hone and other medical services; register patients arriving for an appointment and being called to an appointment inside the surgery. There is the assumption that more modern facilities will have better technology.	Neutral
446	It is already difficult to get through to book appointments without the increase in people calling due to the amount of people who would be merged. <input type="checkbox"/> Can't see a doctor you know or who you have seen previously. <input type="checkbox"/>	Neutral
447	Just to make sure that we can all get an appointment and make this with less hanging on to the phone for hours on end	Neutral
448	Well man services	Neutral
449	Sufficient staffing to give prompt appointments and face to face consultations	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

450	Patient confidence in the service being provided. <input type="checkbox"/> Disruption for elderly or infirm patients resident in outlying villages where public transport is not readily available, particularly if the Bromham surgery is moved <input type="checkbox"/>	Neutral
451	Clinical air filtration systems should be built into the premises. <input type="checkbox"/> Sufficiency and convenience of waiting areas important. <input type="checkbox"/> Mobility aids including lifts. <input type="checkbox"/> Easy escape routes in the event of fire.	Neutral
452	Face to face appointments!	Neutral
453	Would we still have a dedicated family doctor? Could appointments be made on line to see a doctor?	Neutral
454	Booking appointments in advance	Neutral
455	The location is immaterial. The availability of appointments quality of care and proactively in preventative care is what matters.	Neutral
456	Appointment availability on weekends and out of 9-5 hours.	Neutral
457	Number of patients per GP, <input type="checkbox"/> Access to GPs with special interests e.g dermatology, menopause, Womens health. Accessibility/increased availability of face to face appointments, less waiting time when phoning the practice. <input type="checkbox"/> Car parking charges?	Neutral
458	Ease of getting an actual appointment. Ease of seeing the same GP. Ease of parking.	Neutral
459	Normally when we need an appointment A & E has been quicker. We like Goldington road & church Lane ASD doesn't like change	Neutral
460	Need face to face appointments with GP.	Neutral
461	Making it 24hours	Neutral
462	Will doctors see patients face to face	Neutral
463	Seeing a regular practitioner/ doctor <input type="checkbox"/>	Neutral
464	I dread contacting the doctor. I do my utmost to avoid because of the situation with the phone and time it takes. I always use e-consult but even that can be difficult. I seriously don't know what I'd do if I needed urgent care.	Neutral
465	Ability to see doctor face to face	Neutral
466	I would like continuity of same medical practitioner when dealing with my medical issues .	Neutral
467	Availability of clinicians.	Neutral
468	Accessibility to see a doctor - face to face, must be the prime objective of the new centre. Location is irrelevant to most patients.	Neutral
469	I don't believe changing a building will change the service level. This comes down to good systems / great people. I do believe there should be a facility to book a GP appointment on a set day in advance, for minor issues which don't need same day. Issues which are in need of advice but cannot take urgent same day space. Parking for free in some locations would clearly be beneficial for the community services by the Health Centre.	Neutral
470	Women's care particularly menopause advice	Neutral
471	More access to doctors?	Neutral
472	Yes blood test results	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

473	The number of GPS Face to face appointment.	Neutral
474	Will I be able to get an appointment	Neutral
475	Availability of staff and offering communication in various languages or formats.	Neutral
476	Am next to South Wing so anything with appointments there both would add a lot of times	Neutral
477	We need easier and more frequent face to face appointments	Neutral
478	Telephone services availability and time to answer.	Neutral
479	Vascular	Neutral
480	Just want face to face appts	Neutral
481	Waiting times	Neutral
482	Parking we don't have to pay to see a doctor . We don't see a doctor now everything done by phone face to face	Neutral
483	Specialist	Neutral
484	Services offered at Biddenhan	Neutral
485	Hart check ups	Neutral
486	Will it be quicker to see a Dr in person than it is at the present time. Will there be a pharmacist on sight to obtain prescriptions on sight? Will there be sufficient parking spaces for the obvious demand	Neutral
487	Speed of access to primary care. Need same day service for acute infection	Neutral
488	People with disabilities i.e. autism need sort of help because I myself I'm autistic and I find it really difficult when I'm at the doctor surgery because there's so much noise and sound going on so to help me with giving me some quiet places to sit	Neutral
489	For me, as long as I have ease in calling and speaking to someone to make an appointment, the appointments are booked as quickly as possible and Dr's are caring then where the actual surgery is doesn't matter. The reason I like going to church Lane rather than my current practice which is pemberley is purely the free parking!! Which I hope would be a consideration for the new site.	Neutral
490	Face to face appointment availability	Neutral
491	Will face to face appointments with G.P. be more Available, when practices move. <input type="checkbox"/>	Neutral
492	Getting face to face appointments. Long term medication review.	Neutral
493	The venue needs to be welcoming and attractive wuth plenty of parking, shaded in summer and free of ice in winter	Neutral
494	Availability and ease of booking GP appointments. <input type="checkbox"/> Patient waiting times when on site	Neutral
495	Number of doctors	Neutral
496	Will there be more appts available?	Neutral
497	Drug and alcohol addiction services should also be located here	Neutral
498	Pharmacy <input type="checkbox"/> Which is at the moment at De Parys	Neutral
499	Sufficient parking spaces Being able to see own doctor	Neutral
500	I wpuld love to see minor surgery and feet	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

501	Ensuring there is increased capacity for appointments. <input type="checkbox"/> Offering more minor illness slots also	Neutral
502	A doctor one knows - continuity of relationship	Neutral
503	Ease of parking and cost of parking <input type="checkbox"/> How many consultations will be available. Any Sat services? Any Increased services? No mention of disabled access being improved. Which surgeries will close. Where will surgery be biddenham.	Neutral
504	It's impossible to make an appointment on the app so it would be nice if that was improved, I'm a teacher so I cannot ring and stay on hold in the mornings	Neutral
505	More ease of getting actual appointments especially same day urgent ones	Neutral
506	Will this impact the speed of service with patients from 4 surgeries moving into one	Neutral
507	Over subscriptions of services, appointment availability and staffing levels	Neutral
508	It would be beneficial to see the same G.P. Each time for continuity of treatment/illness.	Neutral
509	Availability of appointments; same day access; health checks eg 50+, cholesterol, bowel cancer, well-women/man checks	Neutral
510	Asthma clinic	Neutral
511	Most definitely parking <input type="checkbox"/> Enough reception staff and waiting areas <input type="checkbox"/> Nearest pharmacy for older people to access, will there be one on sight?	Neutral
512	Minor surgery, immunisation, ... <input type="checkbox"/> 21st Century medicine - instrumentation, analysis... <input type="checkbox"/> 21st Century Cottage Hospital	Neutral
513	minor surgery, cottage hospital facilities, diagnostic tests on site	Neutral
514	Can you delivery a better patient service with a move to Gilbert Hitchcock?	Neutral
515	Diabetes Clinic? Asthma Reviews?	Neutral
516	Explaining changes clearly and simply to elderly or cognitively impaired patients. Will changes make it easier to recruit and retain team members?	Neutral
517	Being able to see the Dr when needed. What new services will actually be on site as against now. Will general services or appointments and times be reduced? Will there be fewer Drs compared to now?	Neutral
518	online appointments	Neutral
519	Access to GP face to face appointments being more accessible	Neutral
520	I hope this move will make it easier to see a GP	Neutral
521	More face to face appointment and shorter waiting tome on phones	Neutral
522	Xray and Ultra sound facilities would give quicker results /diagnosis /Treatment, plus relieve pressure /waiting lists at the main hospital.	Neutral
523	I do not know who my Dr is. I don't want to have to see Dr unnecessarily just to ask about various prescription theropies. Which I had started looking into before Covid. I had thought of acquiring a body diagram. Form. To point out where problems are. To know which is a priority. So that if I can get treatment which I can administer myself after bei g shown how. Then I am not ignoring problems. <input type="checkbox"/> I am interested in the Papworth self monitoring program. For this exact example. It would make me feel more confident. And would like to try and help others to do the same. I am not very up to the new blood test program. It confuses me.	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

524	Yes, number of patients that a reduced number of sites will be serving. Presently we have one phone number to call - it is impossible to get through therefore it is unclear how many people are answering the phones at any one time. If the number of sites reduce, will this worsen. <input type="checkbox"/> Whilst the provision of additional services sounds amazing on the previous two pages, there is no reference to the accessibility of those services, eg, minor illness appointments on-site sounds positive but will we actually be able to access those services any easier? I would suggest that the location makes no difference to the provision and ease of access. I'm also concerned about the number of new patients that may be taken on with the opening of new modernised facilities when the current provision is already insufficient to service the number of patients registered with the group.	Neutral
525	Making sure that there are still the same, if not more, available appointments for those needing them because you are planning to combine four surgeries into one location; not just combining them all and expecting one set of appointments that one surgery would offer, because otherwise this is just going to floor The De'Parys Group appointments even more than it already is struggling with the current availabilities it has, which is not enough...	Neutral
526	Loss of local ability to pop into De Parys Avenue when I can never get through on the phone system and where staff are so helpful and able to help me immediately with repeat prescription issues or appts for myself and my children. <input type="checkbox"/> Concern that I won't be able to see the GP who has been managing very effectively my long term health conditions	Neutral
527	Whether this change will improve appointments and waiting times.	Neutral
528	Seeing a doctor face to face would help irrespective of where it is located	Neutral
529	Will I be able to see a GP or are there only going to be the services mentioned	Neutral
530	Ease of getting appointments	Neutral
531	No mention of ear complaints.	Neutral
532	The privacy/confidentiality of more patients being in the same reception/waiting area. This is not always well considered in GP surgeries and other clinics, and especially in large, new clinic buildings	Neutral
533	An appointment with a doctor within a reasonable time frame	Neutral
534	Too large not personal	Neutral
535	Cleanliness & safety (i.e. sufficient space between patients) of waiting area.	Neutral
536	Potential for services to be more impersonal	Neutral
537	Ease of booking appointments & getting through on the phone. Must be enough staff to cope with the demand of patients registered	Neutral
538	Ease of obtaining an appointment	Neutral
539	Availability of appointments. <input type="checkbox"/> A good telephone service	Neutral
540	Yes, what about home visits and night visits <input type="checkbox"/> Will there be free parking on site <input type="checkbox"/> Will one be allocated or be able to choose a GP <input type="checkbox"/>	Neutral
541	Lack of continuity, I would prefer to see my named doctor most times	Neutral
542	Menopause	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

543	Cost of parking is unclear - I think it should be free. Ease of booking appointments	Neutral
544	Will there be improvements in access to doctors	Neutral
545	Closure of Pemberly Surgery	Neutral
546	Availability of getting an appointment.	Neutral
547	Impact on ease of not of being able to get through on telephone and ease of getting or not a timely appointment	Neutral
548	Will it make it easier to see a doctor ??	Neutral
549	Are appointments actually going to be offered and physically see someone when needed	Neutral
550	More telephone operators	Neutral
551	Just interested if it means we can have a named dr that we can get to know instead of someone different each time who misses things and a 'named GP' who doesn't know you	Neutral
552	Access to GP face to face. <input type="checkbox"/> Routine check-ups	Neutral
553	On phone	Neutral
554	Menopause Clinic and Regular Adult Health screening for the over 60s	Neutral
555	Yes anything and everything that improves the current service provided	Neutral
556	How crowded the waiting rooms will be. That has been a key issue during recent years and one's choice, when possible, of where one wants to attend. Phlebotomy has greatly improved. <input type="checkbox"/> It's hard to see how parking will be easier as that site is often jammed with people wanting blood tests.	Neutral
557	Ability to park easily at no cost. When I'm unwell I need to see a doctor soon without the awful hassle of the dreaded phone call when I have to wait on hold for ages.	Neutral
558	Your Workers park elsewhere for free. <input type="checkbox"/> ANPR parking system like the Dartford tunnel. <input type="checkbox"/> A service info for SEND and all applicable services available	Neutral
559	Diabetic services	Neutral
560	Paying for parking inconvenience. Too big and lose individuality	Neutral
561	Will the pharmacy still be at the hub for rural clients?	Neutral
562	Providing improved phone coverage for incoming patient calls	Neutral
563	Availability of Doctors	Neutral
564	Dementia screening and review?	Neutral
565	Have you considered encouraging smokers from the site away from the entrances and on the pavement beside Kimbolton Rd? Impossible to walk past at certain times without breathing in exhaled smoke. Maybe provide area for smokers tucked away at the back of the site not where patients enter and exit.	Neutral
566	Patients able to see their preferred GP / same GP so they get to know one another & do not have to repeat background information...etc <input type="checkbox"/> & not being shoved around to any GP except in a dire emergency.	Neutral
567	Some users are bed bound and would need to continue with home visits.	Neutral
568	The impact on meeting potential increased demand on the available resources, for example, patient capacity and reasonable parking policies at the hub, should be considered.	Neutral



## Are there any other impacts we need to consider?

### Theme 'Services'

569	Where is the personalised approach and individual knowledge and care for options? Will it be easier to get an appointment?	Neutral
570	Access to interpreter	Neutral
571	GP and primary care access is very poor and depersonalised . I can only hope it improves with this development.	Neutral
572	Provision for pharmacy services	Neutral
573	Will creating this new facility make it easier to get an appointment with a GP or other health professional?	Neutral
574	Parking ! At the hub . It should be free . Getting to know one doctor would be best for the patient !!!	Neutral
575	Does this new larger surgery have the capacity for more patients? I feel like my surgery as it is, is running at an overcapacity. At least, I can't get an appointment without a 5 weeks wait unless it is an emergency. Will this improve things?	Neutral
576	Quicker face to face appointments	Neutral
577	Booking appointments? How will this be made easier?	Neutral
578	Yes, you need to consider the ease of actually speaking with someone when contacting the surgery and getting a face to face appointment with a doctor	Neutral
579	Face to face appointment with doctors	Neutral
580	Speed of access to see doctors	Neutral
581	Face to face doctor appointments	Neutral
582	If it helps someone answer the phone it would help	Neutral
583	Waiting times	Neutral
584	Will it be easier to make appointments with nurses and/or GPs when they are all based together? Do you have enough staff?	Neutral
585	How easy is it to get an appointment?	Neutral
586	Dental care	Neutral
587	Parking and charge, toilets , seats and water , enough staff so people can actually see a GP! Not on the phone x	Neutral
588	Not sure which box to put these in so I've put them in both... 1) Please ensure there is a lot of thought given to patient access to see their doctors. The length of time spent waiting on phones recently has been very frustrating. The recent move to 'ring patients back' has been very positive - but a wait of three hours should be an exception and not the norm. <input type="checkbox"/> 2) Please consider giving allocated clinics to patients who are seen regularly eg. consults with elderly, mental health and other patients should not 'block out' doctors time when some of the people could be seen by other health care professionals. <input type="checkbox"/> 3) Maybe a holistic approach could be taken with people employed to regularly review patient care and bring together any care that a patient need that is, at present possibly being delivered without every carer knowing what other treatment a patient is receiving. <input type="checkbox"/> 4) More access to on-line services - test results...	Neutral
589	Waiting areas, cleanliness, mask's obligatory, ventilation	Neutral
590	How many doctors will be available at this venue I will be able to see?	Neutral
591	Only if the change will reduce the overall number of staff I can access for support	Neutral
592	Having a primary location may reduce amount of appointments as fewer staff	Neutral



## Are there any other impacts we need to consider?

### Theme 'Services'

593	Also need to consider flu vaccinations, nurse services such earwax removal & asthma checkups. Plus enhanced reception facilities to deal with the extra calls, patients etc.	Neutral
594	The one thing you need to do to improve the service, wherever it is located is to provide enough receptionist to answer the phone in a timely manner. This is just the basic requirement that you don't seem to comprehend!	Neutral
595	Consistency of doctor - seeing random doctors has negative impact.	Neutral
596	Patient experience	Neutral
597	We don't know if it will be an easier to get an appointment or speak to a doctor. Hence my sense that it may make no impact in some areas to move facilities	Neutral
598	More gp's	Neutral
599	Access to GP	Neutral
600	Ease of offering appointments	Neutral
601	Availability of more appointments due to extra number of patients	Neutral
602	Most important question you need to answer: will there be more face to face appointments available? Will you have more staff to cope with the demand?	Neutral
603	Face to face appointment s would be a positive	Neutral
604	Availability of appointments	Neutral
605	Blood booking service from doctor to blood clinic	Neutral
606	Is there an onsite pharmacy for collecting prescriptions or other items such as physiotherapy supports etc etc Will there be a walk-in service??	Neutral
607	Waiting time for appointments	Neutral
608	Ample waiting room	Neutral
609	Improved transmission of transferable ailments from grouping larger numbers in one location	Neutral
610	Opening times, amount of patients per doctor and waiting times.	Neutral
611	will the dispensary still be available?	Neutral
612	Yes, is there a pharmacy available? It's a bit of a long walk into town for many people if it's not.	Neutral
613	Will it be made easier to make an appointment without excessive waiting time and be able to speak to a doctor face to face	Neutral
614	Somewhere to lock my bike up	Neutral
615	Will it be any easier to make appointments and see a doctor	Neutral
616	Ease of Contact, availability of appointments	Neutral
617	Whether people will actually be able to see a doctor!	Neutral
618	Foot care Pain control MS care Transplant pt care ie auto immunity vulnerability patient	Neutral
619	Parking costs and space availability. Sufficient, timely appointments relevant to conditions. Seamless access to wider Bedford Health Village facilities for effective throughput.	Neutral
620	He much parking there is , how much it will cost. Will it mean quicker to see a doctor	Neutral
621	Ease of making appointments	Neutral
622	Better response for phone calls	Neutral
623	not obviously...but service should be reviewed annually.	Neutral
624	no other than the telephone being snswered	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

625	Appointments available? Will it become busier and harder to get an appointment	Neutral
626	More appointments available and more face to face appointments	Neutral
627	What will be available at other centres?	Neutral
628	I am assuming all these services will be offered and it is not just wishful thinking on my part. There is no mention of the ease of parking or the cost at the HUB so it is hard to answer sensibly.	Neutral
629	Waiting times <input type="checkbox"/> Appointment booking	Neutral
630	Administration for these facilities	Neutral
631	The cost saving benefit and how it and capital realisation will be used?	Neutral
632	I go wherever I can get an appointment. Now the surgeries are joined as De Parys Group it won't make a difference to go to the new hub. There will be no advantage to phlebotomy unless a phlebotomist was hired just for hub patients. Being able to employ someone who specialises in mental health would be useful. Also using appointments effectively ie medication reviews could be done by pharmacist. Having a paramedic could help with minor illness. I don't think all appointments need to be face to face but if your having a phonecall an appointment time is helpful to plan your day, rather than morning or afternoon. We all understand that appointment times can run late but it gives you a rough idea rather than having to wait in all day.	Neutral
633	Ease of obtaining appointments.	Neutral
634	Dispensary	Neutral
635	As long as it becomes possible to get an appointment that isn't by phone, in a month's time, and without having to wait an hour on the phone to even have a chance of getting an appointment, it will be a positive impact.	Neutral
636	just be able to see a Doctor	Neutral
637	All that matters is the ease of getting an appointment	Neutral
638	as long as I can get to see a doctor when i need to, any changes you put in place will be an improvement on the service the Group does now.	Neutral
639	If this plan increases the number of appointments available so we could actually get an appointment that would be great	Neutral
640	Will there be enough staff to operate	Neutral
641	Phones and appointments	Neutral
642	Facilities to handle the increased volume of telephone enquiries and online appointments.	Neutral
643	Will you have enhanced secretarial / reception staff	Neutral
644	Ease of appointments	Neutral
645	Ease of contact oh dear that's alright	Neutral
646	Contact with my doctor would be a big help to me at this moment in time. Its an important need at the moment.	Neutral
647	Length of phone queues, more face to face appointments required	Neutral
648	Ensure more face to face appointments available. Reduce phone wait times	Neutral
649	Appointment times <input type="checkbox"/> Face to face appointments <input type="checkbox"/> Phone queues <input type="checkbox"/>	Neutral
650	Availability of appointments and choice of GPs	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

651	Making there are enough appointments and this change will improve the appointments process.	Neutral
652	Access to appointment bookings	Neutral
653	Parking, drop-in facility and the need for a greater staff to patient ratio.	Neutral
654	The need for actual doctors to be present.	Neutral
655	Having consistent care from doctor who knows my health situation	Neutral
656	Ease of appointments and always face to face.	Neutral
657	Need a decent waiting area.....plenty of seats, space and ventilation.....and clear indication of waiting times	Neutral
658	The ease of getting timely appointments for the other services on the site. No point in having phlebotomy next door, if appointments aren't available during the same visit.	Neutral
659	If it means you can see a doctor great.	Neutral
660	Anxiety and depression mental health conditions	Neutral
661	Waiting times to see a doctor. Getting through by telephone waiting time.	Neutral
662	Need to improve the phone lines and care while seeing a doctor or nurse	Neutral
663	How effective this service will be & appointment system. As calling on the day does not work when commuting to work & working long hours.	Neutral
664	Dementia	Neutral
665	Available appointments to see a Dr.	Neutral
666	Waiting times foe appointments	Neutral
667	We would like to see the doctors with more facility	Neutral
668	Cancer Patients	Neutral
669	Dermatology services	Neutral
670	Call time <input type="checkbox"/> Appointment availability	Neutral
671	Will more appointments be available face to face?	Neutral
672	I have poor hearing and wear hearing aids. This distorts sound but amplifies surround sound. My new hearing aids do not have hearing loop facility so it is a retrospective ability. De Parys, Pemberly & Goldington Rd. have small cosy reception areas that provide good acoustics so I can hear better. New Church Lane is a large echoey hall and I find impossible to understand speech. I suspect the new build hub will also have poor accoustics at the reception desk.	Neutral
673	Perimenopause and menopause support	Neutral
674	Easy to see adoctor	Neutral
675	Make everything more efficient. Even just booking for a consultation with your GP	Neutral
676	Only if it means I can actually see a doctor, in person.	Neutral
677	Ease of getting an appointment to see a medical practioner	Neutral
678	Will this improve patient care or prioritie cost/ profits?	Neutral
679	Positive impact = single point of contact	Neutral
680	Available appointments should be easier to access. Telephone response should be more reliable. <input type="checkbox"/> 100% more face to face appointments.	Neutral
681	I hope a practical, purpose-designed health centre will help attract doctors!	Neutral
682	I hope appointment waiting times will be reduced	Neutral
683	Making aure appointments are available	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

684	How will you impact on care in the community (especially elderly) if that's applicable?	Neutral
685	Need more on the day and next day appointments slots. More telephone receptionists and calls answered quickly	Neutral
686	My only query/concern would be about the dispensary service as I dispense from Deparys and whether this would also move to the new hub	Neutral
687	Old age	Neutral
688	Mental health patients will need additional help with any change and may need more support with what it may look like etc	Neutral
689	Blood tests etc may be on the same site but if appointment still necessary it doesn't make any difference	Neutral
690	Walk in appointments	Neutral
691	Need for pharmacy facility	Neutral
692	More modern, centralised facilities, and patients knowing where to go for every appointment (rather than it being juggled between multiple surgeries)	Neutral
693	Will there be more appointments face to face with doctor and easier booking	Neutral
694	Ease and availability of making appointments to either speak to or see a doctor or clinician	Neutral
695	Given the BLMK CCG has taken the decision to deliver a new Primary Care Hub the survey has little value. The decision has already been made. I am concerned with the lack of information regarding the detailed use of the building in the document. A photograph of the building and a plan drawing of the use of rooms and floors within it would have helped me understand better what was intended. The Transport Strategy and Car Parking Management Plan are in development. They should have been finalised. In principle the consolidation of health services makes sense. I have still to be convinced the location of the hub is appropriate and its parking arrangements given its proximity to the Gilbert Hitchcock House	Neutral
696	More availability of appointments...to be seen within 48hrs for routine appointments.	Neutral
697	More appointment available to see a doctor	Neutral
698	Hopefully a positive impact would be to see a doctor when needed.	Neutral
699	a really good triage system to get the right treatment to the right people	Neutral
700	Making more appointments available, for people who actually need appointment. There's been times I've had to wait 3-5 days to get an appointment for a serious condition .	Neutral
701	Getting an appointment	Neutral
702	Yes, answering the phone.	Neutral
703	If it means more face to face appointments with a doctor then good	Neutral
704	Less phone consultation more face to face appointment.	Neutral
705	Online consultation services	Neutral
706	Response times to calls and ease of booking timely appointments	Neutral
707	More doctors and reception staff so you can get through and receive appointments	Neutral
708	Osteopathy would be ideal if arthritis expert available rather than pointless physio when pain is too much.	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

709	The ability to actually get through to the practice by phone in a timely manner to make an appointment to see a doctor or nurse. In addition to receive call backs and referrals when they have been arranged.	Neutral
710	No easy access by public transport.□ Provision of a direct patient transport similar to the old Hospital car service ,maybe a minibus ?□ We value getting to know ( and being known by) the medical staff which was an asset to us at Pemberley surgery before the merger.	Neutral
711	Reduce waiting times on phone. Seeing your own Dr for continuity...vital !	Neutral
712	Face to face with Dr. No phone calls diagnosis.	Neutral
713	Liase with Moorfields. Addenbrooks etc elsewhere	Neutral
714	Will there be plenty of parking and what will the cost be?□ Where is the location going to be?□ Are you phone lines going to be able to cope with the volumes?	Neutral
715	I make use of the Dispensary at De Parys centre, which is very useful as I live in Oakley. I would hope that the same dispensing service will be available in the new centre.	Neutral
716	Appointments	Neutral
717	Yes - what about local support for residents?	Neutral
718	Ease of access to get an appointment to see a GP. At the moment it is very difficult to actually see a GP as most consultations are done over the phone. This needs to improve	Neutral
719	Need to have better signs	Neutral
720	The ability to see a clinician face to face	Neutral
721	Organising the raft of services on offer should more efficiently managed under one roof.	Neutral
722	Will it enable me to see a doctor or nurse when I need to? That's more important than moving your surgeries. If the changes improve accessibility to doctors and nurses then it will be a good thing.	Neutral
723	Easier obtaining of face to face with nurses and doctors	Neutral
724	Toilet facilities□ Waiting areas	Neutral
725	Availability of appointments	Neutral
726	To enable people to have more face to face appointments	Neutral
727	Making and getting to appointments	Neutral
728	Number of patients per GP	Neutral
729	Are there going to be doctors employed there or just phone advisors?	Neutral
730	No only in the staff	Neutral
731	Availability of appointments□	Neutral
732	Will we get face to face appointment with a doctor?	Neutral
733	Increased appointment availability	Neutral
734	The most important question as to whether I can get an appointment is not addressed	Neutral
735	Being in a purpose built building is a positive	Neutral
736	Depending on yours health department.	Neutral

## Are there any other impacts we need to consider?

### Theme 'Services'

737	Availability for face to face appointments. Let patients get to know their GP and GP get to know their patients	Neutral
738	Being able to actually book an appointment	Neutral
739	I think its great to offer all these wonderful services but you need staff to provide these services. 40 000 patients for one practice is enormous and you are constantly adding. How easy is it going to be to get appointments?	Neutral
740	Ability to provide face to face appointments	Neutral
741	Increased services are positive but how will this impact wait times and will appointment booking processes change. (Ie advanced booking rather than same day for minor injury appointments)	Neutral
742	Appointment booking	Neutral
743	Getting access to a GP and providing physical appointments. □	Neutral
744	Just need to improve access to a doctor when required within a short time period. Would the practice boundaries be reshaped at all?	Neutral
745	For my local Biddenham new centre- it would be a positive impact if there was also a pharmacy.	Positive
746	No. Better access in new premises and joined-up services sound great to me.	Positive
747	No, I think this has been needed for a long time The DeParys site has nor been fit for purpose in regard to elderly and frail.	Positive
748	None as under one umbrella patients can access more than one treatments.	Positive
749	All things considered it seems to be a positive project. However the most vital concern is to vastly improve patients phone access to a human being otherwise all your excellent plans will fall	Positive
750	I think this would be a great move and use of an under utilised facility on this site	Positive
751	As long as there are available receptionists to answer phones & appointment available without a 3 wks wait it can only be a positive move and positive impact on all!	Positive
752	As long as an appointment is available around the same time of illness (or even within a week of it) there's no issues.	Positive
753	As long as pulling all together, more appointments , space and clinicians will be available it will be positive	Positive
754	Overall all services in one place will be a benefit.	Positive



# Appendix 8

## Is there anything else we should take into consideration?

### Theme 'Access for All'

1	Multiple sites into one, lots of disabled people all wanting to be at the same place, there will never be enough blue badge spaces putting my wheelchair wife off as she won't be able to go alone	Negative
2	No easy parking for disabled. Quite a way to walk	Negative
3	You state improved disabled parking - I hope there will be enough! <input type="checkbox"/> There isn't always sufficient outside Gilbert Hitchcock House at the moment!	Negative
4	Impact on patients with no mode of transportation and mobility issues	Negative
5	a serious look at ample suitable parking for the disabled	Neutral
6	I am visually Impaired. Good signage and contrast in colours	Neutral
7	Hopefully there will be enough disabled parking.	Neutral
8	Wheelchairs access and parking	Neutral
9	Efforts on autistic patients	Neutral
10	Disabled spaces often dual use - able bodied can use same space.	Neutral
11	Plenty of disabled parking. There is a car park near but it is still quite a distance to walk	Neutral
12	I am unable to access taxi and have to rely on friends for transport with wheelchair	Neutral
13	Need and access by elderly	Neutral
14	Disabled facilities	Neutral
15	Travel for disabled and near local pharmacy which I use <input type="checkbox"/> For years	Neutral
16	Ease of getting there for elderly patients.	Neutral
17	To have staff understand that people with autism need to have the patience to say what I want to say to get checked by the doctors	Neutral
18	Disabled parking	Neutral
19	Parking. Disabled parking in particular	Neutral
20	Adequate parking. I recently attended the surgery at G Hitchcock house and no spaces were available let alone space for me a blue badge holder	Neutral
21	Adequate disability parking. No stairs please	Neutral
22	See above. Sufficient free disabled parking	Neutral
23	Long term conditions, ie arthritis is particularly important. Also podiatry and medication reviews. Parking is also important. The disabled parking at the current facility at the side of GH House are normal size and not adequate. Also is disabled parking free?	Neutral
24	People with learning disabilities	Neutral
25	MORE DISABLED PARKING	Neutral
26	Access to appointments - face to face and telephone <input type="checkbox"/> Cleanliness of facilities ( poor at the moment) <input type="checkbox"/> Mobility impaired access <input type="checkbox"/> Hearing impaired support	Neutral
27	Although not a problem for me (as I can catch a bus or walk) the charge for car parking might be an issue. Also will consultation rooms be on ground floor for disabled access	Neutral
28	People who cannot speak English well	Neutral
29	Hearing disability means hearing aids amplify all surrounding sound but does not improve speech clarity. I hope the new hub will take account of good acoustics at the reception desk without the interference of echoey surrounding sound	Neutral
30	Disabled lives matter	Neutral
31	Waiting rooms for mentally vulnerable people	Neutral
32	Disabled access	Neutral



Is there anything else we should take into consideration?

**Theme 'Access for All'**

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33	Church Lane would be perfect for me as well I'm paralysed in a wheelchair	Positive
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## Is there anything else we should take into consideration?

