NHS
Calderdale
Clinical Commissioning Group

Helen Hunter
Chief Executive
Healthwatch Calderdale

20/10/2020

Dear Helen,

NHS Calderdale CCG welcomes the publication of the Healthwatch Calderdale Covid-19 Engagement report Health and Care Experiences of People Living in Calderdale during Covid-19 Outbreak.

We would like to thank Healthwatch Calderdale for leading on the delivery of this report, while working in partnership with the CCG, Calderdale Council and voluntary and community organisations working across the area.

The health and wellbeing of the people of Calderdale is at the centre of everything we do as an organisation, and we are fully committed to listening and taking into consideration the views of the people we serve. We would like to thank everyone who has taken time to be part of this engagement and share their experiences of health and care services during a very strange and difficult time for us all.

The report shows that people have had mixed experiences accessing health and care services, both in-person and through digital means. The work undertaken by Healthwatch Calderdale also highlights issues in communication between healthcare staff and patients, and the quality of care delivered. In regards to respondents mental health the report suggest that experiences have been mixed, with many people struggling due to the impacts of the Covid-19 pandemic, and others seeing an improvement in their emotional wellbeing during lockdown.

We are grateful that some people have acknowledged and appreciated the need for change during this time. However, we are also aware that some people's experiences could have been better. People's views really matter to us, and we will use the information put forward in this report to improve current health and care services in Calderdale, and to inform those planned and implemented in the future

The Healthwatch report brings together in total over 400 responses from services users, their families and carers, across a range of demographics including young people, people with learning disabilities and Black, Asian and Ethnic Minority (BAME) groups. The document also presents the views of health and care staff living and working in Calderdale. Despite this, we in the CCG recognise that further engagement is required to address the gaps in the report's findings, so that we can be confident that the range of health and care services available in Calderdale is accessible to, and representative of, all the people they serve.

Moving forward

Before the Covid-19 pandemic hit Calderdale, the demand for health and care services was greater than available capacity. Given this, we know that our previous model of delivering health and care services cannot meet the demand in a post-covid society, and we need to ensure that we make the best use of, what are likely become, scarce resources.

This pre-pandemic scenario had already generated a good deal of transformation activity in both hospital and community; more integration of service offers, new models of both elective and urgent care, strengthening links with our third sector and plans for hospital reconfiguration. Our current reset activity is focused on how we ensure this transformation continues, but in the new context of the need the ensure the safety of our patients and staff through reduced capacity for face to face care, and more reliance on technology.

We need to balance Covid and non-Covid demand, and the risks and benefits of restarting health and care services. We will have to recover from the emergency whilst at the same time as dealing with an ongoing emergency.

We continue to look at each element of our reset; mental health, out-patients, or urgent care individually to learn from the pandemic and create a new normal. The intelligence gathered as part of this engagement process is invaluable to every area of the CCG, as we have outlined below.

Our approach to quality

In terms of quality of care, we will ensure that the information presented in the Healthwatch Calderdale Covid-19 Engagement report Health and Care Experiences of People Living in Calderdale becomes an integral part of the existing quality assurance and quality improvement processes the CCG has in place with all providers. We will use the detail in the report in our scrutiny of service information submitted by our providers, and in analysing the quality metrics we receive to ensure that the quality of the services we commission meets the expectations of those using them.

The CCG's Quality team contains a number of clinical staff who prioritise patient experience in the monitoring of existing contracts and procurement of new services. The intelligence gathered during this engagement process will support their role in identifying needs, both specific and general, and addressing inequalities in outcomes.

Our approach to commissioning services and contracting

During the Covid-19 pandemic the CCG's contracting team responded in-line with government issued guidance in relation to NHS contracting and payment, in order to provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract.

The contracting team has followed this guidance as well as any service specific guidance that was issued subsequently, in relation to payment and in addition to minimise the burden of formal contract documentation and contract management processes.

Our approach to improving services

As Calderdale's health system emerges from the Covid-19 pandemic, an Elective Care Restart (ECR) Group has been established to work towards re-mobilising elective care services across our local health system. A number of processes have been reviewed which will address some of the areas of concern raised in the Healthwatch report.

With significantly reduced secondary care capacity and a duty to reduce the risk of harm, a referral backlog review was commissioned by the ECR Group for all referrals waiting over 22 weeks and with no appointment assigned. Calderdale completed a backlog review, with a small group of GPs carrying out a peer review of referrals. Each speciality backlog review was carried out jointly by a lead hospital clinician and a lead GP and ensured people's needs are clinically reviewed and they are on the correct waiting list. Any learning has been collated and will be shared across Primary Care in a series of interface sessions run over Microsoft Teams.

CHFT have also reviewed patients waiting for surgery against a series of national priorities that were agreed by each specialty, helping those in most need get access to the limited theatre resource.

