



**South Sefton**  
Clinical Commissioning Group

# **Big Chat 9**

## **Annual review**

**NHS South Sefton CCG**  
**Park Hotel, Dunningsbridge Rd, Netherton,**  
**21 September 2017**

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# About Big Chat 9

For the third year in a row we combined our annual general meeting (AGM) with an interactive Big Chat style event. So, residents could hear about our work over the past 12 months and give their views and ideas about our plans for the year ahead.



This year's event took self care as its theme, with attendees hearing from a number of different speakers before being encouraged to explore what this means to them.

There were 40 attendees at the event, which was a mix of local residents, community pharmacists and other stakeholders. In addition, there were around 20 CCG staff who helped to run and facilitate the event.

As well as people being able to take away copies of our annual report and accounts, we displayed information about our financial performance and progress from the year on visual, digital displays dotted around the venue for people to see. This approach meant that the main speakers could focus their presentations on our plans for the year ahead, allowing more time for our residents to get involved and have their say.

You can read more about what people told us at later in this report and you will find presentations, photos and a video of the event on our website



# What we covered

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Our chair, Dr Andrew Mimmagh opened the event, welcoming attendees to our 'Big Chat 9 meets annual review'. There was a mix of presentations - giving an update of our work and plans – and workshop style sessions, so people could ask questions and discuss each topic in more detail, all framed around self care.

The agenda ran as follows:

- Shaping Sefton and you: an overview of our work to transform health and services and how we are involving you – Fiona Taylor, chief officer, NHS South Sefton CCG
- Examine Your Options: discussion about local urgent care services and choosing the most appropriate option when you are unwell – Jan Leonard, chief redesign and commissioning officer, NHS South Sefton CCG
- Over the counter medicines: discussion about the prescribing of over the counter medicines – Susanne Lynch, head of medicines management, NHS South Sefton CCG
- National prescribing consultation: update on this exercise and how people can get involved - Susanne Lynch, head of medicines management, NHS South Sefton CCG
- Self care and your way to wellbeing: finding out about self care and some easy ways to build the 5 Ways to Wellbeing into your everyday life – Jan Campbell, Sefton CVS
- Personal Health Budgets: a chance to find out about personal health budgets and how they are helping patients to choose the right healthcare and support for them – Martin McDowell, deputy chief officer and chief finance officer, NHS South Sefton CCG
- Involving you: an overview of how we involve people in our work and a chance to give ideas about how we can improve this in the future - Fiona Taylor, chief officer, NHS South Sefton CCG

You can read more detail about each of these topics on pages 5 to 26 including a summary of people's views from table discussions. The results of the instant voting questions are set out on pages 27 to 31.

# Shaping Sefton and you

Big Chat 9 opened with an update about our programme to transform health and care – Shaping Sefton – to provide a context for the workshop style session that followed.

Chief officer, Fiona Taylor gave a presentation reaffirming our commitment to the vision set out in Shaping Sefton for ‘community centred health and care’. The presentation described the challenges and opportunities posed by the operating environment that the CCG is working in. At the same time, the presentation outlined our commitment to involving people in our work, particularly when we have difficult decisions to make.

Big Chat attendees heard an overview of our performance and our financial constraints and how we work to balance these challenges against the biggest health and wellbeing issues faced by our residents.

From the chart below you can see some of the areas where we know improvements are needed if we are to make a difference to our residents health and wellbeing.

## Health & Wellbeing Indicators in Sefton 2016

### Key

Statistical significance compared to England average:



The chart is taken from our local joint strategic needs assessment (JSNA) led by Sefton Council that draws together all the information we have about health and wellbeing in the borough. It illustrates the importance of working with partners and residents to address the root causes of poor health, as many of these are outside the control of the NHS alone.

## About Shaping Sefton

Shaping Sefton describes how, by working with all our partners, we plan to tackle our local issues. We have a greater number of older residents than other CCG areas and their health needs are growing more and more complex. In addition to this, the local NHS is experiencing greater demand for healthcare, the cost of which is higher and we are having to pay for new financial duties within our existing budget allocation. So, our challenge is to manage all these factors with no real terms increase in funding.

Our vision, for more ‘community centred health and care’, was designed with the views of partners, patients and the public, as well as feedback from previous Big Chats:

*“We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing.”*



You can find out more about Shaping Sefton by visiting our website

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

# Examine Your Options

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We know from speaking to our residents that with all the options available to them, understanding which service to pick when they are unwell can be confusing.



It can be particularly difficult for people to choose the right health service for their condition when they need advice or treatment straight away, or on the same day.

The services that can help range from calling NHS 111 and speaking with your local pharmacist, to seeing a GP, visiting a walk in centre, or visiting accident and emergency services for life threatening conditions.

This session provided an overview of those same day health service options from our Examine Your Options campaign, providing Big Chat attendees with a better understanding of the choices available to them if they need urgent care.

## Over to you

Attendees were then presented with a series of scenarios to prompt discussions about which services they would choose for different health conditions and why.

Before the session started, it was explained that there were no right or wrong answers, and that the session was about raising awareness of the various options and understanding more about the reasons why people might choose a particular service

## What you told us

### Scenario 1:

It is Sunday evening and your relative who is in her 30s with two small children has slipped down the stairs and twisted their ankle – this is now swollen and painful, and they are having problems walking on it. They are worried that tomorrow they won't be able to drive the children to school or get to work.



