



South Sefton
Clinical Commissioning Group

Big Chat 10

Annual review

**NHS South Sefton CCG
Bootle Cricket Club, Wadham Rd, Bootle
27 September 2018**

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About Big Chat 10

Each year we combine our annual general meeting with a Big Chat style engagement event. This is so our residents can hear about our work over the past 12 months and at the same time give their views about our plans for the year ahead.



Big Chat 10 also provided us with an opportunity to mark the 70th anniversary of the NHS, through displays around the venue and a short film shared with attendees.

For the first time we included a 'marketplace', where attendees could pick up information about the wide range of health and wellbeing support available locally and chat to our partner organisations who provide this help.

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.

There were 58 attendees at the event, which was a mix of local residents, community pharmacists and other stakeholders. In addition, there were around 25 CCG staff who helped to run and facilitate the event.

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

'Big Chat 10 meets annual review' comprised of 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.

The agenda ran as follows:

- Our year: our achievements and performance during 2017-2018 – Dr Craig Gillespie, acting chair NHS South Sefton CCG
- Transforming health and care: a chance to reflect on 70 years of the NHS and to look to the future, building on our Shaping Sefton programme – Fiona Taylor, chief officer, NHS South Sefton CCG
- Strengthening primary care for the future: plans for future of primary care – Jan Leonard, chief redesign and commissioning officer, NHS South Sefton CCG
- New 7 day GP access service: increasing access to appointments at weekends and evenings – Jan Leonard, chief redesign and commissioning officer, NHS South Sefton CCG
- Connecting you to care: supporting people to improve their health and wellbeing - Jan Campbell, Sefton CVS
- Transforming community services: hear about plans for the future of these services - Pat McGuinness and Teresa Clarke, Mersey Care NHS Foundation Trust

You can read more detail about each of these topics on pages 5 to 22 including a summary of people's views from table discussions. The results of the instant voting questions are set out on pages 23 to 28.

Our year

Our Big Chat 10 opened with an overview of our performance and key achievements from 2017-2018, delivered by our acting chair and local GP, Dr Craig Gillespie.

We had a budget of £245 million and spent £248 million, resulting in a £3 million deficit at the end of 2017 - 2018

Despite the continuing financial pressures and challenges, we achieved nearly £3m quality savings against our target (over 1% of our total budget for the year)

Examples of key progress during the year included:

- The repeat prescription ordering scheme was rolled out to all GP practices, improving patient safety and saving at least £500,000 in its first year
- Our Integrated Community Reablement and Assessment Service (ICRAS) was launched helping to avoid unnecessary hospital admissions
- We received a 'Good' rating for local diabetes care in the national performance of better health assessments (2016/17)
- Our GP practices achieved high ratings in the latest patient survey



Transforming health and care

This session opened with a short film charting the achievements and medical advances from the past seven decades of the NHS. A lot has changed since it was created in 1948, and as a result the NHS is responding to changes in society that were never expected, let alone planned for, when it was set up 70 years ago.

Throughout its life, the NHS has continuously evolved. Those who use it and work in it know that evolution needs to continue if the changing needs of patients are to be met when the NHS is celebrating its 80th birthday.

In Sefton we are working with all our partners to set our ambitions for improvement over the next decade that address the health and care needs of our residents. Big Chat 10 was a chance for people to hear about this developing work, building on our Shaping Sefton programme to transform health and care services.

Some of the later presentations at Big Chat 10 provided some real examples of where this emerging Sefton Health and Care Partnership is beginning to make progress.



Strengthening general practice for the future

There are 154,758 people registered in the 30 GP practices across south Sefton.

Overall, 83% of those who took part in the latest patient survey rated their experience of their GP practice as 'good', compared with national average of 84%.

General practice is faced with a number of challenges relating to the way it currently operates and the health and wellbeing of the residents it serves.

Whilst health in the area is improving, life expectancy remains unacceptably low in some communities. Rates of some long term conditions are higher than the national average. 18% of our population is aged over 65, compared with the England average of 16.4%. Maghull has the highest proportion of over 65 year olds. Crosby and Maghull have above average number of over 85 year olds and Seaforth and Litherland has the youngest population.

Workloads are significantly increasing for our GP practices. Over 35% of the workforce in practices is aged 55 and over and recruitment is difficult. Alongside this, we know the quality of estates in general practice is poor.

The survey did highlight some areas for improvement, with 66% of people rating making an appointment as good, which is below national average.

This session focused on our plans to address these challenges, responding to NHS England's national improvement plan called the 'GP 5 year Forward View'.

This includes the CCG looking to take on the commissioning of general practice from NHS England with 'fully delegated' responsibilities. Other opportunities include applying for funding to develop primary care networks, where practices work together and with other partners to streamline people's care, and to broaden the skill mix of healthcare professional working in surgeries.

Over to you

We asked Big Chat attendees the following questions.

Do you think the changes you've heard about today will:

- Improve the care you receive?
- Improve the way your practice works?

What you told us

Common themes emerging from this exercise are highlighted below:

Access and appointment issues

Big Chat attendees were keen to share their experiences of access to general practice. Issues identified related to difficulties in getting appointments and having to call at 8am to try and get an appointment on the same day. Some reported using a walk in centre when GP appointments were not available and the disparity between being able to book emergency appointments on the day but then having to wait for up to three weeks for a regular or routine issue.

