



Southport and Formby
Clinical Commissioning Group

Big Chat 9

Annual review

NHS Southport and Formby CCG
Lord Street West Church, Southport
12 September 2017

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About Big Chat 9

For the third year in a row we combined our annual general meeting (AGM) with an interactive Big Chat style event. So, residents could hear about our work over the past 12 months and give their views about our plans for the year ahead.



This year's event took self care as its theme, with attendees hearing from a number of different speakers before being encouraged to explore what this means to them. There were 35 attendees at the event, which was a mix of local residents, community pharmacists and other stakeholders. In addition, there were around 20 CCG staff who helped to run and facilitate the event.

As well as people being able to take away copies of our annual report and accounts, we displayed information about our financial performance and progress from the year on visual, digital displays dotted around the venue for people to see. This approach 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 have their say.

You can read more about what people told us at later in this report and you will find presentations, photos and a video of the event on our website.



What we covered

Our chair, Dr Rob Caudwell opened the event and welcomed attendees to our 'Big Chat 9 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, all framed around self care.

The agenda ran as follows:

- Shaping Sefton and you: an overview of our work to transform health and services and how we are involving you – Fiona Taylor, chief officer, NHS Southport and Formby CCG
- Examine Your Options: discussion about local urgent care services and choosing the most appropriate option when you are unwell – Jan Leonard, chief redesign and commissioning officer, NHS Southport and Formby CCG
- Over the counter medicines: discussion about the prescribing of over the counter medicines – Susanne Lynch, head of medicines management, NHS Southport and Formby CCG
- National prescribing consultation: update on this exercise and how people can get involved - Susanne Lynch, head of medicines management, NHS Southport and Formby CCG
- Self care and your way to wellbeing: finding out about self care and some easy ways to build the 5 Ways to Wellbeing into your everyday life – Ann-Marie Morrison, Sefton CVS
- Personal Health Budgets: a chance to find out about personal health budgets and how they are helping patients to choose the right healthcare and support for them – Tracey Forshaw, head of vulnerable people, NHS Southport and Formby CCG
- Involving you: an overview of how we involve people in our work and a chance to give ideas about how we can improve this in the future - Fiona Taylor, chief officer, NHS Southport and Formby CCG

You can read more detail about each of these topics on pages 4 to 24 including a summary of people's views from table discussions. The results of the instant voting questions are set out on pages 25 to 29.

Shaping Sefton and you

Big Chat 9 opened with an update about our programme to transform health and care – Shaping Sefton – to provide a context for the workshop style session that followed.

Chief officer, Fiona Taylor gave a presentation reaffirming our commitment to the vision set out in Shaping Sefton for ‘community centred health and care’. The presentation described the challenges and opportunities posed by the operating environment that the CCG is working in. At the same time, the presentation outlined our commitment to involving people in our work, particularly when we have difficult decisions to make.

Big Chat attendees heard an overview of our performance and our financial constraints and how we work to balance these challenges against the biggest health and wellbeing issues faced by our residents.

From the chart below you can see some of the areas where we know improvements are needed if we are to make a difference to our residents health and wellbeing.

Health & Wellbeing Indicators in Sefton 2016

Key

Statistical significance compared to England average:



The chart is taken from our local joint strategic needs assessment (JSNA) led by Sefton Council that draws together all the information we have about health and wellbeing in the borough. It illustrates the importance of working with partners and residents to address the root causes of poor health, as many of these are outside the control of the NHS alone.

About Shaping Sefton

Shaping Sefton describes how, by working with all our partners, we plan to tackle our local issues. We have a greater number of older residents than other CCG areas and their health needs are growing more and more complex. In addition to this, the local NHS is experiencing greater demand for healthcare, the cost of which is higher and we are having to pay for new financial duties within our existing budget allocation. So, our challenge is to manage all these factors with no real terms increase in funding.

Our vision, for more 'community centred health and care', was designed with the views of partners, patients and the public, as well as feedback from previous Big Chats:

"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."



You can find out more about Shaping Sefton by visiting our website www.southportandformbyccg.nhs.uk.

Examine Your Options

We know from speaking to our residents that with all the options available to them, understanding which service to pick when they are unwell can be confusing.



It can be particularly difficult for people to choose the right health service for their condition when they need advice or treatment straight away, or on the same day.

The services that can help range from calling NHS 111 and speaking with your local pharmacist, to seeing a GP, visiting a walk in centre, or visiting accident and emergency (A&E) services for life threatening conditions.

This session provided an overview of those same day health service options from our Examine Your Options campaign, providing Big Chat attendees with a better understanding of the choices available to them if they need urgent care.

