



Date: Tuesday, 16 July 2024

Time: 9.30 am

Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Michelle Dulson, Committee Officer
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

6 Primary Care Update (Pages 1 - 60)

Report attached.

Contact: Nicola Williams, Associate Director of Primary Care, NHS Shropshire Telford & Wrekin

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SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	16 th July 2024			
Title of report	Primary Care Update including Community Pharmacy, Dentistry and Optometry.			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)	
Reporting Officer & email	Nicola Williams Ass. Director of Primary Care STW ICB Nicola.williams130@nhs.net			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this report address?	Increasing access to Primary Medical Care in Shropshire, increasing awareness of sight loss across health and social care settings, increasing access to dentistry in areas of low provision responding to the recent Dental Service Equity Audit for Primary Care Dental Services across Shropshire, Telford & Wrekin ICB.			
Report content - Please expand content under these headings or attach your report ensuring the three headings are included.				
<p>1. Executive Summary The ICB has had delegated authority for Primary Medical Care for several years. Since 2023 it has also had responsibility for community pharmacy, dental services, and optometry. This report provides an update on primary medical care and plans for 2024/25 and for the first time some of the work that is happening in the other three services.</p> <p>2. Recommendations For the Board to note the update and supporting appendices.</p> <p>3. Report Please see</p> <ul style="list-style-type: none"> • Appendix A – STW ICB System-level Primary Care Access Presentation • Appendix B – Dental Service Equity Audit for Primary Care Dental Services Presentation 				
Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	N/A			
Financial implications (Any financial implications of note)	This is all funded under the ICB operating budget.			

Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Appendices		
Appendix A – STW ICB System-level Primary Care Access Presentation		
Appendix B – Dental Service Equity Audit for Primary Care Dental Services Presentation		



**Integrated
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Shropshire, Telford and Wrekin



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STW ICB System-level Primary Care Access including Community Pharmacy, Optometry and Dentistry Plan for 2024-25

Update for Strategic Commissioning Committee

July 2024

Executive Summary

Since the launch of the PCARP program in May 2023 there have been significant improvements across the county in digital telephony, the expansion of ARR's roles, engagement with the General Practice Improvement Program and better mapping and understanding of appointments in general practice.

At the same time, we have seen two practices merge and one PCN change into two PCNs meaning that across STW we now have 50 practices across 9 PCNs.

This is a two-year program so this reviews plans for year two.

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Background

Following the publication of the Delivery plan for recovering access to primary care in May 2023, integrated care boards (ICBs) were required to develop system-level access improvement plans. This aligns with leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services.

National guidance was published at the end of July 2023 detailing the required contents of the system level plan.

The STW Primary Care Access Improvement Plan 23/24 set out our ambition to improve local access to general practice, maintain and improve patient satisfaction and work to streamline access to care and advice.

The 24/25 planning process builds on the progress from 23/24 and highlights any areas of variation within and across PCNs.

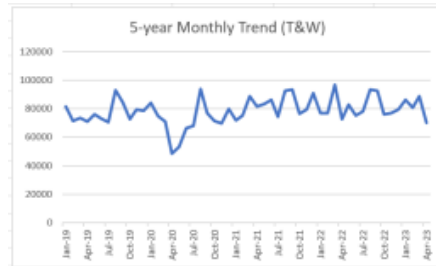
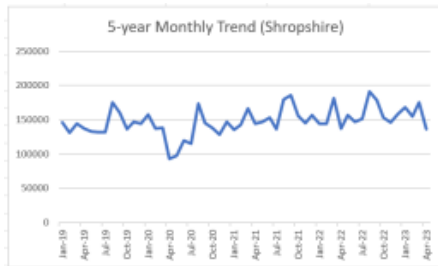


Background

Where we started

Primary Care have been working hard to return access to pre covid levels as well as increasing the access available to patients. We now see around 2.86m appointments a year with an offer of over 9% more appointments than we had pre covid with 7 out of 10 patients being seen face to face, as seen below:

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Overall, the STW starting position with GP survey results was good and two STW practices were amongst the top 10 practices in the Midlands Region in the 2023 GP Patient survey receiving a congratulatory message from the Regional Medical Director for Primary Care. Our response rate for these GP Surveys is currently 41% ((2023) 2024 survey not yet started) .



- General practice in Shropshire, Telford & Wrekin, now comprises of 50 practices (36 Shropshire, 14 T&W) operating from over 70 sites.
- There are 9 PCNs ranging in size from 31,000 to 127,000.
- In 2022/23 General Practice delivered around 2.9 million appointments a year.
- Appointment data shows that there are more appointments in General Practice now than pre-pandemic an increase of 7%.
- In the YTD 7 out of 10 patients seen face to face, 54% of patients in T&W and 50% of patients in Shropshire were seen same day/next day, but perceptions are that you can't get an appointment - media coverage and social media reinforce this.
- In the YTD around 1.7 million general practice appointments were provided (1.12m in Shropshire, 557k in T&W), an increase of 3% on the same period in 2022.



How we will improve Access to Primary Care?

The NHSE Primary Care Access Recovery Plan (PCARP) is underpinned by 4 pillars:-

1. Empowering patients

**2. Implementing Modern
General Practice Access**

3. Building capacity

4. Cutting Bureaucracy



Building Capacity

- The NHS Long Term Workforce Plan 2023 includes General Practice and the wider primary care contractors.
- Shorter term, as practices improve access, they will have to manage more patient requests and optimise the use of the full practice team.
- It also means **we need to continue to build total general practice capacity.**
- The **immediate growth will be in the broader practice team**, strengthening the foundation for more multidisciplinary working in the future.

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Larger multi-disciplinary teams

- Since 2019 STW PCN additional roles have grown the total number of clinical and direct patient care staff in general practice by over **253 full time equivalent (fte) staff in 20 different roles** (April 2024).
- The STW Primary Care Training Hub and Clinical Facilitators work closely with all PCNs supporting these areas providing access to preceptorship programmes, advanced practice training, CPD, peer support and clinical supervision, all of which support recruitment and retention and increase capacity and capability of MDTs.