It was also noted by more than one person that individual circumstances may affect a person's ability to access services and that this should be taken into account, such as some patients not being able to get to their surgery due to their physical mobility, or lack of transport.

Furthermore, it was suggested that some people might be put off booking appointments if it is not with their own doctor and the benefits of being able to visit the same GP because they know patients inside out and provide continuity of care.

Some people reported feeling annoyed or disheartened by the number of missed appointments, known as DNAs (did not attend), with one attendee suggesting a punitive charging system, similar to dentists.

Improving access to appointments

There were a number of observations and suggestions about how access to services could be improved. One way, which had a good deal of support, was to make better

use of community services and widen access to a range of other health care professionals. It was suggested that pharmacists might have more time to see relevant patients to reduce pressure on GPs. NHS111 was lauded as having worked well in advising and signposting to pharmacies, whilst greater referrals to walk in centres was put forward as a way of reducing pressure on GPs.

Physiotherapists, Living Well mentors and community based district nurses were suggested as being a better alternative to GPs for certain patients.

Other services and support groups, particularly those provided by the voluntary, community and faith (VCF) sector were noted as being able to provide alternative support and advice for patients, and if used well could reduce the pressure on GPs. However, it was suggested that this sector was under increased funding pressures and that this may have a knock on effect for general practice.

Encouraging self care and patients taking more responsibility for their health were considered important ways of minimising the need for people to access their GP. However, one group spoke of a ‘sense of entitlement’ that some patients feel they have, giving the example of expecting paracetemol to be prescribed rather than buying it themselves over the counter.

Positively, it was mentioned that the new weekend and evening GP service was a step in the right direction and was well supported, and people were reassured that the service would not have a negative impact in terms of stretching resources in their own practice.

One attendee suggested that GP practices and patients should be able to book appointments at walk in centres through a phone app or online.

Pressures in general practice

In general, people understood the pressures on general practice and GPs in particular. One respondent noted that GPs are rushed to treat patients due to the short 10 minute appointment windows, while another observed that practices have challenges around filling vacancies, or finding cover when GPs are off sick. One person said that this had led, in part, to the patient / doctor relationship becoming compromised.

Medicines and prescribing

Some people shared their experiences of prescribing. One person felt that practice nurses and locum doctors were restricted in what they could prescribe the patient compared to their regular GP. Another attendee commented that despite having run out of medication the pharmacy had refused to give them their regular medication and so they had to go back to their GP.

Referral to treatment times

There were a number of comments on the speed of referrals to secondary care being much longer than expected. One person commented that they had waited 4 to 5 months with a skin condition rather than 2 weeks. However, it was noted that a patient may be referred and assessed quickly and effectively in primary care but then have to wait a long time for their treatment. Referrals for physiotherapy treatment were considered a particular problem

Integrating care

Many groups spoke about how care was being integrated and joined up more effectively. It was commented that it is a great idea and would lead to more efficiencies. It was suggested that organisations should be more open about how they work together, as patients and members of the public cannot see the work going on in the background.

It was also suggested that the CCG work with Sefton Council on a locality footprint. For care to be truly integrated it was put forward that receptionists should be provided with education on how to signpost to other providers confidently.



Other issues, suggestions and comments

- Several people said it was no surprise that people are living longer as it has been discussed for years, and that it was important that the aging population were not be viewed as a burden
- A few people said that it was important that patients have the choice to see a male or female doctor and that privacy should be offered when discussing personal information in GP reception areas
- There was a complaint from one attendee that their GP practice did not have a patient participation group
- It was suggested by some people that the culture in primary care would need to change in order for there to be more sustainability
- Another observation was that improvements in patient care would vary from practice to practice



New 7 day GP access service

A new service is getting ready to launch in South Sefton on 1 October 2018 offering people pre-bookable, same day non urgent GP appointments at weekends and in the evenings.

The 7 day GP extended access service has been designed by NHS England as part of the GP 5 Year Forward View'.

Locally, the service will be run by South Sefton's GP Federation, made up of local doctors. It will provide patients with options about when they can book routine, non urgent GP appointments outside normal opening times.

Pre-bookable slots will also available with a range of other healthcare professionals, like practice nurses.

The service operates Monday to Friday, 5pm – 8pm, and Saturday and Sunday 9 – 12pm. All appointments are held at Litherland Town Hall Health Centre.

If you are registered with a south Sefton GP practice, you can use the service. Appointments can be booked through your own GP surgery.

Importantly, the new service is not a GP practice so you will continue to be registered with your current surgery.

Nearly all of the services you would expect from a traditional GP practice will be offered, like smears, contraceptive services and access to a physiotherapist. Amongst services that WON'T be provided are home visits, midwife or child health surveillance appointments.

You will be prescribed any medicines that you need from the service BUT your repeat prescriptions will remain the responsibility of your regular GP practice

The service does not replace current services available outside normal opening times like the GP out of hours service, Litherland Walk in Centre and NHS 111.

South Sefton GP Federation will be engaging with patients as the service becomes operational to help shape the service into the future.

Over to you

We want your views about evening and weekend opening times – currently set for Monday to Friday 5pm – 8pm and Saturday and Sunday 9 – 12pm.

