Southport and Formby
Clinical Commissioning Group

Big Chat 2

NHS Southport and Formby CCG

Family Life Centre, Southport, 24th July 2013

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Overview of Big chat 2

This was NHS Southport and Formby Clinical Commissioning Group's (NHS SFCCG's) second 'Big Chat', although it was the first such public event since the CCG became a statutory body on 1 April 2013.

'Big Chat 2' focused on the CCG's new responsibilities as part of the recent changes to the NHS through the Health and Social Care Act. This led to the CCG taking on many of the commissioning duties of NHS Sefton, the former primary care trust, when it was abolished at the end of March 2013. Commissioning is the term given to the planning and buying of services.

Big Chat 2 gave attendees an overview of the CCG's plans for its first formal year of operation, particularly focusing on access to 'unplanned', or urgent care services.

Over 50 people attended the event and 10 members of staff from the CCG and partner organisations facilitated table discussions. Big Chat 2 was an evening event, following feedback from the first Big Chat, so that people with daytime commitments could attend. The CCG will continue to rotate venues and timings of its events to enable as many people as possible to have the opportunity to attend.

Big Chat 2 was opened by Roger Pontefract, NHS SFCCG Lay Representative. Presentations, giving an overview of the CCG's plans and setting the scene, were provided by NHS SFCCG's Chief Officer, Fiona Clark and Dr Niall Leonard, Chair of the CCG.

Interactive sessions followed the presentations. Firstly, people were asked to rank nationally researched statements about what matters most to them when receiving health care (see page 4).

Secondly, scenarios giving descriptions of patients with different types and severities of health conditions were used to help focus table discussions. This allowed people to explore their perceptions as to where they thought the hypothetical patients should go to get treatment for their different conditions. The results were interesting and are detailed on page 5.

Finally, a 'fingers on the buzzer' session asked people to vote using a handheld keypad in response to a series of statements about their health services, (see page 7).

At the close of the meeting, people were invited to submit any questions they felt were not covered on the day. Individual responses were sent to those attendees and a selection of queries received of general interest can be seen on page 10.

Summary of feedback

One of the central themes arising from the interactive sessions was a sense of frustration about people attending Accident and Emergency (A&E) inappropriately. In general, attendees felt this was compounded by:

- A lack of awareness of appropriate treatment choices
- Difficulties with transport
- Lack of diagnostic facilities at GP surgeries for those who thought they may need a specific type of test to diagnose their condition, such as an x-ray

There were three main interactive sessions where attendees were invited to give their views and suggest ideas. Below is a summary of each session.

1 What matters most to people when receiving healthcare?

The audience was presented with a series of nationally researched statements about what matters most to people when receiving healthcare. Attendees were then asked to vote which they most identified with. The highest three statements selected by respondents were as follows:

1. "*people want to **understand** their treatment and condition*"
2. "*wanting to feel staff are open and **honest** with them*"
3. "*people wanting to be treated with **respect**"*

In response to the next question - "*Do you think we choose differently depending on age, circumstances, living alone*" – people generally agreed an individual's circumstances would affect their choice of care. They felt many people might not be certain about the range of options available to them, or what might be the best service for their specific need.

Some attendees voiced frustration about people using A&E services inappropriately. Others also felt sometimes ambulances were also used inappropriately, by those without access to a car or public transport.

Amongst the explanations for the high usage of A&E, some attendees felt it was because hospitals have diagnostic equipment, whereas GP practices do not. A small number of attendees reported being referred to A&E by their GP practice, whilst some others had a negative perception of GP out of hours services. People also felt that location and good access was an important factor to its usage.

In general attendees who described themselves in the middle age groups said if they were ill, they would be more likely to seek medical help at an earlier stage than other age groups who attended. People agreed that priorities change as you get older and if you have children. One table agreed that they felt fortunate to have the local health services that were available.

2 What would you do?

The next interactive session posed five scenarios, each describing a different patient, experiencing different symptoms. Through table discussions, attendees were asked to discuss what service or treatment would be most appropriate for each scenario. People were also asked for ideas about how current services could be improved.

Scenario 1 "*A child under 12 has severe earache, they are crying with pain, and you have no medication in the house.*"

Many agreed that they would consult their GP as there may be an infection. Many would use the pharmacy for pain relief medicine, whilst some said they would use NHS Direct if the situation occurred at night. A smaller number of participants said they would use the GP out of hours service, walk in centre or A&E. Some said the age of the child would be a deciding factor. For example, if the child was under 3 years old they were particularly likely to use a walk in centre, whilst others said would be happy to see a nurse as long as they could be seen quickly. Some participants expressed low levels of confidence in using the GP out of hours service and 111 or NHS Direct, due to previous poor experiences.

