

1. Introduction

- 1.1. 2021/22 feels very much like a transition year. Transition from the emergency function of managing the NHS response to the pandemic and the financial support that enabled that response to a return of focus on non-Covid emergency and elective care, primary care pressures and the resourcing challenges that we will continue to have to work to. And transition from our current organisational form to an Integrated Care System (ICS) and transition of CCG functions into the ICS.
- 1.2. One of the key benefits of CCGs has been the development of clinical leadership and this is one of the many elements of how we have functioned as a CCG that we need to keep and build on in this transition to ICS. I am pleased to have been offered the opportunity to lead this, having been asked to take on the role of ICS Medical Director (whilst also remaining as the Clinical Chair of the CCG) on an interim basis with one of the key responsibilities being establishing the clinical leadership model for the ICS. My thanks to Nick Ball, Vice Chair, who is supporting me taking on this role.

2. University Hospitals Plymouth Visit

- 2.1. On 1 June I visited Derriford Hospital with Darryn Allcorn (Chief Nursing Officer) and Sheila Roberts (Chief Operating Officer) with a focus on the non-elective activity and processes within the organisation. Despite significant pressures on all aspects of their emergency services and acknowledging there is much to do both in and out of hospital, I was struck by the hard work and remarkable resilience of many of the front-line staff I met.

3. Devon ICS Governance

- 3.1. The National Design Framework for ICSs has now been released (<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>) which gives us more details on how we need to organize ourselves as an integrated care system. Much of this is in line with what Suzi Leather has been leading us through in the ICS Governance Task and Finish Group.

4. ICS Clinical Leadership

- 4.1. Work continues on developing the ICS clinical leadership. I attended the Devon AHP Council on 7 June – a select but enthusiastic and diverse group of leaders who I will continue to work with to ensure we build and diversify our clinical and professional leadership.
- 4.2. I meet regularly with the Provider Medical Directors - they are keen to be involved in system wide leadership and I am working to develop this with them and the Provider Chief Executives.

4.3. Clinical and Professional Cabinet continues to meet (last meeting 10 June) and will be a key mechanism for providing the collective clinical and professional voice, assurance and strategic input.

5. Primary Care

5.1. Our GP colleagues have throughout the pandemic risen to the challenge, adapted to new ways of working and been key in our vaccination programme success. And through all of that have continued to provide the clinical care their patients need. Both Jane and I recognise this effort and earlier in the month wrote to our patients in support of our GP practices (click here for open letter) and my thanks to Keri Ross who has developed a programme of communications and toolkits to support practices.

5.2. Nikki Kanani (NHS England Medical Director for Primary Care) will be visiting Devon in the Autumn. She initially was due to visit in March 2020 but due to the pandemic this became a virtual visit in October 2020. Alex Degan, Devon ICS Primary Care Medical Director, has agreed for Nikki to come and visit this Autumn and will be using this as an opportunity to share much of the excellent work that is happening within our Primary Care Networks.

6. Rob Dyer

6.1. We would like to thank Rob Dyer for all he has achieved in his role as STP / ICS Medical Director for the past three and half years. Rob is due to retire at the end of this month. During his tenure he has provided clinical leadership throughout many challenges as we have developed from an STP to an ICS and how we have adapted and responded to Covid – his work on the Nightingale Hospital will be one of his many legacies. He has brought the senior clinicians together across the system helping us to think differently and collectively with honesty, integrity and sensitivity. I wish Rob all the best with his next adventure.

7. Just think 111 first this summer

7.1. We anticipate a significant increase in visitors to Devon this summer and with this will come additional pressures on our region's busy hospitals. As the summer approaches, we're reaching out to those working in local businesses to help us keep the NHS safe and alleviate the pressure on emergency departments.

7.2. It can be confusing to know which NHS service is the right one for your needs when there are so many options, particularly if you are a visitor to the area and unfamiliar with local services. We are working on a campaign across Devon and Cornwall to make the messaging simple this summer.