- Are these the best weekend and evening opening times and are they convenient?
- Do you think this service will be useful in improving access to GP services?

What you told us

Common themes emerging from this exercise are highlighted below:

Accessibility and capacity

Some people were supportive of the new service being located at Litherland Town Hall, with one person commenting this is a really good choice of venue. However, many viewed the location negatively. Some felt Litherland Town Hall is not on a lot of bus routes and therefore people from Maghull, for example, would need to get a taxi. It was suggested that this could be difficult for older patients. Furthermore, the practical elements of where people work would affect the accessibility to services.

Some other practical elements discussed were that the lighting at Litherland Town Hall could be improved for security and that the signposting of the reception could be clearer. One respondent said the new service would offer people flexibility in appointment times if it were located elsewhere.

People were keen to comment on access to their GP practice, with some reporting that getting through was difficult and that they were unable to book nurse appointments online.

In addition to this some people said that accessibility to pharmacies was difficult if the patient could not drive.

It was widely agreed that the new service would be convenient and useful for working people and that the times were appropriate, however, one person said they did not see any need for the service.

Another person queried whether all local surgeries could open at weekends but it was understood that not all GPs would want to work extra hours especially in light of existing staffing problems and the long working hours that GPs already work.

One suggestion was for the service have flexible operating hours to meet demand, whilst another group observed that 7 day access might cut down on walk in (and possibly A&E) attendance.

Impact on general practice

There were questions about how this new service would affect routine GP services, out of hours services, pharmacies and walk in centres, with one member questioning whether it would improve GP access. Some felt that it would take a lot of pressure off GPs. It was noted that the 7 day access appointments are over and above existing GP practice appointments which had not been been reduced in number.

Another area of discussion was around the sharing of data and patient records and whether this was built into 7 day access. It was suggested that there might be system issues around the electronic transfer of notes and prescriptions and mental health referrals.

One person felt that reception staff would need to have good awareness and training to give the patient the correct information and to signpost effectively.

There was some feedback that the service may not be fully utilised, with only 79% of respondents saying they would use the service. There was surprise that this figure was not higher, given members of the public often highlight problems seeing a GP. It was pointed out residents might feel uncomfortable not seeing their own GP.

One group felt in general it would be beneficial to be able to access later appointments but had concerns that they would be seeing a locum GP. This raised concerns that there would be a lack of consistency in people's care and there may be an increase in the number of people referred for diagnostic tests that might not always be the best option. It was acknowledged that there can already be a lack of continuity of care in a patient's own GP surgery, as they are not guaranteed to see the same doctor on each visit.

Public awareness

There was general agreement that the benefits and nature of the service would need to be communicated with the public. It was suggested that some Sefton residents are largely unaware of all the services that are available to them, highlighting the importance of this.

One person said that the weekend and evening appointments had not been widely promoted. While it was suggested that advertising would be incredibly important in promoting the service, there was little in the way of suggestions on how this could be done effectively.

The team

One attendee was an advocate for using local community pharmacies as part of the service. In addition to this, two groups commented on the access to and ability of the physiotherapist to refer and prescribe as a particular benefit as there are long waits for physiotherapy appointments.

General comments

Some of the words used to describe the service were ‘excellent’, ‘fantastic’ and ‘long overdue’. Others said it was a good starting point and they felt it would offer the patient more choice. One group said they hoped it would be used and not wasted. It was suggested that the service was good for those who need smear tests. One respondent made the observation that the ‘Modern world [is] changing how we shop, live and health services should be the same’.



Connecting you to care

We have a strong and vibrant voluntary, community and faith sector in Sefton that plays an important role in supporting good health and wellbeing, often reaching some of our most vulnerable residents. Sefton Council for Voluntary Services (CVS) is the umbrella organisation for the sector. In this presentation, Big Chat attendees heard about some of the local initiatives that are helping to support people's health and wellbeing by helping to make connections across the different organisations that provide their care.

Here are some examples of how these initiatives can support you and your community.

The Community Connectors

project has been set up following a local pilot project. The team is based in Southport, Bootle and Maghull.



The team aims to better support those aged over 18 who are at risk of loneliness or isolation, who have low level mental health needs and may well access Adult Social Care for help with these issues, preventing them from becoming a crisis. The Community Connectors support people with accessing local groups and organisations, befriending or helping with every day tasks that have become a burden.

Living Well Sefton is a FREE service with a focus on supporting people with issues that may be affecting their health and wellbeing. It is collaboration of various Sefton organisations which have the expertise and knowledge to share with you.



As part of the service, there are a number of Living Well Mentors to talk to and they work with you on a one to one basis to identify health areas to see where small tweaks can be made but may have a big impact on improving your health.

Sefton CVS Reablement Service Health and Wellbeing Trainers

feel isolated or experience low moods, or who would like to make a positive change to their overall wellbeing.

The trainers provide individualised support and one to one mentoring and behavioural change and motivational techniques to help people achieve their goals. They can support people to rediscover and develop their confidence and signpost them to other agencies and organisations that can give further help.

Health and Wellbeing Trainers are part of the Sefton CVS Reablement Project supports the South Sefton Virtual Ward. The trainers work with over 18 year olds who are living with a long term health condition or who

The **Macmillan Community Navigator** Service has been launched to help people affected by cancer get the support they need, whether it is physical, financial, emotional, spiritual or practical.

