



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date **Thursday, 10 September 2020**

Time **2.00 pm**

Venue **Remote Meeting**

Enquiries Regarding this Agenda

| | | |
|---------------------|--------------------------|--------------|
| Democratic Services | Josef Galkowski | 01952 388356 |
| Media Enquiries | Corporate Communications | 01952 382406 |
| Lead Officer | Partnership Manager | 01952 382186 |

Committee Membership:

| | |
|---------------------|--|
| J Baker | Community Safety Partnership |
| Cllr A J Burford | Cabinet Member for Health & Social Care, TWC |
| S Dillon | Director: Adult Social Care |
| D Evans | Telford & Wrekin CCG |
| Cllr I T W Fletcher | Conservative Group, TWC |
| C Hart | Voluntary Sector Representative |
| C Jones | Executive Director: Children's & Family Services |
| Cllr K Middleton | Labour Group, TWC |
| (Chair) | |
| L Noakes | Director: Health, Wellbeing & Commissioning |
| Cllr R A Overton | Deputy Leader and Cabinet Member for Enforcement, Community Safety & Customer Services |
| B Parnaby | Healthwatch, Telford & Wrekin |
| J Povey | Shropshire, Telford & Wrekin Clinical Commissioning Groups |
| Cllr S A W Reynolds | Cabinet Member for Children, Young People, Education & Lifelong Learning, TWC |
| J Rowe | Executive Director: Adults Social Care, Health Integration and Wellbeing. |
| Cllr K T Tomlinson | Liberal Democrat / Independent Group, TWC |
| Cllr P Watling | Cabinet Member for Co-Operative Communities, Engagement and Partnerships |

AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of the Previous Meeting** 5 - 8
To confirm the minutes of the previous meeting.
4. **Public Speaking**
5. **Terms of Reference**
To review and agree the Terms of Reference of the Health & Wellbeing Board.
6. **COVID-19 Update**
To receive a presentation on COVID-19 in Telford & Wrekin from Liz Noakes, Director for Public Health, Telford & Wrekin Council.
7. **Working With Partners to Reduce Health Inequalities in Telford & Wrekin**
To receive a presentation on health inequalities in Telford & Wrekin from Louise Mills, Service Delivery Manager for Health Improvement & Libraries, Telford & Wrekin Council and Helen Potter, Research & Intelligence Manager, Telford & Wrekin Council.
8. **Mental Health Update September 2020** 9 - 14
To receive a report on mental health services in Telford & Wrekin in response to COVID-19 by Steve Trenchard, Executive Director for Transformation (Interim), Shropshire, Telford & Wrekin Clinical Commissioning Groups, Steph Wain, Commissioning Specialist in Mental Health, Telford & Wrekin Council and Francis Sutherland, Head of Commissioning Mental Health and Learning Difficulties, Telford & Wrekin Clinical Commissioning Group.
9. **Single Strategic Commissioner Update - Primary Care Networks** 15 - 30
To receive a report on Primary Care Networks from Nicky Wilde, Primary Care Network Programme Director, Shropshire, Telford and Wrekin Clinical Commissioning Groups.
10. **Single Strategic Commissioner Update - System Winter Plan**
To receive a report on the System Winter Plan from Sam Tilley, Director of Planning, Shropshire, Telford & Wrekin Clinical Commissioning Groups.
11. **Healthwatch Telford & Wrekin Coronavirus Pandemic 2020** 31 - 64
To receive a report from Paul Shirley, General Manager and Engagement Manager, Healthwatch Telford and Wrekin.
12. **Adult Social Care Update**
To receive a verbal update on Adult Social Care from Sarah Dillon, Director: Adult Social Care, Telford & Wrekin Council.

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HEALTH & WELLBEING BOARD

Minutes of a meeting of the Health & Wellbeing Board held on Monday, 13 July 2020 at 11.30 am in Remote Meeting

Present:

Cllr A J Burford - Cabinet Member for Health & Social Care, TWC
S Dillion – Assistant Director: Early Help & Support, TWC
D Evans – Chief Operating Officer, Telford & Wrekin CCG
Cllr I T W Fletcher - Conservative Group TWC
C Hart – Voluntary Sector Representative
C Jones – Executive Director: Children Services, TWC
Cllr K Middleton – Member, TWC (Chair)
Dr J Leahy – Chair of Telford & Wrekin CCG
L Noakes – Director of Public Health, TWC
B Parnaby - Healthwatch, Telford & Wrekin.
Cllr S Reynolds - Cabinet Member for Children, Young People, Education and Lifelong Learning
J Rowe – Executive Director: Adults Social Care, Health Integration & Wellbeing
Cllr K T Tomlinson – Liberal Democrat / Independent Group, TWC

In Attendance:

F Bottrill – Partnership Manager, TWC
A Lowe – Associate Director: Policy & Governance, TWC
H Onions - Consultant in Public Health, TWC
K Robinson – Democratic Services and Scrutiny Officer, TWC
D Stout – Chief Executive of Shropshire Community Health Trust

Apologies:

J Baker – Community Safety Partnership
Cllr R Overton - Cabinet Member for Enforcement, Community Safety and Customer Services.
Cllr P Watling – Cabinet Member for Co-Operative Communities, Engagement and Partnerships.

HWB11 Declarations of Interest

None.

HWB12 Minutes of the Previous Meeting

RESOLVED – that the minutes from the meeting on the 13 July 2020 be approved by the Chair.

HWB13 Public Speaking

None.

HWB14 Telford & Wrekin Local Outbreak Prevention & Control Plan

The Health and Wellbeing Board received a report from Liz Noakes, Director of Public Health at Telford and Wrekin Council detailing the Telford & Wrekin Local Outbreak Prevention & Control Plan. The report defined the system wide collaborative approach that the Plan intended to take in preventing and containing outbreaks of COVID-19 within Telford & Wrekin. This was to be done through working with key partners such as the NHS, the Public Health England and others, in conjunction with the wider NHS Test and Trace programme. Likewise, the report also detailed the newly established governance and coordination arrangements for outbreak prevention within Telford and Wrekin, which would receive oversight from the COVID Health Protection Board and the Member-led Local Outbreak Engagement Board.

The Health and Wellbeing Board also received a presentation from the Director of Public Health during the meeting which included the following topics:

- The number of COVID-19 cases in Telford & Wrekin in the week ending July 5th 2020.
- The number of reported Outbreaks within Telford & Wrekin until the date of the meeting.
- The number of COVID-19 related deaths in Telford & Wrekin until the date of the meeting.
- The Telford and Wrekin Local Outbreak Prevention and Control Plan.
- The Telford & Wrekin Council Health Protection Hub.
- Delivering the Plan and the expectations and risks associated.
- Proposed governance of the Shropshire, Telford & Wrekin response to the prevention of the spread of COVID-19 infections and deaths.
- The Communication Plan to ensure that everyone is able to be COVID secured and what to do if there is an outbreak.

Members congratulated officers for the Telford & Wrekin Local Outbreak Prevention & Control Plan, however warned that there was no room for complacency, as the number of cases was expected to fluctuate as lockdown was eased.

Members expressed their concern about the Test and Trace Programme and how historically this information was not shared with the Council by the central government. Members wondered what data the Council had available to use. The Director for Public Health responded by confirming the types of data she had available to use, which were; postcode, the age and the type of test that was used on individuals that had tested positive for COVID-19 within the Borough. However she did not have the contact details for the individual cases to be able to track and trace as this was done a national level for simple cases, or regional if they were more complicated cases. The Director for

Public Health concluded that she did not see the see connections or linkages between the cases and the contact until there was an outbreak.

Members followed this up by asking if it was possible within the near future that local government would have access to this data because it was a cause for concern that they did not already. The Director for Public Health responded by saying she did not know if this would happen, but wanted to assure the Board that if she was notified of a case and was able to contact the individual, then the Council would also undertake a tracking and tracing programme in order to gain a complete picture of the situation.

Members queried why there were no measureable targets and goals within the report which could be used to indicate the progress of the plan. The Director for Public Health responded by saying that the reduction of COVID-19 infections in Telford and Wrekin within the seven day infection rates was the main measurable target which indicated how successful the plan was working.

RESOLVED – that the Telford and Wrekin Local Outbreak Prevention & Control Plan be approved.

HWB15 Towards Integrated Care Provider Arrangements

The Health and wellbeing Board received a presentation from David Stout, Chief Executive for Shropshire Community Health NHS Trust which summarised key themes that had been highlighted in individual interviews with senior officers from a variety of healthcare organisations about working towards an Integrated Care Provider (ICP) model in Shropshire, Telford and Wrekin. The Chief Executive for Shropshire Community Health Trust emphasised that the presentation represented initial views on working towards an ICP model, and was presented to the Health and Wellbeing board to gain an insight on Members thoughts. The presentation outlined the following topics:

- The purpose of the ICP
- The key components of the ICP model.
- The potential organisational makeup of the model: Integrated Care Partnership or Integrated Care Provider?
- The levels in which integration could take place: Neighbourhood, Place, System and Supra System Level.
- The scope in the services that could be included in the ICP model.
- Issues for discussion
- Proposed priorities and next steps.

Following the presentation and as requested by the Chief Executive for Shropshire Community Health NHS Trust, Members expressed their thoughts in relation to what they had heard.

Members welcomed the paper and the possibility of a more collaborative approach taken within the system in regards to the ICP model. Members used

the Telford and Wrekin Integrated Place Partnership as an example of collaborative partnership which was recognised and had formal status as a basis. Members did note that in some examples that collaboration and informality can lead to inconsistency and therefore the collaborative approach needed to be agreed by all parties.

In response to the form of which the ICP could take, Members expressed concern that former attempts at merger or acquisition within Shropshire, Telford & Wrekin had not resulted in the desired outcomes and believed that more informal working arrangements should be supported, so that there was an active willingness from different organisations to work together, rather than being forced to.

RESOLVED – that the contents of the report be noted.

The meeting ended at 12:24pm.

Chairman:

Date: Thursday, 10 September 2020

Report to Health and Wellbeing Board

Mental Health Update September 2020

Report of Steve Trenchard, Executive Director of Transformation (Interim), Shropshire, Telford & Wrekin Clinical Commissioning Group.

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- Majority of services have continued to function throughout lockdown. Where services were stopped or altered these have now been reinstated.
- The system worked well together during lockdown to ensure vulnerable people stayed as safe as possible
- As we come out of lockdown referrals for mental health services are increasing
- Learning from covid pandemic will be taken into consideration as we move forward

2. RECOMMENDATIONS

To note the actions taken to maintain mental health support during the pandemic and to prepare for an increase in demand.

3. IMPACT OF ACTION

To support the mental health and wellbeing needs of the residents of Telford & Wrekin.

4. **SUMMARY IMPACT ASSESSMENT**

| | | |
|---|---|---|
| COMMUNITY IMPACT | Do these proposals contribute to specific Co-Operative Council priority objective(s)? | |
| | Yes | <ul style="list-style-type: none"> Improving the health and wellbeing across Telford and Wrekin. |
| | Will the proposals impact on specific groups of people? | |
| | Yes | <i>Those with, or at risk of, experiencing poor mental health</i> |
| TARGET COMPLETION/DELIVERY DATE | <i>Ongoing programme of work.</i> | |
| FINANCIAL/VALUE FOR MONEY IMPACT | Yes/No | |
| LEGAL ISSUES | Yes/No | |
| OTHER IMPACTS, RISKS & OPPORTUNITIES | Yes/No | |
| IMPACT ON SPECIFIC WARDS | No | <i>Borough-wide impact</i> |

PART B) – ADDITIONAL INFORMATION

The remainder of the report will contain any additional information needed to inform decision-making and is likely to include the following headings:

5. INFORMATION

5.1 Governance response:

- Tactical and strategic groups were established to ensure services impacts were monitored and services were responsive to changing demands as a result of COVID. Social care services remained constant with some NHS provision needing to close temporarily to allow demand elsewhere in the MH system to be met and to ensure adequate staffing cover at all times.
- Recovery plans ensured services were either reinstated, or adapted. Mental health sits within the Councils Health and Welfare recovery plan.
- The Mental Health, Learning Disabilities and Children’s programme board is now being re-established as we move out of the covid response. This is led by the system SRO for mental health Cathy Riley supported by partners including the CCG. A renewed governance structure is in development across the STP. Within this structure there are three working groups that feed into the board- Adult mental health, leaning disabilities and autism and children’s mental health.
- A lead GP has now been appointed to support this agenda.

5.2 Prevention and early interventions:

- Keeping in touch calls – enabled those who were shielding and who identified as lonely or concerned about their emotional support to be identified and offered support. This is leading to ongoing community work.
- A system wide multiagency team supported those living with dementia and their carers during lockdown to ensure they were kept safe
- Mental health and bereavement pages were developed on the Council’s COVID website pages on the website. The pages have been accessed over 2,000 times.
- Telford & Wrekin Council commissioned additional capacity from the local voluntary and community sector to support the mental health and bereavement needs of those impacted by COVID (children and adults). This includes virtual support groups, listening support, and telephone support. Regular contact has been made with the voluntary sector in terms of support and how they could vary their offer in order to maintain services. Commissioners have also supported the voluntary sector to bid for national funds to support local needs.
- Suicide Prevention Action Group received confirmation of external funding to support the implementation of a post-vention support worker to cover Telford & Wrekin and Shropshire. There will also be a virtual suicide prevention awareness training package (launch expected September/October), with the aim of face to face training being resumed in January 2021.
- Work is underway to explore potential for a single point of access for all mental health services.

