



***South Sefton
Clinical Commissioning Group***

Community services

Summary engagement report

May 2016

Staying **local**
& together



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Introduction

This report outlines how NHS South Sefton Clinical Commissioning Group (CCG) has been involving residents in the review of the community health services blueprint and how the feedback has helped to inform its Shaping Sefton vision of community centred health and care, building on the CCG's 5 year strategy.

Community services is one of the eight programme areas in the CCG's blueprint for transformation, which underpins Shaping Sefton.

In particular, the report focuses on the most recent phase of engagement which invited all south Sefton residents and communities to share their views and experiences of community health services.

As part of the ongoing service developments, these views and experiences will help the CCG and providers plan for the changing needs of patients into the future.

Engagement overview

To support the development of the vision for community centred health and care, the CCG has already carried out a range of engagement activities and pieces of work to ensure that the views of south Sefton residents, patients carers and partners have been captured and considered as part of ongoing developments and in the redesign of specific service specifications. Some of these include:

- **Big Chat 4 & 5 public events (2014/15)** - these focused primarily on talking to residents about providing health services closer to home, gathering feedback on people's experiences of current community services and what should be considered in their future development.
- **Community services mapping (2015)** - the CCG undertook a Sefton wide engagement scoping exercise and collated all relevant feedback to identify key issues and themes about community services. This took account of the Sefton Strategic Needs Assessment Consultation Report, other Sefton Council consultations, Healthwatch Sefton engagement reports, service level engagement /consultations and community engagement with minority groups.
- **Engagement and Patient Engagement Group input (2014 -16)** – the membership of this CCG group includes key Sefton partners who have been informed of and contributed to the ongoing blueprint programme developments and engagement planning.
- **Equality Impact Assessment (2015)** – to support the most recent phase of engagement, this key piece of work highlighted any risks that proposed changes might pose for Sefton residents - specifically minority groups - and helped to inform the development of the engagement approach.

These exercises helped the CCG to develop its bank of evidence and identify key themes to support the development of the community services blueprint and service level specifications. In brief, these include:

- Joined up, patient centred care
- Care closer to home with health and support services based under one roof
- Continuity of care and the importance of established relationships with clinicians
- Effective communication at all levels particularly between health and social care professionals and between patients, clinicians and other frontline staff
- Access to flexible and varied appointment options and reduced referral to treatment waiting times
- Good transport links to health care centres and hospitals
- Easy access to community based information and support particularly for minority groups

Latest engagement phase

December 2015 to 30 April 2016

The aim of the latest phase of engagement was to inform residents of the community services review and Liverpool Community Health (LCH) transaction process.

Importantly, it provided an opportunity for people to share their experiences of these services, which would be considered as part of the ongoing service developments.

Before designing its engagement approach, the CCG carried out a rigorous assessment of the changes proposed for each of the individual community health care services involved in the review. This concluded that there were no significant changes to patient care and that the proposed changes only affected how services were organised and managed, so formal consultation was not required.

The Equality Impact Assessment confirmed that the impact for patient care would be minimal for the general Sefton population but highlighted that minority groups may not easily access information about the review or have the opportunity to comment and inform service developments.

Taking into account the assessments and advice, the CCG developed the following engagement approach, which was reviewed by the CCG's Equality and Diversity lead and which was considered suitably robust:

- A population wide engagement supported by a communications exercise and online survey
- Targeted face to face engagement and liaison with minority groups to obtain comments, views and any specific issues that had not yet been captured. This was supported by the opportunity to complete a hard copy version of the survey
- Accessible and varied engagement options including the availability of the survey in large print and easy read formats and the option to request a hard copy version and return via the CCG's Freepost address

The CCG used its multiple communication channels and networks to cascade information and raise awareness of the engagement, and all partners and stakeholders were informed and supported the approach and plans.

Engagement analysis

The analysis below provides an overview of the survey findings and the key themes emerging from these and the group meetings and events.

