NHS
South Sefton
Clinical Commissioning Group

Big Chat 6

Challenges and opportunities

NHS South Sefton CCG
Bootle Cricket Club, 16 June 2016

@NHSSSCCG

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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 South Sefton 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 70 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 www.southseftonccg.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 Andy Mimnagh, 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 Linda Lawson, 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 medicine
- 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 system and the benefits of regular medication reviews. People gave examples of where they had received unnecessary medicines as a result of pharmacies automatically ordering repeat prescriptions on their behalf and where this had led to some of the safety issues associated with the current pharmacy system.

Challenges of the new system

Some issues were raised including whether GP practices would support the changes and whether they had the resources to introduce and manage the additional work the new system would generate. In particular, there were concerns that patients may experience delays in receiving their prescriptions, so it was suggested that GP practices would need to ensure their new medication review systems were streamlined, properly tested and all staff fully trained.

There were also some concerns that the new system would disadvantage some patients and create unnecessary work. For example, those patients who have long term conditions who previously received several months' worth of medication might find collecting medicines on a monthly basis difficult. This in turn could create additional work for GP practices.

There were also questions about how GP practices would identify vulnerable patients and who this would include. For example, would it involve those who live alone or have no family to support them?

There were also concerns that the new system would disadvantage care home patients who were likely to experience delays in receiving their medicines if a change in repeat ordering systems was introduced.

Role of the pharmacist

There were several discussions about the role of pharmacists as part of the new system, both in GP practices and pharmacies. In particular, some people thought GP based pharmacists may be better placed to undertake medication reviews and explain how and when to take medicines, as they often know patients and their medical history better than GPs. This would be particularly helpful for patients with long term conditions.

It was also suggested that prescribing pharmacists could be based in chemists and potentially undertake basic medicine reviews on behalf of GP practices, identifying when a fuller medicine review is required by the GP practice.

Communication and patient education

If the changed repeat medicines ordering system goes ahead, it would be important to notify affected patients and carers of changes to the system. In addition, GP practices, pharmacists and care homes would need to be fully engaged in the process and briefed on the new system. It would also be important for effective communication systems to be in place between GP practices and pharmacists.

Discussions also focused on the importance of education and personal responsibility so patients and their carers have a better understanding of their health conditions and their medications.

It was also thought that people may need support in understanding when they should order their repeat medications and that pharmacists could help with this.

In addition, it was felt that many patients do not understand the scale of the medicines waste issue and the costs to the local NHS and that this should be more widely communicated.

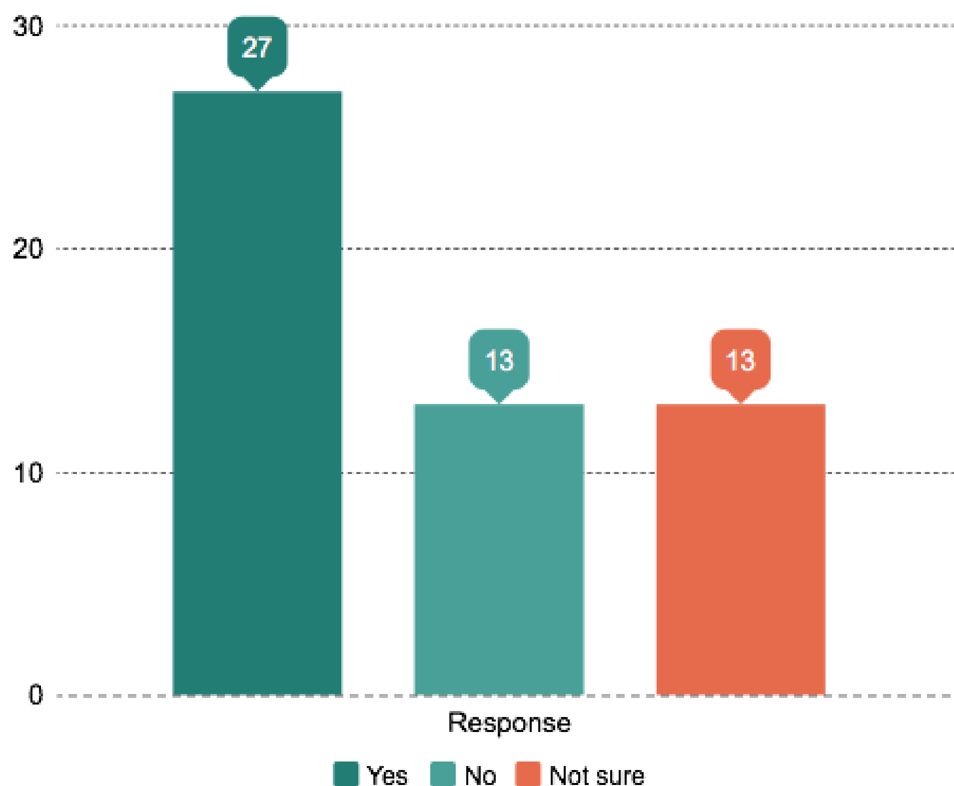
Other medicines waste issues and concerns

