APPENDIX 1

NHS
Medway
Clinical Commissioning Group

Improving Community Health Services in Medway

Report of Engagement, September – October 2018

Contents

1. Executive Summary

1.1. Background

NHS Medway Clinical Commissioning Group (CCG) wants to transform the way adult community health services are delivered across Medway, so that they are less fragmented, more joined up and with more services within local communities, closer to people's homes.

Whilst NHS bodies are legally required to engage with members of the public before making decisions on changes to health services, Medway CCG is committed to working with patient groups, local public health, social care and voluntary sector partners to make sure the right services are available for the people in Medway.

In 2017 the CCG engaged widely with patients, families, residents and staff on their proposals for future adult community services and the feedback informed the development of the proposed model. All related documents – reports, agendas, presentations, FAQs – can be found at: *www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services*

This report, from the Public Engagement Agency (PEA), outlines the approach taken for the next stage of engagement, undertaken in September and October 2018. This phase focused on the seven key changes that will improve patients' experience of community services. The feedback from this engagement will be used to further refine the model.

1.2. Engagement methods

The engagement focus, for this stage, was on sharing and gaining feedback on the proposed model, particularly around the seven key changes that are considered key to improving people's experiences of adult community health care in Medway.

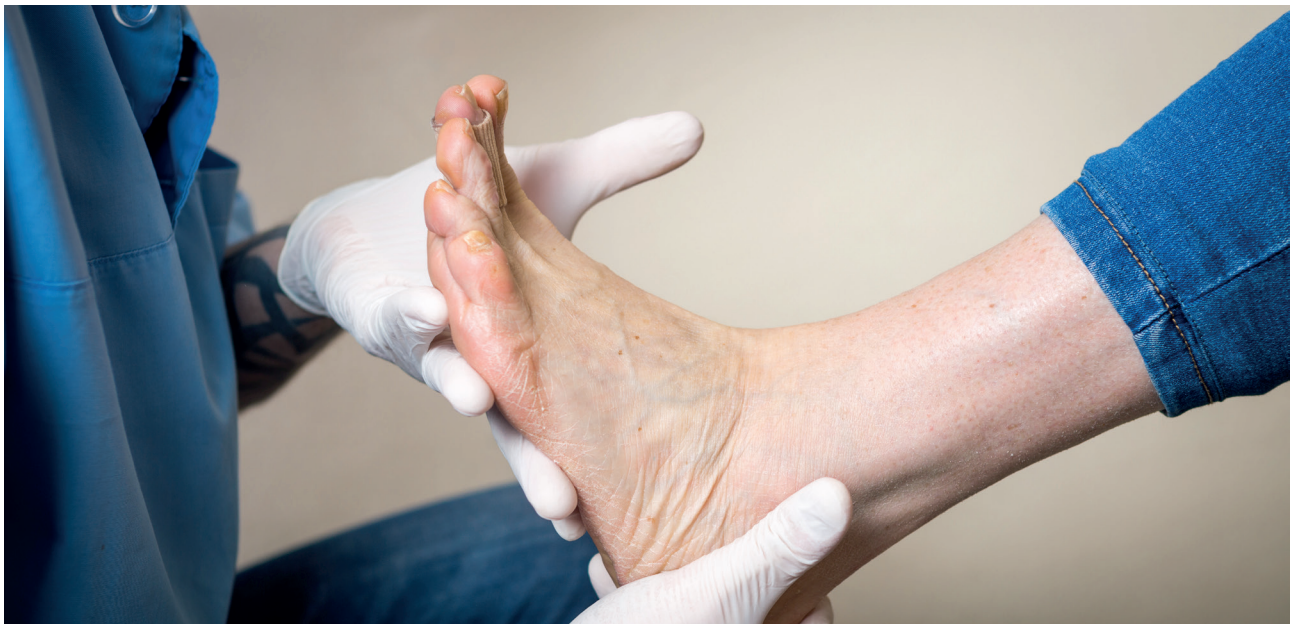
Engagement activity comprised:

- a survey, available online and in paper form
- public events held across the main Medway towns
- discussion at the GP's monthly meeting
- focus groups run by Involving Medway community engagement project
- interviews conducted by Community Health Researcher volunteers
- an open invitation to send comments and feedback directly into the CCG

270 people – patients, public and staff - completed the survey. 195 people including staff, local councillors, members of the public patients and family carers attended four public meetings held across the Medway towns. GPs discussed the proposals at their September 2018 meeting.

Involving Medway conducted 18 focus groups – targeting those less likely to attend public meetings - and spoke to 226 Medway residents. Community health researcher volunteers conducted 18 in-depth interviews with users of community health services.

An individual response from a member of the public was received via the CCG generic inbox. A response was also received from the Member of Parliament for Rochester and Strood, reflecting correspondence and conversations with local people. Key themes have been included and the letter and response are available at www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services.



1.3. Key findings

1.3.1. Key themes from the Survey

A total of 270 responses were received, mostly from patients/public (157), some from staff (23). Respondents primarily reside in Rochester (35%), Chatham (30%) and Gillingham (29%).

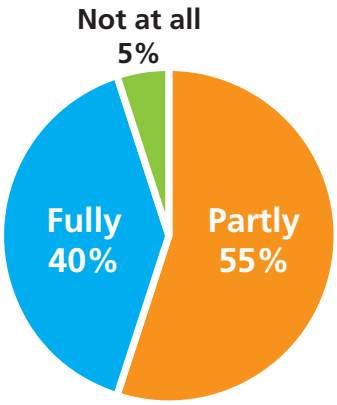
"All the above sounds great but what are the costs and consequences to other services."
[Patient/public, Female]

"They are all great ideas, but rely very much on getting enough of the right kind of staff.....and that there is money to pay them."
[Patient/public, Gillingham, 65-74 years, Female]

Over half of respondents believe the changes will partly address the priorities (55%) and a further 40% believe they will fully address the priorities identified in the 2017 engagement work.

However patients/public are significantly more likely to believe the changes will fully address the priorities than staff (43% vs. 18%).

Q5: In your opinion, to what extent will the key changes outlined in the public engagement summary document address these three priorities? All responding: 174



A number of respondents believe that

- staffing levels are a problem currently and think it will not be possible to recruit adequate staff (12 mentions)
- The proposals are good ideas (7 mentions)
- The proposals are not considered to be achievable (5 mentions)

Overall, the majority of respondents agree or strongly agree that each of the seven changes, will improve the experience of those using adult community services in Medway.

Key Change 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally	79% of respondents overall agree or strongly agree with this key change.
Key Change 2: More multi-skilled community nurses & therapists supported by specialist teams	Over three-quarters of respondents agree to some extent (85%) that this key change will improve patient experience.
Key Change 3: Extending the hours and days of larger services in each of the six localities	79% of respondents see this as improving patient experience.
Key Change 4: A central booking and co-ordination function	Lower level of agreement than other proposed changes, although still a majority overall (67%).
Key Change 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions	Around 8 in 10 respondents agree to some extent with this key change (81%).
Key Change 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support	This key changes receives one of the highest levels of agreement overall (85% either agree or strongly agree that this will improve patient experience).
Key Change 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions	The same proportion agree or strongly agree (85%) that this key change will improve patient experience.

The most important of the seven key changes outlined, according to respondents is 'More multi-skilled community nurses and therapists supported by specialist teams' (30%), followed by 'Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support' (17%).

Those identifying **Key Change 2: More multi skilled community nurses and therapists supported by specialist teams as most important** (30%) say:

- more staff are needed to support current services
- need continuity of care to ensure patients are not repeating themselves and have a named contact point
- need home visits from community nurses to spot early problems thereby avoiding urgent care issues

Those identifying **Key Change 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support** (17%) say:

- this is key to avoiding readmissions
- reduce patients repeating themselves
- increase likelihood of being seen by a multi skilled clinician
- urgent care response should be 2-3 hours currently

Overall, three-fifths of respondents believe the changes will 'improve to some extent' the experience of those using adult community services in Medway (61%) and a further third believe the changes will improve significantly the experience (32%).

1.3.2. Key findings from all other engagement activity

There was general consensus that the seven key changes could potentially have a positive impact on future community services, although there were several caveats around how these might translate into practice.

