Big Chat 5

Annual review

NHS Southport and Formby CCG
Royal Clifton Hotel, Southport, 15 September 2015

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About Big Chat 5…our annual review

Every year we hold an annual review, where residents can come along and hear about how well we performed during the previous 12 months to highlight our achievements as well as the challenges we faced.

This year we wanted to take a different approach and make our annual review more interactive for those attending. So, we decided to combine our annual review with a Big Chat style event.

Whilst people could still take away copies of our annual report and accounts, we decided to display information about our financial performance and our outcomes differently. This meant that the main speakers could focus their presentations on our plans for the year ahead, allowing more time for our residents to get involved and give their views.

It was also an opportunity for us to feedback how we have used people's ideas and comments from Big Chat 4 to help shape our next planning steps.

You can read more about what people told us later in this report and you will find presentations and photos from 'Big Chat 5 meets Annual Review' on our website.

How the event worked

Our chair, Dr Rob Caudwell opened the event and welcomed over 60 people to 'Big Chat meets Annual Review'.

There was a mix of presentations - giving an update of our work and plans – and workshop style sessions, so people could ask questions and discuss each topic in more detail.

A short film was played to illustrate our plans and we used an electronic voting system to capture people's views at different points during the event.

The agenda ran as follows:

- Shaping Sefton: our vision for future health and care – presentation by Fiona Taylor, chief officer
- What this means for you - short film from the King's Fund about integrated care
- Transforming community services – presentation by Fiona Taylor, chief officer
- Your experiences of community services - table discussions and feedback
- Questions and answers – chance for attendees to ask queries with responses provided by CCG staff and governing body members

Community centred health and care

'Big Chat 4' in 2014 focused on how we might begin to move the vision for future healthcare, contained in our 5 year strategy, into action.

We set out a 'locality' model of healthcare – with GP practices and their patients firmly at its core and where people's care is more integrated, or better 'joined up', so that it works together more seamlessly for patients.

We also described our plans for intermediate care, sometimes known as a half way house for people who need support to get fully well but who do not need hospital care and treatment.

Views and experiences from Big Chat 4 contributed to the further development of our integrated **Shaping Sefton** programme and its supporting 'blueprints for transforming healthcare'.

Shaping Sefton's vision is for 'community centred health and care':

 "We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing."

Gaining views about community services

An important element of our Shaping Sefton programme is the transformation of community services, so that in the future they are able to better manage the changing needs of our residents.

This is why we focused the workshop sessions at 'Big Chat 5 meets Annual Review' around people's experiences and views about using our community services – the collective name for a range of care including district nurses, blood testing, foot and leg care, community matrons and therapies.

What people told us

Our work to better shape community services is an example of how we are moving our **Shaping Sefton** programme and its vision for community centred health into reality, based on what we know are the priority health needs of our population, best medical evidence and that take account of the views of our residents.

To gain more views about current community services and where they need to improve, we invited attendees to take part in a table discussion.

We asked people to discuss three key questions and we have summarised the responses to each question into key themes below, and this will be used to further shape our community services programme in the year ahead:

1. What have been your experiences of community services?
2. What does a good patient experience look and feel like?
3. What are the most important considerations for the further development of community services?

Key themes from discussions

Question 1: What have been your experiences of community services?

Care isn't always joined-up or patient centred - health and social care services aren't always co-ordinated or focused around the needs of the patient, for example, when patients are being discharged from hospital, follow up community services and support aren't always in place. It would be beneficial if the communication systems between the hospitals and the various community health and social care services are fully tested to make sure they are effective.

Community hub models work well – these house various health and social care services under one roof work and take the pressure off GPs as there are a variety of different health and social care staff and services available to support patients. The support that a mix of professionals and networks can provide works particularly well for patients with long term conditions and mental health issues. Some of the local health and community centres work in this way, but it would be helpful to develop this approach further and have more of these 'hubs' available locally.

Services located in GP practices usually work well and are easy for patients to access and use. For example, in many GP practices it's easy to organise a phlebotomy appointment (blood test) and there is generally a quick turnaround of results, although this can vary from practice to practice. However, people continue to feel that accessing GP appointments is an issue.

Good communication is critical at all stages of a patient's journey. People felt that communication issues currently exist between the various health and social care services and organisations that support patients in the community, as well as between professionals and patients. Communications work best when done clearly and empathetically, particularly when professionals communicate with patients, their carers and family members.

Patient education is important and should be an integrated part of the health and social care services that people regularly use. Not only will this help prevent people becoming ill, it will support patients to choose the most appropriate service for their

condition. This should also include information on the costs of services and so promote a better understanding of the costs to the NHS of cancelled and missed appointments.

