

# Healthcare & Wellbeing Charter

Healthier Communities Select Committee, June 2023

# Charter Update

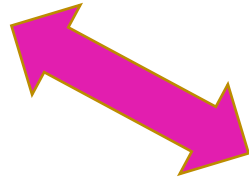
## Lewisham Draft Health & Wellbeing Charter

- Lewisham People's Partnership Meeting 11<sup>th</sup> May 2023
- Participants from a range of VCSE/community organisations and individuals
- Reviewed a draft framework for a Lewisham Health & Wellbeing Charter - see slide 2
- Initial discussion focus: “What is important to me? What do I expect from services?”
- Summary of feedback– see slides 3 and 4
- Follow-up discussion (July) focus: “what should I do? What are my responsibilities?”

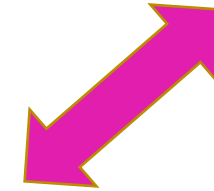
# Lewisham Health & Wellbeing Charter

## Dignity and respect

- Showing dignity and respect
- Equity & discrimination
- Privacy & confidentiality

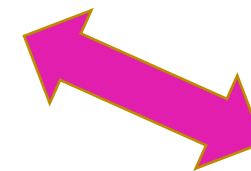
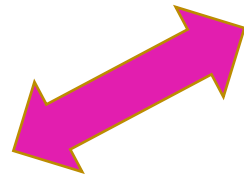


What is important to me?  
What do I expect from services?



- ### Receiving services
- Arrangements for all types of appointment
  - Prescriptions & medicines
  - Access to services, such as urgent and emergency services
  - Preferences and different options for managing a condition

What should I do?  
What are my responsibilities?



## Communication

- Providing information and advice
- Making decisions
- Access to records

*Anything else?*

- ### Quality and safety
- High quality and safe services
  - Feedback & complaints

# Draft Health and Wellbeing Charter

## – Perspective from the Lewisham People’s Partnership

### **Overarching views:**

For the proposed charter to serve its purpose there must be clarity on:

- That it is important to take account of what matters to people and communities
- How services acknowledge and take into account the diversity within Lewisham
- How inequalities and inclusion are addressed (BLACHIR, homeless, refugees, deprivation)
- The accountability and the power that members of the population would have if its terms are not being upheld
- Specifics and metrics, not more generalities
- Open conversations on what can be provided – what capacity is in the system

# Draft Health and Wellbeing Charter

## – Perspective from the Lewisham People’s Partnership (cont.)

### **Other elements needed in the Charter:**

- There is dignity and respect and interactions are culturally and faith appropriate
- Partnership working that links health and social care and the wider system such as housing and safeguarding
- Information is accessible to all
- Services are individualised and co-produced
- Use of digital technology does not exclude people
- Privacy and confidentiality means information is not shared inappropriately with other agencies
- Development of community assets to optimise welfare and benefit
- Increased scope for self-referral to services
- Recognition for carers (paid and unpaid)

# Primary Care in Lewisham

# Primary Care overview - Lewisham

## Overview of our current system

- There are **27 GP practices** in Lewisham with a combined registered patient list of approximately **330,000** patients delivering services out of **36 sites**.
- Lewisham's 27 GP Practices are grouped into **6** geographically coherent **Primary Care Networks (PCNs)**
- Lewisham has **2 super-practices** which are also PCNs in their own right
- Lewisham also has a single **borough wide GP Federation**, One Health Lewisham Ltd who provide a range of primary and community care services
- Practices range in size; **2 with <5000 patients, 10 with >5000<10000 patients, 8 with >10000<15000 patients and 7 with > 15000 patients** . The largest **practice has over 55,000** registered patients.
- **CQC ratings** of Lewisham practices are generally good with 25 **practices rated 'Good'** and 2 as **'Requires Improvement'** (as of April 2023).
- Lewisham has **52 community pharmacies (CP)** (as of April 2023). **This is an average of 17.0 pharmacies per 100,000 population**, lower than the London (20.7) and England (20.5) average. There are two "100-hour a week" pharmacies across the borough and at least one pharmacy provides Sunday opening from 7am to 9pm.
- Provision of current pharmaceutical services and locally commissioned services is well distributed, serving all the main population centres. As part of the 2022 published Needs Assessment, no gaps were identified in provision either now or in the future for pharmaceutical services

## Strengths / opportunities

- **Clear sense of place**
- Strong local **primary care leadership**
- Established **local partnerships** – both within and across primary care providers
- **Innovative culture**, ready to embrace the benefits of new ways of working, including through the use of digital tools
- The **delegation** of community pharmacy, optometry and dental commissioning and contracting from NHS England to the ICB