Summary of survey responses

The survey asked people to tell us about their experiences of specific community services, where these were received, how they rated the service, what made the experience a good or bad experience and where improvements could be made. A summary of the survey approach and responses is below:

- The survey was open from January 2016 – 30 April 2016. Over this time 75 survey responses were received with 75% of respondents commenting as patients and 11% as carers of patients.
- The age range of respondents was from 16 to over 75 with 25% between the ages of 16 and 45, 33% between the ages of 46 and 75, and 23% over the age of 75. 16% of respondents considered themselves to have a disability, 84% were of a white British background and 80% identified as being heterosexual. Approximately 17% of respondents did not complete any or all of the equality monitoring information.
- The survey captured 125 individual views and experiences of services, although only 89 of these were community health services, the others related to GP, hospital and community support services or the service was not stated. The services most commonly listed were phlebotomy, podiatry and physiotherapy.
- The majority of the service experiences were received in health centres (58%) with 24% in GP practices, 11% at home at only 0.5% in residential or nursing home settings.
- Overall, the service ratings were positive with 80% of respondents rating their experiences as good to excellent, 16% rating their experiences poor to average and the remaining 4% did not respond to this question.
- The survey asked what was good and bad about people's experiences. Location and friendly and knowledgeable staff were identified as the two most important factors contributing to a 'good experience' and appointment systems (43%) and clinic environment/systems (19%) the two most common issues resulting in a 'bad experience'.
- Clinic environment/systems and communication were cited as the most important areas for improvement.

A more detailed analysis of the survey responses can be found in Appendix A (p14).

Targeted stakeholder group meetings

As recommended by the Equality Impact Assessment, the CCG engaged with local minority groups and organisations to promote the community services review and the opportunity to engage.

This involved collaboration with partners and attendance at 16 meetings and events.

Through these channels, the CCG spoke to approximately 360 people and cascaded approximately 630 surveys.

Appendix B (p18) lists these stakeholder group meetings and events for information.

Key themes and issues

The key themes and issues from all the activities described on pages 5-7 were analysed and are summarised below.

Location and accessibility

Having services that are easily accessible and close to home are important factors for many patients. 71% of respondents cited this as the most important factor when answering the question 'what makes a good experience'. Several stakeholder groups discussed the importance of community services being near to where people live and also available under one roof, such as a health centre.

One survey respondent commented: 'all services I have received in the community have been outstanding and are an asset to the service users. They are convenient especially for those who would otherwise be unable to access the care they require.'

Feedback from the group discussions included positive examples of services received 'at home' including physiotherapy and district nursing with one carer describing the service her husband received as 'first class'.

A concern that came through the survey and group discussions was the accessibility/inequity of service provision between the north and south of Sefton, between south Sefton and Liverpool and the accessibility of some services for Maghull residents.

Service ratings by location

Overall, the pattern of service ratings is similar for all locations with the majority of ratings from good to excellent, other than for services delivered in 'residential/nursing home settings' where responses indicated that the majority of patients had a poor experience, however, there was a distinct lack of data for this location with only 5 responses received .

Comments on the variable quality of community services in nursing homes were also noted, particularly in relation to communication between the service providers and patient/nursing home and waiting times for treatment.

To validate this pattern, a larger data set would be required for all locations and significantly more feedback from patients receiving care in residential and nursing home settings.

Appointment systems

Issues with booking systems, referral to treatment times and the length of time between appointments were the most common concerns raised. Although the overall response rate to the question 'what made it a bad experience' was low at only 35%, appointment systems were identified as the most common response, particularly in relation to the most frequently used services such as podiatry and physiotherapy.

In relation to referral to treatment times, comments were made in the survey and at several of the meetings that the long waiting times were driving some people to use private health provision and that there were insufficient NHS staff and resources to deal with the demand.

In addition, 'flexibility for working people' was seen as an important consideration with references made to the difficulties that working age people and those with caring responsibilities have in making and attending appointments during normal clinic hours. Also raised was the availability of accessible appointment booking systems and technological developments to support this like online and email.

Continuity of care

It is clear that patients' value being treated by - and building a trusting relationship with - the same clinician. Feedback referred to the anxiety associated with not knowing who will provide a particular treatment or service, particularly for those receiving treatments at home from services like district nursing.

Friendly and knowledgeable staff

69% of survey respondents reported that this as one of the most important aspects of a 'good experience' with dedicated, hardworking staff seen as central to service quality.

Comments were also made about the importance of empathetic and understanding staff who have the time to listen and explain a patient's health condition and treatment.

