



South West London

Health & Care
Partnership

You said, we did... and are doing

Feedback from local people 2016/17



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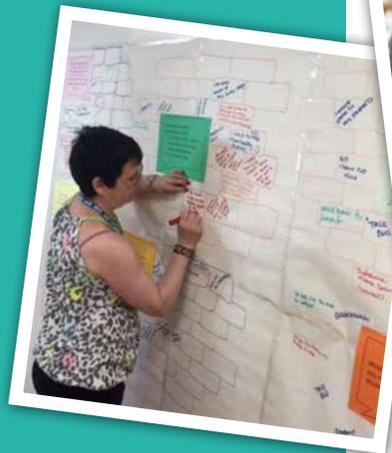
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Background

It is essential that the views and experiences of local people are at the heart of our plans, driving forward the changes needed to improve local services. We believe in on-going conversations and making sure that the needs of local people are central to what we do. Nobody knows more about how we can make things better than the people who use our services.

We run extensive programmes of outreach – going in to local communities and speaking to people about their experiences. This approach is complemented by big piece events that members of the public can attend. The feedback contained in this report brings together what local people told us in 2016/17. It summarises the views of over 5000 people – drawing out the key themes that have informed our work. This report details what people have told us in the last year, and what we have done, or are doing as a result.

We're very grateful to everyone who took the time to share their experiences with us. Your views have helped us to improve and refine our local services. We'd also like to thank our colleagues in Healthwatch organisations for helping to deliver our outreach programme – their contacts enabled us to reach people we would not normally hear from.



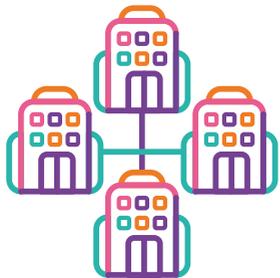
A full report of what people have told us can be found at:
www.swlondon.nhs.uk/documents/summary-of-feedback-201617

1

Acute Services

1.1 Waiting times – pharmacy

You said
People were frustrated with the queues and waiting times at acute trusts.



We did...and are doing

We have passed the feedback on to our hospital colleagues. They told us that the pharmacy team at St Georges has been developing the way it works. Their aim is to ensure patients have more timely access to medicines to reduce the amount of time they need to spend in hospital. Three satellite dispensaries have been set up across the two main wings at St George's; one in Atkinson Morley (second floor), one in Lanesborough (third floor) and one on Richmond Acute Medical Unit. These local sites can dispense medicines to patients more rapidly than by using the main pharmacy on ground floor, Lanesborough Wing, meaning patients get

access to their take home medications and can be discharged more quickly. As part of our quality improvement plan, a fourth satellite pharmacy will open later this year on the fifth floor of Lanesborough Wing.

To radically improve medicine management on the wards, the team has trained pharmacists to be able to transcribe and/or prescribe medicines to patients. This frees up time for both doctors and nurses who can then spend more time with patients. This approach is proven to support more effective and quicker discharge of patients. The team are looking to ensure that 80% of pharmacists are qualified to prescribe medicines, meaning more pharmacists are on the wards to support clinical colleagues.

The team has also collaborated with colleagues on the wards to ensure that they support the 'home by 11am target'. This



programme was designed to ensure that those patients who are ready to go home are discharged by 11am.

1.2 Buildings and signage

You said
People found navigating around Epsom and St Helier difficult and felt that improvements should be made to St Helier site.

We did...and are doing

We shared this feedback with colleagues at Epsom and St Helier. They told us that their annual capital development programme has invested £18 million to improve their buildings and purchase equipment year. This will help support benefits across the hospitals – from major refurbishments of wards, clinics and other patient areas, to upgrades taking place behind the scenes, such as significant

improvements to their computer systems. The vast majority of the £18 million will be spent on improving the areas where our patients are cared for, including a £150,000 refurbishment of the Acute Medical Unit at Epsom and a £700,000 overhaul of two wards at St Helier. More than £3 million will be spent on cladding the outside of both Epsom and St Helier. They're also going to install more double glazing in patient areas too, making it easier to keep wards at the right temperature for patients.



for more than 7 days they will be assessed by a multi-disciplinary team with a clear "home first" mind-set. The SAFER bundle aims to get patients to the right place as soon as possible, including home, to avoid unnecessary delays which lead to poorer health and social outcomes for patients.

We have also supported a number of specific schemes to improve local discharge practice. Examples include:

The Sutton Homes of Care Vanguard – red bag scheme works with Care Homes, the Ambulance Service, social services and hospitals to provide more joined up care to people living in Care Homes. Now when a care home resident needs an emergency hospital admission they are transferred with a "red bag" which contains their health and social care information, their medicines

and personal belongings. The "red bag" pathway has improved patient care and communication between the hospital and the care home. It has also helped improve the discharge process and resulted in reduced length of stay in hospital by 4 days. Increased joint working and training has led to a reduction in unnecessary ambulance call outs and hospital admissions. The service has received national acclaim and support. It is being rolled out across south west London.

Sutton Health and Care - Sutton Health and Care (SHC) is a new programme (due to begin in April 2018) to join up services around the needs of people, particularly older people with complex needs. The programme includes all elements of care - prevention, proactive planned care and reactive crisis care - with the aim of supporting people in their homes to be as independent and healthy as long as possible. The first phase will focus on 'reactive' care, the rapid response services that aim to avoid an admission or facilitate a faster discharge to maintain older people's independence and keep them safe and healthy at home for as long as possible. The Sutton Health and Care service will work hard to avoid people being admitted into hospital unnecessarily, and if patients are so unwell that they need hospital care, the team will support them to get back home as soon as they are well enough, ensuring the right support and care is put in place for them to live safely and healthily at home.

1.3 Discharge

You said

Concerns were raised about patients being discharged late at night and without care in place at home.

It was felt that there should be closer working between NHS and social care services.

We did...and are doing

Our hospitals are always looking to improve how patients are cared for – including making improvements to discharge processes. We are currently working to implement best practice to ensure that patients are supported to get well as quickly as possible. This is referred to as the "SAFER bundle" and means that patients will have a review by a senior clinician before midday, all patients will be given an expected date of discharge soon after admission, patients will be admitted as early as possible in the day from the assessment units and will be discharged before midday wherever possible. Where patients stay in hospital



1.4 Travel and transport

You said

People were concerned about travel times and, ideally, would like an acute hospital nearby.

Local commissioners in Merton, Sutton and Surrey Downs Clinical Commissioning Groups - are now looking in detail at the evidence presented by Epsom and St Helier and the challenges they face. They have set up an 'Acute Sustainability Programme' to consider how we can best ensure that the Trust continues to deliver high quality, safe and sustainable acute services for local people in the years ahead. They will look at all the evidence and work with the Trust and local people to decide the best way forward.

We did...and are doing

We know that it is really important for people to be able to easily access their local hospital. We believe that we will continue to need all our hospitals though we do not think every hospital has to provide every service. We will not be closing any of them. There's an ongoing piece of analysis about the way acute hospitals work; the first piece we've looked at in detail is consultant staffing over six core hospital services areas, and what that has told us is that there is a challenge at Epsom and St Helier.



1.5 Staffing and resources

You said

Concerns that hospital staff are currently overworked, overstretched and underpaid.

There was a concern that equipment is not always managed in the most efficient way.

