

Item: 8.5

Report to:	Primary Care Commissioning Committee
Date of Meeting:	23 rd October 2020
Title of Report:	Primary Care COVID-19 Response Engagement Update Report
Presented by:	Colin Hurst, Head of Engagement
Author:	Colin Hurst, Head of Engagement

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

- To update the committee on the progress of the Primary Care COVID-19 Response Engagement
- Report high level findings
- Outline the next stage of analysis

RECOMMENDATIONS:

- a The committee notes the initial findings of the engagement work
- b Endorse the next stage of analysis

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

1. Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.
6. Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision.

8. Delivery of statutory duties

Short summary as to how the report links to the CCG's strategic objectives

This engagement exercise has been run in partnership with the 4 Humber CCGs; East Riding of Yorkshire, Hull, North East Lincolnshire and North Lincolnshire. It looks at patient and public views and experience to inform the planning of primary care services post COVID-19

The findings of this exercise will support Primary Care Networks determine models of provision

This work ensures NHS Hull CCG deliveries its statutory duties relating to patient and public involvement; as well as support the organisations requirement to give due regard to groups with protected characteristics when commissioning and developing services. The findings may also be used to inform the work to reduce health inequalities.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	None
HR	None
Quality	None
Safety	None

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

The plans for this engagement exercise have been developed and approved by each CCG, and the ongoing oversight is held by the Primary Care Leads for each CCG.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

The CCG statutory duty to involve patients and the public. The paper outlines how this duty is being met in relation to the emergency changes to primary care services.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	
The findings from this engagement exercise will inform the development of equalities analysis surrounding the response to COV-19, and the equalities analysis for the planning of changes to Primary Care Services following the COVID-19 Response.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

This paper supports the following NHS Constitution principles:

4. The patient will be at the heart of everything the NHS does
7. The NHS is accountable to the public, communities and patients that it serves

And the NHS Constitution values:

- Working together for patients.
- Commitment to quality of care.
- Improving lives

Primary Care COVID-19 Response Engagement Update Report

1. Introduction

The purpose of this report is to update the committee on the progress of the Primary Care COVID-19 Response Engagement exercise, to report high level findings from patients and the public, and to outline the next stage of the analysis.

2. Background

COVID-19 transmission within the UK was first documented on 28 February, and by 1 March there were cases in England, Wales, Scotland and Northern Ireland. The government unveiled the Coronavirus Action Plan and declared the outbreak a "level 4 incident". On 11 March, the outbreak was declared a pandemic.

The provisions of the Coronavirus Act, which are time-limited for two years, enable the government to restrict or prohibit public gatherings, control or suspend public transport, order businesses such as shops and restaurants to close, temporarily detain people suspected of COVID-19 infection, suspend the operation of ports and airports, enrol medical students and retired healthcare workers in the health services, relax regulations to ease the burden on healthcare services, and assume control of death management in particular local areas.

The Coronavirus Act does not remove the statutory duty of Clinical Commissioning Groups (CCGs), or other NHS bodies, to ensure patient and public participation in commissioning health and care (14Z2 Health and Social Care Act). The Act does not remove the duty to give due regard to the impact decisions or service changes may have on those with protected characteristics outlined in the Equality Act 2010.

In response to the COVID-19 pandemic a number of changes were made to health services, in Primary and Secondary Care, to ensure services were safe for patients and staff, in line with the Government's social distancing rules. Some of the changes that were made were planned as future service improvements. This engagement exercise is to support decision making regarding what service changes should be kept, which should be amended, and which should be returned to how they were before the pandemic.

To avoid duplication and engagement fatigue the four Humber ICS CCG engagement teams will work together to engage with patients, the public, professionals and partners to inform the future delivery of Primary Care following the COVID-19 pandemic. The 4 CCGs working in partnership are:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS North East Lincolnshire CCG
- NHS North Lincolnshire CCG

3. Goals

This engagement exercise aimed to gain an understanding of following areas:

- Experience of the changes to primary care services; what has been beneficial and should be kept, what changes may need to be amended or reversed. Including, but not limited to;
 - Ability to access primary care appointments
 - Virtual consultations
 - Triage
- If patient and public views and behaviours have changed regarding primary care services and how they access them; including self-care and the use of pharmacies for advice.
- If the changes to Primary Care have impacted particular groups of people more than the general population, in particular those who share protected characteristics.
- If there are any additional changes or developments that need to be undertaken in light of the COVID-19 pandemic.

4. Engagement Scope

Patients and the public across the East Riding of Yorkshire, Hull, North East Lincolnshire and North Lincolnshire Clinical Commissioning Group boundaries were approached to take part in the engagement. Primary care was the focus of the engagement; this had been prioritised over other areas as the public access the health service through Primary Care. Some of the findings of this engagement will be relevant to wider health and care services.