5.3 Community services and partnerships:

- MPFT established a 24/7 MH helpline for urgent access to mental health services.

- Strong partnership working regarding SEND enabled a focus on the most vulnerable children and families. Where partners were able to share intelligence this was of significant value to supporting families and improving outcomes.
- Challenges remain regarding information sharing in order to facilitate coordinated planning for children's MH, but this is being discussed by partners with alternative solutions explored.
- The Council was compliant with all MH Act duties throughout & social work services continued across children's services and adult social care.
- Clear communications were provided to all mental health care homes and supported living providers (for example relating to PPE, latest guidance from central Government, visiting access etc.)
- Housing / Homelessness – closer working between mental health and substance misuse services with housing colleagues is enabling services to develop a model of support for rough sleepers (including submitting bids for national funds) and to identify potential sources of support within the system now.
- Various development work streams were paused due to COVID but are now being restored, this includes rehab.
- Emotional health and wellbeing service has bought in additional capacity post lockdown to increase capacity for those requiring psychological therapies
- Work has continued on the development of a system wide dynamic framework for care providers of those mental health and learning disabilities needs
- Budgets have now been released to provide the Autism diagnosis service for children
- Schools panels for children with behaviours of concern have continued to function during lockdown
- Work has continued on the development of an Autism for children pathway and a positive behavioural support service

5.4 Crisis services

- Branches night service ceased operations as a result of lockdown restrictions. Detailed work is now taking place to revise the service to ensure maximum impact, for example this includes the workers offering telephone outreach to enable continuity of services where day time workers may be concerned about someone.
- Calm Cafés had to close, but engagement work continued with the regular attendees over the telephone. The cafés are opening with targeted access as of 19th August 2020.
- Referrals into mental health services have increased since lockdown finished. There has not only been an increase in referrals but also an increase in the acuity of those being seen in services. Mental Health Act Assessments have increased since the end of lockdown
- Work has been undertaken to review the MHA Assessment pathway and this has now been adopted across the system.

5.5 Future work

Prior to Covid-19 the Shropshire, Telford and Wrekin system had a pan-Mental Health, Learning Disabilities and Autism plan in place with agreed priorities being worked into implementation delivery plans. The four priorities remain largely unchanged and which are:

- Enhancing the all age crisis offer

- Developing community services for people with serious and complex mental health conditions
- Developing strategies for people with Learning Disability and for people with Autism
- Supporting trauma informed approaches

During lockdown the system worked well together to support the vulnerable individuals across the system. There has been a significant amount of learning in these unprecedented times. This learning will be taken forward in our planning for the next few years. All system wide groups have feedback the positive impact of using virtual communication e.g. MS Teams. This has meant that multiagency meetings have been set up quickly and have reduced the need for travel. All professionals have found the extra communication has increased their knowledge of others roles and increased positive communication. Virtual consultations have also provided useful although it is acknowledged that this is not suitable for everyone. The learning from covid pandemic will be embedded into new ways of working where they have been positive. The fast pace of change and inter-agency working has proved invaluable in moving agendas forward.

6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

*(Where you have answered ‘yes’ to any part of the impact assessment in Section 4, you can add additional information here if necessary. You should ensure that there is sufficient information for members to fully understand the impacts and risks of proposals before making decisions. **Information on financial and legal impacts must be completed by an officer from Finance or Legal).***

7. PREVIOUS MINUTES

8. BACKGROUND PAPERS

Report prepared by

Steve Trenchard, Executive Director of Transformation (Interim), Shropshire, Telford & Wrekin CCG

Frances Sutherland, Head of Commissioning, Shropshire, Telford & Wrekin CCG

Steph Wain, Commissioning Specialist, Telford & Wrekin Council, 01952 388883

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**HEALTH AND WELLBEING BOARD
EXECUTIVE SUMMARY SHEET**

| | |
|--|---|
| DATE: | September 2020 |
| TITLE OF PAPER: | Primary Care Network (PCN) Report |
| EXECUTIVE RESPONSIBLE: | Nicky Wilde, Primary Care Network Programme Director, Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs) |
| Contact Details: | Email: nicky.wilde@nhs.net |
| AUTHOR (if different from above) Contact Details: | Shropshire and Telford and Wrekin CCGs Primary Care Teams |
| CCG OBJECTIVE: | <p>To improve commissioning of effective, safe and sustainable services, which deliver the best possible outcomes, based upon best available evidence</p> <p>To increase life expectancy and reduce health inequalities</p> <p>To encourage healthier lifestyles</p> <p>To support vulnerable people</p> |
| <input checked="" type="checkbox"/> For Discussion <input type="checkbox"/> For Decision <input type="checkbox"/> For performance monitoring | |
| EXECUTIVE SUMMARY | <p>Primary Care Networks are a key building block of the NHS Long-Term Plan and started in July 2019; they are commissioned through a national contract and have specific areas of delivery. The attached papers provide a summary of the requirements around service provision, the situation in Telford ad Wrekin and which practices are in which PCN across Shropshire Telford and Wrekin.</p> <p>The nationally mandated requirements have mostly been met except for some appointment in extended hours access which will all be back in place in the coming weeks. The next important delivery date is October 2020 when many of the requirements for this year commence:</p> <ul style="list-style-type: none"> • Structured Medication Reviews • Weekly home round in aligned care homes and refreshed personalised care plans (taking over from individual Practices) • Review of practice referrals for suspected cancers |

| | |
|---|--|
| FINANCIAL IMPLICATIONS: | National funding is available to support PCNs as detailed in the attached paper. |
| EQUALITY & INCLUSION: | <p>PCNs will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients at the PCN's practice(s) and to help in tackling inequalities</p> <p>They will also develop collaborative relationships and work in partnership with health, social care, community and voluntary sector providers and multi-disciplinary teams to holistically support patients' wider health and well-being, public health, and contributing to the reduction of health inequalities.</p> <p>A dedicated specification for PCNs to address inequalities is to be agreed with the General Practitioners Committee to start April 2021.</p> |
| PATIENT & PUBLIC ENGAGEMENT: | <p>PCNs will work with individual patient groups to discuss service change and link with wider communication partnerships through the Sustainability Transformation Partnership (STP), CCG and Local Authority to engage and provide information with patients and the public.</p> <p>As the programmes of work expand, the engagement will expand accordingly.</p> |
| LEGAL IMPACT: | PCNs are commissioned by way of a Directed Enhanced Service (DES) which is an addition to the General Medical Services Contract. |
| CONFLICTS OF INTEREST: | All PCNs have conflict of interest policies and decision making at the CCG and through the wider health and social care system will follow organisational conflict of interest management policies. |
| RISKS/OPPORTUNITIES: | <p>Opportunities to bring general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system</p> <p>There is a risk is of the sustainability of PCNs and this is being addressed by working with national support networks to develop leadership and organisational development skills.</p> |
| RECOMMENDATIONS: | <p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Accept the PCN update and the ongoing programme of work |

Telford and Wrekin Health and Wellbeing Board Meeting September 2020

Primary Care Network (PCN) Update Report

Nicky Wilde, PCN Programme Director,
NHS Shropshire and NHS Telford and Wrekin CCGs

1.0 Introduction and Summary

Primary Care Networks (PCNs) form a key building block of the NHS long-term plan and started in July 2019. They are the formal structure to bring general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

The sizes of PCNs vary, nationally there is a guide that between 30,000 and 50,000 patients should be in a PCN, however many are larger. Across Shropshire, Telford and Wrekin, the sizes of our PCNs vary between 36,000 and 124,000 in population. Each PCN has a GP as a Clinical Director who is linked into the wider medical leadership of the STP.

Although there is a requirement for all patients to be included in the work of PCNs, individual practices can “opt out” of provision. **Appendix 1** provides details of which practices are in our local PCNs and which have opted out this year (they have an option to join at a later date). The table also provides details of which PCN is providing services to the patients of practices who have opted out.

PCNs are geographically based to enable integrated working with other community providers, who are expected to configure their service delivery around the PCN population.

2.0 Service provision

As the concept of PCNs was new last year, the guidance gave practices the opportunity to spend time to assess their developmental needs and to start to explore what their patient priorities were, and more importantly where they felt the biggest return for their collective commitment could be made.

In 2019 PCNs were contracted to deliver Extended Hours Access and in 2020 this has been expanded into 4 further areas of delivery:

- Structured Medication Reviews and medicines optimization
- Enhanced Health in care homes
- Early Cancer Diagnosis
- Social Prescribing

All this work is supported by a workforce programme called the Additional Roles Reimbursement Scheme (ARRS) which has a national model of funding.

The specifications for each of the areas above can be found at <https://www.england.nhs.uk/primary-care/primary-care-networks/>. **Appendix 2** provides more detail around the work to deliver the priorities each of these delivery areas across Shropshire, Telford and Wrekin.

Further national services are expected to be introduced from April 2021 including cardio-vascular disease diagnosis, tackling inequalities, personalised care and anticipatory care.

3.0 National Funding Model

Payments to PCNs are dependent on the Core Network Practices (those signed up to deliver the DES) working together to deliver the core requirements. The details are provided in the table below and are paid to the identified lead practice within the PCN:

| Payment details and allocation | Amount |
|--|--|
| Core PCN funding | £1.50 per registered patient per year (equating to £0.125 per patient per month). |
| Clinical Director contribution | £0.722 per registered patient per year (equating to £0.060 per patient per month). |
| Staff reimbursements | Actual salary plus employer on-costs to the maximum per WTE amounts as outlined in Network Contract DES Specification |
| Extended hours access | £1.45 per registered patient (equating to £0.121 per patient per month). |
| Care home premium | £60 per bed for the period 1 August 2020 to 31 March 2021 (equating to £7.50 per bed per month). |
| PCN Support payment | £0.27 per weighted patient for the period 1 April 2020 to 30 September 2020 (equating to £0.045 per weighted patient per month). |
| Network Participation Payment (Practice) | £1.761 per weighted patient per year (equating to £0.147 per patient per month) |
| Additional funding from October 2020 | Amount to be confirmed and covering the period 1 October 2020 to 31 March 2021. |

4.0 Investment and Impact Fund (IIF)

As part of the delivery of the PCN contract, is a “reward” for delivering aims set out in the NHS Long Term Plan and the framework for GP Contract Reform.

This fund will reward better access, support implementation of vaccinations and immunisation changes (from 2021/22) and will also be linked to various improvement indicators linked to the PCN Service Specifications.

PCNs must use the fund to expand their workforce and for service improvement in Primary Care. CCGs must approve how this funding is invested.

This year, the IIF focuses on improved flu vaccination uptake for patients aged 65+; Learning Disability Health Checks, Social Prescribing referrals, and several medicines targets and due to Covid-19 now starts from October 2020.

5.0 Summary of PCNs in Telford and Wrekin

When PCNs were first introduced last year, there was a recognition that the configuration/membership was likely to change. In 2019, there were 4 PCNs in Telford and Wrekin and this has now reduced to 3 PCNs from June 2020.

- Newport and Central PCN – 57,000 patients
- Teldoc PCN - 58,000 patients
- Wrekin PCN – 83,000 patients

The guidance allows practices to work across CCG boundaries and this year we have had one practice move to work with a PCN in Shropshire (Ironbridge Medical Practice); with another coming from Shropshire to a Telford PCN (Shifnal and Priorslee Medical Practice). The CCG believes that this transition will support and strengthen these specific practices and the collective benefit in the PCN.

Despite their relative early development and the diversion of priorities to the management of Covid-19, PCNs have already started discussions with health and social care partners around joint approaches to service delivery. The COVID-19 pandemic provided a really effective lever which promoted joint working that will underpin further work as the year develops.

Importantly, PCNs need to integrate with other developments across the system including The Telford and Wrekin Integrated Partnership (TWIP) work.

The Clinical Directors of the PCNs have been core members of the TWIP programme; providing expert consensus clinical views to guide the joint programme of work. One of the successes that has been developed, (that creates a foundation for the nationally mandated care home work) has been the development of multi-disciplinary teams (MDTs) which is one of the important factors for PCNs.

Creating the shared vision of how MDTs should engage across the primary and care sector enabled the development of shared plans to manage patients, and prevent unnecessary admissions to hospitals. These early pilots have underpinned and provided evidence of the benefit for PCNs to learn from.

The strategic direction of commissioning is in transition. The move away from “transactional commissioning” has started, with the principles of co-production, specifying service outcomes across agencies being central to future approaches.

