



**Southport and Formby**  
Clinical Commissioning Group

# **Big Chat 10**

## **Annual review**

**NHS Southport and Formby CCG**  
**Royal Clifton Hotel, Promenade, Southport**  
**11 September 2018**

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# About Big Chat 10

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Each year we combine our annual general meeting with a Big Chat style engagement event. This is so our residents can hear about our work over the past 12 months and at the same time give their views about our plans for the year ahead.



Big Chat 10 also provided us with an opportunity to mark the 70<sup>th</sup> anniversary of the NHS, through displays around the venue and a short film shared with attendees.

For the first time we included a 'marketplace', where attendees could pick up information about the wide range of health and wellbeing support available locally and chat to our partner organisations who provide this help.

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.

There were over 40 attendees at the event, which was a mix of local residents and other stakeholders. In addition, there were around 25 CCG staff who helped to run and facilitate the event.

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

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'Big Chat 10 meets annual review' comprised of 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.

The agenda ran as follows:

- Our year: our achievements and performance during 2017-2018 – Dr Rob Caudwell, chair NHS Southport and Formby CCG
- Transforming health and care: a chance to reflect on 70 years of the NHS and to look to the future, building on our Shaping Sefton programme – Fiona Taylor, chief officer, NHS Southport and Formby CCG
- Strengthening primary care for the future: plans for future of primary care – Jan Leonard, chief redesign and commissioning officer, NHS Southport and Formby CCG
- New 7 day GP access service: increasing access to appointments at weekends and evenings – Jan Leonard, chief redesign and commissioning officer, NHS Southport and Formby CCG
- Connecting you to care: supporting people to improve their health and wellbeing - Jan Campbell, Sefton CVS
- Transforming local hospital services: hear about plans for the future of these services – Silas Nichols, chief executive, Southport and Ormskirk Hospital NHS Trust

You can read more detail about each of these topics on pages 5 to 23 including a summary of people's views from table discussions. The results of the instant voting questions are set out on pages 24 to 29.

# Our year

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Our Big Chat 10 opened with an overview of our performance and key achievements from 2017-2018, delivered by our chair and local GP, Dr Rob Caudwell.

We had a budget of £182.5 million and spent £186 million. At the end of the year we reported a £3.6 million deficit – a reduction from the £6.7 million deficit reported in 2016 – 2017.

Examples of key progress during the year included:

- The repeat prescription ordering scheme was rolled out to all GP practices, improving patient safety and saving at least £500,000 in its first year
- Our Integrated Community Reablement and Assessment Service (ICRAS) was launched helping to avoid unnecessary hospital admissions
- We received a 'Good' rating for local diabetes care in the national performance of better health assessments (2016-2017)
- Our GP practices achieved high ratings in the latest patient survey



# Transforming health and care

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This session opened with a short film charting the achievements and medical advances from the past seven decades of the NHS. A lot has changed since it was created in 1948, and as a result the NHS is responding to changes in society that were never expected, let alone planned for, when it was set up 70 years ago.

Throughout its life, the NHS has continuously evolved. Those who use it and work in it know that evolution needs to continue if the changing needs of patients are to be met when the NHS is celebrating its 80<sup>th</sup> birthday.

In Sefton we are working with all our partners to set our ambitions for improvement over the next decade that address the health and care needs of our residents. Big Chat 10 was a chance for people to hear about this developing work, building on our Shaping Sefton programme to transform health and care services.

Some of the later presentations at Big Chat 10 provided some real examples of where this emerging Sefton Health and Care Partnership is beginning to make progress.



# Strengthening general practice for the future

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There are 124,524 people registered in the 19 GP practices across Southport and Formby. Overall, 90% of those who took part in the latest patient survey rated their experience of their GP practice as 'good', compared with national average of 84%. Practices in Southport and Formby also achieved above average ratings in the survey for choice of appointments, satisfaction with appointments and helpful reception staff.

However, general practice is faced with a number of challenges relating to the way it currently operates and the health and wellbeing of the residents it serves.

Whilst health in the area is improving, life expectancy remains unacceptably low in some communities. Rates of some long term conditions are higher than the national average and 26.8% of our population is aged over 65, compared with the England average of 17.7 %. Formby has the highest proportion of over 65s and over 85s and central Southport has the youngest population.

Workloads are significantly increasing for our GP practices. Over 35% of the workforce in practices is aged 55 and over and recruitment is difficult. Alongside this, we know the quality of estates in general practice is poor.

This session focused on our plans to address these challenges, responding to NHS England's national improvement plan called the 'GP 5 year Forward View'.

This includes the CCG looking to take on the commissioning of general practice from NHS England with 'fully delegated' responsibilities. Other opportunities include applying for funding to develop primary care networks, where practices work together and with other partners to streamline people's care, and to broaden the skill mix of healthcare professional working in surgeries.

## Over to you

We asked Big Chat attendees the following questions.

Do you think the changes you've heard about today will:

1. Improve the care you receive?
2. Improve the way your practice works?

## What you told us

Common themes emerging from these discussions are highlighted below:

### Developing roles in primary care

There was a good deal of discussion on tables about the kinds of skills needed in GP practices, as well as how comfortable people feel about seeing a different healthcare professional rather than a doctor. It was suggested that as long as patients felt that the clinicians had the relevant skill set, and the patient was educated as to what each professional can treat and manage, they would feel more comfortable. It was also suggested that this would allow GPs more time with patients, especially those with more complex needs.