5. Methodology

The patient and public questionnaire was open from 20th July 2020 and closed on 27th August 2020.

Patients who had accessed primary care from 23rd March to mid August, were sent an email or text message requesting they click a link and complete an online survey; messaging also included the option for people to request a paper survey, which was posted to them with a return envelope.

To improve accessibility people were also assisted to complete the questionnaire over the phone.

Experience of primary care was also discussed with some existing patient groups to support this engagement exercise. Patient groups also reviewed the questionnaire to support its development.

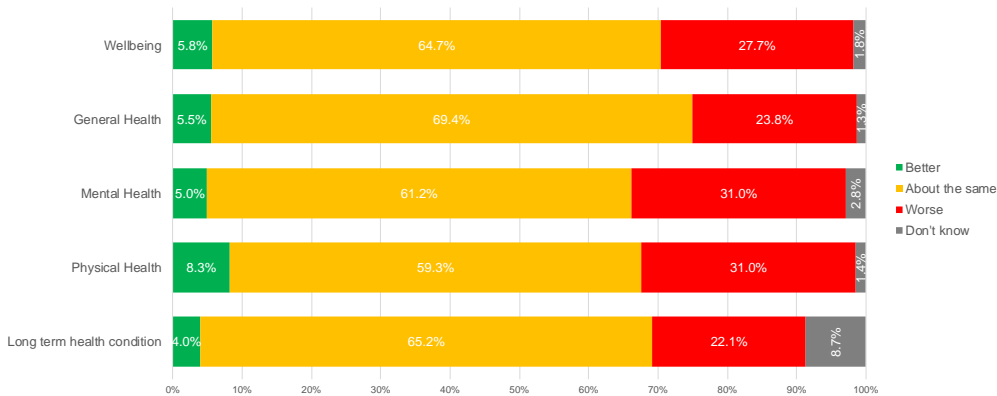
6. Engagement Reach

7751 People started the patient and public questionnaire; 2019 from the East Riding of Yorkshire, 601 from Hull, 1926 from North East Lincolnshire, 613 from North Lincolnshire, 2592 did not indicate where their GP practice is or where they live, and 5 where from out of area.

7. Patient and Public Results

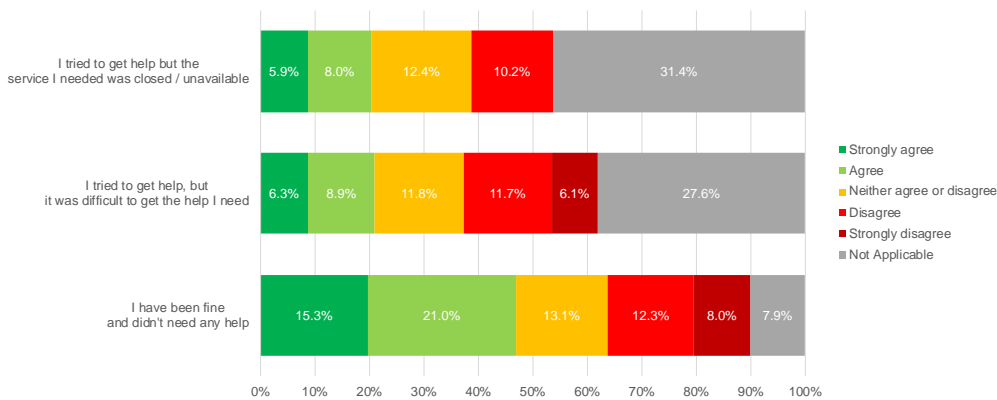
Wellbeing and Accessing Services

Q1 Since the coronavirus restrictions, have you experienced changes in your: (n= 7701)



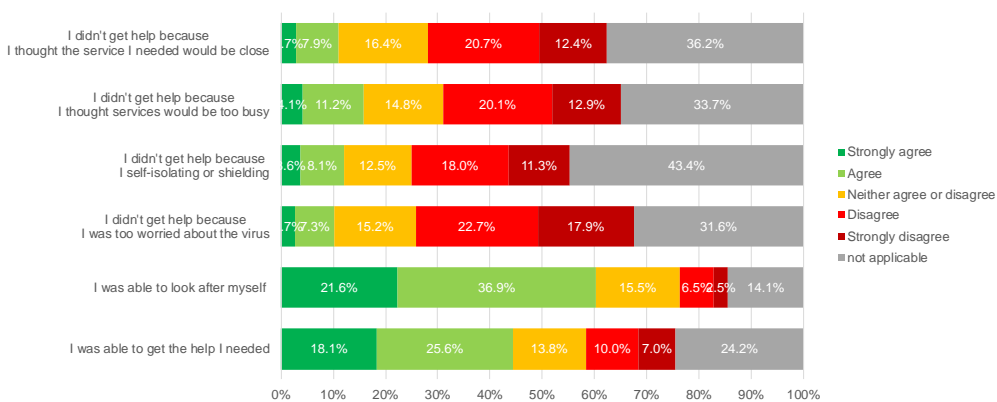
Graph Q1 shows that since the pandemic the majority of people's health and wellbeing has stayed the same or improved, with around approximately a quarter to third feeling that some aspect of their health and wellbeing had become worse. More people felt their physical health had improved (8%) and 31% felt their mental health had got worse.

