Primary Care Strategy Consultation

Draft Formal Response

East Ayrshire Community Health Partnership Committee 2-11-09

East Ayrshire Community Health Partnership

In relation to the consultation questions the following should be considered:

- **What support**
- **What else do they want**
- **Areas of contention**

What did the public/community/Voluntary Sector say? - CHP FORUM

A range of mechanisms were employed in terms of consultation with the communities sector. These included Focus Groups, inclusion on community planning and partners websites, direct mailing and e-mailing to Residents Panel (1000 residents), all 32 Elected Members, libraries and local offices, Community Groups, individuals and organisations. These groups were asked to respond to the Primary Care Directorate.

In addition Primary Care Staff have consulted directly with a range of seldom heard groups across Ayrshire to ensure an inclusive approach to the consultation process.

The Key coordinators of this part of the consultation were the East Ayrshire Coalfields Communities Federation, North Federation of Community Groups, the Public Partnership Forum and CVO East Ayrshire. All of these organisations are represented on the CHP Forum.

NB - The results of the two focus groups and responses received from the wider community consultation are currently being analysed by the Primary Care Directorate and will be incorporated into the final consultation report which will be presented to NHS Ayrshire and Arran Board. The results were not available for inclusion in the CHP response.

A seminar to update and engage East Ayrshire Council Elected members in relation to the strategy is scheduled for the afternoon 2.11.09.

Below are a selection of responses which were returned for inclusion in the CHP response-

- As a Core Group member and particularly as a Community Councillor for New Farm Loch I am satisfied that the Core Group, the Community Council, and members of the Federation have all had satisfactory opportunities to engage with the PC Strategy Development Team
- The report contains much of what the public would see as improvements to Primary Care Services...the team has produced a very excellent piece of work
- The ability to access an early appointment with a health professional is obvious but crucial to any effective health service. This is not generally the case at present and the appointment systems should reflect the above and not be instituted for the benefit of the practices
- G.P.'s are mentioned in reference to us (carers) but we also need all 4 professions to be aware that we are Carers and our time is probably very short so we cannot wait for an appointment if they are running late
- Help, advice, training needs are required for Carers who suddenly becomes a Carer for whatever reason such accident/sickness. There appears to be a gap in service provision in this area. There are around 1 million Carers in Scotland not the 680,000 that is quoted from the last census and many of them are in the same position with no support to deal with transition/sudden change in circumstances due to illness/ injury of a family member. This is an area which could possibly be addressed through the CHP
- The Princess Royal Trust East Ayrshire Carers Centre are delighted that NHS Ayrshire and Arran have included Caring for Carers as an extra service in the draft primary care consultation. The three points highlighted are currently being delivered in East Ayrshire via the work we do in conjunction with Dr Pugh and Partners, 31 Portland Road, Kilmarnock
- The practice funds 10 hours of Carers Centre staff time per week to deliver a specialist service to patients who are carers
- The worker:
  - Maintains a register of patients who are carers
  - Identifies carers through attending the Integrated Team meeting at the Practice and working closely with both clinicians and admin staff
  - Registers carers identified, carries out benefits checks, completes benefit forms and refers carers to other statutory and voluntary organisations
  - Maintains and updates the Help Directory for carers
  - Delivers illness specific information sessions to carers
- We are just about to embark on a programme of 'Health Checks' for carers. Patients who are carers will be invited to attend an appointment where their blood pressure, urinalysis and general health will be examined, with clinical support, and onward referrals, if appropriate, made

- Due to the success of this project it would be East Ayrshire Carers Centres vision to provide a service such as this to all practices in the Health Board area
- The Primary Care Strategy is very well broken down into bite sized chunks that are easy for the man in the street to understand
- CVO East Ayrshire liked the way there are information text boxes to explain things like what does a GP do or what a GP with special interest means
- The use of diagrams to provide examples works well and is clear concise and easy to understand. It is also a very good method for comparing things now and how they might hopefully be done in the future
- The draft strategy overall is very good and the length is just about right, there can be a tendency of making these things so long the public switch off. This document seems to have achieved a good balance between long enough to contain the required information but not overly long
- The consultation process itself has been very extensive.