Pay for substantive NHS staff is set nationally (agenda for change), and so there is very little flexibility for NHS Trusts to set local pay scales. In London this is supported by two higher pay across all staff grades (central and greater London weighting) reflecting the cost of living in the capital. In London, an all-London agreement came into force in October of this year on medical locum costs, which set fair pay rates and tasked all Trusts with not exceeding these when sourcing medical locums.

We did...and are doing

Specifically in south west London, we are implementing a collaborative staff bank, starting with nurses and health care assistants. This aims to make it easier for staff to book onto an extra shift (and means the Trust doesn't pay an overhead to an external agency). It also allows the Trusts to oversee shifts worked by staff across a number of Trusts to ensure that staff are not becoming too tired by working too many shifts. The collaborative staff bank will also help with continuity of care, as staff are more likely to work regularly in specific clinical areas.

Our acute hospitals are working on collaborative procurement - where this drives down the cost to the taxpayer without compromising quality. Much of this saving comes from the power of four Trusts with a combined purchasing power covering the whole south west London population (the bigger the volume, the cheaper the unit price). This is more likely to cover hospital-specific non-pay areas such as medical devices, surgical consumables (sutures, gowns etc) and areas such as house-keeping (linen) and support infrastructure such as facilities and IT.

2 Urgent and emergency care

2.1 Capacity of services

You said

There were concerns regarding the capacity of the services and a strong feeling that reducing the number of sites would exacerbate problems.

We did...and are doing

We know that our urgent and emergency care services are under a lot of pressure – particularly during winter. To bolster some of the capacity issues we have invested money

in local services. We have provided an Urgent Treatment Centre at the front of Kingston Hospital and we have put further funding into ambulatory care at St Georges.

Following feedback from local people, we are moving away from previous plans to change the number of hospital sites and focusing more on developing a local approach in each area. We believe that the best bed is your own bed and we want to do more to keep people out of hospital. Our Sustainability & Transformation Partnership is likely to mean changes to services locally – but we are not proposing to close any hospitals.

2.2 Reducing A&E patients and redirecting patients to alternative services (NHS 111)

You said

People agreed with the aim to reduce the number of patients using A&E, however there were concerns about what alternatives would be available,

There was low awareness of NHS 111, and those who were familiar with it were not confident it would reduce demand on A&E.

We did...and are doing

We know that sometimes people use A&E services because they don't understand what other options are available to them. We need to be clearer and more consistent in what we provide across south west London. We are developing a standard offer to local people for what they can expect from urgent and emergency care services. People will be treated in: a primary care hub; urgent care centre or in an emergency department. Our aim is to ensure that, as a patient, you have a better idea of where to go for what – and this

will be consistent across south west London.

We received a significant amount of feedback about the NHS 111 service. How it is being delivered is changing. You told us that it needed to be credible and that people wanted to speak to trained professionals. Following investment, a clinical assessment now takes place on 40% of all calls. If you need to speak to a clinician you are able to do so. There are plans to have a national approach to promoting the services.

We are also looking into ways for people to access the service, other than on the phone. NHS Online will offer an alternative but this is not yet available.

Patients can also access www.myhealth.london.nhs.uk and www.nhs.uk/nhs-direct/Pages/NHS-Direct-legacy-enquiries.aspx for information on services



2.3 Limited access to GPs

You said

In discussing alternative services, several events discussed how limited access to GPs puts strain on acute services.

We did...and are doing

There is a lot of demand for GP appointments which means GP surgeries are very busy and people seek treatment at alternative places, such as A&E. The GP Forward View (national policy document) has identified a lot of ways to improve things so that patients can access their GP more easily, including increasing funding and staff.

One of these is extending the times patients can book appointments from 8am-6.30pm Monday to Friday, to 8am-8pm, 7 days a week. The 'extended hours' might not necessarily be in every GP practice, but every patient will be able to access an appointment if they would like one. This is currently being rolled out across south west London. Through this we have delivered an additional 15,000 primary care appointments per month across south west London.



2.4 Inclusive access to urgent and emergency care

You said

Some people felt existing urgent and emergency care and acute services need to be improved to ensure they are inclusive and meet the needs of diverse users and provide person-centred care.

We believe that everyone should have equal access to health services, and that includes people with language needs. Providing timely translation services can be difficult in A&E departments due to the pace of the environment and need. Each of our hospitals should provide comprehensive and professional interpreting services, either over the telephone or in person, including British Sign Language.

We did...and are doing

Accident and emergency departments are very busy places and we realise that they are challenging environments for many people. We are providing alternatives for people to go to instead (such as urgent care centres) – which we hope provide a calmer environment with greater privacy.



2.5 Waiting times in A&E departments

You said

Concerns were raised about waiting times in A&E departments.



We did...and are doing

Increased activity has put additional demand on the system. People are prioritised based on need and waiting times can be affected if a major trauma occurs at the same time. We understand that people's stress levels can be affected when they are left waiting with no idea of when they might be seen. We will look into whether any other trusts have a best practice system for managing the communication of waiting times – and we will learn from these models. South west London is performing above average in terms of meeting the 4 hour waiting target at A&E. Across the country 85.1% of people are seen within 4 hours. Croydon Health Services NHS Trust, Epsom & St Helier NHS Trust and Kingston Hospital NHS Trust are all exceeding this. 89.4% 90.3% and 86.3% respectively.

2.6 Mental Health crisis care

You said

There were concerns about mental health crisis care, and lack of mental health awareness in A&E.

We did...and are doing

We are involved in London wide work to improve how we manage the care of people who are detained by the police and in need of urgent care and control (the section 136 pathway). If people are in a mental health crisis and don't have physical health needs, A&E might not be the best place for them to be and they should go to the s136 suite at Springfield. The new London specification will mean that the suite is open 24/7.

To further support people experiencing mental health crises we opened two crisis cafes in south west London in April 2017 – one in Tooting and one in Wimbledon chase. These offer an alternative for people in crisis.

In addition, the Lotus assessment suite recently opened at Springfield, which offers another alternative to A&E, supporting capacity alongside the s136 suite, to treat people in mental health crisis in the best possible way.

However, if people do end up in A&E in a mental health crisis, we need to ensure that they receive the best possible care there. We have been successful in receiving nearly £1.5 million funding which will enable us to deliver 24/7 psychiatric liaison services in all our A&E departments from April 2018.



2.7 Communicating the services available

You said

A critical success factor to improving urgent and emergency care services will be communicating effectively with the public.

- Ask a specialist for their advice on a treatment plan and/or the ongoing management of a patient
- Ask for clarification (or advice) regarding a patient's test results
- Seek advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identify the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).

We expect this service to be in place by March 2018. It will also allow documents relating to the patient e.g. diagnostic results, scanned images, proposed treatment plans or links to external documents and websites, to be sent between the clinicians, to assist in the advice and guidance process.

The benefits of using the advice and guidance service are improved communication between GPs and consultants and knowledge of GPs on the future management of patients and the types and settings of services available. Patients are therefore offered the correct services, in the correct setting with the correct consultant/specialist from the outset. They are less likely to have their referrals rejected, cancelled or redirected to another service, saving time, reducing delays and resulting in a targeted clinical treatment or management route.

We did...and are doing

We understand that it can be really difficult to change people's behaviours. And while we will do our best to improve communication about what services are available to people, we also need to make sure that all our services meet the needs of those people using them. The suggestion that we should consider having GPs in A&E departments supports our aim to provide a mix of clinicians in our Urgent Care Centres.

