

## Questions and Answers

### LLR CCG Virtual Patient Participation Group Virtual Meeting- 7 May 2020

A range of important questions were asked on the recent Virtual Patient Participation Group video meeting held on 7 May 2020. We have grouped them together and added detailed answers. Some questions needed further investigation. We are just pulling together additional information and will keep adding to the information below to ensure that you are kept up to date.

#### Statistics

*Q. Are there any statistics on the current pressures on the Hospitals? Such as current numbers of Covid patients in The UHL Hospitals or daily numbers of hospital admissions of Covid patients?*

*and*

*Q Can we find out the number of people affected in Leicestershire and the data on each area?*

A In order to keep people updated on the NHS response to Coronavirus in Leicester, Leicestershire and Rutland we provide and distribute twice each week a Covid-19 stakeholder bulletin.

The bulletin is circulated to key stakeholders including Patient Participation Group members and made available on the three CCG websites.

1. West Leicestershire CCG  
<https://www.westleicestershireccg.nhs.uk/publications/getting-involved/ppg-network/6-february-2020/coronavirus-covid19>
2. East Leicestershire and Rutland CCG  
<https://eastleicestershireandrutlandccg.nhs.uk/news/coronavirus-updates/>
3. Leicester City CCG  
<https://www.leicestercityccg.nhs.uk/news/ccg-news/novel-coronavirus-stakeholder-bulletin-leicester-leicestershire-and-rutland/>

The bulletin includes the latest information including statistics e.g. the number of lab confirmed Covid-19 cases in Leicester, Leicestershire and Rutland and the number of people who have sadly died.

As you are aware the situation is rapidly changing, therefore the bulletin also includes links to other official sources of information to tackle misinformation including the national government site: <https://www.gov.uk/coronavirus>.

*Q. The bulletins are too long, can they be summarised?*

A. The stakeholder bulletin is the most up-to-date and single point of information we send out to all our stakeholder, partners and PPG groups across LLR. The information is the condensed version of all the information we receive into the CCG for you to use and disseminate to your groups. Hopefully as it is divided into sections, people will be able to focus on those topics that particularly interest them.

Q. Which Leicestershire hospitals have Covid patients?

And

Q. Are UHL taking patients from neighbouring CCG areas?

A. Over the past few weeks many medical wards across all UHL acute sites have been transformed to cope with the surge in Coronavirus cases. This includes a ward to accommodate Covid-19 positive patients leaving intensive care, as well as those from the emergency department in Leicester Royal Infirmary. UHL continues to care for patients across Leicester, Leicestershire and Rutland and neighbouring counties.

### **BAME Community**

Q. Due to the increase of mental health challenges there is more demand for specialist counselling and emotional support. Will the NHS be providing any funding to support BAME mental health support locally?

A. We are not aware that there has been additional investment in this area, as our mental health services are open to all of the adult population. We have asked our 'Improve Access to Psychological Therapies' (IAPT) provider to extend their reach further into these communities.

There are no current plans for specific additional local funding to support BAME mental health, although this will be kept under review.

However, given the acknowledged higher impact of Covid-19 on BAME communities, we would expect NHS funded mental health support services (IAPT, LPT and Third sector organisations) to ensure they are extending out further their support offer to BAME communities across the city and county.

Q. Do we have equality data on BAME deaths locally?

A. Many of you will be aware of the emerging evidence that shows coronavirus is having a disproportionate impact on BAME communities. This is very worrying for our colleagues within health and care sector as well as the wider community.

At a national level, this is being investigated by NHS England and Improvement and Public Health England. Some specific evidence to emerge which will form part of the national review is:

- Overrepresentation in Intensive Treatment Units (ITU) – BAME patients make up 35% of ITU occupancy nationally, but represent only 14% of the population UK population
- Ensuring BAME communities whose first language is not English have access to coronavirus information in their chosen language
- Potential indirect impact on BAME communities of clinical service changes for conditions e.g. diabetes, cardiovascular services
- Existing health inequalities experienced by BAME communities being compounded because of the coronavirus pandemic

Within the local NHS we want to understand the impact it is having on our colleagues, their families, and the communities.

