NHS
Vale of York
Clinical Commissioning Group

Big Conversation Engagement Event

New Earswick Folk Hall 26 July 1.30-4pm

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 for Planned Care and Prescribing)

Access to primary care

- People don't generally forget appointments, but text reminders are helpful.
- Experience of mentioning a second issue at GP appointment, and being asked to book another appointment.
- This will all require proper funding and proactivity from patients (instead of "I don't want to waste your time") and have the confidence to ask for shorter/longer appointments when required. Need to learn to navigate the system. GP's often appreciate appointments.
- Having a flexible service rather than the standard routine 10 minute appointment.
- Generally haven't seen the same GP more than once. Generally don't mind, but can find continuity with single contact for continuing chronic issues.
- We should be taking a proactive approach, assess statistics to see who is attending GPs the most and research the reoccurrences.
- Haxby standard appointment is 15 minutes with GP
- Need a way to identify people who need more time – tag system

- Tagging system for patients so can identify what level of help they need/ who they should see (risk stratification)
- A Cards system would be good for GPs and other services which use an appointment based system, allow the patient to decide how long they feel they would need for the appointment rather than having a blanket approach offering all patients 10 minutes each, some patients may not need the full 10 minutes and some patients with more complex needs or chronic long term conditions may need much longer, this should balance out, the patient could go in to the Dr's office with a 5 minute card so the doctor knows to only spend 5 minutes etc.
- 5 minute card system
- Longer appointments for people with more than 1 problem or illness.
- Same GP for continuity.
- GP to refer to the link worker/care co-ordinator in the practice who will have the knowledge to keep them
- Urgent care. Priory Medical Group through GP surgery.
- Have worked with 16/26? to identify patients chronic morbidities and/ or frequent flyers.

Rurality and local services

- Maternity services and cardiac services should be local.
- Should be bringing services to localities

Mental Health

- Inadequate mental health services. People to be seen accessing hospitals because less services for MH (IAPT, CAMHS).

- Mental health provision has been outsourced and patients are having to travel sometimes hundreds of miles to be admitted, far away from family support at a time when they need their support network nearby, it needs to be closer to home.
- We have a long way to go with mental health provision, it can be up to 18 months for therapies, there are staffing problems, health workers are leaving services because of the pay and the EU.
- Reduction in DN services. Responsiveness for people with dementia.
- Access to responsive mental health services to avoid A&E.

Communication, signposting and navigating the system

- Difficult because still many do not access the internet routinely.
- Regular literature/communication is received through the post (like council tax bills). Could public health information be attached through that? EG: Self-management courses.
- Local helpline could advertise local support groups. Have found GP's reluctant to advertise, they also may not be aware (up skilling of clinicians needed?).
- Referrers in the past were not interested in recommending support line.
- Could pose avenue for social providing. Some providers already involved in this and don't need up skilling. Is a funding problem, but could this be linked to prescribing? (EG: Gym or courses).
- There is already a helpline of NHS nurses (NOS) to help analyse patient test results.
- Healthwatch haven't got the money to publish the directory which is ready

- Role of PPG in practices, opportunities to share information of local services with practices so they can pass this information onto the patients, such as the books on prescription that has been introduced by York Explore Library.
- Need help to signpost services, we should provide information columns in the newspapers because not everyone is on social media, there should be a list of choices that can be sent around to the local link or the York Press, perhaps also give regular updates on local radio stations.
- We should be using the radio more, if we had something on everyday it would get the message through.
- Could charities link into the e-referral system? Then prescribers can see courses available.
- GP surgeries aren't always welcome, literature on display not always well managed.
- YorWellbeing a fantastic service but again awareness is poor. Do heart, weight, BMI and catch a young age bracket.
- Community libraries could have a volunteer/paid member of staff to act as a health sign poster in the community.
- Receptionists need to ask this to triage, some patients may be able to speak to a GP over a telephone consultation and some could be seen by a nurse or pharmacist, receptionists should say why they need to know and this may help the patient to understand.
- What are these other things/services? Other than 111, A& E & GPs I cannot think of where else people would go when in a panic over an emergency.
- GPs tend to over prescribe to treat symptoms and not look at the cause which could be social, they don't always show alternative lifestyle solutions that they can suggest, interventions and prevention, we have to give the patient all the options, are GPs aware of the YORWellbeing service provided by Public Health, we went along to the GP summit and some were very keen however we need to see if we can set up stands in the GP practices and help reduce

their appointment lists, we can offer support and information to patients on healthy lifestyle choices.