There were some positive experiences of a more diverse team, with one person saying they regularly receive specialist care by a GP and nurse specialist and that the care has been of a high standard. Another attendee said they don't visit the GP often as they keep fit and active, suggesting some level of personal responsibility of the patient in reducing GP work load by managing their own health.

It was generally seen as a positive development to have practice nurses, Assistant Nurse Practitioners (ANPs) and mental health ANPs in practice, for example, one person thought a mental health practitioner would provide quality care to patients and help to remove the stigma around mental health.

Bringing a pharmacist into practice was also discussed as a positive way to support patients, although people felt this would need to be advertised to patients, whether the pharmacy was on site or off site.

There was some discussion about the negative aspects of having GP health professionals that work across a geographical area and who support several practices. One mental health ANP said that her time was wasted in her job because the patch she worked was so large – stretching from Churchtown to Ince Blundell – so she spent a lot of time travelling. It was also mentioned that these roles provided more support for patients but did not necessarily ease the workload of GPs.

It was also asked that the CCG ensure that any new roles are assessed and registered professionally to ensure that patients receive standardised and quality care e.g; apprentice practitioners.

A common theme throughout these discussions was the strain and pressure on GP time and the impact this had on their ability to administer quality patient centred care.

### **Access and appointment systems**

Another significant theme discussed by groups was around access and appointment systems which was linked to the introduction of multi-professional teams in primary care.

The types of appointment and consultation was raised as an area of contention with some people expressing concerns about phone consultations, which one person described as being ‘dodgy’, with face to face consultations being seen as giving ‘much more information’. Despite this, some attendees felt that some consultations could be done over the phone or online, while one respondent said that their specialist nurse does check-ups over the phone.

There were also two questions asked by members of the public around the online patient access system:

- Is e-consult being accessed via patient access?
- Why do some GPs restrict certain aspects of patient access system, e.g. making appointments?

Some people also found the appointment system too complicated and were not happy with the procedure to get an appointment. There was the observation that the option for booking an appointment was specifically with a GP and not a different type of primary care professional.

Internal communication in relation to access was also raised as an important consideration. The example shared was regarding a patient with a hearing impairment who was called by a healthcare professional for a telephone consultation when their previous health care professional knew that the patient was deaf but had not passed on the information.

There were also some feelings of frustration around accessing health services generally. Some areas of frustration identified were:

- Patients going to a walk in centre and being redirected to other services
- Health professionals getting confused about who to contact for services for their patients – this can waste time and be frustrating for patients
- Lack of family and patient support to help navigate the system which causes stress for individuals and families.

Having services close to where they live was also seen as being important to patients.

### **Role of practice receptionists**

There was an acknowledgement that receptionists are important in terms of signposting patients to the most relevant service, but alongside this was some discomfort about sharing personal details with them and explaining health issues. It was suggested that some patients are 'really uncomfortable' with this kind of triaging. It was recommended that non GP staff involved in triaging patients and making decisions be given extra training, although people were unsure what this training should include.

One group questioned why receptionists ask for the nature of the problem and suggested that they are often overzealous in protection of GPs.

It was accepted that the first point of contact at the practice needs to know all the options available for patients and how to signpost to them. In addition to this, it was accepted by some attendees that a triage system would make it quicker to see the GP, but thought that this could possibly be done in a different way and be clinician led?

One attendee asked how patients would know if a practice has a triage facility and said more information about this would be useful.

## **Patient/GP relationship**

A former GP in one discussion group said that there was 'no longer any continuity and that modern GPs no longer know their patients'. It was felt amongst some attendees that modern GPs do not take account of a patient's full history and that this is important, as patients worry and seek reassurance from GPs. People said this type of relationship and continuity was particularly important to older patients.

One person contested this view and spoke about how they had recently seen a new GP who was up to date with their medical history.

It was suggested that one reason for this increased disconnect between patients and GPs was the short 10 minute appointment slot, which did not allow time to develop much of a relationship. Some attendees said they were unhappy with this. One reason suggested for this issue was the lack of communication about the changes happening in general practice which meant that patient expectation had remained the same. One person said they had been told at their practice that 'you sign up to the practice, not the GP'.

## **Education and communication**

People at the event were concerned about the impact of the changes on patient care. A big consideration was the communication and information patients receive about their care and services available to them. People reported that there is a lot of confusion about availability of services and where you should access these; also much of the information encourages them to make an appointment with their GP, rather than considering other health services.

It was suggested that there needs to be clearer guidance for patients and that patient support is crucially needed in this area – ideally patients need to know 'what is out there and how to access it'.

Also people said that there needed to be more information about the changes in primary care, so that people understand more about the new and developing roles.

## **Support services and signposting**

It was suggested that patient support should come from within and outside of the practice. One group said external agencies such as Macmillan, Healthwatch, Alzheimer's Society, Department for Work and Pensions and Sefton CVS could help reduce GP workload, and support social prescribing

One attendee said patients had to be educated on services and a communications approach developed so patients can understand where to go for these services. Some suggestions were for more signposting to pharmacies, social organisations and district nurses. It was also suggested that nursing homes should be able to triage patients prior to arriving at the GP.

Many discussions in the room highlighted the importance of promoting and raising awareness of the benefits of holistic care that was both personalised and integrated, and which involved support from the local community voluntary faith sector. This was felt to be of particular importance for elderly patients who lack support and who might otherwise be isolated.

The role of pharmacists was also seen to be positive as they can build relationships with patients and explain how their medicines work and interact with each other. Signposting to pharmacies was considered a good idea as they can help to support improvements in patient care.