Coronavirus is unprecedented and we are learning as we respond to the outbreak. It is important we deal with these challenges when they arise. This issue is no different, which is why we are taking steps to ensure all our colleagues and their families are supported to stay safe. Both LPT and UHL are running listening events and are encouraging employees from ethnic minority backgrounds to talk about their experiences and share any concerns they have.

We will be guided by the Government initiated inquiry into why people from BAME backgrounds seem to be disproportionately affected by coronavirus. This is being carried out by NHS England and Public Health England. We are also supporting the work of the BME Centre for Health here in Leicester, which is undertaking research to understand why Coronavirus is disproportionately impacting Black and Minority Ethnic people in the UK.

### **NHS 111**

*Q. When you ring 111 from my experience, they are only interested in asking questions pertinent to covid, is this true?*

A. When someone calls NHS111 they are asked a series of questions that are pre-programmed and must be asked in order to understand the needs of the caller. Each answer is then recorded and the patient is taken down a certain pathway dependent upon their answer.

There are some questions that were front ended to determine if they were symptomatic for Coronavirus. This was necessary due to the high volumes of such calls the service was experiencing and to ensure they are provided with the correct advice.

### **Urgent care**

*Q. Are there plans to widen online triage to urgent care centres/hospitals from the current GP system?*

A. UHL and DHU are reviewing telephone and virtual appointment usage. DHU already do this utilising NHS111 and the local clinical navigation hub. For urgent Care services we still need to maintain a level of walk-in for patients who would require this where online services are not accessible or appropriate for patients.

*Q. Urgent Care Centres were suspended but without reinstatement, should there have been a public consultation?*

A. The NHS in Leicester, Leicestershire and Rutland has made some temporary change to service including urgent care centres to prioritise the efforts on Covid 19. The changes are necessary to make the best use of clinical teams and other health staff by basing them at fewer locations during the pandemic. By doing this we can continue to provide services safely for patients and lower the risk of infection by reducing patient movement across services.

The changes also reflect fewer face-to-face consultations between patients and health staff currently taking place as a precaution against Covid-10.

The temporary changes are being regularly reviewed and local people will be kept informed of the developments and reopening.

We are permitted to make temporary changes under something call regulation 23(2) of the s.244 Regulations if it is due to a risk to safety or welfare of patients or staff. In these circumstances, it may not be possible to undertake any public involvement or consultation. This was the case when the pandemic started. We have made considerable effort to ensure that the temporary changes have been communicated.

*Q. When will local urgent care centres be re-opened?*

A. We are continually reviewing services in line with the changes and the guidance the government are providing, making sure it is safe to do so. We will update you with any changes.

### **Recovery and re-opening of services**

*Q. What will happen to shielded people after the 12 weeks? (June 23<sup>rd</sup>) What implications are there on family members?*

A. The people on the Shielded Patient List are at the highest clinical risk of severe illness were they to contract Covid-19, hence these stringent and restrictive guidelines, which are designed to protect people by stopping them from coming into contact with the virus.

We appreciate how difficult this is. The Government guidance is advising people to shield until 30 June. Further guidance will be dependent on the progress of the pandemic.

### **Primary care**

*Q. Patients are discovering the telemedicine method of care when they need to contact their GP practice. Are there plans to start communicating with patients that this is the way they will be treated going forward?*

*And*

*Q. When will 100% of practices be told to use video consultation via computer rather than mobile phones? And can we have email communications with our practices?*

*And*

*Q. What about patients who haven't access to the internet?*

A. We launched a survey a couple of weeks ago, in partnership with Healthwatch, to understand from patients, carers and staff their experiences of using services during the pandemic. The information that we receive will be used to shape how services are provided in the future, ensuring that any new ways of providing services match the needs of our population and do not disadvantage people including vulnerable communities.