Focus Group with Young People

Through our PPF and Dialogue Youth Service a session was run with local young people to receive their feedback on the draft Primary Care Strategy. Twelve Young People attended, discussion was of good quality and a high standard of questions were asked.

- In general all of the young people who attended agreed that Ayrshire & Arran's plans for the future were good and agreed with them
- Comments made were that improving quality of service was important to them
- This new structure looks as though it is a much better planned method for primary care services than that of our current situation and that if implemented correctly would mean that there were less gaps or cracks for people to fall into while receiving treatment. By having a consistent method of treatment going across all primary care services would lead to a much better understanding of how services are delivered which in turn could lead to creating confidence within our communities. Some of our young people also said that being able to access treatment quicker is important to them as they feel that by doing so your ailment would be under control before it was something that required major treatment i.e. hospital stay.
- There were some concerns around how much would this new system cost, would doctors have to be paid more in order to do what looks like more work. However our young people were quick to see how by having specialist interests, although the doctor may be busier on his specialist interest that as there was several doctors looking at other specialist interest the general GP workload may slacken and that when we had this system working to its full potential the workload would

probably be shared better

- Questions were asked about employment and would this new primary care system lead to a reduction in hospital staff or would this be balanced out by redeploying people into the community to work, as this area of work would probably rise given that we are attempting to shift the balance of care into communities
- How will we train GP's while they are all still trying to deliver GP services?
- Over all there was feeling that this was a positive step towards an efficient primary care service, A good move forward towards a better service
- Young people who attended this group said that they had learned ;
    - Just how more efficient primary care services could be
    - How much work is required to plan services that are taken for granted.
    - They all agreed that they now have a better understanding of how NHS services work
- All agreed that they understood fully what the meeting was about and understood what had been discussed.

What did the independent contractors/clinicians say? – CHP FORUM

Independent contractors and health professionals through their membership of the CHP Forum were given the option of hosting a focus group with local colleagues or providing a written response to the CHP. The majority provided a written response and a Focus Group was held with the Allied Health Professionals Senior Management Team.

NB Many of the independent contractors and health professionals stated that they have a responded direct to the Primary Care Directorate via their professional committees and forum.

Optometry

- The primary care aspects within optometry have and are being discussed at local optical committee meetings. The main areas that need to be highlighted to the public relating to optometry are:
  - Vision development in children- All kids of school age should have a vision check on an annual basis to ensure normal visual development. Since school screening is not always carried out when appropriate and NHS provision is already made for kids to have annual eye exams, parents should take children to an optometrist on an annual basis. This can detect and correct vision errors and squint for example as early as possible
  - More common eye conditions such as cataract, glaucoma and age related macular degeneration can be monitored in optometry practice and hospital referral made where appropriate. This can all be done in conjunction with the patients GP
  - Part of the NHS diabetic care relates to regular eye screening. This can be done in community optometry practices registered for carrying out the necessary routine tests
  - There is a Bridge to Vision project (RNIB) which works with local optometry practices to cater for individuals with special needs.

General Practitioners

- The local GPs explained that there had been extensive ongoing contact with Primary Care Development via the Locality Group throughout the process. There had also been ongoing discussion with the GP sub-committee and the Area Medical Committee. There are also meetings being arranged with other groups of GPs to look at specific issues. The GPs on the Forum felt that their views were channelled through these mechanisms and did not feel that an additional local focus group or further consultation would add value.

