Engagement update
Governing Body: 7 September 2017

1. Background

Between July and August 2017 the Vale of York CCG held a series of public engagement events about its work and to discuss the local financial challenge. The system spends more on health than it can afford. This means that we will have to work in a new way to help improve outcomes and achieve value for money. It is important that the public has an opportunity to have their say about the future of health services. The events focused on enabling the local community to share their views on how we can work together to ensure a sustainable health and social care system.

2. Purpose of the events

- To talk openly and honestly about the local £40million financial challenge.
- To focus the discussion on how we can involve our local population in enabling them to have a real input into the formulation of plans and ideas.
- To collate a range of views and feedback and use this as part of our decision-making process.
- To ensure that people attending the events feel listened to and have been able to feed into discussions in a meaningful way.

3. The engagement process

Between 22 June and 22 August, the CCG began a series of 'big conversation' public events, supported by sessions in our community. This phase of work is part of the bigger engagement agenda, but has a specific focus on raising the awareness of the financial challenge and asking the public about how they would like to become involved in the formulation of plans and ideas.

Within this time period we arranged and attended **27 sessions** and spoke to over **500 people** from within the local population. We worked with local community hubs and libraries, the voluntary sector

and GP patient participation groups (PPGs) to arrange attendance at different locations and forums across the Vale of York footprint.

3.1 'Big conversation' public events: Six sessions

The focus of the engagement was around six 'big conversation' public events across the Vale of York. Two sessions were held in the afternoon, and four in the evening to allow a variety of availability for people to attend. A presentation and discussion format was adopted which included:

- Presentation: Phil Mettam and a clinical lead (Medical Director or Chief Nurse)
- Question and answer session
- Discussion groups

Date	Location	Reach	Attendees
11.7.17	Selby AVS	Public and stakeholders	24
24.7.17	West Offices, York	Public and stakeholders	30
26.7.17	New Earswick Folk Hall	Public and stakeholders, including 15 local voluntary organisations who had a stall	35
3.8.17	Healthwatch special assembly, Priory Street	Healthwatch volunteers and members, public and stakeholders	43
10.8.17	Easingwold	Public and stakeholders	35
17.8.17	Helmsley	Stakeholders (no members of the public attended)	5

3.2 Market stalls: Two sessions

Two drop-in sessions were held at market days in Pocklington and Selby, where CCG staff and Healthwatch volunteers talked to members of the public to gather views on local health services and their thoughts on the financial challenge.

Date	Location	Reach	Numbers
7.8.17	Selby Market	Public and local shops and stall holders	35
22.8.17	Pocklington Market	Public and local shops and stall holders	42

3.3 Library stalls: Eleven sessions

The CCG collaborated with York Explore to hold a number of drop-in stalls at local libraries across York.

Date	Library event location	Numbers of people we spoke to
23.6.17	Fulford	5
27.6.17	Huntington	10
28.6.17	Poppleton	10
29.6.17	Strensall	5
5.7.17	Haxby	15
12.7.17	Bishopthorpe	15
17.7.17	Tang Hall	10
28.7.17	York	25
14.8.17	Dunnington (coffee morning)	21
15.8.17	New Earswick (parent and toddler group)	18
15.8.17	Copmanthorpe	5

Please note that North Yorkshire library events are provisionally booked in for October.

3.4 Patient participation groups: Five sessions

GP practices run a number of patient participation groups (PPGs) which meet on a regular basis to discuss the health services on offer, and how improvements can be made for the benefit of patients and the practice.

The CCG is scheduled in to attend and present at PPGs across the Vale of York over the year. Those highlighted below are ones which took place between the selected period and where the financial challenge was specifically discussed.

Date	Patient participation group (PPG)	Numbers (approx. including GP staff)
22.6.17	Kirkbymoorside PPG	10
13.7.17	Pickering PPG	10
18.7.17	Scott Road PPG	12
31.7.17	Pocklington PPG	15
7.8.17	York Medical Group PPG	15

3.5 Forums: three sessions

During this period the CCG had an agenda item at several voluntary sector forums. Within these sessions themes of communication and collaboration during challenging times were discussed.

Date	Activity	Numbers (approx.)
21.6.17	Learning Difficulties forum	24
6.7.17	Mental health forum	33
1.8.17	CVS Health and Wellbeing forum	31

4. Communication and advertisement

As part of the 'big conversations' a range of methods were adopted to encourage participation and involvement from a variety of patients, the public and stakeholders.