Positive comments included:

- Much **fairer** way of delivering services, with better access for the whole population
- More **cost effective** if more local and there's less travel
- More effective if **all services are in one place** and **reduces the number of appointments**
- It's an opportunity to **reduce the demand on A&E**
- **Better co-ordinated care** through shared records and designated case managers
- **Improved quality of care** through greater knowledge of the patient
- Supported self care will build a person's **confidence** and put **the patient in control**

Areas of concern included:

- **The cost of the model** and the **available funding** to ensure the successful realisation of the proposed changes
- **Workforce recruitment and capacity** – to cope with the extra demand and how to address retention. People were concerned about workforce retention in the wider health service particularly GPs.
- The impact of **potential closures of GP practices** on the Healthy Living Centres (HLCs) and workforce
- The **impact of upskilling** and whether this will dilute specialist skills
- Potentially **increased demand** on services and the Healthy Living Centres
- **Travel, public transport and parking**: to/from the HLCs, involving multiple bus journeys for some and concerns about appointments outside of daylight hours
- **Ability to access services** – physically and online
- The projected **increase in housing/population** locally which will affect all health services
- **Lack of services** and HLC on the peninsula
- The impact of **seasonal peaks** on clinicians and services
- The **lack of access to, knowledge and cost of technology solutions** would disadvantage some, particularly the elderly
- **Social services** are limited, which impacts on community health services
- **Over-reliance on voluntary services** to provide additional patient support

Other comments about the proposed changes included:

- The need for a **robust, secure and safe IT system**, with seamless access across providers
- The need for **ongoing self care support** with appropriate, monitored website information, transport to support and self help groups, IT training
- The importance of **information and education** for patients and staff - so that they know what's available and can make best use of the options
- **Patient and family involvement** in plans and decisions is vital
- **Mental health and learning disabilities** need to be built in as they have a strong impact on physical health
- There needs to be a greater **focus on/ involvement of other services**, not just health
- The **needs of different groups** need to be considered, for example: young people; people with mental health problems/learning disabilities

Broader concerns included:

- The CCG's decision to go through **procurement**, when other areas have chosen not to, and whether this could be in order to go for the cheapest option was raised particularly by representatives from the existing provider
- How the **seven changes were identified** as the key changes to deliver the future model
- How this proposal aligns with other **national and local strategies and plans**
- How any changes will be **monitored** to assure the **quality of service**

1.4. Conclusion

Some participants had been involved in the earlier engagement and commented on the importance of being involved throughout the process.

One person commented that:

'It's really good to see that a lot of the things that people said is being implemented. I was at the first event at St George Hotel. I can now see this being built on'

Overall feedback, in response to the proposed model and seven key changes, is that the approach is a good idea in principle – promoting greater equity of access, less duplication/fragmentation, giving more control to the patient - as long as there is adequate funding, workforce, IT and self care support to deliver the proposed changes.

Travel, transport and access were key concerns that will need to be taken into account as the model develops, as well as the safety and security of shared records, involvement of patients and family carers in plans and decisions and wider involvement and collaboration with other services and organisations, particularly social care and voluntary organisations.

Participants were keen to be kept informed once decisions had finally been made and when the final model goes out to procurement. There was also discussion about ensuring ongoing communication with and involvement of non-NHS organisations, as key contributors to overall services and self care support.

This report aims to identify and highlight the most common themes from both the qualitative and quantitative feedback. However, these do not convey the full level of detail and we recommend that all the data from the engagement published on the CCG website is reviewed, to ensure all aspects are considered in the next stage of developing the proposals.

2. Background

2.1. Case for Change and proposed model

NHS Medway Clinical Commissioning Group is responsible for planning and commissioning (buying) healthcare services from providers, based on the health needs of the local population. The CCG has been reviewing adult community services in Medway, with the aim of reconfiguring these services so that they are less fragmented, more joined up, with more services within local communities closer to people's homes.

Community health care services help people get well and stay well either in their own home or close to home. They provide a wide range of care, from supporting patients to manage long-term conditions, such as asthma and diabetes, helping people who are frail and elderly, to treating those who are seriously ill with complex conditions.

Currently, community services are mainly provided by Medway Community Healthcare, with a few services provided by Kent Community Health NHS Foundation Trust, the voluntary and community sector and other organisations offering specific services. The current contracts end on 31st March 2020.

40,000 adults in Medway live with a long-term condition or disability. On average, they require six times more health and social care support than someone who is generally healthy. 12,500 adults in Medway have three or more long-term conditions and they account for approximately 10% of all adult A&E attendances and 19% of emergency admissions.

Most people, when given a choice, would prefer to receive care either in their own home or locally, rather than hospital. In line with national and local strategy, the revised model for community services will help relieve pressure on secondary (hospital) care by moving some contact people have with hospital services into community settings, where appropriate.

Having looked at all the evidence and given careful consideration to clinician, patient and public feedback, the CCG identified seven key changes to adult community services they consider, together, will improve the patient's experience of care and lead to more successful health outcomes.

These seven key changes - the main focus for this stage of engagement – are:

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

KEY CHANGE 2: More multi-skilled community nurses and therapists supported by specialist teams

KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

KEY CHANGE 4: A central booking and co-ordination function

KEY CHANGE 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions

KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

The full Case for Change and Revised Model can be found at: www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services

2.2. How previous engagement informed the model

During 2017 there was substantial engagement with people in Medway on the direction of adult community services.

This engagement included:

- A review of existing patient feedback on current services
- A survey to gather views on current services and priorities for the review and redesign (150 respondents)
- A series of stakeholder planning workshops
- Focus groups in community settings to reach less listened to communities and people with protected characteristics (14 groups)
- Individual interviews (face-to-face and telephone) targeting people with long term conditions and people who were less likely to leave their homes
- A whole system design event with stakeholders (159 attendees)

Key areas of feedback from this engagement included the need for:

- **greater involvement, collaboration and integration between services and organisations** including the voluntary sector
- **one shared IT system**, with **one assessment and care plan and one named point of contact and care navigation**
- **person-centred services**, looking at the whole person, with a greater **focus on prevention**
- better **patient information and communication** and **greater involvement and support of family carer**
- **a 'one stop shop' approach**, with a range of services, on one site, locally
- **greater consistency and equality of care** and services across locations
- i**mproved access** and **more flexible appointments**
- **strong community engagement** with community services and groups
- **better use of the clinical workforce** through upskilling/skill sharing

Information about the earlier engagement activities and feedback – including reports and a video - can be found at www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services

The key themes from all previous engagement was fed directly into the plans for community health services and helped design the final proposal.

3. Engagement Methodology
September 2018 - October 2018

3.1. Supporting materials/communication

An engagement document, with a pull-out survey, was created and 1,800 copies printed and circulated, along with posters advertising the engagement, to community and acute health services, libraries, GP Practices and council offices. Community nurses took copies of the document and survey out to all their home visits, to allow people who are housebound to give their feedback. An easy-read version was also available.

The document can be found at: www.medwayccg.nhs.uk/getting-involved/involvement-projects/adult-community-services

A social media campaign was launched including Twitter and Facebook. In addition, there was a poster campaign around Medway. Adverts were placed in the local press, within Medway buses, on bus tickets and through a targeted paid-for Facebook campaign.

3.2. Survey: public and staff

The survey was launched on 3rd September and closed on 26th October 2018. The survey link was distributed by Medway CCG to 987 stakeholders which included all councillors, Patient Participation Groups and interested patients and public in Medway. Medway CCG also printed 4,000 paper copies of the survey for distribution, including 300 to each of the six community nursing teams to distribute to patients at home. It was also distributed to staff via local services.

3.3. Public engagement events

4 public events were held in Gillingham, Rochester and Rainham. The events were advertised through social media, on the website and in the engagement documents. Each event began with a presentation from CCG leads, covering key points from the engagement document, particularly the seven key changes. The presentation and other supporting information available at each event can be found at: http://www.medwayccg.nhs.uk/getting-involved

3.4. GP discussion

Leads from Medway CCG led a discussion with 75 GPs, at their monthly Protected Learning Time session in September, to gain their views on the proposed changes.

3.5. Community Focus Groups

Involving Medway is a local initiative designed to encourage people to get involved with and help make decisions about health provision in the Medway locality. The Involving Medway Community Engagement Team facilitated 18 focus groups in September and October, hosted by the following community groups, to reach people who may not have otherwise had a say:

- Age Uk (Mackenney Center)
- Parkinsons Group
- Medway Hindu Parivar
- Medway Council Assisted Housing
- Medway Breathe Easy COPD group
- Pembroke Pensioners
- Stroke Group
- Mid Kent College
- R.V.S Café
- Social Art Arches Local +18
- Coffee Morning Twydall Baptist Church
- Hoo Coffee Morning
- Mid Kent College
- Pathways to Independence
- Disability Medway
- Stoke Companion Café
- wHoo Cares
- MIND

Each group was asked their views on each of the seven key changes.