Allied Health Professionals

- At present, it is a missed opportunity to develop a much broader strategy that deals with the full set of opportunities that could be coherently brought together within the ‘primary care’ construct
- AHPs feel disengaged and not listened to and valued in relation to the services they provide and the solutions they can identify
- Primary Care is not simply about GPs and how they appropriate other services on behalf of their patients
- Lots of question marks about the massive investment in and emphasis on GPs but without evidence of the value added
- The strategy should include greater emphasis on ‘upstream’ interventions including Public Health/Health Promotion and anticipatory approaches
- Strategy as it reads is really an outline service plan (but pretty dated) for a few services within the primary care family
- Strategy does not sufficiently recognise the contribution of far wider sets of ‘players’
- Strategy has implications for services such as AHPs and the exact method of identifying new resources to implement what recommendations there are is not clear
- There are broader Community Planning considerations for a strategy (e.g. employability and financial inclusion)
- Need for new approach (probably shared with local authority and others) about community ‘wellness’ centres with co-located services of many types
- AHPs keen to be more fully involved in next stages of strategy and implementation

Dentists (Area Professional Dental Committee)

- Committee questioned the explanation of what a dentist does (page 11)
- They questioned how the strategy fitted in the context of the current financial situation despite reassurances from Primary Care Development that it should not cost any more
- Members believed that the CHPs could help to support taking work forward on the strategy through their Single Outcome Agreements
- Members discussed the possibility of enhanced roles for dentist’s e.g. Sedation/minor surgery to improve/shorten the patient's journey
- Some members noted that only practices which were able to expand could offer these services which would result in inequality of access to services.

Pharmacy

- Example of best practice should be local e.g. page 8 of document under “What does an optometrist do?” an example of local based care is given as Peterborough. A well known Ayrshire town!
- Primary Care Development asked pharmacists for their views at a joint meeting held in April but none of their views appear in the strategy such as: Pharmacist as independent prescribers, premises development, support for home carers with medicines, anti-coagulation clinics run by community pharmacists
- The strategy is 20 pages of woolly plans, nothing concrete, nothing new, it has no vision. It doesn’t tell the public much more than they already know
- No mention of CMS and electronic prescribing and the direction pharmacy is moving in
- It takes until page 8 before the document says what the strategy is going to do
- “Transforming community relationships” page 8 the strategy doesn’t say how this will be done practically
- Not dynamic in any way and will certainly not enthuse the public
- Plain English forms are given for GPs (family doctors) but not given for smoking cessation when a lot of people may not understand the word cessation!
- Why does the strategy say that there will be an “opportunity for healthcare professionals to develop their skills” when the only healthcare professionals to benefit from protected learning time PLT are GP’s and practice staff
- When CHP’s were not “virtual” each locality allowed 10 places for pharmacy to attend the PLT sessions and claim backfill money now this doesn’t exist.

Health Visiting

- All health visitors were disappointed by their lack of inclusion in the both the original document and the condensed version
- Health Visitors were only actively included in the discussions in Page 30 in the original document, around Early Years, regarding health visitors and school nurses having the capacity and capability to provide prevention and interventions for children in early life. This was disappointing for health visitors as although this is a key area of their work, it gave no recognition of the wide range of skills health visitors possess, or the roles they undertake
- Health visitors have been traditionally only associated with the under 5’s and this only seems to reinforce this inappropriate belief. Health visitors also strongly objected to the fact they were barely mentioned in the condensed version of the Primary Care Strategy that was widely circulated to the public for consultation, and felt it effectively ignored

the active role they play in primary care

- It was also widely felt that the Primary Care Strategy embraced a Medical model of health, as opposed to a Social Model of Health and gave very little recognition to the wide public health issues that are the responsibility of all members of the primary care team.

District Nursing

- Many of the District Nurses who responded were happy that the delivery of so many services previously only accessible via hospital care would now be planned to be delivered in the community
- One of the highlighted services (Anti-coagulant) raised some considerable concern as it intimated that this service was only delivered by the Largs practice, with talk of developing this service in other areas. This however is not true, as this service is also delivered by other District Nursing services (12 London Road in Kilmarnock have delivered this service for over 5 years) and many were annoyed at the lack of recognition
- Concerns were also raised around "shifting the balance of care" and whether the current workforce could cope with the increased workload
- Staff commented they were currently delivering more care and long term management than before with no increase in staff and raised the issues of whether hospital staff will be following the services into the community?
- Very little mention was also given of the District Nurse role in supporting GP's in delivering services and the multidisciplinary approach community services are trying to take
- Finally the example regarding Emergency Care was widely held as a poor example and unrealistic
- Hospital staff already have a poor understanding of the workload of District Nurses and this would be of no assistance in clarifying roles. It is advocated that the District Nurse would be available to visit the patient 3 times daily, but this was considered virtually impossible to agree to in the first instance and completely unsustainable.