### Theme 'Availability of appointments'

1	Less waiting time on telephone calls and more face to face appointments with GPs given instead of telephone calls by medical staff which often results in seeing someone. Your staff should take ownership of patients problems resolve the	Negative
2	Crowding, wait times, parking problems	Negative
3	Will the new centre make it any easier to get an appointment or even speak to a	Negative
4	With such a large number of patients merged under the one umbrella the phone system needs to be robust enough to cope, particularly as there is still a considerable number of telephone consultations taking place. Would the new venue	Negative
5	Making it easier to get a face to face appointment & having more people to answer	Negative
6	Proper training of reception/administration staff so that queries are answered correctly. <input type="checkbox"/> Better telephone system. Better IT, more user friendly website. <input type="checkbox"/> Do not make everything online, as more vulnerable members of the community find this difficult ie elderly, disabled and patients with psychological issues/disorders. <input type="checkbox"/>	Negative
7	Sort the GP problem out.	Negative
8	Speed up appointment time -speed up the process when calling for an appointment.We as patients spend literally hours on the phone just waiting for calls	Negative
9	As above more doctors and staff. Get the phone answered <input type="checkbox"/> Offer appointments	Negative
10	Making it easier to get through and get an appointment	Negative
11	Time to get a doctors appointment.	Negative
12	More access to face to face Appts NOT phone /video ..	Negative
13	See previous comment. Difficulty of getting appointments and inability to see same doctor for consistency has been getting worse. Telephone only appointments are often inappropriate but used as default. Location of practice seems irrelevant considering how rarely people can attend in person.	Negative
14	The practice must urgently sort out access to appointments and staff to answer the phones as the current system does not work. It is very stressful trying to access anything via the surgery at the moment and this should not be the case. We cannot afford to wait until the new facility is opened to address this.	Negative
15	Enough GPS so that you can get an appointment. Before Pemberly joined the Deparys group I never had a problem getting an appointment. This deteriorated greatly once it joined the group. <input type="checkbox"/> The important of seeing the same GP can't be underestimated. The onus shouldn't be on the patient to have to bring a GP up to speed every visit with ongoing conditions. <input type="checkbox"/> Enough waiting room space facilities	Negative
16	More appointments, more gps and more receptionist as its a nightmare trying to see gp atm	Negative
17	The biggest issue remains the length of time it takes to get an appointment. I don't imagine that where the services are located will improve that.	Negative
18	Yes, having enough group GPS to start to see patients again and still cater for 4 practices being in one place	Negative
19	Make sure you can actually get an appointment!!!!!!	Negative
20	Make it easier to get an appointment. Book online to avoid hours on hold only to be told you don't have any appointments	Negative
21	It current takes over an hour to speak to someone to get an appointment I do not think by locating to one place this will change much of the issues	Negative

## Is there anything else we should take into consideration?

### Theme 'Availability of appointments'

22	Number of doctors appts and general staff to answer a phone call. I have been on hold for up to four hours only to be cut off when the phone was eventually answered.	Negative
23	We can't get an appointment now so how are we going to get one when everyone is at the same place are you getting more doctors?	Negative
24	More appts to be available and call queues to reduce by increasing staffing	Negative
25	Lack of emptany from the surgery. Being told to ring again after a 3 hour wait. Being passed on to none qualified staff. This has put additional pressure on a&e services	Negative
26	Ensure there is no reduction in access to appointments like at present	Negative
27	Make gps see their patients ... no excuses	Negative
28	The cost of NHS transport provision for the elderly and infirm to get to and from the Health Hub.□ Availability of GPs as it is currently virtually impossible to get a face to face appointment.	Negative
29	I can't seem to make a one on one consultation. I have had a concern for over two months. What sort of health care service is this !!	Negative
30	The ability to get an appointment. The main problem is only being able to ring in the morning, being in hold for ages and then being cut off to ring back and find all the appointments have gone.	Negative
31	Since the merging of the surgery it has been very difficult to get appointments , Even though we were told otherwise. The service keep on declining. I am afraid with this change it will take week or more to get appointments which will mean then the Surgery will not be fit for purpose. Please what ever decision you are taking put the service of human beings first. This not a moan , This what we as patients are experiencing and not happy about this	Negative
32	The ease making appointments especially for the elderly who can't always phone at 8am	Negative
33	The length of trying to get appointments, queuing on the phone time. No same day appointments. Longer hours	Negative
34	Sort out the issues in regards to getting an appointment with someone. Been trying to get appointments since August, but can't get one	Negative
35	See above, there is poor availability of appointments and an awful phone system, rude reception staff and overall a very poor service from the surgery, it shouldn't be so difficult to speak to clinicians about my health	Negative
36	have enough doctors so we can go back to the old system of seeing a doctor face to face.	Negative
37	Phone all system for de parys group is rubbish. The rush to phone at 9am is madness. The online offer is rubbish as you have to call in as above to sign on for first time. When you get through there are no appointments.	Negative
38	Start seeing patients face to face I sted of having to wait 50 minutes to get through to the surgery to be told there are no appointments or have to speak to a doctor on the phone first	Negative
39	For us the key is more appointments. It is so hard to get an appointment even for under 5s. With our 4 year old we could get on the day appointments even in the afternoon when there was an issue but now we can't. It's really worrying.	Negative
40	Parking and ability to actually see a doctor □ Can't remember the last time I saw a gp - don't even know who my gp is!	Negative

## Is there anything else we should take into consideration?

### Theme 'Availability of appointments'

41	Fix appointment booking on the app. New site will add travel cost and time.	Negative
42	As previous. Also being someone that is not allowed access to a phone while they are working, to be told call next day at 8am, which I can not do and still not being able to speak to a doctor 3 months later (this was pushed through by a nurse as being more urgent so got this 4 days after bringing up the issue to her). The reason I saw the nurse was because of a text sent to me about an asthma review and they eventually contacted me as I gave up trying on the occasional day I could as would be on hold for between 40 mins and 90 mins and being hung up on or told to go to the walk in centre.	Negative
43	Make getting to see a GP face to face a priority...& having enough appointments. Also please avoid patients all having to ring at 8am , & when you finally get through NOT to be told there are no appts left. Please also employ more GP's to meet the demand of 40000 plus patients	Negative
44	I think more and easier accessibility for GP's would be helpful and also more appointments available compared to the present situation and would be helpful if telephone calls were answered with no queues. Continuity with doctors and other staff would help instead of many different people dealing with problems.	Negative
45	The ease of access for people who work during the day and getting stuck in traffic in a congested area further complicates getting to an appointment during the working day	Negative
46	Yes when will we be able to see a doctor, I had to phone 111 to talk to a doctor, with a really bad infection foot, This is not good at all, I thought doctors cared for there patient don't look like that does it ??	Negative
47	Access to appointments - yes you have an issue with capacity however I don't even consider you functional enough to try and book an appt instead just use private GPs	Negative
48	Parking cost and increase number of GP slots	Negative
49	Free parking. Not having a receptionist that thinks they are doctors when you want to see a doctor. Appointments non existant	Negative
50	With development of housing, transport very congested until 9.30 and after 3.00, so limited access for appointments	Negative
51	The need to feel welcomed by receptionists not just a nuisance whether over the phone or at reception . A smile doesn't cost anything but when you feeling low it can make a difficult situation less stressful	Negative
52	1) will you have enough Drs we need a reliable services 2) Enough parking and preferably no cost or help with cost 3) Monitored parking so spaces are not used by people going into town. 4) How many phone lines will you have. Ringing 10 times each one immediately after the next to get through and then waiting 56 mins for receptionist to reply is not good and very stressful when query is urgent. 5) We have no internet to use 6) Other people not attached to your surgery will be using the site (already do) not sure the area will be suitable for more use.	Negative
53	Not everyone drives and many buses do not go along Kimbolton Road, so will pedestrian access be made from Goldington Road. There used to be access many years ago when maternity was on that site. I have heard a lot of people complaining that cannot get through on the phone. When they do they cannot get a face to face appointment and even have to wait 2 weeks or more for a telephone consultation, will this improve?	Negative

## Is there anything else we should take into consideration?

### Theme 'Availability of appointments'

54	<p>One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!! Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. □</p> <p>Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberly from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???</p>	Negative
55	The plans sound good if you read them quickly but the greatest problem at present seems to be lack of sufficient GPs and lack of sufficient staff in all the other specialities mentioned. So what will be the advantage of everything on one site when each 'service' will have a long waiting list and patients may have to make many repeat visits to access the services to which they are recommended? There are also going to be traffic density issues as these plans will require even more people to join in the Bedford Town Centre dense traffic and traffic jams with particularly severe effects for appointments in the morning and evening rush hour.	Negative
56	Be more in touch with your clients and make appointments easier to get.	Negative
57	Will this free up doctor time for more appointments?	Negative
58	How will access to appointments be improved - it is currently unacceptable? Can you describe and quantify how these changes will impact on the issues raised in questions 10 and 11 please?	Negative
59	On site parking for patients and appointment availability.	Negative
60	Free parking for GP appointments and better availability of appointments. Better reception coverage so the phone actually gets answered would be great	Negative
61	See above, Will church lane offer full services? Will there be enough doctors, reliable service is needed. Have no internet Communications by post please as previously requested.	Neutral
62	<p>See above please. □</p> <p>I would also like to be able to book my appointment online, as before this latest merger. It makes life for the patient so much easier than waiting for ages on the phone to, hopefully, get an appointment?</p>	Neutral
63	There should be a faster and more efficient service for; making an appointment	Neutral
64	Appointments book able in advance so people who work can make reasonable arrangements	Neutral

## Is there anything else we should take into consideration?

### Theme 'Availability of appointments'

65	Being able to forward appointments with a gp	Neutral
66	Accessibility to seeing a doctor	Neutral
67	Concern about ease of getting appointments and knowing the GP you will see.	Neutral
68	Being able to take telephone calls and an ability to make appointments not just on the day	Neutral
69	Patients seeing a regular dr as now you could be sent to any surgery with any dr	Neutral
70	Ability to do more face to face appointments	Neutral
71	ease of getting appointments and seeing a doctor.	Neutral
72	Booking an appointment	Neutral
73	Phones answering	Neutral
74	Weekend opening appointment only	Neutral
75	Ease of booking <input type="checkbox"/> More doctor face to face appointments	Neutral
76	Increasing appointment availability would be nice and much appreciated as really needed.	Neutral
77	Yes face to face consultations with a doctor.	Neutral
78	More free parking <input type="checkbox"/> Better telephone answering	Neutral
79	1) Please ensure there is a lot of thought given to patient access to see their doctors. The length of time spent waiting on phones recently has been very frustrating. The recent move to 'ring patients back' has been very positive - but a wait of three hours should be an exception and not the norm. 2) Please consider giving allocated clinics to patients who are seen regularly eg. consults with elderly, mental health and other patients should not 'block out' doctors time when some of the people could be seen by other health care professionals. 3) Maybe a holistic approach could be taken with people employed to regularly review patient care and bring together any care that a patient need that is, at present possibly being delivered without every carer knowing what other treatment a patient is receiving. 4) More access to on-line services - test results...	Neutral
80	As long as it becomes possible to get an appointment that isn't by phone, in a month's time, and without having to wait an hour on the phone to even have a chance of getting an appointment, it will be a positive impact.	Neutral
81	The number of hours available for appointments	Neutral
82	Easier access to appointments	Neutral
83	Will it be any easier to see a doctor?	Neutral
84	Appointments	Neutral
85	As above the problem is getting an appointment is moving premises going to help the situation or make it worst	Neutral
86	Ability to book appointments face to face.	Neutral
87	Getting more GPs	Neutral
88	Ease of getting an appointment	Neutral
89	Being able to get a appointment	Neutral
90	More appointments to be made available	Neutral
91	Availability of appointments	Neutral
92	Ease of getting an appointment	Neutral
93	Ensuring availability of appointments	Neutral

**Is there anything else we should take into consideration?**

**Theme 'Availability of appointments'**

94	Appointment availability	Neutral
95	Will it be any easier to get an appointment?	Neutral
96	How straightforward it is to get an appointment and see a doctor you like	Neutral
97	Will I be able to get an appointment with a GP?	Neutral
98	Easier appointments	Neutral
99	Will it be easier to get a face to face consultation with a GP.	Neutral
100	Whether doctors availability will improve	Neutral
101	Please give appointment	Neutral
102	Free available parking <input type="checkbox"/> Availability of appointments <input type="checkbox"/> Availability to speak to medical and admin staff	Neutral
103	Make it easier to get an appointment!	Neutral
104	Ability to have emergency appointments on the same day	Neutral
105	May be make it possible to physically see a GP	Neutral
106	Improve ability to make appointments with doctors	Neutral
107	As before more appointments	Neutral
108	Will this arrangement actually result in easier access to services by making arranging appointments easier? <input type="checkbox"/> The document says: <input type="checkbox"/> “Due to the nature of the properties, there is very little scope for making improvements. There is also insufficient space within the premises for the number of patients on the practice list which can make it difficult for patients to get appointments quickly and limits the range of services that can be offered”. <input type="checkbox"/> The difficulty of getting appointments seems more to do with insufficient number of doctors rather than lack of space.	Neutral
109	Parking, availability of appointments	Neutral



## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

1	1) will you have enough Drs we need a reliable services 2) Enough parking and preferably no cost or help with cost 3) Monitored parking so spaces are not used by people going into town. 4) How many phone lines will you have. Ringing 10 times each one immediately after the next to get through and then waiting 56 mins for receptionist to reply is not good and very stressful when query is urgent. 5) We have no internet to use 6) Other people not attached to your surgery will be using the site (already do) not sure the area will be suitable for more use.	Negative
2	Crowding, wait times, parking problems	Negative
3	Parking looks as if it could be an issue especially if you're going to be charging. Please consider elderly who can't walk far	Negative
4	Parking already a nightmare on this site, scores of extra cars will cause major problems.	Negative
5	There is no parking at Kimbolton Road site, this will greatly affect patients visiting the practise. De Pary's cannot cope now so it will impact on patient care, not a good idea at all.	Negative
6	Cost of parking and limited spaces, longer opening hours, not restricted to limited hours over the weekend or in the evening	Negative
7	When my husband can no longer drive, How do we get there? There are no busses from where we live.	Negative
8	Be careful by consolidating to save cost will effect people as they will need to travel further which comes back to parking	Negative
9	Those in Bromham who are over 80 yrs and have no transport of their own and find walking etc. difficult.	Negative
10	Parking easier and retrained your staff - they are rude	Negative
11	Parking <input type="checkbox"/> Is there actually enough doctors available	Negative
12	Yes listen to patients. How many patients think this is a great idea to have to fewer Doctors under one roof. Only one surgery rather than the more now. Patients will struggle to get to surgery as for many it is further. You want patients to pay for parking that is limited when patients are paying enough with bills. If it's not broke don't fix.	Negative
13	Yes, travel now where could just walk and also now probably having to pay to park. So no not happy with the Bromham surgery going as work at the school there so could just pop our but now will take much longer 😞	Negative
14	Access to parking. Currently difficult and expensive and there is going to be a very large increase in patients using the site	Negative
15	Oversaturation at a single site <input type="checkbox"/> Pollution parking congestion	Negative
16	We will have to pay lots of money for parking because we don't know how long we'll be waiting before being seen by a specialist.	Negative

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

17	While I understand the need to vacate inadequate premises this site is quite unacceptable given that there is now a proposed mental health hub designated there and the application highlighted the same problem with vague comments that maybe the rugby club area could be utilised! Many patients need friends and family to bring them to the surgery local roads are already clogged and the only public car park is costly and now often full. I responded to a previous consultation some years ago and my view has not changed. Incidentally I read that the Clinical Commission is or has been wound up so put this suggestion on hold or abandon it as new thinking is bound to emerge. Perhaps the De Parys merger should be unmerged so that patients can go back to receiving a proper GP service again it certainly is a mess now	Negative
18	Parking must be free for patients visiting the centre, maybe requiring a registration number to be given when checking in for the appointment to avoid town centre workers taking advantage of the space. Secure cycle parking space should also be made available for those who would prefer to use that mode of transport. With the exception of Pemberly, the other practice premises are particularly bad in this regard.	Negative
19	There needs to be adequate FREE parking at the new Biddenham surgery. For all Bromham residents there will be a considerable NEGATIVE impact from this change. We will all be further from a surgery and access to early appointments will be difficult due to heavy rush-hour traffic on the A6 Bedford western bypass.	Negative
20	Parking could be a problem and costly	Negative
21	parking charges!	Negative
22	Parking cost	Negative
23	Cost of parking	Negative
24	Although you have asked questions about parking personally I will find this an issue. To go to north Wing for Blood Tests I normally park in a street with no metres and walk. But as I get older this might not be possible and the parking charges at North Wing are very expensive. More so than charges in the Parking Zones. There will also be more pressure on parking in streets close that are not in the parking zones.	Negative
25	Cost of parking. Eg more or less than parking kerbside outside current surgery.	Negative
26	Main consideration which you have touched on is parking. Car park is often full and can be expensive. The nearest place to park is some distance away from the centre, anyone with poor mobility will struggle	Negative
27	Already inadequate parking	Negative
28	Paying for parking is EXTORTIONATE at this location, let alone is there enough parking space for four surgeries worth of patient appointments at the same time - so this type of congestion and extortion really needs to be considered simply for people to attend appointments for their own health.	Negative
29	This site is already very busy for traffic and parking with circle msk and phlebotomy services for a large number of patients across Bedford area. I am concerned that access will be very difficult at certain times of day	Negative
30	It will be difficult getting to that side of town and parking	Negative

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

31	Parking costs	Negative
32	Travel impact must be taken seriously- my family and I can currently walk to the surgery if relocated we would have no choice but to travel by car.	Negative
33	Having visited the Kimbolton Rd site once in the last year, I suspect that parking is going to be a major problem. I could travel to the Hub by bus but synchronising appointments with an infrequent bus service sounds like an impossible challenge!	Negative
34	Parking and ability to actually see a doctor <input type="checkbox"/> Can't remember the last time I saw a gp - don't even know who my gp is!	Negative
35	Patients finances for petrol and buses as need to change buses and longer drive and paying for parking	Negative
36	Parking bays not enough	Negative
37	Parking costs will be significantly increased. You should be looking to provide free parking for patients in reserved spaces	Negative
38	Will this improve the patient services . Large amount of patients cars , limited parking high cost.... Will we have a better patient Doctor appointment wait .. sorry but I don't think so.	Negative
39	Taking this service away from a large village is inconsiderate. Bus service is poor. The impact on everyone having to drive is bad for the environment, the increase in traffic all into one area. Yet again people sitting behind desks making these decisions and not actually working for a community and enhancing services already provided. Just taking them away.	Negative
40	As a pensioner, availability and cost of parking as I can currently walk to my surgery at Pemberley but will have to drive to Kimbolton Road	Negative
41	Enough parking spaces. It's never easy to park there	Negative
42	I currently travel about 2 miles to access De Parys Avenue or Pemberly Avenue, or 1 mile to Bromham. It's not too far and parking is usually easy and either free, or not too expensive. <input type="checkbox"/> I'm concerned that there will not be adequate parking at the new site and that it will cost a lot more, since the current parking in Kimbolton Road is poor and expensive.	Negative
43	The elderly residents of Bromham who have no form of transport. Cost of taxi etc	Negative
44	It will only be accessible via car (or taxi). Parking is already impossible. It will only get worse.	Negative
45	If visiting kimbolton Rd hub parking big issue	Negative
46	Free parking. Not having a receptionist that thinks they are doctors when you want to see a doctor. Appointments non existant	Negative
47	Just to make sure there is easy parking for all and that promises of a better service is kept .	Negative
48	The very high cost of parking on the site ie 3 pounds for 1 hour	Negative
49	Cost of Parking, Parking Availability	Negative

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

50	<p>One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!! Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. □</p> <p>Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberly from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???</p>	Negative
51	Parking a likely problem.	Negative
52	The plans sound good if you read them quickly but the greatest problem at present seems to be lack of sufficient GPs and lack of sufficient staff in all the other specialities mentioned. So what will be the advantage of everything on one site when each 'service' will have a long waiting list and patients may have to make many repeat visits to access the services to which they are recommended? There are also going to be traffic density issues as these plans will require even more people to join in the Bedford Town Centre dense traffic and traffic jams with particularly severe effects for appointments in the morning and evening rush hour.	Negative
53	Parking can be quite expensive at this location so it may not be appealing to patients.	Negative
54	Only the cost of parking at the centre!!!	Negative
55	Parking in the north wing is useless most of the time with no spaces when you get there and there is no on street parking that	Negative
56	On site parking for patients and appointment availability.	Negative
57	If we have to pay the existing exorbitant NHS parking fees of Gilbert House I won't be able to afford to use the new facility by car.	Negative
58	I think you should advise more thoroughly about dreadful the parking facilities	Negative
59	Parking availability due to other patients from. Differing surgeries attending that location for blood test, Moorfields Eye appointments	Negative
60	Awful cost to park	Negative

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

61	<p>From the villages I know from previous experience that when on crutches the bus stops are nowhere near North Wing and impossible to get to if you have mobility issues particularly going back to bus station.</p> <p>The buses from the North Beds Villages arrive at the bus station just after the next bus service to North Wing so there is a long wait- the journey time even if you are mobile enough to use public transport was well in excess of 1 hour each way for a 5/6 mile trip and a 20minute appointment! If you have no one to drive you then in 2019 the return taxi fare was in excess of £16 plus often a wait for the return taxi. It would now probably be in excess of £20.</p> <p>Parking spaces can be very very difficult to find at North Wing and the number of disabled spaces is currently inadequate too and for those without a blue badge and paying car parking charges the costs are very high and the fee scale such that as historically it is rare to see a GP /nurse at your allotted appointment time then you inevitably have to pay for a longer period than you might need to avoid a penalty charge. In the past parking issues could be exacerbated at nearby school drop off and collection times.</p> <p>We are constantly told we should ideally see the same doctor for continuity of care how will this work in practice or will the first part of the appointment be spent bringing the doctor who has never met you before being brought up to speed with all extant health issues. If doctors see "their" patients they can assess from knowledge whether someone is fully disclosing health issues/putting on a brave face/being stoic and the converse, that might not be apparent if they have never met the patient before.</p> <p>Big is not always best as has been demonstrated by the inability to get through to the De Parys Group on the phone/see/speak to a Doctor within a reasonable time frame- Pemberley was a much better surgery pre the merger</p>	Negative
62	Parking has always been difficult at that site	Negative
63	Clearly there will be extra pressure on car parking which, unless enhanced, will mean more on-road parking in roads off Kimbolton Road.	Negative
64	We need free parking for appointments, if you are someone who has to come in regularly for apmnts - eg pregnancy the price of parking soon builds up and is expensive, especially as you don't know how long to get a ticket for. A half hour shud be ok but sometimes if surgery is running late it goes over and I've had to go out and put more money on ticket and risk being called for my appmnt.	Negative
65	I have put negative impact several times as collect paperwork for bloods etc and attending appointments will mean paying expensive car parking. If car parking is free then I would change my overall view to positive impact.	Negative
66	Parking charges at the Hub are expensive, currently £3 for an hour which is a lot more than I currently pay which could be an issue for a large proportion of patients	Negative
67	Parking costs	Negative

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

68	People cannot afford to pay parking . It should be free . More N.H.S. Staff . More training and less privatisation . □	Negative
69	It will be more difficult to park at the hub	Negative
70	Cost of car parking, would not cycle on poor weather	Negative
71	At present there is plenty of parking close to all the surgeries. If all are to be combined on one site will there be enough parking? This is critical when bringing elderly patients, not necessarily with blue badges.	Negative
72	The general consensus of patients whose surgeries will be involved.Possibly/Probably more traffic congestion and thus,pollution from vehicle exhaust gases.	Negative
73	It's free to park near most of the current surgeries. With the new Hub it will be expensive to park.	Negative
74	paying to park will put people off as waiting times for your appointment are never running on time	Negative
75	I can't see how the new facility on the ring road can have enough parking and there's no bus service.	Negative
76	You state improved disabled parking - I hope there will be enough! □ There isn't always sufficient outside Gilbert Hitchcock House at the moment!	Negative
77	Yes parking costs and parking availability I know this place and it's very hard to get parked at the best of times. Will the surgery have allocated parking?	Negative
78	Parking will be a problem	Negative
79	As above Also car parking is always limited on kimbolton rd site. Needs a review	Negative
80	Availability of a proportionate number of child and parent/accessible parking spaces alongside disabled provision. Bedford has a growing population of young families and finding spaces wide enough to accommodate getting children and baby car seats out of cars is especially difficult at the current De Parys Health Village site, as well as surrounding car parks. Even if it is my appointment I often need to take my children with me and this is a real barrier that I haven't encountered at other De Parys sites.	Negative
81	No, just the parking!	Negative
82	Need lots more car parking	Negative
83	How much is it going to cost me to park every time I come? If I'm dropping off or picking something up do I still have to pay to park for a few minutes. I feel ever since merging it has become a business not a surgery.	Negative
84	Lack of available parking at the proposed hub location	Negative
85	Just the cost of parking at the new faculty which is far more than the one street parking at the current practices	Negative
86	Parking fees at the Medical Village are very high	Negative
87	Amount of parking spaces is an issue, as its a struggle to find a space at the moment let alone when these services are in one place.	Negative
88	Definitely the cost or otherwise of parking. Nb the parking at Church Lane Surgery is free with handicap parking conveniently in front.	Negative
89	Cist of parking will have a huge impact on low income families	Negative



## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

90	Free parking for GP appointments and better availability of appointments. Better reception coverage so the phone actually gets answered would be great	Negative
91	Great to have this fancy new place but will there be more people to answer the phones and more nurses and doctors to actually see you? Will there be enough parking to cover 4 surgeries worth of people attending one place? It feels you're trying to convince people by the facilities offered but these are only useful if we can get in to use them	Negative
92	Cost of travel <input type="checkbox"/> Cost of parking	Negative
93	Patients care should be a main concern and not costs example paying to park ones car is frankly outrageous.	Negative
94	Definitely parking availability & cost!	Negative
95	Parking cost and increase number of GP slots	Negative
96	Just Parking costs. That's my only negative	Negative
97	Having to pay to park. Things are expensive enough as it is.	Negative
98	Cost of parking for everyone	Negative
99	Cost of parking is the one big negative impact	Negative
100	Impact on patients with no mode of transportation and mobility issues	Negative
101	A long way to walk if you can't afford to pay for parking.	Negative
102	Biggest consideration is where can patients park to decrease more stress when having to attend an appointment.	Negative
103	Cost of parking ! Don't need to charge £3 for 10 minutes appointment!	Negative
104	Paying for parking	Negative
105	Parking cost and the small amount of parking it's already overwhelmed	Negative
106	Didn't you go through this exercise some years ago? My comments are still the same. <input type="checkbox"/> Ease and cost of parking are major considerations. <input type="checkbox"/> Surely appointments would be needed for each service. It wouldn't be simply a question of walking to another room.	Neutral
107	I prefer to use Church Lane Surgery whenever possible as it is closest to where I live. I can walk there. Also parking is free. It seems going to the new hub will incur parking costs unless I get dropped off. Also will there be plenty of parking. Generally there always seems to be limited parking spaces available at that site. It is already a busy area.	Neutral
108	Cost of Parking	Neutral
109	a serious look at ample suitable parking for the disabled	Neutral
110	For other patients who don't, or can't walk, is there enough parking? Are there enough bus services?	Neutral
111	Hopefully there will be enough disabled parking.	Neutral
112	Wheelchair access and parking	Neutral
113	Plenty of disabled parking. There is a car park near but it is still quite a distance to walk	Neutral
114	Size of car park <input type="checkbox"/> Cost of parking <input type="checkbox"/> Is there going to be more availability of doctors?	Neutral



## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

115	Reasonable parking costs in the car park so as to not further negatively impact lower income families who may now have to drive to access the new location	Neutral
116	More free parking Better telephone answering	Neutral
117	Cost of parking	Neutral
118	Cost of parking	Neutral
119	Free parking	Neutral
120	Free parking!	Neutral
121	Free parking	Neutral
122	Parking costs	Neutral
123	Parking cost and availability	Neutral
124	Seems to me you have made the decision to move to Kimbolton - cannot answer a lot of questions w/o more info - availability of parking / cost of parking / services offered.	Neutral
125	Parking. Disabled parking in particular	Neutral
126	The cost of parking.	Neutral
127	Adequate parking. I recently attended the surgery at G Hitchcock house and no spaces were available let alone space for me a blue badge holder	Neutral
128	The parking arrangements need to be pay on exit and not having to guess how long you will be and running out to top up	Neutral
129	Free parking	Neutral
130	Parking	Neutral
131	Parking costs, call wait times, appointment times	Neutral
132	Ensure there is a decent space for drop off and pick up by car/taxi	Neutral
133	Within reason the actual location of the building has no impact however ease and cost of parking is important	Neutral
134	Will there be enough parking	Neutral
135	Is there going to be enough parking?	Neutral
136	Free parking	Neutral
137	Cheap parking	Neutral
138	Parking needs to be reviewed - as in free for 15 mins if picking up prescriptions- then charge hourly	Neutral
139	Parking costs	Neutral
140	Parking costs	Neutral
141	No idea if appointments & contact with doctors will be easier & also if parking will be okay & how much the cost of parking will be	Neutral
142	Parking	Neutral
143	Free parking if relocating to the new hub	Neutral
144	Availability of free parking for patients	Neutral
145	Long term conditions, ie arthritis is particularly important. Also podiatry and medication reviews. Parking is also important. The disabled parking at the current facility at the side of GH House are normal size and not adequate. Also is disabled parking free?	Neutral
146	Make sure the parking fees are not extortionate and car parking available. Some surgeries are free parking at present	Neutral

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

147	Parking	Neutral
148	Cost of Parking at the new facility	Neutral
149	Cost of parking	Neutral
150	Cost of parking	Neutral
151	I can walk to church Lane would need to drive or get bus to kimbolton Road, cost time and environment brings about issues	Neutral
152	Parking cost?	Neutral
153	MORE DISABLED PARKING	Neutral
154	Being able to park easily.	Neutral
155	Is there adequate parking for patients?	Neutral
156	Parking	Neutral
157	Amount of parking available and whether it is free parking	Neutral
158	Free parking	Neutral
159	Parking charges	Neutral
160	Free parking for visitors	Neutral
161	Car park	Neutral
162	Parking spaces..and not too expensive	Neutral
163	Cost of Parking	Neutral
164	Parking costs inline with current parking street charges in Bedford	Neutral
165	Parking	Neutral
166	Free carparking and onsite instant blood tests when blood form is issued.	Neutral
167	Parking costs	Neutral
168	Parking charges, the need for any charge to be fairly low cost.	Neutral
169	Make sure plenty of parking and it is free	Neutral
170	Distance from post code and cost of parking	Neutral
171	Free parking	Neutral
172	Validated parking for patients only, giving up to 2 hours free parking, must prove appointment and receptionist validate in order to prevent non patients parking there Similar to how Lidl car park in town is	Neutral
173	Free parking for at least 1 hour	Neutral
174	Parking	Neutral
175	Allocated parking area	Neutral
176	Free Parking	Neutral
177	Parking!	Neutral
178	Cost of parking	Neutral
179	Car parking space	Neutral
180	I think it would be good to have free parking at the Hub the same as Church Lane.	Neutral
181	Cost of parking	Neutral
182	Are all of the parking spaces for doctors, nurses and staff?	Neutral
183	Free parking	Neutral
184	Are there suitable/specific parking arrangements being made available for Depary's patients arriving by car>	Neutral
185	Just parking	Neutral
186	Parking for patients - see answer to question 10.	Neutral

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

187	Yes, ample parking spaces would be essential	Neutral
188	Free parking for both patients & staff is imperative.	Neutral
189	Parking	Neutral
190	Just the parking issue	Neutral
191	Where is all the parking going to be? It is expensive parking there	Neutral
192	Free and available car Parking for visitors/ patients!	Neutral
193	I can't answer question about parking as we won't know until it's up and running if there is enough. You also don't mention what the parking charge is likely to be.	Neutral
194	Keep parking free	Neutral
195	Parking <input type="checkbox"/> Bus stops and cost of buses <input type="checkbox"/>	Neutral
196	Parking	Neutral
197	Parking Fee and spaces for Deparys group patients only	Neutral
198	parking facilities ? Will it cost?	Neutral
199	Parking at the hub to be on exit due to wait times	Neutral
200	Parking	Neutral
201	Only parking charges	Neutral
202	Short stay car park 30 minutes free	Neutral
203	Parking and parking costs	Neutral
204	Cost of parking. Amount of car parking spaces. Transport links	Neutral
205	The amount of parking facilities available for patients	Neutral
206	Parking	Neutral
207	AMPLE PARKING	Neutral
208	Free parking for seniors	Neutral
209	Affordable parking. North Wing and Gilbert Hitchcock House charge significantly more for parking, compared to the Goldington Road one — likely due to privatisation, whereas Goldington Road car park is council owned.	Neutral
210	See answer to previous question. <input type="checkbox"/> You shouldn't have to pay parking to go to a GP, so you should provide ample free parking if you are going to move services to the Hub.	Neutral
211	Cost of parking and provision of adequate parking spaces.	Neutral
212	If car park at new facility was full - that would be a problem. It would mean driving down to car park adjacent to the present Goldington Rd surgery and walking back.	Neutral
213	Cost of parking at Enhanced Services	Neutral
214	Adequate parking facilities, preferably free of charge.	Neutral
215	Parking charges and spaces to park.	Neutral
216	Adequate parking facilities, preferably free of charge.	Neutral
217	Cost of parking.	Neutral
218	Parking availability	Neutral
219	Availability of parking and cost	Neutral
220	Parking	Neutral
221	Cost of parking & spaces .	Neutral

## Is there anything else we should take into consideration?

### Theme 'Car Parking / Travel'

222	Unless the old North Wing is demolished, there is limited parking for 4 surgeries	Neutral
223	Pay and display machines that take coin within a reasonable walking distance. Example, De Parys Avenue has coin machines and is very close to the surgery.	Neutral
224	Free parking	Neutral
225	Free available parking <input type="checkbox"/> Availability of appointments <input type="checkbox"/> Availability to speak to medical and admin staff	Neutral
226	Car park prices and car park access	Neutral
227	Parking most definitely.	Neutral
228	Does it have it's own car park?	Neutral
229	Cost of parking/improved parking payment, ie not having to queue with coins at a dilapidated old machine	Neutral
230	Parking availability.	Neutral
231	Please make plenty of parking available	Neutral
232	Car parking and bus routes	Neutral
233	Although not a problem for me (as I can catch a bus or walk) the charge for car parking might be an issue. Also will consultation rooms be on ground floor for disabled access	Neutral
234	Cost of parking	Neutral
235	Parking costs could be an issue , plus making sure bus services are regularly available	Neutral
236	Parking, availability of appointments	Neutral
237	As above and Availability of parking	Neutral
238	Keep parking costs to a minimum, not like being ripped off at the hospital	Neutral
239	Car parking availability	Neutral
240	cost and ample parking provision.	Neutral
241	What will be the parking arrangements?	Neutral
242	My main issue is ease of parking and at Church lane it's free parking and close to surgery. If this goes ahead with no free parking the best practice will be Queens Drive health centre with free parking on site or very near by.	Neutral
243	Whether free parking is available or not	Neutral
244	Car parking and cost	Neutral
245	Parking costs should be scrapped	Neutral
246	Parking costs and availability	Neutral
247	Parking. Will there be enough? Will there be a fee?	Neutral
248	Parking costs	Neutral
249	Parking costs	Neutral
250	Parking - charges and availability of spaces. If moving to a central hub, parking should be free for patients and visitors	Neutral
251	Reduced parking costs for patients, if a health care professionals appointments are delayed people will be in and out to pay for more time <input type="checkbox"/>	Neutral
252	Parking for free for the time of appointment please	Neutral
253	Free parking is a must	Neutral

**Is there anything else we should take into consideration?**

**Theme 'Car Parking / Travel'**

254	Free car parking	Neutral
255	Amount of parking available	Neutral
256	Free parking for patients, but patients that miss appointments to be changed.	Neutral
257	Free parking for all patients and charges for patients that do not keep appointments.	Neutral
258	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive
259	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive

## Is there anything else we should take into consideration?

### Theme 'Engagement Process'

1	You took this decision years ago, and nothing anyone might say at this point is going to affect it in the slightest, is it?	Negative
2	No clear information provided about what will on offer at new site including parking and location. Just a general location was mentioned.	Negative
3	I don't know what your new plans entail as I haven't received any information about them so the above responses were somewhat hypothetical	Negative
4	This survey should have a "Don't know" option. At the moment I'm having to say there will be "No impact" when I don't know if the new hub will have convenient and free parking, etc.	Negative
5	You do not provide enough detail or options in this survey nor the supporting documents for a considered response. Poorly thought out. Will there be more Dr availability? Nurse availability? Arrange appointments on line? Where will the money go if you sell the current buildings? Etc	Negative
6	Invite patients to a meeting to discuss thier opinions rather than use a survey with prepared	Negative
7	I can't answer the above questions as won't know the impact until try it and currently service so bad at my surgery I'm not confident	Negative
8	Tell people the plans before asking them to do a survey?	Negative
9	I feel opinions have been sought but I do not feel they will have any impact on decisions taken	Negative
10	I don't even know why the change is happening and what the differences are. E.g. parking - I don't know what the cost will be in the new place so how can I say if impact will be positive, negative or it will make no impact?	Negative
11	Telling people where this service is actually going to be. This message is the first I've heard of it.	Negative
12	As I have had no information about the transfer of services how can one be expected to understand the benefits - only found about this survey by accident.	Negative
13	This sounds like it has already been decided without prior patient consultation, nor concern for their feelings. What was once a friendly family practise, one that i have attended since i was a baby, has become unwelcoming and uncaring towards it's patients.	Negative
14	Have no idea what impact it will likely have as I've ot heard anything about the plans	Negative
15	Reissue a re-written survey.	Negative
16	Your patients and at least provide some information on what is being planned before asking for opinions on it	Negative
17	Nope you've made up your mind it's happening without consulting your patients	Negative
18	Issuing far more information. Enlightening patients about what expectation there are that this new arrangement will give better service	Negative
19	Explain pros & cons vs A&E, GHH, Pemberley and other surgeries - what are we comparing here?	Negative
20	Please state clearly what is changing and how many appointments will be available.	Negative
21	Lots but again will you bother	Negative
22	See my comments above. Skewed survey just to try and get buy in for an even worse service than currently offered	Negative

## Is there anything else we should take into consideration?

### Theme 'Engagement Process'

23	This questionnaire really does not explain what benefits - in terms of additional services - might be available at the new site, so it's hard to make any comment on impact	Negative
24	There's not much point as this is a done deal.	Negative
25	I am concerned that this move will reduce the number of available appointments and also visits; I'm concerned that the overall staffing will be reduced, also the number of consulting rooms. There is no detail about this in the consultation document- it seems to have been kept deliberately vague.	Negative
26	Informing patients sooner telling us the benefits if any. No doubt all benefits will be for staff	Negative
27	This survey was meaningless , the questions and answers are too narrow	Negative
28	More info would be helpful! Pointless survey	Negative
29	You tried this before and it was overwhelmingly rejected by patients. Why do you not listen?	Negative
30	One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!! Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. □ Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberly from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???	Negative
31	Didn't you go through this exercise some years ago? My comments are still the same. □ Ease and cost of parking are major considerations. □ Surely appointments would be needed for each service. It wouldn't be simply a question of walking to another room.	Neutral
32	The response of patients. And bare in mind many of the pts are elderly and not users of the Internet and wi therefore not respond to this survey. □	Neutral
33	Advise your current patients of the benefits of the proposed move	Neutral