The public events and drop-in sessions were advertised and communicated through a number of channels including:

- CCG stakeholder and public email list
- Newspaper advertising and press release
- GP practice communications

- Partner organisations eg: Councillors' newsletter, Television screens in City of York Council, North Yorkshire County Council
- Local Healthwatch and voluntary sector
- Community groups
- Health and Wellbeing Board
- Posters in shops, libraries and public buildings in the areas where the events were taking place
- Parish newsletters
- Event location websites
- CCG website and twitter account
- Internal staff newsletter

5. Key messages and themes

A full audit and analysis of the all the comments is underway, and a comprehensive version will be published in due course.

However, early analysis indicates a number of key themes which are highlighted below:

5.1 Access to primary care

People were concerned about access and waiting times for GPs.

In some areas there were pockets of good patient experience, and examples of how new triage systems that have been put in place are relieving the pressure. These included same day appointments, telephone call backs, the ability to book online appointments and seeing a range of staff. Comments included:
- 'I like being able to book my appointments online for my GP'.
- 'I like the duty doctor service during hours, you get a ring back within 30 minutes'.
- 'I like being able to have a telephone appointment, it's easier than traipsing into the surgery'.
- 'I was impressed by the ability to pick nurses and GPs'.
- 'I do think we need to think differently and see other staff instead'.

However, in particular for those who want continuity of care and to 'see the same GP', there was concern with the length of wait for appointment.
- 'It is hard to get an appointment, I had to wait two-three weeks to see my GP'.
- 'It's like you need to plan to be ill'.

There was some frustration at the length of appointment time:
- '10 minute appointments are annoying'.
- 'Appointments are too short when you have a lot of problems'.

It was also noted that not all people wanted to access services online and there needs to still be traditional methods of contact and communication:

- 'They try to get me to book online, but I say I don't have a computer and I struggle with my disability'.

5.2 Mental Health

We heard very strong views about the access to, and quality of mental health services. There was the feeling that there were not enough specialists and professionals for the area and that waiting times for certain services and therapies were long. There were also some examples of poor care and the need for better crisis and community services.

- 'Waits for therapies are long'.
- 'Mental Health is always forgotten' or 'bottom of the list for funding'.
- '£30k had been wasted on hospital care for my daughter as she was left to reach the crisis point, earlier intervention could have prevented this'.

Loneliness and anxiety were raised as particular issues and that there could be more schemes to help with this.

5.3 Communication, signposting and navigating the system

Concerns were raised around the public and third sectors not making it easy enough for families and carers to learn about what support and care is available outside of the normal traditional methods and routes.

- 'There should be shared directories'
- 'Information for the public and for health professionals should be more readily available'.
- 'Everyone is working in silos; we need to promote each other more'.

Language was a key theme at many of the events and that there is also too much jargon used to describe the system and services, which makes it 'difficult for patients to know where to go'.

There were also thoughts raised around the need to have more coordination between teams and sharing of information and funding.

5.4 Prevention and education

Some of the conversations focused on education and prevention:

- 'We need to manage people's expectations and we need prevention and living well education'
- 'It's all about communication and education'

- 'Re-educate people so they don't think they automatically need to go to A&E'.

However, others expressed that:
- 'The biggest challenge being able to put your trust into alternative services, you go to A&E and your GP because you trust them'.

Some people felt that there needs to be more emphasis on the cost of healthcare and using the press and social media to raise awareness.

Many conversations were held around the need to look at other interventions such as social prescribing, and addressing root causes that are not medical, to 'free up time and resources within the system'.

5.5 Length of time spent in hospital and discharge

Concern was conveyed with real feeling from families about how long patients have spent in hospital, in particular the view that:
- 'Money is wasted with people sitting in hospital waiting for tests'.
- 'More tests are carried out than was needed'.
- 'Patients have waited all week for a CT scan, others have waited 24 hours in A&E awaiting tests, scans and treatment'.

Frustration was also expressed about the discharge process, and the length of time it takes.

5.6 Voluntary services in the community

It was acknowledged that there are many areas where groups and voluntary organisations are very active, and were held up as examples of good practice.

These services are vital and could do more to work within communities to help with signposting, access to services and as support for the vulnerable. However there was a strong feeling that the third sector is under resourced and underfunded and does not have the 'capacity to cover the lack of other services'.

5.7 Rurality and local services

During some of the conversations, in particular at locations outside the central area (Selby, Easingwold, Pickering and Kirkbymoorside) there was concern for long traveling times into York for services that could potentially be delivered more locally.

Where there are local hospitals, it was asked if the 'range of services could be extended'. A key issue was for those, in particular the elderly, who may not have access to a car, and where public transport was limited.

- 'The older you get, the harder it is to get to York'.

There was some discussion around follow-up appointments, one commenting that:
- 'I would be happy to have the follow-up over the phone, I don't have to go all the way to York for a two-minute follow up'.