3.6. Community Health Researcher Interviews

Volunteers who have completed training to become Community Health Researchers conducted 18 face to face interviews with people who have experience of using community health services. Interviewees were asked for their views on each of the seven key changes and were also asked to identify which of these they thought would be the most important to people receiving community-based care.

4. Engagement Feedback

4.1. Survey: public and staff

A total of 270 responses have been received. The following provides a summary of the feedback received. Before completing the survey, respondents were asked to read the accompanying document providing a summary of the proposed changes.

4.1.1. Respondent Profile

The following provides a breakdown of the respondent profile split by patients/public and staff:

Age	Overall 241	Patients/ Public 151	Staff 22
16-24 years	7%	5%	0%
25-34 years	12%	11%	23%
35-44 years	10%	9%	14%
45-54 years	10%	11%	14%
55-64 years	23%	26%	27%
65-74 years	21%	22%	14%
75 years or more	18%	17%	9%
Prefer not to say	1%	1%	0%

Disability	Overall 236	Patients/ Public 150	Staff 21
Yes, limited a little	26%	28%	14%
Yes, limited a lot	21%	23%	10%
No	48%	47%	62%
Prefer not to say	1%	1%	0%

Gender	Overall 227	Patients/ Public 148	Staff 22
Male	26%	20%	23%
Female	71%	77%	68%
Prefer not to say	0%	1%	0%

Ethnicity	Overall 245	Patients/ Public 154	Staff 22
White	80%	88%	82%
Non White	17%	9%	9%
Prefer not to say	2%	1%	9%

Postcode Areas	Overall 228	Patients/ Public 142	Staff 19
Rochester	35%	36%	26%
Chatham	30%	32%	32%
Gillingham	29%	27%	32%
Sittingbourne	4%	3%	5%
Other	3%	1%	10%

Of the staff that responded to the survey, eight work for Medway Community Healthcare and two for Kent and Medway NHS and Social Care Partnership Trust and Medway NHS Foundation Trust. Other responses include Medway CCG, KMPT and GP surgeries.

4.1.2. Impact of the proposed changes on the previous top three priorities

In a survey conducted at the end of last year (2017) patients, public and staff identified the following top three priorities for the review of community services:

- There are shared records across services and one care plan for each patient
- 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
- One access route into services, so it's quicker and easier for patients and professionals to access the right service

In this survey (2018), respondents were asked to what extent they felt that changes outlined in the engagement document would address these priorities. Over half believe the changes will partly address the priorities (55%) and a further 40% believe they will fully address the priorities.

However patients/public are significantly more likely to believe the changes will fully address the priorities (43%) compared to staff (18%) as shown by the red bold text in the chart below.

	Overall 174	Patients/ Public 148	Staff 22
Fully	40%	**43%**	18%
Partly	55%	53%	73%
Not at all	5%	5%	9%

When asked for supporting comments relating to the priorities being addressed, most frequently mentioned themes include:

- The view that staffing levels are a problem currently and respondents feel it will not be possible to recruit adequately (12 mentions)
- The proposals are good ideas (7 mentions)
- The proposals are not considered to be achievable (5 mentions)
- Central booking system will not work (4 mentions)
- Rural population not accounted for (4 mentions)
- Health and social care need to work much more closely to achieve the goals (4 mentions)
- Shared records are deemed very important (4 mentions) however…
- …there is a real need for investment in IT and technology to fully enable this (3 mentions)
- The difficulty in spotting when frail elderly become unwell (3 mentions)

"These changes will only fully address the priorities, if far more staff are employed. Their workloads will be unacceptable if additional staff positions are not increased. What will happen when' Specialist A' has a full timetable and unable to execute her duties on further patients?"
[Patient/public, Gillingham, 65-74 years, Female]

"Agree that records should be shared but IT networks need to be invested in to support the use of such technologies as often this is what lets services down. Early support is vital but again enough staff need to be available and not on a shoestring budget and agree that patients need to get easy access."
[Clinical staff, MCH]

"Firstly are these issues even achievable given existing resources and plans in place? I think someone has spent too much time brainstorming and could be operating on a different plane of existence. As a mission statement I think this works - but just try and put a timetable with dependencies into effect for this!"
[Patient/public, Chatham, 65-74 years, Male]

"It could work. But I strongly disagree with care coordination centre working 24/7 7 days a week. All services are struggling and we need more staff not change of working conditions. Many people are not happy and a large number of staff will be leaving."
[Non-clinical staff, MCH]

"One access route should be done in the form of a switch board service, to allow patients to access the relevant therapist/service. Centralised booking will only work if access to specific clinicians is available. Many services have specialist knowledge therefore need to speak with patients personally. Centralised booking will only work if access to clinicians is available."
[Clinical staff, MCH]

"I don't understand why you think the proposed changes will mean a quicker access. You still have the same finances, the same staff base. How can staff suddenly be more qualified and more accessible with same resources?"
[Patient/public, Gillingham, 25-34 years, Female]

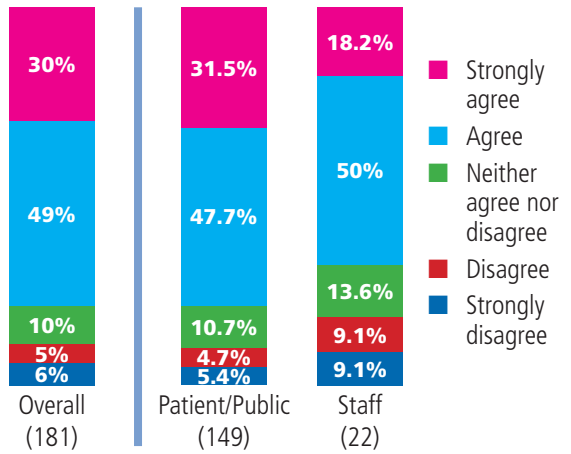
4.1.3. Improving the experience of using adult community services, by key change

Overall, the majority of respondents agree or strongly agree that each of the seven changes will improve the experience of those using adult community services in Medway:

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

Over three-quarters of respondents overall agree or strongly agree with this key change.

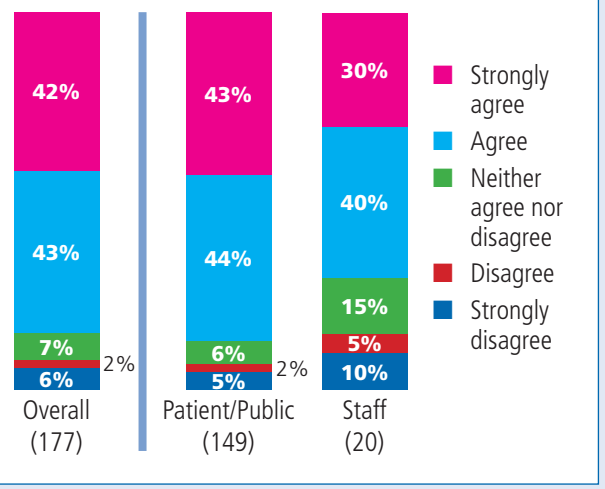
Q3.1: The most common services will be provided locally in each Medway town, with specialist support provided centrally



KEY CHANGE 2: More multi-skilled community nurses and therapists supported by specialist teams

Over three-quarters of respondents agree to some extent (85%) that this key change will improve patient experience.

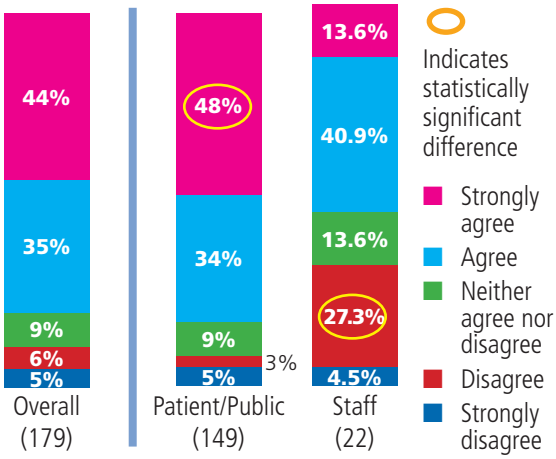
Q3.2: More multi-skilled community nurses and therapists supported by specialist teams



KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

This key change is perceived as improving patient experience by 79% of respondents. However patients/public are significantly more likely to strongly agree with this than staff (48% compared to 14%) – as shown by the yellow circle on the chart below. Conversely patients/public are significantly less likely to disagree than staff (3% compared to 27%).

