Big Chat 5

Annual review

NHS South Sefton CCG
Bootle Cricket Club, 10 September 2015

Contents

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About Big Chat 5…our annual review

Every year we hold an annual review, where residents can come along and hear about how well we performed during the previous 12 months to highlight our achievements as well as the challenges we faced.

This year we wanted to take a different approach and make our annual review more interactive for those attending. So, we decided to combine our annual review with a Big Chat style event.

Whilst people could still take away copies of our annual report and accounts, we decided to display information about our financial performance and our outcomes differently. This 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 give their views.

It was also an opportunity for us to feedback how we have used people's ideas and comments from Big Chat 4 to help shape our next planning steps, explained on p5.

You can read more about what people told us at 'Big Chat 5 meets Annual Review' later in this report and you will find presentations and photos from on our website

How the event worked

Our chair, Dr Craig Gillespie opened the event and welcomed over 70 people to 'Big Chat meets Annual Review'.

There was 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.

A short film was played to illustrate our plans and we used an electronic voting system to capture people's views at different points during the event.

The agenda ran as follows:

- Shaping Sefton: our vision for future health and care – presentation by Fiona Taylor, chief officer
- What this means for you - short film from the King's Fund about integrated care
- Transforming community services – presentation by Fiona Taylor, chief officer
- Your experiences of community services - table discussions and feedback
- Questions and answers – chance for attendees to ask queries, with responses provided by CCG staff and governing body members

Community centred health and care

'Big Chat 4' in 2014 focused on how we might begin to move the vision for future healthcare, contained in our 5 year strategy, into action.

We set out a 'locality' model of healthcare – with GP practices and their patients firmly at its core and where people's care is more integrated, or better 'joined up', so that it works together more seamlessly for patients.

We also described how we have been changing services for people with breathing illnesses – or respiratory conditions – so they work together more seamlessly, and where people are receiving community based support to help them better manage their health at home, reducing their need for hospital treatment.

Views and experiences from Big Chat 4 contributed to the further development of our integrated **Shaping Sefton** programme and its supporting 'blueprints for transforming healthcare'.

Shaping Sefton's vision is for 'community centred health and care'

 "We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing."

Gaining views about community services

An important element of our Shaping Sefton programme is the transformation of community services, so that in the future they are able to better manage the changing needs of our residents.

This is why we focused the workshop sessions at 'Big Chat 5 meets Annual Review' around people's experiences and views about using our community services – the collective name for a range of care including district nurses, blood testing, foot and leg care, community matrons and therapies.

What people told us

Our work to better shape community services is an example of how we are moving our **Shaping Sefton** programme and its vision for community centred health into reality - based on the best medical evidence, what we know are the priority health needs of our population and the views of our residents.

To gain more views about current community services and where they need to improve, we invited attendees to take part in a table discussion.

We asked people to discuss three key questions and we have summarised the responses to each question into key themes below, and this will be used to further shape our community services programme in the year ahead:

1. What have been your experiences of community services?
2. What does a good patient experience look and feel like?
3. What are the most important considerations for the further development of community services?

Key themes from discussions

Question 1: What have been your experiences of using community services?

Communication issues exist across the healthcare system - particularly between health and social care organisations. People felt this leads to confusion and delays, for example causing long waits for community care packages to be put in place.

Healthcare delivery models - patients benefit from services that are based around their specific health needs and which provide a holistic package of care and support, delivered locally. A good example of this is the 'Virtual Ward' service, which provides each patient with a 12 week tailored package of proactive health, social and community support. The service aims to help people stay well and independent for as long as possible.

Service provision – people feel there is variation in the quality and provision of services between the north and south of the borough. For example, people said that in south Sefton the availability of information about different health services is poor, that there is a lack of interpretation services for those who don't speak English as their first language and there should be more falls prevention services.

Health promotion and prevention – people felt this is not embedded in services or as accessible as it should be, particularly for young people.

Access – people continue to feel that waiting times for some services are an issue, particularly for GP appointments. They wanted to have the choice of either being able to drop in to a clinic for treatment, or to be able to book an appointment if they prefer..

Hospital discharge processes - are often disjointed as processes do not link well with people's care back at their GP practice or with community services. An example of where discharge has worked well includes when Age Concern were involved in co-ordinating processes and supporting the patient.