## **Reducing 'did not attend' appointments (DNA)**

There was some limited discussion around DNAs and how to reduce these. It was acknowledged that these wasted time and reduced the opportunity for other patients to access an appointment. It was suggested that a text message system was a useful way of reminding patients and that informing patients of the costs of missed appointments might also be effective. There was a comment that patients could be made more aware of the cost of missing an appointment. It was also suggested that the introduction of asthma clinics in practices might help to reduce DNA rates and improve the care people receive.

## Other comments, questions and suggestions

The following comments and suggestions were also received:

- One comment was that the system had been 'dumbed down' and that the changes highlighted might be logistically difficult to implement
- Some people said that they would like more out of hours access
- Although estates was highlighted as a challenge, the possible benefits of new buildings being able to house multi-disciplinary teams and create a mini community style hospital - and have many counters like Tesco - was seen as a real positive
- It was also suggested that developments to estates would allow sharing of information to be more confidential
- It was questioned whether changes would improve the way practices work and whether care homes could be looked at in regards to strengthening primary care for the future
- Another comment was around GPs referring into secondary care and the length of time it takes to receive treatment. One respondent wanted to know if there were procedures in place between GPs and hospitals.



# New 7 day GP access service

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A new service is getting ready to launch in Southport and Formby on 1 October 2018 offering people pre-bookable, same day non urgent GP appointments at weekends and in the evenings.

The 7 day GP extended access service has been designed by NHS England as part of the GP 5 Year Forward View'.

Locally, the service will be run by Southport and Formby Health, made up of local doctors. It will provide patients with options about when they can book routine, non urgent GP appointments outside normal opening times.

Pre-bookable slots will also available with a range of other healthcare professionals, like practice nurses. The service will operate Monday to Friday, 5pm – 8pm, and Saturday and Sunday 9 – 12pm. All appointments will be at The Family Surgery, Liverpool Road, Birkdale

If you are registered with a Southport and Formby GP practice, you can use the service. Appointments can be booked through your own GP surgery.

Importantly, the new service is not a GP practice so you will continue to be registered with your current surgery.

Nearly all of the services you would expect from a traditional GP practice will be offered, like smears, contraceptive services and access to a physiotherapist. Amongst services that WON'T be provided are home visits, midwife or child health surveillance appointments.

You will be prescribed any medicines that you need from the service BUT your repeat prescriptions will remain the responsibility of your regular GP practice

The service does not replace current services available outside normal opening times like the GP out of hours service, Litherland Walk in Centre and NHS 111.

Southport and Formby Health will be engaging with patients as the service becomes operational to help shape the service into the future.

## Over to you

We want your views about evening and weekend opening times – currently set for Monday to Friday 5pm – 8pm and Saturday and Sunday 9 – 12pm.

- Are these the best weekend and evening opening times and are they convenient?
- Do you think this service will be useful in improving access to GP services?

## What you told us

Common themes emerging from this exercise are highlighted below:

### Overall response

The response from those who attended on the day was overwhelmingly positive. One member of the public said that it showed how practices are becoming more agile and adaptable, shaping local health care for the future. It was also seen as being a great idea for the working population. Others said that it was good and a step in the right direction. Furthermore, there was a comment which said that the service would be used to the maximum.

Despite this, there were some more balanced or negative responses. One attendee said it is hard to tell if it is positive or negative until it happens. Another person said they felt negatively about it because it is only located in one practice.

Other comments and questions that were made were whether the site is near a bus route and if the service was close to a pharmacy – and since the service is open on a Sunday – does the pharmacy open then too?

### Appointment times

There was no real consensus on whether the times that were selected for 7 day access were the ideal or optimum time. Some people did question this at the event.

Some felt that it would be better if the extended access times were earlier (before work), some felt that it would be better later in the evening, while others still felt the times were ideal/good. It was suggested by some attendees that earlier would be

the preferred option of working people, however, another person commented that those who work longer (12 hour) shifts would struggle to make an 8am appointment and would prefer them to be later.

One person commented that the weekend times were good, and that “if you need to get up and out of bed for a GP appointment then you will.”

### **Effects on general practice**

One topic of discussion was around the skill set that would be present in the service. One attendee wanted more information on what specific range of professionals would be available within the service. The fact that there would be a physiotherapist available was met positively, with this increased skill mix being seen as suitable to the service.

It was asked whether GPs could manage the increased capacity resulting from the new service, with another respondent saying that it is positive that the service was extra to what is already available and that it isn't replacing any other service.

### **Promotion of the service**

There were many questions and some level of confusion - amongst some attendees - about what the service included.

Some of the questions were around whether the appointments were pre-bookable, what is classified as routine and urgent, repeat prescriptions and the lack of midwife access. It was felt that the service needs to detail what patients can receive and that members of the public needed to understand further how to use and access the service.

Two responses suggested that it was a little confusing for patients and that there is some misinformation around the services. In order to address this, it was suggested that signposting be introduced in order to reduce confusion and improve patient experience.

# Connecting you to care

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We have a strong and vibrant voluntary, community and faith sector in Sefton that plays an important role in supporting good health and wellbeing, often reaching some of our most vulnerable residents. Sefton Council for Voluntary Services (CVS) is the umbrella organisation for the sector. In this presentation, Big Chat attendees heard about some of the local initiatives that are helping to support people's health and wellbeing by helping to make connections across the different organisations that provide their care.

Here are some examples of how these initiatives can support you and your community.

## The **Community Connectors**

project has been set up following a local pilot project. The team is based in Southport, Bootle and Maghull.