Clinic environment and systems

This was stated as the most important area for improvement with 26% of respondents highlighting this as an issue. The comments in relation to this question suggest that this covers a broad spectrum of areas for improvement including the availability of services under one roof, appointment systems and waiting times in clinics.

Continuing treatment and support

This was a theme that came through the survey feedback and group discussions. The issue of time limited services and the need for these to be available for longer or followed up by aftercare support such as physiotherapy was highlighted in the feedback.

Generic and ongoing support for both patients and carers was also mentioned several times, particularly for those with mental health conditions.

Lack of information and understanding of community services

This was discussed at several meetings and evidenced from the 29% of irrelevant survey responses. Unless people had first hand experience of specific services, they were generally unaware of the variety of services and what they were for. At several meetings, it was suggested that these services and their availability were more widely publicised, including referral processes and those that accept self referrals.

Effective communication

Underpinning many aspects of a good patient experience, effective communication ranked as one of the key areas for improvement.

32% of respondents highlighting this is an important element along all stages of the patient journey.

Equality and diversity considerations

During 2015, as part of the equality delivery systems assessment, the CCG undertook an extensive engagement exercise with national, regional and local organisations which represented the views and interests of people and communities who share protected characteristics.

The outcome of the exercise highlighted a range of issues and barriers that need to be addressed throughout the health economy of south Sefton.

Groups and organisations strongly advised that new providers work to address the issues that were raised, which include the following:

- Understanding cultural and language barriers associated with race
- Ensuring organisations understand and address needs of the Lesbian Gay Bisexual and Transsexual (LGBT) community
- Organisations robustly implement reasonable adjustments

The equality and diversity issues raised as part of the recent phase of engagement were as follows:

- **Disability access to health centres and GP practices** –Sefton Access Forum discussed this at length and recommended that automatic doors be installed at all practices and centres and the use of taped barriers be reconsidered, as these can be difficult to negotiate and raise issues of dignity for wheelchair users.
- **Wheelchair availability in residential and nursing homes** – feedback from nursing homes patients highlighted issues with wheelchair availability and how this can prevent patients accessing services in the local community.
- **Computerised/telephone appointment systems** – several minority groups discussed the challenges that patients with learning disabilities and mental health issues have using these systems. It was recommended that other easily accessible appointment booking options are available and supportive staff at hand to help patients make these bookings.
- **Attitudes towards mental health patients** –Sefton Mental Health User Forum commented that some clinicians and staff do not always adequately support patients with a mental health condition and recommended that appropriate training be part of all staff mandatory training programmes.

Other considerations

- Given the low response rate to the survey which equates to 0.04% of the total south Sefton population, the results of this engagement should be considered alongside existing intelligence and previous engagement feedback.
- As only 0.5% of survey respondents had received care in a residential or nursing home setting, further patient experience data may be required to review delivery of services in this setting.
- This report does not include service specific feedback. Any changes to specific services in the future should take account of the service level feedback received in this and previous rounds of engagement.
- In addition, providers and commissioners would need to consider the impact for patients of any service specific changes and the level of engagement required to fulfil statutory consultation and Public Sector Equality Duties (PSED) as recommended in the Equality Impact Assessment. Depending on the degree of change and the impact for patients, providers may be responsible for the management and reporting of related patient engagement processes.