Mental health services - although there have been improvements in support for dementia patients, there are too many obstacles in the current system particularly for those that need quick access to psychological therapies and for those patients leaving hospital back into the community. More community-based, easily accessible mental health services are needed, particularly psychological therapies for patients with long term conditions.

District nursing – people shared their good experiences of the service but they felt that the service was stretched and not always well coordinated.

Podiatry – people's perceptions were that the service no longer treated the range of conditions it once did. People said waiting times for appointments were too long and there were several examples of last minute appointment cancellations by the service. As a result, many patients were seeking treatment privately.

Pharmacy – whilst the home delivery system was popular people felt that patients needed greater support to understand and use their medication correctly, which would also help to reduce medicine wastage.

Respiratory – community based courses really work in helping patients to manage their condition but it was felt that there is a lack of specialist clinics.

Learning disability support – there was a general lack of awareness and support for these patients, which could be improved through training for all staff.

Question 2: What does a good patient experience look and feel like?

Good communication is needed at all stages of the patient journey to support good outcomes, particularly between clinicians, patients and their families. This will help ensure that treatment options and the different services that a patient uses are fully understood. Ideally the identification of a named clinician as a single point of

contact to provide assurance and manage queries was seen as beneficial, particularly for those patients with long term conditions (LTCs).

Joined-up care – a multi-disciplinary team (MDT) approach was felt to be beneficial, as all professionals involved in a patient's care are fully informed and work together to provide better care and support. Easy access to a patient's full medical record also supports this approach as does ensuring that GPs are kept fully informed of their patients' care, particularly around hospital discharge processes. People also said it would be beneficial if several health needs could be addressed in a single appointment as this would reduce the number of times a patient would need to attend clinic and free-up more appointments for other patients.

Community focused access and support – patients prefer services that are based in their local community and feel more comfortable in a familiar environment. People felt that services embedded in the community have the potential to provide more than just a clinical service, for example, local flu clinics offer educational and social opportunities. There was general agreement that the development of the community hub model would provide the ideal setting to embed and support a range of health and social care services, and that community pharmacies might have the potential to support this.

Continuity of care – seeing the same professionals and building a trusting relationship is important for all patients, especially for those patients with LTCs.

All care should be patient centred so that it is tailored to people's individual needs and holistic in approach. It was felt that this would support patients to have a more open and honest relationship with professionals and support and empower them to make informed decisions about their treatment and care.

Access to services – there should be flexibility in appointment systems to include weekend and evening slots. People felt it was equally important for patients to have access to the right clinician and treatment at the right time, particularly for those with mental health issues and for those who need to see a GP. Quick referrals and turnaround of results were also seen as important to support early diagnosis.

Quality of services underpinned by experienced and knowledgeable staff was seen as important in all settings, including care homes. It was also important for patients

to feel comfortable and at ease when they were receiving treatments and that these were pain free.

Question 3: What are the most important considerations for the further development of community services?

Improving communications between all health and social care organisations involved in a person's treatment, so that care is better coordinated and patient experience is improved.

Patient education – continue to educate and support patients on how to better use and access the health care system, particularly in relation to using urgent care and raising awareness of the financial burden of missed appointments.

Health education and promotion should be embedded across the system with particular focus on patients with long term conditions (LTCs) and in schools.

Estates – to accommodate the growing number of services based in the community, the suitability and accessibility of existing and new buildings needs to be considered, particularly how easy they are to get to by public transport.

Innovation and technology – develop a culture of innovation and creativity amongst patients, clinicians and managers so that the benefits of technology can be maximised right across the healthcare system. People said technology could support patients to better manage their conditions and improve access to services. However, they were also mindful of its limitations and barriers, particularly for the older population.

Finances and resources – commission over a wider footprint to benefit from economies of scale and also increase capacity in the system so there are more clinics, healthcare assistants (HCAs) and GPs.

