

AAP	Date of meeting	Comments
3 Towns	1.2.18	<p>Becky Hayes (CCG) gave the Board a presentation regarding Care Navigation which they are hoping to launch in May 2018.</p> <ul style="list-style-type: none"> • Concerns that this would involve untrained staff directing patients and said they need to be very careful. • Foresee a number of problems and receptionists don't have the time to go through these questions. PI added that people will still want to talk to a medical professional. PI asked if they are going to be paid for the extra work and training. • Unsure about pay but can find out. BH reiterated that Care Navigation is a choice and that individuals can still ask for an appointment if they wish. • No mention of work with the voluntary sector and how this will impact on them as they could be inundated with work. BH said she will feed back on this comment. BH added that it can be tailored and is very new. • The PPG (Crook surgery) are trying to get more people booking appointments online and added that from 1 February nurses appointments can also be booked online.
4 Together	10.1.18	<p>Lyndsay Jones-George (CCG) gave the Board a presentation regarding Care Navigation.</p> <p>A brief Q&A session took place and the following points were noted:</p> <ul style="list-style-type: none"> • Better use of pharmacy services can help ease the burden on GP appointments and help improve DNA rates. • Will the Care Navigator system be different to the current '111' system – LJG explained that the 111 number is for out of hours queries, and the Navigators will be based in GP surgeries, available during opening hours.

		<ul style="list-style-type: none"> • Often people are uncomfortable speaking to ‘navigators’ in their own surgery because they are local people and the patient may have concerns around confidentiality.
BASH	25.2.18	<p>Mark Booth (CCG) provided a presentation and the following comments were made:</p> <ul style="list-style-type: none"> • Is this service not replicating the 111 service? MB stated this service gives the patient the option of seeking medical support without seeing a doctor. • How will this service protect vulnerable people. MB stated an explanation on the service available will be given to vulnerable people when ringing the doctors. • What provision is in place for those with mental health issues? MB stated this does not come under the 20 services forming the Care Navigation plan. • Board Care Navigators will have appropriate training to deal with patients. • This is an added barrier to accessing a doctor. • Asked for evidence from the tested model from Wakefield to be provided to the Board. MB stated an alternative presentation is available providing additional information from the tested models.
Chester le Street	26.2.18	<p>The key issues raised through debate included;</p> <ul style="list-style-type: none"> • Ensuring a good local knowledge of other voluntary / third sector provision to make referrals to • Transport concerns if people are redirected to locations not as accessible as their GP surgeries • Positive feedback about freeing up GP appointments • A good question (in my opinion) about how the time taken to go through the questionnaire could take up more telephone time

		<p>leading people to be receiving an engaged tone when they ring for appointments.</p> <ul style="list-style-type: none"> • The need to push online care navigation referrals for people who may not wish to speak to somebody about their issue • How potential pressure on those 'referred to' services both within GP practice and external) will be measured to ensure all level of primary care can cope with additional demand • A recognition that by referring more people to voluntary / third sector groups then will have a cost to those organisations <p>Kate Burrows from DCA was also present (Board member) last night and she outlined how DCA are involved in the development of this project.</p> <p>The AAP wanted to keep abreast of the development of this through their Health Action Group and would be happy to support the role out of any key messages once launched.</p>
Derwent Valley	28.2.18 cancelled 14.3.18	<p>Presentation undertook by Catherine Findlay on our Board from the CCG supported by Kate Harrington (CCG) who was there regarding another item - Generally well received.</p> <p>Primary issues/question which arose:</p> <ul style="list-style-type: none"> • Have/are they learning from where this is already taking place (is it undertaken in south Durham CCG?) and if so what are the figures/percentages stating in terms of how many people have been re-directed to other health care/community care compared to those seeing the doctor? • How are medical judgements made on the phone which then qualifies the referral to another alternative help/agency? • The time taken to assess someone on the phone as to what they may require will this 'snarl up' the phone line even more for a very busy phone line already!