Health Inequalities National Context

The NHS Long Term Plan places preventing ill-health and reducing health inequalities at the heart of the NHS.

Tackling health inequalities is a core priority for the NHS, as people from deprived backgrounds are more likely to develop long-term health conditions, suffer poor health and experience reduced life expectancy.

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The NHS Prevention Programme commits to supporting people to keep healthier, for longer. This includes helping people make healthier lifestyle choices and treating avoidable illness early on.

1. Weight Management
2. Alcohol
3. Tobacco
4. Cardiovascular Disease
5. Stroke
6. Cancer
7. Respiratory
8. Mental Health

The National Healthcare Inequalities Improvement Programme (HiQiP) asks systems to focus on five priority areas:

1. Restoring NHS services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes (including the initiatives outlined in the NHS Prevention Programme, Core20PLUS5 Key Clinical Areas for Adults and Core20PLUS5 Key Clinical Areas for Children & Young People.
5. Strengthening leadership and accountability.



CORE20 PLUS 5

NHS

Health Inequalities System Commitments

Shropshire, Telford & Wrekin Integrated Care System (ICS) pledges to tackle the problems of ill health, health inequalities and access to healthcare through a shared approach to ensuring health inequalities are mainstream activity that is core to, and not peripheral to, the work of the NHS.

- The Shropshire, Telford & Wrekin Health Inequalities Implementation Plan outlines clear, evidence-based priority objectives, aligned to the national key lines of enquiry and Core20PLUS5 Clinical Areas for Adults and Children and Young People.
- STW has enacted system governance changes following an internal review in Q4 2022/23, with the commencement of a dedicated Prevention and Health Inequalities Group, Chaired by the Local Authority Director of Health and Wellbeing. Membership includes Executive Leads and named SROs for Health Inequalities across all healthcare Providers.
- Support offered by the ICB Health Inequalities Lead and Project Manager to Executive Leads in Provider organisations (including PCN Health Inequalities Leads) to assist in progressing the health inequalities agenda and making connections across Providers.
- Introduction to Health Inequalities Understanding and Awareness session delivered to ICB staff. A central resources page is available on the internal website for all system to access further training and resources, ensuring staff are supporting in delivering duties under 2012 Act.
- STW have developed, with partners, one system-wide Integrated Impact Assessment (IIA) which provides consistency in the system approach to considering impact and involving the public. The IIA widens the traditional EQIA, addressing the 9 protected characteristics under PSED to include duties regarding factors such as social exclusion, socially deprived communities, quality, travel and access and climate change.



Health Inequalities – Enablers to Better Access

STW 2023 Patient Satisfaction Survey Results shows that when results are grouped at a PCN level, all Shropshire PCNs were above the national average whereas Telford based PCNs showed below the national average for up to 10/19 questions with three below the national average for 'Overall how would you describe your experience of your GP practice'.



- Empowering patients through providing Accessible Information, encourage Shared Decision-Making, promote Health Literacy, and enable patients to access their medical records, test results, and health information electronically.
- Engage in regular communication by making it easy and accessible for patients to reach out with questions or concerns and provide opportunities for follow-up appointments and discussions to track progress. Particularly Core20PLUS populations (including people who do not speak English as a first language, people experiencing homelessness and inclusion health groups).
- Health & Wellbeing Coaches, Social Prescribers and Care Coordinators in place who are supporting many different cohorts of patients including those living with cancer, those isolated, and patients most at risk of developing long term conditions to make lifestyle changes.
- Improving and supporting increased use of online access for those who are digitally able (plus through connections to digital literacy support) and reducing telephone traffic will ensure quicker access for those that need a traditional route.
- Increasing levels of Friends and Family responses to provide a richer source of feedback for Practices to review and act upon.
- Supporting GP Practices to improve ethnicity recording for all patients but in particular those with a Learning Disability or Autism to support a Population Health Approach and inform targeted action to improve access for underserved communities.



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2024-2025 Requirements

To gain the 2024-25 full CAIP payment, all practices need to have in place the following

MGPA priority domain	All PCN practices to have following components in place and these continue to remain in place
1) Better digital telephony	Digital telephony solution implemented, including call back functionality; and each practice has agreed to comply with the Data Provision Notice so that data can be provided by the supplier to NHS England. Digital telephony data is routinely used to support capacity/demand service planning and quality improvement discussions.
2) Simpler online requests	Online consultation (OC) is available for patients to make administrative and clinical requests at least for the duration of core hours. Practices have agreed to the relevant data provision notice (DPN) so that data can be provided by the supplier to NHS England as part of the ' submissions via online consultation systems in general practice ' publication.
3) Faster care navigation, assessment, and response	Consistent approach to care navigation and triage so there is parity between online, face to face and telephone access, including collection of structured information for walk-in and telephone requests. Approach includes asking patients their preference to wait for a preferred clinician if appropriate, for continuity.

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2024/25 Summary of Recovering Access Targets

April 9 Letter from Amanda Doyle [NHS England » Delivery plan for recovering access to primary care: update and actions for 2024/25](#)

- A. Empowering Patients
- B. Implementing Modern General Practice Access
- C. Build Capacity
- D. Cutting Bureaucracy

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Next steps for STW ICB

- Letters sent to all PCNs after review of 23/24 progress setting areas for focus for 24/25 plans. These include a request for PCNs to reflect in their plans to address inequalities in provision and patient access.
- Start to include pharmacy, optometry and dentistry access recovery plans and progress in addition to general practice.
- Develop the PCITG and PCSCIG to function effectively to continue to oversee improvements in access and reduce bureaucracy across organisational boundaries freeing clinical and admin capacity and simplifying the patient journey.





