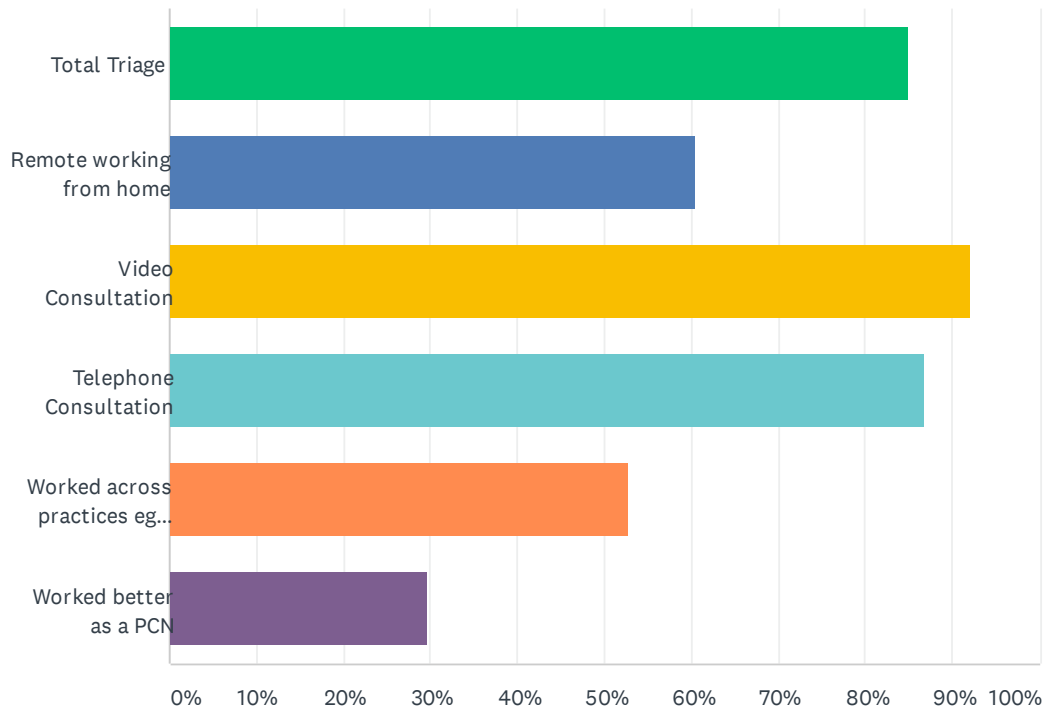


Q1 How have you / your practice worked differently so far, during COVID? Please select all that apply.

Answered: 152 Skipped: 0



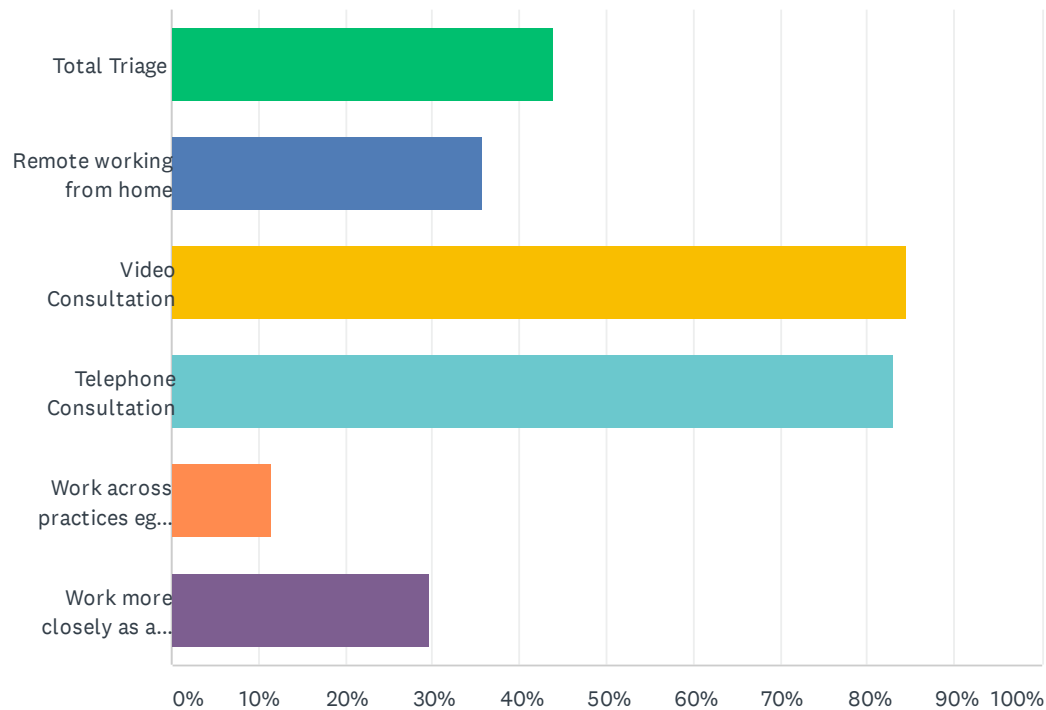
ANSWER CHOICES	RESPONSES	
Total Triage	84.87%	129
Remote working from home	60.53%	92
Video Consultation	92.11%	140
Telephone Consultation	86.84%	132
Worked across practices eg Hot hubs	52.63%	80
Worked better as a PCN	29.61%	45
Total Respondents: 152		

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	e-consult	5/21/2020 10:29 AM
3	Sms consulting	5/20/2020 5:17 PM
4	social prescriber very helpful	5/18/2020 10:01 PM
5	Federation hot hub, no support from PCN	5/18/2020 8:09 PM
6	GP team have had more liaison with nursing/ANP team too - we've really bonded well.	5/18/2020 1:39 PM
7	Selected patients brought in only if necessary. Distribution of patients amongst clinicians slightly changed as NPs will not manage patients over tel as they might face to face.	5/14/2020 12:51 PM
8	We have moved to total triage for screening and utilised video consults, telephone triage and remote working were previously part of our operating procedure	5/14/2020 9:54 AM
9	always done phone appointments	5/14/2020 9:53 AM
10	some home visits, still some patients attending for bloods but spaced out throughout the day so there is never more than 2 patient in the waiting room	5/13/2020 6:00 PM
11	Already did plenty of tel consultations, much increased. Hot hub took long time to get started and closed after 2 weeks	5/13/2020 5:36 PM
12	use of Accurx sms messaging as adjunct to telephone consultations	5/13/2020 4:47 PM
13	reduced patient contact	5/13/2020 3:10 PM
14	Respiratory clinic	5/12/2020 10:05 PM
15	Limiting patients that come into the building	5/12/2020 2:39 PM
16	some f2f appointments after triage	5/12/2020 2:11 PM
17	Divided the practice into Red, Amber, Green zones and filtered patients according to risk.	5/12/2020 1:35 PM
18	consult in car park, restricted surgery access	5/12/2020 12:13 PM
19	Helped secondary care	5/11/2020 9:39 PM
20	"Hot" area identified in practice.	5/11/2020 9:13 PM

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

Answered: 148 Skipped: 4



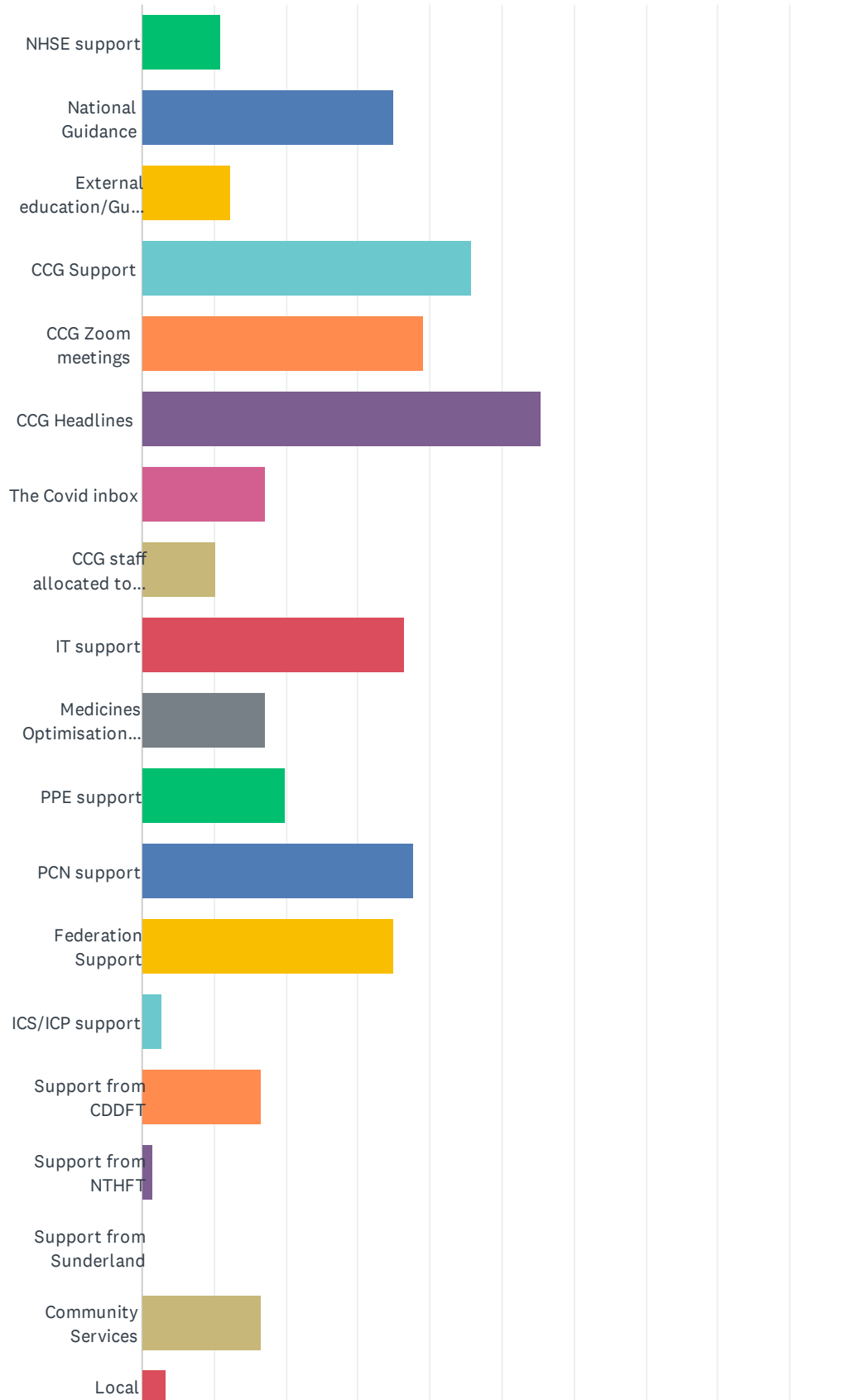
ANSWER CHOICES	RESPONSES	
Total Triage	43.92%	65
Remote working from home	35.81%	53
Video Consultation	84.46%	125
Telephone Consultation	83.11%	123
Work across practices eg Hot hubs	11.49%	17
Work more closely as a PCN	29.73%	44
Total Respondents: 148		

Primary Care Survey

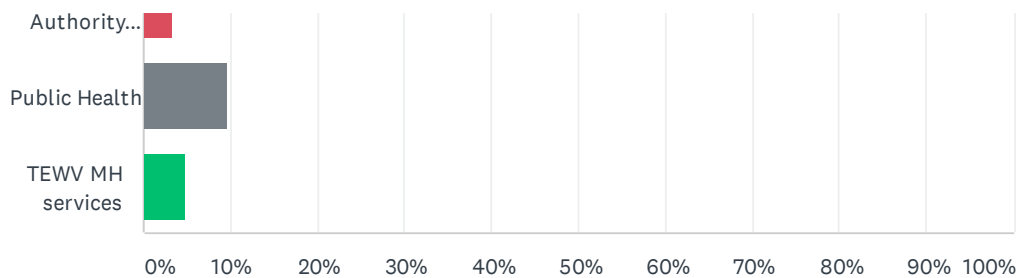
#	ANYTHING MORE?	DATE
1	Meetings should all be remotely; the times saved travelling to meetings means we can spend much more time being clinicians. The environment benefits as well.	5/22/2020 3:27 PM
2	e-consult	5/21/2020 10:29 AM
3	Hopefully start total triage	5/18/2020 10:01 PM
4	Who knows	5/18/2020 9:23 PM
5	we always did telephone work, but doing a lot more	5/18/2020 8:13 AM
6	Significantly challenge what Primary Care does in terms of Primary Prevention-perhaps this needs to be fully assessed for effectiveness e.g. nhs health checks, pre-diabetes programmes, ? send travel to travel clinics when travel begins again, send implants/coils to cash, stop ear syringing. ?? What is the role of General Practice !	5/14/2020 12:51 PM
7	we had not had need to work in hot hubs but always prepared to work with other local practices to meet the needs of the PCN population	5/14/2020 9:54 AM
8	probably a mix of telephone and face to face	5/13/2020 6:00 PM
9	this has not been discussed as yet	5/13/2020 5:50 PM
10	It remains to be decided, greater use of telephone triage than previously likely, may be very helpful to reopen hot hub to continue highest level of protection we can achieve for vulnerable patients who will need to restart attending the practice for monitoring	5/13/2020 5:36 PM
11	likely to continue Accurx sms text consult	5/13/2020 4:47 PM
12	would work remotely from home or hot hubs but were only needed as current pandemic etc /self isolation.	5/13/2020 2:46 PM
13	28 weeks pregnant so current guidance is to continue to work from home	5/13/2020 11:26 AM
14	telephone triage is working really well Limiting the number of foot fall in the surgery	5/12/2020 2:09 PM
15	Unsure at present. Video cons has had a lot of good feedback	5/12/2020 1:55 PM
16	maybe total triage, more likely timed telephone and video consults	5/12/2020 12:13 PM
17	None apply in my role	5/12/2020 9:29 AM
18	Salaried GP so no say in the above decision	5/12/2020 9:14 AM
19	rest up for discussion	5/11/2020 9:39 PM
20	Partial triage (not total)	5/11/2020 7:53 PM

Q3 What worked well? Please select all that apply.