Q25 How much do you agree with the following statements about trying to access healthcare or support (n=7612)



Graph Q25 shows 14% of respondents tried to get help but the service they tried to access was closed or unavailable; and 16% experienced difficulties trying to get help. A comparable number of respondents felt the opposite, 10% disagree that the service they needed was available, 18% feeling it wasn't difficult to get the help they needed

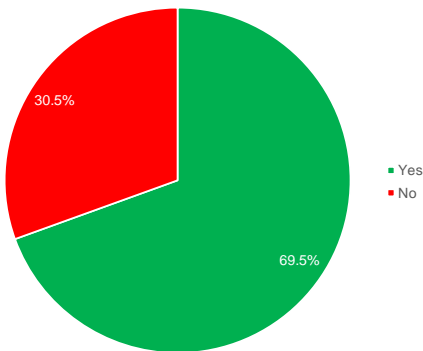
Q26 How much do you agree with the following statements about accessing healthcare support (n=5827)



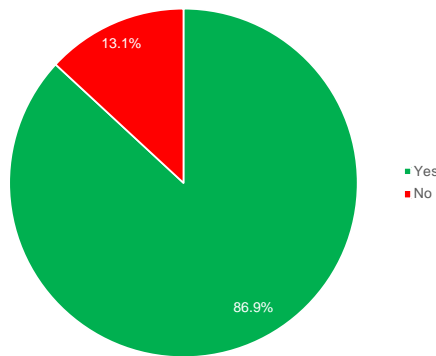
Graph Q26 shows that the majority of people were able to get the help they needed (44%), and almost 60% were able to self-care.

Graph Q26 shows that a small percentage of respondents perceived barriers to accessing service, 10% thought the service would be closed, 15% thought services would be too busy, 10% didn't access due to fear of the virus. Only 12% didn't access services because they were shielding.

Q2 Since the coronavirus restrictions, have you needed to see a GP, or someone else at your GP Practice? (n=7604)



Q3 Did you try to make an appointment? (n=5262)



Graph Q2 shows that just over two thirds of respondents needed to access primary care.

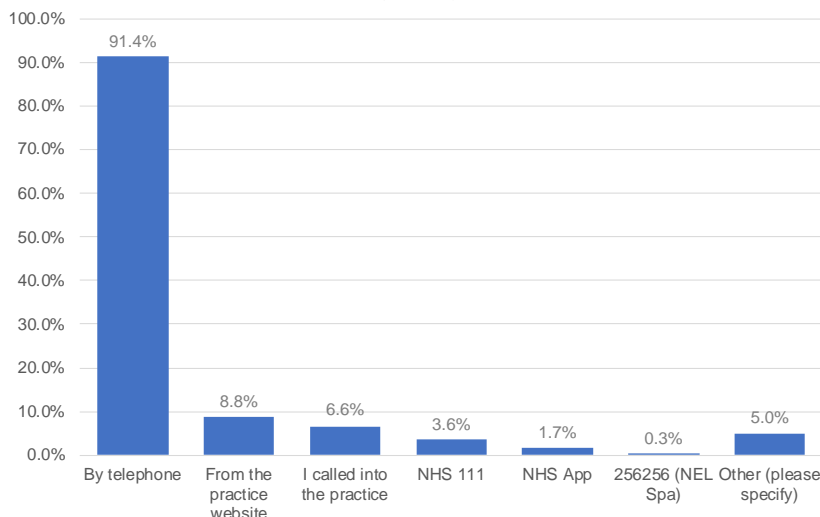
Graph Q3 shows that 13% of those who felt they needed to see a GP did not make an appointment, this aligns with the graph Q26, which showed a similar number of respondents perceiving barriers or issues to accessing services.

