Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 2 NOVEMBER 2021**

TIME: **5:30 pm**

PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

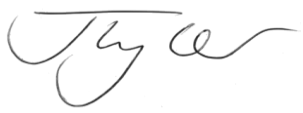
Councillors Aldred, March, Pantling, Dr Sangster and Whittle

1 unallocated Non-Group place.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.



For Monitoring Officer

Officer contact:
Jason Tyler (Democratic Support Officer):
Tel: 0116 454 6359, e-mail: Jason.Tyler@leicester.gov.uk

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- where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact:
Jason Tyler, Democratic Support on (0116) 454 6359
or email jason.tyler@leicester.gov.uk

For Press Enquiries - please phone the Communications Unit on 454 4151

USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG LCCCG ELCCG WLCCG	Clinical Commissioning Group Leicester City Clinical Commissioning Group East Leicestershire Clinical Commissioning Group West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING **Appendix A (Pages 1 - 10)**

The Minutes of the meeting held on 1 September 2021 are attached and the Commission will be asked to confirm them as a correct record.

4. CHAIR'S ANNOUNCEMENTS

5. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

To receive updates on matters that were considered at previous meetings of the Commission.

6. PETITIONS

The Monitoring Officer to report on the receipt of any Petitions submitted in accordance with the Council's procedures.

A Petition has been received in the following terms:

"To stop discharges of odious fumes from Colour Dyers UK Ltd

We, the undersigned, are very concerned about the discharge of odious fumes from the factory operated by Colour Dyers (UK) Ltd at Riverside Dyeworks, Greenhithe Road, Leicester LE2 7PU.

As a neighbourhood, we are frequently forced to stay indoors and close our windows, as smelly blue fumes are often blown from the factory chimney down to street level.

We ask that the Leicester Health & Wellbeing Scrutiny Commission requires the Council's Noise and Pollution Department to:

1. *seek confirmation from the Environment Agency that the licensed discharge of odious blue fumes from Colour Dyers factory is not a risk to children's and adults health.*

2. *request that the Environment Agency rescinds the factory's operating permit unless they install a filter system that eliminates the smell and colour of the discharged fumes.*

All we ask is to be able to enjoy our houses and gardens and safely walk the streets of our neighbourhood."

The validated number of signatures to the petition will be confirmed at the meeting.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

The following Questions have been received:

A. From Raimondo Barraco

The chimney's on the Colour Dyers' factory on Greenhithe Road are pumping out a stench into the air, in the streets near where I live which maybe a hazard to public health.

Will the Health & Wellbeing Scrutiny Commission ask for a health impact assessment on the air quality to be carried out by Public Health Leicester City Council and if necessary, with support of Public Health England?

B. From Brenda Worrall

How does the Place Led Plan reflect the ambition, set out in Building Better Hospitals for the Future, that as much care as possible will be transferred out of hospital and added to the work of agencies and providers in the community?

C. From Peter Worrall

With regard to the Integrated Care Systems, what is the legal basis for data sharing and how are you collecting patient consent?

D. From Jennifer Foxton

Can Healthwatch Leicester and Leicestershire confirm that it will not be a co-signatory of the final Place Led Plan and will remain independent of it in order to better collect and reflect public views?

E. From Jean Burbridge

1.
The Developing Place Led Plan states that there will be wide stakeholder engagement on the initial plan – how is this taking place, who or what organisations are involved and when and how are the public being engaged. Will it involve engagement with the local NHS Citizens' Panel?

2.
Where is the connection between the Integrated Care System priorities (as set out to the Health and Wellbeing Board in July 2021) and the needs of local people? Where is the implementation of the Joint Strategic Needs Assessment and is this up to date?"

F. From Sally Ruane

1.
In the Integrated Care system, why do patients get only access to 'simple' treatment and preventive or digital services? Why is there no reference to patients accessing the health services which meet their needs?

2.
What does "[The] aim is to create an offer to the local population of each place, to ensure that in that place everyone is able to: expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability" mean? (p6 of Developing a Leicester City Place Led Plan, presented at the Health and Wellbeing Board 29 July 2021)

8. SCHOOL NURSING PROVISION

A presentation will be given on School Nursing Provision and the impact of Covid–19 on the service.

9. ACCESS TO GP SERVICES AND UPDATE ON COMMUNITY PHARMACY SCHEME

Appendix B (Pages 11 - 60)

The CCGs submit a paper which describes an overview of current activity and work relating to improving access to general practices.

Presentation slides are also attached.

10. INTEGRATED CARE SERVICE - UPDATE

Appendix C (Pages 61 - 74)

The CCGs submit a paper which provides an overview of the LLR Integrated Care System considering recent guidance issued by NHS England and the Health and Care Bill.

Presentation slides are also attached.

11. COVID19 UPDATE & VACCINATION PROGRESS UPDATE

There will be a presentation to provide an update on the progress concerning Covid-19 and the vaccination booster programme, the current winter flu programme, and also the vaccination programmes operating across schools.

12. WORK PROGRAMME

Appendix D (Pages 75 - 78)

The Commission's Work Programme is submitted for information and comment.

13. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 1 SEPTEMBER 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor March
Councillor Dr Sangster
Councillor Whittle

In Attendance:

Councillor Dempster - Assistant City Mayor (Health)

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15. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred and Pantling.

16. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

17. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 13 July 2021 be confirmed as a correct record.

18. CHAIR'S ANNOUNCEMENTS

The Chair reminded all those present either in the meeting room or joining on Zoom of the procedures for the hybrid meeting.

19. PROGRESS ON ACTIONS CONSIDERED AT A PREVIOUS MEETING

It was noted that an update following the previous meeting in relation to the reported low vaccination rate uptake in the west of the city would be provided by the CCG at Agenda Item 10 'Covid 19 and Vaccination Update' (Minute 24 refers).

20. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

21. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no Representations or Statements of Case had been submitted in accordance with the Council's procedures.

The following Questions had been received:

From Sally Ruane:

1. In relation to the integrated care system, can the CCGs and the City Council confirm that Leicester City Council will have a place on the ICS Board and not just on the Health and Care Partnership Board

2. Is Leicestershire Partnership Trust planning to increase the number of beds it has for patients requiring inpatient mental health care?

From Stephen Score:

3. Will the Leicester Health and Wellbeing Scrutiny Commission be considering the acute hospital reconfiguration programme anew if there is a change in the Building Better Hospitals for the Future scheme following the new hospitals programme team's request for a scaled down proposal and a phased in proposal?

Ms Ruane was present and was invited to address the Commission and put her questions, as printed on the Agenda pages.

Mr Score was not present and the Chair read the Question, as printed on the Agenda pages.

In response to Question 1:
It was confirmed that Leicester City Council will have a place on the Integrated Care Services Board and that other Councils would also be involved to support the integrated system. The necessary administrative arrangements were to be put in place in due course.

Ms Ruane was invited to ask a supplementary question, and she commented that the membership of the Board remained a confusion to the public and asked that the role and composition be made more widely accessible.

In reply, it was acknowledged that a full update ion the ICB was to be discussed at item 9 'Integrated Care Services' (Minute 23 refers).

In response to Question 2:
David Williams (LPT) advised that there would not be a proposal to increase beds for mental health services, as it was not considered the most effective measure for patient care. Alternative options including enhanced voluntary sector involvement and support through partnership arrangements were preferred. It was clarified that investment in such services was encouraged, rather than in providing extra beds.

Ms Ruane was invited to ask a supplementary question, and she asked whether the NHS England moratorium on bed numbers was still in place.

In reply, it was understood that NHS England would not limit the numbers of beds or oppose their need, if this was proposed as an option going forward.

In response to Question 3:
The Chair provided the reply and confirmed that the Commission would reconsider any changes in the Building Better Hospitals for the Future scheme. The information regarding the publicised scaled down proposals had been discussed internally. Any updates concerning future scrutiny would be announced as and when necessary.

22. COMMUNITY PHARMACY SERVICES

Rachna Vyas (Clinical Commissioning Group) provided an update concerning community pharmacy services, as part of revised community fund service, being introduced by NHS England.

It was noted that the principles of the revised programme had been based on the Community Pharmacy Consultation scheme, which would enable GPs and team partners to refer patients to pharmacists. Patient feedback had been very positive.

The nationally agreed set of principles and participation information since the recent introduction was reported and the significantly increased numbers of available GP appointments was welcomed and noted.

It was also noted that participation at a local level had improved access to GPs and had reduced pressures, with a majority of practices being involved. There were some areas of the city where an initial reluctance to join the scheme had been noticed, although it was expected that full coverage would be achieved in the coming months.

Details of the improved promotion and strengthening of the 111 phone service were also explained and with fewer Accident and Emergency visits being recorded.

Commission members were invited to ask questions or comment on the update, and the following points were noted:

- In terms of wider support and engagement with communities, it was considered that an enhanced structure should be established involving the voluntary sector and Healthwatch.

- The proposals to allow pharmacies greater opportunities to offer advice to patients was welcomed, it was recognised that pharmacies often had a better understanding of individual patients through more regular contact and continuity of service.

- The requirement to ensure that carers were not disadvantaged or disincentivised was highlighted and accepted. It was noted that there were a range of options for carers in the scheme and there were no carer targets or sanctions. The situation would be monitored through regular service quality reports and it was confirmed that resulting feedback and information could be shared and circulated in due course.

In summary and in respect of future updates, it was suggested that a further report be submitted at the end of the next quarter when more qualitative information will be available.

AGREED:

That the update be noted and a further report be submitted in due course to include specific information on the service quality reports relating to carers.

23. INTEGRATED CARE SYSTEMS

The Chair welcomed David Sissling (Independent Chair of the Integrated Care Board) to the meeting.

Mr Sissling provided a verbal update as an introduction to the work of the Integrated Care Board (ICB) and explained its purpose, vision and context arising from national guidance. It was noted that the context was based on a powerful principle of effective partnership working and the priority on prevention and enhanced economic and social benefit arising from healthier lifestyles was acknowledged.

It was accepted that the issues affecting health were not entirely associated with the NHS.

The relationship with the public and the proposals to make change to attitudes in relation to heath were also reported, including an ambition to ensure that more attractive messages were publicised.

In terms of the structure of the Board, the legislative process was explained and noted, with some CCG and NHS England functions being transferred from April 2022.

Reference was made to the earlier item where a public question had been asked (Minute 21 refers). It was confirmed that the ICB would work with local authorities and other partners with a jointly held responsibility. It was accepted that the Board would be large in terms of the numbers of members, although it was accepted that inclusivity was key to the ambitions and to allow the sharing of best practice.

The Chair asked the Assistant City Mayor to comment.

Councillor Dempster welcomed the content of the update and reinforced the need to strengthen the partnership arrangements. In view of the significant changes to roles and responsibilities, a briefing would be held for City Councillors to explain the changes in due course.

Councillor Dempster also referred to the need to ensure that regular updates to the Commission were submitted.

The Chair invited Commission members to comment, and the following points were noted:

- Concern was expressed that the formation of the Board could lead to the beginnings of privatised services, as several references to contractual arrangements were made in the update. This view was not accepted by the Independent Chair and reassurance was provided that private sector involvement was appropriate in context. It was emphasised and reiterated that the Board was established as a partnership of public representatives entrusted with making all future strategic decisions.

- The complexities of the ensuing legislative process were raised and questioned. The Parliamentary system including appropriate pre-legislative scrutiny was explained by the Independent Chair.

- The need to ensure that local authorities retained their budgets to provide localised public health services was emphasised.

- In terms of openness and transparency, the scrutiny arrangements were discussed and it was noted that regular reports would be made available to local authority scrutiny and voluntary sector partners.

In conclusion, the Chair welcomed the update and asked the Independent Chair of the ICB to consider the comments made by the Commission, particularly in response to the issues raised concerning transparency and private sector involvement.

Mr Sissling reiterated his previous reassurances concerning public sector influence and scrutiny and welcomed the opportunity to provide an update in due course.

AGREED: That the update and position be noted.

24. COVID-19 AND VACCINATION PROGRESS UPDATE

The Director of Public Health shared presentation slides, which provided an update concerning the current situation regarding Covid-19 and the vaccination programme.

It was noted that the data showed interesting information in terms of local data in comparison to the national situation due to the impact of relaxed restrictions.

In discussing the presentation and statistics, the following points were noted:

- The vaccination figures for 12-15 year olds and 16-17 year olds seemed low and displayed a discrepancy with national figures. It was considered that the UK had not progressed the issue sufficiently in comparison to other countries. The Director of Health advised that an announcement was due from Government imminently and in response to a question it was confirmed that the lack of vaccinations for the cohort was not due to a lack of vaccines, or any logistical/availability problems.

- An article from a European journal on nuclear medicine was raised and noted, where two groups had been studied as part of a research project into degenerative mental effects, loss of memory, concentration and sleep disturbances.

  It was noted that the results confirmed that young people could suffer from long covid, as well as the old.

  Representatives of the CCG advised that a regional bid had been awarded which would allow further local research in respect of the effect of long Covid on children including mental health.

- The statistics showing the numbers of unvaccinated people were questioned. It was reiterated from discussions at previous meetings that due to the transient nature of many residents in the city, principally due to the significant student population, the figures could be inaccurate. The need to consider options to 'refresh' GPs patient lists was recognised and would be considered by health partners.

In conclusion, the Director of Public Health indicated that ongoing pressures were causing obvious concerns in terms of Covid, as an increase in Flu cases and hospital admissions had been widely predicted this winter.

AGREED:

That the position be noted and a further update be presented to the next meeting.

Councillor Dr Sangster left the meeting at 7.30 pm

25. SEXUAL HEALTH SERVICES

The Director of Public Health shared presentation slides, which provided an update on the operation and access to sexual health services during Covid-19.

It was confirmed that updates would be submitted to the Commission annually in order that any patterns and trends could be assessed and the Work Programme would be updated accordingly.

In making the PowerPoint presentation it was noted that a public health grant was received annually which included the requirement to commission open access toa range of sexual health services.

This included an open access clinical service providing contraception and testing and treatment for sexually transmitted infections, provision of intrauterine devices and systems and subdermal implants, and emergency hormonal contraception.

Additional non-clinical services included relationship and sex education support for schools, outreach work with men who have sex with men, sex workers and young people under 25.

A project engaging with different BAME communities was also explained.

Information on the numbers of people using the service was submitted, including analysis of gender, ethnicity and age groups. It was noted that there was ‘no typical’ user profile arising from the statistics.

In terms of the changes required during the pandemic it was confirmed that the service had continued to operate effectively despite being unable to provide face to face consultations.

The measures put in place were described and statistics showing a 28% reduction in people accessing services was noted. The large increase in the numbers accessing online services within the total number of users was also noted.

In concluding the presentation, details of the lessons learned and implications for future provision were confirmed. It was noted that:

- Online services and telephone consultations were well used and it was proposed that they would continue and be enhanced.

- Some communities and age groups preferred face to face services and an investigation on options was proposed. BAME work was also being progressed.

- Concern was expressed at the reduction in young people accessing the service. It was anticipated this would change when schools, colleges and universities return. Communications were to be put in place to promote the services.

- GP services had been successful and the model put in place would be expanded.

- Clinicians had worked hard to maintain services and ensure quality despite issues with workforce and restrictions to delivery.

The Chair thanked officers for the presentation and invited questions and comments. The following points were noted:

- Previous concerns with budgetary pressures were reiterated and reassurance was provided that the service could operate and expand under the current financial arrangements.

- Recognising that women predominantly access contraception; concern was raised that during the pandemic the numbers may have reduced. It was noted that pregnancy data was not currently available to allow an assessment of the situation, but this could be included in future updates.

- The 'prep' programme had begun operating on a weekly basis, with small numbers initially attending, and now with a growing demand for services.

- The balance of future initiatives to support and increase face to face consultations, alongside enhanced online pathways were welcomed.

- The educational work, with sex workers, community safe sex messages, sex education in schools and in bars and clubs was supported and welcomed.

In respect of the future update, it was acknowledged that the information showing pre-Covid data would provide a useful comparison of the longer term pattern.

AGREED:

1. That the presentation and update be noted and the proposals for the future operation of the service be supported.

2. That the annual update be added to the Work Programme, and the next report include information on the position and statistics pre-Covid.

26. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

It was noted that a Special Meeting was being convened to discuss mental health issues and proposed programmes.