Community services – people reported mixed experiences, ranging from excellent to poor. Overall they felt the location of these services is very important, as is ensuring that they are of a high and consistent quality right across Sefton.

District nursing – patients have a mixed experience of this service with some examples of good care and patient experience. However, they also felt the service needs to be expanded to reduce waiting times.

Mental health services – timely access to early intervention services was seen as an ongoing issue – these are services that work with young people experiencing, or who are at risk of experiencing, first episode of psychosis. Others felt waiting times for children and adolescent mental health services (CAMHS) and psychological therapies are also too long. The link between different mental health services and the organisations that provide them is also seen as a problem, particularly between Merseycare and community based therapies, as patients sometimes get lost in the system.

Dementia – it was felt that care for patients in the south of the borough is not as good or as clear when compared to that offer in the north.

Sexual health services – the quality and availability is variable across sites and there needs to be more provision. Raising awareness of good sexual health and services directly with young people in colleges works well and this could be developed further.

Respiratory services – these were widely considered as an excellent model for a community based service, which support the patient and deliver good outcomes.

Question 2: What does a good patient experience look and feel like?

Good communication –between patients, their families and clinicians. Good communications between different organisations across health and social care, particularly hospital and community services, is also seen as contributing to good patient experience.

Joined up care –underpinned by a shared medical record, which all the professionals involved in a person's treatment can access, so that their care feels seamless. Good patient experience would also be where services between the north and south of the borough work together seamlessly, joining up and simplifying people's care.

Environment – a bright, modern and uplifting environment is important for patients' health and wellbeing, particularly for those with mental health conditions.

Technological support – to enable improved access to patient records across health and social care. In addition, using social media more widely to deliver health messages and support access to services, particularly for young people.

Continuity of care – which is underpinned by positive relationships between patients and clinicians, and where appointment systems are better co-ordinated to ensure that people are seen when they should be, particularly for hospital follow-up appointments.

Patient centred care –where people have choice and are empowered to make informed decisions about their care and encouraged to self care whenever they can. Services are holistic so they support the various needs of patients and their families, particularly for young people who may feel disconnected from the system.

Access to services – where flexible appointment options are offered, with short waiting times from being referred to receiving treatment, and where people can refer themselves to services like psychological therapies. Transport links should be good to all venues, including those based in the community.

Quality – it is important for patients to feel comfortable and at ease when they are receiving treatments and that their care is pain free. Services should also be respectful of patient confidentiality and privacy, and this was seen as particularly important for young people.

Primary care – a model of care based on family orientated health centres, which provide easy and quick access to appointments with GPs who have a good understanding of their patients' medical histories.

Question 3: What are the most important considerations for the further development of community services?

Communication – between organisations and professionals right across health and social care should be strengthened, particularly between medical professionals and patients, and also between hospitals and community services. There should also be improvements in how services are promoted to ensure that patients and professionals have knowledge of what services are available and how these can be accessed more readily.

Patient centred services – ensuring that patients have choice and control over their care and that they are treated by services which are better tailored to their needs. This was seen as particularly important for mental health services and those used regularly by young people.

Health and social care landscape – plan for the expected increase in demand for services resulting from an ageing population, ensuring that we use and build on the resources and partnerships that already exist - particularly those from within the community, voluntary faith sector.

Equitable services – ensure that there is equity in the provision and availability of services between the north and south of the borough, particularly in mental health care.

Health promotion and prevention – to help reduce the number of people with a long term condition (LTC), health promotion campaigns and support should be shared with local people by all health and social care professionals. There should be particular emphasis on better public health education in schools and colleges, especially in relation to diet and exercise. All professionals should be able to refer, or signpost patients to community based healthy lifestyles services.

Technology and innovation – developments to support improved access to health and social care information and support for both professionals and patients, such as access to real time patient records and ongoing developments of local digital networks, such as telehealth, Skype for GP consultations and social media.

Quality – there should be regular evaluation of services, including the constructive use of complaints to drive improvements. There should also be a continued focus on staff development and training to ensure a knowledgeable and skilled workforce.

Continuity of care – having the same medical professional providing care throughout a patient's treatment in each service they use was seen as being important, particularly when it related to GPs and community nurses.

