

Report to the NHS Somerset Integrated Care Board on 25 May 2023

Title: Chief Executive's Report	Enclosure C
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Version Number / Status:	v1
Executive Lead	Jonathan Higman, Chief Executive
Clinical Lead:	Not applicable
Author:	Jonathan Higman, Chief Executive

Summary and Purpose of Paper

This paper sets out key items for the Board to note and discuss, arising since the last meeting of the Integrated Care Board (NHS Somerset) on 30 March 2023. It focuses on relevant changes in the National context and highlights key issues to note pertaining to the Somerset Integrated Care System.

Recommendations and next steps

The Board is asked to **Note and Discuss** the Chief Executive's report.

Impact Assessments – key issues identified

Equality	Improving access to Primary Care services for the people of Somerset through implementation of the National delivery plan for recovering access to Primary Care.			
Quality	Implementation of the National delivery plan for maternity and neonatal services which aims to ensure consistency of service delivery.			
Privacy	None, this is a public report.			
Engagement	<p>Signing of the Armed forces covenant and noting the media activity undertaken in the period from 30 March 2023 and next steps in the development of our Integrated Health and Care Strategy.</p> <p>Noting NHS Somerset's work with the Southwest Peninsula Academic Health Science Network to develop a Research and Innovation Strategy with NHS Devon NHS Cornwall & the Isles of Scilly and academic partners.</p>			
Financial / Resource	No direct financial issues highlighted in the report .			
Governance or Legal	To approve the proposal for lead Executive members of the Board for a set of nationally identified additional responsibilities.			
Risk Description	Operational and performance risk associated with delivery of our system 2023/24 operating plan; To note the operating plan priorities.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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CHIEF EXECUTIVE'S REPORT

1 INTRODUCTION

- 1.1 This report provides a summary of key items of strategic and operational note for the ICB Board for the first period since its last meeting on 30 March 2023.

2 NATIONAL CONTEXT

Delivery plan for recovering access to primary care

- 2.1 On 9 May 2023 the NHS and Department of Health and Social Care published its [Delivery plan for recovering access to primary care](#). This is an important first step in delivering the vision set out in Dr Claire Fuller's [Next steps for integrating primary care report](#).
- 2.2 Developed with the expertise and insight from a wide range of health partners, the delivery plan focuses on improving access to general practice, a key commitment in the government's autumn statement.
- 2.3 The plan includes proposals to expand the vital role of community pharmacies, by consulting on a Pharmacy First service, and oral contraception and blood pressure services are also included in the plan.
- 2.4 To support delivery and identify ways to improve the primary/secondary care interface, the Academy of Medical Royal Colleges report [General practice and secondary care: Working better together](#), provides practical recommendations and local collaboration examples for Integrated Care Boards.
- 2.5 A useful set of slides summarizing the key points from the delivery plan are included as Appendix 1.
- 2.6 Further information for Integrated Care Boards and primary care teams on next steps, actions required to deliver and access support are expected to follow shortly. Work is underway to ensure that the recommendations from this report are included within the delivery plan for our wider Somerset Primary Care Strategy which we will be hearing about later in the Board meeting.

Executive lead roles within Integrated Care Boards

- 2.7 A commitment was given to Parliament during consideration of the Health and Care Act 2022, that every Integrated Care Board would identify lead members of the board with explicit responsibility for the following population groups:
- Children and young people (aged 0 to 25)
 - Children and young people with special educational needs and disability
 - Safeguarding (all-age)

- Learning disability and autism (all-age)
 - Down syndrome (all-age)
- 2.8 To support systems, NHS England's Children and Young People's Transformation Programme team have worked with respective NHSE teams to draft guidance to support the fulfilment of these functions and outline the responsibilities of these roles in more detail.
- 2.9 The link to the guidance is [here](#).
- 2.10 These statutory roles are in addition to the statutory role for Mental Health on the Board, which it was agreed would sit with the Chief Executive of Somerset NHS Foundation Trust as a partner member of the Board.
- 2.11 Given the link with statutory responsibilities it is proposed that the lead Executive responsibilities for the additional five areas set out above would sit with the Chief Nursing Officer.

