

Non-Executive Report of the: Health and Wellbeing Board Tuesday 6 April 2021	
Report of: Cllr Rachel Blake, Chair of Health and Wellbeing Board	Classification: Unrestricted
Primary care access and patient experience explained	

Originating Officer(s)	Dr Joe Hall
Wards affected	All wards

Executive Summary

The Covid-19 pandemic is re-shaping the provision of healthcare within Tower Hamlets. New national and local initiatives have also impacted on primary care delivery models and the patient experience. Our communities are facing unprecedented challenges and we need to develop systems that address expanding health inequalities.

All organisations and systems within the borough need to reflect on these new challenges and effectively re-align their activities and operations. Working in partnership and integrating services where possible has the potential to transform the healthcare provision within the borough against the most challenging social-economic backdrop that our community faces.

Recommendations:

The Health and Wellbeing Board is recommended to:

Note the presentation which will be available on the day of the meeting and will summarise: -

- How is primary care supporting integration and better outcomes?
- Can primary care buildings provide extended use i.e. support social prescribing services?
- Are Multi-Disciplinary Teams meeting the needs of local population?
- Are we learning and embedding best practice based on patient experience?
- How has pandemic affected primary care and patient experience?

1. REASONS FOR THE DECISIONS

- 1.1 There are no decisions, but the update will provide the board with insight into patient access and patient experience that will provide a basis for discussion and consider next steps for the partnership.

2. ALTERNATIVE OPTIONS

- 2.1 Not applicable.

3. DETAILS OF THE REPORT

- 3.1 Primary care either through GP Care Group, Primary Care Networks or as individual practices have worked with partner organisations including Barts Health NHS Trust, London Borough of Tower Hamlets and third sector organisations to integrate working and address acute and long-term medical needs during the pandemic. Through necessity, remote and online consultations and “total triage” models have expanded. Social prescribing initiatives have supported the most vulnerable. Some of the processes that have been put in place have created more effective working and will likely continue.
- 3.2 However, we need to ensure these improve health outcomes and do not exacerbate health inequalities or cause inequitable access to healthcare. As we emerge from this pandemic we must evaluate and learn from what we have achieved together. Primary care will be challenged by the extensive secondary care backlog and will need to understand the post pandemic landscape and needs of our population.
- 3.3 We are keen to work in partnership with organisations across the borough and with our communities to develop a new model of integrated primary care that reduces health inequalities and provides the best outcomes for our patients.