



*South Sefton  
Clinical Commissioning Group*

# **Big Chat 4**

**Strategy into action**

**NHS South Sefton CCG**

**Bootle Cricket Club, 18 November 2014**

# Contents

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<b>What is the 'Big Chat'?</b>	<b>3</b>
<b>About Big Chat 4</b>	<b>4</b>
How the event worked	4
<b>Presentations</b>	<b>5</b>
Our strategy- where are we now?	5
Strategy into action – our 'commissioning intentions'	6
Strengthening our localities	6
<b>Table discussions</b>	<b>7</b>
Community respiratory service	7
Questions and answers	7
<b>What people told us</b>	<b>8</b>
<b>Table discussions</b>	<b>8</b>
Interactive voting results	10
Questions and answers	12
<b>Next steps</b>	<b>16</b>

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# What is the 'Big Chat'?

Big Chats are one of the ways that NHS South Sefton Clinical Commissioning Group (CCG) involves local residents in its work.

These events are a chance for people to hear an update about our work. More importantly, Big Chats give us the opportunity to find out what our residents think, and this helps us to shape and refine local healthcare.

Each Big Chat focuses on a different aspect of healthcare and we hold the events in venues like Bootle Town Hall, or the Cricket Club, which people can easily get to.

You can see reports from all previous Big Chats on our website.

# About Big Chat 4

This event built on the previous Big Chat, which helped us to develop our 5 year strategy for improving health and health services.

So, at Big Chat 4 people could:

- Hear how views from earlier Big Chats have shaped our 5 year strategy
- Hear about what we plan to do next to put '*strategy into action*'
- Hear examples of what this means for patients
- Give their views about how we should further develop this work

## How the event worked

There were four elements to the event and the agenda ran as follows:

1. Presentations from our chief officer and chief strategy and outcomes officer updated people on our progress and highlighted where people's views from previous Big Chats and other activities have informed our strategy
2. Table discussions where people were asked for their views about how our work should develop in the future
3. Presentation focusing on changes to our community respiratory service, highlighting the difference our work is beginning to make to the lives of our patients
4. Question and answer session, giving attendees the chance to raise any points they had about local healthcare

## Presentations

### Our strategy- where are we now?

This explained how we have developed our 5 year strategy, jointly with NHS Southport and Formby CCG, based on all the data we have about people's health and the quality of current services, along with what local residents told us they wanted from healthcare in the future.

All this helped to shape our vision:

*"To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and wellbeing of our population"*

We used this information to help refine and extend our priority health programmes:



## **Strategy into action – our ‘commissioning intentions’**

Every year we identify ‘commissioning intentions’. These set out the services we intend to commission - in addition to core health services - which will contribute towards the aims of our 5 year strategy.

Our commissioning intentions for 2015-2016 include:

- Improving the quality of existing services – based on what we know and what our patients have told us
- Developing our localities – our member GP practices are split into four different geographical areas, or localities, so they can better focus on the differing needs of the communities they serve
- Integrating mental health into localities – so more people can benefit from services to improve their mental wellbeing
- Virtual Ward – this programme provides more care to people in their own homes or close by in their local community, with the aim of preventing them from needing urgent hospital care

## **Strengthening our localities**

We know that people value the care they receive from their GP practice and community services, such as district nurses. We also know that people would like to receive as much of their care as possible closer to their home whenever it is appropriate, where the different services involved in their care work better together.

This is why we want to strengthen our GP practice localities, so we can wrap health and wellbeing services around the needs of our different communities. To do this, we will need our hospitals and community services to work even closer with our partners from social care and the voluntary, community and faith sector – we believe this locality model will greatly benefit patients in providing better, more joined up care that looks at their whole wellbeing needs.

## Table discussions

An interactive session asked people to think about and discuss the presentations. In particular, they were asked for views about the following three questions:

- Do you think the locality model is the way forward?
- What services should be delivered on a locality level?
- Which hospital services could be delivered in the community in the future?

