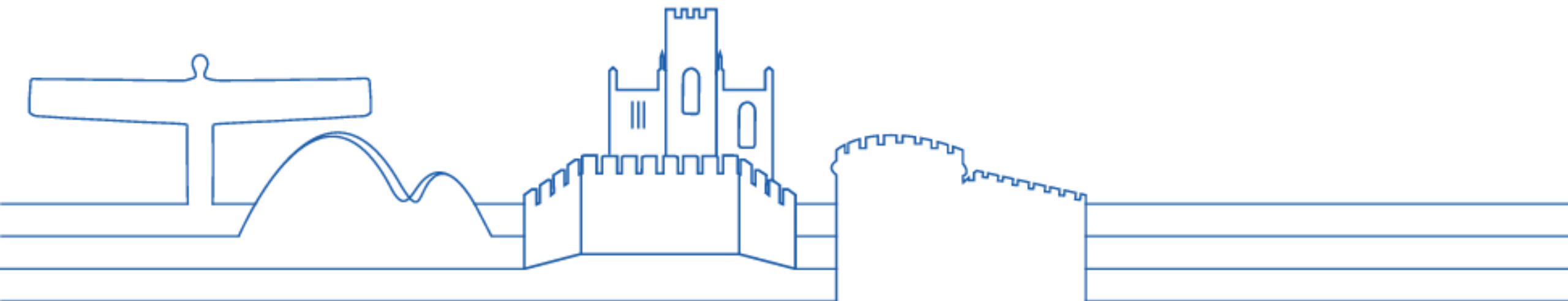




**North East and  
North Cumbria**

# **Tees Valley Joint Health Scrutiny Committee – Winter Planning**



# Context

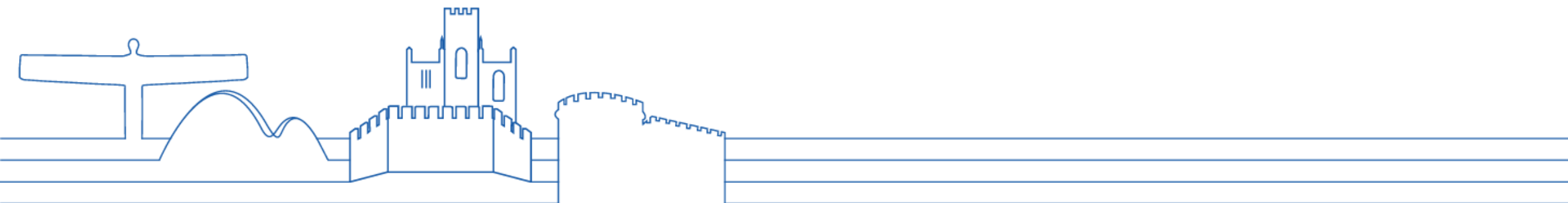


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The Tees Valley Urgent & Emergency Care (UEC) System, like UEC services in the rest of the region and the country, remains under significant and sustained pressure and we did not see the reduction in demand that we usually see during the spring/summer months. This pressure is being felt across all parts of the Tees Valley system and all partners, from Primary Care and Out of Hours to Acute and Ambulance providers, to Social Care and Mental Health Services.

This is inevitably impacting on performance across all Providers, particularly having an impact on flow through our hospitals, creating a blockage in the Emergency Department (ED) and resulting in long ED waits and Ambulance Handover Delays. This in turn creates unacceptable long waits for people in the community waiting for an emergency response.

On top of this significant and sustained pressure, we head into the winter period where ordinarily we would see a spike in activity and pressure.



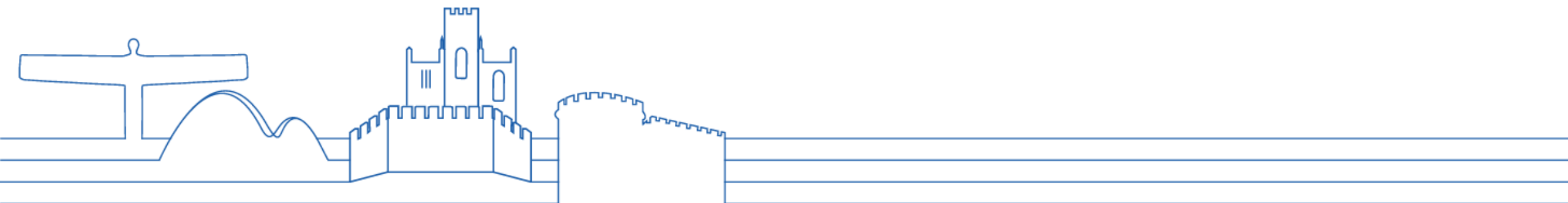
# Contributing Factors



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The pressure across our system is created by:

- Staffing issues across all partners (linked to Covid absence, general sickness, vacancies and burnout)
- High/increased activity levels within Primary and Secondary Care (linked to Elective backlog and Primary Care access)
- Higher acuity of patients resulting in longer Length of Stay (LOS)
- Continued impact of Covid (vaccine rollout requirements in Primary Care, Covid in hospital beds, staff sickness, Infection, Prevention, Control (IPC))
- Discharge delays (Internal Trust delays and Social Care and Home Care Staffing pressures)
- Bed pressures and flow issues through hospitals (linked to all the above)



# Winter Plans



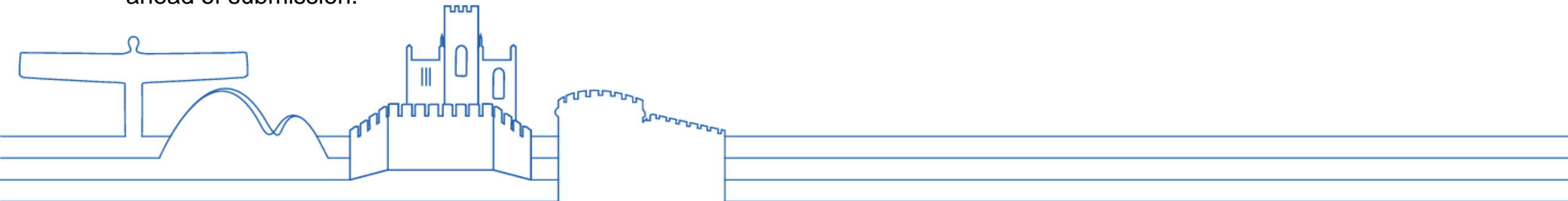
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NHS England and Improvement required each Local Accident and Emergency Delivery Board (LAEDB) to assess preparedness for winter against a national list of 33 national priorities. Responses were submitted on Friday 2nd December.

The Tees Valley LAEDB response against the 33 priority areas, split across the key themes of; front door (A&E), flow, discharges, surge, ambulance performance and IPC, reported that:

- 15 priorities already in place/alternative in place or standard met (i.e. Command and Control arrangements, Provision of Same Day Emergency Care)
- 7 priorities where actions in place and on track to be implemented within timeframes (i.e. Discharge Policy in Place, Influenza outbreak strategy agreed and in place)
- 11 priorities were in plans, but risks associated with delivery (i.e. Managing hospital flow, Managing peaks in demands over weekends)

Every priority is being considered and is included within Winter plans but there is inevitably some risks associated given the significant and sustained pressure the whole UEC system is under. The Tees LAEDB agreed the response ahead of submission.



# Winter Plans – Going Further

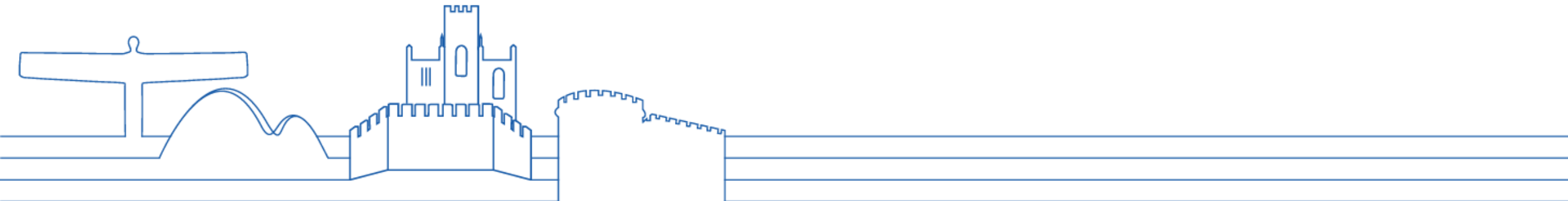


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Further winter guidance was released on 18<sup>th</sup> October 2022 via a letter from the Chief Executive Officer of NHS England, Amanda Pritchard, titled – ‘Going further on our Winter Resilience Plans’. This communication was issued to Senior colleagues within ICB’s, Foundation Trusts, Primary Care Networks and Local Authorities. Systems were asked to set-out or expand plans aimed at:

- Better supporting people in the community
- Deliver on our ambitions to maximise bed capacity
- Ensure timely discharge and support people to leave hospital when clinically appropriate
- Continuing to support elective activity
- Infection prevention and control (IPC) measures and testing
- Staff vaccination
- Oversight and incident management arrangements

The Tees Valley system has undertaken a self-assessment against each of these asks, with assurances provided that we are actively working towards delivery of each.



