

Public Feedback

March 2017 Engagement Events



What you told us: A summary

- That you like the idea of care closer to home and joined-up care
- That more information is needed on the workforce, achievability of change and how access to care might change for you
- Ideas need to include careful use of IT and technology, a prevention and education strategy
- More information on mental health services, social care and the third sector in the ideas
- Travel to services and variation in care quality is a worry
- A care-coordinator to help navigate services is a good idea

What we will do next: A summary

We will take your feedback to doctors, nurses and other professionals at a meeting on 23 March 2017. We call the meetings, solution design events and they will work ideas into a list which we can then share with you during the next public engagement events in May 2017.

The next events are drop in events, so you can attend at your convenience and share your thoughts with us about the ideas that are being developed as part of a cycle of conversations.

Public Engagement Event Feedback

The Public Engagement Events

Introduction

This is the third phase of engagement activity Our Health Our Care has undertaken with the public, to ensure that conversations about changes and improvements are fully informed by service users, patients and other stakeholders.

This report focuses on the feedback received from members of the public during the six public engagement events held during March 2017.

There are several sections to this report:

- **Overview of the March 2017 public engagement events** – their aim, agenda and promotions.
- **Feedback from discussions** – summary of the feedback gathered during the discussions
- **Event feedback** – feedback on the running of the events
- **What we will do next** – the next steps of the Our Health Our Care programme

Chorley events 9th March



Preston events 8th March



South Ribble events 13th March

The attendance at the public engagement events was the highest to date, the breakdown of is noted below:

Public engagement event	Total count
Preston afternoon	23
Preston evening	23
Chorley afternoon	70
Chorley evening	31
South Ribble afternoon	48
South Ribble evening	23
Grand total	218



Overview of the March 2017 public engagement events

Aims of the events

The March 2017 public engagement events build upon previous discussions; they are part of a cycle of conversations that aim to design new ways of delivering health and social care for the areas of Chorley, South Ribble and Greater Preston.

The events aimed to share information about the ideas that have been developed so far, and to gather feedback from the public about their views on the ideas. The events explained how the Our Health Our Care programme is looking to the future, and how organisations have come together to overcome challenges they face to providing high quality care.

Event agenda

The events began with a short presentation, reminding people about the programme membership and purpose. The presentation gave information about the process undertaken so far to design new ways of delivering care.

The full presentation from the events can be found on the Our Health Our Care website at: <http://www.ourhealthourcarecl.nhs.uk/about-us/resources>

After the presentation, attendees were asked to participate in a discussion where they sat, and then the event concluded with a question and answer session.

At one event, attendees requested a different format to the above. Attendees split into two groups, one took part in the agenda as described above, while the second participated in a Question Time event. The feedback from the Question Time event is noted as part of the 'feedback from discussions' section (page 4).

Promotion about the events

During previous public engagement events people were concerned about the promotions of the events and the attendance rates. In order to respond to this concern, the presentation gave an overview of the work undertaken with over 20 groups and networks, as well as local charities and service providers to increase awareness about the programme and the engagement events.

Activity promoting the events ranged from 1:1 conversations to the placing of an advertisement in a Lancashire Teaching Hospital's magazine which reaches 11,000 people. There is more information on this in Appendix 1.

Feedback from discussions:

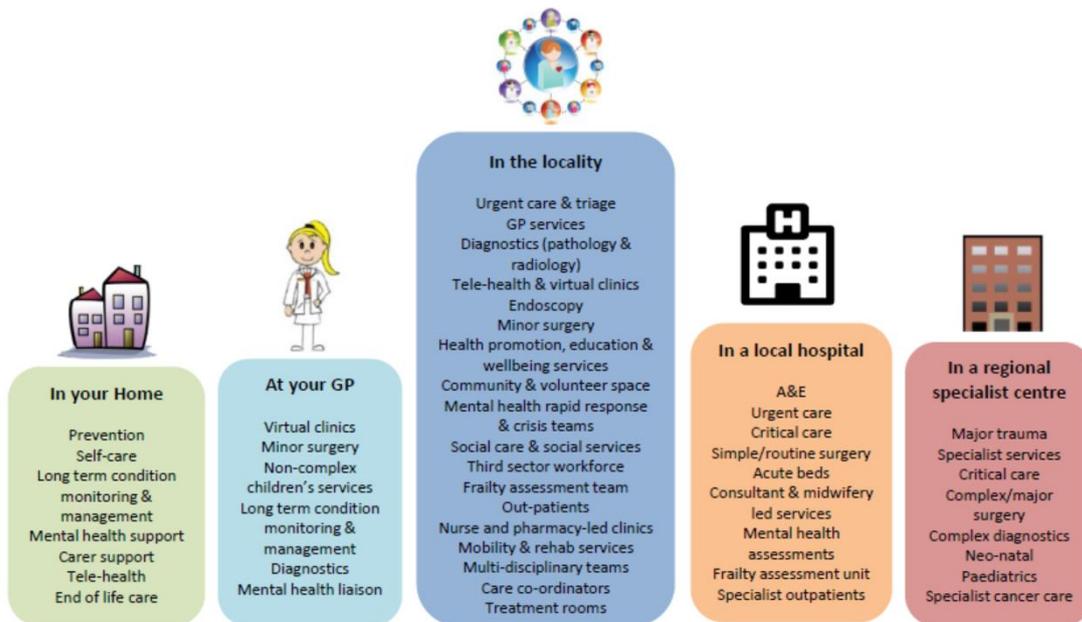
The feedback from the discussions is noted here in four parts:

1. What do you think about the journey so far and the ideas being discussed?

Feedback on the journey so far

It was explained that the ideas and the model of care being discussed were a direct result of a cycle of conversations, which incorporate clinical expertise as well as patient experience, the process was described as a design journey. The design journey so far has resulted in an emerging model of care.

The emerging model of care outlined example services that could be provided in five different settings of care and is shown below:



Attendees were asked for their views on the journey, the aim was to see how people felt about the process and if they could understand how ideas were being developed incorporating their views.

There was a range of responses about the process, but the majority of comments identified that there was not enough detail available. Particularly people who had not been involved in the programme before wanted more information on why change is needed. Overall people found the presentation interesting and comprehensive.



“Why have we not done it before?”

“I can see that people’s ideas have been listened to”

“Comprehensive presentation”

Feedback on the overall ideas

Following the discussion about the design journey to date, attendees moved on to talk about the overall idea and the model of care diagram (page 4). Overall, the discussions identified two common areas of feedback:

- Areas that should support the model of care
- Areas of concern with the model of care

Areas that people felt should support the model of care

IT and technology

IT and technology was the biggest area people discussed as an area to support the delivery of care. People felt that the systems needed to be linked, to support access to information and to help the delivery of effective care. IT and technology was seen as particularly important for patients to access information about themselves, for professionals to access and share information about patients, and also, for the third sector to link into the health and care information system. Some people worried about the use of IT and technology, notably about its security, its accessibility (for those without IT skills) and the achievability of creating a functioning system that's links across organisational boundaries.



“NHS needs technology”

“There is an appetite to use technology but it is not for everyone”

“Technology must be very secure”

Prevention and education

People felt that education about the services that are available, the promotion of health and wellbeing as well as access to early help, were all very important.



“Give patients good information to help manage their conditions effectively”

“Education to support cultural change”

Delivering joined-up care

People felt that the separate settings of care demonstrated in the model of care diagram needed to emphasise joined-up care, people clearly wanted care that was more integrated.



“Health and social care should work together”

“All services are interrelated, all need to be joined up”

Mental health, social care and the third sector

Mental health and social care services were seen as vital elements of a new model of care. They were seen as a gap in the way current services are delivered and were frequently cited as not available locally, and in some cases like in the discharge process, were seen as a significant barrier to the delivery of high quality care.

The third sector was often noted as important to a new model of care, particularly about providing support for the effective functioning of health and care services. People felt that the third sector needed to be supported with contracts, physical space and access to information from the health and care sector; although some people felt that over-reliance on the third sector would present risks.