Answered: 146 Skipped: 6



Primary Care Survey



ANSWER CHOICES	RESPONSES	
NHSE support	10.96%	16
National Guidance	34.93%	51
External education/Guidelines - if Y - please list in the comments box	12.33%	18
CCG Support	45.89%	67
CCG Zoom meetings	39.04%	57
CCG Headlines	55.48%	81
The Covid inbox	17.12%	25
CCG staff allocated to PCNs	10.27%	15
IT support	36.30%	53
Medicines Optimisation Support	17.12%	25
PPE support	19.86%	29
PCN support	37.67%	55
Federation Support	34.93%	51
ICS/ICP support	2.74%	4
Support from CDDFT	16.44%	24
Support from NTHFT	1.37%	2
Support from Sunderland	0.00%	0
Community Services	16.44%	24
Local Authority Support	3.42%	5
Public Health	9.59%	14
TEWV MH services	4.79%	7
Total Respondents: 146		

Primary Care Survey

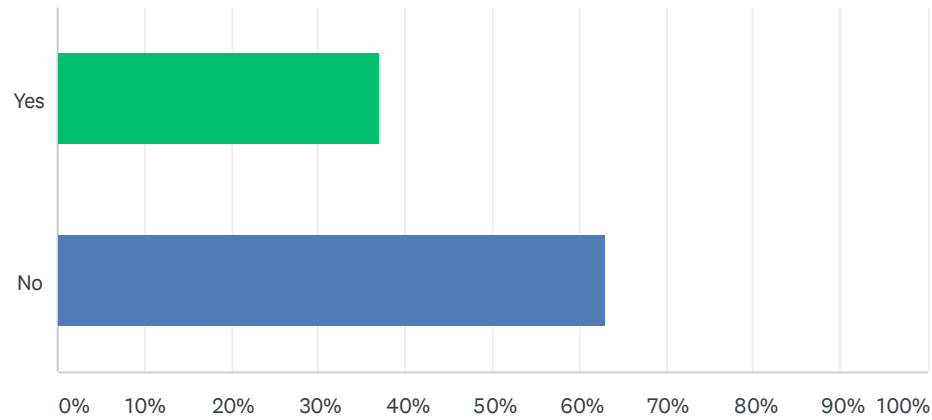
#	ANY COMMENTS?	DATE
1	CCG meetings re setting up hubs was not very useful. 13 PCN's all working in different ways confused many people. Lots of people thought we had to set up hubs in the same way, where actually every PCN was better doing it their own way. When we just went forwards doing it our own 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	Most services that went telephone based were of limited support	5/21/2020 12:01 PM
3	Red whale updates very useful via email	5/21/2020 8:14 AM
4	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
5	Support/guidance from NHSE was abysmal.	5/19/2020 5:48 AM
6	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
7	Nothing too much vague stuff like PPE	5/18/2020 9:59 PM
8	Career staff colleagues sharing latest guidance	5/18/2020 9:23 PM
9	IT support very poor	5/18/2020 8:09 PM
10	Red Whale	5/18/2020 5:46 PM
11	Support from Practice Manager	5/18/2020 11:36 AM
12	big changes in a short time, lot of people involved	5/16/2020 4:58 PM
13	Learned more from d/w colleagues on social media and GP press (pulse) than any local guidance. Sats being case in point- have been doing this since March but only v recent ccg information. Feel approach has been very secondary care centric, when we should have been working out how better to support care homes.	5/15/2020 7:43 AM
14	Use of Accurx	5/14/2020 1:59 PM
15	Wasnt always aware of info coming in	5/14/2020 12:51 PM
16	CCG have been responsive and supportive, guidance from several sources is difficult to manage and quite often conflicting leading to confusion, this is time consuming when trying to implement change quickly and manage staff shortages	5/14/2020 9:54 AM
17	daily meetings	5/14/2020 9:53 AM
18	Volume of information has been overwhelming	5/14/2020 8:31 AM
19	Red Whale and NB Medical education	5/13/2020 9:03 PM
20	I have not felt sufficient support from any of these. I	5/13/2020 6:20 PM
21	Red Whale bulletins were particularly helpful. CDDFTConsultant advice line extremely helpful	5/13/2020 5:36 PM
22	Everything reacted quickly and collaboratively	5/13/2020 10:30 AM
23	did not really apply to my role	5/12/2020 2:42 PM
24	Colleague support from other practices	5/12/2020 2:39 PM
25	our own practice team meetings	5/12/2020 2:11 PM

Primary Care Survey

26	red whale, rcgp, nbmedical	5/12/2020 12:13 PM
27	unsure	5/12/2020 11:41 AM
28	unsure	5/12/2020 11:40 AM
29	Daily emails have on the whole been excellent and useful.	5/12/2020 11:26 AM
30	NB Medical and Red Whale education has been useful. CCG guidelines have been very difficult to search retrospectively.	5/12/2020 11:22 AM
31	Accrux,	5/12/2020 8:49 AM
32	The newsletter has proved essential	5/12/2020 8:42 AM
33	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
34	NHSE guidelines.	5/11/2020 9:13 PM
35	BMJ and Redwhale and NB medical guidance/summaries.Community nurses and Macmillan services have been fantastic	5/11/2020 8:08 PM
36	Support from Practice team	5/11/2020 8:07 PM
37	CCG Support was woolly ! Anything to do with CDDFT was dealt with - anything to do with other trusts made into a mountain when it could have been dealt With better. Initially reasonable response to COVID inbox but very vague responses with no follow up ! The daily calls by CCG staff was overkill ! No usefulness from PHE or local authority ! LA support and infection control team nothing but chaotic disaster. Unnecessary issues blown out of proportion and not enough time spent in actually solving the problem like actually supporting the practices With PPE etc The COVID Q&As helpful	5/11/2020 8:05 PM
38	Ardens and DCS Covid templates have been excellent and extremely helpful.	5/11/2020 7:53 PM
39	Support from practice	5/11/2020 7:52 PM
40	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
41	Communications re Snderland and NT was poor	5/11/2020 4:04 PM

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

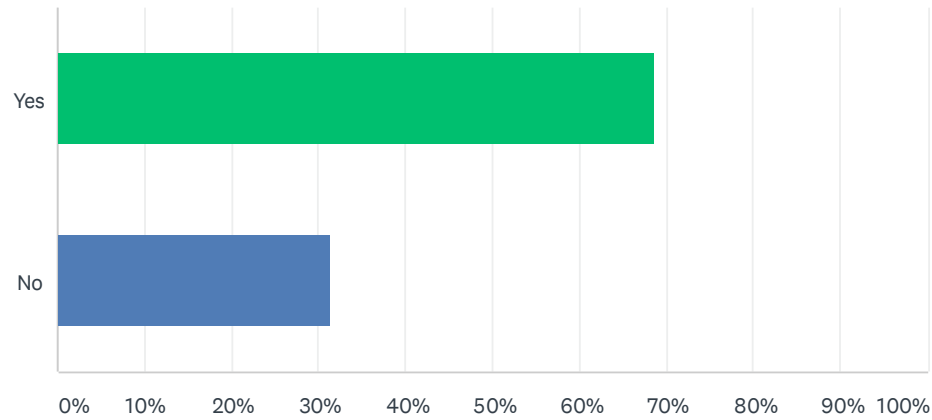
Answered: 138 Skipped: 14



ANSWER CHOICES	RESPONSES	
Yes	36.96%	51
No	63.04%	87
TOTAL		138

Q5 Community Team - Have relationships with Care Homes improved?

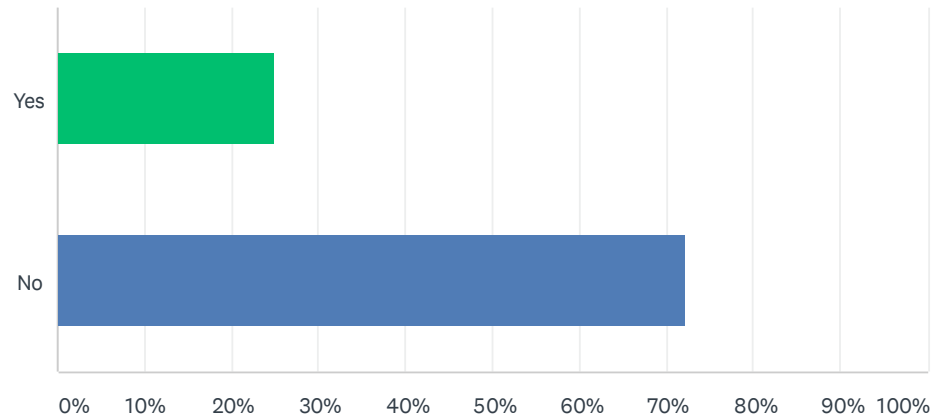
Answered: 140 Skipped: 12



ANSWER CHOICES		RESPONSES
Yes	68.57%	96
No	31.43%	44
TOTAL		140

Q6 Community Team - Have relationships with social care improved?

Answered: 140 Skipped: 12



ANSWER CHOICES		RESPONSES	
Yes		25.00%	35
No		72.14%	101
TOTAL			140

Primary Care Survey

#	ANY COMMENTS ABOUT COMMUNITY TEAMS?	DATE
1	Relationship no worse but not really improved	5/26/2020 12:44 PM
2	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
3	Links with social care and Gp practices are very poor	5/21/2020 2:29 PM
4	They have been so busy we have not had as much contact. We were so busy ourselves that I suspect in the early days we could have offered them a lot more support than was possible at that time	5/21/2020 12:01 PM
5	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
6	no different	5/18/2020 5:46 PM
7	district nursing team excellent	5/15/2020 4:27 PM
8	No sig change	5/14/2020 12:51 PM
9	Feel practice already had good relationships with TAP and care homes	5/14/2020 9:54 AM
10	never see or hear from them unless they want something	5/14/2020 9:53 AM
11	Same	5/14/2020 12:30 AM
12	n/a	5/13/2020 7:40 PM
13	i would say has stayed the same	5/13/2020 5:50 PM
14	Already have good relationship with DNs and this has continued	5/13/2020 5:36 PM
15	N/a	5/13/2020 2:11 PM
16	no difference worked well together already	5/13/2020 1:45 PM
17	I have not had any interactions with these services due to working from home	5/13/2020 11:26 AM
18	things have always worked reasonably well in my role with community teams	5/12/2020 2:42 PM
19	Q5 pre supposes we did not have a good relationship - we did, the relationship is different now	5/12/2020 2:39 PM
20	Social Care have not attended any of the PCN / TAPS meetings.	5/12/2020 1:35 PM
21	i have felt abandoned by them in general practice	5/12/2020 12:13 PM
22	We already had a strong relationship with our community teams which has served us well during the COVID crisis, but this is not a new relationship.	5/12/2020 11:40 AM
23	Haven't had much need to contact SC.	5/12/2020 11:26 AM
24	Social prescriber has been a big help and support	5/12/2020 11:22 AM
25	We already had an excellent relationship with community teams	5/12/2020 10:09 AM
26	Taps and Aligned Care Home relationships have always been good.	5/12/2020 9:52 AM
27	Not directly working with these teams, no option for n/a	5/12/2020 9:14 AM
28	No change	5/12/2020 8:57 AM
29	Worked well to support District nurses/Macmillan teams.	5/11/2020 9:13 PM
30	community nursing teams are dedicated and supportive	5/11/2020 8:08 PM
31	Worse ! Everything had an iG issue as a problem Again no sensible approach to deal with problem - everything is an unsurpassable mountain ! No voice from social care at all - not one call to even check if there were any acute issues / no local area information on support n voluntary services - GPs had to fish out all info !	5/11/2020 8:05 PM