**Is there anything else we should take into consideration?**

**Theme 'Engagement Process'**

34	I think that the opinion of all the respondents of this survey should be given serious consideration,'as often bigger is not always better for any of the people concerned with change of any kind	Neutral
35	We were asked several years back about this move & Pemberley voted against. Is there a choice now?	Neutral
36	Until now, I was not at all aware of this plan. A proper communication plan should be in place.	Neutral
37	More consultation with the patients at the 4 surgeries ahead of this ridiculous plan.	Neutral
38	Which surgeries are re-locating???	Neutral
39	Whether you are truly communicating properly with everybody. Maybe a public meeting is the way forward	Neutral
40	Tell us what the advantages and disadvantages of the proposal are, for the patients, I assume there are some to the organisation.	Neutral

## Is there anything else we should take into consideration?

### Theme 'Environment'

1	I am 90. I bought my present flat because it was within walking distance of the De Parys surgery. This proposal to close it is a retrograde step. A patient should be able to walk to their GP wherever possible. This move will be more inconvenient, cost patients more and cause more traffic and pollution.	Negative
2	The general consensus of patients whose surgeries will be involved. Possibly/Probably more traffic congestion and thus, pollution from vehicle exhaust gases.	Negative
3	Local facilities help reduce car usage, congestion, pollution	Neutral
4	Installing bike racks	Neutral
5	Is it more sustainable to operate out of a newly refurbished facility?	Neutral
6	Carbon foot print travelling by car to new location. <input type="checkbox"/> Improved telephone service?	Neutral
7	Temperature controlled environment and green energy sourcing	Neutral
8	The De Parys Group should have a surgery in as many villages around Bedford to ease congestion, air pollution as less cars on roads, fewer waiting lists equals happier patients	Neutral
9	Will you encourage sustainability and be using green energy on the site? Will the ventilation in the buildings support Covid safety?	Neutral

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

1	You will see from my records that I keep myself fit and healthy and in no way take any advantage of doctors time with trivial appointments but I am really concerned about my repeat prescription situation going forward. I have been widowed for 15 years and run my family home and gardens alone and my two sons live too great a distance for frequent visits, I think I may have to find another practice after 48 years which I would be sad about. Shame.	Negative
2	Losing a vital service that we've had since 1965 that has serves us very well at the most vulnerable time of our lives.	Negative
3	having a vital service that we've had since 1965 that has served us very well at the most vulnerable time of our lives.	Negative
4	The ability of older patients to get there	Negative
5	Extra travel for those in North Beds	Negative
6	Crowding, wait times, parking problems	Negative
7	I am getting older and may not have access to a car in the coming years. I can walk to the Bromham surgery, which is just over a mile away. This will be the case for a lot of elderly people in Bromham.	Negative
8	Stay where you are	Negative
9	The new hub will offer additional beneficial services, however, all practices are already stretched and unless there are more GP's I fear nothing will change. All that and a difficult location.	Negative
10	Parking looks as if it could be an issue especially if you're going to be charging. Please consider elderly who can't walk far	Negative
11	Not everyone drives, what is the benefit for you out of interest as it seems your only offering phone appointments	Negative
12	Parking already a nightmare on this site, scores of extra cars will cause major problems.	Negative
13	As above, there are a lot of older residents that use the Bromham surgery, and I think removing that site would have a negative impact for them	Negative
14	No direct bus route from our area to the Hub	Negative
15	Environmental impacts of patients using motorised transport to get to one specific location.	Negative
16	Please don't close the branch surgery in Bromham. We can also use it to drop repeat prescription requests.□	Negative
17	Yes This will destroy the already failing patient access to their Dr. Look at the reception congestion already at this reception site —This will be an overload to blood test seekers physiotherapist patients and eye test patients let alone the loss of confidentiality in a goldfish bowl setting	Negative
18	As we aged and cannot drive or need to give up the car ..it maybe a problem.	Negative
19	The base being the centre of town will make it very difficult to attend appointments during peak times	Negative
20	Bus services from Bromham run at intervals of 1hr45minutes and are not likely to be compatible with appointments I would be unable to afford taxi fare-currently £9 to travel from Bromham to Bedford	Negative
21	When my husband can no longer drive, How do we get there? There are no busses from where we live.	Negative

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

22	Yet another service moved from West Bedford	Negative
23	See above! <input type="checkbox"/> Good luck but polish the service you already are trying to provide before starting to build hubs. Whatever happened to the biddenham practice? What are the poor elderly people in bromham going to do? Why have all these fantastic partners left these surgeries? <input type="checkbox"/> I wonder what Dr Todd would say about the changes which have happened? <input type="checkbox"/> I'm not usual negative and I'm just trying to be honest.	Negative
24	I will not be able to get to the surgery hence my access to a GPService will be negatively impacted in all areas	Negative
25	Be careful by consolidating to save cost will effect people as they will need to travel further which comes back to parking	Negative
26	Impact on elderly and vulnerable patients who will struggle to get to a location further away. Doesn't feel like a local surgery anymore.	Negative
27	Those in Bromham who are over 80 yrs and have no transport of their own and find walking etc. difficult.	Negative
28	I bought my flat to be close to the surgery as I get older and cannot drive	Negative
29	Yes, travel now where could just walk and also now probably having to pay to park. So no not happy with the Bromham surgery going as work at the school there so could just pop our but now will take much longer 😞	Negative
30	I am 90. I bought my present flat because it was within walking distance of the De Parys surgery. This proposal to close it is a retrograde step. A patient should be able to walk to their GP wherever possible. This move will be more inconvenient, cost patients more and cause more traffic and pollution.	Negative
31	Disappointing shutting Bromham site for elderly in the village I feel will have a negative impact	Negative
32	Oversaturation at a single site <input type="checkbox"/> Pollution parking congestion	Negative
33	While I understand the need to vacate inadequate premises this site is quite unacceptable given that there is now a proposed mental health hub designated there and the application highlighted the same problem with vague comments that maybe the rugby club area could be utilised! Many patients need friends and family to bring them to the surgery local roads are already clogged and the only public car park is costly and now often full. I responded to a previous consultation some years ago and my view has not changed. Incidentally I read that the Clinical Commission is or has been wound up so put this suggestion on hold or abandon it as new thinking is bound to emerge. Perhaps the De Parys merger should be unmerged so that patients can go back to receiving a proper GP service again it certainly is a mess now	Negative
34	Leave all surgery's as they are , or lose clients , which is probably what you want	Negative
35	The only way a resident of Bromham can safely access the new centres is via road transport, unless they feel safe crossing the bridge without a path	Negative

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

36	Parking must be free for patients visiting the centre, maybe requiring a registration number to be given when checking in for the appointment to avoid town centre workers taking advantage of the space. Secure cycle parking space should also be made available for those who would prefer to use that mode of transport. With the exception of Pemberly, the other practice premises are particularly bad in this regard.	Negative
37	There needs to be adequate FREE parking at the new Biddenham surgery. For all Bromham residents there will be a considerable NEGATIVE impact from this change. We will all be further from a surgery and access to early appointments will be difficult due to heavy rush-hour traffic on the A6 Bedford western bypass.	Negative
38	With petrol prices i would love it if the surgery remained in Bromham	Negative
39	The cost of NHS transport provision for the elderly and infirm to get to and from the Health Hub. □ Availability of GPs as it is currently virtually impossible to get a face to face appointment.	Negative
40	Although you have asked questions about parking personally I will find this an issue. To go to north Wing for Blood Tests I normally park in a street with no metres and walk. But as I get older this might not be possible and the parking charges at North Wing are very expensive. More so than charges in the Parking Zones. There will also be more pressure on parking in streets close that are not in the parking zones.	Negative
41	Main consideration which you have touched on is parking. Car park is often full and can be expensive. The nearest place to park is some distance away from the centre, anyone with poor mobility will struggle	Negative
42	Loss of location of current practice Bromham is most convenient for me	Negative
43	Paying for parking is EXTORTIONATE at this location, let alone is there enough parking space for four surgeries worth of patient appointments at the same time - so this type of congestion and extortion really needs to be considered simply for people to attend appointments for their own health.	Negative
44	This site is already very busy for traffic and parking with circle msk and phlebotomy services for a large number of patients across Bedford area. I am concerned that access will be very difficult at certain times of day	Negative
45	It will be difficult getting to that side of town and parking	Negative
46	Travel impact must be taken seriously- my family and I can currently walk to the surgery if relocated we would have no choice but to travel by car.	Negative
47	For your patient who do not drive and would walk to your many surgeries it will add cost for taxis or transport.	Negative
48	If I have to use public transport, this is decreasing in frequency. Don't want to have to take several hours off work for a 10 min appointment.	Negative
49	You have to think of people that can't get there	Negative
50	Kimbolton Road is not the easiest location to get to	Negative
51	A community surgery should not be moving out of the community it serves	Negative
52	Inconvenience to elderly	Negative
53	Access for elderly patients and those without private transport	Negative
54	Having visited the Kimbolton Rd site once in the last year, I suspect that parking is going to be a major problem. I could travel to the Hub by bus but synchronising appointments with an infrequent bus service sounds like an impossible challenge!	Negative

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

55	The general consensus of patients whose surgeries will be involved. Possibly/Probably more traffic congestion and thus, pollution from vehicle exhaust gases.	Negative
56	I like being able to walk to the Bromham Surgery. I will really miss this facility if it is taken away!	Negative
57	Complexity of travel across town	Negative
58	Patients finances for petrol and buses as need to change buses and longer drive and paying for parking	Negative
59	Elderly people of Bromham having to finance travel and travel further	Negative
60	The elderly in Bromham will feel the impact of losing the Bromham resource. Not good for them at all	Negative
61	Yes, people with young children in Bromham.	Negative
62	Fix appointment booking on the app. New site will add travel cost and time.	Negative
63	Although I have indicated that i would make use of the new Biddenham site, older people I know, in Bromham, have been dismayed at the extra difficulty in attending Biddenham, rather than the existing Bromham site.	Negative
64	Hope the keep Bromham surgery open with more doctors available we are a couple nearly 80	Negative
65	I think the location is not fair on local people I will have to travel a lot further now to get to a doctors and I don't drive	Negative
66	The needs of our village. I've stated Bromham as the surgery I use but recently that is impossible to be seen at. I have had to travel all over.	Negative
67	Strong desire in Bromham to retain facility and appointments, key for older people and the infirm in the village. Traffic bypass/BMS roundabout a nightmare at peak times, will add significant time both ways to attend appointments outside Bromham	Negative
68	Older patients will be negatively impacted by greater distances to travel, increased costs of travel.	Negative
69	Taking this service away from a large village is inconsiderate. Bus service is poor. The impact on everyone having to drive is bad for the environment, the increase in traffic all into one area. Yet again people sitting behind desks making these decisions and not actually working for a community and enhancing services already provided. Just taking them away.	Negative
70	It's just a further distance for the elderly who normally walk to the surgery what will they do now?	Negative
71	Elderly patients may not have transport or be able to afford taxis	Negative
72	Not everyone can drive or be passenger or afford taxis or is able to walk to remote locations. I do feel that these Hub changes are more driven by money and less out of concern for patients.	Negative
73	Elderly patients access maybe provide transport	Negative
74	The ease of access for people who work during the day and getting stuck in traffic in a congested area further complicates getting to an appointment during the working day	Negative
75	Increasing populations are apparently served worst than now, ie Bromham	Negative

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

76	I currently travel about 2 miles to access De Parys Avenue or Pemberly Avenue, or 1 mile to Bromham. It's not too far and parking is usually easy and either free, or not too expensive. □ I'm concerned that there will not be adequate parking at the new site and that it will cost a lot more, since the current parking in Kimbolton Road is poor and expensive.	Negative
77	The elderly residents of Bromham who have no form of transport. Cost of taxi etc	Negative
78	I am less likely to seek treatment for illnesses if I have to drive to Kimbolton Road.	Negative
79	It will only be accessible via car (or taxi). Parking is already impossible. It will only get worse.	Negative
80	If the Bromham surgery goes, the elderly, of which there is a high population, will struggle to attend the new Enhanced Services hub	Negative
81	A surgery should be retained in bromham.	Negative
82	Great to have this fancy new place but will there be more people to answer the phones and more nurses and doctors to actually see you? Will there be enough parking to cover 4 surgeries worth of people attending one place? It feels you're trying to convince people by the facilities offered but these are only useful if we can get in to use them	Negative
83	The extra traveling	Negative
84	This will have a huge negative impact on elderly patients and people who don't drive as it is so much further than the current surgeries.	Negative
85	Concentration of patient visits in one place. Overcrowding of waiting area	Negative
86	Bromham is the nearest surgery and you can walk there. PLUS they are building more houses in Bromham. Surely we need a surgery here? And NOT in Bedford.	Negative
87	Possibly more dangerous access for pedestrian wanting to visit the other nearby services and surgery	Negative
88	The elderly who will dislike this unnecessary change because of how it impacts their lives.	Negative
89	With development of housing, transport very congested until 9.30 and after 3.00, so limited access for appointments	Negative
90	After using Bromham surgery for years people will now have to use transport to get to hub	Negative
91	1) will you have enough Drs we need a reliable services 2) Enough parking and preferably no cost or help with cost 3) Monitored parking so spaces are not used by people going into town. 4) How many phone lines will you have. Ringing 10 times each one immediately after the next to get through and then waiting 56 mins for receptionist to reply is not good and very stressful when query is urgent. 5) We have no internet to use 6) Other people not attached to your surgery will be using the site (already do) not sure the area will be suitable for more use.	Negative
92	Not everyone drives and many buses do not go along Kimbolton Road, so will pedestrian access be made from Goldington Road. There used to be access many years ago when maternity was on that site. I have heard a lot of people complaining that cannot get through on the phone. When they do they cannot get a face to face appointment and even have to wait 2 weeks or more for a telephone consultation, will this improve?	Negative



## Is there anything else we should take into consideration?

### Theme 'Location / Access'

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93	<p>One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!! Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. □ Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberly from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???</p>	Negative
94	<p>The plans sound good if you read them quickly but the greatest problem at present seems to be lack of sufficient GPs and lack of sufficient staff in all the other specialities mentioned. So what will be the advantage of everything on one site when each 'service' will have a long waiting list and patients may have to make many repeat visits to access the services to which they are recommended? There are also going to be traffic density issues as these plans will require even more people to join in the Bedford Town Centre dense traffic and traffic jams with particularly severe effects for appointments in the morning and evening rush hour.</p>	Negative

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## Is there anything else we should take into consideration?

### Theme 'Location / Access'

95	<p>From the villages I know from previous experience that when on crutches the bus stops are nowhere near North Wing and impossible to get to if you have mobility issues particularly going back to bus station.</p> <p>The buses from the North Beds Villages arrive at the bus station just after the next bus service to North Wing so there is a long wait- the journey time even if you are mobile enough to use public transport was well in excess of 1 hour each way for a 5/6 mile trip and a 20minute appointment! If you have no one to drive you then in 2019 the return taxi fare was in excess of £16 plus often a wait for the return taxi. It would now probably be in excess of £20.</p> <p>Parking spaces can be very very difficult to find at North Wing and the number of disabled spaces is currently inadequate too and for those without a blue badge and paying car parking charges the costs are very high and the fee scale such that as historically it is rare to see a GP /nurse at your allotted appointment time then you inevitably have to pay for a longer period than you might need to avoid a penalty charge. In the past parking issues could be exacerbated at nearby school drop off and collection times.</p> <p>We are constantly told we should ideally see the same doctor for continuity of care how will this work in practice or will the first part of the appointment be spent bringing the doctor who has never met you before being brought up to speed with all extant health issues. If doctors see "their" patients they can assess from knowledge whether someone is fully disclosing health issues/putting on a brave face/being stoic and the converse, that might not be apparent if they have never met the patient before.</p> <p>Big is not always best as has been demonstrated by the inability to get through to the De Parys Group on the phone/see/speak to a Doctor within a reasonable time frame- Pemberley was a much better surgery pre the merger</p>	Negative
96	Impact on patients with no mode of transportation and mobility issues	Negative
97	Ensure that the Church Lane site is kept valid, staffed and not having services it provides removed.	Neutral
98	The surrounding areas. It's not the safest location to have vulnerable people to go too.	Neutral
99	I prefer to use Church Lane Surgery whenever possible as it is closest to where I live. I can walk there. Also parking is free. It seems going to the new hub will incur parking costs unless I get dropped off. Also will there be plenty of parking. Generally there always seems to be limited parking spaces available at that site. It is already a busy area.	Neutral
100	Local facilities help reduce car usage, congestion, pollution	Neutral
101	Installing bike racks	Neutral
102	The Parys Group is very close to me	Neutral
103	For other patients who don't, or can't walk, is there enough parking? Are there enough bus services?	Neutral
104	Make sure all patients have access! Whatever ability	Neutral
105	It's a bigger venue it must be clear where to go	Neutral
106	Why is Pembury Avenue surgery closing	Neutral
107	Please recognise that ill patients will not, generally, cycle or use public transport to get to see the doctor	Neutral

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

108	Carbon foot print travelling by car to new location. <input type="checkbox"/> Improved telephone service?	Neutral
109	How the disruption will affect patients and in particular giving assistance to those who feel that they will have to move to another surgery.	Neutral
110	The enhanced services area is very busy . Much prefer Church Lane	Neutral
111	It is a long way from Pavenham so would use a taxi probably.	Neutral
112	I am unable to access taxi and have to rely on friends for transport with wheelchair	Neutral
113	Reasonable parking costs in the car park so as to not further negatively impact lower income families who may now have to drive to access the new location	Neutral
114	Not everyone drives we need a local service	Neutral
115	How's is it going to help the elderly in the community and mothers with young children	Neutral
116	Ease of getting there for elderly patients.	Neutral
117	Ensure doors and rooms are wide enough to manoeuvre electric wheelchair	Neutral
118	Access for people who do not have cars.	Neutral
119	Availability of permanently based Doctors at the Church Lane facility so that I can Register with a doctor there.	Neutral
120	The De Parys Group should have a surgery in as many villages around Bedford to ease congestion, air pollution as less cars on roads, fewer waiting lists equals happier patients	Neutral
121	Information re public transport and frequency.	Neutral
122	Access for elderly who don't drive.	Neutral
123	Ensure there is a decent space for drop off and pick up by car/taxi	Neutral
124	The hub should be based out of town <input type="checkbox"/> Road network into Bedford is rubbish and an out of town location would be beneficial all round	Neutral
125	availability of doctors at different locations if possible.	Neutral
126	I can walk to church Lane would need to drive or get bus to kimbolton Road, cost time and environment brings about issues	Neutral
127	People living in villages north of Bedford	Neutral
128	Distance for patients to travel	Neutral
129	Although not a problem for me (as I can catch a bus or walk) the charge for car parking might be an issue. Also will consultation rooms be on ground floor for disabled access	Neutral
130	Where is the new centre?	Neutral
131	Huge change especially for older folks who have to go into Bedford rather than local in village	Neutral
132	people who can drive now may not be able to in future	Neutral
133	Not everyone drives	Neutral
134	A lot of people in one place	Neutral
135	Patients from the south of the river	Neutral
136	My inability to walk.	Neutral
137	The impact on the local residents and businesses of large numbers of patients suddenly frequenting the new surgery locations.	Neutral
138	Travel	Neutral
139	Ease of accessibility	Neutral

## Is there anything else we should take into consideration?

### Theme 'Location / Access'

140	The location of the site is irrelevant if patients can't get through on the phone or can't get an appointment in a reasonable timescale. These are the issues on which you should focus as a priority. If you can't fix this, the new hub will be seen as a "white elephant."	Neutral
141	Public transport Set Down and Pick Up points immediately outside site	Neutral
142	Combining old locations into a fit for purpose new building would be beneficial to me	Positive
143	A larger site would make sense due to the current de parys being quite small and not that accessible overall	Positive
144	Much more convenient to be located in the same site	Positive
145	Good idea being at Kimbolton Road but as one gets older convenience is better.	Positive
146	A lot closer	Positive
147	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive
148	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive

## Is there anything else we should take into consideration?

### Theme 'Public Transport'

1	Not everyone drives and many buses do not go along Kimbolton Road, so will pedestrian access be made from Goldington Road. There used to be access many years ago when maternity was on that site. I have heard a lot of people complaining that cannot get through on the phone. When they do they cannot get a face to face appointment and even have to wait 2 weeks or more for a telephone consultation, will this improve?	Negative
2	No direct bus route from our area to the Hub	Negative
3	Bus services from Bromham run at intervals of 1hr45minutes and are not likely to be compatible with appointments I would be unable to afford taxi fare-currently £9 to travel from Bromham to Bedford	Negative
4	When my husband can no longer drive, How do we get there? There are no busses from where we live.	Negative
5	<p>From the villages I know from previous experience that when on crutches the bus stops are nowhere near North Wing and impossible to get to if you have mobility issues particularly going back to bus station.</p> <p>The buses from the North Beds Villages arrive at the bus station just after the next bus service to North Wing so there is a long wait- the journey time even if you are mobile enough to use public transport was well in excess of 1 hour each way for a 5/6 mile trip and a 20minute appointment! If you have no one to drive you then in 2019 the return taxi fare was in excess of £16 plus often a wait for the return taxi. It would now probably be in excess of £20.</p> <p>Parking spaces can be very very difficult to find at North Wing and the number of disabled spaces is currently inadequate too and for those without a blue badge and paying car parking charges the costs are very high and the fee scale such that as historically it is rare to see a GP /nurse at your allotted appointment time then you inevitably have to pay for a longer period than you might need to avoid a penalty charge. In the past parking issues could be exacerbated at nearby school drop off and collection times.</p> <p>We are constantly told we should ideally see the samr doctor for continuity of care how will this work in practice or will the first part of the appointment be spent bringing the doctor who has never met you before being brought up to speed with all extant health issues. If doctors see "their" patients they can assess from knowledge whether someone is fully disclosing health issues/putting on a brave face/being stoic and the converse, that might not be apparent if they have never met the patient before.</p> <p>Big is not always best as has been demonstrated by the inability to get through to the De Parys Group on the phone/see/speak to a Doctor within a reasonable time frame- Pemberley was a much better surgery pre the merger</p>	Negative
6	No bus service to the Hub , what about older patients or don't they count any more .	Negative
7	If I have to use public transport, this is decreasing in frequency. Don't want to have to take several hours off work for a 10 min appointment.	Negative
8	Having visited the Kimbolton Rd site once in the last year, I suspect that parking is going to be a major problem. I could travel to the Hub by bus but synchronising appointments with an infrequent bus service sounds like an impossible challenge!	Negative

## Is there anything else we should take into consideration?

### Theme 'Public Transport'

9	I can't see how the new facility on the ring road can have enough parking and there's no bus service.	Negative
10	Patients finances for petrol and buses as need to change buses and longer drive and paying for parking	Negative
11	Taking this service away from a large village is inconsiderate. Bus service is poor. The impact on everyone having to drive is bad for the environment, the increase in traffic all into one area. Yet again people sitting behind desks making these decisions and not actually working for a community and enhancing services already provided. Just taking them away.	Negative
12	Public transport limited availability	Negative
13	Bus services in Bromham (to Bedford) significantly reduced since Covid	Negative
14	Travel to sites on public transport May be an issue	Negative
15	How people get to these places if they don't drive. There is no safe way to walk from Bromham due to Bromham bridge. Bus service has been cut back. <input type="checkbox"/> <input type="checkbox"/>	Negative
16	Impact on patients with no mode of transportation and mobility issues	Negative
17	One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!! Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberly from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???	Negative
18	For other patients who don't, or can't walk, is there enough parking? Are there enough bus services?	Neutral
19	Buses	Neutral
20	Parking Bus stops and cost of buses	Neutral
21	Cost of parking. Amount of car parking spaces. Transport links	Neutral
22	Access for people who do not have cars.	Neutral

**Is there anything else we should take into consideration?**

**Theme 'Public Transport'**

23	Bus services. How many other services will be on site and whether the site can accommodate extra footfall.	Neutral
24	Information re public transport and frequency.	Neutral
25	Car parking and bus routes	Neutral
26	I can walk to church Lane would need to drive or get bus to Kimbolton Road, cost time and environment brings about issues	Neutral
27	Attempt to get a bus stop going into Closer to the centre.	Neutral
28	Parking costs could be an issue , plus making sure bus services are regularly available	Neutral
29	Have you considered public transport. If I look at Goldington Road for example the bus numbers 5, 7, 27, 905 and x5 all go past the front of it with stops close by. Green proposed sites only has the 7 and 27	Neutral
30	Putting a bus shelter on the Kimbolton bound side of Kimbolton Road . There is only a stop bus flag ...no shelter	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

1	1) will you have enough Drs we need a reliable services 2) Enough parking and preferably no cost or help with cost 3) Monitored parking so spaces are not used by people going into town. 4) How many phone lines will you have. Ringing 10 times each one immediately after the next to get through and then waiting 56 mins for receptionist to reply is not good and very stressful when query is urgent. 5) We have no internet to use 6) Other people not attached to your surgery will be using the site (already do) not sure the area will be suitable for more use.	Negative
2	Not everyone drives and many buses do not go along Kimbolton Road, so will pedestrian access be made from Goldington Road. There used to be access many years ago when maternity was on that site. I have heard a lot of people complaining that cannot get through on the phone. When they do they cannot get a face to face appointment and even have to wait 2 weeks or more for a telephone consultation, will this improve?	Negative
3	You will see from my records that I keep myself fit and healthy and in no way take any advantage of doctors time with trivial appointments but I am really concerned about my repeat prescription situation going forward. I have been widowed for 15 years and run my family home and gardens alone and my two sons live too great a distance for frequent visits, I think I may have to find another practice after 48 years which I would be sad about. Shame.	Negative
4	Losing a vital service that we've had since 1965 that has serves us very well at the most vulnerable time of our lives.	Negative
5	having a vital service that we've had since 1965 that has served us very well at the most vulnerable time of our lives.	Negative
6	Less waiting time on telephone calls and more face to face appointments with GPs given instead of telephone calls by medical staff which often results in seeing someone. Your staff should take ownership of patients problems resolve the queries to the patients satisfaction and not simply ask them to phone back joining yet another telephone queue.	Negative
7	Phones have been going unanswered for an hour when we called repeatedly even though number one in the queue, if we had been seriously ill this could have been dangerous - not acceptable, need to be assured that phone calls will be answered.	Negative
8	Very poorly patients who cannot travel are treated very poorly. Telephone systems that take an hour and 40 minutes to call you back and then there are no more telephone appointments for the day. Despite connecting with the GP service as soon as the lines open	Negative
9	Bromham is growing and there needs to be a medical facility of some kind in the village. There used to be several doctors available on a part time basis but they have all closed down. Bromham needs this facility.	Negative
10	Yes , appointments on time , as my last visit to the Deparys was the 7th of July ,my appointment time was at 4.10pm doctor running late , i had to wait 1.30min for a ground floor room to be vacant.	Negative
11	Concentrate more on face to face than being diverted to someone who can't give you answers to simple questions!	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

12	<p>One of your questions ask about thoughts WHEN you move to Enhanced Services. If this was a genuine Consultation then that question would be IF - not when!!</p> <p>Promises of improved services are not to be believed. You promised improved access to GPs when you merged - and that has been a total and utter fallacy; You cant even get onto the phone queuing system in the morning and when you do finally get through you find all appointments have gone and you can wait until late afternoon for a call back. So I have to wonder why you need a place where you can improve services when you have so badly reduced access since Covid and dont use the buildings you have. I recently attended De Parys Ave for a non-GP appointment @ 5pm. There wasnt a single person in the waiting room when I arrived, was waiting or when I left. □</p> <p>Also why would being on the same site as Phlebotomy have any impact when appointments are booked up for 4 weeks plus last time I tried? Re Transport - only buses from Putnoe pass in front of this venue; currently people can access Goldington Road surgery from Goldington bus routes and Pemberley from Goldington and Brickhill routes. By moving onto this one site you will, in turn, limit choice or increase car use. brinign more traffic onto an already oversubscribed site next to 2 school buildings cannot make sense. I was at a Participation Group meeting some years ago when one of the now retired GPs said that this idea had basically died a death and other avenues would be explored. I wonder why it has now been resurrected as the answer???</p>	Negative
13	This looks like jam tomorrow, (maybe) the lack of appointments are here and now, Since Pemberley became part of the De Parys groups we seam to have lost many good doctors. What is the current doctor patient ratio are is it being set a the minimum to be supplemented with inappropriate use of health assistants	Negative
14	Easier access to medical care, if possible	Negative
15	The plans sound good if you read them quickly but the greatest problem at present seems to be lack of sufficient GPs and lack of sufficient staff in all the other specialities mentioned. So what will be the advantage of everything on one site when each 'service' will have a long waiting list and patients may have to make many repeat visits to access the services to which they are recommended? There are also going to be traffic density issues as these plans will require even more people to join in the Bedford Town Centre dense traffic and traffic jams with particularly severe effects for appointments in the morning and evening rush hour.	Negative
16	Will the new centre make it any easier to get an appointment or even speak to a GP?	Negative
17	Yes health BC and well-being of your patients / disgusting service at this surgeries	Negative
18	would it not be a good idea to get back to the situation prior to covid (2019) when it was possible to actually see a clinician face to face	Negative
19	With such a large number of patients merged under the one umbrella the phone system needs to be robust enough to cope, particularly as there is still a considerable number of telephone consultations taking place. Would the new venue enable more face to face appointments?	Negative
20	Improve your telephone response times and enable appointments access online.	Negative
21	Prescription services involving 'outside' pharmacies.□ Not working very well for me.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

22	As above and actually see a doctor so he they don't prescribe the incorrect medication over the phone .....	Negative
23	Having enough Doctors to be able to be seen or listened to without there being a total palaver	Negative
24	Maybe, when a person who rarely , visits the surgery, perhaps, they should be taken seriously, as they would not be there, unless very worried about a condition.	Negative
25	Making it easier to get a face to face appointment & having more people to answer the phones.	Negative
26	The current difficulty when calling & getting through to the practice may be impacted further if more services are available	Negative
27	As I mentioned before you can never get to speak to a doctor. If you don't phone exactly on 8am you will be in a queue not great when you have to get to work!□ You can't even get a appointment on the surgery website anymore which was so easy!! Bring it back please!!	Negative
28	I find this surgery inaccessible and dread having to contact it. I therefore don't engage or find alternative pathways. Lansdowne rd surgery and Pemberly surgery were better organised and more welcoming!	Negative
29	changing the practice location is not only he answer □ What needs rectifying is the ability to go online and gain access to your own medical record □ Use the Airmid app and have the functionality to book appt □ Currently All it allows me to do is book and collect my medication - □ Opportunity to see someone via appts with ease□ Previously too much time wasted by trying to phone and Left hanging on the phone before being able to speak to someone let alone make an appt - it's always been more that 20mins □	Negative
30	The new hub will offer additional beneficial services, however, all practices are already stretched and unless there are more GP's I fear nothing will change. All that and a difficult location.	Negative
31	Employ more doctors instead of spending money on new projects. There is no point if you can't get the basics right. If you need to see what your patients actually think of the service log on to the neighbourhood chat threads. They are full of complaints	Negative
32	Appointment waiting times. If I'm 5 mins late I lose my appointment! If I'm 5mins late for 10 min appointment give me 5 minutes!	Negative
33	I haven't seen a doctor in over 3 years and since the merge with the other surgery's it's near impossible to get appointments or even acknowledged as being a patient, these hubs will just make the situation worse	Negative
34	Effect on old people of not having a surgery they can access easily□ Proposed increases to population in Bromham	Negative
35	Patients ! Again xx you give none !	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

36	Proper training of reception/administration staff so that queries are answered correctly. Better telephone system. Better IT, more user friendly website. Do not make everything online, as more vulnerable members of the community find this difficult ie elderly, disabled and patients with psychological issues/disorders. What about having doctors who can sign?	Negative
37	Inability to get through on the phone.	Negative
38	Not everyone drives, what is the benefit for you out of interest as it seems your only offering phone appointments	Negative
39	Sort the GP problem out.	Negative
40	Shorter wait on phone calls	Negative
41	I can't answer the above questions as won't know the impact until try it and currently service so bad at my surgery I'm not confident	Negative
42	There is no parking at Kimbolton Road site, this will greatly affect patients visiting the practise. De Pary's cannot cope now so it will impact on patient care, not a good idea at all.	Negative
43	Improve the availability of GP'S	Negative
44	This change needs to allow greater access to GO face to face appointments and quicker spines times. It take too long to speak to someone and the times are often inconvenient. It's a shame really as the De Parys medical centre used to be really well run and sadly that is no longer the case.	Negative
45	The care in recent years has been very disappointing. No doctors appointments for weeks at a time. Long waits to speak to a receptionist. A DIY approach to patient care. My health has suffered as a result. Expensive new premises are not the answer. Employing more doctors nurses and office staff is the solution.	Negative
46	Is merging 4 practices going to make it even harder to access medical care? I really do hope not, and I hope that there can be some more training in the process of this. Having spoken to one particular doctor (Dr xxx (I hope that's spelled correctly)) who genuinely seemed to care and was told that if I was concerned for my own well-being and felt I may do something to harm myself I should call back, only to be told by receptionists that I would be fine and to just call back tomorrow. I understand that receptionists have a difficult job and that they're incredibly busy, but it would be nice if they would just listen and offer some advice in that situation. It's fine if there's no more appointments that day, but if someone is telling them that they want to die and have plans to take their own life, it would've been nice to be pointed in the direction of the Samaritans, or shout, or A&E, rather than to be told they'll be fine and to call back tomorrow	Negative
47	Yes <input type="checkbox"/> This will destroy the already failing patient access to their Dr. Look at the reception congestion already at this reception site —This will be an overload to blood test seekers physiotherapist patients and eye test patients let alone the loss of confidentiality in a goldfish bowl setting	Negative
48	Vast improvement to telephone accessibility without ages on hold.. timed out or extremely unhelpful receptionist unqualified triaging and dismissiveness	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

49	Getting a appointment to see a doctor ! I tried to get an appointment for an infected hand just needed antibiotics and was told to go to A&E even though i hadnt asked for an app in over 5 years so not a time waster ! Went to the walkin they were great. Put my surgery to shame !! Pemberly was a great surgery before it merged !!	Negative
50	There are insufficient doctors and practitioners for the number of patients. The original doctors were great but now you never get to see the same doctor and have any continuity	Negative
51	Actually seeing patience instead of all this phone consultation rubbish ! As i thought doctors were a hands on caring profession.	Negative
52	An improvement in call waiting times would be much appreciated.	Negative
53	So far difficult to get face to face appointments will this move improve services ?	Negative
54	Please improve reception and make more in person appointments	Negative
55	I do hope there will be some Drs on site so we can get an appointment. No doubt the partners at the individual practices will be selling the properties at an enormous profit and are all likely to retire, so what will we be left with?	Negative
56	Weekend appointments with doctors face to face but only for those patients that WORK FOR A LIVING.	Negative
57	Get the existing doctors to be available and in work more often	Negative
58	Length of time to see someone	Negative
59	Speed of access to a qualified person and timely response are essential.	Negative
60	More telephone lines to make or cancel appointments. More convenient surgery hours.	Negative
61	Number of face to face GP appointments need to be increased	Negative
62	Making appointments	Negative
63	It needs to be easier to book non-urgent appointments in advance to fit in with work	Negative
64	Would be good to have continuous care with the same GP wherever possible.	Negative
65	Just answer the phone when it rings. The service provided currently is appalling	Negative
66	How will you staff the facility <input type="checkbox"/> There currently are not enough clinicians anyway. <input type="checkbox"/> More contact with patients living with cancer and not just a tick box to get your quaff points	Negative
67	Yes the length of time it takes for phone to be answered	Negative
68	Hoping there are improvements.	Negative
69	Improvements to phone appointment booking	Negative
70	Employment of more GPs	Negative
71	Since De Parys gained control of the Pemberley Avenue surgery the service has been abysmal, poor phone service, appointments impossible with doctor's continuing to leave	Negative
72	Yeah better Dr appointment face to face	Negative
73	Yes. The availability to see my own GP by booking an appointment in advance would be more helpful than moving premises! The current situation, where a receptionist decides whether a request to see a GP would result in a face-to-face appointment or a telephone consultation is poor and, I think, unacceptable.	Negative
74	Cost of parking and limited spaces, longer opening hours, not restricted to limited hours over the weekend or in the evening	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