Joined-up care – the 'ideal vision' would be where a patient moves seamlessly through the system, and where all professionals have full knowledge of a patient's condition. This would also include an identified professional to manage each person's care and where trusting relationships exist between patients and all the professionals involved in their care.
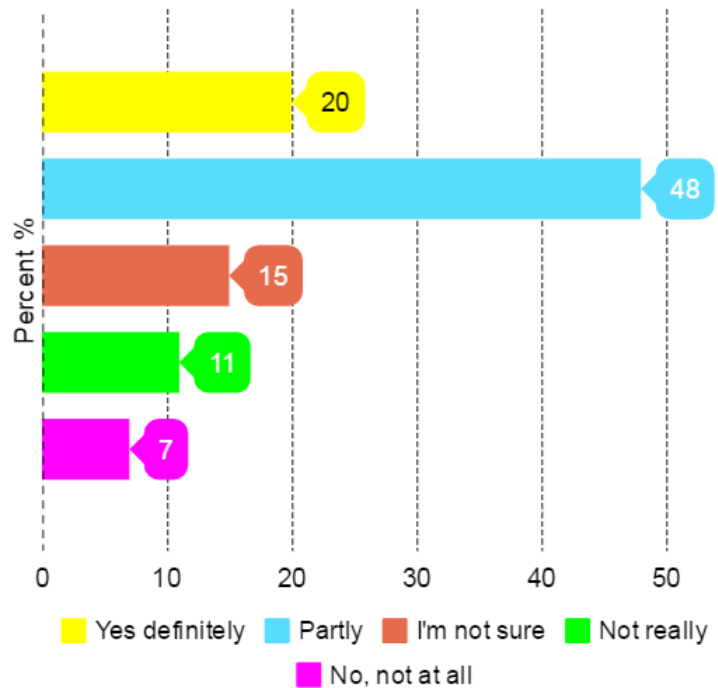
Access to services – could be improved by offering more varied and flexible appointment options. People also wanted the ability to refer themselves to services if they chose, and they felt that venues should always be easy to get to.

Future models of care – should be tailored to local the needs of local patients, including a joined-up referral system, which all services and sectors can use and access. Future models of care should be developed in full consultation with local residents and in conjunction with all health and social care partners.
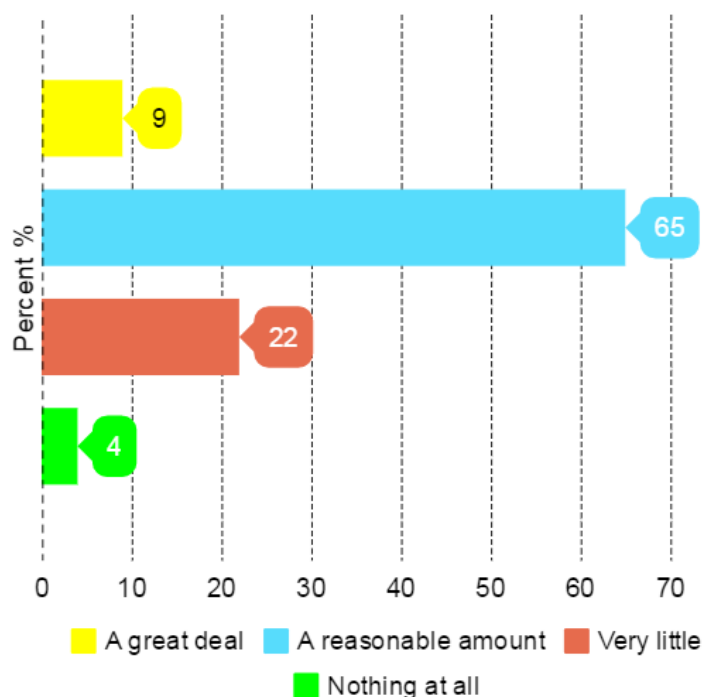
Fingers on the button