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32	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
33	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
34	Already very good relationships with care home.	5/11/2020 5:56 PM
35	No different	5/11/2020 4:04 PM

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

Answered: 126 Skipped: 26

Primary Care Survey

#	RESPONSES	DATE
1	Introduce new ways of working in practice Try to improve PCN working - hub model worked for some Better use of digital - E Consults working better now	5/26/2020 12:44 PM
2	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
3	more telephone reviews	5/22/2020 2:23 PM
4	Telephone triage for appointments and more video consultation	5/22/2020 12:44 PM
5	Outpatients by zoom etc	5/21/2020 6:10 PM
6	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
7	I think the whole episode has shone a light on how threadbare the service is for what it is being asked to do . Primary care must identify what we can and cant do going forward and reject everything that is not properly resourced or supported	5/21/2020 12:01 PM
8	continued triage and e-consult	5/21/2020 10:29 AM
9	All practices should work with total triage as we have realised what needs a face to face appt and what doesn't and a lot of what we used to see can be done over telephone/video etc	5/21/2020 9:58 AM
10	Reduced foot fall in surgeries - with more remote consultations and inc use off all IT modes to contact pts Online consultations inc use SMS with pts E-contact services etc.	5/21/2020 8:25 AM
11	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
12	Accessible Coronavirus testing both for antibody and antigen. Dedicated Coronavirus hub so that potential cases can be kept out of usual primary care sites. Dedicated triage services provided by secondary care, potentially accessible by public. Freely available PPE. 'Clean' outpatient hospital sites. Testing before discharge to nursing homes.	5/20/2020 9:35 PM
13	More network working. More digital consulting	5/20/2020 5:17 PM
14	Move to total triage, more video and online consultations, pharmacist to sort medication queries and discharges, pharmacists should also be also do electronic prescriptions, video appointments should be available for talking changes, with same day appointments if needed.	5/20/2020 3:23 PM
15	More support for video consultations	5/20/2020 9:17 AM
16	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	5/19/2020 5:32 PM

Primary Care Survey

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.

17	Continued use of IT solutions, more efficient use of GP time	5/19/2020 4:06 PM
18	Continued use of new processes to improve efficiency	5/19/2020 5:48 AM
19	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
20	Staff leaving as demand is too high	5/18/2020 9:59 PM
21	More use of Photo/webcam facility. Offer more telephone appointments	5/18/2020 9:23 PM
22	Less face to face appointments, more flexible opening	5/18/2020 8:09 PM
23	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
24	Working together.	5/18/2020 5:46 PM
25	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 Teams on all machines so we can start using this moving forward - and getting Office 365 functionally would be brilliant!	5/18/2020 1:39 PM
26	n/a	5/18/2020 11:36 AM
27	New ways of working - accurx, eConsult use increased, more triage, video consultation, - Technology	5/18/2020 8:44 AM
28	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
29	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
30	unknown	5/15/2020 4:41 PM
31	CDDFT CSPs doing whole care home service as do VAWAS/DDHF ANPs in the south	5/15/2020 4:27 PM
32	closer working with secondary care	5/15/2020 4:25 PM
33	More remote consultation, face to face when necessary	5/15/2020 1:33 PM
34	More video/telephone consultations.	5/15/2020 8:00 AM
35	Dr first likely to be needed for foreseeable.	5/15/2020 7:43 AM
36	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
37	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
38	Continue to work more closely as practices to support each other	5/14/2020 5:20 PM

Primary Care Survey

39	More telephone and video consultations	5/14/2020 1:59 PM
40	I think telephone triage reduces number of inappropriate appointments and would like to see that continue	5/14/2020 1:52 PM
41	More triage work, more video consults	5/14/2020 1:37 PM
42	N/A	5/14/2020 1:15 PM
43	Challenge what we do. Perhaps concentrate on patients with disease/illness and leave primary prevention to public health. This might need to involve conversations re finance. Develop Community Matron services in care homes-increased numbers/scope of their activity/some power to influence care and with some local/national backing.	5/14/2020 12:51 PM
44	achievable targets in respect of CDM whilst delivering appropriate care via telephone and video consult, support to develop & implement suitable processes and educate patients	5/14/2020 9:54 AM
45	better pay	5/14/2020 9:53 AM
46	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
47	Doctor first, remote consults but patients need F2F in between, improved care home working	5/14/2020 12:30 AM
48	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
49	need to maintain triage system as has worked well	5/13/2020 7:40 PM
50	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
51	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
52	Triage before appointments. All appointments to be booked by GP, not admin staff. Encourage use of e-consultation	5/13/2020 6:11 PM
53	More telephone consultations, still majority face to face app, but I am not keen on video consultations.	5/13/2020 6:00 PM
54	none	5/13/2020 5:50 PM
55	Provision for much higher level of social prescribing that can really impact overuse of secondary care in the way Newcastle study demonstrated.	5/13/2020 5:36 PM
56	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
57	reduction of face to face appointments no more full waiting rooms	5/13/2020 3:10 PM
58	Move to increase video consultations and more links with care homes	5/13/2020 2:18 PM
59	keep triage as the preferred rather than back to flocking in to see the doctor / nurses	5/13/2020 1:45 PM
60	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

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61	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
62	more telephone triage.	5/13/2020 11:51 AM
63	I think I was worrying that working from home would be difficult as a practice nurse but during the pandemic I've noticed a lot more patients are open to having LTC reviews and advice over the phone.	5/13/2020 11:26 AM
64	Efficiency with meeting Efficiency with patient care Reduced complexity of multiple targets	5/13/2020 10:30 AM
65	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
66	More support. We have been left to find PPE etc on our own. We even had an MP try to get PPE of us without success.	5/12/2020 4:56 PM
67	Continue telephone consultations and home visits to vulnerable /at risk patients	5/12/2020 4:43 PM
68	Keep large amount of triage and only see patients that desperately need f2f consultation	5/12/2020 4:40 PM
69	More remote consultation	5/12/2020 3:34 PM
70	Think GP's will do a lot more telephone triage instead of seeing patients face to face as to save time. All patients will have their prescriptions sent electronically now as they have nominated pharmacies. This will save patients from having to come into surgery.	5/12/2020 2:42 PM
71	The repeat attendees that have not being coming as often should not re-occur	5/12/2020 2:39 PM
72	I think keeping telephone triage	5/12/2020 2:25 PM
73	more telephone triage appointments	5/12/2020 2:11 PM
74	Continued IT support with equipment for new ways of working, e.g. webcams, headsets, laptops. VPN support / capacity.	5/12/2020 1:35 PM
75	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
76	Better communication from secondary care would be nice	5/12/2020 12:40 PM
77	To be able to access more secondary care services. Also more M health resources	5/12/2020 12:29 PM
78	More clinical triage and remote working. Less face to face appts and less footfall into practices. All prescriptions via EPS. Less paperwork and duplication.	5/12/2020 12:22 PM
79	Increased remote access. Encourage self care where appropriate	5/12/2020 12:15 PM
80	Broad range of consultation access in timed appointment slots Stop doing care navigation which is biggest waste of time, Pharmacist medication reviews and pharmacist stopping the latest banned drug, Be able to stop and start repeat dispensing when medications are changed, this is currently a total pain Electronic referral to community physio/occ therapy No more appraisals ever No more meetings that are not virtual. Don't need to see everyone at the meeting or be in the room, just see the presenter/organisers. For the first time ever, I can hear what is being said in meetings properly when done through zoom etc	5/12/2020 12:13 PM
81	more telephone consultations and more scripts done over the phone	5/12/2020 11:41 AM
82	More telephone consultations, more understanding from patients, more guidance for all staff	5/12/2020 11:40 AM
83	Less red tape and number crunching. Even during the crisis we are being asked to collect information. Video consultations have been very well received in our practice and we plan to continue with this once things have calmed down. Although we carried out telephone triage previously, the clinician first triage which we are currently operating appears to be working and we would like to continue with this also.	5/12/2020 11:40 AM
84	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
85	All depends on patient's wishes. I am happy to increase use of telephone/video care. I hope the experience will encourage patients to self-manage more.	5/12/2020 11:26 AM

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86	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
87	Different ways of working , using technology more, triaging calls, using video / online services	5/12/2020 10:53 AM
88	better working relationships with PCN, triage be a permanent thing, communication between services. respect and job role definitions	5/12/2020 10:47 AM
89	to continue with telephone triage and video consults	5/12/2020 10:39 AM
90	More digital solutions	5/12/2020 10:18 AM
91	stronger PCN leadership with better communication	5/12/2020 10:10 AM
92	continued use of new ways of working. Stronger PCN leadership, feel its currently non existent	5/12/2020 10:10 AM
93	more support and equipment	5/12/2020 10:10 AM
94	Better communication at all levels Continued use of new technology	5/12/2020 10:09 AM
95	All practices to continue triage first	5/12/2020 10:09 AM
96	more video/phone consults less referrals	5/12/2020 10:02 AM
97	Zoom instead of COM and proper training for non clinical staff via PLT's	5/12/2020 9:52 AM
98	More remote working and video consultations	5/12/2020 9:47 AM
99	continue total triage and improved digital access/consulting. Able to say 'no' to patients. Abolish appraisal.	5/12/2020 9:45 AM
100	Continuation of using alternative methods for patient contact e.g. Dr First, telephone triage, video consultations, e-consult. Help reiterate self care among our population.	5/12/2020 9:34 AM
101	Better communication between primary and secondary care	5/12/2020 9:29 AM
102	Continued use of technology to allow remote consulting, would be helpful to have higher quality equipment available	5/12/2020 9:14 AM
103	Surgeries working collectively.	5/12/2020 9:02 AM
104	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
105	Allow clinicians to triage access to online appointments. Online appointments booked by patients commonly result in unnecessary appointments	5/12/2020 8:49 AM
106	Practices supporting one another in terms of PPE, staff policies	5/12/2020 8:42 AM
107	Continue with telephone consultation	5/11/2020 10:59 PM
108	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
109	we work better and more efficiently when not swamped by patients demands	5/11/2020 9:39 PM
110	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
111	Less face to face consultations. Total triage to remain. More use video/telephone/on line consultations.	5/11/2020 9:13 PM
112	option to tailor how we work to local needs rather than being imposed on us by NHSE or CCG	5/11/2020 9:04 PM

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113	More adaptable to changes	5/11/2020 8:53 PM
114	More uniform working practices More efficient working and more flexible working. Shorter working hours, most time is filled with menial unimportant tasks. Improved population health and self care promotion.	5/11/2020 8:09 PM
115	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
116	Clinical pharmacists in each practice working regularly	5/11/2020 8:07 PM
117	Triage First model Too many layers in the system a disaster Practices holding subcontracts - and some federations doing these for a profit and ruining any progress like VAWAS and some EPCAs Have a simple 2 tier system - in-hours and out of hours ! 8-8 x 2 ! Get practices to work together as PCN as backup if resources an issue - hot hubs have proved this can work ! Stop practices from being selfish and greedy for money's sake ! If you can provide a 8-5 service that's great and then move to federated PCN level working - so everyone can have a life ! Money doesn't travel to the grave	5/11/2020 8:05 PM
118	Video calls much more prevalent - especially care homes. Creative use of text messaging (eg. Accurx). Everyone has realised that acatually 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
119	More triage, more joint working	5/11/2020 7:52 PM
120	Unsure	5/11/2020 7:30 PM
121	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
122	None	5/11/2020 6:34 PM
123	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 optimstion stuff, apprasial, 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
124	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
125	More telephone and video consultations	5/11/2020 5:53 PM
126	Continuing to work remotely	5/11/2020 4:04 PM

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

Answered: 114 Skipped: 38

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#	RESPONSES	DATE
1	Closer relationships - still feel like separate entities IT Systems speak to one another! Less red tape, better communication, easier pathways	5/26/2020 12:44 PM
2	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
3	better telephone or email contact for advice	5/22/2020 2:23 PM
4	not sure	5/22/2020 12:44 PM
5	Zoom/whereby	5/21/2020 6:10 PM
6	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
7	There has been so little provision in 2y care for non-CoVID problems that in future more provision is needed to continue for 'non-crisis' work during the crisis and more planning/provision for the recovery period .	5/21/2020 12:01 PM
8	NA	5/21/2020 10:29 AM
9	They should support primary care a little better by not bouncing everything back to us (NT&H)	5/21/2020 9:58 AM
10	Cont the increased advisory services that have been put in place	5/21/2020 8:25 AM
11	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
12	See above	5/20/2020 9:35 PM
13	More rapid responses. Better comms (eg labs closing). Reopening faster	5/20/2020 5:17 PM
14	Improved communications via video or telephone between primary care and secondary care. Advise and guidance lines were excellent.	5/20/2020 3:23 PM
15	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
16	Video and telephone consults	5/19/2020 4:06 PM
17	perhaps video contacts	5/19/2020 10:45 AM
18	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
19	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
20	Them not to dump on us	5/18/2020 9:59 PM
21	Tel appointments a lot of clinics are unnecessary	5/18/2020 9:23 PM
22	More telephone and video consultations	5/18/2020 8:09 PM
23	Conitnue telephone appts to allow for more timely discussions with patients. Consultants to	5/18/2020 6:46 PM

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directly contact patients instead of expecting primary care to be a go between. Continued helpful advice and guidance in a timely manner.

