



Question / Comment	Answer
<p>What consideration in the creation of the Primary Care Networks (PCN) has been given to the networking of the Patient Participation Groups (PPGs) within the PCN?</p>	<p>The CCG and the Integrated Care Partnership are establishing a system that will include Care Communities across Cheshire which will have representatives from statutory services and local people – we would welcome input from local people, representatives of our local communities to be involved. If you haven't had chance, we would recommend taking a look at Cheshire West ICPs 'Bringing our Communities together, making Care Communities real' event on Cheshire CCG's website as this outlines the ambitions for involvement - <a href="https://www.cheshireccg.nhs.uk/people-and-communities/cheshire-west-integrated-care-partnership/">https://www.cheshireccg.nhs.uk/people-and-communities/cheshire-west-integrated-care-partnership/</a></p> <p>Some PPGs have been part of the start of the development and conversations already and with the innovation pilots that have taken place but we will continue to encourage our local groups to be involved in the Care Communities as they continue to grow and develop.</p>
<p>Given the current challenging times that we are all facing, not least in primary care, what would you like to see your practice PPGs do to support your practice?</p>	<p>We know that patients can provide a huge amount of support and insight to practices, not least in challenging times and we know that many practices are utilising their patients (in a COVID safe way of course). For example in Wrenbury, we have been utilising our PPG to help support our flu clinics and they have been invaluable.</p> <p>We also know that every practice is different but the CCG's Engagement and Communications strategy outlines how as a CCG we're placing an emphasis on supporting practices to be involved with their patients and to use their PPGs to best effect.</p> <p>We would advise anyone wanting to be part of their practices PPG to contact their practice or if any PPGs feel they could be doing more to support then again get in touch with your practice.</p>
<p>Does the figure for face to face appointments on the slide also include video consultations?</p>	<p>No, across Cheshire GP Practices from April to September 2020, there have been 492,315 face to face appointments with a GP (in person) and 641,442 telephone and video appointments with a GP.</p>

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<p>Do you think there could be more GP's in GP out of hours services to help see more patients in a safe way? I work in A&amp;E and see more and more patients coming through to A&amp;E as they cannot get appointments.</p>	<p>It is important to look at our profile and demand in order to find system solutions and identify how we can intuitively find different ways of meeting patient demands. This may not necessarily mean having lots more doctor or nurse appointments as there are currently recruitment issues across the country. We need to look at managing this through more health promotion, greater understanding of how to manage illnesses, training, education and having the resources to offer to patients and to signpost them appropriately. There will be occasions where we need to look at demand and root causes and review whether we can actually direct patients to the most appropriate place and to see the most appropriate person within our system.</p>
<p>Why in 2020, do we still have to do the 8.30am mad scramble on the phone to try to get a GP appointment? The online appointments service doesn't seem to work either as there are never any available on there after 9am and the very few appointments which are available are weeks in the future.</p>	<p>This has been reviewed across several Access models but the key is trying to meet the demand, as this rises, if we cannot meet it with the supply of doctors and nurses within our healthcare system, inevitably there will be a greater need. We do need to look at different modes such as electronic options, reviewing agencies who can support in looking after other illnesses / minor illnesses and look at ways to keep people healthier. We are trying to adapt and improve our service but we need to expand beyond face to face appointments. This will continue to be a challenge and our service is not perfect but we will always continue to seek out improved models to meet demand.</p> <p>You may start to see teams branching out into multi disciplinary teams so for example you may be asked to see an experienced physio first if you have an issue with your back or if you have a mental health issue, you may see a mental health practitioner. The GP will still be working very much as part of the team but with the aim of care being given by the most appropriate person in order to meet patient need.</p>

