

Public Feedback Phase 1 - November 2016 Events



Our Health Our Care

What you told us: A Summary

Thank you to all who came to the November 2016 public engagement events, we learnt a lot from you and have produced this summary of what you told us.

During November 2016 you said:

- Promote the events more and make registering for the events easier
- You want change, not just more talking from the programme
- You want to be involved in the programme's decision making

You also said that you were concerned about the temporary closure of Chorley A&E, NHS privatisation and the importance of NHS care remaining free at the point of delivery.

Key Themes:

Overall, there were 12 key themes in the discussions you had at the events, they are:

- Keep sharing information with me
- Share information between each organisation
- Use resources, like workforce, buildings and money better
- Make better use of IT and technology
- Access to help and services, make it clear what's available.
- Fragmented care, we need more seamless care
- Reduce variation in experience of care
- Learning from what works locally and elsewhere
- Staff recruitment and retention
- Helping people navigate the system
- Helping people to use the system appropriately
- Ownership of our own health and the way we use the NHS

What Next?

Your feedback will be used to plan and improve the next round of events in December 2016. Please Visit our website to find out more information:

www.ourhealthourcarecl.nhs.uk

Introduction

Health and other care organisations across central Lancashire have formed a partnership to build better services. By changing how health and care services are organised, and provided, local people will be able to access the care they need, when they need it, in the right setting and be better able to stay well.

Involving local people is at the heart of the Our Health our Care (OHOC) programme. To facilitate this, and to engage with members of the public, a series of public facing events have been arranged.

During November 2016, the first round of events, known as phase 1, has taken place. Objectives of the events were:

- To listen to the public and capture their views to support the clinical work of the programme over the coming months
- To set out the central Lancashire case for change
- To specifically gain the public's views on:
 - The central Lancashire case for change and the challenges it identifies
 - What is important to them about local services
 - How best to communicate with them about the solutions being designed
- To inform the public about:
 - The Our Health Our Care programme, its purpose and vision
 - The collaboration amongst health and care organisations to overcome challenges

The November events

Six public engagement events across Chorley, Preston, and South Ribble were held on 9, 10 and 14 November 2016. Members of the public were able to access an afternoon; 2.00pm – 4.00pm or evening session: 6.00pm – 8.00pm as detailed in table 1 (below).

In order to engage with as many people as possible, details of the events were widely distributed across Preston, Chorley and South Ribble by: The OHOC team, the Clinical Commissioning Group (CCGs), Lancashire Care Foundation Trust (LCFT) and Lancashire Teaching Hospitals Trust (LTHT). A poster and a case for change booklet were distributed to a wide range of patient groups, voluntary, community and faith sector networks, General Practice (GP) surgeries and local district council networks.

The events were promoted on websites and via social media channels. A booking system (Eventbrite) was also put in place for people to book onto the events alongside a dedicated telephone number and email address.

Table 1: Schedule of events

Date	Event	Time	Location
09-Nov	Chorley Public Engagement	2-4 and 6-8pm	Chorley Town Hall, Market Street, Chorley, PR7 1DP
10-Nov	Preston Public Engagement	2-4 and 6-8pm	Gujarat Centre, South Meadow Lane, Preston, PR1 8JN
14-Nov	South Ribble Public Engagement	2-4 and 6-8pm	South Ribble Borough Council Civic Centre, Leyland, PR25 1DH

In total, 143 people attended the public engagement events. Table 2 illustrates the number of attendees at each event.

Table 2: Attendees by event

Date	Event	Time	Number of attendees
09-Nov	Chorley Public Engagement	2-4pm	33
		6-8pm	39
10-Nov	Preston Public Engagement	2-4pm	24
		6-8pm	7
14-Nov	South Ribble Public Engagement	2-4pm	21
		6-8pm	19

At the beginning of each event, attendees received an overview of the OHOC programme which included a summary of the clinical engagement that was being held with clinicians in parallel to these public events, and the case for change. Attendees had the opportunity to ask the chair person, table facilitators or other health and care representatives any questions.

Some of the key themes emerging from the questions were in relation to the statistics presented, and how we get people to connect between these and their own lives. The recruitment of doctors was a huge topic of discussion, particularly how we can attract a clinical workforce to live and work in the area.

Facilitated table discussions then took place. The following questions were asked:

- What do you think about the case for change?
- What's important to you?
- How should we communicate with you?