27. CLOSE OF MEETING

The meeting closed at 8.10 pm.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

PRIMARY CARE ACCESS IN LEICESTER CITY

REPORT TO LEICESTER CITY HEALTH & WELLBEING BOARD SCRUTINY COMMISSION

2 NOVEMBER 2021

Context

1. This paper describes provides members of with an overview of current activity and work relating to improving access to general practice in LLR. It seeks to demonstrate the challenges faced by general practices and fully acknowledges the impact on patients of the significant increase in workload faced by primary care in the post pandemic period.

Background

2. Practices were open and providing services where safe to do so during the pandemic despite perceptions. Misconceptions have occurred due to the result of measures to ensure infection prevention and control and a move to the use of remote consultations to protect patients and staff groups.
3. NHSE recently published *Our plan for improving access for patients and supporting general practice.* The Plan sets out the access challenges and states that, as is in other parts of the NHS, current workload pressures on general practice are intense.
4. *Our plan for improving access for patients and supporting general practice* notes how practice teams adapted and innovated during the pandemic, maintaining, and improving access through remote appointments which continue to offer many patients a more convenient option. It is fully recognised that this revised model of care was not communicated in the depth that it could have been, nationally and locally, in a manner that our citizens understood or agreed with. The new model of care was put into place within 48 hours of national mandates being released due to the severity of the infection rates locally and nationally.
5. Additional demands arising from Covid 19 continue and since the pandemic practices have faced 'pent-up' demand from patients who were less likely to consult their GP during the height of the pandemic. General practice too, is catching up on a backlog of care for patients on its registered list wo have ongoing conditions, to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital appointments or even premature maturity.
6. Across LLR, GPs, our Primary Care Networks (PCNs) have delivered most of the vaccination programme and during this financial year have also provided more appointments nationally for patients than in the equivalent period before the pandemic.
7. Notwithstanding these challenges, reports in the media and cases of poor individual experience, overall satisfaction levels in general practice have stood up well indicated by the local results from the National GP Survey reporting patient satisfaction levels at 76% in Leicester City CCG practices.
8. However, it is fully recognised that direct patient-reported experience, via our elected members, Health Watch, social media and other means, has not been so positive.

Reports of poor access and long waits have been received in significant volume and this paper outlines actions taken to improve patient experience overall.

Current activity

9. Monthly data on GP activity is available from NHS Digital. We issue a summary of the data overall LLR level each month to the public. August's infographic (latest published data) is at Appendix 2 The monthly data is available at https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice and includes details of:
    - Number of appointments
    - Number of same day appointments
    - Appointments attended
    - Health professional appointment was with
    - Online/face to face

10. For August the data for Leicester City shows:
    - 174,737 appointments
    - 56,584 were by phone
    - 761 were online
    - 83,014 were seen on the same day
    - 44,528 were seen between 1 and 7 days

11. Our overall availability of appointments is significantly higher than pre-pandemic levels – what has changed is the proportion of patients who have been treated virtually as opposed to just face to face. Moving towards a mixed model of care is a requirement of the Long-Term Plan and has proved very popular with certain cohorts of our patients. Offering this mixed model of virtual where appropriate and face to face where needed will give us the best chance of balancing out capacity and demand.

PATIENT PERSPECTIVE

12. Within the CCG we have undertaken an analysis of both the National GP Patient Survey and the results of a survey we undertook locally and combined these into a single consolidated report.
13. Healthwatch Rutland undertook their own survey with patients in Rutland specifically asking questions regarding GP practice services. Healthwatch Leicester and Leicestershire also carried a review of some GP websites to look at content, accessibility, and navigation of the sites. The findings have also been reviewed consolidated in our local report.
14. Combining the findings form these sources has given the CCGs a rich picture of the patient perspective on experience of primary care services.

National survey

15. The National Survey obtained feedback from patients between January and March 2021 and was carried out by Ipsos MORI on behalf of the NHS. The findings were published in July 2021. The survey, run annually, was modified to reflect the changes to primary care services because of Covid-19. Disappointingly, there was a poor response rate of

28% with only 6,120 surveys returned out of 13,498 sent out. Questions covered a range of topics including relationship with the GP practice staff, satisfaction with the consultation itself and access to services. Questions relating to access covered:

- Ease of getting through to GP practice
- Overall experience of making an appointment
- Patient satisfaction with GP practice appointment times
- Satisfaction with type of appointment offered
- Helpfulness of receptionist at GP practice

16. Overall, 76% of patients reported a positive experience of their GP practice, a 4% improvement from the previous year during a period when the pandemic was at its height. Individual practices saw significant increases in satisfaction in terms of overall experience and other indicators. However, there were also reports of poor experience and this data will be used to drive performance in partnership with our practices.
17. Again, it is recognised that this is not congruent with more recent, direct patient reported experience.

Leicester, Leicestershire & Rutland survey

18. Working with GP practices and Primary Care Networks the CCGs undertook a local GP practice online survey of residents across Leicester, Leicestershire, and Rutland (LLR).

19. This survey complimented the national survey and covered additional topics not included in the national survey and was carried out from 14 June to 14 July 2021. 5,483 people completed the survey. A full report of findings can be found at https://www.leicestercityccg.nhs.uk/get-involved/primary-care-survey/ which was independently produced. Appendix 1 shows recommended high impact actions based on the insights.

20. An independent analysis and report of findings for the was undertaken of the local survey. As part of the report, we included a ranking of 'Importance' vs 'Experience': what patients told us was important when using general practice and what their actual experience was. This is shown below.

General Practice/Health Centre Services

'Importance' v 'Experience' Ratings

IMPORTANCE			EXPERIENCE	
% Rating as 'Important'	Importance Ranking	Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	% 'Agreeing'	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to-face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

21. The report of findings also demonstrated high levels of satisfaction with appointment bookings processes and patient experience of the consultation with the GP.
22. In terms of responding to the findings we have identified 10 High Impact Actions directly relating to those ranked as the most important by patients when using GP services. A clinically led improvement plan, in partnership with patients and citizens, is currently being developed in response; however, key improvement programmes already in place are described briefly in the next section.

CURRENT INITIATIVES TO IMPROVE ACCESS

23. There is currently action in several areas to improve access to primary care – access issues in the City are not 'new' and not solely as a result of the pandemic. Equally, the manner in which many of our patient groups wish to access services is changing; therefore, these improvements focus on options for patients that provide the appropriate care with the appropriate health or care professional to meet their needs and their lifestyle as we know this has a direct impact on outcomes.

Workforce

24. **Additional Roles Reimbursement Scheme (ARRS):** This is a national programme for PCNs to create bespoke multi-disciplinary teams to meet the needs of the local community and tackle inequalities. Roles included within the scheme are: Clinical Pharmacists, Physiotherapists, Dieticians, Podiatrists, Occupational Therapists, Care Coordinators, Health and Wellbeing Coaches.

Self - referral services

25. There are some services a patient can directly refer into such as:

- **Improving Access to Psychological Therapies** (**IAPT):** Also known as talking therapies for people with a range of common mental health problems.

- **Musculoskeletal (MSK) Self-Care App:** The MSK app has been developed to offer support and guidance on how to manage a Musculoskeletal (MSK) condition or injury.

- **Podiatry:** Treatments range from corn, callous and nail treatment to the extremely specialised 'high risk' cases such as diabetic foot ulcer care, nail surgery, complex biomechanical assessment, and treatment, through to provision of insoles and orthotics.

Community Pharmacy Consultation Scheme

26. Details about CPCS were presented at the previous Commission. If a patient's symptoms could be resolved by a booked consultation with the pharmacist instead of the GP, you will be given a same-day referral to a pharmacy of your choice.

27. The above initiatives provide alternatives to seeing a GP where appropriate and free – up time for GPs to concentrate on those patients with more serious needs including pro-actively supporting the care of people with long-term conditions.

Active signposting/care navigators

28. Aims to connect patients with the most appropriate source of advice and support which many cases may not be the GP or other health service. Where it works effectively, active signposting has been shown to significantly reduce unnecessary appointments. This is a very popular service with our staff and patients and has enabled integration across health, care services and the voluntary sector like never before.

Self – care

29. We are currently developing a campaign to support patients to self-care for more minor ailments. Self-care should not be seen simply as a way of diverting the patient elsewhere but a method of empowering patients to be able to deal with minor conditions with confidence.

30. A key element of this campaign will be to promote the role that pharmacists can play in supporting patients

OUR PLAN FOR IMPROVING ACCESS FOR PATIENTS AND SUPPORTING GP PRACTICES

31. On 14 October, NHSE issued its plan for improving access and supporting GP practices. The plan highlights three areas for action nationally and locally:

- Increasing and optimising capacity
- Addressing variation and encouraging good practice
- Improving communication with the public – including tackling abuse and violence against NHS Staff

32. Additional funding is being made available nationally for ICSs to bid for. We are developing our proposals which must demonstrate the impact and that they will increase capacity. In developing our proposals, we have set the following strategic deliverables, directly based on patient feedback:

33. Tackling variations in appointment models – tackling 'ring at 8am'

The model in use for appointment booking across the vast majority of practices remains for patients to ring at 8am and wait in the queue. Over the years, our local practices have tried various models of access from this model to a 'walk in and wait' model; with both having similar reports of poor patient experience.

However, we have not yet explored, nor exploited, what we can now do at a Primary Care Network level to improve this. Some of our PCN's are piloting a 'call centre' type model across the day with one practice taking all calls for the practices within that PCN, triaging the patient and booking them into an appointment across a plethora of services. This would negate patients having to ring at 8am for an appointment but would support access all day. This is in very early stage of pilot but results are encouraging from both in terms of patient and staff satisfaction.

What the pilot does show, however, is that we continue to have a mismatch between 'capacity and demand', 'need vs want' and expected vs actual staffing levels across the City and we need to work with our patients and partners to balance this out. All four of the objectives above are fundamentally linked to these three areas of concern and are not for our GPs to solve alone. This is a system wide issue and our plans to tackle each of the areas will be done in partnership with our patients, practices and partner organisations across health and care.

34. Increase workforce availability

We continue to work with both practices, our regional colleagues and national programmes to recruit, develop and retain our very wide primary care workforce. We recognise that to increase access, we need to increase workforce and therefore we are looking at every potential avenue open to us to do this. A range of initiatives to address workforce challenges tackling, supply, recruitment and retention, initiatives are in place and include;

- CCG working with PCNs to maximise the recruitment of new roles utilising the Additional Roles Reimbursement scheme. To date 180 additional roles recruited including clinical pharmacists, paramedics, mental health practitioner, social prescribers and care coordinators. Further recruitment planned with support being offered regarding induction and training / education.

- Range of successful initiatives to support primary medical care work force education and training including: Practice Nurse Fellowship, GP Fellowship programme and GP Mentor scheme.

- Bespoke Health and Wellbeing offer launched for general practice teams to support resilience during the pandemic and winter period.

35. Tackling practice level variation

We know that there is some unexplained variation in access, outcomes and usage of services across the city. Our Board GPs are working with our frontline GP colleagues to undertake supported conversations and implement clinical support to tackle this variation. We are identifying practices to target this support with through analysing various sources of data relating to patient experience reports, overall appointments, proportion of face to face, higher than expected levels of ED attends and population demographics. This will involve adopting a quality improvement approach where we facilitate peer to peer conversations, share best practice and address any particular challenges faced by the practice.

36. Ensuring delivery of the primary care backlog

We know there is a significant 'backlog' of care in primary care, built up over the course of the last 18 months of the pandemic. Our practices are working to catch up with this backlog as well as provide care to those who need it on the same day. To support practices, we have partnered with a leading university to implement a programme called Proactive care @ Home, focusing on optimisation of six of our most prevalent conditions. Between April 2021 and September 2021, 30,239 patients have been optimised and taken off the primary care backlog list (for the 6 Proactive Care @ Home focus conditions).

Our patients have also told us they want to be empowered so we have also taken part in the 'Blood pressure @ home' programme - 2250 Blood Pressure monitors have been delivered to practices for use as part of this programme and we will continue to support patients to monitor remotely where feasible.

Finally, in recognition of our more vulnerable patients, our 'complex care model' includes growing investment in wider community nursing, therapy and social care services in excess of 150 staff LLR wide during 2021/22. This will support increased delivery of a 2-hour urgent crisis response, multi-disciplinary support to care homes and support our GPs in anticipatory care planning. This will all in turn reduce the pressure on primary care capacity and enable the most appropriate care for our patients amongst community services, without the need to go through a general practice themselves.

CONCLUDING REMARKS

37. This City has had issues with General Practice provision for many years; our issues (variation, funding, workforce) are not new issues with which we are grappling. However, our understanding of the fundamental issues has developed greatly, and the evidence

based, transformative solutions we are testing and evaluating will provide our patients with sustainable access, better outcomes and an improved experience of care over the coming years.

Rachna Vyas
Executive Director of Integration and Transformation
Leicestershire Clinical Commissioning Groups

Local Primary Care Survey

Summary of Key Findings aligned with national GP practice survey and considered against resilience baseline data

September 2021 *(Revised from 23/08/21)*

Prepared for:

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

Survey Background

Survey Background

BACKGROUND

The three clinical commissioning groups (CCG) in Leicester, Leicestershire and Rutland (NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG and West Leicestershire CCG) wanted to hear the views and experiences of GP-led primary care services during the Covid-19 pandemic in the Leicester City, Leicestershire and Rutland area in order to help the three CCGs build on the things that people like about the service and to identify areas of care that could be improved for people, their families and friends, as well as helping the three CCGs plan for service delivery in the future.

METHODOLOGY

Primary Care Survey was designed and sent to people currently registered with General Practices and Health Centres which fall within the three CCG areas. The survey covered the following aspects of GP practice services:

- Location, registered GP practice and 'overall health' question;
- Enabling self-care and prevention;
- Impact of the Covid-19 outbreak on General Practice/Health Centre access and services;
- Deciding what to do when you get ill/become unwell;
- Most recent General Practice/Health Centre experience;
- Accessing General Practice/Health Centre services when your practice is closed;
- Communications and generic questions related to General Practices/Health Centres; and
- Demographic information, including equality questions.

CONSULTATION APPROACH

The Primary Care Survey was answered by all respondents online (using the QuestionPro survey tool between **Monday 14th June and Monday 14th July 2021**. Although in some cases the survey was sent to the respondent via post, only one survey returned by post. The survey was open to anyone living in the Leicester City, Leicestershire and Rutland (LLR) areas and the target audience included these groups and communities:

- General Practice Managers in the LLR area;
- PPG (Patient Participation Group) members;
- UHL staff and networks, LPT and NHS CCG LLR staff;
- Citizen's Panel – members of a healthcare views panel who signed up to take part in NHS-related research projects in the LLR area;
- The VCS (Voluntary and Community Sector) in the LLR area;
- Partner organisations and local government organisations; and
- Social media channels (such as NHS Facebook pages and Twitter)

Respondent Profile

RESPONSE LEVELS:

In total, 5,483 usable responses have been included in the analysis for the Primary Care Survey.

The key breakdowns of groups responding to the survey are shown below.

