

AGM panel 2020-21: Questions and Answers

QUESTION: *Medicines Safety in Inpatient Diabetes Care - As background, approximately 18% of hospital inpatients nationally have either type 1 or type 2 diabetes. National Patient Safety Agency data shows that annually, approximately one third of people with diabetes in hospital experience a medication error, with the most common being incorrect doses, incorrect frequency, omitted or delayed doses, and the use of wrong products. The errors can lead to periods of high and low blood sugar levels which should not occur to patients with diabetes in a hospital setting. This can result in harm to the patient, a longer stay in hospital, a poorer patient experience, and an increased cost of care.*

Diabetes UK has previously highlighted novel approaches to improving medicines safety. However, these have had variable implementation, and the medication error rate has remained persistently high in recent years.

A recent national research project called MEDSAFE, led by the University of East Anglia and which included diabetes specialists from a number of Trusts, including the NNUH, sought to understand the context in which medicines are used for people with diabetes in hospital settings, and how current interventions to address medicines safety are implemented in practice. The MEDSAFE research proposal was recently rejected by Diabetes UK.

The MEDSAFE outputs were to generate a systems-based approach to managing medicines in hospital for people with diabetes, and to form implementation guidelines for adoption nationally. Four key interventions were identified.

- 1. Self-administration of medicines by patients;*
- 2. Use of electronic prescribing systems;*
- 3. Remote blood glucose monitoring;*
- 4. Training for healthcare professionals, and specialist involvement (including pharmacists and diabetes specialist nurses) in diabetes care.*

QUESTION: What are the CCG's views on the performance of its hospital Trusts in this context, and what is the CCG currently doing to address this issue locally?

ANSWER: Inpatient diabetes care is one of the key national priorities. In East of England region a dedicated forum led by Prof Mike Sampson meets regularly to support the inpatient diabetes care.

On recommendation of this forum, a regional inpatient audit was conducted by the East of England Diabetes Network. The findings from this audit led to dedicated funding being allocated for Diabetes Inpatient Specialist Nurses in all acute hospitals. This includes the three acute hospitals in Norfolk. Medicines management forms a part of the diabetes inpatient care and supporting patients with medication as per national guidelines and recommendation is a part of this care. Any latest guidelines and recommendations are discussed at the regional network and also at the Norfolk and Waveney Diabetes programme Board.

QUESTION: General communication seems to have been limited from the CCG and wider system at a time when it could have been very useful to use PRG's to disseminate information.

ANSWER: The COVID-19 pandemic has been the biggest challenge the NHS has ever faced and quite rightly, our focus has been on responding to the pandemic and communicating, on a regular basis with patients and members of the public, informing them about advice and guidance to keep them safe. We have used a range of different communication and engagement platforms to share and disseminate information, including but not limited to social media, CCG website, engaging with local media and sharing information via our networks and forums.

QUESTION: There was talk of the CCG winding up and becoming something else? Is that no longer the case?

ANSWER: As per the presentation at the AGM, Norfolk and Waveney CCG will transition to an ICS on 1 April 2022. Hopefully this answers your question. A recording of the AGM is available on YouTube which you will be able to listen back, i.terms of the ICS transition plan and what will happen from 1 April 2022. From a patient perspective, the transition will not impact patient services – the difference that will be seen moving forwards will be even closer working between health and social care organisations, as well as the voluntary and community sector to plan, deliver and evaluate health and care services.

QUESTION: Many Deaf patients do not use any form of technology and since a change of BSL provider in April 2019, primary healthcare has been inaccessible. What is the CCG doing to swiftly remedy this? For over 25years Deaf Connexions provided a seamless service, without any complaints. Deaf patients are desperate to gain access to primary healthcare again.

ANSWER: Thank you for your question about BSL and provision for individuals who are deaf or hard of hearing. We are working with GP practices across Norfolk and Waveney to address this issue and listening to patient feedback to ensure service accessibility for these individuals is met.

For those patients who do use technology, the CCG has been working with Healthwatch Norfolk and Suffolk to look at ways to enable easier and more independent access to primary care.

A survey and focus groups have been overwhelmingly positive about exploring the use of technology. The survey also showed that people with hearing loss or impairment are already making good use of online booking and online consultation systems to arrange appointments and communicate with their GP Practice.

One practice locally is trialling vibrating pagers for use in waiting rooms, the project has developed a charter for GP practices, and the project group is assessing technology such as captions software.

For corporate meetings and events, we will also be exploring alternatives, using Sign Language for events such as Committee and Board meetings to make it even easier for everyone to take part in our meetings.

QUESTION: What progress is being made with the Wave 4B funding for the replacement town centre GP surgery in King's Lynn/South Lynn when St James moves out to South Wootton?

