Southport and Formby
Clinical Commissioning Group

Big Chat 4

Strategy into action

NHS Southport and Formby CCG

Royal Clifton Hotel, Southport, 19 November 2014

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What is the 'Big Chat'?

Big Chats are one of the ways that NHS Southport and Formby Clinical Commissioning Group (CCG) involves local residents in its work.

These events are a chance for people to hear an update about our work. More importantly, Big Chats give us the opportunity to find out what our residents think, and this helps us to shape and refine local healthcare.

Each Big Chat focuses on a different aspect of healthcare and we hold the events in community venues, which people can easily get to.

You can see reports from all previous Big Chats on our website.

About Big Chat 4

This event built on the previous Big Chat, which helped us to develop our 5 year strategy for improving health and health services.

So, at Big Chat 4 people could:

- Hear how views from earlier Big Chats have shaped our 5 year strategy
- Hear about what we plan to do next to put '*strategy into action'*
- Hear examples of what this means for patients
- Give their views about how we should further develop this work

How the event worked

There were four elements to the event and the agenda ran as follows:

1. Presentations from our chief officer and chief strategy and outcomes officer updated people on our progress and highlighted where people's views from previous Big Chats and other activities have informed our strategy
2. Table discussions where people were asked for their views about how our work should develop
3. Presentation focusing on changes to our intermediate care service, highlighting the difference our work is beginning to make to the lives of our patients
4. Question and answer session giving attendees the chance to raise any points they had about local healthcare

Presentations

Our strategy- where are we now?

This explained how we have developed our 5 year strategy, jointly with NHS South Sefton CCG, based on all the data we have about people's health and the quality of current services, along with what local residents told us they want from healthcare in the future.

All this helped to shape our vision:

"*To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and wellbeing of our population"*

We used this information to help refine and extend our priority health programmes:

1. Care for our older and vulnerable residents

2. Unplanned care 3. Primary care

Strategy into action – our ‘commissioning intentions’

Every year we identify ‘commissioning intentions’. These set out the services we intend to commission - in addition to core health services - which will contribute towards the aims of our 5 year strategy.

Our commissioning intentions for 2015-2016 include:

- Improving the quality of existing services – based on what we know and what our patients have told us
- Developing our localities – our member GP practices are split into four different geographical areas, or localities, so they can better focus on the differing needs of the communities they serve
- Integrating mental health into localities – so more people can benefit from services to improve their mental wellbeing
- Care Closer to Home – this programme aims to provide more care to people in their own homes or close by in their local community, with the aim of preventing them from needing urgent hospital care

Strengthening our localities

We know that people value the care they receive from their GP practice and community services, such as district nurses. We also know that people would like to receive as much of their care as possible closer to their home whenever it is appropriate, where the different services involved in their care work better together.

This is why we want to strengthen our GP practice localities, so we can wrap health and wellbeing services around the needs of our different communities. To do this, we will need our hospitals and community services to work even closer with our partners from social care and the voluntary, community and faith sector – we believe this locality model will greatly benefit patients in providing better, more joined up care that looks at their whole wellbeing needs.

Table discussions

An interactive session asked people to think about and discuss the presentations. In particular, they were asked for views about the following three questions:

- Do you think the locality model is the way forward?
- What services should be delivered on a locality level?
- Which hospital services could be delivered in the community in the future?

Intermediate care service

Our lead for intermediate care explained how these services are changing and showing great improvements for patients, carers and their families. Intermediate care provides support to generally older patients who may need help but who do not need to be admitted to hospital. These services aim to maximise independent living for as long as possible. The Community Emergency Response Team (CERT) plays a vital role in intermediate care. It provides a rapid response to patients referred to the team by a patient's GP. CERT also supports patients being discharged from hospital, so they can get back to their regular life more quickly. Our new intermediate care strategy is building on this approach, working closely with partners from across health and social care.

Questions and answers

Before this session, people could choose to write down any questions that they had and submit them ahead of the panel. Our officers then gave their responses to the audience.

The event concluded with an interactive voting session, using the interactive Turning Point IT system, where attendees were asked a series of questions about the topics covered in Big Chat 4.

What people told us…

There were 63 members of the public or who represent them and 16 members of NHS or council staff who attended the event. The following sections of this report give an overview of themes from the table discussions and interactive voting session. You will also find a list of questions and answers at the end of this report.

Table discussions

Question 1 - Do you think the locality model is the way forward?

