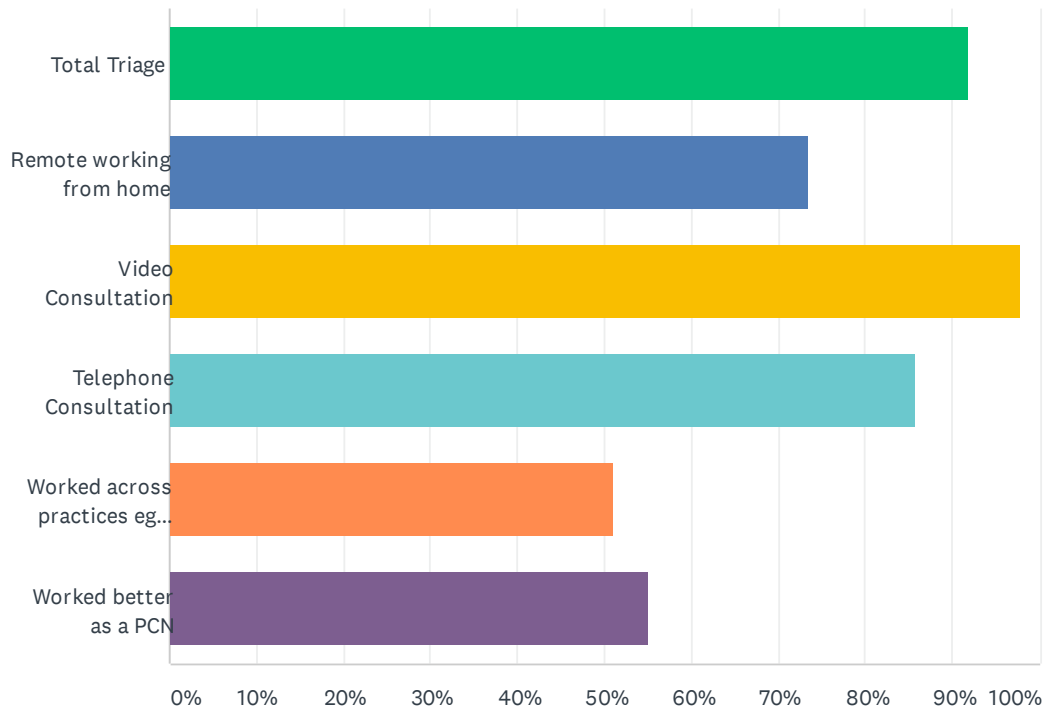


Q1 How have you / your practice worked differently so far, during COVID? Please select all that apply.

Answered: 49 Skipped: 0



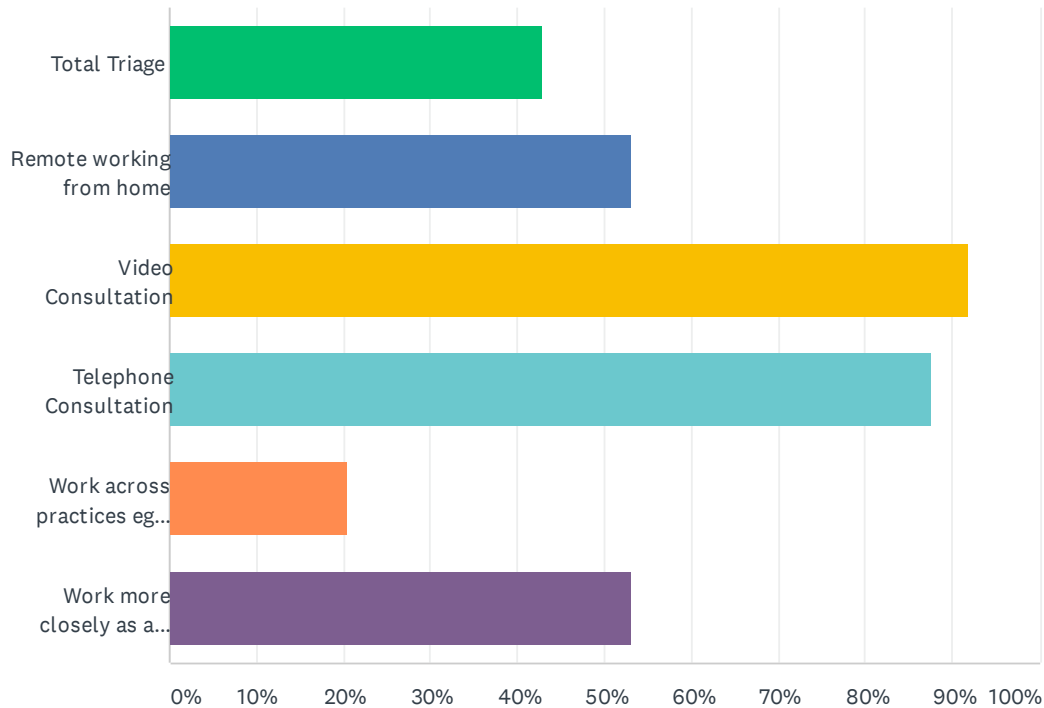
ANSWER CHOICES	RESPONSES	
Total Triage	91.84%	45
Remote working from home	73.47%	36
Video Consultation	97.96%	48
Telephone Consultation	85.71%	42
Worked across practices eg Hot hubs	51.02%	25
Worked better as a PCN	55.10%	27
Total Respondents: 49		

Primary Care Survey

#	ANYTHING MORE?	DATE
1	In Derwentside we have kept practices open for as long as possible; it has served our patients best in that way. Also meant we used our local clinicians in the most efficient way.	5/22/2020 3:27 PM
2	social prescriber very helpful	5/18/2020 10:01 PM
3	GP team have had more liaison with nursing/ANP team too - we've really bonded well.	5/18/2020 1:39 PM
4	use of Accurx sms messaging as adjunct to telephone consultations	5/13/2020 4:47 PM
5	Respiratory clinic	5/12/2020 10:05 PM
6	Helped secondary care	5/11/2020 9:39 PM
7	"Hot" area identified in practice.	5/11/2020 9:13 PM

Q2 What will you continue long term? Please select all that apply.

Answered: 49 Skipped: 0

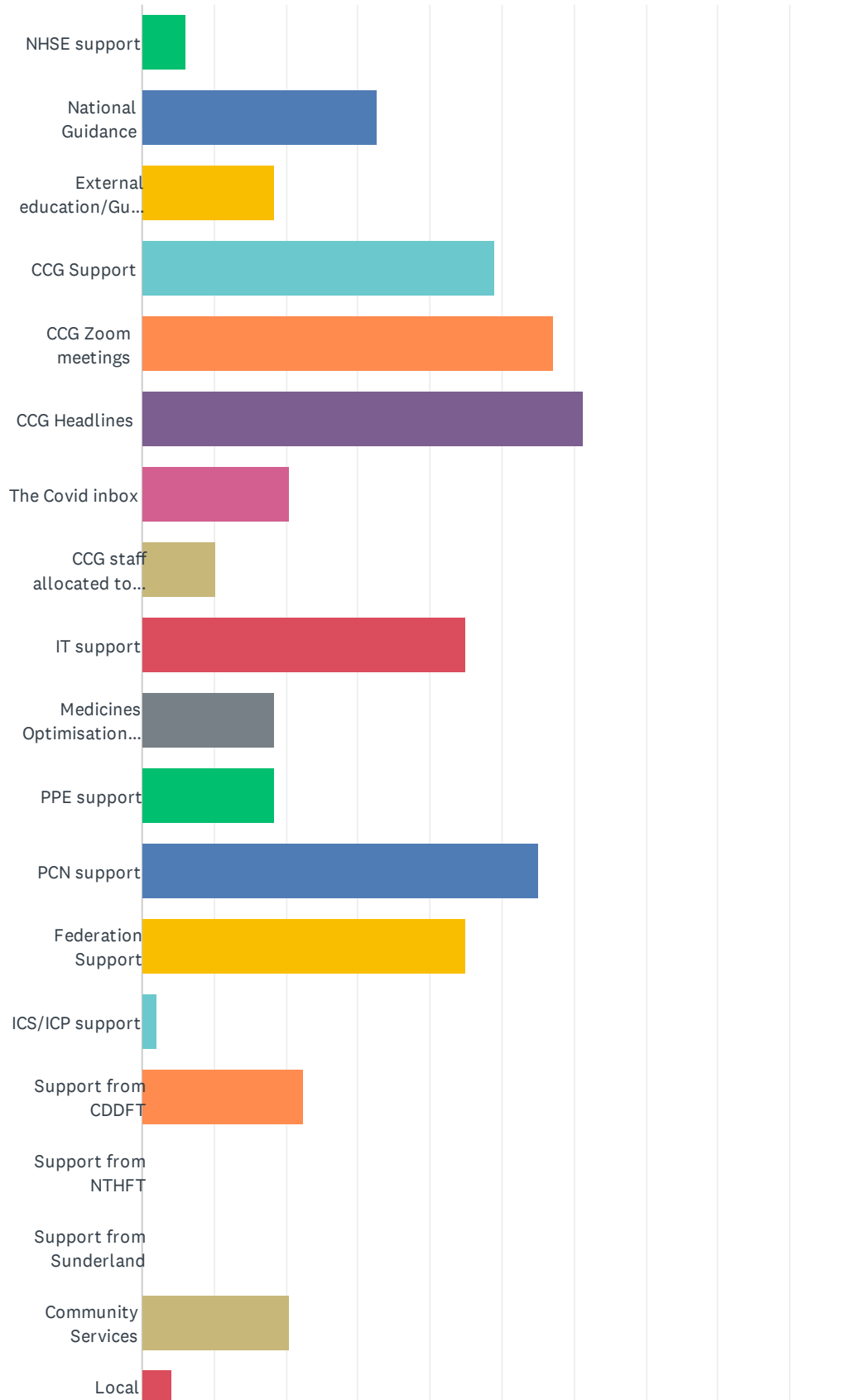


ANSWER CHOICES	RESPONSES	
Total Triage	42.86%	21
Remote working from home	53.06%	26
Video Consultation	91.84%	45
Telephone Consultation	87.76%	43
Work across practices eg Hot hubs	20.41%	10
Work more closely as a PCN	53.06%	26
Total Respondents: 49		