What did the NHS/Local Authority staff say? – CHP Officer Locality Groups and Sub Groups

Staff

East Ayrshire Council staff were sent an electronic version of the consultation document and encouraged to respond direct to NHS Ayrshire and Arran using the Survey Monkey site. A similar e-mail was sent via Primary Care Directorate to NHS Ayrshire and Arran Staff. Details of the consultation and how to become involved were posted on the East Ayrshire Council and NHS Ayrshire and Arran Intranet and Internet sites and on East Ayrshire's Community Planning Website.

Officer Locality Groups and Sub Groups

All members of the Officer Locality Groups and associated sub groups have been consulted via a range of mechanisms including a focus group and through lead officers who are chairs of the CHP Sub groups. The following outlines the responses received -

- I would have expected to see more inclusion of partners in the public and voluntary sector in respect of their role in delivering community based health services and transforming services etc
- I believe the inclusion of existing successful community based health improvement services such as the CHIP Van and Lifestyle Referral scheme would have helped engage further sections of the community and given a more holistic view of how services could be transformed
- More could perhaps be said about supported self management and the role of PC practitioners in supporting the development of new relationships between patients and professionals based on equal partners
- Page 8 of the electronic strategy discusses transforming community relationships and I think that the opportunity should be taken to highlight the way in which CHPs, and in particular the new CHP Forums, could contribute to that process
- There is little mention of AHPs in the document, particularly the role of AHPs staff in supporting people in their homes – e.g. page 10 omits AHPs from list of multidisciplinary staff
- There should be more mention of community hospitals and the changing role of community hospitals as hubs for health care in the locality, supporting elderly people and those with long term conditions to keep well in their own homes and in supporting closer working and development of care pathways between specialists such care of the elderly consultants and local GPs
- The document is very well presented and is easy to navigate which is excellent in terms of inclusion
- The main gap is the omission to address public health by linking to Community Planning (particularly in the summary document). This

needs to be very explicit as the wider determinants of health can only effectively be tackled through the contributions of community planning partners

- There should be a greater emphasis on reducing inequalities. Although the strategy refers to additional support within practices e.g. longer appointment times for vulnerable groups, there is no strategic approach to tackling the wider issues that perpetuate inequalities - again this could be addressed via robust links to Community Planning
- There is a disproportionate emphasis on care and treatment and whilst this is essential in this type of strategy it needs to be balanced with a wider, public health approach that is clearly expressed in a social model of health. As it stands the strategy appears to follow a more medical model of health which narrows its reach and its potential impact
- On page 11 it would be helpful to say something about access to GPs for those who find it hard to get registered at a surgery whether due to homelessness or other circumstances
- It is a very general document which is disappointing. Absence of reference to potential for CHP roles in developing localised primary care provision to meet local need feels like a missed opportunity
- Mental Health is one of the NHS Boards top priorities and one of CHP OLG priorities via the New Mental Health Partnerships, the omission of any substantive contribution and acknowledgment of Primary Care's very valuable contribution to mental health and wellbeing is of concern especially as some mental health presentations to General Practice are amongst the top five reasons for attending a GP. The Mental Health Partnership wish to see greater emphasis within the strategy on Mental health and wellbeing
- In general, the approach of more services being made available locally is supported
- General use of Plain English very much welcomed along with the explanations of roles carried out by various health professionals
- The use of diagrams/flow charts has made it easier to understand the steps undertaken by patients
- Concerns about the future visions – how realistic is it going to be to have specialist GPs who cover a geographic area and the range of conditions mentioned and what are the financial implications (uptake, cost - assume they will be well paid for additional duties, access to premises)
- Public taking ownership of their health and raising their awareness of services on offer – where does CHIP (Community Health Improvement Partnership – East Ayrshire), Keep Well and the new developments around Lifestyle Coaches fit with this
- NHS staff also need to be aware of the range of services which are available for signposting/referral – how will this be embedded within the new strategy?
- Services mentioned for local delivery do not include mention of mental health, there are community mental health teams, should they not be mentioned?