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PCN CAIP 2023-24

PCN Case Studies

May 2024

Project focus (CAIP priority) - Ease of Access & Demand Management

- **Aim** - We worked with external partners and agencies to create a remote Pharmacy Technician service for the PCN that supports the practices with medicine reconciliation through their Docman systems, general medicines related tasks and the increasing burden of sourcing alternatives for patients.
- **Approach** - The creation of a 'remote' pharmacy technician team to deliver the work streams will improve the quality and safety of the medicine issuing and reconciliation, speed the process up for patients, reduce the pressure on practice teams and create extra resilience for the practices in that the team could be trained and set up to work across member practices to help support with absences and workload pressure

Measured Outcomes -

- Increase in Technician time
- Shift of workload from Clinical Pharmacist to Technician
- Increase in Clinical capacity for Pharmacists
- Reduction in lost time due to cross cover for annual/sick leave

Next Steps / Shared Learning - Look at cross organisational workload for other staff groups – i.e cancer care coordinators, social prescribing etc. Look at clinical skill mix of the pharmacist team to maximise further capacity increases in our practices.



South East Shropshire – Accurx Plus

Project focus (CAIP priority) - To allow all practices within the PCN access to the same services via Accurx & Patient experience of contact

- **Aim** - Allow practices access to the same services, Streamline appointments and booking processes, Save admin and reception time, Reduce DNA's, Increase access to surgeries.
- **Approach** - Roll out Accurx Plus to practice sites. All have the same access to the same elements of the services provided by Accurx. The PCN signed up to a 2 year contract. We used a vast proportion of our Capacity and access funding to do this to make sure we could provide services for longer. This is more useful than short bursts of cash. We front loaded practices with capacity and access funding to buy individual batch messages to ease ongoing costs and lessen the cash flow burden to practices.

Measured Outcomes

- The PCN Capacity and Access survey results show that patients are finding the navigation of booking an appointment and their experience of contact with their practices much better.
- There has been a 5% increase since 2022 with patients giving a positive review of how generally pleased they are with the services the practices provide. Some of this is directly linked to the ability to book through self booking links and data/information available through batch messages and Florey questionnaires, without the need to book an appointment and take time out of their day.
- The data shows an increase from 79% to 84% positive feedback. This is significantly above the national and ICB average.

Next Steps / Shared Learning - We will hopefully be able to continue funding the Accurx license over the 2 years we have already signed up too. The functions are useful and beneficial to practices and reduce the burden of information process of admin and reception teams. Accurx allow practice to collect and monitor data of patients remotely therefore freeing up face to face appointments. Staggered charges and licenses paid by a variety of different organisations makes it difficult to see what the total cost of the service was going to be. Front loading practices with the ability to pay their on going bills has proved useful and necessary to keep the service running smoothly and organised.



South East Shropshire – Upskilling of ARRS staff

Project focus (CAIP priority) - To reduce burden on GPs and allow for more appointments.

- **Aim** - Upskill ARR staff Clinical Pharmacists - 3 x IP course supervision, 1 x Spirometry renewal. Physicians Associate - Coil and implant training supervision
- **Approach** - Enrol staff onto IP courses, Enrol PA onto Sexual Health Course, Partner with STW training hub for funding access to the course. PCN support for member practice to fund the supervision pathway and backfill for GPs time supervising, Overall benefit of supervision time spent to get the ARRs to a higher level.
- **Measured Outcomes** - Benefit of Independent prescribing qualifications to all PCN member practices, Benefit of sexual health clinics to Broseley and Albrighton practices, Spirometry support for Brown Clee, Cleobury, Bridgnorth and Highley practices, Less GP admin time issuing prescriptions on behalf of the Clinical Pharmacists, Less duplication of work, Backfill of GP time supervising with a locum to ensure continuity of services in practice.

Next Steps / Shared Learning - Next steps would include continuing to support our ARR workforce to upskill to provide additional benefits to practices. Encourage using their skills to enhance their portfolio of expertise and support practices in access the skills that ARRs can bring to primary Care. Supervision and backfill costs are greater than course costs and requires significant future funding to upskill additional staff or future upskilling of these staff. Staff retention rates need to be kept in mind when upskilling at such great costs to the network practices to ensure they see the benefit of the newly learnt skills and staff continue employment in the PCN.



Shrewsbury PCN – Winter Illness Centre (1 /2)

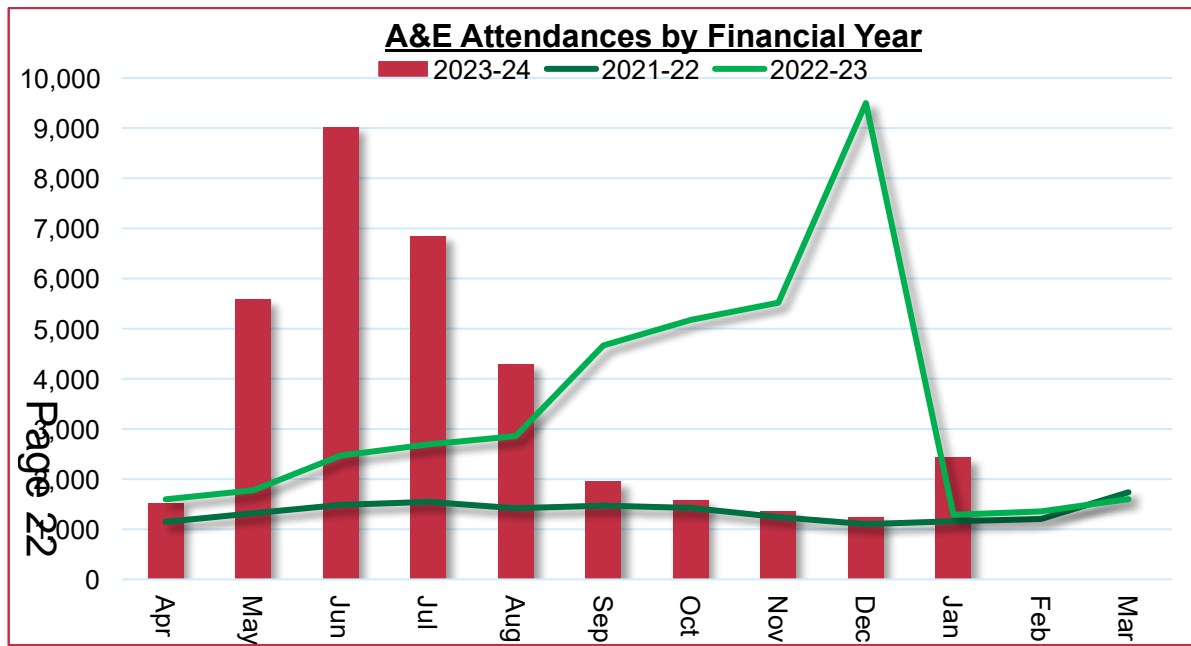
Project focus (CAIP priority) - Main project for our PCN

