

## **Big Conversation Engagement Event**

**Selby Community House, Portholme Road Selby YO8 4QQ.  
Tuesday 11 July 2017 5:30-7:30pm**

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 Andrew Phillips (Joint Medical Director- Unplanned Care)

### **Theme 1: Access to primary care/general practice**

- Emergency appointments should be triaged over the phone, and phone appointments are a good idea when patients need advice without making a face-to-face appointment.
- Very difficult to get a GP appointment at the moment, sometimes need to wait over two weeks to see a doctor. It's like you need to plan on being ill in advance. It's ridiculous. When I get through to the reception they ask questions that I'd rather not answer over the phone, the receptionists aren't doctors they shouldn't be able to make these decisions.
- I like being able to have a telephone appointment, it's easier, when I'm a little worried but not so much that I have to traipse into the surgery.
- It's a shame that you lose your relationship with your GP, but I'm getting used to it and I'm confident now that no matter which doctor I see I'll be satisfied with their help, I think we do need to think differently and see other staff instead; nurses and pharmacists can help too.
- There should be a drop in centre, for urgent appointments with nurses and other trained staff.
- Don't always need a GP. Personally no problem seeing a pharmacist, but general trouble by and large want an individual GP.
- Generally: Triage at point of calling surgery. GP/Nurse triage. Receptionist streaming as at A&E. Or urgent care practitioners (some paramedics) can prescribe.

- Should bring back a 24 hour MIU – which seems to have been decreased to daytime hours with fewer DRs meaning that patients still go to A&E.
- Nurse Practitioners can offer more time and help.
- We have a good NHS. There had been a campaign to go to your GP instead of A&E, hence extra demand they are under.

## **Theme 2: Mental Health**

- Early access for mental health crucial.
- Social isolation can bring on MH issues, there should be services/ schemes to allow neighbours to get involved and help with loneliness.
- There must be more cross working with the voluntary sector.
- Are schools involved in helping the younger generations to prevent issues in later life? Perhaps predicting how bullying can cause problems, what are they doing to help?
- Recent tragedies in York could have been prevented if the schools worked with health services to pick up on troubled children. Early detection is key.
- Some schools have brought in a school dog to help children with anxiety problems; this seems like an excellent idea.
- Close Bootham! Once new hospital is open.

## **Theme 3: Communication, signposting and navigating the system**

- I don't think patients do have choice, they don't do cardiac surgery in York, I wanted to be referred to Leeds but didn't have the option, how is this patient choice?
- Self-referral has resulted in just one over-the-phone consultation. Given little person-to-person interaction
- Selby hospital cancelled appointments due to the cyber attack but didn't send a letter to patients letting them know that their appointment had been cancelled, so the patient showed up to the appointment to be turned away.
- Internet can scare people into thinking something is wrong when that isn't the case, or symptoms appear more serious than they actually are.
- Follow up appointments have been cut back recently. Encouraged to come back if needed, but finding a way to get back in is difficult.

- Doesn't mind telling name more than once. It's important to write "name known as" and to check name of the patient.

## **Theme 4: Prevention and education**

- How can we tell when our efforts in prevention is working, how do we measure? How do we know if the cost will be worth it? It doesn't seem to be working so far.
- The table then noted that the rate in youth drinking has gone down recently, so something must be working, can we find out what did it and harness this? Is it social media? Or better education?
- Social media would be a good way to educate the younger generations, why aren't we doing more online?
- There are stop smoking services that work with the community and they can help free up GPs and will the services will help in preventing cancers, and other health problems.
- Prevention needs to start at school and universities.
- We need to understand details of our localities to alter services accordingly.
- There must be clubs and societies that co-ordinate services in the community that we can link in with.
- People need to be educated on the full range of services on offer.
- Need better education on when and where this access is.
- Problem exists in managing expectations. Important to promote self-management.
- Better education needed in all areas of health, for instance people should know what services an ambulance can offer.
- Need prevention and living well education.
- Staying healthy can cut access to GP's.