The service is being piloted in south Sefton, in partnership with Aintree University Hospital NHS Foundation Trust, NHS South Sefton CCG and Sefton CVS.



Transforming community services

Integral to our Shaping Sefton vision for improving future health and care is having more effective, integrated and personalised community services.

In July 2018 we commissioned Mersey Care NHS Foundation Trust to take on the running of our community services. This change has been a catalyst for bringing together other organisations from across health and care in Sefton to improve the way care is delivered through a new 'Provider Alliance'.

The Provider Alliance is part of the Sefton Health and Care Partnership and we expect its transformative approach to delivering care will deliver great benefits for our residents.

This model wraps care around our GP practice communities. It will see professionals from many different organisations, including those from the voluntary, community and faith sector, working as a single coordinated team to provide residents with comprehensive, end to end support and care.

This approach aims to:

- Break down the barriers between primary, community, hospital, mental health, through proactive care
- A whole person approach that addresses health and social care issues
- Support independence
- Make the most of what is available in communities
- Make the system simpler and more coordinated for people to understand and access

Mersey Care is testing out this approach in two pilot sites of Bootle and Crosby.

Over to you

We asked Big Chat attendees the following questions:

1. Having heard about the plans to transform these services, do you think there is anything we have missed or need to consider further?

What you told us

Common themes emerging from this exercise are highlighted below.

Education and health

A number of people felt that transformation of community services could be supported through better education. Many people suggested that focusing education on young people might prevent future health issues. Some suggestions were to educate children about healthy living and this was agreed by another group who felt that an incentive to remain healthy was missing from the plans presented at the Big Chat. Others felt that parents should be educated more about health while their children are in school.

One person commented that it was a great idea to link up physical and mental health services – that a healthy mind is a healthy body.

Referrals

It was suggested that data sharing amongst partners would be key to determining the best and most appropriate care for a person, and that electronic patient records would help. It was also suggested that clinicians take risks in making decisions and that risk can be reduced by sharing a patient's records. An attendee also proposed that any practitioner should have the power to refer, while another said that pharmacists currently have a lack of ability to refer patients. In general people felt that referring people more appropriately to the right person first time, as proposed in the new model for community services, would be positive and would help give health care professionals more time to listen to the patient's needs.

One person said that they liked the idea of ‘going straight to the right person’. Some felt that patients often don’t know who they are being referred to, and that in order to rectify this there has to be a ‘one door’ approach.

Access

Access to GPs featured heavily in discussions. It was suggested that greater use of community services would help improve this. Suggestions were to include pharmacists more, maintain social work input and involve other health care professionals in the community.

The reasoning for this was that some respondents felt access to GP services was poor, saying that patients who are at crisis point cannot get a GP appointment and that patients with mental health issues ‘end up at A&E’ because of this. Although one attendee said that they were concerned that demand for services would increase, another said that this model would speed up patient access.

The general consensus was that pharmacists should be included more and should be better respected and utilised by GPs and patients, but there were also some potential issues. Most felt it would be good for GPs and pharmacists to work together but one person felt it was important to consider how to expand access to services safely, not to just swap some functions from GPs to pharmacists, citing the annual flu vaccination programme as an example. It was suggested that GP practices would need to be on board to ensure that the model is successful. Finally, it was put forward that in order for pharmacies to be fully utilised, patients would need educating on how to use them.

Comments on the model

There were some comments on the quality of the model focusing care around GP practice localities. At least three groups said that the model was really good or excellent. However some suggested that making the locality model work would be the difficulty and that it would need to be constantly looked at and managed. One person called it a ‘positive step forward’ while another said they feel more positive about these services since CCGs came into being.

It was suggested that some of this way of working already existed, so ‘why reinvent the wheel?’

Q&A session

At the end of the table discussions, there was an opportunity for people to ask questions about this work.

Question	Response
How do we include people like pharmacists in this model?	The new Primary Care Networks will be central to this model. Medicines management pharmacists and community pharmacists will be working alongside the other healthcare professionals within those networks to better address the needs of patients.
How will the new model develop a patient assessment system which can be trusted and utilised by all clinicians?	The integrated community reablement service (also known as ICRAS) is one team with two bases, one in Liverpool and the other in Sefton. The service aims to reduce avoidable admissions and delayed discharges. We are developing a pathway in conjunction with all partners, which allows seamless access to support and services when patients are in crisis or require additional unplanned support.
As integrated community care develops and embeds, who will be ultimately responsible if something goes badly wrong?	Those that manage the Sefton Provider Alliance will work together to produce a governance and accountability framework
How will the public be kept informed of the changes and the new model of working?	Partner communications teams will work together to develop a shared communications and engagement plan which will be underpinned by clear and consistent messages
How can the transformation plans and developments maintain momentum in an over-burdened NHS system?	Those responsible for driving the change are fully committed to making it happen, but understand that they cannot do this without the support of all staff involved in the process. The plan is to engage staff and colleagues at all levels to ensure that implementation and delivery of the new model is supported and fully understood.
How will IT systems be developed so that patient records can be shared?	There are several areas of work underway to support this, which involve the expertise of qualified GPs and clinicians with relevant clinical and IT knowledge. Specific projects include the development of patient hand held records, the integration of IT systems so