- **Aim** - To provide extra capacity for acute respiratory illness, sore throats, earache over winter months from October 2023 – March 2024
- **Approach** - Please see previously supplied service specification document
- **Measured Outcomes** -
 - Number of appointments provided from October 2023 – March 2024: 5935
 - Cost per listed patient: £3.36
 - Cost per appointment: £66
 - Patient feedback data : 96% Very good or fairly good
- Impact on A&E VB11Z attendances: improved - see [CAIP Case Study Template SPCN.pptx](#) for graph
- Ambulance arrivals: improved - see [CAIP Case Study Template SPCN.pptx](#) for graph
- 111 cases per 1000 population: improved - see [CAIP Case Study Template SPCN.pptx](#) for graph

Next Steps / Shared learning - This project could form the basis for a commissioned service to cover all practices in the ICB. We have demonstrated that this model works, is scalable and deliverable. This project could be delivered in rural areas utilising Bob/Betty the Bus. Early discussions with other PCNs, practices and clinicians are suggested to enable this to be delivered for next winter. If this were scaled across the ICB it would cost around £1.2 million to deliver, assuming appointment provision of around 5% of listed patients. While financial challenges are significant in our system, discussion with PCNs and the ICB could look at using a combination of winter pressures funding and Capacity and access funding.



Shrewsbury PCN – Winter Illness Centre (2/2)



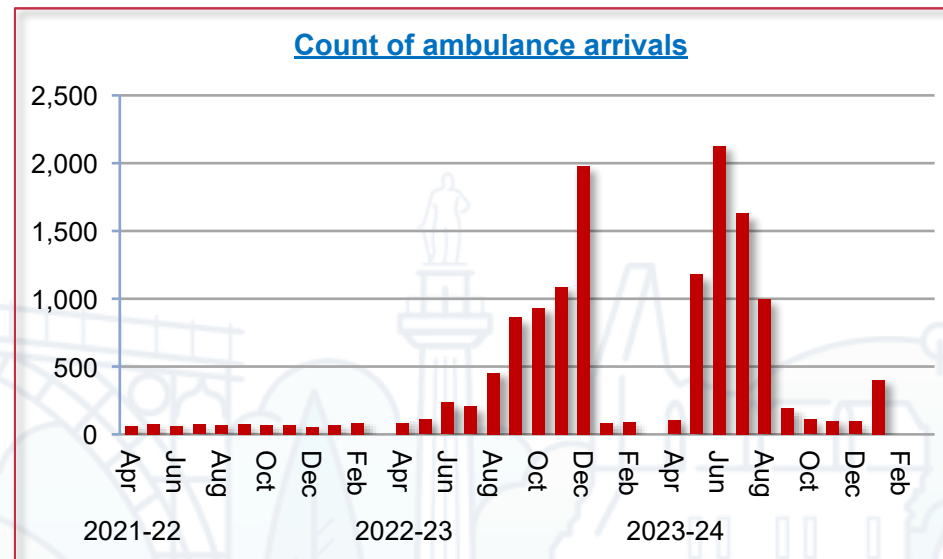
WIC opens October 2023

“Absolutely fantastic care given to my son. What lovely professionals you have working there!! A credit to our NHS”

“I was very impressed with every aspect during my visit to the Winter Illness Centre. Thank you”

“The Doctor that saw me had the best bedside manner I have ever had in sixty plus years. A lovely caring lady”

“Superb experience, as a working man, getting back to being fit and well is so important. Keep up the excellent work, and the same-day appointment was fantastic”



Portcullis Surgery

Focus - Ease of Access and Demand Management

- **Aim & Approach** - Historically, Portcullis Surgery had not offered online consultations, instead offering an email contact service to their patients. As part of the capacity and access improvement plan, they undertook to implement a new online consultation service. This was added to their website and advertised prominently to their patients in the surgery and through their social media pages. Patients have appreciated the new service and are using it effectively.
- **Measured Outcomes** - Portcullis Surgery are now achieving 27.14 eConsults per 1000 patients and have noticed that this eased demand and reduced waiting times for routine appointments.



Portcullis Surgery

- **Focus - Ease of Access and Demand Management**

- **Aim & Approach** - Whilst all other practices in the PCN used mjog for sending SMS messages to patients, Portcullis Surgery decided last autumn to invest in the enhanced functions of AccuRx relating to batch messaging and appointment booking. They have used this technology to send messages to patients who are due health checks, and issue invitations to immunisation clinics.

Measured Outcomes - Between October 2023 and February 2024, 1,922 appointments were booked directly by patients using this technology, saving a huge amount of reception time, which could then be used in other ways. Despite having to bear the costs of the SMS messaging, which is reimbursed by the ICB for mjog but not for AccuRx, the savings achieved in terms of reception capacity and improved service for patients justified this.