## Challenges

- **Demand** - Increasing workload including potentially inappropriate/unnecessary work generated across the system
- **Complexity** - Increasingly more complex care is being delivered in the community
- **Workforce recruitment and retention** – Ageing workforce (GPs and nurses), challenging to attract and retain new staff including GP Partners
- **Estates** – Varied GP estate with increasing challenges to accommodate an expanding workforce (particularly PCN staff)
- **Inequalities** – Significant variation in health outcomes based on geography and demography
- **Covid backlog** – Management of Long Term Conditions, immunisations, screening and onward referrals

## What we've heard from the public

Through the GP Patient Survey, our local Healthwatch teams and from direct feedback, our patients have told us they trust their clinicians and generally have a positive experience once contact is made, but can be frustrated by the perceived difficulties in accessing general practice services in a convenient manner and especially in making contact via the phone.



# National Delivery Plan for Recovering Access to Primary Care

## - Plan on a page

To tackle the 8am rush and reduce the number of people struggling to contact their practice

For patients to know on the day they contact their practice how their request will be managed

1



**Empower patients**

- Improving NHS App functionality
- Increasing self-referral pathways
- Expanding community pharmacy

2



**Implement new Modern General Practice Access approach**

- Roll-out of digital telephony
- Easier digital access to help tackle 8am rush
- Care navigation and continuity
- Rapid assessment and response

3



**Build capacity**

- Growing multi-disciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Priority of primary care in new housing developments

4



**Cut bureaucracy**

- Improving the primary-secondary care interface
- Building on the 'Bureaucracy Busting Concordat'
- Reducing IIF indicators and freeing up resources

# Primary Care Timeline

### July 2023

- 30<sup>th</sup> June - PCN local access improvement plans agreed with ICB
- 1st July – deadline for practices to commit to move to CBT & agree MOU
- NHSE to make high-quality OC, messaging & booking tools available to GP by via new set of funded products (Digital Pathways Lot) on Digital Care Services (DCS) catalogue & publish guidance on strengths

### Autumn 23/24

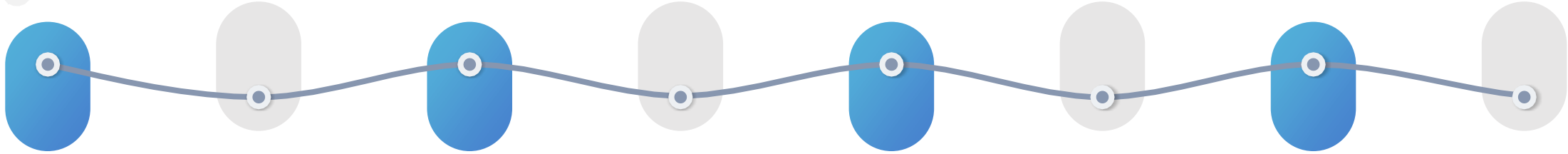
- Oct / Nov ICB Board reports on access improvement plans & improving the primary-secondary care interface\*
- 31st October – deadline for practices to enable prospective record access for patients
- Zero rate of VAT extended to medicines supplied through PGDs by pharmacists
- Government will introduce an additional 4 months at the end of a visa for newly trained GPs to remain

### Feb / March 2024

- ICB Board reports on access improvement plans

### March 2024

- 31 March 2024 – All analogue practices moved to cloud based telephony



### From May 2023

- Extend medical exemption for supervised pharmacy staff
- NHSE plan to publish guidance for PCNs & practices on different models of supervision for roles new to general practice
- Roll out General Practice Improvement & National Care Navigation Training programmes

### September 2023

- ICBs to increase referrals into urgent community response and self-referral where GP involvement is not clinically necessary ([23/24 Priorities & Op planning guidance](#))

### End 23/24

- Planned launch of Pharmacy First and expansion of pharmacy OC and BP services

### During 23/24

- Long Term Workforce Plan
- NHSE guidance with support for DQ issues
  - QOF consultation
- Review of Enhanced Access service requirements
- Review of ARRS Scheme & facilitate ways in which doctors other than GPs, such as SAS doctors, can work in GP as part of an MDT
- Planned changes to VAT relief to support pharmacies
- Planned changes to pensions and tax rules to make it easier for doctors to return to practice

\* 30 Nov 2023 – secondary care must have implemented capability to issue a fit-note electronically

