

# Big Chat 6

## Challenges and opportunities



**NHS Southport and Formby CCG**  
**Royal Clifton Hotel, Southport, 7 June 2016**

# Contents

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About Big Chat 6 **3**

How the event worked **4**

Setting the scene **5**

What we asked people **6**

What people told us **7**

Fingers on the button **19**

Who attended Big Chat 6? **22**

How we use people's views **23**

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# About Big Chat 6

These are extremely challenging times for the NHS. Demand for services continues to increase, putting pressure on the money that we have available to spend on healthcare.

Like many other areas of the country, NHS Southport and Formby Clinical Commissioning Group (CCG) is facing these challenges and it is looking at ways to deal with them to make sure the quality of health services is maintained.

Big Chat 6 brought people together to give their views and ideas about how their local NHS can make services more efficient and effective.

Over 50 guests took part in workshop style discussions with professionals from the CCG focusing on four areas about which attendees were invited to give feedback on. These sessions explored how the CCG might:

1. reduce the estimated yearly £2 million cost of wasted medicines in Sefton
2. commission care that offers the best medical outcomes for patients
3. use technology to enhance health services and make them more efficient
4. change ways of working in GP practices, so that patients can be seen by the right professional first time to help surgeries to better respond to the increasing demand on health services

We held Big Chat 6 in the early evening after some people told us at previous events that daytime sessions were not always convenient for them to attend.

This report gives an overview of what people told us at 'Big Chat 6' and how we will use their views and feedback in further developing our work.

You will find more information about the event on our website, including videos, photographs and presentations at [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk).

# How the event worked

There was a mix of presentations – setting out the challenges and opportunities faced locally by the NHS – and workshop style sessions, so people could ask questions and discuss each topic in more detail.

We used an electronic voting system to capture people's views at different points during the event. People also wrote their ideas on 'brick style' sticky notes that were stuck on our 'innovation wall'.

The agenda ran as follows:

- Welcome – Dr Rob Caudwell, chair of the CCG
- Shaping Sefton: where we are now and challenges ahead – presentation by Fiona Taylor, chief officer of the CCG
- Opportunities for change - table discussions around four ideas for making services more efficient and effective
- Fingers on the button - feedback from discussions
- Introduction to 'Dementia Friends' – presentation by Val Metcalf, Alzheimer's Society
- Fingers on the button – how was the event for you?
- Thank you and close
- Question and answer (Q&A) surgery

As mental health and dementia is a priority area of work for us, we invited the Alzheimer's Society to come along to the event to talk about its Dementia Friends campaign.



# Setting the scene

In an opening presentation, we explained our local challenges in more detail including:

- Much higher numbers of older residents and people living with long term health conditions than other areas of the country, so their needs are increasing
- People in some of our least well off communities continue to live unacceptably shorter lives than the national average
- Services under increasing pressure
- Gaps in the number of people working in some areas of healthcare
- Increasing cost of healthcare
- No 'real terms' increase in the money available to spend on healthcare

As we only have a set amount of money from the government to spend each year on all the services we commission for our residents, we know we will face some difficult decisions in the months ahead due to the challenges set out above.



# What we asked people

We believe in involving our residents and partners in helping to shape our work, and their views are particularly important as we begin to review all the services we commission to ensure they remain as effective and affordable as possible.

Big Chat 6 provided an opportunity for people to hear about the following four areas of healthcare through table discussions, where we believe we can make savings at the same time as making services more effective for patients:

1. Reducing the cost of wasted medicines
2. Getting the best medical outcomes for our money
3. Technology in healthcare
4. New models of primary care

Each table heard in turn about the four areas listed above. Their questions and views were then invited.

We then collated all the feedback we received and summarised the main points from these discussions in the next section of this report (p7 – p18).



# What people told us

## 1. Reducing the cost of wasted medicines

An estimated £2 million is wasted in Sefton each year on medicines that are not used or needed. This money could be better used to provide different or additional healthcare and treatments that benefit more of our residents.

We are looking at a number of different ways to reduce medicines waste, including stopping the automatic ordering of repeat medicines by chemists on behalf of patients.