Continuity of care – consider developing a 'care coordinator' role to support patients through the health and social care system.
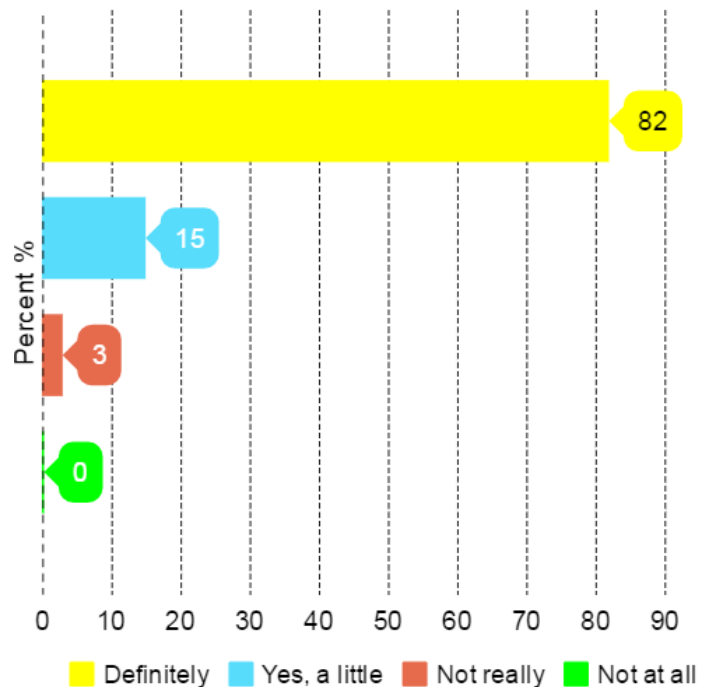
Joined up care – develop a whole system approach to bring organisations together to better support patients, especially through sharing data and identifying key workers as the main point of contact and to coordinate care.

More flexible and accessible services that can adapt to take account of the differing needs of patients, such as offering evening appointments for working people and ensuring accessibility of buildings for those with mobility issues.

Fingers on the button

At the end of the event people were asked a series of questions that they were asked to vote on using a handheld keypad. The results from the following questions help us to gauge how useful people found the event.

During the session today did you feel that you had the opportunity to have your views heard?
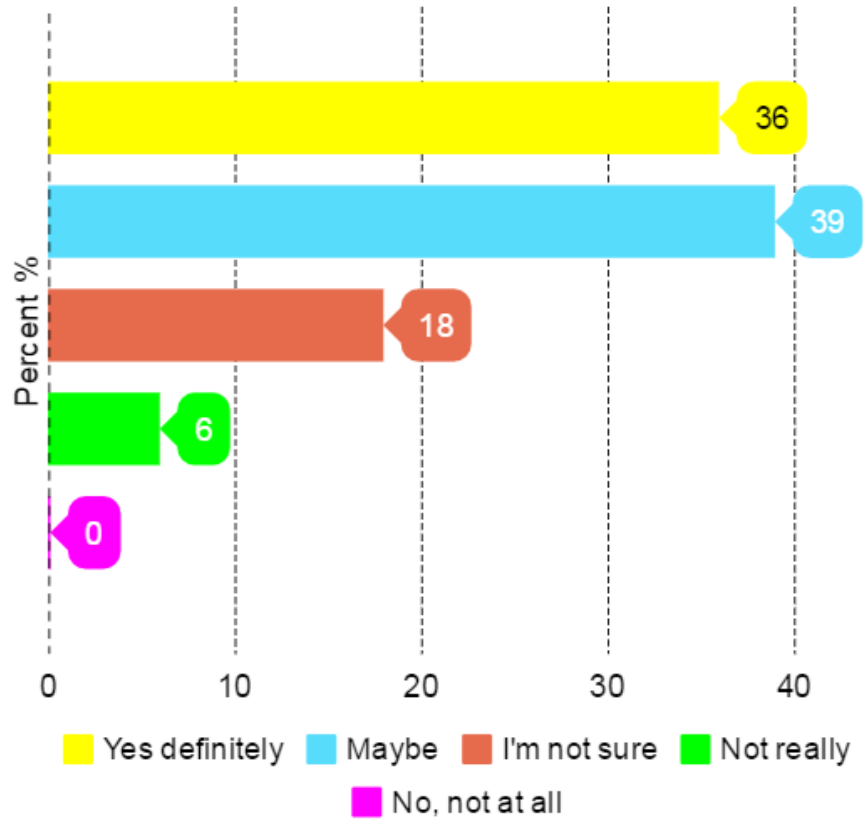

Percent %

| | 82 | 15 | 3 | 0 |

0 10 20 30 40 50 60 70 80 90

■ Definitely ■ Yes, a little ■ Not really ■ Not at all

Do you feel confident that your input today will be used to shape the development of community services?

