

Help us build a new NHS in south west London

Public and local stakeholder deliberative engagement events: September 2015

EXECUTIVE SUMMARY REPORT

For NHS South West London Collaborative Commissioning

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Executive Summary

The six NHS Clinical Commissioning Groups (CCGs) in south west London are developing a new five year plan to improve health services for everyone. They are working in partnership with local councils, NHS hospitals, mental health and community service providers and with local people, patients and key stakeholders. The six south west London boroughs are Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

As part of this work, the NHS south west London collaborative commissioning programme published an issues paper in June 2015 which sets out the challenges and initial ideas about how to tackle them. <http://www.swlccgs.nhs.uk/issues-paper/>

To continue a dialogue about the challenges facing the NHS in south west London, the Office for Public Management (OPM) was commissioned to design, facilitate and report on six deliberative engagement events, one in each of the six south west London Boroughs. A total of 309 participants attended the six events – approximately 74% had never attended an NHS event before. Each event had a mix of representatives from local voluntary and community



sector organisations, patient groups and recruited members of the public. The format of the events encouraged an in-depth dialogue about the key issues and questions raised in the Issues Paper. Each event had eight tables, one for each of the work streams: transforming primary care, out of hospital services, urgent and emergency care, children and young people's services, maternity care, planned care, mental health services and cancer care.

This report provides a summary of the feedback from the events, capturing the main essence of what has been discussed by the participants across the six events.

A number of common issues emerged in the discussions about the different work streams:

- Concerns over the lack of funding and resources. Across the events participants discussed how the NHS budget could be spent more efficiently.
- Lack of staff and resources, with concerns about outsourcing and the need for better training and rewards.
- Better information sharing between health services was a recurring theme across the different work streams as was joining up services more effectively, particularly between primary and secondary care. More effective collaboration between NHS and voluntary and community sector organisations and a joined up approach with local authority care providers came up in discussions frequently.
- The NHS should make it easier for the public, patients and carers to navigate health services. Also, there should be more emphasis on education and awareness raising to support prevention and early diagnosis.

Overall, participants displayed an appetite for more information to enable them to assess the ideas more fully and give more definitive views on their acceptability. There was a clear desire for further public and stakeholder involvement as the ideas progressed.

Emerging themes on the specific work streams include:

Transforming primary care

Overall, participants recognised that demand for primary care is increasing rapidly. Participants raised different experiences of services, depending for example on the modernity and flexibility of their GP surgery. Participants also saw the benefits of the greater use of pharmacists and nurses and of technology to improve services for patients. Many of the specific ideas presented were received positively, but there was a need for clarity of the role of primary care navigators and how this initiative would be funded.

- Participants agreed that the type and quality of services provided by GP surgeries varied.
- Participants across boroughs raised the difficulty of making GP appointments.
- Many participants believe that pharmacists are underused and more should be done to communicate the different services available.
- Technology to help relieve pressures on primary care was welcomed by participants, in particular online booking systems, the use of Skype and information available online to educate and communicate different services that the NHS provides.
- More communication around 111 services and walk-in centres as participants believed they are underused - especially if they end up in A&E anyway.
- Community services should be signposted by healthcare providers and support organisations should be used more by GPs. This would also help in preventative tactics for common conditions such as diabetes and raising public health awareness and campaigns.
- Participants were concerned about the quality of facilities and buildings across the six boroughs, with some healthcare centres having multiple healthcare providers and are modern and efficient whilst others are inaccessible those with disabilities.

Out of hospital care

Participants discussed their experiences with a range of out of hospital care services; from 111 to hospices. The common features of the discussion around out of hospital care tended to be about efficiency, avoiding the large hospital setting and joining up services effectively. Participants thought improvements in out of hospital care should focus on discharging people from hospital with a proper care plan in place, management of long term conditions and care for vulnerable people at risk of neglect because there is no one to speak up for them.

- Participants' examples of the lack of joined up care most frequently came from poor hospital discharge experiences.

- Poor information sharing was seen as a huge weakness for the NHS and was a particular concern in the management of people with long term conditions.
- Participants couldn't see how the move to more community based care would save money for the NHS and wanted more information on service costs to understand this.
- Better use of digital technologies was welcomed by most to improve access to GPs and other healthcare professionals.
- Participants felt that the role of the voluntary sector in the delivery out of hospital care should have more emphasis.