**Community  
Connectors**

The team aims to better support those aged over 18 who are at risk of loneliness or isolation, who have low level mental health needs and may well access Adult Social Care for help with these issues, preventing them from becoming a crisis. The Community Connectors support people with accessing local groups and organisations, befriending or helping with every day tasks that have become a burden.

**Living Well Sefton** is a FREE service with a focus on supporting people with issues that may be affecting their health and wellbeing. It is collaboration of various Sefton organisations which have the expertise and knowledge to share with you.



As part of the service, there are a number of Living Well Mentors to talk to and they work with you on a one to one basis to identify health areas to see where small tweaks can be made but may have a big impact on improving your health.

# Care for you – transforming hospital services

Southport & Ormskirk Hospital NHS Trust's new chief executive, Silas Nicholls gave a presentation about its programme for transforming services, called Care for You.

This work is being led by nurses, doctors and clinical specialists to respond to the changing needs of our local community. Clinical leaders and the hospital's board agree that staying as they are is not an option for the following main reasons:

- Clinically – attracting and retaining staff with right skills
- Financially – the way services are organised underpins the trust's deficit

Silas highlighted some areas where Care for You is already making progress, such as investing in accident and emergency services, improving the way patients flow through the hospital and creating a dedicated discharge and transfer lounge to get people home quicker when it is safe and appropriate to do so.

Silas was keen to stress that there is no blueprint for the future of the hospital and any proposals would take a number of years to explore and put in place.

Importantly, any proposals would need to demonstrate strong clinical evidence base with positive benefit for patients. These would also need appropriate public engagement and consultation.



## Over to you

What do you think about the ideas you've heard today to transform these services?

## What you told us

Common themes emerging from this exercise are highlighted below:

### Public involvement and consultation

An area of particular concern for respondents seemed to be how the public and patients would be engaged in decision making now and in the future. Many either commented or suggested that future consultations must be open and transparent and that future communications with the public should avoid medical jargon and convey both good and bad news.

One attendee said that they needed to know that no decision would be made without public consultation, while others wanted to know how the public would be consulted, how the public would be listened to and engaged, and how the decision of who to consult was made? One group questioned how people with sensory impairment, for example, would be engaged and whether thought had been given to how some of these barriers would be addressed.

Some attendees felt that communication had deteriorated between patients and the hospital; moreover one attendee said they had personally asked the same question repeatedly during admission suggesting that communication is poor. One person also said they felt the consultation came much too late and that the public were not given what they wanted (one hospital on one site). Despite this, two attendees said that were happy with patient participation and felt that the public had been well included.

Some of the other questions asked were:

- What plans are in place to ensure people are well informed?
- When will the hospital be in a position to give clear information on the consultation?

### Transformation plans

Many people asked question about the nature of the plan and how it would fit with the wider health care system. Some also made suggestions as to what the plan should look like. It was agreed that there was a lot more work to be done while one group wanted to know what role the hospital would play within plans for health and social care.

It was felt that collaboration around solutions was important if plans were going to be successful. A respondent asked how the voluntary sector and Healthwatch would be involved while one group suggested that plans must be tied in with the local council, industries, local infrastructure and housing plans.

Some groups highlighted education as a possible area that the transformation plan could look at, educating patients about misusing services and missing appointments. It was suggested that this could take place in schools and universities.

Other considerations that were brought forward were the specific local challenges. One important issue for patients is travel distance, road networks and transport options. It was suggested that patients value services close to where they live. It was also noted by more than one group that the Southport site and Ormskirk site serve very different populations and that patients in Ormskirk do not naturally look to the Lancashire area for health care.

There were quite a lot of comments which illustrated the feelings about the plan and future of Southport & Ormskirk hospital.

Positive comments	Negative comments
A lot of information to digest but think they are going in the right direction.	No positives – heard it all before – original consultation after Shields report were a disaster – it’s all about saving money.
The Chief Executive of the hospital has taken ownership and has a vision – feeling positive.	What are the political implications – government minister might put a stop to new site.
Good that plans are future proofed and fit for purpose in 30 years’ time.	Decisions will be made in isolation in ‘ivory towers’.
Very glad they’re improving A&E.	
Some commented that these plans are the most positive they’ve heard in the last 5 years.	
The plans address concerns that people have.	
The Chief Executive of the hospital recognises the problems and knows there is no easy answer.	
This is bringing something together that we can all be comfortable with and have confidence in.	

Some other suggestions were for GPs to be used as triage for A&E and for televisions to be introduced into waiting rooms.

Underlying all this was the reminder from one group that ‘healthcare’ should involve all systems, not just hospitals.

## Recruitment & Retention of Staff

There was some discussion on recruitment. One attendee said they were worried about recruitment while there was a feeling that the extra pressure on staff as a result of the changes could cause more stress and so affect patient care. People agreed that it was important to have mechanisms and incentives in place to reduce stress and encourage staff to stay.

It was suggested that recruitment levels could be improved by promoting NHS roles more in schools and universities.

One respondent said there had been some positive steps taken to improve recruitment, for example, at a recent hospital open day 30 staff had been recruited.

## Discharge

There were some questions on discharge which came from the groups. Two questions asked whether hospital discharge protocol has been fully followed and whether discharge is considered for the day of admission.

In addition to this, people wanted to know what the discharge process is and what the plan would be for care homes in the future and how this would fit in with the transformation plan.

One view was that 'frailty issues' should underpin everything when it comes to Southport & Ormskirk's discharge processes.



## Q&A session

At the end of the table discussions, there was an opportunity for people to ask questions about this work.