Experience of the Practice

Contacting the practice

The majority of people didn't require help contacting primary care (91.8%)

Q4 How did you try and make contact with the practice? (tick all that apply) (n=4666)

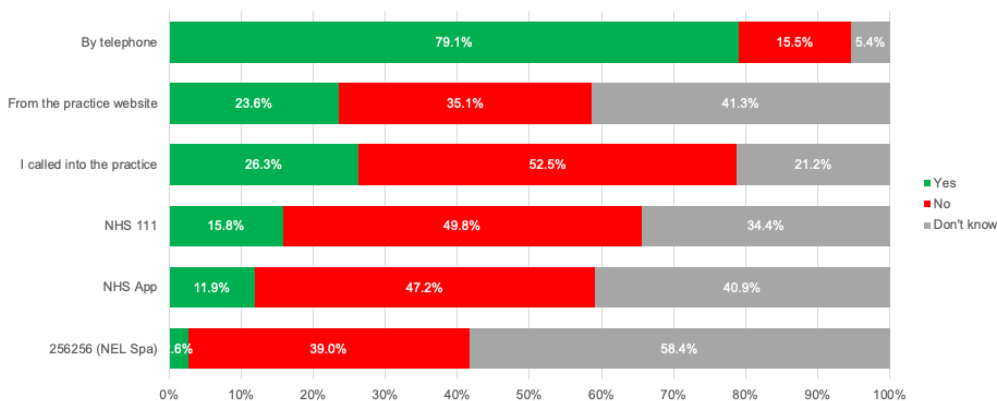


Graph Q4 shows that the majority of people contact primary care by phone (91.4%)

6.6% are contacting the practice by going to the practice.

Only 5% of respondents contact primary care through the nationally provided routes of NHS 111 and the NHS app. Compared to 8.8% through the practice website

Q5 Would you recommend this way to contact the practice to others? (n=4660)

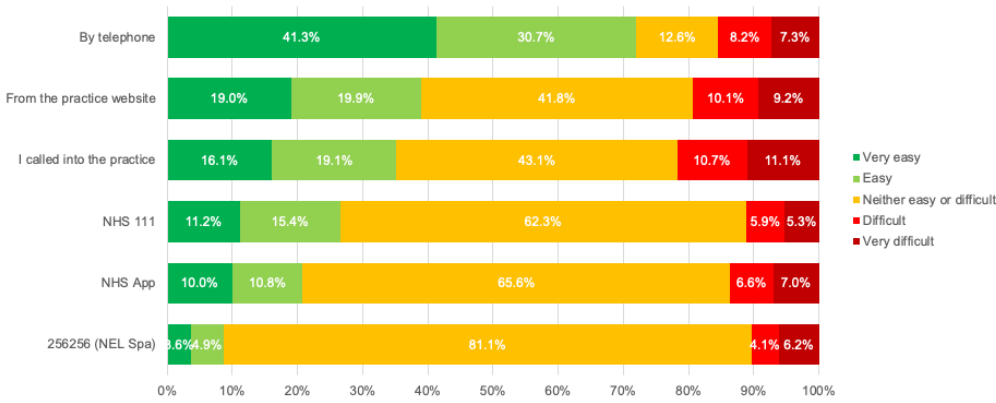


Graph Q5 shows that 79.1% of people would recommend contacting their practice by telephone.

Half of respondents would not recommend going into the practice as a way of contacting them (52.5%)

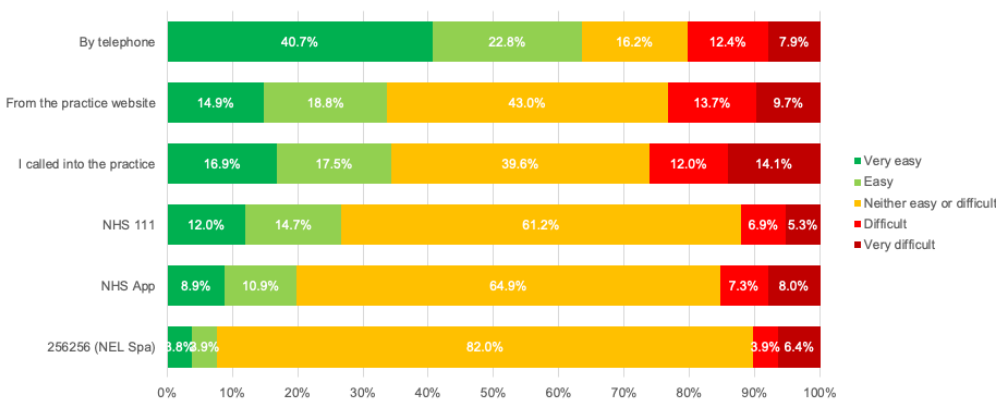
Almost half would not recommend nationally provided routes to contact primary care, 49.8% NHS 111, 47.2% NHS app.

Q7 How convenient did you think the following were? (n=4606)



Graph Q7 shows how convenient different methods of communicating with the practice are, and Graph Q8 shows how easy respondents find those methods. It appears people equate ease of use and convenience.