The majority of people thought that the ankle may be broken and that the patient should go to either a walk in centre, or A&E so it could be x-rayed. There was some debate about whether the walk in centre had x-ray facilities. As a result some people felt that the patient should head straight to A&E, as the walk in centre would likely refer the patient there anyway if they did not have these facilities.

A few people talked about other options such as calling NHS 111 for advice, or firstly trying some self care such as applying an ice pack and leg elevation, and asking for help with taking the children to school and so on.

There was agreement that people would not know what services would be available to them on a Sunday evening, further highlighting the need for information and clarity on what local services offer and provide and when .

### Scenario 2:

You are an elderly diabetic patient who has just realised that they are running low on your medication and may not have enough to last for the weekend.



## Summary of responses

Some people suggested late night chemists or NHS 111 would be the services to use for this scenario. One group discussed the possibility of a new service as part of NHS 111 - including an advanced service to supply emergency medication - would be of particular use. Another group agreed with this and suggested introducing an emergency card for medication, which would act as proof of what current medication people are on. It was also suggested that if the GP was contacted and the situation was explained, they may be able to fax a prescription to the pharmacy. Another suggestion was that it might be beneficial for care homes to see medication records. However, this raised concerns amongst some about how the information would be used and accessed.

One group suggested that they would ring an ambulance and attend A&E if they could not get help from NHS 111 or a late night clinic.

Many of the comments concerned pharmacies and how to publicise these in a way which would increase understanding of the services and the support they can offer. Care at the Chemist was mentioned as a scheme that would benefit from more publicity. Two groups that were highlighted as possibly needing particular support to find the right services were migrants and international students who may have different health care systems in their country of origin. This could mean they might attend hospitals in situations where a GP or pharmacist would have been a better choice. Some people felt that information should be given to these groups to highlight different services and the reasons for using them.

One respondent said it would be of benefit if voluntary organisations – such as the Samaritans - knew the best place in which to signpost people to.

There was also a comment about personal responsibility, and people ensuring they have enough medication over the weekend. Where a person does not have sufficient ability to do this, people felt that having a carer to do this for them was essential.

### Scenario 3:

You are an adult man who has woken in the night with chest pain which is getting progressively worse. As you sometimes suffer from indigestion you've taken some indigestion medication, but this hasn't helped.



#### Summary of responses

It was suggested that the man should assess the likely severity of the issue by considering any past medical history that may explain the nature of his pain.

Another group suggested the man should ring NHS 111 or GP out of hours. Others felt the man should go to a walk in centre depending on the time of day and that A&E would be an option.

### Scenario 4:

You have a son who has severe earache, they are crying with pain, and you have no medication in the house.



#### Summary of responses

This scenario sparked a great deal of conversation. There were some similarities and differences between groups. Half the respondents suggested going to the pharmacy for treatment and advice or self caring for the boy's symptoms. However it was noted by those in attendance that more experience and guidance is needed to educate people about pharmacies and that confidence and trust needs to be built in this area of the health care system. It was also suggested that parents 'Google' symptoms, or use the NHS choices website and that this kind of self care would depend on the parent's knowledge of how best to treat the pain from past experience. It was considered appropriate by one attendee to ask a family member for advice.

Some respondents felt that the GP would be the most appropriate place to go with this problem. One person said that this was because from past experience the GP has worked well for them, so they would not try somewhere else. Another comment suggested that the time of day would be important in relation to this, and that the GP would be the best option during the day. One person said they would wait to see if the ear ache cleared up before making a GP appointment.

Some people suggested NHS 111 as the first port of call. One person said this was because they had had a particularly positive experience of this service in the past.

One person suggested attending a walk in centre, only if the GP is unavailable. It was also suggested that A&E would be appropriate if the child was unable to communicate.

Finally, it was raised that in a stressful situation, such as the scenario above, logic 'goes out of the window'.

### **Scenario 5:**

Over the last few days, your teenage daughter has been complaining of lower back pain which hasn't gone away and is preventing her from sleeping properly.



### **Summary of responses**

Some people commented that they would not use A&E but said a GP in A&E might be a good idea. One group felt it would be a good idea to take the daughter to a walk in centre for initial checks.

The lack of clarity of where to go with this kind of scenario was raised, with more information on where to go with different illness types and severities raised as being important – laminated cards were suggested as a way to offer guidance on options.

## Key themes and issues

A number of common themes emerged during this exercise, which are highlighted below:

### **Personal circumstances and access to services**

One respondent said that GP appointments are a problem as access is difficult, patient feedback on NHS choices is not acknowledged by practices and that appointments are not available to book in advance. The concern raised was that a patient might not be able to get an appointment and a diagnosis may be missed.

It was also suggested that care should be commissioned at a viable rate to improve coverage of services.

One attendee felt access is compromised at walk in centres because the services can vary. One suggestion to improve this was to have a walk in centre co-located within a hospital.

Other considerations and circumstances influencing choice of service raised by people included whether a young child can communicate their pain or discomfort. Caring responsibilities were raised as a barrier to access, as was the time of day, whether it was out of GP hours or at the weekend.

### **Knowledge and experience of local health services**

One respondent had a positive experience of NHS111 and felt confident in using the service again. However it was unclear from discussions whether everybody was aware of this service.

While some people mentioned walk in centres as a service they would use, there were a lot of questions as to what services they could provide and when they would be the best option. Some of these questions were around what services they offer, what age groups they cater to and whether they can perform x-rays.