Delivery Plan for Maternity and Neonatal Services

- 2.12 At the end of March NHS England published a three-year delivery plan for Maternity and Neonatal Services in England.
- 2.13 This acknowledged that while most women have a positive experience of NHS maternity and neonatal services in England, independent reports show that some families have experienced unacceptable care, trauma and loss, and with incredible bravery have challenged the NHS to improve.
- 2.14 The delivery plan sets out what the NHS will do to deliver safer, more personalised, and more equitable for all women, babies and families. It is directed at frontline staff and leadership, describing the building blocks we need to have in place to ensure the needs of women, babies and families are at the heart of services.
- 2.15 It summaries responsibilities for each part of the NHS including trusts, Integrated Care Boards and Systems including Local Maternity and Neonatal Systems and Operational Delivery Networks, and NHS England.
- 2.16 The plan contains four broad themes:
- Listening to, and working with, women and families with compassion; ensuring care is personalised and that service users have informed choice.
 - Growing, retaining, and supporting our workforce in order to ensure there are sufficient highly-skilled staff across the whole maternity and neonatal team whilst combatting workforce inequalities.
 - Developing and sustaining a positive safety culture in every maternity and neonatal service, where everyone takes responsibility for safer care and learning, and leaders understand and act based on how it feels for their teams to work at their organisation.

- Standards and structures that underpin safer, more personalised, and more equitable care.

2.17 Trust and ICB Boards will play a critical role working with our maternity and neonatal leaders to improve services as necessary.

2.18 The Somerset Local Maternity and Neonatal System are producing an action plan to meet the 12 objectives sitting under the 4 themes of this delivery plan. This will run alongside the actions resulting from the Ockenden report. Technical guidance is due at the beginning of June to outline the performance measures, however, we have commenced a gap analysis to begin to understand our data and intelligence requirements.

3 SOMERSET SYSTEM

2022/23 performance summary and 2023/24 operating plan

1.1 The financial year 2022/23 was particularly challenging given the unprecedented levels of demand that services have been facing, the need to make significant progress in reducing our increased waiting times for planned services and the challenges of managing regular periods of industrial action.

1.2 That said, it is worth taking a moment to reflect on the following:

- ***Overachieving on our ambitions to reduce surgical waiting times.*** At the end of March 2023 104 week waits had all but been eliminated and the system overachieved its ambition to reduce the number of patients waiting over 78-weeks (with 68 patients waiting over this time against a target of 429). We have also continued to reduce the number of patients waiting over 65 weeks, which is our next major milestone in elective recovery.
- ***Achieving a breakeven system financial position for both revenue and capital budget.***

1.3 Focus is now firmly on delivering the priorities agreed as part of our 2023/24 operating plan. The final version of this was submitted to NHS England on 4 May 2023 following a system meeting with the National team.

1.4 Locally we have agreed the following three operational priorities for the coming six months:

- To improve our urgent care service by taking tangible steps to significantly reduce the number of patients in hospital awaiting discharge through a set of immediate actions and a whole system redesign of our intermediate care service.
- To continue progress in reducing elective waiting times with the aim of overachieving our target of patients waiting over 65 weeks by April 2024.

- To take significant action to start to address our historic underlying financial deficit.

Next steps in the development of our Health and Care Strategy and Joint Forward Plan (JFP)

- 1.5 The March Board meeting received a briefing from the Director of Workforce Strategy on the key elements of the Somerset Integrated Health & Care Strategy. The feedback from the public engagement activity, coordinated by HealthWatch was being collated and will be reflected in the final version of the strategy.
- 1.6 The first version of the Strategy will be received by the newly constituted Somerset Board (Integrated Care Partnership) in June and will be refined as the Somerset Board develops.
- 1.7 In addition, the Director of Workforce Strategy and Chief Officer for Strategy, Digital and Integration are co-ordinating the system Joint Forward Plan (JFP), which is the delivery plan of the Health and Care Strategy. As part of the national assurance process the ICB has received feedback from NHSE on the initial draft submitted at the end of March. The feedback received was positive and included some further guidance on strengthening three of the 17 statutory requirements. The JFP will be published in June.
- 1.8 Further engagement with stakeholders will continue during 2023/24 to further develop both the strategy and Joint Forward Plan.