Respondent type	No. responses	% responses
Leicester City resident	944	17%
Leicestershire resident	3,363	61%
Rutland resident	980	18%
Other* (i.e. resident outside of Leicester City/Leicestershire/ Rutland	143	3%
Prefer not to say	46	1%
No information	7	0%

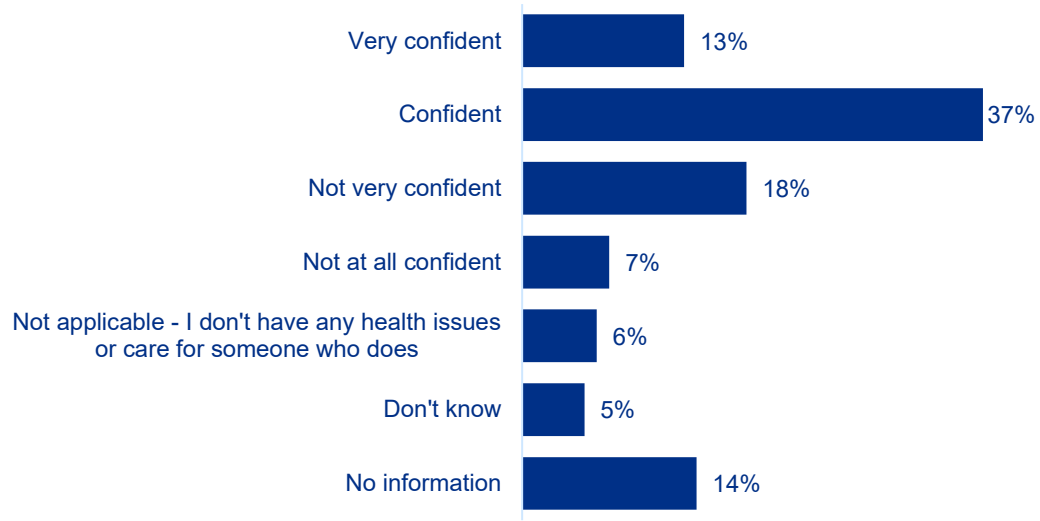
Respondent type	No. responses	% responses
16-24	37	1%
25-34	186	3%
35-44	372	7%
45-54	561	10%
55-64	782	14%
65-74	851	16%
75 or more	395	7%
Prefer not to say	93	2%
No information	2,206	40%

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	2,996	54%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	104	3%
Black or Black British (i.e. Caribbean, African, or any other Black background)	28	<1%
Mixed (i.e White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	23	<1%
Other	8	<1%
Prefer not to say	112	2%
No information	2,212	40%

Respondent type	No. responses	% responses
Male	815	15%
Female	2,359	43%
Non-binary	6	0%
I identify another way	2	0%
Prefer not to say	87	2%
No information	2,214	40%

Encouraging Self-Care and Prevention

Encouraging Self-Care and Prevention
The Headlines



50% ARE 'CONFIDENT' TO SELF-CARE

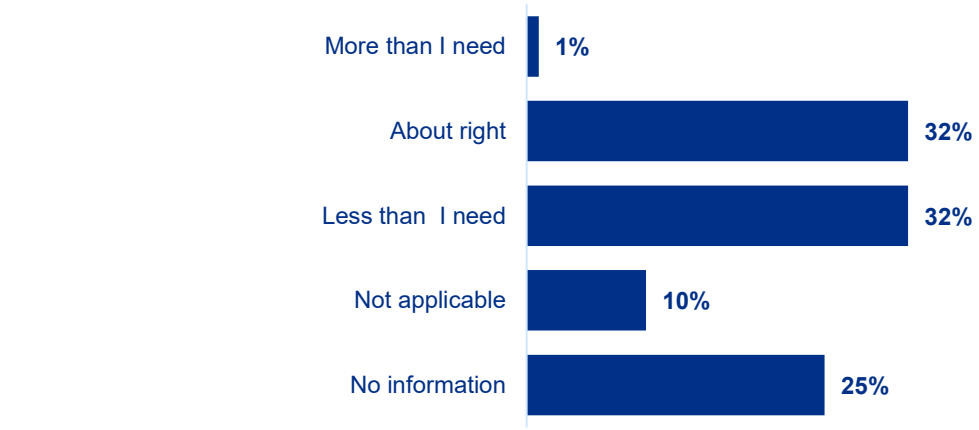
<u>The key driver of self-care appear to be:</u>

Having the confidence to be able to self-care if the right support/advice is easily available and signposted

Having the confidence through already practicing self-care

Having good 'general knowledge'/'common sense' levels

Having current/previous experience of working in the healthcare sector



HOWEVER, 32% ARE CURRENTLY GETTING LESS SELF-CARE SUPPORT/ADVICE THAN THEY NEED

Encouraging Self-Care and Prevention
Some differences by sub-groups

Level of confidence to self-care:

'IN GOOD HEALTH':
57% 'confident'
18% 'not confident'

'IN POOR HEALTH':
32% 'confident'
45% 'not confident'

'WHITE':
59% 'confident'
32% 'not confident'

'BAME':
66% 'confident'
29% 'not confident'

Level of self-care support currently received from General Practice/Health Centre:

'IN GOOD HEALTH':
36% 'receive enough'
24% 'do not receive enough'

'IN POOR HEALTH':
22% 'receive enough'
50% 'do not receive enough'

'MALES':
46% 'receive enough'
37% 'do not receive enough'

'FEMALES':
37% 'receive enough'
39% 'do not receive enough'

Leicester City

Level of confidence to self-care:
51% 'confident'
22% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
32% 'receive enough'
32% 'do not receive enough'

Leicester-shire

Level of confidence to self-care:
48% 'confident'
27% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
30% 'receive enough'
35% 'do not receive enough'

Rutland

Level of confidence to self-care:
53% 'confident'
21% 'not confident'

Level of self-care support currently received from General Practice/ Health Centre:
44% 'receive enough'
23% 'do not receive enough'

MAIN CONCERNS ACROSS ALL GROUPS

Having no medical experience (5%), having too many health issues/concerns already (4%), preference for face-to-face contact with GPs or other healthcare professionals (3%), negative experiences of previous advice/support received (2%), inability to see a GP or healthcare professional for an initial diagnosis to help focus self-care efforts (2%).

Encouraging Self-Care and Prevention

Summary of key messages around self-care

SELF-CARE BARRIERS (ACROSS ALL GROUPS)

Having no medical experience

No need to consider learning about medical matters

No desire to learn about medical matters

Access to medical treatment seen as a 'given'

Having too many issues/ conditions already

Some would have difficulty in accessing self-care services/ advice

Some feel worried about effects of one condition on another

Concern about effect on abilities of carers

Preference for face-to-face contact with GP

Reliance on 'traditional' face-to-face ongoing contact with GP/medical professional

Potential mis-diagnosis through self-care (e.g. unverified internet advice)

Negative experiences of advice/support

Poor or no advice/support received from their own General Practice/Health Centre

Unable to secure support from their own GP/Health Centre

Inability to see a GP or health professional for an initial diagnosis

Concerns about perceived lack of availability of face-to-face appointments currently

Telephone/virtual appointments seen as inadequate

For many those who feel they cannot self-care, it appears that providing easy-to-access support and advice would provide reassurance. However, in the first instance, General Practices and Health Centres must be made more accessible in order for a 'first diagnosis' of health issues/conditions to be conducted.

Encouraging Self-Care and Prevention

Examples of self-care barriers

"I don't have education and I need support from my doctor when I have a health issue."
(Male, 25-34, Leicester City)

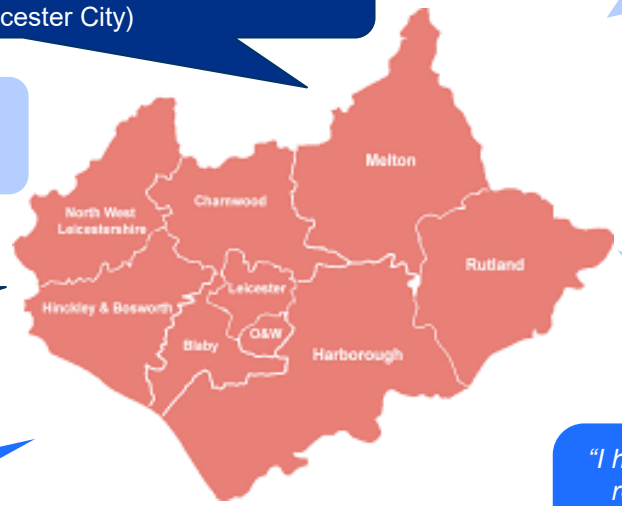
"I feel you should have the right to be assessed properly by a fully trained medical doctor."
(Male, 65-74, Leicestershire)

"I am a carer so I would not be confident dealing with problems my husband has without consultation with a doctor."
(Female, 65-74, Leicestershire)

"I am on too many tablets to feel confident also I like a face-to-face with the doctor to discuss my treatment and how I am feeling."
(Female, 65-74, Leicester City)

"I feel that my GP Surgery does not care about the patients and their welfare."
(Female, 65-74, Leicestershire)

"I have no experience of caring for others and would need help in dealing with certain medical problems."
(Female, 65-74, Rutland)



"You are left to sort everything out for yourself, which I felt scared about."
(Female, 75+, Leicester City)

"My health is poor at the moment and I struggle to keep it under control."
(Female, 55-64, Leicestershire)

"I have not undertaken years of medical training, and as such, rely on professionals to treat me and provide clinical care. Surely that is the point of the NHS? I'm not sure when it has become a 'self-help' service."
(Male, 45-54, Rutland)

"Sometimes certain health problems are best assessed in person, something which you cannot see on a video link."
(Female, 75+, Rutland)

"I need to seek advice from my GP, whom I trust because he always seems to know what he is doing."
(Male, 55-64, Leicester City)

Encouraging Self-Care and Prevention

Summary of desired self-care support

SELF-CARE SUPPORT WOULD LIKE TO RECEIVE FROM GENERAL PRACTICE/HEALTH CENTRE OR THE NHS

‘Being able to get a face-to-face appointment when I need it’

This is seen as vital in order to establish a diagnosis – from which a self-care pathway can be established.

This would provide confidence and reassurance to patients that they are ‘on the right track’.

‘Being able to get access to the appropriate professional’

This could be via any method, as long as the patient feels reassured that they will then have access to the appropriate advice and support to manage their condition as best they can.

‘Being able to get an appointment (of any kind) when I need it’

Patients say that they often encounter frustrations trying to make any contact with their General Practice/Health Centre due to the existing telephone/online booking systems. This is perceived to act as a barrier to accessing advice and support to help with self-care.

‘Better information and signposting to advice/support’

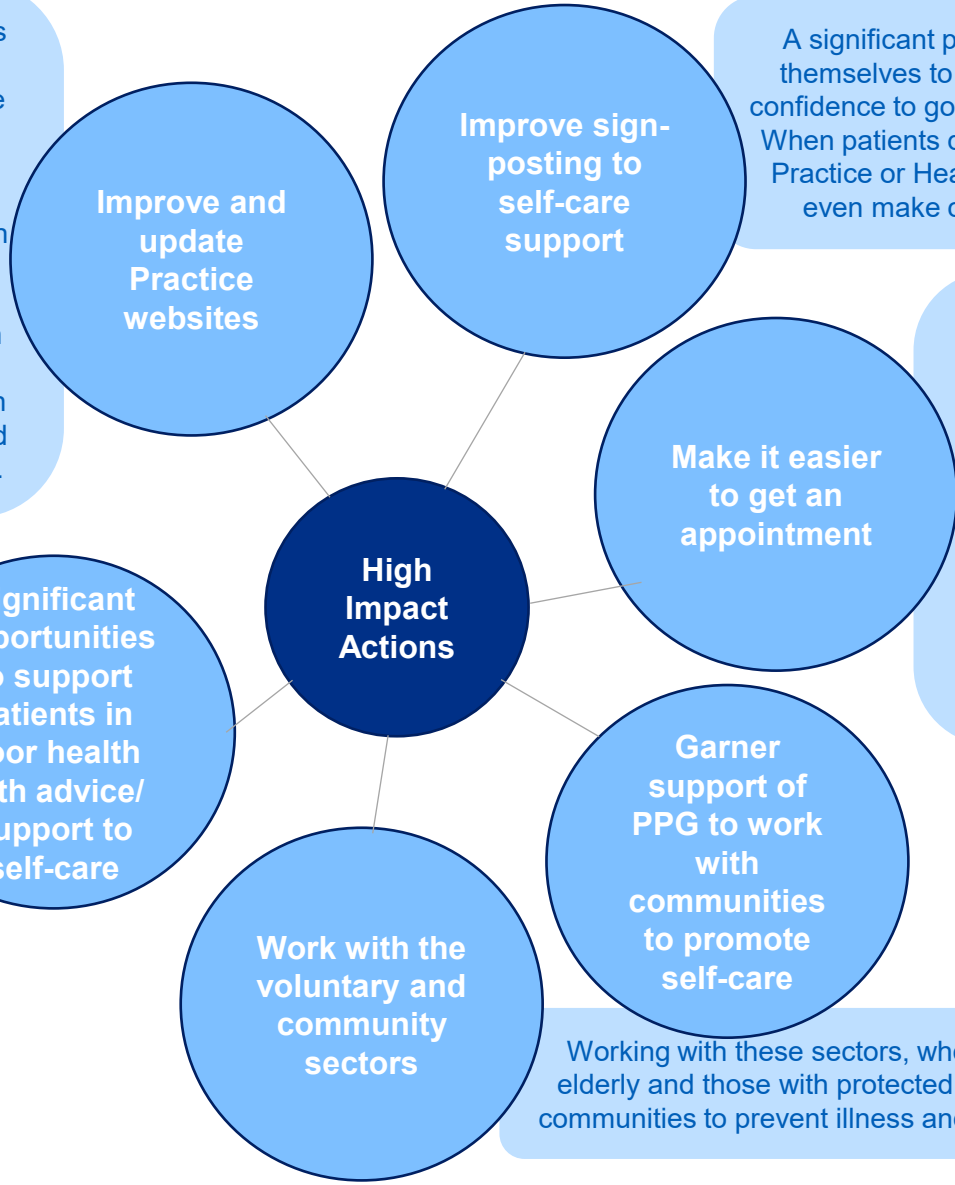
Some of the frustrations encountered with trying to gain access to a GP or other healthcare professional can be tempered by providing even non-personal signposting to reputable and trustworthy advice and information.

Addressing the key issue of accessibility to General Practices and Health Centres – which could be at least partially solved by improvements in reception telephone systems – is likely to reduce patient frustration and also open up a key avenue for the provision of self-care advice, guidance and signposting.

Encouraging Self-Care and Prevention

High Impact Actions

A frustration expressed by some respondents to this survey in various places is that their General Practice website is either out-of-date or not very well designed. Furthermore, this links in to the area of communications – although text messages and emails are preferred ways of finding out NHS information about healthcare issues from the Practice, Practice websites should also hold this information for those who wish to access it in this way. Such information needs to be specifically about self-care help and advice in order to arm patients with as much useful and reliable information as they need in this area.



A significant proportion of patients do not consider themselves to have any real medical knowledge or confidence to go looking for self-care advice or support. When patients do seek out support from their General Practice or Health Centre they often find it difficult to even make contact with an appropriate person.

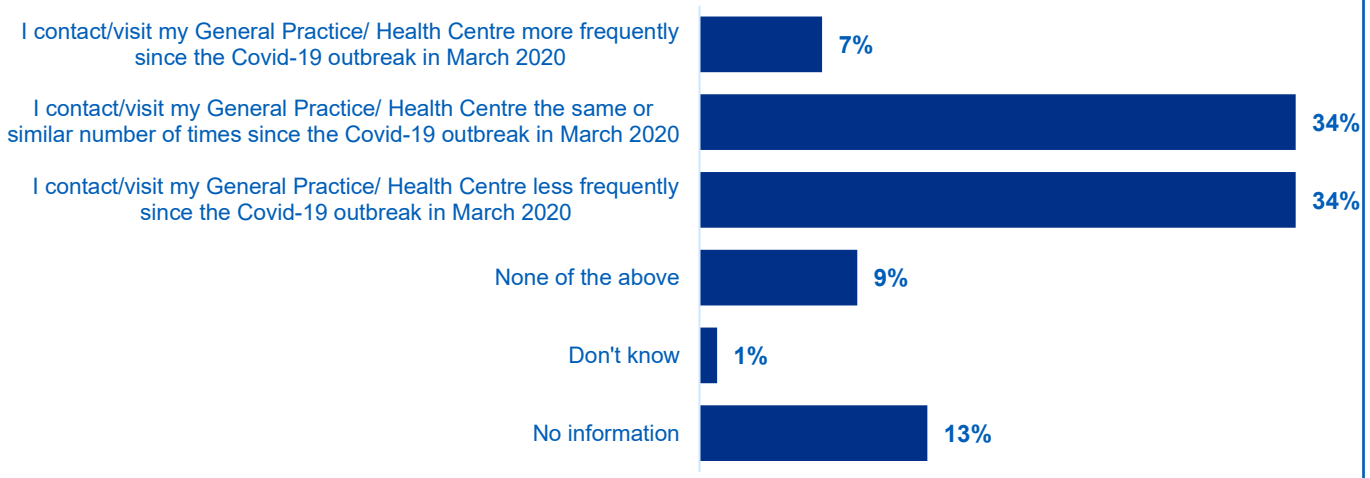
Many patients express frustrations about not being able to make appointments in general. Often they feel they need to have an initial consultation with a GP or other health professional to identify their medical issue and for the GP or health professional to devise a treatment pathway and provide advice about their condition – many patients see this as the gateway to them being able to look after their own health more effectively.