Many people suggested the use of pharmacies as an option and felt that there must be better advertising of the services they offer. Similarly NHS 111 was seen positively but there was some confusion remaining around what the service can do.

The option that respondents said they are most familiar with (GP practices) are not always the most reliable in terms of access and one particular person said that the information on their practices website was out of date.

### **Perceptions of A&E and walk in centres**

People expressed an awareness and confidence in the 24/7 nature of A&E. Some felt that walk in centres were only useful for some things and since you might end up at A&E anyway (for a suspected break for example) 'why not attend A&E straight away?'.

Some felt there was a lack of knowledge amongst the public as to what services walk in centres provide and how many there are locally. It was suggested that walk in centres could increase the skills of their staff in order to reduce the need to refer on to A&E. There were conflicting views when it came to whether it would be better to increase the services walk in centres, or whether to integrate GP services and walk-in centres into A&E departments, creating a system where patients access one site and are then triaged to the most appropriate place. A concern was raised in one discussion that there simply is not enough GPs to locate some in A&E.

### **Promotion of local health services**

Overall, people felt there needed to be more promotion of these services, particularly of the lesser known services and options such as pharmacies, NHS 111 and self care. One response suggested that the number of services created confusion for people and that people were liable to access the easiest and fastest route. Education and information was suggested as helpful in alleviating some of this confusion, and the more people use these services, the greater their confidence and trust, particularly with lesser used services. It was questioned to what degree is Care at the Chemist known to the public. Some suggestions for how to improve public knowledge included the following:

- National campaign between TV shows
- Laminated cards highlighting health care choices

Some respondents were also unclear as to whether NHS111 linked with local services and yet despite this a number of respondents to scenario 4 suggested they would use NHS111.

# Over the counter medicines

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Painkillers, cough and cold remedies and indigestion products are all examples of medicines that can be purchased over the counter without the need for a prescription. Our head of medicines management, Susanne Lynch gave a presentation explaining why we are considering stopping prescribing them.

Over the counter medicines can cost over four times more than the normal price when prescribed by a GP. This is because prescribing costs include dispensing fees, administrative fees and the time of a GP appointment.

Last year we spent £14,384 on prescriptions for over the counter painkillers like paracetamol.

This is why we are thinking about stopping prescriptions for over the counter medicines for one off illnesses like sore throats, coughs and colds.

If we go ahead with this idea, it would not affect patients with long term health conditions who regularly need large quantities of these medicines. Patients who receive free prescriptions would also continue to access these medicines through our Care at the Chemist scheme.

As well as helping us to spend our limited NHS resources as effectively as possible, there would be other benefits. It would mean patients going to their pharmacy for advice and medicines instead of their GP, freeing up appointments for those who have more serious health conditions. It could also mean that patients get the medicines they need sooner.

## Over to you

We asked Big Chat attendees the following questions to help us decide if we will progress this idea to stop prescribing over the counter medicines.

1. What do you think about the idea of stopping the prescribing of OTC medicines for one off common illnesses?
2. Do you think that people should be encouraged to visit their pharmacist for advice if they have a minor illness (self care), instead of a making an appointment with their GP?
3. Tell us about any concerns you have with either of these ideas

## What you told us

Common themes emerging from this exercise are highlighted below:

### **Positive and negative views of stopping prescribing of OTC medicines for one off, common illnesses**

Overall people tended to believe that the low cost of the medicines in consideration like paracetamol and ibuprofen, meant that there would be positive financial benefits for the NHS. There was a great deal of support for the proposal on this basis.

Responses suggested that there was already an awareness amongst some attendees that while medicines like paracetamol are cheap to buy, they are comparably expensive to prescribe. One person felt including the full cost of the prescription compared to the price over the counter on the packaging would help to raise awareness of this fact.

It was suggested that GPs should advise when it is cheaper to buy medicines over the counter and that whilst GPs may advise paracetamol they should not prescribe it due to the expense. Another respondent felt that the costs of prescribing these medicines coupled with the cost of the GP appointment could be better spent elsewhere.

Concerns expressed about stopping prescribing of OTC largely focused on the view that some people may not be able to afford OTC medicines. In addition, some respondents felt there may be some groups of people who need large quantities of these medicines due to their needs and may end up spending a lot on them if they

were to buy them over the. The limit on the amount of medication which can be bought over the counter was cited as a concern, which might increase the pressure on people to attend the chemist more often.

### **Effect on general practice**

Some raised concerns around the effect that this could have on general practice. One person said that this may discourage people from visiting the GP when they are in genuine need. One person supported this view, giving the example of someone having a persistent cough, which might be seen as a minor ailment but could be due to an underlying serious health concern.

In addition to this, it was suggested that people who cannot afford OTC medicines would still need to attend the GP when they needed a prescription and therefore it would not reduce the number of GP attendances. Respondents also felt this would be the case for vulnerable people.

### **Vulnerable groups**

Many respondents said that vulnerability had to be taken into account. Consideration should also be given to the financial impact of stopping prescribing OTC medicines for the most vulnerable.

One person commented that it was a good idea [stopping over the counter medications] as long as vulnerable groups are not affected.

This was agreed with by another respondent who asked how vulnerable people – who would still need free prescriptions and GP time – would be managed.

### **Educating the public**

There seemed to be broad agreement amongst respondents that education and self care is important. One respondent said some people attending the Big Chat were unaware that GPs currently prescribe OTC medications.

Suggestions to encourage self care included displaying the cost of these medicines on the prescription packaging, Healthwatch Sefton supporting stopping prescriptions for OTC medicines, people self caring first before considering going to the GP and gaining public agreement on this in order for GPs to be able to support it.