Given the cost of medicines waste, there was support for a change in the rules to allow previously issued and unused medicines to be reused.

There were also several issues raised about the inefficiencies that exist in and around medicines management when patients are admitted and discharged from hospital.

How people voted

Do you think the system for ordering repeat prescriptions that you have just heard about will help us to reduce medicines waste?



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

Mixed response to changing the management of cataracts

Plans to increase the level of development of cataracts before their removal gained a mixed response. Those that supported this said it was a good idea if outcomes were better for patients and it did not affect their quality of life ahead of surgery. Others felt that it would be a backward move, with the planned change in referral criteria too restrictive and that the focus should be on patient need and not the stage of development of the cataract.

It was suggested that a practical eye test be introduced to ensure that individual patients would be able to be to continue with their normal daily routines whilst awaiting surgery and to make sure their safety would not be affected.

There was overwhelming agreement that communication about any changes to patients, GPs and opticians was critical. This would help avoid confusion and ensure that patients understand what they should expect with the change to surgery thresholds.

Effective and affordable treatments

It was generally acknowledged that 'times are tough' for the NHS and there are difficult decisions to be made to ensure that local services provide the best outcomes for patients and are cost effective.

People said that changes to services should focus on the outcomes and health benefits for patients and ensure that patients are treated at the right time so their quality of life is maintained. There was some discussion and agreement that procedures should not be carried out until they are necessary and that other interventions should be considered first, for example, some musculoskeletal conditions can be managed well through physiotherapy, delaying the need for surgery.

There were some discussions about which treatments and services should continue to be funded by the NHS and who should be eligible for particular treatments. For example, services such as Care at the Chemist that helps patients to manage minor illnesses, was considered to have excellent outcomes for patients.

Prevention and education

When considering cost effectiveness, it was agreed that investment in disease prevention and patient education would provide longer term benefits. The 'Strand By Me' drop-in health shop and the exercise equipment located in local parks were highlighted as good examples of what is currently available.

It was agreed that more investment was needed in prevention, particularly in providing more health education in schools and for parents, and promoting existing schemes such as 'Active Sefton', which provides free and subsidised exercise programmes for local residents.