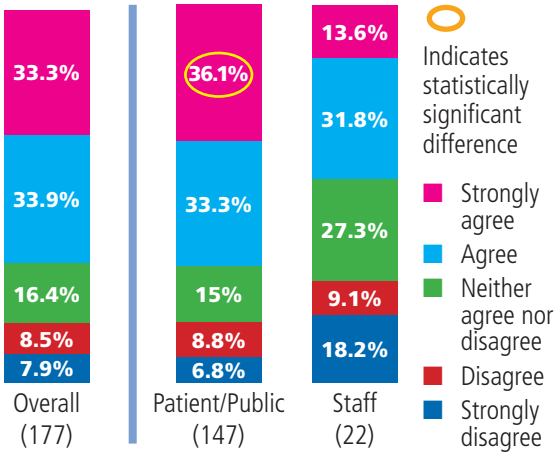
Q3.3 Extending the hours and days of larger services in each of the six localities



KEY CHANGE 4: A central booking and co-ordination function

The level of agreement in relation to this key change is lower than the other proposed changes, although still a majority overall (67%). Patients/public are significantly more likely to strongly agree than staff (36% compared to 14%) – shown by the yellow circle on the chart below.

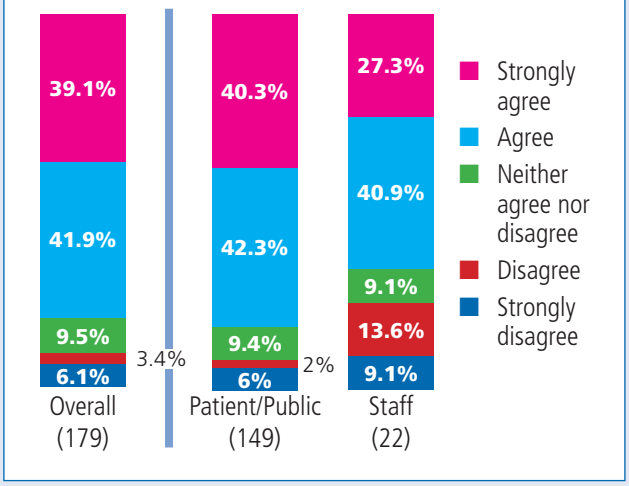
Q3.4: A central booking and co-ordination function



KEY CHANGE 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions

Around 8 in 10 respondents agree to some extent with this key change (81%).

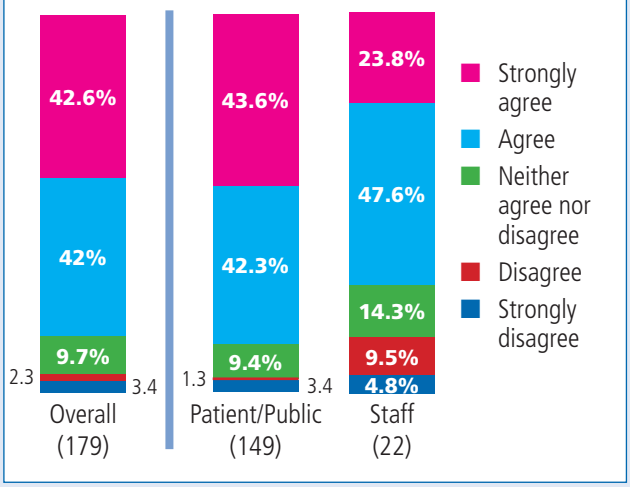
Q3.5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions



KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

This key change receives one of the highest levels of agreement overall (85% either agree or strongly agree that this will improve patient experience).

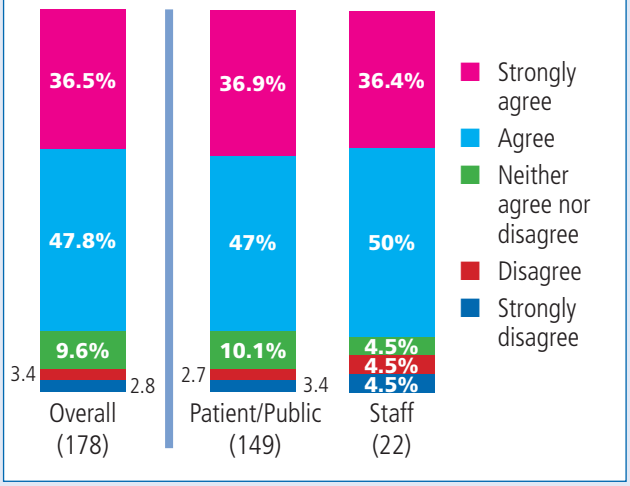
Q3.6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support



KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

The same proportion agree or strongly agree (85%) that this key change will improve patient experience.

Q3.7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions



Those that disagreed with any of the proposed changes, were asked to explain why.

The most frequently mentioned themes were in line with previous comments:

- The need to ensure there are adequate staff (4 mentions)
- The central booking system seen as difficult to use/ unworkable (4 mentions)

Other comments were generally negative towards the initiatives including the current problems recruiting clinicians and especially GPs, the lack of consideration for residents from rural areas especially Hoo Peninsula, the issue that dermatology is not covered by the proposals and the view that hours should not be extended given staffing problems with current hours.

"Just need to ensure that these teams are adequately staffed and it not done on a shoestring." ***[Clinical staff, MCH]***

"A central booking and co-ordination centre may be difficult to manage, and make it difficult for the service user to get to speak to someone directly involved with their case (taking away the personal aspect)" ***[Clinical staff, Stroke Services]***

"Where are you going to get clinicians esp GPs when you are already struggling to fill GPs position?" ***[Patient/public, Chatham, 65-74 years, Male]***

"Not sure how you expect people to park in the Healthy Living Centres. It's difficult enough at the moment without increased clinics and although they're local how are patients with lots of problems supposed to walk to their local clinic?"
[Patient/public, Gillingham, 25-34 years, Female]

"All the above sounds great but what are the costs and consequences to other services."
[Patient/public, Female]

"The proposals fail to recognise the additional issues facing people living in the Hoo Peninsula. Travelling time to existing locations are far above the times quoted in the document. Access to services is poor in this location and is expensive and difficult to travel to by public transport. Given the massive increase in population on the Peninsula now and in the next few years (based on current local authority expansion) plans should be made for more facilities to be based here."
[Patient/public, Rochester, 55-64 years, Female]

"There needs to be more definition of the localities of these services - what seems logical and easy on paper, from an aerial/map view, is not necessarily easily accessed in reality and practicality... the people and patients should be able to dictate where they want the location of a facility to best meet their needs for accessibility - according to their views and experiences."
[Patient/public, Gillingham, 55-64 years, Female]

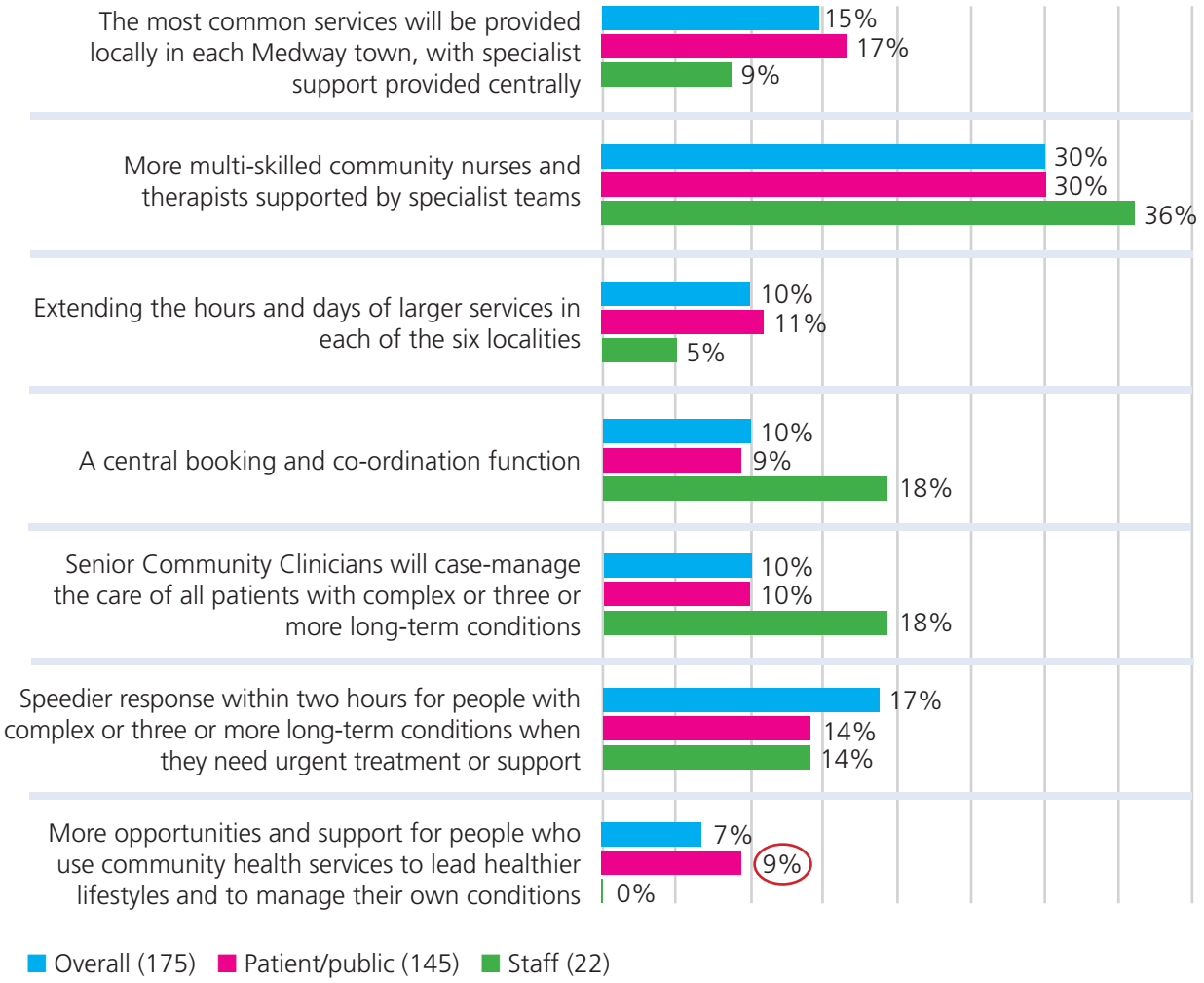
"Patients with highest need do not always multiple long term conditions. Community nurses are already multiskilled clinicians, if you give them more to do will they have more staff. Prevention is always better than cure do your clinic and home visits allow nurses and therapists to include teaching and education - I suggest not, do you plans to fund the additional resource to do so." ***[Clinical staff, MCH]***