*Q. Are GP surgeries being sent the results of tests for Covid 19 so that they are aware of where the infections are locally and if there are any hot spots?*

- A. Yes Covid-19 test results are being communicated with all GP surgeries. The overall data is being analysed by public health to ensure that we have an understanding of the spread of the disease in Leicester, Leicestershire and Rutland.
- Q. *Going forward it seems likely that video consultations may well become the norm. Will GPs use a common product e.g. Zoom, Webex, or will each practice decide what they will use?*
- A. We are doing work to understand the experiences of patients and their family carers using services currently and talking to people providing them. Video consultations are appreciated by many people. The product used in the future by GPs will need to be an NHS-approved tool. This means that patients and GPs will be safe in the knowledge that those suppliers have achieved all the necessary requirements to comply with the online consultation technical standards.
- Q. *I think there needs to be more communication from GP practices to patients as I don't think patients know about the different forms of consultation available? Also my concerns are patients are so concerned with Coronavirus do we know if they are presenting late to A&E?*
- A. Practices are asked to use telephone, video and online consultations to support triage and remote management of patients.

In particular, they have been asked to promote online consultations to patients and introduce this service where they don't already have it. Communications has taken place over the last few weeks and more promotion will continue to ensure that patients know the options available to them.

- A. Locally we have seen a reduction in A&E attendances. The suggestion is that some people are concerned about catching coronavirus if they attend a health facility or just don't want to add to the pressures on the NHS. There may also be a belief that some services may not be running as usual at the moment.

The NHS in LLR wants people to be aware that they must continue to seek help when they need it. The local NHS has organised its resources and services to protect and effectively care for patients dependent on whether they have coronavirus symptoms or not.

We have issued a press release and undertaken activities to highlight the changes we have made and promote that the NHS is 'open for business'.

### **Communications and engagement**

- Q. *Some communities have raised the lack of verbal language specific information on Covid 19 not translated written information so will this be available?*
- A. Information relating to Covid-19 and wellbeing is available in other languages.

Translated information about the Government's advice on the importance of staying at home is available in Polish, Russian, Punjabi, Urdu, Bengali, Gujarati, Romanian and International Romany and can be downloaded here: [Translated Government advice](#).

The Prime Minister's letter to all residents is available in Polish, Russian, Punjabi, Urdu, Bengali, Gujarati, Romanian, International Romany and Somali. Information can be downloaded:

<https://www.gov.uk/government/publications/coronavirus-covid-19-information-leaflet>  
<https://coronavirusresources.phe.gov.uk/door-drop-campaign/resources/translations-door-drop-leaflet-updated-07042020/>

Information on the 'Every Mind Matters' campaign's 10 top tips to support your mental wellbeing has been translated into Polish, Russian, Punjabi, Urdu, Bengali, Gujarati, Romanian, International Romany and Somali. Information can be downloaded:

<https://coronavirusresources.phe.gov.uk/now-more-than-ever-every-mind-matters/resources/translated-social-media-post/>

UHL have also compiled a page on their website dedicated to directed people to information available in different languages and format:

<https://www.leicestershospitals.nhs.uk/patients/covid-19-information-hub/coronavirus-information-in-different-languages-and-formats/>

## Technology

*Q. We plan to have a PPG meeting using Zoom on Monday can you let me know how you managed this particular meeting as Zoom works pretty much the same. The advice about muting everyone and dealing with questions. Your experiences would be valuable to those of us trying to use this technology.*

A. There are many different platforms that essentially offer the same service of virtual meetings but vary in terms of different functionalities and cost of using those packages. There are pros and cons for each one.

Cisco webex is the platform that's most accessible to all and the simplest to use. There are no cost implications for users who are using a laptop or computer. A specific account is not required.

Microsoft teams is another virtual meeting tool but an account is required which needs to be linked to it and the software loaded onto a computer or laptop.

Zoom is another online meeting's platform which is relatively simple to use. However, it has been identified that Zoom presents a number of information governance and security risks and therefore the NHS are not allowed to use this platform.