Currently, many residents are signed up with their chemist for an automatic delivery of their repeat prescriptions. Whilst this can be convenient for some, there are many disadvantages to this system. It means that GP practices are not involved in the ordering of medicines for patients on the scheme and will not be regularly reviewing their medication. As a result, many people continue to take medicines that are no longer effective or necessary for their condition. In addition, people often end up with a stock of medicines they feel they no longer need and which cannot be reused.

If we introduced this change in the way repeat medicines are ordered, we expect to save money and importantly improve patient safety and so we asked what people thought about this.

## What people thought

### General support for the new system

There was general support for the proposed new ordering system and several discussions about the inefficiencies and current waste including examples of when large quantities of unused medication had been discovered in people's homes; this is a particular issue for older people, evidenced by the information shared by the Sefton older persons' forums.

There were also discussions about the patient safety issues that the current system raised particularly as some patients are not always told about, or don't understand, the importance of their medicines and when to take these.

Several people also talked about their positive experiences of using the GP practice's online systems for repeat medications which they said gave them more control and helped to avoid any wastage.

### **Challenges of the new system**

Some comments were made about the convenience of the current system for patients and concerns were raised that the new system may increase GPs' workload.

There was some discussion about the role of the pharmacist in reviewing medications as some people thought they are better placed than GPs to review medications, as they are experts in their field. Questions were also raised about whether the new system would work for patients with long term health conditions as they do not require a monthly review as their medications rarely change.

There were also questions about how vulnerable patients would be identified by GP practices and how these patients and their carers would be supported; it was agreed that this would need to be clarified.

### **Communication and collaboration**

To ensure the success of the new repeat medicines ordering pilot, it would be important that everyone involved including patients, practices, pharmacies, other related services are fully informed, and all systems are well co-ordinated.

## How people voted

Do you think the process for ordering repeat prescriptions that you have heard about today will help us to reduce medicines waste and improve your care?



## 2. Getting the best medical outcomes for our money

Medical treatments have changed vastly since the NHS was established in 1948. The advance of time, technology and the medical and scientific evidence we have about what works and what does not has greatly improved outcomes for our patients.

As healthcare commissioners, we have a duty to ensure our residents can benefit from the most effective and affordable treatments. So, we regularly review our commissioning policy to ensure that the treatments available to our residents offer the best rates of success based on medical evidence and best practice guidance.

Where some treatments are found to no longer be effective for the majority of patients, we will look to change our commissioning policy, to ensure we are spending our money as wisely as possible on more proven healthcare.

We know that some of these treatments may be effective for a small number of people. So, we have a system in place to review the case of each of these patients to make sure they still have access if these treatments are found to provide them with an overwhelming benefit.

Treatment for cataracts is an area where current criteria and processes do not match the best medical evidence about success rates for our patients. Bringing processes in line with guidance also has the potential to improve our patients' experience of having their cataracts dealt with effectively.

We were particularly interested to hear people's views about proposed changes to our policy for treating cataracts.

### What people thought

#### Management of cataracts

There was general support for the plans to increase the level of development of cataracts before their removal. People said that the clinical guidance and evidence should be followed as this indicated that outcomes for patients was better when cataracts were removed at a later stage.

To support the rollout of these plans, the importance of communications with patients was highlighted and it was suggested that all patient literature be made available in large print.

## **Improvements to services and communications**

People highlighted some of the inefficiencies in current healthcare systems including the location of pre-op and follow up appointments which could be delivered in local clinics rather than in hospital, and the possibility of managing these by phone or via email.

There were also some frustrations at the lack of co-ordination within local healthcare systems with examples of patients receiving duplicate appointments or none at all. The diabetic care service was cited as an example of how poor co-ordination can result in patients not being called for vital screening tests, such as eye tests.

In addition, communications between hospital and community services, and those between services and patients, were not always well co-ordinated or patient-focused.

Overall, there was agreement that the CCG needs to make better use of its limited resources. As well as looking at how and where patients receive treatments, appointment and communication systems should also be improved.

## **Patient education and ownership**

There were discussions about the importance of patients taking more responsibility for their wellbeing and being more actively involved in decisions about their health. There was general agreement that in the long run this would help reduce pressure on services.