- **Next Steps / Shared Learning** - The learning from this experience has been shared with the other practices in the PCN, and the PCN has now purchased these enhanced functions for all our member practices





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Pharmacy

July 2024

- A new service Pharmacy First started in February 2024. This provides access to advice and support for seven common conditions without having to see a GP.
 - All community pharmacies in STW have signed up to be part of the scheme.
 - At the same time two existing schemes (BP monitoring and oral contraception) are being promoted to increase public awareness and increase uptake.
 - All of these initiatives aim to provide alternatives for patients to having to attend their GP practice. Promoting access for patients and reducing demand on GPs.
 - We are in the process of deploying some new roles focussing on engagement between PCNs and community pharmacies to exploit all opportunities for shared working.



Delivery plan for recovering access to primary care (PCARP)

Pharmacy First	Feb 24	March 24	April 24	May 24	June 24	July 24
STW PF consultations	3372	3902	3900	4009		
STW PF consultations per 100K	282.4	313.6	331.2	355.5		
Midlands PF consultations average per 100K	196.4	221.5	244.3	232.7		
STW total GP referrals	955	1029	912	782		

Oral Contraception	Feb 24	March 24	April 24	May 24	June 24	July 24
Initiation oral contraception	8	17	24			
Ongoing monitoring oral contraception	57	61	104			
Total oral contraception	65	78	128			

Blood Pressure Check	Feb 24	March 24	April 24	May 24	June 24	July 24
ABPM check	42	34	49	41		
Clinic Blood Pressure Check	1076	1067	1509	2207		
Total Blood Pressure Checks	1118	1101	1558	2248		

National Targets

- Increase PF pathways consultations per month by at least 320,000 by March 2025
- Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025
- Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 per month by March 2025





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Optometry

July 2024



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Electronic Eye Referral System (EeRS)

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July 2024

Why was EeRS Commissioned?

- A review of Eye care across the Midlands region showed variations in processes across its ICBs – Manual and digital integration and clinical triage
- Ophthalmology services in secondary care face enormous challenges :
 - Ageing population
 - Enhanced technology enabling more treatments
 - Backlogs made worse by Covid-19
- Ophthalmology has the highest number of outpatient appointments for any speciality
- A lack of data makes it difficult to monitor quality of services or to assess service needs and define future commissioning intentions

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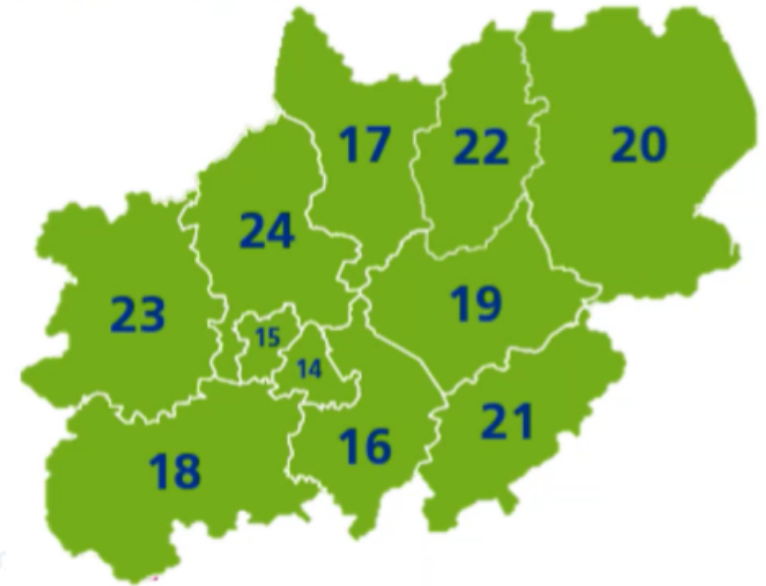
The Midlands region

aspiration, is for all eyecare referrals and communications between Primary, secondary and tertiary care to be managed via an **electronic referral platform**