We also realise that we need to do more to improve communication between different parts of the health and care system – enabling GPs and hospital consultants to contact each other more easily. We have a number of initiatives that will improve this.

One is called the Advice and Guidance (A&G) initiative and it will allow a GP, the "requesting" clinician, to seek advice from a specialist/consultant or the "responding" clinician. This service enables clinicians to:

3 More care closer to home

3.1 Capacity and resources

You said

Concerns were raised about whether the NHS has the capacity and resources to manage the change towards a more local care model.

We did...and are doing

There is a lot of demand for GP appointments and this is increasing all the time, meaning GP surgeries are very busy. In such a busy system, it will continue to be difficult for all patients to see the same GP every time they visit.

The GP Forward View (national policy document) means that CCGs will receive

funding towards a range of things to make this better for patients. Examples include: additional funding for primary care; recruiting 5,000 new GPs by 2020 (across the country); recruiting to new roles to support GPs' work (such as administration and care navigation), so GPs have more time to see their patients; improving technology and ways of working to free up more GP time – for example, offering Skype and phone appointments; extending the opening hours of GP services (we now offer 8am-8pm appointments, 7 days a week). Through this work we have delivered an additional 15,000 primary care appointments per month across south west London.

We are also looking at how other professionals, such as nurses and pharmacists, can better support GPs.

3.2 Building on the role of pharmacists

You said

There were mixed views as to whether pharmacists would be able to relieve the pressure on GPs.

Some people were concerned that they would need more training in order to give appropriate advice.

- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

The NHS Community Pharmacy contract for England and Wales was introduced in 2005; under this contract the community pharmacy provides the following Essential Services:

Dispensing Service – working to a prescription, pharmacists will provide medicines labelled correctly following the directions of a GP or other healthcare provider who can write prescriptions (e.g. nurses, dentists or pharmacists).

Repeat Dispensing Service – this service allows a patient to collect regular repeat prescription medicines direct from a local pharmacy for an agreed period of time, without having to go back to the GP. Permission needs to be given to the GP for him/her to share information with a chosen pharmacy; when a repeat prescription is needed, instead of requesting it from the GP, you can get the medicines directly from the chosen local pharmacy. This reduces the time you would need to wait for your medicines, as the pharmacy would know that the medicines are due and will be ready for collection either on a monthly or two monthly basis.

We did...and are doing

Community pharmacies are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of the most deprived communities. Many of these pharmacies are open long hours when other health care professionals are unavailable and are easily accessible, with over 11,700 community pharmacies in England located where people live, shop and work. The latest information shows that:

- 89% of the population in England has access to a community pharmacy within a 20 minute walk;
- Over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy; and

Disposal of Unwanted Medicines – any medicines no longer used can be taken to a local pharmacy for safe disposal.

Promotion of Healthy Lifestyles – advice is provided on keeping healthy; this could be advice on healthy eating, stopping smoking and exercise. Leaflets and written information may be provided to help with making healthier choices. Pharmacies also take part in local health promotion campaigns such as taking care in the sun and understanding the risks of long term conditions such as diabetes, these campaigns are set nationally and some at a local level.

Signposting to other services – pharmacies can provide contact details for additional help if needed to other healthcare professionals, social services or voluntary organisations.

Support for Self-Care – this service helps you to look after and care for yourself and your family. The pharmacy can provide with advice on treating minor illnesses, e.g. coughs and colds or long term conditions such as arthritis or diabetes. This support may include medicines which you can buy over the counter from the pharmacy without a prescription.

As well as national services provided by all pharmacies, the pharmacy contract also includes services that are commissioned at a local level by the local Clinical Commissioning Group (CCG), Local Authority (LA) or NHS England. There are

many different services that are operating throughout the country, reflecting the varying needs in different areas.

Examples of such services include: Emergency out of hours services to provide special medicines for the terminally ill; Emergency hormonal contraception services to reduce the incidence of unwanted teenage pregnancy; Screening services (e.g. for diabetes, Chlamydia, high blood pressure etc.); Minor Ailments Services to reduce waiting times in GP practices; Obesity management services; Stop smoking services; Anticoagulation monitoring and phlebotomy; and supervising consumption of Methadone and provision of Needle Exchange Schemes for drug users.



3.3 Training and development

You said

It was felt that more training and development would be needed for pharmacists and other health care professionals in order to deliver appropriate healthcare, especially for vulnerable people.

Investment would be needed to improve pharmacist facilities.

We did...and are doing

The underlying principle for all pharmacy education and training is ensuring safe and effective care for patients. This principle underpins pharmacists' work throughout their undergraduate, postgraduate and continued learning and subsequent career pathway. Students undertake a four year Masters in Pharmacy degree course that teaches them about the origin and chemistry of drugs, the preparation and formulation of medicines and the actions and uses of medicines including physiology, biochemistry, microbiology, pathology and pharmacology. After the degree course the student undertakes a one year placement working in a pharmacy under the supervision of an experienced pharmacist. At the end of this year they take a professional examination and those who successfully complete the examination are able to register as a pharmacist.

Pharmacists continue to keep their knowledge up to date during their career by undertaking continuing professional development to maintain their Registration with the General Pharmaceutical Council, and undertake additional training as pharmacy services are commissioned to ensure they are competent to deliver and provide.



3.4 New roles for supporting care

You said

People were supportive about new roles (such as care navigators) but many wanted more detail about how these teams would support local patient care in practice.

We did...and are doing

We are developing schemes (including Care Navigators and Medical Assistants) to improve and develop non-clinical staff in the community with better training to be more patient facing. We think this will both support patients to navigate the system more effectively and help GPs to manage their time more efficiently when seeing patients. This is already being piloted and co-ordinated across south west London in our borough based CEPNs (community education provider networks).

3.5 GP appointment and referrals

You said

People were frustrated that they were not able to get an appointment with their own GP and had to wait weeks to see someone else.

Concerns were raised about the role of receptionists – people disliked them acting as gatekeepers.

People wanted longer appointments with GPs (not just 10 minutes).

We did...and are doing

There is a huge amount of demand for GP services which sometimes means that people have to wait longer for an appointment than is ideal. We are trying to address some of these challenges by looking at whether people could be seen by an alternative health care professional such as a pharmacist. We have also extended the hours that people can see a GP – offering appointments 7 days a week, 8 am to 8pm. Although this means a more flexible service, it may also mean that people may see a GP other than their named one. Broadly, south west London

than their named one. Broadly, south west London are performing quite well against national data for making appointments with GPs. Approximately 78% of people surveyed through the GP Patient Survey in south west London said that they were able to get an appointment to see or speak to someone – compared to 70.8% nationally.

In modern GP surgeries, there are often many professionals who can support patients, including nurses, pharmacists, physician's

associates and the voluntary sector. The aim of triage would be to ensure that the receptionist can 'signpost' people to the right professional, at the right time. CCGs will receive some funding to train receptionists as Care Navigators, to help signpost patients to the right person for their needs.



3.7 Communication and signposting

3.6 Inclusive access to GPs



You said

People felt that there should be equal access to GPs regardless of their need.

Many people wanted to be recognised as experts in their own care.



about how we can make this happen. Although it's a helpful start for people who are deaf to be able to book appointments through the online system – it's disappointing that they can't book interpreters in the same way. We will discuss this with practice managers and in locality groups to explore what can be done to improve things. Practices are working to be fully DDA compliant and NHS England have supported practices on funding for this via Estates and Technology Transformation Fund (ETTF).