The feedback from the Primary Care Survey shows us that there are significant opportunities for health professionals to directly support those patients in poor health with advice and support to help them manage their conditions, which can often prevent an appointment to urgent and emergency care centre. By aligning this with communications, it is important that the messaging comes from health professionals through their General Practice or Health Centre, which acts as a trusted source of information, because people like receive information directly rather than seek it out.

Working with these sectors, who represent the vulnerable, elderly and those with protected characteristics, will support communities to prevent illness and support their own self-care.

Recent General Practice/ Health Centre Experiences aligned with national GP patient survey

Recent GP/Health Centre Experiences
The Headlines



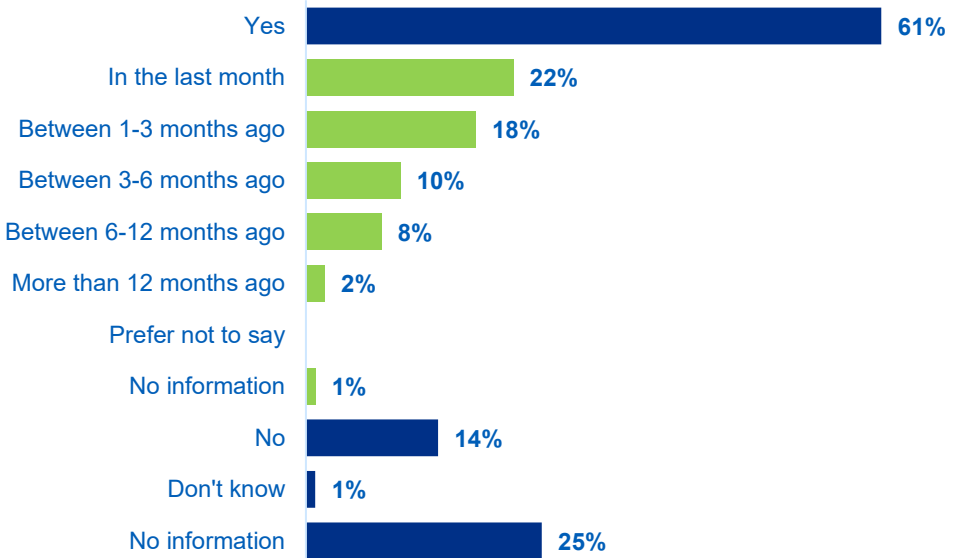
34% HAVE VISITED THEIR GP/HEALTH CENTRE LESS FREQUENTLY SINCE MARCH 2020

<u>The key reasons for this appear to be:</u>

The difficulty of being able to get an appointment of any kind with a GP/healthcare professional.

Only trying to access GP/healthcare professional support when absolutely necessary.

Concern about Covid-19 precautions generally.



61% HAVE MADE AN APPOINTMENT FOR THEMSELVES OR SOMEONE ELSE SINCE MARCH 2020

Recent GP/Health Centre Experiences

Some differences by sub-groups

Visiting General Practices since March 2020:

'IN GOOD HEALTH':
5% contact/visit more
32% contact/visit less

'IN POOR HEALTH':
14% contact/visit more
35% contact/visit less

'WHITE':
8% contact/visit more
42% contact/visit less

'BAME':
12% contact/visit more
36% contact/visit less

Whether made appointment at General Practice since March 2020:

'25-34s': 86% Yes

'35-44s': 87% Yes

'45-54s': 83% Yes

'55-64s': 79% Yes

'65-74s': 77% Yes

'75+': 80% Yes

Leicester City	Leicester-shire	Rutland
9% contact/visit more 30% contact/visit less	7% contact/visit more 37% contact/visit less	6% contact/visit more 32% contact/visit less
54% have made a General Practice/ Health Centre appointment since March 2020	64% have made a General Practice/ Health Centre appointment since March 2020	57% have made a General Practice/ Health Centre appointment since March 2020
16% 'easy' appointment booking 27% 'difficult' appointment booking	18% 'easy' appointment booking 32% 'difficult' appointment booking	27% 'easy' appointment booking 16% 'difficult' appointment booking
30% rate conducting of appointment as 'good' 12% rate conducting of appointment as 'poor'	34% rate conducting of appointment as 'good' 20% rate conducting of appointment as 'poor'	42% rate conducting of appointment as 'good' 10% rate conducting of appointment as 'poor'

Recent GP/Health Centre Experiences

Some barriers to getting an appointment

BARRIERS TO GETTING AN APPOINTMENT (ACROSS ALL GROUPS)

Issues getting a call answered

"It takes too long to get through to them, normally you are number 30 in the waiting list and by the time you get through you are told to ring back the next day as there no appointments." (Leicestershire, Female, 35-44)

Long/complicated recorded messages before you can speak to someone

"During Covid I would manage as well as I could. I tried to call the GP but I have to hear the recorded message lasting some time before I even spoke to a receptionist, only to be told that the phone appointments were all full, so at other times I did not call." (Leicester City, Male, 55-64)

Negative/unhelpful staff attitude

"Because the Practice is no longer patient friendly. Whereas most other areas of the economy during lockdown have, where legally possible, been accommodating and adapting to customer needs, the GP practice has not been. When I have had to visit, I have - with one or two notable exceptions - been made to feel like a burden on the staff rather than a patient to be treated." (Leicester City, Male, 55-64)

Lack of careful listening

"Receptionists ask questions but aren't experienced enough to know whether a patient needs to see a doctor or not. I have had people telling me 'just say it is urgent and you need to see them' and generally they will respond, otherwise you are left trying to talk to someone who doesn't have the listening skills to pick up anxiety and the need for a patient to get some reassurance from a doctor." (Leicestershire, Female, 65-74)

Lack of choice of appointment (appropriate to condition and/or digital capacity/ skills

"Covid restrictions place greater emphasis on telephone/virtual appointments which are not suitable for those who have hearing and visual issues." (Leicestershire, Male, 65-74)

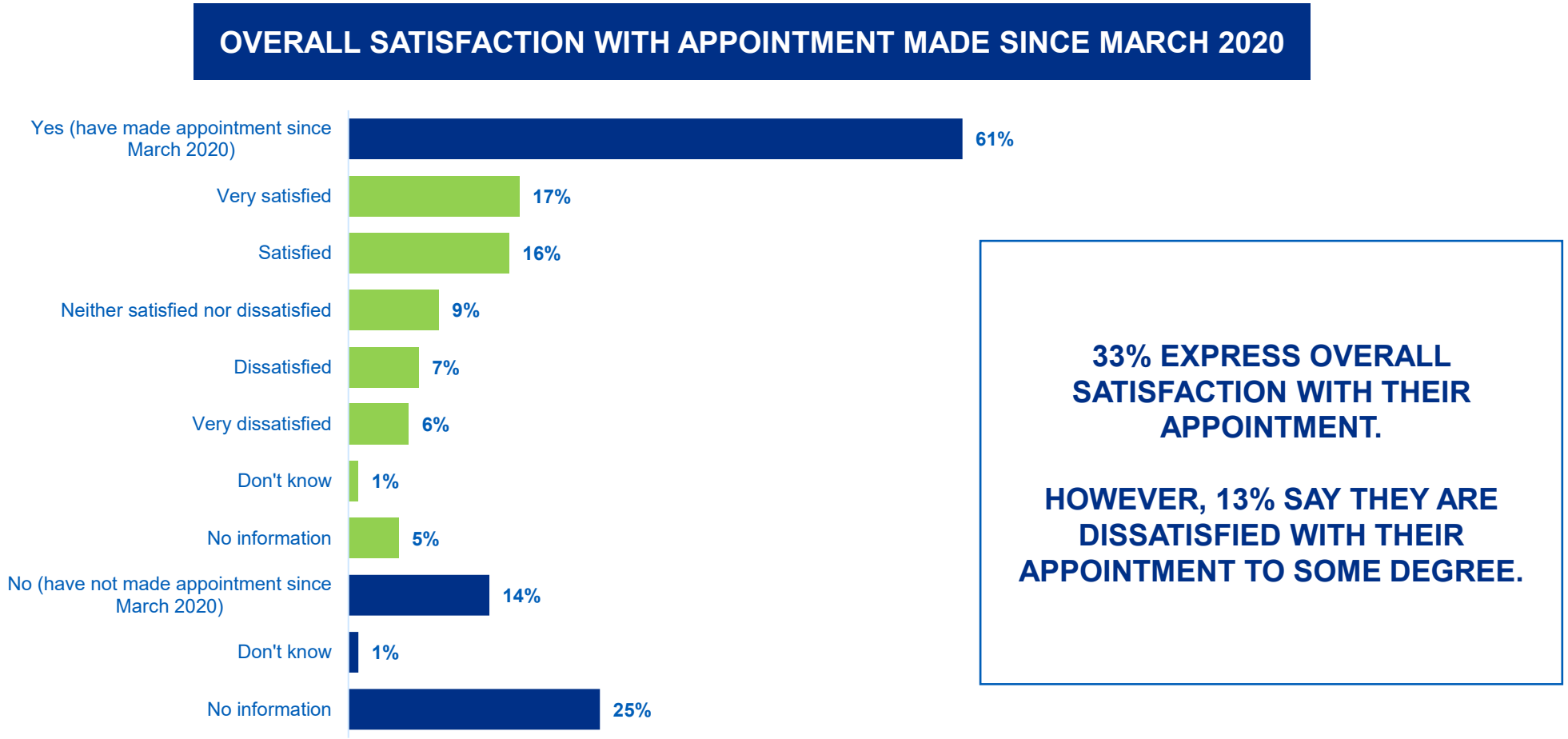
Some conditions do not lend themselves to telephone or digital appointments

"I feel telephone consultations whilst necessary to start with, do not provide the privacy and complete attention I would like for a more involved consultation about a troubling symptom or condition." (Leicestershire, Female, 55-64)

For many patients, these issues present frustrations which impact on their ability to access care and support from their own General Practices and Health Centres and can often lead to medical issues worsening before they are assessed.

Recent GP/Health Centre Experiences

Overall satisfaction with appointment



33% EXPRESS OVERALL SATISFACTION WITH THEIR APPOINTMENT.

HOWEVER, 13% SAY THEY ARE DISSATISFIED WITH THEIR APPOINTMENT TO SOME DEGREE.

Recent GP/Health Centre Experiences

Reasons for satisfaction

REASONS FOR SATISFACTION WITH APPOINTMENT BOOKING

"A very positive experience. She asked the reason for the request and got a doctor to initially phone the same day. This happened on at least four occasions this past 6 months."
(Male, 75+, Leicestershire)

"Good as I got an appointment with the doctor on the same day."
(Female, 35-44, Leicester City)

"Brilliant, they arranged a Zoom-type consultancy with a Nurse Practitioner at a time convenient to myself."
(Male, 65-74, Rutland)

"Easy, she was friendly, she was well briefed and handled the call well. She promised a ring back and it came within an hour. I started at 80+ in a queue and was spoken to about 5 minutes later. It beats phoning Argos or BT!"
(Female, 65-74, Leicestershire)

"Email correspondence (to book an appointment) is much easier and convenient than trying to get through on the phone."
(Female, 45-54, Rutland)

REASONS FOR SATISFACTION WITH APPOINTMENT CONDUCTING

"GP arranged for blood tests forms to be issued electronically, followed up promptly on blood test results and was very professional and caring at all times."
(Female, 55-64, Leicestershire)

"The usual high standard of care with excellent infection precautions in place."
(Male, 65-74, Leicester City)

"Seemed to genuinely care and provided appropriate support and information."
(Female, 35-44, Rutland)

"The doctor was reassuring, social distancing as much as was possible, very polite and respectful."
(Female, 65-74, Leicester City)

"Answered concerns, referred on, tests arranged. Exactly what I wanted."
(Female, 45-54, Leicestershire)

Recent GP/Health Centre Experiences

Reasons for dissatisfaction

REASONS FOR DISSATISFACTION WITH APPOINTMENT BOOKING

"After hanging on for 30 minutes, I was told that there were no appointments and to ring at 8am on Monday morning. I could not get through at all on Monday morning - everyone was told to ring at the same time!"
(Female, 75+, Leicestershire)

"Not nice at all. I know they have a job to do, but some sympathy and knowledge (even though) they are not GPs would go a long way."
(Unknown gender and age, Leicester City)

"Appalling. The receptionist was unhelpful and very reluctant to allocate an appointment."
(Female, 65-74, Leicestershire)

"They were very rude wanted to know why I was calling and then said there were no appointments."
(Female, 65-74, Leicester City)

"I called in at the surgery after being bitten on the arm by a dog in the street, and asked at reception if someone could help and advise me. Even though the wound was bleeding the receptionist said that an appointment would be required, and to call back 3 hours later. I am nearly 80 years old and this was not the help I expected."
(Male, 75+, Rutland)

REASONS FOR DISSATISFACTION WITH APPOINTMENT CONDUCTING

"I am not a 'frequent flyer' with the GP so it seems everyone gets treated to a 30 second consultation where the GP tries to find an easy fix when all I wanted was a referral to the pain clinic. Instead of LISTENING to the patient the GP decided to prescribe a different pain medication. That caused an anaphylactic reaction entailing a trip to A&E."
(Male, 55-64, Leicester City)

"I got a trainee (GP) who did not answer my question but wanted to do treatment his way without explaining the pros and cons."
(Female, 65-74, Leicestershire)

"This should have been a face-to-face appointment. She also prescribed an inhaler which I did not consider necessary but I felt it was done to avoid face to face contact and pacify me as a parent."
(Female, 25-34, Leicestershire)

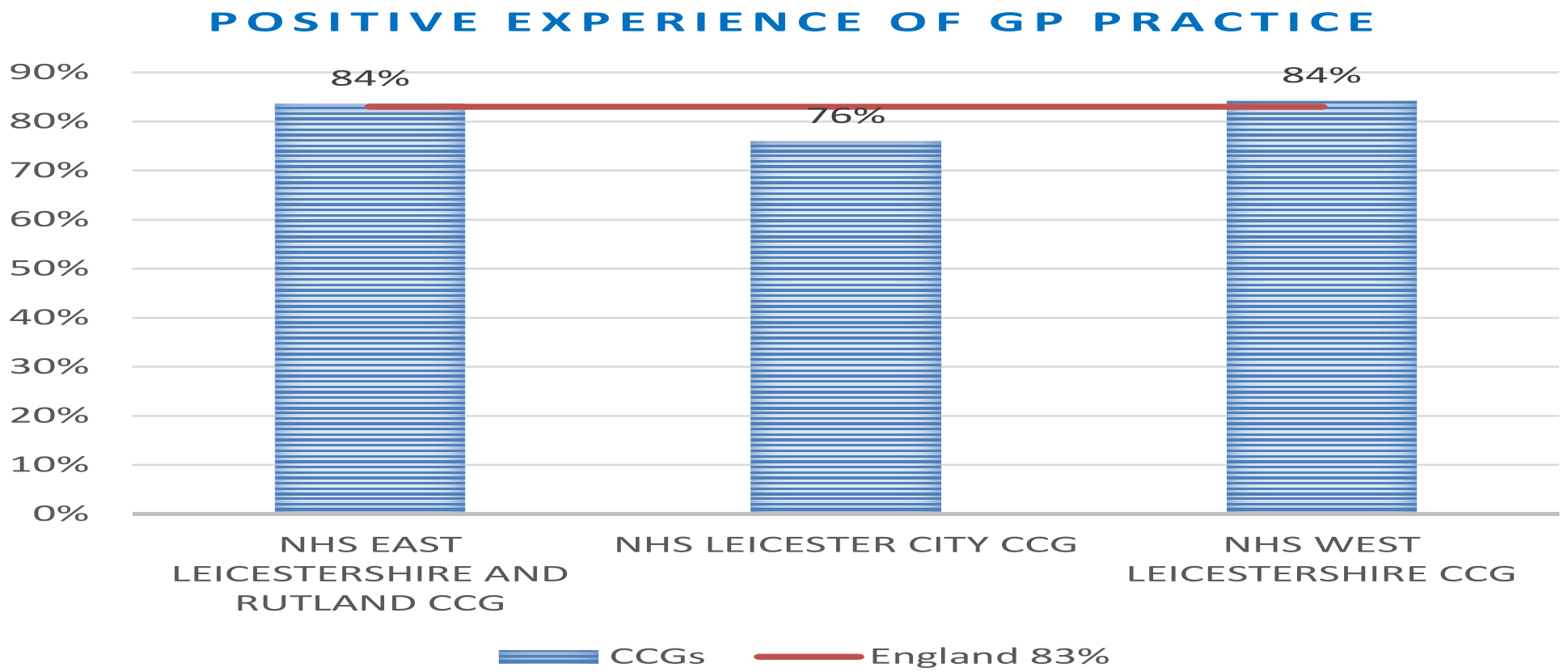
"Sending a photo of the problem did not show the severity of it, (it was) difficult to take the photo. I feel I would have received much faster effective treatment if I had been seen face-to-face. It took 4 days to receive the required medication which was too late when I was suffering a very severe allergic reaction to a chemical."
(Female, 55-64, Rutland)

