

Big Conversation Engagement Event
Easingwold Galtres Centre, YO61 3AE.
Thursday 10 August 6:30-8:30

Below are the verbatim comments raised at a public and stakeholder engagement event. They are arranged thematically.

The session was led by Phil Mettam (Accountable Officer) and Dr Shaun O'Connell (Joint Medical Director- Planned Care and

Theme 1: Access to primary care (general practice)

- Local surgery operates a triage system. Concerns regarding training of person answering the call. Have they got skills/competence of the triage system? (Reception generally answer the phone).
- Go back to MIU in the area. This would prevent patient going to A&E. Spent six hours at A&E. One life building in Hartlepool.
- Patients need educating about alternatives to GP. The cost of GP/NHS services. Need to accept seeing “any” health professionals.
- Receptionist will ask trigger questions to filter out inappropriate appointments. Clinician or nurse practitioners will take the clinical phone call as need.
- Lot of people want an appointment in Monday. Need way of filtering out the inappropriate.
- Triage is for the day.
- Currently takes a month to get an appointment in Easingwold. (This is not universal, same day appointments generally available at both Stillington and Tollerton).

- Triage system exists where they decide if you need an appointment. This helps to signpost unnecessary appointments and manage high demand.
- Statistic that 1/3 appointments don't need to happen is important.
- Personally have never had trouble getting into Easingwold for an appointment.
- Long wait for routine appointment, and especially for a named GP.
- Tollerton triage working very efficiently helps signpost.
- Problem that every GP practice operates differently.
- Pharmacy can provide first point of contact to signpost and advice. Important role to play. Boots Easingwold are currently only pharmacy in the area, and is only provider where drop in appointments available.
- Pharmacy used to offer morning after pill and nicotine replacement, but funding cut by City of York Council. This would also help reduce burden on GPs. Funding situation needs to be clarified.
- Pharmacists should be next to GP. Enjoyed having an interview about how medicine was working.
- Question: How much does minor injuries units cost? Answer: Risk, safety issues.
- We would like an access service- Easingwold covering extended hours. Would accept any local doctor seeing us/practices working together. Triage very slow.
- Government not giving adequate funding to support shift to pharmacy. Though they are more expensive than a practice nurse or health assistant.
- Some GP surgeries acting as dispensaries already, especially village/rural practices. Nothing new.
- Cost of nurse £13 – is a good service.
- When you pull together services, this builds confidence in services. Wonderful District Nurses, but underfunded and not engaging with GPs etc.
- Medicare System used by Hambleton and Richmond CCG. Direct line to practitioner for care homes.
- People's expectation of treatment getting more complex? (Consumerist society has effect. Cost of care £25m more. This year it will be double that).
- Does safety factor into CQC ratings?
- Medicare system, used by Hambleton, Richmondshire and Whitby CCG direct line to a practitioner. Question, what is being done in care homes?

Theme 2: Easingwold Care Hub/ Rurality and local services

- Care hub. Nirvana (but have to be realistic) is dentist, social care, doctors and district nurses. Integration is difficult as all currently separate.
- Easingwold Town Council has engaged with various NHS bodies, but so far little feedback on how to cope with increasing Easingwold population. Facilities like Copper Clay and St Monica's aren't used to capacity, while others like the health centre are overused. Willing to put a new integrated hub into the local plan as an amalgamation. This would be much more economically efficient, but currently little engagement with local population of this.
- One management team for new hub. Would save money and provide economies of scale.
- New premises. All in one place
- Easingwold. We have wonderful units at Copperclay. They are sold/on the verge of being sold. Will we in the Vale of York see any of that money? Such a great need.
- Why do you not employ more doctors?
- Don't have the space to put the doctors. Copper Clay sites/need better sites.
- Surgery asking for bigger building for years. Potential sites are available, but proposed sites aren't large enough.
- Need to know future of Tanpit Lodge. Not complaining or wishing for closure, just need clarity. Currently a bit of a waste.
- Minor injuries. St Monica's (Can it be used for wider purposes?). Services together in one place. Pulling in voluntary sector.
- Why is the new "hub" taking so long to develop? Tanpit Lodge has been empty for approaching 10 years and it deteriorating in quality.
- Healthwatch. Suggested health hub last time CCG engaged 2 years ago.
- Clinicians are great. There is an increase in demand in population. Lots of growth, 200 new houses and 350 in next few years. Surgery under pressure. Series of NHS facilities (Tanpit Lode, Copper Clay), "old and decrepit". In the neighbourhood plan that would put forward a health hub on York Road. We need clarity for what is going to happen in future. Would like in central place . Old buildings lower cost building.

- Working very closely with York Trust for development of hub. It has not gone back to be re-costed and will come back to us in September/October. We opposed all of the development because we couldn't cope with capacity. (Easingwold Town Council need to be involved).
- Why is this all taking so long? Day centre had to move out of Tanpit Lane
- There needs to be a prominent pharmacist in A&E, and should be part of a coherent Easingwold Health Hub.
- One care hub on one site.
- Know what we need to have but money is an issue and all separate organisations, and some private sector. May be able to reach ½ way to do this.
- Community care excellent.

Theme 3: Mental Health

- Mental health facilities poor in Easingwold since closure of Copperclay What is the future of that site and will money from sale go back into the Vale of York?
- People can become mentally ill post 74.
- Concern that mental health section of slide was "skipped through".