“Mental health services should underpin these ideas”

“Social care doesn’t have enough focus”

“Third sector needs to be linked in and able to access information”

Areas of concern with the model of care

Workforce

One of the biggest concerns with the ideas are related to the workforce, mainly relating to the training, retention and recruitment of the skills needed to deliver high quality care. Mixing up skills as a solution to the shortage of staff was often cited.



“Workforce concern as clinicians are scarce”

“Doctor and nurse recruitment worries”

Achievability

The next biggest concern cited by attendees, was the achievability of potential changes. People were worried about the demand on services, the time it would take to make the right changes and the actual ability to deliver such large scale change. The sustainability of funding and the finances required to make changes, were a large factor in concerns.



“Similar processes before have been shelved”

“Will this practically work?”

Access to services

There was a common concern with the ability to access services in the model of care, particularly around transport and the use of technology. Some worried that any proposed change would result in access difficulties through contracts to private companies or in equal

access across the three areas of central Lancashire: Chorley, South Ribble and Greater Preston.

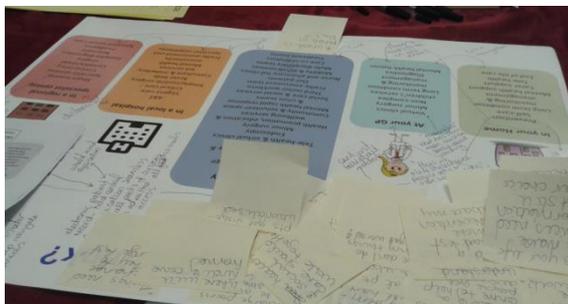


*“Equal access to services in Preston, Chorley and South Ribble”
“Concerns around privatisation by stealth”*

2. What do you think about the settings of care?

We asked people to talk about the five settings of care in the model of care diagram (page 4) and tell to us what they thought about them.

We asked people to comment directly onto the print out of the model of care diagram, or write onto sticky notes. All comments were recorded – and we had 822 of them! We have collated the comments by the setting of care in detail below:



A regional specialist centre setting of care

Travel was a key theme for this setting, some people clearly stated that they would travel to get the best and most specialist help available, while others worried about travel times. The feedback shows that more clarity is needed on geographic distances to potential regional centres to help people share their views. Some people suggested that neonatal services could be moved into a local hospital setting of care to be more available and nearer to communities.



*“Will travel for specialist services”
“Distance to regional centres would be an issue”*

A local hospital setting of care

Parking and transport was noted as an area that required more information, people wanted assurance that travel would improve and parking facilities would be easier to access. More information was requested on the definition of some of the example services in this setting, notably 'specialist outpatient services', 'critical care services' and clarity was also needed on the difference between 'urgent care' and 'accident and emergency' services.

Most of the comments about a local hospital related to the need for local mental health services, including access to inpatient mental health beds and children's mental health services. People wanted more mental health services more locally available than currently.



"Parking needs to be easier"

"In patient mental health should be nearer than it is now"

A setting of care in the locality

Overall, accessibility to local services was seen as a good idea, helping to build joined up care and supporting care closer to home but, more clarity was needed, particularly on the geography any proposed locality centre would cover. Overall there were positive comments about the idea of local care; people felt that more could be done out of hospital, with specific mention of supporting the discharge process from hospitals (step down beds) and helping people to stay in the community for longer (step up beds). Follow up or outpatient appointments, signposting services, pharmacy and mental health services were all frequently referred to as gaps in the way local care services are delivered currently.



"Need more facilities in the locality"

"If running services in one place, will join them together"

"What does in the locality mean"

A care coordinator role in the community was very positively received, people stated that help in navigating the system, coordinating care and helping to find help would be a positive move to improving care.