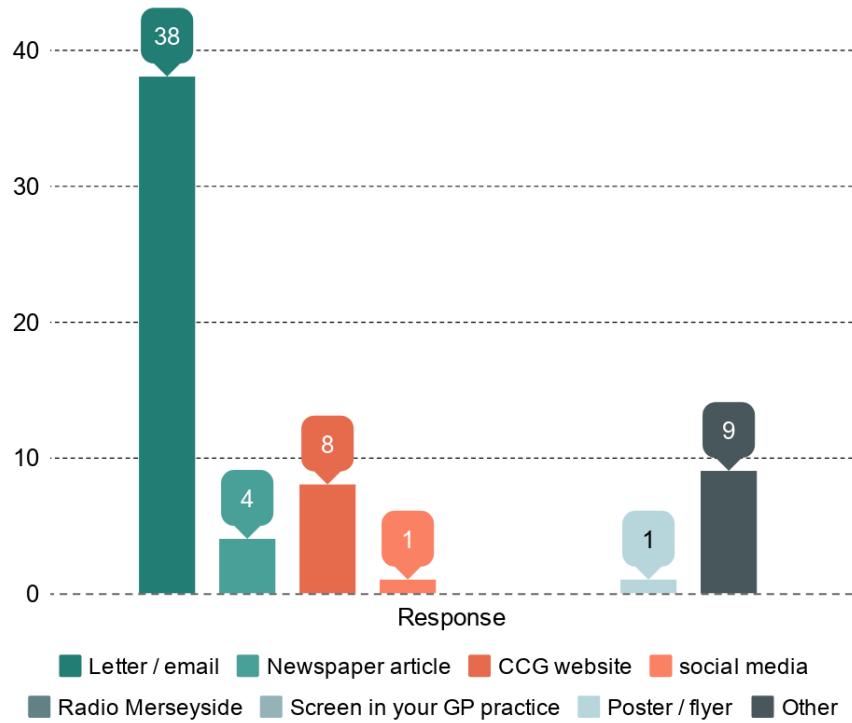
	that patient information can flow between these and the provision of IT kit to support clinicians on the ground to access patient information quickly
Should the NHS set up a reward system for the NHS?	Although this is an interesting idea, it has never been the premise of the NHS to reward good health, but rather to provide treatment for residents with a health condition, free at the point of delivery. Also a reward system of this type would be difficult to condone and administer, specifically because of the potential costs and eligibility criteria
Where does health education fit into the transformation agenda and system?	Whilst health prevention is led by the council's Public Health team, partners right across the system contribute to this work in many ways. This is a theme that runs through the transformation programme.
How will the primary and community services estate in south Sefton be developed to support and deliver the new model? Will this include the co-location of services including adult and social care?	This is currently being explored and we will update you further when we know more.



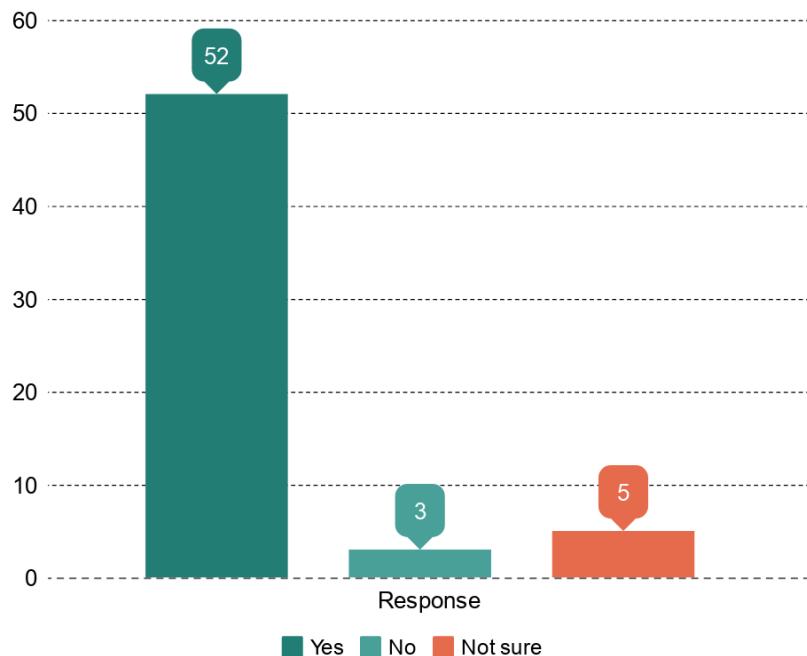
Fingers on the button

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.