24	Better communication - GP to consultant	5/18/2020 5:46 PM
25	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
26	n/a	5/18/2020 11:36 AM
27	New ways of working, commence video consultations/telephone - strategic pandemic planning.	5/18/2020 8:44 AM
28	longer appointments - 15 minutes.	5/18/2020 8:13 AM
29	big effort to get back to routine cases	5/16/2020 4:58 PM
30	unknown	5/15/2020 4:41 PM
31	Understanding of the value of community EHCP eg COVID 19 and being proud -not ashamed of the fact that care home patients died/ are dying in their preferred place of care , rather than hospital in County Durham	5/15/2020 4:27 PM
32	more remote working, need to learn from GPs	5/15/2020 4:25 PM
33	Better communication with primary care	5/15/2020 1:33 PM
34	More supportive towards primary care. 2ww referral being encouraged but some handling of these has been less than ideal. Getting secondary care on board with remote assessment (telephone and video calls) would be an excellent start, and preferable to using GPs as middle men. Some specialities have been much better at this than others.	5/15/2020 7:43 AM
35	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
36	Fewer face to face reviews when can be done over phone Easier access to consultants for advice	5/14/2020 6:55 PM
37	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
38	They could see more patients by video or telephone too. Especially review.	5/14/2020 1:59 PM
39	improved waiting times for patients	5/14/2020 1:37 PM
40	N/A	5/14/2020 1:15 PM
41	patients to be assessed/triaged remotely where appropriate improved remote access to clinical advice for GP's	5/14/2020 9:54 AM
42	always get us to do stuff they should do	5/14/2020 9:53 AM
43	Resumption of referral services or at least a timetable as to when they resumer	5/14/2020 8:31 AM
44	Consultant first Drop C&B Videoconsult follow ups for some Combine FCP into MSK	5/14/2020 12:30 AM
45	More availability of consultant advice.	5/13/2020 11:42 PM
46	it has been excellent being able to consult with our secondary care colleagues and have them available to help manage patients - something that usually there is not enough time to do. This will save referrals, money and time	5/13/2020 7:40 PM
47	Respect!!!	5/13/2020 7:01 PM
48	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

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49	Secondary care has been excellent. The Consultants have been supportive. Increase the specialties in clinical advice line.	5/13/2020 6:11 PM
50	More telephone contact with secondary care for advice, I think it will reduce referral	5/13/2020 6:00 PM
51	none	5/13/2020 5:50 PM
52	Continuing increased communication with consultants	5/13/2020 5:36 PM
53	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
54	information needed from hospitals used by practice ie NTGH not just CDDFT our patients don't access secondary care in Durham or Darlington.	5/13/2020 2:46 PM
55	annual review/ surveillance clinics done over call rather than f2f to free up more f2f appts	5/13/2020 2:18 PM
56	remote outpatient reviews - phone calls video calls	5/13/2020 1:45 PM
57	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
58	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
59	Better communication with primary care. ? use of telephone appointments	5/13/2020 11:51 AM
60	Increased use of remote consultation and ease of access for advice for primary care	5/13/2020 10:30 AM
61	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
62	Less handing back to GPs. More telephone contact from specialist to patient.	5/12/2020 3:34 PM
63	Perhaps telephone triage calls initially to see if patients really need to still attend still? If symptoms are better as the waiting times are usually quite a while until the 1st appointment. sorry not sure as I do not work in secondary care.	5/12/2020 2:42 PM
64	I would like them to deliver any catch up required on referrals and inpatient care	5/12/2020 2:39 PM
65	not sure	5/12/2020 2:25 PM
66	nil	5/12/2020 2:11 PM
67	Telephone and video consultations for follow up appointments where physical examination is unnecessary. Would help to manage workload and reduce waiting lists.	5/12/2020 1:35 PM
68	ongoing use of more phone/ video consults. easy access to quick advice is very valuable.	5/12/2020 12:51 PM
69	Some reopening of access for patients - even if by phone. Some transparency about how outpatients work is being managed. Better management of 2ww pathways which are in many cases not functioning well	5/12/2020 12:40 PM
70	Gradual access for services to resume	5/12/2020 12:29 PM
71	Better relationship with Primary Care, working together for the good of the patient in a more streamlined manner.	5/12/2020 12:22 PM
72	Improve access for admissions, streamlined admissions via bed manager rather than long waits to speak with ward staff	5/12/2020 12:15 PM
73	be more patient centered with services eg medical photography - patient sent for immediate photo (great) department refuses to give photo instantly produced to patient who is required to keep a copy. (inefficient) consultant eventually looks at photo to approve it, secretary writes to patient by letter not enclosing photo - too dangerous, (inefficient) patient must attend clinic	5/12/2020 12:13 PM

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during working hours to collect photo in person (time wasting, unnecessary journey, time off work etc etc)

74	more telephone consultations	5/12/2020 11:40 AM
75	The realisation that we are all working towards the same goal and that we are all one NHS. This view applies to primary care as well.	5/12/2020 11:40 AM
76	that the default is not to admit through a&e	5/12/2020 11:34 AM
77	Increase in telephone/video consulting so as to increase their capacity and hence reduce waiting times.	5/12/2020 11:26 AM
78	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
79	working more closely with primary care - continue new letters and sharing good practice	5/12/2020 10:53 AM
80	more clear pathway for hosp admission, to continue with clinical advice line	5/12/2020 10:39 AM
81	more electronic sharing of information	5/12/2020 10:18 AM
82	reviews and consultations over telephone and video consulted where possible	5/12/2020 10:10 AM
83	Greater use of technology i.e. remote consultations	5/12/2020 10:10 AM
84	Na	5/12/2020 10:09 AM
85	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
86	IT needs massive improvements	5/12/2020 9:52 AM
87	n/a	5/12/2020 9:47 AM
88	Easier access to quick advice from consultants re patients with photos or queries regarding management	5/12/2020 9:45 AM
89	Ownership around patient follow up, less dumping of tasks within primary care More accessibility and smarted working via video/telephone for advice/patient triage	5/12/2020 9:34 AM
90	Increased use of remote consulting - provided scans/bloods etc all are carried out appropriately by secondary care.	5/12/2020 9:14 AM
91	Communication improved	5/12/2020 9:02 AM
92	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
93	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
94	Accepting referrals for later in the year rather than bouning them back.	5/12/2020 8:42 AM
95	Services that can be carried out primary care to be held within the community	5/11/2020 10:59 PM
96	Some reciprocal goodwill Lot of work being transferred to primary care again	5/11/2020 10:51 PM
97	more control about which patients we see and how we interact with them	5/11/2020 9:39 PM
98	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
99	Easier access to telephone/email advice before referral.	5/11/2020 9:13 PM
100	more openness and information sharing should be a lot easier, take responsibility for their patients and continue to look after them, rather than passing them straight away back to primary care and expect repeat referral or referral for further investigations through primary care	5/11/2020 9:04 PM

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101	Keeping us informed of changes	5/11/2020 8:53 PM
102	Clearer communication and better linked up IT systems.	5/11/2020 8:09 PM
103	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
104	More specialist nurse practitioners taking calls from primary care	5/11/2020 8:07 PM
105	Be sensible !!!! Work together - just don't talk the talk as if it's all heaving and throw things on GPs as a dumping ground and a dustbin ! Respect what GPs do and work together ! Show the spirit that GPs showed in running BAGH and hot hubs as opposed to how you have dealt with referrals and admissions and discharges ! Don't think CDDFT is the saviour of the universe ! You clearly aren't ! You haven't made any effort in working together with any other neighbouring trusts and just ridiculed them which is a disgrace !	5/11/2020 8:05 PM
106	More video (or telephone) calls to patients - long patient journey times, using ambulance 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!	5/11/2020 7:53 PM
107	More joint working	5/11/2020 7:52 PM
108	No more pass the patient backwards and forwards. Not use PC as a triage service and referral service	5/11/2020 7:30 PM
109	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
110	Completing patient care and not getting primary care to do outpatient tests/scans etc	5/11/2020 6:34 PM
111	Continue the e-mail access to consultants and the advice and guidance to all specialities. Continue easy access to consultants to telephone to avoid omission. I think there should be more telephone and video consultations with patients to reduce the patient burden.	5/11/2020 6:18 PM
112	True accountability of CDDFT and honesty that they often fail to deliver good care.	5/11/2020 5:56 PM
113	More triage of referrals	5/11/2020 5:53 PM
114	BE able to book straight into Consultant OP clinics	5/11/2020 4:04 PM

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

Answered: 110 Skipped: 42

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#	RESPONSES	DATE
1	Better relationships - still feel like separate entities Improve digital resources to make easier contact Less red tape to get round - more focus on the patient	5/26/2020 12:44 PM
2	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
3	more involvement	5/22/2020 12:44 PM
4	Paramedic home visits	5/21/2020 6:10 PM
5	i think we are doing so well and much linked with community services - DN - not the rest	5/21/2020 2:29 PM
6	More provision and support for them	5/21/2020 12:01 PM
7	more funding and support	5/21/2020 10:29 AM
8	N/A - community teams have worked really well	5/21/2020 9:58 AM
9	Increase comms with practices cont with aligned practice vawas services in care homes	5/21/2020 8:25 AM
10	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
11	Dedicated teams attached to GP surgeries rather than separation of services such as district nursing and health visiting	5/20/2020 9:35 PM
12	N	5/20/2020 5:17 PM
13	District nurses to be equipped with saturation monitors and able to do physical check of vital signs.	5/20/2020 3:23 PM
14	I would like to see continuation and development of the closer working we have seen through TAPs	5/19/2020 5:32 PM
15	Better understanding of CSP's - where are they, what do they do. The need to be part of practice teams	5/19/2020 4:06 PM
16	more involvement	5/19/2020 10:45 AM
17	More MDT meetings - probably virtual.	5/18/2020 10:01 PM
18	Do what they get paid to do	5/18/2020 9:59 PM
19	I miss District nurses being assigned a GP and having a close relationship with them	5/18/2020 9:23 PM
20	Teams working more closely with practices	5/18/2020 8:09 PM
21	Continuation in aligned care to TAPS areas, care homes an practices.	5/18/2020 6:46 PM
22	Better team working	5/18/2020 5:46 PM
23	n/a	5/18/2020 11:36 AM
24	Working in collaboration with primary care	5/18/2020 8:44 AM
25	better links with DNs	5/18/2020 8:13 AM
26	ongoing good communication with Practice	5/16/2020 4:58 PM
27	unknown	5/15/2020 4:41 PM
28	More training in frail elderly/ chronic disease management and palliative care for CSPs	5/15/2020 4:27 PM
29	Need to work more as a team with primary care	5/15/2020 4:25 PM
30	Ongoing community nursing support.	5/15/2020 7:43 AM
31	Need to get them on board with video consult and conferences	5/14/2020 8:05 PM
32	Increased communication	5/14/2020 6:55 PM

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33	Better integration of what still feels to be a distant district nursing team	5/14/2020 5:20 PM
34	na	5/14/2020 1:59 PM
35	easier access for patients and for us to refer in to.	5/14/2020 1:37 PM
36	N/A	5/14/2020 1:15 PM
37	See above re Community Matrons. Feel that General Practice not a significant issue in the problems affecting Care Homes but Community Matrons already involved. This service could be developed /increased with some powers to change/influence care of the elderly in homes.	5/14/2020 12:51 PM
38	improved access	5/14/2020 9:54 AM
39	dontknow	5/14/2020 9:53 AM
40	Resume discussion Taps cases and palliative care cases	5/14/2020 8:31 AM
41	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
42	More alignment of teams with practices.	5/13/2020 11:42 PM
43	More community teams looking after vulnerable and frail with links to geriatricians and primary care	5/13/2020 7:40 PM
44	Continue better working with community nurses and CSPs. Better and improving relationships.	5/13/2020 7:01 PM
45	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
46	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
47	N/A	5/13/2020 6:00 PM
48	none	5/13/2020 5:50 PM
49	Based in GP practices for better teamwork	5/13/2020 5:36 PM
50	better integration with GP	5/13/2020 4:47 PM
51	to establish link with care homes and community nursing / visiting teams. ZOOM monthly MDT?	5/13/2020 2:18 PM
52	n/a keep up good work together	5/13/2020 1:45 PM
53	Better communication.,	5/13/2020 11:51 AM
54	Ongoing promotion of patient self care	5/13/2020 10:30 AM
55	Continued attendance to primary care meetings.	5/12/2020 10:05 PM
56	N/A	5/12/2020 4:40 PM
57	more communication	5/12/2020 3:34 PM
58	n/a to my role so not sure sorry	5/12/2020 2:42 PM
59	WE need to get back to the levels of care seen previously	5/12/2020 2:39 PM
60	n/a	5/12/2020 2:25 PM
61	nil	5/12/2020 2:11 PM
62	DN team - great as is. Social Care - visible presence again	5/12/2020 1:35 PM
63	District nursing team are excellent responsive to patient and GP need. hope it will continue	5/12/2020 12:51 PM
64	Better PPE supplies	5/12/2020 12:40 PM
65	More integration with primary and secondary care and more accessible to patients.	5/12/2020 12:22 PM
66	Increased integration into general practice teams	5/12/2020 12:15 PM