Urgent and emergency care

There was strong support for making changes to how Urgent and Emergency Care (UEC) services are organised and delivered across south west London. Many of the ideas – joined up care, better use of urgent care centres, senior doctors accessible seven days a week, meeting quality standards – were welcomed. However, participants also felt the ideas needed to be more detailed in order for them to grasp how they would work in reality.

- Participants recognised that capacity issues and stretched resources mean they have inconsistent experiences of UEC services or are sometimes unseen.
- Participants strongly agreed that there was insufficient understanding and awareness building about what local services are available as alternatives to emergency services – especially those services that could bridge the gap between GPs closing at night and opening in the morning.
- Most participants agreed that they lacked knowledge about different services both in terms of what is available, but also, when to use urgent vs emergency services.
- Participants recognised that people use urgent and emergency services unnecessarily far too often. Navigating health services out of hours was seen as a particular challenge, because some people don't know there are other options like 111 or walk-in centres.
- Participants felt that a focus on prevention is a key issue missing from the case for change for urgent and emergency services.
- Giving people easy alternatives to A&E was seen by many as the main way to avoid overstretched A&E services, and services that bridge between UEC and GPs are highly appreciated in this context. Information and raising awareness is crucial, to avoid people going to A&E by default.
- Participants generally liked the idea of locating urgent and emergency centres close together to have a single point of entry that would be responsible for early assessment and sending you to the most appropriate service.
- Participants agreed that triaging can be highly effective in diagnosing the patient's needs early on and sign-posting patients to the most appropriate service.

- Participants liked the idea of better joined up working between hospitals and social services.

Children and young people's services

During the events, participants discussed poor awareness of available services for children and young people, the importance of joining up different services and tailoring primary care better to children and young people. Mental health services for children and young people were often brought up, as well as issues around childhood obesity and supporting young people in transition to adult services.

- Participants agreed that services needed to be more joined up for children and young people, including links between schools, Child and Adolescent Mental Health Services (CAMHS), GP surgeries, maternity services, paediatric wards and social services.
- Participants were concerned about a lack of awareness of available services amongst children and young people and their families, feeling these could be better publicised.
- Participants stressed the importance of mental health services for children and young people as a priority, especially early intervention strategies.
- Participants felt that supporting parents to diagnose and care for their children was essential and support services and resources need to be available alongside GPs.
- Participants value affordable services and fear that the closure of Children's Centres (which sometimes also provide health services) will reduce the range of free or affordable services to support parents. More affordable sports clubs in schools was also felt to be a good idea to encourage healthy lifestyles.
- Participants want all young people to be supported through the transition into adult services and equipped with the skills to manage their health and any services they need.

Maternity care

Participants' discussions often focused on the lack of capacity and resources in local maternity wards, resulting in inconsistent services. Birth options were discussed at length, with participants offering various perspectives on the different options and their accessibility. Participants also spoke about the importance of appropriate end-to-end maternity care, from family planning and education through antenatal and postnatal care.

- Many participants felt that the cause of the problems of inconsistent services and women not always getting the support they need was staff shortages in maternity care services and that this should be addressed as a priority if services were to be improved.
- There was a concern that the ideas seemed more geared towards saving money rather than providing the best maternity care to women.
- Some participants suggested that, unless there are complications or complex needs, midwife-led care and home births should become the norm.

- Collaborative and joined-up care between different service providers, as well as more effective signposting and information sharing were thought to be key to improving maternity care and raising awareness of the sources of support available to women.
- There was a focus on the importance of ensuring ongoing and personalised care for women, especially for those with complex needs or chronic medical conditions.
- Birth options were also discussed at length and participants agreed that midwife-led care and birth centres could provide a more pleasant environment for women with low-risk pregnancies.

Planned care

The discussions focused on separating planned and emergency procedures, how this could be done more efficiently and what the merits or disadvantages of specialist centres or clustering specialist services in certain hospitals would be. Participants also discussed willingness to travel further for a planned procedure if the outcome was likely to be better and the procedure was unlikely to be cancelled.