# Winter Plans - Better support people in the community



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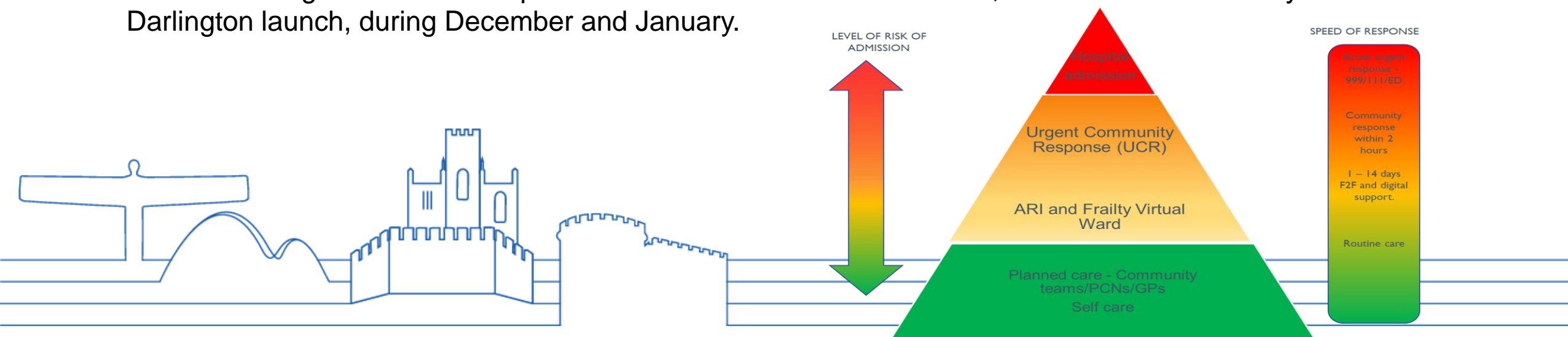
## Urgent Community Response

Successfully implemented across Tees Valley enabling appropriate patients that are referred through iSPA to receive a Community Response in their own home within 2 hours, with the aim of stopping an ambulance conveyance, ED attendance or acute admission.

Work is on-going with NEAS and Care Homes across Tees Valley with the aim of iSPA clinically validating Ambulance Cat3/4 dispositions to potentially avoid an ambulance conveyance.

## Virtual Wards

Work is progressing at pace across Tees Valley to enable implementation of a Virtual Frailty Ward and a Virtual Respiratory Ward providing hospital standard care at home. Virtual wards will reduce admissions and support earlier discharge. North Tees implemented a 'soft launch' in November, South Tees And County Durham and Darlington launch, during December and January.



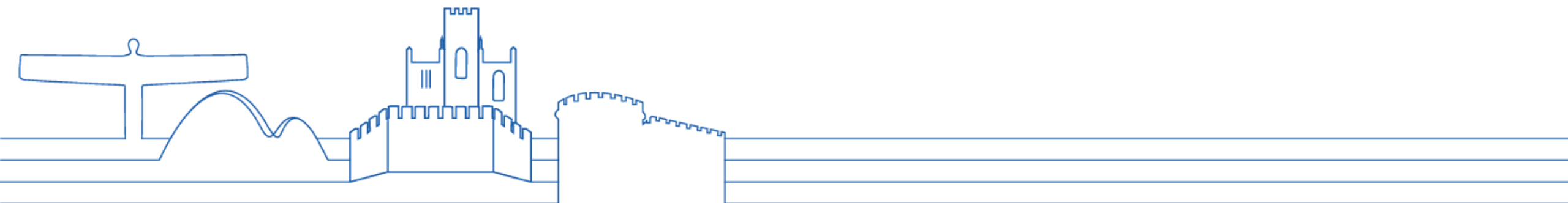
# Winter Plans - Deliver on our ambitions to maximise bed capacity



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National funding has been allocated to our local Acute Trusts to support increased bed capacity as follows:

- STHFT - Boulby Ward, block booking of intermediate care beds, expansion of Home First and Discharge Teams
- NTHFT - Commissioning Care Home beds, private transport provision, patient discharge flow facilitators, expansion of SDU
- CDDFT - Additional community beds, private transport provision, additional acute beds at Darlington Memorial Hospital, University Hospital North Durham and Bishop Auckland



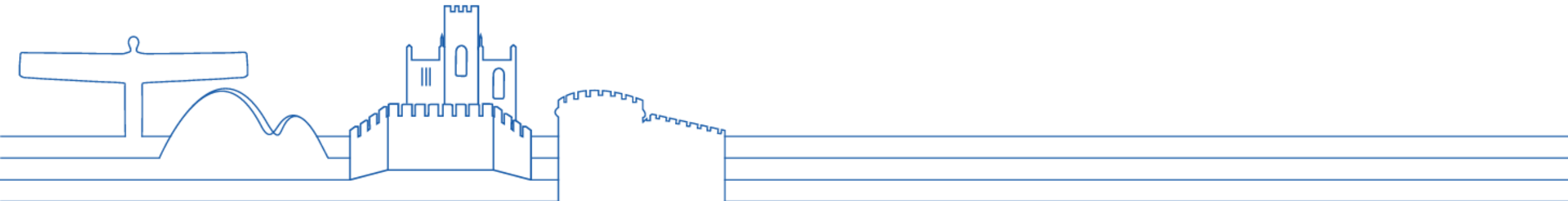
# Winter Plans - Ensure timely discharge



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Across the Tees Valley we have built on the existing working arrangements in place to support discharge, working closely across Health and Social Care:

- Funding for a 4 week D2A period will continue until at least April across all areas
- Reinforcing the 'Home First' ethos
- Daily system calls, weekly oversight groups
- Investment in various staffing teams that support discharge
- Implementation of OPITCA system to support discharge
- Social workers working at all Trust sites
- Internal Trust process improvements underway
- System response to Domiciliary Care Worker capacity





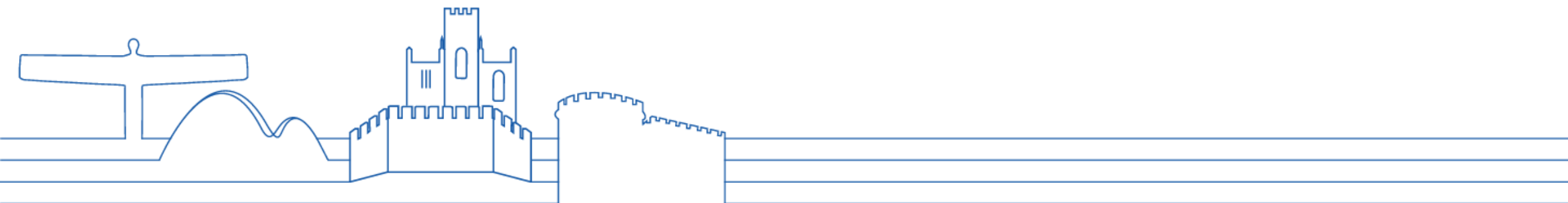
# Winter Plans - Continuing to support elective activity



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Providers have clear escalation protocols that protect elective capacity wherever possible:

- Trusts have maintained focus on outpatient and elective activity and continue to validate waiting lists, prioritise longest waiters, monitor forward planning, reallocate theatre capacity and allocate patients to consultants with capacity
- Tees Valley is performing significantly better than the national average position in terms of 52 week waits; Tees Valley rate of people waiting over 52 weeks is 189/per100,000 population v's National Average rate of 645/per100,000 population
- Tees Valley Trusts have maintained a zero position with 104 week waits and are reducing 78 and 52 week waits
- For elective long waiters insourcing and additional weekend lists continue
- Work is ongoing to consider theatre reallocation to support reduced wait times



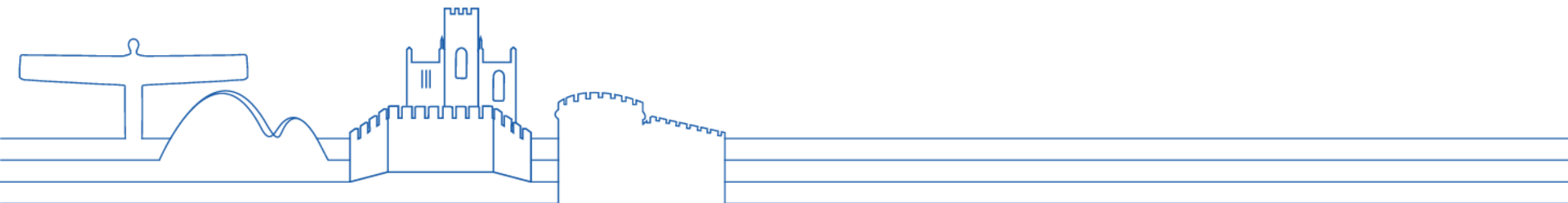
# Winter Plans - Infection prevention and control (IPC) measures



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In addition to the UK Health Security Agency (UKHSA) guidance, the NENC ICB approach is also informed by local discussions and agreement amongst clinical experts and IPC specialists.

These are supported by the NENC ICB Infection, Prevention and Control lead DoN, Chris Piercy and provider DoNs, with the aim of achieving a common approach across the ICB footprint, whilst retaining local discretion for areas such as visiting policy and masking wearing for visitors.

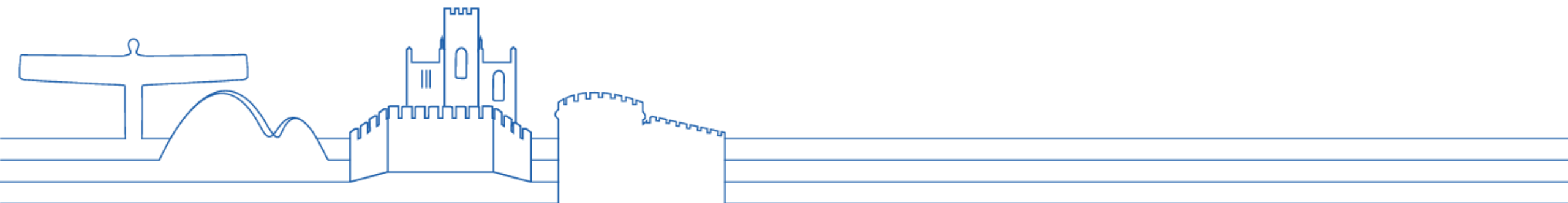


# Winter Plans - Staff vaccination health care



North East and  
North Cumbria

- The Acute and mental health trusts across Tees Valley have been operating seasonal vaccination clinics for flu vaccine and covid vaccination autumn boosters from the end of September, with ongoing programmes
- Vaccine uptake across frontline health care workers has been lower than in previous years and lower than the target set nationally for both covid and flu uptake
- Flu vaccination in Trust health care staff across North East and North Cumbria 48%. Target 85%
- Employers are exploring other options and opportunities to make vaccination available to staff, by
  - offering ward level vaccination to reduce impact of being unable to leave clinical area
  - incentives to increase vaccination
  - promoting awareness of other locations for access to flu and covid vaccination
- In addition, the central Tees Valley programme has developed a range of media assets and is using local comms channels, including TV and Radio adverts to promote other venues where people (including HSCWs) can obtain their vaccinations

