APPENDIX 4

NHS
Medway
Clinical Commissioning Group

# Improving Community Health Services in Medway

## A summary of public engagement

## October - December 2017

Produced by

pea
public engagement agency

## Improving community health services in Medway

NHS Medway Clinical Commissioning Group (CCG) wants to transform the way adult community health services are delivered across Medway.

The CCG is carrying out a range of patient, public and stakeholder engagement activities to gain people's views on the services and involve them in developing the future community model. Public Engagement Agency (PEA) has been commissioned to support this work.

The new model will ensure the best patient outcomes and value for money, in line with local and national strategies.

The contract for delivering adult community health services will be awarded in 2019 and the service will go live in 2020.

### What are community health services?

Community health services help people get well and stay well, either in their own home or other out-of-hospital settings close to home. They provide a wide range of care, from supporting patients to manage long-term conditions to treating those who are seriously ill with complex conditions.

Teams of health care professionals such as nurses and therapists coordinate and deliver care, working with other professionals including GPs, social workers and the voluntary sector. The services include community nursing, palliative care, community phlebotomy services and community rehabilitation such as specialist stroke rehabilitation services.

## What has the CCG done to date?

Between October and December 2017, the CCG carried out various activities to learn more about what people think about adult community health services and what improvements they would like to see. Patient, public and stakeholder input is critical at each stage, to ensure the best model is created.

The activities included:

- An online survey which ran from 26 October to 6 December.
- Two events to launch the engagement programme, held mid-November.
- Three events to begin to build the future model, held on 30 November, 5 and 12 December.
- 14 focus groups facilitated by the Involving Medway team.
- 36 individual face-to-face and telephone interviews conducted by the Involving Medway healthcare researchers. Involving Medway is a partnership between seven

community organisations and the CCG, aimed at empowering members of the community.

- A GP listening session, held on 15 November.

## What did people tell the CCG?

### *Online survey*

The adult community services used most frequently by survey respondents are phlebotomy (66% of respondents and 30% of respondents' families) and musculoskeletal services (26% and 12% respectively).

Overall experience is good, with more than half rating adult community services as either excellent or very good (56%).

The main reasons people rated the service positively were: staff attitude; short waiting times/appointments on time; easily accessible services/close to home; and experienced/professional staff.

People requested improvements in: getting help and appointments more quickly; more staff; and shorter waiting times.

Respondents identified the following priorities:

| Patients/members of the public | | Staff (clinical and non-clinical) | |
|---|---|---|---|
| There are shared records across services and one care plan for each patient | 40% | Services that respond to people's different needs, including avoiding admission to hospital | 52% |
| People who are frail, or who have a number of different health conditions are supported at home or in the community and any risk of getting unwell is spotted early on | 38% | Services support people with their long term physical health, and with their social and emotional wellbeing | 41% |
| One access route into services, so it's quicker and easier for patients and professionals to access the right service | 37% | There are shared records across services and one care plan for each patient | 40% |

When asked to explain their choices, patients and members of the public most frequently mentioned the need for records and information to be shared to ensure joined-up care, treatment and communications, and a need for a single point of contact/access.

Clinical and non-clinical staff most frequently mentioned the need to treat and care for patients in their own home to avoid inappropriate hospital admission, and to help patients most effectively. The need to share information across organisations, services and staff was also highlighted.

Patients and members of the public mentioned a wide range of elements that were missing from the list of priorities provided, including GPs needing more funding/support. For clinical and non-clinical staff, staffing levels was most frequently mentioned.

## *Launch events*

At the launch events, people were asked what should be considered when designing the future community services model.

Answers included more involvement, collaboration and integration between services and organisations, to move people through the system more seamlessly and avoid duplication.

Person-centred services wrapped around the patient – rather than just the presenting or health problem – are required, as well as continuity of care through a named point of contact. Inclusive engagement, taking into account the diverse needs of different groups and communities, was also highlighted.

Attendees felt more use should be made of digital technology for appointments, health screening/monitoring, advice, self-care – to complement, rather than replace human interaction.

The groups felt there should be more focus on prevention, with people educated from school onwards, to manage their own care better and use services more effectively.

Ensuring a sustainable workforce was a priority including addressing staff shortages, as well as creating new ways of using the workforce such as shared roles/skill mixes; shared training; and better use of unqualified staff.