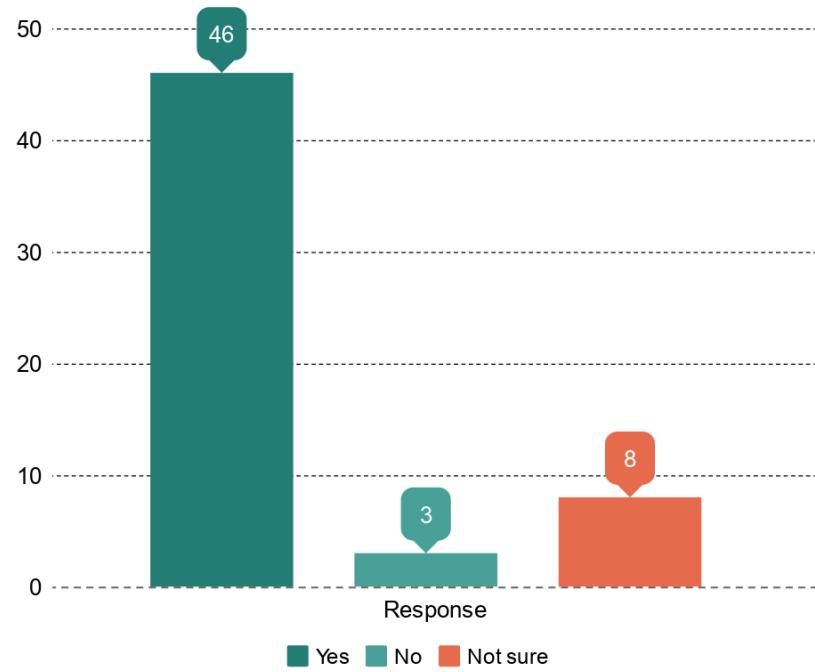
How did you hear about today's Big Chat event?



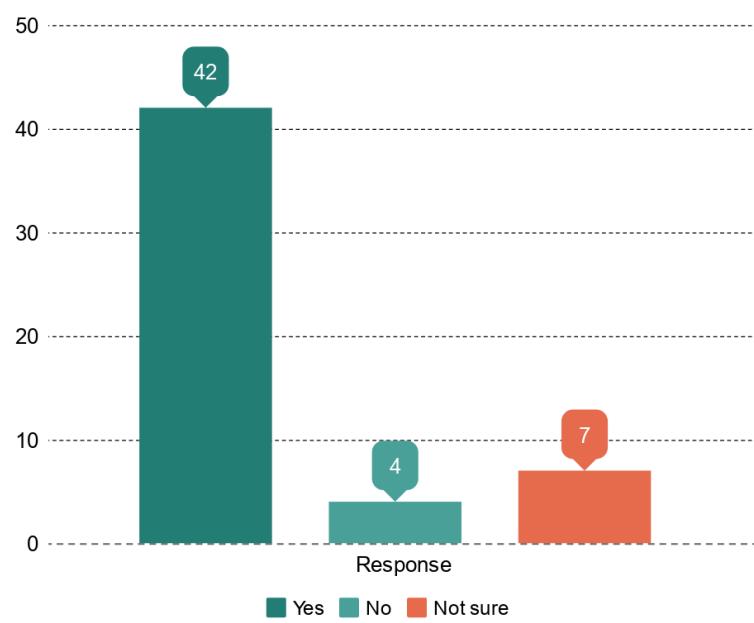
After hearing about plans to increase the mix of staff at your practice, would you be happy to see a different healthcare professional rather than a GP when it's appropriate?



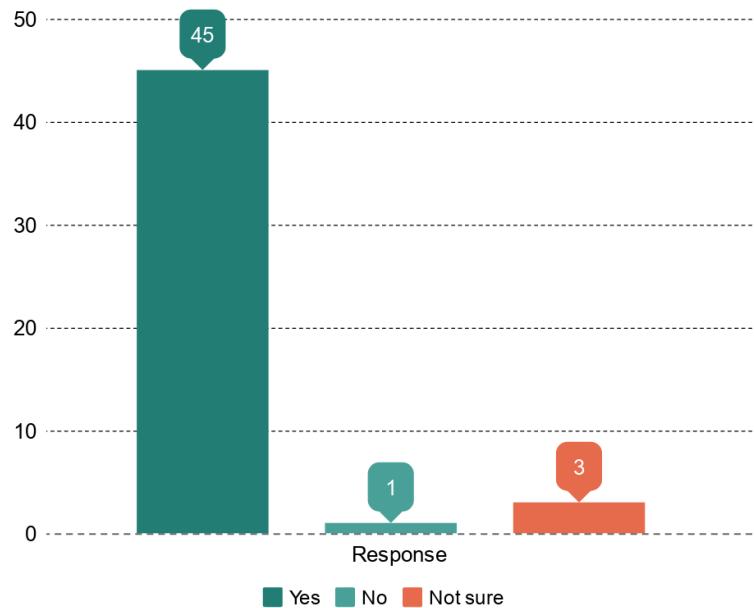
After today's discussions, are you supportive of future plans for primary care?