Since the pandemic there has been a significant increase in calls into the appointment centre at Calderdale Royal Hospital from patients waiting for an appointment. To ensure we reduce the risk of patients coming to harm, a non-clinical buddy role was introduced. The buddy is to keep in contact with urgent and routine follow up patients that are overdue an appointment and have been clinically assessed and awarded a priority (P) rating. They will be responsible for keeping patients informed of their appointment status along with gathering information which will assess deterioration and prevent harm to patients.

Our approach to supporting people's mental health

The enforced 'lockdown' imposed as a result of the Covid-19 pandemic has had a negative impact on many people's emotional health and wellbeing, and a number of new services have been launched during this time to provide extra support. Many mental health services commissioned by Calderdale CCG can be accessed over the telephone, online and through social media, and more recently people are being seen face-to-face.
The information presented in the Healthwatch Calderdale Covid-19 Engagement report Health and Care Experiences of People Living in Calderdale report will help the CCG's Service Improvement team to work with services to ensure support can be accessed in a range of ways. Further engagement is planned with BAME communities across Calderdale to explore how mental health support services can be made more accessible.

Our approach to primary care

One of the key areas of the Healthwatch Calderdale Covid-19 Engagement report Health and Care Experiences of People Living in Calderdale report was the perceived accessibility of primary care services, mainly GP practices, during the first wave of the Covid-19 pandemic. The report will serve as a vital resource in shaping GP services as we continue to live with the presence of Covid-19 in our communities, partnered with the need to address the existing and new health needs of our population.

The scale and speed of change in the way people accessed general practice, from making an appointment to having more alternatives than face to face, has been unprecedented and has provided challenges for patients and clinical and non-clinical general practice staff alike. Whilst there have been advantages for some in increasing methods of access and the ways appointments can be delivered, it is important to remember that one size does not fit all. This is clearly stated in the report.

As delegated commissioners of general practice we will use the information gathered as part of this engagement process to:

- Ensure that no-one is disadvantaged as a result of changes to the way people access GP services access, people are supported in using digital services.
- Digital access is simplified, where possible, through reducing the number of log-ins and passwords required.
- Communication of changes to services and updates on general practice are clear and available through a variety of sources.
- That health inequalities across Calderdale are not exacerbated as a result of these changes.

Calderdale CCG and the Local Medical Committee (LMC) recently agreed Principles for General Practice: Third Phase Response to Covid. Within these principles we recognised the need for general practice to provide patient-centred care, ensure accessibility for all and to reduce the inequalities that have widened during the first phase of Covid -19. These principles reflect the conclusions within the Healthwatch report, and patient access models and methods for securing appointments within individual practices must be in line with these principles.

In each of the five Primary Care Networks (PCNs) in Calderdale, work is ongoing to understand how best to meet the needs of the communities they serve. Although in its infancy, this approach together with close collaboration with our Local Authority colleagues who have established relationships within communities to share public health messaging and improve health outcomes, will ensure that access meets the needs of the population they serve. The development of the patient and community voice is key to this, so that we understand how we ensure services are accessible, and meet and improve health needs.

The information within this report will help mould services at Primary Care Network and individual practice level, and will be a springboard for future developments within the GP leadership across Calderdale. It is our intention as commissioners to share this report with each practice as well as the leadership.

From reading the views of the public within the report it is clear that a variety and choice of access to appointments is essential. We have already begun conversations with GPs relating to phone accessibility. Although required at the time, we also recognise that restricting the number of settings in which face-to-face appointments with clinicians were available has been a barrier to some in accessing care. All Calderdale GP practices are now offering face to face appointments where clinically required, at one or more of their sites. This means most patients will be seen at their normal practice building where appropriate; following a clinical assessment.

Greater use of remote and digital options for appointments will continue, to protect both patients and staff, however it is clear that further work needs to be done by, and with, GP practices and patients to understand where reasonable adjustments need to be made.

Since July 2020 some routine clinical procedures and reviews have re-started, including cervical screening, childhood immunisations, Learning Disability Health checks, and some long term condition reviews. General Practice is working hard to re-start the routine care that is vital for people's condition management and wellbeing whilst managing urgent/on the day demand.

At the beginning of the Covid-19 pandemic, GP practices reviewed their processes for drug monitoring and administration of some medicines to reduce any non-essential face to face contacts. Changes were made in-line with national and local specialist advice, for example changing vitamin b12 injections to tablets for appropriate patients. Clinicians in practice moved to providing routine medication reviews and care via the telephone or video link.

It is evident from the report that some patients did not feel fully informed around some changes to their medication. We will take this learning back to our practices to ensure any future changes to routine medications or review processes should be communicated effectively in a patient centred approach.