Over to you

Attendees were then presented with a series of scenarios to prompt discussions about which services they would choose for different health conditions and why.

Before the session started, it was explained that there were no right or wrong answers, and that the session was about raising awareness of the various options and understanding more about the reasons why people might choose a particular service

What you told us

Scenario 1:

It is Sunday evening and your relative who is in her 30s with two small children has slipped down the stairs and twisted their ankle – this is now swollen and painful, and they are having problems walking on it. They are worried that tomorrow they won't be able to drive the children to school or get to work.



Summary of responses

There was a mixed response to this scenario as some people said the ankle would definitely need to be x-rayed to find out if it is broken, and so would require a trip to A&E or a walk in centre with x-ray facilities.

Others agreed that this may be necessary but before making a choice, it would be advisable to call NHS 111 first for medical advice, which would help the patient to make a more informed decision.

There was also some discussion about self care, such as applying an ice pack, elevating the leg, taking pain relief and then 'waiting' overnight to see how it felt in the morning.

The lack of a walk in centre in Southport and Formby was raised several times, with some people feeling this would increase the likelihood of a person choosing A&E.

Scenario 2:

You are an elderly diabetic patient who has just realised that they are running low on your medication and may not have enough to last for the weekend.



Summary of responses

The majority of people said that the patient's GP would be the first port of call for repeat and emergency prescriptions. However, some felt that getting an emergency appointment was quite often a problem and not an option at the weekend, as regular GP practices aren't open.

Some people said that they would use the 'GP out of hours' service, call into their local pharmacy, or call NHS 111 for advice on what to do.

There were a few comments about the possible impact on the patient's health if they didn't know where to go and that for a diabetic patient this could potentially be life threatening.

Scenario 3:

You are an adult man who has woken in the night with chest pain which is getting progressively worse. As you sometimes suffer from indigestion you've taken some indigestion medication, but this hasn't helped



Summary of responses

Most people agreed that this would be a frightening and stressful situation and should be treated as an emergency, either calling for an ambulance, or going straight to A&E.

There were some discussions about how the age of the person and their circumstances could potentially affect what action to take. For example, if a care home resident was experiencing these symptoms, then a nurse would carry out an initial assessment before deciding whether it was an emergency.

Scenario 4:

You have a son who has severe earache, they are crying with pain, and you have no medication in the house.



Summary of responses

This scenario generated a lot of discussion about the fact that many parents and carers do not want to delay, or take any chances getting treatment for a distressed child, and would be more inclined to go straight to A&E. The opinion was that parents and carers are familiar with A&E and have confidence that their child will receive any treatment they need there.

There were also discussions about other influencing factors, such as where you live and what services are available nearby given the day and time. So, if there is no local walk in centre, or emergency GP appointments available and it is evening time, then parents and carers are more likely to take an ill child to A&E.

Scenario 5:

Over the last few days, your teenage daughter has been complaining of lower back pain which hasn't gone away and is preventing her from sleeping properly.



Summary of responses

There was limited discussion about this scenario. However, most agreed that the daughter, or her parent or carer should make an appointment with a GP - either with their own GP, or the 'out of hours' GP service if treatment was needed sooner.

Other suggestions included visiting the pharmacy for advice and self care tips.

Key themes and issues

A number of common themes emerged during this exercise, as follows:

Personal circumstances and access to services

All groups agreed that people's decisions about which service to use were based on a number of factors but that individual personal circumstance was one of the key elements. For example, decisions could be potentially influenced by a person's age, whether they lived alone and the level of support available from family and friends. Some thought that those with a good support network are more likely to ask family members for advice in the first instance.

There were also a number of discussions about availability of and access to services, and the impact this has on decision making. In particular, several groups said that because there is no walk in centre in Southport and Formby and same day GP appointments were often difficult to get, that people were more likely to attend A&E. Many people felt that the availability of a local walk in centre would help to relieve some of the pressures on A&E, provide a central location for other health services and also better cater for the health needs of the aging population. One person said, 'with an aging population, a walk in centre would be ideal'.

References were also made to the lack of availability of some services in Southport and Formby compared to south Sefton, and that there is sometimes a problem accessing services if people are unable to drive.

Knowledge and experience of local health services

Many people commented that patients use services that they are familiar with and which they trust, and that a 'bad experience' can discourage people from using that service again. Several people mentioned that they had had a poor experience of the NHS 111 service and some people said they had been 'passed around the system', for example, from NHS 111, to the pharmacist and then to their GP.

One attendee commented: 'Confidence and ease of access would encourage patients to try other services'.

People also said that many people were unfamiliar with some of the options like, particularly NHS 111, pharmacy services and self care.

