Primary Care Commissioning and Investment Strategy 2020-22 Engagement Feedback

1. Purpose

The purpose of this report is to summarise feedback received to date from the latest round of engagement on the Primary Care Commissioning and Investment Strategy 2020-22.

We wanted to talk to and hear from people about their views and thoughts on our revised draft of the strategy which takes into account COVID-19 engagement findings.

This report covers what we did, what we heard and what we plan to do as a result of feedback received from our stakeholders.

2. Why is engagement important?

Hearing, understanding and reflecting on the views of the people who provide and use our services, the partners we work with, and the communities we serve is vital to ensure we develop an effective commissioning and investment plan for primary care.

3. What we did?

We produced a draft strategy document incorporating feedback from previous engagement both pre and during COVID-19; with an accompanying video presentation.

We also developed a short survey which included the following questions:

- Do you agree with our vision outlined in the strategy?
- Are our priorities right?
- Are there any other areas that need to be included in the strategy?

The draft strategy, video presentation and survey were publicised via Headlines and the CCG website. The CCG engagement team emailed key stakeholders and promoted the strategy survey at all Patient Reference Group meetings throughout November 2020.

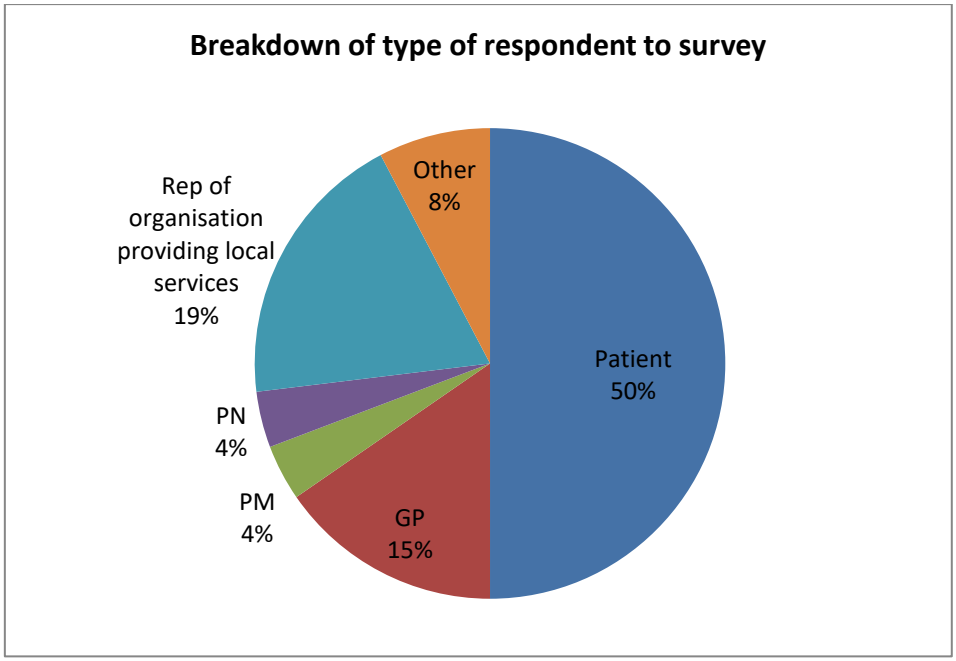
The link to the survey was closed on 26 November 2020.

4. Survey response rate

In total, there were only 26 responses to the survey; which was disappointing given that previous practice survey had 152 responses.

On reflection, engaging in during the second national lockdown due to escalating COVID-19 situation was far from ideal.

A breakdown of who we heard from is shown in the chart below.



Additional feedback, received outside of survey via the CCG engagement team, was also taken into account.

5. Key findings

5.1 Our vision

77% agreed with our vision outlined in the draft strategy

Of those who did not or where unable to say, provided the flowing comments:

- It isn't really a vision, just a re-statement of the Five Year Forward View.
- The strategy is described as a primary care strategy but focusses very heavily on general practice. There is little mention of community pharmacy, dentistry and optometry all of which should form part of an integrated primary care.
- There is little to say what the CCG intends to do to reflect specific local circumstances.
- There is insufficient focus on how the CCG intends to stimulate local innovation and quality improvement particularly within GP practices (beyond digitalization),
- We must have only one vision, so all the parties involved in Health in County Durham are aspiring to achieve a common vision. The strategy currently includes - one for General Practice, and also one from integrated care. Surely, a vision for all key players is more likely to lead to a holistic approach and outcome.

5.2 Our priorities

77% of respondents agreed with our priorities.