Having heard the presentation on locality working this was an opportunity for participants to give their views on how the locality model could benefit local communities and what may be the gaps, barriers or challenges.

The main themes coming out of the discussions were:

- If any other models have been considered? - why choose a locality model if GPs are the first point of contact, wrapping care around individuals may mean that the scope of care is much wider than a locality and some thought the model should be based on clinical need rather than a geographical locality
- Are the current localities right? – there were discussions as to whether Ainsdale and Birkdale should be within one locality
- Localities should recognise the specific needs and expectations of their different populations - ensuring the demographics of that area are recognised and achieve a balance so that services are not fragmented
- Patients need to be able to choose services across locality boundaries – there should be assurance that people's needs will be met regardless of their address
- Self care – many thought patients and professionals should have access to summary health records and patients should take responsibility for their own health but this was recognised as a challenge and a change in culture would be needed
- Improvements to GP services – not being able to see the same GP for each appointment was a reoccurring theme. Out of Hours GP services and seven day working by GPs was also discussed as being positive

- Communications with the public - to ensure they understand the services available to them. There was a perceived lack of awareness amongst individuals of what is going on unless it directly affects them
- Ensuring that the premises are available for this model of working and improved access to services

Question 2 - What services could be delivered at a locality level?

This was an opportunity for participants to discuss where they would like to receive their care and a list of services was provided to prompt discussions and to rank in order of preference. Common choices made were:

- Phlebotomy
- Diabetes
- Asthma / respiratory
- Dermatology
- Mental health / counselling
- Diagnostics, virtual clinics, advanced practitioner Triage
- Early intervention and prevention services – particularly in relation to mental health and wellbeing - monitoring clinics, services in town centres and areas of high footfall e.g. dietary advice.
- Concerns about responsibility for monitoring the quality of services and how patients can feedback on quality issues

Question 3 - What hospital services could be delivered out in the community?

Participants were asked what hospital services they would like to see out in the community and what would be the advantages and disadvantages. The services identified and issues raised were:

- Respiratory
- Ante natal / weekend baby clinics to support working mothers
- Confidence in alternatives to A&E was needed. Focus needed on keeping people out of hospital, concerns about fragmentation of services
- Community diagnostics and follow up appointments

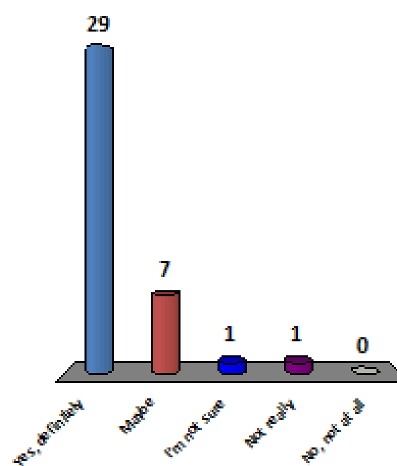
- Questions were raised as to whether community based services may see an increase in usage, and if there are enough qualified staff / skill and resources to support community based work as a result of this?

Interactive voting results

At the end of Big Chat 4 and after having heard presentations and taken part in discussions, attendees were invited to rate how far they agreed with a series of statements, using the interactive Turning Point electronic voting system.

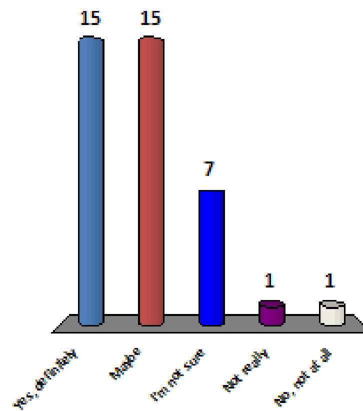
After the discussions today, do you think that it is a good idea that some hospital services are delivered in the community?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. No, not at all



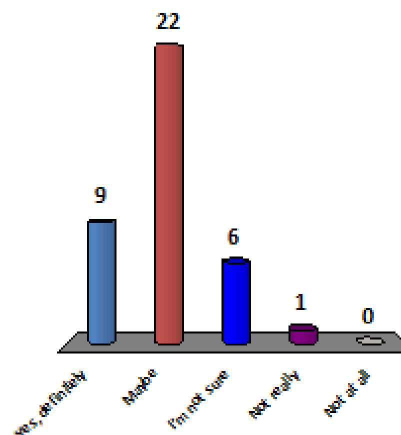
Do you agree that the locality model is the right way forward?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. No, not at all



Having heard about the CCG's strategy and commissioning intentions, are you confident about its plans for commissioning health services in Sefton?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. Not at all



Questions and answers

Below is a selection of questions raised by attendees at Big Chat 4, along with responses from the CCG team. We have also included some of the written questions that were submitted at the end of the event.