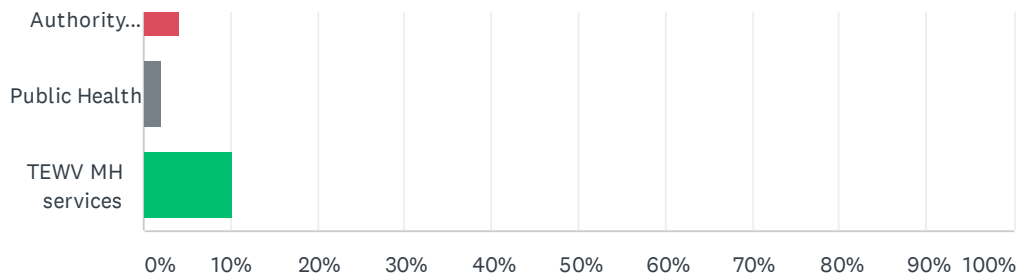
#	ANYTHING MORE?	DATE
1	Meetings should all be remotely; the times saved travelling to meetings means we can spend much more time being clinicians. The environment benefits as well.	5/22/2020 3:27 PM
2	Hopefully start total triage	5/18/2020 10:01 PM
3	we always did telephone work, but doing a lot more	5/18/2020 8:13 AM
4	likley to continue Accurx sms text consult	5/13/2020 4:47 PM
5	rest up for discussion	5/11/2020 9:39 PM
6	Partial triage (not total)	5/11/2020 7:53 PM

Q3 What worked well? Please select all that apply.

Answered: 49 Skipped: 0



Primary Care Survey



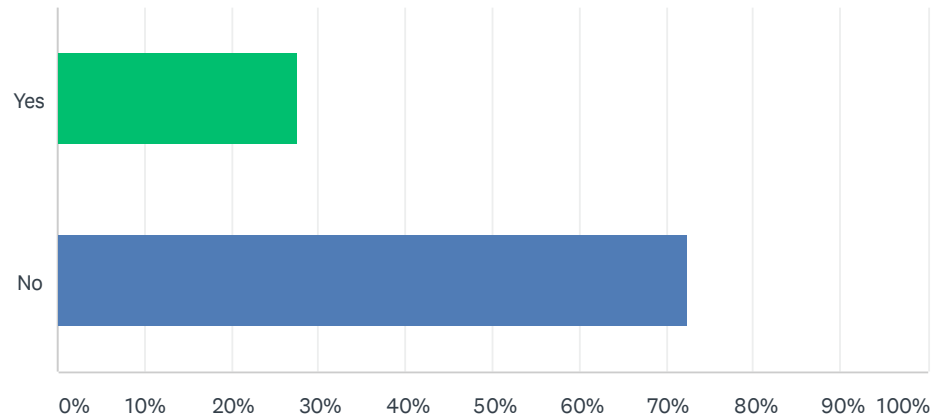
ANSWER CHOICES	RESPONSES	
NHSE support	6.12%	3
National Guidance	32.65%	16
External education/Guidelines - if Y - please list in the comments box	18.37%	9
CCG Support	48.98%	24
CCG Zoom meetings	57.14%	28
CCG Headlines	61.22%	30
The Covid inbox	20.41%	10
CCG staff allocated to PCNs	10.20%	5
IT support	44.90%	22
Medicines Optimisation Support	18.37%	9
PPE support	18.37%	9
PCN support	55.10%	27
Federation Support	44.90%	22
ICS/ICP support	2.04%	1
Support from CDDFT	22.45%	11
Support from NTHFT	0.00%	0
Support from Sunderland	0.00%	0
Community Services	20.41%	10
Local Authority Support	4.08%	2
Public Health	2.04%	1
TEWV MH services	10.20%	5
Total Respondents: 49		

Primary Care Survey

#	ANY COMMENTS?	DATE
1	CCG meetings re setting up hubs was not very useful. 13 PCN's all working in different ways confused many people. Lots of people thought we had to set up hubs in the same way, where actually every PCN was better doing it their own way. When we just went forwards doing it our own preferred way we were super-efficient and the only ones ready to function as a fully opened hub in that first weekend it was requested. PCN Clinical Director leadership was the basis for that.	5/22/2020 3:27 PM
2	Red whale updates very useful via email	5/21/2020 8:14 AM
3	National and NHSE support and guidance variable. CCG support a double edged sword at times especially when priority seemed to be doing everything other agencies asked seemingly without question. CCG use / abuse of PCN CDs inappropriate at times - i can understand that PCN directors were a very convenient way of speaking to primary care but some of the things asked of CDs was outside of their remit and a very big ask at times when we were all dealing with rapid change within practices as well as larger scale working. Meds Ops support very slow. CDDFT a little chaotic at times - eg unable to get Clinical Advice on Bank holiday (which was cancelled for the NHS). Public health pretty much absent on the ground - no response when flagging up growing crisis in nursing homes / asking for testing etc.	5/19/2020 5:32 PM
4	Support/guidance from NHSE was abysmal.	5/19/2020 5:48 AM
5	Hiatus early on with advice regarding clinical management of COVID - this was partially filled by RCGP, BMJ/A but mainly by independent organisations such as NB Medical, Red Whale and AccuRx.	5/18/2020 10:01 PM
6	Red Whale	5/18/2020 5:46 PM
7	big changes in a short time, lot of people involved	5/16/2020 4:58 PM
8	Volume of information has been overwhelming	5/14/2020 8:31 AM
9	I have not felt sufficient support from any of these. I	5/13/2020 6:20 PM
10	Everything reacted quickly and collaboratively	5/13/2020 10:30 AM
11	NB Medical and Red Whale education has been useful. CCG guidelines have been very difficult to search retrospectively.	5/12/2020 11:22 AM
12	Accrux,	5/12/2020 8:49 AM
13	certainly delays in provision of PPE and slow guidance especially on visors. IT support slow for remote working and meant that many staff had to stay at home and not work at all during the first few weeks in early stages. perception of some delay and confusion about drug monitoring and which drugs to continue administering in the practice.	5/11/2020 9:17 PM
14	NHSE guidelines.	5/11/2020 9:13 PM
15	BMJ and Redwhale and NB medical guidance/summaries.Community nurses and Macmillan services have been fantastic	5/11/2020 8:08 PM
16	Ardens and DCS Covid templates have been excellent and extremely helpful.	5/11/2020 7:53 PM
17	Many organisations have been at worst unhelpful providing highly conflicting advice. Proposals have waxed and waned and at times outside organisations have been going round in unhelpful circles. Navigating and keeping a steady ship as a practice has required a lot of effort and continues to. Advice and help must be clear, considered, scientific, evidence based and not reactionary or politically biased. As a practice we have kept a very steady course, other organisations have failed fundamentally.	5/11/2020 5:56 PM

Q4 Community Team - Have relationships with your TAP team improved?

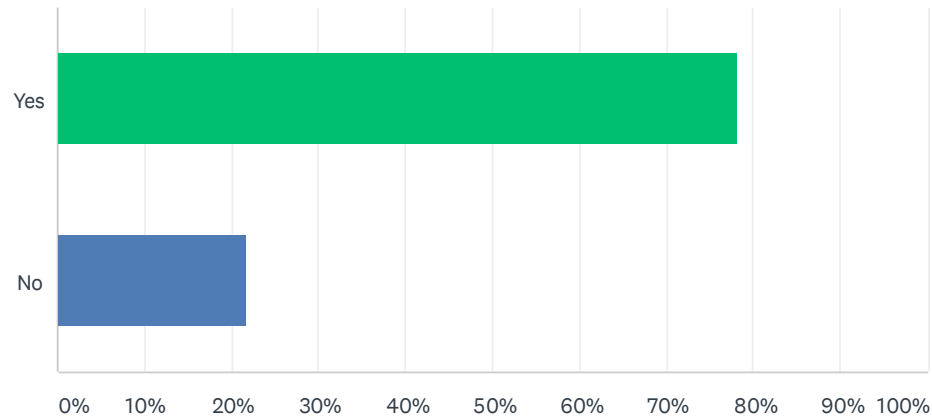
Answered: 47 Skipped: 2



ANSWER CHOICES		RESPONSES	
Yes		27.66%	13
No		72.34%	34
TOTAL			47

Q5 Community Team - Have relationships with Care Homes improved?