The groups wanted a focus on quality – from the patient perspective – rather than services being driven by cost. The impact of travel and transport on access to services should also be taken into account.

A ‘one stop shop’ approach was suggested, providing a range of services rather than just health, on one site, more locally.

Other key themes included moving more services into the community; maintaining consistency and equality of care and services across locations; social prescribing; easier, quicker referral systems through different services and agencies; and wider local, community involvement.

## *Planning events*

Three events were held to begin to build the future community services model.

### Event 1 - Self-care and Empowerment

The key themes included a focus on prevention, from an early age. People wanted better communication with patients so they understand and have the confidence to self-care. Support for self-care, such as peer support, online training programmes and workshops were requested, as well as the involvement of family members who can support the patient to better self-care.

Attendees wanted the person to be seen holistically and address health, social and other needs.

Stronger community engagement and links with wider community services, e.g. Kent Fire and Rescue, Kent Police, and the voluntary sector, are required. Stronger service integration and the ability to share resources, budgets and risks across organisations and wider community services were also highlighted.

Attendees requested the creation of a ‘one stop shop’ with a range of services on site, including community services and access to social prescribing. People also wanted better information about what’s available locally and the diverse needs of local people and groups to be addressed.

People were asked how more confidence in using the latest technology can be encouraged. Suggestions were to: educate people early, from school onwards; train professionals so they know how to use it properly; provide training and practice opportunities; and market it well so people are aware of it.

**Event 2 – Person-centred, Co-ordinated Care**

At the second event, the key themes discussed included putting the patient at the centre of care, with services around them.

One shared, patient-centred care plan is required, covering input from all agencies (not just health) and involving friends and family, including social prescribing where appropriate. The group also wanted a co-ordinated care package, reflecting and flexing to the needs of the patient. They should be treated holistically and as an individual.

Services should be accessible, both by locality and through patient-friendly appointment times. Having one single point of contact was highlighted again, as well as a ‘one stop shop’ with a range of services all in one place. Equity of access and quality, across all locations, was also required, as well as greater involvement of the voluntary sector.

The group wanted synchronised care pathways, so care happens in the right sequence, as well as better communication and collaboration between services, ensuring there is one assessment and patients don’t have to keep repeating themselves. A shared IT system across services and organisations is also required.

Better communication with patients regarding changes to appointments and care are needed, as well as staff training to ensure the right skills, competencies and attitude.

**Event 3 - Clinical Priorities for Community Health Services**

Similar themes were discussed at the third event which was primarily attended by clinicians and staff who work in community health services.

The group wanted the whole person to be looked at with the service tailored to the individual and the needs of different communities should be understood and addressed.

People should be educated from school onwards so they know how to access and use services. Services should be made more accessible e.g. through hubs or the use of Skype.

A range of interventions to support self care, such as peer support and self care groups, are needed, as well as a shared care plan and a single point of contact/access for information, enquiries and continuity.

New workforce roles need to be defined, creating a more generic workforce with core generalist skills. Roles should be reviewed and core skills defined, and flex across agencies is needed, including unqualified staff. The voluntary sector should also be involved and seen as part of the workforce.

The group wanted appointment times to be reviewed so they are more responsive to individual requirements e.g. extended hours and later starts. They also requested a ‘one stop shop’ with a range of appointments in one place, to fit the patient, and wanted other services, such as pharmacists and opticians, to be promoted. They also felt patients should be involved in service reviews and evaluations.

Other key themes included: the ability to share information between different IT systems; greater integrated working, with regular meetings and reviews; and greater flexibility in health and care packages.

## *Involving Medway Focus Groups*

The Involving Medway team conducted 14 focus groups in November and December with a range of community groups across Medway.

Key themes discussed included more convenient appointments, to suit patients’ particular needs, as well as easier access which was described as more local, closer to home and under one roof. Better transport is also required, as public transport links are often poor or inaccessible.

The groups wanted more home care, to reduce hospital admissions later on, and wanted people to be treated as a whole, rather than individual conditions. More joined up, accessible and equitable services, nearer to home, are also required.

Better communication with patients and between services, as well as continuity and co-ordination of care across services/organisations and health and social care is needed. Patient notes should be shared across professionals and services, and reviewed regularly.

Patients should have better information, from diagnosis onwards, and better education about self-care, prevention and specific conditions.