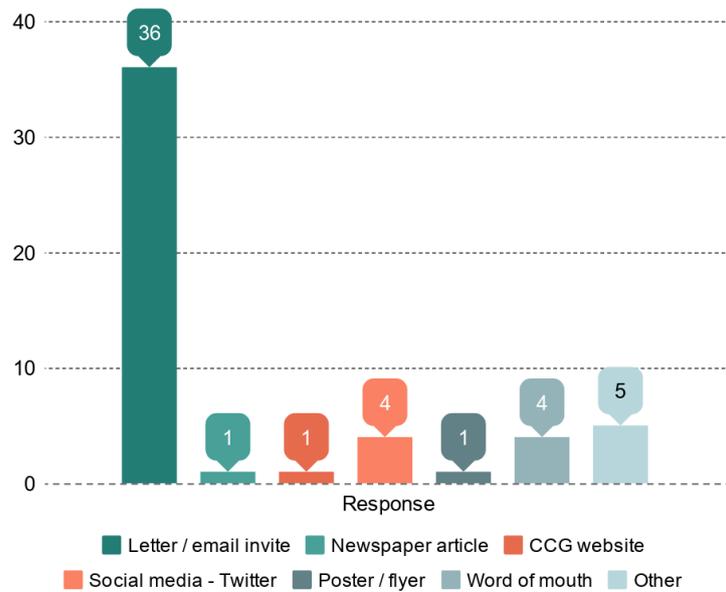
Question	Response
<b>Does the trust have a clinically based recommendation for the future of the hospital?</b>	As more people are living longer and the demands on local hospital services continue to increase, maintaining the status quo is not an option. We need to consider how services can be delivered differently which could – if clinically possible and appropriate - involve providing more of these in the community, for example, from GP practices or health centres.
<b>What role can the hospital play in joining health and social care to ensure a speedy discharge?</b>	<p>The hospital is working to improve how it works with its health and social care partners, particularly to ensure that appropriate support packages are in place so that patients can be discharged in a timely manner.</p> <p>This year Southport hospital has also invested in a dedicated discharge and transfer lounge for patients to improve the discharge experience and release beds for newly admitted patients.</p>
<b>Do you have plans to improve and integrate IT systems across the health system?</b>	As health and social care services come together, it's vital that IT systems develop at pace to support this. The NHS has allocated £200 million investment for this which the hospital has bid for a share of. If successful, the funds will be used to improve clinical systems and develop more shared systems with other health service, such as primary care. This will mean that patients will not have to repeat information and patient data will be shared across systems, enabling clinicians to access the most up to date patient information.

	As systems develop, the hospital will inform the public of the changes to how patient information is shared and the benefits of this.
<b>How will you effectively engage and consult with the public about the options for change?</b>	The hospital and health care partners involved in developing these options have a legal duty to involve local residents and patients in the process, and are fully committed to ensuring that this a robust and transparent process and that it happens at the right time. An engagement plan will be developed to ensure that all local people have the opportunity to share their views. The engagement feedback and how this has informed the plans and options will be shared with the public as the plans progress.
<b>Why is there a large investment being discussed if primary services are in need of investment?</b>	Large scale transformation of health care requires central government funding. Your local NHS will make the case for investment in all its services as plans for them are developed.
<b>How will the plan fit within the wider health care system?</b>	Proposals to transform hospital care will only be successful if they are done with partners across the NHS and social care. Working together for the common good of local people is at the heart of our planning.
<b>Will the recommendations of the Shield Report influence the future plans for the hospital?</b>	The hospital's planning looks squarely to the future. How we organise hospital care in the years ahead will be determined by a clinical evidence base and local people's health needs for the years ahead.

# 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.

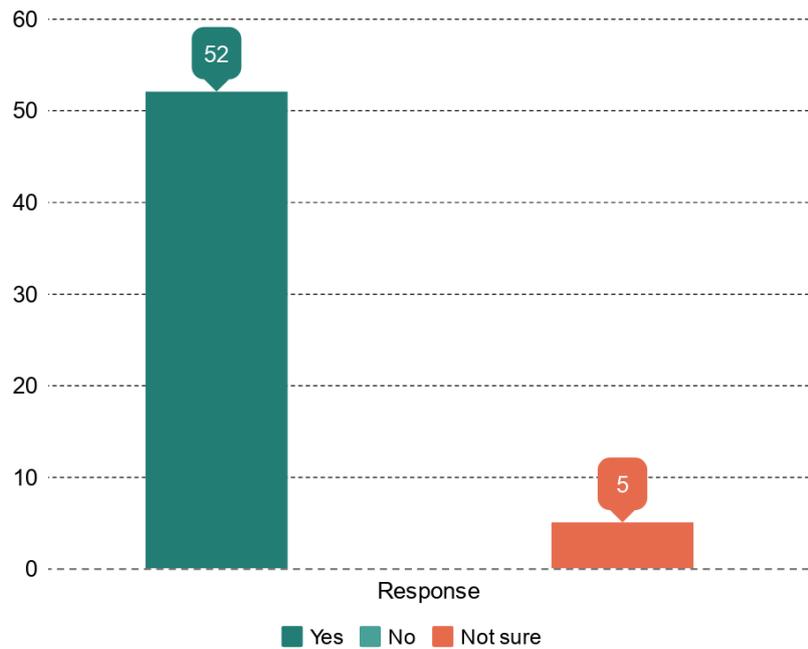
**How did you hear about today's Big Chat event?**