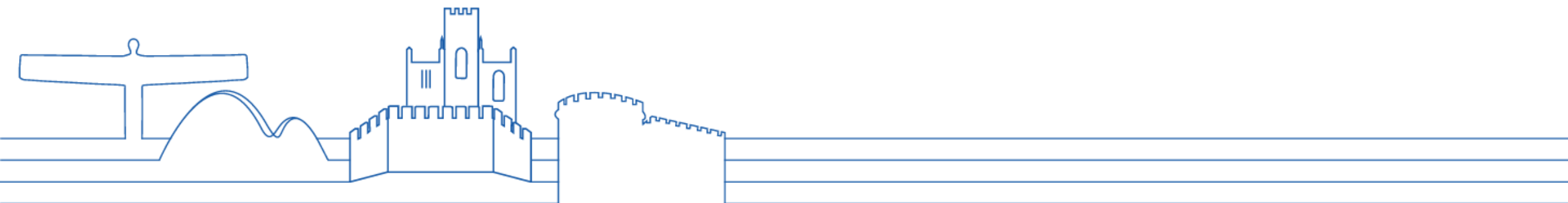


# Winter Plans - Oversight and incident management arrangements



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- Tees Valley LADB takes place every 6 weeks with responsibility and oversight of UEC across the system
- Tees Valley Urgent Emergency Care Managed Clinical Network considering longer term solutions to support system pressures
- Routine daily (when required) surge calls to discuss and mitigate surge pressures, already in place at Tees Valley and ICB level
- ICB System Control Centre (SCC) was established on 1<sup>st</sup> December 2022. The SCC is operation 8-8, 7 days a week. SCC calls will take place daily at 10:30. The SCC will be required to submit a daily sitrep to NHSE.



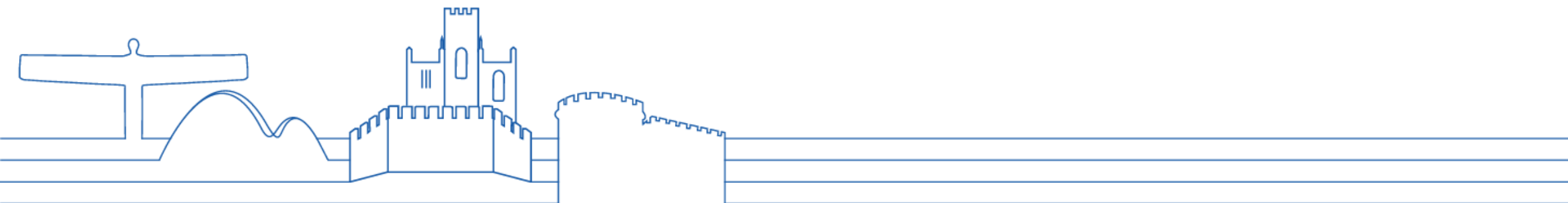
# Winter Plans – current projects underway to support this Winter



North East and  
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The following work has become business as usual/process improvement and is being prioritised by all partners:

- Continued comms to the public regarding 'Think 111 first' to direct presentation to appropriate service
- Direct patient messaging service via GP practices
- Greater utilisation of GP 111 slots
- Implementation of Enhanced Access across all PCN's with supplementary agreement to support Sunday and Bank Holiday opening
- Internal Trust process improvements in relation to Discharge
- Development of Surge Handbook to support system partners in times of pressure
- Implementation of Urgent Community Response
- Implementation of Virtual Wards
- Increase of Acute bed base



# Winter Plans – additional schemes



North East and  
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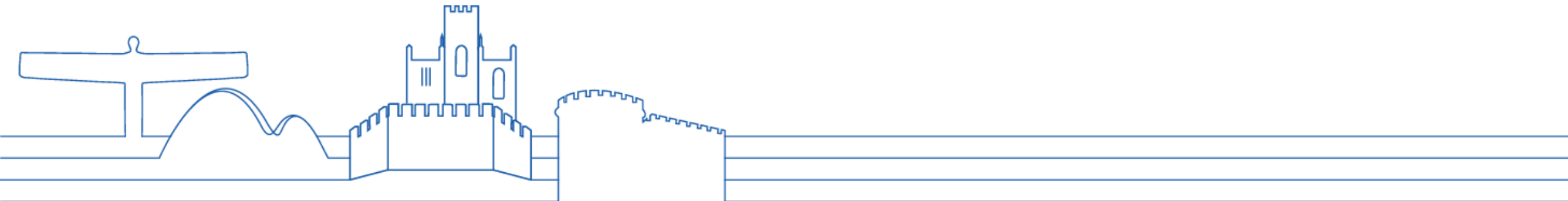
South Tees FT have already implemented additional schemes to support with their pressures:

- IMPACT Nurse – allows 3 patients to be handed over from Ambulance Service and managed by Nurse prior to admittance to Emergency Department and therefore releasing the Ambulance crew into the community
- GP Stream in Emergency Department (ED) – South Tees have developed a GP stream within the ED department which will allow patients attending with a Primary Care need to be managed through a different stream and therefore freeing up ED capacity

The following additional schemes have been identified as schemes that would greatly support the UEC system if implemented:

- Additional capacity into Urgent Treatment Centres
- Additional capacity into Same Day Emergency Care (SDEC) or equivalent

Resources to fund these initiatives are limited and ICB support has been sought in response to this.



# UEC Future Planning



**North East and  
North Cumbria**

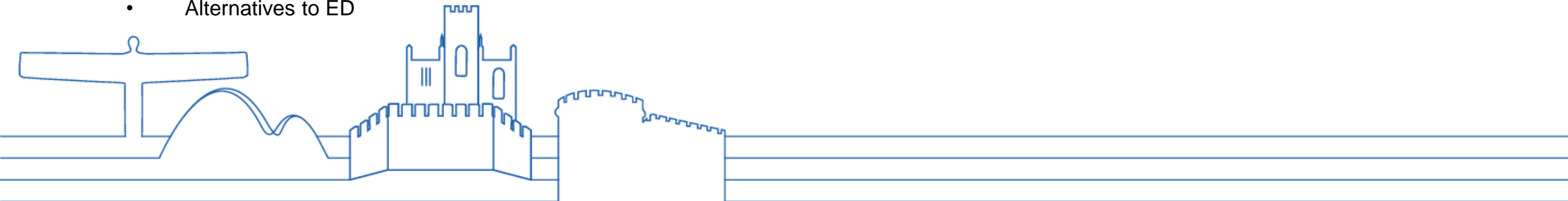
## **Urgent and Emergency Care (UEC) Managed Clinical Network (MCN)**

*'To provide a high quality, standardised and seamless urgent and emergency care service that is responsive to the needs of patients across the Tees Valley, ensuring that every patient is seen by the right person, in the right place at the right time'*

The UEC MCN aims to deliver better outcomes, reduce health inequalities, improve staffing recruitment and retention, improve services, get better value for the Tees Valley pound. Since the start of the UEC MCN there have been many achievements including, the development of a SURGE handbook, the development of a proposal to standardise Integrated Urgent Care Services across the Tees Valley and the development of Urgent Community Response and Virtual Ward models across the Tees Valley, which are being implemented at pace.

The UEC MCN, with clinical direction, will continue to focus on current and emerging issues, covering:

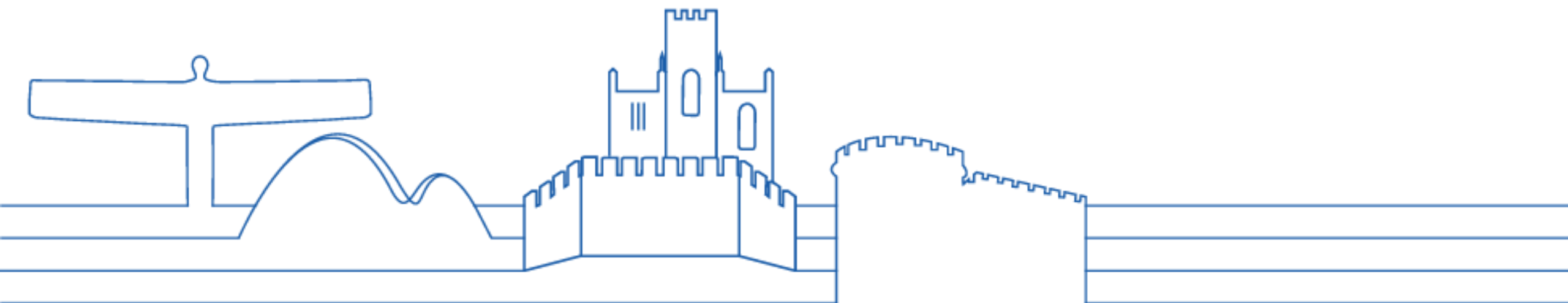
- Ambulance handover Delays
- Diverts & Deflects
- Opel Reporting
- DOS accuracy and development
- Alternatives to ED





**North East and  
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# **Tees Valley Joint Health Scrutiny Committee – Integrated Urgent Care Engagement Report**





# Background – A reminder



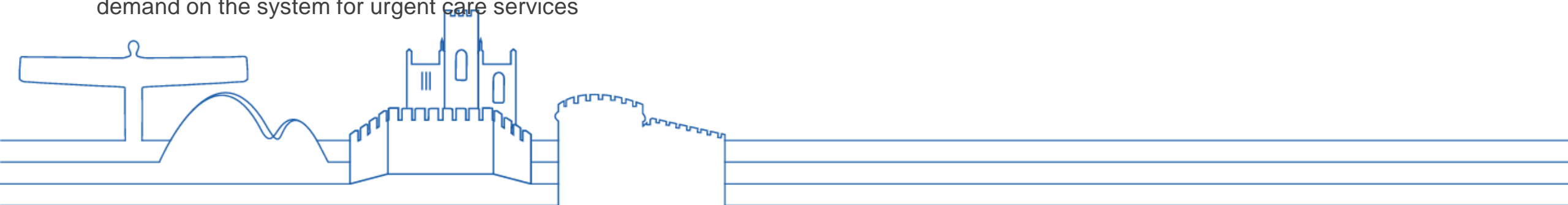
**North East and  
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A new model of integrated urgent care (IUC) delivery is being proposed for the populations of Middlesbrough and Redcar & Cleveland which would see:

- A change in delivery model at The James Cook University Hospital (JCUH)
- Increased opening hours (24/7) at Redcar Primary Care Hospital (RPCH)
- The relocation of GP Out of Hours service from North Ormesby to JCUH

IUC is currently in place across the other boroughs within the Tees Valley. Proposals will see a standardised offer, across the area which will include:

- Home visiting
  - GP Out of Hours
  - Management of minor injuries and illness
  - 24/7 Primary Care presence across all sites
- 
- Co-locating GP Out of Hours has been shown to support the delivery of safe and effective care as well as significantly improving patient experience
  - The integration of primary and secondary care services on acute hospital sites can help to reduce emergency attendances and demand on the system for urgent care services



# Engagement



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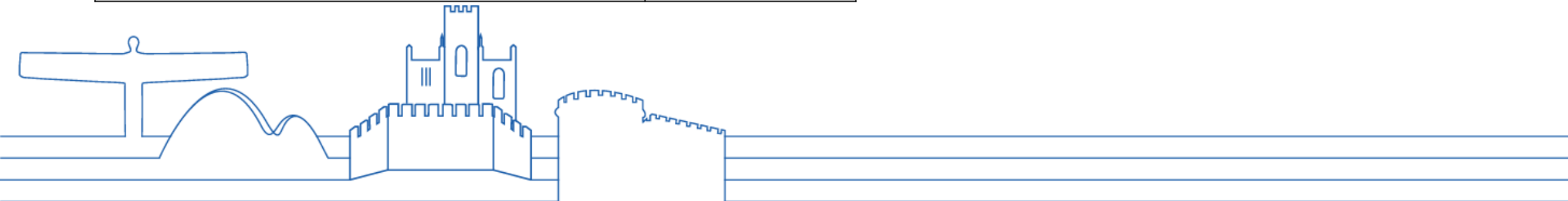
An 11week period of engagement was carried out from Monday 1<sup>st</sup> August to Sunday 16<sup>th</sup> October 2022

## Promotion of Engagement

The engagement was promoted across local print and digital media and through social media. Calls to action were to complete the survey and/or attend an event:

- 3 x half page paid adverts in the Gazette newspaper
- Editorial coverage in the Gazette
- Online advertising on Teesside Live website with reach of over 100k
- Coverage on BBC Radio Tees
- Posters in all local GP Practices, JCUH and other key venues
- 52% of respondents were from Middlesbrough and 41% from Redcar & Cleveland

Method of engagement	No. of respondents
Survey	689
Public events	30
Engagement with people from protected characteristic groups	120
Additional responses (direct submissions from members of the public / stakeholders and social media)	83
<b>TOTAL</b>	<b>922</b>



# Methods of Engagement



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## Survey

- 689 responses in total
- Alternative formats & paper copies were available

## Public Events

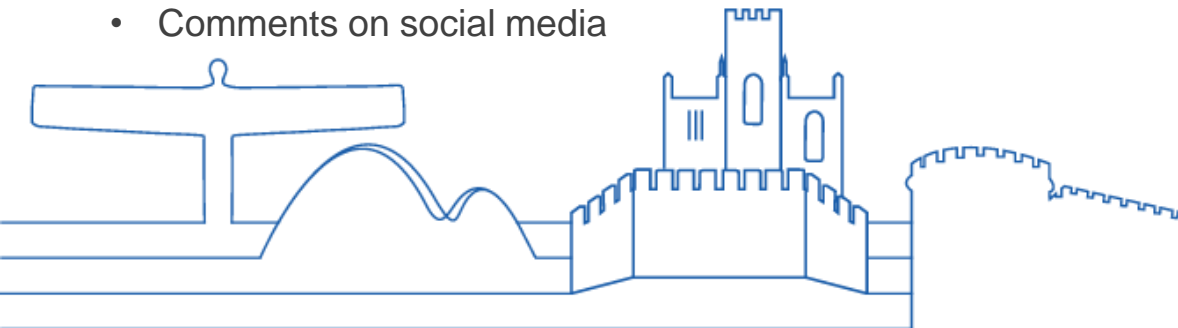
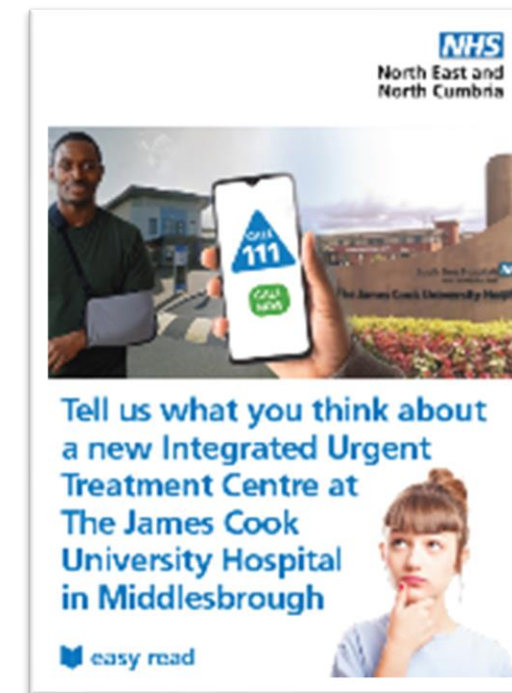
- 8 public meetings held between 6th September and 12th October
- Venues across Middlesbrough and Redcar & Cleveland
- 30 attendances at these meetings

## Targeted engagement with people from protected characteristic groups

- Four VCS organisations were commissioned
- 14 focus groups, total of 120 people
- Including older people, refugees and asylum seekers, substance misuse groups

## Additional responses received from 83 people

- Tees Valley Primary Care Network (PCN)
- 1 x PCN Clinical Director, 1 x GP Practice Manager and 1 x member of the public
- Comments on social media



# Survey Results



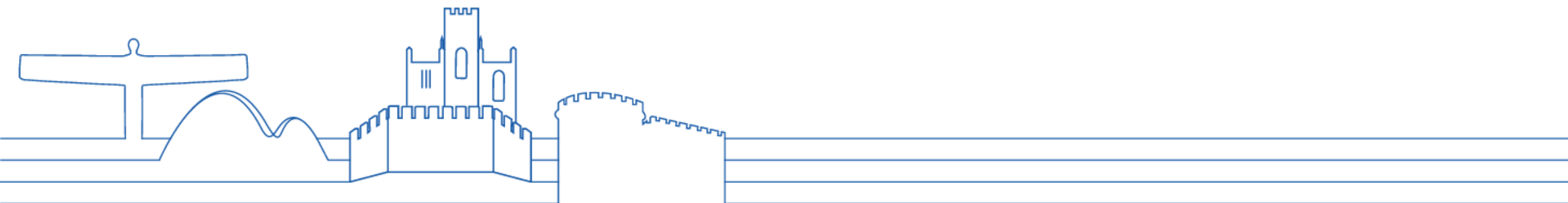
North East and  
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## Demographics

- 72% females and 20% males
- 36% who had a disability/health condition
- 54% with a caring responsibility
- 85% white British
- 82% heterosexual
- 52% from Middlesbrough, 41% from Redcar & Cleveland, 7% other

## Patients' experiences of accessing urgent treatment out of hours

- 65% had accessed urgent treatment out of hours in the past 18 months
- 61% Middlesbrough, 71% Redcar & Cleveland
- 58% had accessed urgent treatment out of hours at Redcar UTC
- 42% went to A & E at James Cook (walk-in)
- 38% called NHS111



# Survey Results



North East and  
North Cumbria

## When asked if they found it easy to access urgent treatment out of hours

- 54% found it easy, 40% didn't find it easy and 5% were unsure
- Some additional comments referenced long waits for treatment, issues with access, capacity concerns, distance/costs of travel

## How they travelled to the place where they accessed urgent treatment out of hours

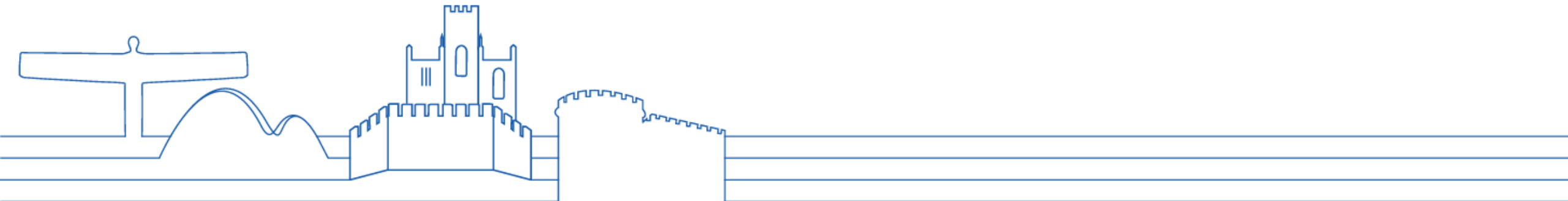
- 70% drove their own car/in the car with their spouse/partner
- 17% travelled with a friend/relative in their car
- 3% walked and 6% used another mode of transport

## Support for the proposals

- 83% support the proposals, 7% don't and 8% were unsure
- Middlesbrough 82%/Redcar & Cleveland 87%

## Would the relocation of the GP Out of Hours service from North Ormesby Health Village to JCUH cause any problems to them/their families

- 66% felt it wouldn't, 18% said it would and 9% were unsure
- 72% in Middlesbrough said it wouldn't and 59% for Redcar & Cleveland
- Comments included transport concerns and parking issues at JCUH