- AGE UK have an information service that is there to support the public and professionals, everyone is working in silos we need to promote each other to make it easier
- Could we make more use of 111?
- Really should publicise 111 more, some schools are teaching children that they should call 111 instead of always going to A&E, kids are going home and telling their parents, this is a good way to educate, but we could be doing more.
- 111 is not always good though, too risk averse, the call handler may be particularly panicky and convince the call handler that the case is more serious than it is calling out an ambulance unnecessarily.
- Cuts have reduced the number of health advisors who would have normally gone out to support patients and provide advice, since they are not available anymore this is driving patients to see GPs and go to A&E when they may not have needed to and could have been seen by a nurse or a health advisor. Often the few health advisors now have to prioritise their limited time to the complex cases which mean there are more patients being left frustrated and going to the GP and A&E.
- Telehealth service patchy across the patch
- Need to communicate the services to allow people to stop going to the GP.
- Pre surgery support groups help people to decide if they do want to go ahead with surgery for knee and hip replacements, sometimes the patient decides not to go ahead which can save money, sometimes they choose to go ahead but now they are denied due to the restrictions, this does not help the patient and it may be difficult for patients to the loose the weight for the surgery because they are in too much pain to exercise. Group therapy is important as this support the patients and helps them to make decisions, such as providing alternative options.

- Warden Service, telecare is now a very patchy service, often a family member who is attending the patient rather than a clinically trained member of staff, and this again is leaving the patient vulnerable. Warden services used to be provided by the local authorities but this has now been contracted to private providers and the service is not good.
- Nature of information searching is people only search for information when they think they have a problem, we need experts in info transmission scheme.
- York NHS Foundation Trust are good/very active on social media.
- Encourage people to record their positive experiences, especially in community care
- How do you get the advice and treatment that prevents people ending up in A&E?
- Receptionists need to advise patients can signpost/ advise why she's asking what the problem is.
- GPs, as soon as someone has been diagnosed with a condition, then signpost to the relevant charity/support group.
- Receptionists – need to say they can be helpful
- Haxby group want a social prescribing link person
- Could the CCG Communications Team work more with The Press etc to spread awareness? Especially of positive stories and alternate points of access. Social media for the new generation.
- Community therapy. Keeping the information together and accessible.
- Engagement sessions
- Need to manage patients expectation
- I don't think this communication does happen, certainly not as often as you are suggesting and this is leaving the patient vulnerable.
- Updating the databases pulling info together. Linking directories up together to stop people repeating themselves.
- Accessing health at first point of call, reasonably good and responsive.
- Giving people and communicating the appropriate information.

- People do want to help themselves in the quickest and fastest way possible.
- GPs and consultants referring directly to dementia forward but dementia forward needed a directory. Healthwatch have put one together. Any funds from CCG to fund Healthwatch directory? Better Care Fund.
- York Councillors could be helping, they hold surgeries to talk to constituents they can talk and support and signpost to services
- Going to be people who take up more time and look at new ways to access services
- Access isn't ideal for people that live far away.
- Lots of other agencies out there who can help the GPs
- Logistics – appropriate things to right place at the right time
- CCG happy to work with practices to make them more aware of what is out there, i.e. Healthwatch directory.
- Proactive measures that could be done
- Midwife/ care advisors not there would have treated people with sniffles and kids with mum?
- Healthwatch going to send Dr O'Connell the example of good practices and example around diabetes.
- Yearly medicine reviews in pharmacies.
- NHS 111 there is opportunity for them to correctly educate and signpost.
- Main themes: Navigator/Advocate. Hospital discharge (hadn't had the enablement service from the council. More is going to be put on family members, some people don't have this.
- Proactive and planned hospital discharge.
- Telecare buttons to call for help. They are now run by private providers, there is a gap here.
- Not having to repeat your stories a million times.
- Secondary care out of hospital. There is nowhere to go.