Percent %

36 39 21 0 3

0 10 20 30 40

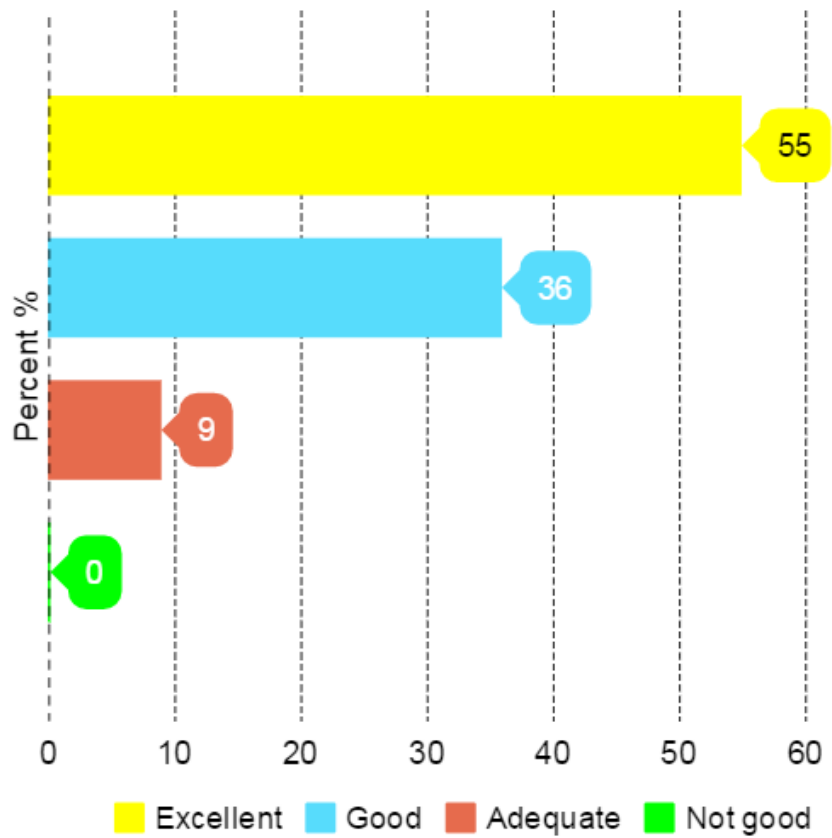■ Yes, very ■ Yes, a little ■ Not sure ■ Not really

■ Not at all
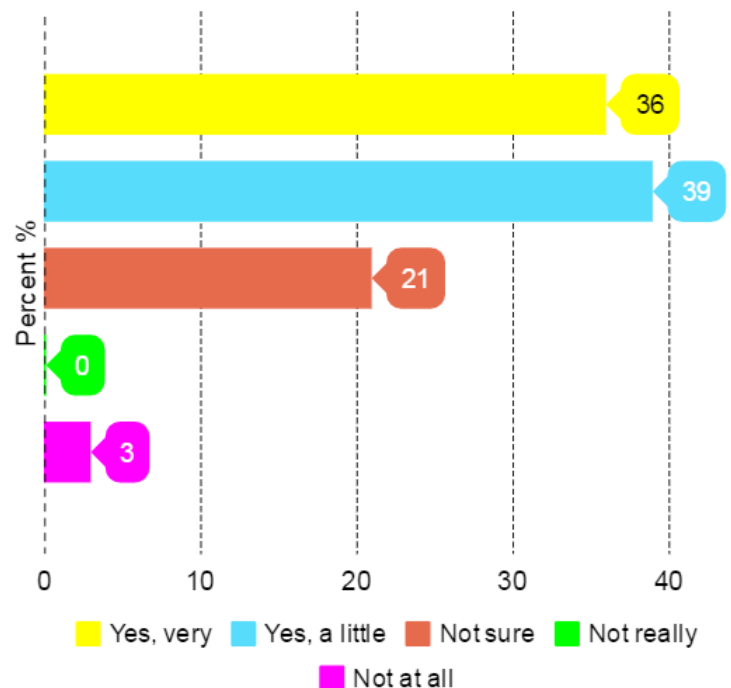
From what you have heard today, do you agree that local health and care services are being developed to meet the needs of the local population?

Percent %

Yes definitely	36
Maybe	39
I'm not sure	18
Not really	6
No, not at all	0

Legend: Yes definitely | Maybe | I'm not sure | Not really | No, not at all

How would you rate the choice of venue for today's event?

Percent %

Excellent	55
Good	36
Adequate	9
Not good	0

Legend: Excellent | Good | Adequate | Not good

@NHSSFCCG

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Get involved or find out more

All the views and feedback from Big Chat 5 will be used to inform our community services programme.

You can find out more about this work from our website, along with a range of other useful information about your local health services and what we do.

Our website also has details about other ways you can get involved in our work – from attending a future Big Chat to signing up to our database. You can also read about examples of where we have involved people previously in our work.

www.southportandformbyccg.nhs.uk

If you would like to tell us about your experience of local health services then you can also call 0800 218 2333.

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www.southportandformbyccg.nhs.uk

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.