Conclusions

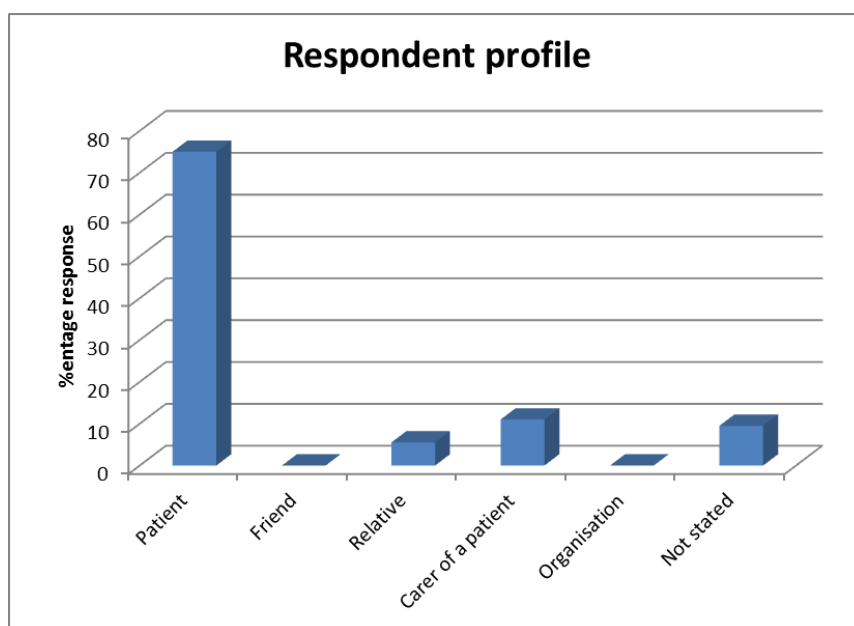
The feedback from this recent phase of engagement confirms and supports the findings from previous engagement and other available intelligence. However, it has identified that generally people do not always understand what community health services are, what services are available and how these are accessed. It has been recommended by several groups and individuals that information on these be more readily available and more actively promoted, with a particular focus on referral options.

Appendix A - analysis of survey responses

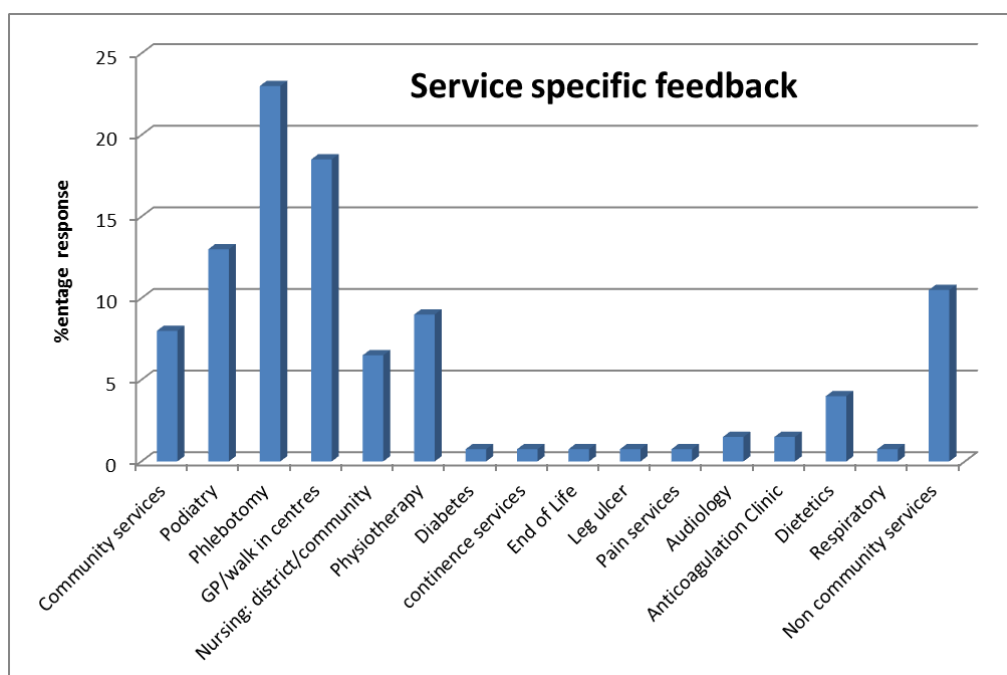
Overview of survey responses

From December 2015 – 30 April 2016, 75 survey responses were received. These 75 responses included information about 125 service specific experiences. 89 of these were community health services. 36 were about different services such as GP and hospital care, or the service was not stated.