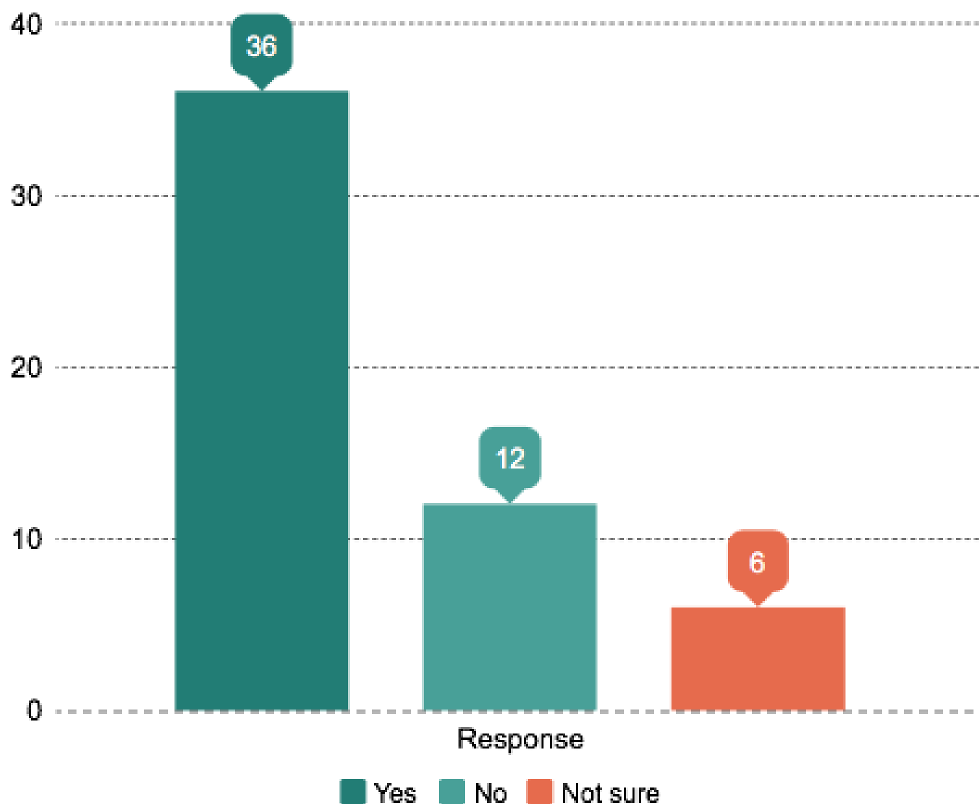
Local community services

People said that services provided in the local community were convenient, effective and reduced the pressures on hospital services. For example, the delivery of eye screening tests by high street opticians meant that patients were diagnosed more quickly and it was suggested that other eye tests, such as refraction testing and age related macular degeneration should be provided in community settings.

There were also discussions about having more diagnostic tests in the community, particularly x-rays. People felt these extended facilities could be located locally and include x- ray facilities for children so families did not have to travel to Alder Hey Children's Hospital or the Children's Walk-in Centre on Smithdown Road.

How people voted

Do you agree that changes to treatments like cataract surgery that you have heard about could make the NHS more efficient and improve your care?



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 systems

There was general support and for the success and accessibility of online systems, with positive examples of online booking appointment systems, the use of text message reminders, the management of repeat prescriptions and patients viewing their medical records online. People said these systems saved time and gave them more control and choice, although some people said that they had experienced problems, especially booking appointments online, mainly due to the lack of available appointments and difficulties navigating the system.

A number of people highlighted the challenges of online systems for some residents, particularly older people, the visually impaired and those who may not have access to a computer or WiFi. It was agreed that although the development of online systems had benefits for many people and helped to reduce the burden on GP practices, it was important that other systems continue to be available to help and support patients, particularly to make appointments and manage their medication.

Data sharing

The majority of people supported the principle of sharing patient information between different health and social care organisations involved in their care, as long as systems are secure and there are robust data sharing protocols in place. As sharing patient health records gives clinicians access to a patient's full history, they are able to plan and deliver the most effective treatment and care, also saving clinicians time and promoting better co-ordinated care for patients.

There were some concerns that there might be breaches in the sharing of information and people felt it would be important for staff to be fully trained on data sharing protocols and for systems to be regularly tested to ensure their continued security.

There were also discussions about the further development of data sharing systems, for example, linking hospital discharge systems with primary care systems, so GPs can more easily see information about patients who have recently been treated in hospital.

Self care

There were some discussions about the benefit of developing online and mobile phone applications to support patients to manage their own health, particularly those with long term health conditions such as diabetes. It was agreed that this would give patients more independence and control of their condition and also take some pressure off GP practices.