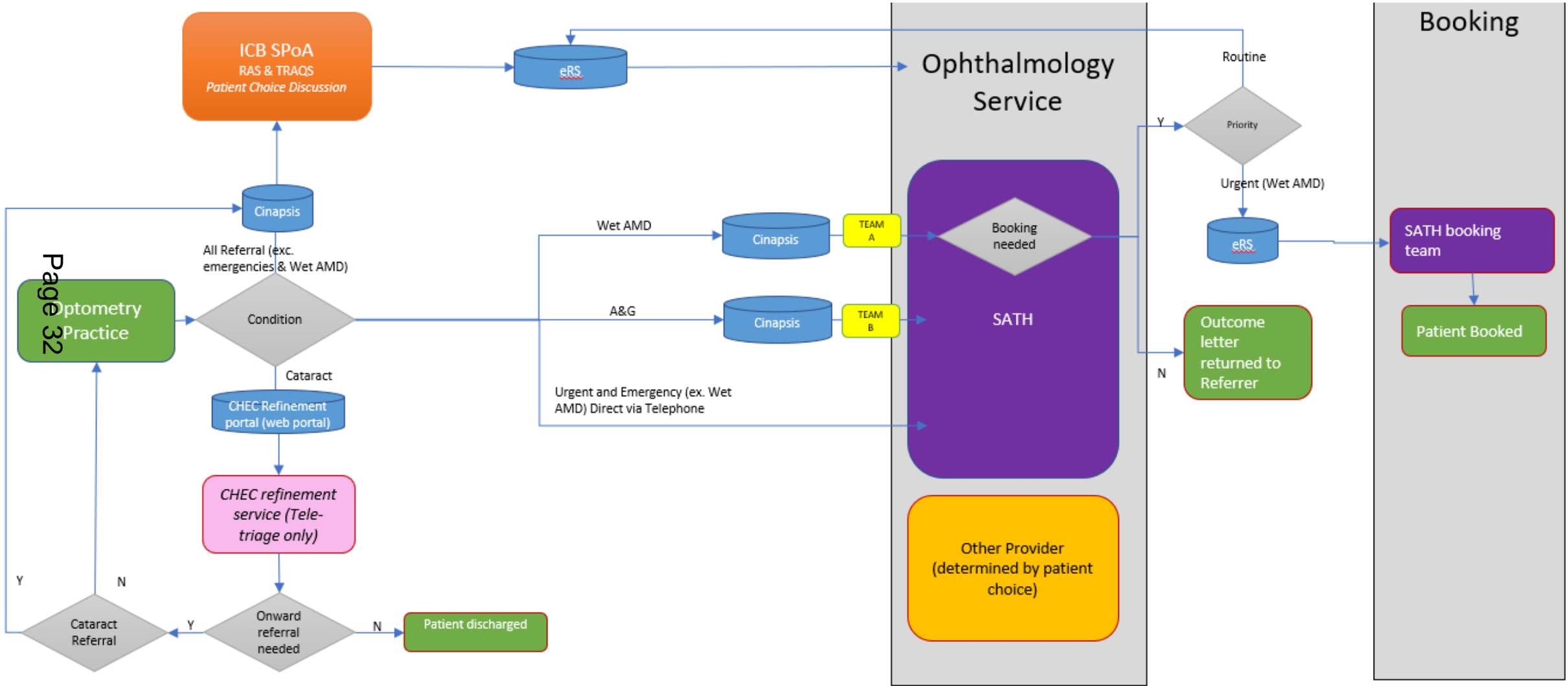


What is EeRS

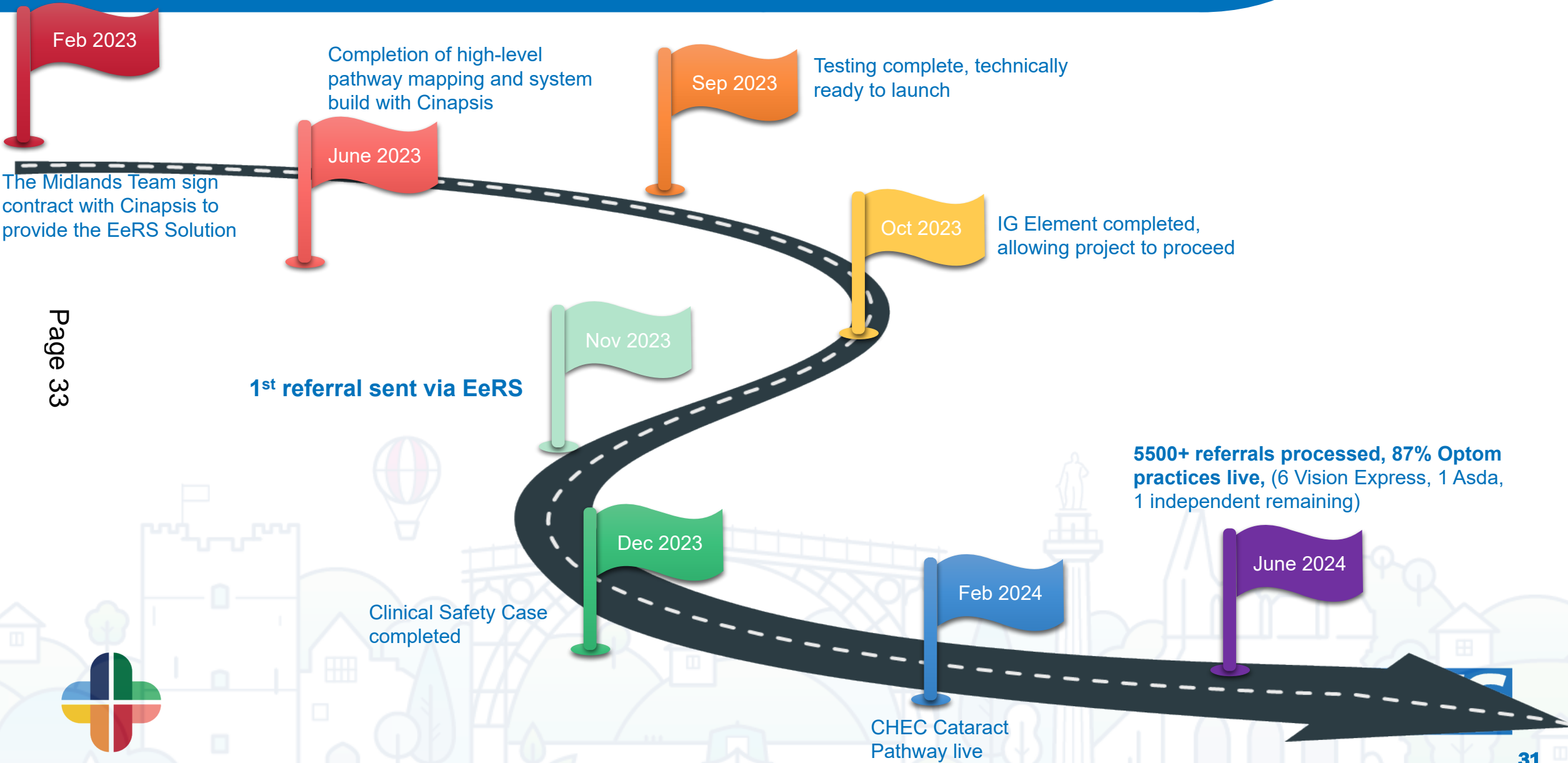
- EeRS is an up-to-date digital platform for all Eyecare referrals and communications between Optometrists, RAS and TRAQs, secondary care and Eyecare Providers.
- NHSE commissioned Cinapsis to provide the EeRS platform across the Midlands Region, covering 11 ICB's,
- STW was put forward as an early adopter of EeRS and have led the way across the region, being the first to go live.
- The ICB project team have worked closely with SaTH, The LOC, RAS & TRAQs, Claire Roberts the ICB Clinical Advisor and the Midlands regional team alongside Cinapsis and Ethos (clinical safety advisors) to implement EeRS across STW



