



*South Sefton
Clinical Commissioning Group*

Big Chat 2

NHS South Sefton CCG

Crosby Lakeside Adventure Centre

25th July 2013

Contents

Overview	Page 3
Summary of feedback	Page 4
What matters about receiving care	Page 4
What would you do	Page 5
Fingers on the buzzer	Page 8
Big chat 2 in summary	Page 9
Your questions answered	Page 11

Overview of Big chat 2

This was NHS South Sefton Clinical Commissioning Group's (NHS SSSCCG'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.

A total of 65 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 Driver, NHS SSSCCG Lay Representative. Presentations, giving an overview of the CCG's plans and setting the scene, were provided by NHS SSSCCG's Chief Officer, Fiona Clark and Dr Clive Shaw, 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 8.

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 11.

Summary of feedback

Big Chat 2 included three interactive sessions where attendees were invited to give their views and suggest ideas. A summary of key views emerging from each session can be viewed in sections 1-3 below.

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 **effectiveness** and want their treatment to make them feel better”*
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 that different issues and life experiences do shape how individuals' choose services
- Overall, attendees agreed that people have different levels of knowledge and confidence when it comes to judging what might be the right care for their needs – ie, it was widely felt that some people will seek medical advice over something trivial because they see it as important, whereas others with more serious symptoms may not seek help because they are frightened, for example
- Some attendees felt that being a carer or parents would influence people's choice of service, whilst others felt that access to transport was a key consideration and many more suggested that the time of day would also be a factor
- There was general agreement that people will choose A&E when they are not able to get an appointment at their GP practice but they felt greater awareness of pressures on the NHS may help to stop people attending A&E inappropriately
- One group was disappointed the focus of Big Chat 2 was on urgent care and thought it missed an opportunity to discuss comprehensive care and discuss where there are gaps in service provision.
- Overall people wanted to be seen quickly and in one place, not sent to lots of different places

2 What would you do?

The next part of the 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.”*

- Which route to take would be dependent on the time of day - in the daytime most would contact their GP, during the out of hours period people would phone for advice
- Some said they would monitor the child for a short while and depending on the severity of their condition, they would either go to pharmacy for advice and treatment, or they would speak to NHS 111 to get clinical advice and then go to the service they are directed to
- Some negative personal experiences of NHS 111 were shared, which had made these people lose confidence in this service
- Others suggested that if telephone consultations with GPs were more widely available, this would be preferable and would also save time and worry
- Many people felt children should be treated more urgently, as it is difficult for parents and carers to assess the severity of a child’s condition
- Overall, people wanted to be able to access service via the fastest route, being seen or advised by qualified people at the point of contact

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.”*

- The majority of attendees said they would go straight to A&E rather than the walk in centre because - they didn’t think the walk in centre had x-ray facilities, they would have a long wait at the walk in centre only to be referred to A&E
- In general there was confusion about x-ray services at Litherland Walk In Centre and that greater promotion of this service was needed
- Only a very small number of participants said they would choose walk in centre first
- In general, people felt going to the GP would result in being sent to hospital for an x-ray

- Overall people said they would want reassurance, effective treatment and a quality service with a positive experience. Public transport and hospital parking costs were cited areas for improvement

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.”*

- Only a small number of participants said they would contact their GP practice
- A proportion of respondents said they would contact their chemist as many had an existing relationship with them and often offer a home delivery service
- During the out of hours period many said they would visit a chemist or go to a walk in centre
- A number of participants said they had never used the GP out of hours service and they didn’t know how to contact it, feeling it needed to be better publicised - this group said they would contact their GP in the day or go to A&E in the evening
- Some mentioned that for people who have regular visits from a community matron, they would be able to ask their health professional for support
- Wider support networks were mentioned as an underused resource – for example, some charity workers can pick up shopping and prescriptions, Age Concern neighbourhood workers were also available and health trainers may also be available to offer help
- Overall, pharmacy pick up and delivery services were seen as important in preventing this scenario for those patients who have regular repeat medication and may forget to order, find it hard to fill in the prescription form, or to get out of the house

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.”*

- Many said they would go to chemist and ask the pharmacist for advice
- A number said they would not access any services – preferring to self-care
- If the scenario related to an older person, they would consider contacting their GP practice
- A small number of other individuals suggested they would - visit their GP after a few days due to being asthmatic, call the GP out of hours service, with one person stating they: “wouldn’t go to the GP if you have these symptoms as we have all seen the press.”