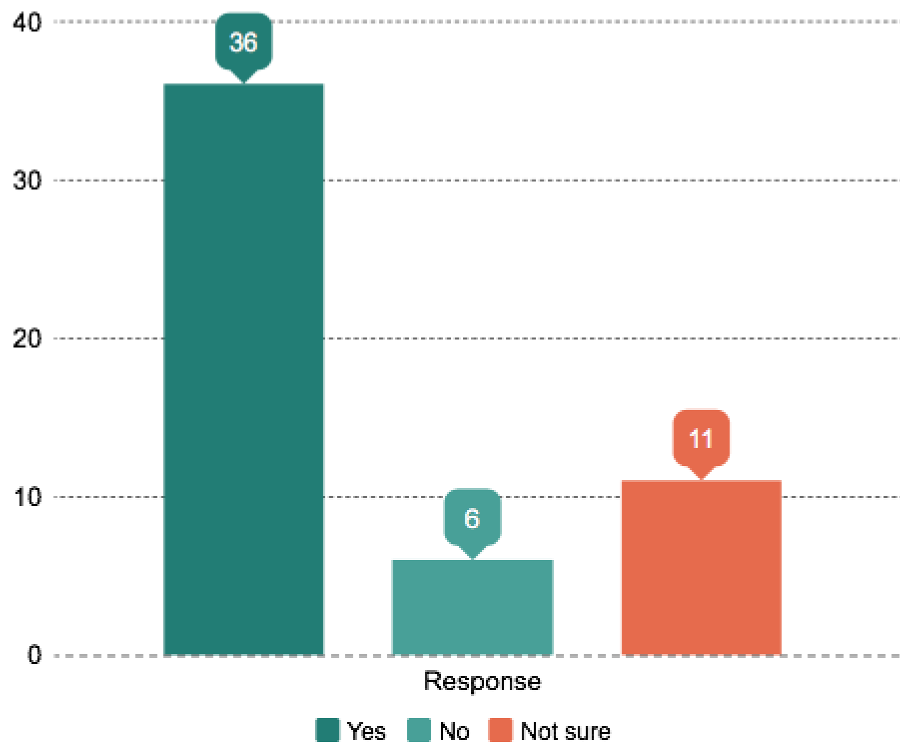
Further developments

The potential of ongoing technological developments was discussed, including the further development of telephone consultations and online consultation using live video, such as Skype. It was agreed that these could be useful for some types of appointments and patient queries but could not replace face-to-face consultations.

To support the uptake of ongoing and new technological advances, it was agreed that promotion and patient/ clinician education was essential.

How people voted

Do you think the new technology you have 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

Workforce and training

To support a new model of primary care delivered by a range of healthcare professionals, it was suggested that there would need to be more practice nurses, health care assistants and community based services and practitioners, such as physiotherapists. As well as current shortage of GPs and the issues this raised for primary care now and into the future, there were discussions about how the training and funding of additional community professionals could be managed.

There was also some discussion and support for the role of triage nurses in GP practices. A triage nurse assesses and signposts patients to the appropriate healthcare professional, only referring to a GP when it is appropriate. In addition, some people suggested that GP reception staff could be upskilled to support the triage process and also the medicines management process.

There was also significant support for the better use of local chemists and pharmacists, including the role of prescribing pharmacists and the idea of community chemists as 'one stop shops' offering health checks, blood testing, blood pressure monitoring and screening for some conditions. In addition, there were discussions about the 'Care in the Chemist' model and how this could be further developed so that pharmacists play a more active role in referring to neighbouring GP practices and other local services.

Primary care infrastructure

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

There was also support for the development of primary care 'hubs' or 'super surgeries' which would involve practices working on a larger scale and ideally housing other services and agencies such as diagnostics, mental health support workers, benefit advisors etc. It was also agreed that the location of GP practice hubs required careful consideration to ensure they are easy for people to get to and have ample parking facilities.

Systems and technological developments

Some people expressed frustration with the shortage of GP appointments and the difficulties using appointment systems, which varied from practice to practice. These difficulties and challenges meant that some people avoided using their GP practice and instead went straight to their local walk-in centre or A&E.