Supporting self-care:

- Extensive patient education initiatives are required to advise home patients what services are available to them.
- We need to recognise the significant role the VCSE plays in promoting physical and mental wellbeing and in combatting social isolation.
- We need to be clear how the VCSE will be included.
- Better joined up working between primary care and voluntary organisations is needed.
- Don't reinvent the wheel with social prescribing and other new roles; one or two workers across a PCN can't hope to meet all the demand with underlying social issues - reception/admin and other clinical staff still need the ability to access other organisations quickly and directly if you want to reduce use of clinical time for social matters.
- Broadening the team, will need to happen before self-care and be taken forward. Timescales for roll-out are needed.
- In an era of increased self-care, how can patients take this on board, if they don't know what the practices will offer going forward? Could the LIS be used to encourage the practice teams to promote the new patient options?

Improving access, through technology:

- Technology will not replace human contact.
- The drive to digital risks widening health inequalities and more needs to be done to prevent this.
- The inability to cap e-consults will break General Practice within 2 years unless it is stopped.
- Concerns that digital access will lead to higher antibiotic prescribing rates. People are presently very early with mild UTIs etc. and expect antibiotics. This is challenging over the phone and we are already seeing signs of antibiotic use rise.

Broadening the Team:

- Support for strategic planning for the nursing teams including time being allocated for training and development including but not limited to leadership and effective clinical supervision.
- For the vision to materialise it would be necessary to complete a skills audit of the existing health and care professionals and identify the skill shortages and initiate a specific training / recruitment programme using scholarships, bursaries etc. to attract professionals to County Durham ahead of the rest of the country.

Joined up care, closer to home:

- The engagement of mental health services is a high priority; mental health provision is not satisfactory at present.
- Equal emphasis on mental health as there is on physical health is needed.

- Moving as many services as possible out of secondary care into primary care is deemed vital.

Federations and Confederations:

- Federations are entities in their own right, working on behalf of their membership to support them in ways that have been locally determined, as well as supporting the delivery of commissioned services when this is locally agreed, and acting as agents for PCNs when requested by core members. It is up to each individual federation to determine its priorities and how it wishes to work. There was surprised to see a CCG commissioning strategy specify that there is a need (which implies requirement) for federations to adopt a confederated approach – especially when merger is explicitly referenced.
- Anxious for established relationships with TEWV to be maintained as the new framework is rolled out and direct liaison with practices currently offered is maintained.

5.3 Other areas that need to be included in our Strategy

Emerging themes from feedback are as follows.

Prevention and education:

- More investment in services which prevent illnesses and promote health required e.g. expansion of stop smoking services.
- More emphasis, information and initiatives on ‘prevention’; need to reference Health Education/Services available in County Durham to help reduce the amount of after- care being employed.
- Coordinated prevention required.

Practice mergers and branch closures:

- Concerns about mergers/branch closures, which is at odds with supporting local communities.
- Can we evidence the mergers have increased resilience? Goal should be to achieve a stable quality general practice than explicitly referring to mergers and branch closures as the sole means to achieve this.
- The strategy would be better to make a most positive and inclusive statement about how it intends to support its practices and local communities irrespective of size.

Health inequalities:

- The strategy makes little mention of addressing health inequalities and should better describe how it intends to target resources at areas of greatest need. Although some of this is covered in self-care it would benefit from a greater emphasis on improving wellbeing and fitness though preventative interventions to have greater impact.
- The CCG should commit to agreeing a further strategy and plan that details the local health challenges and the interventions it will take to address them through the Better Care Fund. Rather than describing the

numbers of roles created we should describe the outcomes we intend to achieve.
- It is important we mention in reference to health and wellbeing, that primary care in partnership can and will take action to address health inequalities.
- Investing in proactive contact with targeted patient profile groups, e.g. 'Frequent Flyer' and 'Friday Afternoon' patients (i.e. those likely to have complex needs and/or chaotic lives that drive excessive or inappropriate use of primary care), in conjunction with advice provision, would help tackle health inequalities or at least slow down increasing demand.

Patient Focus:
- Current focus is on the service providers and not the people who are using the service. The strategy needs to take into account the impact of change on patients.
- Patient specific groups to be included: elderly (incl. better links with social services); Learning Disability; Carers; Children and Young People.
- Communication and engagement of the CCG patient population is a vital component of making this strategy work.

Terminology:
- It was suggested we talk about 'people and communities' rather than patients – as it was felt the strategy is more than patients.
- The plan is too complicated for some people to understand.

Estates:
- It was proposed that we need to invest in buildings for General Practice if we are to take on more work in General Practice and expand our PCN workforce and take on more trainees.

Delivery plan:
- Can this be made available – it would be helpful to see times scales for rollout.

