

Network Contract Direct Enhanced Service – Draft Outline Service Specifications

Healthwatch Birmingham welcomes the opportunity to respond to NHS England and NHS Improvement's consultation on the draft outline service specifications for Primary Care Networks. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement.
- Whether the proposals in the service specification are responsive to the needs of those accessing services, ensuring that they do not lead to health inequality.

We welcome that NHS England and NHS Improvement are committed to providing more personalised and better-coordinated care to patients and service users. Healthwatch Birmingham believes that should Primary Care Networks succeed and are implemented effectively, then patients could potentially benefit from better access to healthcare services, increased choice as the range of services they can access increases and better integration of services. These are all issues that patients, service users and members of the public tell us are important to them. Over the past year (April 2019 to the present) have told us about increasingly long waiting times, poor quality of examination by GPs mostly due to time constraints which in turn reduces the time the GP can spend with the patient, poor assessments and long waiting times for referrals, inability to book appointments due to high demand and a reduction in opening hours of some practices.

Indeed in one of our most recent study¹ 'what matters most: support people want from general practices in Birmingham', we found people value:

- **being able to make appointments quickly and easily, particularly when in crisis:**
Extreme difficulty in making appointments with surgery, waiting 45 to 50 minutes when you are depressed and have no motivation is not good enough.
The receptionists don't know that the patient is in crisis and that they need to be given an appointment straight away. They are then not given an appointment and asked to return in a few days. By then it may be too late.
- **stability of the service and continuity of care:**
My son had to move practices when his flat needed repairs, and his GP insisted that he register with another practice.

¹ Healthwatch Birmingham (2019) What matters most: support people want from general practices in Birmingham, <https://healthwatchbirmingham.co.uk/wp-content/uploads/2019/05/Healthwatch-Birmingham-GP-FINAL-REPORT-F-Online.pdf>



It's hard enough to talk about mental health issues to anyone, let alone a Dr I've never met before.

- **high quality, integrated whole-person care:**

I had a bad back. The GP treated my back pain, but not the stress and depression. I was told, 'let's just treat one at a time'.

- **dignity and respect:**

Un-empathetic GP regarding mental health issues. Don't have time for patients. I feel rushed, not listened to. Feel misunderstood regarding mental health issues.

- **receiving swift and straightforward referrals to specialist and community services:**

I feel that if the GP had asked us more questions and had more answers about autism we could have got help much sooner.

GPs don't know what's out there to refer to.

You can't call a number of places, and follow the system/processes when not well.

The GP's solution to anything is tablets! I had to ask and ask again to get referred to a psychologist.

- **access to high-quality care, where the GP has knowledge and understanding of their condition:**

They don't have a great understanding of mental health. GP seems out of depth. Medically wonderful, just mental health support is poor. Not enough understanding.

GPs don't understand the implication of having a brain injury and mental health issues. There is so much that GPs don't understand about brain injury.

For anything to do with dementia the GP is lacking in understanding.

- **appropriate awareness and knowledge of their condition by the wider general practice staff:**

Not sure if staff has had autism awareness training e.g. one of the nurses approached my child from behind and put her hands on her shoulders (a big no-no!).

The impact on primary care of issues such as those above needs to be considered if the benefits of these specifications are to be realised. This is important for ensuring better access to GP services, continuity and quality of care.

The timescales for implementing the specifications outlined presents additional pressure on GPs and if not properly managed can impact the quality of care. We believe that for the PCN to not only identify patients but then carry out a medical review within the time specified will be challenging. Especially, for those PCNs with a higher population of



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the likely patients who might benefit from an SMR as outlined on page ten (section 2.7). In addition, it is not clear how GPs will accommodate medical reviews in their consultations especially taking into account the experiences we have already heard from patients. Apart from stating that GPs need to allow for flexibility of appointment, there is no real solution offered as this has been an on-going problem for people who share their experiences with us.

We are also concerned that it is not clear the extent to which the diversity of the populations each PCN will serve has been taken to account. The diversity of Birmingham presents challenges that need to be considered in the implementation of these specifications.

Birmingham has one of the highest populations with more than 1 million residents. There are over a hundred different languages spoken in Birmingham. Some areas of the city are mainly (at least 80%) populated by residents from Black, Asian and Minority Ethnic groups. More than half of Birmingham's population is under the age of thirty. Forty-six percent of Birmingham's population live in the 10% of most deprived areas in England, which accounts for some very poor health outcomes. The city has a level of homelessness that is more than three times the national average, long-term unemployment two and a half times higher, and one in three children live in poverty. One in four people live with a mental health condition that started in childhood. There is a prosperity gap of 10 years between the most affluent and least affluent people living in Birmingham.

These are all issues that will impact the progress of PCNs and will possibly lead to variations in progress across PCNs and lead to greater costs than anticipated. In addition to the above, as many commentators² have pointed out, local experiences of collaborative working and the presence (or not) of effective primary care management support infrastructure created under previous initiatives (i.e. GP Federations) is likely to lead to variation in progress across PCNs.

We note that NHS England and NHS Improvement are developing guidance and tools for identifying patients, and guidance on processes for conducting an SMR. It is not clear when these will be made available in line with the timelines set or indeed if they have already been developed.

Patient and Public Involvement

Healthwatch Birmingham has been concerned that absent from the service specification is the role of patients, service users and members of the public. There is an absence of patient

² The Kingsfund, University of Birmingham and the Health foundation among others.



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and public involvement in the planned evaluation of medical reviews, for instance. Again, there is no mention of patient and public involvement in the proposed metrics designed to monitor the success of the service. We believe that this would be crucial to understanding the impact of the service on patient experience, the quality of service and the impact of the service.

Healthwatch Birmingham asks that patient and public involvement be built-in into the specification and should go beyond engagement with PPGs. We ask that the use of patients, service user and carer's insight and experience to identify barriers to improved health outcomes should be woven into this specification. This will help the NHS to understand the experiences of people of PCNs and use this insight to inform service improvement or other decision-making processes. We also ask that service user involvement, their views, insight and experience should also be used to identify, understand and address health inequality issues that impact service user access to services and the quality of services. We believe that patient and public involvement, in any aspect of health and social care commissioning or provision, can only be fully effective if one of its purposes (or even its main purpose) is to identify, understand and address health inequality. It is our view that the proposed specification would be strengthened by a clearer link between the two public sector legislative duties that require public sector organisations to:

- Engage/involve the public and patients; and
- Reduce health inequality and improve health outcomes.

Yours Sincerely,



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