Idea: *It was felt that people need more information to decide what option would be best and that people want a quick and accessible option.*

Scenario 2 – *"Your relative returns home after playing football at the Sunday league game after falling and bending their wrist backwards. The wrist is now swollen, bruising rapidly, and painful to move. They are worried they won't be able to go to work the following day because they use a computer."*

Many groups suggested attending A&E for an x-ray to determine the severity of the injury, as there is no local walk in centre. The choice of A&E was driven by the perceived need for diagnostics. One group said even if the patient went to their GP practice, it was likely they would still be referred to A&E for an x-ray. A small number of people said they would wait awhile to see how the injury faired before seeking advice or treatment; others said they would self care.

Scenario 3 – "*You are an elderly diabetic patient and have just realised you have run low on your medication which you are worried about and don't have any help at home."*

Some participants felt the action they would recommend would depend on whether the person had type 1 or type 2 diabetes. In general, participants said they would contact their GP surgery. If it was urgent, they would ask for an emergency prescription via a pharmacy who often knows the patient, especially if a relationship has been built because of long term treatment and where a pharmacy offers a home delivery service if a person is housebound. Outside normal working hours, NHS Direct was cited by some as being helpful in this instance. Using home communications services for older people, such as Lifeline, was suggested by some attendees.

Idea: *A recurring theme was informing people better, and the idea of a menu of scenario based choices was suggested (possibly being kept near the phone).*

Scenario 4 – *"You are a woman who has flu-like symptoms and you are worried because you have a raging temperature, are aching all over, don't feel like eating and have felt like this for a couple of days."*

Some respondents stated this scenario would need to be considered in the context of whether these symptoms were affected by other conditions such as their age, if they have dementia or if the person has family support. However, many suggested self care taking advice from a pharmacy, and some said they would ask for GP advice and a visit if needed. A number of people said they would use the GP out of hours service.

Scenario 5: - *"You are an adult male and have been getting ready to go to bed. You have a sudden chest pain. You haven't had any previous pains, but this is getting progressively worse."*

There were wide ranging responses to this scenario. The majority stated they would dial 999 and that hospitals would want you to attend in these circumstances. In contrast, a small number suggested using non-emergency services such as NHS Direct but did query the length of time it takes to receive advice. Others suggested self care by taking painkillers, asking family members, or even not acting at all until it "got really bad". Diagnosis and medical treatment by many was felt as the most important concern and using emergency services would allow the most appropriate treatment and care with confidence.

3 Fingers on the buzzer…

Every participant was invited to vote for their preferred response to the following questions using a hand held electronic keypad. The order below denotes the highest proportion of votes – where 1 represents the highest, 3 the lowest.

The most significant reason why people attend A&E, GP or local pharmacist with an urgent need for health care firstly is?

1. Getting treatment as quickly as possible (37%)
2. Being treated (27%)
3. Receiving advice and reassurance (20%)

People could also choose from 'medication' (11%) and 'gaining knowledge about and living with their condition' (5%).

The most important thing that the CCG can do to help people to choose the right service for their condition is?

1. Make services easier to use such as when booking appointments (36%)
2. Have more information available at the GP practices and buildings like community centres (21%)
3. More information being available online (18%)

People could also choose from 'ensure telephone advice is available regarding self-care options' (17%) and 'more publicity in local papers' (8%).

If the CCG could improve your local urgent care services what would be the most important and make the most difference to you?

1. Feeling confident the service could provide the correct care (29%)
2. Knowing that you would be seen quickly (28%)
3. Knowing what is available to help you choose (22%)

People could also choose from 'ensuring that they are available locally' (11%) and 'knowing that medication can be provided when needed' (10%).

After today's discussion, do you have a better understanding of choices available for urgent access to health care?

1. Yes (50%)
2. No (27%)
3. Not sure (23%)

Would you make different choices as a result of today's event?

1. Yes (60%)
2. No (27%)
3. Not sure (13%)

Big Chat 2 in summary…

Overall a number of key themes were suggested by attendees. A summary of these themes are listed below, followed by examples of how NHS SFCCG has begun to act on feedback from Southport and Formby residents.

Overall, attendees suggested better information should be made available to help them choose the right treatment for their condition, in the right place, at the right time.

One of the ways NHS SFCCG makes information available to local residents is by participating in an annual winter Merseyside wide multi-media campaign called 'Examine your Options'. This promotes the different services available to people when they are ill, to help them choose the most appropriate place to be treated. It is followed by a review of how well the campaign has worked and how it can be improved.

A number of participants expressed poor experiences of, and low levels of confidence in, some urgent care services, particularly the GP out of hours service.

NHS SFCCG has since re-commissioned its GP out of hours service. The new contract, which began in October 2013, sets out higher standards of quality. The CCG will continue to monitor the new service to ensure it meets expectations.

