Annual Members' Meeting 2020 – Q&A's

Questions one and two:

Will the Trust commit itself to declaring, that if there is a second wave of COVID-19, that the Trust will ring fence staff and assets allocated to the Gender Identity Service? Can the Trust also clarify what medical professional help is allocated as being accessible to individuals on this waiting list, to allow them to cope with the trauma of having to wait so long to receive care?

As the Trust is failing to meet its duty regarding statutory waiting times for gender ID services, what measure are being put in place to alleviate patients suffering? Given that there are a number of 'do not attends, why hasn't the Trust taken steps to lower these numbers by contacting the patients before their appointments, to verify attendance in the same manner as most other Trust's or surgeries?

Answer:

The two questions were taken together and the response was based on the themes from the content.

- Communications

Maintaining accurate information in our communications and particularly on our website is essential. The Gender Identity Service will update the website on a monthly basis to confirm the waiting times for the Service. In addition they will use the website to share any changes to service delivery over the course of the coming months.

- Service Disruption

At the height of the first wave of the pandemic, we did not have experience or processes in place to move to virtual appointments. In addition, the service is staffed by experienced nurses who, because we needed to maintain urgent and emergency care, were redeployed into other services for a period of time. We did not take this decision lightly and know that this caused significant concern for many service users. Over the course of the pandemic we have seen the waiting list for 1st practitioner appointment rise by 585.

We now have protocols in place to enable us to work with people more effectively and appropriately remotely although there are still issues such as blood monitoring but these are not impossible to address.

Our Winter Operating and Resilience Plan was shared with the Board of Directors on the 29 October 2020. In there we set out a number of objectives but those specifically to this question were:

- We aim to maintain all elements of service in line with the current operating models that have been established. This means that service delivery will be at the levels we have outlined and in the way we have described, where at all possible.
- That we value and recognise that all service interventions, support and delivery are equally important and to this end we are aiming to minimise disruption to staff, service users and people supporting our service users.
- To maintain effective business continuity and respond to triggers and pressures that may disrupt access, care and support those in need.

In aiming to maintain service delivery we need to recognise the increasing pressure and challenges, particularly in terms of workforce availability. We are better prepared and we are better equipped than at the onset of the pandemic. However, there are growing significant challenges on a day to day basis and we are currently awaiting direction following the announcement that the NHS will again be moving to Incident level 4.

- Access

LYPFT does fall short of meeting statutory waiting times, as all gender services do at a national level. The Primary Care Providers aim to help to address the waiting times but they are not yet fully operational.

Whilst waiting we try to alleviate patients distress by continuing to provide as much clinical contact and practice as possible and we have equipped all of our practitioners with IT equipment and systems to continue this.

Currently our administrative staff do not have the systems or capacity to fully implement a contact, follow up, text and confirmation system for appointments. We will consider the potential to bolster the capacity in the team in line with recommendations from the Service Leadership Team to strengthen our contact arrangements in line with other parts of the NHS and GP surgeries.

Questions three and four:

What preparation is the Trust doing for mental health service users after lockdown, bearing in mind the mental health impact of COVID-19?

What assessment of future service level requirements, due to the pandemic, has taken place?

Answer:

The two questions were taken together.

We are currently working with colleagues in Public Health England to use whatever modelling and evidence is available to help understand what the future demand is going to be. Part of our reflection is we are already seeing some increased demand and some of that is because we know the impact of the first lockdown, whilst a lot of people focused on keeping safe and well, that was a huge pressure on carers and family members, and that isn't sustainable over a long period of time. It is important that we continue to maximise the capacity of our services in the coming months, especially as we go into winter.

We have done some specific modelling on how we are going to use our beds, and how we can access additional investment to increase capacity. We have some additional funds to increase capacity in our Crisis Services but it is fair to that whilst we can increase capacity, it doesn't mean that the workforce is easily available.

There is no national or international model that gives an accurate prediction of what mental health demand is going to be over the coming years, as a consequence of COVID-19, because all of the features of the pandemic are new. There are great international academics who are trying to work on this, but unfortunately there isn't going to be anything to come through which states to follow a certain algorithm or formula to predict how things will be.

We will continue to support those who we know need our services at the moment. We are putting arrangements in place at a West Yorkshire level with colleagues, on staff support and the impact of working during the pandemic. We are doing other work with Public Health England on any additional demand that may be coming through.

Certainly in the immediacy, we have done forecasting work for each service across the course of the winter. Forecasts aren't always accurate but we have used the intelligence we have to try and predict what our levels of demand will be over the course of the winter to April 2021. The challenge for us is workforce availability; our workforce will be affected by usual winter ailments and in addition to that, potentially and sadly, with COVID-19. This may cause significant disruption.