Primary Care Survey

67	more visits by practice nurses	5/12/2020 11:41 AM
68	more/better communication	5/12/2020 11:40 AM
69	N/A	5/12/2020 11:40 AM
70	hubs for covid/ acute cases,	5/12/2020 11:34 AM
71	Improved alignment with networks.	5/12/2020 11:22 AM
72	supporting our community services - not overloading services and enabling them to provide good quality safe effective care	5/12/2020 10:53 AM
73	DN to liase more closely with practice	5/12/2020 10:39 AM
74	closer liaison with secondary care and sharing of information	5/12/2020 10:18 AM
75	all on systmone	5/12/2020 10:10 AM
76	one clinical system	5/12/2020 10:10 AM
77	more support and equipment	5/12/2020 10:10 AM
78	Continued direct working with practices and close links with care himes	5/12/2020 10:09 AM
79	nil specific	5/12/2020 10:02 AM
80	None	5/12/2020 9:52 AM
81	cross working	5/12/2020 9:47 AM
82	more community nurse practitioners.	5/12/2020 9:45 AM
83	More working together, better understanding of roles and what changes they have made during COVID19	5/12/2020 9:34 AM
84	More staff	5/12/2020 9:29 AM
85	Continued aligned working	5/12/2020 9:14 AM
86	Communication improved	5/12/2020 9:02 AM
87	Community services work well in the locality.	5/12/2020 8:57 AM
88	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 face to face or remote consultations, its a false economy. But funding this is not possible in small practices.	5/12/2020 8:49 AM
89	More community nursing staff	5/12/2020 8:42 AM
90	Integrations with PCN's	5/12/2020 8:04 AM
91	Processes put in place during Covid for patient care to be continued	5/11/2020 10:59 PM
92	They did well Support for DNs etc	5/11/2020 10:51 PM
93	further integration within the practices	5/11/2020 9:39 PM
94	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
95	Not sure.	5/11/2020 9:13 PM
96	better support by trusts and improved info sharing	5/11/2020 9:04 PM
97	Increasing integration	5/11/2020 8:53 PM
98	More collaboration	5/11/2020 8:09 PM
99	It would be helpful if we had community nurses allocated to our Practice (like in the old days)	5/11/2020 8:08 PM

Primary Care Survey

and to be able to contact the nurses directly instead of having to go through the time consuming process of the access hub

100	More IT support - work mobiles, video consults with GPs while with patients, use e-cardexs	5/11/2020 8:07 PM
101	Be sensible Sorry you were until you were instructed by your bosses otherwise It would have been nice if you had worked closer with PCN and practices as opposed to showing the true "TRUST" colours !	5/11/2020 8:05 PM
102	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 handwriting them out all the time is grossly inefficient and more chance for errors and getting lost.	5/11/2020 7:53 PM
103	More joint working	5/11/2020 7:52 PM
104	Unsure	5/11/2020 7:30 PM
105	More joined up working	5/11/2020 6:35 PM
106	nil	5/11/2020 6:34 PM
107	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
108	True accountability of CDDFT and honesty that they often fail to deliver good care.	5/11/2020 5:56 PM
109	More liaison with GP practice	5/11/2020 5:53 PM
110	More outpatient work done in primary care	5/11/2020 4:04 PM

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

Answered: 116 Skipped: 36

Primary Care Survey

#	RESPONSES	DATE
1	More support given to Care Homes from LA/ NHS Remember they are about care and not to make money Care homes aligned to practices, providing support to patients and staff	5/26/2020 12:44 PM
2	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
3	better organisation	5/22/2020 2:23 PM
4	We do not have any care homes to look after	5/22/2020 12:44 PM
5	N/a	5/21/2020 6:10 PM
6	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
7	more provision and support	5/21/2020 12:01 PM
8	Investments in training and a better wage for carers	5/21/2020 10:29 AM
9	Care homes have worked well despite current crisis	5/21/2020 9:58 AM
10	Inc training and support fro NHS agencies	5/21/2020 8:25 AM
11	we have started weekly video ward rounds and they are very helpful.	5/21/2020 8:14 AM
12	Aligned care homes to each practice. Dedicated community matrons for each care home	5/20/2020 9:35 PM
13	Na	5/20/2020 5:17 PM
14	Nil	5/20/2020 3:23 PM
15	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
16	Someone co-ordinating care - GP's, CSP's, Care home staff	5/19/2020 4:06 PM
17	mobile phones needed for video consultations	5/19/2020 10:45 AM
18	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
19	Consistency	5/18/2020 9:59 PM
20	GP weekly ward round	5/18/2020 9:23 PM
21	More education for staff, better use of technology	5/18/2020 8:09 PM
22	Aligned to practices, ability to do video consulatations	5/18/2020 6:46 PM
23	More funding for education to care home staff	5/18/2020 5:46 PM
24	Remote ward round should be routine now.	5/18/2020 1:39 PM
25	they receive more support	5/18/2020 11:36 AM
26	fully aligned care homes, with staff utilising modern technology more effectively.	5/18/2020 8:44 AM
27	to maintain video work but need better IT/ internet connection	5/18/2020 8:13 AM
28	Better training for staff, more support for homes, they have taken the brunt of this crisis so far	5/16/2020 4:58 PM
29	unknown	5/15/2020 4:41 PM
30	greater understanding of preferred place of care and best interests, and EHCP education for staff relatives and residents	5/15/2020 4:27 PM
31	remote working, better trained staff, closer links with practices	5/15/2020 4:25 PM

Primary Care Survey

32	Many have 'stepped up' and contacts more appropriate with st least basic obs etc done. This should continue. We should not however be responsible for staff training, nor their PPE in the future	5/15/2020 7:43 AM
33	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
34	Continued virtual ward rounds	5/14/2020 6:55 PM
35	More consideration and involvement of our care home colleagues in future planning	5/14/2020 5:20 PM
36	Better communication	5/14/2020 1:59 PM
37	Less samples, for staff to speak with clinicians first before handing in samples. Mostly urine	5/14/2020 1:37 PM
38	N/A	5/14/2020 1:15 PM
39	See above. Increase role of Community Matrons to influence care of both residential and nursing home clients.	5/14/2020 12:51 PM
40	increase clinically knowledgeable staff to facilitate and improve efficiency of GP ward rounds	5/14/2020 9:54 AM
41	we work with ours already and we talk most days	5/14/2020 9:53 AM
42	Must remain aligned to practices	5/14/2020 8:31 AM
43	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
44	More staff	5/13/2020 11:42 PM
45	remain as one per practice enabling better care, weekly ward round etc - ? more funding needed for this	5/13/2020 7:40 PM
46	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
47	Given status of Royal Colleges. Given apology from government. Nationalised	5/13/2020 6:20 PM
48	Use of technology such as Microsoft teams, Zoom etc to conduct ward rounds.	5/13/2020 6:11 PM
49	N/A	5/13/2020 6:00 PM
50	not applicable	5/13/2020 5:50 PM
51	none	5/13/2020 4:47 PM
52	virtual ward round/ allocated time to troubleshoot issues	5/13/2020 2:18 PM
53	new care home scheme will be a big change	5/13/2020 1:45 PM
54	Not all are requesting medications electronically- they need support for this	5/13/2020 12:26 PM
55	Not having to do a weekly ward round would be helpful.	5/13/2020 12:00 PM
56	Remote assessment Lots already dictated to change withDES	5/13/2020 10:30 AM
57	Continue with practice alignments. Saving non urgent problems for virtual ward rounds	5/12/2020 10:05 PM
58	N/A	5/12/2020 4:40 PM
59	Better organisation	5/12/2020 3:34 PM
60	Think locking down very quickly when any sickness that could potentially spread is a good idea, but sure this happens anyway.	5/12/2020 2:42 PM
61	Continued proactive dialogue as opposed to reactive need	5/12/2020 2:39 PM
62	n.a	5/12/2020 2:25 PM
63	using video calls more often	5/12/2020 2:11 PM
64	Supported technology to enable virtual ward rounds to continue	5/12/2020 1:35 PM

Primary Care Survey

65	Think virtual ward rounds are a good idea. ongoing excellent support from DDHF highly valued	5/12/2020 12:51 PM
66	PPE supplies, training of staff in using PPE, some ability to use equipment such as pulse oximeters	5/12/2020 12:40 PM
67	That remote rounds are better for future care of all care homes enabling contact with all patients weekly	5/12/2020 12:29 PM
68	Alignment should improve overall relationships and quality of care.	5/12/2020 12:22 PM
69	None	5/12/2020 12:15 PM
70	enough staff, better pay for them, video consulting	5/12/2020 12:13 PM
71	better communication	5/12/2020 11:41 AM
72	Better communication, more protection & care for all in care homes - staff & residents	5/12/2020 11:40 AM
73	More input from CCGs. The majority of care homes are used as a replacement for cottage hospitals and larger rehab units/geriatric wards which were closed many years ago. If they are used as an extension to the health service, then surely many NHS rules and regulations should apply. It may help them feel more involved in community care and part of a much wider "family".	5/12/2020 11:40 AM
74	video consultation access	5/12/2020 11:34 AM
75	Move to aligning care home to single GP is good idea. Allow care homes to see our documentation in S1.	5/12/2020 11:26 AM
76	More staff, especially more nurses in nursing homes with better retention and continuity of staff.	5/12/2020 11:22 AM
77	working closely with our care home and valuing their services - ensuring they have access to training and support	5/12/2020 10:53 AM
78	MDT meetings and 'virtual wards'	5/12/2020 10:39 AM
79	None - our relationship with our care home has always been excellent	5/12/2020 10:18 AM
80	more interaction across all levels of care	5/12/2020 10:10 AM
81	improved integration including IT	5/12/2020 10:10 AM
82	More support in all aspect of care and have the right equipment	5/12/2020 10:10 AM
83	Better integration with health	5/12/2020 10:09 AM
84	Closer working with primary care. Better education for care home staff and continue video links	5/12/2020 10:09 AM
85	would be good to be fully aligned.	5/12/2020 10:02 AM
86	We have a good relationship with our Care Home and have maintained that during the pandemic	5/12/2020 9:52 AM
87	Better IT support for them to be able to navigate video calls	5/12/2020 9:47 AM
88	Allocated nurse practitioners.	5/12/2020 9:45 AM
89	Work closer, more engagement See more support going into the homes for staffing and training	5/12/2020 9:34 AM
90	More staff and recognition of the carer role	5/12/2020 9:29 AM
91	Support for staff - noticed a number of calls from carers relating to their own mental health, needs ongoing support and understanding from employing organisations.	5/12/2020 9:14 AM
92	For the strong communication links to continue	5/12/2020 9:02 AM
93	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
94	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

Primary Care Survey

95	Better access to PPE for the staff, provided by the care home owners	5/12/2020 8:42 AM
96	Regular communications and mutual support	5/12/2020 8:04 AM
97	Safety measures to be reviewed and improved fir staff and oatients	5/11/2020 10:59 PM
98	Technology Practical approach by care homes not be obstructive under the garb of policy	5/11/2020 10:51 PM
99	allocation to practices mandatory virtual ward rounds	5/11/2020 9:39 PM
100	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
101	Stick with aligned care homes to surgeries.	5/11/2020 9:13 PM
102	much better support by trust and NHSE, better info sharing, IT link up to primary and secondary care	5/11/2020 9:04 PM
103	Better communication	5/11/2020 8:53 PM
104	Further use of innovative technologies. Better access to HCPs such as pharmacists through EHICH	5/11/2020 8:09 PM
105	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
106	IT support, continue VAWAS nurses	5/11/2020 8:07 PM
107	LA in action Proper leadership - what has the integration board been doing during this time ?	5/11/2020 8:05 PM
108	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
109	More joint working	5/11/2020 7:52 PM
110	More communication with practices	5/11/2020 7:30 PM
111	Improved IT and technology to facilitate video ward rounds	5/11/2020 6:35 PM
112	nil	5/11/2020 6:34 PM
113	Good wi-fi and video consultation equipment and the ability to do basic observations.	5/11/2020 6:18 PM
114	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
115	Aligned to single practices	5/11/2020 5:53 PM
116	care homes to work more closely with GP practices	5/11/2020 4:04 PM