All patients have a named doctor as part of their registration but often is not always possible with holidays and sickness to see the same doctor.

We did...and are doing

It is important that all local people have equal access to primary care services and we're grateful for the feedback and suggestions



You said

People wanted more information about what services are available to them.

It was felt that care would be more streamlined if services were able to share information with each other.



from urgent and emergency care services. People will be treated in: a primary care hub; urgent care centre or in an emergency department. Our aim is to ensure that, as a patient, you have a better idea of where to go for what – and this will be consistent across south west London.

We are also planning a number of improvements to the way that different parts of the health and care system communicate with each other – which we hope will improve patient experience and outcomes. We also realise that we need to do more to improve communication between different parts of the health and care system – enabling GPs and hospital consultants to contact each other more easily.

One of the ways we have achieved this is through electronic Advice and Guidance

We did...and are doing

We know that there is more we can do to let people know about the services available to them. We need to be clearer and more consistent in what we provide across south west London. We are developing a standard offer to local people for what they can expect

(A&G) which allows a GP, the “requesting” clinician, to seek advice from a specialist/consultant or the “responding” clinician. This service enables clinicians to:

- Ask a specialist for their advice on a treatment plan and/or the ongoing management of a patient
- Ask for clarification (or advice) regarding a patient’s test results
- Seek advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identify the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).

The A&G service allows documents relating to the patient e.g. diagnostic results, scanned

images, proposed treatment plans or links to external documents and websites, to be sent between the clinicians.

The benefits of using this service are improved communication between GPs and consultants and knowledge of GPs on the future management of patients and the types and settings of services available. Patients are therefore offered the correct services, in the correct setting with the correct consultant/specialist from the outset. They are less likely to have their referrals rejected, cancelled or redirected to another service, saving time, reducing delays and resulting in a targeted clinical treatment or management route.

4 Prevention and early intervention

4.1 Changing people’s behaviour



You said

People agreed that prevention should be a priority but had concerns about how it could be achieved.



We did...and are doing

Our priority is to support people to choose healthier lifestyles. We need to create an environment to help people live healthier lives – to make the healthy choice the easy and preferred choice. This means working with a wide range of organisations such as – schools, local authorities and their planning departments as well as the NHS and our new partnership is helping us do this.

4.2 Support from the community

You said

People wanted to know more about how the NHS could work more closely with the voluntary sector.



We did...and are doing

We need to be better at connecting people to the support in the local community. People find it hard to access the community offer. Across south west London, we're committed to delivering more work that bridges the gaps between the NHS, local people and the voluntary and community sector. We are proactively supporting new initiatives, such as social prescribing which helps health care workers to link up patients up with non-medical support available in the community.

There have already been a number of very successful pilots – which we hope to build on. For example Tamworth and Wide Way medical practices have been hosting a Social Prescribing Project since February this year. The NHS has funded a Social Prescribing Coordinator (SPC) through the voluntary sector – who has been engaging with patients at both practices to help them

address how non-medical issues are affecting their daily lives and health and wellbeing. The coordinator talks to them about what they need help with and what they would like to achieve. He then provides them with information about access to services, refers them to some services and gives them advice and tips on how to make life less demanding and improve their wellbeing.

Through this work patients: who were homeless have been found accommodation; have increased their levels of regular physical activity and thus improved their well-being; are enjoying activities in the community and as a result reducing the feeling of being alone and isolated.

4.3 Holistic and personalised care

You said

There was a desire for more personalised and holistic care.

It was felt that the NHS should invest more in social prescribing and local initiatives.

We did...and are doing

Holistic care that looks at the whole person and the life they live rather than just individual diseases is central to what we are trying to achieve. And social prescribing is a key way of making a difference. We

are also looking at other initiatives such as 'Making Every Contact Count' - which is about training a wide range of health and care staff to feel comfortable to raise healthy lifestyles and to be able to encourage people to make healthier choices to achieve positive long-term behaviour change. We want organisations in south west London to build a culture and environment that supports continuous health improvement through the contacts it has with individuals. We know that by doing this, we will improve health and wellbeing of our local people, staff and the general public and reduce health inequalities. We will be encouraging Local Transformation Boards to consider how to take forward this initiative for their local people and services.

4.4 Risk of privatisation or cuts

You said

There were concerns over the introduction of prevention services that may lead to service cuts in other areas that would compromise care.

We did...and are doing

Prevention is cheaper than treatment. But we are not saying that it should be one without the other. We need to invest in prevention AND treatment and we are looking at how we can leverage in extra funding to achieve this. We also need to work smartly, frugally, with the resources that are available. Too

often preventive services on offer are not taken up by everybody who could benefit, for example immunisations or our diabetes prevention programme; we need to understand why that is and how we can improve.

4.5 Role of locality teams

You said

More detailed information was requested regarding locality teams, their role in healthcare and how these would operate in practice.

We did...and are doing

One of the ways we are joining up services is through locality teams. Locality teams will proactively manage the care of populations of at least 50,000 people, with a focus on frailty and people with long-term conditions. There will be 24 locality teams across south west London. At risk individuals will be identified and will have their care coordinated and managed by an integrated team from social care, mental health and physical health, working in partnership with primary care and acute hospital specialists to manage needs holistically. While working collaboratively, teams will operate using a single point of contact and named care co-ordinator model, carrying out care planning and review in partnership with patients.



4.6 Approach to communication

You said

It was felt that communication is key to ensuring change in behaviour for prevention.

We did...and are doing

We need to help people navigate through the maze of health advice – creating authoritative, credible information. We need to use the money we have wisely so this may mean working with existing materials produced by Public Health England – and adapting them to be locally relevant. We need to be an effective messenger of national messages – and are looking at focusing on a few issues in south west London to achieve a wide scale behaviour change.

4.7 Use of technology

You said

Some people supported the use of technology to monitor health, however not as a universal tool and wanted more information about which contexts it would be used in.

We did...and are doing

We will be looking at commissioning self-care apps available on the NHS Digital Library. Each Clinical Commissioning Group (CCG) will be able to choose what app/s they would like to progress for their local area. We will be looking at this further throughout 2018. The NHS is developing the number of NHS approved apps available in their digital library.

5 Mental health

5.1 Low confidence in current services

You said

People had concerns around the quality of services, recent closures, long waiting times, underfunding and inability to cope with the demand.

We did...and are doing

We know we need to invest more in our mental health services in order to meet demand. We also need to invest in prevention to help people stay well. We need to make sure that every contact counts and we are working with our partners in local authorities, and providers, to make this happen. For example, we were successful in receiving nearly £15 million funding which will enable us to deliver 24/7 psychiatric liaison services in all our A&E departments from April 2018.

We are also looking at how we can meet the new waiting time standards (set in the Five Year Forward View for Mental Health) of 75 % of people getting access to psychological therapy within 6 weeks and 95% within 18 weeks.

We recognise that when people are acutely unwell, the best place for them to be treated

in near their family and friends. By 2021 our aim is to reduce the number of out of area acute placements to 0. Some people will continue to need out of area placements if they need particularly specialist treatment. By investing more in prevention we hope that there will be fewer people needing to be admitted as inpatients.