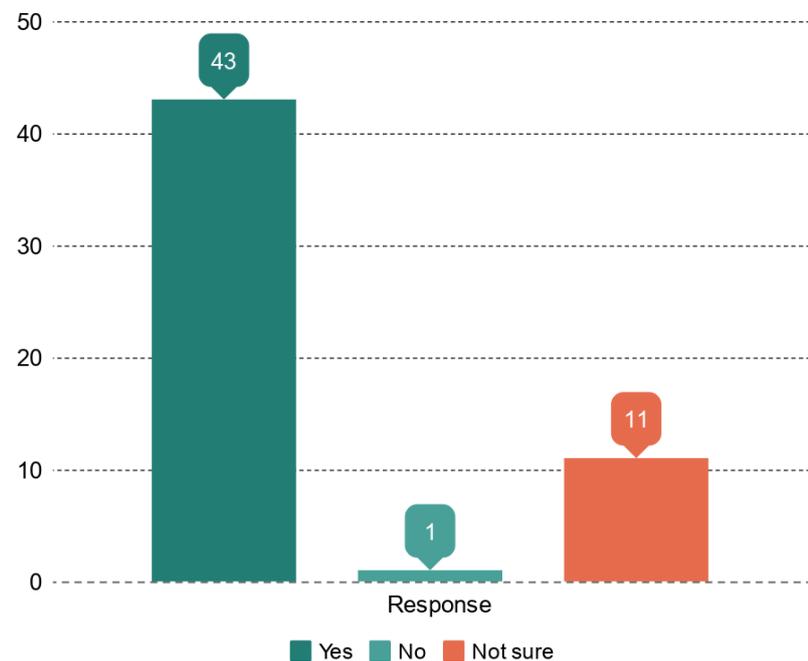
**After today's discussions, are you supportive of future plans for primary care?**



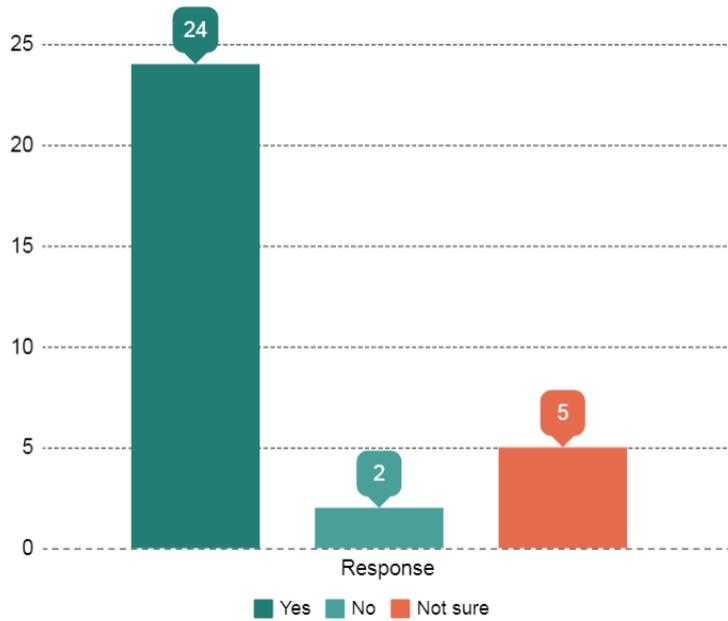
**After hearing about plans to increase the mix of staff at your practice, would you be happy to see a different healthcare professional rather than a GP when it's appropriate?**



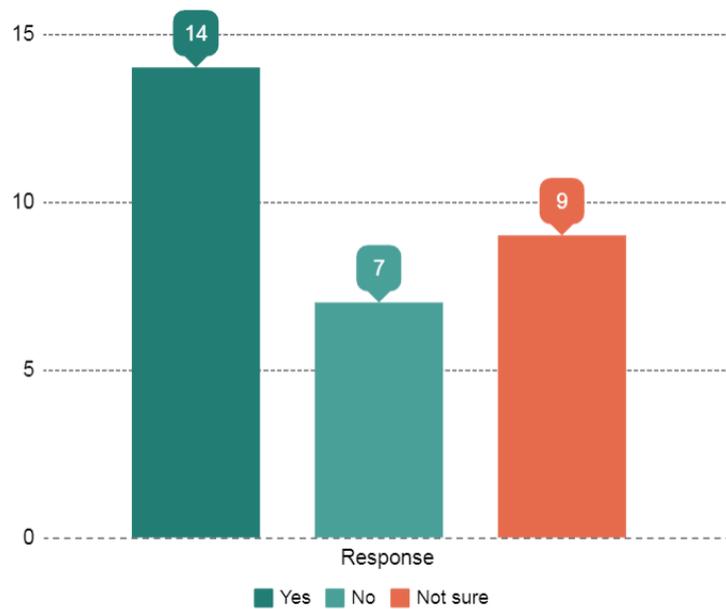
**After what you've heard and discussed today, will you consider using the 7 day access GP service in future?**