Question / Comment	Answer
<p>How do GPs plan to support those with chronic conditions such as Diabetes and their mental health, even more so during the pandemic to manage their condition alongside maintain positive mental health?</p>	<p>Regarding Mental Health support, the Cheshire and Wirral Partnership IAPT team – covering Central Cheshire and Cheshire West areas are best placed to offer the initial assessment and support required for those who have a diagnosis of diabetes. The Big Life Group IAPT service cover the Cheshire East area . There are the additional on-line psychological support service offers which the IAPT team /wellbeing hub can provide referral and signposting to.</p> <p>Primary Care Networks (PCNs) also now have social prescribers on their teams who can help support mental wellbeing. Social prescribing works for a wide range of people:</p> <ul style="list-style-type: none"><li>• with one or more long-term conditions</li><li>• who need support with their mental health</li><li>• who are lonely or isolated</li><li>• who have complex social needs which affect their wellbeing</li></ul> <p>Social prescribing empowers people to take control of their health and wellbeing by focusing on ‘what matters to me’ and takes an holistic approach to an individual’s health and wellbeing, connecting people to diverse community groups and statutory services for practical and emotional support.</p>
<p>Is the same money per patient given to GP's in deprived areas as in affluent areas, if so how can Health inequalities be equalised upwards for deprived areas?</p>	<p>There is a national formula which weights funding for CCGs and this includes some weighting around mortality and illness rates amongst other indicators. However the main way that our society will start balancing health inequalities is addressing the social determinants of health including employment, housing, education, food insecurity, early childhood experiences and development, social support and community inclusivity. By integrating health and care , we have a better opportunity to manage these issues in the whole and are better able to tackle the issues leading to health inequality.</p>

Question / Comment	Answer
<p>Do GP's have a Register of Autistic People in their Surgeries so they can get double appointments and reasonable adjustments in waiting areas?</p>	<p>There is a register for people with learning disabilities who may need different kinds of extra support. There is not a specific register for people with Autism however anyone with Autism will have that noted on their patient notes which will be highlighted whenever a clinician accesses their information on the system. We are also able to put an alert on peoples notes if they do require a double appointment as there are a number of reasons why this may be required, this would also be shown to the receptionist when making the appointment. It is possible for anyone with Autism or a family member/carer to request that their practice adds an alert to their details which outlines the patients needs and requirements when attending appointments.</p>
<p>How are your patients coping with the different type of service? Do they understand the reasons?</p>	<p>We feel that patients do understand the reasons for the different types of service and would like to think that they would speak to their practice if they needed to talk through anything further. If any patient wants to be seen face to face following an initial conversation with their doctor to understand the reasons why, then arrangements will be made to make this happen, we would hope that patients are being seen in a way that is comfortable for them. One of our big concerns is people staying away from Primary Care when they may have serious symptoms. If people are worried about the safety of going into their GP practice, we want to reassure them that practices are following all of the guidelines around making the surgeries as safe as possible for both staff and patients. We want our patients to come forward if they are worried about anything at all.</p>
<p>Regarding the question above on how patients are coping with the new measures, is there a case for surveying them for views/opinions?</p>	<p>There is the GP Patient survey and Friends and Family survey but requirements to do this have been halted within COVID-19 pandemic measures. It is though a good idea for practices to communicate with patients and request feedback but all practices are working within the constraints of the National Standard Operating Procedure (SOP) for General Practice.</p>