# Primary Care & Digital Inclusion

# Primary Care Digital Inclusion Plan (1/2)

| Action   | Update (May 2023)   | Category      | Partnership links   |
|--|---|---------------|---|
| <p><b>Set up PCN Digital Hubs to build skills and increase confidence</b></p> <p><i>Offer a free, safe space, for all patients to feel welcome to drop in as they wish to ask questions and seek support with the use of digital health tools.</i></p> | <p>Digital Inclusion Hubs have been established in all 6 PCNs.</p> <p>Working with the Lewisham Digital Changer Manager we will evaluate the efficacy of these hubs and consider the approach for 23/24 and beyond.</p>   | Skills        | Need to confirm if wider partners are offering similar support services and if any opportunity to align/collaborate   |
| <p><b>Practices to continue to operate a hybrid consultation model of face to face and digital appointments</b></p>  | <p>All practices have re-established the option of face to face appointments alongside digital offers to ensure patient choice and equity of access.</p> <p>The local borough primary care team continue to work with practices to review this offer and appropriate mix of appointments.</p>                       | Accessibility | Work with wider partners to understand their offer of digital/non-digital access options so that primary care are aware of these and can signpost as needed |
| <p><b>Free public Wi-Fi and NHS Guest</b></p>  | <p>NHS Wi-Fi has been installed in all Lewisham practices which patients can use for free.</p> <p>Coverage of this WI-FI is currently being reviewed and additional access points are being installed as needed.</p> <p>We will need to make sure this facility is clearly advertised and promoted to patients.</p> | Connectivity  | Need to confirm what wider partners are offering to support connectivity and if any opportunity to align/collaborate i.e. single sign-on                    |

# Primary Care Digital Inclusion Plan (2/2)

| Action   | Update (May 2023)  | Category      | Partnership links  |
|--|--|---------------|--|
| <b>Standardisation of GP practice websites</b>                               | <p>20 out of our 27 practice's websites have been confirmed as meeting level 3 standardisation requirements.</p> <p>Work will continue with the remaining practices to achieve level 3 compliance and we will look to implement a regular review process to ensure websites remain up to date and useful for patients.</p>                                       | Accessibility | Need to work with wider partners to ensure consistent information is presented on our respective websites including clear links between them as appropriate.       |
| <b>Investment in improved telephone systems which are fit for purpose</b>    | <p>Over the last few years we have directly funded 8 practices to implement new and improved telephony systems including the ability to monitor call volumes, dropped calls etc so that workforce can be aligned to periods of high demand.</p> <p>We will continue to work with practices in this area including the move to cloud based telephony systems.</p> | Accessibility | Work with wider partners to understand if any best practice that can be shared.  |
| <b>Social prescribing</b>  | <p>5/6 PCNs have directly employed social prescribing link workers who can link patients up with services/organisations that provide digital inclusion support, where needed. The remaining PCN is currently recruiting.</p>   | Skills        | Work with wider partners to understand all local digital support offers and signpost to these as appropriate   |
| <b>Identification of digital support needs</b>                               | <p>No work yet started in this area but consider scoping what can be recorded in EMIS to capture patient needs/preferences in relation to digital tool utilisation.</p> <p>Would then need to confirm a process to routinely collect, review, update and act on this information.</p>  | Accessibility | Need to work with wider partners to consider how any needs/preferences recorded in primary care might be shared and visa versa so this only needs to be done once. |
| <b>Training for front line staff about digital tools / digital exclusion</b> | <p>No work yet started in this area but consider training for front line staff about promoting digital tools, how to identify digital exclusion and options for support.</p>   | Skills        | Link with local Training Hub to consider options for this and if any opportunities across partners.  |

# Developing Digital Inclusion

## Primary care in Lewisham

- Supporting practices to optimise telephony systems to provide a high quality experience to patients
- Improving the quality and consistency of practice websites
- Supporting practices and PCNs to optimise access to patient records in a safe and robust way and so empowering patients to take control of managing their own health
- Working with system partners to integrate digital systems where possible and as a minimum ensure interoperability
- Efficient scaling and adoption of digitally sustainable solutions across the system
- Development and launch of local primary care intranet to support effective and timely access to up to date information and communications for clinicians and staff

## Lewisham Health & Care Partnership

- Quality & Assurance review –health and care providers to review digital exclusion in their services, particularly arising from changes due to Covid pandemic response; how can benefits of digital access be optimised for those that want it; maintaining non-digital access for those who need it
- Ensure working jointly with other digital inclusion work (eg LSP)

# SEL ICS Digital Offer

- **Improve communication while people are waiting for care.**

For example, planned care make a commitment to redouble efforts to communicate much more effectively, and invest in portals to allow patients to access advice when they need it – including being able to contact their clinical team.

- **Authorised health technology / digital tools to facilitate self-care**

To allow people to better manage their care / condition, to improve their health and also to reduce demand on services.

## Approach:

- **Digital, virtual and telephone services designed around needs of users and in partnership with them.**

For example, explicit commitment for children and young people to design these around the needs of babies, parents and carers and fully implement and embed these in the early years model.

- **People who do not wish to use digital tools and/or are digitally excluded, can still access health and care services at the same level and standard.**