75	The survey does not address the needs of local patients who find themselves increasingly unable to access the gp, this appears worse for deparys patients, with other GPs offering easier access and quicker appt times. Why does the survey not focus on these patient concerns?	Negative
76	Instead of wasting money on new buildings get a decent telecommunication system so you can at least speak to someone. More chance of seeing the Queen than a doctor from this surgery. These issues need addressing before you go building a new hub.	Negative
77	It is impossible to get an appointment at this practice and this move will make it even worse	Negative
78	This will not improve either the doctor -patient nor the care.We need face -face consultations not other services to cover the inadequancies already provided by our practice	Negative
79	When will I be able to have a face to face appointment?	Negative
80	It is not reasonable to ask if mtie services being in the same place will be helpful as it is unrealistic to suggest we will be able to have a blood test or physio appointment at the same time as our doctors appointmnet	Negative
81	See above! Good luck but polish the service you already are trying to provide before starting to build hubs. Whatever happened to the biddenham practice? What are the poor elderly people in bromham going to do? Why have all these fantastic partners left these surgeries? I wonder what Dr xx would say about the changes which have happened? I'm not usual negative and I'm just trying to be honest.	Negative
82	This sounds like it has already been decided without prior patient consultation, nor concern for their feelings. What was once a friendly family practise, one that i have attended since i was a baby, has become unwelcoming and uncaring towards it's patients.	Negative
83	Speed up appointment time -speed up the process when calling for an appointment.We as patients spend literally hours on the phone just waiting for calls to be picked up -this must improve.	Negative
84	As above more doctors and staff. Get the phone answered <input type="checkbox"/> Offer appointments	Negative
85	Making it easier to get through and get an appointment	Negative
86	Time to get a doctors appointment.	Negative
87	More access to face to face Appts NOT phone /video ..	Negative
88	See previous comment. Difficulty of getting appointments and inability to see same doctor for consistency has been getting worse. Telephone only appointments are often inappropriate but used as default. Location of practice seems irrelevant considering how rarely people can attend in person.	Negative
89	The practice must urgently sort out access to appointments and staff to answer the phones as the current system does not work. It is very stressful trying to access anything via the surgery at the moment and this should not be the case. We cannot afford to wait until the new facility is opened to address this.	Negative



## Is there anything else we should take into consideration?

### Theme 'Services'

90	<p>Enough GPS so that you can get an appointment. Before Pemberly joined the Deparys group I never had a problem getting an appointment. This deteriorated greatly once it joined the group. □</p> <p>The important of seeing the same GP can't be underestimated. The onus shouldn't be on the patient to have to bring a GP up to speed every visit with ongoing conditions. □</p> <p>Enough waiting room space facilities</p>	Negative
91	More staff able to take calls as it is almost impossible to get through to surgeries	Negative
92	More appointments, more gps and more receptionist as its a nightmare trying to see gp atm	Negative
93	The biggest issue remains the length of time it takes to get an appointment. I don't imagine that where the services are located will improve that.	Negative
94	Yes, having enough group GPS to start to see patients again and still cater for 4 practices being in one place	Negative
95	<p>From the villages I know from previous experience that when on crutches the bus stops are nowhere near North Wing and impossible to get to if you have mobility issues particularly going back to bus station.</p> <p>The buses from the North Beds Villages arrive at the bus station just after the next bus service to North Wing so there is a long wait- the journey time even if you are mobile enough to use public transport was well in excess of 1 hour each way for a 5/6 mile trip and a 20minute appointment! If you have no one to drive you then in 2019 the return taxi fare was in excess of £16 plus often a wait for the return taxi. It would now probably be in excess of £20.</p> <p>Parking spaces can be very very difficult to find at North Wing and the number of disabled spaces is currently inadequate too and for those without a blue badge and paying car parking charges the costs are very high and the fee scale such that as historically it is rare to see a GP /nurse at your allotted appointment time then you inevitably have to pay for a longer period than you might need to avoid a penalty charge. In the past parking issues could be exacerbated at nearby school drop off and collection times.</p> <p>We are constantly told we should ideally see the samr doctor for continuity of care how will this work in practice or will the first part of the appointment be spent bringing the doctor who has never met you before being brought up to speed with all extant health issues. If doctors see "their" patients they can assess from knowledge whether someone is fully disclosing health issues/putting on a brave face/being stoic and the converse, that might not be apparent if they have never met the patient before.</p> <p>Big is not always best as has been demonstrated by the inability to get through to the De Parys Group on the phone/see/speak to a Doctor within a reasonable time frame- Pemberley was a much better surgery pre the merger</p>	Negative
96	Make sure you can actually get an appointment!!!!!!	Negative
97	Likely to deteriorate an already poor service	Negative
98	Try and offer a GP service first, don't try to run before you can walk. Fulfill your primary function	Negative
99	Phones answered quicker and more efficiently	Negative



## Is there anything else we should take into consideration?

### Theme 'Services'

100	Vast improvement of general practice support. Ease of contacting surgery and timely efficiency dealing with phone calls and appointments.	Negative
101	Opportunities for having face to face appointments, without having to wait 3 weeks for even a telephone appointment. □	Negative
102	Currently you provide an insubstantial difficult to access and rude to deal with service. You need a change of culture	Negative
103	Make it easier to get an appointment. Book online to avoid hours on hold only to be told you don't have any appointments	Negative
104	Parking easier and retrained your staff - they are rude	Negative
105	Parking □ Is there actually enough doctors available	Negative
106	Improve your reception and booking process... your customer service is poor	Negative
107	Since merging into deparys appointments are far more difficult to get	Negative
108	The fact that it is almost impossible to get through to make an appointment and when you finally get through, there are never appointments for 2-3 weeks!	Negative
109	As patients how there conditions are reviewed I haven't for years	Negative
110	Service is terrible. This will only make things worse. Appalling.	Negative
111	Appointment times for other services that are currently not good	Negative
112	It current takes over an hour to speak to someone to get an appointment I do not think by locating to one place this will change much of the issues	Negative
113	Access to booking appointments the current system is sub standard	Negative
114	Number of doctors appts and general staff to answer a phone call. I have been on hold for up to four hours only to be cut off when the phone was eventually answered.	Negative
115	Need to return to pre pandemic service levels asap as accessing services has been appalling since March 2020, getting through on phone, getting an appointment etc	Negative
116	Yes listen to patients. How many patients think this is a great idea to have to fewer Doctors under one roof. Only one surgery rather than the more now. Patients will struggle to get to surgery as for many it is further. You want patients to pay for parking that is limited when patients are paying enough with bills. If it's not broke don't fix.	Negative
117	If this increases number of patients please ensure this is taken into consideration unlike the last combination to create the group. The service provided fell off the side of a cliff	Negative
118	You are appalling, I and my partner have both tried to make appointments but phone never answered unless you can sign us up on Statins.	Negative
119	No of doctors	Negative
120	Multiple sites of gp amalgamating will bring hundreds in to the one site, presumably to cover having too few doctors but they can still only see so many. Bad idea.	Negative
121	More staff required, improvement of waiting time to see a doctor. Improve call waiting time	Negative
122	More appts to be available and call queues to reduce by increasing staffing	Negative
123	Do you intend to improve your ratio of staff/patients?	Negative
124	Only things this move won't improve like access and continuity of care.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

125	Not doing it	Negative
126	Stop messing with the way things are this new crap idea will stop me using the services	Negative
127	Being able to actually see a doctor	Negative
128	Face to face contact needs to improve	Negative
129	Never at same surgery since practice expanded only see longer delays for face to face. when need to see doctor always diverted by receptionist to nurse & not able to discuss mental health, health problems etc. with doctor, can not see how going to change? can only see more delays?	Negative
130	Fix the existing business, the administration side of the De Parys group is a disaster and needs significant attention before you make decisions to bring it closer together,	Negative
131	Big and new places are not at all good for mental health. Better results can be achieved in a familiar and friendly place.	Negative
132	I would like to see the same doctor on appointments as I have no idea who anyone is always someone different so I don't know them and they certainly don't know who I am	Negative
133	Yes stop fobbing patient with nurses ( nothing wrong with nurses but they are not doctors) and let us get doctors appointments with a doctor. We know a lot of people who are with deparys group and all are saying the same thing. All are angry and dissoluted	Negative
134	Get more staff to deal with the delays and train receptionist to be more emphatic and patient	Negative
135	Lack of emptany from the surgery. Being told to ring again after a 3 hour wait. Being passed on to none qualified staff. This has put additional pressure on a&e services	Negative
136	Ensure there is no reduction in access to appointments like at present	Negative
137	While I understand the need to vacate inadequate premises this site is quite unacceptable given that there is now a proposed mental health hub designated there and the application highlighted the same problem with vague comments that maybe the rugby club area could be utilised! Many patients need friends and family to bring them to the surgery local roads are already clogged and the only public car park is costly and now often full. I responded to a previous consultation some years ago and my view has not changed. Incidentally I read that the Clinical Commission is or has been wound up so put this suggestion on hold or abandon it as new thinking is bound to emerge. Perhaps the De Parys merger should be unmerged so that patients can go back to receiving a proper GP service again it certainly is a mess now	Negative
138	Telling patients about this move. I was unaware of it. It's impossible to get a appointment. Will this improve it?	Negative
139	De Parys is already a dreadful surgery and this will only further erode service to create extra profit.	Negative
140	Waiting 40 minutes on hold for an appointment a few weeks ago was unacceptable and the attempt abandoned. Need to ensure sufficient telephone lines and resources to cope with it in the new "hub", and number in queue to be reinstated both now and for the new facility, come the time, please.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

141	When you can't even see a GP, it is hardly worth debating their location. Part time female GP's are destroying primary healthcare. Wokeness & feminism are a cancer in the NHS.	Negative
142	Make gps see their patients ... no excuses	Negative
143	LET US SEE A DOCTOR FACE TO FACE AND EMPLOY MORE PEOPLE TO ANSWER PGONES	Negative
144	Lack of geographical spread of surgeries within bedford Already not coping with patient demand and population of bedford is growing massively	Negative
145	The cost of NHS transport provision for the elderly and infirm to get to and from the Health Hub. □ Availability of GPs as it is currently virtually impossible to get a face to face appointment.	Negative
146	Admin support to help with triage of calls and reduced call times. I often wait nearly one hour to get through.	Negative
147	I can't seem to make a one on one consultation. I have had a concern for over two months. What sort of health care service is this !!	Negative
148	Your appointment service is beyond a joke. Awful service. Clearly under staffed.	Negative
149	The availability of seeing a GP face to face. What has happened to the GP service which no longer provides a service to it's patients. This is unacceptable.	Negative
150	My comments above cover this, all services or lack of them require major improvement.	Negative
151	improving services, since the restrictions lifted, gp service is incredibly worse for minor or non-life threatening services	Negative
152	The ability to get an appointment. The main problem is only being able to ring in the morning, being in hold for ages and then being cut off to ring back and find all the appointments have gone.	Negative
153	Centralised GP provision removes the last vestige of patient/doctor relationship.	Negative
154	Patients health and prevention only detected by further diagnosis should be paramount in comparison to safeguarding NHS costs. This has to be greatly improved	Negative
155	Since the merging of the surgery it has been very difficult to get appointments , Even though we were told otherwise. The service keep on declining. I am afraid with this change it will take week or more to get appointments which will mean then the Surgery will not be fit for purpose. Please what ever decision you are taking put the service of human beings first. This not a moan , This what we as patients are experiencing and not happy about this	Negative
156	Anything would be better than the current situation which is inadequate.	Negative
157	The ability to actually see or speak to a doctor or medical practitioner within a reasonable length of time as if all of the sites staff are going to be in one place I would hope to believe that this will be at the top of the reasons for the merger	Negative
158	Engage some polite staff	Negative
159	Bedford as a whole needs more GPs and more choice of practices. □ I do not believe that it will improve services, just housing practices in a new building that have struggled since they merged.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

160	Not doctors there one week and not the next , you never get a phone call from the same person no consistency, you are just a number now , not a professional service	Negative
161	Hopefully we will not have to wait anything up to two hours to get through to the surgery as we are now having to do.	Negative
162	Access to actually seeing a doctor	Negative
163	If you close pemberly, you will be irrelevant. I need to leave your group	Negative
164	The patients needs on accessibility and urgency and not told to go to walk in centre all the time	Negative
165	Again getting apointments by phone has been very difficult. My doctor only works part time, and I booked an appointment at the surgery on 1/6/22 and the earlist date I could see my doctor was 27/6/22	Negative
166	The general difficulty of seeing a qualified physician.	Negative
167	The ease making appointments especially for the elderly who can't always phone at 8am	Negative
168	The length of trying to get appointments, queuing on the phone time. No same day appointments. Longer hours	Negative
169	Sort out the issues in regards to getting an appointment with someone. Been trying to get appointments since August, but can't get one	Negative
170	Putting patients first for a change and not making life so difficult to get an appointment. Patient care is currently dreadful	Negative
171	As above. What is going to happen to the ruin of D block?	Negative
172	Smaller surgeries work better it will be like going to a&e	Negative
173	How about taking Patients into consideration - Something you have failed to do since the merger!!	Negative
174	More staff to answer telephone calls as the wait is usually very long which is very frustrating when you are needing to book an appointment	Negative
175	You can offer all these treatments but patients need to be able to get through on the phone to be able to make a appointment to get the services not be 30th in the queue at 8.01am	Negative
176	See above, there is poor availability of appointments and an awful phone system, rude reception staff and overall a very poor service from the surgery, it shouldn't be so difficult to speak to clinicians about my health	Negative
177	This has been a long time coming. Decades even. It was a sensible move before the merger but now I'm not so sure - services have gone so far over a cliff edge I'm not sure this is going to fix anything.	Negative
178	Please remind receptionists they are not doctors as they are always trying to assess whether I need an appointment face to face and as I have said not had a face to face appointment in 2 years	Negative
179	have enough doctors so we can go back to the old system of seeing a doctor face to face.	Negative
180	Since the merger it is impossible to speak or see a doctor which was not the case before merger	Negative
181	Phone all system for de parys group is rubbish. The rush to phone at 9am is madness. The online offer is rubbish as you have to call in as above to sign on for first time. When you get through there are no appointments.	Negative
182	The de parts groups doesn't take care of it patients, rude staff and poor service.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

183	Start seeing patients face to face instead of having to wait 50 minutes to get through to the surgery to be told there are no appointments or have to speak to a doctor on the phone first	Negative
184	If it improves services I'm in favour as at the moment services are a joke	Negative
185	I wish the phones would be answered	Negative
186	The service from the gp has already been degraded by grouping practices together. Further grouping will possibly make me leave the group because I don't like seeing a random gp each time, I think I most of all want to see their doctor and not feel like they are starting again every time. I already have illness that I am not dealing with because of this	Negative
187	Yes..I want to be able to book a face to face appointment in advance, preferably online. The current system of calling at 8am to get an appointment is completely unacceptable and appears to be designed to suit the practice and not the patient. I do not want to discuss my medical needs with the receptionist... <input type="checkbox"/> <input type="checkbox"/>	Negative
188	For us the key is more appointments. It is so hard to get an appointment even for under 5s. With our 4 year old we could get on the day appointments even in the afternoon when there was an issue but now we can't. It's really worrying.	Negative
189	Parking and ability to actually see a doctor <input type="checkbox"/> Can't remember the last time I saw a gp - don't even know who my gp is!	Negative
190	If you can't get an appointment it doesn't really matter where you put the practice.	Negative
191	There will only be positive impacts if appointments can be coordinated, otherwise there is no advantage.	Negative
192	ACTUALLY GETTING AN APPOINTMENT WOULD HELP	Negative
193	Phone system - drastic improvement needed <input type="checkbox"/> GP's - more available appts.	Negative
194	As above improve what's there asap	Negative
195	Improve receptionist attitude/customer service. Majority of the time when calling to make an appointment they come across unfriendly/less than polite and feel like you're a bother and taking up their time.	Negative
196	Availability of face to face appointments needs to be increased! <input type="checkbox"/> Ability to speak to someone without having to wait in a horrendous queue or cut off because there's too many people in the queue already???!!!!	Negative
197	Number of people answering telephone calls. Since practices have merged it now takes approx 40 minutes to get through by phone.	Negative
198	What we are being offered at our current practice is so awful the new place can't be any worse. Can't get through on the phone can't get an appointment. It just can't be worse.	Negative
199	Need to look at improving access to medical care ie GPs a shiny new location will not increase service provided. More will be outsourced to other areas and the practice will then absolve themselves of responsibility.	Negative
200	4 surgeries into 1 will lead to even more difficulty of obtaining an appointment	Negative
201	That you can get hold of the surgery	Negative
202	Fix appointment booking on the app. New site will add travel cost and time.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

203	Just please try to improve access to a doctor/healthcare professional. Your reputation has crashed	Negative
204	As above! The impact of combining 4 practices into one site when I am already struggling to get appointments when I need them. The wait is so long if it's not an emergency. How will you make sure that you have enough staff in this one facility to not only meet current levels of patient care at 4 previous sites but noticeably improve it?	Negative
205	Yes- will there be enough doctors for everyone ? I don't think the merger between surgeries to create the De Parys group <input type="checkbox"/> has been a success . Will this be any better?	Negative
206	Will this improve the patient services . Large amount of patients cars , limited parking high cost.... Will we have a better patient Doctor appointment wait .. sorry but I don't think so.	Negative
207	No idea who the doctors are anymore. Just get shipped to whichever location. Used to be great when just pemberley. Now it's a mess. Also receptions need to be nicer and not so snooty	Negative
208	Lack of appointments	Negative
209	The welfare of your patient's and the huge inconvenience your proposal will mean	Negative
210	Improve service BEFORE this change in years time	Negative
211	I would like to think this could be an improvement on the current situation where I have been unable to see a gp face to face, especially taking into account that I am 76!	Negative
212	Will this move help with getting an appointment with my GP?	Negative
213	Ease of making a doctor's appointment which is impossible now.	Negative
214	Ease of getting an appointment which is impossible now	Negative
215	Trying to get through to someone on the phone is horrendous and needs to get sorted.	Negative
216	Let people be seen and not over the phone and listen to the people who need help not just 10 minutes	Negative
217	Negative impact You are just doing this to streamline the service with a lowered response to care <input type="checkbox"/> I feel like cattle	Negative
218	Elderly patients who do not know and have no access to it. Make yourselves more accessible	Negative
219	As previous. Also being someone that is not allowed access to a phone while they are working, to be told call next day at 8am, which I can not do and still not being able to speak to a doctor 3 months later (this was pushed through by a nurse as being more urgent so got this 4 days after bringing up the issue to her). The reason I saw the nurse was because of a text sent to me about an asthma review and they eventually contacted me as I gave up trying on the occasional day I could as would be on hold for between 40 mins and 90 mins and being hung up on or told to go to the walk in centre.	Negative
220	Please see my reply to Q.10 <input type="checkbox"/> All most people want is a convenient appointment somewhere without the ridiculous situation of ringing at 8am without being able to book online or in advance. It's so stressful.	Negative



## Is there anything else we should take into consideration?

### Theme 'Services'

221	the recent merger of an individual surgery to the de parys group has already negatively impacted the service so a larger scale merge is likely to have even further negative impacts	Negative
222	It would be nice to be able to book appointments on-line again and actually see a doctor!	Negative
223	Service from pemberley has been in decline ever since it became part of this group. This again shows the lack of consultation with patients prior to a decision already having been made !	Negative
224	Yes - ensure that receptionists are properly trained to deal with patients in a polite and respectful way. This will remove the need for notices to be displayed regarding people's behaviour when visiting the surgery.	Negative
225	The relationship between patient and doctor is the most important thing. A huge hub means patient doesn't receive joined up care	Negative
226	Make getting to see a GP face to face a priority...& having enough appointments. Also please avoid patients all having to ring at 8am , & when you finally get through NOT to be told there are no appts left. Please also employ more GP's to meet the demand of 40000 plus patients	Negative
227	That patients can actually get an appointment to see doctor	Negative
228	Rude doctor	Negative
229	How easy it is to get an appointment as currently this is almost impossible	Negative
230	I think more and easier accessibility for GP's would be helpful and also more appointments available compared to the present situation and would be helpful if telephone calls were answered with no queues. Continuity with doctors and other staff would help instead of many different people dealing with problems.	Negative
231	Before you start thinking about expanding the business maybe you could concentrate on getting the business that you have to be more responsive i.e. able to get an appointment sooner than three weeks and that is only a phone appointment don't know what's happened I know it is a national problem	Negative
232	Time on phone to get an appointment. Time to get an appointment. I had to wait 5 weeks for a routine appointment re negative blood test results meaning I needed to adjust my thyroit medication. I know its not life threatening but 5weeks on the wrong medication..... Its abit third world.	Negative
233	The response time to requests is already too long, increasing the patient list should not negatively effect an already inefficient service .	Negative
234	As mentioned getting appointments, and the wait times on the phone is a joke	Negative
235	How will the move impact patient access to and interaction with doctors and the 'health service' patients receive? Currently appointments seem extremely difficult to book, it's appears challenging to speak with anyone, with long queues and waiting times on the phone, and if appointments are to be booked often it appears they have to be booked weeks in advance.	Negative
236	No, as long as it becomes easier to book an appointment than current, which is very frustrating	Negative
237	I would welcome more information on whether the new location will offer a walk in centre and on how services will improve. Currently it is virtually impossible to speak to anyone with a wait of keys than 45 minutes on the phone.	Negative
238	The phone service, it currently takes far too long to get through to speak to anyone.	Negative



## Is there anything else we should take into consideration?

### Theme 'Services'

239	The failure of GPs to meet people during Covid19 is unforgivable and led to deaths.	Negative
240	To be able to actually see a doctor	Negative
241	Will consolidating surgeries further reduce reception service and make even more difficult to contact the surgery.	Negative
242	Yes, dont do it	Negative
243	I am concerned that this move will reduce the number of available appointments and also visits; I'm concerned that the overall staffing will be reduced, also the number of consulting rooms. <input type="checkbox"/> There is no detail about this in the consultation document- it seems to have been kept deliberately vague.	Negative
244	Try about all resigning. De Parys Group is useless.	Negative
245	That not everyone is able to hang o a call for an hour trying to get through	Negative
246	The doctors must visit the patient, NO VISIT BY TELEPHONE	Negative
247	Current limitations and timelines for getting appointments risk only getting worse when amalgamated.	Negative
248	See Q10... Also answer the phone not be put in a queue of 15 fgs and then get cut off	Negative
249	As above, the significant decrease in appointment availability since the previous amalgamation can only be worse with further 'streamlining' of services, and I fail to see how any alternative can be made. On calling at 9am once to ask for an appointment to check a rash for my 7 month old, I was told to take him at A&E as there were no appointments left. At 9am. The service is already a shambles, this can only make it worse.	Negative
250	Rather than expanding, you need to focus on the appalling reception and booking service, availability and consistency of care	Negative
251	Book appointments on the internet rather than wait 40 mins to speak to a receptionist.	Negative
252	I don't understand how you combining 4 locations into 1 will improve the service given. Wait times will only get worse and the pandemic will be continued to be used as an excuse.	Negative
253	Blood tests now take approximately 3 weeks online old system was better even though you had to queue outside.	Negative
254	Availability of appropriate appointments and communication is very difficult in this present day and I for one can only see this move making it so much more difficult and frustrating.	Negative
255	as long as I can get to see a doctor when i need to, any changes you put in place will be an improvement on the service the Group does now.	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

256	This would be wonderful in the perfect world to have a one stop shop, but sadly there are so many of us and so few of you that it is a bit of a pipedream. I am worried by the size of <input type="checkbox"/> operation and long for old days when I went to see the same <input type="checkbox"/> GP who knew my history. Computer records do not provide the same sense of continuity. <input type="checkbox"/> If I was able to choose, I would move o a smaller one shop practice such as the old Goldington Road. <input type="checkbox"/> Not that my essential needs have not been met but communication is so difficult and advice frequently relayed via para receptionists, whoever they may be. I Know there are too many of us and are so demanding but I feel NHS has got lost.	Negative
257	You currently have the phone service and email service, and manage both of these terribly. Centralising services will make it even harder to get appointments. Please provide medical services.	Negative
258	Phone response improvement	Negative
259	It's diffi cult to make an appointment let alone to see a doctor at present. I hope this improves!	Negative
260	We need the Doctor to see the patient!! Full stop.	Negative
261	The standard of service is appalling compared with a few years ago	Negative
262	There is nothing about this that would provide a better service for patients compared to having more staff available more locally. I need a blood test or eye screening once a year or so, why am I losing access to a local gp for the sake of occasional services?	Negative
263	More gps - PLEASE LET US SEE DRS FACE TO FACE	Negative
264	Customer service. Been using 111 more often in the last couple of years as i just cant get an appointment when i need one	Negative
265	Please cater to your patients needs and requests, perhaps you need more funding then, please get it. If you need me to lobby an MP, tell me please. Harrold Medical Practice is a pinnacle of caring and excellence based on my personal experience. De P is, 'well, if we can we will but, as you're probably a hypochondriac we'll let you try for an appointment several times so that either, a) the patient gets tired of trying, b) your poor receptionists try everything they can against a poorly planned management structure.	Negative
266	As above, it seems nigh on impossible to get to see an actual doctor now, genuinely Covid seems like a reason they have fully taken on board to work hours a week instead of days. GP's refusing to see people is causing a massive and detrimental affect on the A&E departments.	Negative
267	Providing GP appointments when needed would be great- I'm a high rate tax payer and cannot even get a phone appointment once every few years when needed its an appalling state of affairs	Negative
268	People will have to travel tutor. Large places loose their friendless	Negative
269	Maybe just seeing the queues reduce wood b nice!!!!	Negative
270	You should get more courteous receptionist, a better telephone service and make it possible to book appointments: the service is truly scandalous.	Negative
271	If the practice will be less rude on answer phone calls to get an appointment that it would be far easier.	Negative
272	Same old same old...:waiting times!	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

273	It is practically impossible to get through to the surgery on the phone and even harder to see a GP. I hope moving premises makes it easier.	Negative
274	You're more interested in filling in forms like this than dealing with clinical issues.	Negative
275	More appointments to SEE a doctor that day like it used to be like and not Que for ages on phone it's so sad to see it gone like this	Negative
276	Too many patients for the practice to look after successfully and with compassion and no continuity of care. Very poor service provided.	Negative
277	Seeing a doctor would be good. All this telling the receptionist and them making a decision is Appalling service. More late nights tge doctors think they are better than anyone. Have hidden away long enough.	Negative
278	Answer the phone and actually see patients	Negative
279	Appalling service from De Parys group.	Negative
280	Great to have this fancy new place but will there be more people to answer the phones and more nurses and doctors to actually see you? Will there be enough parking to cover 4 surgeries worth of people attending one place? It feels you're trying to convince people by the facilities offered but these are only useful if we can get in to use them	Negative
281	Yes when will we be able to see a doctor, I had to phone 111 to talk to a doctor, with a really bad infection foot, This is not good at all, I thought doctors cared for there patient don't look like that does it ??	Negative
282	Phone system to be answered quicker than at present	Negative
283	It's almost impossible to get an appointment at the moment. Hopefully it will be easier to get an appointment when the new hub opens.	Negative
284	No people just want to be able to sees doctor.	Negative
285	More appointments should be available. Telephone system needs improving	Negative
286	Access to appointments - yes you have an issue with capacity however I don't even consider you functional enough to try and book an appt instead just use private GPs	Negative
287	This will hopefully improve what is currently a disjointed service	Negative
288	It's all well and good saying you will have all these new services but I doubt I will get an opportunity to use them as no doubt they will all be understaffed	Negative
289	Providing the services the doctors are meant to empty waiting rooms but never any appointments available	Negative
290	Listen to patients and put them and their needs at the centre of what you do. Not what you think you know best about their circumstances.	Negative
291	Why close 4 surgeries? Why not close all. Have artificial intelligence doctors to provide advice. Via web Then you can make even more money a group oc "service" providers to the nhs? Flaming money grubbing idiots. Work in the city, or open a business if money is the only parameter to be optimised.	Negative
292	More people on reception not everybody can afford to spend 30 minutes or more waiting to be answered	Negative
293	Need to make it less stressful to get an appointment. In my experience support at the hospital is much better than at the de parys group	Negative
294	At the current time it is so difficult to even get through to get a telephone appointment. How will this improve?	Negative
295	Not take so long to see a doctor as it has been the last couple of years	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

296	I hope that appointment times improve dramatically but with four surgeries and associated patients converging together, I am sceptical of an improved service.	Negative
297	If it means you can see a doctor when you need to without having to be available all day so as not to miss the telephone consultation or wait 3 weeks for an appointment then it will be worthwhile	Negative
298	Yes. De Parys has gone down hill. Getting an appointment is impossible, the phone is never answered. I recently went to a private practice who were really good and knew I had a problem whereas at your practice I was treated in my opinion very poorly. Nurse are ok, but I think De Parys has got worse and so do others in my location. Used to be good now its poor.	Negative
299	Getting the phone answered and not being 18 in the que	Negative
300	Concentration of patient visits in one place. Overcrowding of waiting area	Negative
301	Long wait on telephone lines and then to be told there's no further appointments. Also taking into consideration emergency care patients who actually need the service.	Negative
302	I currently cannot get any help & have given up. My back is in agony & no help is available. Please advise	Negative
303	More face to face appointment and less talking on the telephone pre book appointment as I had a lump on my testical and couldn't even get a doctors appointment yet another sugury was able to see me	Negative
304	Most working people cant call at 8am, so you need to go back to helping people throughout the whole work day, Coronavirus isn't an excuse anymore	Negative
305	Actually seeing patients face to face and being able to get an appointment within a few days rather than months	Negative
306	The fact you cannot give basic care to your patients presently with what you have it is pointless offering more services that you won't be able to access	Negative
307	Will it be any easier to see a GP? Promises of new buildings etc are far less important than actually seeing somebody. Will the Dr to patient ratio improve?	Negative
308	You need more receptionists to answer the phone, it already takes forever to get through, I can see it getting even worse	Negative
309	You need to improved the appointment system as you have a large amount of patients which have to wait ages to get through if they can and not many appointments for people to have	Negative
310	Worry less about fancy new buildings and more about quality of care to patients and adopt a half decent booking system.	Negative
311	I believe that you tried this before. The group is too big already. Appointments need to be be easier.	Negative
312	Free parking. Not having a receptionist that thinks they are doctors when you want to see a doctor. Appointments non existant	Negative
313	Answering phones not just cut off	Negative
314	Just to make sure there is easy parking for all and that promises of a better service is kept .	Negative
315	Yes- your current service is abysmal- will you improve by this move? If not don't bother	Negative
316	Is it worth moving when you have no doctors who will talk to you let alone see you?	Negative

## Is there anything else we should take into consideration?

### Theme 'Services'

317	It's too many surgery's together considering both COVID and Monkey pox as well as people recovering from trauma post pandemic. I used to be able to visit a surgery and it was quiet this 4 into 1 could do more harm than good.	Negative
318	Atm we can never physically see a doctor. I hope that will change as phone consultation is not appropriate for everything.	Negative
319	When I phone for an appointment I expect to be given one not told to phone back the following day	Negative
320	Removing the Bromham surgery could impact on the elderly, disabled or non-driving patients, or those who cannot use public transport	Negative
321	The need to feel welcomed by receptionists not just a nuisance whether over the phone or at reception . A smile doesn't cost anything but when you feeling low it can make a difficult situation less stressful	Negative
322	How to incorporate digital technology to remove the poor quality back room staff you currently employ	Negative
323	Employ more reception staff so when u phone up your not on hold for half an hour...	Negative
324	More doctors not new buildings	Negative
325	Improving the de parys medical experience on the whole will be an improvement	Negative
326	See above, Will church lane offer full services? Will there be enough doctors, reliable service is needed. Have no internet Communications by post please as previously requested.	Neutral
327	Dispensing Facilities	Neutral
328	Face to face appointment	Neutral
329	Didn't you go through this exercise some years ago? My comments are still the same. □ Ease and cost of parking are major considerations. □ Surely appointments would be needed for each service. It wouldn't be simply a question of walking to another room.	Neutral
330	Keeping the same number of doctors.	Neutral
331	Ensure that the Church Lane site is kept valid, staffed and not having services it provides removed.	Neutral
332	1. Out of ours services so we could have a face 2 face appointment □ 2. Let people come in first come first served for emergency appointments in person □	Neutral
333	Resumption of regular blood pressure clinics, plus regular medication reviews and health checks.	Neutral
334	Podiatrist would be nice	Neutral
335	See above please. □ I would also like to be able to book my appointment online, as before this latest merger. It makes life for the patient so much easier than waiting for ages on the phone to, hopefully, get an appointment?	Neutral
336	There should be a faster and more efficient service for; making an appointment	Neutral
337	Pressing need to ensure it is possible to book a non urgent appointment with your named GP in advance	Neutral
338	More GPs	Neutral
339	Seeing a doctor Instead of telephone triage	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

340	To offer on line real time chat option via zoom or similar to enable patients to discuss concerns or worries that may or may not require subsequent formal consultation this would provide patient reassurance and free up surgery time	Neutral
341	Effective communications aimed to help patients in need	Neutral
342	More office and medical staff to cope with the number of patients	Neutral
343	The importance of a GP knowing their patients and understanding the individuals needs.	Neutral
344	How often will general doctors be available to consult, and how many?	Neutral
345	Appointments book able in advance so people who work can make reasonable arrangements	Neutral
346	Being able to forward appointments with a gp	Neutral
347	Accessibility to seeing a doctor	Neutral
348	A large spacious waiting area.	Neutral
349	As I live in Bromham, where would I drop my repeat prescriptions in?	Neutral
350	It would be helpful, especially for those with mental health conditions, to be able to make it easier to get through to you by telephone and to speak to you in person.	Neutral
351	High probability of duplication of services with North Wing	Neutral
352	Make sure you keep a dispensary, and your delivery service which is invaluable for those who are housebound and live in villages ( this is such a brilliant service)	Neutral
353	Keep Church Lane for Doctor / minor problems	Neutral
354	Good service for making an appointment	Neutral
355	Opening hours	Neutral
356	Get more doctors where ever you are	Neutral
357	Ease to get appointments	Neutral
358	Availability of doctors	Neutral
359	Times that elderly have to wait	Neutral
360	Concern about ease of getting appointments and knowing the GP you will see.	Neutral
361	Longer opening hours and a Saturday once a month	Neutral
362	Being able to take telephone calls and an ability to make appointments not just on the day	Neutral
363	Appointment system.	Neutral
364	Clarity of coordination across GP services and hospital	Neutral
365	Getting through on the telephone to make an appointment	Neutral
366	Patients seeing a regular dr as now you could be sent to any surgery with any dr	Neutral
367	Communication	Neutral
368	Ability to do more face to face appointments	Neutral
369	Location has no impact personally Need more staff/doctors	Neutral
370	Adequate telephone access is essential	Neutral
371	COPD	Neutral
372	ease of getting appointments and seeing a doctor.	Neutral
373	Auto Call back if no answer	Neutral
374	Will it be easier to get a face to face appointment with a Doctor when this hub is up and running ?	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