Southwest Peninsula Research and Innovation Strategy

- 1.9 The establishment of Integrated Care Boards has created an opportunity to increase the role and impact of research and innovation in supporting delivery of our Integrated Care Strategy and Joint Forward Plan.
- 1.10 Improving the conditions for research and innovation is also a legislated duty for ICBs and much needed for our region.
- 1.11 During the last six months we have formed a partnership with research and innovation partners across the Southwest peninsula (Somerset, Devon and Cornwall & Isles of Scilly) to consider how as an ICB we can increase the impact of research and innovation in Somerset.
- 1.12 Working with NHS Cornwall & Isles of Scilly and NHS Devon, supported by the Southwest Academic Health Science Network, we have drawn on the experience of other more mature research and innovation systems to understand how to strengthen the conditions for research and innovation.
- 1.13 This work has resulted in the development of an ambitious and pioneering partnership for health & care research and innovation in the Southwest peninsula. The purpose of the partnership is to work in

collaboration with NHS Cornwall & Isles of Scilly and NHS Devon to bring together the collective capability of the peninsula's two major universities (Universities of Exeter and Plymouth), the National Institute for Health and Care Research (NIHR) Clinical Research Network, the NIHR Applied Research Collaborative and the Academic Health Science Network to increase the impact of research and innovation.

1.14 We are working together as a partnership to develop a shared research and innovation strategy for the peninsula focused on our shared population health and system priorities. The aims of the shared strategy are to:

- Ensure research and innovations supports NHS Somerset to improve population health and reduce health inequality;
- Improve health and care system productivity;
- Improve how we attract, grow and retain our workforce and;
- Increase external funding and investment into the region.

1.15 We have chosen to take a mission-based approach to our strategy, targeting a small number of major population health and system challenges for our region that provide the strategic focus for our work together on Research & Innovation.

- Mission 1 - Improving the lives of people living with long term conditions, multiple conditions and frailty.
- Mission 2 - Promoting, preventing and enabling quality care in Mental Health.
- Mission 3 - Immediate, compassionate and cost-effective Urgent Care.
- Mission 4 - Prevent, detect and treat Cancer to improve lives.
- Mission 5 - Addressing Inequities in Maternal and Neonatal Care.

1.16 Working in partnership at the level of the peninsula, will enable us to integrate the latest evidence, innovation and improvements into our transformation plans for Somerset. We also believe that by working in a partnership approach, it will increase the likelihood that we can draw in greater additional investment into Somerset and make faster progress than might be possible otherwise.

Armed Forces Covenant

1.17 At an official ceremony on Monday 15 May 2023, attended by a number of colleagues and military personnel, NHS Somerset signed the Armed Forces Covenant.

1.18 The Covenant sets out our pledge, as an organisation, to endeavour in our business dealings to uphold the key principles of the Armed Forces Covenant, which are that:

- No member of the Armed Forces Community should face disadvantage in the provision of our services compared to any other citizen.
- In some circumstances special treatment may be appropriate,

especially for the injured or bereaved.

- 1.19 The covenant applies to serving personnel, reservists, veterans and military families. Signing the covenant aligns NHS Somerset with Somerset Foundation Trust who signed the covenant some time ago.
- 1.20 Working with our partners we will now continue to develop our Armed Forces work within Somerset, primarily focusing on the NHS Healthcare for the Armed Forces community: a forward view ([Healthcare for the Armed Forces community: a forward view to 2022 \(england.nhs.uk\)](https://www.england.nhs.uk/armedforces/healthcare-for-the-armed-forces-community-a-forward-view-to-2022/))
- 1.21 Further detail is provided in Appendix 2.

Media Activity

- 1.22 Our media report – ‘In the news’ is attached as Appendix 3.

Jonathan Higman
Chief Executive
18 May 2023

Overview

National Primary Care Recovery Plan
Published 9 May 2023

[Link: NHS England » Delivery plan for recovering access to primary care](#)





Context

The Autumn Statement committed the NHS to publish a recovery plan for primary care.