Perceptions of A&E

There were some in depth discussions about why people prefer to use A&E for illnesses that could be treated by other services, such as a GP or through self care.

Along with people's local GP practice, there was a general agreement that A&E is the most well known service and that people don't necessarily know about or understand other services that can help. Also, there was a perception that A&E is the quickest and safest option, as people know they will definitely receive any treatment they need during the visit. People felt this was particularly important when considering children's health, as parents or carers sometimes panic when their child becomes ill but are confident that A&E will deal with any eventuality.

One group said that for many people A&E remains the one constant and consistent service in an ever changing NHS landscape, and that this was another reason why some people chose this first over the other services.

Others felt that the time of day and the day of the week affected people's choice of A&E, as more may be inclined to go to A&E if they become ill during the evening or at the weekend.

Promotion of local health services

There was overwhelming agreement that there is a general lack of awareness and understanding of health services and the options available to people when they become ill.

Several groups said they did not know where to find information about the various services and felt that there was a general lack of promotion and information in the public domain. It was agreed that there needed to be more local awareness raising of these services, particularly of the lesser known services and options such as pharmacies, NHS 111 and self care. Some suggestions for how to do this included the following:

- Adverts in local papers to reach older people
- A dedicated social media campaign
- Specific patient engagement events to raise awareness
- Use of local community and voluntary services and Healthwatch networks to target harder to reach groups

Over the counter medicines

Painkillers, cough and cold remedies and indigestion products are all examples of medicines that can be purchased over the counter without the need for a prescription. Our head of medicines management, Susanne Lynch gave a presentation explaining why we are considering stopping prescribing them.

Over the counter medicines can cost over four times more than the normal price when prescribed by a GP. This is because prescribing costs include dispensing fees, administrative fees and the time of a GP appointment.

Last year we spent £10,465 on prescriptions for over the counter painkillers like paracetamol.

This is why we are thinking about stopping prescriptions for over the counter medicines for one off illnesses like sore throats, coughs and colds.

If we go ahead with this idea, it would not affect patients with long term health conditions who regularly need large quantities of these medicines. Patients who receive free prescriptions would also continue to access these medicines through our Care at the Chemist scheme.

As well as helping us to spend our limited NHS resources as effectively as possible, there would be other benefits. It would mean patients going to their pharmacy for advice and medicines instead of their GP, freeing up appointments for those who have more serious health conditions. It could also mean that patients get the medicines they need sooner.



Over to you

We asked Big Chat attendees the following questions to help us decide if we will progress this idea to stop prescribing over the counter (OTC) medicines.

1. What do you think about the idea of stopping the prescribing of OTC medicines for one off common illnesses?
2. Do you think that people should be encouraged to visit their pharmacist for advice if they have a minor illness (self care), instead of a making an appointment with their GP?
3. Tell us about any concerns you have with either of these ideas

What you told us

Common themes emerging from this exercise are highlighted below:

Whether this was a worthy topic to focus on at the Big Chat

Two respondents felt that the CCG should be concentrating on more important issues rather than prescribing OTC medicines. One respondent commented that stopping over the counter medicines ran the risk of missing the bigger issues. Another resident suggested that the cost of prescriptions was a big focus and that while they “understand this is important” it is “not as important as a service user prescription”.

Positive and negative aspects of stopping the prescribing of OTC medicines for one off common illnesses

When considering the financial benefits of stopping prescribing OTCs the responses were positive, with some people agreeing that if this tackled one off prescriptions and saved money then it was a good idea. It was suggested that the money saved could be directed to mental health services, or services for the aging population.

Whilst the general consensus was that this change to would be necessary and correct for short term prescribing, it was not so for patients with longer term conditions. One person said that the quantity prescribed in these circumstances is appropriate.

Accessing over the counter medication

A key focus of the discussions was around access and whether stopping prescribing OTC medicines would have a detrimental impact on the older and vulnerable populations.

Some people suggested that individual circumstances had to be taken into account, especially if the patient might have difficulty accessing the places that sell the medication, were unable to travel to outlets - due to ill health, age, or both – or if the person “didn’t get out often”.

Some suggestions were made to mitigate these issues. These included pharmacies delivering medicine to those who are unable to travel and people who might find it difficult to travel keeping a supply of medicines at home.

Overall, it was generally understood that stopping prescribing OTC medicines could be positive as long as individual circumstances are taken into consideration and that provisions are made for those who struggle to access over the counter medicines.

Triaging patients for GP appointments

Many responses suggested an enthusiasm for increasing triage in general practice in order to ensure that only those patients who need GP time access it.