5.2 Additional skills/training for GPs

You said

It was felt that significant investment in training and additional skills may be needed for GPs and others to deliver higher quality mental health services.

diploma in mental health and we are keen to support similar initiatives.

We need to ensure that people receive the right treatment at the right time. Whereas some people will want to be offered medication, others would prefer alternative treatments. Improving Access to Psychological Therapies (IAPT) is offered in every borough to support people with stress, anxiety and low mood. People are able to self-refer to the service.

We did...and are doing

Our plan is to deliver much more mental healthcare in the community, supporting people to stay well, helping them more quickly when they become unwell and ensuring much better integration with other health services. Mental health services will be a key element of our locality teams, working closely with GPs and hospitals. This will include more mental health support in primary care. In Kingston, they are training a GP in each practice to take a primary care



5.3 Crisis support

You said

There was a consistent view that there needs to be 24/7 crisis support for people with mental health conditions and their families.

In addition, the Lotus assessment suite recently opened at Springfield, which offers another alternative to A&E, to treat people in mental health crisis in the best possible way.

We also recognise that improving crisis care requires appropriate capacity in community mental health services; if they can't respond quickly enough they can't prevent crises. Based on the feedback received, we have made this explicit in our forward plan being clear about what the community offer is for people with Serious Mental Illness (SMI) and personality disorders.



We did...and are doing

The feedback we have received around crisis support has been fed into the bids that were submitted around improving psychiatric liaison services. We are delighted to say that we were successful in receiving nearly £1.5 million funding which will enable us to deliver 24/7 psychiatric liaison services in all our A&E departments from April 2018.

To further support people experiencing mental health crises we opened two crisis cafes in south west London in April 2017 – one in Tooting and one in Wimbledon chase. These offer an alternative to A&E, for people in MH crisis.

5.4 Diagnosis and early intervention

You said

People had difficulties getting a diagnosis for a mental health problem.

It was felt that more should be done to treat people as early as possible to prevent conditions from escalating.

We did...and are doing

We know we need to be more proactive our approach to prevention – helping people to keep well and get them the support that they need as early as possible. To do this we are looking to extend our talking therapy services and focus more on people with long term conditions to ensure that their physical and mental health needs are treated together. We are also looking at how to increase access to high quality information online, through making best use of the London-wide GoodMinds website (www.good-thinking.uk).

5.5 Need for out of hospital mental health

You said

People wanted more information about where proposed mental health treatment would take place and promoted the need for out of hospital mental health.

many are going to A&E. Overall our aim is to prevent people from experiencing avoidable inpatient admissions. We know that currently there are too many people being admitted into an inpatient mental health bed as there is no other alternative care available for them. Our plan is to develop services to reduce the need for inpatient treatment. These include: crisis cafes; crisis house; psychiatric decision unit. When an inpatient admission is the most appropriate care option for an individual we will ensure that their inpatient care will be; close to home; in the least restrictive setting; be of therapeutic benefit with length of stay kept to a minimum.

We did...and are doing

We recognise that more still needs to be done to support people in crisis as too

5.6 Holistic approach, incorporating physical conditions

You said

People supported a holistic approach, incorporating physical conditions and coordinating with multiple organisations, but questioned how this would work in practice.

unexplained symptoms (as these are areas of significant demand pressure in the borough). Staff in primary and secondary care will be trained in the detection and referral of people who have both mental and physical health conditions. Treatments will be integrated with existing physical health rehabilitation and health promotion (e.g. local exercise referral and weight loss programmes) as well as integration with social support through employment specialists. We will look at sharing the learning from the pilot across south west London.

We did...and are doing

A key part of our work is to ensure that mental and physical health are linked up, that they are of equal importance and that early intervention and preventative care are essential to stop mental health problems escalating. We will continue to focus on achieving Parity of Esteem for mental health and physical health.

We know that when mental and physical health problems are treated in an integrated way people have outcomes. Richmond is an Early Implementer - leading the way in integrating psychological therapies with physical health care. This pilot will start by treating people with diabetes and medically



5.7 Inclusive approach for different communities

You said

People would value an inclusive approach to mental health meeting the needs of marginalised and vulnerable groups.

We did...and are doing

Following discussion of the feedback around issues affecting particular communities, the south west London Mental Health Network agreed that equality and diversity needs to be stronger in our work and we are working on how to do this. We will continue with our programme of outreach to seldom heard communities so that we can understand more about their needs.

5.8 Services for children and adolescents

You said

People reported problems around getting a diagnosis; challenges navigating the system; difficulties with the transition to adult services and a lack of crisis support.

and young people with conditions like ADHD and ASD. We will work with local families to work out what services could better support them through diagnosis and post diagnosis. We are also looking at reviewing the Eating Disorder Service with south west London and St Georges to help us meet access and waiting time standards.

We know that we need to do more to support children and young people in crisis and as part of this we will be looking to commission a consistent out of hours service for children and young people across south west London.

We did...and are doing

We are looking at how we can improve the neurodevelopmental pathway for children

5.9 Education in schools

You said

People asked for more mental health awareness and education in schools, as well more integration with mental health services and schools to support children and families.

We did...and are doing

We have made children and young peoples' mental health and well-being as a shared health promotion and prevention priority. With one in ten children aged 5-16 having a diagnosable mental health condition, and increasing levels of self-harm an issue across south west London, we will work with partners (including schools) to raise awareness and understanding of this important issue. We will also be talking to young people to help us understand what knowledge and support they need, to strengthen their personal resilience and to encourage them to seek the right advice and services.

5.10 Improve communication about available services

You said

It was felt that the NHS should improve its communication about available services for mental health, as well as signposting people to care in more informal settings such as drop in cafés.

We did...and are doing

We know that there is more we can do to make people aware of what services are available. We have set up a number of initiatives to help with this. For example, we are proactively supporting new initiatives, such as social prescribing. Tamworth and Wide Way medical practices have been hosting a Social Prescribing Project since

February this year. The NHS has funded a Social Prescribing Coordinator (SPC) through the voluntary sector – who has been engaging with patients at both practices to help them address how some medical and non-medical issues are affecting their daily lives. The coordinator talks to them about what they need help with and what they would like to achieve. He then provides them with information about access to services, refers them to some services and gives them advice and tips on how to make life less demanding and improve their well-being.



5.11 Joined up services

You said

People felt that all aspects of the health service need to work together more, and that at the moment it feels very disjointed.

We did...and are doing

We recognise that as a whole, the health service is very disjointed. One of the ways we are joining up services is through locality teams. Locality teams will proactively

manage the care of populations of at least 50,000 people, with a focus on frailty and people with long-term conditions. There will be 24 locality teams across south west London. At risk individuals will be identified and will have their care coordinated and managed by an integrated team from social care, mental health and physical health, working in partnership with primary care and acute hospital specialists to manage needs holistically. While working collaboratively, teams will operate using a single point of contact and named care co-ordinator model, carrying out care planning and review in partnership with patients.

6 Services for people with learning disabilities

6.1 Primary care and access to GPs

You said

People felt that GP appointments for people with learning disabilities should be longer to allow more time to explain information clearly.

We did...and are doing

We know that services should be universally accessible to all. We should be able to meet the needs of all people and we need systems and tools in place to help our staff do this. Each GP practice should have a register which details which of their patients have learning disabilities. Keeping this register up to date helps each practice to better meet the needs of their patients – knowing when to offer longer appointments and who should be offered an annual health check.