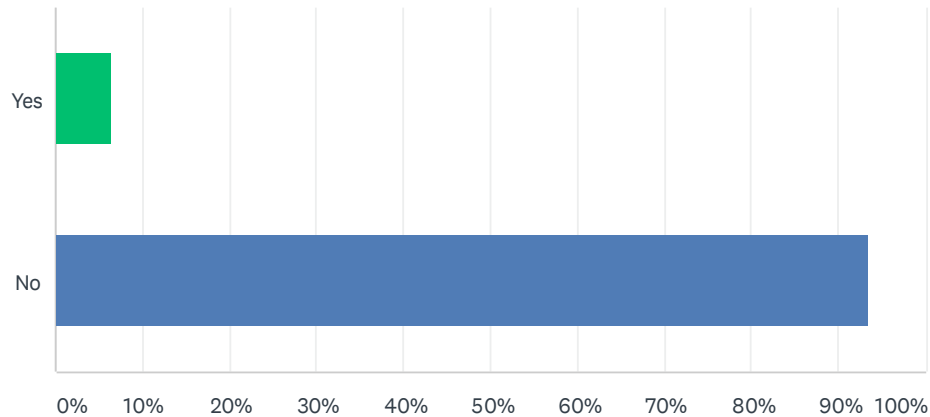
Answered: 46 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	78.26%	36
No	21.74%	10
TOTAL		46

Q6 Community Team - Have relationships with social care improved?

Answered: 47 Skipped: 2



ANSWER CHOICES	RESPONSES
Yes	6.38% 3
No	93.62% 44
TOTAL	47

#	ANY COMMENTS ABOUT COMMUNITY TEAMS?	DATE
1	Social care seems to have disappeared. No contact, no leadership. In theory they were there, but not in practice. Everything we have achieved with our local care homes was achieved due to the hard work of the practices themselves and the PCN leadership.	5/22/2020 3:27 PM
2	Links with social care and Gp practices are very poor	5/21/2020 2:29 PM
3	Community teams reconfigured for crisis and some relationships lost due to this and lack of ability to have TAPs meetings. I am sure they were doing a great job out there but distance between us widened rather than narrowed	5/19/2020 5:32 PM
4	no different	5/18/2020 5:46 PM
5	Same	5/14/2020 12:30 AM
6	Social prescriber has been a big help and support	5/12/2020 11:22 AM
7	No change	5/12/2020 8:57 AM
8	Worked well to support District nurses/Macmillan teams.	5/11/2020 9:13 PM
9	community nursing teams are dedicated and supportive	5/11/2020 8:08 PM
10	Video ward rounds with care homes usually work well (as long as their Wifi is up to it - ie. 2/3 of care home)	5/11/2020 7:53 PM
11	As an EMIS practice there is the usual non-communication from community services. We have no idea what they are doing with our patients.	5/11/2020 6:18 PM
12	Already very good relationships with care home.	5/11/2020 5:56 PM

Q7 Moving forward - What changes should we see in Primary Care?

Answered: 48 Skipped: 1

Primary Care Survey

#	RESPONSES	DATE
1	More and continued remote working. This should be accepted across all levels of the NHS/NHS England/CCG and at patient/community level. Meetings should ALL be made available through remote login (Zoom or otherwise) - much more efficient. Like COVID email box - we should have a central CCG email box where practices can send queries to. (Not back to trying to find out who might deal with what...) Nursing homes should have better wifi/equipment to do video consulting. Surgeries should be given better/stronger wifi and more equipment to be able to work remotely in a more sustained way. Covid-19 will be around for a long time, NHSE/CCG should provide funding to help practices prepare for being able to see patients in the surgery - in safe (hot/cold) zones; for staff to be able to work with social distancing/protected. Surgeries can't afford to make all those adjustments. Surgeries need clear guidance on staff working in primary care and covid risk - who can come to work, how to work safely, what risk assessments and risk assessments tools can be used. This needs more central leadership - CCG level, not national level - the national guidelines are usually too woolly and not specific enough. PPE must be made available continuously! One care home, one GP surgery must be the norm. Get rid of NHSE saying 'you don't have to re-register patients' - then you'll never achieve continuous good care, it will stay fragmented. But we need central leadership on this, PCN's can't do this on their own.	5/22/2020 3:27 PM
2	more telephone reviews	5/22/2020 2:23 PM
3	Outpatients by zoom etc	5/21/2020 6:10 PM
4	more telephone triaging and only needful face to face. confident Nurse and ANP to work together and taking more responsibilities	5/21/2020 2:29 PM
5	econsults becoming more important and should continue. we have our own employed community matron who is invaluable in knowing what is going on in care homes, other practices could follow suit.	5/21/2020 8:14 AM
6	We are going to need a period of reflection and stabilization to pick up the agendas that have been dropped, assess what worked well and can be adopted for future and re-establish regular MDTs and TAPs. I fear the "powers that be" at all levels are excited by some of the developments that have been adopted during the crisis and keen that things continue to develop but on the ground there will be a huge amount of work to catch up with and this needs to be factored into further developments. Primary care has been battered for years with underfunding, staffing issues and political agendas driving priorities rather than clinical need. We need to be fighting for well deserved reward and a bit of slack so we can regroup and make the best use of new resources offered to PCNs and make primary care a great place to work. We cannot return to the 12 hour days, never ending demand from the public and constant demand for change and "improvement" from our masters.	5/19/2020 5:32 PM
7	Continued use of new processes to improve efficiency	5/19/2020 5:48 AM
8	Support for total triage IT upgrade of WIFI, computers, resources for remote working. Integration of practices via PCN and clear distinction of roles of PCN v Federation. Greater support from practice pharmacists/paramedics/social prescribers. Support for practices involved with care homes. Greater use of webinars for locality teaching. Greater autonomy for primary care with less interference from NHSE/I - belief in the professionalism of GPs to provide the best evidence-based medicine for their patients without micromanagement in the form of QOF, CQC, Appraisal.	5/18/2020 10:01 PM
9	Continued access to telephone and video consultations with IT support. Continued close working with TAPs and Care Homes. Meetings via Zoom to save travel and time.	5/18/2020 6:46 PM
10	Working together.	5/18/2020 5:46 PM
11	The crisis has meant we have taken huge technological leaps. It is important for new innovations to continue to be trialed and integrated into care - AccuRx have been OUTSTANDING in their response to the crisis supporting GP technology. PLEASE PLEASE PLEASE consider at a CCG level paying for AccuRx Pathways so we can use even more of their tools for conducting chronic disease reviews remotely. Our IT support colleagues have been individually excellent - eg new monitors for dual monitor working with webcams (why wasn't this done years ago! Still a long way to go to make GP technology fit for purpose though - better wifi within practices, VDI is going to be VITAL moving forward over the next year so we can have staff working remotely and flexibly at short notice, allow us to set Chrome as default browser rather than IE so we can use video consults without extra clicks and presses, install	5/18/2020 1:39 PM

Primary Care Survey

Teams on all machines so we can start using this moving forward - and getting Office 365 functionally would be brilliant!

12	not to revert back to old ways - we need to manage demand as COVID has shown that demand is patient led and often inappropriate.	5/18/2020 8:13 AM
13	More remote consultations, return to more preventive care and get back to chronic disease management mindful that we have not seen the pathology we would have expected over past 8 weeks	5/16/2020 4:58 PM
14	closer working with secondary care	5/15/2020 4:25 PM
15	More video/telephone consultations.	5/15/2020 8:00 AM
16	Telephone triage consultations with photos great need to improve internet for video consultations to really work . Carehome ward rounds are good if both parties use 4g !	5/14/2020 8:05 PM
17	Easier access to routine video consultations Better extended access- 111 access/video consults Less face to face meetings, use zoom	5/14/2020 6:55 PM
18	Continue to work more closely as practices to support each other	5/14/2020 5:20 PM
19	Continue what has worked ie improved communication in PCN and use of alternatives to face to face meeting. Proper feedback on new initiatives that are PCN wide eg hot hub so they can be evaluated systematically. Recognition that we not 'out of the woods yet' and we need to be planning GP services for the foreseeable future that are covid responsive as well managing Demand for normal services ((whatever that means)	5/14/2020 8:31 AM
20	Doctor first, remote consults but patients need F2F in between, improved care home working	5/14/2020 12:30 AM
21	Using more video consultation and telephone consultations. But this is not quicker than f2f, in fact it can take longer	5/13/2020 11:42 PM
22	Its difficult. Moving forward we are just trying to work out how to operate services whilst still respecting social distancing. We cant have the numbers coming through the door. I think we have to get our brains around that tricky conundrum before envisaging other changes yet.	5/13/2020 7:01 PM
23	Better support for all staff in the form of reliable supplies of PPE and better quality. It would have been nice to see someone use their common sense and refuse to accept PPE guidance as adequate and provide us with better masks, gowns and show you cared about doing the best for us	5/13/2020 6:20 PM
24	Triage before appointments. All appointments to be booked by GP, not admin staff. Encourage use of e-consultation	5/13/2020 6:11 PM
25	limited move to remote consulting, but only if appropriate to problem, and in order to improve access for patients. N.B remote consulting is no more efficient than face to face consultation, and not as effective for many problems.	5/13/2020 4:47 PM
26	For the past 7 weeks patients have not been accessing services as usual so demand on primary care has looked very different. I don't think we can rely too much on what has worked for 7 weeks of ' non routine' care for the future when the pressures will return. Video and photo use has been useful for some, and should continue as an option particularly for workers. But we have a significant population of vulnerable/poor/ elderly patients who simply cant access the technology for this at the moment- could there be a community patient technology advocate to help them/ lend equipment? Develop technology for asthma reviews/ inhaler technique remotely. Patient using own BP monitors etc. A lot of technology could be used to reduce footfall/efficiency/	5/13/2020 12:26 PM
27	I'd like to see the reduced red tape and bureaucracy continue. E.g QOF, CQC, appraisal, PCH, prescribing audits etc. It has been refreshing to be able to concentrate on patient care alone and not have to worry about the multiple hoops to jump through and boxes to tick.	5/13/2020 12:00 PM
28	Efficiency with meeting Efficiency with patient care Reduced complexity of multiple targets	5/13/2020 10:30 AM
29	There have been steps in utilising other technologies linked into Systemone with videoconsultations and sending information, pdfs and weblinks via text. Better utilisation of	5/12/2020 10:05 PM
30	Ongoing use of triage across the patch to cont better access preferred by a lot of patients, ongoing offer of video consults. improve vaccination uptake in time of public health awareness.	5/12/2020 12:51 PM