This was not without contention and there was a difference in opinion on being questioned by a receptionist, with some responses in support of the idea and some raising concerns about confidentiality. Some people called for a specialist asking questions, or being triaged by a nurse or health trainer on the GP reception. One person said that a GP could provide triage in a private conversation.

Many of the responses mentioned triage as positive but no particular type of triage was suggested by a broad consensus of respondents.

Education

Many responses suggested better public engagement and education around prescribing, use of services, self care and choice. Some people at the event were shocked that OTCs were available by prescription.

One person questioned how the patient could be made aware that they are “wasting GP time by making appointments for OTC medicines?”. Another respondent said that people will not listen and it will require a different way of thinking.

A suggestion on how to educate the public around this was to let patients know how much prescriptions cost compared to over the counter medicines. Positives were found in the fact that this education would allow people to make decisions over their care. However it was suggested by a significant number of attendees that a blanket decision was not necessary, as most people would make the right choice once given the information.

Some concerns raised were that:

- People will get used to the look of the medication and take what they are familiar with
- Patients may describe their problem as more severe in order to access prescribed stronger medications
- Patients may feel that medicines are no longer available to help the problem

End of discussion poll

At the end of the table discussion, people were asked to use a handheld keypad to vote their answer to the question: *‘Following today’s discussions, do you support the idea of stopping the prescribing of OTC medicines for one off common illnesses?’*

The results were 75% responding yes, 9.4% responding no and 15.6% responding not sure.



Prescribing - national consultation

Susanne Lynch informed Big Chat attendees about a national prescribing consultation by NHS England and encouraged them to take part.

NHS England is reviewing the prescribing of 18 medicines because they fall into one of the following categories

- There are safety concerns about their use or they are of limited clinical effectiveness
- They are clinically effective but there are more cost effective alternatives available
- They are clinically effective but they are a low priority for NHS funding

Medicines being reviewed

Co-proxamol	Liothyronine
Rubefaciants (excluding topical NSAIDs)	Paracetamol and tramadol combination product
Omega 3 fatty acid compounds	Trimipramine
Dosulepin	Once daily tadalafil
Lutein and antioxidants	Oxycodone and naloxone combination product
Homeopathy	Immediate release fentanyl
Glucosamine and chondroitin	Prolonged release doxazosin
Herbal treatments	Perindopril arginine
Lidocaine plasters	Travel vaccines

There is further information and an online survey available on the NHS England website: www.england.nhs.uk and paper copies are available on request

NHS England will use the feedback from the consultation to develop guidelines for the prescribing of these medicines.

The new guidelines are expected to be published in late 2017. We will then consider the guidelines and consult with our residents and groups if needed.

Self care and your way to wellbeing

We invited Ann-Marie Morrison, community resilience development officer at Sefton Council for Voluntary Services (CVS) to talk about self care and share some of the easy things we can all do to look after our health and wellbeing.

What is self care?

The spectrum of self care ranges from treating minor illnesses ourselves, to managing our own recovery following a major trauma. Around 80% of people feel comfortable self caring for everyday ailments like coughs and colds, particularly when they feel confident in recognising the symptoms and have had success in treating them before with over the counter medicines.

However, people often abandon self care earlier than they need to, seeking the advice of a doctor after around four to seven days. The main reasons for this are:

- Lack of confidence in understanding the normal progress of a common condition, such as a cold that may last up to 14 days
- Perceived severity and duration of symptoms
- Reassurance that nothing more serious is wrong
- A prescription to 'cure' the illness, even though the same medicine may be available over the counter

Why self care?

Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to gives them greater control of their own health.

Self care encourages healthy behaviours that can help prevent ill health in the long term. Additionally, increased personal responsibility around healthcare helps improve people's health and wellbeing and better manage long term conditions when they do develop.

Ways to self care

Ann-Marie shared some examples of things we can all do to build self care and wellbeing into our daily lives.

5 Ways to Wellbeing

A review of the latest evidence suggests that people who add these five activities into their daily lives are more likely to have good wellbeing:



Case study - Joe's story

Joe has a long term condition but puts a lot of energy into keeping himself as well as he can. An inspirational short film was shared with Big Chat attendees, where Joe explained all he does to keep well from walking to the shops, to carrying out a series of exercises each day.

Mindfulness moment

There is growing evidence that mindfulness along with other forms of self care can help enhance our health and wellbeing. A short film invited attendees to take part in a mindfulness exercise.

Support to self care

Voluntary community and faith organisations across Sefton offer a range of opportunities for people to get support to self care – from support groups for those with long term conditions, to lifestyle support like healthy eating, or befriending and social activities. Sefton CVS' Community Connectors can also support people to grow their confidence.

Over to you

People were asked to spend some time considering the presentation, films and exercises from this session, then to discuss what the barriers and benefits of self care might be.