The plan focusses and prioritises the first element of the Fuller stocktake - recovering access and supports two key ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** No longer will patients be asked to call back another day to book an appointment.
2. **For patients to know on the day they contact their practice how their request will be managed.**
 1. If their request is **clinically urgent it will be assessed on the same day** by call or face to face appointment, or if raised in the afternoon, on the next day if this is clinically appropriate.
 2. **If not urgent yet they need a call or appointment, it will be scheduled within two weeks.** For some routine follow up requests a longer timeframe may be clinically appropriate.
 3. In addition, where appropriate, requests will be signposted to self-care or other local services (eg community pharmacy or self-referral services).



The problem the Primary Care Access Recovery Plan is addressing

Strained capacity

-  • **20-40% increase in contacts** since pre-pandemic, exacerbated by care backlogs
-  • **>30% increase in people >70** since 2010, with more **long-term conditions**
-  • **12% more appointments** since pre-pandemic
-  • **Only ~7% increase in doctors** working in general practice since pre-pandemic

Decreasing patient satisfaction

-  • **Average satisfaction** with general practice fell from **83% to 72%** last year.
-  • **Over 85% of practices** saw their **satisfaction fall**
-  • **1 in 5 people** unable to **get through** or get a reply from their practice when last tried
-  • **Poor contact** creates **patient dissatisfaction** with practice overall

The plan headlines

The plan focuses on four areas to support recovery and deliver the ambitions. The next slide covers these in more detail.

1



Empower patients

- Improving NHS App functionality
- Increasing self-referral pathways
- Expanding community pharmacy

2



Implement new Modern General Practice Access approach

- Roll-out of digital telephony
- Easier digital access to help tackle 8am rush
- Care navigation and continuity
- Rapid assessment and response

3



Build capacity

- Growing multi-disciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Priority of primary care in new housing developments

4



Cut bureaucracy

- Improving the primary-secondary care interface
- Building on the 'Bureaucracy Busting Concordat'
- Reducing IIF indicators and freeing up resources

1 Empower patients by investing up to £645m over 2 years to expand community pharmacy services, and supporting tools people can use to manage their own health better.

- **Enable patients in over 90% of practices to see their records and practice messages**, and book appointments and order repeat prescriptions using the NHS App by March 2024.
- **Expand self-referral services** ensuring integrated care boards (ICBs) expand pathways by September 2023, as set out in the 2023/24 operational planning guidance.
- **Deliver Pharmacy First** so that by the end of the year community pharmacies can supply prescription-only medicines for seven common conditions. This is **subject to consultation**.
- **Expand pharmacy oral contraception and blood pressure services** this year, to increase access and convenience for millions of patients. This is **subject to consultation**

2 Implement 'Modern General Practice Access' by retargeting £240m to tackle the '8am rush' and to let patients know on the day how their request will be handled, taking account of clinical need and patient preference.

- **Support all practices on analogue lines** to move to digital telephony, including call back functionality, if they sign up by July 2023
- **Provide all practices with digital tools and care navigation training** for Modern General Practice Access, and fund transition cover for those who commit to adopt this approach before March 2025
- Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme

3 Build capacity so practices can offer more appointments from more staff than ever before

- **Provide an extra £385m of funding** in 23/24 to reach 26k more direct patient care staff employed and 50m more appointments in general practice by March 2024 vs 2019.
- **Further expand GP specialty training** – and make it easier for newly trained GPs who require a visa to remain in England
- **Encourage experienced GPs to stay in practice** through pension reforms announced in the budget and create simpler routes back to practice for the recently retired
- **Change local authority planning guidance** this year to raise the priority of primary care facilities in considering how funds from new housing developments are allocated

4 Cut bureaucracy to give practice teams more time to focus on patients

- **Streamline the Investment and Impact Fund (IIF) from 36 to five indicators** - re-target £246 million - and protect 25% of Quality and Outcomes (QOF) clinical indicators.
- **Reduce time spent liaising with hospitals by requiring ICBs to report progress** on improving the primary-secondary care interface, especially the four areas highlighted from the Academy of Medical Royal Colleges Report, in a public board update in Autumn 2023.
- **Reduce requests to GPs to verify medical evidence**, including by increasing self-certification, by continuing to advance the

Reducing Bureaucracy - Improving the primary-secondary care interface



Practices estimate they spend 10% to 20% of their time on lower value administrative work

How we will deliver

- ICB chief medical officers to establish the local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report.
- ICBs must address these **four** areas:
 1. **Onward referrals: reduction of onward referrals** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again. This improves patient care, saves time and was the most common request we heard from general practices about bureaucracy.
 2. **Complete care (fit notes and discharge letters):** trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need such as fit notes and discharge letters rather than patients returning to their practice and fit notes to be issues electronically by end of November 2023
 3. **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf.
 4. **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: eg single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.