What is the CCG's definition of high quality outcomes and how does the CCG intend to monitor and measure the provision of high quality services?

Clinical commissioning groups are assessed against a wide set of national quality outcome measures. These include the more commonly known measures like A&E performance, waiting times for referral and treatment and infection control rates (incidents of MRSA and C Difficile). There are also more complex outcome measures associated with incidences and occurrences of disease, for example dementia diagnoses, or numbers of people attending hospital with respiratory conditions. In addition, there are a range of national patient experience measures including:

- Friends and Family test for patients using acute hospital inpatient services
- Friends and Family test for patients using A&E
- Patient experience related to use of general practice and out of hours service

Performance against all these measures is reported at our Quality Committee and our Governing Body. You can download Governing Body reports from our website www.southportandformbyccg.nhs.uk

When we're planning and designing services we also take into account the results of any local or national service reviews, as well as new, or changes to clinical guidance such as NICE and other best practice guidance and this is built into our performance measures for providers.

What do hospital staff and GPs know about re-enablement?

A redesigned re-enablement service was launched in September 2014. This service is much more centred on each person's individual needs. It focuses on agreed goals set together with the patient, with the overall aim of ensuring that people can

maximise their independence and get back to their ordinary life as quickly as possible. GPs and hospital staff have been made fully aware of the new service to ensure its smooth introduction.

If you do not identify the vulnerable, will it not result in abuse of the vulnerable?

In partnership with health and social care providers, we make every effort to ensure that vulnerable individuals are identified as early as possible. Health staff are required and trained to assess all children and adults to ensure that they receive safe and appropriate care. There is detailed statutory guidance and legislation that supports the assessment of both children and adults. We require all the health services we commission to provide assurances that they are able to identify vulnerable people and provide safe care and treatment in accordance with statutory guidance. Health providers must also provide evidence of multi-agency working and compliance with both the Sefton Local Safeguarding Children's Board and Sefton Safeguarding Adults Board policy and procedures.

Under the locality model will any of the services be means tested for access? What about patient choice how is this affected by the locality model? How will access to GP appointments be improved?

Like all NHS services, those which we commission will remain free at the point of delivery. Patient Choice is also unaffected by our locality model. Whilst we do not directly commission general practice services, we recognise how important they are to our patients. So, we have already been working locally with NHS England, responsible for general practice contracts, to jointly shape, build and commission services at general practice level – including looking at better access to GP appointments. In addition to this, we launched a joint primary care quality contract last year with NHS South Sefton CCG, which has resulted in increased GP appointments, weekend clinics and evening clinics. We are looking to further develop this initiative in the year ahead.

If Greater Liverpool gets an elected mayor will he/she have influence on CCGs in Merseyside? Will he/she have control of the budget?

It is impossible to speculate on what the remit or the powers of an elected mayor for greater Liverpool areas would be. Like all elected representatives, we would expect them to be interested in ensuring that CCGs are fulfilling their duties in commissioning services that meet the needs of the population, using their available resources wisely.

Why does a national health service require every CCG to work out its own solution to what constitutes best practice?

There are a core set of national standards and guidance around best practice that we are required to meet. We also know that people are not all the same and that different solutions will be needed for different populations across the country. Because we are made up of local GPs, they are ideally placed to know the needs of the communities they serve and what is needed to make sure their residents have access to the right services. It is this local expertise that allows us to refine our services to help deliver what our local communities need to ensure their ongoing health and wellbeing.

The only people in the room aged below 50 are NHS staff. What efforts are being made to engage with younger people, including those of working age?

We know that we need to do more to engage children and young people in our work. We have already begun to work with our local hospitals to identify how they capture the views of young people and children and involve them. Alongside this we are working with all our key stakeholders across health and social care around how they listen, capture, evaluate and utilise the views of young people and their families when making decisions about services. Our aim is to build an ongoing dialogue with children and young people, so they have more opportunities to shape and contribute to the development of local health services.

What is the relationship between CCG and CQC? Where does Out of Hours (OOH) care fit in with the CCG? Are walk-in centres and ambulances also the responsibility of the CCG?