Care navigation; better use of the workforce and support for carers were also highlighted.

## *Involving Medway Health Researcher Interviews*

Involving Medway's community health researchers – volunteers trained to conduct health interviews – conducted 36 individual interviews, either face-to-face or by telephone.

The key themes discussed were better transport, including patient transport, as well as clinics being developed on transport routes. Consistent, quality care from every service and every practitioner is required and voluntary organisations should be included. Patients need better, more flexible appointment times, to suit them rather than the service.

Interviewees wanted a local 'one stop shop' with everything under one roof, as well as quicker, more effective referral pathways. They also requested better access to the full range of services (medical, non-medical, social), closer to home. A single point of contact to help navigate around the system is required and information should shared across services, ensuring they are more aligned and there's less repetition.

Patients should be involved in their own care more and treated holistically with better information about services and health conditions made available. Carers should also be involved in care packages.

## *GP Listening Session*

The GP monthly meeting brings together GPs and practice managers from across Medway. Community services were discussed at their November meeting following a presentation from the CCG.

The key themes from the listening session included the need to wrap community health services around primary care and to have better integration across services and better inter-agency communication.

GPs also wanted sustainability to be built into the future contract and said there is a need to improve the referral process, including self-referrals.

The group said there has been a drop in effectiveness of some services due to lack of funding; there are long waiting lists in some services; and there is a lack of community prescribing.

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## Summary of feedback

There were many key themes that re-occurred throughout the engagement activities which should be considered in the next stage of planning the future model for community health services in Medway.

Key themes included:

- Greater **involvement, collaboration and integration between services and organisations**, to move people through the system more seamlessly, avoid duplication, and build on one assessment.
- **One shared IT system**, so that patient information is shared and easily accessed.
- **Person-centred services**, with the patient at the centre of care, treated holistically, not just the presenting or health problem, building in resources – such as peer support and training programmes – to support self-care.
- Continuity of care through a **named point of contact.**
- Make more use of **digital technology** for appointments, health screening/monitoring, advice, self-care – but to complement, rather than replace human interaction.
- **Inclusive engagement**, taking into account the diverse needs of different groups and communities.
- Be more proactive and **focus on prevention**, from an early age, through schools.
- **Patient information and communication with the patient**, so they understand and have the confidence to manage their own care, can be involved in decisions about their care, understand their conditions and know about local services.
- **One person-centred care plan**, shared across organisations and agencies, created with the patient where possible.
- **Involve and support family carers** who know about the person and can support them and be involved in their care plan.
- **Educate from school** onwards, to manage own care better and use services more effectively.
- **Address workforce shortages** and create **new ways of using the workforce** – define new/shared roles/skill mixes; shared training; career progression; better use of unqualified staff – to ensure a sustainable future workforce.
- Take into account the **impact of travel and transport** on access to services.

- Adopt a **'one stop shop'** approach, with a range of services, including community services and access to social prescribing, on one site, locally.
- Move **more services into the community.**
- **Consistency and equality of care** and services across locations.
- **Access improved** through more flexible appointment times, better transport arrangements, and care navigation.
- **Strong community engagement,** working with community services (e.g. fire, police, voluntary sector) and community groups.
- **Easier, quicker referral systems** through different services/agencies.
- Wider local, **community involvement.**

## Keeping the public informed

The CCG should consider the following suggestions for keeping people informed about what has been heard, how it's been used, updates on development of the model and further opportunities to get involved.

- Public events
- CCG attending existing groups/meetings
- Through carers forums
- Through care agencies
- Through voluntary sector
- Bus advert
- Emails
- Workshops
- GP surgeries (noticeboards, leaflets)
- Patient Participation Groups
- Texting service
- Healthwatch
- Online
- Newsletter/magazine
- Focus groups
- Websites/webcasts
- Local papers/radio
- Leaflets/fliers
- Videos
- By post
- Posters

## What happens next?

Following a whole systems redesign meeting in January 2018, the CCG will refine the proposals.

The redesign meeting brings together patients, members of the public, GPs and other clinicians, staff and other stakeholders and enables the CCG to present the proposed model of care and test it using case studies of patient journeys.

A period of extended engagement will now take place asking people whether this will improve services in Medway before procurement of the final service begins. The CCG is planning to involve people who use the services all the way through the process of procurement.

For more information visit www.medwayccg.nhs.uk/community-services.