Market Warming Q&A 22/01/2024

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| **Question Raised During Presentation:** |
| With reference to the GP case study shown; the GP spoke about delivering services which are likely to be funded by different commissioned funding streams – how will you support the “system lead” to navigate this, bearing in mind the forementioned pressure on price? |
| Commissioners will support the navigation of delivering services across funding streams. This can be through making changes to existing patient pathways, working collaboratively with other service commissioners through relationships already grown by us. Opportunities and conversations are already being undertaken with stakeholders such as the Integrated Care Board (ICB), women’s health hubs. The ambition is not for this to be achieved on day one but this to be the ambition across the lifetime of the contract.  |

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| **Question and Answer from Slido** |
| Pharmacy capacity - increasing workload but not recognised in increases in workforce. What was feedback in relation to accessing services through pharmacies? |
| Yes, we are aware of the current workload of Devon pharmacies, and we know of the challenge they face here in Devon and the Southwest. At this stage conversations around combining pharmacy sexual health services into this contract have not begun with the LPC as we are still at the early stages of this process. We do however want to explore any potential future opportunity for pharmacy to further engage and provide/extend their scope of services.We are also aware there is not a one size fits all approach as not all pharmacies will want to or be able to engage or extend any current offer. However, we would like to maximise any opportunity there is.We are also aware that the ICB are currently undertaking in collaboration with Healthwatch and the Health & Wellbeing Board a Southwest audit of pharmacies and we recognise that there is an opportunity to play into this. |
| Has SRH been considered as forming a key part of the annual learning disability review led by GPs? |
| We were not aware of this review being undertaken and we value being alerted to this. Linking back to the PowerPoint presentation regarding barriers to accessing services, this may well be a useful contact. Thank you.  |
| How does a SRH digital front door align with other digital front doors - e.g. mifepristone and misoprostol pills by post / GP econsultations etc |
| We would love to link into and make use of other digital front doors to allow for better access for our population. If we should or should not be considering this, please raise this in the workshop discussions and how this might look. |
| Did the GP you interviewed describe the barriers preventing other go from providing similar models? |
| No. The GP’s emphasis was solution focused and wanted to show what can happen under our current GP contract and how her time could be used to deliver the range of services to women. We are aware that other GP practices are keen to deliver similar models but there is also a misconception around the flexibility of the current GP contract and what it can allow. There is a mixed economy of interest from practices wanting to be involved in sexual health delivery alongside a mix of GP skills and capabilities. However, practices can still be involved in the process and collaborate even if they do not want to deliver the service themselves. |