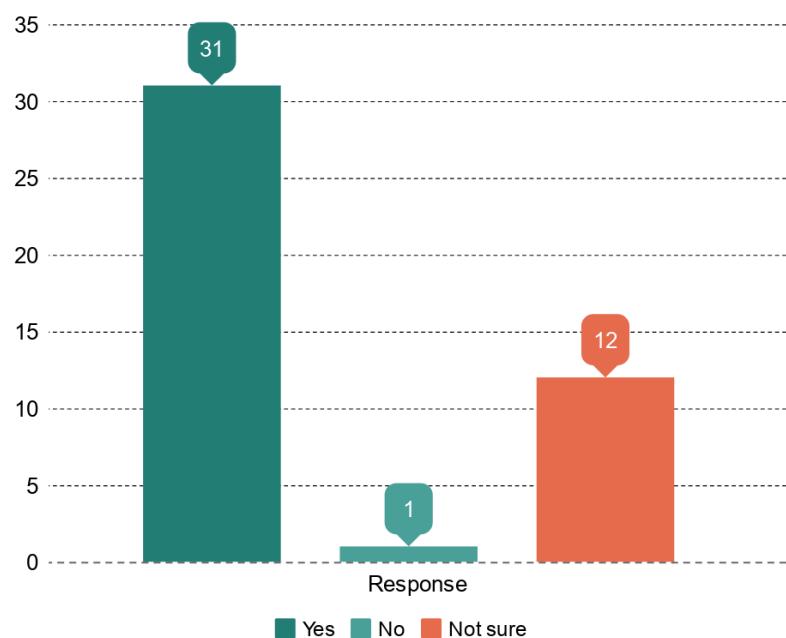
After what you've heard and discussed today, will you consider using the 7 day access GP service in future?



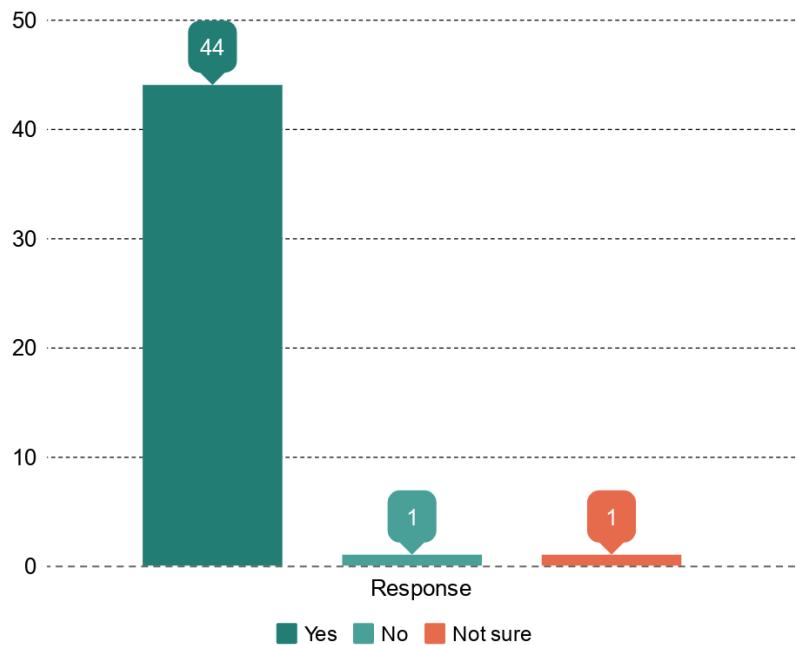
After today's discussions, are you supportive of the future plans for community services?



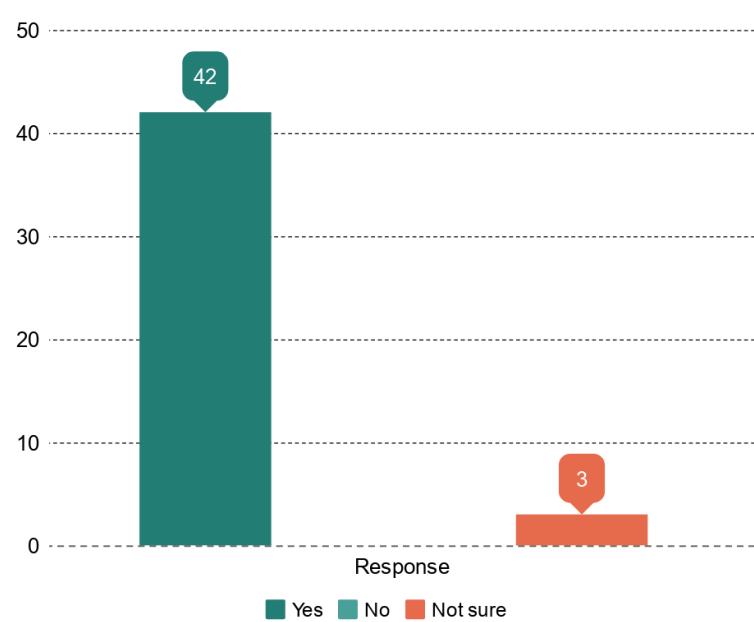
Do you think the changes to community services will make a positive difference to how you receive your treatment and care?



Would you recommend coming along to a Big Chat event to a friend, colleague, or member of your family?