375	It would be settling for the community to have continuity with their GP, knowing someone knows you and is aware of signs and changes and has some some of background rings reassurance as well as trust	Neutral
376	Increasing the number of doctors and nurses to offer more appointments.	Neutral
377	Patients care	Neutral
378	Carbon foot print travelling by car to new location. <input type="checkbox"/> Improved telephone service?	Neutral
379	Ease of contacting the surgery. The call back service is good as it avoids the patient holding on for long periods	Neutral
380	Temperature controlled environment and green energy sourcing	Neutral
381	Will we be able to see our designated GP?	Neutral
382	Infrastructure for the number of people	Neutral
383	Patients need to come first in all your planning. Their physical and mental well being is paramount.	Neutral
384	How easy it will be to coordinate with other on site services. If patients have to return on another occasion then nothing has been gained.	Neutral
385	Please do all you can to implement a quick easy excellent and available service	Neutral
386	The enhanced services area is very busy . Much prefer Church Lane	Neutral
387	Having more surgery hours so the more important people ie workers and the young get seen more quickly.. and the elderly and people who don't work have a restricted time only	Neutral
388	I need to have a named GP as I am over 75 yrs <input type="checkbox"/>	Neutral
389	Make sure that we can actually call the appointment services anytime during the day and make face to face appointment with a doctor within a few days.	Neutral
390	Booking an appointment	Neutral
391	Phones answering	Neutral
392	Different ways of getting advice I suppose.	Neutral
393	Access to menopause specialist	Neutral
394	Have more appointments available both on the day and have the ability to make more/any future appointments	Neutral
395	Weekend opening appointment only	Neutral
396	Ease of booking <input type="checkbox"/> More doctor face to face appointments	Neutral
397	Increasing appointment availability would be nice and much appreciated as really needed.	Neutral
398	There shouldn't be any detriment to the capacity/volume of services currently offered. This should be maintained or, ideally, increased.	Neutral
399	Communication. Receptionists can make or break a practice. <input type="checkbox"/>	Neutral
400	Possible improvements of waiting times involved in future of this new location ?????	Neutral
401	Inclusion of a walk-in no appt facility	Neutral
402	Seek to improve doctor / patient bond in order to create more health care continuity.	Neutral
403	Get more doctor s	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

404	I live near Bromham surgery but I'm never offered appointments there. I hope this would change with the new Great Denham surgery.	Neutral
405	More doctors!	Neutral
406	Consistency of seeing the same doctor	Neutral
407	Appointment book for the next day	Neutral
408	More appointments face to face	Neutral
409	The main thing you need to take into consideration is you patients. <input type="checkbox"/> 38000 registered is too many for you as a practise to manage with the staffing levels and systems you have in place now and in the future	Neutral
410	Size of car park <input type="checkbox"/> Cost of parking <input type="checkbox"/> Is there going to be more availability of doctors?	Neutral
411	I think it is a good idea to move services together but I hope it doesn't dilute quality. As long as patients don't feel they are in a conveyor belt it should be fine.	Neutral
412	Quicker answering response times to phone calls and more details with multiple test results	Neutral
413	Staffing of back office.	Neutral
414	You can't assess everything online need face to face	Neutral
415	Hopefully it'll mean easier access to a gp appointment	Neutral
416	GPs need to be educated on nutrition	Neutral
417	How will one venue cope with appointments for four surgeries	Neutral
418	Ageing population, ease of travelling to hub for them & waiting for transportation	Neutral
419	Getting Doctor that speak English	Neutral
420	Get more Doctors	Neutral
421	Ease of contacting GP surgery to speak to receptionist/Doctor. <input type="checkbox"/> Face to face appointments. <input type="checkbox"/> Urgent appointments.	Neutral
422	Dental ie dentist surgery NHS	Neutral
423	How easy Will it be to get an appointment will there be the same amount of doctor available	Neutral
424	Same say drop in for Gp appointments	Neutral
425	Yes face to face consultations with a doctor.	Neutral
426	Speed of response to patients this is going to be a bigger centre and so will get longer queues and response times which are already bad	Neutral
427	More free parking <input type="checkbox"/> Better telephone answering	Neutral
428	Local practices should be available for those who can access them.	Neutral
429	Quicker action on the phone and fewer choices with less music!	Neutral
430	just a improvement to what is happening now	Neutral
431	The demand on services and if the Hub can meet these needs, staffing , appointments	Neutral
432	The opportunity to see the same doctor over a period of time seems to have disappeared and should be an option	Neutral
433	How's is it going to help the elderly in the community and mothers with young children .	Neutral
434	Travel for disabled and near local pharmacy which I use <input type="checkbox"/> For years	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

435	Ensure doors and rooms are wide enough to manoeuvre electric wheelchair	Neutral
436	To have staff understand that people with autism need to have the patience to say what I want to say to get checked by the doctors	Neutral
437	Mother and baby bays	Neutral
438	Make feel welcoming, not clinical and impersonal	Neutral
439	Being able to see a doctor face to face	Neutral
440	The need for patients to see the same GP or other professional on a regular basis and build a relationship with their medical team.□	Neutral
441	The telephone system. The ability to book appointments.	Neutral
442	Appt availability	Neutral
443	Offering a better and more accessible service to justify tge costs of moving. Perhaps an on sight pharmacy to dispatch prescriptions would also be good	Neutral
444	Availability of face to face appointments	Neutral
445	Pharmacy facilities especially in an emergency	Neutral
446	Yes only go ahead if you can prove and be measured externally for improved services and not just bunching everyone together to save money.	Neutral
447	Better appointment availability	Neutral
448	Seems to me you have made the decision to move to Kimbolton - cannot answer a lot of questions w/o more info - availability of parking / cost of parking / services offered.	Neutral
449	De Parys fine as it is	Neutral
450	Shorter waiting times	Neutral
451	Availability of permanently based Doctors at the Church Lane facility so that I can Register with a doctor there.	Neutral
452	Please consider reducing time on phone calls for appointments.	Neutral
453	Ratio of staff to patients	Neutral
454	Looking after your patients as first priority rather than saving money	Neutral
455	Availability of doctors. More face to face appointments with minimum delay. Also weekend surgeries.	Neutral
456	Bus services. How many other services will be on site and whether the site can accommodate extra footfall.	Neutral
457	Access to GPS	Neutral
458	Will it be easier to get an appointment if all of the GP surgeries are in one building?	Neutral
459	We need to be able to make appointments with in a reasonable amount of time	Neutral
460	Please get some helpful receptionists	Neutral
461	Whether centralising the services will turn away patients who need treatment.	Neutral
462	Will it really make a difference, very very hard to see GP, or is this simply another gimmick to save money?	Neutral
463	Can you cope with all the patients under your care	Neutral
464	Improving availability of medical services to patients - how will□ The new facilities make it easier for us to get seen/help	Neutral
465	Appointments!!!!	Neutral
466	More appointments available	Neutral
467	Whether we can see a doctor face to face	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

468	Hope to be able to see a gp more easily - ie without waiting days	Neutral
469	Face to Face appointments	Neutral
470	Offer face to face GP appointments	Neutral
471	Parking costs, call wait times, appointment times	Neutral
472	Overhaul of admin, more phone lines, review of appointment system (E.g to help with issues that aren't "urgent" but can't wait 4 weeks)	Neutral
473	More details about service levels at the new hub.	Neutral
474	The resources are in place to deliver what is being offered. It will be disappointing if the De Parys group falls short	Neutral
475	A frank assessment of the ability to deliver the benefits that it is being suggested the Hub will deliver.	Neutral
476	Still allow registered patients that have been with the group for over 25 years	Neutral
477	The above More phone lines!	Neutral
478	Computer and Communications systems need to be radically improved and supported.	Neutral
479	adequate staffing, better communications	Neutral
480	Improvement needed on actually getting to see a doctor face to face	Neutral
481	We would like to know what will happen to the Pemberley Avenue property.	Neutral
482	Patient interest rather than group expediency	Neutral
483	More opportunities to make same day appointments	Neutral
484	Providing more appointments to include a late evening and weekend appointments for people who work.	Neutral
485	Prescription cultured must be changed, work with Pharmacy to find an innovative ways to for patient to get their prescription, the method now is not working.	Neutral
486	Yes people as individuals not just patients	Neutral
487	To be able to get see a Doctor	Neutral
488	Would the health hub consider having outreach consultant appointments in specialities such as endocrinology or gynae?	Neutral
489	Your patients welfare	Neutral
490	Toilet facilities	Neutral
491	Some people. Esp older. Don't like to feel a burden. There should be a check up system in place. Just to generally ask.	Neutral
492	we need see docs	Neutral
493	Provide face to face appointments, and not discourage in favour of a phone call.	Neutral
494	Getting more staff to answer phones	Neutral
495	Don't just offer same day appointments, let people book in advance. Get people to confirm with texts or emails that they will attend or automatically cancel so someone else can have that appointment	Neutral
496	Currently under the excellent care of Primrose unit South Wing so cannot think of anything else at present.	Neutral
497	GP should be able to refer patient for X-ray/MRI/ physio/hospital etc, instead of the patient having to be referred to a 3rd party eg Circle MSK, which delays treatment.	Neutral
498	The need to keep staff levels high to cover the vastly expanding number of people living in this area.	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

499	Where the services are located is less important than improving staffing levels so that there are shorter waits for appointments	Neutral
500	More choice of doctors and their expertise	Neutral
501	Longer opening hours	Neutral
502	I would still like to be able to see the doctor of my choice to give consistency to any ongoing conditions. <input type="checkbox"/> Urgent same day appointments should still be available. <input type="checkbox"/> The trouble when services combine, staff are reduced and the good working practices of some are lost to save money.	Neutral
503	Answer the phone within 5 minutes. Then give a an appointment within 7 days	Neutral
504	What will be the care path way for Mental health from the unit? Will rapid access be available for on site refferals	Neutral
505	Yes your patients	Neutral
506	My worry is when I have Urinary Tract infection, which I am prone to. Will I be seen quite quickly?	Neutral
507	How will this affect the social prescribing pilot?	Neutral
508	Please try and improve answering the phones and the appointment system.	Neutral
509	How easy it will/will not be to get throughout on s telephone and make a relevant appointment.	Neutral
510	Hire more receptionists	Neutral
511	It would be nice to able to see the same doctor.	Neutral
512	The number of patients likely to visit during the average day	Neutral
513	More appointments	Neutral
514	Appointments	Neutral
515	Another wave of the pandemic. Can services be continued in a safe way	Neutral
516	Availability of same day appointments and waiting times for appointments	Neutral
517	Yes, availability of sufficient number of doctor appointments for number of registered patients.	Neutral
518	what impact will there be on availability of face-to-face appointments, and/or access via the telephone?	Neutral
519	Increased possible patient cross infections due to facility overcrowding and should be avoided. Individual patient/ GP relationships will be eroded due to poor staffing ratios forcing patients to accept any GP appointment available at any given time. This can lead to clinical errors.	Neutral
520	Yes Improving the initial contact of patient to surgery to speak to a human being!!!!	Neutral
521	Are home visits carried out these days? If not, why not?	Neutral
522	Speed and consistency of telephone answering.	Neutral
523	Regardless of where consultations take place, it would be nice to be listened to.	Neutral
524	Availability issues	Neutral
525	More staff and better availability of appointments	Neutral
526	Availabilty	Neutral
527	Improved on-line booking/consultation	Neutral
528	Please make it easier to book appointments to see doctors face to face as soon as possible.	Neutral
529	Phone system, opening up digital appointments	Neutral
530	Opening hours	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

531	Appointments	Neutral
532	Availability of doctors and face to face appointments	Neutral
533	Ease of making contact and appointments. Currently, not a good experience	Neutral
534	What happens if there is another lockdown is the building fit for purpose	Neutral
535	If poss less time to make app	Neutral
536	Start seeing patients again	Neutral
537	If it'll make it easier to get an appointment I'm all for the move but if there are still the same problems of getting through by phone, not being able to make an advance appointment and not being able to get an appointment to see a GP at all then it seems pointless.	Neutral
538	Ensuing there are GPs, nurses and receptionists to cater for all the patients	Neutral
539	Easier to get appointments	Neutral
540	If it means actually getting an appt it will be positive	Neutral
541	Will surgery hours be extended eg Saturdays	Neutral
542	I regularly chat with people who are under the De Parys group and everyone says the same, since the merge patient care has gone downhill. This needs to be addressed first before any new building.	Neutral
543	Can the new facility actually cope with the increase in patient numbers	Neutral
544	Improving the telephone appointment service. The phone wait times at the moment are extremely long and put me off getting appointments for my daughters.	Neutral
545	No idea if appointments & contact with doctors will be easier & also if parking will be okay & how much the cost of parking will be	Neutral
546	Appointment availability.	Neutral
547	Easier access to see doctors and health staff	Neutral
548	Out of working hours surgeries. Opening times are a nightmare to those of us who work for a living.	Neutral
549	Dispensary for medication	Neutral
550	More appointments available and easier to book one	Neutral
551	Waiting areas, separate for each type of appointment <input type="checkbox"/> ie Dr Consultations, Specialist Nurses, and other treatments ie Physio, Eye, Hearing etc	Neutral
552	Pharmacy services	Neutral
553	Availability of appointments <input type="checkbox"/> Self service booking system online <input type="checkbox"/>	Neutral
554	Long term conditions, ie arthritis is particularly important. Also podiatry and medication reviews. Parking is also important. The disabled parking at the current facility at the side of GH House are normal size and not adequate. Also is disabled parking free?	Neutral
555	We were advised a few years back when the hub was built that the practice was likely to move to the hub. It's taken a long time.	Neutral
556	again, if all the practices are there then the waiting areas will surely be very full? Already full with physio/blood test people	Neutral
557	Can you dedicate a GP to patient relationship	Neutral
558	Ratio doctor to patients needs to come down	Neutral
559	Extended hours particularly weekends	Neutral
560	Vaccinations	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

561	More face to face with doctors if poss and making sure appointments are not for few weeks wait	Neutral
562	Better and more friendly reception centre	Neutral
563	Will it be straight forward to get a quick appointment rather than the current impossible situation	Neutral
564	Access to 'people' - not just voices	Neutral
565	Waiting times as there will be a lot of people in one place.	Neutral
566	Employ more doctors and nurses, or extend opening hours	Neutral
567	Merging so much might make it difficult to get seen	Neutral
568	Loss of ability to see same <input type="checkbox"/> medic for repeat consultations. Important if eg you have a chest infection	Neutral
569	It would be nice to now who your doctor is last time I went to the doctors I was asked who my doctor is when I said Dr Howard the receptionist said never heard of them!!	Neutral
570	Small surgeries in which the same group of Doctors and Nurses can get to know their patients is the best way to support the community which funds it.	Neutral
571	The ability to get a face to face appointment with a nurse or doctor within a reasonable time period	Neutral
572	Will you encourage sustainability and be using green energy on the site? Will the ventilation in the buildings support Covid safety?	Neutral
573	Easier access to doctors?	Neutral
574	Telephone service needs improving	Neutral
575	If you are not offered an appointment on the first day you call your reason for calling should be taken down and prioritised the next day.	Neutral
576	Ease of appointments	Neutral
577	X-rays, scans	Neutral
578	Will we have more direct doctor appointments as they are very few at the moment	Neutral
579	Possible lack of personal care in a big facility	Neutral
580	just the usual concern about patient waiting time regarding appointments.	Neutral
581	Ease of getting face to face appointment	Neutral
582	Creating a pleasant environment for visitors to the Hub. Refreshments facilities for those awaiting consultations or post appointments could help to provide a relaxing and positive experience.	Neutral
583	Patients feelings	Neutral
584	Patient doctor relationships	Neutral
585	Access to appointments - face to face and telephone <input type="checkbox"/> Cleanliness of facilities ( poor at the moment) <input type="checkbox"/> Mobility impaired access <input type="checkbox"/> Hearing impaired support	Neutral
586	Have used the nurse service re entry at Kimbolton Road. Excellent and so easy.	Neutral
587	Saturday and evening opening - rugby matches will impact.	Neutral
588	Make it easier to see someone	Neutral
589	What about face to facedoctor appointments rather than faceless telephone appointments	Neutral
590	Available same day or that week appointments	Neutral
591	Will we actually be able to see a doctor ? Last few times I've been I've had to see a nurse, as great as they are it's not on	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

592	Will this reduce overall costs and will patients experience shorter waiting times for appointments?	Neutral
593	Face to face appointments would help	Neutral
594	Emergency appointments	Neutral
595	An easier way to book appointments and more of them <input type="checkbox"/> and charge the ones that do not attend	Neutral
596	More people to answer telephone	Neutral
597	Capacity issues	Neutral
598	Needs of the local community rather than empire building	Neutral
599	When equipping the rooms with chairs, please buy chairs with arms, and high enough for those with back / knee or hip issues or elderly patients.	Neutral
600	Opening on a Saturday morning	Neutral
601	More friendly receptionist	Neutral
602	patient dr relationships and continuity	Neutral
603	As long as you can get an appointment	Neutral
604	Ease of getting appointments	Neutral
605	All doctors working fulltime is necessary	Neutral
606	As before. In theory this could be useful but in the same way that the merger of multiple different surgeries into a single one created an impossible to get through singlephone line so this needs to be seriously considered	Neutral
607	1) Please ensure there is a lot of thought given to patient access to see their doctors. The length of time spent waiting on phones recently has been very frustrating. The recent move to 'ring patients back' has been very positive - but a wait of three hours should be an exception and not the norm. <input type="checkbox"/> 2) Please consider giving allocated clinics to patients who are seen regularly eg. consults with elderly, mental health and other patients should not 'block out' doctors time when some of the people could be seen by other health care professionals. <input type="checkbox"/> 3) Maybe a holistic approach could be taken with people employed to regularly review patient care and bring together any care that a patient need that is, at present possibly being delivered without every carer knowing what other treatment a patient is receiving. <input type="checkbox"/> 4) More access to on-line services - test results...	Neutral
608	Coffee/tea/snack machine, comfortable seating,	Neutral
609	Availability of more doctors I am able to see Face2Face!	Neutral
610	More doctors more appointments we are a growing population in Bedford	Neutral
611	Yes.. seeing people <input type="checkbox"/> Is this just a way to phone and not to see <input type="checkbox"/>	Neutral
612	The Doctors/Nurses are not put under more stress due to the possibility of the 'Hub' taking on more patients , less is always best, Hopefully you will take into consideration the information supplied in this survey.	Neutral
613	Better services , more staff on reception, more doctors	Neutral
614	The systems to get an appointment	Neutral
615	Staffing levels must be appropriate to dealing with a greater number of patients	Neutral
616	Customer service. Or rather patient service.	Neutral
617	What your patients want.	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

618	Staff training for receptionists in polite communication & less abrupt / demanding	Neutral
619	Patients being treated as a priority	Neutral
620	Chances of seeing the same doctor?	Neutral
621	Your patients!	Neutral
622	Providing a service face to face and not allowing the receptionist to diagnose	Neutral
623	More receptionists and more phone lines would be so helpful.	Neutral
624	Easier to get appointment	Neutral
625	Staffing	Neutral
626	Ease of getting an appointment	Neutral
627	Waiting areas and facilities	Neutral
628	Quicker telephone service	Neutral
629	Improve appointments & ability to see or speak to the same doctor every time	Neutral
630	the needs of patients	Neutral
631	Opening times, amount of patients per doctor or appointments available, waiting times	Neutral
632	Just that we get more face to face appointments	Neutral
633	More doctors to see patients.	Neutral
634	Access to speak to a GP in a reasonable time	Neutral
635	Dispensing for dispensing patients. Access to a pharmacist for medication reviews.	Neutral
636	Continuity of care	Neutral
637	Will appointments be available when many patients need them, evening after 1800hrs, Saturdays and Sundays.	Neutral
638	I hope appointments will be more available	Neutral
639	Appointments when the patients need them, Saturday, Sunday and evenings after 1800hrs	Neutral
640	Consistency of GPS available to see	Neutral
641	Have enough staff so patients can get timely face to face appointments	Neutral
642	Ease of appointments. Automated reception. Online appointment setting.	Neutral
643	To benefit from sharing the site with Enhanced services, joined up patient journeys for effective throughput is essential.	Neutral
644	More dr	Neutral
645	The new hub is a good idea provided we can even get an appt let alone see a doctor or nurse	Neutral
646	Availability of face to face appointments	Neutral
647	Being able to get a same day appointment	Neutral
648	Appointment slots	Neutral
649	Ease of making appointments	Neutral
650	Make it easier for face to face visits	Neutral
651	Finally being able to seat with a go when needed and not when convenient with the surgery	Neutral
652	Better appointments	Neutral
653	Possible greater likelihood of infectious transmission with greater numbers of patients in same area	Neutral
654	Do all possible appointments via online/telephone. Only physical examinations, procedures or difficult result conversations should be held face to face.	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

655	Making it easy to access appointments.	Neutral
656	Volume of visitors in the waiting areas	Neutral
657	More professionals employed at the 'Hub'	Neutral
658	At present the most important thing for most people is to access a Gp quickly	Neutral
659	Shorter waiting times for phones to be answered	Neutral
660	Enhancing online and phone services to balance the centralisation process	Neutral
661	Depends on whether it is going to be easier to get an appointment	Neutral
662	Stop receptionist asking personal questions about the reason you want to see a doctor	Neutral
663	More access to face to face appointmentd	Neutral
664	Yes don't let your receptionist triage	Neutral
665	Face to face appts ..	Neutral
666	-New mum/breastfeeding clinic☐ - LBGQT facilities help and support☐ - prolapse help☐ - dementia support patient & family☐ - cancer support as above☐ - cancer screening (breast/cervical/testicular etc)☐ - hydrotherapy for injury recovery☐ - will the staff in emergency care be specially trained to A&E standard? As I have ended up in hospital a few times despite following gp advice	Neutral
667	Ability to have face to face appointment	Neutral
668	Yes get to actually see a G P not phone calls	Neutral
669	Amount of patient appointments ☹️	Neutral
670	Will the new centre provides an improvement in the availability of GP appointments.	Neutral
671	As long as it becomes possible to get an appointment that isn't by phone, in a month's time, and without having to wait an hour on the phone to even have a chance of getting an appointment, it will be a positive impact.	Neutral
672	mental health	Neutral
673	More available appointments face to face	Neutral
674	Make it easior to book an appointment	Neutral
675	Weekend working	Neutral
676	Customer satisfaction in knowing that they've received the best care they can with you	Neutral
677	Diabetic Clinic	Neutral
678	Chiropodist clinic would be a big help.	Neutral
679	Does this move allow better conditions and increase the amount of appointments	Neutral
680	Providing a proper service of excellence where patients come first above costs and staff.	Neutral
681	Will this provide more availability to GPS?	Neutral
682	Access to any kind of service. Being able to make an appointment	Neutral
683	Will we see a doctor quicker as I am over 70	Neutral
684	Amount of appointments available	Neutral
685	Will it negatively impact the availability of appointments?	Neutral
686	Consistency of care	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

687	I do hope to be able to see a doctor face to face as i have hearing impairment.	Neutral
688	A better understanding of options for appointments	Neutral
689	An improved telephone service	Neutral
690	Amalgamation of surgeries in past has not improved services    How will all this reorganisation help?	Neutral
691	Equity in booking appointments	Neutral
692	If moving to the hub means that I can see a dr face to face, within a few days, not have to wait in a very long queue on the phone, and not feel like I'm taking up someone's time unnecessarily because they are hurrying me through the call then moving will be a great thing. I hardly ever contact the dr, in the last few years it's only been for menopause medication and I always feel like an inconvenience <input type="checkbox"/> <input type="checkbox"/> Also can we have a menopause specific service?	Neutral
693	It is not appropriate to have to go in to detail with reception as they are not qualified to decide the importance of what you are calling about.	Neutral
694	If this move enables me to actually get to speak to a doctor it will be a vast improvement especially if the 08.00 lottery system is abolished !	Neutral
695	Improve the phone system significantly.	Neutral
696	How difficult it is too get an appointment	Neutral
697	Hopefully a much better phone service.	Neutral
698	Getting a telephone response to book appointments more calls less chance of getting through	Neutral
699	Better telephone support service	Neutral
700	Increased face to face access, NOT video calls	Neutral
701	Availability of Doctor	Neutral
702	The length of time it takes for the telephone to be answered	Neutral
703	Please consider doctor to patient (face to face) appointments. It is helpful to see a doctor in person.	Neutral
704	Dermatologist	Neutral
705	See the same doctor.	Neutral
706	Seeing the same doctor.	Neutral
707	Baby services	Neutral
708	Number of people using services at one time	Neutral
709	Impact on mental health customers used to safe environments to and less crowded buildings for anxious clients.	Neutral
710	Healthy eating support nutritional support. IE. eat the rainbow gut health for good health.	Neutral
711	Not sure what the problem is with the current set up	Neutral
712	Will there be more appointments?	Neutral
713	Making it easy to either speak to or see a doctor	Neutral
714	Free carparking and onsite instant blood tests when blood form is issued.	Neutral
715	The above. Reduction in waiting times needs to be prioritised	Neutral
716	Please ensure you have enough people and appointment availability to service the demand.	Neutral
717	Secure bicycle area	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

718	Cost of parkng	Neutral
719	There should be enough staff to run the clinics offered, telephone lines need to be manned and answered. There needs to be available appointments on a daily basis for this to work.	Neutral
720	Access to midwife and health visitors.	Neutral
721	Improve ability to make an appointment and actually see a doctor and it would be helpful to be able to build up a relationship with a GP so they have some knowledge of a patient's case.	Neutral
722	Availability of appointments	Neutral
723	Reduce time to wait to see a Doctor face to face	Neutral
724	Ease of contacting the service to make an appointment	Neutral
725	Are there any out of hours to be available? Walk in clinic or weekend/evening appointments?	Neutral
726	If this will make it any easier to get to speak to or see a doctor it might be a good thing.	Neutral
727	Getting more appointments and easier to get	Neutral
728	Better appointment service!	Neutral
729	Improving response times for those needing face to face appointments.	Neutral
730	Currently there is a waiting time in excess of three weeks to see a doctor in the group. Will these changes ensure that a better service regarding patient care is offered or is it jus an exercise to reduce costs?	Neutral
731	Availability of face to face appointments	Neutral
732	Will the sale of the surgeries in DeParys Ave, Pemberley Ave, Goldington Road, etc be used to fund extra GP'?	Neutral
733	The provision of actual 'face to face' consultations in a timely manner.	Neutral
734	More availability of routine appointments...to be seen within 48hrs.	Neutral
735	More doctors	Neutral
736	Waiting times & waiting areas (comfort consideration) due to the larger combined 4 practices in one area. The time for answering of phones for appointments & enquiries to be maintaied (number of people answering phones to be kept same at a minimum).	Neutral
737	So far you don't mention increase or decrease in number of doctors	Neutral
738	Easier way to book appointments	Neutral
739	Access to one named doctor	Neutral
740	More availability to see a doctor within 48 hr turnaround without being told to call back at 8am the next day. Due to work commitments it is not always possible to call at this time and I miss out on appointments	Neutral
741	Patient- dr continuity	Neutral
742	Will I actually now be able to get an appointment to see a GP?	Neutral
743	Available space inside for the anticipated number of patients, considering 3 town centre surgeries will be merged.	Neutral
744	Consultation capacity.	Neutral
745	Better availability of Appointments, face to face and telephone.	Neutral
746	Having a service available to get prescription medication.	Neutral
747	Better integration of practice with colocated services	Neutral
748	Longer availability of appointments eg early morning later evening	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

749	Better integration of colocated services with the practice.	Neutral
750	Appointment access <input type="checkbox"/> Easier access by phone and simplify online facilities	Neutral
751	Enough doctors to allow face to face appointments.	Neutral
752	Hopefully we will be able to get through on the phone and see a doctor I need be.	Neutral
753	Waiting rooms for mentally vulnerable people	Neutral
754	Having sufficient doctors for the size of the practice	Neutral
755	More staff to manage phone lines if keeping to the call only once a day at a set time for an appointment.	Neutral
756	Increase the number of face to face appointment available as some problems can't be dealt with over the phone.	Neutral
757	Improve waiting times on phone calls to see a doctor...and seeing your own doctor. Continuity is vital to patients...	Neutral
758	Too many people are unable to actually see a Dr these days. There are often more to face to face appointments than a quick phone call. Good example is the care that Dr xx gives	Neutral
759	The ease of booking appointments as there will be a lot of patients in demand of the different services at these hubs. Depending on what systems are in place it could lead to increased difficulty when trying to book an appointment.	Neutral
760	Appointment booking processes and appointment availability.	Neutral
761	Making it easier to get appointments	Neutral
762	Able to get appointments for same day or next few days	Neutral
763	I hope that the concentration of resources at the new centre will enable me to have a consistent 'named GP'.. In the past 2-3 years I've had 4 named GPs, which does not give any continuity of care. <input type="checkbox"/> Also, I hope that the current laborious and stressful 'triage' process can be stopped.	Neutral
764	The apparent remoteness of medical support for patients.	Neutral
765	Yes receptionist take a lot of grief but there not drs so I do not want to tell them my problem	Neutral
766	Service to patients, who work. So hard to have an appointment when you work full time.	Neutral
767	Number of doctors available. <input type="checkbox"/>	Neutral
768	Will you take more face to face appointments which is most needed.?	Neutral
769	Impact on ability to recruit staff	Neutral
770	It would be a great help to make face to face access to medical staff a little easier.	Neutral
771	Personalise and GPS to be more visible	Neutral
772	Providing a free quick pick up point for prescriptions	Neutral
773	Ensure appointments are available when needed	Neutral
774	Phone answering times, and GP appointment availability.	Neutral
775	Longer open hours and weekends for accessibility	Neutral
776	Giving additional booster jabs on site.	Neutral
777	Pharmacy ,prescription service on site and a refreshment area for folks who have to wait. That would pay for itself!	Neutral
778	Yes - patient care - in a small sensitive environment not in a hospital setting- older patients may be unsettled by this and may not attend the clinic	Neutral

## Is there anything else we should take into consideration?

### Theme 'Services'

779	Collecting and depositing prescriptions. Nearest chemist	Neutral
780	No of GPs	Neutral
781	Ease of prescription s	Neutral
782	Length of time to get appointments	Neutral
783	The ability to get to see a doctor face to face rather than trying to get a diagnosis over the phone	Neutral
784	It sounds more positive in theory but I am dubious with the current situation regarding face to face appointments that things would improve to any great extent.	Neutral
785	Extended hours to deal with the patient backlog perhaps?	Neutral
786	Extended GP hours as it remains difficult to get appointments	Neutral
787	Improve telephone answering service	Neutral
788	Increasing capacity of telephone access to the group	Neutral
789	The need to feel safe with doctors being handy	Neutral
790	Make it easier to get an appointment with a doctor	Neutral
791	Are there going to have lifts	Neutral
792	Patient care!	Neutral
793	Giving clients details!!!	Neutral
794	Better access	Neutral
795	Easier access to phone call rather than waiting 20 min to get through to the practice	Neutral
796	Yes. There have been times in the past when I have been unable to get a response to my phone calls in booking an appointment. I have found it quicker to walk to the surgery, just to get any service. This is not good enough.	Neutral
797	Ensuring patients are registered with a gp of their choice and patients are seen by their gp so that there is continuity of care and relationship between gp and patient is built. Atm every time I have an appointment, I see a different gp. Therefore gps don't really get a chance to know their patients.	Neutral
798	More appointments <input type="checkbox"/> More Doctors <input type="checkbox"/> Better telephone ststem	Neutral
799	Ability to see a Doctor locally and a telephone number to each surgery and NOT a single number for all of Bedford	Neutral
800	An easier system to get an appointment with a doctor.	Neutral
801	Guarantee that appointments are available within a week and more efficient and speedier response to telephone enquiries.	Neutral
802	Connecting to the NHS IT so the NHS app is useful	Neutral
803	What I mentioned about personal doctoring	Neutral
804	Being able to see a Doctor	Neutral
805	Need to be able to access appointments, not call daily at 8 am and wait in a queue and then all gone by 10 past 8	Neutral
806	Patients meeds	Neutral
807	Some service users may not be able to access online resources to give feedback so paper forms or support for accessing online forms should be considered	Neutral
808	Appointment booking	Neutral
809	Extend your opening hours and include weekend appointments	Neutral
810	Keep Church Lane for Doctor / minor problems	Neutral



## Is there anything else we should take into consideration?

### Theme 'Services'

811	Maintain booking system for blood tests rather than queuing system. Much improved since it's introduction.	Positive
812	Seems like a good idea but what people want is more ready access to GPs	Positive
813	Generally it is a good idea but you need to sort out GP availability	Positive
814	My mum supports/welcomes the proposal	Positive
815	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive
816	Yes. The building and parking area should be user-friendly and attractive so that patients and staff feel relaxed and refreshed by their surroundings. Plants, fish tanks and children's areas with toy equipment indoors would be calming for everyone. Patients should be able to speak to the receptionists without being overheard by others. The spaces in the car park should be as well separated as those in the new, updated parking area at Sainsbury's Clapham Road. The car park and surroundings should incorporate as much greenery as possible, with some shady trees, all drought-tolerant. Attending the new premises should be a pleasure and not a misery. Calling it a "facility" makes it sound like a correctional institution! Let us hope for something better, something really positive in all our lives. It will be a challenge to make such a large venue feel friendly - please meet that challenge!	Positive
817	Services are better provided in modern, fit for purpose premises so I am in favour of the proposal	Positive
818	Great facilities at Broham Surgery and staff and doctors are great. Wouldn't want to lose that. Also need to maintain virtual services for working people who don't have time to travel if not required.	Positive
819	Just one little question- are you selling the current DeParys Ave site to Bedford School by any chance to swell the coffers?	Positive
820	The benefit of de parry's is the lovely way staff treat you. If the new set provides an impersonal service it will fail	Positive
821	Review the online booking and prescription request system. □ The telephone system was much improved last week- please keep this going!!	Positive