Several helpful ideas were shared about how to make information more accessible including in GP surgeries, online and in community facilities.

These are areas that the CCG is continually exploring ways of accessing to get these messages across. Key messages attempt to focus on what matters most to people about the care they receive and being responsive to some of the areas highlighted for service improvement, for example, making appointments easier to book continues to be raised at public meetings. The CCG is working with GP practices and NHS England, who holds the GP contracts, to explore ways of improving access to appointments.

Working with community and hospital providers in relation to accessing urgent care services was an important issue that came up in discussions.

What matters most to attendees about the care they receive is that it supports them to better ***understand*** their treatment and condition. They want to feel that staff are open and ***honest*** with them, and importantly treat them with ***respect***.

NHS SFCCG monitors patient's experiences of using the services it commissions in a number of different ways. Hospitals report their results from the new Friends and Family test to NHS SFCCG, along with the findings of other patient surveys focusing on their services. The CCG also gains patient feedback from Healthwatch Sefton and Sefton CVS. Complaints, comments and compliments queries are another gauge of how well services are performing. Altogether, this information can help aid the early identification of any problems so they can be tackled as soon as possible. It is also valuable in helping to share good practice or to make improvements, and the re-commissioning of the GP out of hours service is a good example of this. Over the coming months NHS SFCCG's Engagement and Patient Experience Group will be looking at ways it can strengthen systems for gathering and analysing patient experience from all theses sources, along with feedback from events like the Big Chat.

Your questions answered

At the end of the event people were invited to write down any questions they wanted to ask NHS SFCCG, which they did not have the opportunity to raise during Big Chat 2. Individual responses were supplied to people following the event. Some questions related to individual experiences. However we have chosen a selection below that are of wider interest which have been updated following the event to reflect the current positions.

What's happening with GP out of hours services?

GP out of hours services ensure you can see a doctor round the clock when your practice is closed. On 1 October 2013 an organisation called Got To Doc will take over the running of our local service. Importantly, there will be no change in the way people contact and use the service. Over time we expect patients to benefit from the higher standards of quality and safety that the new contract offers. So whenever you're ill and think you need to see a doctor outside your practice's normal opening times - at weekends, evenings and Bank Holidays - simply call your surgery's usual telephone number and follow the instructions. We are required to retender services by the Department of Health from time to time to ensure they offer the best possible treatments. Go To Doc is a not for profit GP led organisation, which grew out of a GP co-operative and has a strong history of providing high quality, high performing and clinically safe out of hours services.

Are convalescent homes to be resurrected?

We do currently have a more modern and effective alternative to traditional convalescent homes, called 'intermediate care'. This is for patients who need a period of rehabilitation. They are discharged from hospital into a locally based intermediate care bed, usually for a period of up to six weeks, to give them the extra support they need before going home. We are currently looking at how we can extend intermediate care. This may involve identifying patients who would benefit from intermediate care early, to prevent them from being admitted to hospital because their condition has deteriorated. By providing extra support, earlier, this group of patients may achieve more in the longer term – such as living independently for longer at home, through the better management of their condition.

Why would some patients undergoing labour at Ormskirk Hospital and who become desperately ill be transferred to Southport Hospital for Intensive Care?

This would depend on the condition of the mother and the baby. A transfer would only happen if there was an immediate and urgent medical risk and cases like this are rare. Southport Hospital and Liverpool Women's Hospital have intensive care units. If a mother and child were seriously ill, they would be assessed by medical experts to decide where they would be best treated. They may need to be transferred to ensure they get the most appropriate and sometimes specialist treatment they need.

Who licenses pharmacies and why are some pharmacies inaccessible?

NHS England licenses and manages the contracts for pharmacies across the country. The number and location of pharmacies in an area is decided by a mapping exercise called a 'Pharmacy Needs Assessment' (PNA). So, if a pharmacist wants to open a new business they have to apply for a contract to NHS England and state how this need fits in with the area's PNA. Pharmacies must comply with the Equality Act 2010 and are free to do this in different ways. Whilst large pharmacy chains may have ramps, automatic doors and low counters, a small independent pharmacy may make adjustments, which they consider reasonable. So, one independent pharmacy may not have a ramp or automatic doors but staff may come out to meet or help the patient in or take prescriptions at the door and deliver to the patient's home. If a patient feels the pharmacist has not made reasonable adjustments, they should complain to NHS England. However, NHS England cannot enforce a pharmacy to change building structures but disability charities have taken companies to court on issues of accessibility. You can contact the NHS England Contact Centre by on 0300 311 22 33 or by email england.contactus@nhs.net

Why is the patient, with a number of long term conditions left to negotiate between their consultants?