- There was broad acceptance of the principle that planned care and emergency care operations should be separated if it meant operations were less likely to be cancelled and medical staff were more likely to maintain skill levels.
- Most participants would be prepared to travel further if they knew the health outcome was likely to be better and the procedure was unlikely to be cancelled. Although for some this would depend on the circumstances and the procedure.
- There were mixed views about what separating planned care from emergency care would look like in practice, with some participants preferring “one stop shop” hospitals which offer a full spectrum of services, and others saying that trying to have everything under one roof is unsustainable. However, overall there seemed to be appetite for clustering certain procedures, thereby still having a diverse group of surgeons in your local hospital, as well as more expertise in one place.
- Some expressed concern about local hospitals being turned into planned care hospitals, leaving local residents without a nearby hospital.
- Separating planned care from emergency care is a significant change which participants felt the NHS needed to explain and promote the benefits of to the public.

Mental health care

Mental health was one of the most well attended tables across all six events. Participants were often able to share personal experiences of services and there was a consistent theme around mental health being treated as of lesser importance than physical health by the NHS. Discussions welcomed the case for changing this and putting mental health on par with physical health, but felt actions such as greater differentiation between different conditions and better approaches in primary care were vital in making this a reality.



- Participants agreed that mental health is just as important as physical health, but services and funding don't seem to reflect this. Joining up services across physical healthcare, social care and the voluntary sector should be improved.
- Whilst participants welcomed the focus on earlier help, they thought the prevention agenda was missing from the issues paper. They highlighted that mental health training in schools could help early intervention and equip children with the knowledge to recognise the symptoms and seek help.
- For many people with a mental health problem their GP might be the first port of call; participants felt that access to specialist mental health support in primary care settings should be much easier than it currently is. Suggestions for improvements included dedicated mental health champions in every GP practice, training for GPs and better self-referral options.
- Crisis care came up as one of the main concerns; people in mental health crisis too often end up at A&E, or in a police cell. More appropriate crisis care should be put in place. For example, this could include 24 hour emergency mental health care or safe houses.
- Participants pointed out that a higher degree of choice and personalisation is essential given the array of conditions mental health encompasses and warned against a "one size fits all" approach.
- Participants emphasised the importance of moving mental health services closer to home. They also advocated for better support for family and carers.
- A priority going forward should be supporting and scaling up peer support schemes.

Cancer care

Discussions about improving cancer care in south west London focused on the importance of early diagnosis and prevention, ensuring continuity of service and that appropriate staff are available during treatment and supporting families to understand the patient's journey and

what emotional and practical support is available at each stage, including end of life. Overall, participants emphasised the importance of treating cancer patients holistically and as individuals.

- A major concern was early diagnosis. Actions that would bring about a positive change included educating GPs to know what to look for early on in terms of signs and symptoms; providing more information about symptoms to patients for early detection; and being more encouraging in offering screening opportunities to high risk groups.
- Participants felt that treatment tends to fall down in two ways: lack of time spent with patients explaining their cancer, what options are available and the impact of those options; and lack of guidance on how to navigate their patient journey and what services are available.
- Participants discussed that personalisation is really important in cancer care; they agreed with treating patients holistically, and making sure that the relevant teams are talking to each other.
- Many participants felt it would be a better use of resources to place treatment and care for cancer patients as much as possible in the community.
- Participants were supportive of the idea of creating specialist centres of excellence, but care in these centres must include the emotional as well as clinical aspects. Potential issues with travel to a specialist centre should be taken into account.
- Participants felt that adequate staffing on hospital wards was critical and ensuring continuity of service during treatment. Participants believed that there should always be a consultant available, 24 hours a day, to ensure continuity of service to cancer patients. Where participants had had experiences of a lack of continuity, they felt this had contributed significantly to experiences of poor patient care.
- Supporting families to understand the patient's journey and what emotional and practical support is available at each stage, including end of life.
- Participants were adamant that the 'end of life' issue should figure more highly on the CCGs' plans for improving cancer care, and tended to agree that giving more people the option to die at home or in hospices would be better in almost all cases than keeping patients in hospital. Participants also felt that with cancer care services, specialists should be coming to you as much as possible.