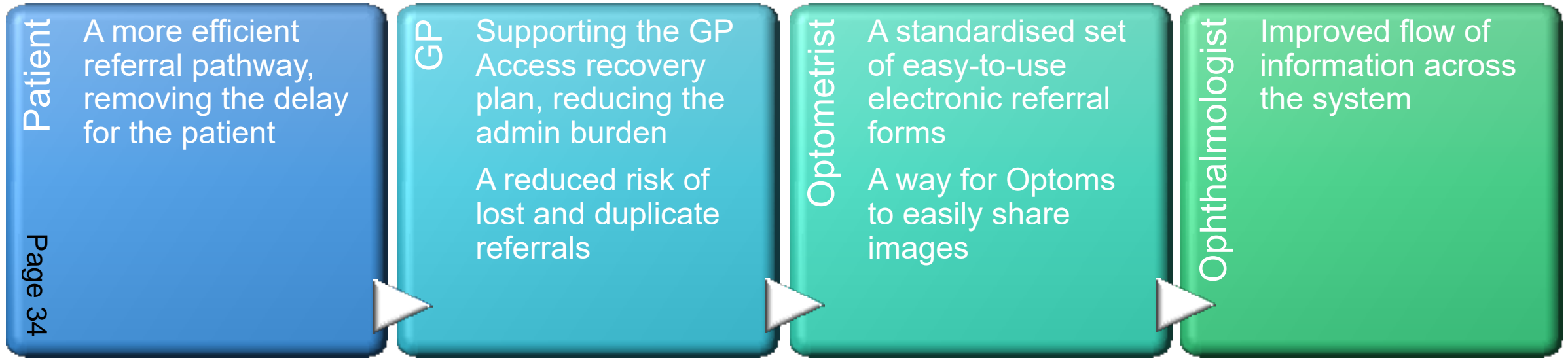
EeRS Pathway



The Journey



The Benefits



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- An excellent example of system wide working, bringing professional groups together to resolve issues and make the project a success.
- Transparency and timeliness of data, to support future strategic planning
- Recordable Advice and Guidance activity



The Challenges

- IG/IT processes, having partners onboard and capacity built in
- The final 10% of Optom sign up, - The multiples Vision Express and Asda.

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The Independent Sector - Access to Patient medical history information





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New Understanding and Supporting People Living with Sight Loss eLearning Modules

Developing a new bespoke training resource

July 2024 Strategic Commissioning Committee

What have we done?

We have developed a brand-new e-Learning resource for staff working in health and care services to help improve the lives of people living with sight loss.

Why have we done it?

The Local Eye Health Network (LEHN) became aware of a gap in knowledge and understanding of sight loss and how it impacts people's lives.

Within our county, there are currently around 19,500 people living with sight loss so it is very likely that every single one of the 22,000 people working in our health and social care system will come into contact with someone living with sight loss at some point.

We want to help our system workforce understand more about sight loss and inspire our colleagues to think about what they can do differently to improve the health and care experience of people living with sight loss.

We know small changes can make a big difference.

How did we do it?

Inspired by a project in Nottinghamshire and utilising the ICS Learning Management System, the LEHN funded the project and worked with local experts, people with lived experience of sight loss, and NHS STW's Communications and Engagement Team and People Team to co-produce the learning resources.

The journey so far...

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March 2022
LEHN and
People Team
connect

April 2022
Set-up sub-groups
inc. experts, NHS
STW People Team
and C&E Team

August 2022
Facilitate focus
groups with
sight loss
experts

Nov 2022
Connect with
Notts &
Visualise

Jan 2023
Agree approach,
feedback to focus
groups and
recruited volunteers

April/May 2023
Filming with
people with sight
loss and services

May-Sept 2023
Develop videos,
influenced with
feedback from
those involved

November 2023 –
Soft launch - direct
engagement with
key stakeholder,
comms toolkit and
phased roll-out

Feb 2024 -
Continued
promotion and
engagement
informed by data

Phased roll-out to:

- Optical Practices
- Local Optical Committee
- SaTH Ophthalmology
- Shropshire and Staffs Diabetic Eye Screening Programme
- General Practice
- Dentistry and pharmacy
- Social Care
- Wider ICS partners

What people living with sight loss said

Our focus groups cited **communication** as being key to improving their experience of accessing services:

- ✓ Ask people about their **preferred formats** of communication and use it for all appointments, not just ophthalmology. ‘How would you like to receive information?’
- ✓ Don't be afraid to ask people if they have sight loss and what you can do to **support them**.
- ✓ Always remember to **talk to the person** with sight loss, not their carer.
- ✓ People with sight loss may need more **time, guidance and information** e.g. where they need to wait, where things are located and support to get to places.
- ✓ Always ensure people with sight loss are treated with **respect and dignity** and are not made to feel like they are a burden.



About the training

- There are two modules to the training (no requirement to complete both).
- The first is for those needing a basic understanding of the different conditions, their impact on people's lives and how to make small changes to day-to-day practice and services, so they are more accessible.
- The second is more in depth and provides information about where people can be signposted for support as they try to navigate their sight loss journey.
- The e-Learning includes 4 videos about the experiences of people living with sight loss and local services to make the modules more engaging and interactive.

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The screenshot shows a course interface with a sidebar menu on the left and a main content area on the right. The sidebar menu includes sections like 'SECTION 1: SIGHT LOSS FACTS AND MYTHS', 'SECTION 2: DIFFERENT EYE CONDITIONS', and 'SECTION 3: COMMUNICATING EFFECTIVELY'. The main content area is titled '1.1 About This Course' and features an illustration of diverse people with various disabilities, including a person with a white cane, a person with a guide dog, and a person on a bicycle. Below the illustration, there is a 'Welcome!' message and a paragraph stating: 'It's estimated that more than two million people in the UK live with a visual impairment that is severe enough to have a significant impact on their daily...'

- We'll cover 9 sections:
1. Sight Loss Facts and Myths
 2. Eye Conditions and their Effects
 3. Emotional Impacts of Sight Loss
 4. Communicating Effectively
 5. Making the Clinics more Accessible
 6. Mobility and Sighted Guiding
 7. Overcoming Barriers with Assistive Technology
 8. Certification and Registration of Sight Loss
 9. Referral to Support Services

Zodiac's expert guide to Guide Dogs

INSTRUCTION
If you'd like to learn more about guide dogs, watch the videos below.