We know that it can be difficult for patients who are under the care of a number of consultants and we are looking at ways to make this easier in the future. One example is the creation of an 'Integrated Care Team' as part of our wider Care Closer to Home programme. A team like this would be able to offer better joined up support for patients with one or more long term conditions, as well as assisting them in discussions between their different consultants. Anyone experiencing problems should speak to their GP, who can help in the first instance.

Why not have multi-skilled consultants?
General Medical Consultants are multi skilled and can deal with a number of conditions. However because medicine is so complex, we also need consultants to develop specialist skills in different areas. This helps to ensure that knowledge about how to treat different conditions continues to advance.

As carers are the first to notice any changes in medical condition(s) of the "cared for" it often takes hours before "patient" sees medically qualified staff. How can the stress/additional stress be alleviated and how can carers access "priority"/arranged appointments?

As part of the GP Quality and Outcome framework for 2013/14, practices have been carrying out a piece of work to ensure they can better identify carers, and therefore better understand their individual needs. We are also working with Sefton Carers Centre to pilot a social prescribing scheme for carers.

What about funding between the NHS, councils and social services?

The NHS and the Council in Sefton have historically had a strong working relationship. This has been further strengthened by the development of the Health and Wellbeing Board, to ensure consistent and effective planning of health and social care across the borough. The membership of this council committee includes councillors, representatives from both CCGs and Healthwatch Sefton. Alongside this, the government has recently announced that a dedicated pot of funding will be put aside by the NHS and local councils to provide more integrated health and social care services. This is called the Better Care Fund. Through the Health and Wellbeing Board, we are working with Sefton Council to look at how we can best use this funding. The views we have gained at our Big Chats and other public events over the past 18 months will also help to shape our plans, which we will finalise by June 2014. We expect our Care Closer to Home programme to be central in helping us to achieve more joined up and improved services, which will also see us working more closely with partners from the Voluntary Community and Faith Sector, as well as NHS service providers.

How do you see the specialist mental health services linking in to primary care? How can physical health be improved for those with serious mental illness and how can services assist in supporting more general positive mental health?

There are already strong links between mental health services and GPs, and we are keen to develop these links further. Our public health colleagues in Sefton Council commission a number of 'lifestyle services' which they are about to review. This will look at how effective these services are in promoting both physical and mental health wellbeing.

New rules and regulations for the Patient Transport Service seem to have made it harder for people to use this service?

This service was re-commissioned by Blackpool CCG on behalf of all CCGs in the North West and the new contract began on 1 April 2013. Whilst the criteria setting out who is eligible for NHS transport has changed, the new service is capable of carrying out more patient journeys than before and it is more flexible for those who are eligible. Anyone with issues around patient transport services should contact our Patient Advice and Liaison Service on 0800 218 2333 and we will raise them with Blackpool CCG.

What is the 'IC Team' and what is the 'ICO'?

IC Team stands for Integrated Care Team. This is a multidisciplinary team which brings together GPs, specialist nurses, district nurses, health care assistants, therapists and community matrons. By working more closely together as part of a single team, they can better support individual patient, by streamlining their care and avoiding duplication. In Southport and Formby, many of these staff, other than GPs, will be working for the Integrated Care Organisation – ICO – which is the overarching name given to acute services (like operations) provided at Southport and Ormskirk Hospital Trust, together with the community based services, such as district nursing, which the hospital also runs.

What plans has the CCG got for people living with dementia in Sefton / Southport?

Along with Sefton Council, both CCGs in the borough are currently reviewing the joint Dementia Strategy 2009-14. Consultation has taken place with patients and key partners to identify what is working and what can be improved for people with dementia and their carers. A refreshed strategy is expected to be ready in April 2014. The two CCGs in Sefton are committed to funding services that enable people with dementia to live their lives as fully as possible and enable them to be supported in their homes for as long as possible.

Where will the money come from to enhance community services?

We must transform the way health services currently work if we want them to improve, and if they are to meet the needs of our patients in the future. Our plan is to switch care from hospitals to community based services for some conditions which can be more effectively treated closer to home. So, the funding would therefore move with these services, allowing us to enhance community based care. This will also help to ensure that hospitals can concentrate on providing services and treatments for more complex conditions. We cannot achieve this transformation alone, and we are working closely with Southport and Ormskirk Hospital, social

services and other key partners to develop enhanced community services, through our Care Closer to Home programme. By working better together, we will be able to do more to meet the needs of our patients.

Should GP practices operate screening for key priority health conditions?

This year GP practices have begun using a screening tool called 'risk stratification'. This supports GPs to better identify patients who are at most risk of being admitted to hospital. At the same time we are working with Southport and Ormskirk Hospital to develop more effective, community based care, which focuses on those who are most vulnerable – such as those with priority long term health conditions - with the aim of keeping them as well as possible, for as long as possible close to, or in their own home.