"Care coordinator to help navigate services"

"Specialist nurses could link across different sites"

"...Lost in system a care navigator would've helped"

A GP setting of care

Blood tests, outpatients, pharmacist and urgent care were all noted as services that could be added as further examples to this setting of care. The definition of some of the services was asked to be clarified such as 'complex children's care'. There was agreement that GP services needed to be easier to access than they are currently. The example of a virtual

clinic service raised concerns about accessibility for those who do not have access to technology or who have sight/ hearing difficulties. Some people were also worried about the variation in services different GPs would offer in this model of care, and how this might impact the equal delivery of care.



“Too much variation in GPs”
“GP access difficult they are the base of the NHS”

Your home as a setting of care

The majority of comments relating to care in the home were about self-care and prevention services, people wanted more help to stay healthy. People felt strongly about end of life services particularly that these were important to provide in the person’s place of choice. Professionals visiting the home and providing services like GPs, carers, mobility assessments were all seen as important.



“End of life [care] is so important”
“Frailty assessments should be in the home – can fully assess what is needed”

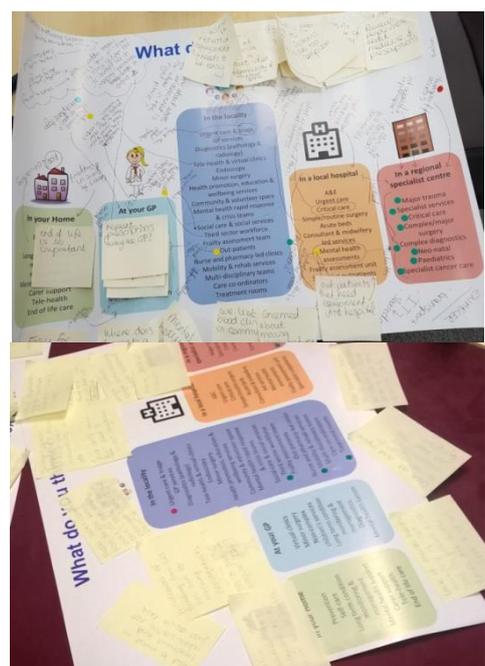
3. What do you think about the services in each setting of care?

In the format of a table discussion, attendees looked at the example services in the model of care diagram (page 4), and talked about why they liked, disliked or were unsure about the health and care service being delivered in in that proposed setting of care. If a consensus on the table was reached, it was asked that a Red, Amber and Green colour rating was used:

- **Red** - disliked or disagreed with setting
- **Amber** - unsure about the setting
- **Green** – liked or agreed with setting

The aim was to understand what people agreed or disagreed with about ideas for changing the way health and care services could be delivered.

Not all attendees at the events participated in the exercise but a consensus was recorded 642 times, and many Red, Amber and Green stickers had comments explaining why they were placed there.



Overall feedback from the red, amber and green ratings

Overall out of the people that took part in the exercise, the majority of participants liked or agreed with the ideas in the model of care diagram (page 4). Services in the home setting of care appeared to have the highest level of agreement while some services in a GP setting of care, raised the highest level of dislike or disagreement. An overview of the Red, Amber and Green colour ratings is noted below per setting of care:

Setting of care	Red rating		Amber rating		Green rating		Total
	Count	% of rating	Count	% of rating	Count	% of rating	
Regional centre	4	3%	9	8%	102	89%	115
Local hospital	10	8%	22	17%	96	75%	128
Locality	17	8%	31	14%	174	78%	222
GP	7	9%	10	13%	61	78%	78
Home	7	6%	13	12%	91	82%	111
TOTAL	45	7%	85	13%	524	80%	654

Full details of the results of this rating exercise are noted in Appendix 2 but a summary of the areas by colour rating is noted below:

Services and settings rated as green

- 80% of the total ratings were green, suggesting that the majority of participants liked or agreed with the services in the settings of care
- The highest percentage of green ratings per setting was in the regional specialist centre setting, 89% of ratings
- The highest percentage of green ratings per service was relating to:
 - A&E services in a local hospital setting of care
 - Prevention services in a home setting of care

Services and settings rated as amber

- 13% of the total ratings were amber, suggesting that some participants were unsure about a number of the services in the settings of care
- The highest percentage of amber ratings per setting, was in the local hospital setting, with 17% of ratings
- The highest percentage of green ratings per service was relating to:
 - Mental health assessments in a local hospital setting of care