NATIONAL GP PATIENT SURVEY RESPONSE

For East Leicestershire and Rutland CCG: 3,831 were completed

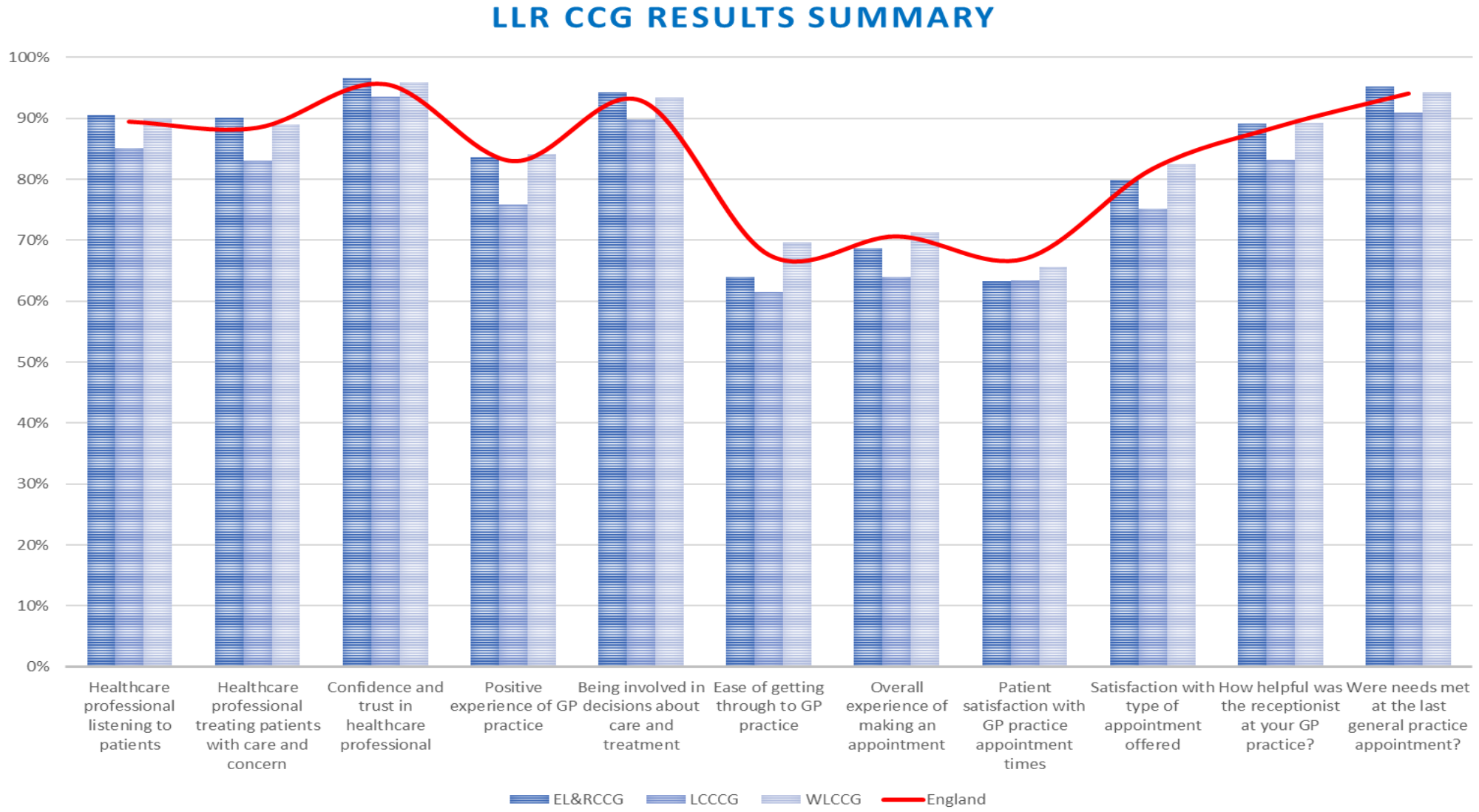
For Leicester City CCG 6,869 were returned completed

For West Leicestershire CCG 6,120 were returned completed



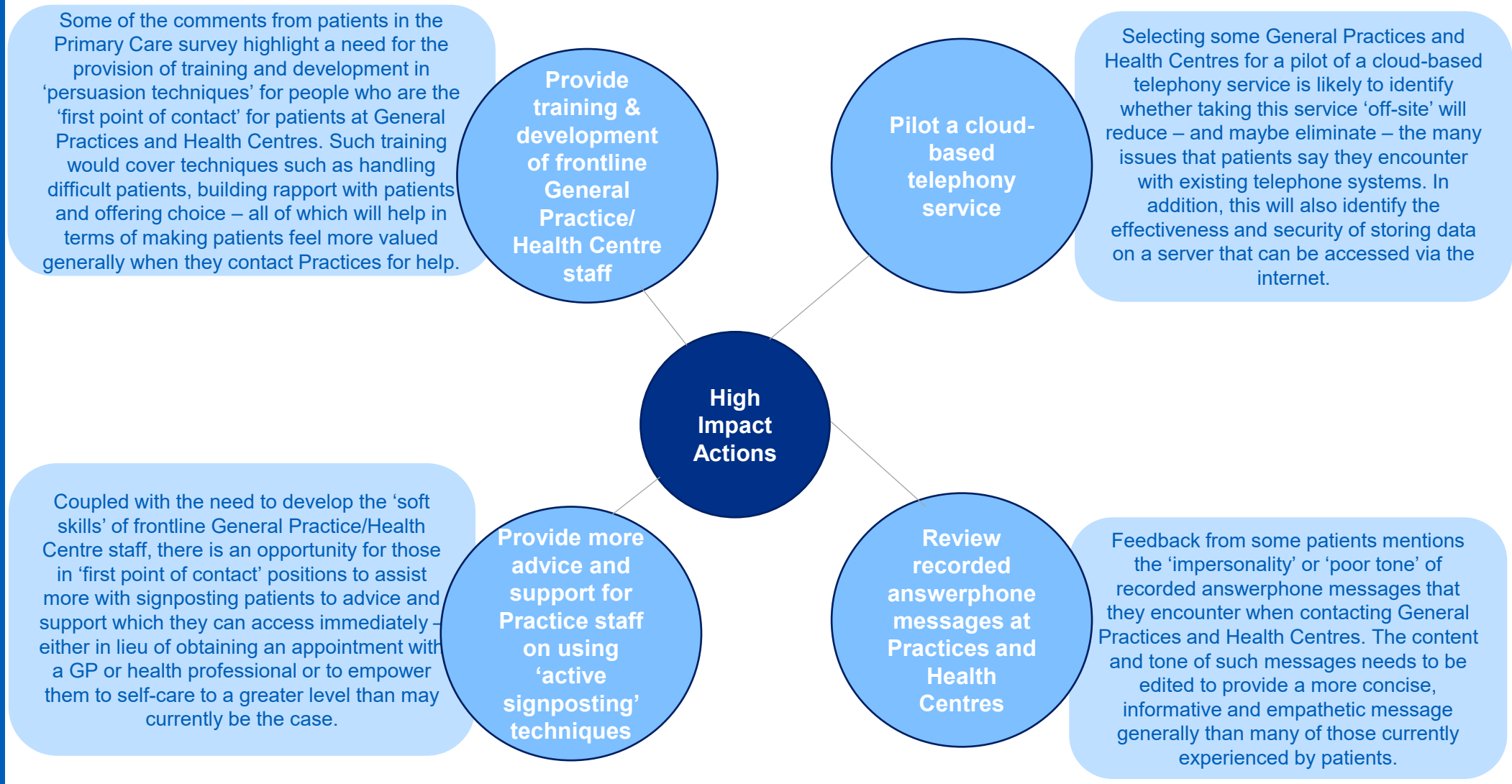
NATIONAL GP PATIENT SURVEY RESPONSE

Summary of LLR CCGs across all 11 question domains, highlights LLR as being below the National average in 3 questions, all of which related to Access aligning with local survey



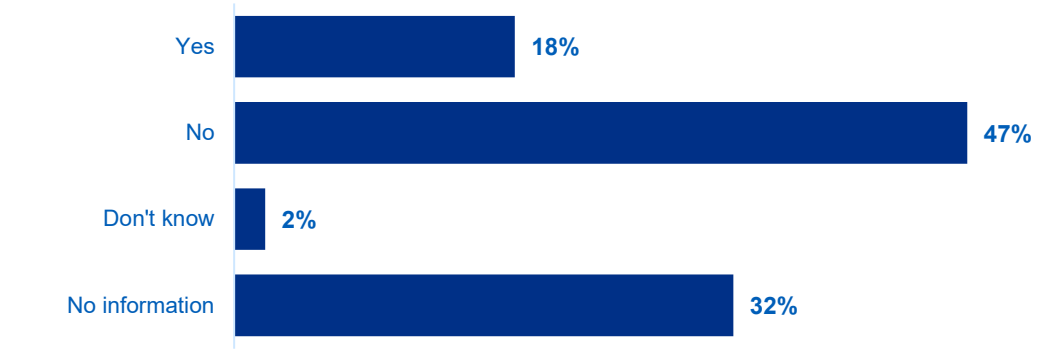
Recent GP/Health Centre Experiences

High Impact Actions



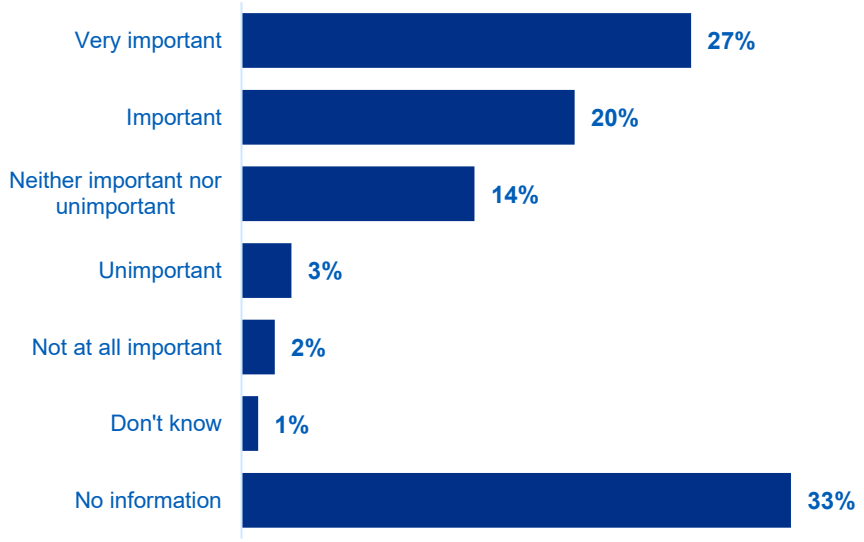
Out-of-Hours Access to General Practices/Health Centres

Out-of-Hours Access to GPs/Health Centres
The Headlines



18% ARE AWARE THAT THEY CAN ARRANGE AN APPOINTMENT TO SEE A GP OR OTHER HEALTH PROFESSIONAL OUT OF REGULAR SURGERY HOURS.

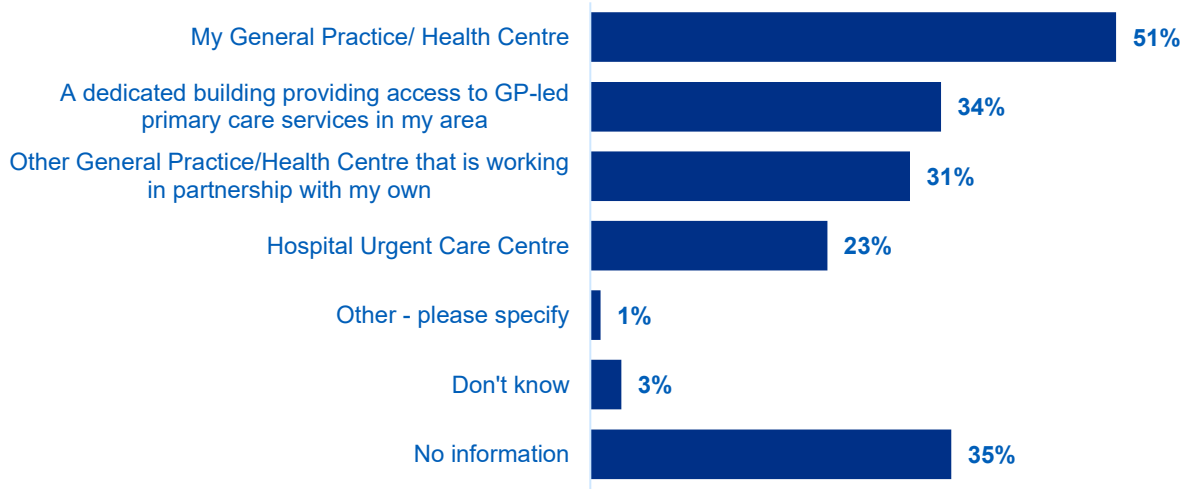
However, 47% are not aware of this.



47% FEEL THAT IT IS IMPORTANT TO HAVE ACCESS TO OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENTS

Only 5% indicate that this is not important to them.

Out-of-Hours Access to GPs/Health Centres
The Headlines



51% WOULD CONSIDER ATTENDING AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT AT THEIR OWN GENERAL PRACTICE/HEALTH CENTRE.

However, other locations also hold significant levels of appeal – 46% would consider at least one location other than their own General Practice/Health Centre for an out-of-hours appointment.

36% WOULD NOT BE WILLING TO TRAVEL MORE THAN 5 MILES TO ACCESS AN OUT-OF-REGULAR-SURGERY-HOURS APPOINTMENT.

However, 26% indicate that they would be willing to travel 5 miles or more for such an appointment.