There is just one number to remember – 111

7.3. Our 111 campaign aims to signpost people to one service which can be used for urgent medical advice and it applies both to residents and visitors who are here for the summer. The 111 service can be used for any non-life threatening medical issues and you'll be able to:

- Speak to a medical professional on the telephone
- Be directed to the right NHS service based on your specific needs

- Get an appointment to see a clinician face to face
- Be dealt with by a friendly and understanding operator
- Receive treatment quickly
- Be directed to the nearest pharmacy to advise on any treatment
- Get a guaranteed call-back if there are any delays
- Protect others by freeing up emergency departments
- Help the NHS by getting the care you need directly
- [Download our "Just think 111 first" leaflet](#)

8. Access to Primary Care

- 8.1. Over recent months, the CCG has received anecdotal reports of patients struggling to access their GP, this has been reflected in the mainstream and social media. Devon has led the way nationally on embracing new technology and prior to the COVID-19 pandemic our GP practices were already well advanced in using online consultations (eConsult) and telephone triage.
- 8.2. At the height of the pandemic, face to face appointments in GP practices in the NHS Devon CCG reduced to **52% in April 2020**, compared with **78% in October 2019**. The latest data for **March 2021 suggests this is now 59%, 8% higher than the national average for face to face appointments.**
- 8.3. To test patient experience with respect to GP access we ran a temperature check with the Virtual Voices Panel, we wanted to understand:
- what local people's perceptions are of being able to get the medical help they need from their GP.
 - whether their perceptions influenced their decision making and what the impact might be on the wider NHS system.
 - what we can do to help people's understanding of how they can access their GP.
- 8.4. The survey was followed up with a virtual focus group for more detailed discussion with 7 members of the public and Healthwatch. Key headlines include -
- 75%* (201) of people made an appointment during the last year.
 - **75% (203) of people experienced no issues with getting a GP appointment** and did not require them to use another service.
 - **57% (138) of people who made an appointment found it either easy or very easy to book an appointment.** Only 13% (34) found it difficult (10%) or very difficult (3%).
 - Most of the comments stated that GP practices have been excellent throughout the pandemic and provided a great service. Respondents felt they could access their GP if needed.
 - **65% (44) of respondents were aware of changes to accessing GP practices**, and more people were aware of practices re-directing walk-in's and being able to phone their practice, than being able to consult with their practice online.
 - **41% (100) of people reported that the appointment fully met their needs**, whilst 24% (60) people said it met some of their needs, but they wanted further support from either their GP or another service.
 - **39% (95) of people had their appointment over the phone, 27% (66) met their GP face to face at the practice.**

8.5. There were few specific examples of where peoples GP practice had not met their expectations and whilst some people stated they want GP services to return to normal and that they missed the human contact in a face to face appointment, this was not a dominant theme.

8.6. The CCG is developing a primary care communications campaign with three aims:

- Support general practice teams in Devon to manage increased levels of activity and demand management.
- Share facts and data about how services have been used and bust some of the myths and false perceptions e.g. that GP practices are closed.
- Educate people and support them to use the right local services for their needs.

8.7. Our key messages for public are:

- General practice has led the vaccine delivery.
- Face to face appointments have been available for people who needed them.
- Almost 60% of appointments in Devon's GP practices are face to face
- GP practices are extremely busy, with an increase of 14% more contacts prior to the pandemic, so please help us by:
 - Contacting us only for actual clinical need.
 - Not asking us when you'll get your vaccine.
 - Not asking us what we think about travel to amber countries.

8.8. The CCG will also be undertaking a further review to understand the attendances / admissions for patients that could potentially be prevented by timely and effective management within primary care. This will take into account the characteristics of GP practices and their practice population.

9. Long Term Plan

9.1. NHS organisations and local councils are working together to finalise Devon's Long-Term Plan – a vision for how health and care services will be delivered in the next five years. This plan is vital because we face pressures on our health and care system, some of which the pandemic has shone a light on and others that were already there and have continued to grow.