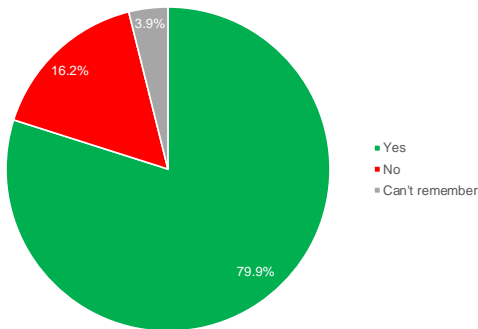
Q8 How easy to use did you think the following were? (n=4639)



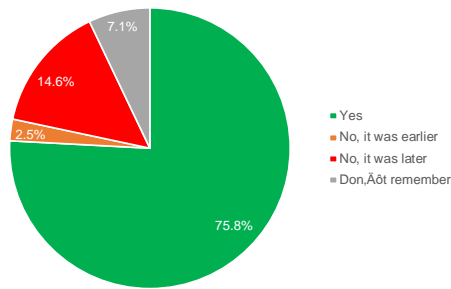
The telephone is reported to be the easiest and most convenient way to contact a practice. Whereas calling into the practice was reported as the most difficult and least convenient way of contacting the practice.

Experience of Triage

Q9 Did someone ask you questions about what was wrong before making an appointment or sending you to another service? This is sometimes called triage (n=4409)



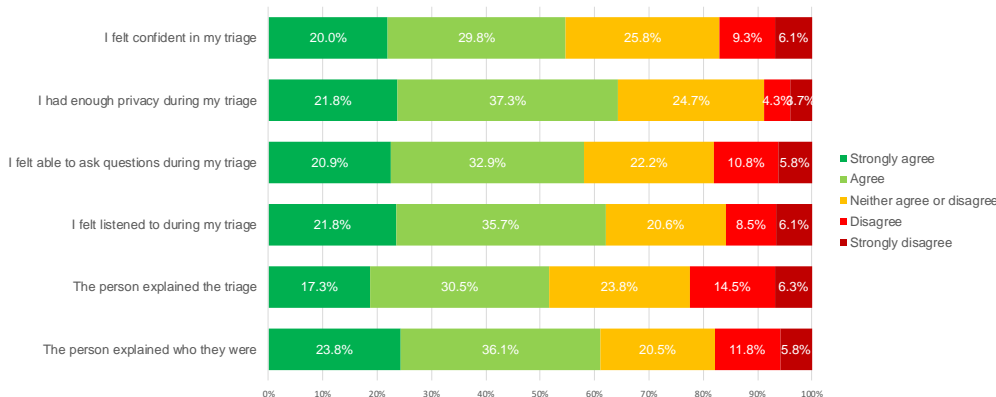
Q11 Did the practice contact you when they said they would? (n=4178)



Graph Q9 shows that 80% of respondents were triaged when accessing primary care.

Graph Q11 shows that three quarters of respondents were contacted when the practice said they would, with only 14% reporting the call was later than arranged.

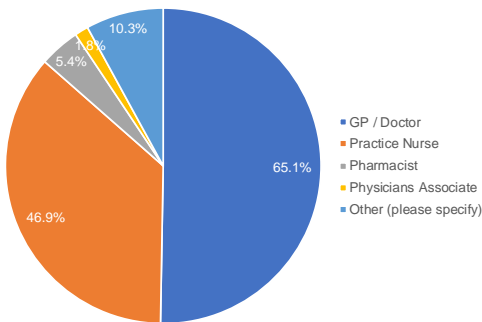
Q10 How much do you agree with the following statements about triage (n= 4166)



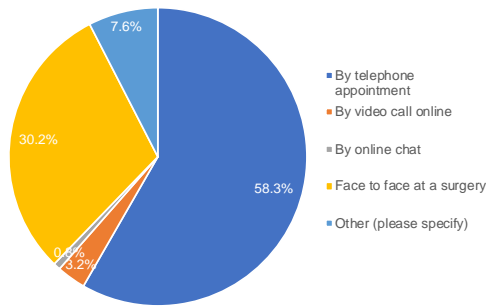
Graph Q10 shows how respondents felt about aspects of their triage. The majority of respondents (over 50%) felt positively about their triage, including confidence in the triage, privacy during triage, feeling able to ask questions and feeling listened to.

Appointment Experience

Q12 Which healthcare professional did you see / have contact with? (n=4185)

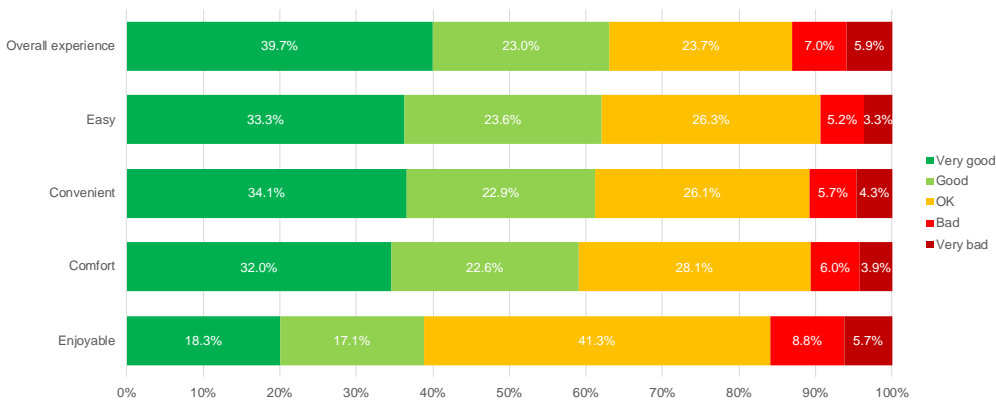


Q13 How did your consultation take place, how did you see / contact the healthcare professional? (n=4155)