Out-of-Hours Access to GPs/Health Centres
Some differences by sub-groups

25-34s	35-44s	Leicester City	Leicester-shire	Rutland
Awareness of out-of-hours appointments: 19% 'aware' 79% 'not aware'	**Awareness of out-of-hours appointments:** 24% 'aware' 73% 'not aware'	**Awareness of out-of-hours appointments:** 20% 'aware' 37% 'not aware'	**Awareness of out-of-hours appointments:** 18% 'aware' 50% 'not aware'	**Awareness of out-of-hours appointments:** 17% 'aware' 48% 'not aware'
Importance of having access to out-of-hours appointments: 84% 'important' 3% 'not important'	**Importance of having access to out-of-hours appointments:** 81% 'important' 5% 'not important'	**Importance of having access to out-of-hours appointments:** 45% 'important' 3% 'not important'	**Importance of having access to out-of-hours appointments:** 50% 'important' 5% 'not important'	**Importance of having access to out-of-hours appointments:** 40% 'important' 7% 'not important'
75% would consider at least one location other than their own General Practice/Health Centre for such an appointment	77% would consider at least one location other than their own General Practice/Health Centre for such an appointment	39% would consider at least one location other than their own General Practice/Health Centre for such an appointment	49% would consider at least one location other than their own General Practice/Health Centre for such an appointment	44% would consider at least one location other than their own General Practice/Health Centre for such an appointment
How far willing to travel to attend an out-of-hours appointment: 55% 'up to 5 miles' 38% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 54% 'up to 5 miles' 39% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 45% 'up to 5 miles' 6% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 36% 'up to 5 miles' 28% '5 miles or more'	**How far willing to travel to attend an out-of-hours appointment:** 23% 'up to 5 miles' 37% '5 miles or more'

Out-of-Hours Access to GPs/Health Centres
Examples of positive impacts

POSITIVE IMPACTS OF HAVING ACCESS TO OUT-OF-REGULAR-HOURS APPOINTMENTS WITH A GP OR OTHER HEALTHCARE PROFESSIONAL

"As a working mum with two children, it means this will make it easier to get an appointment that suits."
(Female, 35-44, Leicestershire)

"Allows speedier access to advice and care for emergency situations that are not life-threatening."
(Male, 55-64, Leicestershire)

"Access at time of crisis when needed. Enables support to be given to family members. It should be available as the norm."
(Female, 55-64, Leicester City)

"Because people get ill at the weekend etc. and having to wait until Monday or burden the A&E department isn't a good solution."
(Male, 35-44, Leicester City)

"As a teacher it can be hard to get an appointment in the week if it's not an emergency round a job where you can't just get time off without notice."
(Female, 45-54, Leicestershire)

"Are many/any of the GP practices making this known? Appointments at these stated times are a step in the right direction."
(Male, 75+, Leicestershire)

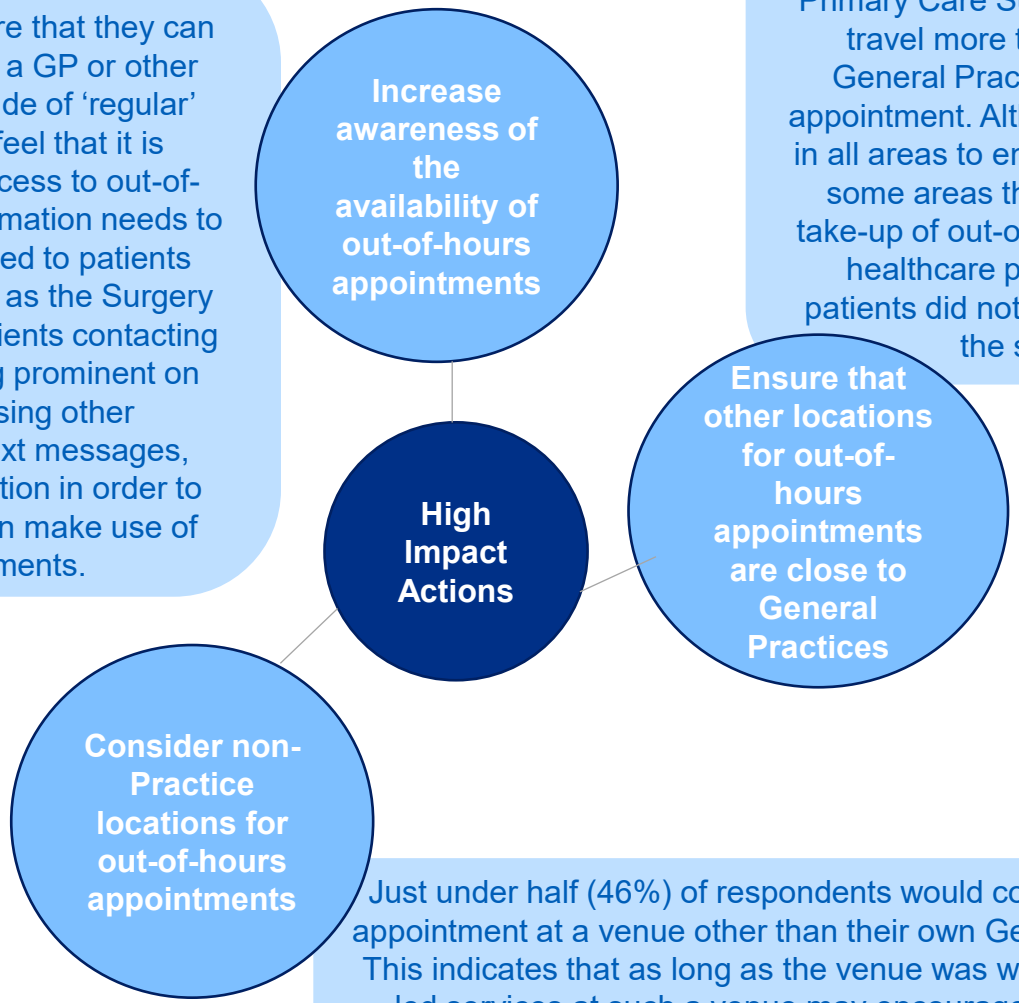
"1 Health emergencies do not run to timetables. 2 If I am visiting a frail relative, (mine live alone and are 3hrs away) I often have limited time to sort things out for them. 3 When working (as a doctor) health issues that were serious enough to warrant attention but not serious enough to cancel clinics etc. were really difficult without OOH (outside of office hours) help."
(Female, 65-74, Rutland)

"Availability at any time is a confidence booster and allows me to monitor any symptoms before contacting a GP."
(Female, 65-74, Leicestershire)

"Easier to see (a GP) before or after work or school. Healthcare problems occur on weekends and bank holidays and if access is not available then people will attend in appropriate places for help such as A&E departments, which then causes delays for those really needing acute facilities such as hospitals."
(Female, 45-54, Rutland)

Out-of-Hours Access to GPs/Health Centres
High Impact Actions

Less than a fifth (18%) of respondents to the Primary Care Survey are aware that they can arrange an appointment with a GP or other healthcare professional outside of 'regular' surgery hours, while 47% feel that it is important to them to have access to out-of-hours appointments. This information needs to be more clearly communicated to patients using a mix of channels, such as the Surgery staff themselves informing patients contacting them, making this messaging prominent on Practice websites and using other communication tools (e.g. text messages, emails) to impart this information in order to ensure that more patients can make use of out-of-hours appointments.

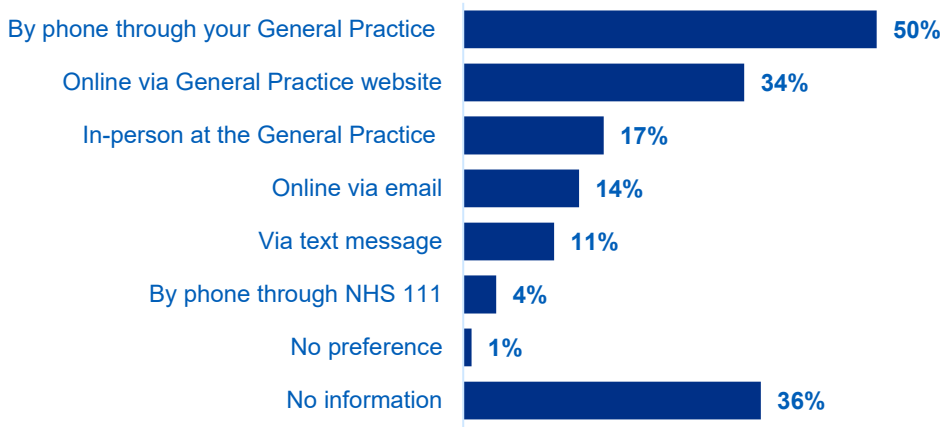


More than a third (36%) of respondents to the Primary Care Survey say they are not willing to travel more than 5 miles away from their General Practice to attend an out-of-hours appointment. Although finding a suitable location in all areas to enable this is likely to be easier in some areas than in others, the likelihood of take-up of out-of-hours access to a GP or other healthcare professional could increase if patients did not need to travel as far to access the service they require.

Just under half (46%) of respondents would consider attending an out-of-hours appointment at a venue other than their own General Practice if it were available. This indicates that as long as the venue was within a 5 mile radius, offering GP-led services at such a venue may encourage more patients to consider this option, especially if Practice-patient communication about the availability of this service is improved and targeted as recommended.

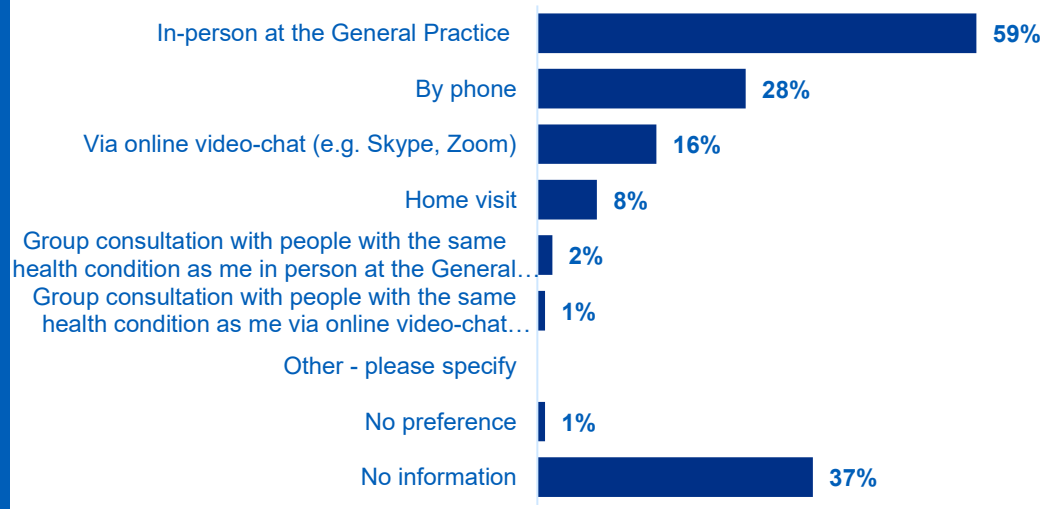
General Practice/
Health Centre Services

General Practice/Health Centre Services
The Headlines



50% INDICATE THAT THEIR PREFERRED WAY OF BOOKING AT THEIR GENERAL PRACTICE/HEALTH CENTRE IS BY PHONE.

However, 34% say they are happy to book an appointment online.



59% PREFER TO SEE A GP OR OTHER HEALTH PROFESSIONAL IN-PERSON AT THE GENERAL PRACTICE/HEALTH CENTRE

However, 28% indicate that they are happy to have the appointment conducted by phone, while 16% would be content with an online video-chat (e.g. Skype, Zoom).

General Practice/Health Centre Services

Some differences by sub-groups

35-44s

Preferred ways of booking appointment:
74% 'By phone (verbal)'
70% 'Online'
25% 'In person'
27% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
93% 'In person at the General Practice'
49% 'By phone'
35% 'Online video chat'
12% 'Home visit'

65-74s

Preferred ways of booking appointment:
82% 'By phone (verbal)'
54% 'Online'
28% 'In person'
12% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
94% 'In person at the General Practice'
40% 'By phone'
21% 'Online video chat'
12% 'Home visit'

Leicester City

Preferred ways of booking appointment:
44% 'By phone (verbal)'
28% 'Online'
16% 'In person'
13% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
48% 'In person at the General Practice'
26% 'By phone'
13% 'Online video chat'
6% 'Home visit'

Leicester-shire

Preferred ways of booking appointment:
52% 'By phone (verbal)'
40% 'Online'
19% 'In person'
11% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
62% 'In person at the General Practice'
28% 'By phone'
16% 'Online video chat'
8% 'Home visit'

Rutland

Preferred ways of booking appointment:
51% 'By phone (verbal)'
38% 'Online'
11% 'In person'
9% 'Text message'

Preferred ways of seeing a GP/ healthcare professional:
59% 'In person at the General Practice'
30% 'By phone'
18% 'Online video chat'
8% 'Home visit'

General Practice/Health Centre Services

Examples of why people prefer in-person GP contact

"xCannot see how some conditions could be diagnosed over the phone or internet."
(Male, 25-34, Leicester City)

"Because health concerns can be subtly nuanced and this may be missed in online consultation. ."
(Female, 55-64, Rutland)

"Phone calls are convenient for minor/ongoing things but (it should be) in person for other (things)."
(Female, 45-54, Leicestershire)

"I don't have access to the internet. I only see the doctor when it's important and prefer to see him/her in person to get the best treatment and to ask questions about treatment."
(Female, 55-64, Leicester City)

"An initial phone call is good but sometimes a face to face is the best and most professional way."
(Male, 65-74, Rutland)

"A doctor can look at a person and help them as they can look at how they walk, sit and respond and tell a lot more about what could be wrong rather than speaking to them on the phone."
(Female, 55-64, Leicestershire)

"I don't mind minor things over Zoom etc. But more worrying problems should be face-to-face."
(Female, 55-64, Leicester City)

"Because I feel that it's only by a face-to-face consultation that some symptoms can be explained ."
(Female, 75+, Rutland)

"a GP cannot make a full diagnosis any other way. It is dangerous as things could be missed."
(Female, 55-64, Leicestershire)

General Practice/Health Centre Services

Examples of why people prefer other forms of GP contact

"I prefer the appointment to be face to face when my concern requires the doctor to see it, however some of my concern can be discussed over the phone, which will save me the time to travel and wait. I'd like to have a choice between a face-to-face visit at the practice and over the phone consultation when booking the appointment. Group meetings do not appeal to me at all and I would not consider it."
(Female, 35-44, Leicester City)

"Most things can be taken care of by telephone (but) at review time it's good to see a doctor in person."
(Male, 65-74, Rutland)

"I like telephone consultations. I have had a good response from my GP (who I feel confident would ask me to come in if they thought it necessary) Telephone hospital appointments during the pandemic for husband have been great ."
(Female, 65-74, Leicestershire)

"It is much easier to have a phone conversation that to have to travel to an appointment and wait around."
(Non-binary, 25-34, Rutland)

"I think that using Zoom, the phone or email can save time for both parties in some circumstances."
(Female, 65-74, Leicester City)

"I don't mind how the GP consultation is done as long as it is appropriate for the condition and enables the practice to maximise the amount of appointments available to meet the needs of everyone who needs it."
(Female, 35-44, Leicestershire)

"It's not always necessary to be physically at the GP. Online and phone consultations are fine for some conditions and are quicker and easier to access."
(Female, 45-54, Rutland)

General Practice/Health Centre Services

'Importance' v 'Experience' Ratings

IMPORTANCE			EXPERIENCE	
% Rating as 'Important'	Importance Ranking	Aspects of booking and seeing a GP/health professional at the General Practice/Health Centre registered with	% 'Agreeing'	Experience Ranking
60%	1	Being treated respectfully by members of the staff at the practice	44%	1
59%	2=	Getting through on the phone easily	23%	9
59%	2=	Booking the appointment with the GP/ health professional quickly	26%	6
55%	4	Being able to book a face-to-face appointment	24%	7=
54%	5	Being able to choose how the appointment is carried out e.g. face-to-face, telephone, online	19%	10
53%	6	Being seen by the GP or other healthcare professional on time	30%	4
43%	7	Being able to book the appointment with the GP/health professional without being phoned back	24%	7=
42%	8	Being able to arrange and have my appointment without having to ask for support with online technology	34%	2
41%	9	Being able to have an initial phone conversation with a GP or other suitable healthcare professional to decide on most appropriate appointment	33%	3
35%	10	Being able to wait for the appointment in a waiting area rather than wait outside	29%	5

General Practice/Health Centre Services
'Importance' v 'Experience'

IMPORTANCE OF ASPECTS OF BOOKING & SEEING A GP/HEALTH PROFESSIONAL AT THE GENERAL PRACTICE/HEALTH CENTRE REGISTERED AT

'Being treated respectfully by members of staff at the practice'

This is seen as the most important aspect by respondents to the Primary Care Survey (60% rating it as important).

However, only **44%** agree that they are currently being treated this way by staff members at their practice.

'Getting through on the phone easily'

This is also seen as a very important aspect by patients (59% rating it as important).

However, only **23%** agree that they can get through to their General Practice or Health Centre easily.

'Booking the appointment with the GP/health professional quickly'

This is also seen as a very important aspect by patients (59% rating it as important).

However, only **26%** agree that they can quickly book an appointment with a GP or health professional at their General Practice or Health Centre.

'Being able to book a face to face appointment'

This is also seen as a very important aspect by patients (55% rating it as important).

However, only **24%** agree that they are able to book a face to face appointment with a GP or health professional at their General Practice or Health Centre.

'Being able to choose how the appointment is carried out'

This is also seen as a very important aspect by patients (54% rating it as important).