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 event.
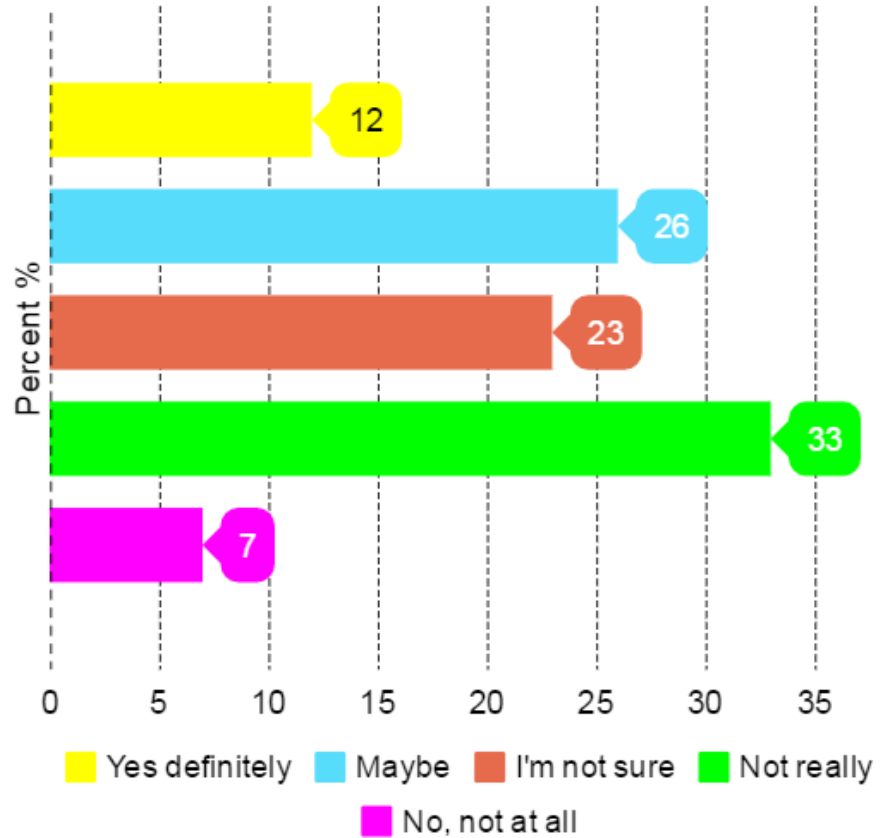
From your knowledge and experience of local health and care services, do you agree that these are being developed to meet the needs of the local population?

Percent %

Value	Category
20	Yes definitely
48	Partly
15	I'm not sure
11	Not really
7	No, not at all

How much do you know and understand about community services?

Percent %

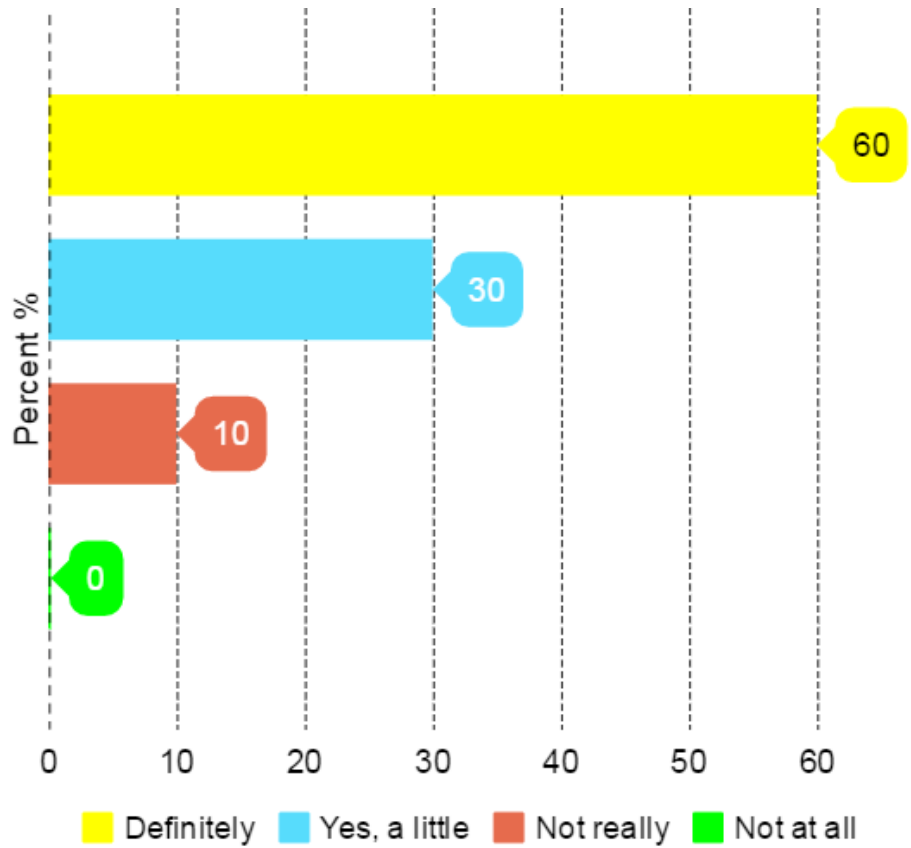| Value	Category
9	A great deal
65	A reasonable amount
22	Very little
4	Nothing at all