Question / Comment	Answer
<p>Do you have particular processes for patients with additional needs - e.g. those with dementia or learning disabilities? Are these individuals able to bring someone to support them at a face to face surgery appointment?</p>	<p>Yes, the service practices provide will be bespoke for individual patient needs. We understand that patients with dementia or learning disabilities will have greater need for carers and practices will be able to accommodate this.</p>
<p>My practice did not take my temperature when I went for a face to face appointment. Is this a suggested standard for practices?</p>	<p>It is not mandatory for practices to do this but some are choosing to do it to protect patients and staff. It is however very important patients do not go to their GP surgery if they have a temperature, a new cough, loss of taste or smell or any reason to believe they may have COVID. If this is the case then they need to contact their practice via telephone to discuss further.</p>
<p>Is there an information guide for patients to highlight what serious symptoms should not be ignored?</p>	<p>The CCG has released several news items across its website and social media platforms over the last few months to increase awareness to patients to not ignore serious symptoms, the links to some of these are below:</p> <ul style="list-style-type: none"><li>• Stroke Symptoms - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/stroke-symptoms-time-to-act-fast/">https://www.cheshireccg.nhs.uk/news/news-stories/stroke-symptoms-time-to-act-fast/</a></li><li>• Cancer Services - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/cancer-services-are-here-for-you/">https://www.cheshireccg.nhs.uk/news/news-stories/cancer-services-are-here-for-you/</a></li><li>• Bowel Cancer - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/lets-beat-bowel-cancer-together-this-april/">https://www.cheshireccg.nhs.uk/news/news-stories/lets-beat-bowel-cancer-together-this-april/</a></li><li>• Help Us Help You - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/help-us-help-you-nhs-urges-public-to-get-care-when-they-need-it/">https://www.cheshireccg.nhs.uk/news/news-stories/help-us-help-you-nhs-urges-public-to-get-care-when-they-need-it/</a></li><li>• Urging people with health concerns to get in touch - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/cheshire-nhs-urging-people-with-health-concerns-to-get-in-touch/">https://www.cheshireccg.nhs.uk/news/news-stories/cheshire-nhs-urging-people-with-health-concerns-to-get-in-touch/</a></li><li>• Not every cough is COVID - <a href="https://www.cheshireccg.nhs.uk/news/news-stories/not-every-cough-is-covid-19/">https://www.cheshireccg.nhs.uk/news/news-stories/not-every-cough-is-covid-19/</a></li></ul>

Question / Comment	Answer
<p>What work are you doing to respond to the deteriorating mental health of many in the community due to COVID and its impact e.g. unemployment, social isolation, anxiety etc.</p>	<p>We have invested in additional support :</p> <p>Crisis Line (all age): The dedicated phone number: <b>0300 303 3972</b> should now be everyone's first port of call for urgent mental health help in Cheshire and Wirral. The crisis lines are available <b>24 hours a day, seven days a week</b> and are open to people of <b>all ages</b> – including children and young people and it is operated by people in your local area who will know how best to support you. If you call NHS111 you may have to wait longer for help and will be redirected to this local service</p> <p>For non-urgent help and <b>general wellbeing advice</b>, the Cheshire and Wirral Partnership (service) website contains information and links to resources to support people with anxiety, low mood, and worries relating to the current COVID-19 pandemic <a href="http://www.cwp.nhs.uk">www.cwp.nhs.uk</a></p> <p>For <b>children and young people</b> there is also a dedicated website <a href="http://MyMind.org.uk">MyMind.org.uk</a> <a href="http://www.nhs.uk">www.nhs.uk</a> guides on self help</p> <p>An online mental health and wellbeing service <b>Kooth</b>, delivered by XenZone, has been commissioned by NHS Cheshire Clinical Commissioning Group (CCG) in direct response to the coronavirus pandemic. <b>Kooth</b> is accessible to all 11 to 18-year-olds across the county, with no referrals, waiting lists or thresholds to meet. The link below gives some more information: <a href="https://www.cheshireccg.nhs.uk/news/news-stories/safe-online-mental-health-support-for-children-and-young-people/">https://www.cheshireccg.nhs.uk/news/news-stories/safe-online-mental-health-support-for-children-and-young-people/</a></p> <p>Please note, A&amp;E and 999 are not the best places to get help for the majority of mental health problems – call our crisis line to be directed to the best local service to support you</p> <p>You should still call 999 or go to A&amp;E if you have a <b>life-threatening emergency</b> requiring immediate mental or physical health assistance.</p>