9.2. When we publish our Devon Long-Term Plan, people will see that we are proposing to do some things differently:

- We have a once-in-a-generation opportunity to revolutionise our estate, as part of the government's New Hospital Programme. This gives us the chance to replace hospital buildings, modernise the estate, and help eradicate critical issues.
- We also plan to invest in local health and wellbeing facilities, including GP practices
- We will invest in new diagnostics and technology to do things differently. We have been using online consultations more and more and feedback has been overwhelmingly positive as it saves patients time, effort, and expense in travelling.

9.3. In our Long-Term Plan, we outline a vision to create 'equal chances for everyone in Devon, to lead long, happy and healthy lives'. We also outline six long-term ambitions:

- **Better integrated care:** ensuring different parts of the system – such as GPs, community health and social care teams, hospitals and mental health services, and voluntary care organisations – work together to provide more coordinated services.
- **Effective and efficient care:** providing faster diagnosis and shorter waits for routine operations; reducing pressure on emergency beds and departments; keeping people well and supporting them in their own homes wherever possible; and reducing the number of people who have to travel outside Devon to receive care.
- **A 'Devon deal':** working with communities to identify priorities which need to be addressed locally. In return, we will look to them to help us encourage people to live better and take more responsibility for their own health.
- **Looking after children and young people:** ensuring that advice, support and services meet the needs of children and young people to give them the best possible start in life through to adolescence and adulthood.
- **A digital Devon:** increasing the availability of online consultations and investing in new computer systems that can be used by all doctors and nurses regardless of their specialty or location.
- **Equally well in Devon:** recognising mental health is just as important as physical health and that everyone has the same right to access to care regardless of their protected characteristics. The aim is to support more people in the community with services tailored to their individual needs and working with people early where possible to prevent crisis.

9.4. To manage expectations there is an urgent need to begin conversations with the public about the challenges we face. To start those conversations the CCG Communications and Engagement Team will lead -

- System wide survey compiled of 10 questions. Survey will be available in various formats (online, paper copy, Easy Read and translated versions made available)
- A series of online events to share the case for change and the survey and provide opportunities for the public to ask questions and be involved.
- **A Launch Event will take place on 24 June 2021** which will be followed with 4 weeks of public, staff and stakeholder involvement with delivery at ICS and LCP level.

10. Coronavirus Vaccination in Devon

- **More than 1.5 million** doses have been given in Devon.
- **861,763 people** in Devon received a first vaccine dose up to 27 June while 657,902 second doses have been given. In total 1,519,665 were given.
- **Almost 9/10** of adults have had their first dose.
- **Over two thirds** of adults have had both doses.
- **Over 90%** of people aged over 55 have had both doses.
- **Over 50%** of 18-24 year olds have had their first dose.
- Booster jabs may be offered to the most vulnerable people and over 50s from September alongside flu vaccinations.
- People who have had both vaccinations can demonstrate their vaccination status two weeks after their second dose through the NHS COVID Pass. This can be used for travelling abroad to some countries and at a series of event trials in England (always check specific arrangements for the destination) Cases of the Delta variant are continuing to rise across Devon.

- Pop up walk-in clinics have been held at the Devon County Show where we saw around 400 people per day receive a vaccine. Our large vaccination centres now offer walk in appointments alongside some of smaller centres in the rest of the County.

11. Healthwatch survey on vaccination attitudes

- 11.1. A survey of vaccine attitudes was run nationally by Healthwatch between 22 April and 21 May 2021 and will be used to support the vaccine programme in Devon alongside work by NHS Devon CCG's engagement team on ways to increase uptake in 18-30 year olds.
- 11.2. The Healthwatch survey found that 96% (1620) of people who had received either one or both doses of the Covid-19 vaccine stated that they had positive experiences at their appointments.
- 11.3. 23% (157) of those who had only had one dose had concerns about their second appointment. The most common issues related to the potential side effects of the second dose. 57% (89) of people who were concerned had side effects after their first dose and 43% (68) of people were worried about the news around blood clots occurring after receiving the vaccine.
- 11.4. Of the 140 people who had not already had either one or both doses of the vaccine, 52% (73) stated they would "definitely not" get the vaccine when it was offered to them, and 19% (27) would "probably not." Most reasons cited related to safety issues. These included: long-term risks, blood clots, allergic reactions and questions around immunity.