NHS
Vale of York
Clinical Commissioning Group

Big Conversation Engagement Event

West Offices, Station Rise York. YO1 6GA

Monday 24 July 6:30-8:30pm

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 Michelle Carrington (Chief Nurse)

Access to primary care (GPs etc)

- You say that you cannot measure GP activity how can you tell where the issues lie? How do you know that CHC referrals are going up when you cannot measure the activity?
- I have a good story to tell, I feel like we only talk about the negative but feel it's important to discuss the positive, I had an appointment with my GP recently who referred me directly to the urgent eye clinic at the hospital and I was seen within a couple of hours of my GP appointment, the doctor called up the clinic whilst I was in the doctor's office and he sorted it there and then, it was superb, fantastic, we can make something work if the right people get together.
- A lot of people won't know where to go, so see a GP to tell them and signpost them.
- Triage person at GP practices to signpost.
- Accessibility. That's what a GP is.
- People don't trust doctors from out of hours services.
- If someone is being referred by a clinician, surely they are in need?

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Rurality and local services

- Make specialists available in local communities
- Where is the nearest Minor injuries unit? Selby? There is one in Malton which residents can use but this is commissioned by Scarborough and Ryedale CCG.
- Can't have a localised speciality for everything. This seems to be opposite of the present situation of long journeys to our of area specialised units (eg: Leeds Hearts Unit)
- People can't be "cared for in the community" for everything. For example something like a knee replacement can't just be a day appointment, will need admission. Is it practically feasible to achieve? Where does this research come from? Particularly the evidence for Archways? Was this from the Kings fund? That people prefer to be treated at home is a sweeping statement.
- Would preferably like as many in area specialisms as possible.
- What happen to walk in centres in York? Is there anywhere you can walk in/ just show up in York? Urgent Care centre? Because this is in A&E but we are being told not to always go to A&E but that is where the Urgent Care centre is. Analogy that if Patients used a cut through in a hedge to get to the supermarket, that supermarket would notice and turn this into a real entrance as they know that customers would continue to use this route, so why not make it easier for them, knowing that this is what they want, the NHS have noticed that patients continue to show up at A&E so by putting the Urgent Care centre within A&E we can treat the patient on that occasion and educate the patient about the next time they need care.
- The community support is absolutely what we need.
- Is there a fixed amount of money for out of area services? Otherwise because the Vale of York has few specialities, a large amount of money will be heading out of the local system. Does this make economic sense?

- The problem is that we haven't had any investment in community services, York and Selby have been short changed.
- Need to provide more community services.
- Being in hospital can be disorienting to patients who are not familiar with their surroundings, it is similar to be in a hotel and going to the toilet in the middle of the night and walking into walls whilst half asleep because you are un-aware of your surroundings, some patients may have fewer accidents recovering at home where they are comfortable and familiar.
- Not about shutting people in hospitals.
- GP's in other practices "specialising" in an area- a referral to a GP rather than referral to hospital.

Mental Health

- No support for mental health patients in own homes, patients admitted need preventive care and community support and support for families.
- Mental health services seem to be keen on not supporting families, they avoid families whenever they ask questions.
- The recent news we were informed that the Government would be providing a lump sum for mental health from the treasury, will we get this lump sum? And will it be ring fenced?
- Community care model fine if a seamless referral system exists, but this isn't currently the case.
- People WOULD prefer to be at home than in hospital. That is the natural answer. However people do feel safer in hospital (issue of trust).
- Shift to an underfunded care in the community based mental health system seems to have driven local suicide increase.
- Community Rehabilitation units should not have been got rid of in the first place.

- There is little sense in spending money outsourcing beds out of area. This needs readdressing.
- TEWV payment by results.
- Interested in mental health.
- My brother went into hospital with dementia. He's worse than when he was at home.
- £30K in six weeks. Got to the crisis point. Trieste Model 94% Community, 6% Hospital.
- International Psychiatrists
- Dementia monitoring, level of care. (Communication and continuity).