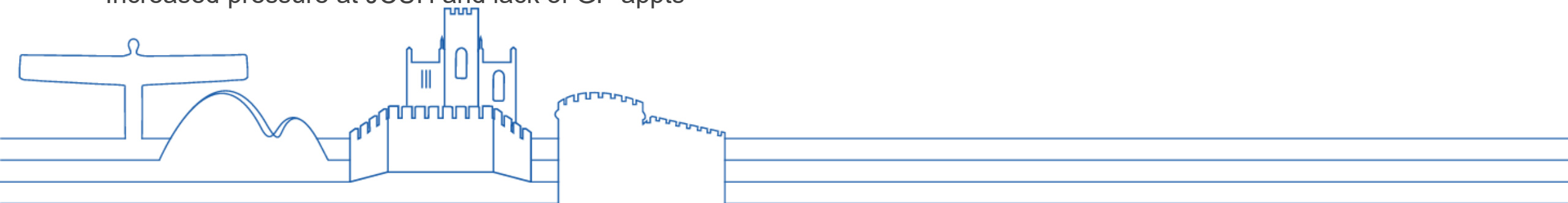


# Additional Responses



**North East and  
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- **Middlesbrough Primary Care Network (PCN)** meeting 03/10/22 - Some questions regarding clinical engagement and footfall at JCUH
- **Tees Valley wide PCN Clinical Directors'** meeting 14/10/22- Issues included access from East Cleveland, whether the model at North Tees would work for South Tees, perception that A & E see everything
- **Meeting of Tees Valley Joint Health Scrutiny Committee** 23/10/22- Middlesbrough Council informed the Committee that residents of Middlesbrough were in support of the proposals
- **PCN Clinical Director** - Concern about lack of prior engagement with primary care and stakeholders
- **Andy McDonald, Labour MP for Middlesbrough** - Very positive and welcoming of the proposals
- **Member of the public** - The current Out of Hours location is vital to local residents
- **79 comments were made on social media** Positive - "proposed model would help relieve pressure" Negative – "Increased pressure at JCUH and lack of GP appts"



# Summary



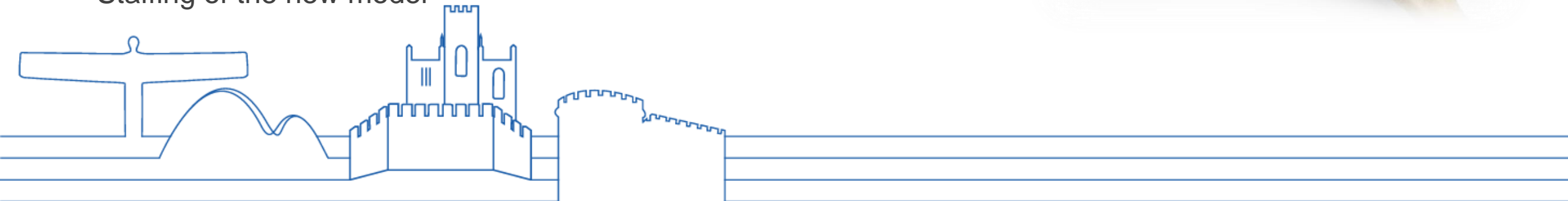
North East and  
North Cumbria

The engagement shows the high level of support for the proposals with benefits including:

- Relieving the strain on GPs/A&E departments
- Improving signposting of patients
- Consistent Urgent Care offer across the Tees Valley
- Increasing 24/7 urgent care provision
- Access to GP Out of Hours service improving for some localities

Consideration is needed regarding:

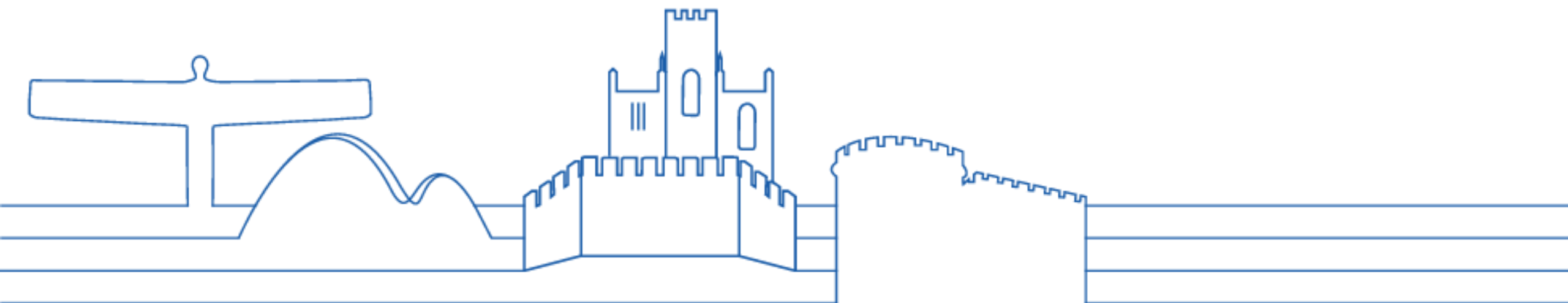
- Accessibility of JCUH site, including public transport options
- Availability and cost of parking at JCUH
- Capacity of, and impact on JCUH site, considering existing pressures
- Capability and confidence of NHS 111
- Staffing of the new model





**North East and  
North Cumbria**

# **Tees Valley Joint Health Scrutiny Committee – Vaccination Update**



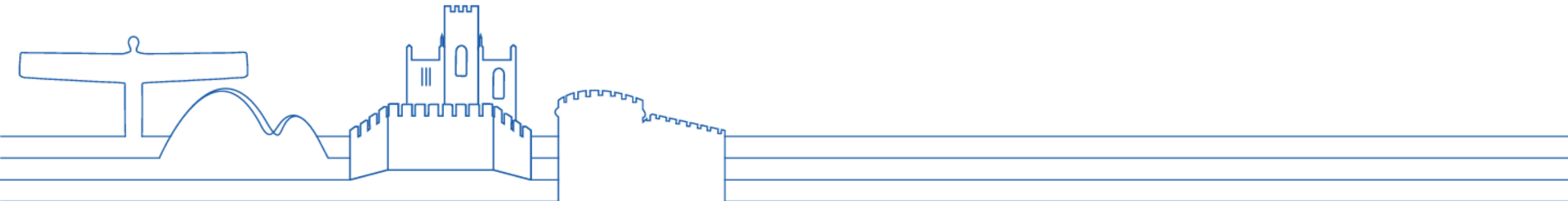


# Winter Plans - Seasonal vaccination



North East and  
North Cumbria

- Seasonal flu vaccination and covid autumn boosters are an integral part of winter planning
- Both programmes have a dual impact of reducing the likelihood of severe illness in the individual as well as reducing the transmission of illness from staff or carers to more vulnerable individuals
- Flu vaccination programmes in children, reduce the spread and transmission to the more vulnerable
- High vaccination rates for flu and covid in the most vulnerable reduces the impact on the health care system from related admissions or contact with health care service related to disease outbreaks
- Covid and flu vaccination for frontline health and social care staff reduces transmission but also reduces the likelihood of absence related to covid and flu through illness and or the need to isolate

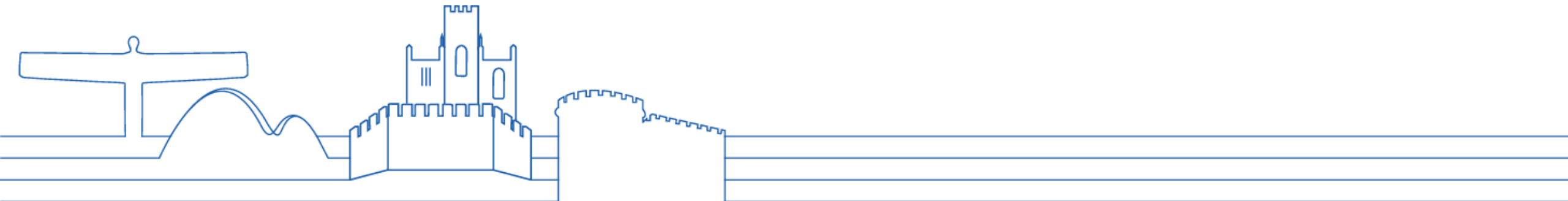


# Seasonal vaccination – flu and covid



North East and  
North Cumbria

- >206,000 Flu vaccines administered in Tees Valley
- >193,000 covid autumn boosters in Tees Valley
- Care home vaccination- residents uptake
  - Flu 74%
  - Covid 83.9%
- However uptake rates in other at risk cohorts are much lower for covid and flu vaccination
- Uptake is lowest in our areas of deprivation with some wards at under 30% uptake for flu and under 40% for covid vaccination

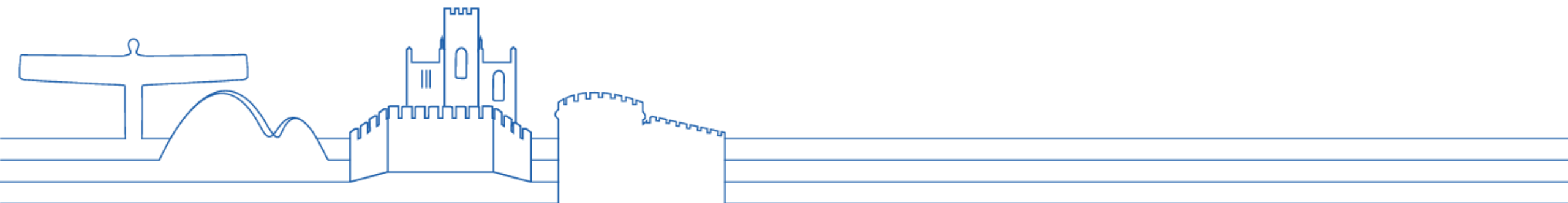


# Vaccine fatigue



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- Across Tees Valley we have had to work tirelessly to try to achieve vaccine penetration into all our communities
- In all phases we have had to utilise walk in, roving or pop up models of vaccine delivery to try to increase uptake alongside traditional appointment based approaches in general practice community pharmacy, and vaccination centres, working very closely with local authority partners to target lower uptake areas
- Comms campaigns have been targeted to cohorts at greatest risk and with lowest uptake.
- Personalised invitations, letters, texts, social media messaging, adverts on tv and radio – but uptake has remained low
- The Tees Valley position, is mirrored across the NENC and only slightly below the NENC average

