APPENDIX 3

NHS
Medway
Clinical Commissioning Group

Improving Community Health Services in Medway

Report on Whole System Event: 10 January 2018

Introduction

NHS Medway Clinical Commissioning Group (the CCG) wants to transform the way adult community health services (community services) are delivered across Medway. The CCG is carrying out a range of engagement activities to gain people's views on the services and involve them in developing a revised model.

The revised 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.

An independent organisation, The Public Engagement Agency (PEA™), has been commissioned to support some of the engagement activity the CCG is undertaking. This has included the design – in partnership with Medway CCG – and facilitation of a whole system event held in January 2018. This is a summary report of the day.

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 services.

The Whole System Event

This whole-system event, which followed a range of activities held in late 2017, was designed to provide an opportunity for local people to 'stress-test' the model of care being proposed.

It was based on a 'whole-system scenario' in which people from across the community could respond and react to the proposals from their personal perspectives, as influenced by their experience and differing backgrounds. By bringing together representatives from the whole of Medway to work together, the aim was to help identify how the new model would work, improvements that need to be made and any issues that need to be tackled as this redesign and re-procurement process continues.

Participants were asked to fully engage throughout the day and to be as honest and open as possible, letting the CCG hear all the issues (good and bad), alongside anything that might have been missed, as well as commenting on what might work well or not so well.

Beforehand, participants were sent preparatory reading material to ensure they could actively take part. The day included an overview, presentation, summary of previous engagement, provision of materials to prompt discussion, and three case studies. The participant pack can be found at www.medwaycc.nhs.uk/community-services.

Participants

To gain the opinions of a wide range of people, invitations were sent to stakeholders and community groups across Medway. On the day people were grouped according to background to encourage discussions based on experience and understanding.

The groups included: GPs; other health and care workers; community service providers; people working in community-focused roles; patients and members of the public; council members and health officials; people from or linked to the CCG; representatives for the police, fire service and transport. In total there were 159 people – a profile of attendees can be found at the end of this document.

What happened at the event?

The event was held in Chatham on 10 January 2018. Lorraine Denoris, PEA Lead Facilitator, introduced the session. People were then asked to discuss the pre-event materials they had been given. During this time participants were encouraged to move around the room and talk to people from other backgrounds, making sure they understood what they had read and considering the potential opportunities and challenges.

Caroline Selkirk, the CCG's Accountable Officer at the time of the event, gave a presentation about progress so far and how the new model is being developed by the whole community, as represented in the room. Her priority is partnership working and she made sure the people in the room understood how important their views are. Tracy Rouse, Programme Director, then gave an overview of the revised model.

The three case studies came next. These were based on comments from previous engagement events. Patient experiences were brought to life thanks to two professional actors, who then answered questions about their characters' experiences as a way of helping the audience to properly consider what they had seen.

In the afternoon, the public took part in 'stress-testing' the model based on the case studies. This saw them reviewing the proposals in relation to each case study, considering the impact of the changes. A set of questions was provided to help people encourage different aspects of the care, and a member of the CCG staff sat at each table, recording what was said.

The conversation then opened up to all the tables together, so the different groups could interact with each other, respond to comments and collectively identify a broader range of problems and solutions. This was supported by the actors, who remained in character.

At the end of the day, a panel of CCG staff and a Medway Healthwatch representative answered remaining questions and reviewed the main topics discussed.

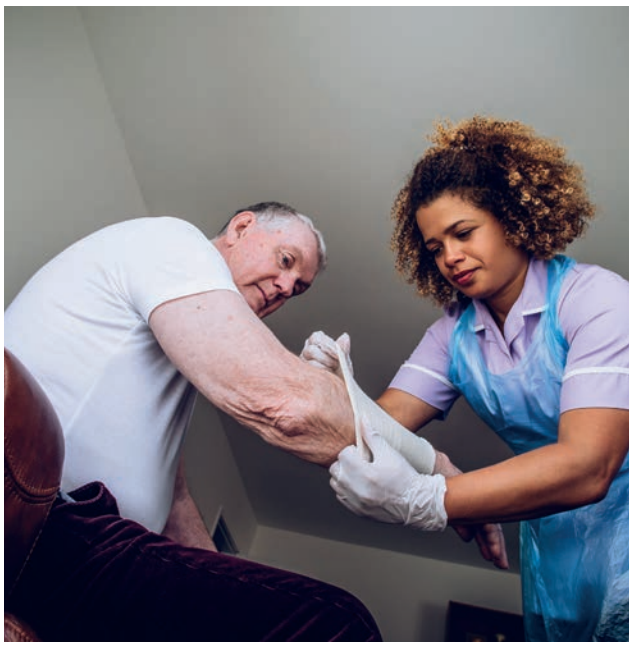
Stress-testing the proposed model: threats and opportunities

Overall, people agreed that change needs to happen and they accepted the idea of the proposed model. A selection of potential opportunities was identified during the event.