6. How we have used this information?

Where possible, we have made amendments to our strategy in light of the feedback received. However, we know some areas will need further consideration with partners. We propose that our strategy becomes a 'living document' so we can make further updates throughout the lifespan of the strategy.

- From engagement feedback we recognise the need develop a new single shared vision – so all parties involved in health and wellbeing in County Durham are aspiring to achieve a common vision. This will be taken forward in 2021.

- We acknowledge that the scope of our Primary Care Commissioning and Investment predominately focuses on general practice. We will need to

address this in the future – further work will be required to capture the vision and ambitions for community pharmacy, oral health and eye health.

- We need to emphasise that focus is not solely on financial investment; ensuring a balance with quality is vital. Quality underpins everything that we do. We will continue to with our approach to quality improvement and reducing unwarranted variation, monitoring and assurance. We will continue to provide a detailed quality report to the Primary Care Commissioning Committee on a quarterly basis.

- We need to consider how innovation is broader that the introduction of digital technology. Innovation will also play a part in how new roles in the primary care team will work in practice - we have already seen how Social Prescribing Link Workers adapted to support people during the COVID-19 lockdown. Innovation will be key to the development of new delivery models, bring services closer to people; although we recognise the detail stills need to be worked through.

- In regard to comments received around specific local circumstances – we will support Primary Care Networks to take forward their priorities for the communities they serve.

- Whilst elements of prevention have been covered in our draft strategy e.g. cardiovascular disease (CVD) early diagnosis and prevention via the Network Direct Enhanced Service contact service requirement; we will consider how our strategy helps to embed public health prevention strategies and early intervention. As a future development, we will work Public Health colleagues to consider how we can upscale prevention using data to target evidence based interventions, especially those linked to the key risk factors of health referred to in the Long Term Plan. We will also consider how our local incentive scheme can contribute to the prevention agenda, e.g. supporting uptake to the diabetes prevention programme.

- We recognise the importance on patient education to support self-management. We will consider how we can support patient education to self-manage their health, living healthier lives for longer. This has always been an aspiration of GP practice to develop patient expert groups for long term conditions (LTCs) and mental wellbeing – which may be more achievable with the use of remote technology.

- We recognise the contribution the Voluntary Community and Social Enterprise (VCSE) organisation can make and have already agreed £100k investment from the Better Care Funding, over a three year period. We plan to hold a development session early in 2021, to understand how Primary Care Networks can work more closely with social services and VCSE organisations; also the contribution VCSE organisations can make to support the wider determinants of health and help us decide where best to target investment.

- We have taken on board the feedback call for improved access to mental health services. We will continue to work in partnership with Primary Care Networks, the mental health trust and other organisations to implement the new integrated model of primary and community mental health care (in line with national framework for community mental health services), which will support adults and older people who have severe mental illness; increasing choice and control over care and support them to live well within communities. We recognise parity of esteem i.e. 'valuing mental health equally with physical health', which would result in those with mental health problems benefitting from equal access to the most effective and safest care and treatment and equal efforts to improve the quality of care.

- Regarding the comments about specific groups – frailty, acutely unwell children and learning disability are included with the Local Incentive Scheme.

- We will work towards better integration with secondary care; moving away from the previous commissioner - provider relationship, which resulted from previous NHS reform and driven by payment by results tariffs. We will work together, supporting the health needs of local people whilst balancing the books across the system. In support of this, a Joint Chief Officer has been post has been appointed in 2020 between the County Durham and Darlington NHS Foundation Trust and primary care.

- We will strengthen the public/patient voice in service delivery and service transformation; to help us maintain a person-centred focus. We will encourage Primary Care Networks to establish closer links with public and patients so that they shape and inform service provision and service development. We will build engagement into the local incentive scheme.

- We have included a section in the strategy around health inequalities and prevention.

- The CCG Director of Strategy and Delivery for Primary Care has provided individual feedback to concerns expressed around Federations and Confederations – reinforcing that the CCG will support GP Federations to decide for themselves how they have a provider voice at the County Durham 'place' and the Integrated Care System level.

- We recognise more work is needed to firm-up outcomes and measures of success - this work will link with the development of the County Durham Outcomes Framework.

- We need to share the detail of how our strategy will be implemented. We intend to produce a delivery plan, with key milestones and timescales alongside our strategy.

- We recognise the format of document may meet everyone’s needs. Once our strategy is finalised, we will produce a summary plan on a page.

7. Concluding remarks

Despite a low return rate to our latest survey, we feel that feedback has been very insightful; and would like to thank everyone who contributed.

We recognise the need for ongoing engagement, as we move forward in implementing our strategy.