Services and settings rated as red

- 7% of the total ratings were red, suggesting that the some participants disliked or disagreed with a number of the services in the settings of care
- The highest percentage of red ratings per setting were in the GP with 9% of ratings
- The highest percentage of green ratings per service was relating to:
 - Frailty assessment unit service in a local hospital setting
 - Endoscopy services in a locality setting
 - Virtual clinics in a GP setting

4. Question Time event

At one event, attendees requested time with leaders of local health and care services to have several questions answered about the pressures and challenges in the system. To handle this request, the chairperson of Chorley South Ribble Clinical Commissioning Group remained available for a 'Question Time' event while a separate event was held by a GP Director from Greater Preston Clinical Commissioning Group, with other organisational representatives, following the planned event format.

The feedback gathered during the Question Time event is noted below:

- There was some feedback relating to the public engagement events:
 - The two hour long events was felt to be difficult for some people, as they may feel uncomfortable leaving the room to go for a comfort break.
 - There was concern that not enough people are attending the events.
 - Some felt that the time for questions at the engagement events was not long enough and should not be left until after the presentation.
 - It was noted that the new format of events, held as a drop in session would reduce the risk of people feeling unable to leave the room and open the opportunity for questions more flexibly.
- Feedback relating to services at Chorley hospital:
 - There was confusion around the problem recruiting staff in Chorley for an A&E department and clarity on the issues was requested.
 - There was concern about the decision to award an urgent care contract to the organisation 'Go to doctor', which has been unable to completely fulfil their obligation in delivering services. It was noted that Go to doctor is a not-for-profit organisation and regular updates on their performance were monitored.
 - People were worried about the definition of 'urgent care'.
 - Systems Resilience Group has now moved meetings to monthly, some were concerned that this could take the pressure off the full time re-opening of the Chorley A&E department.
- The Sustainability and Transformation Plan (STP) was a common area that people requested more clarity, including:
 - A statement in the STP about public engagement; people felt that it was misleading.
 - Pages 18 and 19 of the STP.
 - The risk of the 'free at the point of delivery' for NHS services to be altered.
 - The ability to change the government's position on funding NHS and social care services.

The event ended with a mutual pledge of working together to ensure that a fair, transparent and listening approach is taken by all who work within and care for the NHS and social care services.

Event Feedback

Members of the Public: Event feedback

The people who attend the public engagement events are asked to complete a feedback form where they can advise the Our Health Our Care team about the successes of the events, or needs for improvement for future public engagement events.

145 feedback forms were completed during the March public engagement events, the statistics are demonstrated in the table below:

Total public attendees	Feedback forms completed	Percentage of attendees
218	145	67%

There were four themes in the comments to the question: What did you find most useful about the event today? People said the following were useful:

- 28% Interaction, networking and group discussion
- 22% Learning and getting information
- 17% Listened and being listened to
- 12% Sharing my view

In response to 'Do you feel that you understand more about the OHOC programme from attending this event?' people said:

- 6% said absolutely, definitely or very much so
- 66% said yes
- 3% said a little
- 9% weren't sure
- 3% said no
- 14% were blank

In response to 'Did you understand the information you were given?' people said:

- 83% said yes
- 1% said mostly
- 16% said sometimes
- 4% were blank

In response to 'Did you feel you were given the opportunity to get involved and have your say?' people said:

- 89% said yes
- 5% said sometimes
- 6% were blank

In response to 'Would you attend an Our Health Our Care event in the future?' people said:

- 90% said yes
- 7% said maybe
- 3% were blank

Improvements to the events were mainly regarding:

- The promotion of the events with members of the public to increase the number of attendees
- To try to reduce the noise in the room while discussions are taking place on the tables
- Provide longer times for people to have discussions on their tables

In addition to the feedback forms and the discussions 20 comments cards were received and have been incorporated into this document.