It was agreed that in order to do this, patients would need more information about their health conditions and possibly professional support in making decisions that are right for them.

## How people voted

Do you agree with what you've heard today about making changes to services where we know from evidence that current results for patients are poor or could be better?



### 3. Technology in healthcare

Technology is playing an increasingly greater role in our everyday lives – from seemingly futuristic appliances making lighter work of household chores, to online systems that allow us to do our banking, or which connect us to the world via the internet.

Healthcare is no exception. Over the past few years there have been a great many technological advances that are helping to improve the way healthcare is delivered.

Advanced techniques to support micro surgery and robotic limb technology are examples of this.

Whilst it will be many years before some of these advanced technologies become commonplace across the NHS, Sefton residents are already benefiting from a number of innovations to better manage their care and treatment.

We were particularly keen to hear people's views of the following:

Online services for GP practices – such as booking appointments, online consultations etc.

Self-monitoring – using technological devices to help people with long term conditions to manage their health at home.

Data sharing – so doctors and other professionals can see your health records to provide you with better and sometimes faster treatment.

### What people thought

#### Online services

There was general support and positive reports of people using online systems, particularly appointment booking systems which were both convenient and saved time.

A number of people highlighted the challenges of online systems for some residents, particularly older people who may not have the skills or knowledge to use these systems or have access to a computer or WiFi. It was agreed that although the development of online systems had benefits for many people, it was important that other systems such as telephone systems, continued to be available to help and support patients, particularly to make appointments.

It was also suggested that the availability of online systems be more widely promoted as some people did not know about these and there was limited information available in GP practices.

### **Data sharing**

The majority of people supported the principle of sharing patient records between health and social care organisations, as long as systems are secure and there are robust data sharing protocols in place. It was felt that sharing patient health records gives clinicians access to a patient's full history enabling them to plan and deliver the most effective treatment and care.

There were some concerns about potential security breaches and what level of information various health and social care organisations can view. Some people said they didn't think it would be appropriate for detailed patient information to be available to everyone involved in a person's care.

It was explained that data sharing protocols and permissions are in place and that patients also have the option to 'opt out' of data sharing.

### **Self care**

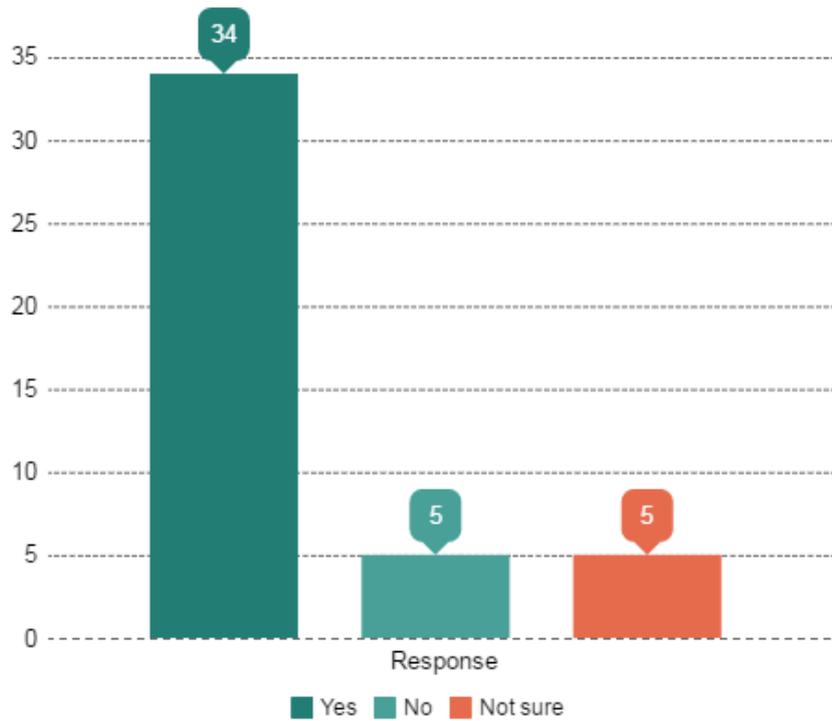
The benefit of developing technologies to support patients to manage their health was discussed, especially as this gives patients more control of their health conditions. There was agreement that some patients should be more proactive in managing their health but there were questions about who would fund self-monitoring equipment, such as blood pressure equipment, and the cost effectiveness of this approach.