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.”*

- The majority of people would either ring the GP out of hours service, or if they were really worried they would ring 999 or go to A&E, saying they would receive a quick response and assessment and the hospital can carry out the appropriate checks
- A small number said they would use out of hours services if they were assured they would receive a quick response
- Again, one person felt the response would depend on the time of day or night this happened
- One participant thought it would depend on an individual’s awareness of their condition and how to deal with it – she shared her own example as an older person, who had experienced her symptoms before and decided to wait until the morning to phone the warden, as she didn’t want to disturb anyone
- Overall, patients wanted a quick, swift effective response having someone to treat you, not send you somewhere else, and having a rapid response and reassurance is most important

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 pharmacy with an urgent need for health care firstly is?

1. Getting treatment as quickly as possible (34%)
2. Being treated (27%)
3. Receiving advice and reassurance (21%)

People could also choose from 'medication' (13%) and 'gaining knowledge about living with and managing 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 (30%)
2. Have more information available at the GP practices and buildings like community centres (25%)
3. More information being available online (22%)

People could also choose from 'more publicity in local papers' (12%) and 'more information online' (11%)

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

1. Feeling confident the service could provide the correct care (25%)
2. Knowing that you would be seen quickly (25%)
3. Knowing what is available to help you choose (20%)

People could also choose from 'ensuring they are available locally' (16%) and 'knowing medication can be provided if needed' (14%)

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

1. Yes (48%)
2. No (39%)
3. Not sure (13%)

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

1. Yes (67%)
2. No (20%)
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 SSCCG has begun to act on feedback from south Sefton residents.

Overall, attendees suggested there needs to be greater promotion of the services available to people as an alternative to A&E – in particular GP out of hours, walk in centre and the range of wider support available at pharmacies.

One of the ways NHS SSCCG makes information available to local residents is by participating in an annual winter Merseyside wide multi-media campaign called 'Examine your Options', which includes the promotion of the GP out of hours service and the wider remit of pharmacies. 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.

Ensuring easy access to services that offer an alternative to A&E for unplanned illnesses - particularly for children and older or vulnerable people - which are closer to home and where people are confident they can receive the right, professional advice at the first point of contact whenever possible.

NHS SSCCG is currently developing its longer term five year strategy for services. At the heart of this strategy will be the CCG's commitment to providing services that are closer to home, and that as far as possible prevent people from needing urgent hospital care. The views and ideas gained from Big Chat 2 will help to shape the strategy, which is expected to be finalised in mid-2014 following further work and feedback from a wide range of partners.

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

It is clear that what matters most to attendees about the care they receive is its **effectiveness**, feeling that staff are open and **honest** with them, and importantly treat them with **respect**. NHS SSCCG 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 SSCCG, 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 SSCCG's Engagement and Patient Experience Group will be looking at ways it can strengthen systems for gathering and analysing patient experience from all these 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 SSCCG, 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.

Who is responsible for making payments to Continuing Healthcare (CHC) funded patients who are cared for at home?

If a patient is eligible for CHC, then funding is provided by their local clinical commissioning group (CCG). Cheshire and Merseyside Commissioning Support Unit manage this service on our behalf and the process is overseen by our Chief Nurse.

How will the CCG ensure services are comprehensive and accessible?

Our aim is to ensure that the services we commission are as comprehensive and as accessible as possible within the resource we have available. In an ideal world we would like to commission an even wider range of services but due to constraints, we must ensure we spend our money wisely prioritising services against local need, medical evidence and the views of local people. We regularly reassess the services we commission using this approach. Last year we consulted Sefton residents widely through our Big Chats and other public events to find out their health priorities and this has helped us to shape our plans for the year ahead, as well as our longer term five year plan which will be finalised in June 2014.