What you told us

The main theme emerging from this session focused on the need for education to support to empower people to self care.

One respondent highlighted the importance of starting the education of self care from a young age with children. There was also a question asking about the preparedness of pharmacies to offer advice and guidance on self care.



Personal Health Budgets

Tracey Forshaw, head of vulnerable people for the CCG, gave an overview of Public Health Budgets (PHBs) and how to apply for them. Tracey also described one patient's story, illustrating the how PHBs can help Sefton residents.

What is a PHB?

A Personal Health Budget (PHB) is an amount of money that can be given directly to a person receiving certain NHS care.

PHB's allow anyone eligible to choose and pay for their help and support, giving them greater control and flexibility of their health and care.

Case study

Before applying for a PHB, this patient in her 40s lived in a nursing home, away from her husband and two teenage children. She was on a ventilator, requiring all care. As a result, she was unhappy, withdrawn and unable to communicate.

Since being in receipt of a PHB, she has been able to return home. Her PHB has provided her with a team of carers, in addition to community team support from Mersey Care NHS Foundation Trust. Her life has dramatically changed. She is no longer withdrawn, she is communicating and is even enjoying going out shopping. In addition, she is now considering different tracheostomies to aid her speech.



Involving you

There are lots of different ways we involve people in our work and the views and ideas we gain from this are vital in helping us develop local health services.

Chief officer, Fiona Taylor highlighted some of the ways we involve people:

- Big Chats and other public events
- Speaking to you before making major changes to local health services
- Working with Healthwatch and Sefton CVS
- Social media and online comments
- Letters, calls and other contacts, like complaints and compliments
- Local GP practice patient groups

We are always looking at how we can better involve people. In particular, we want local people to be more directly involved in the design and development of local health services – this is called ***‘co-production’***

We do some of this already – like involving patients in the development of local respiratory services and community based diabetes educational programmes – but we want to do more.

Over to you

We asked Big Chat attendees to spend some time thinking about how we can improve the ways we engage them in our work. We asked them the following questions:

1. How can the CCG involve you more in the ‘co-production’ of health services?
2. What are the key barriers to you getting involved in the work of the CCG?
3. Tell us how can we improve the content and format of the big chats?

You told us

People's feedback from this session is summarised as follows.

Involve more people from different backgrounds and with experience of local health services

Although most people said they welcomed the opportunity to get involved in the work of the CCG, it was generally agreed that it tended to be the same people who came along to engagement events and meetings. It was also felt that these people do not always have knowledge or direct experience of the services being discussed.

It was recommended that the CCG broadens its reach to attract a more diverse group of Sefton residents with experience of local services and who are able to share their experiences. It was felt that this could provide feedback and views based on the reality of using local health services, which could effectively help shape how these develop in the future.

There were several suggestions about how this might be done, some of which are listed below:

- More effective promotion of engagement opportunities and events so that more people learn about how to get involved, for example, using local free papers to advertise
- Hold service specific engagement events and invite patients with first hand experience of these services to talk about their views
- Work with partner organisations to ensure that feedback they receive about local health services is shared and considered by the CCG
- Gather feedback from patients and local people in GP practices and clinics where services are being delivered
- Use existing groups and forums to hear people's views on current services and to feed into the development and redesign of services, particularly focusing on the development of GP practice patient participation groups (PPGs)

Work with local partners and use existing local networks

It was agreed that the most effective way of involving a broader cross section of the local population would be to work more closely with partners and use existing local networks. Organisations mentioned included Sefton CVS, Healthwatch and local PPG networks.

It was agreed that if the CCG works more closely with partner organisations, it would also make it easier for partners to share the feedback they receive about local health services, helping to identify and resolve any issues more quickly, for example, problems with appointment systems.

Some of the local organisations which were highlighted as being particularly effective included University of the Third Age (U3A) and Sefton Pensioners Advisory Centre (SPAC).

What are the key barriers to you getting involved?

One of the main issues highlighted as a barrier was the lack of awareness of local engagement opportunities and events. It was generally agreed that these needed to be more widely advertised and promoted. Promotion should be particularly targeted at those communities and groups that don't typically engage with the CCGs or come along to Big Chat style events.

How can we improve the content and format of the Big Chats?

Most people who attended the Big Chat found it useful and over 80% said they would recommend coming along to a friend, colleague, or member of their family.

There were few suggestions for improvements to the event and format, other than technical aspects such as sound quality and the size of the presentation slides.

Fingers on the button

Throughout the event people were asked questions about the topics they had heard about and discussed. Using a handheld keypad, they were asked to choose their response from a list of multiple choice options.