## Community respiratory service

Our lead for respiratory care explained how services for a range of breathing conditions are changing as a direct result of patient's comments and experiences. This includes developing self management courses and support groups that support people to better cope with their condition and reduce their need for urgent hospital care.

## Questions and Answers

Before this session, people could choose to write down any questions that they had and submit them ahead of the panel. Our officers then give responses to the audience.

The event concluded with an interactive voting session, using the interactive Turning Point IT system, where attendees were asked a series of questions about the topics in Big Chat 4.

# What people told us...

There were 62 members of the public or who represent them and 8 members of NHS or council staff who attended the event. The following sections of this report give an overview of the themes from their table discussions and interactive voting session. You will also find a list of questions and answers at the end of this report.

## Table discussions

### **Question 1 - Do you think the locality model is the way forward?**

Having heard the presentation on locality working this was an opportunity for participants to give their views on how the locality model could benefit local communities and what may be the gaps, barriers or challenges.

The main themes coming out of the discussions were:

- That the locality model makes sense and was a good idea but locality services should fully reflect the needs of local people and recognise inequalities and deprivation. Ongoing reviews of locality demographics need to be undertaken
- Better links into community services and the third sector, encouraging prevention and early intervention (particularly mental health) at a local level, supporting people to take ownership of their own health, self-care, promotion of community pharmacy, empowerment of local residents and communities
- Having local services that were more accessible and with less need to travel would be of benefit to the frail and elderly and incur less travel costs for patients
- GPs working together and being the central point of a locality model was viewed as a positive step. Co-location of services within GP practices was seen a future opportunity. Some queried if there is capacity within services to provide 24/7 cover and out of hours services within localities?
- Built environment / estates – some asked if there are buildings fit for purpose, within localities that will be suitable for this model of working or will this be a limitation?



## **Question 2 - What services could be delivered at a locality level?**

This was an opportunity for participants to discuss where they would like to receive their care and a list of services was shared with attendees to prompt discussion and to rank in order of preference. Common choices made were:

- Phlebotomy
- Community diabetes services
- Mobile or community diagnostics and x-ray
- Children's services
- Asthma services and reviews / inhaler techniques
- Promotion of community pharmacy and the services they can provide
- Specialist dental care and dentistry
- Mental health services.
- A directory of services / signposting team / good communication / alignment with social care to ensure patients can navigate the system to access the most appropriate care, improving access for those with learning disabilities

## **Question 3 - What hospital services could be delivered out in the community?**

Participants were asked what hospital services they would like to see out in the community and what would be the advantages and disadvantages. The services identified and issues raised were:

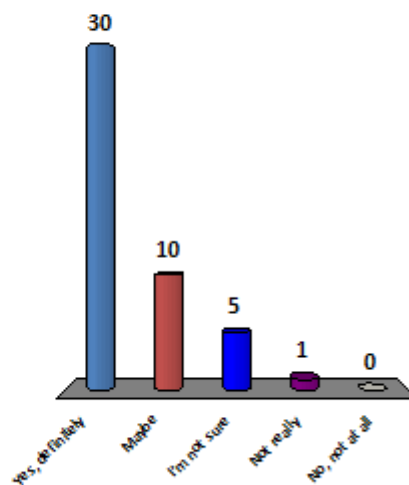
- Diagnostics / mobile diagnostics / ultrasounds
- Pre op / post op services, supported discharge, wrap around services to keep people out of hospital
- COPD services, support for other long term conditions eg, diabetes
- Nursing services within the community , matron system , district nurses and health visitors working in a similar way to Macmillan and being known and assigned to a locality and being known to patients
- Maternity appointments
- Some questioned whether community based services may see an increase in usage and if there are enough qualified staff / skill and resources to support community based work as a result of this

## Interactive voting results

At the end of Big Chat 4 and after having heard presentations and taken part in discussions, attendees were invited to rate how far they agreed with a series of statements, using the Turning Point electronic voting system:

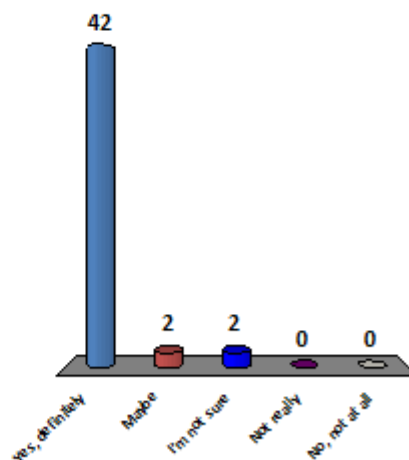
Do you agree that the locality model is the right way forward?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. No, not at all



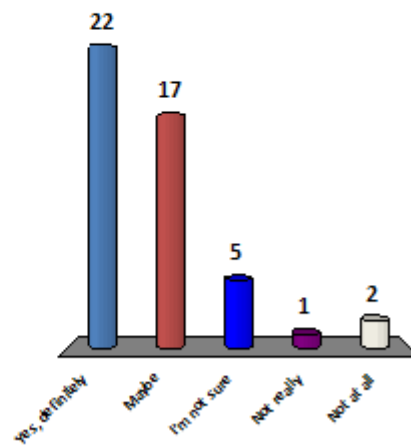
After the discussions today, do you think that it is a good idea that some hospital services are delivered in the community?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. No, not at all



Having heard about the CCG's strategy and commissioning intentions, are you confident about its plans for commissioning health services in Sefton?

1. Yes, definitely
2. Maybe
3. I'm not sure
4. Not really
5. Not at all



## Questions and answers

Below is a selection of questions raised by attendees at Big Chat 4, along with responses from the CCG team. We have also included some of the written questions that were submitted at the end of the event.

### **The number of people attending the Big Chat is so small, how does the CCG propose to engage with more people?**

We actively and widely promote the Big Chats because we want as many people as possible to have the chance to come along. This includes adding the details to our website, distributing posters to GP practices and other venues and placing articles in the local press. Our partners, like community and voluntary groups, Sefton Council, other local NHS organisations and Healthwatch Sefton also help to promote the dates too. Compared to the total population of the area, we appreciate the number who come to our events is only small, which is why Big Chats are not the only way that people can get involved in our work. Through our day to day work developing services across the borough, our staff talk to patients, carers, members of the public and patient groups on a regular basis. On a more formal basis, we often ask for patient's and carer's views about specific services or programmes. Our Mini Chats complement our Big Chats and these focus on specific topics. Many of our member GP practices have patient groups which people can also get involved with. We know we can always do more and we continue to look for new ways to encourage more people to get involved in our work. Last year Healthwatch Sefton held a series of Community Chats on our behalf to reach much wider groups of residents. We also welcome any ideas and suggestions about what more we can do in the future.

### **Why is there no freephone number where people can give their comments?**

There is a freephone number that people can call to speak to our Patient Experience Team. We encourage people to contact the team with any feedback, positive or negative, about any aspect of our work or about any of the services we commission. You can contact the team on 0800 218 2333 (Monday to Friday, 9am-5pm, with 24 hour answerphone).

**How fragmented (local) can you go and still maintain co-ordination and avoid deprivation and still allow for future change?**

Shaping services to meet the needs of our different populations through our locality model should in fact mean we are better able to tackle deprivation and future proof services, so they are more able to flex to the changing needs our residents. The locality model will help us to maintain the quality and standard of clinical services, which is central to our overall approach. Alongside this, the model is about addressing the local needs of the population. By collaborating with partners in the council and the voluntary, community and faith sector, we will be able to address the inequalities in health that exist in a coordinated way between health, social care, community care and personal support.

**How can we improve communications between services and work jointly?**

As a clinical commissioning group, we have an important role in driving and enhancing communication between services so that they provide better joined up care for patients. We need to make sure that this is reflected in the contractual agreements that we agree with our providers, so that this becomes the norm and is reflected in people's improved experience of services.