Primary Care Survey

31	Increased remote access. Encourage self care where appropriate	5/12/2020 12:15 PM
32	keep going with video consultations esp in nursing homes - we need DN to also be able to use this facility	5/12/2020 11:34 AM
33	Whilst telephone and video consults have been useful in the context of a Covid Outbreak they should not be seen as a miracle solution going forward. They risk driving up demand, widening inequalities in health care and exhausting GPs as they are not as safe or efficient as traditional consulting. Patients will become used to using these technologies, driving up demand and increasing stress and pressure on GPs. No one answers their phone first time round!	5/12/2020 11:22 AM
34	to continue with telephone triage and video consults	5/12/2020 10:39 AM
35	more video/phone consults less referrals	5/12/2020 10:02 AM
36	Better interface with secondary care More use of video consultations Triage of appointments to reduce face to face appointments	5/12/2020 8:57 AM
37	Allow clinicians to triage access to online appointments. Online appointments booked by patients commonly result in unnecessary appointments	5/12/2020 8:49 AM
38	1. Support digitalisation. 2. Keep traditional model for those who can not access IT 3. Appropriate funding to deal with the aftermath	5/11/2020 10:51 PM
39	we work better and more efficiently when not swamped by patients demands	5/11/2020 9:39 PM
40	Continuing total triage and increased telephone and video consultations. Resulting in more flexible working in practices, reduced waiting times, reduced face-to-face appointments, better utilisation of space and IT in practices. A better systems and lean approach to patients attending acutely, so that opportunistic 'pull' mechanisms are in place for patients to receive as much of their annual care as possible at any one visit to the practice. Also for planned routine LTC care to fully become flowing one-stop clinics. Safer infection control working environment and working practices, procedures, routines. Zero transmission policy. More regular virtual or actual huddles to update teams and maintain social contact.	5/11/2020 9:17 PM
41	Less face to face consultations. Total triage to remain. More use video/telephone/on line consultations.	5/11/2020 9:13 PM
42	More adaptable to changes	5/11/2020 8:53 PM
43	rethink the structure of our working days to prevent the overload and long hours. Continue with telephone/video and triaging consultations. Have a say in what aspects of our work are meaningful and which merely tick box exercises	5/11/2020 8:08 PM
44	Video calls much more prevalent - especially care homes. Creative use of text messaging (eg. Accurx). Everyone has realised that actually most of the (quite frankly) rubbish that was coming the day every day does not normally need a face 2 face appointment - and can usually be dealt with via self care, pharmacist or telephone support.	5/11/2020 7:53 PM
45	Ritual ward rounds with care homes to continue. Continue to limit face to face contacts. Continue with hot/cold rooms for foreseeable future continue with video consultations where appropriate . To try and develop dedicated home visiting service	5/11/2020 6:35 PM
46	Keep the bureaucracy to a minimum. It has been great that we don't have to worry about jumping through hoops for QOF, LIS, medicines optimisation stuff, appraisal, CQC etc. Primary care has still functioned very well even though we haven't been scrutinised for every second.	5/11/2020 6:18 PM
47	We need to adopt technology faster and keep moving with the times. We should not go back to pre-CV19 situation	5/11/2020 5:56 PM
48	More telephone and video consultations	5/11/2020 5:53 PM

Q8 Moving forward - What changes would you like to see in secondary care?

Answered: 47 Skipped: 2

Primary Care Survey

#	RESPONSES	DATE
1	Secondary care consultants should do more video consultations; they (mainly geriatricians) should be made available for nursing home MDT's or more direct contact possible. Telephone contact where you can speak to a consultant immediately (because they were available during covid times) has been received positively. More availability of community teams IN the community. Better discharge letters from A&E; consultants sorting out their own consultant to consultant referrals rather than sending patients back to their GP to do the admin referral work. This is very frustrating and unnecessarily time-consuming. Pre-hospital discharge review by community nurse, post-hospital discharge review by community nurse (preferably same one) with capability of referring patient back into hospital when he/she has been discharged too early. Or get GP involved where needed if readmission can be avoided.	5/22/2020 3:27 PM
2	better telephone or email contact for advice	5/22/2020 2:23 PM
3	Zoom/whereby	5/21/2020 6:10 PM
4	more focused clinics - managed by PCN eg: a&g to all ref and then to have 3 way conversation between Pt, GP and consultant - this system manged by PCN	5/21/2020 2:29 PM
5	outpatient services need to restart asap as lots of health problems are building up and primary care cant hold these off for much longer.	5/21/2020 8:14 AM
6	A more patient centered approach. eg Seeing patient in outpatient, ordering tests and planning review for 6 months time is no service - surely with technology things can be speeded up and patients sorted and discharged quicker.	5/19/2020 5:32 PM
7	Please sort out discharge summaries which are still dangerously inaccurate and incomplete More integrated pathways, with work moving out of hospitals where possible but FUNDING MUST FOLLOW THE WORK	5/19/2020 5:48 AM
8	Better communication with primary care via e-letters straight onto gp systems. Greater use of telephone and video to replace some out patient appts so that time is freed for more investigating procedures and operations. Post grad learning could be rejuvenated by organising virtual meetings/webinars. Maintain advice and guidance for GPs and consultant clinical advice line. Take responsibility for cancelled activity without expecting primary care to review and rerefer.	5/18/2020 10:01 PM
9	Conitnue telephone appts to allow for more timely discussions with patients. Consultants to directly contact patients instead of expecting primary care to be a go between. Continued helpful advice and guidance in a timely manner.	5/18/2020 6:46 PM
10	Better communication - GP to consultant	5/18/2020 5:46 PM
11	Far greater understanding of just what happens in Primary Care eg I'm getting letters at present asking primary care to take over secondary care monitoring 'due to the Covid-19 pandemic' - what do they think we are doing?! All outpatient appointments should be remote by default unless necessary for the particular patient and/or examination is required. Why don't secondary care have access yet to our S1 records - this would save SO much time in terms of having up to date meds available, understanding what else is going on in the patient's world rather than just their speciality.	5/18/2020 1:39 PM
12	longer appointments - 15 minutes.	5/18/2020 8:13 AM
13	big effort to get back to routine cases	5/16/2020 4:58 PM
14	more remote working, need to learns from GPs	5/15/2020 4:25 PM
15	Consultant have been generally timely and helpful in responding to queries and help with management of patients meaning there was no need for them to be referred to secondary care. Hopefully this will continue.	5/14/2020 8:05 PM
16	Fewer face to face reviews when can be done over phone Easier access to consultants for advice	5/14/2020 6:55 PM
17	Approaching consultants has improved during Covid-19 and I would like to see this continue as has significantly improved patient care	5/14/2020 5:20 PM
18	Resumption of referral services or at least a timetable as to when they resumr	5/14/2020 8:31 AM

