



# The BIG conversation with Primary Care: feedback

Annex 2

March 2020

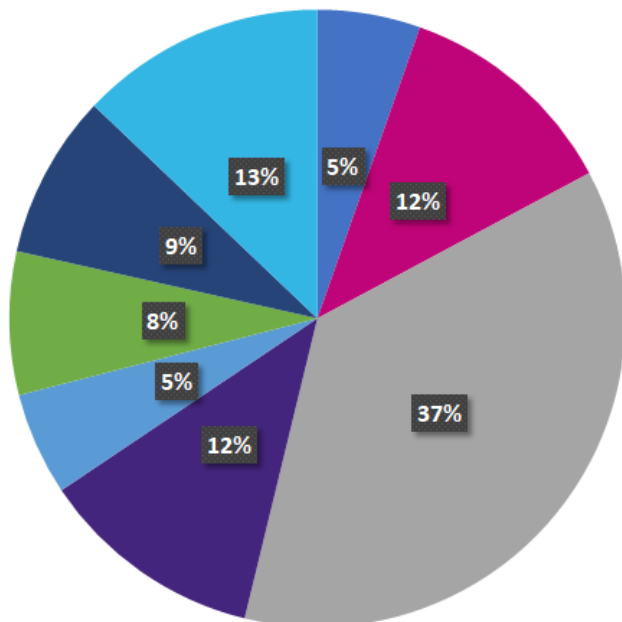
**93**  
survey  
responses

**37**  
event  
attendees

**13**  
one-to-ones

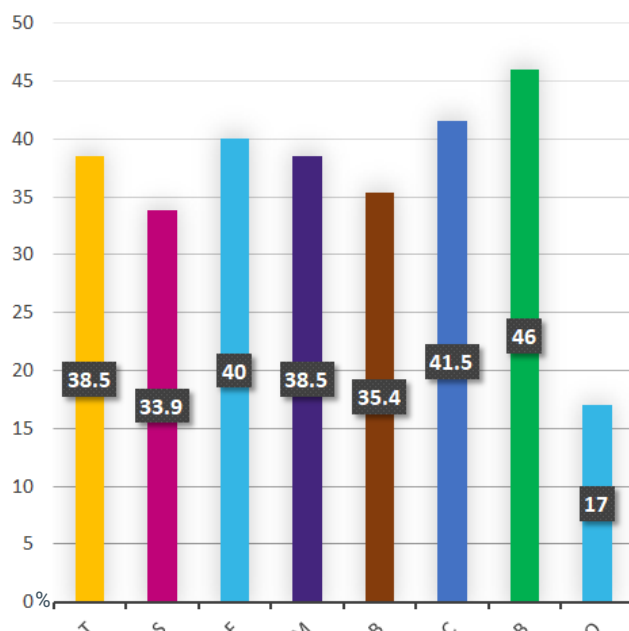
**1**  
Primary Care  
Steering Group

## What is the most important thing we could improve?



- Financial resources
- Being your voice
- Support in retention and recruitment
- More joined up engagement
- Better support around governance issues
- Clearer two-way communications about commissioning decisions
- Time out to think
- Other

## What else can we do?



- Financial resources
- Being your voice
- Support in retention and recruitment
- More joined up engagement
- Better support around governance issues
- Clearer two-way communications about commissioning decisions
- Time out to think
- Other



# Themes for improvement



## Clinical governance

We should offer more protected time so that staff can get together for learning and developing, covering the costs of locums to facilitate.



## Money

Changing budgets in-year is unhelpful, and we need to be clearer about our reasoning if we do make cuts.



## Mental health

There is a feeling that patients have to be very ill in order to be seen, and teen mental health support is lacking. Practices want more information on the work of the Mental Health team.



## Culture

GPs feel distrusted, and there is a feeling of disconnect between the CCG and Primary Care. There were calls to stop changing policies, reducing red tape, and focusing on positives more than what is not being achieved.



## Estates

A number of practices raised issues about section 106 applications, calling for more support in this process. People felt that premises are outdated and unfit.



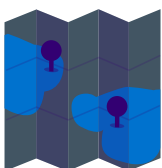
## Hospitals and emergency care

Share more hospital data to give GP practices a real insight into the situation at each acute, and address concerns that secondary care passes on too much work and unclear information.



## PCNs

We should focus our energy on the PCNs that are struggling, and we should work with Clinical Directors to understand local needs. Some felt that the next phase of PCNs is unworkable because of a lack of resources.



## Border practices

There were calls for equal services and better support in Royston and other areas outside our boundaries.

## What's next?

We have heard your feedback and are working on a plan for the future with the LMC, which we shared in draft form at the last Members' Event. We will share details with you all as soon as this plan is finalised. On specific area or practice issues, our team are working hard to resolve them. If you raised an issue please expect to hear more from us soon. We want to thank everyone who took the time to share their views.

Please continue to contact our Accountable Officer Jan Thomas via [capccg.ao@nhs.net](mailto:capccg.ao@nhs.net) with any queries or concerns.