A number of discussions focussed on people's experience of the NHS 111 service, a telephone help service for non urgent medical conditions. Some people reported poor experiences of the service, finding the system slow as they had been passed from person to person. It was felt the system needs to be reviewed.

There was support for further technological developments, particularly online and telephone or video consultations, such as the video consultations used as part of the Care Home Innovation Programme (CHIP), which is using new and efficient ways to support care home patients.

Overall, there was agreement that current systems and new developments should provide consistency in approach across all practices.

Self care

There was support for providing patients with the knowledge and tools to enable patients to manage their own health, including access to blood pressure monitors and social prescribing, which provides people with community based, non medical interventions such as attendance at support groups and exercise classes.

Patient education and promotion

People felt that Sefton residents could benefit from a better understanding of local NHS services – such as what services are available other than their GP and A&E, and why GPs are not always the most appropriate clinician for some health issues. One suggestion was to provide information on the costs of treatments as it might encourage people to use services more wisely.

It was also felt that consistency in service branding and messages was important, as changes are not always explained very well and are confusing for patients.

How people voted

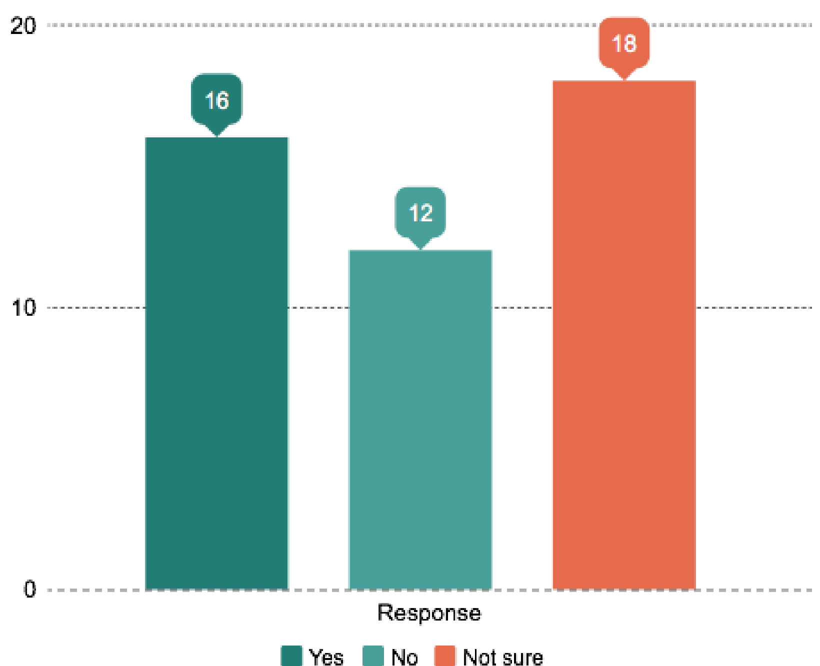
Do you think the new models of primary care that you have just heard about will help make NHS services more efficient and improve your care?