Our modelling has contingency built into it where possible and we have, as a Board, agreed that we will be dynamic in our approach to how we respond to the level of demand, but the important thing to remember is that Public Health England will give us a clear indication how we need to develop the mental health sector and learning disability sector for the future.

It is important to keep the system functioning, as a bare minimum, and one of the challenges we have faced is ensuring the pathways and system are functioning despite the loss of staff at times. Additionally, ensuring we are not making decisions which cause impact elsewhere. We have some initiatives put in place over the last few months within Leeds and across West Yorkshire, anticipating where there might be increased need. We commissioned and stood up through the voluntary and community sector the; grief and loss helpline; additional bereavement support; mental health support and advice line; outreach to people with learning disabilities and autism. All of these are evaluating well. Another new agreed piece of work with Public Health England locally is that where they are standing up local test and trace arrangements, we will provide expertise and training for the call handlers on advice and signposting around mental health.

Question five:

What is the Trust's approach to the payment for service users' following their input in involvement strategies?

Answer:

Within the Patient Experience and Involvement Steering Group, we carried out a piece of work around service user involvement and payment, which has been approved and signed off. Although the Group was hibernated recently due to COVID-19, the payment policy is still operational and that is the process of how we make sure people are paid in an open and transparent way, with any involvement they do across the organisation.

To read the Policy for the Payment & Reimbursement of Service Users, Patients, Carers and members of the Public, visit the Annual Members' Meeting page on our website:
https://www.leedsandyorkpft.nhs.uk/get-involved/membership/annual-members-meeting/

Question six:

Do you have any information on service user surveys that the Trust carries out?

Answer:

Members of the Quality Improvement Team have been involved in producing service user surveys, particularly around what it feels like for service users and carers to be using different IT techniques, such as Zoom and Microsoft Teams. The surveys have come back and will be shared with the Service User Network for information.

In addition to this, a further piece of work would be obtained around getting service user feedback and going back to our commitment of 'you said, we did', and ensuring we communicate this more widely on our various social media sites.

Question seven:

How does the mental wellbeing service treat people form diverse communities, especially from African/Caribbean communities, when they have a crisis or problem; and what services do they direct them to?

Answer:

The Leeds Mental Wellbeing service is a combination of different providers; us in terms of primary care mental health, and other organisations including; Touchstone, Community Links, Women's Service in Leeds, and Leeds Community Healthcare Trust. This combination is really important because one of the key aspects of the service specification is ensuring that the banner of primary care is targeted where it needs to be in different communities. Organisations such as Touchstone lead on those elements, which is that proactive outreach and primary care engagement with different communities across Leeds. There is work ongoing, in particular for psychological therapies, in which the evidence shows it is not particularly suitable for different cultural backgrounds. There is a national training programme to support that which all IAPT (Improving Access to Psychological Therapies programme) Providers are taking part in.

An important part of the role carried out by Wendy Tangen, Inclusion Lead, has been establishing a dedicated team, whose remit across a number of our services is to ensure they are culturally sensitive, inclusive, and proactively outreached to ensure our services are accessible. We have had feedback at a recent Board of Directors meeting that staff at the perinatal services had been doing fantastic work with service users, in particular one woman who had been attending the diverse mums group, who had been sharing her experiences of perinatal and mental health.

The Clinical Commissioning Group has agreed to put in a dedicated role to look at the work we have carried out for African and Caribbean communities and where we see overrepresentation in

the acute and crisis services. The work is being clinically led by Sharon Prince, Consultant Psychologist, in collaboration with Public Health England and Community Links.

It is important to mention the collaborative work we have been carrying out in partnership with other organisations, in terms of supporting the reduction of the mental health detentions of our service users within the BAME community. We are also currently involved in work with Leeds Crisis Service, looking at how we support our current Crisis team.

Question eight:

I have found that, partly due to COVID-19, the waiting list for a person with suspected sarcoidosis to get a chest scan is currently one year. What does the Trust think about this and how do you plan to address this situation?

Answer:

This isn't a service provided by our Trust, however it is provided by one of our partners. Unfortunately, we can't deny the fact that the original lockdown caused a significant backlog in people accessing routine treatments. All organisations have carried out planning in the last few months to address how this kind of activity could be restarted again, but with knowledge of the fact that because of COVID-19, all of the environments must continue to maintain social distancing. In our region, the Nightingale has been used for diagnostic tests over the last few months to allow capacity in the system over what the hospitals have been able to provide.

The reason we are in another lockdown and why Incident level 4 has been declared for the NHS is because we are now trying not to stand down all of the other services in order to meet with the demands of COVID-19. We are trying to maintain all of the activity that has been restarted in order to clear the backlog. Organisations have been asked, rather than to treat the waiting lists as one big list, to systematically review them to ensure that there is a prioritisation.