

### Question for Primary Care Commissioning Committee – August 2021

Question	Response
<p>Feedback to Healthwatch suggests a serious problem with access to primary care appointments and communication of clinical answers back to patients. Continuity and co-ordination appear to be a problem. Healthwatch has arranged to meet with the LMC in order to try to improve communication between practices and patients.</p>	<p>We understand the LMC has also asked Healthwatch to support around unreasonable patient behaviours, we would like to link in with HW on this work to ensure a joined up approach and also in relation to the wider engagement plans we have to go out to patients explaining how primary care operates.</p>

Bearing in mind the intense pressure on practices, is the CCG taking action to:

<p>further resource practices, both in terms of telephone lines and staff?</p>	<p><b>Telephony</b></p> <p>A number of practices expressed interest in an offer for a collaborative procurement. NHSX has produced a specification for practice telephony, prompted by experiences during the pandemic, and have provided some funding for start up costs. The Digital Team worked with AGEM procurement team to advance the procurement and the specification and proposal were made available to potential bidders as part of pre-procurement engagement exercise to allow suppliers to comment on the specification and any additional information that would be needed in order to bid. The formal procurement commenced early July and a decision is expected during late August/early September.</p> <p>In November 2020, a GP Covid Capacity Expansion Fund was created providing £2.94m in Norfolk and Waveney to support practices to end March 2021. An additional £2.3m of funding was made available for the period April to September 2021 to support increasing capacity until end of September 2021. The aim of the funding was to support seven key priorities:</p> <ul style="list-style-type: none"> <li>• increasing GP numbers and capacity</li> <li>• Supporting the establishment of the simple COVID oximetry@home model, arrangements for which will be set out in a parallel letter shortly</li> <li>• first steps in identifying and supporting patients with Long COVID</li> <li>• continuing to support clinically extremely vulnerable patients and maintain the shielding list</li> </ul>
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	<ul style="list-style-type: none"> <li>• continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations</li> <li>• on inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records</li> <li>• potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.</li> </ul>
<p>communicate with the public to explain the nature of the problem and stress the need to minimise demand during intensely difficult circumstances?</p>	<p>Throughout the pandemic, the CCG has released multiple communications and social media and some examples are below. There is an important balance between encouraging patients who need to see a clinician to come forward and managing patient expectations.</p> <p><a href="#">People in Norfolk and Waveney urged to be kind and patient to GP practice staff as they continue to be there for patients, when they need it - Norfolk and Waveney CCG</a></p> <p><a href="#">Cancer experts encourage patients with worrying symptoms to get checked and to continue to attend their routine appointments - Norfolk and Waveney CCG</a></p> <p><a href="#">If you need urgent medical care this Bank Holiday, think NHS 111 - Norfolk and Waveney CCG</a></p> <p><a href="#">COVID-19 vaccinations - Norfolk and Waveney CCG</a></p> <p><a href="#">Patients still required to wear face coverings in GP practices and other healthcare settings after COVID-19 restrictions ease - Norfolk and Waveney CCG</a></p>
<p>in order to allow patients to make efficient use of services, explain how the triage systems work, both by phone and via systems such as Footfall?</p>	<p>The CCG is currently creating a dynamic external campaign that is representative of Primary care services across the N&amp;W patch, underpinned by an overarching campaign message alongside our “in good health” branding. The aim will be to showcase the exceptional work and technical advancements of services commissioned by N&amp;WCCG through a variety of external communications</p>

	<p>channels to further instil confidence within our local population. It is currently in draft format however the proposed themes are likely to be:</p> <ul style="list-style-type: none"> <li>• Positive image of primary care</li> <li>• Zero tolerance</li> <li>• Explaining the different primary care roles</li> <li>• Digitalisation</li> <li>• Self care; and</li> <li>• Choosing the Right Service</li> </ul> <p>We intend to share our plans with Healthwatch and other key stakeholders once finalised.</p> <p>Nearly 2m contacts were made with practices using Footfall in the period July 2020 to end June 2021 for a variety of reasons including 12% to request a prescription, 11.5% to request an appointment with a nurse or health care assistant and 11.5% to ask reception staff or the practice a question.</p>
<p>explain the wide range of professionals available in addition to GPs and explain what their roles are?</p>	<p>Currently underway, see above</p>
<p>encourage relational continuity of care?</p>	<p>Continuity of care is important however it is important to note that this is informed by clinical triage. In the most recent GP Access Survey, Long Term Condition management is the only area where we performed slightly less well in the GPPS. All patients have the ability to state a preference for a lead clinician however balancing the need of a patient to be seen quickly and the availability of individual clinicians needs to be managed by the individual practice at the time.</p>