PCNs will be core players in the new Integrated Care System to be developed across Shropshire, Telford and Wrekin supporting coordinated cross system pathways and models of care to reduce variation, address inequalities and ensure seamless care provision.

6.0 Recommendation

The Health and Wellbeing Board is asked to:

- Accept the PCN update and the ongoing programme of work

| Shropshire STP Primary Care Networks as at 1st July 2020 | | | | Appendix1 | |
|--|--|------------------------------|--|-----------------------|--------------------------------|
| PCN | Practice | PCN | Practice | PCN | Practice |
| Teldoc | Teldoc | South West Shropshire | Bishops Castle Medical Practice | Shrewsbury PCN | Belvidere Medical Practice |
| CD : joint post | Shifnal & Priorslee Medical Practice | CD: Dr F Lynch | Church Stretton Medical Practice | CD: Dr C Hart | Marden Medical Practice |
| Dr I Chan | (Shropshire practice) | | Craven Arms Medical Practice | | Marysville Medical Practice |
| Dr R Bhachu | | | Portcullis Surgery | | Riverside Medical Practice |
| | | | Station Drive Surgery | | Severn Fields Medical Practice |
| | | | The Meadows Medical Practice | | South Hermitage Surgery |
| Newport / Central Telford | Donnington Medical Practice | | | | Radbrook Green Surgery |
| CD: Dr S Waldendorf | Shawbirch Medical Centre | South East Shropshire | Albrighton Medical Practice | | Mytton Oak Medical Practice |
| | Linden Hall Surgery | CD: Dr J Swallow | Alveley Medical Practice | | Claremont Bank Surgery |
| | Wellington Road Surgery | | Bridgnorth Medical Practice | | The Beeches Medical Practice |
| | | | Brown Clee Medical Practice | | Pontesbury Medical Practice |
| | | | Cleobury Mortimer Medical Centre | | Prescott Surgery |
| Wrekin | Hollinswood Surgery | | Highley Medical Centre | | Shawbury Medical Practice |
| CD: Joint post | Wellington Medical Practice | | Much Wenlock & Cressage Medical Practice | | Westbury Medical Centre |
| Dr D Ebenezer | Dawley Medical Practice | | Broseley Medical Practice | | Worthen Medical Practice |
| Dr N Singh | Court Street Medical Practice DES | | Ironbridge Medical Practice (T&W practice) | | Clive Medical Practice |
| Dr R Mishra | <i>Stirchley Medical Practice (LCS)*</i> | | | | Knockin Medical Centre |
| | <i>Woodside Medical Practice (LCS)*</i> | North Shropshire | Churchmere Medical Group | | |
| | <i>Charlton Medical Practice (LCS)*</i> | CD: Dr C Rogers | Drayton Medical Practice | | |
| | | | Plas Ffynnon Medical Centre | | |
| | | | The Caxton Surgery | | |
| | | | Wem & Prees Medical Practice | | |
| | | | Cambrian Medical Practice | | |
| | | | <i>Hodnet Medical Centre (LCS)*</i> | | |
| | | | <i>Dodington Surgery(LCS)*</i> | | |

LCS* - this means that the practice has opted out of being part of a PCN, however the PCN has agreed to deliver the contents of the PCN Directed Enhanced Service for the patients of the practice through a locally commissioned service (LCS)

Progress of the PCN Work Programmes - September 2020

Social Prescribing

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| Requirements | <p>A key component of the Network Contract from 2021/22 is the implementation of the Personalised Care service specification. Social prescribing link workers (SPLWs) will take a role in supporting the delivery of this service specification, as part of a broader shift to personalise care in PCNs and local areas.</p> <p>A PCN must provide to the PCN's patients access to a social prescribing service either by directly employing SPLWs or sub-contracting provision of the service to another provider.</p> |
| Leadership and Partner Working | <p>The CCGs link with Local Authority Public Health colleagues and the Voluntary Community Social Enterprise sector (VCSE) to ensure joint working across the system.</p> |
| Current Position | <p>In Telford & Wrekin the funded SPLWs have been recruited to the Wrekin PCN. A community hub has been set up in the Wrekin PCN whereby all practices are able to signpost and refer to the service. The hub has strong working relationships with the local council this includes the community connectors, Telford MIND and the CCG. Newport & Central PCN are currently recruiting for a SPLW.</p> <p>Recently, the CCG supported a training event for practice managers to understand social prescribing and what is needed to make it work for us and our population.</p> <p>Working alongside SPLW are Care Navigators and AGE UK are commissioned to host the care navigators that are aligned to practices / PCNs. The care navigators aim to support patients to remain safe & independent, improve health and wellbeing and to reduce use of statutory services.</p> <p>In Shropshire, SPLWs have been recruited in the South East and South West Shropshire PCNs. Both networks have subcontracted provision of the service to Public Health at Shropshire Council. An independent evaluation by the University of Westminster recognised the advantages of their model and demonstrated a 40% reduction in GP appointments. Public Health colleagues continue to engage with the North Shropshire PCN and Shrewsbury PCN.</p> <p>To support the programme most Shropshire Practices also have Community and Care coordinators.</p> |
| Next Steps and Timeline | <p>NHS England have recently announced they are making a time-limited support offer available to PCNs to cover recruitment and induction costs for additional social prescribing link workers. This support offer aims to accelerate the recruitment of social prescribing link workers.</p> <p>The support includes funding for local VCSE organisations to provide a</p> |

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| | <p>full recruitment and induction service, plus support from NHS England social prescribing team to connect PCNs with local VCSE organisations, or for those PCNs who prefer to undertake the social prescribing link worker recruitment and induction process themselves, access to a recruitment administrative service provided by South, Central and West Commissioning Support Unit (CSU).</p> <p>PCNs were asked to submit expressions of interest by Monday 24th August and NHS England social prescribing team will be supporting PCNs to connect with VCSE organisations or CSUs in order to utilise the opportunity that is being funded until 31st March 2021.</p> |
| <p>Communication and Engagement</p> | <p>SPLWs can access information via the national social prescribing network and the NHS England collaborative platform. The National Academy for Social Prescribing also provides SPLWs with an opportunity to share good practice and challenges being faced.</p> <p>The Bureau (a community organisation, as part of the West Midlands Link Worker Peer Support Network) also produces West Midlands Social Prescribing Link Worker e-bulletins for SPLWs. These e-bulletins provide SPLWs with information and resources to help them to keep up to date with what is going on both nationally and in the West Midlands region, and to help them connect with other link workers in your area.</p> <p>The Bureau is also hosting regular online peer support sessions for SPLWs and Community and Care Co-ordinators (C&CCs) in Shropshire, Telford and Wrekin. These include online workshops and facilitated discussions with SPLWs and C&CCs to look at both role distinctions and how they can work together within PCNs.</p> <p>Colleagues across Shropshire CCG, Local Authority, VCSE and Healthwatch have been working together to bring models of social prescribing together, to expand and align the offer, across Shropshire, looking forward to Telford and Wrekin in the future</p> <p>In order to ensure good local understanding in this large rural county, the community development function of the DES in Shropshire is delivered by the local VCSE– this includes quality assured interventions, directories, community development and identification of gaps in provision locally. The Shropshire Rural Charities Charity RCC deliver the community development aspect in the South East Shropshire PCN and Hands Together Ludlow (HTL) in the South West Shropshire PCN</p> |

Extended Hours Access

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| Requirements | <p>PCNs must provide additional clinical capacity at the rate of 30 minutes per 1,000 patients per week (based on the actual registered population) and should be provided in continuous periods of at least 30 minutes.</p> <p>Extended hours appointments:</p> <ul style="list-style-type: none"> • Must be pre-bookable and can be either routine or urgent (on the day) appointments. • Must be provided on the same days and times at the same locations each week, where possible. • Do not have to be with a GP but can be with any suitable healthcare professional and can be either face to face, by telephone or by video/online consultation • Must be provided outside of core hours (for example, on weekday evenings or at weekends). • Increased appointment capacity from the PCN Extended hours service must be provided in addition to the CCG commissioned Extended Access service (formerly GPFV). • Held at times based on evidenced patient need and previous patient engagement • Must be communicated to patients, using posters in practice premises, the NHS Choices website, the CCG website, on practice websites and through practice patient participation groups. |
| Leadership and Partner Working | <p>PCN Clinical Directors are working with individual practices in their PCNs to move towards delivery at scale across each PCN.</p> |
| Current Position | <p>TelDoc PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>Wrekin PCN Full appointment capacity being delivered across the PCN for the core practices Patients of the core practices able to access appointments at their own GP practice locations 3x non-core practices: the required hours are being delivered for one non-core practice under an LCS arrangement (Charlton) for the other non-core practices (Stirchley and Woodside) the PCN is awaiting implementation of the EMIS Clinical Services Module</p> <p>Newport and Central PCN None of the appointment capacity is currently being delivered across the PCN PCN is awaiting implementation of an EMIS Clinical Services Module</p> <p>Shrewsbury PCN Some practices have been delivering a small part of their normal PCN extended hours throughout the pandemic As of 1st August, all PCN practices began re-instating their</p> |

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| | <p>usual quota of hours and it is expected the PCN will be back to full delivery by September 2020</p> <p>North Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South West Shropshire PCN Full appointment capacity being delivered across the PCN Patients able to access appointments at their own GP practice locations</p> <p>South East Shropshire PCN Full appointment capacity being delivered across the PCN Patients of the core practices able to access appointments at their own GP Practice locations. For practices that are unable to take part, the hours are being delivered by other practices within the PCN</p> |
| Next Steps and Timeline | <p>TelDoc, Wrekin and Newport/central PCNs awaiting confirmation to reconfigure an EMIS Clinical Services Module (currently being used to run the CCG commissioned Extended Hours service until March 2021) Current timeline is September/October 2020 or could be sooner as the PCN already has an EMIS CSM system</p> <p>Shrewsbury PCN Full appointment capacity to be delivered across the PCN from September 2020.</p> |
| Communication and Engagement | <p>It is a requirement of the PCN DES Specification that PCNs make patients aware of the additional appointment capacity and this is communicated through practice and CCG websites, the NHS Choices website, and posters in practice premises, signposting by reception staff and through practice Patient Participation Groups.”</p> <p>An updated set of social media posts is being planned pointing out that appointments are still available despite the COVID pandemic but these will be by telephone/video consultation rather than a guaranteed face to face consultation.</p> |

Structured Medication Review (SMR)

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| Requirements | <p>From the 1st October 2020 Primary Care Network (PCNs) will be required to use appropriate tools to identify and prioritise PCN patients who would benefit from an SMR which must include patients:</p> <ul style="list-style-type: none"> • in care homes with complex and problematic polypharmacy, specifically those patients on 10 or more medications. • on medicines commonly associated with medication errors • with severe frailty, who are particularly isolated or housebound patients, or have had recent hospital admissions and/or falls; and |
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| | <ul style="list-style-type: none"> • using potentially addictive pain management medication <p>PCNs must offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity, and the PCN must demonstrate reasonable ongoing efforts to maximise that capacity.</p> <p>PCNs must ensure invitations for SMRs provided to patients explain the benefits of, and what to expect from SMRs.</p> <p>PCNs must ensure that only appropriately trained clinicians working within their sphere of competence undertake SMRs. The PCN must also ensure that these professionals undertaking SMRs have a prescribing qualification and advanced assessment and history taking skills, or be enrolled in a current training pathway to develop this qualification and skills.</p> <p>PCNs will be required to clearly record all SMRs within GP IT systems</p> <p>PCNs will work with community pharmacies to connect patients appropriately to the New Medicines Service which supports adherence to newly prescribed medicines</p> <p>PCNs must have due regard to NHS England and NHS Improvement guidance on SMRs and Medicines Optimisation</p> <p>PCNs will be required to actively work with the CCG in order to optimise the quality of local prescribing of:</p> <ul style="list-style-type: none"> ○ antimicrobial medicines; ○ medicines which can cause dependency; ○ metered dose inhalers, where a lower carbon device may be appropriate; and nationally identified medicines of low priority; |
| Leadership and Partner Working | Where PCNs are finding it difficult to recruit to pharmacist and technician roles, the CCG medicines management team is exploring whether joint working and shared roles could be a possibility. |
| Current position | <p>PCNs within Shropshire and Telford & Wrekin CCGs are currently recruiting pharmacists and pharmacy technicians to enable PCNs to deliver SMRs. The volume of SMRs to be undertaken will be determined and limited by the clinical pharmacist/technician capacity of the PCN.</p> <p>Recruitment of pharmacists and technicians within Shropshire is challenging in all sectors as there is not sufficient local workforce to meet demands. Models of employment that make Shropshire an attractive offer are needed and it is planned to offer shared roles as a model to PCNs enabling pharmacy staff to have a broader portfolio and maintain NHS terms and conditions of employment</p> |
| Next Steps and Timeline | <p>Delivery of the care home and structured medication review elements of the DES is expected from 1st October 2020. The CCG medicines management team will look to support PCNs where recruitment has not been successful, within current capacity.</p> <p>Eclipse (an IT solution to support medicines safety and identify</p> |