Given your experiences and group discussions so far, are expectations of current community services being met?

Percent %

Yes definitely	12
Maybe	26
I'm not sure	23
Not really	33
No, not at all	7

Yes definitely ■ Maybe ■ I'm not sure ■ Not really
■ No, not at all

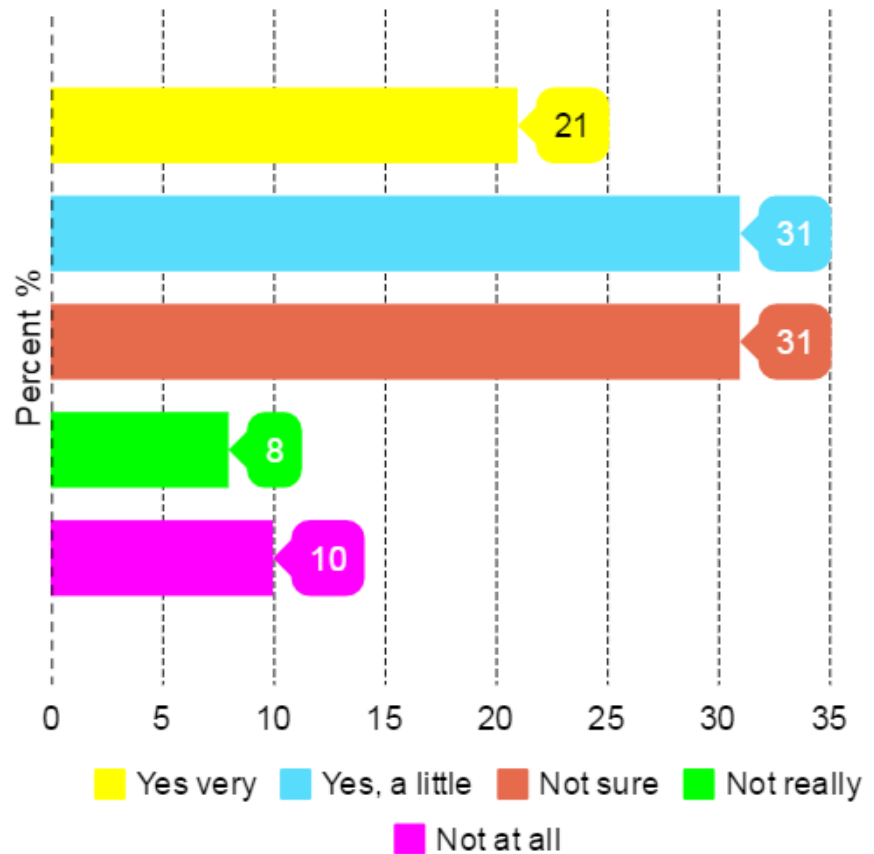**Following the presentations and discussions today, how much do you now know and understand about community services?**
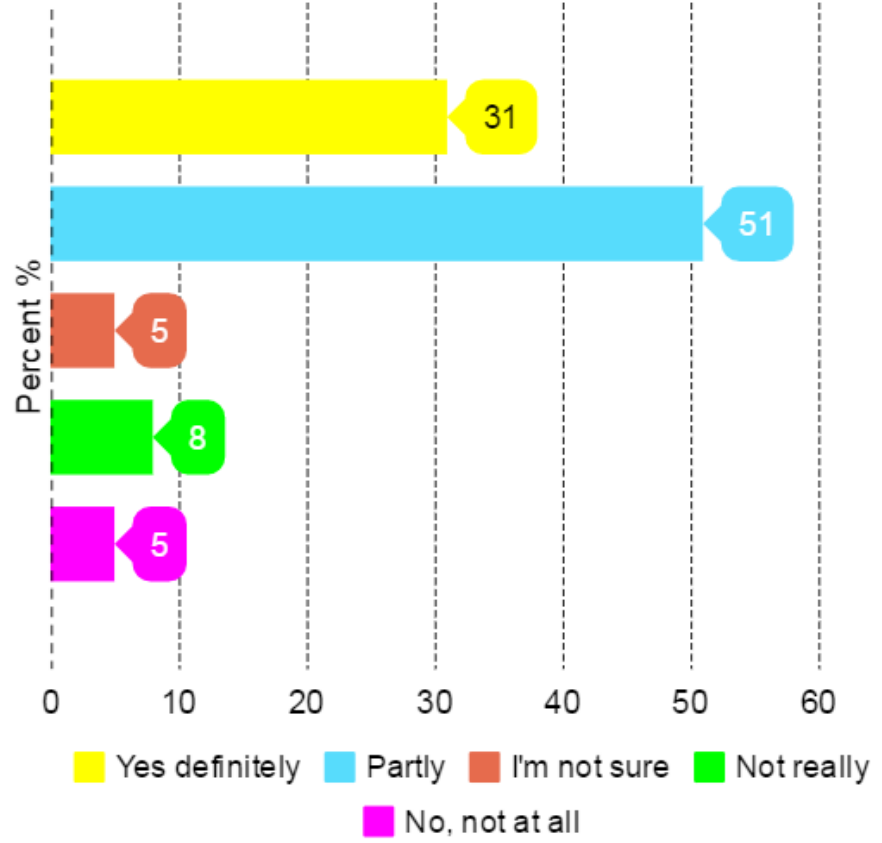