Offers to implement Modern General Practice Access to practices and PCNs



Digital telephony - Financial and procurement support for digital telephony to any practice who, by July 2023, indicates that they need to move from analogue to digital telephony

Digital tools for online consultation, messaging and appointments - Funding of uplifted framework tools for online consultation, messaging, self-monitoring, and appointment booking tools

Transformation support - A range of offers from the National General Practice Improvement Programme:

- Universal: online resources, local improvement communities, and webinars available to all practices
- Intermediate: specific support to practices and PCNs needing support to make changes
- Intensive: targeted, hands-on support for practices in most challenging circumstances

Transition cover - for significant improvement efforts in selected practices – worth ~£13.5k/practice of flexible funding covering (e.g., extra practice shifts, locums, peer support)

Care navigation training – every practice and PCN allowed to nominate one member of staff to undertake training.

Repurposed IIF to support time for transformation:

- Reduced IIF indicators from 36 to 5 (on top of 25% reduction in QOF indicators) releasing staff capacity
- £172m to be unconditional 'Capacity and access support' paid monthly (~£11.5k/month/average PCN)
- £74m for ICB commissioner to discretionarily dispense on performance and addressing GPAD

Increase in ARRS flexibility & ARRS numbers

- Increasing ARRS funding by £385m
- Increase flex. by including apprentice physician associates and Advanced Clinical Practitioners Nurses



Implementation

To support this plan, NHS England and DHSC have retargeted over £1 billion and committed to:

1. **Technology** - Retarget over £240 million of funding in 2023/24 for new technologies and support offers for primary care networks (PCNs) and practices that help them plan and implement Modern General Practice Access, including online tools, digital telephony, care navigation training and transformation support.
2. **Community Pharmacy** - Invest up to £645 million over the next two years to expand community pharmacy services, subject to consultation.
3. **IIF** - Redirect £246 million of the streamlined IIF towards improving access; 70% will be given to PCNs unconditionally to support driving change (~£11,500 per month for the average PCN), with the remaining 30% awarded by ICBs conditional on PCNs achieving agreed improvement in access and patient experience.
4. **Increasing capacity** - Delivering on our commitment to make a further £385 million available in 2023/24 to reach the existing target of 26,000 more direct patient care staff and 50 million more appointments in general practice by March 2024.
5. **SDF and transformation** - Continue to allocate System Development Funding (SDF) to ICBs, which for 2023/24 totals ~£170 million. NHS England expects systems to use a large part of this to support primary care transformation.
6. **Transformation support** – Nationally led support and funding to practices for transformation. Different levels of support is available dependent on the need.
7. **Communications** - Given the scale of proposed change, NHS England will launch a major communications campaign to explain the evolving nature of primary care to the public and how they can best use the NHS.
8. **Improvement plans** - ICBs to develop implementation plans for submission 30th June





