

**Questions & Comments submitted for AGM 2021**

Question or Comment	Response
<p><b>When will GP surgeries be back to seeing patients face to face?</b></p> <p><b>I find the current way of telephone appointments and e-consultations unacceptable. I have not had a review of my health for a couple of years. Same goes for my 84 year old father who cannot use online services and is hard of hearing so telephone appointments are extremely difficult for him.</b></p>	<ul style="list-style-type: none"> <li>• At the start of the pandemic, like most health services, GP surgeries had to change the way they operated in order to keep patients and staff safe</li> <li>• This included providing initial telephone triage, and some telephone and online consultation options – changes which were already being introduced in many GP practices prior to Covid-19</li> <li>• However, GPs also continued to provide face to face appointments for patients throughout the pandemic, and currently around 57% of all GP contacts are face to face – and this figure has been increasing in recent months</li> <li>• Offering telephone and online consultations allows GPs to see more patients whilst keeping them and staff safe, and offers greater flexibility and choice to patients</li> <li>• But for those like your father who can't use online platforms and struggle with using the telephone, face to face appointments will always be an option too</li> </ul>
<p><b>In view of the tsunami of criticism levelled at the obvious reluctance by GP services to return to pre-pandemic working and the upward pressure this lack of face-to-face consultations is having on A&amp;E departments – what steps are the CCG taking to ensure that ALL GP's are returning to full working in their surgeries?</b></p>	<ul style="list-style-type: none"> <li>• We can assure you that GPs aren't reluctant to see their patients face to face – and have been doing so throughout the pandemic when needed</li> <li>• The increasing pressure in A&amp;E is a reflection of demand across the whole system and not purely down to the pressures that are in primary care</li> <li>• Despite GP practices currently offering more appointments now than we did two years ago, there are just not enough GPs to see patients as quickly as we would like, in order to meet the demand</li> <li>• The CCG is aware that there is some variation</li> </ul>

	<p>between practices and we're in close contact to support them to maintain access for their patients.</p> <ul style="list-style-type: none"> <li>• Where there is evidence that practices are falling short of expectations, we will work with them to ensure improvements are made.</li> </ul>
<p><b>As 66% of GPs were working part time hours before the pandemic – what percentage of those 66% of GPs have gone back to working full-time post-pandemic in order to help relieve the backlog of over 5m patients waiting for treatment?</b></p>	<ul style="list-style-type: none"> <li>• We obviously recognise that lots of patients had their care cancelled or delayed during Covid-19 – this is a huge issue for the NHS</li> <li>• But the treatment backlog is for specialist treatments / operations which GPs can't provide in surgery – so asking GPs to increase their hours wouldn't address that backlog</li> <li>• GPs are entitled to work part-time like any profession, and many do so to cope with stress of the role, and/or balance personal commitments e.g. caring responsibilities</li> <li>• Even just part-time GP hours are often equivalent to full-time hours in other professions e.g. 40 hours per week</li> <li>• Like all CCGs, we are working closely with our local hospital providers on plans for working through the backlog as quickly as possible – starting with those patient who are most vulnerable or have greatest clinical need first</li> </ul>
<p><b>Will there be more money invested into Children's Mental Health Services in the next financial year?</b></p>	<ul style="list-style-type: none"> <li>• Over the past few years, the CCG has made a number of investments into children and young people's community mental health services</li> <li>• We have increased access rates and exceeded the national target, with an approximately 60% increase in access since 2015 – although we know this is still not enough to meet need</li> <li>• There was an additional investment of nearly £4m into this area in Liverpool in 2020/21 – this covers both investments made into NHS services and voluntary sector partners</li> <li>• We recognise the negative impact of the pandemic on both children and young people,</li> </ul>

