

**Item 6.1**

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| **Report to:** | Primary Care Planning and Commissioning |
| **Date of Meeting:** | 22nd October 2021 |
| **Title of Report:** | Primary Care Response to COVID-19 Engagement |
| **Presented by:** | Colin Hurst, Head of Engagement |
| **Author:** | Colin Hurst, Head of Engagement |

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| **STATUS OF THE REPORT:** |  |
|  To approve | To endorse |
|  To ratifyX | To discuss |
|  To consider | For information |
|  To note |  |

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| **PURPOSE OF REPORT:** To update the committee on the engagement work**RECOMMENDATIONS:**The committee notes

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| a | The deferment of the repeat of the Primary Care Response to COVID-19 engagement |
| b | The future engagement recommendations for service change. |
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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** | XNo | Yes |
| If yes, detail grounds for exemption  |  |

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| **CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)* 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 dutiesThis engagement exercise was originally run in partnership with the 4 Humber CCGs; East Riding of Yorkshire, Hull, Northeast Lincolnshire and North Lincolnshire. It looked at patient and public views and experience to inform the planning of primary care services post COVID-19. And supports Primary Care Networks determine models of provisionThis 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. |

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| **IMPLICATIONS:** (*summary of key implications, including risks, associated with the paper*),  |
| Finance | None |
| HR | None |
| Quality | None |
| Safety | None |

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| **ENGAGEMENT:** (*Explain what engagement has taken place e.g. Partners, patients and the public* *prior to presenting the paper and the outcome of this*) This engagement exercise was developed and approved by each CCG. |

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| **LEGAL ISSUES:** (*Summarise key legal issues / legislation relevant to the report*) The CCG statutory duty to involve patients and the public. |

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| **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*)

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|  | ***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.  |  |

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| **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 does7. The NHS is accountable to the public, communities and patients that it servesAnd the NHS Constitution values:* Working together for patients.
* Commitment to quality of care.
* Improving lives
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#### Primary Care COVID-19 Response Engagement Update Report

#### 1. Introduction

The purpose of this report is to update the committee on the Primary Care COVID-19 Response Engagement

2. Background

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. The Primary Care COVID-19 Response Engagement exercise was run 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.

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.

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 consultation, 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.

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.

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.

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 were from out of area.

3. Action following the engagement exercise

Preliminary findings were brought to the extraordinary Primary Care Commissioning Committee in January 2021, the full report followed in February 2021.

Due to the second wave of the pandemic, including additional lockdowns, it was felt that attitudes and preferences to Primary Care may have changed; as the Health Service evolved its response to the pandemic, and the ways health services were provided during the pandemic. The Primary Care Commissioning Committee decided that a repeat of the exercise would be appropriate to map views and experiences and ensure that service change was based on the most up-to-date intelligence.

There were some concerns regarding the fieldwork for the repeat engagement taking place during the purdah period for the 2021 local elections in Hull. These concerns were compounded when engagement activity supporting the Humber Acute Services Review (HASR) attracted attention from local political campaigners, which led its deferment. This in turn led to the decision that the fieldwork for this engagement should also be deferred until after the local elections in May 2021.

In May 2021 Humber Coast and Vale Integrated Care (HCV) Partnership was approached by NHS England to participate in a pilot project to support improved access to Primary Care by the development of tailored communication resources that highlight the alternative routes to Primary Care support other than face to face appointment, and support the practice population access services in a way that best suits them and their Primary Care need.

As the planning of the pilot programme progressed all 6 CCGs became participants, each having one Primary Care Network (PCN) participate, with the exception of Hull where all PCNs were to participate. The development of the resources involves a large amount of engagement with practice populations and staff both to develop the resources, how they are deployed, and experience and views of the pilot itself. The pilot is estimated to complete by the end of the year.

As NHS England’s Primary Care Pilot was being developed a number of other Primary Care projects were also being developed and delivered that responded to a number of the findings and recommendations of the original COVID-19 engagement. These included a large programme developed by the Humber Local Medical Council (LMC).

Due to the amount of additional work Primary Care, particularly in Hull, were being asked to participate in, and the amount of communication and engagement activity surrounding access and attitudes to Primary Care as a result of the pandemic; it was felt that the repeat of the Primary Care COVID-19 engagement exercise should be deferred. The intention of the deferment was to reduce the pressure on Primary Care, and to ensure that the repeat engagement captured the views and experiences after the completion of the projects that look to address some of the original engagement findings and recommendations.

4. Future engagement requirement

The Planning, assuring, and delivering service change for patients 2018 states that changes can be made temporarily under regulation 23(2) of the s.244 regulations because of a risk to safety or welfare of patients or staff. It acknowledges that in these circumstances it may not be possible to undertake any public involvement or consultation. It also states that the local NHS should try to undertake as much engagement as possible in the time available and discuss with NHS England and NHS Improvement how this can be assured. The guidance is clear that when a decision is proposed to make a temporary change permanent, patient, and public engagement or consultation will still be required.

Although the Primary Care COVID-19 engagement can be repeated in the future to inform any permanent implementation of temporary changes, following the current work being undertaken in Primary Care. It is recommended that the engagement goals and scope be re-evaluated to ensure it is as effective as possible and acknowledges all the work undertaken in response to the original engagement.

5. Recommendations

It is recommended that the committee notes:

* The deferment of the repeat of the Primary Care Response to COVID-19 engagement.
* The future engagement recommendations for service change.