Fingers on the button

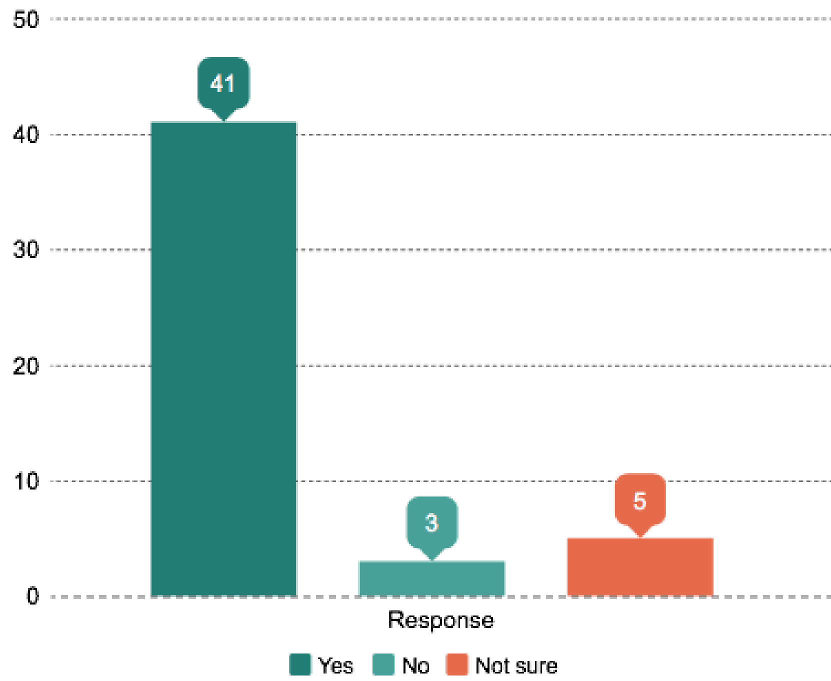
At the end of the event people were asked a series of questions that they were asked to vote on using a handheld keypad. The results from the following questions help us to gauge how useful people found the event.

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

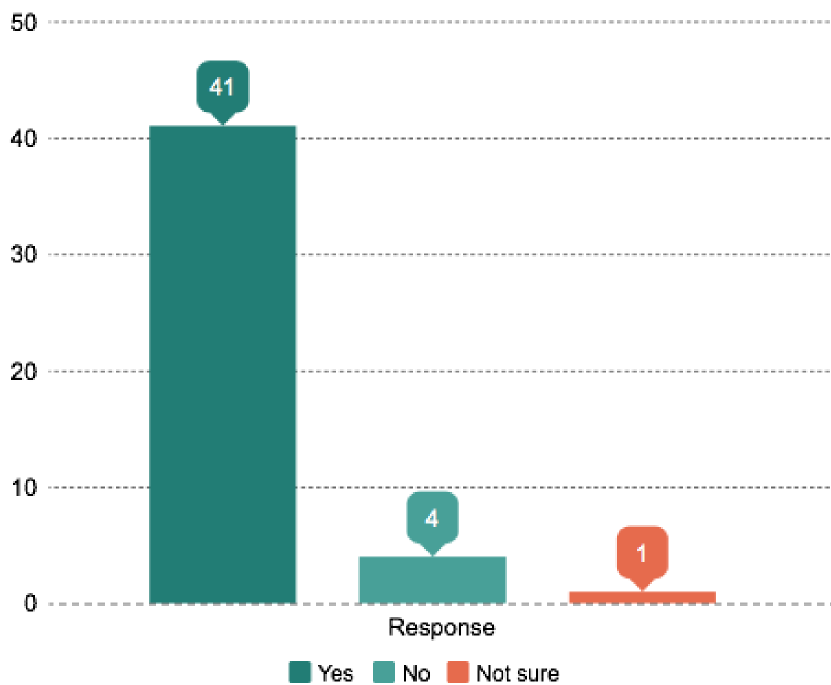
Do you feel confident that your input today will be used to shape your NHS and help make it more cost effective?