Table discussion Feedback

1. What do you think about the case for change?

From the statistics in the presentation, people told us that these challenges had been increasing; they were not new and have been here for years. People recognised that we have a growing population, an aging population, a population with growing needs and some with multiple long term conditions and as such there will be more demand on the services. People acknowledged that change needs to take place, but were concerned how this would happen. It was acknowledged that things cannot continue as they are now and that change needed to happen.

“If we don’t do anything and just keep talking, nothing will change”

It was evidenced from some of the discussions, that there was some distrust about how decisions are being made. Some people voiced concerns about giving their opinions, they wanted assurance that decisions were open, transparent and that formal consultation would be undertaken prior to any major changes to health services in the area. They wanted assurance that their views would be taken on board, they wanted to be involved in the decision making process.

2. What’s important to you?

Twelve key themes emerged from the table discussions as summarised on page 2. More detail behind the themes including quotes is outlined below:

Communication is important to people. We were told not to assume that people know more than they actually do. It is vital to get information out to people. One example given was access to urgent care services for instance, get more information out about what urgent care actually is, what treatments people can expect to receive from such a service and how, when and where you can access it. This will increase confidence amongst patients to use services more appropriately. Be timely, clear and consistent with messages to prevent rumours being spread.

“Mixed messages need to be reduced”

People want to have information about them shared with them.

“People should have more medical information about themselves so that they are in the loop and know what is going on”

They want information to be shared between professionals so that they don't have to keep telling their story.

“Don't let me have to keep telling my story”

Self-care is also important to people. It was recognised that people should take more ownership over their own health.

“People should take more responsibility for their own care”

Having the confidence and support to take care of their own health is important to people, yet this may be difficult for some.

“People need to look after their own health (these are) difficult conversations to have”

Education is thought to be key to helping people to self-care, build confidence and help them make informed decisions. People need to know how to access the complex health and care services, and use them appropriately. A lot of people may not know what other services such as pharmacies can offer. Some people thought that they would benefit more from things other than clinical interventions such as gym memberships to improve their health and wellbeing, but need to know what they can access, when and where.

Information technology (I.T) was something that participants told us that we need to consider. Tele-health could be used more to free-up GP and other clinical appointments. I.T could be used more effectively to receive test results such as blood tests. People want systems to be able to connect so that everyone has a clear picture of the patient as a whole.

“IT is not joined up, needs to link up the whole system”

“Make more use of skype and telephones if people use them”

Managing expectations is important to implementing any changes. People were concerned how to manage the increasing demand on services. People need to be clear about what they can expect from any service and what the service is there to do.

People told us that the health and care system is complex and difficult to navigate. People said that they needed help to find the right services and that the 111 service was not always helpful.

“I’d like the to be treated holistically, with a clear person to help me to coordinate my care, someone to help me who knows the system”

“There is no-one to join the dots up for people”

Fragmentation was seen as a problem, people would like to see more joined up and simplified.

“We have so many hand-offs and multiple appointments, why can this not be done more efficiently?”

There is **variation** between the services, across hospital and GP practices, and localities (Greater Preston and Chorley and South Ribble), people commented on the differences in life expectancy and deprivation.

“I’ve seen the same treatment done very differently”

Learning from what works well and best practice from other areas was important to people.

Look at what good practice is being done across the country or abroad

People told us that they thought there was a lot of **waste** in the system, examples given included prescribing, waste medicines, investments in sites not fit for purpose, inappropriate use of staff time (high grade staff doing administration tasks for example) and wasteful procurement. People felt that the resources we had could be better used if duplication was reduced.

“Put me in a chair instead of a bed if it works and saves money”

It was suggested that people need to be informed, and understand how much things like missed appointments and inappropriate use of services costs. Make more use of waiting rooms to get messages across to people whilst they are waiting for their appointment.

The **workforce** was a concern for people. Staff shortages and staff retention were particularly worrying. People felt all staff work hard but that more staff were needed or that the workforce needed to be used differently, some referred to the use of a nurse or pharmacist instead of a GP to help in more appointments being available.

Support and keep staff

Other Feedback - People also told us that by being involved in the decision making process, they will have more trust in the outcomes. People want more transparency and more information about the programme’s progress. There was worry and concern about the closure of Chorley Hospital’s Accident and Emergency department. People were also concerned that there was a risk of privatising the NHS and that free access to healthcare was at risk. Distrust in the government, funding to the NHS and cost cutting were also mentioned.