It was suggested that it might take a few attempts before patients “get the message”.

## End of discussion poll

At the end of the table discussion, people were asked to use a handheld keypad to vote their answer to the question: *'Following today's discussions, do you support the idea of stopping the prescribing of OTC medicines for one off common illnesses?'*

The results were 85.4% responding yes, 12.2% responding no and 2.4% responding not sure.



# Prescribing - national consultation

Susanne Lynch informed residents about a national prescribing consultation by NHS England and encouraged them to take part.

NHS England is reviewing the prescribing of 18 medicines because they fall into one of the following categories

- There are safety concerns about their use or they are of limited clinical effectiveness
- They are clinically effective but there are more cost effective alternatives available
- They are clinically effective but they are a low priority for NHS funding

## Medicines being reviewed

Co-proxamol	Liothyronine
Rubefaciants (excluding topical NSAIDs)	Paracetamol and tramadol combination product
Omega 3 fatty acid compounds	Trimipramine
Dosulepin	Once daily tadalafil
Lutein and antioxidants	Oxycodone and naloxone combination product
Homeopathy	Immediate release fentanyl
Glucosamine and chondroitin	Prolonged release doxazosin
Herbal treatments	Perindopril arginine
Lidocaine plasters	Travel vaccines

There is further information and an online survey available on the NHS England website: [www.england.nhs.uk](http://www.england.nhs.uk) and paper copies are available on request

NHS England will use the feedback from the consultation to develop guidelines for the prescribing of these medicines.

The new guidelines are expected to be published in late 2017. We will then consider the guidelines and consult with our residents and groups if needed.

# Self care and your way to wellbeing

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We invited Jan Campbell, health and wellbeing lead at Sefton Council for Voluntary Services (CVS) to talk about self care and share some of the easy things we can all do to look after our health and wellbeing.

## What is self care?

The spectrum of self care ranges from treating minor illnesses ourselves, to managing our own recovery following a major trauma. Around 80% of people feel comfortable self caring for everyday ailments like coughs and colds, particularly when they feel confident in recognising the symptoms and have had success in treating them before with over the counter medicines.

However, people often abandon self care earlier than they need to, seeking the advice of a doctor after around four to seven days. The main reasons for this are:

- Lack of confidence in understanding the normal progress of a common condition, such as a cold that may last up to 14 days
- Perceived severity and duration of symptoms
- Reassurance that nothing more serious is wrong
- A prescription to 'cure' the illness, even though the same medicine may be available over the counter

## Why self care?

Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to gives them greater control of their own health.

Self care encourages healthy behaviours that can help prevent ill health in the long term. Additionally, increased personal responsibility around healthcare helps improve people's health and wellbeing and better manage long term conditions when they do develop.

## Ways to self care

Jan shared some examples of things we can all do to build self care and wellbeing into our daily lives.

### 5 Ways to Wellbeing

A review of the latest evidence suggests that people who add these five activities into their daily lives are more likely to have good wellbeing:



### Case study - Joe's story

Joe has a long term condition but puts a lot of energy into keeping himself as well as he can. An inspirational short film was shared with Big Chat attendees, where Joe explained all he does to keep well from walking to the shops, to carrying out a series of exercises each day.

### Mindfulness moment

There is growing evidence that mindfulness along with other forms of self care can help enhance our health and wellbeing. A short film invited attendees to take part in a mindfulness exercise.

### Support to self care

Voluntary community and faith organisations across Sefton offer a range of opportunities for people to get support to self care – from support groups for those with long term conditions, to lifestyle support like healthy eating, or befriending and social activities. Sefton CVS' Community Connectors can also support people to grow their confidence.

## Over to you

People were asked to spend some time considering the presentation, films and exercises from this session, then to discuss what the barriers and benefits of self care might be.

## What you told us

The key themes from this session are as follows:

### **Medical oversight and knowing when to escalate symptoms**

One respondent suggested that picking up medication from a supermarket might be an issue if they are taking more than one over the counter medicine without medical (pharmacist) oversight.

A question was raised around the length of time someone should take an over the counter medication before they escalate their condition.

### **Reducing reliance on pharmaceutical treatments and exploring alternatives with education**

Some respondents suggested that people are too reliant on pharmaceutical treatments, and that there are other treatments, practices and methods that can be used and that people should be educated on this. This might include yoga, mindfulness, cookery skills, aromatherapy and relaxation.

### **Your pledges to wellbeing**

At the end of Jan's session, people were encouraged to think about the 5 Ways to Wellbeing and make a pledge about how they will build one of these into their lives.

Some examples of the pledges were to stop smoking, to exercise more (and watch TV less), to eat healthier, to cut down on alcohol, to look at emails less and have email free days, and to meditate and relax more.

# Personal Health Budgets

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Martin McDowell, deputy chief executive and chief finance officer for the CCG, gave an overview of Public Health Budgets (PHBs) and how to apply for them. Martin also described one patient's story, illustrating the how PHBs can help Sefton residents.

## What is a PHB?

A Personal Health Budget (PHB) is an amount of money that can be given directly to a person receiving certain NHS care.

PHB's allow anyone eligible to choose and pay for their help and support, giving them greater control and flexibility of their health and care.

## Case study

Before applying for a PHB, this patient in her 40s lived in a nursing home, away from her husband and two teenage children. She was on a ventilator, requiring all care. As a result, she was unhappy, withdrawn and unable to communicate.