ANSWER: £25m allocation capital funding to develop and modernise primary care estate across Norfolk and Waveney. It has been allocated equitably across the 5 previous CCG areas. A review of future demand and capacity was carried out and Kings Lynn was identified as area of significant need, so the West Norfolk element of the funding is being used to develop a modern primary care facility there. This process is supported by an active engagement group.

Progress is good and currently focusing on a formal business case process, which includes an options appraisal, and it is expected that no problems will be encountered in finding a primary care provider to operate from this site. It is important to follow all formal processes correctly so that the future project is not put at risk.

QUESTION: Three people with learning disabilities sadly died after abuse and neglect in the private Cawston Park Mental Hospital commissioned by the CCG. How is the CCG implementing the Adult Safeguarding Board's recommendations to prevent this situation happening again?

ANSWER: The deaths of Joanna, Jon and Ben were tragic and entirely avoidable.

The Safeguarding Adult Review (SAR) made 13 recommendations directed at a number of organisations and departments including:

- The Department for Health and Social Care
- NHS England and Improvement
- The Care Quality Commission (CQC)
- The Law Commission
- Norfolk and Waveney CCG
- Norfolk County Council.

These recommendations are directed to everyone who commissions care for this group of patients and apply to all patients in any part of the country whether at a local, regional or national level.

To date, positive responses from national organisations have been received however it will be important that commitments translate into policy and practice changes.

The Norfolk and Waveney health and care system is addressing the recommendations as a matter of urgency.

Norfolk and Waveney CCG is committed to changing how we provide services for people with a learning disability, autism or both and preventing another person or family experiencing physical or emotional harm as a result of services that are ineffective or inadequate.

We will achieve this by working closely with system partners, improving our oversight and quality monitoring arrangements and seeking innovation in how we commission services.

We have increased clinical oversight from our specialist learning disability and autism nurses. Care and Treatment Reviews for patients with a learning disability, autism or both currently take place every six months. These are complete and up to date in Norfolk and Waveney. In addition, the CCG undertakes eight weekly quality visits in person unless there are any Covid-19 isolation requirements.

We are working closely with providers regarding activities including physical exercise and those that improve wellbeing including visits, hobbies etc. There will also be a programme of engagement and of listening and hearing with patients, their families and carers so that we can ensure people with a learning disability, autism or both get the right support and their voice is clearly heard.

Norfolk and Waveney CCG and Norfolk County Council are working in partnership on this improvement programme. A number of actions and changes were set out in a [report to the CCG's Governing Body](#) on September 28.

Our aim is that people should only be cared for in a hospital when it is absolutely necessary. Where that is not possible we will do all in our power to ensure their stay in an inpatient setting is safe and for as short a period as possible.

We are focusing on the use of Astley Court near Norwich which is run by the Outstanding rated Hertfordshire Partnership University NHS Foundation Trust. However, we recognise that some highly specialised units will continue to be needed if a person's clinical requirements are more specialist.

The legacy of Joanna, Jon and Ben's poor care and tragic deaths will drive improvements locally and nationally for vulnerable patients.

QUESTION: Can you outline the different ways in which you intend to engage with the public of Norfolk about proposed changes to services resulting from integration, and how you will ensure you incorporate public feedback in your plans prior to implementation?

QUESTION: Before the pandemic we had regular meetings with our CCG, what in future will be in place to communicate with groups ie. PPG's carers etc to encourage co-production and consultation?

ANSWER: A key part of the transition of Norfolk and Waveney from a CCG to an Integrated Care System (ICS) is to develop systemwide processes and engagement mechanisms to ensure that the journey to integration is shaped by local people and stakeholders. We intend to build on existing channels and networks, but also to develop new and innovative platforms as needed and in partnership with local people.

Our plan is to develop strategic opportunities to gather and review feedback from people who are using our services, incorporating digital and non-digital solutions. This will be complemented by insight and feedback from our system partners, including NHS trusts, local authorities and VCSE organisations.

Alongside this we are keen to develop locality feedback mechanisms reflecting services and inequalities at a 'place' level, so local people and stakeholders can be involved in shaping services on a more local footprint. This will also need to feed into the emerging structures around our Primary Care Networks (PCNs), building on our long track record of working to support patient engagement around general practice.

The Communications and Engagement Team at the CCG has recently reconfigured to reflect the transition to being an ICS and to ensure that patient and stakeholder involvement is at the heart of everything we do. The team is developing systems to ensure that projects include all appropriate communications and engagement, at the earliest possible stage, that service users

and stakeholders are involved in the design and that we feedback the changes as a result of what we have heard.

We will be following the guidance in the ICS Design Framework relating to working with people and communities - [Report template - NHSI website \(england.nhs.uk\)](#).

QUESTION: What more can be done to convince the remaining 13% of over 18's to get both jabs?