Primary Care Survey

19	Consultant first Drop C&B Videoconsult follow ups for some Combine FCP into MSK	5/14/2020 12:30 AM
20	More availability of consultant advice.	5/13/2020 11:42 PM
21	Respect!!!	5/13/2020 7:01 PM
22	Stop their ability to reject referrals- they should have accepted them and triaged them, just as we have had to do with patients. Stop the inadequate telephone consult letters that are coming back to us whereby nothing has been done and patients are being discharged	5/13/2020 6:20 PM
23	Secondary care has been excellent. The Consultants have been supportive. Increase the specialties in clinical advice line.	5/13/2020 6:11 PM
24	quicker, easier and simpler access to advice and guidance from consultants in all specialties - might reduce number of referrals.	5/13/2020 4:47 PM
25	Access to Electronic prescribing so if they do remote consultations they don't rely on GPs to ' help them out this time' by providing scripts.	5/13/2020 12:26 PM
26	Less work dumping from them would be nice. They need to get electronic prescribing asap so they can issue their own scripts. They should do more video/telemedicine also, surely this would be a better use of time and stop patients having to travel quite so much.	5/13/2020 12:00 PM
27	Increased use of remote consultation and ease of access for advice for primary care	5/13/2020 10:30 AM
28	Communication improvement. Small trials involving conversations with General Practice before rollout of services that will impact our referrals etc. All letters sent to us by email rather than post and a clear and regularly updated list of email addresses / preferred way to contact different parts of the hospital. ie contact the on-call xxx consultant via email to be returned within 24hrs and where to send a referral / patient information if accepted by peads /ortho / plastics / ENT / urology etc...now faxes removed. It would be handy if the juniors also knew these pathways.	5/12/2020 10:05 PM
29	ongoing use of more phone/ video consults. easy access to quick advice is very valuable.	5/12/2020 12:51 PM
30	Improve access for admissions, streamlined admissions via bed manager rather than long waits to speak with ward staff	5/12/2020 12:15 PM
31	that the default is not to admit through a&e	5/12/2020 11:34 AM
32	Continuation of advice and guidance. Reduction in passing work back to GPs. In particular they should not be passing referrals back to us to do " once Covid is over"	5/12/2020 11:22 AM
33	more clear pathway for hosp admission, to continue with clinical advice line	5/12/2020 10:39 AM
34	less A&E attendance - figures seem to show a lot of people don't really need to go and can manage minor things alone	5/12/2020 10:02 AM
35	Active follow up of patients/results by secondary care, discharge of patients who no longer need to be seen. Increased triage of referrals and telephone/video assessment to reduce secondary care appointments.	5/12/2020 8:57 AM
36	More use of remote consultations for clinics. Many patients who need secondary care find travel difficult and stressful. EPS for secondary care to local pharmacies, would improve issuing of DMARDs. More hot clinics for urgent cases to be agreed with consultant.	5/12/2020 8:49 AM
37	Some reciprocal goodwill Lot of work being transferred to primary care again	5/11/2020 10:51 PM
38	more control about which patients we see and how we interact with them	5/11/2020 9:39 PM
39	Improved accessibility for patients to contact directly (if already under secondary care) rather than through GP acting as middle man. More collaboration with primary care in educational activities and improvement work.	5/11/2020 9:17 PM
40	Easier access to telephone/email advice before referral.	5/11/2020 9:13 PM
41	Keeping us informed of changes	5/11/2020 8:53 PM
42	ongoing advice and guidance which gives prompt practical suggestions of management. I think that secondary care could make more use of telephone and video consultations	5/11/2020 8:08 PM
43	More video (or telephone) calls to patients - long patient journey times, using ambulance	5/11/2020 7:53 PM

Primary Care Survey

transport with long waiting room waits often for things that do not require an examination.
EPS/ETP prescribing from secondary care. Often we are doing prescriptions that they should be doing just because otherwise patient would have to go in person to pick up the bit of paper!

44	Better communications between primary and secondary care and willingness to share work force skills both ways not just primary care helping out secondary care but at times support from hospital phlebotomy etc could be utilised in primary care	5/11/2020 6:35 PM
45	Continue the e-mail access to consultants and the advice and guidance to all specialities. Continue easy access to consultants to telephone to avoid amission. I think there should be more telephone and video consultations with patients to reduce the patient burdon.	5/11/2020 6:18 PM
46	True accountability of CDDFT and honesty that they often fail to deliver good care.	5/11/2020 5:56 PM
47	More triage of referrals	5/11/2020 5:53 PM

Q9 Moving forward - What changes would you like to see in community services?

Answered: 42 Skipped: 7

Primary Care Survey

#	RESPONSES	DATE
1	see above Social services to be involved in safeguarding meetings (remotely), more feedback from safeguarding decisions. Mental health be better available in the community and accept EVERY referral, or re-direct; not bounce back.	5/22/2020 3:27 PM
2	Paramedic home visits	5/21/2020 6:10 PM
3	i think we are doing so well and much linked with community services - DN - not the rest	5/21/2020 2:29 PM
4	physio as first port of call for msk problems not GP. counselling needs to resume as there will be huge demand following this crisis in the coming months and the service has disappeared	5/21/2020 8:14 AM
5	I would like to see continuation and development of the closer working we have seen through TAPS	5/19/2020 5:32 PM
6	More MDT meetings - probably virtual.	5/18/2020 10:01 PM
7	Continuation in aligned care to TAPS areas, care homes an practices.	5/18/2020 6:46 PM
8	Better team working	5/18/2020 5:46 PM
9	better links with DNs	5/18/2020 8:13 AM
10	ongoing good communication with Practice	5/16/2020 4:58 PM
11	Need to work more as a team with primary care	5/15/2020 4:25 PM
12	Need to get them on board with video consult and conferences	5/14/2020 8:05 PM
13	Increased communication	5/14/2020 6:55 PM
14	Better integration of what still feels to be a distant district nursing team	5/14/2020 5:20 PM
15	Resume discussion Taps cases and palliative care cases	5/14/2020 8:31 AM
16	More of same Diagnostic spirometry/PR/education package Review of multi therapy pathwayS Specialist nurse links between primary & secondary care Training for HCA to deliver dietetic advice Dieticians	5/14/2020 12:30 AM
17	More alignment of teams with practices.	5/13/2020 11:42 PM
18	Continue better working with community nurses and CSPs. Better and improving relationships.	5/13/2020 7:01 PM
19	Stop expecting us to go into care homes without gowns and better masks. Bet you people in suits wouldn't want to do it	5/13/2020 6:20 PM
20	I would prefer if there was one single provider of District nursing, VAWAS, social prescribing and health visiting services.	5/13/2020 6:11 PM
21	better integration with GP	5/13/2020 4:47 PM
22	Ongoing promotion of patient self care	5/13/2020 10:30 AM
23	Continued attendance to primary care meetings.	5/12/2020 10:05 PM
24	District nursing team are excellent responsive to patient and GP need. hope it will continue	5/12/2020 12:51 PM
25	Increased integration into general practice teams	5/12/2020 12:15 PM
26	hubs for covid/ acute cases,	5/12/2020 11:34 AM
27	Improved alignment with networks.	5/12/2020 11:22 AM
28	DN to liase more closely with practice	5/12/2020 10:39 AM
29	nil specific	5/12/2020 10:02 AM
30	Community services work well in the locality.	5/12/2020 8:57 AM
31	Integration of video consulting and images to be recorded by Disrict nurtures to reduce need of visits. Further funding of community matrons on nurse practioners to facilitate more home visits. Many home visits do not require a GP, in the time of a single visit a GP could complete many	5/12/2020 8:49 AM

Primary Care Survey

face to face or remote consultations, its a false economy. But funding this is not possible in small practices.

32	They did well Support for DNs etc	5/11/2020 10:51 PM
33	further integration within the practices	5/11/2020 9:39 PM
34	DNs to all use ICE. More team working with GP practices with matrons and DNs so we feel that they are part of our team. Improved communication continuing to develop virtual wards working. Possibly a home visiting service through community services and federation/PCN to provide high quality LTC, palliative and acute illness services.	5/11/2020 9:17 PM
35	Not sure.	5/11/2020 9:13 PM
36	Increasing integration	5/11/2020 8:53 PM
37	It would be helpful if we had community nurses allocated to our Practice (like in the old days) and to be able to contact the nurses directly instead of having to go through the time consuming process of the access hub	5/11/2020 8:08 PM
38	Video calls - eg. district nurse is out on a visit and asking for GP opinion, why not video call rather than have to try to arrange a joint visit on another day. Blue drug kardex should be printable or digital, as handwritting them out all the time is grossly inefficient and more chance for errors and getting lost.	5/11/2020 7:53 PM
39	More joined up working	5/11/2020 6:35 PM
40	To be able to communicate with EMIS practices. I am shocked that a patient has not been harmed by this yet.	5/11/2020 6:18 PM
41	True accountability of CDDFT and honesty that they often fail to deliver good care.	5/11/2020 5:56 PM
42	More liaison with GP practice	5/11/2020 5:53 PM

Q10 Moving forward - What changes would you like to see in Care Homes?

