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Lisa Bosomworth
Healthwatch South Tees
Carers Way
Newton Aycliffe
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Dear Lisa,

## RE: 'Experiences of GP access, Ongoing Treatments and Wellbeing Throughout the Pandemic' report

Thank you for sharing this report with us, it is valuable to hear the perspectives of 395 local people regarding primary care access and ongoing treatments.

We recognise the difficulties people have had when trying to access primary care services in recent months and have invested in support for GP Practices across the Tees Valley to ease the strain on phone lines and ensure that people can access services in a timely manner.

Following 12 months of unprecedented NHS pressures responding to the pandemic, in March 2021 the government issued new operational planning guidance. The challenge was to restore services, meet new care demands and reduce the care back logs exacerbated by the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.

NHS Tees Valley CCG is committed to restoring services to pre-pandemic levels. NHS providers across the Tees Valley continue to recover services disrupted during the pandemic whilst managing the care and treatment of our local population within a changed environment and faced with the challenge of continued COVID pressures.

Our responses to the recommendations are in the table below:

| Recommendation   | TVCCG Response  |
|--|---|
| Ensure reception staff offer evening and weekend appointments to all patients to reduce waiting times. | NHS Tees Valley CCG commission extended access service on |

evening/weekends and all practices are aware and offer this service. The GP Improved Access scheme continues to be repurposed into 'hot and Cold' clinics, to continue to support primary care in the response to the COVID pandemic. Reception staff are offering this service when appropriate. From the extended access provision, all available activity is currently used by practices. Practices are currently operating under a Increase awareness of the NHS app for booking appointments, to free up the Total Triage model and currently patients telephone booking system for those who are unable to use the app to book are solely reliant on this method, and for appointments, however they can use it to emergencies. order repeat prescriptions. Online consultations are available, a patient can use a smartphone, tablet or computer to access these. Uphold the key principles of the Accessible Practices ensure patients with a disability or Information Standard and make reasonable sensory loss can access and understand adjustments to ensure improved information – e.g. in large print or braille. accessibility for all of our local communities. Ensure continuous and effective Those who are most clinically urgent are being prioritised for treatment and waiting communication between services and patients throughout their care journey lists are being clinically validated on an check up on their condition, provide ongoing basis to ensure effective updates on expected timelines of service prioritisation of patient care. delivery. Clinical validation will include communication with patients and of their GP - checking on a patient's condition and establishing any additional risk factors; and establishing the patient's wishes regarding treatment as some people's condition, circumstances or needs may have changed. Activity levels are beginning to recover towards previous trends, however social distancing and enhanced infection prevention control measures have also meant fewer beds and less clinical space.

This has meant that services have been

working hard to transform and work smarter to improve efficiency, patient care and adapt to the changing environment.

Elective care services are looking at opportunities to streamline pathways and share waiting lists so that patients can be seen in the most optimal timescales when hospitals have available capacity.

Increase awareness of alternative, low-level support among professionals and the public; for those to access when on the waiting list for professional help, but also for those who previously accessed community activities for general wellbeing.

Outpatient services will redesign pathways of care taking all possible steps to avoid unnecessary outpatient attendances and redeploying clinician capacity where it is needed most, meaning that those who need to be seen face to face will be seen sooner. Virtual consultations, patient initiated follow up, remote digital monitoring and supported self-management will form part of the care offer.

For those who have experienced significant waits to be seen, the NHS will look to build on programmes like Prepwell provided by South Tees Hospitals Foundation Trust to develop a programme of support to enable patients to 'Wait Well' in order to maximise their health and wellbeing; and work with Local Authorities and the Voluntary & Community Sector to connect patients to a wider network of support.

Plans are being developed for new Community Diagnostic Hubs (CDHs) to deliver increased capacity to meet the rising diagnostic needs of the local population – improving access and reducing waiting times.

In recent months local A&E departments have experienced some of their busiest periods on record in terms of emergency care; the CCG continues to promote the use of NHS 111 as a primary route into all urgent care services.

As you are a valued member of the Primary Care Commissioning Committee, you'll also be aware of the work that has already been undertaken to support primary care services recently.

Thank you again for sharing this information with us, and we look forward to reading the next report.

Kind regards,

## **Karen Hawkins**

Director of Commissioning, Strategy and Delivery (Primary & Community Care) NHS Tees Valley CCG

## **Craig Blair**

Director of Commissioning, Strategy and Delivery NHS Tees Valley CCG