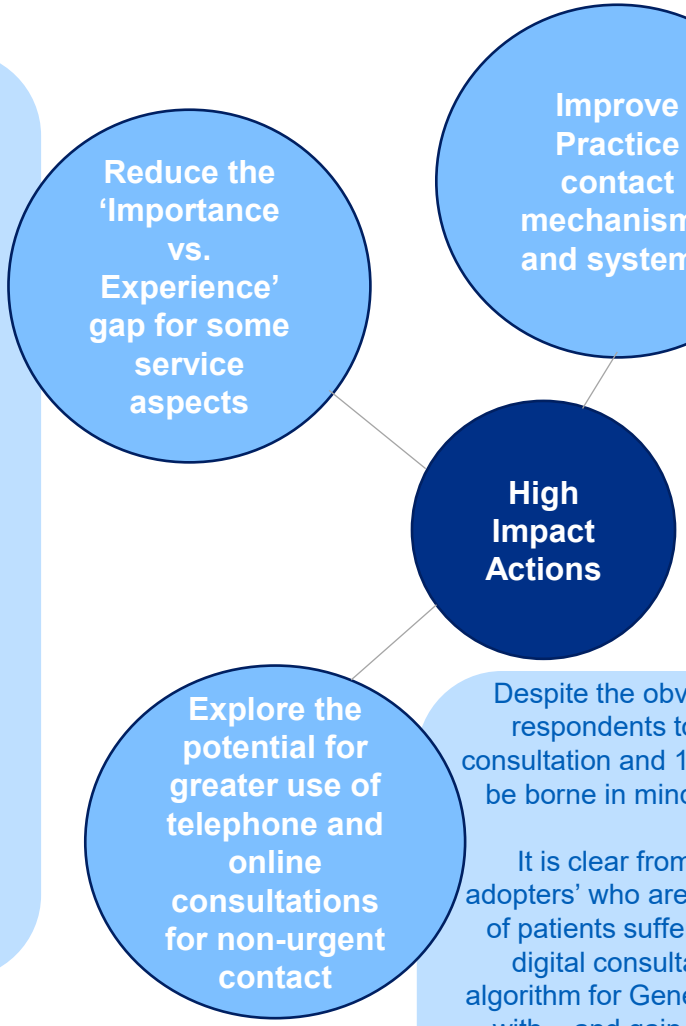
However, only **19%** agree that they are able to book a face to face appointment with a GP or health professional at their General Practice or Health Centre.

Four out of the five most important aspects are ones where current performance is the lowest – targeting these areas for urgent improvement is likely to result in not only improved access to health services generally but also improved patient satisfaction and reassurance.

General Practice/Health Centre Services

High Impact Actions

Some aspects of booking and seeing a GP or other health professional at the Practice that patients are registered with are seen as being more important than others. It is a positive finding that 'being treated respectfully by members of staff at the Practice' is both the most important of the aspects tested and the one where Practices are perceived to perform best. However, much improvement is needed on other aspects of key importance, especially 'getting through on the phone easily' and 'booking the appointment with the GP/health professional quickly', for which patient experiences lag considerably. Significant improvements in these two areas in particular is also likely to have a positive effect on patient outlook in general for many aspects covered in the Primary Care Survey.



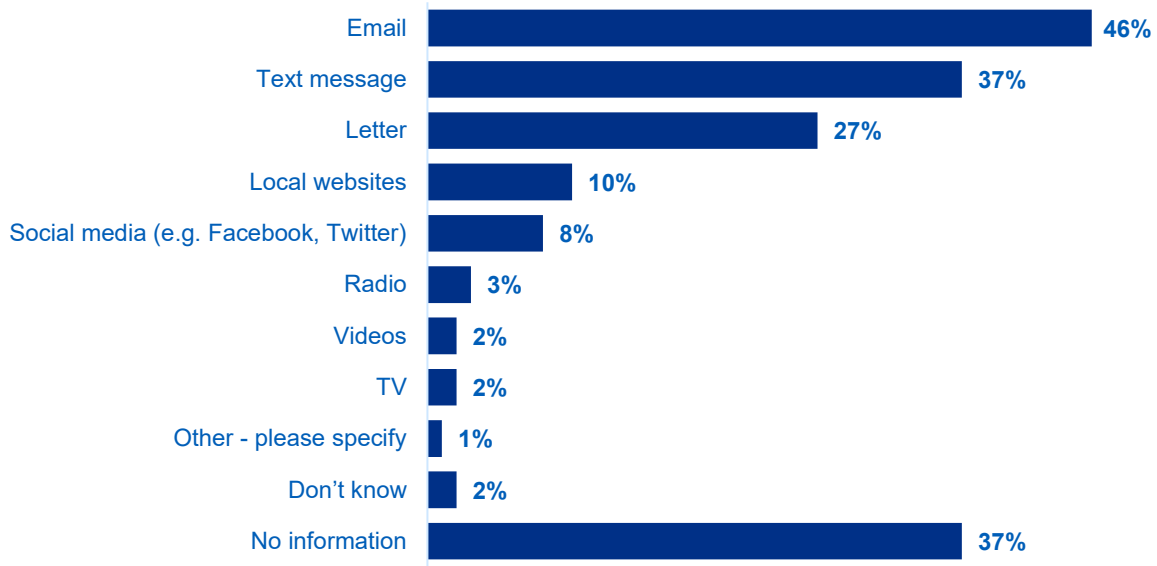
A common frustration expressed in many areas of the Primary Care Survey is the time it takes for patients to actually make contact with Practice staff in order to book appointments with GPs and other health professionals, or to receive some advice or support. There is a perception that Practice telephone systems are either outdated or poorly-designed, and that any online booking systems in existence are not fit for purpose. Given the liking for text message and email communication evidenced in other areas of the Survey, it is recommended that wherever possible (subject to GDPR considerations) more effective use is made of these mediums to assist with the reduction of the long waiting times that many patient endure when trying to book a General Practice appointment. This is likely to not only take the strain from Practice staff workloads at peak times but also to ensure that patients are able to be 'heard' more quickly, especially in times of potential personal stress when either they, or someone they care for, has a medical issue.

Despite the obvious preference for 'traditional' face-to-face appointments by many respondents to the survey, 28% say they are happy to have an initial telephone consultation and 16% feel the same way about online consultations. However, it should be borne in mind that such remote consultations are viewed as acceptable for 'non-emergency' medical issues.

It is clear from a selection of the comments made that some patients are 'early adopters' who are comfortable with digital consultations, and that there is also a cohort of patients suffering with certain conditions indicating that they are comfortable with digital consultations for treatment. For these cohorts, practices should adopt an algorithm for General Practice 'gatekeepers' to ensure that these patients are provided with – and gain benefit from – a digital appointment. NHS England currently give a target for General Practices of seeing 25% of their patients digitally – however, it appears that the wrong patients are being forced into digital appointments, who are either not digitally enabled or digitally confident, or feel that a digital appointment is not appropriate to their medical problem.

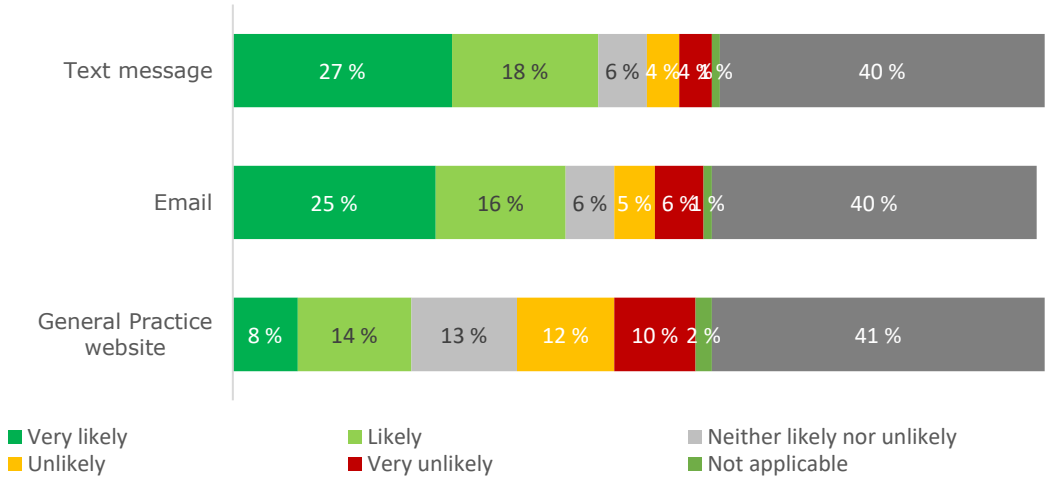
Communications

Communications
The Headlines



46% INDICATE THAT THEY WOULD LIKE TO RECEIVE LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE BY EMAIL.

However, 34% would be happy to receive a text message, while 27% favour a letter for this type of contact.



45% SAY THEY WOULD BE LIKELY TO RECEIVE AND READ LOCAL NHS INFORMATION RELATED TO THEIR HEALTHCARE FROM THEIR GENERAL PRACTICE/HEALTH CENTRE IF IT CAME VIA A TEXT MESSAGE.

However, 41% indicate that they would be likely to read an email, while only 22% would actively search for this information if it was on the General Practice/Health Centre website.

General Practice/Health Centre Services

Some differences by sub-groups

25-34s

How would like to receive NHS information from General Practice/Health Centre:
68% 'Email'
62% 'Text message'
37% 'Letter'
22% 'Local websites'
26% 'Social media'

Likelihood to read information if received:
76% 'Text message'
63% 'Email'
32% 'Via General Practice/Health Centre website

75+

How would like to receive NHS information from General Practice/Health Centre:
73% 'Email'
48% 'Text message'
51% 'Letter'
9% 'Local websites'
2% 'Social media'

Likelihood to read information if received:
78% 'Text message'
68% 'Email'
34% 'Via General Practice/Health Centre website

Leicester City

How would like to receive NHS information from General Practice/Health Centre:
32% 'Email'
35% 'Text message'
25% 'Letter'
8% 'Local websites'
5% 'Social media'

Likelihood to read information if received:
39% 'Text message'
32% 'Email'
19% 'Via General Practice/Health Centre website

Leicester-shire

How would like to receive NHS information from General Practice/Health Centre:
48% 'Email'
37% 'Text message'
29% 'Letter'
13% 'Local websites'
11% 'Social media'

Likelihood to read information if received:
45% 'Text message'
42% 'Email'
23% 'Via General Practice/Health Centre website

Rutland

How would like to receive NHS information from General Practice/Health Centre:
45% 'Email'
33% 'Text message'
19% 'Letter'
7% 'Local websites'
2% 'Social media'

Likelihood to read information if received:
49% 'Text message'
48% 'Email'
19% 'Via General Practice/Health Centre website

Communications
Examples of communications preferences

"They (emails and text messages) are directed to me personally rather than remembering to look at the practice website."
(Male, 55-64, Leicester City)

"I am a regular user of electronic communication therefore I usually see messages quickly."
(Male, 75+, Rutland)

"Our website isn't that good and having to go online is not the first choice."
(Female, 65-74, Leicestershire)

"I am more likely to look at and save an email but discard a text message."
(Female, 55-64, Leicestershire)

"You have to know there is something on the website that needs reading, so you need an email or text first."
(Male, 55-64, Rutland)

"Unless I go onto the website I won't see anything on there and unless I have a specific reason to go to the website I won't."
(Male, 35-44, Leicester City)

"The email and phone text would be seen by me within a few hours or sometimes straight away."
(Female, 55-64, Leicester City)

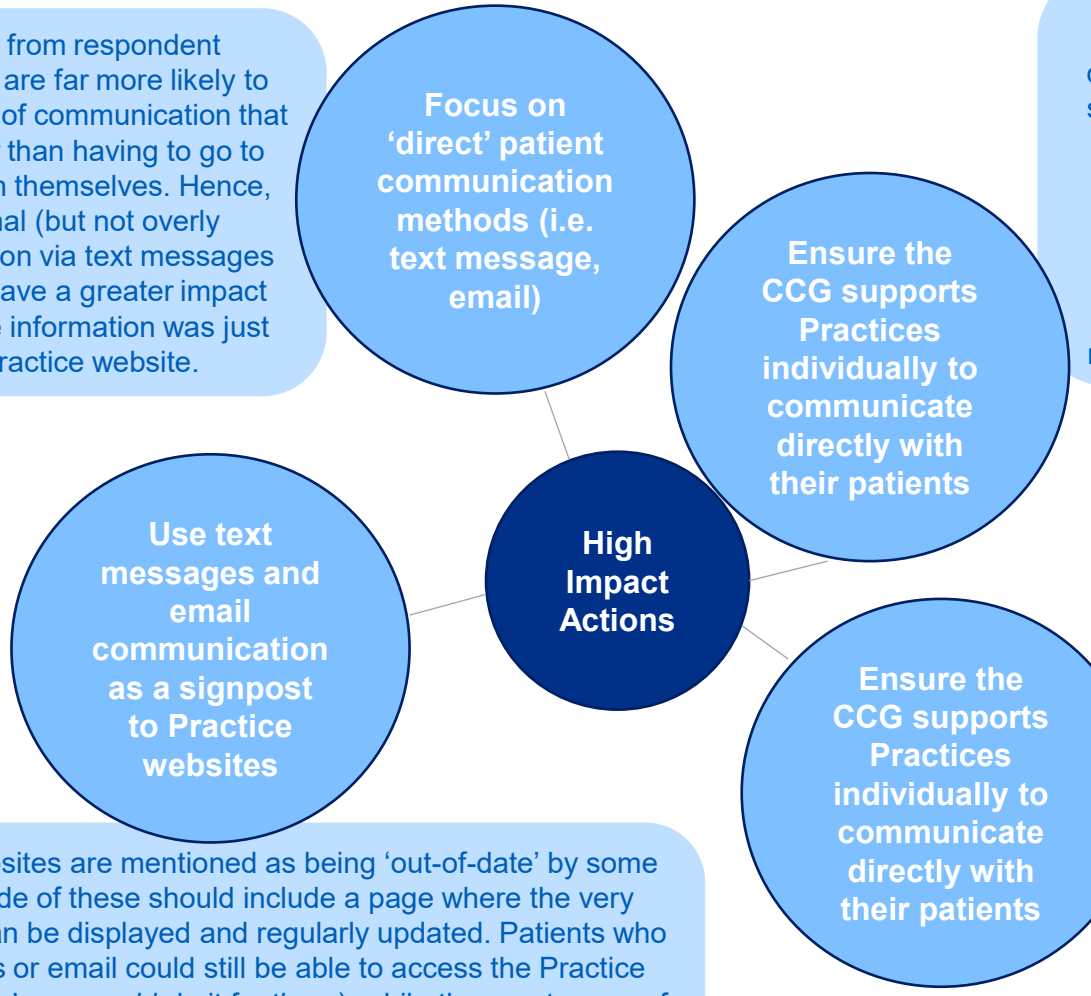
"I read my own emails all day and text messages come through on my watch. I don't have time to visit the GP website."
(Male, 65-74, Rutland)

"I prefer direct communication and have been impressed with texts and e-mail correspondence thus far. The website can be repetitive and, sometimes, overly general in content."
(Male, 75+, Rutland)

"Because the GP practice website should be the first point when wanting advice."
(Female, 55-64, Leicestershire)

Communications
High Impact Actions

A theme emerging from respondent comments is that they are far more likely to receive and take notice of communication that comes to them, rather than having to go to look for the information themselves. Hence, providing occasional (but not overly burdensome) information via text messages and email is likely to have a greater impact and take-up than if the information was just displayed on a Practice website.



Given the finding that patients are far more likely to receive and take notice of communications that come to them, the CCG should support General Practices and Health Centres to individually communicate directly with their patients. This is likely to enhance patient-practice relationships, improve the quality of communications with patients generally, support patient self-care and prevention, provide patients with more reassurance and start to rebuild patient trust.

As General Practice websites are mentioned as being 'out-of-date' by some respondents, an upgrade of these should include a page where the very latest NHS information can be displayed and regularly updated. Patients who do not use smartphones or email could still be able to access the Practice website (or someone they know could do it for them), while the greater use of text messages and emails as 'instant' communication tools by Practices will enable these channels to also act as a signpost to Practice websites and may also help patients to access the latest self-care advice and support more effectively than they do currently.

National survey: Significant areas of best practice were identified, with some LLR GP Practices ranking number 1 out of 6656 practices in certain questions, these included:

- Confidence and Trust in Healthcare Professional
- Being involved in decisions about care and treatment
- How helpful was the receptionist at your GP practice?
- Were needs met at your last GP appointment?

Celebrate successes by sharing this best practice through learning events.

GP practice appointments
Leicester, Leicestershire and Rutland
August 2021

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

#YouAndYourGPPractice

507,035
Total appointments booked

248,762
GP appointments

258,273
Appointments with other practice staff e.g. nurse, physiotherapist

64%
325,691
Face-to-face appointments

3,113
online/video consultations

155,673
Telephone appointments

1,068
Home visits

237,906
Same-day appointments

73%
370,515
Appointments within 7 days

Covid vaccines Practice uptake
32,839

Source: NHS Digital

But...

16,661 patients did not attend their booked appointment.