	<p>and on adult mental health, and are committed to prioritising this as part of recovery plans</p> <ul style="list-style-type: none"> <li>• We don't have final spend figures secured for this current year yet, as some funding is still in process. However, there is some additional investment proposed as part of Long Term Planning too.</li> </ul>
<p><b>Combatting loneliness is a necessary action to prevent poor health in all ages and after 25 years of various types of healthcare experience, I now organise local social "events" for older residents in my area (West Derby) as a resident not as a professional.</b></p> <p><b>Would the CCG ever consider "hiring" ex HCPs like me to improve wellbeing right at the heart of communities where it is clearly lacking, like I do now?</b></p> <p><b>And could something more be done for our lonely citizens?</b></p>	<ul style="list-style-type: none"> <li>• It's absolutely true that loneliness is a big social issue – and much broader than something health professionals are able to solve alone</li> <li>• As a CCG we have invested into a social prescribing model of care over recent years – a programme which supports GPs to refer patients into link workers and community groups providing a holistic approach to health and wellbeing</li> <li>• You can find out more about this at: <a href="http://www.wellbeingliverpool.co.uk">www.wellbeingliverpool.co.uk</a></li> <li>• And we'd be happy to put you in touch with members of that team after this event if that's helpful.</li> </ul>
<p><b>Liverpool City Region's Digital Strategy report reveals there are about 300,000 older / disabled people across the region who are digitally excluded, and who, as a result, often suffer health inequalities or are denied vital health information to help with their overall wellbeing.</b></p> <p><b>I represent a Liverpool-based registered charity that publishes a FREE health &amp; equality newspaper that targets this "forgotten and overlooked" sector of the community. The newspaper is now in its 17th year and has a readership of 250,000 – four times that of the Liverpool Echo. Five years ago we worked with the CCG to</b></p>	<ul style="list-style-type: none"> <li>• We recognise the issue of digital exclusion, which was especially apparent in our work with communities in the testing and vaccination programmes</li> <li>• Although we were often surprised by the ability of many people to engage digitally online or through mobile phones, we also quickly identified the communities that we weren't engaging and were able to find solutions to work around this</li> <li>• We will take this learning forward and will continue to work with our communities and with partners to ensure that nobody is excluded going forward, and we welcome any thoughts and advice on how we can achieve this.</li> </ul>

<p><b>promote its Healthy Living campaign. Will you consider working with us again in the coming year(s) to help solve this serious problem?</b></p>	
<p><b>How can the CCG help to ensure that the financial cuts and rationing of services and treatments, which will undoubtedly accelerate if the Health and Care Bill becomes law, do not disproportionately affect people who are already disadvantaged?</b></p>	<ul style="list-style-type: none"> <li>• Whilst we don't know all the details of how the new ICS which will replace local CCGs will function yet, we do know that there is a strong commitment to continuing to commission at a local level</li> <li>• The Bill which will bring about these changes is about organisational restructuring to reduce duplication in the local health system and not about making cuts</li> <li>• Although we do not yet know for certain what kind of budgetary arrangement is going to be in place, we anticipate that we will get similar allocations to what we have now in Liverpool through a system of delegation</li> <li>• We are not convinced that there will be significant cuts to NHS budgets, with recent government announcements of billions being invested into NHS services and social care in the future</li> <li>• We will continue to argue for fair allocation to Liverpool to help meet the needs of our local population.</li> </ul>
<p><b>What is Liverpool CCG's plan for rolling out the Covid vaccine booster? Particularly in terms of prioritisation of the elderly and vulnerable.</b></p>	<ul style="list-style-type: none"> <li>• The booster programme will cover the following groups:             <ul style="list-style-type: none"> <li>- those living in a care home for older adults</li> <li>- adults aged 50 and over</li> <li>- frontline health and social care workers</li> <li>- those aged 16 to 49 with conditions that put them at higher risk of severe Covid-19, and adult carers</li> <li>- adult household contacts of immunosuppressed individuals</li> </ul> </li> <li>• The doses will be administered by GP-led sites managed by PCNs, and patients will be invited when it's their turn</li> </ul>

	<ul style="list-style-type: none"><li>• Care homes residents will be prioritised first, as well as the elderly and those most at risk</li><li>• There is a target for us to have completed boosters for these groups by 1<sup>st</sup> November 2021, and we are confident that Liverpool will achieve this target with the help of our GP practice teams and our community providers.</li></ul>
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