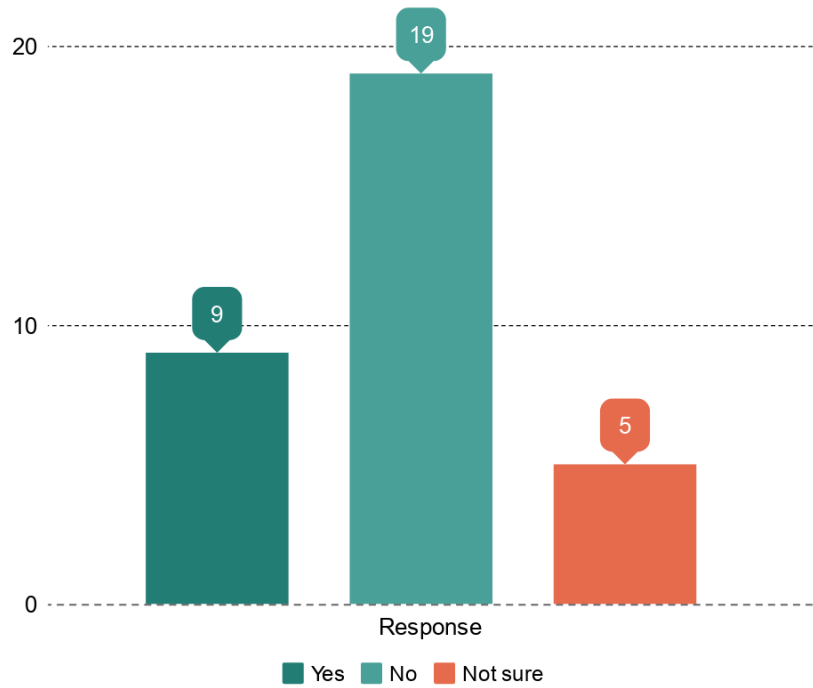
How many Big Chat events have you been to?



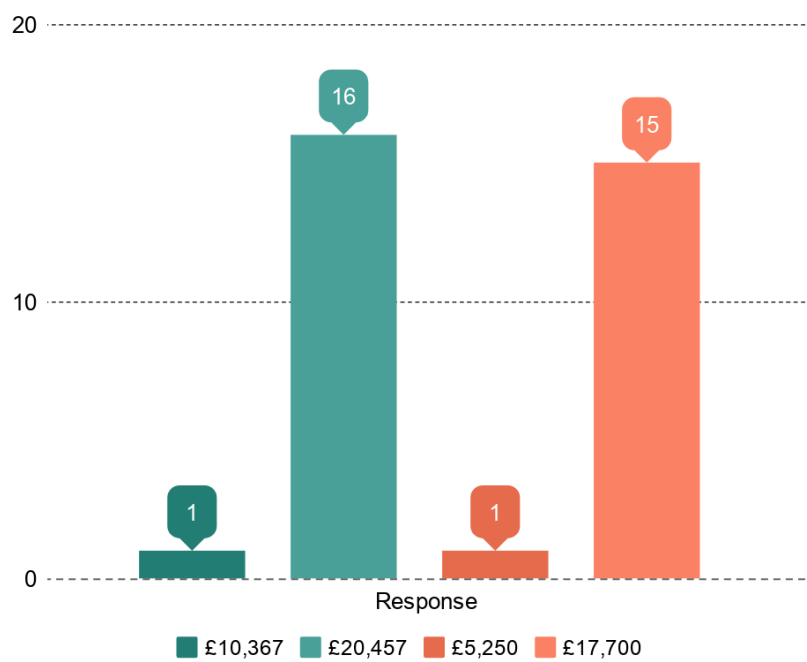
After today's discussions, do you have a better understanding of the choices available to you when you are unwell?