"The larger services already provide a 24 hour service. ie community nursing and palliative care. It should be the more specialist ones like respiratory who should have a more robust 7-day week service...people with respiratory problems don't stop having them at a weekend." ***[Clinical staff, MCH]***

4.1.4. The most important of the seven key changes

The most important of the seven key changes outlined, according to respondents is 'More multi-skilled community nurses and therapists supported by specialist teams' (30%), followed by 'Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support' (17%). Patients/public are significantly more likely to identify 'More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions' (9%) compared to staff (0%).

Q7: Which of the seven key changes outlined in the public engagement summary document, do you think will be the most important to people receiving community-based care?



When asked to explain their answers to question seven, the most frequently mentioned themes include:

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

15% identify this as most important

- Most people see this as key to delivering community services (8 mentions)
- Removes issues of having to travel (3 mentions)
- Other mentions include being seen more quickly, waiting times and delays should decrease, ability to build rapport with staff.
- However individual mentions also identified the lack of mention of dermatology services and that any distance can be difficult for the elderly and vulnerable

"People need to be able to get to see someone or attend a clinic that is easy to access and get to."
[Patient/public, Rochester, 45-54 years, Female]

"A lot of clinicians develop and progress into specialist areas so I feel this needs to be a priority so patients get the best possible care by a suitable trained clinician who knows the best evidenced based care and treatments at the right time and place .I do not agree with patients being treated by "generalist" teams who may actually spend longer under their care which isn't efficient or effective."
[Clinical staff, Medway Community Hospital]

KEY CHANGE 2: More multi-skilled community nurses and therapists supported by specialist teams

30% identify this as most important

- Overall 22 mentions were simply that more staff are needed to support current services
- This was deemed important due to the need for continuity of care to ensure patients are not repeating themselves and have a named contact point (4 mentions)
- The need for home visits from community nurses to spot early problems thereby avoiding urgent care *issues (2 mentions)*

"From what I've seen community nurses and therapist services are stretched to the hilt, more need to be recruited to offer a good quality service."
[Patient/public, Rochester, 45-54 years, Female]

"A difficult one because I think speedier responses and extension of the working day run parallel to my answer. Staff are already stretched and appointments and home visits can be difficult to arrange, so they will not be able to extend the working day without additional multi skilled community nurses etc."
[Patient/public, Gillingham, 65-74 years, Female]

KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

10% identify this as most important

- In general respondents identifying this as the most important believe this is a positive move (2 mentions) and will improve accessibility (3 mentions) and reduce waiting times (1 mention)

"If the hours are extended then hopefully that will mean there will be more clinic slots available so less waiting for people to access the services in the first place."
[Patient/public, Gillingham, 55-64 years, Female]

KEY CHANGE 4: A central booking and co-ordination function

10% identify this as most important

- Overall respondents believe this would help (4 mentions)
- Individual mentions include lack of communications currently, would help with GP bookings, improve efficiency and reduces need to repeat symptoms/ *problems*

"I think if you have too many paths getting you into the correct service it dilutes each sectors ability to deal with. A centralised approach should be better at funneling and dealing with appropriate referrals." ***[Patient/public, 25-34 years, Male]***

KEY CHANGE 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions

10% identify this as most important

- Respondents identifying this as most important believe it would prevent urgent care needs from developing (3 mentions) and would enable all help required to be identified and sourced by one person (3 mentions)

"Help is needed to reduce severity of multiple conditions so health can improve and having loads of different providers/no main health worker to contact doesn't help."
[Patient/public, Rochester, 45-54 years, Female]

"This input is probably the most lacking as patients can fall into a gap between secondary care and local care provided by their GP. A senior community clinician would be able to help implement care plans, particularly for those with complex/ multiple long-term conditions."
[Patient/public, Chatham, 65-74 years, Male]

KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

17% identify this as most important

- In general respondents regard this as key to avoiding readmissions (7 mentions)
- Other mentions include reduce patients repeating themselves, increase likelihood of being seen by a multi skilled clinician, that urgent care response should be 2-3 hours currently

"This will be the thing that gives them the right care quickly and keep them out of long term hospital care, which may ultimately aggravate their frailty."
[Non-clinical staff, Medway Maritime Hospital]

"It will help not to keep repeating your medical history with someone like me who has three or more chronic conditions and different clinicians keep giving varied opinions when consulted."
[Patient/public, Chatham, 65-74 years, Male]

KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

7% identify this as most important

- In general respondents see this as a long term change in behaviour leading to improved health (5 mentions)

"Will hopefully ensure the patient can continue to receive community care rather than hospital care therefore reducing NHS spending." ***[Patient/public, Gillingham, 35-44 years, Female]***

4.1.5. Overall, the changes will improve the experience of using adult community services

Overall, three-fifths of respondents believe the changes will 'improve to some extent' the experience of those using adult community services in Medway (61%) and a further third believe the changes will improve significantly the experience (32%).

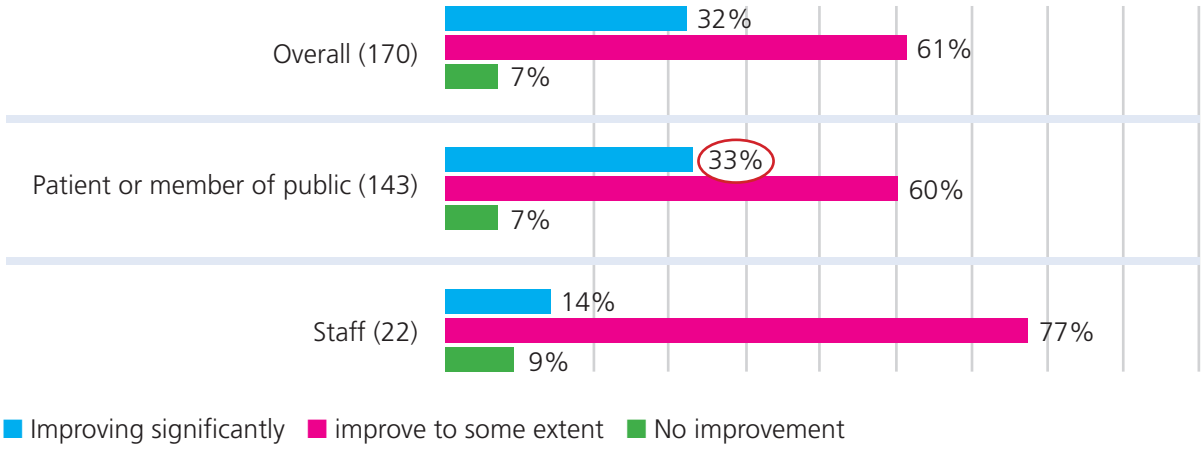
Patients/public are significantly more likely to believe the changes will improve significantly patient experience (33%) than staff (14%) as shown by the red circle on the chart below.