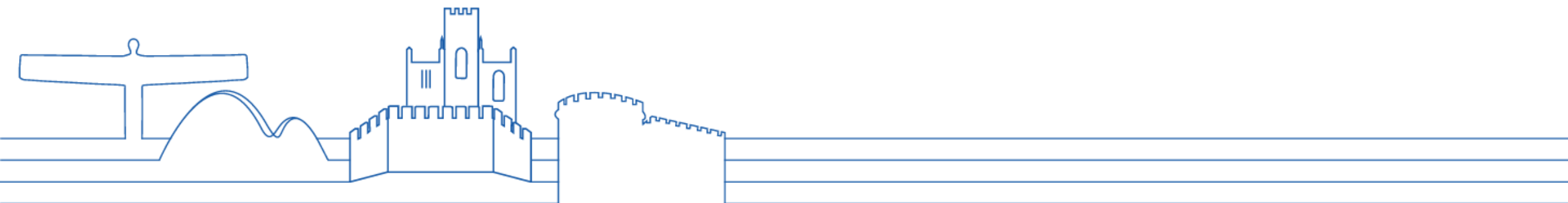


# Winter Plans - Staff vaccination health care



North East and  
North Cumbria

- The Acute and mental health trusts across Tees Valley have been operating seasonal vaccination clinics for flu vaccine and covid vaccination autumn boosters from the end of September, with ongoing programmes
- Vaccine uptake across frontline health care workers has been lower than in previous years and lower than the target set nationally for both covid and flu uptake
- Flu vaccination in Trust health care staff across North East and North Cumbria 48%. Target 85%
- Employers are exploring other options and opportunities to make vaccination available to staff, by
  - offering ward level vaccination to reduce impact of being unable to leave clinical area
  - incentives to increase vaccination
  - promoting awareness of other locations for access to flu and covid vaccination
- In addition, the central Tees Valley programme has developed a range of media assets and is using local comms channels, including TV and Radio adverts to promote other venues where people (including HSCWs) can obtain their vaccinations



# Winter Plans - Staff vaccination- flu vaccination 27<sup>th</sup> November

Latest Cumulative Performance by Trust/Provider

■ Achieving Target   
 ■ Below Target   
 — Target   
 — NENC Average 22/23   
 — NENC Average 21/22   
 ▬ 2021/22 Corresponding Cumulative Position

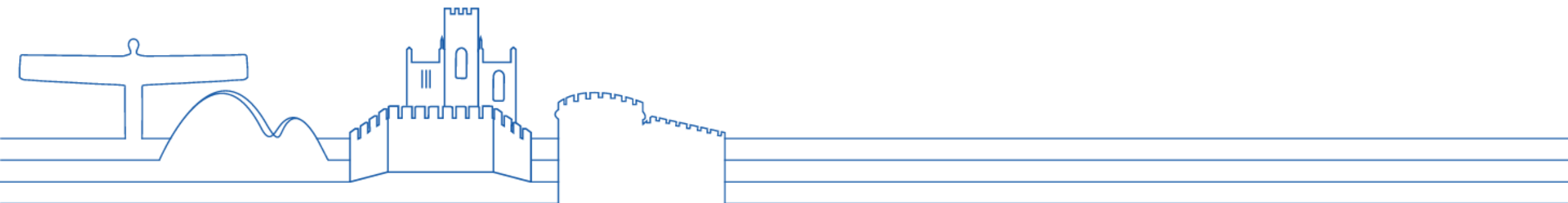


# Covid vaccination - low uptake in frontline health and social care workers



North East and North Cumbria

	Tees Valley	NENC average
Frontline health care workers	43.6%	46.7%
Frontline social care workers	40.6%	40.4%