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

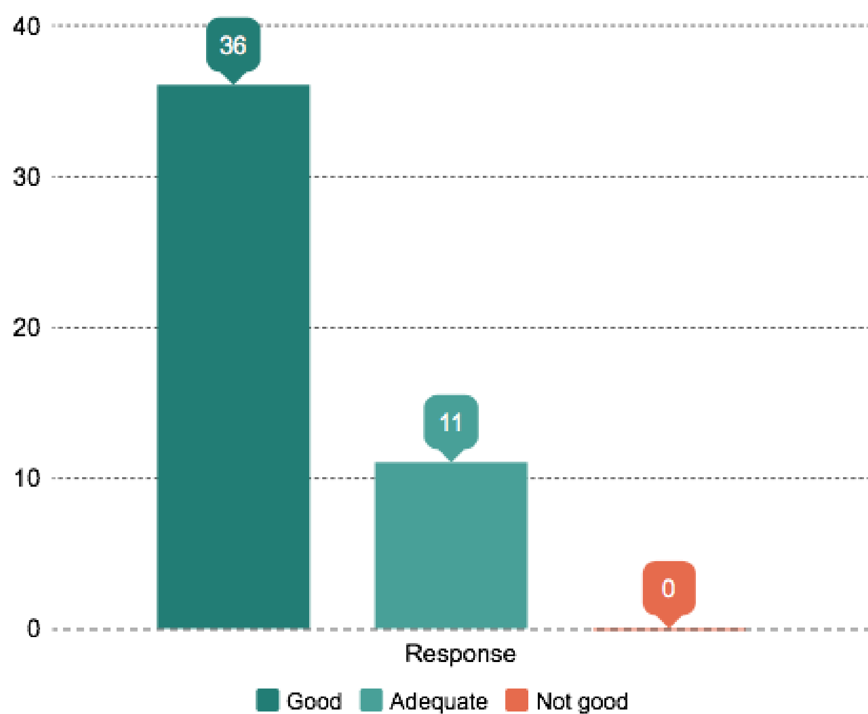


About the 'Dementia Friends' session - Do you feel like you have learnt something about those living with dementia?



When is the best time to hold future Big Chats?

How would you rate the choice of the venue for today?



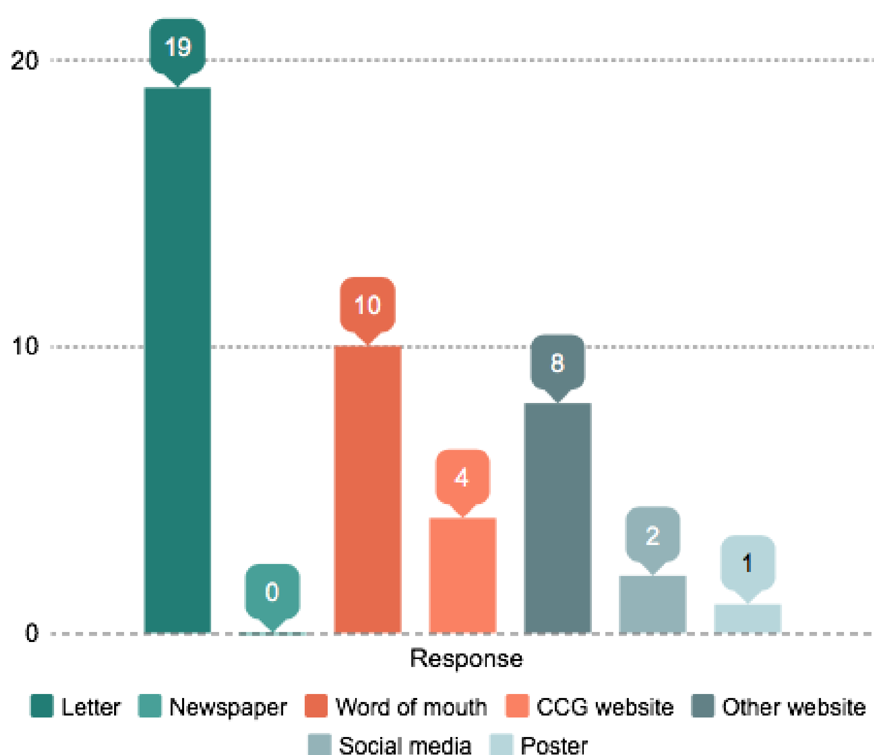
Who attended Big Chat 6?

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 72 people who came to the event, 17 completed the form – representing 24% of the total attendance
- Of those that completed the form, 11 were female, 4 male and 2 declined to say
- There was representation from all adult age categories, but the majority of respondents were aged 41 to 60 and most people were 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 'other'
- 15 people reported living in the gender they were given at birth, with 2 people 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 £10 million in 2016 – 2017 to meet our NHS financial duties.

Find out more

You can 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.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.

www.southseftonccg.nhs.uk

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