All of the suggestions you have made for the improvement of the events will be used to help us plan the next phase of public engagement events. We want to make the events as useful and as engaging for you as possible, we also want to get as many people as involved as possible so please if you can, help us to spread the word about the programme. Get in touch if you would like to know how you can help: 01772 214323 or ohoc.enquiries@nhs.net

Lancashire Healthwatch: Event feedback

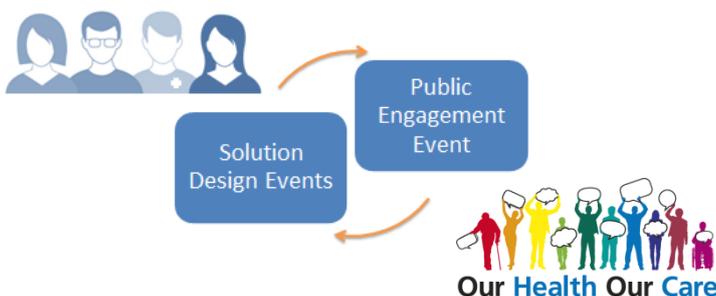
We asked a local organisation, Healthwatch Lancashire, to independently evaluate the public engagement events. They attended some of the events and provided the following feedback:

- Accessible events to all participants who attended, good public transport
- Ran to time, staff helpful “Event well organised and well represented”
- Some jargon could be better explained
- Information clearly delivered, easy to understand and the audience participated “Group work, and also the opportunity to ask questions”

What we will do next

The solution design process

Every six weeks, the Our Health Our Care programme gathers together clinicians from local NHS health organisations, local authorities and other stakeholders (such as police and third sector organisations). These meetings are called solution design events and clinicians lead the discussions.



The ideas shared with attendees during the March 2017 engagement events were the result of 6 solution design events and 12 public engagement events. They are part of a cycle of conversations as shown on the left hand side.

The six public events during March, gathered feedback from local people which will be shared and discussed at the next solution design event on 23 March 2017. The feedback will be used as part of the iterative design process to develop a long list of ideas that incorporates the feedback from the public.

The process in May 2017 will then be share the long list of ideas with the public and work to reduce the ideas down into a short-list.

Get involved!

There are further opportunities for members of the public to get involved in the programme through local engagement events. We will be holding events with a different format in May and July. You are invited to drop in and speak with us between 4.30pm and 7pm on three different dates:



There is no need to book, just arrive whenever is convenient for you and we will be available to answer any of your questions and gather your views on the ideas in the long list.

Appendix 1

Who we have been in contact with

Age UK lifestyle centre
Age UK charity
Alzheimer's UK charity
Black, minority and ethnic forum
Bowland Care Services
Boy scouts
Cardinal Newman College
Central Lancashire voluntary, community and faith collaborative
Children's centre network
Children's trust bulletin
Chorley District Councillors
Chorley Equality Forum
Churches Together
Comensus network
Community events
Confucius institute
Deaf Way
Disability Equality
Discover Drug and Alcohol Recovery Services
Equality forum (Chorley)
Foster Carer networks
Galloways Charity for the blind
Genesis care
Girl guides
Healthwatch
Inclusion Reference Group
Inglewhite Congregational Church coffee morning
Ingol public newsletter
Intact community centre
Intheboro publication
Lancashire black, minority and ethnic network
Lancashire Deaf Services
Lancashire LGBT Charity
Lancashire Mind
Letters to 75 local places of worship
Libraries
MacMillan
Maternity service liaison
Midlands and Lancashire commissioning support unit
Museums
Neonatal Patient experience liaison
Parent Carer forums
Parish council newsletters
Patient advocate group
Patient voice committee
Preston & District Carers Support Group
Preston & District Older Peoples Forum
Preston City Councillors
Preston College
Renal patient group
Runshaw College
Samaritans
South Ribble Borough Councillors
South Ribble voluntary, community and faith network
Trust matters publication
UCLAN
UCLAN medical society
University for the third age network
WI Federation
Youth council network