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| | patients at risk of hospital admissions related to medicines) is currently being offered to all practices and will be fully implemented in readiness for the start of the DES. |
| Communication and Engagement | <p>Discussions with PCNs on alternative models of employment and shared roles with the CCG and potentially other pharmacy sectors are planned over the coming weeks.</p> <p>The Medicines Management team has an ongoing engagement plan in place to inform our patients and public of key message.</p> |

Enhanced Health in Care Homes

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| Requirements | <p>By 31 July 2020, a PCN must:</p> <ul style="list-style-type: none"> have agreed with the commissioner the care homes for which the PCN will have responsibility. have in place with local partners a simple plan about how the Enhanced Health in Care Homes service requirements set out in this Network Contract DES Specification will operate; support people entering, or already resident in the PCN's Aligned Care Home, to register with a practice in the aligned PCN if this is not already the case; and ensure a lead GP (or GPs) with responsibility for the Enhanced Health in Care Homes service requirements is agreed for each of the PCN's Aligned Care Homes. <p>By 30 September 2020, a PCN must:</p> <ul style="list-style-type: none"> work with community service providers (whose contracts will describe their responsibility in this respect) and other relevant partners to establish and coordinate a multidisciplinary team (MDT) to deliver these Enhanced Health in Care Homes service requirements; and have established arrangements for the MDT to enable the development of personalised care and support plans with people living in the PCN's Aligned Care Homes. <p>As soon as is practical, and by no later than 31 March 2021, a PCN must establish protocols between the care home and with system partners for information sharing, shared care planning, use of shared care records, and clear clinical governance.</p> <p>From 1 October 2020, a PCN must:</p> <ul style="list-style-type: none"> deliver a weekly 'home round' for the PCN's Patients who are living in the PCN's Aligned Care Home(s). using the MDT arrangements develop and refresh as required a personalised care and support plan with the PCN's Patients who are resident in the PCN's Aligned Care Home(s). identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows; and support with a patient's discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27. |
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| Leadership and Partner Working | Partners are working to understand the requirements and the support offer to PCNs and Care Homes going forward. There is a fortnightly STP Care Sector task and finish group which is attended by Shropshire Partners in Care (SPIC), CCGs, Shropshire Community Health Trust, Local Authorities and Clinical Leads. The CCG Commissioning Care Home Lead coordinates this work. |
| Current Position | <p>Primary Care has a strong historic record of working with and supporting the care sector.</p> <p>There are 466 Care Homes (337 in Shropshire and 129 in Telford and Wrekin) with a total of 4861 beds.</p> <p>The primary care team has worked with practices and PCNs to agree the PCN Care Home lists. GP leads are also in place. There is a Care Home Advanced Scheme in place so that services are delivered prior to the October deadline.</p> <p>MDTs are well established in Telford and Wrekin. This has been enhanced due to the commissioning of the care home team from ShropCom. This team provides clinical and educational support to the care homes, and supports the delivery/escalation of urgent issues to GPs. Shropshire are adopting the same model and building relationships with primary care.</p> <p>Shropshire and Telford Hospital (SaTH) Outreach supporting advanced care planning for patients in care homes, working closely with General Practice.</p> <p>There are remote weekly home visits in place (support with Care Home IT issues is supported through the Local Authority).</p> <p>PCN planning to deliver DES requirements continues e.g. employment of Clinical Pharmacist leads, ANPs.</p> <p>The CCG Medicine Management Team supports medication reviews and use of monitoring tools such as Eclipse.</p> |
| Next Steps and Timeline | A Whole system MDT model is to be agreed during winter 2020. |
| Communication and Engagement | <p>General communications to Care Homes is through the Local Authority support teams.</p> <p>Shropshire partners In Care (SPIC) directly support and provide training as well as communication update to Care Homes.</p> <p>General Practices are engaged through the CCG Primary Care Team. GP TeamNet is also used to share guidance, resources and news.</p> |

Early Diagnosis of Cancer

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| Requirements | <p>The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes:</p> <p>By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75 per cent.</p> <p>From 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.</p> <p>A PCN must review referral practice for suspected cancers, including recurrent cancers. A PCN must review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 12 and make use of clinical decision support tools; practice-level data to explore local patterns in presentation and diagnosis of cancer and where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms.</p> <p>A PCN must build on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12.</p> <p>A PCN must ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.</p> <p>PCNs must contribute to improving local uptake of National Cancer Screening Programmes by working with local system partners – including the Public Health Commissioning team and Cancer Alliance – to agree the PCNs' contribution to local efforts to improve uptake which should build on any existing actions across the PCN's Core Network Practices and must include at least one specific action to engage with a group with low-participation locally; and provide the contribution agreed within timescales agreed with local system partners.</p> <p>A PCN must establish a community of practice between practice-level clinical staff to support delivery of the requirements. A PCN, through the community of practice, must conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses; and engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance, and Public Health Commissioning teams.</p> |
| Leadership and Partner Working | <p>The STW wide cancer strategy group has been reformed with a new lead GP.</p> <p>A CCG Clinical Lead, Macmillan GP Facilitator, Cancer Research UK Facilitator and CCG Cancer Lead are in place</p> |
| Current Position | <p>The approach to the PCN delivery of early cancer diagnosis needs to consider Population Health Management.</p> <p>PCNs require a data set of their constituent practices to review</p> |

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| | and compare two week wait referrals in line with NICE Guidance 12, screening up, cancer prevalence by cancer sites; identify differences within and between practices; between PCN across the wider STW to support the operational commissioning practice. |
| Next steps and timeline | <p>The approach to early cancer diagnosis needs to be driven by the PCNs and managed by CCG consistently across STW. There is a need for a consistent data set on a practice and PCN level to identify trends.</p> <p>An audit of the current NG12 pathways needs to be facilitated through PCNs and the co-design of a single audit tool.</p> <p>The STP is looking to restart the Cancer Champions Programme. There needs to be clear benchmarking to show improvements at practice level as a result of the PCN DES implementation. This should take into account; any changes to pathways, screening and patients' engagement to support early diagnosis.</p> <p>There is a need for improved, streamlined pathways to deliver rapid diagnostics and reviews of patients with cancer in primary care settings.</p> <p>Communities of interest are to be set up for early cancer diagnosis at PCN level</p> |
| Communication and Engagement | The primary care representative on the strategy cancer board will help the communication and engagement between PCNs, and the cancer delivery function. |

Workforce

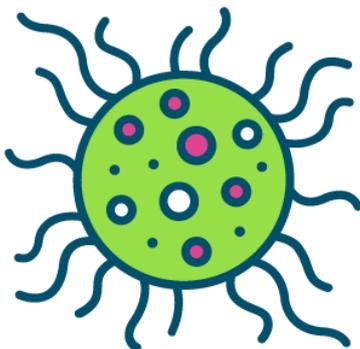
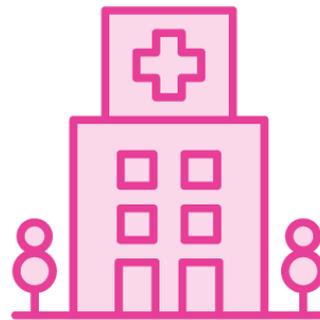
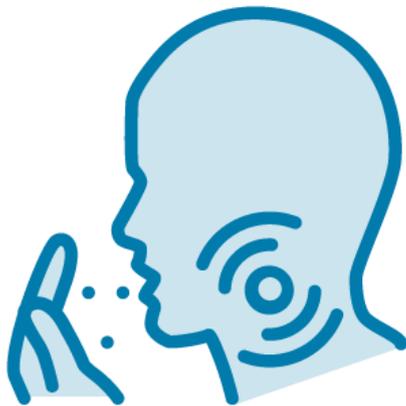
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| Requirements | <p>Submission of plans to the CCGs by Aug 31st 2020, setting out their 2020/21 recruitment plans for posts covered by the Additional Roles Reimbursement Scheme (Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, Physician Associates, Occupational Therapists, Dieticians, Podiatrists, Health and Well Being Coaches, Care Coordinators, Nurse Associates).</p> <p>Further submission by 31st October 2020 setting out their 2021/22 – 2023/34 recruitment plans for the above posts, plus Mental Health Practitioners and Community Paramedics.</p> |
| Leadership and Partner Working | <p>PCN Clinical Directors and lead Practice Managers are able to access leadership skill training from a number of national providers.</p> <p>The CCGs have encouraged and facilitated discussions between PCNs and a number of local partner organisations including the local authorities, voluntary sector organisations and NHS Trusts with a view to developing innovative workforce/employment models.</p> <p>The CCG works closely with the STP's People Transformation Board and linked working groups to ensure a two-way dialogue between system-wide workforce projects and PCNs on issues including equalities, apprenticeships and digital working.</p> |

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| Current Position | <p>All of the PCNs are currently developing their workforce plans, in order to meet the 31st August deadline.</p> <p>A number of the PCNs are developing employment models with local partners.</p> <p>The CCGs are working with the PCN CDs and lead Practice Managers to identify further training and development requirements.</p> |
| Next Steps and Timeline | <p>Once the PCNs have submitted their workforce plans in line with the timescales set out above the CCG will report to NHSE/I on the content of the plans and arrangements for any unused ARRS funding.</p> <p>PCNs will continue their recruitment of new staff over the coming months, enabling them to deliver against the Network DES requirements.</p> <p>Future work around PCN workforce planning will include discussions with local providers about how the wider STW STP workforce can be utilised and developed to help meet the Network DES requirements.</p> |
| Communication and Engagement | <p>The CCGs have developed robust and inclusive communication and engagement processes with the PCNs, ensuring that key information is passed to PCNs and enabling PCNs to raise issues, challenges and opportunities with each other and the CCGs.</p> <p>One area of planned work is how best to engage with patients and the public around the role of the PCNs</p> |



Coronavirus (COVID-19) Pandemic 2020:

What did the people of Telford & Wrekin say?





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Overview

Healthwatch Telford and Wrekin (HWT&W) wanted to gather the views and experiences of local residents who have accessed Health and Social Care Services within Telford & Wrekin (T&W) during the Coronavirus (COVID-19) pandemic. To understand how people's mental health and wellbeing has been affected and identify what has worked well and what could be improved.

Engagement was carried out between May - June 2020, using a survey designed by HWT&W, with a total of **122** respondents. The results from this study revealed what people's main challenges were during the lockdown period and themes were identified within each question, giving us a richer understanding of people's experiences. The majority of respondents have found it difficult to cope during lockdown, people have been affected emotionally and mentally by not being able to go out and socialise with others. Furthermore, many have stated how they felt let down by the government and accessing services had been so much more difficult.

The logo consists of two overlapping circles, one teal and one pink, positioned to the left of the text.

Summary of findings

- Suspending services has left many people without access to appointments or treatment. For those who have conditions/illnesses that require regular treatment, this has had a significant impact on their life. For others, whose appointments had been cancelled some have been offered alternatives such as telephone consultations. However, not everyone has access to digital technology.
- Lockdown brought fear and anxiety for many which has had huge effects on people's emotional wellbeing and mental health. The majority of respondents have struggled with self-isolation, experiencing the difficulties of being unable to see loved ones and friends.
- Communicating with others and finding information about keeping themselves and others safe has been very important. People have used digital technology to stay in regular contact with others outside of their household and have sought guidance from national/government websites.
- Certain groups feel the government have not considered them and their needs, this has applied in particularly to the elderly/vulnerable and Black, Asian and Minority Ethnic (BAME).
- Some services have not kept patients well informed about their introduction of new procedures, following the mass cancellation of face-to-face appointments/consultations.
- Many people felt the government had not acted quickly enough and should have offered guidance and information earlier. Their response to the pandemic was slow and caused a knock-on effect for services such as the National Health Service (NHS) and created mass panic amongst the public.
- Concerns were raised within educational settings, parents worried about exposing their children to the virus.
- Many struggled to obtain necessities such as medical supplies and food shopping. The hysteria amongst the public meant people were 'panic-buying' goods which left many others struggling and services unable to cope with the demand.
- Accessing Dental services was challenging. People requiring treatment at the local Urgent Dental Centre had to contact their own Dental Practice to be assessed and triaged. However, they found their local practice closed.
- In relation to accessing services and support - people would have liked more support from services such as General Practices and Mental Health services.
- Emotional strain and people being told to be mindful of others, put an emotional strain on many people who were unable to see friends or loved ones.
- People who were classed as "vulnerable" should have been identified as such, much sooner because support could have been provided much earlier.
- A lack of testing amongst some groups - issues were raised on how to conduct a test.
- Informal carers had issues obtaining Personal Protective Equipment (PPE).



About Healthwatch Telford and Wrekin?

We are the independent consumer champion/patient voice, created to gather the views of people who live in Telford and Wrekin.