Answered: 46 Skipped: 3

Primary Care Survey

#	RESPONSES	DATE
1	Better ways of communication remotely - better equipment, better wifi. Not every 'care home has it's own policy'. Not policies in place like 'if this patient can use paracetamol then we need it prescribed' - common sense needs to prevail!	5/22/2020 3:27 PM
2	better organisation	5/22/2020 2:23 PM
3	N/a	5/21/2020 6:10 PM
4	i think we need more admin support for practices when this comes forth, - health call , arranging regaulr mdt, making sure the plan is followed through in the nursing home. this is over and above what GP practices can do . - so we need more admin support for this.	5/21/2020 2:29 PM
5	we have started weekly video ward rounds and they are very helpful.	5/21/2020 8:14 AM
6	They need massive increase in funding so they can attract and retain quality staff who can work with us. What is the point of spending hours doing care planning if it is ignored by the night shift because they don't understand its importance in stopping inappropriate admissions etc	5/19/2020 5:32 PM
7	More support for practices responsible for care from PCN/Federation - not sure how practices to be reimbursed for extra work involved. A national review is necessary to help this sector both for residents and care workers - needs to look at fundamental structure of long term care and training and support for those working in the sector.	5/18/2020 10:01 PM
8	Aligned to practices, ability to do video consulatations	5/18/2020 6:46 PM
9	More funding for education to care home staff	5/18/2020 5:46 PM
10	Remote ward round should be routine now.	5/18/2020 1:39 PM
11	to maintain video work but need better IT/ internet connection	5/18/2020 8:13 AM
12	Better training for staff, more support for homes, they have taken the brunt of this crisis so far	5/16/2020 4:58 PM
13	remote working, better trained staff, closer links with practices	5/15/2020 4:25 PM
14	I am very happy with our current situation - but that is because we have the privileged position of 2 elderly care homes that are all our patients and an excellent VAWAS nurse with whom I do regular MDTs	5/14/2020 8:05 PM
15	Continued virtual ward rounds	5/14/2020 6:55 PM
16	More consideration and involvement of our care home colleagues in future planning	5/14/2020 5:20 PM
17	Must remain aligned to practices	5/14/2020 8:31 AM
18	Nationalise them EHCH operational Better education Better organisational support eg with policies to bring Homes up to good level. Improve pay of carers Cross nursing links with health providers	5/14/2020 12:30 AM
19	More staff	5/13/2020 11:42 PM
20	I really dont know. More input from CSPs is crucial but they dont really want to work in them.	5/13/2020 7:01 PM
21	Given status of Royal Colleges. Given apology from government. Nationalised	5/13/2020 6:20 PM
22	Use of technology such as Microsoft teams, Zoom etc to conduct ward rounds.	5/13/2020 6:11 PM
23	none	5/13/2020 4:47 PM
24	Not all are requesting medications electronically- they need support for this	5/13/2020 12:26 PM
25	Not having to do a weekly ward round would be helpful.	5/13/2020 12:00 PM
26	Remote assessment Lots already dictated to change withDES	5/13/2020 10:30 AM
27	Continue with practice alignments. Saving non urgent problems for virtual ward rounds	5/12/2020 10:05 PM
28	Think virtual ward rounds are a good idea. ongoing excellent support from DDHF highly valued	5/12/2020 12:51 PM
29	None	5/12/2020 12:15 PM
30	video consultation access	5/12/2020 11:34 AM

Primary Care Survey

31	More staff, especially more nurses in nursing homes with better retention and continuity of staff.	5/12/2020 11:22 AM
32	MDT meetings and 'virtual wards'	5/12/2020 10:39 AM
33	would be good to be fully aligned.	5/12/2020 10:02 AM
34	To continue to look after our own patients and to use video consultations regularly for reviews and virtual ward rounds.	5/12/2020 8:57 AM
35	More video ward rounds. Continued engagement of community matrons possibly fund more. Better exchange of information relating to Emergency health care plan details(email copy to practice), copies of DNACPR forms also. Better access to secondary care review by remote consultations or possibly joint consultations with GP and consultant to facilitate shared care.	5/12/2020 8:49 AM
36	Technology Practical approach by care homes not be obstructive under the garb of policy	5/11/2020 10:51 PM
37	allocation to practices mandatory virtual ward rounds	5/11/2020 9:39 PM
38	Better IT installed and training for staff, to allow virtual ward rounds and digital equipment to allow monitoring and possibly examination remotely Regular contacts with practices as planned. direct access for practice to care home and vice versa, so not waiting to get through call centre or queue on practice reception phone lines	5/11/2020 9:17 PM
39	Stick with aligned care homes to surgeries.	5/11/2020 9:13 PM
40	Better communication	5/11/2020 8:53 PM
41	I think one care home per Practice would be useful as planned. More of an idea of the role of community matrons???	5/11/2020 8:08 PM
42	Wifi/broadband + equipment to facilitate video calls. Care home staff having access to basic obs equipment (and training to take readings) - BP/pulse/temp/sats.	5/11/2020 7:53 PM
43	Improved IT and technology to facilitate video ward rounds	5/11/2020 6:35 PM
44	Good wi-fi and video consultation equipment and the ability to do basic observations.	5/11/2020 6:18 PM
45	We already have a good relationship with our carehome(s). Other practices need to develop them. Initiatives should be practice lead not NHSE lead. Admissions should be monitored and focused feedback given following all admissions to both practices and care homes.	5/11/2020 5:56 PM
46	Aligned to single practices	5/11/2020 5:53 PM

Q11 Moving forward - What changes would you like to see in Extended Hours?

Answered: 42 Skipped: 7

Primary Care Survey

#	RESPONSES	DATE
1	Better pay. Over the last 10 years the funding has only reduced. GP work has only become more complicated and opening more/being accessible more and there fore doing more and more complicated work has not been valued enough. Our new ways of working (telephone/video/eConsult) has demanded GP's to change their traditional ways of working; it has also increased GP demand. This should be recognised and acknowledged. In-hours and in Extended Access.	5/22/2020 3:27 PM
2	N/a	5/21/2020 6:10 PM
3	to continue the same as very very less DNA and pts love this, who are working away during normal hrs.	5/21/2020 2:29 PM
4	can be phone calls (booked) as obviously face to face is inappropriate unless triaged into slots.	5/21/2020 8:14 AM
5	We need a high quality and robust service but you cant expect practices or PCNs to run or staff this within the current clinical workforce. If secondary care bid for the contract they should be held to account rather than asking primary care to bail them out when things get tough.	5/19/2020 5:32 PM
6	There should be one OOH service to which patients are clearly sign-posted when practices close in - hours.	5/18/2020 10:01 PM
7	Go back to the extended hours service supplementing primary care provision	5/18/2020 6:46 PM
8	Collaborative working	5/18/2020 5:46 PM
9	To totally clarify what the role of extended hours is in a world of remote consulting - how do patients book in etc	5/18/2020 1:39 PM
10	no change	5/18/2020 8:13 AM
11	assess need and value of this part of service	5/16/2020 4:58 PM
12	none	5/15/2020 4:25 PM
13	Unsure The concept is good Usually and well used in our practice by a small cohort , but in the current climate is not really that useful maybe extended hours telephone / video call provided remotely may be the way ahead	5/14/2020 8:05 PM
14	Run from hubs	5/14/2020 6:55 PM
15	Nil	5/14/2020 5:20 PM
16	Pcn discussion on this	5/14/2020 8:31 AM
17	C	5/14/2020 12:30 AM
18	None	5/13/2020 11:42 PM
19	In the long run it should really be for predominantly pre-booked primary care problems but i think it will be some time before we have the need for this as people arent coming for F2F appointments. We have demonstrated we can deliver urgent care pretty effectively albeit it without visits.	5/13/2020 7:01 PM
20	Start working like proper GP's instead of just seeing easy patients for 15 mins and then tasking practice GP to order an X-ray and tests that aren't clinically justified	5/13/2020 6:20 PM
21	Extended hours has been an excellent service. It would be beneficial if the extended services and out of hours services are provided by a primary care organisation/federation.	5/13/2020 6:11 PM
22	reduction - in the light of increased use of remote consulting	5/13/2020 4:47 PM
23	Again in 2021 there is planned change. Prefer to provide patient centred localised service for present time	5/13/2020 10:30 AM
24	Practices use this in very different ways - some as an overflow booked by reception - others post triage for a few that cant be seen before 5 but these appointments are generally made later in a morning or in the afternoon where slots may be filled. 111 need to improve how they utilise this service and when to use out of hours GPs instead.	5/12/2020 10:05 PM
25	No comments to make they seem to be working	5/12/2020 12:51 PM

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26	Return to extended hours being available for our patients who work to utilise at times they need it.	5/12/2020 12:15 PM
27	that we can have access to book in patients directly - we are open on Saturday mornings for our patients and if we are fully booked would be nice to add into extended access for patients who need to be seen. More appointments to be offered going forwards	5/12/2020 11:34 AM
28	Better flexibility to adjust these on a local basis depending on staff availability and need.	5/12/2020 11:22 AM
29	none	5/12/2020 10:39 AM
30	no comment	5/12/2020 10:02 AM
31	To be able to use these with telephone calls, video consultations.	5/12/2020 8:57 AM
32	Remote consults, video consults. Not to put more stress on GP practices that are already struggling to cover hours and recruit new GPs.	5/12/2020 8:49 AM
33	None	5/11/2020 10:51 PM
34	nil	5/11/2020 9:17 PM
35	Keep extended hours going, it is invaluable when demand increases. Enjoyed flexible working alongside UCC.	5/11/2020 9:13 PM
36	n/a	5/11/2020 8:53 PM
37	no thoughts	5/11/2020 8:08 PM
38	?	5/11/2020 7:53 PM
39	ETPS, ability to order investigations and referrals instead of passing it back to the practice the next day	5/11/2020 6:35 PM
40	Silly question when there will be a national change in April 2021	5/11/2020 6:18 PM
41	Abolish it.	5/11/2020 5:56 PM
42	Provided by federation hub	5/11/2020 5:53 PM

Q12 Moving forward - What changes would you like to see in Out of Hours?