6.2 Staff need to communicate more clearly

You said

It was felt that staff need to communicate more clearly with those with learning disabilities, and involve them in their care (not just their carers).

We did...and are doing

We need to be more thoughtful in how we communicate with patients. We support the suggestion that health care professionals could offer to call patients after they have received a letter, to talk through what it means. We will explore how to take this forward.

Our priorities include delivering workshops, in partnership with Skills for Care, in order to create a better-led, more skilled and valued workforce. The workforce workstream will include recommendations about a range of staff training opportunities – including those who care for people with learning disabilities.

6.3 Need for improved accessibility

You said

People said they wanted access to primary care improved - both physical access and accessible communications.

We did...and are doing

All providers of care under the Disabilities Act 2016 need to make reasonable adjustments which ensure that everyone regardless of need has equal access to services. There are a number of self-assessment tools that the acute hospitals can use to identify any gaps or challenges to meeting the needs of people with learning disabilities, autism and mental health needs. There are also several GP self-assessment tools such as the greenlight toolkit that practices can use to measure

where they are with patient experience and what improvements they need to make. GP practices can sign up to the Learning Disabilities Directed Enhanced Service and they are expected to have an agreed LD register (with the Local Authority) appropriate training.

We will also encourage GPs to think about how they can ensure that their Patient Participation Groups are accessible to people

with Learning Disabilities – as this would be a key way for them to be able to influence how the surgery is run.



6.4 More awareness of annual health checks

You said

It was felt that there should be more awareness of annual health checks for children with learning disabilities, including reminders from the GP surgery.

We did...and are doing

We acknowledge that we need to do more to encourage GPs to offer annual health checks. We know that health checks are essential to reducing the health inequalities often experienced by people with learning disabilities.

Increasing the uptake of annual health checks is a key deliverable of the Mental Health forward view and CCGs have local plans in place around this. Primary care commissioners do not have a central monitoring system in place to assess how GP practices conduct these health checks and invite patients.



6.5 Specialist service

We did...and are doing

We received a number of individual comments about specialist services such as dentistry and obtaining clinical samples from children with disabilities. These have been passed on to our partner organisations to address.

6.6 Communication between services

You said

Participants felt there is a lack of communication between services.

We did...and are doing

We know that the health service is very disjointed. We are trying to address this through a number of ways – using technology better so that different parts of our health and care service can communicate with each other more easily. And developing new ways of working such as joining up services is through locality teams. Locality teams will proactively manage the care of populations of at least 50,000 people, with a focus on frailty and people with long-term conditions.

We have also changed the way that we work across south west London by setting up four Local Transformation Boards (Croydon; Merton & Wandsworth; Kingston & Richmond and Sutton). These boards will ensure that the improvements we make are local, responding to the local needs, issues and context. This work aims to improve communication across the system as they are made up of representatives from the local NHS, Local Authorities, patient representatives and the voluntary sector. Their aims are to transform local health and care services to deliver more joined up services that improve care and reduce health inequalities.

7 Children's services

7.1 Sufficient resources

You said

Some people expressed concerns that there were currently not enough NHS resources to improve services for children.



We did...and are doing

Funding is stretched across all of the NHS. We need to make best use of the available funds in order to improve outcomes for children and young people – this may mean working more smartly with our partners in health, social care and education.

7.2 Alternatives to A&E

You said

While people agreed with the principle of reducing unnecessary A&E visits from children and parents, they felt it would be challenging due to a perceived absence of alternatives.

We did...and are doing

We agree that children and young people and their parents do not always get appropriate or joined up support at present. Our plan recognises that most children's care should take place in the community rather than in hospital and that too many children end up in hospital when they do not need to be there. The improvements we are making to out of hospital services we are suggesting will mean children need to go to hospital less often. It will be easier for children and young people and their parents to get the help they need from their GP or another service in their community.

7.3 Mental health

You said

It was felt that waiting times to receive support through CAMHS was too long. And the transition to adult services could be improved.

We did...and are doing

We want to ensure a consistent approach to commissioning and delivering CAMHS across south west London – however, this is not currently possible due diverse local demand, capacity, service models and resources in local CCGs delivering CAMHS. Waiting times therefore vary from 2-4 weeks in some CCGs to over 12 weeks in others. The national requirement is that waiting

times in all CCGs will be reduced and access improved by 2020 as part of the mental Health Five Year Forward View. (DOH 2016).

The south west London Commissioners recognise the need to improve the experience of transition to Adult Mental Health Services from Child & Adolescent Mental Health Service. National reports indicate that currently only 4% young people

receive a satisfactory service. The south west London Commissioners have developed a collaborative CAMHS Commissioning plan which in 2017/18 and will review and improve current service delivery and provide financial incentives for Providers of Adult Mental Health Services to improve services.

7.4 Access to GPs

You said

People believed that to reduce the burden on acute services, more flexible GP services are needed.

We did...and are doing

There is a lot of demand for GP appointments which means GP surgeries are very busy and people seek treatment at alternative places. We are looking at how we can improve things so that patients can access their GP more easily, including increasing funding and staff.

One of these is extending the times patients can book appointments from 8am-6.30pm Monday to Friday, to 8am-8pm, 7 days a week. The 'extended hours' might not necessarily be in every GP practice, but every patient will be able to access an appointment if they would like one. This is currently being rolled out across south west London. Through this we have we have delivered an additional 15,000 primary care appointments per month across south west London.



7.5 Waiting times

You said

There were concerns about long waiting lists for referrals to specialist clinics, and long waits at clinics, sometimes with inappropriate waiting areas.

We did...and are doing

We recognise that the waiting times for some services have been too long. For example, waiting times have been too long for ASD /ADHD. We are looking at this pathway to see how it can be improved – and speaking to families about their experiences so we understand what further support we need to provide.

7.6 Diversity and inclusion

You said

People felt that our plans should address children's diverse health needs, including improving mental health services, services for learning disabilities and provision for families with different cultural backgrounds.

We did...and are doing

We know that services should be universally accessible to all. We should be able to meet the needs of all people and we need systems and tools in place to help our staff do this. South west London's Transforming Care Partnership's (TCP) plans are focused on making sure that it can provide support to people with a learning disability and/or autism in the community, to do this it will improve services for people in times of crisis and provide training in positive behavioural support. We will also focus on children and young people so that education, health and care plans meet a young person's immediate need but also prepare them for the move into adulthood.

7.7 Awareness of services

You said

People believe increased awareness is needed about what services are available for children's health as well as when it is appropriate to use each service.

We did...and are doing

Information about local children's services is provided by the relevant clinical commissioning group or council. For example, in Wandsworth they have the 'Family Information Service' which offers free information and advice on childcare, education, family support, health and activities for children and young people aged 0-19 years (up to 25 for young people with special needs or disabilities).

7.8 Improving prevention and early intervention

You said

There was a desire for more education and information to support healthy lifestyles for children and families.

children who need urgent and emergency care. We know that we need to do more around prevention and early intervention, to help keep people well and get them the support they need as early as possible. We also need to provide better care for both young people experiencing a mental health crisis, including alternatives to admission and improved pathways for those people with a mental illness who are removed from a public place by either the police or by medical services (known as the s136 pathway), and ensuring people experiencing first episodes of psychosis receive timely treatment.