Nationally, Healthwatch England, supports 152 local Healthwatch that cover local Clinical Commissioning Groups and local authorities. We are a small team, consisting of a General Manager; an Information Analyst, Business Support Manager and an Engagement Officer. We are supported by a Board of Directors and a team of volunteers. Our aim is to provide our communities with a stronger voice, to influence and challenge how Health and Social Care Services are provided in T&W. HWT&W routinely gathers the views of residents who use or have access to Health and Social Care Services. Their feedback is analysed to allow HWT&W to provide evidence-based comments to inform the key groups who plan, manage and regulate the service. HWT&W engages with many statutory/voluntary organisations including the Local Authority, Care Quality Commission (CQC), Clinical Commissioning Groups, providers, individuals and groups, to ensure that services are designed and structured to meet the needs of local people. In addition, HWT&W has a responsibility to carry out Enter and View visits to provider services offering health or social care activities.





Introduction

From March 2020 the UK Government insisted on a nationwide lockdown to tackle the Coronavirus (COVID-19) pandemic. As part of their response to the pandemic the Government instructed that everyone should stay home and stay safe in order to protect lives as well as protecting the NHS. All educational settings were to be closed, as well as other sectors such as the hospitality sector. This included the closure of many businesses, with thousands of people unable to go to work or having to work from home. Inevitably, people have had no social interaction and have had to use digital technology to communicate with others outside of their homes due to social distancing rules. It is suggested that an increase in social isolation and loneliness are factors that can affect people's mental health¹, for example, a study found that greater feelings of isolation was identified amongst older adults because of reduced 'everyday activities' (driving, going to work etc...) and an increase in time spent sitting for long periods². Therefore, it is important that we take care of our mental health in these difficult times.

The Prime Minister addressed the nation stating that the most important thing everyone can do now is to stay safe by staying at home, to achieve this, it was important to identify why/how so many people were infected. ³According to the Office for National Statistics (ONS), in England and Wales between March and April 2020, 90.4% of COVID-19 cases had a pre-existing condition. This indicated that individuals who have a pre-existing condition are susceptible to catching the virus and in response, the Government offered guidance for vulnerable people⁴. Moreover, the last few months Health and Social Care Services have changed rapidly, and praise goes to the many health and care staff, volunteers and support workers who are on the front line. This meant that unless people had an emergency or were classed as a vulnerable person with an appointment, individuals were unable to go to health and care settings such as General Practice Surgeries and Hospitals. In April 2020, the Health and Social Care Secretary told the House of Commons that due to the pandemic reaching its peak the NHS will 'gradually reopen' when it is safe to do so⁵. This was actioned as a response to the peak being reached in the hope that it would protect the NHS.

Digital technology has provided a huge platform for everyone, not only to communicate for social reasons, but to access information, guidance, and updates about Coronavirus (COVID-19). The ever-changing situation has made people rely on resources such as media, national organisation websites and social media, however, it is important that people get the correct information from reliable sources. As a result, the World Health Organization (WHO) launched a 'myth-buster' page to eliminate the risk of misinformation about the pandemic⁶. Therefore, whilst digital technology has many advantages by helping people to connect and stay safe, it also has its disadvantages, by providing the opportunity for instant access to a vast amount of information, not all of which can be attributed to reliable and trusted sources.

Currently, the entire country still faces uncertainty with what the future holds and what our 'new norm' will look like. The purpose of this study is to explore the local residents' experiences of accessing Health and Social Care Services in T&W during the Coronavirus (COVID-19) pandemic.



What we did

Our survey was designed by the HWT&W team, to gather local residents' views and experiences about what they thought was working well during the pandemic and whether improvements could be made. The HWT&W team shared the survey amongst key contacts, Local Authority, Telford Clinical Commissioning Group, Voluntary sector, Community sector, organisations and residents of T&W. We distributed a Coronavirus survey advertising poster and used social media platforms, our website and local press to gather as many respondents as possible.

122 people responded to our survey between May and June 2020. Due to Government guidance we were unable to undertake face-to-face engagement, therefore, we used SurveyMonkey to allow people to complete our survey online.

We received comments through emails, telephone calls and our Feedback Centre. We also received comments from Healthwatch colleagues.



Coronavirus (COVID-19) poster.

Survey questions

Facing new challenges and the impact of the pandemic on accessing medical care

- Q1.** Have you or someone in your household been diagnosed as having Coronavirus (COVID-19)?
- Q2.** Do you or someone in your household fall into any categories which consider you to be high risk from Coronavirus (COVID-19)?
- Q3.** Do you care/support someone who is considered to be at high risk from Coronavirus (COVID-19)?
- Q4.** If you ticked 'yes' to the previous question - what do they think has been the most challenging aspect during the pandemic?
- Q5.** Has the pandemic affected your ability to access healthcare for other conditions? (such as: cancelled appointments, getting prescriptions/medication...)
- Q6.** Have you been delayed in getting any medical treatment from a GP or Hospital (e.g. A&E) for a condition, due to the concerns around Coronavirus (COVID-19)?

The importance of information and communication during lockdown

- Q7.** How easy is it to understand about keeping yourself and others safe?
- Q8.** Information can be found via many resources, where have you found information/advice?
- Q9.** Do you think there is enough support and information available to yourself or others about mental health?

Q10. Do you feel there is any information or guidance that was not accessible/available, that you would have found helpful?

Q11. How important is it for you to stay in contact regularly with others?

Q12. How often are you staying in contact with others?

Q13. Do you find communicating/staying in contact with others has helped you?

Anything else to add?

Q14. Overall, do you feel anything could have been done better?

Q15. Add any additional comments you would like to make?

Q16. Your opportunity to recognise anyone who deserves special praise for their support during the Coronavirus (COVID-19) pandemic



Demographics

Gender

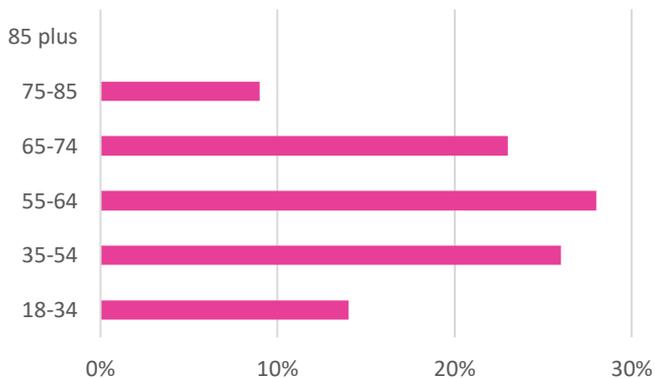


20% of respondents were male.

64% of respondents were female.

16% respondents preferred not to answer this question.

Age



14% of respondents were aged between 18-34 years old.

26% of respondents were aged between 35-54 years old.

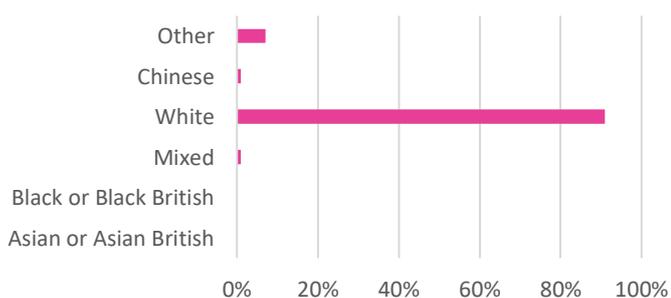
28% of respondents were aged between 55-64 years old.

23% of respondents were aged between 65-74 years old.

9% of respondents were aged between 75-85 years old.

11 respondents preferred not to answer this question.

Ethnicity



91% of respondents were white.

7% of respondents were other (not specified).

1% of respondents were Chinese.

1% of respondents were mixed

15 respondents preferred not to answer this question.

(Further demographics can be found in appendic.1)



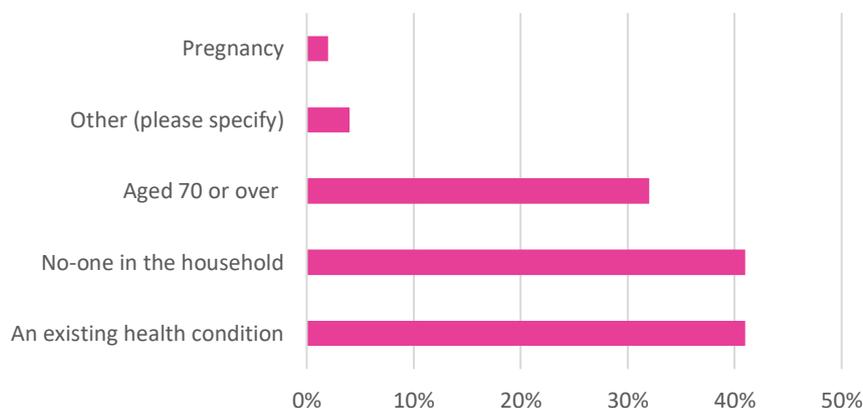
What we found

Facing new challenges and the impact of the pandemic on accessing medical care

Q1. Have you or someone in your household been diagnosed as having Coronavirus (COVID-19)?

Out of **85** respondents only **5%** said that themselves or someone in their household had possibly been diagnosed as having Coronavirus (COVID-19) because they experienced symptoms. Compared with **95%** of respondents who had not experienced symptoms.

Q2. Do you or someone in your household fall into any categories which consider you to be high risk from Coronavirus (COVID-19)? (Tick all that apply)



41% had an existing health condition.

41% stated that neither themselves nor anyone in their household are considered to be high risk.

32% were aged 70 or over.

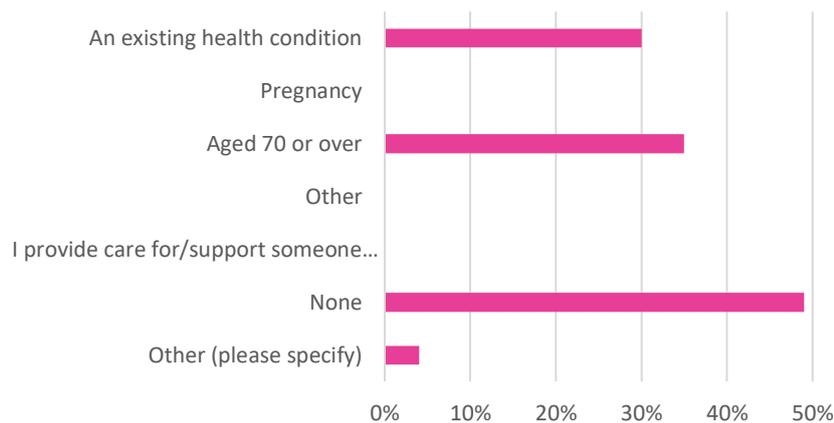
4% stated other (please specify).

2% stated pregnancy.

2 respondents preferred not to answer this question.

(This question allowed respondents to pick more than one answer)

Q3. Do you care/support someone who is considered to be at high risk from Coronavirus (COVID-19)? (Tick all that apply)



49% stated that they did not care/support for anyone who is considered to be at high risk.

35% were aged 70 or over.

30% Provided cared/support for someone who had an existing health condition.

4% said they cared/supported someone considered to be high risk due to a disability (Other please specify).

1 respondent preferred not to answer this question (Other).

(This question allowed respondents to pick more than one answer)

Case study:

“I’ve had care in my home for several years. During the pandemic I’ve been isolating, I’m 88 years old, the family said to protect me and the carer they will FaceTime me and call me by phone. This has gone well sometimes if I remember how to use FaceTime, sometimes I forget. The carer has been a good link between my family, she rings up my daughter when I’m running low of medication, she reads my letters I receive as my sight has deteriorated then rings my daughter if I have any hospital appointments. She checks on my feet as I have diabetes and sometimes, they get infected. The carer rings my friends for me if I cannot remember the number. When she goes off for two-days she briefs the care agency. She has been a life saver during the pandemic and has been the link with the family during this pandemic.”

Q4. If you ticked 'yes' to the previous question - what do they think has been the most challenging aspect during the pandemic?

This question enabled us to hear the views and experiences of individuals who care/support others. We wanted to know whether something significantly impacted their experience and the way they delivered care/support.

We received feedback from **65** respondents and the answers were categorised into **5** groups:

- 1. Social impact of isolation**
- 2. Accessing health care & social care services**
- 3. Government guidance**
- 4. Emotional impact of isolation**
- 5. Black, Asian, and Minority Ethnic (BAME) and agency staff**

Social impact of isolation

This was a major issue for many people. This included not being able to go to the shops, the 'struggle' of having to stay indoors and lack of physical exercise. People said they missed their socialising activities such as exercise classes and their 'normal' daily routine.

"Getting access to exercise classes for our Parkinson's disease support group."

"Staying isolated at home, we are used to going out to work."

Others stated how they missed the close physical contact with others.

"Not seeing my grandchildren apart from virtually no hugs and kisses."

Accessing health care & social care services

For the first few weeks in March 2020 many 'panic buyers' proceeded to stock up on all supermarket essentials and medication, this made accessing necessities and medical provisions incredibly difficult. For some, particularly the elderly or those with certain health conditions, accessing healthcare is extremely important. Many had stated difficulties with accessing treatment or a Health Care Professional, for either new or continued health issues. The pandemic meant that services were suspended which left many isolated and unable to get help, resulting in appointment cancellations, waiting for medical results from tests (which would now be extended). Others were unable to receive their regular medication.