- More health services will be based in the community, saving people from having to travel and helping them to make better use of services such as pharmacies and opticians.
- Services will also be streamlined, better co-ordinated, and there will be an emphasis on continuity of care so only one single assessment is needed. All of this means better connected health care, with faster access to services that matter, irrespective of which organisation is providing them. For instance easier access to mental health care will be achieved when accessing other treatment. This will be the result of better collaboration and information sharing, including between IT systems so patient results are more readily available to health professionals. It was also noted that this should help to provide fairer access to services.
- Working more closely with volunteers and community groups to help reduce stress on NHS staff. People will also be encouraged and empowered to self-care. It is also thought the proposals – in particular the training – will help to attract more staff to the area.

In contrast, the threats and challenges people mentioned included the following.

- Working with current numbers of staff, in particular the challenge of training the right balance of people to have the right mix of specialist and general skills. This could lead to the loss of some senior clinical staff too.
- It will take a lot more effort to co-ordinate care to the level proposed, especially given the multiple needs and dependencies of many patients. There is a danger of duplication, and a change in culture and systems will be needed to develop the proposed style of collaborative working. For example, organisations will need to co-ordinate their processes. This includes the need for a clear understanding of information sharing and security in terms of IT. Patient records must also be shared with the patients themselves.



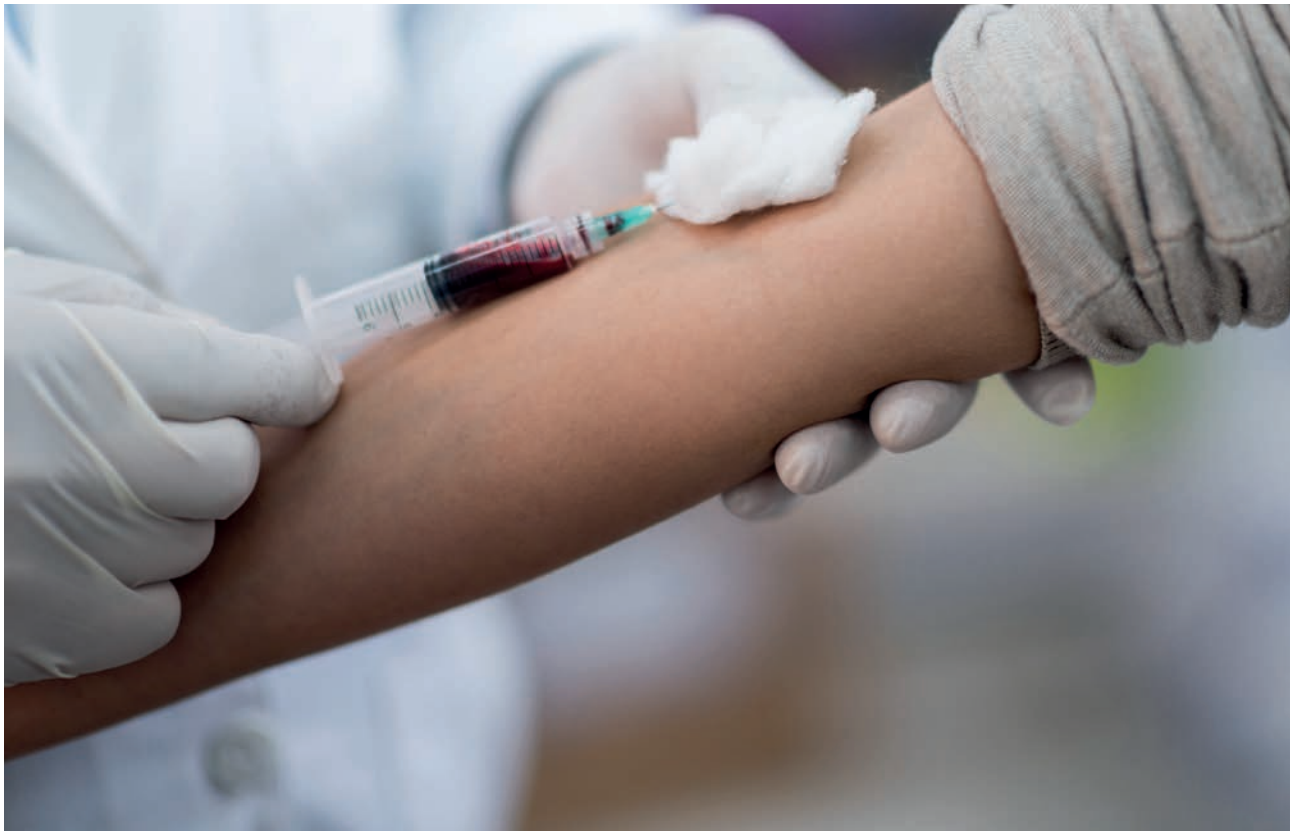
- These changes will take time as the model is developed, and there may be access issues until all of Medway's Integrated Health and Wellbeing Centres are established.
- Other concerns were: Budgets are limited but changes to funding will be expected, focusing more on prevention. The model will need to be able to adapt to meet the needs of the changing population. Public transport is difficult in many areas of Medway and may still hamper access to some specialists.
- If volunteers and community organisations are being relied upon they need to have the funding to do so.
- Finally, to be able to self-care, the public need to be educated and supported.