Communication, signposting and navigating the system

- You should use shared directories, share details with the local link and York Press
- Other than going to see a pharmacist and calling 111 where else is there to go? I wouldn't know of anywhere else outside of GPs and Hospital.
- Failure to understand when under pressure to call 111 or visit a relative or friend for advice, the natural reaction when under pressure with a screaming child would be to go to A&E.
- Anecdote of witnessing a young student in his early twenties attended A&E claiming to have been bitten, he showed a photo on his phone of a zoomed in bite, when asked to see the actual bite he rolled up his trouser leg to reveal a mosquito/insect bite and admitted he should probably have not gone to A&E and should just go home. Why did he not just look online or see a pharmacist for advice?
- Referral process difficult to navigate and lengthy. Puts you off visiting your GP
- Representative from Dementia Forward, noted that the biggest challenge for patients can be putting your trust in the alternative services, you go to A&E

and your GP because you trust them and going elsewhere will be a challenge for some as they may not know what level of care they will be getting.

- Need to spell out what A&E is about.
- Students want YouTube clips to manage mutual wellbeing.
- MyStroke Online Platform
- There ought to be something between being “stuck at home” and going to A&E.
- Doing the basics. Clear pathways.
- Need to do work on advising people of alternative services.
- Trusted team. Assurance can move between the services as necessary.
- Getting the right care from whoever you see.
- Nurse lead services. Assurance that if needs to be seen by doctor, that can happen.

Prevention and education

- Should be educating in schools
- It’s about re-educating people so they do not automatically think they need to go straight to A&E.
- Need more support for long term management, some conditions if treated early can be managed easily in the long run, it’s about getting quick diagnosis and support with learning how to manage your own condition rather than multiple hospital visits because the GP doesn’t know what to do with you.
- Used to be able to go on newly diagnosed courses, these worked well in teaching patients what to expect and how to care for yourself, staff have been able to compare cases of the outcomes of patients who have attended these courses against patients who have not and the number of hospital appointments is greatly reduced with this education.
- Courses are very useful for patients with diabetes.

- Long term or sudden acute conditions, would you know where to go or what to do? People don't know where to go other than GPs.
- Message: I think the population has a responsibility to maintain their own health and wellbeing.
- Newly diagnosed course. Epilepsy, Parkinson's, Diabetes, Dementia, MS.
- Society= Immediately
- There should be public campaigns to direct patients, like we used to have back in the 70s, putting the information back into patient hands, it's all about the communication and education.

Length of time spent in hospital and discharge

- Need an angiogram but service wasn't available from Friday lunchtime till Tuesday, so I had to stay in hospital until Thursday after and had to wait until teatime because of waiting for drugs.
- Need to keep people out of hospital. What is planned in York?
- Use A&E inappropriately.
- Gatekeepers at A&E
- 6 weeks in hospital is catastrophic.

Voluntary services in the community

- There should be community support groups
- Need to be signposting to peer support groups
- Peer support, and support and support for peer support.
- Admiral Nurses. Parkinson's Nurses. MS Nurses. Links with voluntary groups.

Quality of care and the future of the NHS

- Other areas do it better, what can we learn from other parts of the country?
- How are you cutting orthopaedic services? Staff are already overworked as it is.
- Greater quality of joint replacements is likely to be a key driver of the increase in demand cited.
- Improve neurological services. EG: Not seen by MS nurse in 6 years.
- Neurology department in York is shameful
- There seems to be no support for patients with post-polio syndrome which now affects more people than MS
- Chest pain clinic. Clinical care was excellent.
- “Pockets of Good” and of nothing.

Workforce and capacity

- Who will be able to provide and staff the new mental health community hubs? Area healthcare assistants now doing job that would have been done by a nurse (“dumbing” down of healthcare provision). EG: Something like Phlebotomy, assistant nurse knows how to take blood but not always why it is being taken.
- People being adequately trained is most important, though location is also important.
- Treatment has to be at a clinical level appropriate to need. Preferably by a named individual, but level of training is more important. Doesn’t necessarily need to be referred through GP.
- More nurse practitioners.
- Agreement an appropriate person needs to be assigned based on need.

- Specialist nurses are spread thin across York, with some conditions the support is not there to allow people to care for them shelves or to give people confidence over their own self-care.
- Skill Mix. Geographic consideration. Specialist vs generic.

Technology

- Bringing back to technology, what about telecare? Would this not work well in the rural areas, patients could have appointments with DRs without having to fill up waiting rooms, this would also help with patients who struggle to get up and about and will reduce ambulance call outs. GPs will just have to get used to it, we all do, times are changing and technology is the way forward and will solve lots of problems we can't be left behind.
- The CCG seem to hold a lot of data, but are you using technology to its full potential? Are we behind other areas when it comes to technology
- I've seen a video of an 83 year old woman who had a dr appointment over skype in her own house, she said it's changed her life and it's freeing up time for GPs. It is especially useful for children with autism who struggle to be away from their own surroundings and routine, a trip to the surgery can be incredibly difficult and a skype appointment with the child in their own home will be much more comforting.