Prevention and education

- Amazed how little general public understand about health (even basics). This is largely a public health responsibility.
- When emphasis is put on prevention, organisations are them swamped and panic. Need to provide them with safeguarding and funding.
- Modern generations overly focused on urgency; need to be more patient and self-responsible.
- Patient expectations are too high, people want the world, so much entitlement, people are part of the problem they do not show up to appointments even if they are sent a text telling them how much it costs the NHS when they miss an appointment, we should be doing this more to really drive it home how much it costs for the NHS, if they saw the difference between what they'd have to pay if they went private and what they get with the NHS they may take it more seriously and attend appointments and may think twice about always going to A&E when they see how much it costs to go to A&E.
- Trying to get people out of hospital in a good way. Educating people with the right information.

Length of time spent in hospital and discharge

- People have told you that they are waiting too long in hospital, are these people who think they aren't ill enough to be in hospital, that it's inappropriate that they have been admitted and feel they could have been cared for at home?
- Patients in east riding and Bridlington use Scarborough hospital but they cannot always be successfully treated there so are diverted to York hospital and this is increasing costs and filling up the hospital, it may also be difficult on the patient as it is a long way to travel with complex needs and there are

pockets of deprivation in Bridlington so travel may be difficult for families who don't have a car, the bus journeys are too long.

- Too long in hospital? Do people know? Battery of tests
- Why aren't people in A&E doing the assessment and discharging quickly?
- Discharge procedures differ greatly – some good, some not so good.
- Discharge procedures can be very uneven across the system (Healthwatch)
- Comment from Healthwatch representative: that discharge procedures are not consistent throughout, some procedures are not appropriate for particular patients.

Voluntary services in the community

- We can't depend on the third sector for everything, mainly volunteers and they won't have the capacity and resources to cover the lack of other services.
- Getting the different sectors, CVS, Healthwatch, etc to share information better.
- Would it not be useful to allow voluntary sector services to occasionally be based in GP practices, they could help provide a triage system?
- Charities and organisations joining together for similar things i.e. people with Huntington's joining in stroke association exercise group.
- We could link in with services such as community gardening which provides a social element and improves mental health.
- Some practices have refused free teaching and advise from Huntington Disease Association
- Everyone is pressurised for time so it needs to be done wholeheartedly otherwise it would not be worth it if it all fell through
- CUS on agenda at practice managers meeting to raise awareness of what is out there

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Quality of care and the future of the NHS

- There is a lack of Social Care, I have personal experience as a family member not being given any support with caring for family once discharged, there has been no follow ups with advice.

Workforce and capacity

- Prescribers need up skilling as to what they can prescribe.
- Reduction in district nursing service is a concern as when one is needed it is a struggle.
- Other services need to be put in before services are cut.
- More audiology services.

Waste and duplication

- Inefficiency will waste money, operating like a business doesn't mean privatisation
- Over prescribing broad spectrum antibiotics rather than testing specimens to determine the correct antibiotic to be prescribed, this is wasting money, time and building a tolerance towards antibiotics in the patient.
- Are we getting the best value?
- We do need more social support, there are a lot of elderly people who attend GP appointments because they feel isolated , if they had other social activities available it may reduce GP wastage, we also have to be careful about showing the costs to the elderly because some may avoid going to a GP even when they really need to because they are worried about bothering and about the cost. Would have to be communicated sensitively.

- GPs still prescribe over the counter medication which is costing the NHS more, it would appear that only some GPs have been advised to ask patients to purchase over the counter, some do not, why are all GPs not restricting prescriptions.
- Are the government reviewing what can and cannot be prescribed when available over the counter?
- Conversation regarding GP's not refusing to prescribe drugs that are cheaper at the chemist/supermarket.
- Will save costs by doing proactive work
- People lack knowledge on what pharmacy offers. Could blood pressure be checked? This is done for a very small fee abroad, can also do with ASDA and they feedback to GP. Would be very simple to change and often more convenient. Could save plenty of money if awareness is improved, depends on accessibility.
- GPs need to say that things aren't available by prescription if available over the counter
- Having 2 appointments when you could have 1 is very silly. E:G Could combine blood and weight checks. This can be very experience in terms of travel.
- Nutritional supplements. VAT, why are we paying this?
- Would introducing assisted suicide reduce costs?
- Could save money around default appointments and routine prescription by default.