### **Further developments**

The potential of ongoing technological developments was discussed, in particular the use of telephone and online consultations, such as Skype, and how this could support care home patients.

## How people voted

Do you think the new technology you've heard about today will help make NHS services more efficient and improve your care?



## 4. New models of primary care

We work jointly with NHS England – the main contract holder for primary care – to ensure the quality of services in GP practices.

Our local GP practices play an important role in our residents care and they are at the centre of plans for meeting our patients' future needs. Like all NHS services, we know that our GP practices are faced with challenges around resources and capacity.

So again, like all other health services, primary care also needs to adapt to be able to better respond to the changing needs of our local residents. Part of this is about looking at new ways of working, including considering the role played by practice nurses, healthcare assistants and other professionals in delivering care.

We are keen to ensure that whenever possible people get the right care for their condition, provided by the most appropriate service, first time, every time.

We know that for some conditions patients do not always need to be seen by their doctor and could be more effectively cared for by a different health professional. For example, a patient with a long term breathing condition would benefit from the expertise of a specialist respiratory nurse rather than seeing their doctor so often.

New models of care could mean that patients benefit from the skills of a whole range of primary health care experts without having to see their GP as often. This would free up more GP appointment slots, so that those patients who really need to see their doctor can do so much quicker.

We asked people to consider some of the other ways they could be treated and supported which would mean they may not always be seen by a doctor.

### What people thought

#### Demographics

People discussed the high number of ageing residents and the demand this placed on local GP services. In comparison with neighbouring areas and other parts of the country, it was noted that Southport and Formby has a much higher number of older people which raises challenges that other areas don't experience to the same extent at the moment.

## **Workforce and training**

New models of primary care were discussed and it was agreed that to support GPs, a more varied set of healthcare professionals would be needed including more practice nurses, clinical pharmacists, specialist nurses and physician associates. The introduction of any new model would mean that for many patients, the GP may not be the most appropriate clinician to treat their condition and that overall this could change the type of relationship they have with their GP. There was some concern that older people would find this change difficult as they really value the relationship with their GP.

There were also discussions and support for the role of triage nurses in GP practices. A triage involves an assessment of a patient's condition so that they can be appropriately signposted to the right healthcare professional, and only referred to a GP when necessary.

Some people suggested that GP reception staff could be upskilled to support the triage process, although there were some concerns about discussing patient issues in public reception areas.

Overall, given the increasing pressures on primary care and the shortage of GPs, there was general support for exploring new ways of working and an understanding that the current GP appointment model would need to change.