Theme 4: Communication, signposting and navigating the system

- Need out of hours/on call. Needs to be faster responding- calling 111. Waiting 6 hours for response.
- Are people's expectations of care shaped by newspaper reporting?
- Lack of co-ordination of understanding of what is available
- We could have yellow pages of social services/health services.
- Electronic and paper form required. Not everyone can use IT. Who keeps it up to date?
- Need surgery to identify and signpost. Surgery has dementia info point on a Friday. Relative/anyone query about dementia. Need to tell Stillington Surgery.

Theme 5: Prevention and education

- Prevention cheaper than cure.
- Are we educating people simply to save money?
- North Yorkshire County Council (NYCC). Promoting living well scheme. So people don't go to the GP because they're lonely/scared etc.
- Vaccinations should be strongly encouraged.
- Are people using health services because of age? Is it the elderly?
- GP: One of the biggest issues is the complexity of care. If it was just the population increase then it would probably be ok.
- Are people using system more simply because of age?
- Prevention cheaper than cure. Why aren't people taking up health checks?
- Biggest issue for care provision now is complexity of care (it isn't just population growth).

Theme 6: Length of time spent in hospital and discharge

- Social care needs to be better to keep people out of hospital and support earlier discharge.
- "We want more care at home"

Theme 7: Voluntary services in the community

- Lost Forget-me-not club. Dementia café moving from day centre- one day for people with dementia. New dementia service on Friday at the GP centre.
- Easingwold Community Centre. Forget-me-not club, Alzheimer's club. Stillington wellbeing café. Easingwold 10:30-12:30 Tuesday 5th September Methodist Church. Day centre had move due to increased rent. Springhill Court one day for dementia
- Keep doing: Churches, Springhill Court (housing extra services for elderly). Galtres Centre (Activities).

- Transport is an issue. Community support is strong. Important.
- Easingwold District care in the community good. Library. Meals on wheels.

Theme 8: Quality of care and the future of the NHS

- Will Easingwold eventually come under Ryedale CCG as part of the Sustainability Transformation Plan (STP)?
- Are we going to be part of Ryedale? Primary Care Trust (PCT) chose originally to go with York because our population goes to York Hospital.
- Conscious of spread of bureaucracy. Discussion on STPs.
- Some experience of some elderly receiving less care in their own homes.
- BMI Cap for surgery policy makes no sense (Though acknowledgement it was a hard decision to make).
- Quality care homes/improve training and decision making.

Theme 9: Workforce and capacity

- Not done as well as we could have in Easingwold with Urgent Care Practitioners (UCPs).
- Why aren't there enough UCPs?
- Why can't you just employ more DRs? Though important to have a facility in the first place to put them in.

Theme 10: Waste and duplication

- Is level of bureaucracy in the NHS being looked at critically?
- The organisation of the NHS is rubbish.
- Always been well dealt with by clinicians, just expensive and disorganised structure letting it down.
- We are talking about cost reduction; however the other part is around procurement and bureaucracy. (Phil Mettam referenced Lord Carter's report on whether they are efficient).

- Clinical money talked about but not admin money. Would like to know a bit more about admin cost of healthcare.
- How can we ensure people know “when to stop” (To avoid over caring-/offering unneeded care). Can be cases where we do too much.

Theme 11: Urgent Care Practitioners (UCPs) and emergency response

- UCPs work very well to avoid hospital admissions from care homes.
- Why aren't UCPs available in all areas if saving so large?
- One lady didn't feel comfortable about leaving someone at home when they have fallen and vulnerable.
- Like UCPs. Good model.
- Alternative to ambulance services.
- Malton has a community response team. Would this be a good model? (NYCC are investigating).

Theme 12: Finance

- Concerns when there are cuts. Safety goes?
- Worried that you're telling us you need to save money and social care saving money. Where does this leave us?
- Does cost of care vary according to location? (Eg: Does Nuffield cost NHS more?).
- We need more funding for social care. It would be much better.

Theme 13: Importance of feedback

- Important to get follow up on what progress from meeting.
- Hold a similar session.
- Easingwold Advertiser (Write a letter to the editor).
- Notices in the surgery.

- Need to report back on progress
- Would look forward to feedback and action points coming out of this event.
- Needs to be an action plan.

Other

- Disabled access to Boots pharmacy awful (Council issue?)
- Continuing Health Care (CHC) funding is not transparent and the impression given is that it's a waste of time to apply. It is very stressful if caring.
- Boots. Small pharmacy building Tollerton. Very busy.
- How can you tell when a headache it isn't serious enough to merit GP visit? By encouraging not always to visit GP, serious cases may be overlooked.

Main themes from the engagement session:

- Facilities in Easingwold face being overstretched by demand, which will increase further with new housing developments.
- An integrated care hub with all services combined would help and be more efficient. However progress is slow and people unsure what the situation.
- People would like clarity over what the future of the sites at Tanpit Lodge and Copper Clay.
- Could St Monica's Hospital offer more services? Save the cost of an ambulance to York.
- Urgent Care Practitioners UCPs (run by the ambulance service to treat and keep people in their homes) seem a good model but access is not as good as it could be.
- NHS organisation seems inefficient, could savings be made here?
- What future role will Easingwold and locality have in the CCG?
- A health directory to signpost would be useful.



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- Pharmacists need to have much greater role in A&E and primary care. Could play much greater role.
- Waiting times are too high at GP.