## **Theme 5: Length of time spent in hospital and discharge**

- Patients left in bed in hospital. Need to have patients walking about.
- In my experience patients in the 50s were all encouraged to exercise and get out of bed when on the wards which helped with recovery, now finding that patients do not have this, there are not enough services and staff available to

do this and when family have visited and tried to help patients get up and mobile they have been told off by staff who are too risk averse.

- Money is being wasted waiting for tests, patients are admitted into Hospital for a week or more just to wait for tests, they could be discharged and come in for tests or the tests should be available all week. Patients have waited a week in hospital for a CT scan, other patients have spent up to 24 hours in A&E awaiting tests, scans and treatment.
- Dr Andrew Phillips (Medical Director for Unplanned Care) informed of the Trust red and green programme to help reduce length of stay.
- Selby memorial staff member commented that patients are being sent home earlier with physios calling in on patients which must cost more for all the additional visits, only for the patient to be readmitted when they fall again. It would save money to keep them on the ward longer doing exercises whilst in hospital and leaving when able.
- 7 day! Should do tests 7/7. Costs money keeping in bed long times for tests.
- Why are tests not available 7 days a week? Why is it difficult to be seen on a Friday or weekend?
- Father rushed into A&E, but spent a week waiting for CT Scan.
- Money wasted with people sitting in hospital waiting for tests. Can we change this?

## **Theme 6: Voluntary services in the community**

- MIND can offer an alternative, but also takes time to see them.
- St Johns ambulance could be helping.
- Ambulance services overstretched. Voluntary community transport willing to transport urgent patients if required.

## **Theme 7: Rurality and local services**

- What has happened to the Hubs? I remember when they were set up recently but I don't hear about them anymore, where have they gone?
- Dr Andrew Phillips explained that the Hubs have morphed in to localities – which mean that we are looking at providing health services based on where people live. There is a locality for the north, central and south of the patch. Selby is in the South locality with Tadcaster, Sherburn and South Milford areas.

- Struggle to see how care closer to home will work when community services also seem to be taking cuts; there are not enough services to support this.
- Easingwold St Monica's Hospital (12 beds). Only outpatient department is Physio. How is it still open?
- St Monica's is a lovely building, however the only outpatient department is physio and there are only 12 beds, How can this be still open?
- What is the future of Worsley Court?
- People in communities desperate for more service provision.
- Selby Hospital should be utilised more. For many in the locality, is more convenient (especially for those without a car) and saves the cost of an ambulance to York. Therefore range of services offered could be extended.
- People work very hard in Selby Hospital. Great contribution has been made by the people of Selby to the success and development of the hospital.

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

- The problem is privatisation, services are all target driven and some staff will lie to make their targets rather than putting the patient first.
- Cutting back on investigations isn't cost effective.
- Should collate services together to specialist services at hospital. Got too many A&Es in Yorkshire.
- Waiting for outreach referral for 3 weeks. He will have fallen in that time.
- I think it's awful what you want to do, in hospital the patient has 24/7 care at the touch of a buzzer, if they get sent home earlier patients are alone and vulnerable and if they have a fall they could be there for days.
- Wants 24 hr care for people.
- 7 Day services isn't necessary
- Clinicians also need to understand the problems in the Vale of York.

## **Theme 9: Workforce and capacity**

- We are seeing improvements in training services and have some new GPs starting at our practice which is good because of the staff shortage.
- Will people get physio in home? Aren't enough staff in community.
- Sending people home early from hospital. Care for them when they get home isn't there.
- Definite shortage of services. Funding for EOLC/Marie Currie.

- Problems could relate to less experienced/more specialised clinicians being risk adverse and opt to send for a range of tests to be safe.
- Concerned about sending patients home earlier, not enough staff to be out in the community
- Lack of physios and district nurses.
- Emphasis for nursing relies too heavily on qualifications over practical training and experience.
- Minor Injuries unit should be open longer to avoid hospital admissions (Holgate? Hospital Staffed). It is local and people need to utilise local facilities more. (NB: Selby Locality is being developed)
- Having services open later saves costly diversions elsewhere, escalation to A&E.