Since being in receipt of a PHB, she has been able to return home. Her PHB has provided her with a team of carers, in addition to community team support from Mersey Care NHS Foundation Trust. Her life has dramatically changed. She is no longer withdrawn, she is communicating and is even enjoying going out shopping. In addition, she is now considering different tracheostomies to aid her speech.



# Involving you

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There are lots of different ways we involve people in our work and the views and ideas we gain from this are vital in helping us develop local health services.

Chief officer, Fiona Taylor highlighted some of the ways we involve people:

- Big Chats and other public events
- Speaking to you before making major changes to local health services
- Working with Healthwatch and Sefton CVS
- Social media and online comments
- Letters, calls and other contacts, like complaints and compliments
- Local GP practice patient groups

We are always looking at how we can better involve people. In particular, we want local people to be more directly involved in the design and development of local health services – this is called ***'co-production'***

We do some of this already – like involving patients in the development of local respiratory services and community based diabetes educational programmes – but we want to do more.

## Over to you

We asked Big Chat attendees to spend some time thinking about how we can improve the ways we engage them in our work. We asked them the following questions:

1. How can the CCG involve you more in the 'co-production' of health services?
2. What are the key barriers to you getting involved in the work of the CCG?
3. Tell us how can we improve the content and format of the big chats?

## **You told us**

### **Involve more people from different backgrounds and areas of Sefton**

Although most people said they welcomed the opportunity to get involved in the work of the CCG, it was generally agreed that it tended to be the same people and organisations who came along to engagement events and meetings. So, it was difficult to know if the views and suggestions were representative of the Sefton population.

It was recommended that the CCG broaden its reach to attract a more diverse group of Sefton residents, particularly those from harder to reach communities and groups, those of working age in full time employment, and young people. It was felt that this could generate new ideas about the future development of local health services.

There were several suggestions about how this might be done, some of which are listed below:

- More effective promotion of engagement opportunities and events
- Host more events and meetings across all areas of south Sefton in smaller venues that are easy for people to get to, including workplaces
- Hold service specific or locality focused events, so that these have a very clear focal point and can concentrate on specific concerns like podiatry or GP services
- Talk to patients and local people in clinics and community centres where services are being delivered
- 'One size does not fit all' so use a variety of approaches that will attract and be suitable for different groups of Sefton residents

### **Work with local partners and use existing local networks**

It was agreed that the most successful and efficient way of involving a more diverse range of local people would be to work more closely with partners and to use existing local networks. Organisations mentioned included Sefton CVS, Healthwatch and local PPG networks.

A joined up approach with all these organisations working together would enable their representatives to 'have a say' on the development of local health and social care services. Using existing events and meetings as a way of promoting and generating interest in local health services was considered a particularly good way of increasing and capturing more diverse feedback.

Some of the local organisations which were highlighted as being particularly effective included University of the Third Age (U3A), Sefton Pensioners Advisory Centre (SPAC), Sefton's Dementia Action Alliance and local housing associations.

It was also suggested that the CCG should also highlight the other ways that local people can feedback about local services including the Friends and Family Test, Patient Advice and Liaison Service (PALS), and the compliments, complaints and suggestions boxes that many services have in their reception area.

### **What are the key barriers to you getting involved?**

Alongside the lack of advertising and promoting engagement opportunities and events, it was felt that barriers that prevent working age people from getting involved required attention, as this included a significant number of local people.

It was suggested that the scheduling of meetings and events needed to include some evening and weekend activities. More importantly, some people suggested that there should be opportunities for people to engage in the workplace, especially for those with busy family lives.

The reduction in health and social care funding and resources was also cited as a barrier as networks had weakened as a result, mainly because there wasn't enough time or people to keep these active and effective.

There were some comments about the lack of public awareness of the CCG and what it does, and how people do not understand how CCG decisions can directly affect the development and delivery of services. If people were more aware of this and how their input could influence these developments, it was suggested that people would be more inclined to get involved.

## How can we improve the content and format of the Big Chats?

Whilst there were a number of positive comments about the content and format of the Big Chats, including the wide and varied subject matter and the interactive nature of many of the sessions, there were a number of suggestions for possible improvements which are listed below:

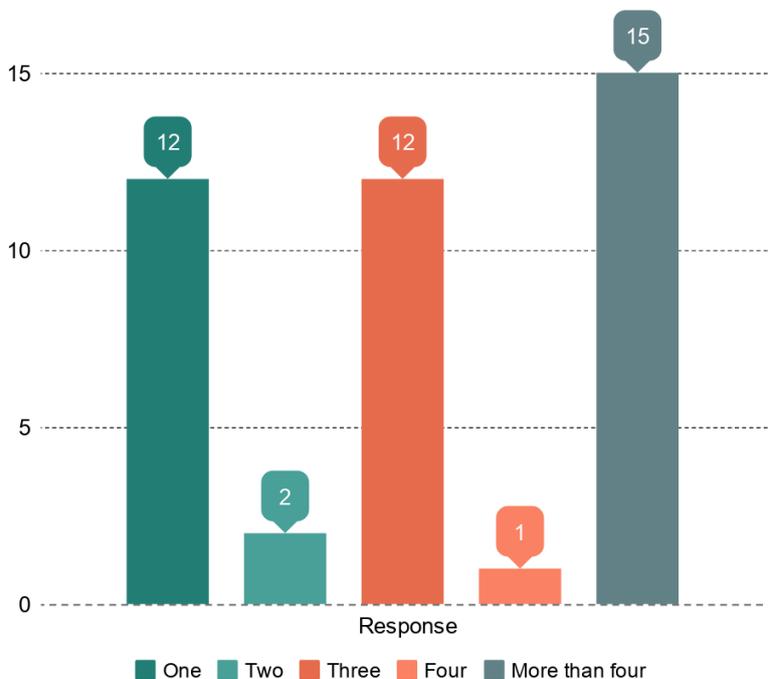
- Include more sessions about current health topics, key services and any proposals for development
- Include a brief overview of the keys issues for the CCG and recent key decisions
- Follow up Big Chats with a series of locality based chats
- Promote and provide information on local services, in particular prevention services
- Hold the events in different areas of south Sefton, using local community venues
- Consider different format and approaches, making these fun and interactive
- Improve accessibility by offering transport to events and holding events at evenings and weekends
- Feedback on the outcomes from the events, such as how the feedback from residents has helped to inform the development of services
- Ensure that event materials and presentations are easy to understand and read
- To attract and encourage more local residents to attend, strengthen promotion of the events