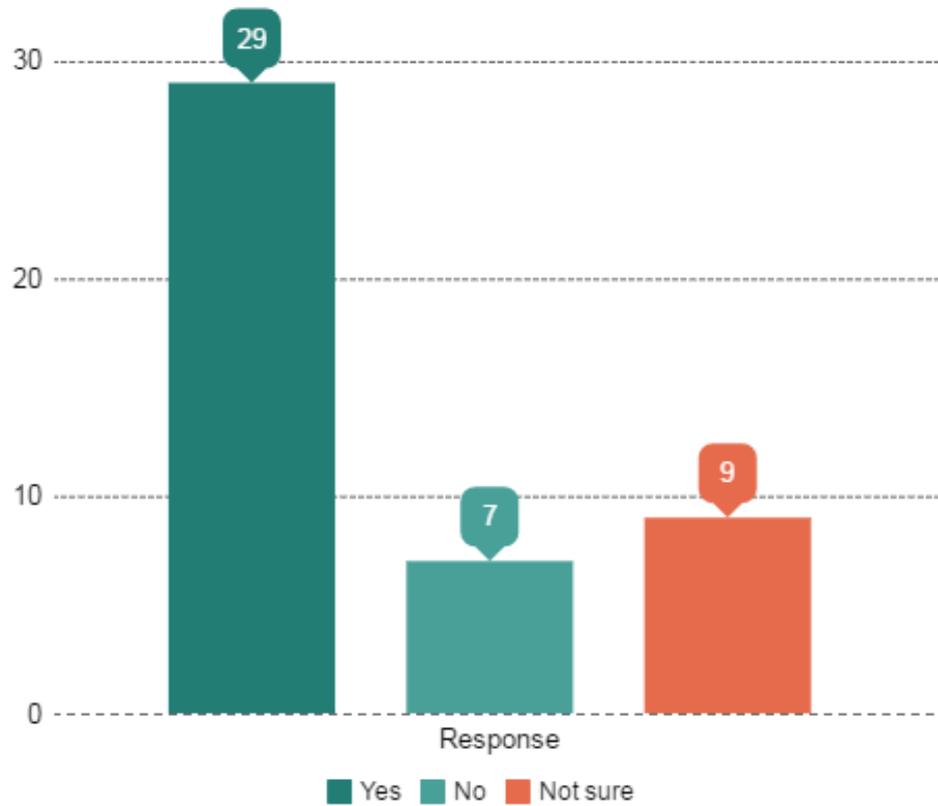
## **Primary care infrastructure**

Several comments were made about current state of GP premises and how practices could work better by joining forces and sharing premises and resources.

There was support for the development of primary care hubs which would involve practices working on a larger scale and include other support services under the same roof. It was agreed that the location of any new hubs would require careful consideration to ensure ample parking facilities and good transport links.

## How people voted

Do you think the new models of primary care that you have just heard about will help make NHS services more efficient and improve your care?



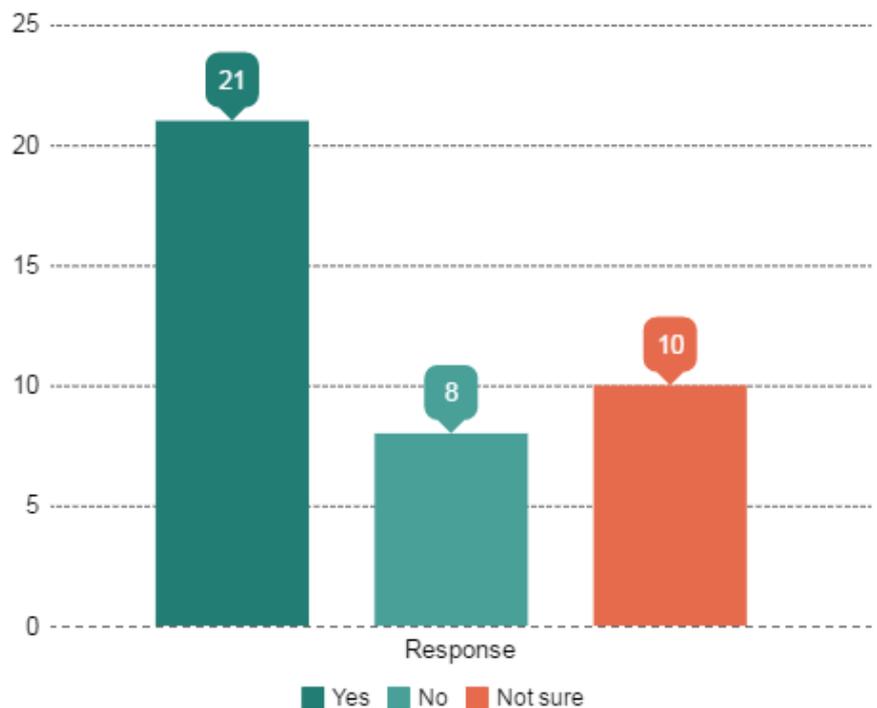
# Fingers on the button

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 eve NT.

