NHS Tees Valley Clinical Commissioning Group

NHS Tees Valley CCG
14 Trinity Mews
North Ormesby Health Village
Middlesbrough
TS3 6AL

Tel: (01642) 263030
E-mail: tvccg.enquiries@nhs.net

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Jennifer Metcalfe
Healthwatch Stockton-On-Tees
Carers Way
Newton Aycliffe
County Durham DL5
4SF

Dear Jennifer,

Re: Women's experiences of health and social care: A public engagement supported by 'A Way Out' Report

Thank you for sharing the latest Healthwatch Stockton-on-Tees report with us, which highlights feedback from women who experience social marginalisation, exclusion and complex vulnerabilities regarding access to Primary and Secondary Care services.

It is extremely important for us to consider feedback from this group as this will help us to ensure that local services are inclusive and responsive to those who may have additional needs or who need to access services in specific ways.

Below is a list of the recommendations allocated to NHS Tees Valley CCG and our response to them:

Recommendation	Comments

GP practices to promote ‘choice’ in how patients access appointments and remote care.	Due to the current demands on general practice, including the prioritisation of the backlog of care, patients are offered appointments at a time which is appropriate and reasonable having regard to all circumstances and the patient's health would not thereby be jeopardised. At the beginning of the Covid-19 pandemic, NHS England issued clear national guidance regarding Primary Care Services. General practices across Tees Valley have implemented these procedures including delivering a model of total triage to all patients; via telephone, online and/or video consultations with patients being offered face-to-face appointments where remote triage isn't suitable.
GP practices to identify and record the specific support needs (relative to communication and ability to access specific GP services) of patients that have a range of complex social vulnerabilities, as and when their needs arise.	As stated above, patients are offered appointments regarding their circumstances and will be offered face-toface appointments as opposed to telephone / online / video if this is deemed to be suitable.
GP practices to support their staff’s knowledge and understanding of the registration of patients who are homeless/have no fixed abode/who are legitimately unable to provide documentation of living within their catchment area.	Official NHS guidance states that 'if a person cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration'. It also states 'that a homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation'. Further information is available here. GP practices in the Tees Valley are aware of this guidance, but we are able to send reminders via a monthly bulletin.

Health care professionals to communicate the risk, benefits and consequences of different methods of managing pain to enable patients to actively participate in their care and support. Healthcare professionals and support worker/advocate/carer to work together to facilitate this process and understanding where appropriate.	NHS Tees Valley CCG works closely with North East and North Cumbria Integrated Care System (NENC ICS) Personalised Care Group and has been actively involved in the development of a regional personalised care strategy. Personalisation is an enabler for system change to improve long term condition management, including pain management. At present the Tees Valley is working to develop local plans that implement the high-level regional strategy and mobilise service change at a local level to support improved patient outcomes and to ensure a patient's pathway focuses on what matters to them. We have liaised closely with the region to develop and implement a significant number of training opportunities for the Tees Valley workforce to improve their knowledge, skills and confidence in ensuring a patient's journey is personalised. Each pathway re-design programme undertaken has a focus on ensuring personalised care is an enabler to improved patient outcomes and work has been undertaken recently to look at MSK and pain pathways, cancer pathways plus ongoing work on respiratory and palliative and end of life pathways.

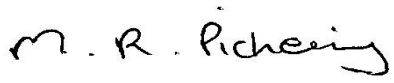
	Our current focus is on: • Continuing to embed personalised care as part of all existing work/existing recovery plans where we can, to help make a difference, alongside focus on larger transformation pieces of work • Build awareness/engagement/education/capacity across our system to focus on personalised care • Support the system with enablers for change such as creating opportunities to access pump prime funding where available, capacity to 'think' and transform as a system and enabling staff capacity to focus on the agenda **Community Pain Management** With regards to the management of MSK pain, all primary care referrals now go through a single point of access integrated MSK (i-MSK) service. The i-MSK integrated model provides a comprehensive Pain Management Service for MSK pain referrals to bridge the gap between primary care pain support and highly specialised secondary care pain management with the implementation of a biopsychosocial community model. The community model for pain services uses several evidence-based interventions including but not restricted to the Escape Pain (Enabling Self-management and Coping with Arthritic Pain using Exercise) rehabilitation programme. There is an enhanced MDT approach to pain management with consultants and nurses AHP and psychologist input together with dedicated opiate management clinics. Enhanced pain management programmes include physical activity where appropriate. The i-MSK pathway ensures personalised care is at the centre of all decision making, with personalised care plans being developed for all patients, following the principles of shared decision making. The CCG have also been working closely with clinicians in North Tees & Hartlepool NHS Foundation Trust to implement a tiered approach to the reduction in use of opioids for pain management: • Level 1 – A public health campaign to raise awareness of the risks of high dose opiates/poly pharmacy • Level 2 – NHS Pharmacies – supported by PCN Contract Directed Enhanced Service Structured

	Medication Reviews which came into effect October 2020 • Level 3 – Pain specialist nurse +/- internal pharmacy with an interest in pain • Level 4 – Consultant anaesthetist specialising in pain A pain management programme called 'Improving the Wellbeing of People with Opioid Treated Chronic Pain' (IWOTCH) which aims to empower people so that they are better able to make informed choices jointly with their healthcare provider is going to be rolled out in primary care across the Tees Valley with some practice-based pharmacists being trained by the I-WOTCH team to run community based opioid reduction clinics over PCN footprints. **Opioid Reduction – NENC ICS** There have been a wealth of approaches, initiatives and interventions locally, regionally and nationally to address opioid and, to a lesser extent, gabapentinoid overprescribing. These include: • Communications campaigns, including www.painkillersdontexist.com, www.livewellwithpain.co.uk and www.flippinpain.co.uk • Provision of prescribing data to prescribers in multiple formats including https://www.westyorksrd.nhs.uk/crop • Incentive schemes for general practice to reduce opioid prescribing rates • Pain clinic service reviews and transformation • Increased access to non-pharmacological interventions including • Helplines and telephone support • Counselling and support groups Acknowledging that this cannot be focussed on health outcomes alone, work continues across the whole region with the following stakeholders: • Foundation Trusts – ensuring prescribing policies and practices are designed to minimise prescribing to where it is essential, and evidence based • General Practice – review, prescribing avoidance and deprescribing

	• Commissioners – improved access to evidence based non-pharmacological alternatives • Community pharmacy – identifying prescription drug misuse, including from medicines available over the counter • Police – links from intelligence to prescribers identifying sources of diversion and misuse • Prisons – actions to reduce misuse and diversion including drugs used as 'currency' • Probation – linking into wider health services identifying at risk individuals • Local Authorities – links with Directors of Public Health (to e.g. link prescribing rates with the wider determinants of health), commissioned Drug and Alcohol services, Drug and Alcohol Harm Reduction Groups, and Substance Misuse Related Deaths Groups. • Education settings – Awareness, safety netting and signposting where misuse or diversion is occurring • Communications/media – changing societal expectations of pain management services or treatments • Directors of Public Health • Coroners

Thank you again for sharing this information with us and we look forward to reading the next report.

Kind regards,



Mark Pickering

Chief Finance Officer