The CCG has been working on various successful media and social media campaigns, but we have also found that the more personalised approach can work well such as the 'worry bus'. This is a roving vaccination site designed to offer vaccinations in a variety of community settings and to offer more support to those who need it or who maybe more anxious.

The CCG also has a Vaccine Inequalities Oversight Group (VIOG) which oversees this important programme of work. The group recognises that there is a gap in vaccine uptake in the most and least deprived populations in Norfolk and Waveney but is also aware that this is a national issue. There has been a sustained focus on the communications throughout the vaccine programme, especially around the safety and efficacy of the vaccine. There has also been a lot of work around making sure there is good access to the vaccine in terms of vaccination sites supported by a website with information available in multiple languages.

As described in the AGM presentation, the CCG has been working in partnership with Norfolk County Council Public Health since the start of the vaccination programme on campaigns aimed at encouraging vaccine uptake and tackling vaccine hesitancy. The #ihadmine campaign was aimed at people aged over 30 and care workers, using images of local people. The #everyvaccinecounts campaign was aimed at people aged under 30 and was developed following feedback from over 1,300 people. This campaign is constantly being reviewed and adapted in response to what the data is telling us so that we target the messages at people who have yet to come forward. For example, the message around going on holiday was also adapted to target migrant workers by changing it to being about visiting family abroad and translated into key languages. We have also been doing a lot of work with colleagues in district councils, for example the Great Yarmouth Community Champions have been adapting and translating the messages for use when working in the local community and whilst door knocking.

QUESTION: What is the progress with the mental health hub in Norwich?

ANSWER: The Wellbeing Hub in Norwich is to be housed in at Churchman House, a grade 1 listed building in the heart of the city which was awarded a c. £1.11 million restoration grant. Due to the pandemic affecting labour and building supplies, along with the complications restoring a listed building brings, we have experienced some delays to the building progress.

It is anticipated the building will be complete and the REST service being open by Christmas.

However, the daytime hub is running from nearby St Clements House and is fully operational so people can start to engage with the service. We are also taking over the evening sanctuary from 1 November and the Intensive Support Programme is on track to be rolled out from mid-October at St Clements House. Therefore, all services will be running apart from the café whilst we wait for Churchman House to be completed.

QUESTION: The word “prevention” has not been very prominent in today’s presentation. What plans do the CCG have to introduce more preventative activity/services in the county? Is there a strategy to do this to look at alternatives to clinical approaches and our population health challenges?

ANSWER: The NHS Long Term Plan acknowledges that preventing ill health is fundamental to transforming health for our population and ultimately reducing reliance on the health and social care system. Where possible, we want to help people to avoid becoming ill in the first place.

NHS Norfolk and Waveney CCG is committed to ensuring opportunities for embedding prevention are rooted in everything we do as we move towards becoming an Integrated Care System (ICS) in Spring 2022.

As we transition into an ICS, all partners (including health, social care, local authorities and VCSE sectors) will be working together to develop a comprehensive strategic approach towards preventative activity to ensure our work supports the Long Term Plan. This will include several key elements and ways of working, such as:

- Developing an Integrated Care Partnership that will bring together organisations concerned with improving the care, health and wellbeing of the population. The ICP will have a specific responsibility to develop an integrated care strategy for the ICS
- Including preventative approaches as part of our pandemic recovery planning, supporting activities that prevent individual’s health from deteriorating and encouraging healthy lifestyle choices
- Within clinical workstreams there are already underpinning prevention plans for supporting the population to remain healthy and well, including for example, cancer prevention and early diagnosis, and mental health
- Including preventative activities within planned care, such as tobacco, diabetes, hypertension, and cardiovascular disease prevention programmes
- Increasing focus on partnership working through the VCSE sector, which has insight and a unique relationship with the communities they work with, which will ensure our ICS is better positioned to help improve health outcomes for local populations
- Improving our place-based approach to partnership working to ensure that communities are empowered and enabled to improve the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level; and
- Capitalising on funding opportunities to support preventative programmes. A recent example of this is the NHS Charities Together funding which supported partnerships between the VCSE and statutory services to proactively engage those at risk of poor health outcomes from COVID.

QUESTION: What is the CCG actively doing to attract GP's and other clinicians to our area considering that we have a shortage?

ANSWER: We are working very hard on many national and regional initiatives to encourage young doctors to become a GP in Norfolk and Waveney, and then once they are working within the system to encourage the opportunity of them to become a partner.

Locally, we work with our colleagues in secondary care, such as our hospital doctors, to help create the right conditions to attract people to come into this profession. Doctors have a wide range of areas within medicine that they can specialise in and we want to make our offer as attractive as possible for them to work in Norfolk and Waveney.

Our Patient Participation Groups and members of the public also play a key role in making Norfolk and Waveney the ideal place to work by supporting and valuing the work of their local GPs and by finding out more about what is happening within their practices.