**There was talk some years ago about local health care within schools and colleges - a 'one stop shop'. Are there any plans for this locally or nationally, given that 'estates' for some provision is currently limited?**

We think the estates of the local health sector and the council present some real possibilities, where we might use our buildings more creatively and flexibly in the future for the benefit of our patients. We are currently exploring opportunities where property and facilities could be used to greater effect as part of our work with Sefton Council to better integrate services – our locality model being one example of this. The recent national reforms to the health service mean there are many more complexities in the ownership, maintenance and responsibility of NHS properties. However, we are committed to exploring what can be done locally and we are actively working with Sefton Council and NHS England to do this.

### **How are mental health needs being considered in A&E patients when people in crisis are spending hours waiting for support?**

Our mental healthcare provider, Mersey Care NHS Trust works collaboratively with our local hospitals to provide patients with the right support whenever possible. This includes a team of mental health specialists in Aintree Hospital's A&E department, who support patients identified as having mental health needs. In line with national targets, the trust aims to assess and treat all patients within the 4 hour A&E waiting time.

### **Should we introduce a 'two strikes and you are out' policy for those patients who do not ring to cancel their GP appointment?**


All GP practices struggle with DNAs (Do Not Attends) and deal with these in different ways, whilst maintaining their duty of care to their patients. Many practices ask patients who regularly DNA to meet with them to discuss the reasons why. Practices will try and accommodate those who have genuine difficulties attending, such as people with learning difficulties or memory issues.


### **Does any pattern emerge that relates specific health problems to certain areas of Sefton?**

Having a good understanding of the differing health needs across the area is essential in helping us to plan, design and buy services for the different communities we serve. The table below gives an indication of what diseases are more prevalent in different parts of the area. It shows notably high rates of coronary heart disease, stroke, diabetes, high blood pressure and cancer in Maghull, with diabetes, depression, COPD (chronic obstructive pulmonary disease) and asthma equally high in Bootle.

(Note that this data is taken from GP registers of known patients with each disease – it does not include those people who remain undiagnosed because they have not been in contact with GP services)

Locality	CHD	Stroke	Diabetes	High BP	Depression	COPD	Asthma	Cancer	Osteoporosis
Bootle	4.5	1.9	6.5	15.7	9.1	3.8	6.9	2.1	0.1
Crosby	4.2	1.9	5.8	17.5	5.4	2.4	5.8	2.4	0.2
Maghull	6.0	2.1	6.5	19.3	7.4	2.2	6.0	2.8	0.2
Seaforth & Litherland	3.8	1.9	6.3	14.1	8.3	3.0	6.7	1.9	0.4
SS CCG	4.4	2	6.2	14.1	7.4	2.9	6.3	2.3	0.2
England	3.3	1.7	6.0	13.7	5.8	1.7	6	1.9	0.2

lowest 

highest 

**There should be more multi-disciplinary support clinics which can deal with ongoing conditions such as diabetes, Chronic Kidney Disease (CKD), heart and circulatory problems. Is this a possibility?**

This is an excellent point and one which we are very aware of. In an effort to progress your suggestion we have already begun work to bring a joint approach to diabetes, CKD and cardio vascular disease looking at a range of areas including;

- common rehabilitation programmes
- common education and preventative programmes
- opportunities for one stop provision
- combined health reviews

## Next steps

All the views and experiences gained at Big Chat 4 will contribute to the further development of our strategy. In particular, people's comments will help us to fine tune our locality model of care and we would like to thank everyone who came along for their contribution.

- We asked attendees to complete an evaluation form about how they thought we might improve future Big Chats and we will use this information to design future events
- People were also asked to complete a confidential equality monitoring form so that we can analyse which groups of people attend the Big Chat events, in order to help us to develop a plan to reach out to groups of people who historically don't participate in these events

Anyone with comments about Big Chat 4, or who has further comments or queries about any aspect of our work should call Freephone **0800 218 2333**.

  
**South Sefton**  
**Clinical Commissioning Group**

[www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)