		<ul style="list-style-type: none"> • How are the quality of other organisations (referred to) being assessed/measured in order that they know they will provide the right level of service? • The list of referral agencies are only as good as those on the list - how are they ensuring they have the smaller local groups in particular there who may provide some unique or targeted support/offer that the CCG may never encounter usually. • How will you maintain patient confidentiality when patients are asked to discuss their requirements over the phone particularly when most reception staff are situated in open plan reception/waiting areas? (this was asked by Joanne Waller – DCC)
Durham	27.2.18 cancelled 22.3.18	<p>Responses provided were:</p> <ul style="list-style-type: none"> • There is already a lot of information out there on the use of pharmacy services. • Concerned that unqualified people will be making decisions on people's health issues - It is not about making decisions it's about giving people options. This approach will help to create a consistency in approach across GPs • Who makes referral decisions - Referrals mean that GPs can get advice from other with specialist knowledge • If patients insisted they see a GP who then referrers them will this 'go against them'? No the process is to help people through the 'journey' at their GPs • Why would people self-refer when services such as physio-therapy cost. There should not be a cost. People can already self-refer. • There needs to be a lot more information available to people as they don't know that some services can be accessed free of charge. • Concerns that the approach is too patient centric. Many people cannot articulate their needs especially if there are disabilities involved. This could create more barrier between the patient and health services - Known diagnoses and issues should be known to

		<p>the navigator and 'navigation' would only be used in certain circumstances. People don't have to do this.</p> <ul style="list-style-type: none"> • The process is good but people generally didn't know they could already self-refer. • Agreed that people don't use pharmacies enough. • Some people may think that they will get a telling off from the GP if they don't use the system • People may be uncomfortable discussing issues with the receptionist / navigator if they are a local person who is known to them. • Is there a budget for additional phone lines as getting through to the doctors is difficult enough without people needing extended conversations around navigation and referrals. • Is there any evidence of how effective this has been in other areas? Approximately 5-10% of GPs appointments were freed up. This has been shown in a peer review • Is the information from the peer review available? Unsure.
East Durham	14.2.18	<p>Tina Balbach, Head of Technical Services who delivered the presentation.</p> <p>A number of questions were raised by board members and forum members. Some questions were answered on the evening but more information was required. It was decided to forward Tina a copy of all questions so that she would be able to provide a more detailed response to the questions raised.</p> <p>A number of questions were received from the audience and a list of them are below.</p> <ul style="list-style-type: none"> • Who are care navigators? • When will the service launch and what information will be distributed prior to the launch of the service as it appears only to be a few months away from launching. • Who is paying for the Care Navigators? GP's? NHS?

		<ul style="list-style-type: none"> • What training will be provided and who will be providing the training? If GP receptionists are trained to carry out this role, will the receptionist role be back filled? • Will Care Navigators have any medical training? Or will the posts be administrative in nature? • GP Net and Locate are currently used by GP's to signpost patients will any other databases be used by the Care Navigators? and who will update the information as information consistently changes. • Do you have any statistics regarding the number of patients GP's signpost to other services using GP Net and Locate? • You mentioned that if a patient refuses to take up the Care Navigators scheme a mark will be put next to their name. What does this mean? Will it stop patients from accessing services in the future or been taken seriously by GP staff? • Currently at a number of local GP practices it is extremely difficult to get an appointment over the phone. Surgeries open at 8:30 am phones are engaged instantly. This shows that more staff are required to answer the telephones and make appointments for patients. How will Care Navigators Fit in to this system? • To get an appointment at a number of local surgeries you have to turn up in person as phones are constantly engaged will a Care Navigator be able to speak to you face to face? • Do you have any information on who the system has been received and operating in the two areas mentions in the presentation and has they been any feedback from patients on using the system? • Will the Care Navigator system be like the 111 service when call handlers go through a 'script' with the patient?
East Durham Rural	15.3.18	<p>The presentation created a lot of conversation and the main points discussed were as follows:</p> <ul style="list-style-type: none"> • Whether the Navigators would be correctly trained