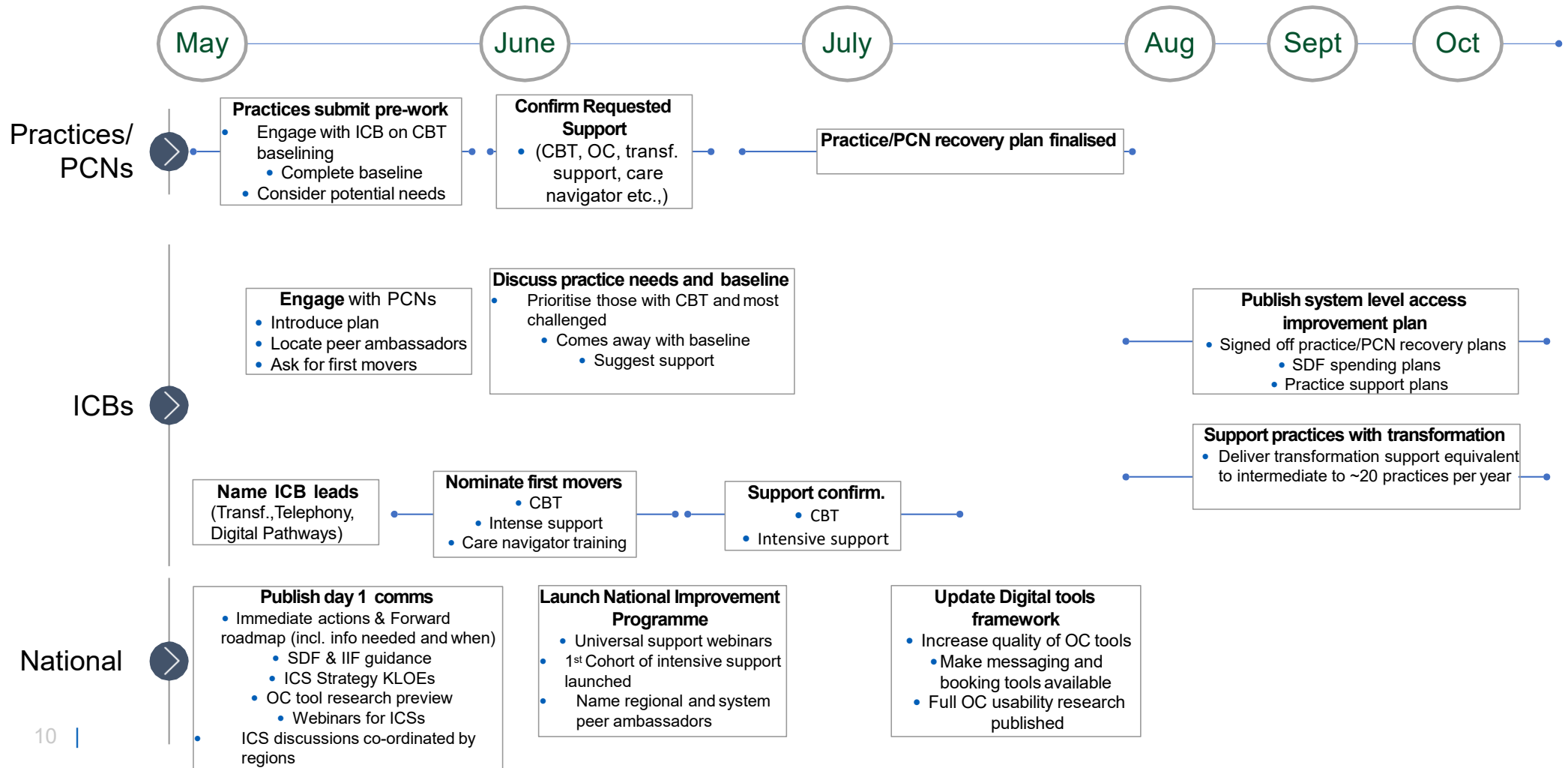
Governance and assurance

ICBs will be leading the change that is right for their system whilst working flexibly with regional and national teams.

1. Reporting – Progress will be measured through ICB public board reports. NHS England will expect ICBs to provide an update to their public board in October or November 2023 on the four key areas of challenge in the primary/secondary care interface and improvement plans.
2. ICB priorities, implementation plans and timelines are part of an annual assessment of performance that has been a requirement of the NHS Standard Contract since 21/22.
3. Core data in the plans will be used in regional assurance and national-level public reporting.



Key timelines in the first 6 months



Next Steps

- Regional Primary Care Access Group to review key priorities and work with ICBs towards publication of their improvement plans
- Working with systems to review interface opportunities including work with community and UEC



Armed Forces Covenant

On Monday 15 May NHS Somerset signed the Armed Forces Covenant. Chief Executive, Jonathan Higman alongside Wing Commander Alex Drake jointly signed the commitment.