However, some raised that no single hospital can do everything, so grouping services in locations seemed a 'sensible idea'.

5.8 Quality of care and the future of the NHS

It is important to note that at all of the sessions feedback was recorded about the great quality of care that members of the public had received from NHS services. Comments such as:
- 'I couldn't fault the care'
- 'Excellent service'
- 'The nurses are great'
- 'The NHS saved my life'

Overall there was general concern around the future of the NHS. People expressed:
- 'It is a service we don't want to lose'
- 'Long may it last'
- 'The best country on the world for healthcare'

5.9 Workforce and capacity

In some areas opinions were expressed about the ability of the workforce to cope with rising population and increase in more frail, elderly and complex patients.

Discussions were held around workforce and skillset of clinicians and healthcare professionals, and ensuring the workforce is diverse.

Several conversations took place around building community hubs, where many services are available in one place. This was particularly noted in Easingwold.

There was also a discussion at several of the meetings about the spread of specialist and community care, for example that there were not enough specialist nurses and more resource to be allocated to End of Life Care. Some mothers felt that maternity services should be more local.

5.10 Technology

There question was raised around whether we can make better use of technology to free up time and reduce cost:

'I have seen a video for an 83 year-old woman who had a GP appointment over skype from her own house, she said it changed her life and it is freeing up time for GPs'.

Sharing of information, patient data and notes was also raised at several sessions.

5.11 Waste and duplication

Reuse of equipment and wasted medications were highlighted as areas to cut back on. 'Not being able to return equipment seems a waste of money'.

Sending out multiple appointments by letter, having to start the referral process again if you are unable to make an appointment.

5.12 Equality and diversity

Many attendees commented that it is important to respect the diversity our population and not presume that a one size fits all.

Tailoring communication methods for the audience, improving quality of life for those who with a disability, not providing everything online, ensuring a diverse workforce and equality of services across the Vale of York patch were just some of the concerns that were raised.

5.13 Importance of feedback

At several of the sessions it was highlighted that it is important to keep the conversation going with the public, be open and transparent. People would like to remain involved and be kept updated with progress.

6. Equality and diversity

During the big conversation events it was important to capture views from a cross section of our populations.

We proactively communicated information about the events to community groups that had networks and links with protected groups. We liaised with local councils for voluntary services (CVS) and Healthwatch organisations to help promote the sessions and encourage attendance.

As part of the planning phase we wanted to ensure that the events took place across the geographical spread of the Vale of York footprint. We held public events in Easingwold, Helmsley, New Earswick, Selby, Pocklington and York, as well as additional drop-in sessions in local libraries and attendance at PPGs in the north and south of the patch.

In addition, we are working with the community and voluntary sector to identify specific groups of our population that we may not have had representation from at the events and drop-in sessions. We still have a number of sessions to attend, which are highlighted in section eight.

7. Feedback about the quality of the public sessions

After each session an optional feedback form was provided for attendees to complete. Overall we received 40 responses.

After each 'big conversation' event we reviewed the comments and amended the session where appropriate. For example, after the initial session attendees said the wanted more time for question and answers rather than discussion tables, so we reduced the allocated time for the table top discussions to allow more availability for open question and answers.

7.1 Feedback questionnaire responses:

- 100% said they would like to attend future sessions.
- 95% said they agreed and strongly agreed that the topics covered were appropriate.
- 92% said they agreed and strongly agreed that they felt their contribution was of use and valued.
- 97.36% said they would recommend this session to a friend colleague or family member.
- 85% agreed that it had been explained how their contribution will influence decision making.

7.2 Learning for future sessions:

- Only 65% of attended felt the session was what they were expecting, indicating that it is important to offer more guidance prior to the event.
- Only 44.11% said they had been told when they will hear back about decisions relating to the event, so it is vital that we provide a timeframe for feedback and regular updates.

8. Future sessions

As highlighted above, a comprehensive review of all comments will be conducted and made available to the public, stakeholders and partners. This will be separated into key themes and locality areas, and verbatim comments will be published.

The 'big conversations' piece of work is only one element of the wider communications and engagement plan. We will be continuing the conversation and will make arrangements to go back out to the public to update on progress.

In addition, we have some future sessions scheduled:

- 18/19 September – York College freshers' week
- 18 September – Wheelchair and community equipment patient group
- 2 October – East Riding Carers' Advisory Group
- 9 November – Student Experience Zone, York St John
- North Yorkshire libraries (Sherburn, Tadcaster, Kirkbymoorside, Helmsley) during October 2017 - We have sessions planned with students of York College

9. Recommendations for Governing Body

Based upon early analysis, we would like to receive initial thoughts and comments from the Governing Body, and to agree the next steps.