Graph Q12 shows the range of professionals holding clinics during the pandemic response appointments. Graph Q13 shows the majority of those appointments were held over the telephone (58%), with just under a third being held face to face in the practice. Only 3.2% of appear to have been conducted by video call.

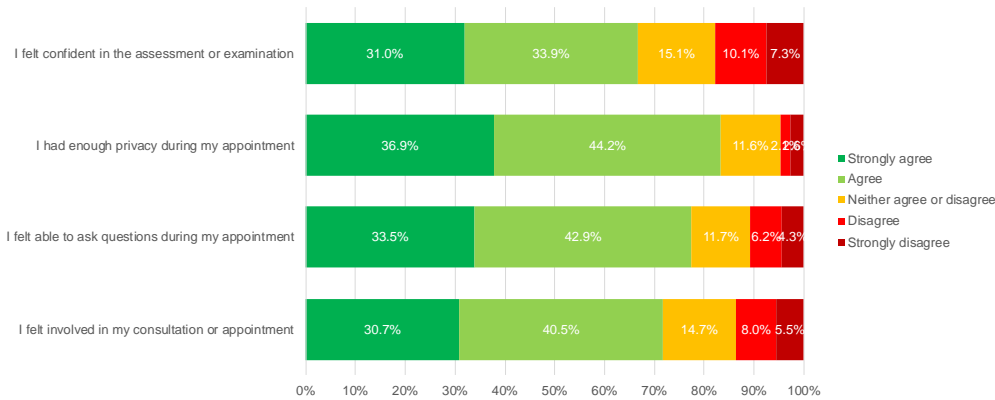
Q14 How would you rate your how your appointment or consultation took place? (n=4181)



93% of respondents did not require help accessing their consultation or appointment

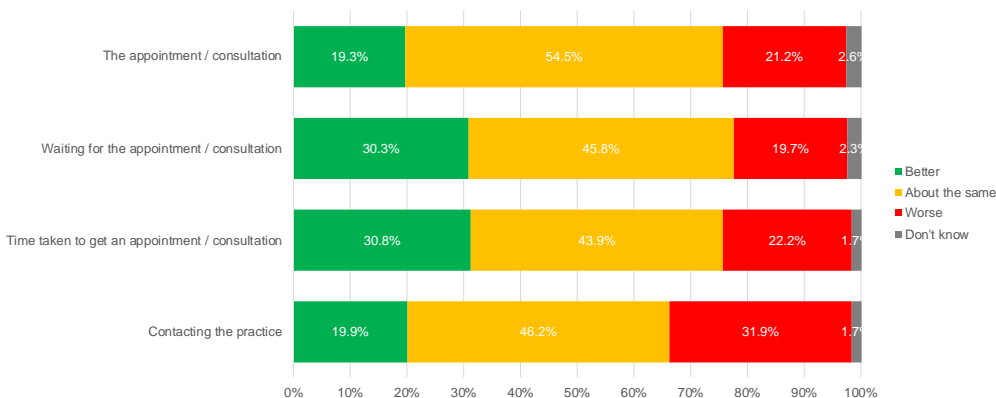
Graph Q14 shows how respondents felt about aspects of their appointment. The majority of respondents felt positively about their appointment with 63% rating their overall experience good or very good. Over 50% of respondents felt the appointment was easy, convenient and comfortable.

Q15 How much do you agree with the following statements? (n=4132)



Graph Q15 shows that 65% of respondents felt confident in the assessment or examination, 81% felt they had enough privacy, 76% felt able to ask questions, and 71% felt involved in the consultation.