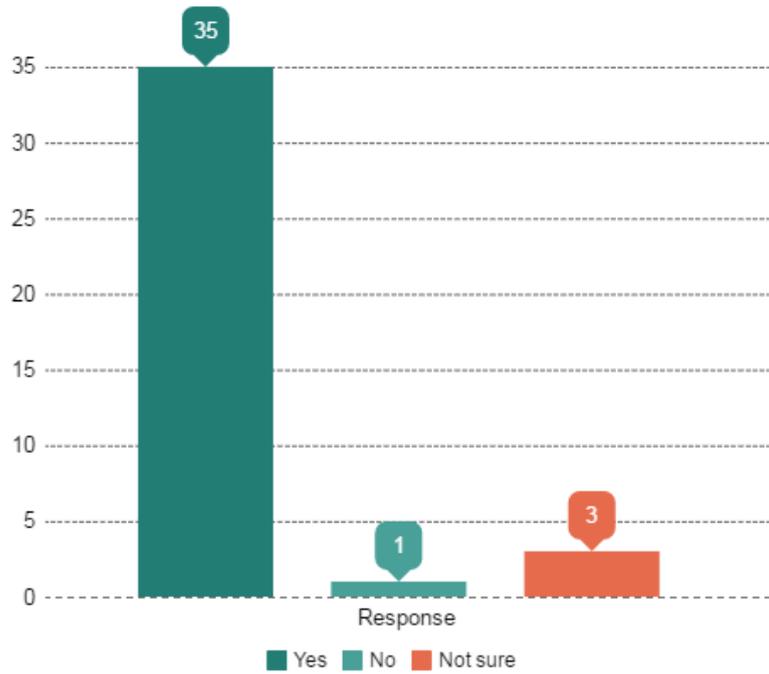
**Following today's presentations and discussions, what do you think is the biggest challenge for your local NHS?**



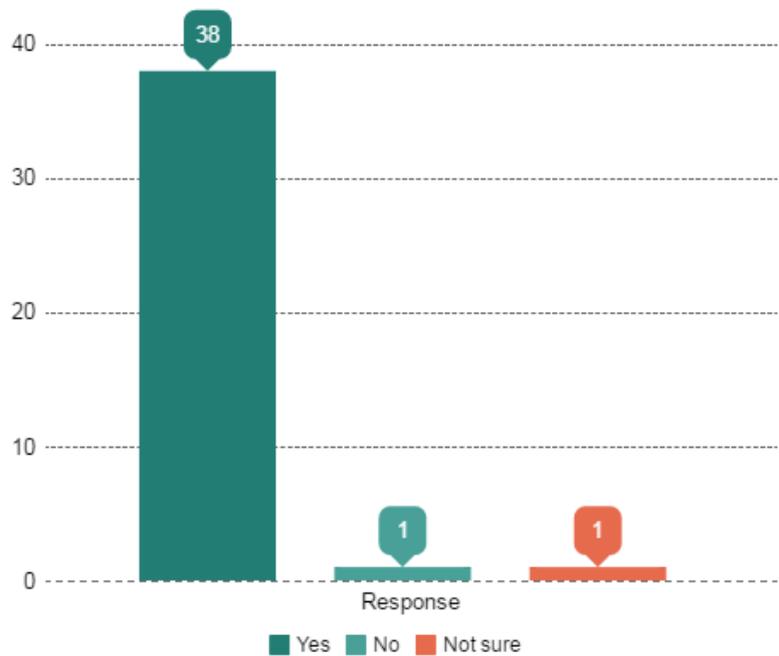
**Do you feel confident that your input today will be used to shape your NHS and help make it more cost effective?**



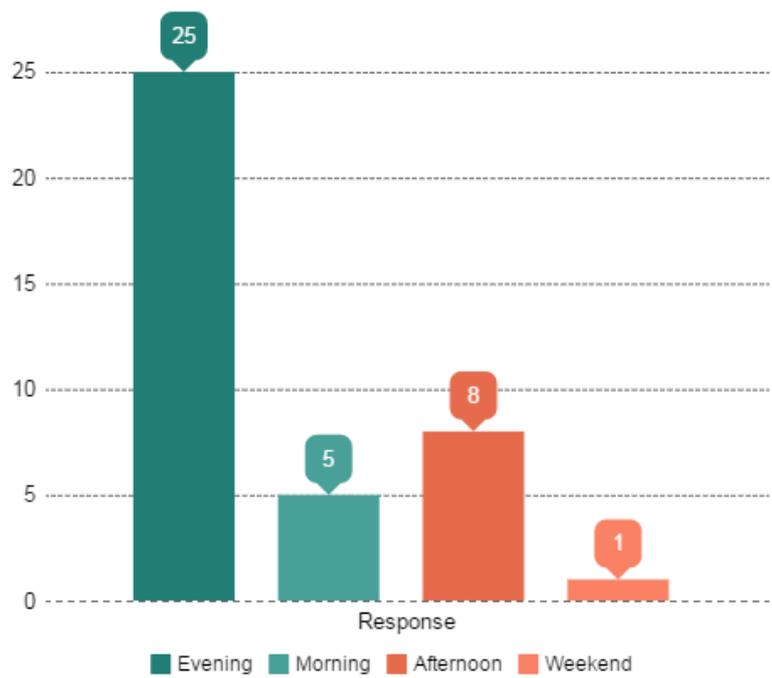
**During today's discussions did you feel that you had the opportunity to have your views heard?**