Notably, nearly 90% of attendees said that they would recommend coming along to a friend, colleague or member of their family.

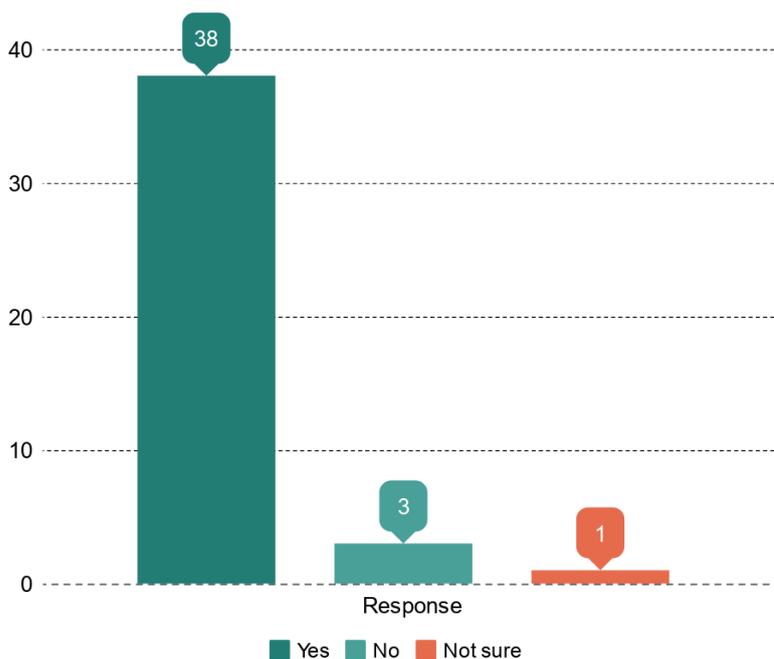
# Fingers on the button

Throughout the event people were asked questions about the topics they had heard about and discussed. Using a handheld keypad, they were asked to choose their response from a list of multiple choice options.

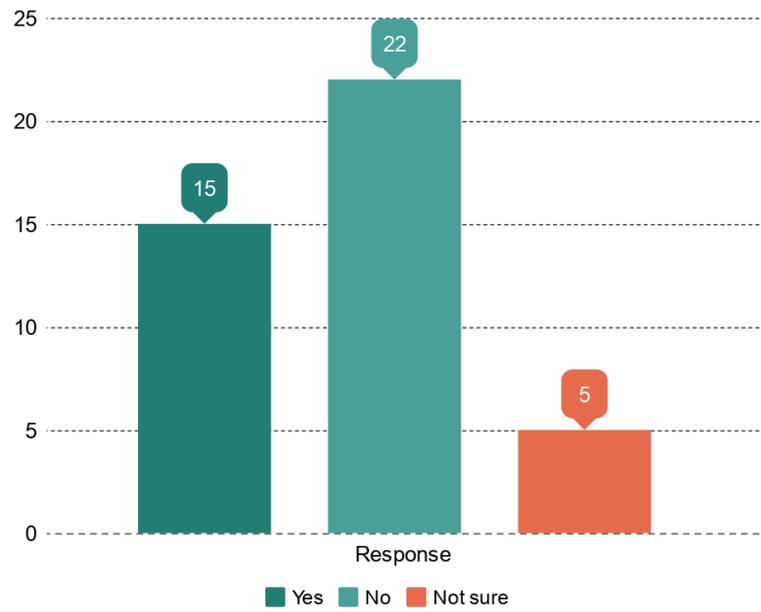
**How many Big Chat events have you been to?**