## Urgent Care – Winter Campaign

Question / Comment	Answer
<p>In Cheshire East, we are seeing more patients being admitted due to contractual contracts, those needing COVID transport provided by NWAS has been reduced, WMAS don't take patients after 5pm weekdays and weekends.</p> <p>If we are having patients being discharged which will require a stretcher we are having to be put at risk, why can we not have transport services 24hrs or utilise ambulance services.</p> <p>It seems to me that we are now going backwards instead of moving forwards. At the peak of COVID patient flow and referrals were more streamlined. Now A&amp;E's are becoming more overcrowded and wards have medical bed spaces taken for non-clinical reasons.</p>	<p>North West Ambulance Service (NWAS) Public Emergency Services (PES) activity is increasing as we approach winter, however their capacity is not expanding, their first remit however is to meet C1 'life threatening' call outs. Cheshire, Warrington &amp; Wirral CCGs collaboratively commission West Midlands Ambulance Service (WMAS) Monday -Friday 8am to 6pm and have done for the last three years.</p> <p>The contract with WMAS includes stretcher cases and it requires local journey planning to ensure patients can be conveyed within the contracted hours. NWAS PES ambulances are for emergencies but depending on time of day and patient condition, the patient can be conveyed, the hospital has a by-pass number to use in such circumstances but a clinical assessment will be applied.</p> <p>The 'Think NHS First' initiative is intended to help decongest Accident and Emergency Departments (AED) by diverting patients that do not need AED into other services. Bed availability within the hospital is the main determinant of whether AED remains congested or not.</p>
<p>Regarding 111 first, how can a triage be completed without seeing a patient - we have had a major haemorrhage rang through as a standby when the crew arrived it was a small cut. Can you please confirm that paramedics can re-grade calls or needs in this new system?</p> <p>Can you also confirm a pathway for end of life patients, if they are terminal with a Do Not Attempt Resuscitation (DNAR) that these patients do NOT attend A&amp;E as this is not the place to come to.</p>	<p>'Think 111 First' is intended to put patients that are given an AED disposition through to a Clinical Assessment Service (CAS) to avoid unnecessary AED attendance.</p> <p>NWAS PES crews are targeted with a 'See &amp; Treat' objective, so once with a patient they can call on available local clinical support and avoid conveyance to AED. If the local clinical support is unavailable, they have no choice to convey to AED. Also not all crews have equal levels of experience, so some are more risk averse than others.</p> <p>Unless the patient has an alert on their record, applied by their GP or other local clinician, PES crews are unaware of DNARs etc. It is the responsibility of local clinicians to inform NWAS via ERISS alerts and to ensure alerts are in date.</p>

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<p>Can you also confirm that if someone is a walk in and doesn't require A&amp;E that the triage nurse can have the authority/ backing to make an appointment or booking for a later time or to other services ?</p>	<p>As a result of 'Think 111 First', each system AED is expected to offer a Standard Operating Procedure (SOP) to cover such eventualities. It is part of the 'go live' assurance process</p>
<p>Please can you address ambulance crews/ 111 call handlers telling patients 111 will organise taxi's back home or at least tell a patient coming via taxi to bring funds with them to get home.</p>	<p>This can be a tricky issue, if callers say they can't afford the journey at first point of contact, they are advised of alternatives, e.g. third sector. Also hospitals operate a reimbursement scheme to cover such eventualities, but individuals must provide receipts and proof of attendance. However, just because a patient says 'NWAS say, or 111 says .. does not mean that they did say it.</p>
<p>111 first - brilliant, as long as walk-ins don't disrupt the booked time for those who have used 111 first. How will this be managed?</p>	<p>As a result of 'Think 111 First', each System AED is expected to offer a Standard Operating Procedure (SOP) to cover such eventualities. It is part of the 'go live' assurance process.</p>
<p>If you contact 111 First and they recommend you go to A&amp;E can you go to stepping Hill hospital instead of Macclesfield?</p>	<p>Yes, the local Directory of Services provide the two nearest AEDs, so there's a choice given at the point of referral.</p>

## Further Feedback and Comments Received

**“Very good webinar thanks”**

**“Can we have Jim come to A&E's to speak to frontline staff this is fantastic and has been very informative”**

**“Very useful call thank you”**

**“Fantastic webinar thanks so much to the speakers! So much great information thank you”**

**“Sinead-thank you for your excellent talk.”**

**“Really good information, advice and top tips on how to stay well this Winter”**

**“Good Meeting, well run”**

**Thank you!**