## Is there anything else we should take into consideration?

### Theme 'Miscellaneous'

1	I will miss the character of the Pemberley surgery	Negative
2	Yes patients! Sadly it's too late for those of us in Bromham who are having our surgery taken away. So sad to see how this practice has deteriorated.	Negative
3	Big is not always beautiful	Negative
4	Patience preference for you to stay put & provide family friendly health care & not become an off shoot of the hospital	Negative
5	Leave the surgery in bromhan	Negative
6	I am curious about who gets the money from the sale of these large mansions (the current surgeries) worth millions of pounds? Is it Bedford Borough Council or the local NHS Commissioning bodies who are not known for their value for money dealings in the past eg £48 million for fees and surveys on amalgamating Luton & Dunstable and Milton Keynes and Bedford Hospitals similar departments against a burgeoning population and forecasted numbers of house building up to 2040. That mountainous cost I believe had to be born by Bedford Borough Council. Who is monitoring this stream of income? Just a thought. The money must go to more GPS, particularly as Bedford has one of the poorest ratios of patients per GP.	Negative
7	Appears to be an excuse to cut costs at the cost of service	Negative
8	Lack of information	Negative
9	When my husband can no longer drive, How do we get there? There are no busses from where we live.	Negative
10	Lack of signs	Negative
11	If it was really that good an idea, it would've been done already. Sometimes it's a case of don't fix what isn't broken	Negative
12	Don't do it.	Negative
13	Wat you seem to have forgotten us the patient	Negative
14	Are you being serious	Negative
15	Yeah, don't do it	Negative
16	bewilderment at first!	Negative
17	I have no idea whether there will be a positive or negative impact on the services you have previously asked about, as I cannot comment on something that I am unable to experience yet.	Negative
18	Less personal so won't see same person each time	Negative
19	Letting the old workhouse fall into rake and ruin. Shame on you all. Such a beautiful building. Having worked there for many years.	Negative
20	Waste of money. To make sure you have enough staff	Negative
21	If you can't manage to run the surgery as it is, how on earth are you planning to organise this.	Negative
22	See above, Will church lane offer full services? Will there be enough doctors, reliable service is needed. Have no internet Communications by post please as previously requested.	Neutral
23	Read pre vious message	Neutral
24	Just listen to what your patients want instead of what makes you feel important.	Neutral
25	I will miss the beautiful tiled floor as one enters Pemberley. it is good for the soul.	Neutral
26	I am visually Impaired. Good signage and contrast in colours	Neutral
27	Will patients living near catchment area boundaries be adversely affected?	Neutral

## Is there anything else we should take into consideration?

### Theme 'Miscellaneous'

28	Long term patents should be given more consideration	Neutral
29	I think you should keep Bromham open. There is good parking and with all the extra housing and traffic in this area Bromham needs keeping.	Neutral
30	Appropriate types of seating	Neutral
31	old ppl	Neutral
32	Financial considerations	Neutral
33	Older persons are not necessarily computer orientated and need to speak to a person.	Neutral
34	Would any of the old properties be sold along d'parys or Pemberly Road?	Neutral
35	Yes get on with it <input type="checkbox"/> Covid is over and Monkey pox is in the future	Neutral
36	Timing of when Biddenham will open	Neutral
37	Will need to review after hub has been opened for 3 months	Neutral
38	Yes your patients	Neutral
39	The overall generation/age of your patients and the impact this change will have on them.	Neutral
40	Impacts may change as I get older: fit now at 71 but needs change	Neutral
41	Covid	Neutral
42	Cycle parking	Neutral
43	Keep it simple	Neutral
44	Please remove apostrophe from De Parys	Neutral
45	Yes people as individuals not just patients	Neutral
46	Would there be enough provision for bicycle parking?	Neutral
47	Messaging clearly to everyone the benefits and issues they might experience	Neutral
48	Yes - lots. I will be writing to you	Neutral
49	Long standing patients	Neutral
50	Why change	Neutral
51	Please update the new Biddenham facility	Neutral
52	No just don't allow yourselves to be privatitised by the americans	Neutral
53	Yes - how much is it all going to cost? In absolute terms taking into account capital releases elsewhere in group.	Neutral
54	Value for money for every £1 spent on the NHS. Less bureaucracy = more efficiency (sometimes)	Neutral
55	Avoid extra tiers of bureaucracy	Neutral
56	Not being bought out by the americans	Neutral
57	Great of you to ask!	Neutral
58	Good move	Positive
59	Nope seems all good to me and makes sense to have a hub as opposed to various sites	Positive
60	We have been waiting for this for years. Please make it happen soon!	Positive

## Appendix 9

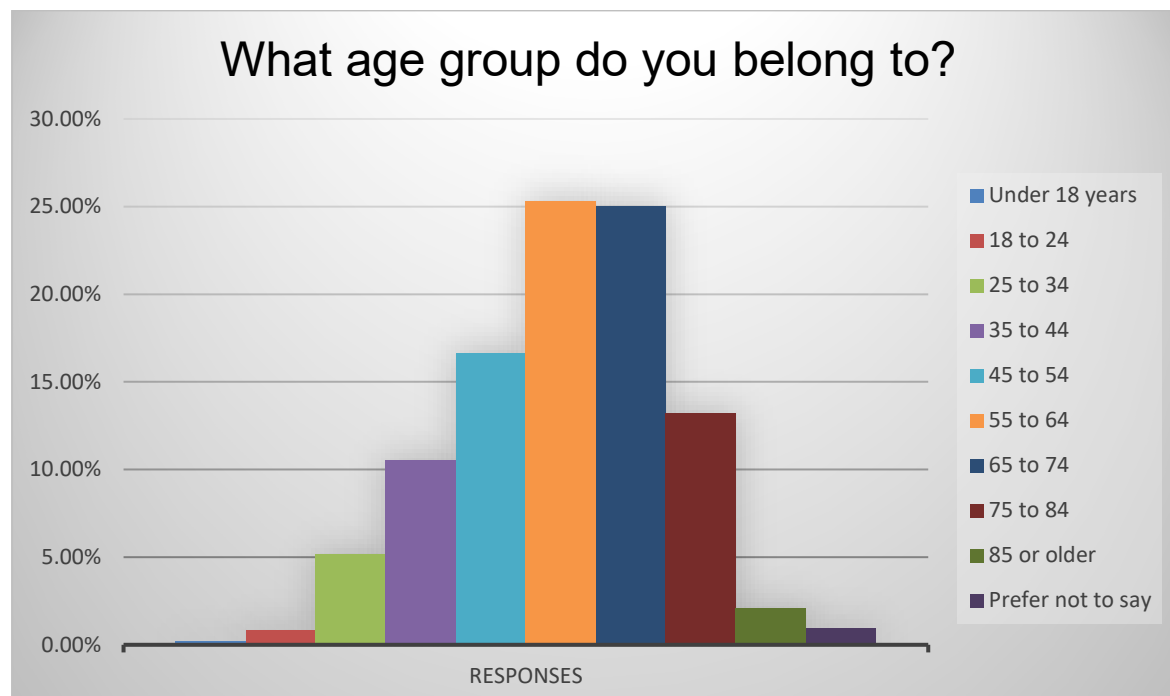
### Demographic question analysis

Please note many of these questions were not answered by respondents. For each demographic, output tables show the results for those that have answered the question.

#### 1. What age group do you belong to?

Table 15

What age group do you belong to?		
Answer Choices	Percentage	Responses
Under 18 years	0.18%	6
18 to 24	0.86%	28
25 to 34	5.14%	167
35 to 44	10.56%	343
45 to 54	16.66%	541
55 to 64	25.31%	822
65 to 74	25.03%	813
75 to 84	13.24%	430
85 or older	2.09%	68
Prefer not to say	0.92%	30
	<b>Answered</b>	<b>3248</b>
	<b>Skipped</b>	<b>1214</b>



## 2. Do you consider yourself to have a disability?

Table 16

Do you consider yourself to have a disability?		
Answer Choices	Percentage	Responses
Yes	18.13%	590
No	77.84%	2533
Prefer not to say	4.03%	131
	<b>Answered</b>	<b>3254</b>
	<b>Skipped</b>	<b>1208</b>

### 2.1. The nature of disability

Of the 590 people who indicated they had a disability, 585 ticked to indicate the type of disability, as follows:

Table 17

Please indicate the nature of your disability		
Answer Choices	Percentage	Responses
Learning disability	2.74%	16
Long term mental health condition	10.09%	59
Physical impairment	40.34%	236
Blind/sight impairment	1.88%	11
D/deaf or hearing impairment	5.64%	33
Prefer not to say	6.50%	38
Other long term condition, please specify...	32.82%	192
	<b>Answered</b>	<b>585</b>
	<b>Skipped</b>	<b>3877</b>

### 2.2 Type of disability: other long-term condition

192 people indicated that they had another long-term condition other than those specified.

Table 18:

Condition			
Stroke	4	Immune system sensitivity to a variety of proteins and other medicines	1
Asperger Syndrome	1	Cfs spina bifida Crohn's	1
Learning disability , Physical Impairment	1	COPD. Asthma. Diabetes tp2. Underactive thyroid. Reactive depression. Restless legs syndrome. High bp	1
D/deaf or hearing impairment and COPD Bronchiectasis, Liver Disease	1	I have balance problems and walking problems	1
Physical Impairment after radio therapy for a squamous cancer in the pelvic area hence the loperamide repeat prescription	1	COPD	6

<i>D/deaf or hearing impairment and Physical Impairment</i>	1
<i>D/deaf or hearing impairment and Physical Impairment</i>	1
<i>D/deaf or hearing impairment, Stroke, Disorder - Bladder - Water, Thrombophlebitis Legs and Feet</i>	1
<i>Learning disability D/deaf or hearing impairment and slight memory loss</i>	1
<i>Blood cancer</i>	1
<i>as i am doing this for both of us I Norma am not disabled</i>	1
<i>Poor mobility</i>	1
<i>COPD -PSORISIS and accompaning joint problems...</i>	1
<i>Heart failure</i>	1
<i>MS and Osteoarthritis</i>	1
<i>increasing physical disablement caused by illness and cehemotherapy</i>	1
<i>Diabetes</i>	1
<i>Polymyalgia rheumatica and osteoarthritis.</i>	1
<i>IBS, COVID, acute chronic depression</i>	1
<i>MS, Renal Transplant</i>	1
<i>Ulcerative colitis, depression, low back pain fibromyalgia, rheumatoid</i>	1
<i>Physical disabled at birth &amp; Mental health issues</i>	1
<i>Fibromyalgia</i>	1
<i>Mental health, physical health &amp; hearing impaired.</i>	1
<i>Copd and osteoarthritis</i>	1
<i>ME/Chronic Fatigue</i>	1
<i>Diabetes heart disease</i>	1
<i>Chronic Kidney disease</i>	1
<i>Osteoarthritis</i>	1
<i>Lymphoedema</i>	1
<i>Spondylitis diabetic angina af</i>	1
<i>Ileostomy</i>	1
<i>Dyspraxia</i>	1
<i>Difficulty with walking and arthritis</i>	1
<i>Type one diabetic</i>	1
<i>Osteoarthritis</i>	1
<i>Advanced cancer</i>	1
<i>Heart problems</i>	1
<i>Copy that affects my walking</i>	1

<i>Lung</i>	1
<i>Inflammatory bowel disease</i>	1
<i>IBD</i>	1
<i>Hip replacement soon</i>	1
<i>Mental and physical health problems, learning difficulties</i>	1
<i>Severe epilepsy (uncontrolled)</i>	1
<i>Only allowed to select one option! Mental And physical</i>	1
<i>Arthritis and life limiting progressive lung condition</i>	1
<i>Osteoarthritis</i>	1
<i>old age therefore unable to walk far</i>	1
<i>urostomy</i>	1
<i>Rheumatoid and osteoarthritis</i>	1
<i>ME</i>	1
<i>Multiple sclerosis and osteoporosis</i>	1
<i>Heart disease</i>	3
<i>Arthritis/shortness of breath</i>	1
<i>Dyslexic, fibromyalgia</i>	1
<i>Arthritis</i>	5
<i>Heart and immunity</i>	1
<i>ADHD</i>	1
<i>Ulcerative Colitis and Auto Immune Inflammatory - Connective Tissue,</i>	1
<i>Angina</i>	1
<i>Cancer</i>	1
<i>Dementia</i>	1
<i>Advanced cancer</i>	1
<i>Ankylosing spondylitis</i>	1
<i>Difficulty in walking &amp; don't like change I panic</i>	1
<i>Vascular problems</i>	1
<i>None</i>	1
<i>Vascular dementia</i>	1
<i>Balance and walking</i>	1
<i>Breathing</i>	1
<i>Joint problems</i>	1
<i>Neurological</i>	1

<i>Alkaptonuria</i>	1
<i>Disc disease</i>	1
<i>Heart condition, plus mobility problems.</i>	1
<i>Rheumatoid, Asthma</i>	1
<i>Parkinsons</i>	2
<i>Long covid ptsd</i>	1
<i>Frail post stroke</i>	1
<i>Heart</i>	1
<i>Emphysema</i>	1
<i>Autism</i>	1
<i>arthritis bulging spine asthma high blood pressure mobility issues etc</i>	1
<i>Heart and back problems</i>	1
<i>Crohns</i>	4
<i>Copd sciatica</i>	1
<i>Asthmatic</i>	4
<i>MS</i>	5
<i>Diabetes</i>	9
<i>Osteoarthritis which impacts greatly on the distance I can walk</i>	1
<i>Rheumatoid arthritis</i>	1
<i>COPD, heart condition and arthritis</i>	1
<i>ADHD, Dyspraxia</i>	1
<i>Vascular</i>	1
<i>Heart condition kidney condition diabetes arthritis and more mobility walking with a aid trap nerve in statics nerve crumbling of the sine</i>	1
<i>1) long term mental health &amp; 2) a very recent possible long term injury (part torn ligament in (L) ankle</i>	1
<i>Cerebral Palsy/walking</i>	1
<i>House bound</i>	1
<i>Diabetes, Arthritis,ITP,</i>	1
<i>Bile Acid Malabsorption</i>	1
<i>I am a stropky old sod who talks to humans, not computers.</i>	1
<i>Epilepsy and a brain tumour</i>	1
<i>Fibromyalgia</i>	1
<i>Epilepsy</i>	6
<i>Alzheimer's and dementia</i>	1

<i>Diabetic and autoimmune disorder and kidney failure stage 3</i>	1
<i>And dementia</i>	1
<i>some mobility problems</i>	1
<i>Ataxia</i>	1
<i>Several conditions including dementia, mobility issues, heart, asthma, sight and hearing.</i>	1
<i>Laryngectomy</i>	1
<i>all the above except D/deaf hearing</i>	1
<i>Spina bifida and hydrocephalus and mental health issues</i>	1
<i>Heart problem. Arthritis( very troublesome, isolation due to two previous</i>	1
<i>Anglospondilist</i>	1
<i>Painful walking/standing due to worn out knees and arthritic feet.</i>	1
<i>Stammer</i>	1
<i>Post leukemia problems</i>	1
<i>Depression &amp; anxiety</i>	1
<i>Arthritis</i>	1
<i>Learning &amp; physical disabilities</i>	1
<i>Under active thyroid, sleep apnoea, diabetes, psoriatic arthritis, long term depression and stress anxiety</i>	1
<i>Depression</i>	1
<i>Osteoarthritis, spine problems etc</i>	1
<i>Cancer</i>	1
<i>Pain</i>	1
<i>Osteoporosis and osteoarthritis</i>	1
<i>Chronic illness</i>	1
<i>Physical impairment, wheelchair user, amputee and hearing impairment.</i>	1
<i>Stenosis in my spine and arthritis</i>	1
<i>FIBROMYALGIA, ASTHMA, DIABETES</i>	1
<i>Hearing impaired. T 1 DM. Joint probs</i>	1
<i>Lymphodema and cellulitis</i>	1
<i>Severe oestoarthritis</i>	1
<i>Have trouble walking but have disabled badge</i>	1
<i>Fibromyalgia</i>	1
<i>ME/CFS</i>	1
<i>Diabetes. Prostate cancer</i>	1

<i>You can't just tick one box I have sight/hearing/osteo/etc</i>	<i>1</i>
<i>MS</i>	<i>1</i>
<i>Arthritis of the knees</i>	<i>1</i>
<i>Rheumatoid arthritis</i>	<i>1</i>
<i>Type 2 diabetes</i>	<i>1</i>

<i>Dyslexia</i>	<i>1</i>
<i>Stroke which has left mental issues not physical</i>	<i>1</i>
<i>Hidradenitis Suppurativa</i>	<i>1</i>
<i>Astma</i>	<i>1</i>
<i>Bad knees</i>	<i>1</i>

### 3. What is your gender?

Table 19

What is your gender?		
Answer Choices	Percentage	Responses
Male	35.83%	1153
Female	61.59%	1982
Transgender	0.12%	4
Non-binary	0.19%	6
Intersex	0.03%	1
Prefer not to say	1.58%	51
Prefer to self describe, please specify...	0.65%	21
	<b>Answered</b>	<b>3218</b>
	<b>Skipped</b>	<b>1244</b>

21 people indicated that they wished to self/describe their gender; their descriptions are as follows:

Table 20

Prefer to self describe, please specify...	What difference does it make?
<i>one of each</i>	<i>I'd prefer it if you didn't indulge in this nonsense. In a medical environment biological sex matters.</i>
<i>Sex: adult human female. Sex, not gender is relevant, in particular when providing healthcare</i>	
<i>Husband &amp; Wife</i>	<i>My sex is female</i>
<i>I identify as a male !</i>	<i>One of the 2 sexes</i>
<i>I don't think you should ask this question</i>	<i>Woke xx</i>
<i>Normal</i>	<i>A man with a penis.</i>
<i>Man with a penis</i>	<i>Squirrel</i>
<i>I identify as a gay frog</i>	<i>I have a penis. It's not difficult. What do you think I am?</i>
<i>Not sure</i>	<i>There are only 2 genders, male and female.</i>
<i>Human MALE!</i>	<i>Gay Female</i>
<i>Adult human female - not including "Trans women"</i>	



4. Are you pregnant, have given birth within the last two weeks, or on maternity leave?

Table 21

Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?		
Answer Choices	Percentage	Responses
Yes	1.31%	42
No	90.41%	2895
Prefer to not say/Not applicable	8.28%	265
	<b>Answered</b>	<b>3202</b>
	<b>Skipped</b>	<b>1260</b>

5. Have you been through the process, or are considering, gender re-assignment?

Table 22

Have you been through the process, or are considering, gender reassignment?		
Answer Choices	Percentage	Responses
Yes	0.19%	6
No	95.52%	3068
Prefer to not say / not applicable	4.30%	138
	<b>Answered</b>	<b>3212</b>
	<b>Skipped</b>	<b>1250</b>

6. Which of the following best describes your sexual orientation?

Table 23

Which of the following best describes your sexual orientation?		
Answer Choices	Percentage	Responses
Bisexual	1.63%	52
Gay or Lesbian	1.63%	52
Heterosexual/Straight	87.53%	2801
Prefer to not say	7.84%	251
Other sexual orientation, please specify...	1.38%	44
	<b>Answered</b>	<b>3200</b>
	<b>Skipped</b>	<b>1262</b>

44 people indicated that their sexual orientation was 'other', and, when asked to specify gave the following responses:

Table 24

Other sexual orientation, please specify...	
Live alone	Terrible question.
At 84 It no longer matters to me.	Upside down
Male	Into bats
None of your business	Just me
None	Straight
I don't think you should ask this question	Pan
Normal	Give me strength
N/A	This is absolute rubbish in terms of questions to ask people about healthcare your surgeries are failing to provide.
Jedi Knight	None of your business.
Identify as a frog	Normal
NORMAL	Irrelevant !!!!!
None of your business	Not sexually oriented
Mind your own business orientation	Why?
Not relevant	Human being
Not sure	Womble
NORMAL	Past it!
Why	I am a widow having been married for 45 years I don't know what that makes me
None	What difference does it make
Human	Asexual
Dirty old man.	Not relevant
None of your business	Lots of it
Don't be nosy	Shouldn't matter

## 7. What is your legal marital or civil partnership status?

Table 25

What is your legal marital or civil partnership status?		
Answer Choices	Percentage	Responses
Co-habiting	7.35%	236
In a civil partnership	0.75%	24
Married	60.31%	1936
Single	18.04%	579
Widowed	7.60%	244
Prefer to not say	5.95%	191
	<b>Answered</b>	<b>3210</b>
	<b>Skipped</b>	<b>1252</b>

## 8. What is your ethnic group?

This question was complex, as the output produced three layers of ethnic grouping. The highest was by the subdivided categories in the question:

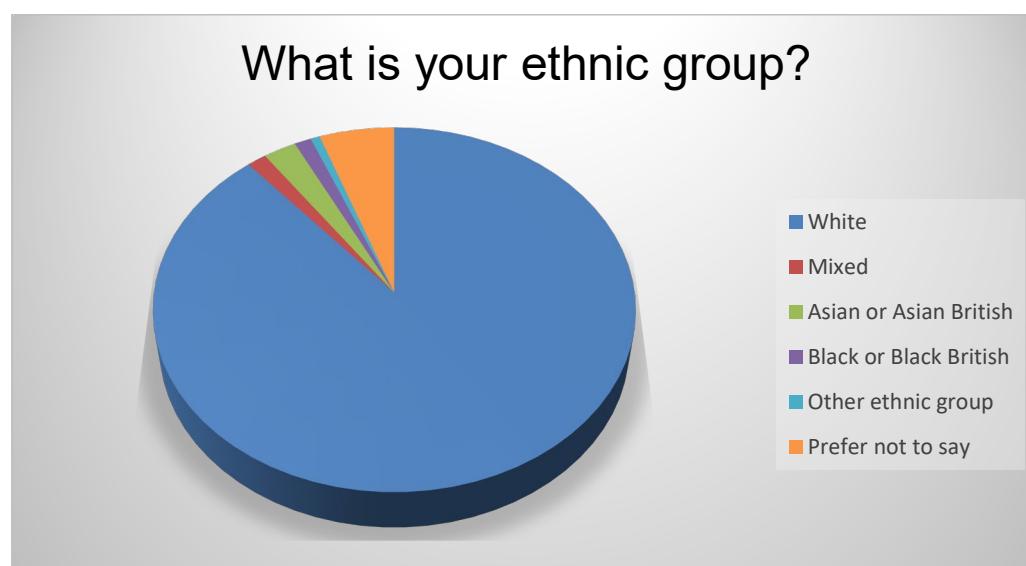
- A: White
- B: Mixed
- C: Asian or Asian British
- D: Black or Black British
- E: Other ethnic group
- F: Prefer not to say

Each of these groups was sub-divided to give further categories, including, for each, a 'other, please state' category, with a request for a free-text indication of chosen ethnicity.

### Top-level ethnicity

Table 26

<b>What is your ethnic group?</b>		
<b>Answer Choices</b>	<b>Percentage</b>	<b>Responses</b>
<i>White</i>	88.71%	2853
<i>Mixed</i>	1.43%	46
<i>Asian or Asian British</i>	2.43%	78
<i>Black or Black British</i>	1.24%	40
<i>Other ethnic group</i>	0.68%	22
<i>Prefer not to say</i>	5.50%	177
	<b>Answered</b>	<b>3216</b>
	<b>Skipped</b>	<b>1246</b>



**A: White**

Within this group are you?

Table 27

Answer Choices	Responses	
English, Welsh, Scottish, Northern Irish or British	94.67%	2699
Irish	1.26%	36
Gypsy or Irish Traveller	0.00%	0
Roma	0.18%	5
Any other White background, please specify	3.89%	111
	Answered	2851

Table 28

Any other White background, please specify					
Canadian	1	Romanian	4	Spanish	2
European	15	Albanian	1	Sa	1
Polish	10	PL	1	Northern European	1
Argentinian	1	Hungarian	1	White	1
South African	1	Italian	24	Latvia	1
European polish	1	Danish	1	Dutch	1
Lithuanian	1	African	1	Caucasian	1
Eastern European	1	Greek	1	EU	1
American	4	?	1	English cypriot	1
Portuguese	1	British/Italian	1	Belgian	1
South African	1	White Canadian	1	Turkish	1
Caucasian	1	UK/USA dual national	1	Belarus	1
Bulgarian	1	Scandinavian	1	Prefers not to say	1
Maltese/ British	1	EU	1	Icelandic	1
Southern European	1	North American/British	1	B	1
Brazilian	1	Not relevant	1	Ukrainian	1
Australian	1	Danish	1	Slavic	1
Easter european	1	A bit of most of those	1	Jewish	1
Why	1	Belgian	1	Mediterranean	1
Turkish	1				

**B: Mixed**

Within this group are you?

Table 29

Answer Choices	Responses	
White and Black Caribbean	48.94%	23
White and Black African	6.38%	3
White and Asian	25.53%	12
Any other mixed ethnic background, please specify	19.15%	9
	Answered	47

Table 30

Any other mixed ethnic background, please specify					
not your business	1	White italian	1	D	1
White British female	1	A range of ethnicities	1	Portuguese, shona, scottish	1
Don't know	1	White and Hispanic	1	Pacific islander	1
Total	9				

### C: Asian or Asian British

Within this group are you?

Table 31

Answer Choices	Responses	
Indian	61.04%	47
Pakistani	11.69%	9
Bangladeshi	7.79%	6
Chinese	2.60%	2
Any other Asian background, please specify	16.88%	13
	Answered	77

Table 32

Any other Asian background, please specify							
<i>Filipino</i>	3		<i>Sri Lankan british</i>	1		<i>Sikh</i>	1
<i>British asian African</i>	1		<i>Punjabi</i>	1		<i>N/a</i>	1
<i>Srilankan</i>	3		<i>mixed</i>	1		<i>Thai</i>	1

### D: Black or Black British

Within this group are you?

Table 33

Answer Choices	Responses	
African	36.84%	14
Caribbean	63.16%	24
Any other Black background, please specify	0.00%	0
	Answered	38

### E: Other Ethnic Group

Within this group are you?

Table 34

Answer Choices	Responses	
Arab	18.18%	4
Any other, please specify	81.82%	18
	Answered	22

Table 35

Any other, please specify							
<i>White English</i>	1		<i>White Irish</i>	1		<i>Mexican</i>	1
<i>Too sensitive</i>	1		<i>Human</i>	1		<i>Filipino</i>	1
<i>Chinese</i>	3		<i>White and Asian</i>	1		<i>Yorkshireman</i>	1
<i>Mixed greek english</i>	1		<i>Prefer not to say</i>	1		<i>white black and Indian</i>	1
<i>Indian</i>	1		<i>Jewish</i>	1		<i>Chinese Indian</i>	1
<i>Romany</i>	1						

## 9. What is your religion?

Table 36

<b>What is your religion?</b>		
<i>Answer Choices</i>	<i>Percentage</i>	<i>Responses</i>
<i>No Religion</i>	32.05%	1022
<i>Atheist</i>	3.48%	111
<i>Buddhist</i>	0.69%	22
<i>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</i>	58.67%	1871
<i>Hindu</i>	0.66%	21
<i>Jewish</i>	0.34%	11
<i>Muslim</i>	0.91%	29
<i>Sikh</i>	0.66%	21
<i>Any other religion, please specify</i>	2.54%	81
	<b>Answered</b>	<b>3189</b>
	<b>Skipped</b>	<b>1273</b>

81 people indicated 'Any other religion' and, excluding other responses, their responses can be seen below

Table 37

<b>Any other religion, please specify</b>		
<i>Agnostic</i>		<i>Rc</i>
<i>Again it's not relevant</i>		<i>Jedi</i>
<i>Prefer not to say</i>		<i>Catholic</i>
<i>I don't think you should ask this question</i>		<i>Pagan</i>
<i>Jedi</i>		<i>.</i>
<i>Theist</i>		<i>Why is there no prefer not to say option for this question...?</i>
<i>Prefer not to say</i>		<i>Don't see what this matters</i>
<i>Zoroastrian</i>		<i>Pagan</i>
<i>Wicca</i>		<i>Prefer not to say</i>
<i>Prefer not to say</i>		<i>Wiccan</i>
<i>I believe in god in all its forms unlike the heathen who compiled this questionnaire</i>		<i>Why?</i>
<i>Translithism</i>		<i>Pagan</i>
<i>Not relevant</i>		<i>Prefer not to say</i>
<i>Prefer not to say</i>		<i>Pagan</i>
<i>Pagan</i>		<i>N/a</i>
<i>None of your business</i>		<i>Jehovah's Witness</i>
<i>.</i>		<i>Believe in fairies and father christmas.</i>
<i>None</i>		<i>Prefer not to say</i>
<i>Why</i>		<i>Ravidassia</i>
<i>Not any concern of yours</i>		<i>Jedi</i>
<i>Prefer not to say</i>		<i>Baptist</i>
<i>Antitheist</i>		<i>You are doctors not priests.</i>
<i>Catholic</i>		<i>None of your business, your Drs not ministers</i>

<i>7th day grafitist</i>	<i>Supra-physical being Religions are man made</i>
<i>Failed Methodist</i>	<i>Spiritualists</i>
<i>Pagan</i>	<i>Jedi</i>
<i>Humanist</i>	<i>Prefer not to say</i>
<i>Methodist</i>	<i>N a</i>
<i>Orthodox</i>	<i>Greek Orthodox</i>
<i>Not known, multiple patients</i>	<i>I am a human being and do my best</i>
<i>My own business</i>	<i>Taoist/Daoist</i>
<i>Ridiculous question. Why does this matter</i>	<i>Quaker</i>
<i>X</i>	<i>What difference does it make</i>
<i>Prefer not to say</i>	<i>Pagan</i>
<i>S.Army</i>	<i>Does it matter</i>
<i>Pagan</i>	<i>Prefer not to say</i>
<i>Other</i>	<i>Personal</i>
<i>this is personal to me</i>	<i>Prefer not to say</i>
<i>Zoarastrian</i>	<i>Prefer not to say</i>
<i>Atheism is not a religion. Why no humanist option?</i>	<i>Baptist</i>
<i>Spiritual</i>	



Report to the Primary Care Commissioning & Assurance Committee

7.2 Report from Estates Working Group – Prioritisation Update

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Nikki Barnes Head of System & ICB Estates
<b>Date to which the information this report is based on was accurate</b>	15 <sup>th</sup> September 2022
<b>Senior Responsible Owner</b>	Dean Westcott Chief Finance Officer

## Executive summary

The purpose of this paper is to provide an overview of the proposed process, criteria and timeline for prioritising primary care estates schemes. Members of the Primary Care Commissioning & Assurance Committee are asked to note these, due to be approved by the Primary Care Delivery Group on 27<sup>th</sup> September, and to consider the appropriate membership of the Prioritisation Panel – particularly how best to achieve clinical representation.

In summary, this process will involve:

- Communication to impacted practices/PCNs to request additional information about schemes
- Prioritisation Panel mid-October – recommendations of schemes to be supported in 2022/23, and risks associated with non-delivery
- Finance Team – assessment of affordability of recommended schemes in line with Delegated Primary Care Budget
- Report on outcomes of process and recommendations to Primary Care Delivery Group 8<sup>th</sup> November
- Communication to all impacted practices/PCNs by end of November
- Potential requirement for business case to Finance & Investment Committee to support investment in excess of Delegated Primary Care Budget. Timescales could impact on final decision for some schemes.

## What are the available options?

N/A. A prioritisation process is essential to ensure affordability.

## Recommendation/s

The members are asked to **note** the following:

- 1) The process, criteria and timeline agreed by the Estates Working Group for prioritising primary care estates schemes.

Members of the Primary Care Commissioning & Assurance Committee are also asked to consider how best to include suitable clinical representation on the Prioritisation Panel, along with management of any potential Conflicts of Interest.

## Key Risks and Issues

Risk that the Panel recommends taking forward more schemes than can be afforded via the Primary Care Delegated budget. Should this arise, a case will be submitted to the Finance & Investment Committee to review and consider next steps. If no further investment is available the risks associated with individual practices/PCNs' estates challenges will require management on a case-by-case basis.

**Have you recorded the risk/s on the Risk Management system?**

[Click to access system](#)

Yes ☐

No ☒

## Are there any financial implications or other resourcing implications?

To be confirmed as part of the process.

## How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

Replacement of poor-quality old buildings with modern compliant premises, which will result in improved energy efficiency

Travel planning for each scheme, with a focus on sustainable transport modes as far as possible

<b>How will / does this work help to address inequalities?</b>
Supports delivery of the primary care strategy, which includes greater focus on prevention, targeting reductions in inequalities, targeted Population Health Management approaches.
<b>The following individuals were consulted and involved in the development of this report:</b>
Estates Working Group.
<b>Next steps:</b>
<ul style="list-style-type: none"> <li>• Communication to impacted practices/PCNs to request additional information about schemes</li> <li>• Prioritisation Panel mid-October – recommendations of schemes to be supported in 2022/23, and risks associated with non-delivery</li> <li>• Finance Team – assessment of affordability of recommended schemes in line with Delegated Primary Care Budget</li> <li>• Report on outcomes of process and recommendations to Primary Care Delivery Group 8<sup>th</sup> November</li> <li>• Communication to all impacted practices/PCNs by end of November</li> <li>• Potential requirement for business case to Finance &amp; Investment Committee to support investment in excess of Delegated Primary Care Budget. Timescales could impact on final decision for some schemes.</li> </ul>
<b>Appendices</b>
N/A

## **Report from Estates Working Group: Prioritisation Update for Primary Care Estates Schemes**

### **1.0 Introduction**

It was agreed at the July Primary Care Commissioning Committee (PCCC) meeting (of the former CCG) that it is necessary to prioritise the primary care estates work programme, to ensure affordability and to manage resource constraints. A suggested criteria and process for prioritisation has agreed by the Estates Working Group.

The purpose of this paper is to provide an overview of the proposed process and timeline. Members of the Primary Care Commissioning & Assurance Committee are asked to note these.

### **2.0 Context**

It was acknowledged by the PCCC that the organisation has already made a formal commitment to a number of premises schemes, and that these will therefore need to take precedence. In further discussions since PCCC, it has been suggested that schemes where there is only a commitment in principle, should be subject to the same prioritisation process as any other proposed schemes. Any additional risks for these schemes in terms of costs already incurred or additional risk of reputational damage will need to be factored into prioritisation considerations.

The report to PCCC suggested that the following factors would be relevant in a prioritisation process:

- Safety and quality of care delivery
- Links to Clinical and Service Strategy

- Risks of not progressing
- Ensuring sufficient space to meet access demands (whilst maximising new forms of consultations/ways of working to ease pressures on estates)
- Accommodating the significant housing growth across BLMK
- Return on Investment - enabling transformation and delivery of system-wide benefits, particularly the development of effective multi-disciplinary teams at PCN level and scale providing proactive and preventative interventions
- Population health need / potential to reduce health inequalities
- Deliverability.

### 3.0 Recommended Priority Categories

It is suggested that the following should be used to categorise schemes. Schemes within Categories 1 & 2 are of highest priority and it is expected that the ICB will ensure these are funded in line with previous commitments and/or to mitigate urgent operational/patient safety issues.

Schemes within Category 3 should be prioritised according to a further stage of criteria, with weighting to recognise a distinction between these two categories.

Priority Level	Priority Category
1	Immediate significant risk to continuity of care / patient safety
2	Committed - business case approved
3	Business case approved non-recurrently only (e.g. PCN Quick-Win Schemes)
3	Committed in principle
3	Not committed - priority project within Estates Strategy
3	Not committed - new scheme

Under this categorisation, current schemes which would be assigned as Levels 1-2 (and therefore should be guaranteed as funded) are as follows:

#### Level 1

There is one emerging scheme in this category in Bedford Borough, the relocation of Rothesay Surgery into Union Street.

#### Level 2

Scheme Name	Place	Increase in Revenue Costs (Rent) – Additional Rates costs TBC <i>some figures indicative</i>		
		2022/23	2023/24	2024/25
Biddenham	Bedford		60,256	180,769
Grove View (Dunstable) Hub	Central Beds		147,253	
Lower Stondon Surgery	Central Beds	0		
Kingsway	Luton	0		
<i>North Bedford Hub (business case due for approval prior to completion of Prioritisation Process)</i>	Bedford		200,000	608,000
<b>TOTAL</b>		<b>0</b>	<b>407,509</b>	<b>788,769</b>

## 4.0 National Prioritisation Criteria

The national Estates team have developed a PCN Prioritisation Tool within the SHAPE Atlas database. The tool is still being fine-tuned and some of the data is incomplete, but it provides helpful information which can support local prioritisation, particularly for PCN estates schemes.