Points to consider when adopting the proposed model of care in Medway

The open table discussions identified a number of additional comments.

- The model needs to reduce the number of 'hand-offs', where patients are passed from one service to another. This should include a review of referrals so more can be done through community services rather than the GP and – as mentioned previously – processes need to be made the same across organisations. The same can be said for information sharing, with individual services giving out different messages. Consistency is vital.

- Informal and family carers need to be involved in care planning, and their needs should be taken into account. Better communication is needed to help these carers know how to manage conditions. Consideration should also be given to isolated patients, who do not have family and friends.
- Patients need to be aware of the medical information GPs have about them, and their personal ability to access this.
- There needs to be greater focus on prevention and self-care, including all the necessary supporting information and access to resources, education, and support groups.
- Better use of IT should be made in recognition of the different ways people access information – for instance apps and smart phones are increasingly common, in contrast some people still use computers belonging to family members that may not be private.
- Flexible meetings should be better used so that only the right people take part and clinical time is not used up. For instance allow people to phone in, and consider use of location choices.
- Links with social and community services need to be strong to provide non-clinical support. This should include a befriending service. A directory should also be kept, to make it easier for patients and carers to find and use these services.
- One-stop shops need to provide a single place to access a full range of services, including appointments and tests. These also need to give more consideration to the patient and their ability to attend. This 'one-stop shop' service should mean patients have just one named person they need to contact, who knows the system and can help them to find the services they are looking for.
- Services should look at the whole person, including mental health and social needs to avoid 'over-medicalising' problems.
- The meeting also discussed further information which would be needed to help local people decide whether the proposed model would work. People asked the CCG to provide details about the evidence used to create the model, particularly financial information. For example, will the model save money or will there be additional costs in relation to travel between sites, new roles and more community services. Will travel also lead to a loss of clinical time?



- There were questions about the work done to identify the staff skills needed. This included what skills already exist and what changes would mean for staff. How would the more general teams be chosen and would this affect specialists? There was some concern about the current shortage of specialists compared to the promise of greater access to those specialists in the future.
- Other questions were: How will the revised model ensure current good practice is continued? What will happen to non-frail patients, as the model appears to focus mainly on frailty?

The Panel Discussion made some additional reflections.

"The most important thing is that the patient is at the centre of everything, care needs to be holistic and the person needs to be asked what's important to them." **(Healthwatch)**

It was generally agreed this proposal will take healthcare in the right direction. Building on community and voluntary services should help encourage independence and reduce the need for health and care services, particularly for non-medical needs. This should also help to promote self-care.

If the model is to be successful there will need to be a significant change in the way healthcare is provided and services are organised.

Evaluation of the event

During the event round-up people were asked for their initial feedback on the day. This was positive and included:

"I've been involved all the way through and really pleased to see that feedback has been used to build on the sessions."

"Impressed with everyone's willingness to work together. Been on a journey together and looking forward to continuing to progress this."

"It was useful to have actors sharing patients' stories, bringing the patient into the room."

"I've been to all the meetings. This has been the most informative – good to know so many people have attended and the CCG has listened to what's been said. I had my doubts when I first started and can now put my hand on my heart and say I'm glad I'm here, glad I've been on the Patient Panel and glad the CCG has listened."

APPENDIX

Participant profile

Table	Stakeholder Group	Organisation (if applicable)	Number on table
1	GPs and Primary Care		8
2, 3, 4	Community Service Providers	Medway Community Health Virgin Care, Kent Community Health NHS Foundation Trust (KCHFT)	31
5, 6, 7, 9	Health and Care Providers	Kent and Medway NHS and Social Care Partnership Trust (KMPT), Medway Foundation Trust (MFT), Here2Care, The People Care Team, Aquarius Care, Porchlight, British Red Cross, North Kent MIND, Carers First, Royal British Legion Industries, Agincare, Everycare Medway, City & Country Healthcare, Accessible Care, Stroke Association, Byron Lodge Nursing Home, Focus Care and Support Services, Royal Naval Benevolent Trust (RNBT) Pembroke House	44
10, 11	Civil Society and Community Sector	Medway Voluntary Action (MVA), Medway University of the Third Age (U3A), Spice Credits, Citizens Advice Bureau, Rainham Bereavement Group, wHoo Cares, Age UK Medway, Carers First, Alzheimer's Society, Bridging the Gap	20
8, 12, 13	Patient and Public Representatives		27
14	Council & HOSC		11
15	Commissioners & MCCG Governing Body		13
16	Police, Fire and Transport	Kent Police, Kent Fire & Rescue Service, G4S	5

Next steps

The CCG will develop the model in more detail over the next few months. It is working through the available data around staff, finance and IT to get the future model right, reduce duplication, increase efficiency and keep people at home as far as possible.

The detailed feedback from this event will be considered by the CCG to further develop the model. The plan is to consult people in Medway on the Model during the summer of 2018.

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