We did...and are doing

A key area for us is to improve support for those with a mental health need and ensuring that we enhance our support for

8 Maternity services

8.1 Midwifery shortages

You said

People were concerned about the lack of access to quality care due to midwifery staff shortages.

look at how to make the best use of our existing midwifery staff and look at new ways for them to work that will not only meet our workforce challenge but that will also improve their job satisfaction whilst delivering the best quality and safest care for women.

In terms of changing the way we work, all hospitals now have Maternity Support Workers in place which frees up the time of midwives to focus more on the care of their patients.

We did...and are doing

Recruitment is a priority: we know that there is a shortage of midwives and that some of our plans to transform services may require increases in midwifery staff. We need to

We are working with HR directors across south west London to investigate how we can work together on a campaign to attract professional staff to south west London.

8.2 Improving post-natal care

You said

Post-natal care (including support to feed their babies) was highlighted as a service that required improvement and participants would like to see this addressed in the STP.

The remaining Trusts have received accreditation for passing either stages 1 and/ or 2 of the initiative. It is our aim for all Trusts to be fully accredited across south west London to ensure these standards are maintained in and out of hospital, delivering consistent and high quality infant feeding support to pregnant women and new mothers.

We are looking to improve perinatal mental health care – both during pregnancy and after birth for all women across south west London. We want to ensure that women have access to the right care at the right time.

We did...and are doing

We are improving the way we provide postnatal care focusing on the continuity of carer, developing personalised care plans and ensuring we have the right staff in place to provide that care, including Maternity Support Workers.

The Epsom site currently holds full UNICEF Baby Friendly breastfeeding accreditation, which means that they have been fully accredited under the UNICEF Baby Friendly Initiative for supporting women in infant feeding through having in place policies and procedures, staff training and embedding the Baby Friendly standards within their unit.



8.3 Ensuring continuity and consistency

You said

People told us that they really valued seeing the same person throughout their pregnancy, birth and post birth.

We did...and are doing

We know how important it is for women to see the same midwife, or team of midwives, through their maternity care journey – and we are making progress to achieve this. All Hospitals have made a commitment to have the same team of midwives to support women before and after they give birth. This is now in place at Epsom & St Helier Hospitals with planned implementation in Kingston Hospital for Q2 2018/19 and further implementation planned in remaining hospitals. This might mean that they see a different midwife during their birth (with the exception of women who choose a home birth) – and we are looking to learn from other areas as to how we can provide the same team throughout their care.



8.4 Increasing personalisation and choice safely

You said

Although people wanted increased personalisation and patient-led approaches to care, they also emphasised the importance of prioritising patient safety.

We did...and are doing

We want to make sure that women have access to high quality and consistent information about local maternity services. We have started this by publishing a summary 'My Maternity Journey in south west London' which summarises all the services available to women when they are pregnant, as well as key information on what to expect from their care during pregnancy.

8.5 Improving staff communication

You said

People told us that communication and attitude from staff involved in maternity care was variable and in need of improvement in order to adequately support women giving birth.

looking at how they can train midwives so that they feel more confident when speaking to women about their care and the choices available to them.

Trusts are committed to gathering feedback from staff, in the transformation of midwifery services. Croydon Hospital have commenced their staff consultation in the ongoing development of their Continuity of Carer model to ensure plans are realistic and sustainable.

We did...and are doing

We have shared this feedback with our local hospitals. And they have told us that they are

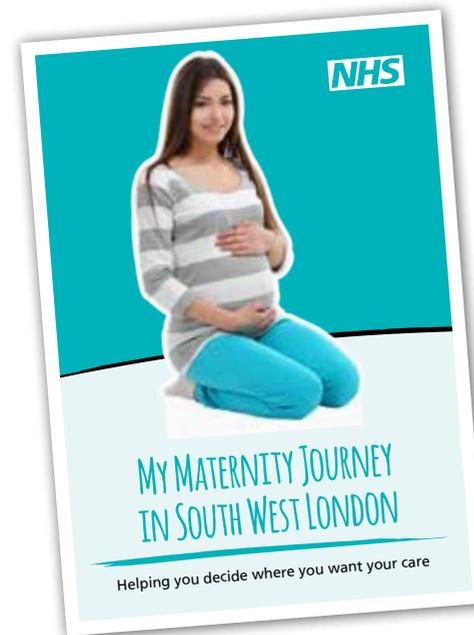
8.6 Raising awareness of services for different / diverse needs

You said

People felt that more work should be done to raise awareness of services and cater to differing and diverse needs in the community.

We did...and are doing

As part of the south west London Maternity Choice and Personalisation project we are trialling ways to improve raising awareness of the maternity services and support available across south west London to women and families with diverse needs. Hospitals are piloting the "My Maternity Journey" booklet within community midwife teams that serve diverse populations as well as specialist teams which support women with mental health needs and more complex health needs such as diabetes. The booklet has also been produced in an easy read format and will be available in a range of languages. After the pilot phase we will plan wider rollout of this tool to the whole of south west London.



9 Cancer

9.1 Increase screening uptake

You said

People felt more work could be done to increase uptake of screening, and to increase preventative care and guidance to those at higher risk of cancer.



We did...and are doing

All Clinical Commissioning Groups (CCGs) in south west London are trying to increase their bowel screening uptake as this is an area of underperformance and variation across CCGs, against the national average. All CCGs (except Croydon) have in place contract requirements for GPs to increase their bowel screening rates. In addition to this, all CCGs are participating in a project to further support GPs and practice staff to encourage people to take the bowel screening test through implementing a Bowel

Screening Communication Service. This service will also contact patients directly to remind them of the bowel screening test. This project is underway from October 17 onwards.

A pilot project is underway in Kingston CCG to increase screening uptake for vulnerable groups, focusing on people with learning disabilities. The project will be evaluated and learning shared across south west London before consideration of roll-out across south west London.

9.2 Ensure early diagnosis

You said

People emphasised the need for early diagnosis and suggested GPs could receive additional training from hospital specialists.

sustainable performance against the national standards for 2 week wait and 62 day waits.

All south west London Trusts have worked on ensuring that patients with suspected cancer can have as quick access as possible to diagnostic tests, with some Trusts receiving additional funding in 2017 to help fill gaps in their service.

We did...and are doing

The south west London Trusts are working together to ensure early and timely diagnosis – and we continue to work towards achieving

South west London Trusts have reviewed their current pathways and implemented best practice pathways for lung and prostate in order to ensure patients have quickest possible access to diagnostics and treatment. Further work to be done on colorectal and

9.3 Improve empathy

You said

People felt that delivering news of a diagnosis should be delivered with empathy and sensitivity.

A large part of the current consultant workforce was trained over ten years ago and the continual professional development of this workforce would be an employer responsibility.

The Leading Change Adding Value framework has been developed by NHS England this focuses on compassion and empathy and builds upon Compassion in Practice Vision & Strategy – we are confident that this work addresses these concerns. However, we will also be raising this with the medical directors in our local hospitals.

We did...and are doing

Delivering bad news is now a core component of most medical training programmes and has been for the last decade.

9.4 Support following diagnosis

You said

It was felt that additional follow up support could be provided after diagnosis and after treatment, both by NHS staff and through signposting to support in the community.

We did...and are doing

We know that in order to reduce variation and improve standards of care, we need to find the best cancer pathways. Trusts are working together to apply these pathways in urology and upper and lower gastrointestinal (GI).