- Limited mention of the preventative work which is/could be carried out by health professionals or other community based initiatives, for example CHIP (East Ayrshire), Keep Well
- Mention is made of rehabilitation briefly and the possibility of this being based within communities – no mention of the work being carried out to co-ordinate this through the LTC sub group or the availability of maintenance following rehab
- The strategy recommends wise spend in relation to "local services to help keep people healthy or to treat them at home" but there is really no mention of prevention – is there a separate strategy? Make reference to it if there is, if not expand – explain what it is and how it can be accessed
- Access to information could be improved by utilising existing community based initiatives – mobile libraries, CHIP van, etc where no obvious venue is available
- "Improving our Health" recommendation still focuses on clinical screening and although the need for this is not questioned, there should still be greater emphasis put on preventing poor lifestyle habits
- A slightly more holistic approach to be taken to consider more than just clinical needs, totally understand that these services are vital but there has been a push recently in relation to anticipatory care and more preventative work and it seems that this is touched on but could be expanded on a whole lot
- First step of pathways- community services are not mentioned in the Strategy, e.g. CHIP (Community Health Improvement Partnership) and Bibliotherapy in East Ayrshire Council's libraries Service
- There should be a clear reference to Community Planning – build on good partnership work already undertaken in health improvement locally
- Limited reference to Children and Young People – it needs to be made more explicit as they are the future
- The document focuses on a medical model- this is very limited when looking at health and Wellbeing in the widest sense. A community Planning or partnership approach would clearly be more inclusive and effective.
- It is positive that there is a 'One Stop shop' under the GP practice or area centre – this creates good relationships, breaks down barriers between services and staff and provides a more accessible service to the public.
- The North West Kilmarnock Area Centre is an example of good practice and this type of partnership needs to be built upon and other similar models established across Ayrshire communities
- Pathways- helpful illustration of how things can be done more effectively within a community setting
- Special Interest GP's also a real positive within the strategy
- The failure to include Public health is a missed opportunity and there is little emphasis on inequalities. No upstream approach/ health improvement approach
- There is an issue about how the proposed approaches will be

resourced and the capacity to shift resources may be problematic, possibly at the expense of other services.

- There should be a greater focus upon health inequalities and how these can be addressed in partnership
- Changing perceptions by sharing knowledge and training on wider social issues that affect health delivered to ‘medical’ staff in order to enable them to integrate more closely with and refer to community based services
- Voluntary organisations – there is a huge underuse of the voluntary sector organisations to tackle inequalities in health – they have links, creativity, are approachable and more cost effective use of resources.
- The strategy needs to be more explicit. Whilst there is a clear ‘vision’ it is unclear how all of this will be implemented
- If it’s a Primary Care Service Plan then that’s ok, but not a plan for improving wider community health and wellbeing.
- Assumptions are that Primary Care is only about medical services – it should include more community services
- Pathways shouldn’t always start at the GP but should include or specify other health improvement services e.g. Community Health Improvement Partnership (CHIP), Freshairshire or other NHS Ayrshire and Arran or community led Health Improvement Services.

CHP Formal Response

Based on the above please submit a collective response in relation to the 3 areas noted below:

- **what support**
- **what else do they want**
- **areas of contention**

<u>Support for the Strategy</u>

In general terms across the CHP there is broad support for the strategy, particularly in relation to the proposed new ways of working with a focus upon community based delivery, improving access to services, shifting the balance of care and encouraging ‘ownership’ of service users.