Urgent Care Practitioners and emergency response

- There needs to be better patient transport in place for those who travel further, particularly when the patient has complex needs and has to spend a long time waiting between appointments and transportation, some can be left for hours waiting between radiation appointments and their transport home

which is not comfortable for the patient who would rather be home. There is criteria in place for patient transport and are delays in routine transport, it may be cheaper and quicker to provide individual transport in cars.

- Can't have a blanket approach, some patients cannot afford and this would make it harder, GPs must act with caution.
- Who chooses when an ambulance or UCP is sent to the scene when the patient calls 999.
- The important work is the carer's, patients are not always safe when left alone, there needs to be more support to provide carer services.
- If left to carers to contact the GP next day they may take 2 weeks to see the GP which may result in the patient going down the ambulance route anyway both scenarios and both costs.
- Do UCPs have communication with GPs?
- UCP who chooses this rule?
- People will be left at home, if left to carers to see GP next day
- People have fallen and been left at home
- Home care – used to be a great warden service, now is very patchy service not always a UCP, can be a scary thing now a number of different providers
- Gap between UCPs, paramedics advising GP of intervention
- Gap between urgent care practitioners and then the GP calling day. This then leaves the patient vulnerable.
- When you have someone on floor – panicky

Finance

- You say the NHS is inefficient but it isn't inefficient, we've just been listed as number 1 in the world, we need to stop talking so negatively about the NHS, it is wonderful, it has its problems but we just need more money, it is being underfunded.
- What does the NHS stop paying for?

- Need to be more commercially minded.
- Practices need money to funds to see different cohort of patients

Communication between organisations

- Need to share budgets better, are currently causing delays in social care and people fall through the cracks.
- There is a divide between CCG and social care side, YORWellbeing really want to join up with the CCG and the member practices.
- Logistics, do you work with other partners or organisations? You could be bringing in other specialist sectors to help with organisation and discipline, perhaps the army.
- We need to join up communication services and agencies
- Joining up care

Equality and diversity

- Recruitment of GPs and how diverse is the workforce (BME)
- Barriers to accessing services – BME population and people not aware of service, how can we make people aware of services
- Accessibility – when English isn't your first language.
- All services need to advertise their communication policies for translation. Language barriers need to be addressed.
- Although the Polish community has been advised how to access healthcare, they continue to visit A&E as the first port of call, and the Bangladeshi community are anxious about accessing any of the services, other groups also have a mistrust of health services.
- Recruitment of GPs – how diverse are staff? What is the proportion of minorities in the workforce and is it a proportional representation? There are

cultural barriers to the BME population, people are not aware of how to access services, some communities may require appointments with only female GPs, others may have nutritional requirements that may not be available in hospitals.

- York Racial Equality Network: Sustenance when in hospitals. Breaking down barriers that could affect this. Wanting to see a female doctor.
- Need to advertise in other languages.

Other comments

- The slide showing the flow chart for what you should do when you have a chronic headache is not good practice, it is suggesting that you solve the symptoms rather than the cause, paracetamol will not help a chronic headache, this will require tests and treatment to determine the problem, it would have made more sense if the title was acute headache.
- Should change headache slide to “acute” rather than “chronic”.
- Support for informal carers.

Main themes from the engagement sessions

- Need more flexibility of GP appointments, longer to accommodate those with multiple conditions.
- Possibility of a “tag” or “card” system to identity those patients in need of such appointments.
- Mental Health provision is inadequate in terms of waiting times and travel.
- Local directory of services and support groups would be useful. Healthwatch are working on such a guide.

- Voluntary Groups could have a presence in GP practices.
- More use could be made of 111 and the YorWellbeing services.
- Should clamp down on GP's prescribing over the counter medicines.
- Need more investment in social support to prevent people accessing GP for social isolation or loneliness.
- Need more clarity on UCP model
- Organisation need to work together and collaborate.
- More active promotion and advertising of services needed from CCG.
- Translation services should be prominently advertised.
- Need to think about how different ethnicities access care.