"I am an OAP with asthma and diabetes, I have been unable to access help due to not being on the gov list."

"Doctor surgery giving results."

"Having to cancel social care and cleaner because of infection risk."

Government guidance

When the UK went into lockdown the government published guidance on; how people should stay alert, stay safe and to protect the NHS. The government has set out its plan so we can return to as near to normal as we can, as quickly as we can, but in a way that continues to protect everyone and the NHS. Some have said that the guidance has been confusing and not helpful because of delayed communication, whilst others have found that there is a lack of guidance when it comes to PPE (Personal Protective Equipment) and that the government has not considered individuals with specific needs.

"Having standard procedures."

"Delayed communication to patients about shielding/self-isolation- confusing and not helpful."

Emotional impact of isolation

Many have experienced more stress and upset as the weeks have passed. Being socially isolated can have a huge impact on mental health which some people find more difficult to cope with than others. Respondents have said they felt isolated, tearful and overall the feeling of 'loneliness' was the biggest theme identified.

"Not being able to go out, feeling more isolated as the week goes on, feeling tearful and despondent."

"The lockdown and social isolation is physically and mentally challenging."

BAME and agency staff

Healthcare Professionals work extremely hard to look after patients but in the middle of a pandemic the pressure to meet patients' needs is harder than ever. When working in the community, all staff need to be supported and have an achievable workload. It was highlighted that this is not always the case and certain minorities are not well supported.

One respondent told us:

"Lack of risk assessment for BAME agency workers in community settings and location of calls and unreasonable expectations from agencies."

Although most respondents have shared with us how the virus has negatively impacted them in different ways, 3 respondents told us how they have not faced anything challenging.

"No aspect has been challenging, we are managing very well."

"Nothing especially challenging, we have been through worse."

"It's been fine, no real challenge."

Q5. Has the pandemic affected your ability to access healthcare for other conditions? (such as: cancelled appointments, getting prescriptions/medication...)

The pandemic meant that services had to either continue via virtual networking, such as telephone, video call etc... or they were stopped completely until further guidance. Self-care has always been incredibly important but is even more crucial now due to changes in the accessibility of services. Out of the total (84) respondents who answered this question, nearly half (47%) found it difficult to access healthcare for other conditions.

We received feedback from all respondents and their answers were categorised into 4 groups:

1. Appointment issues
2. Ongoing treatment
3. Alternative appointment methods
4. Fear factor

Appointment issues

The majority of respondents who experienced appointment issues said the pandemic affected their access to a Dentist or Doctor, due to government guidelines regarding face-to-face contact many had their appointments cancelled until further notice. Many of the cancellations were for check-ups and appointments with specialists, this includes operations being postponed.

Also, the reduction of face-to-face contact meant women who had just given birth at the beginning of lockdown have been unable to receive postnatal appointments/meetings with Health Visitors and other Healthcare Professionals.

“Orthodontist and Dental treatments, operation to remove gall bladder and investigation into tumour in my ear all cancelled.”

“Cancelled my orthodontist appointment.”

“Since giving birth during pandemic, appointments for health visitors and midwifery have been reduced. Also been informed that our 6-week postnatal appointment at GP is likely to be merged with my child’s appointment for immunisations to reduce face to face contact.”

Ongoing treatment

As mentioned previously, dental treatment had been one of the biggest issues and some who had already started receiving treatment had to have it postponed. Others found getting repeat prescriptions difficult, which may have been made worse due to people panic-buying in the early weeks of lockdown.

“Ongoing dental work which was halfway through treatment.”

“Very specific on dates for repeat prescriptions.”

“Waiting for test results.”

Alternative appointment methods

For some, appointments were still able to go ahead but were conducted via virtual networking. Depending on the individual’s issue, some were offered their appointment, but it had to be done over the telephone.

“Dental appointment cancelled and GP appointment conducted via telephone.”

“Managed a telephone appt for my husband and myself.”

“A couple of hospital appointments changed to virtual.”



Case study:

“A couple of weeks ago we found ourselves yet again escalating some concerns with the Rheumatoid Arthritis (RA) service. Some of the concerns we escalated to CCG were:

- ◆ The RA Helpline is not being manned on a daily basis
- ◆ Messages being left by patients are not being picked up and patients are waiting days for a response
- ◆ There is no voicemail message on the helpline advising patients of any delay/the likely waiting times
- ◆ There is currently only one Nurse working 1 day a week and the system is clearly under a great deal of pressure
- ◆ Consultants’ letters are not being sent out in a timely manner which would enable the patient’s GP to prepare a prescription for urgent medication”

Q6. Have you been delayed in getting any medical treatment from a GP or Hospital (e.g. A&E) for a condition, due to the concerns around Coronavirus (COVID-19)?

Out of the **83** respondents, **75%** said they had not experienced a delay in getting medical treatment from a Doctor or hospital, compared with **24%** who did. **1** respondent preferred not to answer this question.

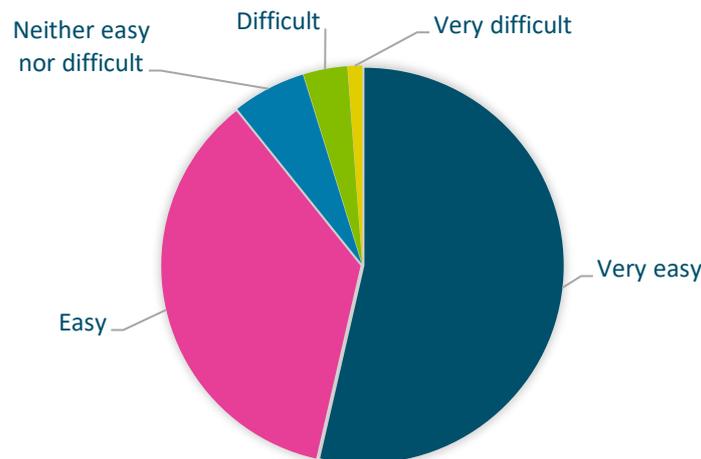
Case study:

“Four top teeth need to be removed as there is 80% bone exposed. The referral was made to the Shrewsbury and Telford Hospital trust by their Dentist and supported by their GP. The patient has long term medical conditions, Addison’s Disease and Diabetes which is uncontrolled.

Due to COVID-19, the patient has been told their treatment is non urgent so the procedure cannot take place. The patient is in severe pain, after 4-weeks of anti-biotics and daily doses of morphine there are still no improvements, the patient is struggling to eat at times. The gentleman explained that their partner’s conditions could get dangerous if this treatment does not go ahead. If they don’t eat much, their diabetes will be uncontrolled, and their Addison’s Disease may become life threatening if left untreated.”

The importance of information and communication

Q7. How easy is it to understand about keeping yourself and others safe?



53% found it very easy to keep themselves and others safe.

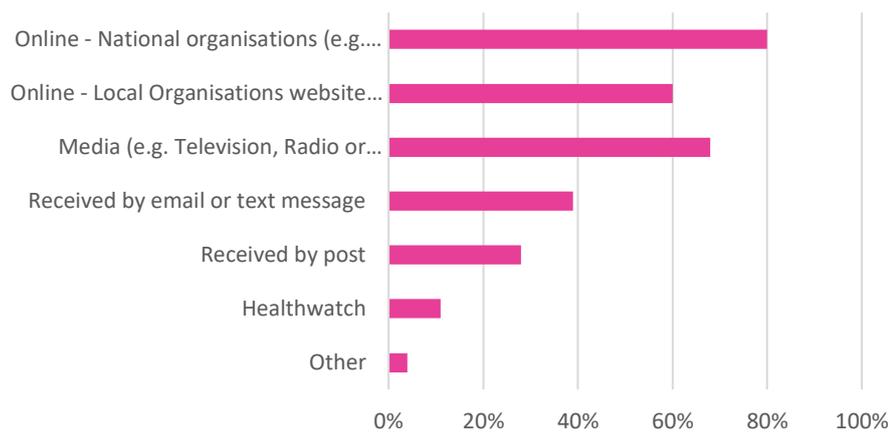
36% said it was easy.

6% felt it was neither easy nor difficult.

4% found it difficult.

1% said it was very difficult.

Q8. Information can be found via many resources, where have you found information/advice? (Tick all that apply)



80% found information on national organisation websites, such as Government or NHS.

68% got information from the media (television, radio or newspaper).

60% used local organisation websites, such as local Council, hospital, voluntary/community organisations.

39% received email or text messages with information.

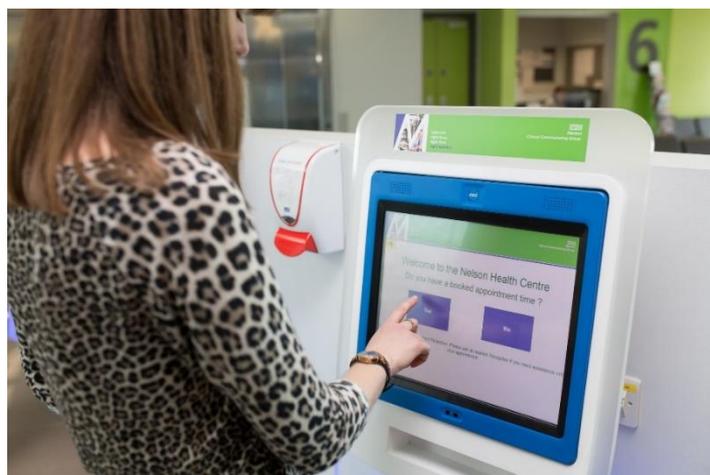
28% received information by post.

11% found information from Healthwatch.

4% used other resources.

2 respondents preferred not to answer this question.

(This question allowed respondents to pick more than one answer)



Q9. Do you think there is enough support and information available to yourself or others about mental health?

We found a relatively equal distribution of opinions across all 3 given answers. Out of all respondents, 34% said they thought there was enough support or information available to support their own and others mental health. Compared to 31% who did not. Whilst 33% did not access support or information for their mental health.

Some people told us about their experiences of accessing mental health support:

“VCSE (Voluntary Community and Social Enterprise) mental health service has still been operating, statutory have not been doing their appointments and so left a gap. This heightened mental health problems to because of the situation.”

“The pressures of working on the front line have triggered anxiety and depression. Everyone is naturally concerned about their own wellbeing. If the 60-66 group were given the option to take their state pension it would be less stress for them, giving those out of work jobs.”

“My school and college have been sending links revolving the topic.”

Others feel people’s mental health is being affected because the subject is being discussed too often and therefore may influence how people cope with the pandemic:

“There is far too much talk about mental health, everyone is jumping on the bandwagon. I don’t agree with it at all.”

Q10. Do you feel there is any information or guidance that was not accessible/available, that you would have found helpful?

We received feedback from 82 respondents and the answers were categorised into 3 groups:

1. Reliable information
2. Supporting people
3. Returning to education

Reliable information

From the beginning of lockdown people were anticipating a response from the government, publicising information and guidance. Out of the 82 that responded to this question 80% said they were able to access the information and guidance they needed.

However, some information and guidance did not cater for all with limited accessibility. Such as, offering alternative formats, clear guidance and information for those looking after people with specific conditions who require specialist care.

“Less confusing info and the truth from the government was essential but not available.”

“Exact date that we can end the self-isolating period.”

“Different languages... not everyone has access to on-line information”

“Specific reference to Parkinson’s from the government.”

Supporting people

For those who have been shielding, some have found it difficult to find support for their mental health and accessing goods (e.g. deliveries). Others felt Healthcare Professionals and other services could have communicated better with patients. Additionally, individuals who needed to support their families required more information to enable them to cope.

“I didn't know who to turn to with feeling tearful and low with being in shielding.”
“GP surgeries could have sent out something to all their patients explaining procedure.”
“Coping strategies, lots of mediation but not much talking services.”
“More information about supporting family.”

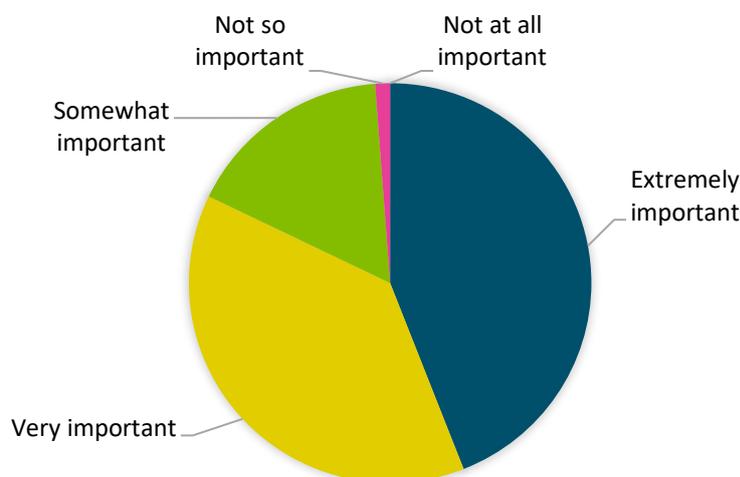
Returning to education

We heard how guidance had caused emotional distress for their children.

