HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM VOLUNTARY ACTION ORKNEY (VAO)

Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

In general, we welcome the proposals and the positive comments detailed in the report to change the way primary care is delivered, recognising the potential benefits to individuals and communities of a place-based, person-centred approach. However, this will require a significant shift in public and perhaps NHS/Third Sector staff understanding of what the changes are and what they aim to achieve.

We also feel a shift is needed from regarding the third sector as referrers to or from primary care to being partners in the creation of a network of support around each individual to meet their specific needs, with a focus on addressing long term conditions and health inequalities.

Third sector organisations are rooted in their communities, understand their issues and develop trusting relationships with vulnerable people that statutory agencies sometimes find difficult, therefore they can contribute a great deal to the work and outcomes of primary care teams. It would be a positive step to include third sector skills and experience in workforce planning so utilising the total workforce available within each area/community.

A clear understanding will be required of local needs based on accurate, up to date data from which to develop collaborative outcomes. This should include mapping of local services to identify what is already being delivered e.g. community-led support ‘hubs’, link workers, third sector projects/services, to ensure a joined-up approach and to avoid duplication. An example of a recent community-led initiative is the island wellbeing project, which is led by VAO in collaboration with 5 island development trusts. Several new collaborative services have been established ie The Hoy and Walls Daily Living-Aids Centre, established in collaboration with both the island GPs and the mainland resource centre to:

- provide general information to carers, friends, families or interested parties, on a two-week basis;
- inform residents as where to purchase some of the smaller, more readily available items;
- signpost where required to other organisations for example, Occupational Therapy, Sensory Impairment Services, Telecare, Orkney Care and Repair and the Orkney Disability Forum.
A wealth of local information can be accessed via Third Sector Interfaces (TSIs) who have direct and positive relationships with and understanding of their local third sector and communities. We also keep comprehensive, up to date, online and paper directories of all local services.

Effective information-sharing within and across sectors and services is essential to enable multi-disciplinary teams to meet their outcomes. Greater emphasis on the status of an individual's permission, with safeguards for the most vulnerable, would reduce a great deal of unnecessary and time-consuming bureaucracy around GDPR compliance.

Increasing public knowledge and understanding of the different primary care/allied health professional roles and developing confidence to contact them instead of a GP - staff from all sectors may also need this information. Allied to that is the use of plain language.

Recognition of the time that needs to be devoted to creating high functioning multi-disciplinary teams by breaking down professional, process and cultural barriers and addressing current restrictions placed by regulatory bodies, which may inhibit innovation.

Utilising new technology effectively and appropriately recognising that many people, including staff and particularly some older people will need time and support to engage with it; also, to ensure that the current different IT systems can ‘talk to each other’ to make internal communication more effective and efficient.

Clear commitment to allocating funding to prevention and tackling issues that lead to health inequalities with an understanding of the long-term nature of the work in achieving positive outcomes and within that context making a commitment to longer term funding/commissioning of the third sector.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

Recognition that additional resources are involved in maintaining equable access to services, where in our location with a main island (mainland) and 13 inhabited non-linked islands, the use of ferry, plane and sporadic public transport is essential to reach those populations, or for those populations to reach services. These resources are not just fares and expenses but the disproportionate staff time per individual appointment, session or contact. Usually a whole day for workers to reach one island community or for a member of the community to come to mainland Orkney to receive the service. Our island populations are the most disadvantaged in terms of access to services as apart from GP or practice nurses based in or visiting islands, all other services are based on our mainland.

Small staff teams in both third and statutory sectors, means that where a member of staff is lost, the service cannot be delivered effectively. Along with this is the ongoing challenge in attracting staff and a current high employment rate. Another barrier is the ability to attract properly qualified staff when there may not be a significant network of others in their field to make Orkney an attractive prospect. This includes, in our experience, CAMHS workers,
Psychiatrist (no proper provision when one visits every 3 months), Health Workers, Social Workers, Third Sector Managers.

The concept of community hubs needs a properly thought out infrastructure. Elderly, vulnerable or immobile individuals may have difficulty with a 100-meter trip let alone making a journey from the parish of eg Evie to Dounby GP Surgery. Regular targeted transport links or some system of supporting people to attend appointments is also vital.

The transport challenges of delivering or enabling easy access to services for our island population and the limitations of very small staff teams would make the aspiration to ‘have multidisciplinary teams in every locality’ particularly difficult in our island area.

Technology has its place and would be beneficial to the non-linked island communities given the travel and access issues, but there should be some caution and not a one-size-fits-all-people approach. People should be able to ask for other types of consultation (face to face). Even some young people would be extremely uncomfortable with for example a counselling/psychiatric appointment via VC when suffering extreme anxiety and would prefer to be in the room with the professional. Progress for some may be extremely off-putting for others.

The effective use of technology is dependent on up-to-date efficient IT infrastructure which is not in place in our islands, particularly the most remote. Communities that would benefit most, are the least likely to be able to take advantage of new technology.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

There should be a focus on identifying clear outcomes for and with patients and their involvement in contributing to the measurement of progress towards achieving those outcomes. Primary Care outcomes have been clearly articulated and should form the basis for monitoring and evaluation of the service. In addition, the team could measure progress towards alleviating the factors that cause health inequalities ie map and measure their activities against the public health priorities, as the local third sector has begun to do.

More thought should be given to the incorporation of third sector data which is a rich source of quantitative and qualitative data about local people’s needs and experiences – often of those who are seldom heard.

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1 Paragraph 9, page 2, What Should Primary Care Look Like for the next generation? Health and Sports Committee, 3 July 2019