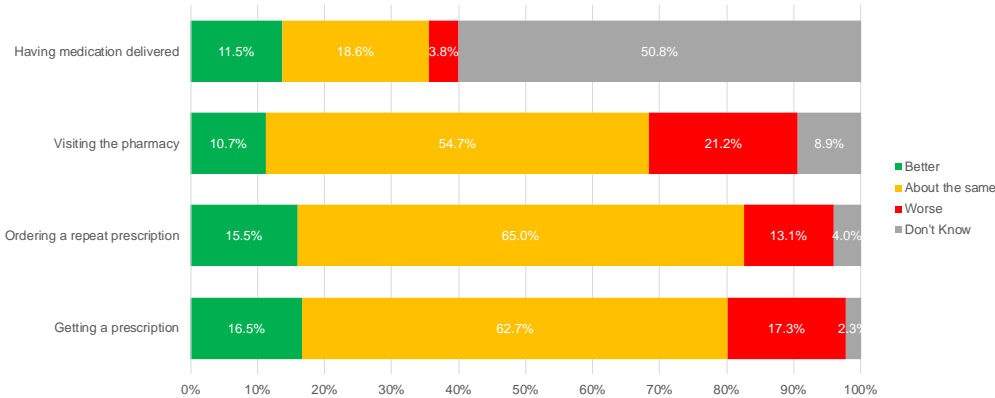
Q18 Did you think your experience of your appointment was better than before COVID-19 or worse? (n= 4118)



Although respondents have reported a positive experience graph Q18 shows that comparable proportion of people feel their experience was better than before COVID-19, and worse than before COVID-19.

Experience of Getting Medication

Q24 Do you think your experience of getting medication was better than before COVID-19 or worse (n= 5191)

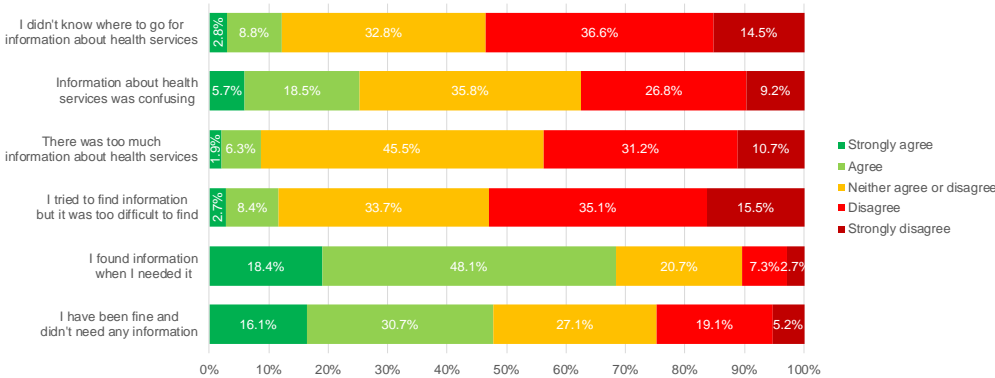


79% of respondents tried to get medication during the pandemic response

Graph Q24 shows that although the majority of people feel their experience has remained the same, in some cases there are more people who feel their experience has got worse, or the number is comparable to those who are reporting an improvement.

Experience of Accessing Health Information

Q28 How much do you agree with the following statements about information about health services during the pandemic (n=5585)



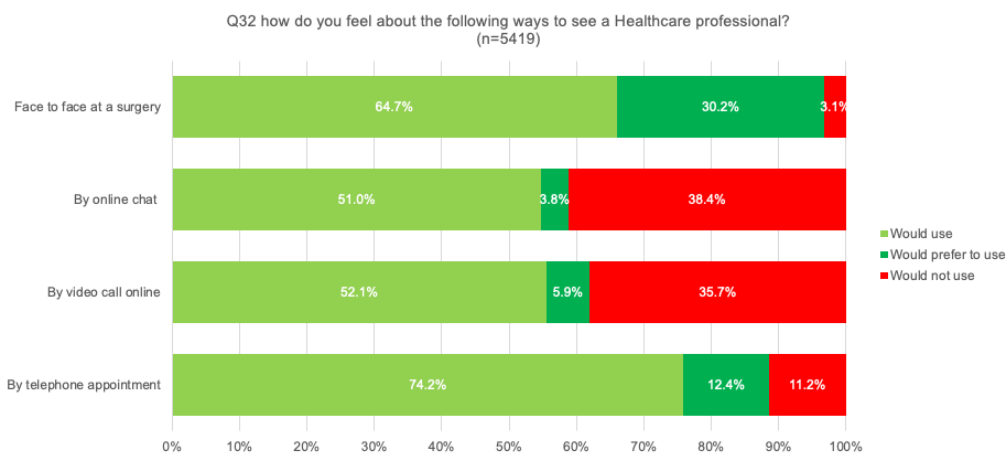
Graph Q28 shows that only 10% of respondents don't know where to get health information from. And 8% felt that there was too much health information 66% of respondents found health information when they needed it. However 24% of respondents felt information about health services was confusing.