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

Answered: 105 Skipped: 47

Primary Care Survey

#	RESPONSES	DATE
1	Not being used well enough at the moment - needs a whole new rethink Hub approach to extended hours - will only work if systems talk to one another	5/26/2020 12:44 PM
2	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
3	happy with how it works for our practice	5/22/2020 12:44 PM
4	N/a	5/21/2020 6:10 PM
5	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
6	needs rethought. For this particular crisis it seemed to exacerbate manpower issues rather than help them	5/21/2020 12:01 PM
7	This to continue	5/21/2020 10:29 AM
8	Don't mind providing these as patients appreciate them however pointless during current pandemic the way we are working	5/21/2020 9:58 AM
9	None at this time	5/21/2020 8:25 AM
10	can be phone calls (booked) as obviously face to face is inappropriate unless triaged into slots.	5/21/2020 8:14 AM
11	Keep it going as is	5/20/2020 9:35 PM
12	Na	5/20/2020 5:17 PM
13	Should be stopped.	5/20/2020 3:23 PM
14	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
15	Current hours managed by Federation in central Durham work well.	5/19/2020 4:06 PM
16	EMIS practices being able to book direct	5/19/2020 10:45 AM
17	There should be one OOH service to which patients are clearly sign-posted when practices close in - hours.	5/18/2020 10:01 PM
18	Done by others	5/18/2020 9:59 PM
19	Face to face better. Tel appointments and then face to face harder to manage in short timescale. Appropriate triage needs before booking patients into this service	5/18/2020 9:23 PM
20	Federations did a great job and proved themselves in setting up ooh hot hubs at very short notice. Continue pretty much as is with extended access and hours combined and continue with visiting services. Pre booked and 111 appointments	5/18/2020 8:09 PM
21	Go back to the extended hours service supplementing primary care provision	5/18/2020 6:46 PM
22	Collaborative working	5/18/2020 5:46 PM
23	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
24	n/a	5/18/2020 11:36 AM
25	Better links with 111 - lots of wasted capacity due to issues with technology and no staff available to support when the services run	5/18/2020 8:44 AM
26	no change	5/18/2020 8:13 AM
27	assess need and value of this part of service	5/16/2020 4:58 PM

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28	unknown	5/15/2020 4:41 PM
29	none	5/15/2020 4:25 PM
30	Not sure	5/15/2020 7:43 AM
31	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
32	Run from hubs	5/14/2020 6:55 PM
33	Nil	5/14/2020 5:20 PM
34	na	5/14/2020 1:59 PM
35	More availability for patients	5/14/2020 1:37 PM
36	N/A	5/14/2020 1:15 PM
37	Flexibility, remote service delivery where appropriate	5/14/2020 9:54 AM
38	too complicated	5/14/2020 9:53 AM
39	Pcn discussion on this	5/14/2020 8:31 AM
40	C	5/14/2020 12:30 AM
41	None	5/13/2020 11:42 PM
42	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
43	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
44	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
45	Reduce extended hours	5/13/2020 6:00 PM
46	stay the same	5/13/2020 5:50 PM
47	reduction - in the light of increased use of remote consulting	5/13/2020 4:47 PM
48	...	5/13/2020 2:18 PM
49	almost proven they are not needed	5/13/2020 1:45 PM
50	Again in 2021 there is planned change. Prefer to provide patient centred localised service for present time	5/13/2020 10:30 AM
51	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 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
52	N/A	5/12/2020 4:40 PM
53	Possibly a telephone triage initially before seeing the patient service for extended hours. Think this is probably an expensive service to run even though very convenient for workers.	5/12/2020 2:42 PM
54	That we continue to provide care for primary care and do not get the OOH service dumped onto us just because CDDFT cannot deliver a service	5/12/2020 2:39 PM
55	n/a	5/12/2020 2:25 PM
56	keep it in urgent care setting	5/12/2020 2:11 PM
57	No comments to make they seem to be working	5/12/2020 12:51 PM
58	None specific	5/12/2020 12:40 PM

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59	more services available.	5/12/2020 12:22 PM
60	Return to extended hours being available for our patients who work to utilise at times they need it.	5/12/2020 12:15 PM
61	make this the same service as out of hours 7-8am and 6-10pm, loads of duplication, lots of confusing rules and varying provision	5/12/2020 12:13 PM
62	none	5/12/2020 11:41 AM
63	Based more central in town	5/12/2020 11:40 AM
64	N/A	5/12/2020 11:40 AM
65	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
66	Better flexibility to adjust these on a local basis depending on staff availability and need.	5/12/2020 11:22 AM
67	already offer good extended hours in practice so don't feel need for change	5/12/2020 10:53 AM
68	none	5/12/2020 10:39 AM
69	More availability in rural areas	5/12/2020 10:18 AM
70	Extended access - continue as are, great service for patients and stable for practices Extended hours DES - use money elsewhere as underutilised and some staff reluctant to work	5/12/2020 10:10 AM
71	continue with equitable access for patients and practices for extended access Extended hours could be better used	5/12/2020 10:10 AM
72	more locations	5/12/2020 10:10 AM
73	Continued access for all practices to allow patients better flexibility in care provision	5/12/2020 10:09 AM
74	We would like extended hours to remain in practice s	5/12/2020 10:09 AM
75	no comment	5/12/2020 10:02 AM
76	Extended Hours works best in practice locations, managed by Federations.	5/12/2020 9:52 AM
77	To be worked in a HUB	5/12/2020 9:47 AM
78	no change	5/12/2020 9:45 AM
79	Continuation via Federation	5/12/2020 9:34 AM
80	Offer some weekend appointments to accommodate workers	5/12/2020 9:29 AM
81	review of actual use and demand	5/12/2020 9:14 AM
82	Services to open back up as normal	5/12/2020 9:02 AM
83	To be able to use these with telephone calls, video consultations.	5/12/2020 8:57 AM
84	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
85	No change	5/12/2020 8:42 AM
86	Merging of Network Extended Hours and EPCA contracts for better patient outcomes	5/12/2020 8:04 AM
87	To continue being funded	5/11/2020 10:59 PM
88	None	5/11/2020 10:51 PM
89	nil	5/11/2020 9:17 PM
90	Keep extended hours going, it is invaluable when demand increases. Enjoyed flexible working alongside UCC.	5/11/2020 9:13 PM
91	are they really needed or do we just create further demand? if more extended hours are suggested, primary care needs to consider a rota/shift based working system	5/11/2020 9:04 PM

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92	n/a	5/11/2020 8:53 PM
93	.	5/11/2020 8:09 PM
94	no thoughts	5/11/2020 8:08 PM
95	Dedicated GP in each practice to deal with abnormal blood results after 6pm,rather than sending that to extended hours clinician	5/11/2020 8:07 PM
96	As above Strip off the ridiculous number of layers Keep it simple	5/11/2020 8:05 PM
97	?	5/11/2020 7:53 PM
98	None	5/11/2020 7:52 PM
99	Ran by hubs continues	5/11/2020 7:30 PM
100	ETPS, ability to order investigations and referrals instead of passing it back to the practice the next day	5/11/2020 6:35 PM
101	nil	5/11/2020 6:34 PM
102	Silly question when there will be a national change in April 2021	5/11/2020 6:18 PM
103	Abolish it.	5/11/2020 5:56 PM
104	Provided by federation hub	5/11/2020 5:53 PM
105	Don't know really. Most patients are dealt with over the phone. This can be done at any time of the day	5/11/2020 4:04 PM

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

Answered: 100 Skipped: 52

Primary Care Survey

#	RESPONSES	DATE
1	Nothing to say regarding OOH	5/26/2020 12:44 PM
2	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
3	not sure	5/22/2020 12:44 PM
4	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
5	-	5/21/2020 12:01 PM
6	This to continue	5/21/2020 10:29 AM
7	Not being able to hide record from us - some of our patients present to OOH in order to get more opioids and this should not be hidden from us	5/21/2020 9:58 AM
8	None at this time	5/21/2020 8:25 AM
9	none	5/21/2020 8:14 AM
10	Keep it going as is	5/20/2020 9:35 PM
11	Na	5/20/2020 5:17 PM
12	Nil	5/20/2020 3:23 PM
13	sorry - see above - applied to extended access and OOH	5/19/2020 5:32 PM
14	Do not want to see GP hours extended further, no appetite for intergration	5/19/2020 4:06 PM
15	n/a	5/19/2020 10:45 AM
16	As above.	5/18/2020 10:01 PM
17	Done by the trust	5/18/2020 9:59 PM
18	None	5/18/2020 9:23 PM
19	To remain as it is.	5/18/2020 8:09 PM
20	Good communication	5/18/2020 6:46 PM
21	n/a	5/18/2020 11:36 AM
22	no change	5/18/2020 8:13 AM
23	continue present model	5/16/2020 4:58 PM
24	unknown	5/15/2020 4:41 PM
25	none	5/15/2020 4:25 PM
26	Not sure	5/15/2020 7:43 AM
27	?	5/14/2020 6:55 PM
28	Nil	5/14/2020 5:20 PM
29	na	5/14/2020 1:59 PM
30	N/A	5/14/2020 1:15 PM
31	improved communication between in-hours and out of ours service providers	5/14/2020 9:54 AM
32	we dont want to work longer hours	5/14/2020 9:53 AM
33	That access maintained for our patients locally	5/14/2020 8:31 AM
34	Consistent GP provision for shifts	5/14/2020 12:30 AM

Primary Care Survey

35	None	5/13/2020 11:42 PM
36	It needs to be more resilient and robust.	5/13/2020 7:01 PM
37	Take some management decisions and stop telling patients to see their GP in the morning	5/13/2020 6:20 PM
38	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
39	N/A	5/13/2020 6:00 PM
40	none	5/13/2020 5:50 PM
41	none	5/13/2020 4:47 PM
42	unable to comment as no worked there myself	5/13/2020 2:18 PM
43	continue as is currently - not really thought about OOH	5/13/2020 1:45 PM
44	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
45	More joined up approach without sacrificing integrity/ resilience of system	5/13/2020 10:30 AM
46	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
47	More communication between OOH and GP	5/12/2020 4:40 PM
48	not sure how to improve sorry	5/12/2020 2:42 PM
49	See Q11 we don't want to have a service dropped on us because they are ineffective and inefficient	5/12/2020 2:39 PM
50	n/a	5/12/2020 2:25 PM
51	keep it in urgent care setting	5/12/2020 2:11 PM
52	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
53	None specific	5/12/2020 12:40 PM
54	Less footfall as problems dealt with more effectively in primary and secondary care	5/12/2020 12:22 PM
55	management more in line with local guidelines and practice	5/12/2020 12:15 PM
56	incorporate with extended hours in evenings	5/12/2020 12:13 PM
57	none	5/12/2020 11:41 AM
58	unsure	5/12/2020 11:40 AM
59	Less abuse of this by patients.	5/12/2020 11:40 AM
60	not sure, I do not feel we have capacity to use primary care staff to take this on	5/12/2020 11:34 AM
61	Would encourage continuation of frail elderly service and make most of it.	5/12/2020 11:26 AM
62	No comments	5/12/2020 11:22 AM
63	making sure calls are appropriate and services not misused	5/12/2020 10:53 AM
64	none	5/12/2020 10:39 AM
65	patients who do not need to be seen there continuing to be redirected back to their GP in hours rather than being given the appointment of their choice	5/12/2020 10:18 AM
66	structure and stability	5/12/2020 10:10 AM
67	clarity on cover and services available improved communication and integration of services	5/12/2020 10:10 AM
68	more support and equipment	5/12/2020 10:10 AM
69	More clarity in what services are available and more coordinated approach	5/12/2020 10:09 AM

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70	Same	5/12/2020 10:09 AM
71	Extended hours could incorporate the Out of Hours service	5/12/2020 9:52 AM
72	n/a	5/12/2020 9:47 AM
73	-	5/12/2020 9:45 AM
74	As is	5/12/2020 9:34 AM
75	none	5/12/2020 9:14 AM
76	Services to open back up as normal	5/12/2020 9:02 AM
77	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
78	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
79	No change	5/12/2020 8:42 AM
80	Regular data reported by provider.	5/12/2020 8:04 AM
81	Process of algorithm to make it easier for when patients call in	5/11/2020 10:59 PM
82	None CDDDT needs to pay doctors better	5/11/2020 10:51 PM
83	no comment	5/11/2020 9:39 PM
84	nil	5/11/2020 9:17 PM
85	Working alongside with Extended hours.	5/11/2020 9:13 PM
86	better integration into practice IT	5/11/2020 9:04 PM
87	Communication	5/11/2020 8:53 PM
88	.	5/11/2020 8:09 PM
89	no thoughts	5/11/2020 8:08 PM
90	Sharing records consent from patients organised as public drive by each PCN	5/11/2020 8:07 PM
91	Exactly as above	5/11/2020 8:05 PM
92	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
93	None	5/11/2020 7:52 PM
94	As before	5/11/2020 7:30 PM
95	Less asking patients to contact practice next day for review if time frame isn't appropriate	5/11/2020 6:35 PM
96	nil	5/11/2020 6:34 PM
97	For it to be properly staffed as comissioned.	5/11/2020 6:18 PM
98	none	5/11/2020 5:56 PM
99	Provided by federation hubs	5/11/2020 5:53 PM
100	I think Out of Hours could be added to extended hours until 9pm weekdays at least	5/11/2020 4:04 PM