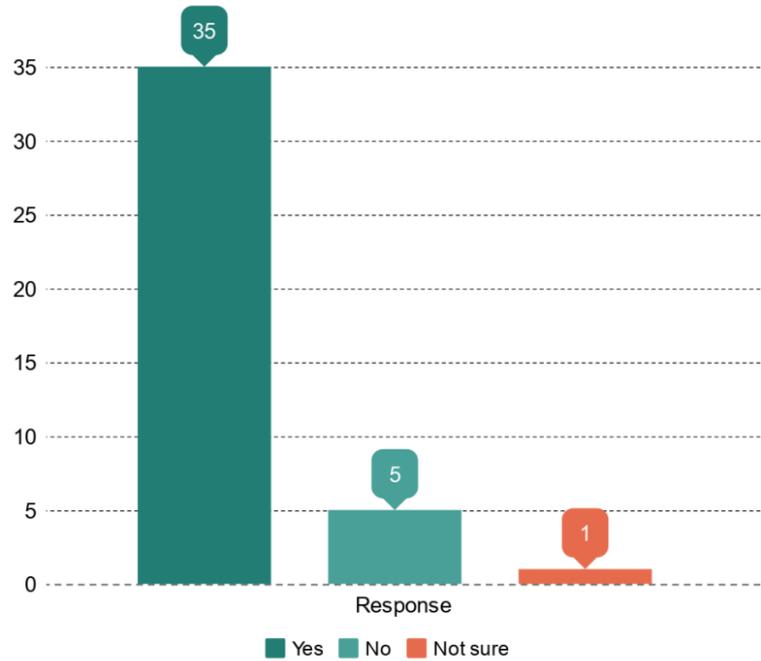
**After today's discussions, do you have a better understanding of the choices available to you when you are unwell?**



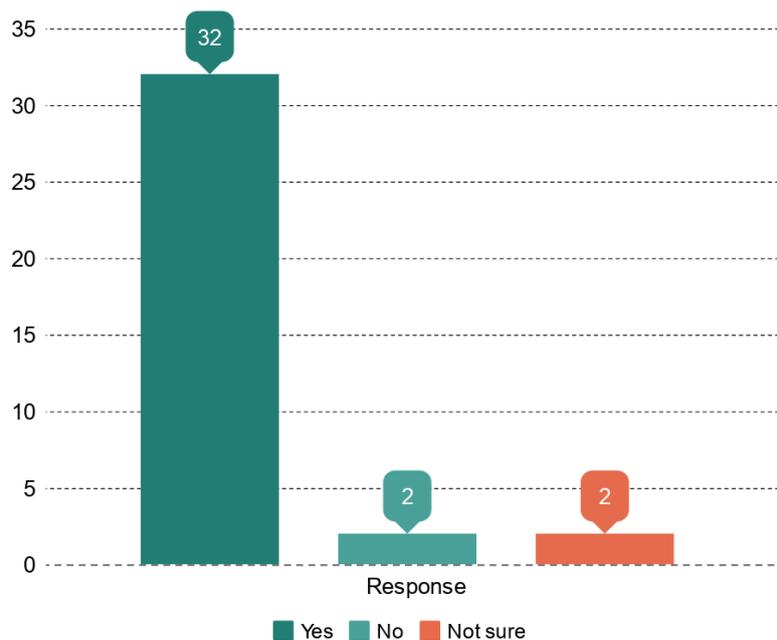
**Would you make different choices as a result of your discussion today?**



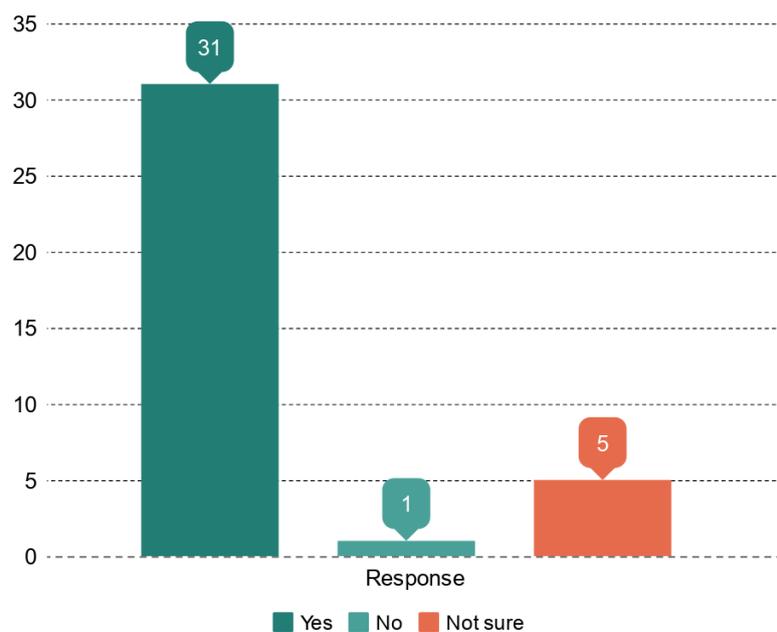
**Following today's discussions, do you support the idea of stopping the prescribing of over the counter medicines (OTCs) for one off common illnesses?**