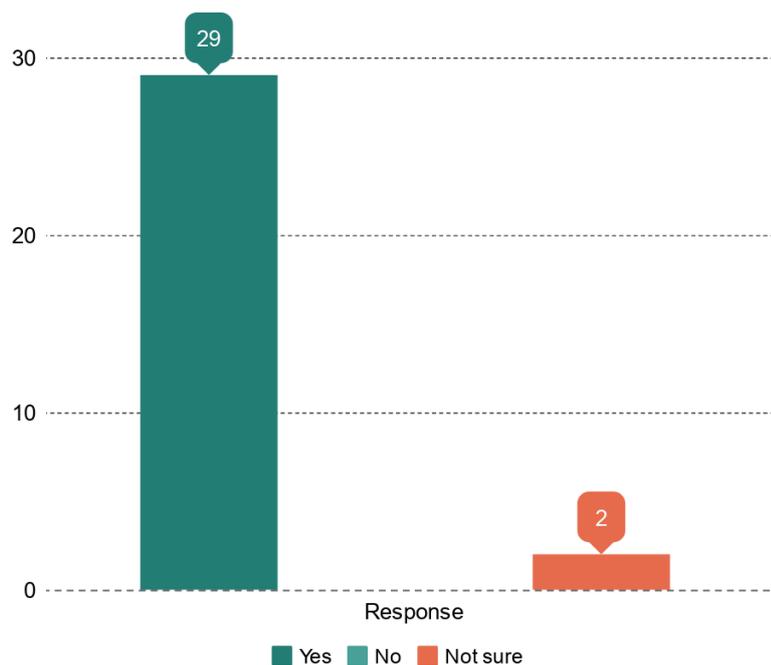
**During the session today, did you feel that you had the opportunity to have your views heard?**



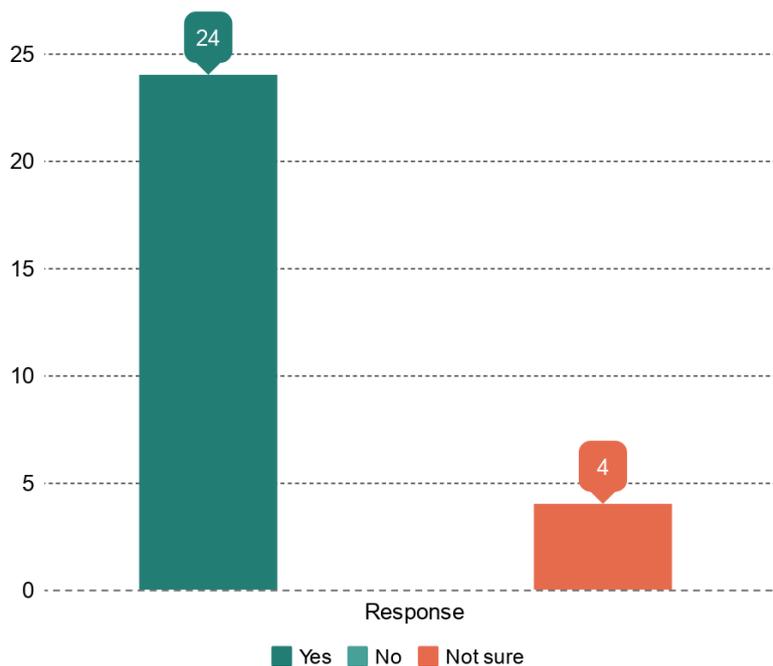
**Do you feel confident that your input today will be used to shape your NHS and make it more cost effective?**



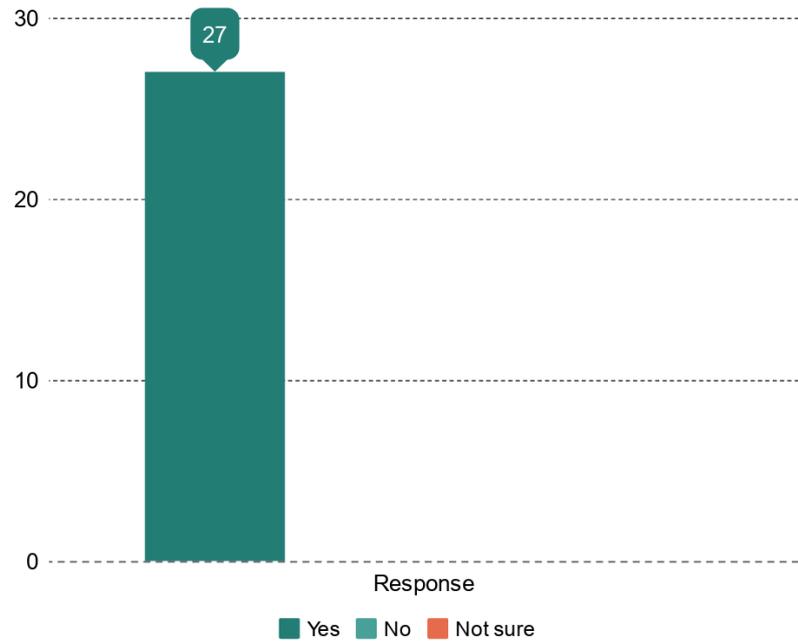
**Would you recommend coming along to a Big Chat event to a friend, colleague, or member of your family?**



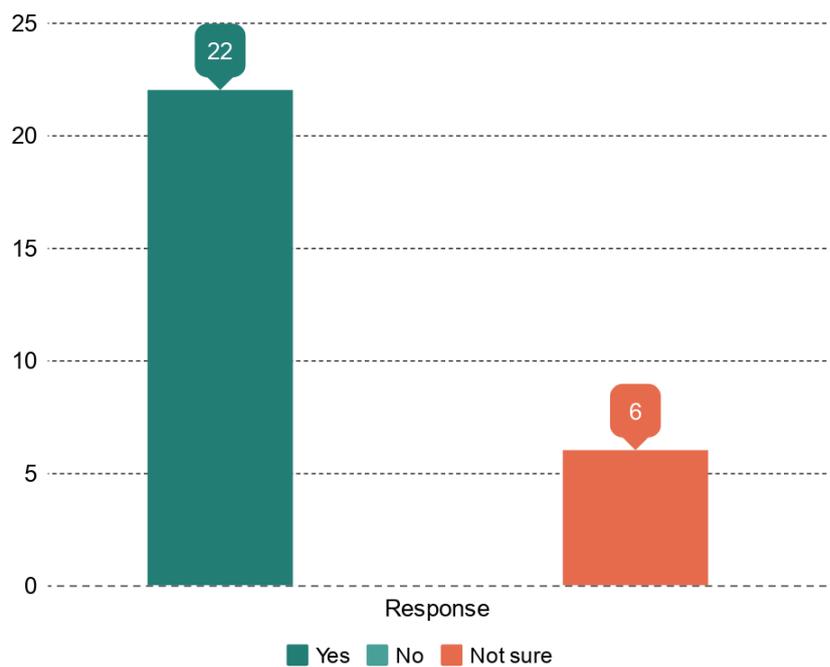
**Did you find the stalls and the information available in the marketplace useful and interesting?**