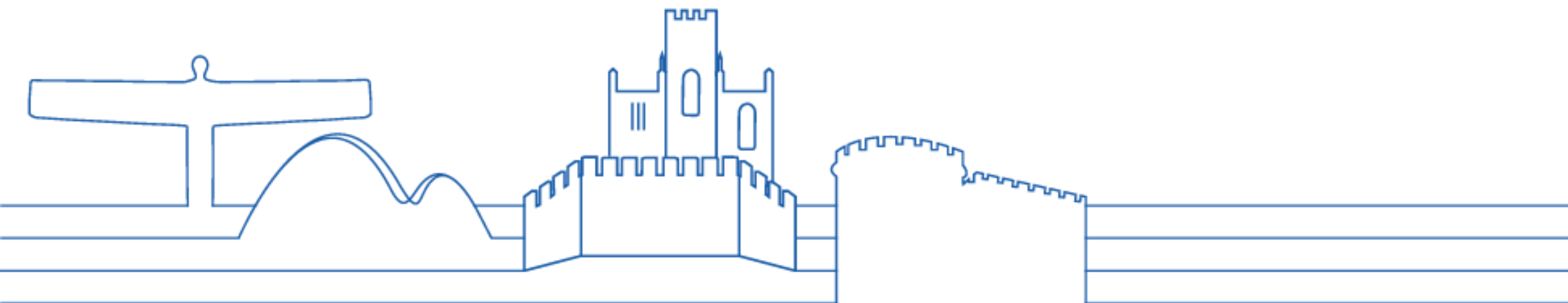




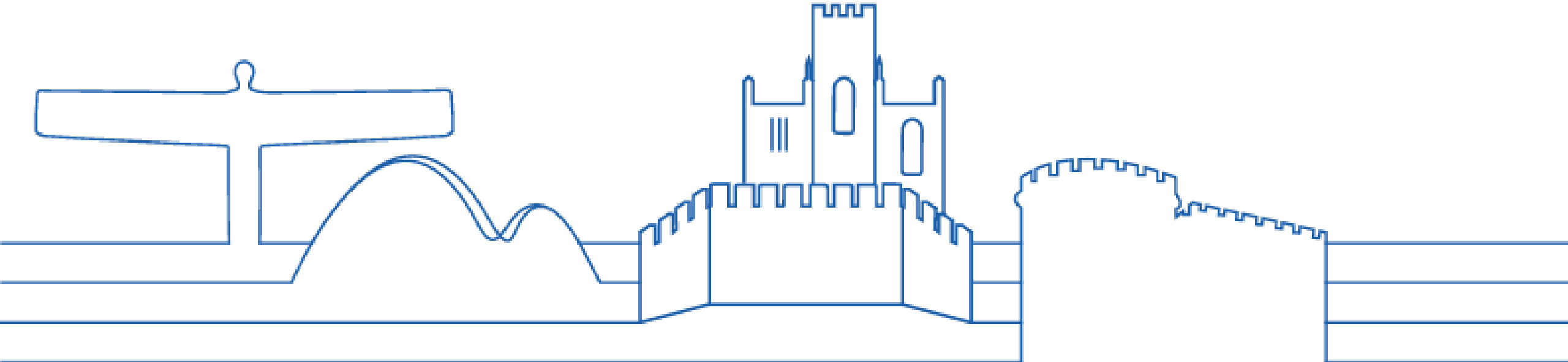
**North East and  
North Cumbria**

# **Tees Valley Joint Health Scrutiny Committee – Primary Care Access**

Karen Hawkins – ICB Director – Primary & Community Care



# Overview of primary care in Tees Valley

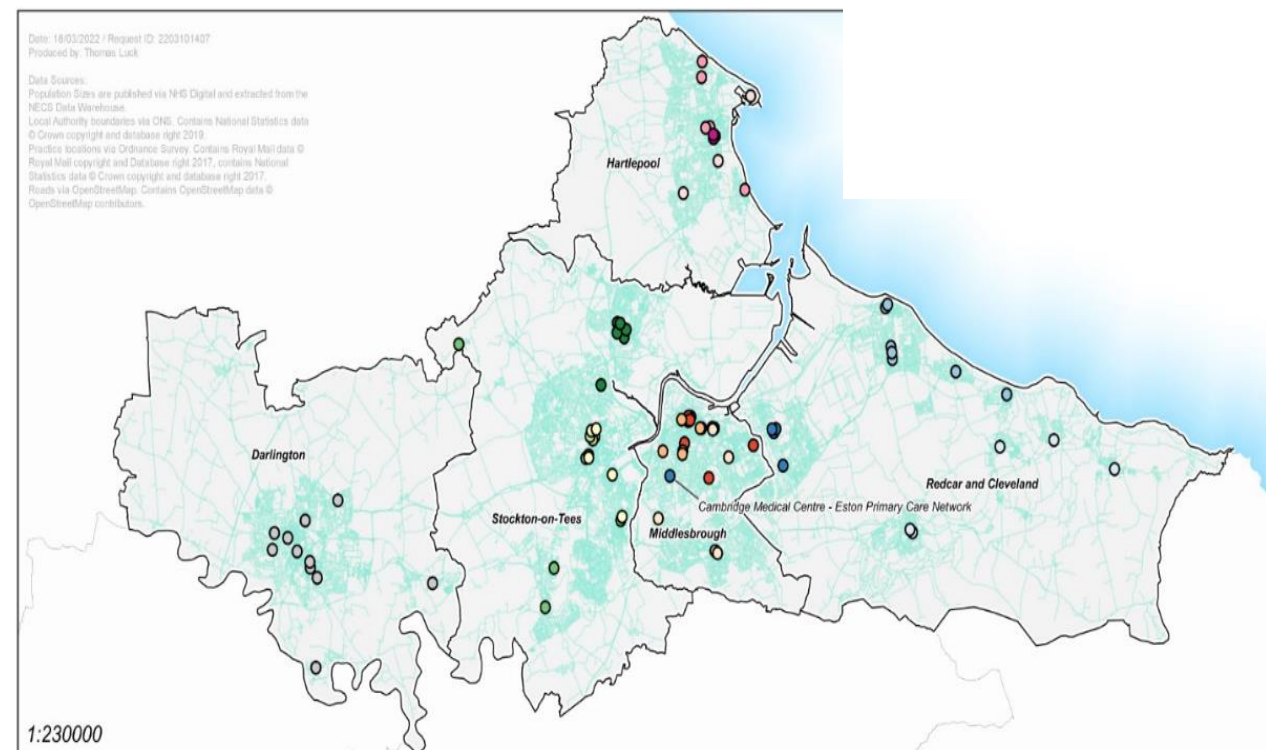




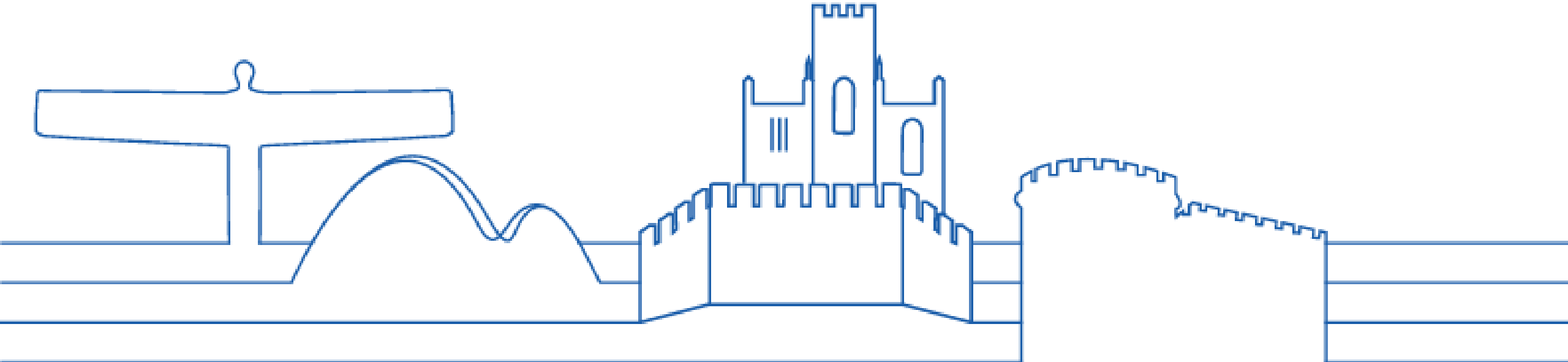
# Configuration

- 5 Local Authority areas
- 80 Practices
- 14 Primary Care Networks (PCNs)
- Tees Valley patient population 716,159

Locality	Number of practices	Smallest list size	Largest list size	Average list size	Number of PCNs
Hartlepool	11	3,697	18,662	8,831	3
Stockton	21	2,333	21,949	9,717	4
Darlington	11	4,746	15,327	10,084	1
Middlesbrough	21	715	19,925	7,982	3
Redcar	16	3,470	14,401	8,494	3

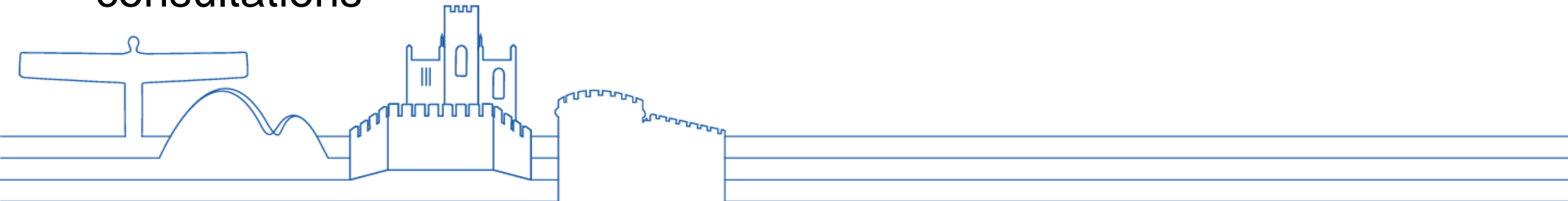


# Access - Contract



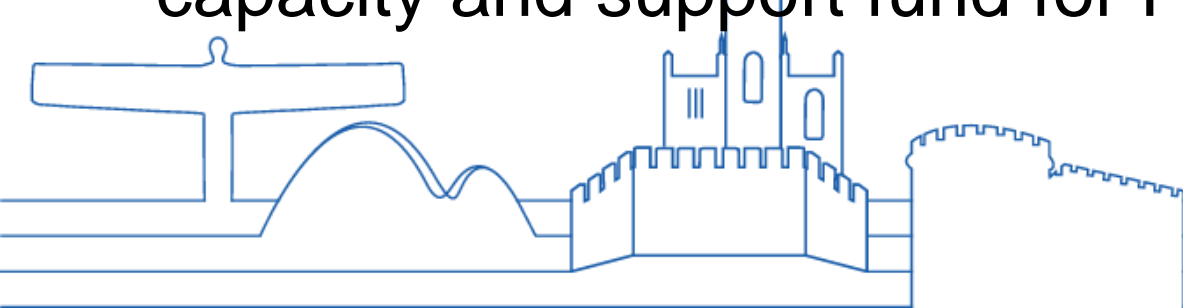
# GMS/PMS/APMS Contract

- Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays
- Practices must also keep aside appointments for NHS 111 to book
- Practices must offer and promote online consultations and video consultations



# Primary Care Network Contract Directed Enhanced Services (DES)

- **Enhanced access** – from 1<sup>st</sup> October 2022 each Primary Care Network (PCN) is required to provide 60 minutes of additional General Practice Capacity per 1,000 Adjusted Population between 6.30pm – 8.00pm on weekday evenings and 9.00am - 5.00pm on Saturdays
- **Investment and Impact Fund (IIF)** - Points based scheme similar to Quality and Outcomes Framework (QoF). NHSE/I have released funding associated with 4 indicators to create a capacity and support fund for PCNs between Oct 22- March 23

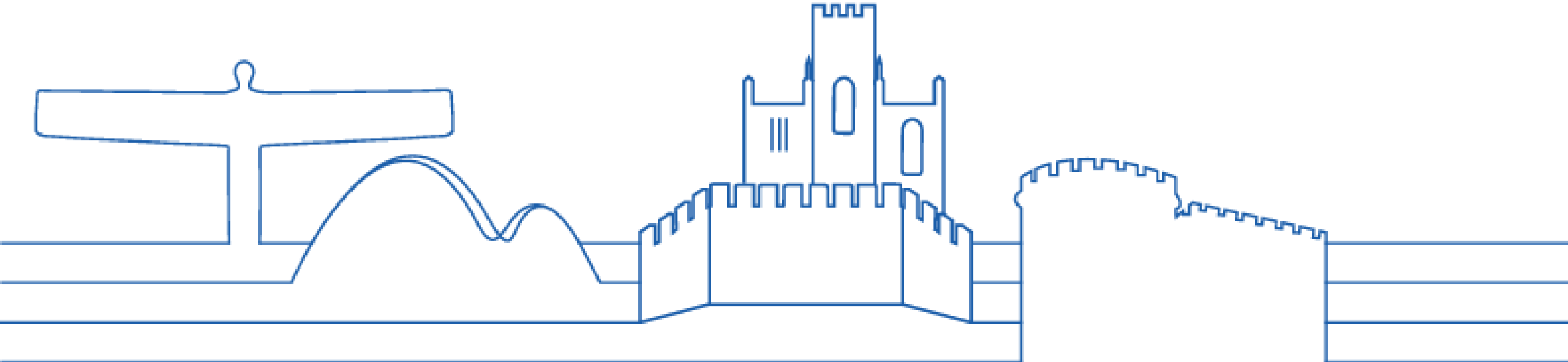


# Enhanced Access- Normal provision



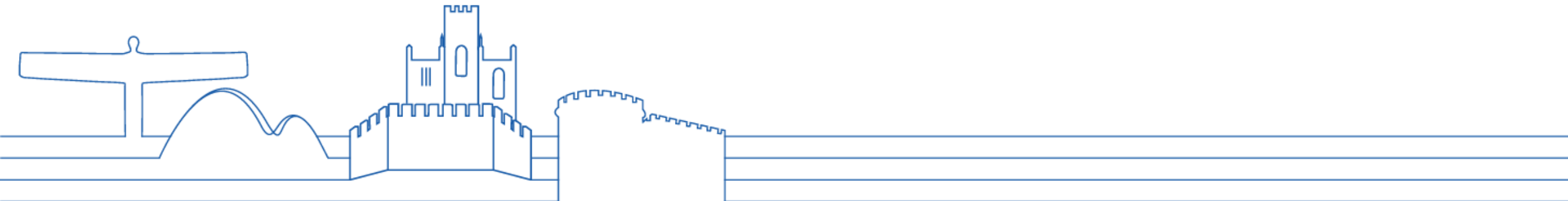
Locality	Site	Days Offered	Times Available
<b>Darlington</b>	All 11 practices within the PCN	Monday – Friday	0730-0800 and 1830-2000
	Forsyth House	Saturday Sunday	0830-1700 0900-1300
<b>Hartlepool :</b> Hartlepool Network Hartlepool Health One Life	Chadwick Practice, One Life	Monday – Friday Saturday Sunday	18:30-21:00 09:00-17:00 09:00-13:00
<b>Stockton:</b> BYTES North Stockton Stockton	Woodbridge Practice, Tennant Street Medical Practice & Eaglescliffe	Monday – Friday Saturday Sunday	18:30-21:00 09:00-17:00 09:00-17:00
Billingham & Norton	Abbey Health Centre	Monday – Friday	18:30-21:00
	Norton Medical Centre	Saturday	09:00-17:00
<b>Middlesbrough:</b> Central Middlesbrough Greater Middlesbrough Holgate	Park Surgery	Monday – Friday Saturday	18:30-21:00 (Central Middlesbrough 1830-2000) 09:00-17:00
Eston	All 5 surgeries within the PCN	Monday – Friday Saturday	18:30-21:00 09:00-17:00
East Cleveland	Brotton Surgery	Monday – Friday	18:30-21:00
	The Garth Surgery	Saturday	09:00-17:00
Redcar	The Ravenscar Surgery	Monday – Friday Saturday	18:30-21:00 09:00-17:00