3. How should we communicate with you?

Attendees were asked how we should communicate with people about the programme. We heard lots of ideas about how to raise awareness of the events so that we could attract as many people as possible. We took on board these ideas and have publicised the December 2016 and March 2017 events as before and taken on board all the suggestions we received. We were also told to use plain English without any jargon and provide easy-read and large print documents as necessary.

People also said that they would like more information about what the events were about. The posters did not have much information on them. It was suggested that the event information was put on the back of the case for change leaflet so that people had information about the programme in the same place as the event information.

Various methods were suggested as communication routes. The use of social media was highly recommended as a way of getting information out to the public with Facebook and Twitter being the most popular platforms. Texting people about the events was also suggested, possibly via the GP text service. Traditional methods like emails and websites were also advised. However, it was suggested to have simpler joining instructions as they found the ticketing system confusing.

People told us to continue using posters but make them brighter and bolder with more information on them. It was suggested to have a good coverage in places where people go in addition to the GP surgeries. Libraries, supermarkets, cafes, takeaways, bus stations, dentists, pharmacies, and community centres featured highly as places to put up the posters.

It was also suggested to leaflet people about the events by handing out leaflets in the street, at markets, in the hospital and via door to door delivery. The information screens within GP practices and hospitals could also be utilised to promote the events.

It was felt that it would be advantageous to target communication about the events and the programme with specific groups. Young people were suggested as a possible target group. Education settings and youth groups were especially favoured as routes to engage young people. Conversely, tap into older people's forums, mums and toddler groups and community groups.

There was a strong message to engage more with the voluntary, community and faith sector. Charities like Age Concern were regarded as possible advocates. Faith settings, particularly mosques and local churches were seen as places to promote the programme. Housing associations were also suggested.

Attendees recommended that we utilise health care professionals to communicate the programme and share information, as it is easier to have a conversation with people when they are in front of you. Similarly, use local councils to promote the events and share information.

Event evaluation

59 evaluation forms were completed. People told us that they felt that they had the opportunity to get involved, and that they understood the information they were given. Interactive conversations, sharing experiences and listening to other people's own experiences of the services featured highly as being most useful.

From the information gathered from people when they arrived at the events, most people expressed that they were not aware of the OHOC programme, or know very little about it. After attending the event, attendees were asked if they understood more about the programme. Out of the 59 evaluation forms received, 49 people responded that yes, they knew more about OHOC. Comments received included:

- Very much so
- It has left me wanting to know 'what next' though
- A little more than I knew before
- Very informative event
- It's clear what it is designed to achieve
- A little more but being drip fed
- Yes, but many of the significant issues and short comings are insoluble without more funding
- I had some previous knowledge
- To a certain extent
- Beginning to
- Thank you for giving this chance to learn more
- Things are clearer after attending this event
- It is at least trying to get information out to public but more needs to be done to contact people at work and anyone who is hard to contact
- Thank you for an informative session, I feel that the public were listened to

Less positive feedback comments included;

- Not a lot
- Not really
- Found the event very poor with no facts to any of it
- still not understanding more of the detailed work that has already been done
- 'We have been here before'
- 'What difference is this going to make'?

Attendees were asked how we could improve future events. People told us that they wanted a simpler way to book onto the events as Eventbrite was confusing. Some people expected a ticket and were worried that they would not get in without the ticket. We have reviewed that and made booking onto the events simpler.

Key suggestions for improvement were: communicate the events more widely, have a better microphone system, ensure that the venue is warmer (Chorley Town Hall) and have printed copies of the slides. Some suggestions to improve the presentation for future events were received. It was recommended that we review the language used to describe people, examples given were; 'people with dementia' rather than 'dementia sufferers' and 'older people' rather than 'elderly'. People told us that they did not like the video (animation).

Independent Healthwatch event evaluation feedback

We asked a Local organisation, Healthwatch Lancashire, to independently evaluate the engagement events. they attended the three afternoon events and provided the following feedback:

- The venues were accessible to members of the public, on a bus route with car parking facilities at, or close to events.
- The information was visible to participants without sight impairment; however the PowerPoint could not be seen by the reviewer with a sight impairment. No hard copies/ large print were available.
- Speakers were clearly heard (the microphone had to be adjusted at the Leyland events).
- There was plenty of seating for attendees.
- It was difficult to assess, due to low numbers if the attendees were representative of the local population
- No one was turned away from the event. People who had not booked on could attend.
- Some people dominated the discussions (Chorley) and sometimes went 'off-topic' overall felt discussions were managed well.
- Some abbreviations and jargon was used, but representatives were easy to understand.
- Wider age range of people attending required.