Guiding techniques

A training video produced by

VISUALISE
Training and Consultancy



Feedback from learners – what will you do differently?

To use better communication with people who have sight loss. To signpost people to support.

Passing on the information I have learned and the support the patient can access.

Guiding a patient with sight loss. Also advising the patient on the support that is there for them.

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Be aware of my clinic room and environment. Make sure that signage is appropriate.

The videos were well produced and very helpful, seeing all the visual photos of conditions helps me empathise more without patients with those conditions.

I'm going to make sure that all of the GPs, nurses, and Clinical team, as well as the admin staff in our Practice, know how to access the help and support available, as well as make our practice a little easier to navigate for Visually impaired patients.

Providing better instructions to the individuals who require assistance. Ensuring all of our areas are clear of obstructions.

Feedback from learners – who else would benefit from the learning?

All. Receptionists who direct our patients to waiting areas.

All staff from every sector.

All staff who have contact with people with sight loss.

Absolutely everyone!

Every service in the NHS. Regardless of the condition that the patient is being referred for, the patient may also experience sight loss.

All services in health care also shop assistants, day out venues, public transport.

Anyone with a public-facing role within the councils, third sector, and health.

- Complete the training and think about how you can apply the learning.
- To learn more about the process we adopted to develop the e-Learning or to find out more about the ICS Learning Management System, please contact jo.bayliss@nhs.net
- To access the learning via the ICS STW Learning Management System, scan the QR code.





**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

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Dental

July 2024



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Shropshire, Telford and Wrekin

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July 2024

**Dental Service Equity Audit for Primary
Care Dental Services across Shropshire,
Telford & Wrekin ICB**

Introduction

- A Dental Service Equity Audit identifies how fairly dental services are distributed relative to the oral health needs of the population.

The NHS England 2023/24 priorities and operational planning guidance reconfirms the ongoing need to recover services to deliver the NHS Long Term Plan (NHSE, 2023). It includes an ambition to recover dental activity, towards pre-pandemic levels and to ensure fair allocation and distribution of resources towards those most in need. A Dental Service Equity Audit supports this ambition.

- The aim of this audit is to assess levels of access to NHS primary care dental services across
- Shropshire Telford and Wrekin ICB at ward level and review available oral health and deprivation data for those wards.



Shropshire, Telford and Wrekin – what was audited

•Information from the local Dental Advice Line and Healthwatch will provide insights from the public, and current and planned housing developments will help to identify areas with anticipated population growth. This information will support the identification of initial priority areas for those with the poorest oral health, who also have the lowest levels of access to services. This will inform the dental commissioners when prioritising targeted action to improve access to dental services and help reduce inequities in access to dental services across the ICB.

The decision-making process in regard to NHS dental service commissioning is undertaken against a backdrop of differential population growth and a growing private dental sector. In addition, the public can access NHS dental care wherever they choose as there is no 'catchment' area for dental practices, unlike for general medical practices. These factors create a very dynamic environment for dental commissioning, and this dental service equity audit should therefore be reviewed and updated regularly to evaluate the impact of commissioning dental services and to identify new priority areas for future commissioning.



Shropshire, Telford and Wrekin – what did it tell us?

Oral Health Profile of Shropshire Telford and Wrekin ICB

- The most recent oral health data is that collected during the 2021/2022 National Dental Epidemiology Programme survey of 5-year-old children. Data on adult oral health is limited and have not been included in this report.
- The percentage of children found to have experienced decay into dentine by the age of 5 years was 17% for the ICB (OHID, 2023). This is lower than the average across the West Midlands (23.8%) and England (23.7%) (OHID, 2023).
- However, the average of 17% masks variations in dental decay across the area. Children living in the most deprived 20% of areas of the country are 2.5 times more likely to have experienced tooth decay (35.1%) than those living in the least deprived 20% of areas (13.5%).



Shropshire, Telford and Wrekin – cont.

- Each 5-year-old child examined who had experienced tooth decay had an average of just over 3 teeth affected by tooth decay. It is likely that this will have caused pain and for some will have resulted in tooth extractions under general anaesthetic. Indeed, during 2022/23, 565 children living in Shropshire, Telford and Wrekin received a general anaesthetic for tooth extractions. [Hospital tooth extractions in 0 to 19 year olds: 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2023)
- Disparities are also evident in the experience of dentinal decay by ethnic group, which was significantly higher in the other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%).



STW Plan for addressing Dental Inequality

- The Shropshire, Telford & Wrekin Dental Services Equity Audit recommends future dental service commissioning in seven priority areas and calculates the number of additional UDAs required to increase local access in the most challenged areas to the pre-pandemic level across the ICB.

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Individual priority wards have been grouped together to create larger priority areas so that commissioners can commission additional NHS dental activity on a more viable footprint and to increase NHS dental access for the wider local priority population.



Priority Areas

In priority order, the areas identified are –

1. The wards of Madeley & Sutton Hill, The Nedge, Woodside, Dawley & Aqueduct, Malinslee & Dawley Bank and Brookside.
2. The wards of Market Drayton West and Market Drayton East.
3. The wards of Oswestry East, Oswestry West, St. Oswald, Gobowen, Selattyn & Weston Rhyn, Ellesmere Urban, Llanymynech, St. Martins, Whittington and Oswestry South.
4. The wards of Ludlow North, Ludlow East, Ludlow South, Clee, Corvedale and Church Stretton & Craven Arms.
5. The wards of College, Haygate and Hadley & Leegomery.
6. The wards of Oakengates & Ketley Bank, Wrockwardine Wood & Trench, St. Georges and Donnington.
7. The wards of Underdale, Castlefields & Ditherington, Harlescott, Monkmoor and Sundorne.



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Integrated Care System

Shropshire, Telford and Wrekin

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