"In theory it all sounds excellent. However, it depends on the reality of finding enough skilled staff to carry out all these services, particularly with the Brexit situation discouraging many skilled professionals from abroad from applying in the first place."
[Patient/public, Chatham, 65-74 years, Female]

"They are all great ideas, but rely very much on getting enough of the right kind of staff... and that there is money to pay them."
[Patient/public, Gillingham, 65-74 years, Female]

"Same staff base, same skill mix, same resources, same amount of money. Changed structure but proposal of services is not realistic without significant increase in finances to support the changes and increasing staff and access."
[Patient/public, Gillingham, 25-34 years, Female]

Q9: Having read the public engagement summary document do you think that the changes overall will improve the experience of those using adult community services in Medway?



When asked for supporting comments relating to the changes improving patient experiences, most frequently mentioned themes include:

- In theory the changes are perceived as positive although are reliant on finding and securing staff (16 mentions)
- A general improvement will result from the changes proposed (16 mentions)
- People are hopeful that improvements will be realised but unable to commit (10 mentions)
- Appropriate investment is required (10 mentions)
- Changes will result in improvements for some but not all (4 mentions)
- Concerns regarding the lack of services in place on Strood and peninsula side of the river/rural areas (4 mentions)
- Lack of consultation/problems with dermatology services (3 mentions)

Other mentions include perceived problems with a central booking system; will still be transport problems; referral/1st appointment is difficult to get.

"There are more and more people being added into the catchment areas, more elderly people needing healthcare services and less money being invested in relevant areas of the NHS."
[Patient/public, Rochester, 65-74 years, Female]

When asked for any other comments relating to the proposals, a range of comments are made, mostly in line with previous comments and feedback as follows:

- Staffing
  - Recruiting necessary staff will be difficult and vital to proposals (5 mentions)
  - Need for investment in staff training and career progression options (3 mentions)
- Hopeful that changes will work and result in improvements (4 mentions)
- Lack of inclusion of dermatology is concerning given recent changes to dermatology services (3 mentions)

"It all sounds very caring and compassionate and in theory will free up A&E and will give people more confidence in the system when they have more than one condition. I am just very concerned that without

sufficient skilled health professionals of all types being recruited in enough numbers, it will not deliver all the wonderful promises."
[Patient/public, Chatham, 65-74 years, Female]

"I am concerned there could be staffing issues. One of the big complaints against private providers is staff turnover. Short term contracts mean that if a member of staff wishes to up skill, they have to change jobs. with longer contracts and a larger employer, the staff member can up skill and stay with the organisation. Many health service staff want to be in an organisation where there is the opportunity to follow a clear career path from entry level to the top of the tree within one organisation. My other concern is that private providers could suddenly walk out of the contract because they are unable to cover costs or find enough then the whole service could collapse at short notice leaving patients in the lurch."
[Non-clinical staff, Medway Maritime Hospital]

"There was a really good dermatology team at Medway community. This will no longer exist. Only thing left is a very long winded trip to Strood, no home visits for those of us who cannot get out and GP's running it who will no doubt only want to see you once. Rubbish, utter rubbish not having this in your improving Services."
[Patient/public, 75 years or more, Female]

Other mentions include:

- The need to treat all localities equally
- Promote and publicise plans and how patients will be affected
- Use pilot studies to inform planning and check if this has been achieved elsewhere
- Costs and investment required will prove challenging

"Needs to be clearly and extensively published to ensure people understand how to use the services appropriately."
[Patient/public, Sittingbourne, 65-74 years, Female]

"Learn from the mistakes of others in conducting large scale procurement of community services... get your financial envelope right, don't use this as an opportunity to cut costs...it will lead to far greater problems down the line. Get the interface with social care right from the outset too."
[Patient/public, Rochester, 45-54 years, Female]

4.2. Public events

195 people attended four public events, held in Gillingham, Rochester and Rainham. Participants included staff, local councillors, members of the public, patients and family carers. The following also includes other feedback from the public.

4.2.1. Key questions raised

The most often repeated questions raised at the sessions covered:

- **Procurement**: why the CCG has chosen to go through procurement – rather than revisiting and revising the existing contract - and concerns this may be a cost-cutting exercise (going for the cheapest option)
- **The development of the seven changes**: how they were identified as the key changes and whether any were more important than others
- **Cost**: the actual cost of the proposed model and each of the seven changes
- **Alignment with other strategies and plans**: how this proposal will link with other ongoing activity, such as the Sustainability and Transformation Plan (STP), local care and planned GP closures
- **Workforce** issues, including whether staff will be available, whether upskilling will dilute some specialist skills, the impact of moving staff from hospital to community
- **IT system**: who owns it, who will have access, how and how it will be made secure; the potential impact on people who don't have access
- **Patient and family involvement**: how patients and their families are heard and included, generally and specifically in multidisciplinary team discussions
- **Young people/people with complex learning needs/people with mental health problems**: how their needs will be recognised and addressed
- **Monitoring for quality**: how any changes to current services will be monitored for quality of care, staff terms and conditions, support and training

All questions and responses are available at http://www.medwayccg.nhs.uk/getting-involved

4.2.2. General comments

There was general consensus that the 7 key changes were a good idea - "sounds good if it works" - as current services are fragmented and, for many, difficult to access. However, there were concerns about how these would translate into practice, how safe transition to the new model would be assured and how the provider(s) will be monitored for compliance, quality of care, staff support and training.

Other concerns raised across the events were:

- **Workforce**: the workforce will be reduced while upskilling; staff aren't available to take on the roles; many GPs in Medway are nearing retirement
- **Access to GPs**, as first contact point, and seeing the same GP are important for continuity of care

- **Mental health** is not mentioned in the model, yet mental health has a huge impact on physical health and vice versa. Community nurses may be the first to detect mental health problems, particularly in those who are housebound
- **Social care issues** are a big problem in Medway and have a significant knock-on effect on health services
- **Travel times and transport** issues generally and more specifically for elderly people or people with conditions that mean they can't walk or drive
- **Financial restrictions**: in the NHS generally and around workforce and IT, specifically, when both need long-term investment
- **Changes need to start now**, not wait until 2020
- **Concerns about specific services**, such as dementia care, dermatology, diabetes
- **Too health focused**, when there needs to be greater cross-boundary working and collaboration with social and voluntary services
- **Lack of knowledge and information** about what's provided now – both staff and patients
- **Family carers** have extensive knowledge of the person they care for and should be central to any discussions/plans
- **Plans for Hoo** – need to invest in travel, Healthy Living Centre, GPs, services
- The impact of national policy on local plans

"Sounds lovely but all care should originate from a Doctor. Accessing GP services is essential and more work has to be done on GP availability"

4.2.3. Comments specific to each of the key changes

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

In principle participants considered the Healthy Living Centres to be a good idea and were pleased to hear two more would be available but key concerns included whether this could be any more than aspirational and whether there should be more than 6 Healthy Living Centres.

Other concerns included:

- **Travel, traffic and transport** are an issue for a lot of people and parking could be a problem for the Healthy Living Centres if a larger population will be using them
- Where **specialist staff** will come from and whether all workforce issues will be addressed by 2020
- **Voluntary sector and local organisations** need to be involved in HLCs
- Concerns about **GP closures** and that HLCs will take services out of GP Practices, meaning people will have to travel further
- How the **MDT pilot** will be rolled out to reach the 1200 people with long term conditions
- Who **manages the MDTs** and ensures the actions are carried out
- **Where and how data will be stored** and whether there will be a central point or multiple accessible databases

"Nothing seems to be joined up"

KEY CHANGE 2: More multiskilled nurses and therapists supported by specialist teams

This was generally seen as a positive change, as people should travel less for many services, but there was concern that it needed to be funded and planned properly, for it to be more than aspirational and a 'stop gap', considering the wider STP plans to save money.

Other concerns included:

- Clinicians are **already multiskilled** – it's the system that has stopped them working in this way
- The risk of **deskilling** practitioners
- The risk of **losing staff** due to: reduced development opportunities; destabilisation caused by service changes; potential changes in terms and conditions; length of contract
- **Time and cost to train and upskill** staff and impact on their pay
- How much expertise **the specialist teams** will have and the logistics of seeing separate specialists on the same day on one site
- **Re-referrals and self-referral** need to be simpler
- **Technology** should be used more
- **Pharmacists** need to be included and involved more
- People need to be **educated** to know what to use and when

KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

Generally, this was considered to be a good idea, as it benefits most of the community, through all age ranges, and will be helpful for people who commute. It was also perceived to be useful in freeing up GP hours, by using other clinicians.