“Information on returning to school sooner - caused anxiety whilst schools were trying to understand & implement government guidance - in the interim period my children were anxious & I couldn't answer their questions.”

“Phased return of primary school pupils and no information on how safely they can achieve social distancing with the youngest of the school community returning first. This is a challenging and scary time.”

Q11. How important is it for you to stay in contact regularly with others?



44% considered it is extremely important to stay in regularly contact with others.

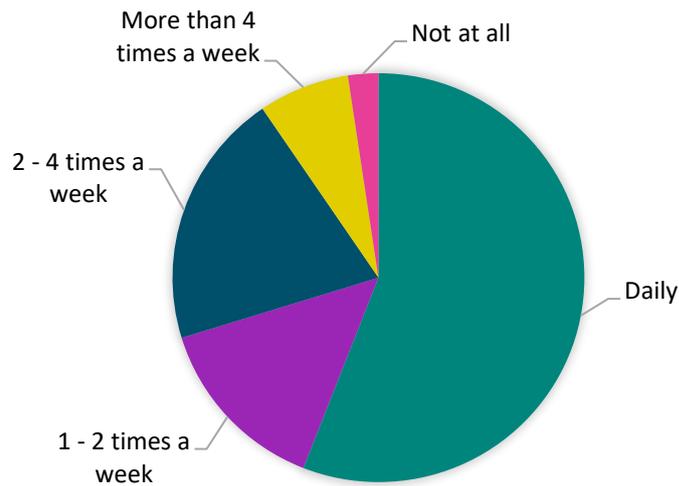
38% thought staying in regular contact with others was very important.

17% felt it somewhat important staying in regular contact with others.

1% said it was not so important.

No respondents (0%) said they thought it was not at all important.

Q12. How often are you staying in contact with others?



Over half (**56%**) of respondents stayed in touch with others daily.

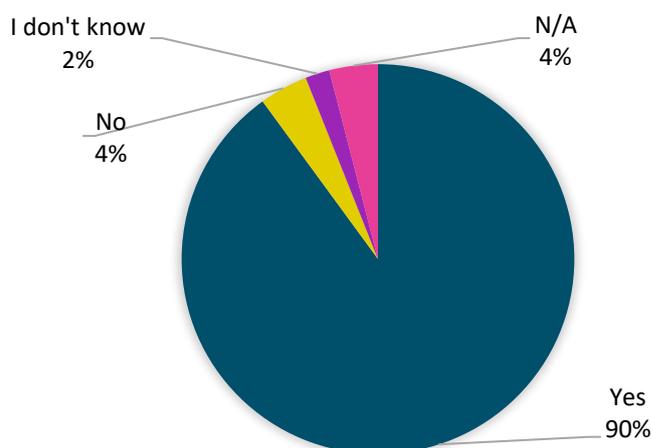
14% stayed in contact with others **1 - 2** times a week.

20% of respondents stayed in touch with others **2 - 4** times a week.

Some people stayed in touch with others more than **4** times a week (**7%**).

Only **2%** said they had no contact with others at all.

Q13. Do you find communicating/staying in contact with others has helped you?



90% felt communicating with others had helped them.

4% who felt it did not help them.

2% did not know if staying in touch with others had helped them.

4% felt this question was not relevant to them (N/A).



Anything else to add?

We wanted to offer respondents a chance to reflect on their experience and give an overall opinion about whether things could be improved. We also wanted to give respondents a chance to tell us anything else that was not covered within the survey.

Q14. Overall, do you feel anything could have been done better?

We received feedback from **83** respondents and the answers were categorised into **7** groups:

1. Government support/guidance
2. Accessing services and support
3. Supporting people
4. Track and trace
5. Supporting the local economy
6. Enforcing lockdown
7. Education

Government support/guidance

In comparison to other countries, people felt that our government should have acted quicker, offering advice and guidance sooner in order to keep people safe from the virus. This includes making people aware that information could be found in various formats such as large text, easy read versions or alternative languages. Furthermore, in the early days leading into lockdown in March 2020, people started to 'panic-buy' food and medical supplies. This 'mass panic' could

have potentially been avoided if there was better/clearer communication from the government from the beginning. The pandemic has put a huge amount of pressure on hospital settings in particular, at a global level, however, some respondents said that if our government had prepared people and industries sooner it would have given the NHS a better chance at tackling the virus and looking after patients who require intensive care.

“The government has badly let down the country on so many levels especially the care sector and the constant flow of commitments which are not met.”

“Clearer guidelines from the government, less panic and confused messages from establishments.”

“A faster and more effective response from the government.”

“There should not of been a lockdown at all. It’s destroyed the economy.”

Accessing services and support

A couple of respondents told us that they would have liked more support from services such as General Practices and Mental Health Services. Some told us how they did not feel they were kept up to date with what services were providing and how they were dealing with the pandemic, others expressed how they had little to no communication.

“More professional support from mental health team.”

“Access for ongoing health conditions should have been continued.”

Supporting people

When it comes to social distancing everyone was told to be mindful of others. This has put a huge emotional strain on many people who have been unable to see friends and loved ones at this difficult time. Also, many have felt that people classed as ‘vulnerable’ should have been identified sooner because support could have been provided sooner and more ‘consistency’ regarding rules was required.

“Allowing family to meet in front gardens with safe distancing.”

“More consistency in the “rules” for self-isolation and distancing.”

One respondent told us about their experience:

“Vulnerable people should have been identified and supported sooner. Our first food package arrived 6 weeks into the lockdown, luckily I had a friend who was prepared to help me once a week with food shopping or we would have been in real trouble.”

Track and trace

We only received a couple of comments from respondents, however, they said that as a country we should have implemented testing sooner like they have done abroad. By not testing people sooner, this meant people had to self-isolate when it was not required.

“Not using already developed track and trace systems developed abroad.”

One respondent told us about their experience:

“My husband and I are both teachers and he had several symptoms after a week of lockdown but there was no testing available unless hospitalised. This meant we had to assume it was the virus and therefore, myself and my son had to self-isolate for 14 days. This meant I could not go into school, impacting on the emergency childcare provision. A test at the time would have confirmed or given the all-clear to work.”

Enforcing lockdown

For a lot of people, lockdown has been incredibly difficult and whilst many have abided by the rules and stayed indoors, others have not. This created uproar with people suggesting that lockdown should have harsher consequences if the rules are broken to deter people from breaking rules. Some have also stated that lockdown should have happened a lot sooner.

“Given the police a lot more powers to prevent people from flouting the rules.”

“They were slow with lockdown at first.”

Education

Across the country all education settings have been affected by the pandemic, such as schools, colleges and universities. Whilst mature students may have been able to plan and organise their education (to some degree) such as those at college or university, many questions remained unanswered for parents of younger children who would require home schooling. This created huge strain amongst many parents who required support and information on what to do and feared their children would miss out on crucial education.

“Schools need to open these children may never make up the lost ground and it will impact the rest of their lives.”

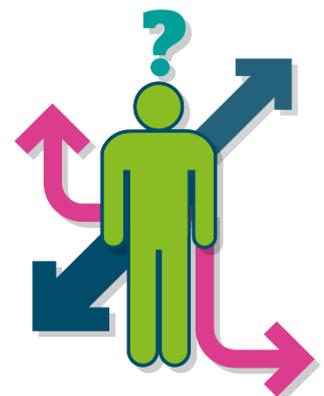
“Schools having guidance before government announcements so they can plan and answer parents’ queries worries.”

Although much of our feedback for people’s overall opinions have addressed issues, we did receive some positive comments.

“I feel the local council and church support for the hungry and the vulnerable has been good.”

“I think the support for the economy has been good.”

“The virus took everyone by surprise so they are doing what they can.”



Q15. Add any additional comments you would like to make

We asked people to provide us with any additional comments so respondents could express an opinion regarding something that had not been addressed within the survey questions. We received additional comments from **47** respondents.

Below is the individual feedback which has been categorised into **7** groups:

1. Government/political responsibility
2. Accessing healthcare and professionals
3. Lack of information/guidance
4. Emotional and behavioural affect from COVID-19
5. Support from Local Authority
6. Lack of testing
7. Discharge from hospital

Government/political responsibility

We had a number of comments in relation to Government and political responsibility, people said:

“The government are totally responsible for the overly high number of deaths in the UK and to say 'so what if a few pensioners die' I will never forgive them.”

“I think the inevitable 'who can we blame' comments that have started are appalling. The government and NHS have done their level best in what are unprecedented circumstances. Anyone who now thinks it's appropriate to finger point and apportion blame should be ashamed.”

“Why does the government mantra of saving lives and jobs only apply to those furloughed. Why have the care homes been treated the same way as the 60-66 age group? No one sees any evidence of the government saving lives only sacrificing them. They have sacrificed NHS staff They have sacrificed 70+ in care homes etc. They have sacrificed 60-66 on frontline enough is enough. We may be the older generation, but we are mum's dads, nans & grandads don't we deserve to live? The mental health impact of their blunders is going to rush through this country. The government need to stop the jargon, stop the daily Covid-19 updates because the figures are fantasy people in the NHS know that better than anyone.”

“Other reason many of us do not want to go on the government's 'death list' is that the info is passed to supermarkets (I have just seen an email from CEO of Sainsbury's) saying he has received a list of vulnerable people from the government) and has identified an extra 450,000 people who need help with shopping... God only knows who else has been handed that list and how many criminals will get their hands on it - making us sitting ducks.”

Accessing healthcare and professionals

We had a number of comments in relation to accessing healthcare and professionals, people told us:

“(media stories) around telling people that the government have instructed hospital staff to decide who has the ventilator and other treatment as priority and who is deprived - elderly people would be on the 'deprived of treatment' list and treatment given to younger, healthier people. That is what you perhaps need to understand, and people are genuinely terrified. Elderly people are anxious and feel cast aside by society because they are old and/or sick.”

“Covid-19 should not have had precedence over other health conditions such as cancer.”

“Thank you for all the hard work. We used (NHS) 111 for my little boy, and they were as professional as ever.”

“Struggled because of urgent surgery being delayed due to Covid-19.”

“The hospital appointment I had yesterday was conducted by telephone, but not before lots of conflicting advice. However, I find the use of the telephone to conduct reviews more beneficial, especially when related to accessing GP services.”

“It has been very easy to get support (including home visits from the GP and community team) for my wife who has developed a new condition that is still being investigated.”

“I found it easier than ever to collect my medication - no crowds in the pharmacy.”

“Health screening has stopped and I was due to have an endoscopy procedure - am not aware when this service might recommence.”

Case study:

“I was left for hours and hours in A&E. Exposure of the Coronavirus would be high in A&E. It would of been even more high for myself as I was pregnant. It was always busy and their social distancing is outrageous in there. No nurses or staff wearing protective equipment.”



Lack of information/guidance

We had a number of comments in relation to lack of information and guidance, people told us:

“Try to remember the older generation who are not online or deaf, hard of hearing who can't use the telephone or blind people. These seem to have been left out in the cold somewhat.”

“Not much info about over 70 & vulnerable after 12 weeks self-isolated - what happens next?”

“More clarity is required from government on information and statistics, I feel sure that the information was deemed to be correct all of the time but cannot help feeling that sometimes this was not the case.”

“More direct help would be nice.”

“When are the vulnerable getting more say during lock down?”

“There has been NO support given by the Redwood Centre at all.”

“When are the vulnerable getting more say during lock down?”

Case study:

“Social services have spoken with my PA and they are refusing to self-isolate. My social worker rang me today asking how I was, I told them I still have symptoms and if my oxygen saturations drop to 92% I have to call for help...despite me informing them they were to self-isolate during two phone calls that day. One was a video call with me wearing a mask while I was in majors dept in PRH and the other following advice of Covid-19 ambulance crew to tell my PA to self-isolate and has not done so. I have no confirmation of this. My social worker also informed me that the care agency my PA works for have been monitoring the situation, so it appears they are allowing staff to work despite being informed to self-isolate. My social worker asked why I am requesting for my PA to be tested, I have explained that for safety of everyone and of their clients my PA needs to be tested. I got told we cannot force them to get tested and that my social worker will call me on Monday to see how I am. I have yet again explained that I am in quarantine and no one coming in while I have symptoms as I am following guidelines. The impression I have is that they are not taking this seriously. I am deeply concerned about this matter.”

Emotional and behavioural affect from COVID-19

We had several comments in relation to emotional and behavioural, people said:

“The fear/anxiety of catching Covid-19 is serious to many and thus limits social interaction, shopping and public interaction.”

“No one worldwide has had experience of such a virus.”

“This is a challenging and scary time. Many of our parents work in local care homes and today's news highlights the difficulties and vast numbers of COVID-19 deaths care homes have had to deal with.”

“If the weather has been dull, damp and miserable then so would our moods. Our resolve to deal with pandemic would have been very different and more damaging.”