Access Preferences

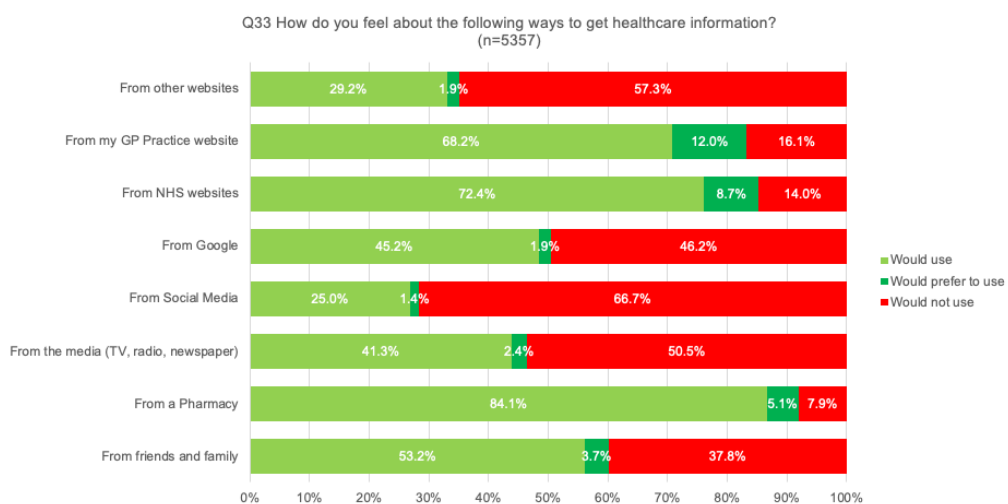
Q31 How do you feel about the following ways to contact your GP Practice (n=5444)



Graph Q31 shows that the preferred way of contacting primary care is by telephone, although over half of respondents would use the NHS App and NHS 111, only 4.5% and 2.5% would prefer to.



Graph Q32 shows that the preferred way to see a health professional is face to face, followed by over the telephone. Although over half of people would use online methods (chat or video) only a small percentage would prefer accessing professionals this way.



Graph Q33 shows where people would get health information from and where they prefer to get health information from.

There are 3 clear trusted places; GP practice websites, NHS websites and Pharmacies.

At least of respondents would not use media, both traditional and social, or Google to find health information.

8. Conclusions

- **The majority of people have been able to get the care they need**, from services (44%) or self-care (58%). 17% of respondents stating that they were unable to get the help they needed, 9% unable to care for themselves.

This is consistent with the amount of people who found it difficult to access services (16%), 14% found them closed or unavailable; and those perceiving barriers to service, 10% thought they would be closed, 15% felt they were too busy, 10% due to fear of the virus.

Only 12% of respondents reported not accessing services due to shielding.

- **Public opinion of NHS 111 and NHS App is mixed**, only 3.6% of people use NHS 111, and 1.7% use the NHS app to contact primary care, and half of respondents would not recommend NHS 111 (49.8%) and the NHS app (47.2%). When talking about ease of use and convenience, although more people feel those methods are convenient (NHS 111 26%, NHS app 21%) and easy (NHS 111 16%, NHS app 19%) a comparable number feel they are difficult (NHS 111 13%, NHS app 15%) and inconvenient (NHS 111 11%, NHS app 14%). although over half of respondents would use the NHS App and NHS 111, only 4.5% and 2.5% would prefer to.

This has clear implications for the implementation of “talk before you walk” and digital first campaigns

- **The majority of people had a positive experience of the triage process**, only 15% of respondents stated they didn't have confidence in the triage, 8% felt they didn't have enough privacy during the triage; 14% did not feel listened to, and 16% didn't feel able to ask questions.
- **The changes to primary care do not support everyone**, although the majority of respondents describe their experience positively, there are a number of statistics that raise concern. Although 60% of respondents would recommend the way they had their appointment 25% would not recommend it. An almost equal number of respondents feel that their experience is better and worse than before COVID-19; this is replicated when respondents were asked about getting medication. Further demographic and geographic analysis are required to determine who is benefiting from the changes and who is not.
- **Digital first will only work for half of patients**, Although over half of people would use online methods (chat or video) only a small percentage would prefer accessing professionals this way. The clear preference for patients accessing health professionals is face to face, followed by over the telephone.
- **Patients what health information from NHS sources**; There are 3 clear trusted places; GP practice websites (80% would use or prefer to use), NHS websites (81% would use or prefer to use) and Pharmacies (89% would use or prefer to use).

10. Next Steps

Geographic and demographic analysis is currently be undertaken to determine if there is significant variation of views and experience between CCG areas, or if there is significant variation of views and experiences of those from different demographic groups or with protected characteristics.

By using pre-existing intelligence from extended access engagements across the Humber we are also trying to determine if views and experiences have changed in light of COVID-19.

The integrity of looking at results by Primary Care Network (PCN) or GP practice is being explored.

The full report is expected to be complete and published in mid-November 2020.

11. Recommendations

It is recommended that the committee:

- (a) Note the initial patient and public findings of the engagement work.
- (b) Endorse the next stage of analysis and highlight any additional areas of particular interest to explore.