It is also clear that communications around changes in services need to improve further in accessibility and reach. We have established a GP communication group and will work to develop multi-language and multimedia messaging around updates to general practice services. This programme of communication began with the clear messaging to the public that General Practice remains open, and to inform people that face-to-face GP appointments are available at their own GP practice, where there is a clinical need. GP practices have also been provided a communications toolkit to assist with spreading the messages and updates at a practice level.

Our approach to equality

Any changes to the design or delivery of our services are subject to an Equality Impact Assessment (EIA). EIAs form an integral part of our scrutiny process, and ensure that all of our key decisions are evaluated for their impact on all protected equality groups (including the impact on health inequalities), and that actions are put in place to mitigate any

identified risks. EIAs also help us to target our engagement activities and provide disadvantaged groups with a voice in shaping our services. Through Covid a specially designed process was introduced to ensure equality and quality impacts assessments were undertaken rapidly by experts in their fields?

The CCG has written and agreed a reset action plan with specific work areas to deliver high impact preventative interventions that improve and recover patient health, focusing on those populations most at risk. In addition, the CCG has drafted a new Equality and Inclusion Strategy for the next three years, which acknowledges the detrimental impact of Covid-19 on some population groups including BAME communities. It places a renewed emphasis on tackling health inequalities with system partners to address the poor health outcomes experienced by some of our most disadvantaged populations. The CCG has an equality objective for the next two years to improve access to Primary Care for people from BAME backgrounds and carers. A multi-agency steering group, which includes representatives from our local communities, has already met to drive this work forward and we are in dialogue with St. Augustine's Centre in Halifax to improve access to primary care for refugees and asylum seekers.

The CCG also works with system partners each year to implement the Equality Delivery System (EDS2). The EDS2 requires the CCG to clearly evidence what action we are taking as a commissioning organisation to improve services and reduce health inequalities. We are actively involved in addressing health inequalities at a community level through our work in supporting the successful multi-agency bid for funding from the West Yorkshire and Harrogate Health and Care Partnership Health Inequalities Grant Fund. The CCG has an active role in supporting the delivery of the project, which aims to reduce the impact of covid-19 on the inequality in life expectancy through greater connectivity.

We work closely with local and regional partners across the West Yorkshire and Harrogate Health and Care Partnership. We regularly attend public health led regional meetings where we work in partnership with colleagues to address health inequalities and share best practice.

The health inequalities that impact our communities also impact our staff. We know from workforce data that some equality groups experience disadvantage and inequalities in the workplace. Now, more than ever, we need to involve and listen to our staff from different equality groups. We are currently exploring ways of improving staff voice for equality groups by establishing staff equality networks, which will offer a safe place for people with common lived experience to share experiences and influence organisational policy. We have also developed a new workforce equality objective to ensure the voices of diverse groups are included in leadership meetings and decision-making.

Our approach to engagement

Along with our partners, we at Calderdale CCG are developing the Involving People Strategy, which will help us to work effectively with organisations across our area and work together to engage with people effectively and involve them in our work. The strategy will create opportunities to build on existing approaches and explore the use of techniques for

engaging with people, sharing knowledge and resources for the benefit of local people. We need to understand how we can best involve people, when people need to be, and want to be engaged.

As a CCG we also need to meet our responsibilities under the Health and Social Care Act 2012:

- putting patients at the heart of everything we do
- focusing on improving those things that really matter to our patients
- empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services and,

We will continue to strengthen our approach to communication and engagement with our population, maximising opportunities for meaningful conversation and co-production.

Together with our partners across Calderdale we see the involvement of local people at the heart of the design, development and implementation of interventions that improve health and wellbeing. This is a critical element of delivery of our Wellbeing Strategy and Calderdale Cares – creating a new relationship with our unique communities (as described in Vision 2024).

We recognise the importance of this report but it's important to note that all engagement and consultation activity we do provides rich information and intelligence to support service development and design. By working through existing intelligence we can identify key emerging themes and also identify where there are gaps.

We are committed to working in partnership with our providers, partner organisations, staff, public, patients and carers and by understanding and reflecting on all the responses received in the report we will ensure this work remains a priority for the CCG.

Once again, I would like to give my thanks, on behalf of NHS Calderdale CCG, for this invaluable report and all of the hard work that has gone towards it. I would like to assure you that we will act on the information and recommendations within the document and that, as I hope is clear from the information in this letter, will apply this knowledge in the improvement of Calderdale's health and care services as we continue to work through these uncertain times together.

Yours sincerely,

Penny Woodhead
Chief Quality and Nursing Officer
NHS Calderdale CCG

Change log:

EB's comments on Primary Care and Meds Management incorporated – 11:51, 12/10/2020

AB comments additions incorporated for service improvement section – 15:29, 12.10.20

SMT comments additional para incorporated – 10:00 13.10.20

Sentence referencing CHFT website with a link within the approach to improving services section deleted – 14:07, 14.10.20

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