Support from Local Authority

We had several comments in relation to support from local authority, people said:

“Local authority support has been very good for people in need. The national schemes such as NHS food parcels have not been good. People missed out, even when registered I had to turn to local authority for help or foodbanks, which have been overwhelmed.”

“My local council have been very good checking on us and making sure we have everything we need.”

“Telford & Wrekin's email information has been excellent. Likewise, the help offered to those in need.”

“I have felt supported by Telford and Wrekin council very informative tweets and maintenance of services especially recycling services.”

Lack of testing

We had several comments in relation to testing, people told us:

“I am in a household of 3, which includes 2 teachers and a healthcare professional. The lack of testing or antibody testing was frustrating. I am now preparing for the phased return of primary school pupils, with no idea how we can safely achieve social distancing with the youngest of our school community returning first.”

“Just to let you know anyone receiving home testing kits are expected to take them to priority posting sites. This to me is worrying as people may think it is safe to go out when having symptoms.”

“Concerns raised that Telford residents are being ‘left behind again’ in terms of testing centres.”

Discharge from hospital

When being discharged from hospital it is important that every patient (and anyone involved in the persons care) is fully informed of what to expect. We have been made aware of breakdowns in communication between patient/family member(s) and hospital, during in the discharge journey. When people are not fully informed and do not have the correct information, this can lead to confusion amongst care companies and stress for the patient/family member(s).

Case study:

“A resident was admitted to the Princess Royal Hospital early this year. Whilst in hospital (the now patient) caught COVID-19 and the next of kin (NOK) was told the resident had a test for COVID-19 on Wednesday and was informed of the result on the Friday. On the Saturday morning the manager of the care home (where the resident lived) rang the NOK to say they would like information on the resident as the hospital hadn’t informed them of their COVID-19 test result. NOK explained that the resident had a positive test for COVID-19 the day before. The manager said they hadn’t been informed of that so they couldn’t accept the resident because it would put their other residents at risk. There was confusion over which care home the resident would be going to, in the end NOK found out via the ward staff the resident had gone to a different care home. Yet again NOK was asked about the individual as no details had been given. The resident has gradually settled into their present surroundings and is finally receiving the level of care they need. A further move now would undeniably have serious consequences, impacting gravely on their fragile mental health and physical condition.”

Q16. Your opportunity to recognise anyone who deserves special praise for their support during the Coronavirus (Covid-19) pandemic

Whilst we have been able to find out what people have found difficult throughout the pandemic, we also wanted to offer people the opportunity to praise those who have helped support them. All feedback is crucial, and it is important that we reflect both the positive and negative experiences. We wanted to demonstrate that even at a time where life has taken a turn down an unexpected and challenging road, that kindness and positivity still shines through.

Altogether we received **39** comments from respondents. Below is the individual feedback which has been categorised into **5** groups:

1. Local Council
2. Voluntary sector
3. Food services
4. NHS staff and other healthcare workers
5. Mixed

Local Council

We had several comments in relation the local council, people said:

"I got my info from the council new letters via email and they were useful."

"Telford & Wrekin community support helpline."

"Newport Mayor & Town Counsellor - provided ongoing support to the local community but particularly to the vulnerable & shielding category."

"My local council have been very good on us and making sure we have everything we need."

Voluntary sector

We had several comments in relation the voluntary sector, people said:

"The Voluntary Sector and not volunteers. But all the services who are classed as third sector - we are still carrying on as normal and doing what we always do whilst being adaptable and flexible to serve our local communities."

*"Holy Trinity Church in Wrockwardine Wood, have organised and delivered a food share on a daily basis throughout the lockdown. Sourcing and collecting food and then making it available to all who need it...Special praise to *** who has opened the church every day for people to access food."*

Food services

We had several comments in relation to food services, people told us:

"Supermarket workers who have kept the shops open without the same recognition, without the same level of protection."

"Anyone who works the front-line helping others everyone deserves praise."

"People providing food."

NHS staff and other healthcare workers

We had many comments around the NHS and other healthcare workers, people said:

"NHS staff who have faced extremely challenging and difficult times, the uncertainty of their"

own safety and then having to return home to their families and keep that side of life going too. Extraordinary times demand extraordinary people and actions to get us through.”

“All the NHS and those that have been on Frontline from day one. Thank you will never be enough, the while Country is indebted to you.”

“A third-party nurse with Parkinson’s experience and their involvement at Shrewsbury. Also, the staff at Shawbirch Medical Practice are working well.”

“Shawbirch GP practice and the community rapid response nurses.”

“All key workers and the backroom staff that support them.”

“I would like to praise the staff at the Women’s and Children’s unit at PRH - who cared for me and my new-born son, also they supported my partner who was able to be there for delivery! (Which I am very grateful for). staff kept me reassured and still were so positive despite pressures.”

“NHS staff both clinical and non-clinical, emergency services.”

“Care home workers.”

*“Registered Nurse *** ** on Ward 17 at PRH, for juggling caring for their young children, elderly father-in-law and patients with COVID-19 in hospital and staying strong and positive throughout it all.”*

Mixed

We also heard comments about other workers and organisations who have provided support during the pandemic, in particular:

“local supermarket workers, delivery drivers, Voluntary and community sector workers, social care staff, volunteers, local council and CCG.”

“Prison officers.”

“NHS, Nurses, Carers, People providing food.”

“Bus drivers, refuse collectors, staff in food shops.”

“Age UK Shropshire Telford & Wrekin.”

“Obviously key workers but also delivery drivers’ postmen.”



(Please note: due to GDPR we have removed any information/details which would make an individual identifiable, however, your feedback/comments have still been reflected)



Conclusion

The pandemic has meant that people have been faced with many challenges. Whilst only a small percentage of people have not struggled with the lockdown, many others have experienced physical, mental, and emotional difficulties. The one aspect people have felt the most difficult to deal with is the lack of social interaction, as people have struggled to adapt to self-isolation and not being able to socialise with loved ones and friends. Lockdown has affected people's mental and emotional wellbeing, bringing fear and anxiety for many. However, regular contact with others via digital technology has been valuable and has helped people to cope.

Digital technology has been used widely when it comes to connecting with people outside of their household and used as a vital resource for gathering information about the pandemic and keeping up to date with guidelines. In order to keep people safe and protected information and guidance must be available for all to access and many were not always aware of the types of information available in a variety of formats. This includes the availability of information/guidance which many felt should have been available earlier. A lot of people have shared their views about the government and how they should have acted quicker in response to the virus, sharing information and supporting people. The lack of continuity and clear information left many in fear and without a full understanding of the 'rules of lockdown'. Feedback showed this has applied in specifically to the elderly/vulnerable and BAME.

With restrictions imposed in-line with government guidelines, accessing healthcare and services has changed dramatically over the last few months. Suspending services has left many people without access to appointment procedures, with alternative options made available, including telephone consultations. Nevertheless, not everyone has access to digital technology. People have continued to self-isolate and practice the importance of selfcare. However, for many others who require treatment from a Healthcare Professional due to an ongoing illness/condition(s) this has significantly impacted their life. Additionally, people felt some services had not kept their patients informed of new procedures and would have liked more support, this included Dental Practices, General Medical Practices and Mental Health Services.

Whilst the option to go shopping has been restricted for people self-isolating, those who have been able to go out have faced difficulties obtaining necessities such as food and medical supplies. This was a result of the lack of guidance from the government and the fact they had not acted as quickly as people would have liked. This created fear amongst many resulting in people 'panic-buying', with supermarkets and pharmacies unable to cope with the demand.

Healthcare services have faced struggles with supply and demand. Feedback showed how Care staff (including those in the community) have encountered issues obtaining PPE, medication and generally looking after patients within hospitals. The NHS has faced a huge fight against the virus

and some people felt that the government should have acted sooner to give the service a fighting chance. Perhaps there are lessons to be learnt as we move forward.

On the other hand, amongst much negativity and distress we were able to highlight community spirit within Telford & Wrekin. People have shown gratitude towards people working on the front line, including hospital staff, supermarket staff, local council and more. This demonstrates how effective communication and teamwork can result in bringing positivity to the community.

To conclude, the pandemic has been an experience like no other. The increased demand on services has been significant but could have been much worse. This survey has helped share people's experiences from a variety of perspectives, reflecting their views and opinions on numerous topics and highlighting their greatest struggles during lockdown.



References

- ¹Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N. and Caan, W., 2017. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, pp.157-171.
www.researchgate.net/publication/319687009_An_overview_of_systematic_reviews_on_the_public_health_consequences_of_social_isolation_and_loneliness
- ²Schrepft, S., Jackowska, M., Hamer, M. and Steptoe, A., 2019. Associations between social isolation, loneliness, and objective physical activity in older men and women. *BMC Public Health*, 19(1).
www.researchgate.net/publication/330426851_Associations_between_social_isolation_loneliness_and_objective_physical_activity_in_older_men_and_women
- ³Ons.gov.uk. 2020. *Deaths Involving COVID-19, England And Wales - Office for National Statistics*. [online] Available at:
<<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020>> [Accessed 16 June 2020].
- ⁴GOV.UK. 2020. *COVID-19: Guidance on Shielding And Protecting People Defined On Medical Grounds As Extremely Vulnerable*. [online] Available at:
<<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>> [Accessed 23 June 2020].
- ⁵Murray, R., Edwards, N. and Dixon, J., 2020. *Delivering Core NHS And Care Services During The Covid-19 Pandemic And Beyond*. [online] The King's Fund. Available at:
<<https://www.kingsfund.org.uk/publications/letter-to-health-and-social-care-select-committee-covid-19>> [Accessed 16 June 2020].
- ⁶Who.int. 2020. *Myth Busters*. [online] Available at:
<<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>> [Accessed 24 June 2020].

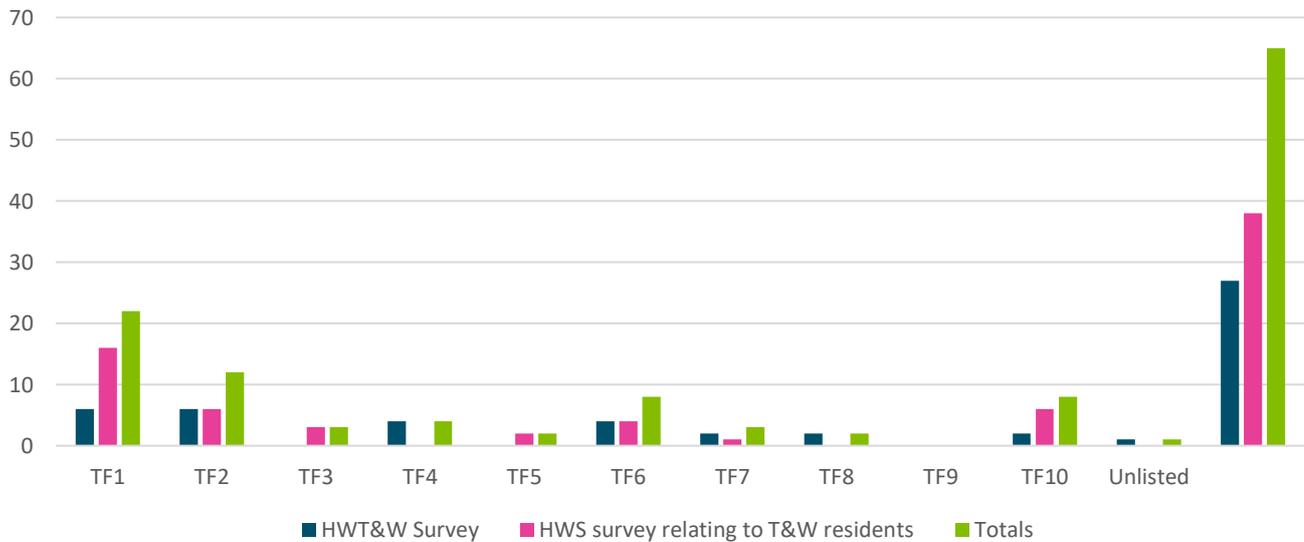


Appendices

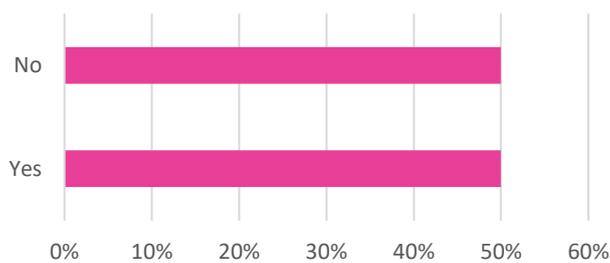
Appendix.1 Demographics

Postcodes of respondents

57 respondents preferred not to answer this question.



Any long-standing illness, disability or infirmity?



50% of those who responded said yes.
50% of those who responded said no.
10 respondents preferred not to answer this question.

Healthwatch Telford and Wrekin

Meeting Point House

Southwater Square

Telford Town Centre

Telford

Shropshire

TF3 4HS

01952 739540

www.healthwatchtelfordandwrekin.co.uk

info@healthwatchtelfordandwrekin.co.uk

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