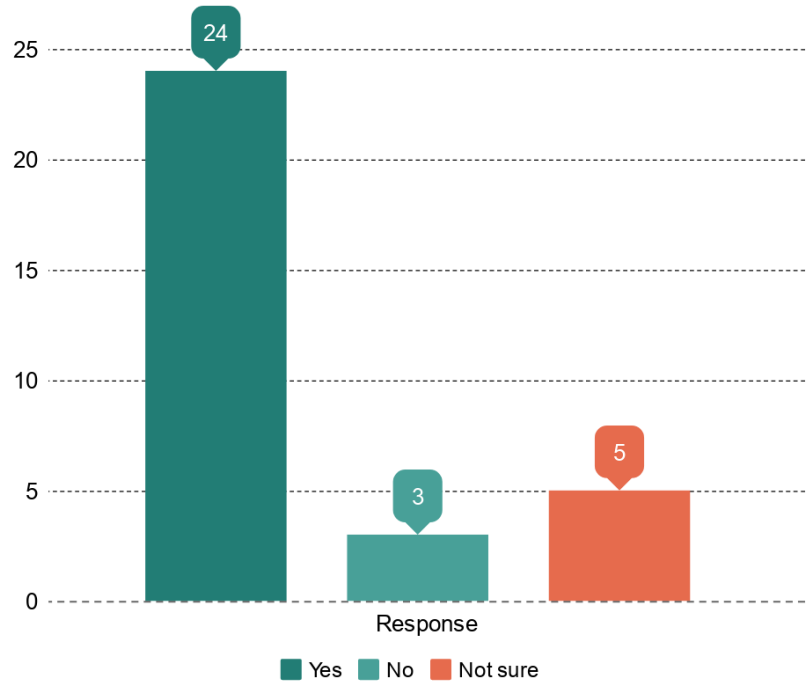
Would you make different choices as a result of your discussion today?



In 2016-17, what was the estimated spend on painkillers prescribed for minor illnesses in Southport and Formby (which could have been purchased over the counter)?



Following today's discussions, do you support the idea of stopping the prescribing of OTC medicines for minor ailments and for one off episodes of common illnesses?



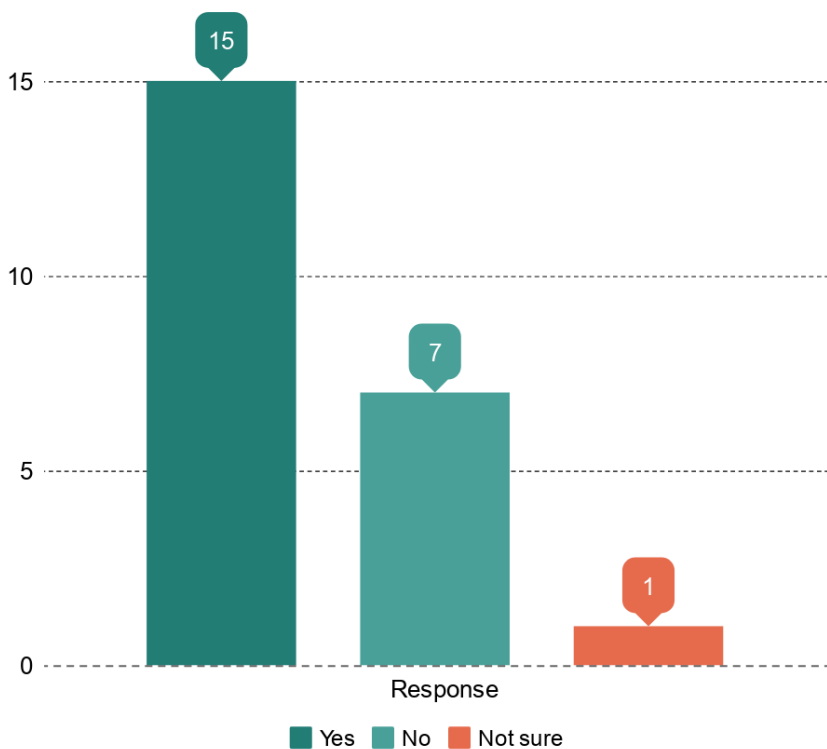
Would you recommend coming along to a big chat event to a friend, colleague, or member of your family?



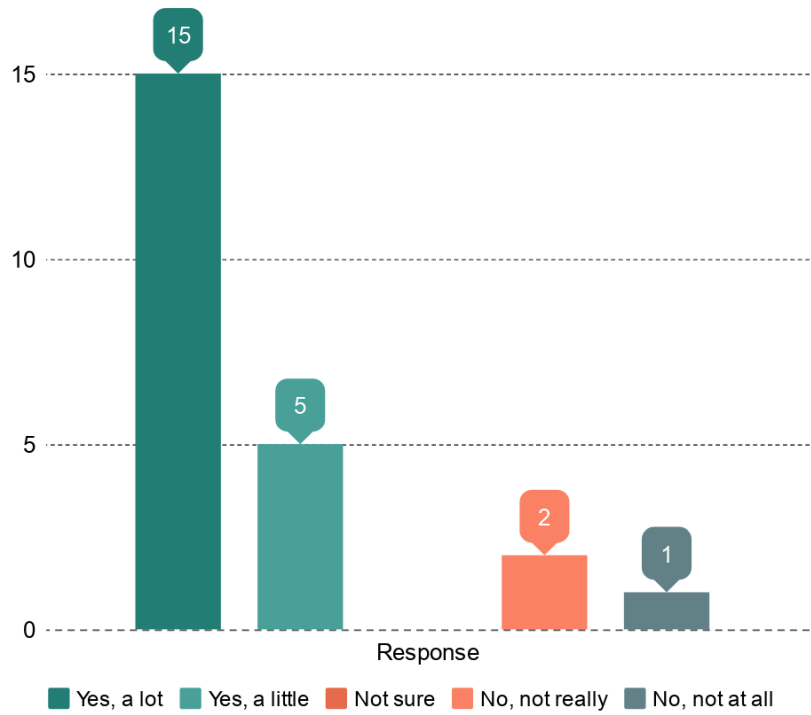
During the session today, did you feel that you had the opportunity to have your views heard?