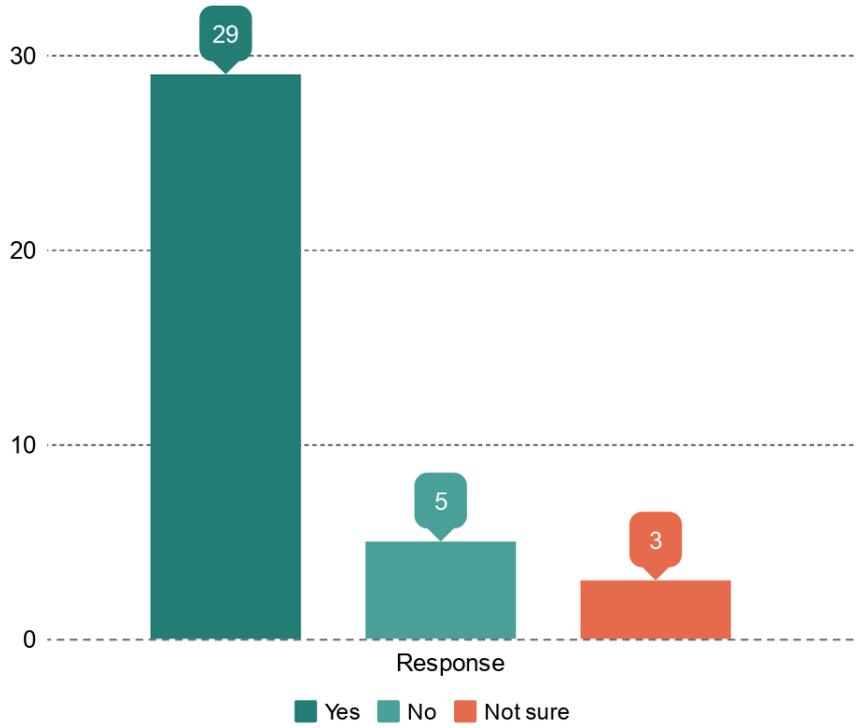
**Would you recommend coming along to a big chat event to a friend, colleague, or member of your family?**



**During the session today, did you feel that you had the opportunity to have your views heard?**



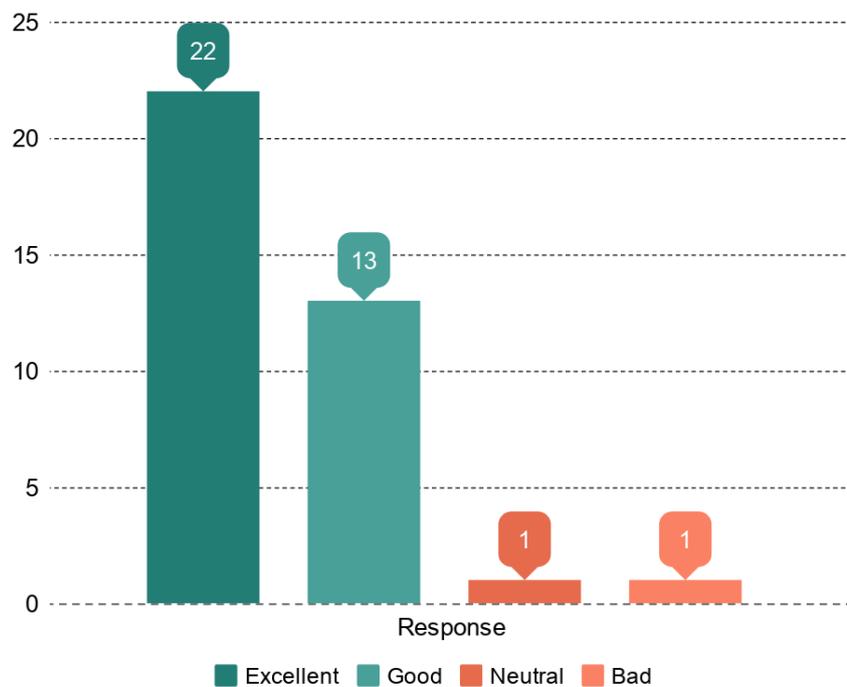
**After what you've heard and discussed today, will you use more self care options in the future?**



**Did you find the Sefton CVS session on wellbeing interesting and useful?**



**How would you rate the choice and location of the venue for today's event?**



# Who attended Big Chat 9?

So we can understand more about the people who attended Big Chat 9 and to measure how effective we are at attracting all sections of our local community to our events, we asked people to share information about themselves, such as their age and ethnicity. Those that volunteered to share this information completed a short form, which did not include any identifiable information to keep their identity safe. This is what people told us:

- Of the 40 people who came to the event, 12 completed the form – representing 30% of the total attendance
- Of those that completed the form, 9 were female, 2 male and 1 declined to say
- There was a range of ages with the majority of respondents aged 50 – 70 (2 declined to say), and were either in employment or fully retired
- All respondents classed themselves as ‘White British’ or ‘English’, except one respondent who identified as from an ‘other’ white background
- None of the respondents considered themselves to have a disability
- The majority of respondents reported their sexual orientation as heterosexual with 1 respondent stating ‘gay’ and another ‘bisexual’
- 14 people reported living in the gender they were given at birth, with 1 person declining to say



# How we use your views

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Over the coming months we will consider all the views and feedback from Big Chat 9 and use these to inform how we develop and commission services, specifically the medicine schemes discussed at the event.

Further information about these developments and how feedback has been used will be shared at future Big Chat events and on our website – here you can also find other examples where we have acted on people’s feedback to develop or change our work and plans.

You can also find out more about our work from our website, along with a range of other useful information about your local health services, what we do and details about other ways you can get involved in our work

Our website also has details about other ways you can get involved in our work – from attending a future Big Chat, to joining our mailing list so you are up to date with forthcoming exercises and opportunities.

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

If you would like to tell us about your experience of local health services then you can also call 0800 218 2333.

## Find out more

**Self care and your way to wellbeing** – to find out about the wide range of support that is available locally to help you self care and look after your health and wellbeing, contact Sefton CVS on 0151 920 0726 or visit [www.seftoncv.org.uk](http://www.seftoncv.org.uk)

**Personal health budgets** - more information and how to apply is available from our CCG website [www.southseftonccg.nhs.uk/get-informed](http://www.southseftonccg.nhs.uk/get-informed)

Anyone who thinks they may be eligible or who would like to find out more should speak with the lead health professional caring for them, who can also help support the application process.



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

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.