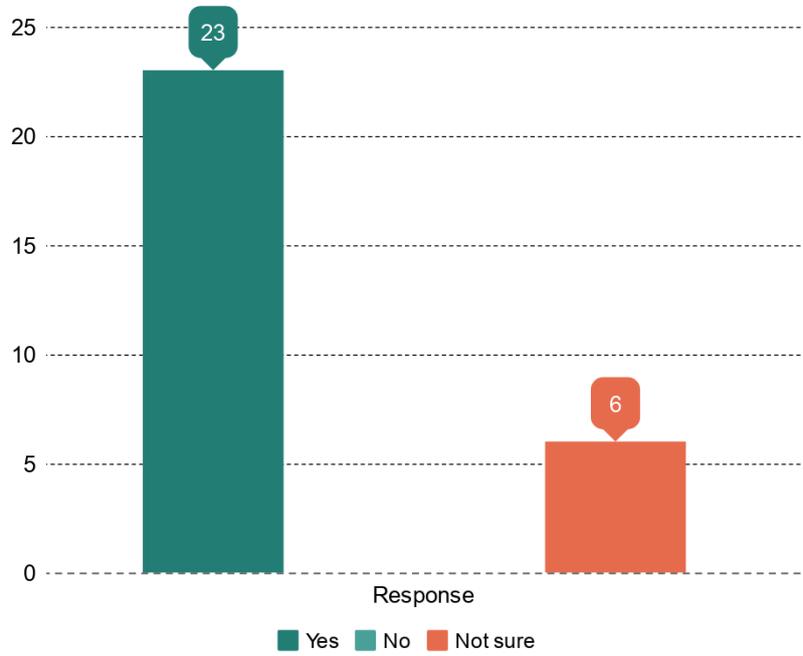
**During the session today, did you feel that you had the opportunity to have your views heard?**



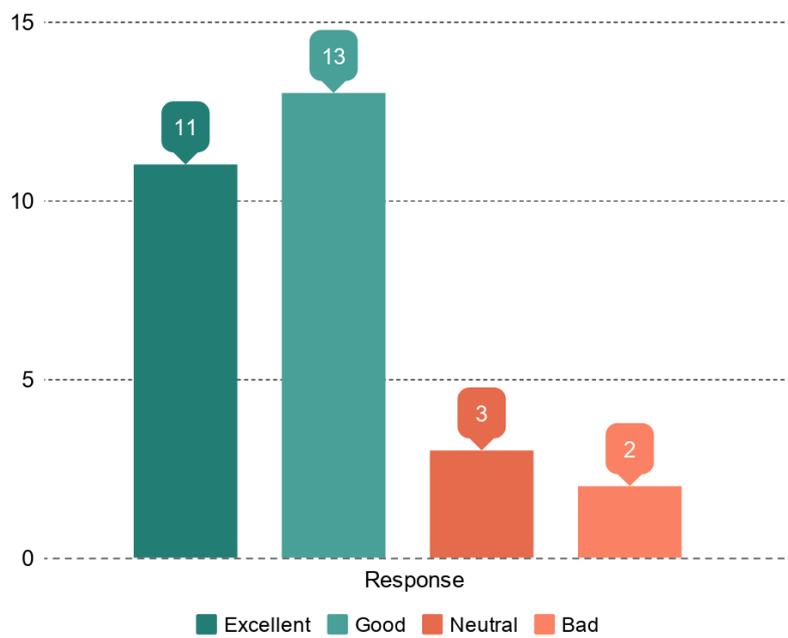
**Did you find the Sefton CVS session informative and helpful?**



**Did you find the session about transforming hospital services informative and helpful?**



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



# Who attended Big Chat 10?

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So we can understand more about the people who attended Big Chat 10 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 42 people who came to the event, only 8 completed the form – representing 19% of the total attendance
- Of those that completed the form, 4 were female and 4 were male
- The majority of respondents were aged between 60 and 86 with only two people younger and outside of this range
- The respondents reported different work situations with 3 people stating they were fully retired, 2 in employment, 1 volunteering and 2 unable to work due to illness; half of the respondents considered themselves to have a disability
- All those who responded classed themselves as 'White British' or 'English'
- All respondents reported their sexual orientation as heterosexual and all stated they were living in the gender they were given at birth.



# How we use your views

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All the views and feedback from Big Chat 10 will be used to inform our future plans to make services more efficient and effective.

You can find out more about our 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 joining our mailing list so you are up to date with forthcoming exercises and opportunities.

You can also read some examples of where we have acted on people's feedback to develop or change our work and plans.

[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.

## Find out more

**Connecting you to care** – 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](http://www.seftoncv.org.uk)



[www.southportandformbyccg.nhs.uk](http://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.