What are the governance arrangements for CCGs?

Our member GP practices have agreed a constitution, which sets out how our CCG is governed. This includes details of how the Governing Body is elected, how key officers are appointed, the decision making processes of the organisation and how any possible conflicts of interests should be managed. We aim to be as open as possible about the way we work and our constitution is a publically available document, which you can find on our website www.southseftonccg.org.uk

There is a massive increase in type 2 diabetes. What is being done to determine other than tracking obesity, the drivers of this condition?

It is important to remember the actions we can all take to reduce the chance of developing type 2 diabetes – by eating well, being more active, drinking less and stopping smoking. There is a range of services in Sefton provided by the council that can help people live healthier lives, and which can be contacted via the Healthy Sefton phonenumber 0300 100 1000 or online at www.healthysefton.nhs.uk Alongside

this in primary care, GPs are funded to assess patients who may be at risk of type 2 diabetes, so they can be supported early to hopefully prevent the condition developing. Primary care takes every opportunity to weigh patients during consultations and gives advice if required. GP practices can also refer people to lifestyle services such as Active Sefton, and we are working with the council's public health team around childhood obesity. People aged over 40 (depending on their risk factors) are also encouraged to have a regular health check aimed at reducing the chance of them developing diabetes – you can also find out more about health checks via Healthy Sefton using the details above.

There is a massive increase in obesity will priority be given to bariatric surgery to reduce chances of people developing diabetes, or reduce impact of those already diabetic?

Bariatric surgery is commissioned by Specialist Commissioning, part of NHS England. This surgery is seen as appropriate if patients meet predetermined criteria set by Specialist Commissioning. This includes an assessment that patients have tried other methods of weight loss and are fit for surgery. We will continue to work with our colleagues in the council's public health team to provide advice and support to patients to reduce the need for bariatric surgery in the future by aiming to promote and support healthier lifestyles.

Why is it that the NHS finds it difficult to recruit and retain consultants on a full time basis? Apparently we are short of consultants in a number of key areas and yet they are allowed to complete private consultations during a normal working week.

There are many complex factors affecting this national issue, particularly the recruitment of consultants in emergency medicine. In relation to private medicine, this will depend on the individual contract that the hospital has with a particular consultant. There is a review of consultant contracts being undertaken at a national level and may lead to more specific terms and conditions being placed on consultant contracts regarding the requirements to deliver NHS work.

I struggle to get a GP appointment when I want one and have experienced waiting up to three hours at my local walk in centre. Where can I find information about alternative services that can help for non emergency conditions?

There are a number of options to consider when you are unwell, depending on your condition. Your local chemist can offer free, professional advice and treatment for a wide range of minor illnesses and ailments. NHS Choices website www.nhs.uk also provides information about hundreds of conditions, their treatment and how you can self-care at home when it is appropriate. Your GP surgery should also be able to advise you of alternative options if you need advice but don't need to make an appointment to see a doctor. If it is a weekend or evening and your surgery is closed but you feel you still need to see a GP, you can call the out of hours service – simply

telephone your practice's usual telephone number and follow the instructions. We are aware that immediate access to GP surgeries is variable across the borough. We are working with NHS England (Merseyside) who now holds GP contracts, to understand what is causing this with the aim of reducing this variability in access.

Do you see an increasing need in the future for bedded services which provide a more effective alternative for people who do not need to be in hospital but who cannot be cared for at home?

Yes, forecasts suggest that demand for these services – called intermediate care services - will increase and our longer term plans will reflect this. We also think these beds may be better provided in the community and are exploring our options.

What effect would an amalgamation of Liverpool Community Health Services and Sefton Community Services have on services in Sefton?