Profile of survey respondents



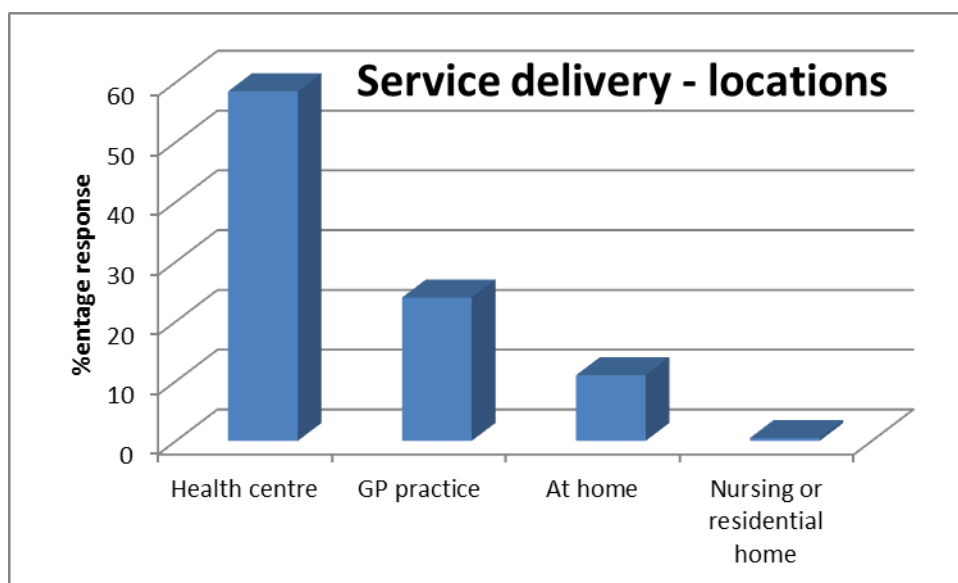
Breakdown of responses by service



Specific feedback about community services

The following analysis is based on survey responses relating specifically to community services. Those responses which focused on other health services, such as GP practices and hospital care have been excluded from this analysis.

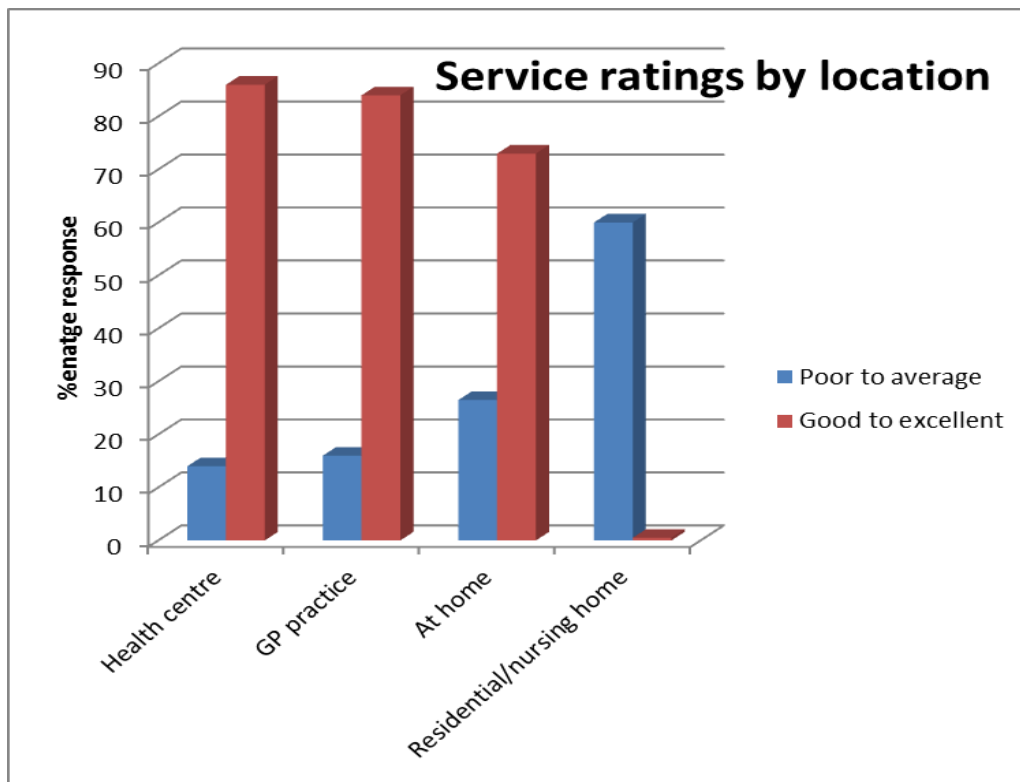
A breakdown of service delivery locations:



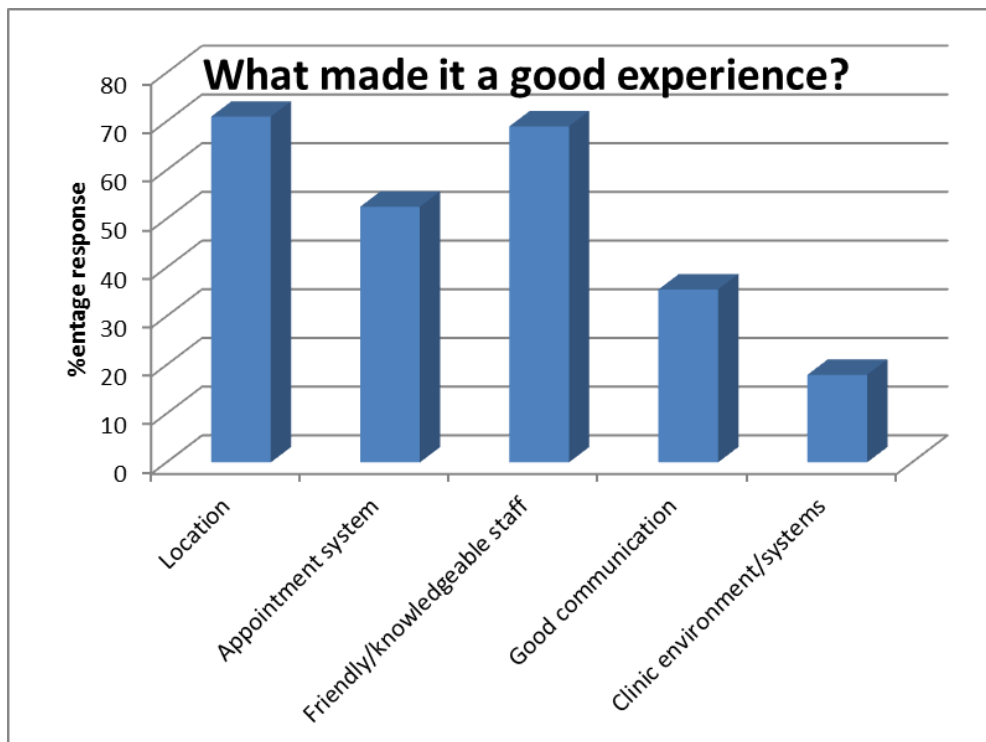
Average service ratings:



Average service ratings by location:

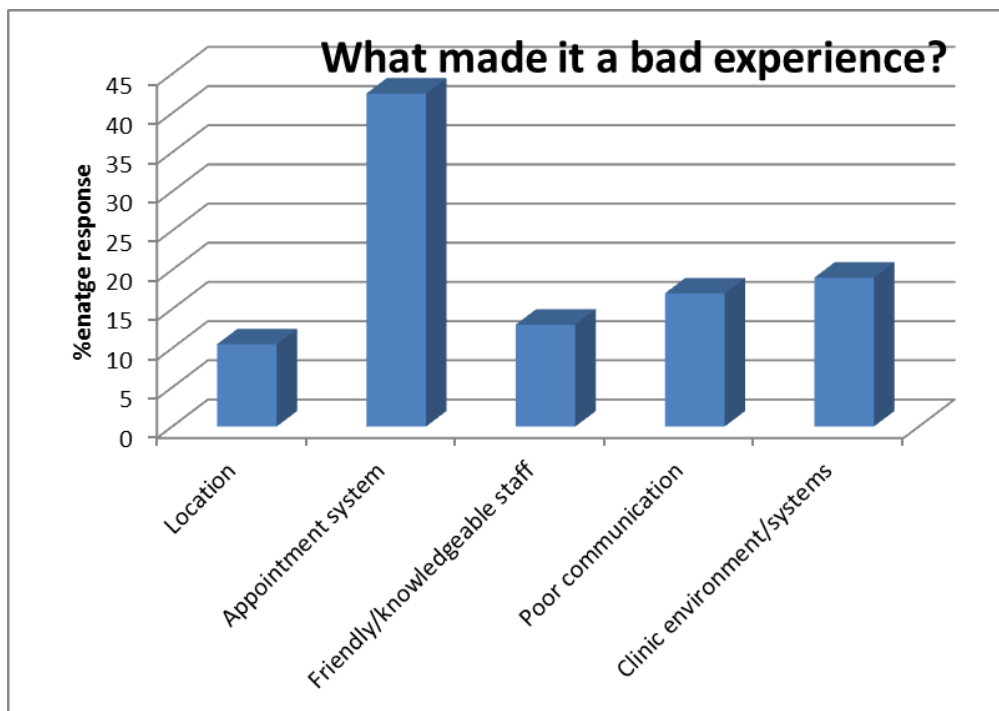


‘What made it a good experience?’