Answered: 39 Skipped: 10

Primary Care Survey

#	RESPONSES	DATE
1	111/OOH should communicate better with primary care. Better systems that connect better. Get rid of 111 directly bookable appts during the day; surgeries are open and they can triage their own calls. Also 111 saying 'needs a phonecall within 2 hours' and messages like those from 111 creates the wrong expectations with patients.	5/22/2020 3:27 PM
2	to be done via PCN, this can be managed in pcn level that CDDFT alos managing communit hospital as well	5/21/2020 2:29 PM
3	none	5/21/2020 8:14 AM
4	sorry - see above - applied to extended access and OOH	5/19/2020 5:32 PM
5	As above.	5/18/2020 10:01 PM
6	Good communication	5/18/2020 6:46 PM
7	no change	5/18/2020 8:13 AM
8	continue present model	5/16/2020 4:58 PM
9	none	5/15/2020 4:25 PM
10	?	5/14/2020 6:55 PM
11	Nil	5/14/2020 5:20 PM
12	That access maintained for our patients locally	5/14/2020 8:31 AM
13	Consistent GP provision for shifts	5/14/2020 12:30 AM
14	None	5/13/2020 11:42 PM
15	It needs to be more resilient and robust.	5/13/2020 7:01 PM
16	Take some management decisions and stop telling patients to see their GP in the morning	5/13/2020 6:20 PM
17	I would like the out of hours contract taken away from secondary care provider and given to our local federation or PCN. Unfortunately FT management do not understand primary care well.	5/13/2020 6:11 PM
18	none	5/13/2020 4:47 PM
19	As long as it's not forcibly repatriated to practices we're happy for it to stay as it is.	5/13/2020 12:00 PM
20	More joined up approach without sacrificing integrity/ resilience of system	5/13/2020 10:30 AM
21	It would be good if we could improve appointment utilisation between extended hours, general practice and out of hours so the right patients are seen more consistently seen in the right setting and duplication of work reduced.	5/12/2020 10:05 PM
22	They seem to be working as they seem to use triage as first point of call also which is efficient and documentation for GP to pick up is generally good	5/12/2020 12:51 PM
23	management more in line with local guidelines and practice	5/12/2020 12:15 PM
24	not sure, I do not feel we have capacity to use primary care staff to take this on	5/12/2020 11:34 AM
25	No comments	5/12/2020 11:22 AM
26	none	5/12/2020 10:39 AM
27	Continue to triage, refer patients back to own GP where they have contacted OOH inappropriately. To allow direct referral to minor injuries without 111 triage.	5/12/2020 8:57 AM
28	Better IT link up with normal GP services. Exstended hours gives you full access to GP record and ability to recommenced referrals etc. OOH could be more useful if they could access the full system to requests tests and referrals at the time. Currently everything is duplicated unnecessarily.	5/12/2020 8:49 AM
29	None CDDDT needs to pay doctors better	5/11/2020 10:51 PM
30	no comment	5/11/2020 9:39 PM

Primary Care Survey

31	nil	5/11/2020 9:17 PM
32	Working alongside with Extended hours.	5/11/2020 9:13 PM
33	Communication	5/11/2020 8:53 PM
34	no thoughts	5/11/2020 8:08 PM
35	Peterlee PCS already evolved to do video calls, telephone triage, texts and EPS prescriptions. Suggest other OOH do similar (if not already)	5/11/2020 7:53 PM
36	Less asking patients to contact practice next day for review if time frame isn't appropriate	5/11/2020 6:35 PM
37	For it to be properly staffed as commissioned.	5/11/2020 6:18 PM
38	none	5/11/2020 5:56 PM
39	Provided by federation hubs	5/11/2020 5:53 PM

Q13 Moving forward - What changes would you make to Practice Business Continuity Plans now?

Answered: 39 Skipped: 10

Primary Care Survey

#	RESPONSES	DATE
1	can't answer; every practice will have a different plan	5/22/2020 3:27 PM
2	Cover by fed is enough	5/21/2020 6:10 PM
3	if we clinicians are going to work n 2mt distance, more space is needed. it is easy for some admin to work from home but clinicians might need more estates etc . it is easy to say work from home, but i think people needs inter personal contacts for a business to work forward	5/21/2020 2:29 PM
4	remote working much more prominent in plans and cooperative working between practices in PCN in case of collapse of practice should be in plans	5/21/2020 8:14 AM
5	Not sure - need time to assimilate recent events and scope out appetite for joint working across local practices. Not sure we are ready for really meaningful joint working yet. Speak for our practice - we desperately need a new building as current premises greatly restricts what we can do	5/19/2020 5:32 PM
6	Agree more inter-practice support.	5/18/2020 10:01 PM
7	Continued cloaser working with neighbouring practices for support	5/18/2020 6:46 PM
8	I think the response has been commendable from practices and the CCG.	5/18/2020 1:39 PM
9	no comment	5/18/2020 8:13 AM
10	not sure, very uncertain times, hopefully funding is secure	5/16/2020 4:58 PM
11	need to be PCN based. Need to be standardised	5/15/2020 4:25 PM
12	Cameras to allow all GPs to use these Allow adaptations to keep 'hot rooms' in every surgery and stock with PPE for ongoing use Plan for staff to return when safe if i.e asthma	5/14/2020 6:55 PM
13	Nothing as now appropriately updated	5/14/2020 5:20 PM
14	None	5/14/2020 8:31 AM
15	Cross practice working in a crisis, mutual support National stock PPE with easy access	5/14/2020 12:30 AM
16	None	5/13/2020 11:42 PM
17	Not sure	5/13/2020 7:01 PM
18	Put health of GP's and community staff, and their general welfare, as top priority. Without this patient care is compromised. I mean REALLY at the top, not just making a gesture	5/13/2020 6:20 PM
19	It might be beneficial if Practice Business Continuity plans includes help from other practices/PCN during periods of difficulties.	5/13/2020 6:11 PM
20	Take into account reduced capacity as a result of staff being absent with infection or staff who might be considered vulnerable to infections, being advised not to conduct face to face consults depending on COVID-19 infection rate, or any future epidemic or pandemic.	5/13/2020 4:47 PM
21	It would be helpful if the minority of practices using EMIS could be encouraged to switch to Sytm1 so that we can see the whole patient record more easily.	5/13/2020 12:00 PM
22	There are flexible and practices quickly adapt to change.	5/13/2020 10:30 AM
23	No comment	5/12/2020 12:51 PM
24	not sure	5/12/2020 11:34 AM
25	There is a pressing need for funding for more room space to accommodate PCN staff.	5/12/2020 11:22 AM
26	have updated regarding pandemic plan	5/12/2020 10:39 AM
27	Ours is appropriate and we have been grateful for the CCG support around the pandemic.	5/12/2020 8:57 AM
28	.	5/12/2020 8:49 AM
29	Let us see how much we get slaughtered with post covid cuts	5/11/2020 10:51 PM
30	no comment	5/11/2020 9:39 PM

Primary Care Survey

31	Maintain collaboration with 2 other practices to cover emergencies. Enhance IT back up eg. laptops etc. Keep small stock of PPE for the next pandemic? or just supply all practices with 3D printers??	5/11/2020 9:17 PM
32	At present I feel our contingency plan is sufficient.	5/11/2020 9:13 PM
33	n/a	5/11/2020 8:53 PM
34	no thoughts	5/11/2020 8:08 PM
35	?	5/11/2020 7:53 PM
36	Don't know	5/11/2020 6:35 PM
37	We haven't discussed this yet, but remote access to our computer systems is key	5/11/2020 6:18 PM
38	None	5/11/2020 5:56 PM
39	Adjust pandemic plans from lessons learnt through covid management	5/11/2020 5:53 PM

Q14 Moving forward - What changes would you like to see in the CCG?

Answered: 41 Skipped: 8

Primary Care Survey

#	RESPONSES	DATE
1	More leadership that acknowledges the differences within the PCN's within the CCG. The CCG should have 2-3 directors working for 4-5 PCN's; Then those directors can bring back common/shared themes/problems back to a central body that can sort out these common themes that all PCN's have; otherwise those directors can fully focus and understand and support the 4-5 PCN's they are aligned to. It will create a more personal relationship and work more efficiently. And I don't mean 'CCG aligned staff members', I mean people that are in positions to take immediate decisions.	5/22/2020 3:27 PM
2	Meetings by zoom to reduce travel	5/21/2020 6:10 PM
3	doing a fantastic job, dont want any further merger	5/21/2020 2:29 PM
4	none	5/21/2020 8:14 AM
5	More honesty / transparency and less manipulation of practices and PCNs. I often get the feeling we are "being played" which isn't comfortable. Practice visits might be a start especially if some prospect that our concerns would lead to some action or change. As mentioned previously we have been asking for help with our premises for years and years and feel our cries are being ignored - either help us or tell us the truth is you have another agenda.	5/19/2020 5:32 PM
6	Been grateful for regular Headline and Covid updates - good to continue to keep GPs generally informed regarding local issues. Greater integration with LMC and Federations so that more cohesive primary care voice rather than seeming to follow NHE/I line without question. NHSE/I have a more obvious politically-driven bias than evidence-based public health welfare. Need to boost local public health organisation which have been neglected since the 2012 NHS reorganisation.	5/18/2020 10:01 PM
7	Continued meetings via Zoom. Continue to be reactive to the needs of the practices and understanding of the pressures in primary care.	5/18/2020 6:46 PM
8	Continued good communication	5/18/2020 5:46 PM
9	clearer guidance from meetings - some information was 'wooly' at best	5/18/2020 8:13 AM
10	continue present set up	5/16/2020 4:58 PM
11	Closer working has been good. Named staff to work with has been good	5/15/2020 4:25 PM
12	Continued zoom meetings to allow to attend virtually Headline daily briefings have been excellent, thank you If asked to set up hot hubs check locally ? are they needed/what is the demand/ are practices coping without first	5/14/2020 6:55 PM
13	Continue to provide better communication. The CCG newsletter has been very much appreciated as a regular update.	5/14/2020 5:20 PM
14	Zoom meetings to continued if feasible	5/14/2020 8:31 AM
15	Doing well	5/14/2020 12:30 AM
16	More discussion rather than directives.	5/13/2020 11:42 PM
17	I think Stewart, Joseph and the CCG have done well. I think CCG and primary care has actually worked very well together in this so far. Good communication, fairly empathetic to our plight, pragmatic, approach etc.	5/13/2020 7:01 PM
18	Start to have meaning and leadership for clinical staff who are tired of having top down policy forced on them by people who are out of touch	5/13/2020 6:20 PM
19	CCG be smaller and not as large as what it is today. CCG listens to practices more and not thrust decisions taken by NHSE on practices.	5/13/2020 6:11 PM
20	fewer meetings, clearer guidance, more support for practices.	5/13/2020 4:47 PM
21	Less top down approach with less coercion. We're supposed to be independent contractors but when funding for one thing is linked to others (e.g. PCN linked to PCH) it makes it difficult for us to be able to make informed decisions.	5/13/2020 12:00 PM
22	Keep things simple please for practices.	5/13/2020 10:30 AM