## **Theme 10: Technology**

- In some areas of the country can book and urgent appointment by speaking directly to the GP over the phone.

## **Theme 11: Waste and duplication**

- Generally: Look at ALL working practices and reduce waste. No one hospital can do everything. Close A&E and could group better and get on with work. (NB: Easingwold Hospital)
- Fell and hit head and got an ambulance. Rang Selby Hospital but no answer. Went to York but was discharged very quickly. Money had been wasted.
- In my experience I have known paramedics to attend a scene who would give their own qualified opinion on the patients best choice of treatment, who called in to A&E for a second opinion/ confirmation of treatment, for them to not answer the phone and have to take the patient to A&E/OOH, A&E nurse agreed but confirmed that the patient should wait to see the OOH GP for 3<sup>rd</sup> opinion only for the Out of Hours GP to give the same advice as both the paramedic and the A&E nurse that the patient could have been treated at home without the long wait, this must have cost money, the time of 3 staff members and the patients time.
- Working practices should be brought back in, should shut some of the trauma units and allow the consultants to work elsewhere
- Use private drug and alcohol support systems to provide support and involve local voluntary organisations. Less prescribing of antidepressants in young people and refer to support groups instead.

- Need to look at working policies and change.
- Disabled access. Expense of conversions, ramps, disabled access etc.
- What do we do about non-attendance of appointments? Could we get a breakdown of data to look into which groups are missing appointment and why and try and find solutions/offer support.

## **Theme 12: Finance**

- The solution to these problems is political, the solution is at the top, they should be putting in more money to the NHS.
- Why do you have such a deficit, where is this money going to? The figures on the screen don't match up with the 25 million that you say you are short on, how much of this money went towards a payoff for Dr Mark Hayes (previous Accountable Officer)?
- NHS does not exist to make a profit.
- Where has money gone? Feels accounts don't add up and we are hiding something. Phil Mettam (Accountable Officer): Explained the recurrent financial deficit.
- It would be interesting to know how much was spent on Vocare, would like to get a bigger picture for refined costing.
- There is "enough money".
- Do you think the allocation from NHS England is enough?
- Why is there not an option to offer to make a contribution to hospital food?
- NHS isn't short of money but the government is.
- Needs more money. There are going to be cuts, where are they going to fall? Need to manage people's expectations. Worried about privatisation.

## **Theme 13: Importance of feedback**

- How are these events going to change the cuts? anything we have to say will not matter

## **Other themes and comments**

- Greater/faster/more convenient access to primary care (GPs) required. Should be encouraged to see other clinicians (Nurse Practitioner, Pharmacist, Healthcare Ass) where more appropriate.
- Community and voluntary services can play big role in improving access to mental health services. MH must be a bigger focus in schools/education.
- Local services (like Selby Hospital) are often more convenient and efficient, prevent ambulance being needed to transport to central facilities (York).
- People need to be more aware of what health services are on offer, and how to stay healthy (reducing demand on services). Social Media is best platform for younger people.
- Discharge process is inefficient, people spent too long in hospital beds waiting for tests. Results can't be accessed quickly which causes waste.
- Patients being confined to bed rather than encouraged to get out and avoid is causing deteriorating health.
- Concerns about discharging patients because of a shortage in community staffing.
- Need to focus on regular non-attenders/causes of non-attendance.
- Uncertainty about CCG's financial situation.
- Charlie Gard case discussed. Asked what would happen if this arose in York?

## **Main themes from the engagement session:**

- Greater/faster/more convenient access to Primary care required. Should be encouraged to see other clinicians (Nurse Prac, Pharmacist, Healthcare Ass) where more appropriate.
- Community and voluntary services can play big role in improving access to mental health services. Mental Health must be a bigger focus in schools/education.
- Local services (like Selby Hospital) are often more convenient and efficient, prevent ambulance being needed to transport to central facilities (York).
- People need to be more aware of what health services are on offer, and how to stay healthy (reducing demand on services). Social Media is best platform for younger people.
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**Vale of York**  
Clinical Commissioning Group

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