For the most part Community representatives felt that their views had been captured within the draft document and that the Primary Care Directorate had been successful in engaging them extensively in the pre-consultation process. Many of the community sector representatives and organisations therefore were happy with the content and did not readily take up the offer of further focus groups during the consultation process. This reflects a real community ‘buy in’ to the process which should be a positive when moving into the implementation phase.

Whilst the local independent contractors and health professionals generally supported the themes within the strategy there were some real reservations about the document being somewhat GP focused, little use or recognition of local examples of good practice, failing to engage with and include the contributions which could be made by this wider group of professionals particularly Allied Health Professionals and Pharmacists, concerns about capacity to deliver the changes required, how the allocation of additional resources to deliver the strategy would be identified and whether there would be a transfer from the secondary care sector, omission of how the strategy will be implemented in practice (i.e. aims and actions), the need to invest in and support skills development of all professionals.

The Officer Locality Group members supported the strategy but on the whole felt that the scope should be broadened to incorporate a community planning approach to addressing the wider determinants of poor health, health inequalities and working with wider community partners and services to improve health and wellbeing and add value to care pathways. In effect members generally advocated a shift from the medical model outlined within the strategy to a more social model of health. It was also felt that there should be a greater focus upon mental health within the strategy to reflect the national and local priorities and the considerable Primary care involvement in this area. In addition further inclusion of children and young people's services and early intervention should be included. In terms of facilities it was expressed that the potential of community hospitals and area centres should be further exploited as local hubs for providing health care and promoting wellbeing. The issues around existing capacity and identification of resources were also raised as part of the process.

What else should be included

The CHP membership recognises the important role that it can play in shaping and implementing the Primary Care Strategy. Indeed they recognise the potential of this important strategy in transforming and improving health services for local people. Whilst a number of issues have been raised members have expressed a commitment to addressing these areas by become further engaged in the implementation process of the Strategy adding value, making crucial partnership links and maximise the skills, expertise and services on the ground. In broad terms the CHP could engage with the implementation process as follows-

- Ensuring an ongoing engagement and dialogue with the communities sector, providing a platform for the views of local people, carers, seldom heard groups and other special interests groups through the Forum
- Making better use of communities and voluntary sector organisations in terms of linking their work on the ground to the wider health agenda particularly around the concepts of 'ownership' and 'equal partners' in healthcare
- Local external contractors, health professionals and other key partners

working with the Primary Care Directorate to identify their potential contribution, recognise and maximise the skills and expertise including the identification of capacity issues and ongoing training and development needs

- Utilising the Integrated Resource Framework as a mechanism to explore and address resultant resource issues
- Working through the OLGs to maximise the use on a partnership basis of built resources such as community hospitals and area centres
- Connecting the work of the strategy to the wider community planning agenda viz. Community Regeneration, Community Safety and Lifelong Learning via CHP representation on the East Ayrshire Community Planning structures and networks
- Embedding the strategy as a key driver within the SOA and Improving Health and Wellbeing Action Plan of the Community Plan
- Adding Value, impact, developing innovative partnership solutions and testing approaches by connecting the implementation of the strategy to wider partnership areas through the CHP sub structure viz.

    - Mental Health and Learning Disabilities Partnership
    - Alcohol and Drug Partnership
    - Long Term Conditions (including telehealth/telecare)
    - Older People
    - Rehabilitation and Enablement
    - Financial Inclusion
    - Early Years and early Intervention
    - Corporate Parenting
    - Improving Health and Reducing Inequalities

Areas of Contention

A key area of concern which has been raised at all levels of the consultation relates specifically to the allocation or identification of resources to implement the strategy particularly in the existing economic climate. At a time when the local authority, NHS and voluntary sector are experiencing major reductions in financial allocations the identification of new investment could prove to be problematic. In addition the ability to reallocate resources from Secondary to Primary Care as services become more readily available in community settings has been raised as a major issue.