Primary Care Survey

23	Continue the improved communication.	5/12/2020 10:05 PM
24	Responsive to need. keeping service provision and what is needed localised. Not losing services which are working eg physio and counselling. ongoing productive relationship with DDHF and appreciating their good work as an effective well managed team and good value for money re VAWAS	5/12/2020 12:51 PM
25	Better communication	5/12/2020 12:15 PM
26	not sure, I think the headline summaries have been useful	5/12/2020 11:34 AM
27	Improved communication - briefings are sent out but impossible to search retrospectively to see what the latest guideline is.	5/12/2020 11:22 AM
28	none	5/12/2020 10:39 AM
29	We have had excellent support from the CCG and regular updates by emails and remote meetings. I would prefer that meetings continue by video as reduces travel time.	5/12/2020 8:57 AM
30	Better engagement with practices regarding OOH plans and allowing primary care to form what occurs going forward. Better valuing of GP time, decrease unnecessary meetings, we have demonstrated how much can be remote or done outside of core hours. Ensure meetings that must be attended have the cost fully back filled to meet the realistic locum rate.	5/12/2020 8:49 AM
31	CCG esp SF, NB and SB were fantastic and very supportive	5/11/2020 10:51 PM
32	no comment	5/11/2020 9:39 PM
33	nil	5/11/2020 9:17 PM
34	Keep open & honest communication.	5/11/2020 9:13 PM
35	Communication	5/11/2020 8:53 PM
36	no thoughts	5/11/2020 8:08 PM
37	?	5/11/2020 7:53 PM
38	Don't know not sure how CCG Federation and PCNs work together	5/11/2020 6:35 PM
39	More diverse leadership and workforce	5/11/2020 6:18 PM
40	I had very little confidence in the CCG prior and now i have none. They do not represent the views of practices. They often represent the interests of acute trusts and NHSE. CCG should listen to GPs more.	5/11/2020 5:56 PM
41	More zoom meeting attendance accepted instead of face to face	5/11/2020 5:53 PM

Q15 Any further comments?

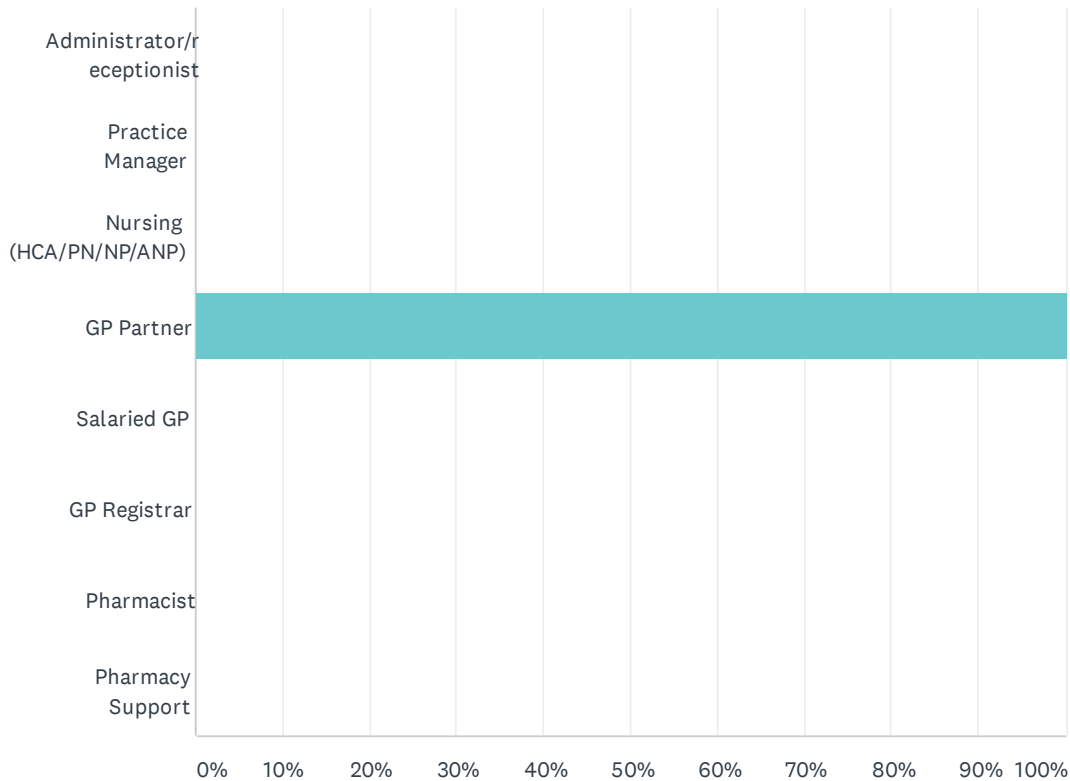
Answered: 26 Skipped: 23

Primary Care Survey

#	RESPONSES	DATE
1	probably, but not at the moment	5/22/2020 3:27 PM
2	no	5/21/2020 8:14 AM
3	Practitioner communication seems to have improved overall both within primary care and between secondary and primary care . This has been aided by technology and hopefully all benefits will be retained without lapsing back into old, slow procedures and micro-management from supervisory bodies.	5/18/2020 10:01 PM
4	Moving forward I have concerns about the fall out of this pandemic. We may have a huge rise in demand for referrals, resolution of problems and going into winter increased clinical work load. I hope that secondary care will support with this with the back log of referrals and timely responses.	5/18/2020 6:46 PM
5	no	5/18/2020 8:13 AM
6	Dr Findlay has been fantastic	5/15/2020 4:25 PM
7	No	5/14/2020 5:20 PM
8	There has been huge cooperative behaviour across practices clinical and non clinical staff plus good Will and kindness and that should be celebrated.	5/14/2020 8:31 AM
9	No	5/13/2020 11:42 PM
10	No	5/13/2020 7:01 PM
11	We have been let down by you, sold down the river by lack of leadership. No one stood up and spoke out about our safety. Shame on you	5/13/2020 6:20 PM
12	None	5/13/2020 6:11 PM
13	no	5/13/2020 4:47 PM
14	no	5/12/2020 11:34 AM
15	There have been so many changes over the last few months eg with hubs opening and shutting within a few weeks that I think there should be caution before enacting further major changes.	5/12/2020 11:22 AM
16	none	5/12/2020 10:39 AM
17	No	5/11/2020 10:51 PM
18	no	5/11/2020 9:39 PM
19	our connection with care homes and their staff has improved significantly. care home alignment is well overdue and we are glad that this crisis has forced us to implement this after years of endless discussion	5/11/2020 9:17 PM
20	n	5/11/2020 8:53 PM
21	this period has been forced upon us but shown that we can change the way we practise and that so much of our work can be done via phone. We don't have to stick to the old structure of the working day	5/11/2020 8:08 PM
22	?	5/11/2020 7:53 PM
23	No	5/11/2020 6:35 PM
24	No	5/11/2020 6:18 PM
25	The handling of CV19 has been chaotic. It was a predictable event. Further resp. viral outbreaks will occur in future and it is important we are prepared. All organisations should be obliged to prepare for these events in a serious manner. Healthcare acquired CV19 infection in vulnerable patients has been tragic to witness. We must improve infection control to prevent this worsening.	5/11/2020 5:56 PM
26	Headlines has been most useful regarding summarising national and local updates	5/11/2020 5:53 PM

Q16 About you - What is your job role?

Answered: 49 Skipped: 0



ANSWER CHOICES	RESPONSES	
Administrator/receptionist	0.00%	0
Practice Manager	0.00%	0
Nursing (HCA/PN/NP/ANP)	0.00%	0
GP Partner	100.00%	49
Salaried GP	0.00%	0
GP Registrar	0.00%	0
Pharmacist	0.00%	0
Pharmacy Support	0.00%	0
Total Respondents: 49		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	