Community health services in Sefton became part of Liverpool Community Health (LCH) NHS Trust around 18 months ago. Patients should not have noticed any difference in their services. We do encourage feedback from patients about all the services we commission. So, we would ask people to call our Patient Advice and Liaison Service on 0800 218 2333 to give their views, particularly if they have experienced any issues.

How can CCGs across Merseyside work together to reduce attendance at local A&E?

Reducing A&E attendances is a major priority for us and we have plans to deal with pressures on these services. This involves working more effectively and closely with our partners across health and social care, not just in neighbouring CCGs. One of the ways we will be doing this is through our Virtual Ward programme, by providing more community based support and care for those patients at greatest risk from needing unplanned hospital care.

How will local authority services be fully integrated with CCG service to ensure:

- 1. Holistic approach?**
- 2. Services availability?**
- 3. No issues as to who funds what?**

There is a strong tradition of joint working between the NHS and the council in Sefton. This has been further strengthened by the development of the Health and Wellbeing Board. This committee of the council brings us together with the local authority and Healthwatch Sefton to plan health and social care across the borough. We have a number of joint posts who carry out this work on behalf of both organisations. However we don't want to stop there. We are looking at how we can better use our combined resources to ensure that we get the best services and care for local people. 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. In Sefton, this will also involve working more closely with partners from the Voluntary Community and Faith Sector, as well as NHS service providers. Our Virtual Ward programme will be central to helping us achieve more integrated and effective services. Up to June 2014 we will be shaping our BCF plan, which will also reflect the views we have gained from our Big Chats and other public events over the past 18 months.

Is time banking being considered as a way of communities building trust and support and to prevent isolation?

Sefton CVS is currently evaluating 'Time Banking' as part of a wider approach called "Slithers of Time" and will be considered as one approach to tackling social isolation. It is likely that Slithers of Time will be initially piloted in Litherland to determine its effectiveness.

How cost effective is the walk in service compared to GP out of hours?

It is difficult to make a comparison between the cost effectiveness of these two services as they are accessible at different times of the day and provide slightly different levels of service. We are constantly working with providers to ensure that the services they offer deliver high quality, efficient and effective healthcare, based on the needs of the people who live in South Sefton.

What do you think our people aged over 70 years are expected to do inside their dwellings in the year 2020?

South Sefton residents have told us that if possible they would like to remain at home for as long as possible when they are older, with the right support in place to help them manage their health conditions. It is part of our strategy to support this where possible. We believe technology may have a role to play in the future, through schemes such as telehealth and other forms of communication technology between patients and healthcare professionals.

Why do low grade NHS staff think it is permissible to call patients by their first names without being invited to do so?

Calling patients by their first name should be an agreement between NHS staff and an individual. Many staff at all levels do call patients by their first name, however we are aware from patient surveys that not everyone feels they have been treated with the courtesy that they would expect. We believe that all our patients should be treated with dignity and respect, and it is important to acknowledge that this may in itself mean different things to different patients. We would encourage anyone who feels that they have not been treated appropriately to ensure they make this known – in the first instance directly to the member of staff if they feel able to do this and/or via the following routes:

Sefton Healthwatch - www.healthwatchsefton.co.uk

Our Patient Advice and Liaison Service - 0800 218 2333

NHS England - 0300 311 2233 weekdays, 8am – 6pm (excluding Bank Holidays)

How do we improve information and support (particularly from consultants) for patients with life limiting conditions and their family and carers?

We are looking at a number of ways to improve care for people with life limiting conditions or who are at the end of their life. Much of this work is being developed as part of our wider Virtual Ward programme. We would like to see more individualised care for patients and their families by joining up services – from district nurses, specialist palliative care nurses and GPs through to other hospital based healthcare professionals. Last year (2013-2014) we established Hospice at Home, giving people greater choice about where they want to be cared for, and this year we will continue to develop this service. Alongside this we support a number of training opportunities for healthcare professionals – including consultant education in Advanced Communication Skills and Advance Care Planning, offered via the Terence Burgess Centre at Queenscourt Hospice.