The Tool is based around four elements: Community Health Need; Community Demographics; Supporting Infrastructure; and State of the Estate. These elements are based on the following:

- **Community Health Need** – indicators relating to prevalence of Cancer, CHD, COPD, Dementia, Depression, Diabetes, LD, MH, Obesity and Stroke & TIA
- **Community Demographics** – IMD for GP Contractual Area, Ethnic Minorities, Registered patients ages 65+ proportion, Acorn Urban Adversity Classification, Population change next 5 years, residential population growth 1-5 years, Life expectancy at age 65
- **Supporting Infrastructure** – GPs aged 60+, GP single-handed practices, Patients per GP FTE, Patients per total clinical staff FTE
- **State of the Estate** – Patients per m<sup>2</sup> NIA, Patients per clinical room, Clinical staff FTE per clinical room, Building age, Overall condition, Overall functionality

Data is available within SHAPE across these four elements, but only aggregated at PCN level – the data is not available within SHAPE at individual practice level. However, data is available at a local level for some of the metrics.

## 5.0 Prioritisation Process for Category 4 & 5 Schemes

It is recommended that for all the schemes in Categories 4 & 5, the impacted practices/PCNs will be contacted to advise that their scheme will be considered within a prioritisation process.

A panel (consisting of members of the Estates Working Group plus clinical representation and a representative from the Workforce team) will be convened in October to consider the relative order of priority of each of the schemes, and the risks associated with schemes not progressing.

For schemes expected to be part of wider multi-agency Hub developments, only the primary care element of the scheme will be considered within this process. The ICS Capital & Estates Oversight Group has responsibility for prioritising the wider Hub Programme, given its impact on a wide set of partner organisations and services. This process will be based on wider metrics based largely on the criteria below but including relevant measures for community, mental health and potentially social care partners, to reflect total need and potential value of Hub schemes across the system.

The Panel will score schemes against the following criteria (the measurable metrics can be populated in advance of the meeting):

### LEVEL OF NEED – TOTAL OF 45% OF SCORE

Community Health Need	Community Demographics	Supporting Infrastructure	State of the Estate
10%	7.5%	7.5%	20%
<b>For all schemes:</b> <i>(PCN level – RAG rating from SHAPE database)</i>  Red – 10 points Amber – 5 points Green – 0 points	<b>For all schemes:</b> <i>(PCN level – RAG rating from SHAPE database)</i>  Red – 7.5 points Amber – 5 points Green – 0 points	<b>For all schemes:</b> <i>(PCN level – RAG rating from SHAPE database)</i>  Red – 7.5 points Amber – 5 points Green – 0 points	<b>For PCN schemes:</b> <i>(PCN level – RAG rating from SHAPE database)</i>  Red – 20 points Amber – 15 points Green – 0 points  <b>For Practice schemes:</b> Patients per m <sup>2</sup> NIA <30 patients/ m <sup>2</sup> - 10 points 22-30 patients/m <sup>2</sup> - 5 points  AND

			<p>Expected patients per m<sup>2</sup> NIA as result of housing growth in next 5 years &lt;30 patients/m<sup>2</sup> - 5 points</p> <p>AND</p> <p>Building age &amp; condition &gt; 60 years and/or evidence of poor building condition impacting on quality/ performance of patient care – 5 points</p>
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## ACHIEVABILITY AND VALUE OF PROPOSED SOLUTION – TOTAL OF 55% OF SCORE

Affordability	VfM	Deliverability	Resilience & Sustainability	Workforce development	Quality of Patient Experience
15%	10%	7.5%	7.5%	10%	5%
<p>Direct revenue impact (rent &amp; rates) is cost-neutral / net saving to ICB – 15 points</p> <p>OR</p> <p>Low direct revenue impact (&lt;£50k p.a. for first five years) – 10 points</p> <p>OR</p> <p>High initial direct revenue impact but with expected reducing costs in future years, which will increase affordability – 5 points</p> <p>High direct revenue impact to ICB (&gt;50k p.a.) – 0 points</p>	<p>Revenue impact significantly offset by S106 / other opportunity enabling good VfM AND/OR Improves utilisation (and VfM) of existing asset – 10 points</p> <p>OR</p> <p>Evidence that scheme will directly support delivery of service transformation expected to deliver cash-releasing benefits to system to support revenue impact (e.g. new approaches to urgent care delivery, prevention/PHM, LTC management) – 7.5 points</p>	<p>Scheme is part of wider development (e.g. housing development), with professionals on-board and significant resources available to support delivery – 7.5 points</p> <p>OR</p> <p>Enabling funding available to support appointment of professionals to support delivery – 5 points</p>	<p>Expected to help to prevent situation arising which would cause a risk to patient continuity of care/ safety – 7.5 points</p> <p>OR</p> <p>Enables a more efficient &amp; resilient business model (e.g. supports practice merger, co-location of operational/ clinical teams) – 7.5 points</p>	<p>Directly supports continuation/expansion of practice/PCN training role (as confirmed by Workforce Team) – 10 points</p> <p>OR</p> <p>Evidence scheme will directly support recruitment/ retention issues – 7.5 points</p>	<p>Scheme will improve quality and safety of patient experience through improved service accommodation, e.g. will improve compliance with HBNs/HTNs, Equality Act, CQC – 5 points</p> <p>AND/OR</p> <p>Evidence scheme will directly support continuation of high achievement/ improvements for patient access (e.g. <i>practice workforce and service improvement plan for utilising any additional premises capacity to increase appointment availability / extend opening hours.</i>) – 5 points</p>

In preparation for the scoring process, the relevant practices/PCNs will be asked to provide additional information relating to the following:

- Risks if scheme does not proceed – from a patient, practice/PCN and system perspective
- Any further information to support scoring against these criteria to ensure full understanding of expected benefits of scheme.

This information is already included in the PIDs (business cases) for most of these schemes, but practices/PCNs will be given the opportunity to ensure these sections are suitably robust to enable comparison between schemes.

The outcome of the scoring will provide an indicative ranking of priority order. In recognition that this is a new and untested process, members of the Panel will have discretion to review and amend the order of priority where an appropriate rationale can be provided.

The total maximum score for a scheme would be 100 points. No attempt has been made to set a minimum “pass” mark at this stage, until the process has been tested further, but this may be helpful to consider at a later date.

The order of ranking for primary care estates developments will feed into the wider Hub prioritisation process due to be overseen by the ICS CEOG. It is possible that where schemes are wider than primary care, that the order of priority for Hubs may not entirely correlate with the order of priority from just a primary care focus.

## **6.0 Prioritisation Panel**

The Prioritisation Panel will be chaired by the AD for Primary Care, and is expected to have senior representation from the ICB’s Finance, Estates, Digital and Communications Teams, with further input from the Primary Care Contracting and Place teams. A representative from the ICS Primary Care Workforce Team will also be invited to attend.

It has been suggested that clinical representation on the Panel would also be valuable. Members of the Primary Care Commissioning & Assurance Committee are asked to consider how best to include suitable clinical representation, along with management of any potential Conflicts of Interest.

## **7.0 Recommendations from Prioritisation Process**

The output from the Prioritisation Panel meeting will be an indicative ranking of priority order, and recommendations around which schemes should be taken forward, and which schemes may need to be de-prioritised.

Further review will then be required with the ICB’s Finance team to consider the affordability of these recommendations. Should the outcome of this process be a recommendation to progress more schemes than can be accommodated within the Delegated Primary Care budget, then this would need to form the basis of a case to the Finance & Investment Committee to review and consider next steps.

A summary of the recommendations from the Panel and from the subsequent financial review will be presented to the Primary Care Delivery Group on 8<sup>th</sup> November, with a breakdown of the risks associated with not progressing any de-prioritised schemes.

## **8.0 Next Steps**

The next steps for completion of the prioritisation process are as follows:

- Communication to impacted practices/PCNs to request additional information about schemes
- Prioritisation Panel mid-October – recommendations of schemes to be supported in 2022/23, and risks associated with non-delivery
- Finance Team – assessment of affordability of recommended schemes in line with Delegated Primary Care Budget
- Report on outcomes of process and recommendations to Primary Care Delivery Group 8<sup>th</sup> November
- Communication to all impacted practices/PCNs by end of November
- Potential requirement for business case to Finance & Investment Committee to support investment in excess of Delegated Primary Care Budget. Timescales could impact on final decision for some schemes.



Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

8. Proposed BLMK Fuller Programme to implement the national recommendations

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

### Strategic priorities

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

### Enablers

Data and Digital <input checked="" type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

### What are the members being asked to do?

Approve <input type="checkbox"/>	Note <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>
-------------------------------------	----------------------------------	--

<b>Report Author</b>	Nicky Poulain- Chief Primary Care Officer
<b>Date to which the information this report is based on was accurate</b>	26 <sup>th</sup> August 2022
<b>Senior Responsible Owner</b>	Nicky Poulain- Chief Primary Care Officer

## Executive summary

The 'Next Steps for Integrating Primary Care: Fuller Stocktake report'<sup>i</sup> was published by NHSE in May 2022 and is a key enabler to achieve the ambition of our system in BLMK, to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community. A link to the full report is provided in the end notes.

The Fuller report, outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. Its focus is on managing the overall demands on primary care and providing continuity of care to the groups of patients described in the Core 20+5.<sup>ii</sup>

The actions for ICB require a system-wide approach to workforce, estates and data; and building more resilience within general practice.

The vision focuses on four main areas:

- neighbourhood teams aligned to local communities.
- streamlined and flexible access for people who require same-day urgent access.
- proactive, personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs.
- more ambitious and joined-up approach to prevention at all levels.

The attached slides outline the key points to consider and outlines how we propose to take forward the implementation of the Fuller Review.

## Recommendation/s

The members are asked to **discuss** the following:

- 1) Note the proposed programme approach
- 2) Consider if the approach fully supports the principle of subsidiarity
- 3) Advise on how the committee would like to be kept up to date with the implementation and how we report to the ICB.

## Key Risks and Issues

These will be identified through implementation of the programme.

**Have you recorded the risk/s on the Risk Management system?**

[Click to access system](#)

Yes ☐

No ☒

## Are there any financial implications or other resourcing implications?

These will be identified during the development of the local implementation plans.

## How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

The implementation will work on digital first where appropriate and any estates will be built in line with the Green Plan.

<b>How will / does this work help to address inequalities?</b>
Focus is to provide continuity of care for those in Core20plus5.
<b>The following individuals were consulted and involved in the development of this report:</b>
ICB executive team.
<b>Next steps:</b>
Developing the BLMK Fuller implementation plan.
<b>Appendices</b>
Appendix A – next steps for integrating primary care: Fuller stocktake report

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<sup>i</sup> [NHS England » Next steps for integrating primary care: Fuller Stocktake report](#)

<sup>ii</sup> [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)



## **Next steps for integrating primary care: Fuller Stocktake report**

Commissioned by NHS England and  
NHS Improvement from Dr Claire Fuller, CEO  
(designate) Surrey Heartlands ICS

**MAY 2022**

# **Primary Care Commissioning and Assurance Committee**

**27.09.22.**

<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

# Background



Amanda Pritchard, CEO NHSEI, asked Dr Claire Fuller, CEO designate Surrey Heartlands ICS and GP, on 10 November 2021, to provide specific and practical advice to all ICSs, as they assume new statutory form, on how they can accelerate implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan in their own geographies.

## The stocktake considered:

**How ICSs can drive more integrated primary, community and social care services at a local level.**

**Practical advice on how services should develop, with next steps towards that vision.**

**What is needed for ICS to support and enable PCNs and practices to work with other parts of the health system.**

## Additional purpose of the work:

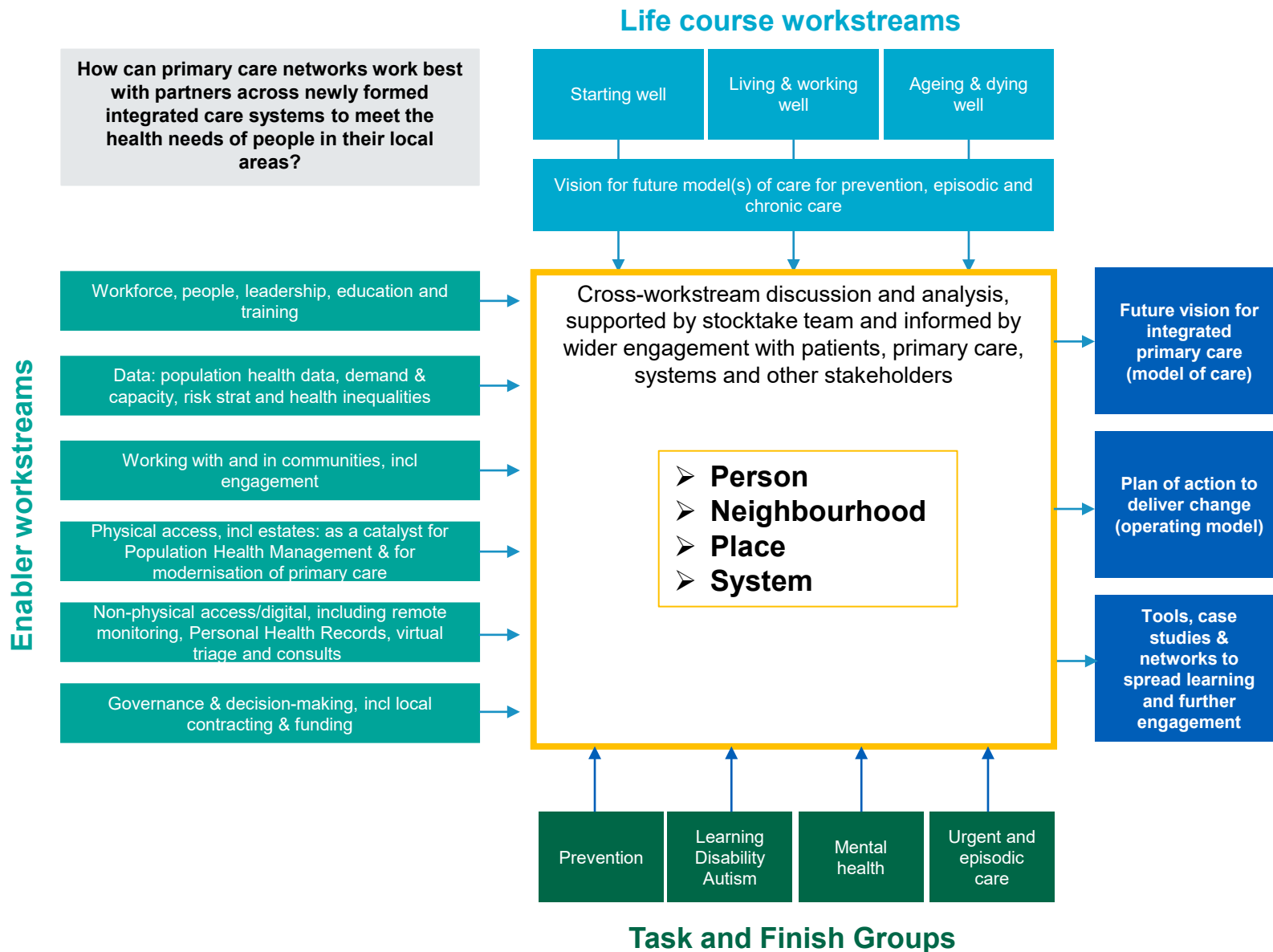
Kick-start ICS development relating to primary care capabilities and ability to deliver service improvements, learning from all ICSs and wider stakeholders.

## In scope

- ✓ A short, **action-focused report, sponsored by ICS leaders** and developed through **widespread engagement** across primary care
- ✓ Documenting **best practice**, including showcasing good models of integrated pathways and services that **already exist**
- ✓ Initiation of a **development process for ICSs** in relation to their primary care capabilities and ability to deliver service improvements
- ✓ Bringing together recommendations on areas of **national policy or guidance** that come up through engagement on the Stocktake but require further work, aligning with planned content on primary care in SoS' Reform White Paper in July.
- ✓ Alongside this scope, an external piece of work was commissioned to the **King's Fund on levers for change in primary care.**

## Out of scope

- ☐ Changes to primary **legislation and regulations**
- ☐ Changes to national PC **contracts**
- ☐ Recommendations on the future of the **GP partnership model**
- ☐ Changes to **Carr Hill formula.**





# Engagement approach



- 12,000+ visits to our [public crowd sourcing platform](#) have informed a process in which we engaged nearly 1,000 people through a combination of formal working groups, roundtables, task & finish groups and many other sessions and events.

**12,000+**

Views of: [fullerstocktake.crowdcity.com](#)

**1.5m**

#FullerStocktake twitter impressions

**39**

1-1 Meetings with ICS  
leaders

**200+**

Directly engaged across the nine workstreams

**20+**

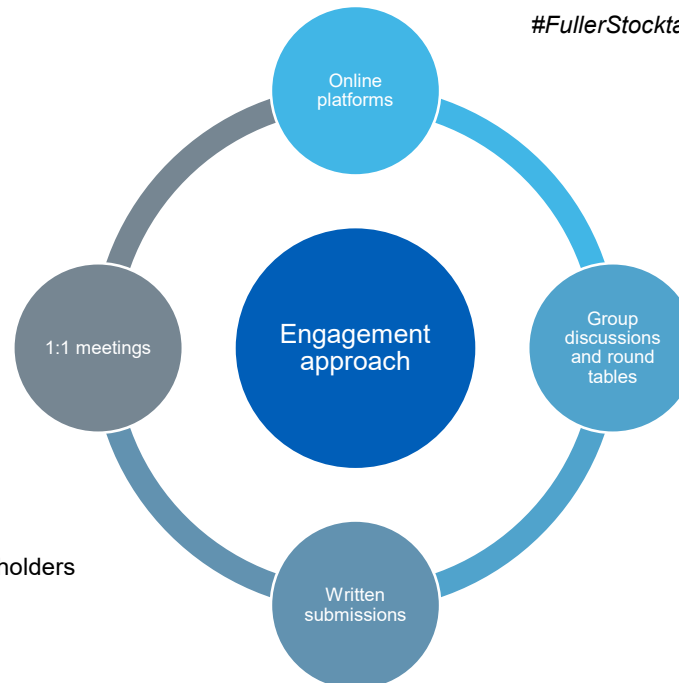
Group discussion/roundtables not  
including workstream meetings

**60+**

1-1 with other key stakeholders

**5**

Task and finish groups: Episodic  
Care; Prevention; Mental Health; LD  
& Autism; and Local Authorities



What emerged was a consensus. What is not working is access and continuity, with frustrations shared by both patients and staff alike. What also emerged was a consensus on what we can do differently. **This consensus was shared by all ICS CEOs and led to a letter of commitment to the stocktake vision signed by all parties.**

- **Integrated neighbourhood ‘teams of teams’** need to evolve from Primary Care Networks (PCNs), and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between primary care and other system partners and communities
- **Streamlined access to urgent, same-day care** and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support to meet their needs
- Ensuring those who would most benefit from **continuity of care in general practice** (such as those with long term conditions) can access more proactive, personalised support from a named clinician working as part of a team of professionals
- Taking a more active role in **creating healthy communities and reducing incidence of ill health** by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

**The next slide details the vision associated to the three functions.**

# The three functions of primary care



## A step-change in our ambitions on Preventative Care

- **Supporting lifestyle change** via a combination of national and local programmes providing advice and support to improve diet, fitness and wellbeing, e.g. health coaches and capitalising on evidence-based health apps, and the NHS app. This should involve the extended primary care team, harnessing the growing role of community pharmacy and dentistry in prevention, VCS, and working at scale on prevention with LA Public Health colleagues.
- A scaled approach **to delivering population-level interventions**, including screening and health checks, and adult vaccinations, building on the community engagement that characterised the Covid-19 vaccination programme.



## A scaled and streamlined model to deliver Urgent and Episodic Care

- Single, 24/7 point of **coordination for urgent and episodic care**, making best use of PCN and place-based MDTs, and building on CAS model. Incorporating NHS 111, community pharmacy, urgent community and mental health crisis response, GP out of hours, and potentially dentistry and other PC services.
- Flexibility to offer **virtual or face to face options in line with patient preference and need**. Delivered at a **scale** that makes sense for local systems, as part of a wider integrated urgent and emergency care system, enabled by risk stratification of patients and shared care records.



## A person-centred, team-based approach to Chronic Disease Management and Complex Care

- **Secondary prevention**, driven by proactive management of chronic disease, to prevent deterioration in health and prolong healthy life expectancy, through regular review of disease registers. Enabling and supporting people to manage their own long-term conditions, in line with latest evidence, through the use of patient-held record systems, peer coaching, remote monitoring and group clinics.
- **Named clinician as care coordinator** working alongside patients and families to ensure timely access to holistic care and minimize time spent in hospital. Co-ordination of multi-disciplinary teams/ 'teams of teams', including from acute, community and social care providers, working across place to support case management of more complex patients (medical/social/psychological).

# Importance of the Fuller report to all BLMK ICB members:

- Thriving integrated primary care systems need to be built as locally as possible, drawing on the insights, resourcefulness and innovations of residents, patients and their carers, local communities, local government, all NHS teams, CVSE providers and wider system partners, to successfully achieve the 4 aims of the ICS.
- A move towards a more psychosocial model of care and realignment of health and care system to a population based approach to address inequalities – these are two significant cultural shifts requiring ICB members endorsement and commitment.

## PHM: Helping to know where to target resources

Within BLMK, there are c.**122K** people in most deprived neighbourhoods (13% of the population):

- Bedford Borough, 14 LSOAs in most deprived 20% nationally c. **22K** people
- Central Bedfordshire, 3 LSOAs in most deprived 20% nationally c. **6K** people
- Luton Borough, 33 LSOA in most deprived 20% nationally c. **65K** people
- Milton Keynes, 16 LSOAs in most deprived 20% nationally c. **29K**

*Population Health Management (PHM) Lower Super Output Area (LSOA) mapping income deprivation at Local Authority level*

# Alleviating system pressures

- **The highest priority** is to agree a scaled and streamlined model to deliver urgent same day primary care.
- Currently, working with Place Boards including PCNs, community and mental health providers, integrated urgent care providers and community pharmacists to improve the urgent same day access offer to patients.
- BLMK Primary Care Access Programme is multi-operational and includes: digital, telephony, health and care teams using shared patient notes, improved communications and engagement with patient guides, bespoke intense support to targeted practices, implementing the community pharmacy GP consultation service, improved co-operation with primary care providers including, integrated urgent and emergency and 111/999 providers to managing category 3 & 4 calls.

## Local, diverse multidisciplinary teams, with a proactive and personalised offer

- Further development of multidisciplinary health/care teams to work with GPs to provide continuity of care to people with more complex needs (higher acuity needs).
- At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations.
- Neighbourhoods of 30-50,000, where teams from across PCNs, wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.



# Our approach

- Build neighbourhood teams – *‘Primary Care Home’ is a model used in BLMK not dissimilar to Working Together Leighton Buzzard – (reliant on local relationships) with health and care professionals* from across the sector to include general practice, community health services, mental health services, secondary care, social care, domiciliary care and CVSE, to improve health outcomes and reduce inequalities. The Lakes estate work is an excellent example of the ambition of ‘Fuller Neighbourhood teams’.
- Integrated urgent care at a practice level / in the community to remove fragmentation - managing access for multiple services at a practice level by working together to make better use of system capacity and workforce – as well as creating resilience to deal with demand – to relieve the burden on practices struggling to cope with finding appointments for their patients and help to reduce demand on other urgent care services.
- A personalised care approach - ‘what matters to me, not what’s the matter with me.’
- Build on the essential work primary care does in preventing ill health and tackling health inequalities – through social prescribers and health coaches and pharmacy, dentistry and optometry and by providing more support for
  - working with communities
  - more effective use of data
  - through close working relationships with local authorities – *at place*.

# BLMK Fuller Programme

- A 'BLMK Fuller Programme' is being established with support from the ICB PMO team. The programme will be cross cutting across a number of initiative and current workstreams to ensure there is effective connectivity and interdependencies.
- The Primary Care Commissioning and Assurance Group will have oversight of the programme and the 4 respective place Boards will be critical to the tactical and operational elements of the programme.
- The increasing demand on health and care services and the competing workforce pressures require the ICB to work collaboratively and creatively to utilise all community assets in our communities.
- A refreshed and refocused Primary care Strategy will be developed to include the recommendations and this will require the ICB to work with the regional and national teams.

# Fuller Programme

- Aligned Strategies to support Primary Care transformation:
  - Our workforce strategy support the integrated approach
  - Our estates strategy support the integrated approach
  - Our IT and digital strategy support the integrated approach?
  - Our Communication and engagement strategy to support local ownership of resources
  - Our Prevention and self care strategy to empower residents/communities
- Our focus is to support the 4 place boards and provider collaboratives
- To develop place sensitive but a system wide estates, people and IT plan to support neighbourhood place teams?

Report to the Primary Care Commissioning & Assurance Committee (PCCAC)

8.1 Report from Primary Care Access Oversight Group

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities** [click all that apply]

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers** [click all that apply]

Data and Digital <input checked="" type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input checked="" type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b>	Amanda Flower Associate Director Primary Care Commissioning & Transformation
<b>Date to which the information this report is based on was accurate</b>	30 <sup>th</sup> August 2022
<b>Senior Responsible Owner</b>	Nicky Poulain Chief Primary Care Officer

## Executive summary

The purpose of this paper is to provide an overview of the BLMK Primary Care Access Oversight Group and its current focus and priorities.

### Background

Primary care is the day-to-day healthcare available in every local area and the first contact people make when they need health advice or treatment. Primary care is delivered by a range of service providers with general practice at the heart of the system navigating care and supporting patients to be seen by the right person at the right time.

Responsive, proactive, and accessible primary care needs to be led by general practice, however primary care services are much broader than just GP practice services (Primary Medical Services). An effective primary care system requires close working with community, mental, secondary, social, and voluntary care services.

General Practice is delivered by practice teams between 8am and 6.30pm 5 days a week. Outside of these core hours out of hours and urgent primary care services are commissioned to provide primary care which include 111, Clinical Advisory Service, GP Out of Hours services, Urgent Treatment Centres/Walk-In-Centres and Urgent GP Clinics.

### The BLMK Primary Care Access Programme

The primary care access programme is a multi-faceted programme overseen by the Primary Care Access Oversight Group and in conjunction with the Primary Care Access Stakeholder Group. Place Boards are crucial partners in the delivery of the BLMK Primary Care Access Programme and as such regular updates and discussions are undertaken at place.

The access programme workstreams are:

- A **data driven approach** to understanding and develop access in BLMK.
- A plan to **support practices** with the most significant access challenge.
- **GP Community Pharmacy Consultation Service (GP CPCS)** - supporting patients to quickly access community pharmacy staff for advice and treatment on minor conditions.
- **Same Day Urgent Primary Care Transformation** – identifying and supporting services through pressure points (including 111, Out of Hours Services, Urgent GP Clinics and Urgent Treatment Centres) and ensuring patient care is integrated, coordinated and accessible when required.
- **GP Access Communications Campaign** – supporting clear communication with patients and stakeholders including the development and distribution of materials.
- **Clinical Partnership Forum** – clinically led collaborative forum to deliver improved workflow across the interface between hospitals and primary care / GP services.

Key programme alignment:

- **Digital Transformation in Primary Care** (Digital First and Digital Inclusion Programmes, Telephony solutions) – ensuring patients can easily access services without having to wait a long time (or travel unnecessarily) to see their GP practice team or another primary care service provider.
- **GP/ Primary Care Network (PCN) workforce** – workstreams overseen by the training hub includes recruitment, retention, and education/ training initiatives.
- **Estates.**

## What are the available options?

N/A.

<b>Recommendation/s</b>		
<p>The members are asked to note the following:</p> <p>1) The primary care access oversight group update and next steps (attached slides).</p>		
<b>Key Risks and Issues</b>		
<a href="#">[please describe your key risks and mitigation]</a>		
<p>Practice appointment levels are higher than pre pandemic and BLMK ranks highest for the % of appointments offered face to face. Demand for general practice remains high and there are resilience challenges in general practice with staff sickness and a challenging position in terms of recruitment and retention and estates. A review of support for practices with the most significant access challenge is being undertaken.</p> <p>The GP Patient Survey Published on 15<sup>th</sup> July demonstrates that across a number of our practices we have significant work progress to make to improve our populations experience of telephone and appointment access to general practice. A new communications campaign is being launched to provide information to our population and stakeholders about how general practice has changed developed and how and where they can access support; this will be supported by explanatory videos from representatives of the range of clinical professionals now working in general practice.</p>		
<a href="#">Have you recorded the risk/s on the Risk Management system?</a> <a href="#">Click to access system</a>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Recorded and shared under item 9.		
<a href="#">Are there any financial implications or other resourcing implications?</a>		
Continually reviewed through the programme.		
<a href="#">How will / does this work help to address the Green Plan Commitments?</a>		
<a href="#">Click to view Green Plan</a>		
Supporting patients to be seen in the right place at the right time.		
<a href="#">How will / does this work help to address inequalities?</a>		
Supports delivery of the primary care strategy and access to services for our population.		
<a href="#">The following individuals were consulted and involved in the development of this report:</a>		
Primary Care Access Oversight Group.		
<a href="#">Next steps:</a>		
<ul style="list-style-type: none"> <li>To embed the PC access programme into a 'system wide Fuller programme' and utilise the Fuller recommendations to co design an improved patient experience of 'Urgent Same Day Primary Care services' to residents in BLMK.</li> <li>Launch a BLMK communications campaign             <ul style="list-style-type: none"> <li>monthly population and stakeholder briefing with a place-based focus using available data</li> <li>use videos to 'explain' primary care/general practice to stakeholders/population (primary care clinicians)</li> </ul> </li> </ul>		

- Use a data driven approach - monthly dashboard, repository of information and GP Patient Survey – to inform and develop next steps
- Revise the current plan to target support to practices with the most significant access challenge
- GP Patient Survey Published 15<sup>th</sup> July – summarised by primary care team – discussions progressing with support from PCN CDS
- Facilitate sharing of good practice – use the bulletin and hold lunch time events/webinars – to launch in September
- Continue to work to support the primary, community, and secondary care interface
- Continue to develop the GP Community Pharmacy Consultation Service locally
  - Level 3 – engaged and referring - 32 practices
  - Level 2 – engaged – 47 practices
  - Level 1 – no engagement – 17 practices.

## Appendices

Appendix A - Primary Care Access Oversight Group's Highlight Report.





8.1 Appendix A

# BLMK ACCESS OVERSIGHT GROUP'S HIGHLIGHT REPORT



Amanda Flower, Associate Director, BLMK ICB  
Programme Lead

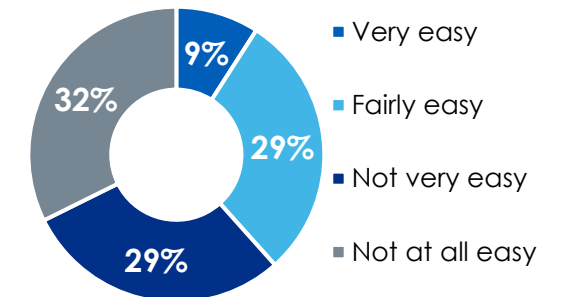


# Access – the context

- On average higher activity in general practice than pre-pandemic
- BLMK rank high for average face to face appointments
- GP Patient Survey Published in July '22:
  - BLMK ICS at 64% are below the National percentage of 72% for Good Experience at their GP practice
  - BLMK ICS has a higher percentage of people having difficulty getting through on the phone than the national average

Indicator:	Central Bedfordshire			Bedford			Luton			Milton Keynes		
	May-22	Apr-22	Mar-22	May-22	Apr-22	Mar-22	May-22	Apr-22	Mar-22	May-22	Apr-22	Mar-22
Total Appts Offered	133,411	115,710	148,335	82,233	71,326	88,628	97,679	86,349	106,469	134,848	120,494	148,004
% of those which were F2F	76.4%	74.3%	72.4%	71.7%	71.1%	67.3%	79.4%	78.3%	75.7%	80.1%	79.7%	75.0%
Total 111 calls	13,991	13,938	13,251	8,316	8,267	8,286	14,992	14,144	14,542	8,339	8,639	8,531
% of 111 calls in hours	34.2%	28.9%	38.2%	31.6%	29.4%	37.7%	45.7%	41.4%	48.9%	39.1%	35.2%	41.5%
% of 111 calls out of hours	65.8%	71.1%	61.8%	68.4%	70.6%	62.3%	54.3%	58.6%	51.1%	60.9%	64.8%	58.5%
Total A&E attendances per 000 population	25.33	23.01	25.07	20.72	18.15	25.70	26.65	22.64	26.45	25.14	23.27	24.74

ICS result – ease of getting through on the phone:



Base: Asked of all patients. Patients who selected 'Haven't tried' have been excluded: National (687,159); ICS 2022 (10,431); ICS 2021 (11,973); ICS 2020 (10,510); PCN bases range from 107 to 759

Source:

# Access next steps

- **‘Launch’ communications campaign**
  - monthly population and stakeholder briefing with a place focus using available data
  - use videos to ‘explain’ primary care/general practice to stakeholders/population (primary care clinicians)
- **Commenced dialogue with Primary Care Clinical Leaders to respond to the Fuller Stocktake recommendations for Urgent Same Day Primary Care Transformation Plan**
- **Using a data driven approach - monthly dashboard, repository of information and GP Patient Survey**
- **Developing a clear plan to support practices with the most significant access challenge**
- **GP Patient Survey Published 15<sup>th</sup> July. Summarised PCN reports shared with respective place meetings and discussions progressing in each PCN.**
- **Facilitating the sharing of good practice with practice teams, including use of the bulletin and hold lunch time clinically led events/webinars – commencing in September with Dr Monjour Ahmed, Primary Care Strategic Clinical Lead for Access**
- **Collaborative working with the Primary Care Training Hub to support recruitment and shift fill of clinical roles**
- **Continue to proactively work to support primary / community/secondary care interface**
- **Continue to develop the GP Community Pharmacy Consultation Service Locally**
  - Level 3 – engaged and referring - 32 practices
  - Level 2 – engaged – 47 practices
  - Level 1 – no engagement – 17 practices.