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. As the commissioner for the majority of local health services, the CQC keeps us informed and talks to us about any inspections examining our

providers. With NHS South Sefton CCG, we jointly commission the GP OOH service and the Walk in Centre inside Litherland Town Hall Health Centre – both of these are regulated by the CQC. NHS Blackpool CCG is the lead commissioners for the North West Ambulance Service, working on behalf of all CCGs in the North West. The ambulance service is also regulated by the CQC.

Do patients in Southport and Formby area have choice when requesting sleep apnia testing? Once a diagnosis has been made at Aintree it may be several weeks before they receive treatment and resume driving.

Patients do have a choice. However, not all hospitals provide this service. We would be happy to look into individual concerns about waiting times if individuals would like to make contact and share their experiences via our Patient Experience Team 0800 218 2333.

Is there any work underway regarding telephone or email consultations at GP practices? There needs to be promotion to online access to services, such as appointments or repeat prescriptions.

As part of our plans to improve access to GP services we encourage GPs to use different means of communicating and consulting with their patients. Many practices have a patient group and this would be an ideal route to explore the requirements and promote the use of these methods. We would encourage as many people as possible to join their practice's patient group if they have one.

As the Liverpool Care Pathway has been abandoned, what will replace it?

Southport & Ormskirk Hospital, our Integrated Care Organisation (ICO), now leads on this work. Each provider area was able to develop their own replacement document based on the recommendations of 'More Care Less Pathway', the national review. Locally, this has led to the development of personalised care plans for the dying which cover areas such as pain control and communication. These were introduced in July 2014 following training of ICO staff around the new guidance called the '5 Priorities of Care' and the new process.

How do cash allocations relate to the demographics of our own population?

Our financial allocation is broadly based on historic service usage. It is then compared to a formula used to assess the needs of all CCGs across the country. This formula takes account of our demographics along with other factors, such as early death rates, proximity to services and elements of historic usage. The key figures for 14/15 are as follows – CCG funding £1,351 per head of population, CCG Target funding £1,280 per head of population, English average £1,134 per head of population. This means that our current funding is 19.1% above the English average, partly driven by demographics. Our target funding (per the allocation formula) is 12.8% above the national average and our current funding is 5.5% above our target funding. We do receive more funding than the national average, although we also receive more funding than the target allocation suggests we need. Over time, this latter gap will be reduced as part of a national review of funding which means that we are likely to receive lower than average growth to our funding compared with the English average.

What can be done to make accessing services easier for our older and more vulnerable people?

We have just refreshed our strategic health needs assessment, which looks at the growing health needs of our different populations over the coming years. As a result of this we have drawn up a 5 year strategic plan to address these needs, part of this includes a financial strategy to cover the plans.

Will the locality model affect services that cover the whole of Sefton such as Creative Alternatives?

We recognise that it won't be possible or appropriate for all services to be delivered at a locality level, and our model takes account of this. We understand smaller organisations may not be able to cover each of the four localities, and that there will be some other services –provided by partners such as Sefton Council or the voluntary, community and faith sector – that are better delivered across a wider footprint.

Has the CCG considered upping the provision of drug, alcohol and weight loss services in light of the costs once the patient is admitted?

Sefton Council is largely responsible for these types of preventative services through the Health and Wellbeing Board. We are members of this committee and work closely with our partners from the council to influence services. In addition, we do look at devising lifestyle interventions related to those conditions which we know lead to higher levels of hospital admissions. Over Christmas 2014 we piloted an alcohol recovery centre in Southport, for those drinking too much over the party period. It provided safe medical care in a community venue and the offer of ongoing support, whilst saving an admission to hospital during this busy period for the NHS. We also recognise the benefits of self care and patient education programmes and this is an area we are keen to further develop in the year ahead.

Next steps

All the views and experiences gained at Big Chat 4 will contribute to the further development of our strategy. In particular, people's comments will help us to fine tune our locality model of care and we would like to thank everyone who came along for their contribution.

- We asked attendees to complete an evaluation form about how they thought we might improve future Big Chats and we will use this information to design future events
- People were also asked to complete a confidential equality monitoring form so that we can analyse which groups of people attend the Big Chat events, in order to help us to develop a plan to reach out to groups of people who historically don't participate in these events

Anyone with comments about Big Chat 4, or who has further comments or queries about any aspect of our work should call Freephone **0800 218 2333**.

www.southportandformbyccg.nhs.uk