We will now continue to develop our Armed Forces work within Somerset, primarily focussing on the NHS Healthcare for the Armed Forces community: a forward view (Healthcare for the Armed Forces community: a forward view to 2022 (england.nhs.uk)) - There are also several initiatives which will enable us to become better, both as an employer as well as developing services:

- Employer Recognition Scheme (Defence Employer Recognition Scheme - GOV.UK (www.gov.uk)). Once the Armed Forces Covenant document is registered, we will have our Defence Employer Recognition Scheme – Bronze Award. This acknowledges our support for the Armed Forces community. We will continue to develop our work in this field and apply for Silver and then Gold accreditation.
- Step into Health – (Transition into the NHS | Step Into Health | Armed Forces Jobs (militarystepintohealth.nhs.uk)) we can promote NHS Somerset and other NHS partners as organisations which provide a dedicated pathway to a career for those leaving the military.
- Career Transition Pathway – this is a MOD initiative, providing a wealth of support and guidance for those transitioning out of the military; enabling us to recruit highly skilled individuals who would like to pursue a new career within the NHS.
- CTP are having a jobs fair in June 2023, attracting over 500 service personnel approaching discharge. NHS Somerset will be there to showcase our organisation.
- We jointly host the Armed Forces Covenant Annual Conference with Somerset Council in October 2023.
- We are reviewing our HR policies to see how we can support the AF Reservists already working within the organisation and align these with the policies already in place both within the acute hospitals and the local council.
- We are working with a range of partners to raise our profile as an excellent employer. Enabling us to support those wanting a second career within the NHS. As part of this we have an Armed Forces Staff network, offering informal support to anyone within the wider armed forces community.



In the News

NHS

Somerset

01 March 2023 - 30 April 2023

Welcome to our third addition of In the News which this month features, not only some of the highlights of our media coverage across Somerset, but also includes some projects and campaigns we have been working on with colleagues across the ICS.

How we care in Somerset - over the past few months we have been working with colleagues across the county to develop a video which encapsulates how our health and care services in Somerset look after patients in the county.

A new logo for Somerset ICS - following the merger of Somerset Council and the hospital trusts on 1 April 2023, we are now in a position to unveil our new Integrated Care System (ICS) brand. This logo is just the beginning of our ambitious brand refresh and the development of a new identity for health and care in Somerset and a collective brand for all. Over the coming weeks we will be developing our identity further so that our existing social media channels, ICS website and other relevant materials are updated to reflect this new look. Comprehensive brand guidelines are also being developed to support organisations across the ICS to use in the most appropriate way.

If you have a story you'd like us to highlight, or have a colleague you think we should celebrate, please get in touch with our communications team at: somicb.communications@nhs.net

In the News

NHS

Somerset

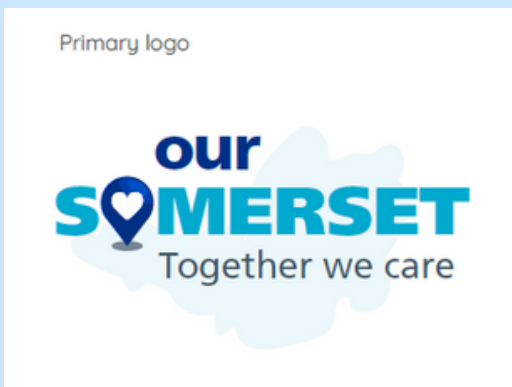
01 March 2023 - 30 April 2023



How we care in Somerset.

Created a system-wide video to outline and demonstrate how health and care services in are supporting patients in Somerset.

https://youtu.be/Y_Zxl2wivX8

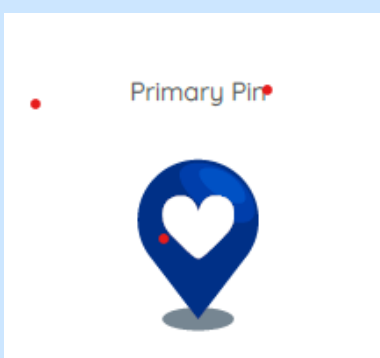


Our new ICS identity

These are the initial images of our new ICS logo - Our Somerset.

This logo will be developed further to provide a wealth of collateral to support our collective work across the county.

The additional 'pin' elements will help to provide differentiation to services and themes.



The tag line: 'Together we care' has been incorporated to pull together the overarching ambition of the ICS into one simple strapline.