## Additional supporting place based data

## Bedford Borough

Indicator	Activity – month of July 22	Activity – month of July 21
Total appointments offered by practices	77,898	73,446
Appointments that were with a professional other than a GP	45%	42%
% of total appointments that were face to face	72%	65%

## Central Bedfordshire

Indicator	Activity – month of July 22	Activity – month of July 21
Total appointments offered by practices	123,673	125,956
Appointments that were with a professional other than a GP	50%	50%
% of total appointments that were face to face	79%	72%

## Luton

Indicator	Activity – month of July 22	Activity – month of July 21
Total appointments offered by practices	96,915	90,138
Appointments that were with a professional other than a GP	54%	50%
% of total appointments that were face to face	80%	74%



## Milton Keynes

Indicator	Activity – month of July 22	Activity – month of July 21
Total appointments offered by practices	131,040	130,939
Appointments that were with a professional other than a GP	55%	54%
% of total appointments that were face to face	81%	72%

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

9. Primary Care and Digital Risk Registers

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input checked="" type="checkbox"/>	Workforce <input checked="" type="checkbox"/>	Ways of working <input checked="" type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input checked="" type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
-------------------------------------	---	-------------------------------------

<b>Report Author</b>	Jill White Senior Primary Care Contracting Manager
<b>Date to which the information this report is based on was accurate</b>	19/8/22
<b>Senior Responsible Owner</b> [name and role] [please do not insert name unless approval has been given by them to submit this report]	Nicky Poulain Chief Primary Care Officer

<b>Executive summary</b>		
Risk registers for the primary care directorate and the digital transformation programmes (Digital Transformation in Primary Care and Digital First) are attached for information and assurance that risks have been correctly identified and are being suitably managed.		
<b>What are the available options?</b>		
NA		
<b>Recommendation/s</b>		
The members are asked to <b>note</b> the following: 1) That risks relating to the primary care directorate and digital transformation programme are being identified and managed by the relevant teams 2) All risks continue to be logged and monitored in the 4Risk system.		
<b>Key Risks and Issues</b> [please describe your key risks and mitigation]		
See risk register attachments.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Risk references noted in the risk registers Appendices A & B.		
<b>Are there any financial implications or other resourcing implications?</b> [please outline sources and applications of funds]		
Not related to this specific paper – any financial or resourcing implications will be accounted for in the workstream which each risk relates to.		
<b>How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
Managing risks well will ensure greater long-term sustainability.		
<b>How will / does this work help to address inequalities?</b>		
Managing risks well will help to address inequalities in delivery of services.		
<b>The following individuals were consulted and involved in the development of this report:</b>		
All risk leads as identified in the risk registers.		
<b>Next steps:</b>		
To continue to manage and monitor as part of each programme of work.		
<b>Appendices</b>		
Appendix A – Primary care risk register Appendix B – Digital programmes risk register		

# 9. Appendix A Primary Care Risk Register

Risk Area	Risk Ref	Created Date	Risk Owner	Risk Lead	Risk title	Risk Description	Escalate to Corporate RR	Initial Score	Risk Control	Current Score	Action Required	Target Score
1. Corporate Risk Register	CRR 76	23/07/2021	Nicky Poulain	Amanda Flower	111 capacity and resilience	<p>As a result of increasing patient demand within the BLMK system there is a risk that:</p> <ul style="list-style-type: none"> <li>- 111 call volumes will continue to rise over those commissioned</li> <li>- capacity will not match demand due to increased staff attrition rates as a result of low pay and increasingly stressful working conditions.</li> </ul> <p>This could result in an increase in abandoned calls which would lead to inappropriate use of urgent and emergency service or patients failing to seek help at all.</p>	Yes	I = 4 L = 4 16	<ul style="list-style-type: none"> <li>• Urgent same-day care workstream in BLMK Access Group &amp; monthly highlight report</li> <li>• National integrated urgent care (IUC) modelling work ahead of winter to support demand profiling</li> <li>• Local IUC modelling and forecasting</li> <li>• Co-production of pan-HUC recovery plan</li> <li>• Interim funding solution for Qs 1&amp;2 now agreed with providers</li> <li>• Monthly provider/commissioner meetings with national IUC team</li> </ul> <p>Control Owner: Amanda Flower</p>	I = 3 L = 4 12	<p>Planning assumptions to be challenged with providers focusing on finding efficiencies</p> <p>Demand and investments to continue to be reviewed</p> <p>Implementation of 111 single virtual call centre (regional call management) - planned go-live 28 Sept</p> <p>Providers to continue to recruit call handlers to increase capacity</p> <p>Person Responsible: Amanda Flower To be implemented by: 30 September 2022</p>	I = 3 L = 2 6
8. Primary Care	256	06/03/2021	Nicky Poulain	Lynn Dalton	GP practice resilience	<p>As a result of the multiple factors impacting on BLMK general practices (including the increased needs of patients and other demands), there is a risk that practices will become increasingly more vulnerable and less resilient, which may result in access issues, referral variation, reduced morale, reduced workforce, restriction of services delivered, impacted CQC ratings, an increase in acute care access with its resulting financial impact to the CCG, as well as an inability to transform in line with ICS priorities.</p>	No	I = 4 L = 4 16	<p>Workforce Development Programme</p> <p>ARRS recruitment</p> <p>Releasing Time for Care programme</p> <p>Estates and technology development</p> <p>Phone system offer to practices/PCNs</p> <p>Primary care network development</p> <p>GP Resilience Programme</p> <p>Place-based teams</p> <p>RCGP support</p> <p>Digital development</p> <p>Merger support</p> <p>Pre/post-CQC support</p> <p>PC Quality Dashboard to monitor individual practices which are struggling</p> <p>Access Task Group</p> <p>Working with ward &amp; town councillors to improve understanding and support for practices who are struggling to meeting patient demand (C Beds)</p> <p>Control Owner: Lynn Dalton</p>	I = 3 L = 3 9	<p>Ongoing use of controls to support general practice across BLMK.</p> <p>Person Responsible: Lynn Dalton To be implemented by: 31 Mar 2023</p>	I = 2 L = 2 4
8. Primary Care	258	06/03/2021	Nicky Poulain	Nicky Poulain	Impact of covid vaccination programme on BAU	<p>As a result of the central role that primary care has in the BLMK COVID 19 vaccination programme and the extensive resources needed to mobilise and manage this, there is a risk that some 'business as usual' and other ongoing transformation work may not be prioritised resulting in it being delayed or not taking place</p>	No	I = 3 L = 4 12	<p>Support from CCG primary care team</p> <p>Communication and clear decisions regarding what is 'safe to pause'</p> <p>Support from NHS England</p> <p>COVID support funds</p> <p>Local vaccine strategy not reliant on PC services as main player</p> <p>Control Owner: Nicky Poulain</p>	I = 2 L = 2 4	<p>Continued engagement with practices, NHS England and other partners as per controls.</p> <p>Support to practices to address new guidance to primary care regarding workload/safe to pause/prioritisation.</p> <p>Person Responsible: Alexia Stenning To be implemented by: 31 Aug 2022</p>	I = 2 L = 1 2
8. Primary Care	262	13/03/2021	Nicky Poulain	Lynn Dalton	Practices' capacity to host students	<p>As a result of the current resilience issues facing multiple BLMK practices, there is a risk that some practices will not have the resource and capacity to maintain or expand their training / mentorship provision, which may result in a reduction in the number of students training in general practice and impact on the development of the future workforce and the capacity of general practice to innovate and transform in line with ICS strategy.</p>	No	I = 3 L = 4 12	<p>BLMK Training Hub schemes and leads</p> <p>Continued assessment of capacity/support needed</p> <p>Technology has been implemented with ongoing training opportunities</p> <p>Clinical leads in post to support with PC development</p> <p>Training hub placement expansion workstream in partnership with the primary care school</p> <p>Control Owner: Susi Clarke</p>	I = 2 L = 3 6	<p>Continued assessment of situation and use of controls as listed.</p> <p>Ongoing review with primary care school and programme directors</p> <p>Cross reference with estates programme regarding premises capacity</p> <p>Person Responsible: Susi Clarke To be implemented by: 31 Mar 2023</p>	I = 2 L = 1 2
8. Primary Care	265	13/03/2021	Nicky Poulain	Nicky Poulain	Variations in services across PCNs	<p>As a result of the varying ambitions beyond services and characteristics explicit in the PCN DES, there is a risk that services, access and patient experience may vary between PCNs across BLMK resulting in inequitable services for patients, inequalities in patient population, variations in outcomes and variations in work backlogs.</p>	No	I = 3 L = 3 9	<p>Place based team support</p> <p>PCN DES</p> <p>Maturity Matrix/BLMK dashboard assessment</p> <p>Clinical leadership support and development training</p> <p>Population Health Management/Business Intelligence outputs</p> <p>Primary Care Strategy</p> <p>ICP, ICS, Partnership Board</p> <p>Control Owner: Nicky Poulain</p>	I = 2 L = 2 4	<p>Continue to provide consistent offers of support across BLMK:</p> <ul style="list-style-type: none"> <li>- Continued work with Quality Team</li> <li>- BLMK Access Group</li> <li>- Maturity Matrix reviews</li> <li>- DES assurance reporting</li> </ul> <p>Reengagement with Primary Care Home model</p> <p>Person Responsible: Lynn Dalton To be implemented by: 31 Aug 2022</p>	I = 1 L = 1 1

8. Primary Care	266	13/03/2021	Nicky Poulain	Lynn Dalton	Recruitment to ARRS roles	As a result of system-wide workforce challenges and complications around employment there is a risk that PCNs may struggle to recruit to PCN DES reimbursable roles resulting in patients not benefitting from the additional capacity and PCNs having less capacity to deliver the PCN DES specifications.	No	I = 3 L = 4 12	<ul style="list-style-type: none"> <li>Support and relationship management from PC team including resources (materials/ skills/ expertise) available from training hub</li> <li>Continued work with wider provider partners to offer scaled and resilient solutions</li> <li>Support from CCG to work up PCN workforce plans</li> <li>Primary Care Careers commissioned to support all PCNs with recruitment processes</li> <li>Encourage PCNs to diversify workforce profile</li> <li>PC training hub supporting onboarding, CPD and FCP roadmap</li> <li>Increasing supply chain e.g. nursing associates, student clinical pharmacists</li> </ul> <p>Control Owner: Lynn Dalton</p>	I = 3 L = 3 9	<p>Continued support provided as per controls</p> <p>Work with regional team to review trust rotational models</p> <p>Month on month place WTE reporting</p> <p>Person Responsible: Susi Clarke To be implemented by: 31 Mar 2023</p>	I = 2 L = 2 4
8. Primary Care	401	11/05/2021	Nicky Poulain	Lynn Dalton	Potential GP staff burnout	As a result of the increasing asks of general practice across BLMK and post-lockdown backlogs to be addressed there is a risk that there will be an increasing level of staff 'burnout' resulting in increasing resilience issues with practices, low morale and a rising level of vacancies	No	I = 4 L = 3 12	<p>BLMK Primary Care Team support and representation at system level</p> <p>Primary care involvement in system transformation</p> <p>Training Hub engagement and support</p> <p>Communications campaign</p> <p>CCG/LMC meetings</p> <p>Access Group</p> <p>Acute Trust Clinical Forums supported by Clinical Transformation Directors</p> <p>Primary care health and wellbeing project well embedded</p> <p>Control Owner: Susi Clarke</p>	I = 3 L = 3 9	<p>Continued implementation of controls</p> <p>Support from place based teams and senior team to address avoidable asks of primary care on an ongoing basis</p> <p>Person Responsible: Susi Clarke To be implemented by: 31 Mar 2023</p>	I = 2 L = 2 4
8. Primary Care	430	02/07/2021	Nicky Poulain	Nikki Barnes	Accommodation for ARRS roles	As a result of there not yet being any formally agreed national policy on the funding stream for space to accommodate staff recruited into the PCN ARRS, there is a risk that the CCG will enter into agreements to lease accommodation to alleviate this premises issue, which may result in an impact on the revenue budget, or PCNs may experience operational issues including recruitment & retention challenges relating to inadequate premises capacity which could reduce the value of the ARRS investment funding.	No	I = 4 L = 3 12	<p>BLMK estates workstream to identify possible solutions for addressing individual PCN needs</p> <p>Control Owner: Nikki Barnes</p>	I = 3 L = 3 9	<p>Prioritisation process to take place by September 2022, confirming which schemes ICB can afford to support, including quantification of risks associated with not progressing projects identified as being required</p> <p>Person Responsible: Nikki Barnes To be implemented by: 30 Sept 2022</p>	0
8. Primary Care	496	06/09/2021	Nicky Poulain	Amanda Flower	Rising patient demand	<p>As a result of increasing patient demand within primary care there is a risk that demand will continue to rise resulting in unmet need, staff turnover, reluctance to fill overtime shifts and issues with recruitment.</p> <p><b>Update Aug 2022</b></p> <p>Demand for general practice remains high and there are resilience challenges in general practice with staff sickness and a challenging position in terms of recruitment and retention and estates.</p> <ul style="list-style-type: none"> <li>Activity levels in primary care are higher than pre pandemic levels and continue to rise.</li> <li>BLMK is ranked highest for face to face appointments.</li> <li>The recently published GP Survey results indicate BLMK at 64% are below the national percentage of 72% for 'Good' experience at their GP practice and BLMK has a higher percentage of people having difficulty getting through on the phone than the national average.</li> </ul>	No	I = 4 L = 4 16	<p>BLMK Access Programme:</p> <ul style="list-style-type: none"> <li>Workforce</li> <li>Digital/Telephony</li> <li>Community Pharmacy GP Referral Scheme</li> <li>Communications campaign</li> <li>Same Day Urgent Primary Care</li> <li>Developing a data driven approach to understanding the access challenge in BLMK</li> <li>Bespoke support for practices with the most significant access challenge, including access to the NHSE/I acceleratory programme</li> <li>Collaboration with system partners through place working to support patients and professionals</li> <li>Work to support the primary/secondary care interface</li> </ul> <p>Control Owner: Amanda Flower</p>	I = 3 L = 3 9	<p>Continued development and implementation of support/access improvement projects via BLMK Access Group and sub-groups</p> <p>Facilitate discussions with practices/PCNs/place stakeholders to support access programme approach</p> <p>Launch new communications campaign/approach</p> <p>Person Responsible: Amanda Flower To be implemented by: 30 Sept 2022</p>	I = 3 L = 2 6
8. Primary Care	600	21/04/2022	Nicky Poulain	Lynn Dalton	Practices who do not belong to a PCN	As a result of the break-up of some of the Central Bedfordshire PCNs, there is a risk that some practices will be unable to join new PCNs, resulting in a lack of access to services provided by PCNs for their patient populations.	No	I = 3 L = 4 12	<p>CCGs have a responsibility to commission services on behalf of patients whose practice does not belong to a PCN to ensure equity for the whole population</p> <p>Managed service for patients of the 4 practices not signed up to PCN DES has been secured</p> <p>Control Owner: Lynn Dalton</p>	I = 2 L = 2 4	<ul style="list-style-type: none"> <li>Explore possibility of these practices joining new PCNs</li> <li>Explore options for alternative providers for relevant services in case unable to find new PCN 'homes'</li> <li>Review suitability of arrangements</li> </ul> <p><b>17/8 ALL ACTIONS NOW COMPLETED - RISK CLOSED</b></p> <p>Person Responsible: Tony Medwell To be implemented by: 31 Aug 2022</p>	I = 2 L = 2 4
8. Primary Care	601	21/04/2022	Nicky Poulain	Lynn Dalton	Change in FCP competency criteria	As a result of the CQC publishing guidelines regarding competency requirements of first contact practitioners working in general practice, there is a risk that FCPs working at practice & PCN level may not yet be at the stage expected by the CQC resulting in a negative CQC report for practices / PCNs	No	I = 3 L = 3 9	<p>CCG agreed a flexible approach to supporting with recruitment with a commitment that the FCP will commit to completing their Road Map within 12-18 months</p> <p>Regional conversation taking place with CQC to discuss requirement for flexibility in their approach</p> <p>Actively supporting existing FCPs &amp; PCNs &amp; practices to understand the requirements and provide dedicated support</p> <p>Control Owner: Susi Clarke</p>	I = 2 L = 2 4	<ul style="list-style-type: none"> <li>Training hub to signpost FCPs to the national competency platform</li> <li>Training hub chair to write to all CDs to ensure they are aware of the requirements</li> <li>Clinical leads to support where needed</li> <li>Susi Clarke to meet with LMCs to discuss further</li> <li>Training hub backfill for FCP supervisor training to increase capacity</li> </ul> <p><b>17/8 ALL ACTIONS NOW COMPLETED AND ONGOING ISSUES BEING MANAGED THROUGH QUALITY &amp; RISK GROUP - RISK CLOSED</b></p> <p>Person Responsible: Susi Clarke To be implemented by: 30 Sep 2022</p>	I = 2 L = 2 4

8. Primary Care	602	22/04/2022	Nicky Poulain	Lynn Dalton	PC team capacity to take on POD commissioning	As a result of the delegation of primary care pharmacy, optometry and dentistry to CCGs, there is a risk that capability and capacity of the primary care team will be inadequate resulting in a failure to properly manage and monitor the contracts and a possible overspend on the CCG's running cost allowance	No	I = 3 L = 4 12	AD of Primary Care Development working closely with NHSEI regional team through the transition period  ICB Chief Exec has signed off national delegation agreement for GP contracts from end of year; POD agreement to be signed later this year.  First draft of ICB pharmacy strategy has been developed and circulated to system partners for comment  Control Owner: Lynn Dalton	I = 3 L = 3 9	Refresh of primary care strategy to encompass commissioning of POD  Continue to develop final pharmacy strategy in collaboration with NHSE  Waiting on confirmation of allocation of dental commissioning team to the ICB. Once confirmed: • Mapping of primary care team members' previous knowledge and experience to understand who may already have some relevant skills and knowledge • Review current running cost allowance to ensure adequate capacity within team for this new workstream  Person Responsible: Lynn Dalton To be implemented by: 31 Mar 2023	I = 2 L = 2 4
8. Primary Care	619 new	21/07/2022	Nicky Poulain	Nikki Barnes	GP premises constraints	As a result of population growth and increased demand for services, along with budget constraints for the ICB, there is a risk that some practices across BLMK will not have sufficient premises capacity to support delivery of the full range of face-to-face services and to enable them to keep their patient lists open to new registrations. This could result in an inability for practices to participate in workforce development schemes and an a negative impact on the reputation of primary care amongst our partners.	No	I = 3 L = 4 12	Primary Care Estates Strategy identifies projects likely to be required in order to ensure adequate primary care premises capacity across BLMK  Number of premises projects underway at various stages (some delivered, some under construction, some still at planning stage, some not yet started)  Heads of PC at place maintain good working relationships with local authority partners and provider assurance to the overview and scrutiny committees.  Control Owner: Nikki Barnes	I = 3 L = 3 9	Prioritisation process to take place, confirming which schemes ICB can afford to support in next two-three years, including quantification of risks associated with not progressing projects previously identified as being required  Person Responsible: Nikki Barnes Deadline: 30 Sept 2022	I = 3 L = 3 9
8. Primary Care	620 new	22/06/2022	Nicky Poulain	Lynn Dalton	Supervision of new non-medical staff in practices & PCNs	As a result of the increased number of new staff requiring supervision there is a risk that practices & PCNs do not have the adequate capacity & capability to provide the necessary support which may result in a negative impact on staff retention and patient care	No	I = 3 L = 3 9	Workforce development programme  Control Owner: Susi Clarke	I = 3 L = 3 9	Support to practices to increase supervisory capacity & capability Support to new staff with mentorship, peer support & road map navigation  Person Responsible: Susi Clarke Deadline: 31 March 2023	I = 3 L = 2 6
8. Primary Care	621 new	22/06/2022	Nicky Poulain	Amanda Flower	Evexia difficulties in obtaining blood results from lab	As a result of Beds Hospitals not having set up Evexia as a location in ICE, any blood results are unable to be returned to them leading to a risk that a blood result may sit in ICE and fail to reach either the Evexia GP or the patient's own GP (will only go to own GP is they have been selected as a 'copy to' option when referring). This could result in an urgent blood result failing to be followed up which could mean a patient suffers clinical harm.  This could then also pose a risk to service delivery as Evexia may choose not to deliver services if unable to find a workaround.	No	I = 3 L = 3 9	Evexia have trained GPs to 'copy in' the patient's own GP so that results will always go back to them. (However not 'fail safe')  Evexia are exploring with other providers how to implement a 'failsafe' approach to overcome the risk  We are working with BHT to understand how this could be rectified for providers  Control owner: Amanda Flower	I = 3 L = 3 9	Continue to discuss with BHT and other providers such as Bedoc to find a failsafe workaround to ensure risk cannot materialise.  Continue to support Evexia to find a solution  Person Responsible: Amanda Flower Deadline: 30 September 2022	I = 1 L = 1 1
8. Primary Care	623 new	22/06/2022	Nicky Poulain	Amanda Flower	Out of hours resilience in Luton & Beds	As a result of the out of hours provider in Beds and Luton struggling to find enough GPs to fill shifts, there is a risk of inadequate out of hours provision to meet patient need, which could result in inappropriate use of urgent and emergency services or patients failing to seek help at all.	No	I = 4 L = 3 12	HUC have been working to improve relationships with GPs and build trust so there is an increased willingness to work for them  A programme of additional actions is underway to address root causes of the problem including safety concerns amongst GPs regarding working at the Luton UTC  Control Owner: Amanda Flower	I = 3 L = 3 9	• Examine staffing mix in clinical assessment services to take a more multi-disciplinary approach & free up GP capacity • Assess 111 pathways to safely reduce reliance on clinical assessment. • Look to agree consistent rate escalation processes and rate caps between providers • Use ICB comms channels to raise awareness of OoH opportunities with local GPs • Develop training & mentorship, through PC Training Hub with OoH providers, for interested GPs who may not be confident in OoH work • Increase opportunities for GP trainees to receive their OoH training with local OoH services to improve recruitment and retention • Facilitate closer collaboration between providers to reduce system risk of inequitable access to urgent & same day care • Encourage transparency with OoH pay rates and escalation processes • Use ICB People Directorate experience and resource to build trust between providers and implement plans  Person responsible: Steve Gutteridge Deadline: 30 Sept 2022	

## 9. Appendix B Digital programmes Risk Register

Risk Ref	Risk Title	Risk Description	Initial Score	Risk Control	Current Score	Action Required	Person Responsible	To be implemented by	Target Score
279	BCCG - DF-1  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 03 Aug 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Current likelihood reduced. No evidence providers will be impacted by resource issues. Reviewed by the programme SRO 03/08/22.	There is a risk across all providers involved with the Digital First Programme, that there will be an inability to obtain resource with the right skill set to complete the work within the allocated time frames, which may delay benefits being realised by the programme.	I = 4 L = 5 20	The risk is shared with our IT partner, HBL ICT, MKUH and the LAs as resource will be based across several organisations. Make use of existing resources and structures where possible.	I = 1 L = 1 1	Prioritise work appropriately according to resource availability. Set delivery expectations to all stakeholders. If providers are unable to recruit certain skill set, we will work with them and other providers to find appropriate resource.	Michelle Freeman	31/03/2023	I = 1 L = 1 1
282	BCCG - DF-4  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 05 Jul 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Reviewed by the programme SRO 03/08/22.	As a result on the ongoing Covid-19 work, winter pressures and the vaccination programme, there is a risk that there will be a lack of engagement from key stakeholders, particularly in primary care, which may result in poor outcomes for the programme.	I = 3 L = 4 12	Engage the Digital Clinical Lead to help with comms. Make sure that key stakeholders are identified and are informed and involved.	I = 3 L = 3 9	Prioritise work appropriately according to resource availability. Set delivery expectations to all stakeholders. Use Expressions of Interest where possible to engage with interested practices.	Michelle Freeman	31/12/2022	I = 2 L = 2 4
283	BCCG - DF-5  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 03 Aug 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Residual risk reduced. Current programme manager has a new role and no direction as yet on a replacement. Reviewed by the programme SRO 03/08/22.	As a result of a failure to ensure strong governance and programme management of delivery across the footprint, there is a risk that this may impact on the speed and effectiveness of implementation	I = 3 L = 3 9	Using proven programme governance from the existing BLMK DTPC programme linked in to the ICS.	I = 2 L = 2 4	The DTPC Programme Board and programme controls are in place to manage the DF programme. Regular reporting into the programme is required from providers.	Michelle Freeman	31/03/2023	I = 2 L = 1 2
284	BCCG - DF-6  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 03 Aug 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Reviewed by the programme SRO 03/08/22.	If the communication channels are not effective there is a risk that comms will not reach everyone involved which may result in the work not being based on a shared vision and understanding.	I = 3 L = 3 9	To be delivered in line with CCG primary care strategies and place-based transformation plans to ensure consistent direction and message. Make use of existing channels i.e. TeamNet Bulletin. Using proven programme management from the existing BLMK DTPC programme.	I = 2 L = 2 4	Make sure key stakeholders are identified up front. Comms planning should be part of the programme overall management. Use existing channels where appropriate.	Michelle Freeman	31/03/2023	I = 2 L = 1 2
285	BCCG - DF-7  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 03 Aug 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Reviewed by the programme SRO 03/08/22.	As a result of underestimating the level of change these proposals will require and the amount of support general practice will need to embed the changes, there is a risk that the programme will not realise quality benefits.	I = 4 L = 4 16	The use of skilled business change and implementation management resource in the project team. Make use of existing primary care communication channels.	I = 2 L = 2 4	Make sure key stakeholders are identified up front and engaged with. Utilise PCN lead role to work with practices.	Michelle Freeman	31/03/2023	I = 1 L = 1 1



545	DF-9  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 03 Aug 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Targeted practices via EOI has reduced risk likelihood. Reviewed by the programme SRO 03/08/22.	As a result of interdependencies between projects in the Digital First programme, there is a risk that if a project is delayed this will result in delays with other projects, impacting delivery of the overall programme and delaying benefit realisation.	I = 4 L = 3 12	Good communication between projects is managed by using the same IT Partner for a significant proportion of the work. Add contingency time between projects to allow for delays.	I = 2 L = 1 2	Prioritise work appropriately according to resource availability. Set delivery expectations to all stakeholders. Regular reporting into the programme is required from providers.	Michelle Freeman	31/12/2022	I = 2 L = 1 2
546	DF-10  Risk Owner: Nicky Poulain Risk Lead: Mark Peedle Last Updated: 01 Mar 2022 Latest Review Date: 03 Aug 2022 Latest Review By: Michelle Freeman Last Review Comments: Changes with funding has altered PID process but will still to do PIDs for essential resource. Reviewed by the programme SRO 03/08/22.	There is a risk that if there are delays in the completion and analysis of the proof of concept projects running within the programme, this may impact the creation of PIDs against next year's Digital First funding allocation, as data to inform future projects may not be available.	I = 4 L = 3 12	Programme planning and controls to prioritise projects accordingly. Ensure good communication with Regional Team to understand PID deadlines.	I = 3 L = 2 6	Prioritise work appropriately according to resource availability. Set delivery expectations to all stakeholders. Monitor progress in monthly reporting.	Michelle Freeman	31/12/2022	I = 3 L = 1 3

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

10. Primary Medical Services Delegated Primary Care Financial Report (July 2022)

**Vision:** "For everyone in our towns, villages and communities to live a longer, healthier life"

Please state which strategic priority and / or enabler this report relates to

### Strategic priorities

<input checked="" type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

### Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

### What are the members being asked to do?

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>
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<b>Report Author</b> [name and role]	Roger Hammond Associate Director of Finance (Primary Care)
<b>Date to which the information this report is based on was accurate</b>	23 <sup>rd</sup> August 2022
<b>Senior Responsible Owner</b> [name and role] [please do not insert name unless approval has been given by them to submit this report]	Nicky Poulain Chief Primary Care Officer

## Executive summary

The Primary Care Commissioning & Assurance Committee seeks assurance from the Primary Care Delivery Group that the financial position is being reviewed and managed appropriately. The Primary Care Commissioning & Assurance Committee has delegated authority to the Chief Primary Care Officer (Nicky Poulain) to lead a Primary Care Delivery Group.

The Delivery Group receive detailed financial reports summarising total BLMK primary care delegated spend along with further splits at place level. Reports include forecasts and basis of any assumptions made along with risks and mitigations. The Delivery Group is then able to scrutinise the finances, discuss risks and make informed decisions in overseeing the delegated budget to promote increased quality, efficiency, productivity and value for money across primary care services.

This report provides a high-level summary of the July 2022 delegated primary care financial position.

The total BLMK delegated budget for 2022-23 (12 months) is £159,219k. An underspend arose in the first three months under BLMK CCG (previous organisation) which has been returned to the ICB (new organisation) to ensure that the full 2022-23 annual sum is still available to primary care. The ICB allocation for July '22 to March '23 (nine months) is £122,418k.

The table below summarises the BLMK ICB delegated Year to Date (July only) and forecast position as at 31<sup>st</sup> July 2022.

BLMK ICB									
CCG EXPENDITURE ANALYSIS	Year to Date				CCG EXPENDITURE ANALYSIS	Forecast Net Expenditure			
	Plan £000	Actual £000	Variance £000	Variance %		Plan £000	Actual £000	Variance £000	Variance %
REVENUE RESOURCE LIMIT	13,934				REVENUE RESOURCE LIMIT	122,418			
GMS Contracts	7,376	7,383	(7)	(0.1%)	GMS Contracts	66,556	66,619	(63)	(0.1%)
APMS/PMS Contracts	1,075	1,082	(7)	(0.7%)	APMS/PMS Contracts	9,688	9,751	(63)	(0.7%)
Primary Care Networks	2,242	2,290	(48)	(2.1%)	Primary Care Networks	17,319	17,319	-	0.0%
Enhanced Services	93	95	(2)	(2.2%)	Enhanced Services	911	936	(25)	(2.7%)
Premises	1,124	1,177	(53)	(4.7%)	Premises	9,135	9,294	(159)	(1.7%)
Primary Care Other	243	292	(49)	(20.2%)	Primary Care Other	1,610	1,610	-	0.0%
QoF	1,090	1,089	1	0.1%	QoF	9,812	9,812	-	0.0%
Prescribing & Dispensing	187	100	87	46.5%	Prescribing & Dispensing	1,683	1,683	-	0.0%
PMS Re-investment	418	418	-	0.0%	PMS Re-investment	3,764	3,764	-	0.0%
Other	18	11	7	38.9%	Other	162	162	-	0.0%
Contingency & Reserves	68	-	68	100.0%	Contingency & Reserves	1,779	1,469	310	17.4%
Primary Care Delegated	13,934	13,937	(3)	(0.0%)	Primary Care Delegated	122,419	122,419	-	0.0%

The vast majority of delegated primary care spend is contractual and predictable (e.g. baseline practice contract and primary care network payments). Areas of uncertainty such as sickness and maternity, where it is not unusual for practices to submit late claims, will not materially affect the reported position and, at present, have been reported to budget in anticipation of claims to be received later in the year. Quality and Outcome and Investment and Innovation Fund are paid after the year end when achievement can be established. These have also been shown to budget.

In summary, whilst some minor fluctuations are being seen, these are not considered material at this point and sufficient contingency is thought to be available to manage any unexpected movements in expenditure as the year progresses.

## What are the available options?

Not applicable.

## Recommendation

The members are asked to **note** the July '22 delegated primary care financial position.

<b>Key Risks and Issues</b>		
None at the present time and given contingency is available to mitigate any unexpected pressures that may emerge. Any emerging risks will be considered and assess as part of the on-going monthly reporting cycle.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Not applicable.		
<b>Are there any financial implications or other resourcing implications?</b>		
None.		
<b>How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
Improved social prescribing via Primary Care Network pharmacists. Increased use of online services for patients reducing travel requirements.		
<b>How will / does this work help to address inequalities?</b>		
Work underway to develop a universal offer to patients by primary care to address historic inequity of access to primary care services		
<b>The following individuals were consulted and involved in the development of this report:</b>		
Nicky Poulain (Chief Primary Care Officer) and Dean Westcott (Chief Finance Officer).		
<b>Next steps:</b>		
Committee is asked to consider the report and comment on any changes it may wish to see in future reports.		
<b>Appendices</b>		
None.		

Report to the Primary Care Commissioning & Assurance Committee (PCC&AC)

11. Annual Cycle of Business

**Vision:** “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

**Strategic priorities**

<input type="checkbox"/>	<b>Start Well:</b> Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input type="checkbox"/>	<b>Live Well:</b> People are supported to engage with and manage their health and wellbeing.
<input type="checkbox"/>	<b>Age Well:</b> People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input type="checkbox"/>	<b>Growth:</b> We work together to help build the economy and support sustainable growth.
<input type="checkbox"/>	<b>Reducing Inequalities:</b> In everything we do we promote equalities in the health and wellbeing of our population.

**Enablers**

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input checked="" type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

**What are the members being asked to do?**

Approve <input type="checkbox"/>	Note <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>
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<b>Report Author</b>	Secretariat
<b>Date to which the information this report is based on was accurate</b>	24.08.22.
<b>Senior Responsible Owner</b>	Chair of the Committee

<b>Executive summary</b>		
The purpose of this paper is to present the Annual Cycle of Business and discuss which items should be on the Agenda for the next meeting on 16.12.22.		
<b>What are the available options?</b>		
To discuss and agree agenda items.		
<b>Recommendation/s</b>		
The members are asked to <b>discuss</b> the Annual Cycle of Business.		
<b>Key Risks and Issues</b>		
There are none identified.		
<b>Have you recorded the risk/s on the Risk Management system?</b> <a href="#">Click to access system</a>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
There are none identified.		
<b>Are there any financial implications or other resourcing implications?</b>		
There are none identified.		
<b>How will / does this work help to address the Green Plan Commitments?</b> <a href="#">Click to view Green Plan</a>		
This is not applicable in this circumstance.		
<b>How will / does this work help to address inequalities?</b>		
This is not applicable in this circumstance.		
<b>The following individuals were consulted and involved in the development of this report:</b>		
The Committee Chair.		
<b>Next steps:</b>		
The Secretariat will draft the Agenda for the next meeting and arrange an Agenda setting meeting with the Committee Chair and the Executive Lead nearer the time of the next meeting to finalise the Agenda.		
<b>Appendices</b>		
Appendix A – Draft Annual Cycle of Business		

## 11. Appendix A – Draft Annual Cycle of Business

### Primary Care Commissioning & Assurance Committee (PCC&AC) - Meeting held in public. Annual Cycle of Business 2022/23

Agenda Item Title	Accountable Person/s	Author/s	Date of meeting 027.09.22.	Date of meeting 09.12.22.	Date of meeting 17.03.23.
<b>Strategy &amp; Integration</b>					
Timeline for Transition of Delegated Functions to the ICB 2022-23	Associate Director Primary Care Development	Lynn Dalton	✓	✓	✓
Primary Care Workforce Programme & Highlight Report	Primary Care Workforce Programme Lead / Primary Care Training Hub Lead	Susi Clarke	✓	✓	✓
Primary Care Estates Highlight Report/Estates Plan	Head of System & Estates	Nikki Barnes	✓	✓	✓
Integrating Primary Care in the ICS (Fuller Stocktake recommendations)	Chief Primary Care Officer	Nicky Poulain	✓	✓	✓
Primary Care Access Programme Highlight Report (by workstream)	Associate Director Primary Care Commissioning & Transformation	Amanda Flower	✓	✓	✓
Primary Care Digital Programme	Head of Digital	Mark Peedle		✓	
Winter Plan	Associate Director Primary Care Development	Lynn Dalton		✓	
<b>Operational</b>					
Primary Care Risk Register	Senior Primary Care Contracting & Development Manager	Jill White	✓	✓	✓
Delegated Primary Care Financial Report	Associate Director of Finance	Roger Hammond	✓	✓	✓
<b>Governance</b>					
Role of PCCAC / Terms of Reference	Chair / Chief Primary Care Officer / Associate Director Primary Care Development	Governance / Nicky Poulain / Lynn Dalton	✓		
Committee annual cycle of business	Chief Primary Care Officer / Associate Director Primary Care Development	Nicky Poulain / Lynn Dalton	✓	✓	✓
Communications from the meeting	Chair	Governance	✓	✓	✓
Committee Effectiveness	Chair	Governance	✓	✓	✓
<b>An Undetermined Date</b>					
Audits 2022/23 - subject to agreed by Audit Committee (before March 23)					
Annual Review Terms of Reference PCC&AC and sub group.					