Waste and duplication

- Reduce spend on treatments that don't help address the problem.
- Social prescribing: is addressing the root cause of an issue that is not medical.
- Taking the patients off of the GP appointment list that do not need to be there for medical reasons but may need other social assistance that can be provided by other services, local authority, voluntary sector, support groups

and clubs. This should help people who are isolated and help patients to help themselves and will free up time and resources within the system.

- EG: Social prescribing. Need to trust the person who refers.
- It's all about the condition? NO it's just a sprained ankle.
- Save cost and improve care. EG: MS Nurse, Long Term Care Management.

Finance

- Why is the deficit going up that much within one year?
- If the VoY CCG got the allocation you think you should have, do you think this would fix things?
- Is the £40 million deficit an accumulated deficit? Or is this a per year deficit?
- Has there been a rise in cost that will explain why the deficit is so large?
- How much of the growing deficit is due to demand? Or is it due to increases in costs?
- How is care cheaper to provide in a home environment?
- Not sufficient investment.

CCG Geography

- How much of the problem is skewed by difference in geography and boundaries? We seem to have got to a point where we expect to have specialist care available to us within York where we used to have to travel to bigger cities. Are we expecting too much?
- How was our boundary decided and can it be changed?
- Re the 2nd Slide 'Vale of York health indicators' the sentence 'Considerable variation in life expectancy (up to 6.5 years in men and 5.5 years in women), closely linked to the seven areas ranked in the 20% most deprived in

England', what does this mean? Are we similar to the most 7 deprived areas in England?

Communication between organisations

- There are too many services that aren't communicating, they all want to shrug off any responsibility and will pass patients from department to department. Why can't they work together better and form a team this is a problem in both healthcare and social care but even more so of a problem when combining the two, need to co-ordinate to turn services around, both would save budgets.
- Need to co-ordination between departments to form an efficient "package"
- Get rid of the barriers. Share budgets, meet needs.
- Seamless system needed to refer between department and agencies needed. Care should follow you till a problem is solved/managed.
- Another problem is that healthcare is free at the point of need but social care can cost and is often means tested, this will complicate matters when combining services.
- I can see how there would be a lot of challenges when there are three different local authorities, communication again is a big problem, why can't the funding be split amongst all involved parties instead of arguing about who funds what?
- The basics work well if you have a broken finger this can be treated easily and well, however when patients have more complex needs, long term conditions across multiple specialists and acute care it is difficult and this seems to be what is happening now people are living longer. It will only get worse if we don't make changes.
- Integrated personal commissioning.
- Linking services to the GP centre.

Language in Healthcare

- Opinion: The terminology is an issue, your publications and presentation would be regarded as jargon, there are far too many words that would confuse the public, have you considered employing somebody to translate all your publications and simplify your messages? You need to provide explanations and context.
- Noted that Health watch do have a number of readability volunteers which organisations can work with. The CCG held a workshop open to the public on Healthcare Language to start tackling the issues around language; the CCG is aware of this and is working to make improvements.
- Too much jargon used to describe the system and services, even the lower level services that support patients which makes it difficult for patients to know where to go.
- Language important. Easier to understand as GP for primary care, and hospital for secondary care.
- Have we considered using a plain speaking person with regards to publications?

Importance of feedback

- Comment that there needed to be more group discussion time to cover a wider scope of issues.
- It may be worthwhile to include more paper copies on tables for future events as there are not enough to go around all people.

Other comments

- Engage with families. Holistic. Person central. Asset based.
- Support for families. EG: Challenging behaviours.
- Out of hours service has changed.
- Change of service.
- Feel they belong, listened to and cared for.
- The Haven drop in centre is very good.
- Care needs to be more patient centred, a more holistic approach.

Main themes from the engagement session

- Care in community will need greater resources if more focus is to be placed there.
- Community care isn't always appropriate; there will always be cases that need hospital admission.
- Most important thing is that staff are appropriate (skilled) for the task they are performing.
- Need greater integration between providers, commissioners and local authorities. Especially within social care.
- Appears CCG geography is behind some of the financial difficulties. Can this be altered?
- Technology doesn't seem to be utilised to its potential, both in delivering care and analysing care.
- Greater education and signposting needed to change people defaulting to either GP or A&E.
- Uncertainty about how changes in mental health provision will be delivered.