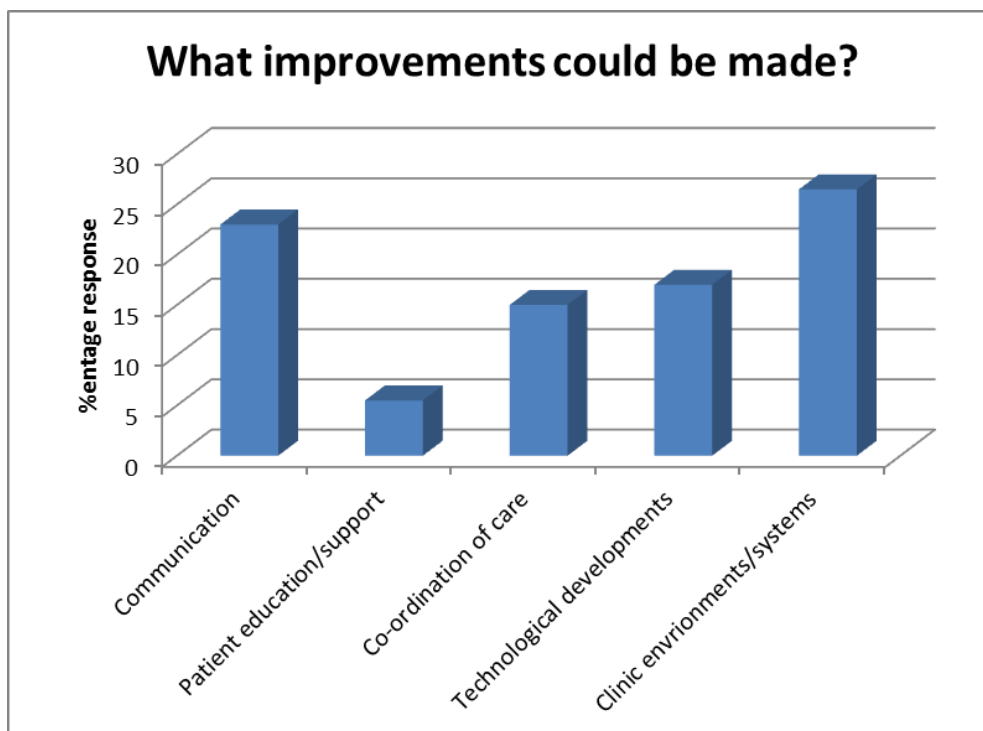
There was an 89% response rate to this question.

What made it a bad experience?



There was a 35% response to this question.

'What improvements could be made?'



There was a 40% response rate to this question.

Appendix B – key stakeholder groups, meetings and events

Name of group or forum
Embrace and In Trust Merseyside - LGTB communities
Equal Voice - BME communities, CVS
Feelgood Factory, Netherton
Healthwatch Sefton Community Champion Group
Healthwatch Sefton Steering Group
One Vision Housing / Sovini - working age people
Sefton Ability Network - all disability groups
Sefton Access Forum (SAF) – physical access for disabled people
Sefton Alzheimer's Society
Sefton Consultation and Engagement Panel – Sefton Council
Sefton Dementia Action Alliance
Sefton Health & Social Care Forum
Sefton Library services
Sefton Mental Health Service User Forum
Sefton Partnership for Older Citizens (SPOC)
Sefton Pensioners Advocacy Centre (SPAC), Bootle
Sefton Pensioners Advocacy Centre (SPAC), Crosby
Sefton Pensioners Advocacy Centre (SPAC), Maghull
Young Advisers and other youth groups - Sefton CVS
Multiple Sclerosis Society - Sefton branch


South Sefton
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