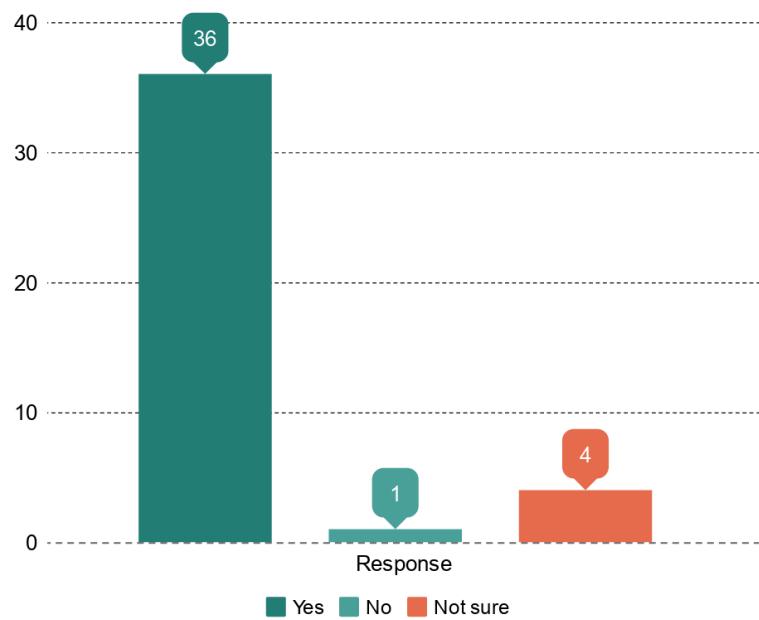
Did you find the stalls and the information available in the marketplace useful and interesting?



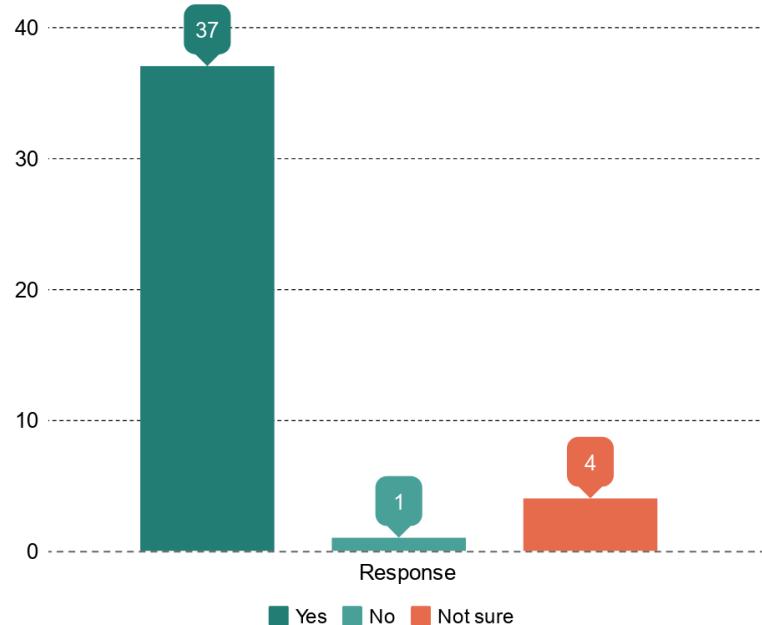
**During the session today,
did you feel that you had
the opportunity to have
your views heard?**



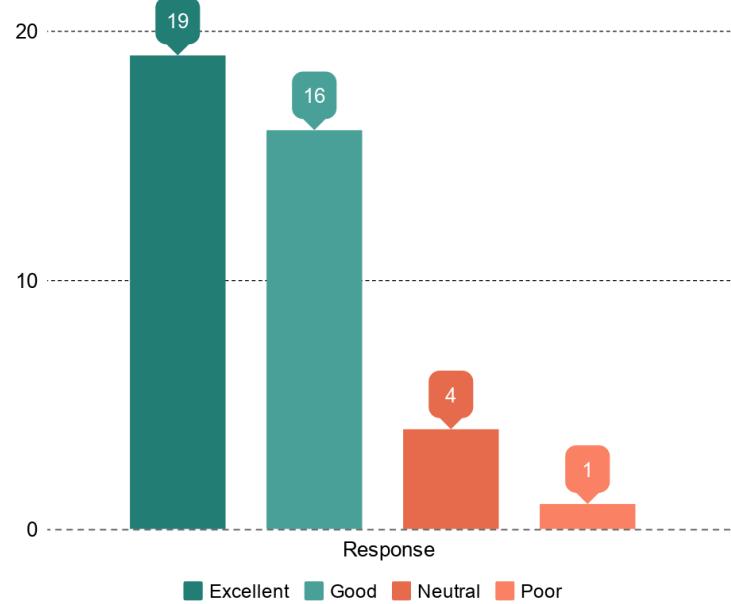
**Did you find the Sefton
CVS session informative
and helpful?**



Did you find the session about community services informative and helpful?



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



Who attended Big Chat 10?

So we can understand more about the people who attended Big Chat 10 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 58 people who came to the event, only 5 completed the form – representing 8% of the total attendance
- Of those that completed the form, 2 were female and 3 were male
- Those who responded were aged between 65 and 87, although one person declined to provide this information. All respondents said they were fully retired except one person who said they were ‘looking after the home/family.’
- All those who responded classed themselves as ‘White British’ and only one respondent considered themselves to have a disability
- The majority of respondents reported their sexual orientation as heterosexual with 1 respondent stating ‘gay.’
- All respondents reported living in the gender they were given at birth.



How we use your views

All the views and feedback from Big Chat 10 will be used to inform our future plans to make services more efficient and effective.

You can find out more about our work from our website, along with a range of other useful information about your local health services and what we do.

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.

You can also read some examples on the website of where we have acted on people's feedback to develop or change our work and plans.

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

Connecting you to care – 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.seftoncvs.org.uk



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.