Percent %

A great deal	23
A reasonable amount	65
Very little	13
Nothing at all	0

A great deal ■ A reasonable amount ■ Very little
■ Nothing at all
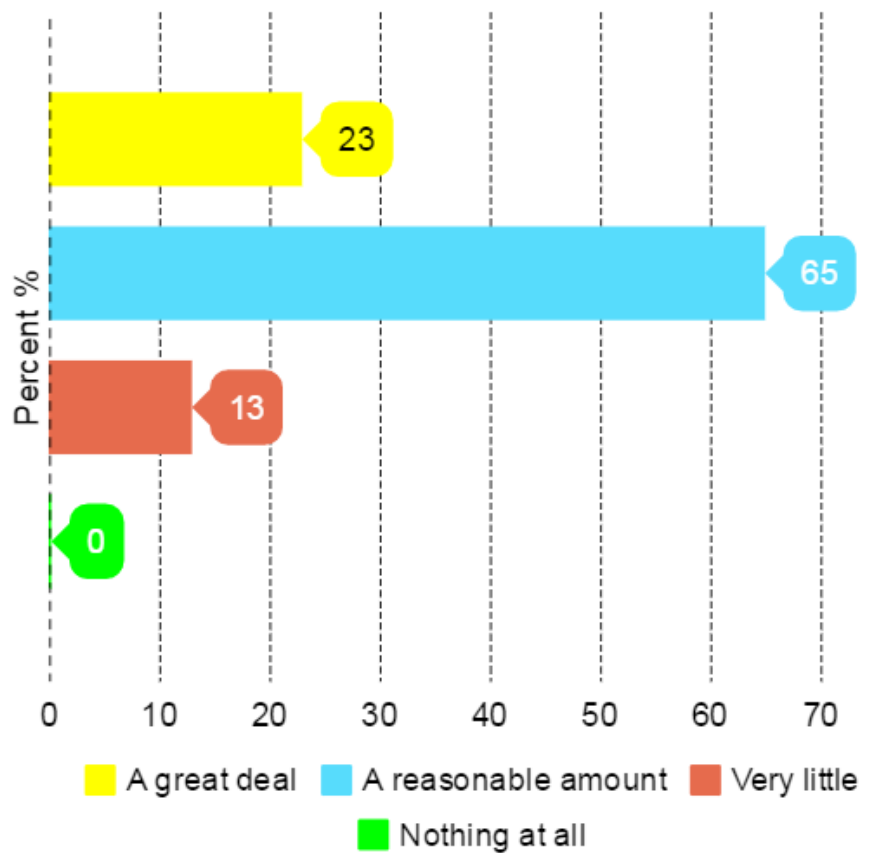
During the session today did you feel that you had the opportunity to have your views heard?