# Access – Current Status

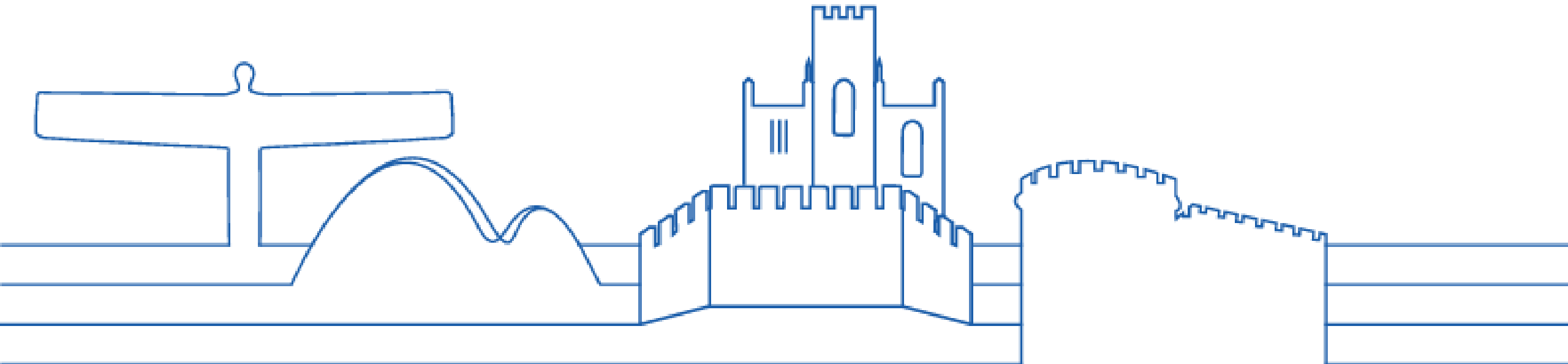


# GP Patient survey 2022

- 49.6% of patients surveyed found it easy to get through to someone at their GP practice on the phone (National average is 53%)
- 56.2% of patients surveyed were satisfied with the GP appointment times available to them (National average is 55%)
- 72.4% of patients surveyed were satisfied with the appointment(s) offered (National average is 96%)
- 55.9% of patients surveyed would describe their experience of making an appointment as good (National average is 56%)
- 73.2% of patients surveyed would describe their experience of their GP practice as good (National average is 72%)



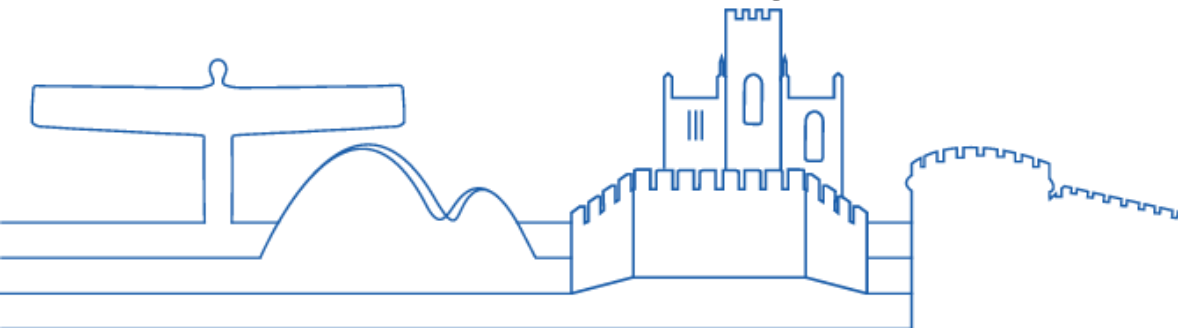
# Access – Challenges



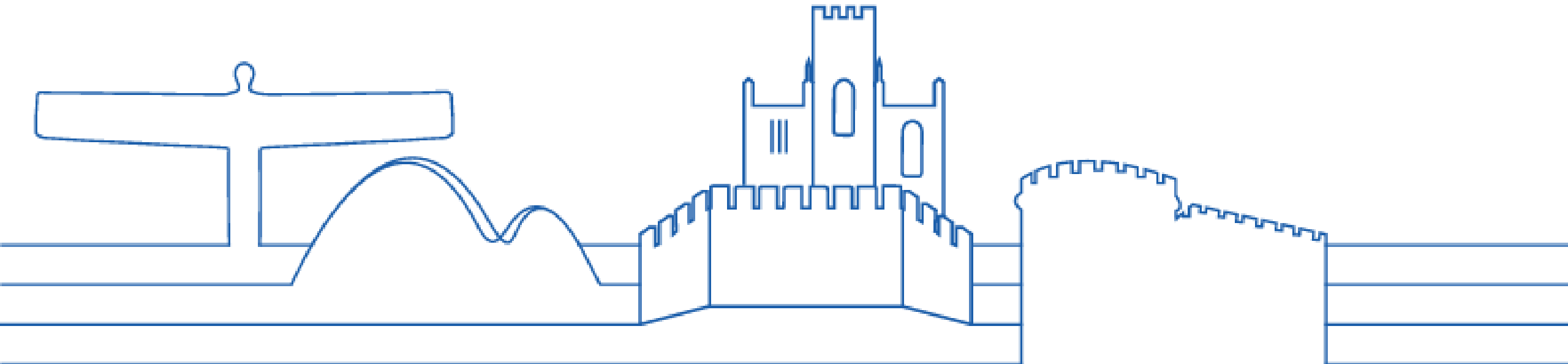


# Causes of access challenges

- Covid ways of working – total triage
- Staff sickness and isolations
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Public health concerns in press e.g. mpox, Strep A
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Difficulties in recruiting practice staff

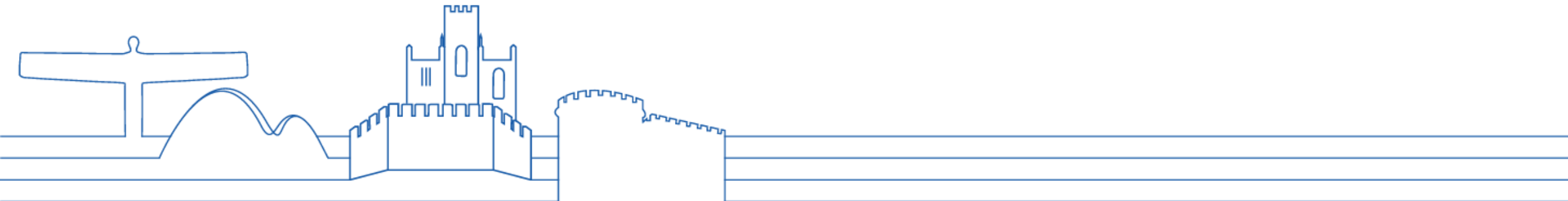


# Access – ICB Improvements



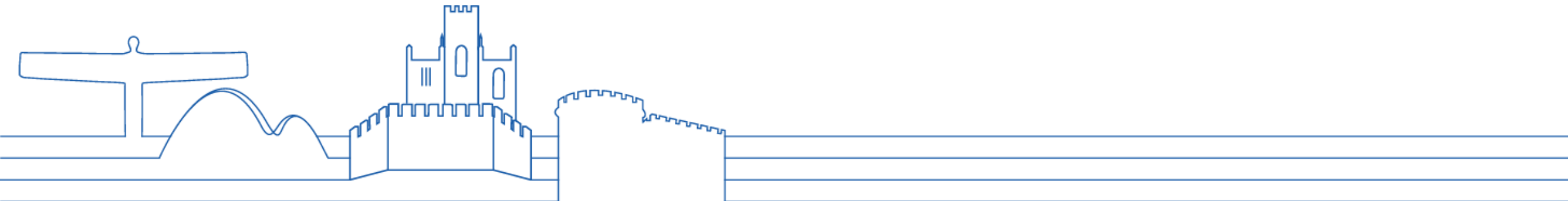
## Increased practice workforce

- October 2022 workforce data from NHS Digital:
  - 503 GPs (414 FTE)
  - 373 nurses (283 FTE)
  - 1289 admin/non-clinical (999 FTE)
  
- All 3 workforce roles have increased since Dec 2021



## Increased PCN workforce

- PCNs can claim funding [Additional Role Reimbursement Scheme- ARRS] to bring in a new workforce to support primary care to ensure a multi-disciplinary approach
- Staff funded through ARRS must be to support the DES requirements and in addition to current practice workforce
- PCNs have employed 204 ARRS staff (186.66 WTE) as at Sept 22 across Tees Valley from the roles available



# Winter resilience- Planned opening hours on Sundays and Bank Holidays

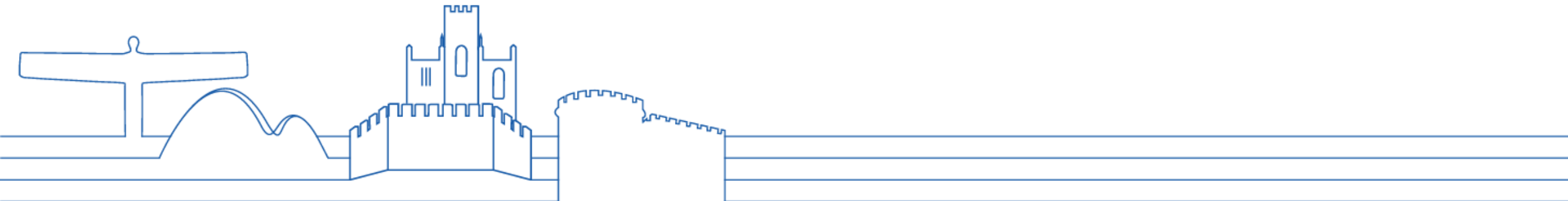
- Additional access on Sundays and Bank Holidays is now available through a Winter Resilience scheme commissioned by the ICB and provided by the 3 GP Federations.

Location	Provider	Sunday	Bank Holiday
Darlington – Forsyth House,	Primary Health Care Darlington [PHD]	9am-1pm	9am-1pm
Stockton – Eaglescliffe	ELM Alliance	9am-5pm	9am-5pm
Hartlepool - Chadwick Practice	Hartlepool and Stockton Health [H&SH]	9am-1pm	9am-1pm
Middlesbrough- Park Surgery	Hartlepool and Stockton Health [H&SH]	10am-3pm	10am-3pm
Redcar – Ravenscar Surgery	ELM Alliance	10am-1pm	10am-1pm



## Further support

- Exploring opportunities to facilitate upgrades to practice telephony systems
- Working with North East Commissioning Support (NECS) Communications team to develop improved communications to patients and Patient Participation Groups about general practice
- Digital team working with practices to improve website design and navigation for patients
- Exploring opportunities for additional resources through NHS England processes regarding resilience, retention and workforce development funding Resilience bids





**North East and  
North Cumbria**

# Thank you