QUESTION: It's impossible to get an appointment with a GP or nurse. What are the plans to improve access to primary care?

QUESTION: With all the pressures on the NHS following Covid, how are the CCG going to address the continuing difficulty for patients in getting GP appointments? This lack of appointments has a big knock on effect on people arriving on an already overstretched

ANSWER: GP practices continue to be exceptionally busy as they recover their services and deal with the backlog of work caused by the pandemic. The pressure on general practice is being discussed with partner organisation chief executives and medical directors and it is vital that the NHS in Norfolk and Waveney operates together as a system to manage demand, ensure patients get the care they need and support our workforce.

The way we access GP practices has been evolving to ensure patients get the best possible care safely and quickly, with the use of technology such as telephone consultations and online services accelerating during the pandemic.

While most patients may be comfortable with the transformation in appointment types in general practice, some patients may not be able to access GP practices easily, for example if they are deaf or don't have English as a first language. Actions are being undertaken to improve access for these patient groups and are focusing on this through our work on supporting the implementation of the Accessible Information Standard, to support access for all patients to general practice.

The CCG communications and engagement team are developing a high-profile, bespoke Primary Care campaign for patients that is representative of Norfolk and Waveney's diverse demographic. There is a need to communicate messaging that is inclusive and accessible to patient needs. There is a need to help our population understand the ever-growing number of careers within Primary Care and needs to show that the NHS is moving with the digital age and how we are using technology to connect with our population.

This campaign will promote a greater understanding of the depth and breadth of primary care services, self-care and help to support GP staff signpost patients to the services they need.

QUESTION: Are enough face-to-face appointments taking place across Norfolk and Waveney? Are they back to the level that they were before the pandemic, and can more be done to increase the number of face-to-face meetings?

ANSWER: GP practices are open, and the number of appointments available has increased with a range of highly trained staff, who are able to deal with a range of medical conditions, which will help patients get treated sooner.

COVID-19 is still circulating and we want patients and staff to be safe. Where possible, digital and telephone triage takes place to ensure that people still have crucial access to their GP, nurse, clinical practitioner, mental health practitioner and more and where needed, face-to-face consultations have and continue to take place.

The way we access GP practices has been evolving to ensure patients get the best possible care safely and quickly, with the use of technology such as telephone consultations and online services accelerating during the pandemic.

Whilst it may seem that GPs are less available at the moment, they are actually delivering more appointments than ever while at the same time leading the delivery of the COVID-19 vaccination programme and flu vaccinations.

All general practices in Norfolk and Waveney have been providing face-to-face appointments. Moving forward, phone and online consultations will continue to play an important role for many, but face-to-face appointments will increase as it becomes safe to offer them and where local capacity allows.

QUESTION: How are commissioners ensuring that the services they fund, communicate meaningfully with informal carers - family and friends - of people with mental health difficulties, especially when the person they care for is too agitated or confused to describe their current difficulties or follow advice without day to day support?

ANSWER: The Mental Health Commissioning Team are committed to listening to and involving carers and have been fortunate to have worked with a small group of carer representatives who joined the Crisis Concordat group. Their input over the last 2 years helped shape key projects within the Mental Health Urgent and Emergency Care Programme such as the Short Stay Recovery House, a service for people experiencing a mental health crisis.

There will be three Recovery Houses by the end of March 2022, all of which offer a calm, safe and welcoming environment, with staff helping people to explore the issues at the root of their crisis, and to recover.

The Crisis Concordat has since developed into the Urgent and Emergency Care Programme Steering Group where we are committed to shaping the programme with a range of stakeholders including carers who have experienced the Crisis pathway.

Additionally, system-wide we are working with leading mental health organisation Rethink who have helped create an 'Expert by Experience' reference group and other opportunities to involve stakeholders, including carers, to help further understand, and address barriers experienced by seldom heard communities across Norfolk and Waveney. This information will be used to inform future development and ongoing transformation of mental health services across the system.

As we transition into an ICS, we will continue to engage with groups and communities, meaning no-one is left out and people that want to be involved in the shaping and delivery of services moving forward can be. Carers are a key part of this and we encourage carers to take any opportunity they can to get involved and share their experiences to shape services.

QUESTION: Are the ICS in the East of England connecting with one another on common priorities – eg. tackling health inequalities?

Yes, absolutely. All health and care systems are working together on a variety of different topics and work programmes, sharing knowledge and information to ensure that where good is happening and taking place, this is replicated and shared for other areas to use. Health inequality is something which the Norfolk and Waveney Integrated Care System is taking very seriously. We have a dedicated Director and team looking after this area and most importantly, making sure that hospitals, GP practices, commissioners and other organisations have the information they need to address inequality.