Appendix 2

Full Red, Amber and Green count per setting of care with relating comments

In a regional specialist centre	Red		Amber		Green
	Count	Comments	Count	Comments	Count
Major trauma			2	No comments recorded	14
Specialist services	2	Unclear term services should be at GP	1	most specialists have services at local hospital super specialist	13
Critical care			1	No comment	14
Complex/major surgery					13
Complex diagnostics			1	No comment	13
Neo-natal			1	Why not in local hospital?	12
Paediatrics			2	term needs definition	11
Specialist cancer care	2	Care should be in locality Should be in local hospital	1	Care in locality	12
TOTAL	4		9		102

In a local hospital	Red		Amber		Green
	Count	Comments	Count	Comments	Count
A&E					15
Urgent care			2	No comment	11
Critical care			2	Is this needed here? 1 No comment	13
Simple/routine surgery	1	Only serious patients	2	No comments	8
Acute beds			1	no comment	12
Consultant & midwifery led services	1	Should be in regional specialist centre	2	Need equipment Equipment	11

Mental health assessments	3	Not sure this is right place for mental health Should be in all settings 1 No comment	6	Need inpatient beds Should be everywhere Depends on patient 3 No comments	10
Frailty assessment unit	4	Better in locality Should be at home Should be at home 1 No comment	5	Duplication as in locality as well Why not in locality/own home? In own home 1 No comment	8
Specialist outpatients	1	No comment	2	Should be in regional only 1 No comment	8
TOTAL	10		22		96

In the Locality	Red		Amber		Green
	Count	Comments	Count	Comments	Count
Urgent care & triage	3	Is this a walk in centre? Triage is specialist	3	Clarification required	11
GP services	1	No comment	2	?clarification required 1 no comment	10
Diagnostics (pathology & radiology)			2	Concern about availability of expensive equipment (1comment recorded)	13
Tele-health & virtual clinics					10
Endoscopy	4	Invasive should be in hospital Money concerns should be in hospital experience levels and support set up 1 no comment recorded	4	Should be co-located service 3 no comments	8
Minor surgery	1	No comment	1	No comment	12
Health promotion, education & wellbeing services					9

Community & volunteer space					10
Mental health rapid response & crisis teams	2	No comments	2	No comments	13
Social care & social services					9
Third sector workforce	1	No comment	5	Define Worried about over reliance 3 no comment	8
Frailty assessment team	2	Should be done in the home Should be done in the home	1	No comment	8
Out-patients	1	No comment	1	In the GP as well	10
Nurse and pharmacy-led clinics			3	timely access In the GP aswell 1 no comment	8
Mobility & rehab services			1	No comment	10
Multi-disciplinary teams	1	No comment	3	No comments	8
Care co-ordinators			2	No comments	8
Treatment rooms	1	No comment	1	Should be in both locality and GP	9
TOTAL	17		31		174

At your GP	Red		Amber		Green
	Count	Comments	Count	Comments	Count
Virtual clinics	4	Need face to face Difficulty if sight/hearing impairments Embarrassment or fear of connection being hacked 1 No comment	1	Concern around peoples willingness/ability to use technology	10
Minor surgery			2	No comment	11
Non-complex children's services			2	Definition What is 'non-complex?'	10

Long term condition monitoring & management	1	No comment	2	No comments	11
Diagnostics	2	Should be in all five areas 1 No comment	2	should also be in home	10
Mental health liaison			1	Been tried before, capacity problem. Won't work	9
TOTAL	7		10		61

In your Home	Red		Amber		Green
	Count	Comments	Count	Comments	Count
Prevention					15
Self-care					13
Long term condition monitoring & management			2	Concern around peoples willingness/ability to use technology 1 No comment	14
Mental health support	3	Worry over whether will receive specialist input 2 No comments	3	No comments	14
Carer support			2	Some people do not have any support 1 No comment	12
Tele-health	2	Information governance concern 1 No comment	1	No comment	11
End of life care	2	No comments	5	Worry over whether will receive specialist input Remember the carer – must make sure services and support available Should also include hospices 2 No comments	12
TOTAL	7		13		91