Percent %

60	Definitely
30	Yes, a little
10	Not really
0	Not at all

Legend: Definitely (yellow), Yes, a little (blue), Not really (orange), Not at all (green)

Do you feel confident that your input today will be used to shape the development of community services?

Percent %

21	Yes very
31	Yes, a little
31	Not sure
8	Not really
10	Not at all

Legend: Yes very (yellow), Yes, a little (blue), Not sure (orange), Not really (green), Not at all (magenta)

From what you have heard today, do you agree that local health and care services are being developed to meet the needs of the local population?

Percent %

Yes definitely	31
Partly	51
I'm not sure	5
Not really	8
No, not at all	5

Legend: Yes definitely, Partly, I'm not sure, Not really, No, not at all

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

Percent %

Excellent	49
Good	28
Adequate	21
Not good	3

Legend: Excellent, Good, Adequate, Not good
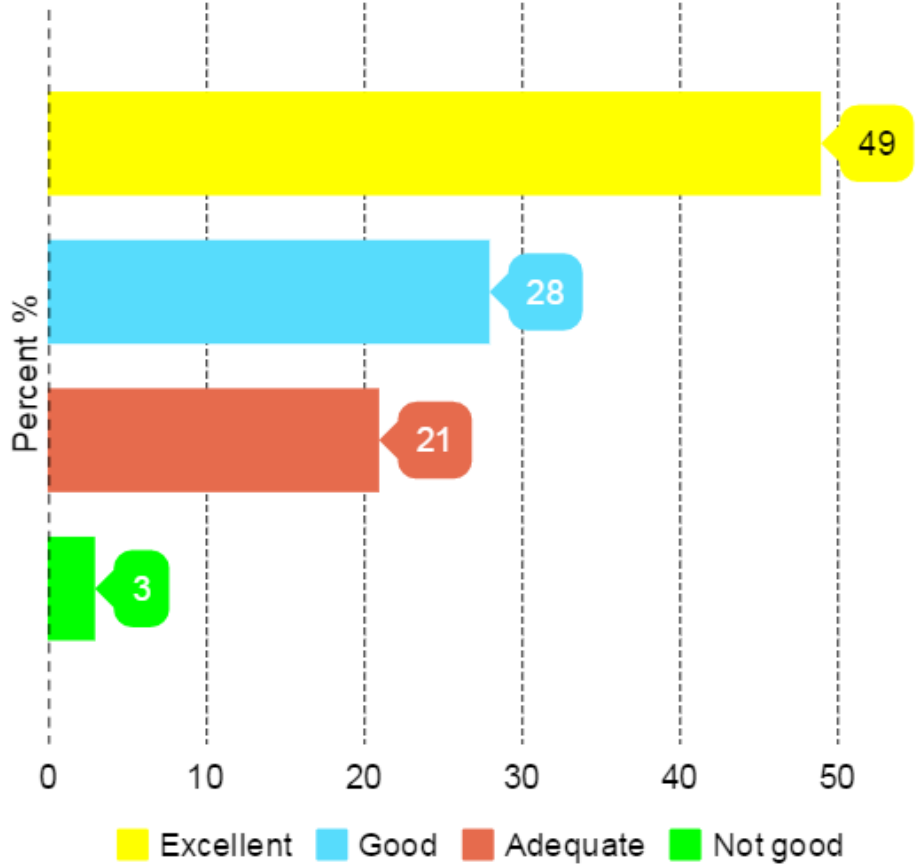
Get involved or find out more

All the views and feedback from Big Chat 5 will be used to inform our community services programme.

You can find out more 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.southseftonccg.nhs.uk

If you would like to tell us about your experience of local health services then you can also call 0800 218 2333.

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