Concerns included:

- **Availability of staff** and the need to be careful that staff aren't overstretched
- **Long waits now for appointments** that could get worse through extended hours

- How to **stay within the financial envelope** - not all services need to be open 8-8 every day – need to have a mixture of appointment offers and flexible working hours
- There are **gaps for people with complex and special needs** and some people are 'lost' to health services
- **Booking systems aren't equitable**. Walk-in appointments, at the cost of people phoning in, disadvantage some patients

KEY CHANGE 4: A central booking and co-ordination function

Overall, this was considered to be a positive change as, in the past, people have experienced very fragmented services. A single 24-hour number was considered a good idea in principle but how well it works comes down to how well funded and staffed it is, the level of communication across people/services involved and whether the person on the end of the phone has access to patient records.

Other concerns included:

- **Finance** will be needed to ensure this works effectively
- **One number won't work** as there will be too many people calling in – each call should be answered quickly and effectively
- It needs to be **manned by the appropriate, informed staff**, not automated
- **Language barriers** may be a problem
- A **patient portal** needs to be in place but there are concerns as to how this will work (as Choose and Book doesn't)

KEY CHANGE 5: Senior community clinicians will case-manage the care of all patients with complex or three or more long-term conditions

In general, this change was considered a positive change, with the potential to reduce A&E and hospital admissions, but there was concern about the number of patients that would need to be seen (the 12,000) and whether there would be enough clinicians to be able to provide the required level of case management.

Other concerns included:

- **One size doesn't fit all** – assurance is needed that this will take a holistic approach
- **Staff** need to be **knowledgeable about all services**, so they can signpost patients to relevant services
- **Family carers** should be **actively involved** in discussions and decisions

KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

Generally, participants thought this could have a significant positive impact – including hospital avoidance - but there was concern that this is a significant change from current practice and whether there would be capacity to cope, once the response has happened.

Other concerns included:

- **2 hours may not be quick enough** for some
- **Need clearer description** of what '2 hour response' is, who decides what type of response the patient needs, what that response might include and how patients are prioritised (and re-prioritised if there are multiple calls)
- **The resource** needed to provide this support to the identified group needs to be more clearly defined

KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

For some participants this was considered a really key change, as more emphasis on people managing their own conditions would mean less pressure on the health care system. It was considered important that people understand their conditions, so they have the confidence to manage their own conditions better.

"There are lots of people trying to help but sometimes the onus has to be on the patient themselves"

There was a question about what care navigation means, whether care navigators are voluntary or professional and whether they have accreditation.

Concerns included:

- **Online services**: many patients may not have the ability or capability – or technology – to use appropriately
- **Long term issues** won't be resolved if only short-term intervention is provided
- **Some patients may not be able to self-care** or their situation may change, so will need to be monitored
- **Over-reliance on voluntary services** for health care support

Comments included:

- **Patient education** is important to successfully support self care
- **Clinician education** is needed, to understand how to support self care and how to signpost to other statutory and non-statutory services

- **Information** is vital and needs to be easily accessible, in one place, through a holistic Directory of Services
- **People need to be supported** to build confidence in doing things for themselves
- **Families** are key to supporting a person's self care
- **Digital support** should be promoted more, particularly to young people
- **Community pharmacists** should be used more
- Self care needs to be **actively and continuously promoted**, using a range of media

4.3. CCG-led GP discussion

GPs and other Practice Staff attending the session on 20th September were asked "What additional changes would you like to see in the revised model?"

Feedback included:

- The **referral process** needs to be **simplified**
- There needs to be **better integration** of services
- GPs need a list of **services and contact numbers**
- There needs to be **flexibility and intercommunication** between community services
- There needs to be a **closer working relationship** with GPs and practice nursing teams
- There should be **more nurse specialist prescribers**
- GPs should have opportunities to feedback on how community services are operating to inform **performance monitoring**

Specific services were also mentioned, including:

- Would like physiotherapy to be a community service again
- Dementia services need to be included in community services
- Podiatry services need to be reviewed
- Community dermatology is a very important service

4.4. Community-based Focus Groups

Involving Medway held 18 Focus Groups and overall the groups were supportive of all of the seven key changes.

The groups were asked to comment on each of the key changes, in turn.

KEY CHANGE 1 - The most common services will be provided in each Medway Town with specialist support provided centrally

Overall the groups were supportive of this key change, although some considered that this was available already, through walk in centres, and there were concerns from people in Hoo about what services would be provided for them.

Positive comments included:

- **More cost effective** if delivered more locally
- Most commonly used services under one roof
- Having **two additional HLCs**
- A **fairer** way of delivering services across the area
- **Less travel** to multiple destinations
- Better for people with **mobility issues**

Concerns/comments included:

- **Funding** to carry this out
- **Travel and transport** to/from the HLCs: poor or no public transport, multiple bus journeys. Many have to rely on friends or family for transport - would need more frequent buses and patient transport
- **Parking** availability
- **Disabled access**
- Extra funding should be spent on **mental health services**
- Potential **closure of GP practices**, reducing local access
- **Increase in local population** could mean the services become saturated
- How to ensure **enough staff** to cover each HLC effectively
- Urgent need for a **HLC in Hoo**
- Need more **information** about what is available locally

KEY CHANGE 2 - More multi-skilled nurses and therapists supported by specialist support provided centrally

Overall the groups were positive about this key change – *'sounds good if it works as we all want it to'* - as having treatment in one HLC and having more one issue dealt with in one visit would reduce potential for conflicting appointments at more than one site.

Other positive comments included:

- Being able to attend **one appointment** to discuss multiple conditions
- **Reduction in journeys** and journey times

Concerns/comments included:

- **Funding**: how it will be financed; the cost of training staff and paying upskilled staff appropriately; loss of staff once trained
- **Workforce**: whether there will be enough staff; how to cope with sickness/leave
- **Home visit waiting times** increased if more than one issue is dealt with per visit
- Whether there are examples of this elsewhere
- Need to take into account the **projected population growth**
- Need more staff on duty in **peak times**

KEY CHANGE 3 - Extending the hours and days of larger services in each of the 6 localities

This change was considered to be positive, particularly the increase in hours across the localities, extended to include weekends and later appointments, freeing up core appointments for those who need them most.

Positive comments included:

- Will be of benefit to the **whole local population**
- **More scope** for working age people and students

Concerns included:

- Later hours **won't work for some**: for example, people with bus passes or those who don't want to go out in the evenings
- **Cost** of extending the hours when the money could be better spent on other services
- **Increased pressure on staff**, potentially reducing the quality of care
- Impact of forecasted **population growth**
- **Staff capacity** to meet the extra demand

'If we haven't got enough staff now, how is this going to change by 20/21?'

KEY CHANGE 4 – Central booking and coordination function

Generally, the groups considered this a positive move forward and people's current experiences of long waits for a telephone response or appointment were shared. Clarification was sought as to how many people might be involved in one call, how long it would take to speak to a clinician and whether the caller would have to wait on the line or wait for a call-back. This also raised the question of the cost of a call and whether there would be a free phone line.

Positive comments included:

- Having **one point of contact** would reduce the need to make numerous calls to various specialists
- It would **build confidence** in managing own appointments
- People on the peninsula could **arrange** their appointments **around public transport**

Concerns included:

- This would need to be **staffed effectively**, by a person, not an automated line
- Could be **costly**, particularly if 24 hour service
- Calls would need to be **answered quickly**
- There would need to be a **backup system**

'As long as it's trained staff and not a call centre'

KEY CHANGE 5 - Senior community clinicians will case manage the care of all patients with complex or three or more long term conditions

This was considered a positive change for this particular patient group, as they won't have to keep repeating their story or have unnecessary appointments. It was also seen as a positive step towards continuity of care, particularly for people with dementia, but some were unsure how it would work in practice.

Concerns/comments included:

- **Cost** of training staff
- **Seasonal peaks** could overwhelm the system
- **Communication** across teams/services would need to be well managed
- How many patients would be on their **caseload** and the size of the area each would have to cover
- Whether **mental health** issues are taken into account and/or included under 'complex conditions'
- Need to **invest in GPs and consultants** rather than creating new roles
- Having to meet to discuss patient caseloads may mean **less time** with the patient
- **Numbers will keep growing** in this patient group
- The **security and safety** of shared patients records

KEY CHANGE 6- Speedier response within two hours for people with complex or three or more long term conditions when they need urgent treatment or support

This was considered to be an important and very positive change, that could potentially avoid unnecessary A&E visits/hospital admissions and allow people to continue to be cared at home, with accessible, shared patient records. Some participants suggested that sharing records should be compulsory, to ensure a speedy and accurate response.