**About the 'Dementia Friends' session - do you feel like you have learnt something about those living with dementia?**



**When is the best time to hold future Big Chats?**



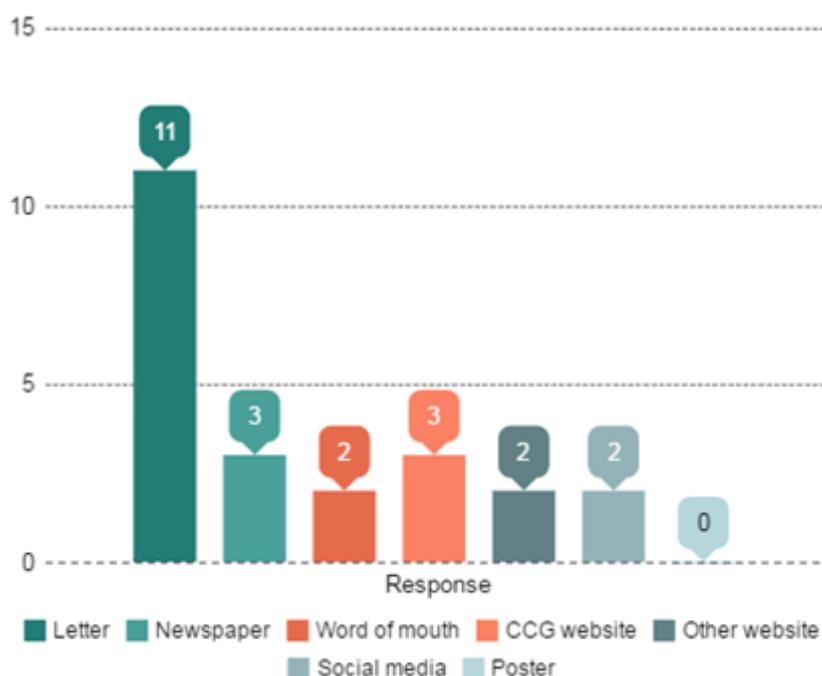
# Who attended Big Chat 6?

So we can understand more about the people who attended Big Chat 6 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 55 people who came to the event, 23 completed the form – representing 42% of the total attendance
- Of those that completed the form, 10 were female, 11 male and 2 declined to say
- There was representation from all adult age categories, but the majority of respondents were aged 61 to 80 and most people were either fully retired or in full time or part time work
- All those who responded classed themselves as ‘White British’ or ‘English’ and the majority did not consider themselves to have a disability
- The majority of respondents reported their sexual orientation as heterosexual with 1 respondent stating ‘gay’ and 2 respondents declining to say
- 22 people reported living in the gender they were given at birth, with 1 person declining to say

## How did you hear about today’s Big Chat?



# How we use people's views

All the views and feedback from Big Chat 6 will inform our review of all the services we commission in the months ahead to ensure they represent best value and the best medical outcomes for as many of our residents as possible.

We are beginning to look in further detail at all four ideas and schemes discussed at Big Chat 6. People's views will help us to understand if they are feasible and if we could put them into operation to help towards our savings target of £13 million in 2016 – 2017 to meet our NHS financial duties.

## Find out more

You can find the latest information 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](http://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.



  
*Southport and Formby  
Clinical Commissioning Group*

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