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

Answered: 98 Skipped: 54

Primary Care Survey

#	RESPONSES	DATE
1	Complete review of BCPs - to include in house and MDT approach to tackling issues	5/26/2020 12:44 PM
2	can't answer; every practice will have a different plan	5/22/2020 3:27 PM
3	Changes to risk assessments due to pandemic for the future	5/22/2020 12:44 PM
4	Cover by fed is enough	5/21/2020 6:10 PM
5	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
6	I don't feel much change to Practice continuity plans would help. what is needed is an over-arching regional plan (I suspect that with a few more staff isolating or if many had become unwell it would not matter what was in the Practice plan	5/21/2020 12:01 PM
7	Look at how we have reacted, been impacted and learn	5/21/2020 10:29 AM
8	Pushed us into realising that mobile working is possible when following total triage - this has given us the opportunity to provide a more efficient service and to deal with more patients each day than we were previously able too	5/21/2020 9:58 AM
9	Cont review and after through ongoing months	5/21/2020 8:25 AM
10	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
11	Aligning reception staff and health care staff to a PCN to cross cover emergency shortfalls	5/20/2020 9:35 PM
12	More network support for resilience	5/20/2020 5:17 PM
13	Nil	5/20/2020 3:23 PM
14	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
15	Depends on current plans and how robust they are	5/19/2020 4:06 PM
16	seem fine	5/19/2020 10:45 AM
17	Agree more inter-practice support.	5/18/2020 10:01 PM
18	What?	5/18/2020 9:59 PM
19	Not privy to these. Bit difficult to answer in a monkey survey	5/18/2020 9:23 PM
20	Very little with ours but it depends how robust the plan is, some practices may need major changes	5/18/2020 8:09 PM
21	Continued closer working with neighbouring practices for support	5/18/2020 6:46 PM
22	I think the response has been commendable from practices and the CCG.	5/18/2020 1:39 PM
23	n/a	5/18/2020 11:36 AM
24	no comment	5/18/2020 8:13 AM
25	not sure, very uncertain times, hopefully funding is secure	5/16/2020 4:58 PM
26	unknown	5/15/2020 4:41 PM
27	need to be PCN based. Need to be standardised	5/15/2020 4:25 PM
28	Not sure	5/15/2020 7:43 AM
29	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
30	Nothing as now appropriately updated	5/14/2020 5:20 PM

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31	na	5/14/2020 1:59 PM
32	N/A	5/14/2020 1:15 PM
33	detail remote working and systems changes that could be implemented to assist with mass workforce reduction	5/14/2020 9:54 AM
34	None	5/14/2020 8:31 AM
35	Cross practice working in a crisis, mutual support National stock PPE with easy access	5/14/2020 12:30 AM
36	None	5/13/2020 11:42 PM
37	Not sure	5/13/2020 7:01 PM
38	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
39	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
40	N/A	5/13/2020 6:00 PM
41	not applicable	5/13/2020 5:50 PM
42	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
43	i feel the shift in care provision has been managed very well but having a strategy for future issues would be useful	5/13/2020 2:18 PM
44	Covid has proven they not much use ! - god for emergencies such as fire, flood, utility failure but not good for COVID type scenarios in their current form	5/13/2020 1:45 PM
45	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
46	There are flexible and practices quickly adapt to change.	5/13/2020 10:30 AM
47	N/A	5/12/2020 4:40 PM
48	n/a to my role	5/12/2020 2:42 PM
49	Reinforce contact lists	5/12/2020 2:39 PM
50	n/a	5/12/2020 2:25 PM
51	don't know what they are	5/12/2020 2:11 PM
52	No comment	5/12/2020 12:51 PM
53	No idea	5/12/2020 12:40 PM
54	More emphasis on remote working.	5/12/2020 12:22 PM
55	no idea	5/12/2020 12:13 PM
56	none	5/12/2020 11:41 AM
57	unsure	5/12/2020 11:40 AM
58	Not something which can be answered quickly. Need to consider how detailed our plan should be whilst at the same time allowing for flexibility of circumstances ie. ordering sufficient PPE - this plan goes out of the window when you cannot obtain it. Consider including "how to ask the public for help?"	5/12/2020 11:40 AM
59	not sure	5/12/2020 11:34 AM
60	There is a pressing need for funding for more room space to accommodate PCN staff.	5/12/2020 11:22 AM
61	to include plans in event of future pandemic / other emergencies	5/12/2020 10:53 AM
62	have updated regarding pandemic plan	5/12/2020 10:39 AM

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63	None	5/12/2020 10:18 AM
64	better IT particularly when working from home or remotely the ability to have others systems quicker e.g. Skype And better WiFi	5/12/2020 10:10 AM
65	Improved IT and support Less red tape with new technologies - NECS quite often a barrier Improved WiFi	5/12/2020 10:10 AM
66	n/a	5/12/2020 10:10 AM
67	More IT support and coordination especially with new technologies. Better wifi connectivity	5/12/2020 10:09 AM
68	To continue to incorporate pandemic plans	5/12/2020 10:09 AM
69	Practice Business Continuity Plans were robust	5/12/2020 9:52 AM
70	Emphasis on video conferencing	5/12/2020 9:47 AM
71	-	5/12/2020 9:45 AM
72	Need a total overhaul, lots we have faced we couldn't have anticipated. Time for reflection and learning	5/12/2020 9:34 AM
73	n/a	5/12/2020 9:14 AM
74	I would have a more robust systems added for a crisis situation	5/12/2020 9:02 AM
75	Ours is appropriate and we have been grateful for the CCG support around the pandemic.	5/12/2020 8:57 AM
76	.	5/12/2020 8:49 AM
77	A section on hub working	5/12/2020 8:42 AM
78	Digital first approach, more preparedness for total triage model	5/12/2020 8:04 AM
79	Can't comment	5/11/2020 10:59 PM
80	Let us see how much we get slaughtered with post covid cuts	5/11/2020 10:51 PM
81	no comment	5/11/2020 9:39 PM
82	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
83	At present I feel our contingency plan is sufficient.	5/11/2020 9:13 PM
84	overall the NHS as such and certainly primary care has done quite well, but we need to be able to react much quicker to any such emergencies in the future	5/11/2020 9:04 PM
85	n/a	5/11/2020 8:53 PM
86	.	5/11/2020 8:09 PM
87	no thoughts	5/11/2020 8:08 PM
88	Streamline pay and hours for Admin staff. Make all GPs salaried with tiers or bands similar hospital doctors	5/11/2020 8:07 PM
89	Pandemic plan IT support for remote consultations	5/11/2020 8:05 PM
90	?	5/11/2020 7:53 PM
91	?	5/11/2020 7:52 PM
92	To be made by the PCNs	5/11/2020 7:30 PM
93	Don't know	5/11/2020 6:35 PM
94	nil	5/11/2020 6:34 PM
95	We haven't discussed this yet, but remote access to our computer systems is key	5/11/2020 6:18 PM
96	None	5/11/2020 5:56 PM

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97	Adjust pandemic plans from lessons learnt through covid management	5/11/2020 5:53 PM
98	I like what was done in Sunderland where OPAL levels were directly linked to pre-agreed actions by the Practice	5/11/2020 4:04 PM

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

Answered: 103 Skipped: 49

Primary Care Survey

#	RESPONSES	DATE
1	More inclusive - felt like ideas only coming from those who hold positions on the CCG Open and honest - at times it has felt like there have been hidden agendas - not the time to "push things through" For the most part, communication has been good - Covid Headlines and allocated support person	5/26/2020 12:44 PM
2	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
3	continued Zoom or Microsoft meetings	5/22/2020 12:44 PM
4	Meetings by zoom to reduce travel	5/21/2020 6:10 PM
5	doing a fantastic job, dont want any further merger	5/21/2020 2:29 PM
6	I think the CCG performed well in this recent period . I suspect that a review of plans for more severe eventualities will be needed as PCN's will not cope in the event of larger scale problems	5/21/2020 12:01 PM
7	More communications	5/21/2020 10:29 AM
8	All meetings to continue via zoom going forward	5/21/2020 9:58 AM
9	cont the support offered through the pandemic with regular contact with surgeries and named CCG contacts	5/21/2020 8:25 AM
10	none	5/21/2020 8:14 AM
11	Changes lead by clinicians to benefit patients, doctors and nurses seeing through the agenda from NHSE	5/20/2020 9:35 PM
12	Na	5/20/2020 5:17 PM
13	Nil	5/20/2020 3:23 PM
14	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
15	More support for struggling practices, stop assuming PCN's will pick everything up.	5/19/2020 4:06 PM
16	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
17	Disbanded	5/18/2020 9:59 PM
18	Less emails. More actions. Very slow to make and feedback decisions during this pandemic. Disappointing really.	5/18/2020 9:23 PM
19	A better understanding about how practices work on a day to day basis. Felt supported at times but also harassed with too many telephone calls when we were already busy.	5/18/2020 8:09 PM
20	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
21	Continued good communication	5/18/2020 5:46 PM
22	n/a	5/18/2020 11:36 AM
23	The CCG have responded very well, and communication has been excellent. Practices feel	5/18/2020 8:44 AM

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	engaged and consulted - this needs to continue	
24	clearer guidance from meetings - some information was 'wooly' at best	5/18/2020 8:13 AM
25	continue present set up	5/16/2020 4:58 PM
26	unknown	5/15/2020 4:41 PM
27	Closer working has been good. Named staff to work with has been good	5/15/2020 4:25 PM
28	We are as important as the acute trust. Yes they have had the sickest patients to deal with- they are the acute trust after all, but we have worked hard to avoid admissions unless absolutely necessary and manage all of the usual stuff without access to referral and for a while limited diagnostics. From the off it seemed the CCGs primary agenda was to support the acute trust with much less recognition and focus on the challenges primary care has faced. I'd like the ccg to be more focused on helping primary care work well	5/15/2020 7:43 AM
29	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
30	Continue to provide better communication. The CCG newsletter has been very much appreciated as a regular update.	5/14/2020 5:20 PM
31	more meeting via zoom - take less time and no need to travel	5/14/2020 1:59 PM
32	Improved training available for practice nurses. Fair pay scales and holidays for nurses. Better access to mental health services for patients.	5/14/2020 1:37 PM
33	N/A	5/14/2020 1:15 PM
34	To increase the involvement/influence of Nursing in the CCG. Nurse review long overdue at CCG. Practices need more guidance on employment, development, training and management of 'nursing'.	5/14/2020 12:51 PM
35	continuation of opportunity to join meetings remotely Practice nominated CCG contact/link for assistance or sign posting	5/14/2020 9:54 AM
36	dont see who they are they just keeping telling us to do things that then stop days later - its stupid	5/14/2020 9:53 AM
37	Zoom meetings to continued if feasible	5/14/2020 8:31 AM
38	Doing well	5/14/2020 12:30 AM
39	More discussion rather than directives.	5/13/2020 11:42 PM
40	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
41	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
42	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
43	N/A	5/13/2020 6:00 PM
44	none	5/13/2020 5:50 PM
45	Better communication than I understand is the case, ask for practices views before changes and in helping evaluate them	5/13/2020 5:36 PM
46	fewer meetings, clearer guidance, more support for practices.	5/13/2020 4:47 PM
47	..	5/13/2020 2:18 PM
48	n/a	5/13/2020 1:45 PM
49	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	5/13/2020 12:00 PM

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	to be able to make informed decisions.	
50	Keep things simple please for practices.	5/13/2020 10:30 AM
51	Continue the improved communication.	5/12/2020 10:05 PM
52	N/A	5/12/2020 4:40 PM
53	n/a to my role	5/12/2020 2:42 PM
54	I would like them to evaluate what has happened and not just move onto the next scheme or scam to burden primary care just because NHSE think it's a good idea. I would like them to listen to the 'coalface' before acting. I would like them to employ a professional communication team to have clear and concise dialogue with practices and colleagues. I would ask them not to think out loud until they know what the implications might be and the impact such actions have, eg talking about changes to services such as OOH and Extended Hours while people are still dying in hospitals and care homes is either incredibly insensitive or stupid	5/12/2020 2:39 PM
55	n/a	5/12/2020 2:25 PM
56	listen to practices more rather than dictating to them	5/12/2020 2:11 PM
57	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
58	More willingness to listen to the needs and wishes of frontline staff	5/12/2020 12:40 PM
59	Being more helpful in the areas required and stop requesting meaningless information which creates practices a lot of work but no improvements or feedback given.	5/12/2020 12:22 PM
60	Better communication	5/12/2020 12:15 PM
61	better communication	5/12/2020 11:41 AM
62	better communication & guidance	5/12/2020 11:40 AM
63	Less red tape, audits etc. Longer time scales (although I appreciate a lot of this is down to NHSE).	5/12/2020 11:40 AM
64	not sure, I think the headline summaries have been useful	5/12/2020 11:34 AM
65	Improved communication - briefings are sent out but impossible to search retrospectively to see what the latest guideline is.	5/12/2020 11:22 AM
66	link team for crisis/ emergency to coordinate information/ supply of ppe required etc	5/12/2020 10:53 AM
67	none	5/12/2020 10:39 AM
68	maintain closer links with practices to work together	5/12/2020 10:18 AM
69	involvement from CCG aligned staff and regular communication and feedback	5/12/2020 10:10 AM
70	continue with improved communication which has developed during covid.	5/12/2020 10:10 AM
71	more information and guidance	5/12/2020 10:10 AM
72	Continuation of the improved communication links established during COVID crisis	5/12/2020 10:09 AM
73	Same	5/12/2020 10:09 AM
74	PCN is not the route for everything, practices are independant contractors and should be respected as so.	5/12/2020 9:52 AM
75	Better planning/ communication	5/12/2020 9:47 AM
76	-	5/12/2020 9:45 AM
77	Good comms from CCG Good aligned a member of staff for point of contact Good relationship with CDDFT apparent through this process, would be good to continue to build on this in our new normal	5/12/2020 9:34 AM