Concerns included:

- **Patient records** held on the system would need to be updated and accurate

- Two hours **may be too long** for some
- Staff need to be **adequately trained** to assess level of urgency and appropriate response

KEY CHANGE 7- More opportunities and support for people who use community health services to lead healthier lifestyles and manage their own symptoms

This change met with mixed responses from the groups. Whilst it was considered to be a good idea by many, that should start early on in life, there was also concern that online technology may be difficult to use for some, who could then be disadvantaged, particularly if face to face advice was reduced.

Positive comments included:

- **Group and peer support** mechanisms are very beneficial: for example, lunch clubs which ensure a healthy diet and reduce social isolation
- **Extending access** to fitness, exercise and other classes/groups, in community settings, would be extremely beneficial
- Options to attend **alternative therapies and groups**, rather than medical interventions, to combat anxiety and depression would be better for a person's wellbeing
- **Signposting** to activities to improve health and wellbeing would help people look after themselves
- **Care apps** are the way forward **for younger people**
- Helping young people to self care would potentially **reduce demand** on future services

Concerns/comments included:

- The **cost** of buying technology and paying for internet
- **Free training** could be offered to those who would like to use this option
- There needs to be **more youth groups** locally
- This should be **promoted widely** at community groups and on websites
- **Transport** would be needed to access groups
- Many **people aren't motivated** enough to self care

"The older you get the less likely you can be bothered with technology"

4.5. Community Health Researcher interviews

The Community Health Researchers conducted 18 face to face interviews and feedback overall was generally positive, particularly around the HLC developments, the potential to have appointments in one place and reduced number of home visits. There were overall concerns about funding, workforce and how mental health fits into the model.

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

Most considered this to be a good idea and a positive step forward, although there was concern that 'residents on the Hoo Peninsula have not been considered', particularly the elderly disabled, and the lack of public transport.

Positive comments included:

- Sharing appointments more evenly across Medway is **fairer**
- **Improved access** to services will be good, particularly for less mobile/blind

'Anything that will reduce travel time for families, elderly people and disabled people is good'

Concerns included:

- **Public transport** is difficult, limited and costly
- **Nurses** already **stretched**

KEY CHANGE 2: More multi-skilled community nurses and therapists supported by specialist teams

One person thought this was 'Fantastic, brilliant' but again there was concern about what will be made available for people on the Hoo Peninsula.

Positive comments included:

- **Good for the environment** as less travelling
- Good to see **all services in one place**, particularly with young children, for people with learning disabilities
- Less appointments; will **reduce waiting times**
- Seeing **one person** for all issues would be good
- This will increase nurses' **knowledge of patient needs**

Concerns/comments included:

- Having **Advanced Nurse Practitioners for prescribing** would help
- **More drop in centres** are needed in rural areas

'Fewer community teams means longer waiting times. We don't need fewer or larger we need more doctors trained up'

KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

Many considered this a very positive change that 'will result in a better service'. Some spoke of the problem, currently, in having to take time off work for appointments. A family carer said that later appointments would help people with certain conditions, where it takes time to get mobile and ready to leave home.

Positive comments included:

- This would be **better for those who work**
- It would **free up day-time appointments** for people who need to be accompanied or cannot make later hours
- It would be useful if this was **extended to those who are housebound**

A key concern was that **public transport** is not always available out of hours and transport back to the Peninsula is very limited.

KEY CHANGE 4: A central booking and co-ordination function

This was considered to be a good idea and a welcome change, that would alleviate current problems, such as: difficulties in getting a home visit/ same day appointment: confusing and unhelpful booking systems; inability to access medical records; sitting in telephone queue for up to 40 minutes; lengthy waits at home for visits without timeslots; unhelpful receptionists.

Positive comments included:

- This would help **take the stress out** of booking appointments
- **Shared records** – across services and with the patient – would be very beneficial, particularly with complex conditions and medications
- The patient will have **more control**
- It will **improve quality of care**
- Would like this **rolled out to GP practices** as well

Concerns included:

- It will need **enough staff** to function effectively
- People should be able to **book up to a month in advance**
- The **cost** of additional staff hours to cover this

KEY CHANGE 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions

This change was very positively received – 'much needed' – as it will help reduce A&E waiting times and will provide more continuity of care, but concerns were raised about where the staff will be found to provide the service.

Other positive comments included:

- It will build a **stronger relationship** and improve the quality of care
- More **patient focused** and personal
- It will give people **confidence** to ask for help

'Having a team that know you and your conditions will reduce a lot of the stress out of the situation'

Concerns/comments included:

- **Mental health and learning disabilities** need to be included
- Need to **listen to family carers**

'it's a shame it can't be there for everyone'

KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

Whilst, in principle, people considered this to be a good idea - for example: 'a response within two hours would be a big improvement'; 'this is better than going to A&E' - there was some confusion about what was proposed: 'if someone is in crisis why would they wait 2 hours?'; 'what constitutes a crisis?'.

Clarity was sought as to how this is different to 111, exactly what would happen when in a crisis and who will decide what happens in each crisis situation.

KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

Some thought this was a good idea and some stated they already self care to some degree. Access and signposting to other services and social activities, it was felt, would help improve health and wellbeing.

'Having more power over the care and need of our health is a great step forward'

There was some concern, however, about how this might impact on the most vulnerable.

Concerns included:

- People **don't know what's available**
- People who 'don't like to make a fuss' **may be vulnerable** if left to self care
- Unsure about the **safety and accuracy of technology/apps**
- System of **monitoring** needs to be in place to ensure people have understood advice and are managing their care safely and accurately
- Would prefer to be given advice **face to face**
- Would need to be given the **tools to do this**

- There might be **raised demand** on voluntary services

The most important change for people receiving community-based care

People were asked to identify which change they thought would be the most important for people receiving community-based care.

Key Change 3 was identified most frequently as the top priority, followed by Key Changes 2 and 6.

The following shows the overall order, based on respondent's priority setting:

Which of the seven key changes do you think will be the most important to people receiving community-based care?

KEY CHANGE 3: Extending the hours and days of larger services in each of the six localities

KEY CHANGE 2: More multi-skilled community nurses and therapists supported by specialist teams

KEY CHANGE 6: Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support

KEY CHANGE 4: A central booking and co-ordination function

KEY CHANGE 1: The most common services will be provided locally in each Medway town, with specialist support provided centrally

KEY CHANGE 5: Senior Community Clinicians will case-manage the care of all patients with complex or three or more long-term conditions

KEY CHANGE 7: More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions

4.6. Other feedback

A letter was received from Kelly Tolhurst MP for Rochester and Strood, based on correspondence and conversations received from local people. Whilst recognising that the services under review are experiencing a lot of changes, she shared concerns that many residents have raised with her.

These concerns covered:

- **Phlebotomy services** and the difficulty in accessing these services, as the nearest are in Gillingham or Strood which can be difficulty journeys, particularly if less able bodies.
- **Hoo and Peninsula services** – consideration of a healthy living centre on the Peninsula needs to be followed through
- The impact of **Medway Maritime Hospital losing its stroke care unit** for many living on the Peninsula and Isle of Sheppey and on adult community stroke services
- The increased pressures on community health care services from the **population increase in Medway by 2035** – potentially over 50,000 new adult residents – and the need to increase services across the area

There were also wider concerns expressed by the public regarding the future of the NHS, the impact of Sustainability and Transformation Plans and the tension between national policy and local plans and aspirations.

5. Conclusion

Some participants had been involved in the earlier engagement and commented on the importance of being involved throughout the process.

One person commented that:

'It's really good to see that a lot of the things that people said is being implemented. I was at the first event at St George Hotel. I can now see this being built on'

Overall feedback, in response to the proposed model and seven key changes, is that the approach is a good idea in principle – promoting greater equity of access, less duplication/fragmentation, giving more control to the patient - as long as there is adequate funding, workforce, IT and self care support to deliver the proposed changes.

Travel, transport and access were key concerns that will need to be taken into account as the model develops, as well as the safety and security of shared records, involvement of patients and family carers in plans and decisions and wider involvement and collaboration with other services and organisations, particularly social care and voluntary organisations.

Participants were keen to be kept informed once decisions had finally been made and when the final model goes out to procurement. There was also discussion about ensuring ongoing communication with and involvement of non-NHS organisations, as key contributors to overall services and self care support.

This report aims to identify and highlight the most common themes from both the qualitative and quantitative feedback. However, these do not convey the full level of detail and we recommend that all data is reviewed, to ensure all aspects are considered in the next stage of developing the proposals.

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