The Cancer taskforce calls for an increase in the number of Clinical Nurse Specialists as well as the development of support worker roles to improve access to support after diagnosis

and through treatment. We also hope that our ongoing work to streamline pathways of care will hopefully reduce duplication.

All Trusts have made significant progress in ensuring that all cancer patients have a holistic needs assessment undertaken that appropriately plans their care and support, and a treatment summary to be sent from hospital doctors to the patient's GP.



9.5 Treatment and additional support for long term impact

You said

People emphasised the importance of prompt treatment in improving outcomes for cancer. Additional support could be provided to help patients deal with side effects and long term damage caused by cancer treatments.

We did...and are doing

Cancer care reviews provide an opportunity for GPs and practice nurses to become more involved in care after diagnosis. Currently there is a lot of variation in how this is delivered and the quality of the interaction. south west London CCGs are committed to adopting of Transforming Cancer Services Team 4 point model for holistic cancer reviews. This will ensure a more robust intervention that will address patient's holistic needs after their cancer treatment and yearly reviews of any side effects or consequences of their cancer and treatment. Holistic cancer care reviews are now in place in Richmond and Wandsworth with a plan to implement this across all CCGs as part of the cancer delivery plan.



Currently there is work going across London to improve and standardise the information that is sent to both the patient and their GP at the end of treatment (Treatment summary). Integral to this letter is information about follow up recommendations. The treatment summary is a key part of the Recovery Package which is a national initiative to improve the outcomes for people living with and beyond cancer.

Ongoing work to support the delivery of the recovery package will help improve outcomes for those living with and beyond cancer. This will include health and well-being events whilst still under hospital care as well as improvements in cancer care reviews discussed above. Signposting to local support

groups and other resources to promote survivorship will from a key component of these interventions to promote survivorship and self-management where this is possible.

For survivors of prostate cancer or those who are “watchful waiting” all south west London CCGs are working towards a primary care led model of follow-up appointments which will help patients receive more holistic care and monitoring for not only cancer but other health needs. This is already in place in Croydon and Sutton and due to be launched in Kingston, Richmond, Merton and Wandsworth by end 2017.

9.6 Quality and setting the ‘gold standard’

You said

There was a desire for NHS south west London to set the ‘gold standard’ for cancer diagnosis, treatment and care, including being proactively involved in trials and new treatments.

We did...and are doing

There is a lot of demand for GP appointments which means GP surgeries are very busy and people seek treatment at alternative places. We are looking at how we can improve things so that patients can access their GP more easily, including increasing funding and staff.

One of these is extending the times patients can book appointments from 8am-6.30pm Monday to Friday, to 8am-8pm, 7 days a week. The ‘extended hours’ might not necessarily be in every GP practice, but every patient will be able to access an appointment if they would like one. This is currently being rolled out across south west London. Through this we have delivered an additional 15,000 primary care appointments per month across south west London.

10 Planned care

10.1 Concerns about the feasibility of plans

You said

People felt specialist hospitals or elective centres could produce better outcomes but there were concerns about the feasibility of plans and whether they would lead to necessary cost savings.



We did...and are doing

There are no plans to close the south west London elective orthopaedic centre. We are very aware that any future plans to develop similar centres of expertise, need to be properly funded.

10.2 Sufficient staffing

You said

Concerns were raised about whether there are sufficient staff to deliver planned care effectively and efficiently, and some thought current staff are overworked and overstretched which impacts on patients.

of temporary staff who work to fill short term gaps in rotas). The "bank" is currently available for staff nurses and healthcare assistants in three NHS organisations. We will expand it to cover more staff groups in more organisations

We are working with HR directors across south west London to investigate how we can work together on a campaign to attract professional staff to south west London.

Work has already commenced across hospitals to try and make better use of our scarce resources. We are in the first stage of a joint staff "bank" (a "bank" is a group

10.3 Ensuring appropriate transportation

You said

People are more prepared to travel for non-urgent elective care, but ensuring there is appropriate transportation will be important.

We did...and are doing

We recognise that it is important to provide appropriate forms of transport for any centre of excellence. We currently do this with south west London EOC and for renal services. We would consider replicating this if other specialist services moved to the 'centre of excellence' model.

10.4 Improving discharge and aftercare

You said

It was felt that there is scope for current practices around discharge and aftercare to be improved.

as long as possible. The first phase will focus on 'reactive' care, the rapid response services that aim to avoid an admission or facilitate a faster discharge to maintain older people's independence and keep them safe and healthy at home for as long as possible. The Sutton Health and Care service will work hard to avoid people being admitted into hospital unnecessarily, and if patients are so unwell that they need hospital care, the team will support them to get back home as soon as they are well enough, ensuring the right support and care is put in place for them to live safely and healthily at home.

We did...and are doing

We recognise that aftercare and discharge are areas where there could be improvement. A key part of this is much more integration between the NHS and social care. We want patients who have been discharged from hospital to be able to access care in their community. We want to develop locality teams made up of GPs, nurses, pharmacists and social care professionals to support people to keep well at home.

We have started a number of local programmes which aim to improve patient discharge and aftercare. For example - Sutton Health and Care (SHC) is a new programme (due to begin in April 2018) to join up services around the needs of people, particularly older people with complex needs. The programme includes all elements of care - prevention, proactive planned care and reactive crisis care - with the aim of supporting people in their homes to be as independent and healthy



10.5 Reducing cancellations of operations and outpatient appointments

You said

People would welcome any plans that reduce the number of cancelled appointments and operations.

We did...and are doing

We recognise that there is always more we can do to improve experiences for our local people. We are particularly focused on improving matters at St Georges as there are specific challenges here around waiting times. We are working closely with the Trust to put in place new patient pathways.

We've also invested over half a million pounds to improve waiting times for our dermatology and Ear Nose and Throat patients.

10.6 Improving communication between services

You said

It was felt that there is scope for improving internal and external communication between services, including GPs, hospitals and social care providers.

- Ask for clarification (or advice) regarding a patient's test results
- Seek advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identify the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).

We did...and are doing

We have put in place a number of improvements to the way that different parts of the health and care system communicate with each other – which we hope will improve patient experience and outcomes. We also realise that we need to do more to improve communication between different parts of the health and care system – enabling GPs and hospital consultants to contact each other more easily. We have a number of initiatives that will improve this.

One is called the Advice and Guidance (A&G) initiative and it allows a GP, the “requesting” clinician, to seek advice from a specialist/consultant or the “responding” clinician. This service enables clinicians to:

- Ask a specialist for their advice on a treatment plan and/or the ongoing management of a patient

This is already in place for many specialties at many hospitals and we are continually expanding the scope of the scheme.

The benefits of using the advice and guidance service are improved communication between GPs and consultants and knowledge of GPs on the future management of patients and the types and settings of services available. Patients are therefore offered the correct services, in the correct setting with the correct consultant/specialist from the outset. They are less likely to have their referrals rejected, cancelled or redirected to another service, saving time, reducing delays and resulting in a targeted clinical treatment or management route.

We have also changed the way that we work across south west London by setting up four Local Transformation Boards (Croydon; Merton & Wandsworth; Kingston & Richmond and

Sutton). These boards will ensure that the improvements we make are local, responding to the local needs, issues and context. This work aims to improve communication across the system as they are made up of representatives from the local NHS, Local Authorities, patient representatives and the voluntary sector. Their aims are to transform local health and care services to deliver more joined up services that improve care and reduce health inequalities.



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