This cost the NHS an estimated £499,830*

*£30 per appointment

Appendix C

OVERVIEW OF INTEGRATED CARE SYSTEMS

LEICESTER CITY HEALTH & WELLBEING BOARD SCRUTINY COMMISSION

2 NOVEMBER 2021

Background

1. The purpose of this report is to provide members with an overview of the Leicester, Leicestershire and Rutland Integrated Care System taking into account recent guidance issued by NHS England and the Health and Care Bill. The paper also sets out what this will mean for Leicester City. These changes are still subject to final legislation being put in place.

2. The development of Integrated Care System has been set out in the following documents:

   - *Integrating care: next steps to building strong and effective integrated care systems* which was published by NHS England in November 2020.
     https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/
   - *Integration and innovation: working together to improve health and social care for* all which was published by the Department of Health and Social Care in February 2021.
     https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf
   - *NHS Operational and Planning Guidance* which was published by NHS England in March 2021
     https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planning-guidance/
   - *Integrated Care Systems: design framework which was published by NHS England in June 2021.*
     https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf
   - *Health and Care Bill published July 2021*
     https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf
   - *Thriving Places published September 2021*
     https://www.england.nhs.uk/publication/integrated-care-systems-guidance/

The changes are subject to the Health and Care Bill being approved by Parliament.

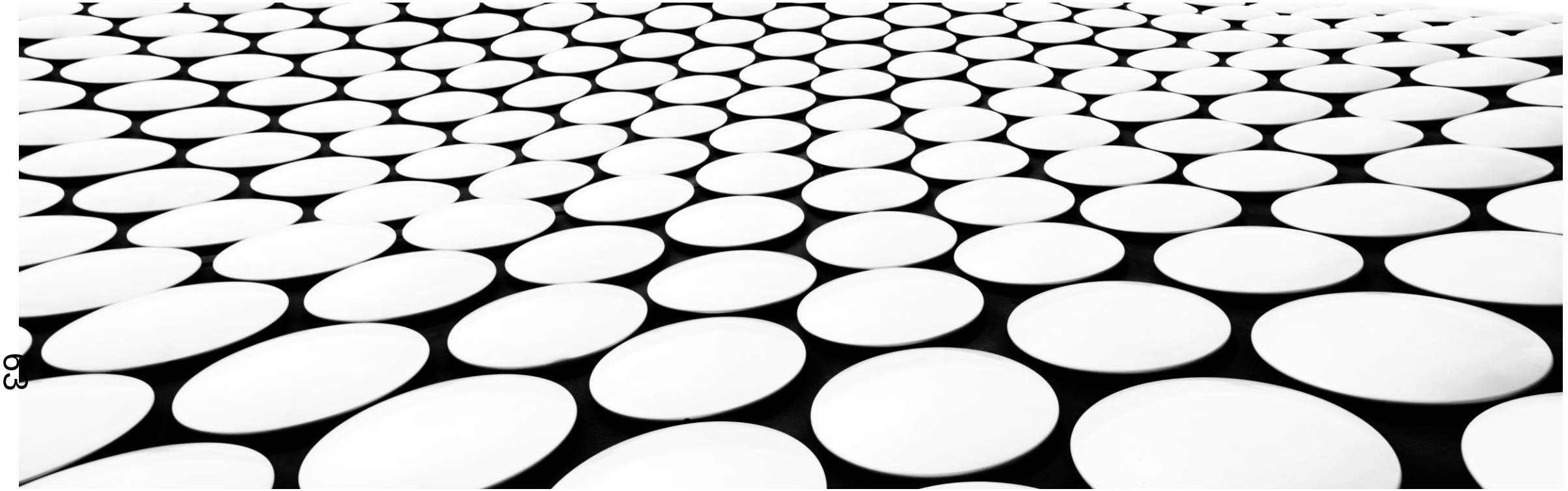
What does this mean for Leicester?

3. Integrated Care Systems are focused on three levels, System, Place and Neighbourhood and how health, care and wider partners can work together to improve outcomes and reduce inequalities. Working at Place and Neighbourhood is

key to achieving this and the slide deck attached as Appendix One sets out what we have achieved in Leicester and the focus for the future. In addition, it sets out the proposed governance arrangements.

Officer to Contact

Sarah Prema – Executive Director Strategy and Planning, LLR CCGs
0116 2951519 – sarah.prema@nhs.net



DEVELOPING THE LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SYSTEM

LEICESTER CITY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 2ND NOVEMBER 2021

INTEGRATED CARE SYSTEMS – WHAT ARE THEY?

Enabling transformation of health and care:

- Joining up and co-ordination of health and care
- Proactive and preventative in focus
- Responsive to the needs of local populations

Grounded in the following:

- Planning for populations and population health outcomes and reducing inequalities and unwarranted variation
- Building on system and place based partnerships
- Subsidiarity and local flexibility
- Collaboration

Integrated Care Systems will:

- Improve outcomes in the population
- Tackle inequalities in outcomes, experience and access
- Support partners input into the broader social and economic development of the area through an anchor approach
- Enhance productivity and value for money

OUR SYSTEM

Integrated Care System: Leicester, Leicestershire and Rutland

Place

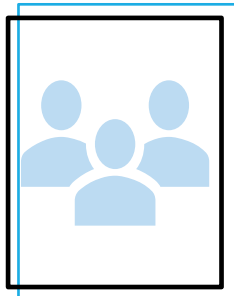
- Leicester
- Leicestershire
- Rutland

Neighbourhoods

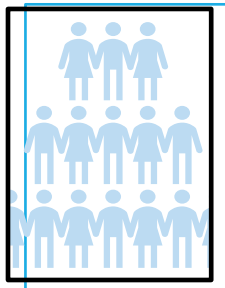
Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

WHAT DOES THIS MEAN FOR LEICESTER

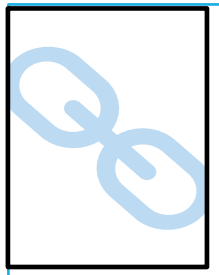
This is not a new approach – it is a continuation of what we have been doing:



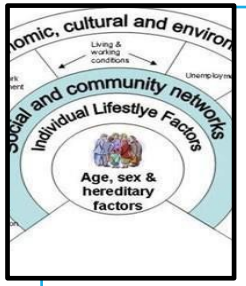
Understanding and working with communities – using JSNA, other information and public insights to drive improvements in health and wellbeing



Population health management approach – to support improvement in outcomes, enable better joined up care and impact on health inequalities and wider determinants of health



Joining up and coordinating services – developing an integrated plan for each place which improves outcomes – both at place and neighbourhood



Addressing social and economic determinants of health and wellbeing and reducing health inequalities – how we can use the assets of the local public sector to improve outcomes and reduce inequalities

EXAMPLES OF WHAT WE HAVE BEEN DOING IN LEICESTER TO INTEGRATE SERVICES

Home First: an integrated service to respond within 2 hours to people who are risk at being admitted to hospital

Mental Health: integrated teams working alongside GP practices focused on patients with Long Term Conditions

Health Transfer Team: integrated work between social care and acute services to reduce discharge delays

Co-location: social Care and community services co-located at the Neville Centre improving patients care through better co-ordination

Care Navigation: neighbourhood-based team working to support people in a range of areas – health; social care and wider services

Voluntary Sector: joint work with a number of voluntary sector organisation to provide support to particular groups

PRIORITIES FOR INTEGRATION AND TRANSFORMATION IN LEICESTER

Neighbourhood Teams: develop further the integrated team offer – primary care; social care; community care; voluntary sector

Health Inequalities: implement the local health inequalities investment fund

Joined Up Data: improve the sharing and quality of data across health and social care

Communities: build on the joint community based work undertaken during COVID to support health and wellbeing

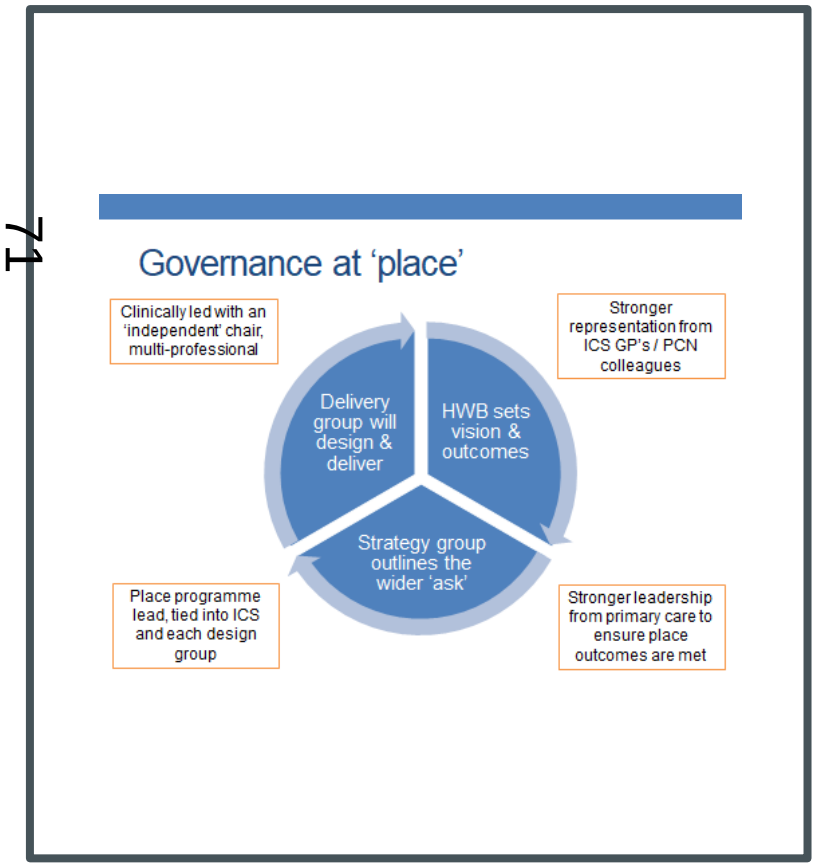
Mental Health: embed mental health services at a local level

Health and Wellbeing: refresh the Health and Wellbeing Strategy

OVERVIEW OF ICS INFRASTRUCTURE

PLACE

HIGH LEVEL RESPONSIBILITIES OF EACH PLACE GROUP



- Our **Health and Wellbeing Boards** will develop strategic plans for the improvements in population health and wellbeing at Place level.
- **Strategic Partnership Groups** will develop operational plans to enact the strategy This will be the 'Joint Integrated Commissioning Board' for the Leicester City.
- Delivery will be led by each of the **delivery groups**, with accountability to the place-led Strategic Partnership Groups. The delivery group will also be responsible for any neighbourhood and sub-neighbourhood modifications, based on local intelligence and need. For Leicester City this is the Integrated Systems of Care Group.

SYSTEM INFRASTRUCUTRE

SYSTEM INFRASTRUCTURE

Integrated Care System

working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives

LLR ICS NHS Board

(takes on CCG statutory responsibilities)

- Day to day running of the ICS including strategic planning, allocation decisions and performance
- Develop a plan to address the health needs of the population
- Set strategic direction for the system
- Develop and deliver revenue and capital ensuring value for money and enhancing productivity
- Secure the provision of health services

Integrated Care Partnership

- Equal partnership across health and local government
- Facilitate joint action to improve health and care services and to influence the wider determinants of health and support broader social and economic development.
- Develop an integrated care strategy covering relevant health and care aspects, addressing inequalities and tackling the wider determinant of health and wellbeing. This will align with the strategic plans of the Health and Wellbeing Boards.

Health and Wellbeing Scrutiny Commission

Work Programme 2021-22

Meeting Date	Topic	Actions arising	Progress
13rd July 2021	1. COVID19 Update & Vaccination Progress Update 2. Consultation Response to UHL Reconfiguration 3. Strategy on how to deal with the effects of Long COVID	1. Standing item as required for this cycle. 2. Latest update from CCGs is that a response will be ready by July. Likely that this will be discussed in detail at Joint Health (Committee administration has passed to City) 3. Item requested following information on hospital readmissions – Long COVID paper expected from UHL and an ASC perspective of Long COVID in City care homes.	3. Update to be received in 6 months.
1st September 2021	1. Community Pharmacy Service 2. Update from Chair of ICS Board 3. COVID19 Update & Vaccination Progress Update 4. Update on Sexual Health Services / Contraception	1. Verbal update from CCGs on the launch of this service. 3. CCGs to investigate the GP lists numbers/shortfall and focus on trends in the city centre area. 4. Update report expected on an annual basis, which will also include a service update on the Pre-exposure to HIV (PrEP) service	1. Update requested for Jan 2022 once quarterly data has been collected.
2nd November 2021	1. School Nursing Provision 2. Access to GP services and Community Pharmacy Services Update 3. ICS Update – Locality Based Plans 4. COVID19 Update & Vaccination Progress Update	Item 1 is a proposed joint item with CYPE Item 2 was deferred from the September meeting following the engagement conducted by CCGs in May. Item 3 will consider the locality-based provision for the city.	

Meeting Date	Topic	Actions arising	Progress
14th December 2021	1. UHL Financial Adjustment Update 2. COVID19 Update & Vaccination Progress Update 3. Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Item 1 may be considered at this meeting or in January 2022 depending on when the audit reports are released in December. Item 3 will bring a greater focus on the link between food and health.	
Additional Meeting Proposed	1. Mental Health Services • Mental Health Services Update • LPT Improvement Plan Update	This additional meeting was proposed between Sept-Oct 21 but with the report of findings for the Step up to Great Mental Health consultation expected to be published around 26th Nov 21, a slot between late December to early January may need to be considered.	
25th January 2022	1. Community Pharmacy Service 2. Long COVID Update 3. COVID19 Update & Vaccination Progress Update 4. Draft Revenue Budget 2022-23	Please note – the UHL financial adjustment update item may need to be placed here due to audit reports being published in December 2021.	
23rd March 2022	1. COVID19 Update & Vaccination Progress Update 2. 0-19 Commissioning Update 3. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population) 4. Final Review Report – BLM and NHS Workforce		

Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - **No decisions** due to be taken under this heading for the current period (on or after 1 Dec 2021)		
COVID19 Update and Vaccinations Update	Standing item on the agenda. Regular information requested in between meetings to show trends.	All meetings
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	March 2022
Update on Sexual Health Services / Contraception and PrEP (Pre-exposure to HIV) service	Initial sexual health services presentation given in Sept 2021. Commission requested an annual report on both items going forward.	Completed in Sept 2021; tbc Sept 2022
Final Review Report – BLM and Health	First Task Group meeting in March 2021. Second meeting tbc in June 2021.	march 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Early 2022
Mental Health Update (and)	Requested that an update be given in 6 months after the March 2021 update	Nov or Dec 2021
LPT Improvement Plan Update (or)		
Mental Health Services Update	A single meeting on mental health services Step Up to Great Mental Health – Consultation Findings to be released at the end of Nov 21	Earlier in cycle and possibly through an extra meeting
Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Completed in April 2021, an update requested in the next cycle of meetings, to include a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.	Earlier in the cycle – late 2021
Consultation Response to UHL Reconfiguration; now **Updates on Reconfiguration Proposals**	Consultation response covered at both HWB and JHOSC in July 2021. Updates expected on; birthing unit, budget changes for the reconfiguration, backlog of repairs, primary urgent care locations.	Covered in July 2021, with progress updates expected at future meetings.

Topic	Detail	Proposed Date
Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)	Mentioned in the January 2021 minutes, following the LLR health inequalities item. Followed up with a LLR Framework and Action Plan Update in April 2021, with a request for a further update in 2022 regarding; implementation, statement of intent and action plan.	Spring 2022
UHL Financial Adjustment - Update	Further information on the Development Programme from Deloitte and involvement in board selection processes – tbc December 2021 for reports.	On or around Dec 2021
Review of contracts for vending machines and other food services at the Council's Leisure Centres	Requested as an item in the January 2021 meeting and discussed as part of April 2021's Obesity Item with agreement that the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.	December 2021 – co-ordinating with Obesity items
COVID Hospital Readmissions – now Long COVID	Was initially a standing item on hospital readmission data, which has now been directed into a wider focus on Long COVID (UHL to lead on this)	Completed in July 2021; update report in 6 months
Integrated Care Services (ICS)	Item based on the recent changes in March 2021	November 2021
Draft Revenue Budget	Standard report to go to all Commissions	January 2022
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPE Scrutiny	November 2021
Community Pharmacy Service	Initial update given in September 2021 with an update on evaluation data requested in three months' time.	November 2021 January 2022
Health and Wellbeing Strategy	Progress update since it was launched in 2019	TBC