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78	Noticed a step up in communication during the crisis which has allowed non-partners to be included which has been welcomed	5/12/2020 9:14 AM
79	Better, stronger communication. Well thought out decision making	5/12/2020 9:02 AM
80	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
81	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
82	Not changing our contact person so often (and giving an explanation why the contact person has been changed) You build a relationship with one person and then it is changed.	5/12/2020 8:42 AM
83	More collaboration with Practices and Federations before services are commissioned	5/12/2020 8:04 AM
84	Can't comment	5/11/2020 10:59 PM
85	CCG esp SF, NB and SB were fantastic and very supportive	5/11/2020 10:51 PM
86	no comment	5/11/2020 9:39 PM
87	nil	5/11/2020 9:17 PM
88	Keep open & honest communication.	5/11/2020 9:13 PM
89	be more proactive from the start, especially if NHSE, PHE and central government appear slow to respond. give local PCNs/services more leeway to react to local changes/needs	5/11/2020 9:04 PM
90	Communication	5/11/2020 8:53 PM
91	.	5/11/2020 8:09 PM
92	no thoughts	5/11/2020 8:08 PM
93	Better shared decision making with local GPs	5/11/2020 8:07 PM
94	Work with all feeding acute trusts Please don't be tunnel visioned with just CDDFT Please don't make other trusts a bigger problem than they are - just because the CCG isn't bothered to develop relationships With them	5/11/2020 8:05 PM
95	?	5/11/2020 7:53 PM
96	?	5/11/2020 7:52 PM
97	More aligned to practices	5/11/2020 7:30 PM
98	Don't know not sure how CCG Federation and PCNs work together	5/11/2020 6:35 PM
99	nil	5/11/2020 6:34 PM
100	More diverse leadership and workforce	5/11/2020 6:18 PM
101	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
102	More zoom meeting attendance accepted instead of face to face	5/11/2020 5:53 PM
103	CCG was excellent. Recently they had a named contact for the South and North as relationship managers. Can this continue ?	5/11/2020 4:04 PM

Q15 Any further comments?

Answered: 79 Skipped: 73

Primary Care Survey

#	RESPONSES	DATE
1	No	5/26/2020 12:44 PM
2	probably, but not at the moment	5/22/2020 3:27 PM
3	no	5/22/2020 12:44 PM
4	I am struck by how many of our local clinicians are in at risk categories and the number that felt compelled to keep working rather than shielding as there is simply no alternative . There doesn't seem any way round this(as simply not enough 'low risk ' staff)and if a second wave or more severe situation arises we will have bigger problems trying to maintain some semblance of a service . We have got off very lightly to date . The recovery period will be a lot more challenging....	5/21/2020 12:01 PM
5	NA	5/21/2020 10:29 AM
6	Well done to all of us for coping how we have	5/21/2020 9:58 AM
7	none	5/21/2020 8:25 AM
8	no	5/21/2020 8:14 AM
9	No	5/20/2020 5:17 PM
10	Nil	5/20/2020 3:23 PM
11	Federations were very efficient in setting up out of hours hot hubs and supporting the out of hours service. Very little support from PCN's - communications have been poor. Information from CCG to PCNs has not always made it to practices.	5/19/2020 4:06 PM
12	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
13	Stupid questions what about us individuals or don't you care?	5/18/2020 9:59 PM
14	No	5/18/2020 9:23 PM
15	Everything seemed to go to PCN Clinical Directors but information didn't always find it's way to practices in a timely manner.	5/18/2020 8:09 PM
16	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
17	n/a	5/18/2020 11:36 AM
18	Well done everyone	5/18/2020 8:44 AM
19	no	5/18/2020 8:13 AM
20	No	5/15/2020 4:41 PM
21	Dr Findlay has been fantastic	5/15/2020 4:25 PM
22	No	5/14/2020 5:20 PM
23	I think this has highlighted how many patients have f2f appointments when they could be dealt with more efficiently using other options	5/14/2020 1:52 PM
24	N/A	5/14/2020 1:15 PM
25	I hope that what we have learned during this crisis does not get wasted but leads to positive developments in the way we deliver care and helps to strengthen relationships between practices/PCNs/Federations and CCG	5/14/2020 9:54 AM
26	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
27	No	5/13/2020 11:42 PM

Primary Care Survey

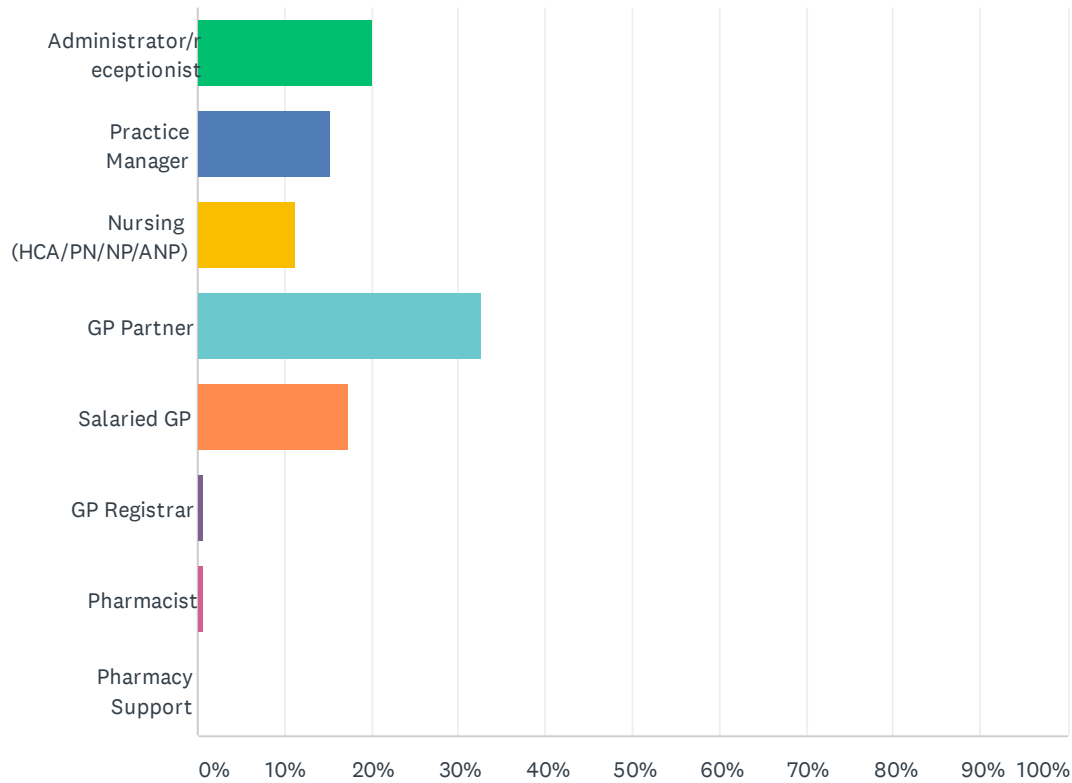
28	No	5/13/2020 7:01 PM
29	We have been let down by you, sold down the river by lack of leadership. No one stood up and spoke out about our safety. Shame on you	5/13/2020 6:20 PM
30	None	5/13/2020 6:11 PM
31	N/A	5/13/2020 6:00 PM
32	no	5/13/2020 4:47 PM
33	..	5/13/2020 2:18 PM
34	PPE will definitely be a continually need and ready supply - but practices cannot expect to have to fund so although CCG is helping currently - nationally will have to be a big change in funding / delivery	5/13/2020 1:45 PM
35	No	5/12/2020 4:40 PM
36	no	5/12/2020 2:42 PM
37	Q14 is more than enough other than we need to celebrate or achievements but respectfully given the number of deaths in County Durham	5/12/2020 2:39 PM
38	no	5/12/2020 2:25 PM
39	no	5/12/2020 2:11 PM
40	Video calls have had great feedback and triage calls to patients have been rather effective.	5/12/2020 1:55 PM
41	no	5/12/2020 12:40 PM
42	no	5/12/2020 11:41 AM
43	no	5/12/2020 11:40 AM
44	The majority of patients have not been contacting their GP with minor ailments. Is there any way we can continue to get this message out to patients that the majority of minor ailments are self-limiting?	5/12/2020 11:40 AM
45	no	5/12/2020 11:34 AM
46	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
47	everyone is working hard and working more closely together to try and get through this pandemic with the best outcome for staff and patients	5/12/2020 10:53 AM
48	none	5/12/2020 10:39 AM
49	no	5/12/2020 10:18 AM
50	PCNs are about working together and that unfortunately doesn't seem to be the case.	5/12/2020 10:10 AM
51	PCNs are a disappointment and a waste of time and money	5/12/2020 10:10 AM
52	No	5/12/2020 10:09 AM
53	NO	5/12/2020 9:52 AM
54	nil	5/12/2020 9:47 AM
55	-	5/12/2020 9:45 AM
56	No	5/12/2020 9:34 AM
57	Supply of PPE and ever changing guidance of which is appropriate in primary care setting was a problem	5/12/2020 9:29 AM
58	none	5/12/2020 9:14 AM
59	I really do feel the NHS locally changed so much in a two week period that everyone should be proud of themselves and be congratulatory rather than negative	5/12/2020 8:42 AM

Primary Care Survey

60	No	5/12/2020 8:04 AM
61	None	5/11/2020 10:59 PM
62	No	5/11/2020 10:51 PM
63	no	5/11/2020 9:39 PM
64	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
65	,	5/11/2020 9:04 PM
66	n	5/11/2020 8:53 PM
67	No	5/11/2020 8:09 PM
68	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
69	CCG heads could take a lead in positive information sharing with the press, social services, councils and police and dampen negative stories about primary care by stating actual facts	5/11/2020 8:07 PM
70	Overall CCG has been helpful Sadly some of the frustrations with tunnel visioned working have weighed up on scales as it has affected certain areas with overload of unnecessary irrelevant information and zero relevant information. The newsletter has been a disaster on many occasions with no simplicity to track back on topics - would have been useful if they had been batched topic wise on GPTN for eg: swabbing / PPE / referrals etc - simple table structure step up and step down couldn't be provided to support one patch which is frustrating ! Overall supportive - sadly not helpful	5/11/2020 8:05 PM
71	?	5/11/2020 7:53 PM
72	No	5/11/2020 7:52 PM
73	None	5/11/2020 7:30 PM
74	No	5/11/2020 6:35 PM
75	nil	5/11/2020 6:34 PM
76	No	5/11/2020 6:18 PM
77	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
78	Headlines has been most useful regarding summarising national and local updates	5/11/2020 5:53 PM
79	CCG support was excellent. The Exec team have been really supportive and Stewart and Joseph and Nicola have really helped Primary Care through this	5/11/2020 4:04 PM

Q16 About you - What is your job role?

Answered: 150 Skipped: 2



ANSWER CHOICES	RESPONSES	
Administrator/receptionist	20.00%	30
Practice Manager	15.33%	23
Nursing (HCA/PN/NP/ANP)	11.33%	17
GP Partner	32.67%	49
Salaried GP	17.33%	26
GP Registrar	0.67%	1
Pharmacist	0.67%	1
Pharmacy Support	0.00%	0
Total Respondents: 150		

Primary Care Survey

#	OTHER (PLEASE SPECIFY)	DATE
1	Supervisor	5/18/2020 4:09 PM
2	Thankyou	5/15/2020 4:27 PM
3	The above 'Nursing' category is very broad. You have 3 different categories for Doctors. I would expect my comments to hold more sway than a HCA	5/14/2020 12:51 PM
4	Secretary so not frontline, hence limited answers.	5/13/2020 2:11 PM
5	Business Manager	5/12/2020 1:35 PM
6	Other	5/12/2020 8:04 AM