		<ul style="list-style-type: none"> • There was concern that it would be a triage system but the CCG reassured Board Members that it wouldn't be • There was concern that people in need of an appointment would be missed • There was concern that this would block the telephone lines up but the CGG said that in other areas where this system is operated it has done the opposite • There was also some positivity about the system.
GAMP	30.1.18	<p>There was a brief Q&A and the following points were noted:</p> <ul style="list-style-type: none"> • Cllr JA commented that it can often be difficult to get through to GP surgeries or book an appointment at the moment, and questioned whether this extra step in the process would simply compound that problem. • CG commented that she is a supporter of social prescribing as a model, but feels it may work better when it's run independently, there's a great deal of skill involved in dealing with patients appropriately. • Cllr PH asked whether the initiative will be rolled out nationally, or whether it's local to Co Durham. KL clarified that it's part of NHS England's 5 year forward plan, but there will be no legal requirement to enforce GP practices to implement the new system. The DDES CCG will be strongly encouraging every GP practice in Co Durham to take part.
Mid Durham	14.3.18	<p>Daniel Blagdon (CCG) presented on this topic.</p> <p>The following comments / questions were made:</p> <ul style="list-style-type: none"> • What % of callers from the Wakefield model took up the offer of Care Navigation? First yr 5% rising to 10% second year

		<ul style="list-style-type: none">• Concerns were raised over privacy – being overheard on the phone, face to face in the surgery and if referred to the pharmacy – where possible the care navigator or the person dealing with you will try their utmost to keep the conversation private.• Training – how and when will you know they are ready? Receptionists and staff are already used to an internal navigation system, will just need more knowledge on the 6 key themed areas. Daniel provided more information on the training programme with specialist staff linked to the 6 themes providing support.• Telephone – already difficult to get through, this will only lengthen that process. Will this not put more pressure on 111 or 999 as people may well revert to this if they cannot get through (any feedback from Wakefield on this) – what can we learn from Wakefield regarding this? Example given were Board member could not get an appointment by ringing GP direct, but got one after ringing 111• How will this work with online booking? The CCG are still working on this.• Seems like more of screening exercise. Can we use examples for the public on how this service can help them get the care they need faster – practical examples (mini case studies) – this will give context and understanding to the public.• Variety of Link/navigator workers out there – do we have any connectivity/awareness of each other – Public Health are seeking to bring these together to discuss the above.• Unsure of name/description – Care Navigator - Daniel asked the Board if they had any other thoughts on a name or description to get back in touch. <p>Andy stated if anyone had any more questions following the meeting to forward them to him and he would pass to Daniel.</p>
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Spennymoor	15.3.18	<p>Daniel Blagdon (CCG) presented:</p> <ul style="list-style-type: none"> • Great idea in practice however it does not work in reality (a real example was given by a Board Member of a personal experience) • What about people with mental health issues? They won't be up front with their issues and therefore a huge potential for this to be missed or miss diagnosed • A mass of confusion from members of the public about changes within health/health service • CCG/health need to be more focussed on what the 'customer' wants. Health agenda needs to be driven by customer and public needs, not business needs
Stanley	12.3.18	<ul style="list-style-type: none"> • Length of calls that patients may experience in the early stages of the scheme. • Board Members also queried whether there would be an online function as a lot of Stanley resident's book appointments online.
Teesdale	21.3.18	Did not attend.
Weardale	8.2.18	<ul style="list-style-type: none"> • Concern was expressed that there was still insufficient GP coverage for the area. David Taylor Gooby advised that with the

		introduction of the Hubs there should always be a GP available in the area. It appears that residents are not utilising available GP appointments particularly on weekends. Board members suggested that people were not all aware of this facility.
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Care Navigation
Consultation – AAP Board
feedback summary