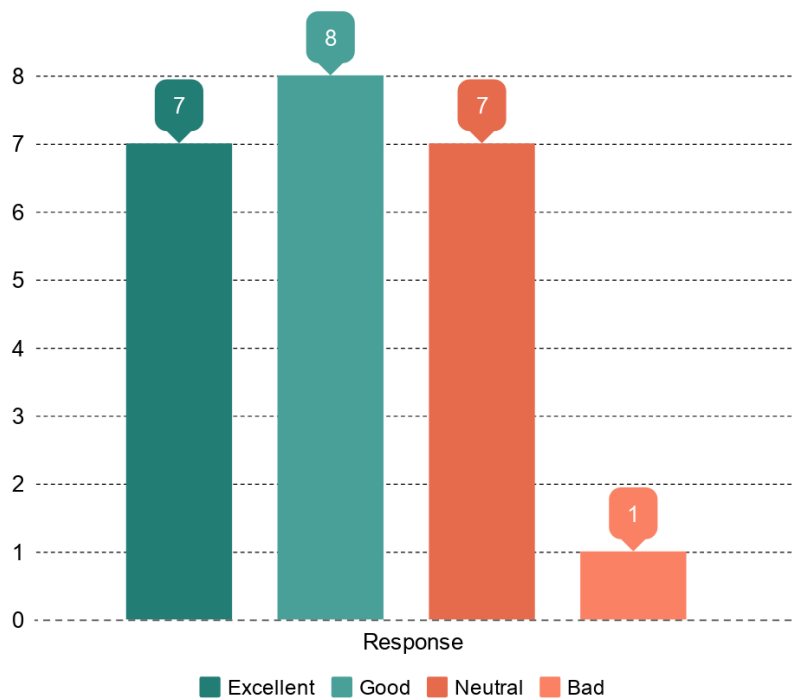
After what you've heard and discussed today, will you use more self care options in the future?



Did you find the Sefton CVS session on wellbeing interesting and useful?



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



Who attended Big Chat 9?

So we can understand more about the people who attended Big Chat 9 and to measure how effective we are at attracting all sections of our local community to our events, we asked people to share information about themselves, such as their age and ethnicity. Those that volunteered to share this information completed a short form, which did not include any identifiable information to keep their identity safe. This is what people told us:

- Of the 35 people who came to the event, 19 completed the form – representing 54% of the total attendance
- Of those that completed the form, 6 were female, 9 male and 4 declined to say
- The 14 people who responded to this question were all between the ages of 50 and 75, with the majority over the age of 70
- Most respondents reported that they were retired with the exception of 3 people who were employed, and 1 person who was unable to work due to illness
- The majority of those who responded classed themselves as ‘White British’, ‘English’ or ‘white other’, and over a third considered themselves to have a disability
- The majority of respondents reported their sexual orientation as heterosexual with 2 respondents stating ‘gay’
- All those responding to this question reported living in the gender they were given at birth, with 3 people declining to say

How we use your views

Over the coming months we will consider all the views and feedback from Big Chat 9 and use these to inform how we develop and commission services, specifically the medicine schemes discussed at the event.

Further information about these developments and how feedback has been used will be shared at future Big Chat events and on our website – here you can also find other examples where we have acted on people’s feedback to develop or change our work and plans.

You can also find out more about our work from our website, along with a range of other useful information about your local health services, what we do and details about other ways you can get involved in our work

Our website also has details about other ways you can get involved in our work – from attending a future Big Chat, to joining our mailing list so you are up to date with forthcoming exercises and opportunities.

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.

Find out more

Self care and your way to wellbeing – to find out about the wide range of support that is available locally to help you self care and look after your health and wellbeing, contact Sefton CVS on 0151 920 0726 or visit www.seftoncv.org.uk

Personal health budgets - more information and how to apply is available from our CCG website www.southseftonccg.nhs.uk/get-informed

Anyone who thinks they may be eligible or who would like to find out more should speak with the lead health professional caring for them, who can also help support the application process.



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.