01 March 2023 - 30 April 2023



The NHS is turning 75 and we need your help to tell our Somerset story

On the 22 March we officially launched our NHS75 campaign to ask people to share stories in advance of the big birthday in July.

Everyone has a part to play in helping to celebrate the NHS - visit and share your story with us.

- [Click to view statement](#)
- [Share your story here](#)



New Dementia Wellbeing Service

In March, we supported the launch of the New Dementia Wellbeing Service and Roadshow. The free roadshows provide advice and support for those living with dementia and their carers. This is being done in collaboration with partners across the ICS.

<https://somersetics.org.uk/somerset-dementia-service/>





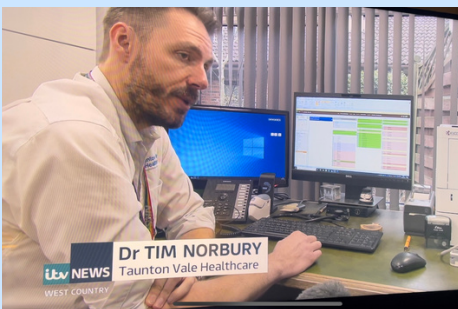
Doctors' surgery set up call centre to deal with patient demand

A Taunton doctors' surgery has turned to technology to cope with growing patient demand by operating a

'Call Centre' surgery in Taunton changing doctor appointments to deal with growing patient demand

In March, ITV Westcountry visited Taunton Vale Healthcare to find out more about the innovative approach the surgery has created for dealing with incoming patient healthcare enquiries to support their 13,000 patients.

<https://www.itv.com/news/westcountry/2023-03-03/doctors-surgery-set-up-call-centre-to-deal-with-patient-demand>



NHS Somerset to take responsibility for pharmacy, dentistry and optometry from April 2023

At the end of March we shared information about us taking on responsibility for the commissioning and management of these functions across Somerset.

<https://nhssomerset.nhs.uk/pharmacy-dentistry-and-optometry-in-somerset/>

01 March 2023 - 30 April 2023



NHS launches Spring Covid jab campaign

We kicked off the next phase of our Covid programme with the Spring campaign - aimed at protecting the most vulnerable in Somerset. Points West ran a feature about the booster, visiting Abbey Manor Surgery in Yeovil.

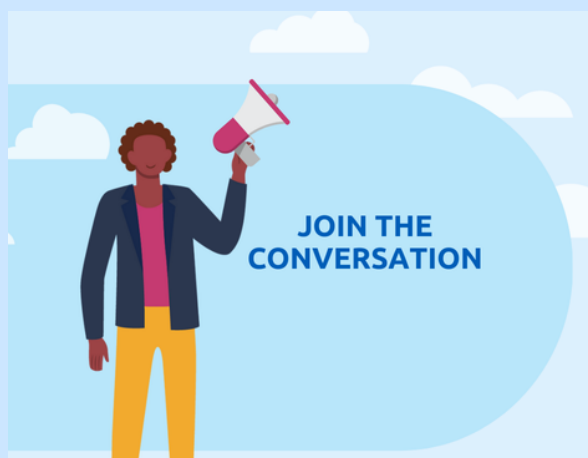


<https://nhssomerset.nhs.uk/nhs-launches-spring-covid-jab/>

One week left to have your say on hyper acute stroke services

The public consultation on the future of acute hospital-based stroke services in Somerset was launched on 30 January.

In April we shared a reminder to people that time to get involved was running out.






<https://somersetics.org.uk/acute-hospital-based-stroke-services-in-somerset-one-week-left-to-have-your-say/>

In the News

01 March 2023 - 30 April 2023

Social media highlights

 Facebook	 Twitter	 NextDoor
3601	7257	81,972

An overview of our social media posts which received the most engagement.

Industrial action update - March

We regularly updated our industrial action website page, giving the latest information and guidance to the public. Our social media posts received

- 8,844 people reached
- 234 link clicks
- 234 comments
- 22 reactions



Stroke consultation - 2 days weeks left

Throughout the stroke consultation we promoted opportunities to get involved across our social media channels. Our two weeks to go post received:

- 5629 people reached
- 84 link clicks
- 20 shares
- 24 reactions

