

South Lincolnshire Clinical Commissioning Group Commissioning Intentions

Public Engagement Report

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This report has been produced in line with South Lincolnshire Clinical Commissioning Group (CCG) commitment to ensuring the public and patients are fully aware of their local services and have the opportunity to comment on; ask questions or leave patient experience or feedback, and giving them the voice to question our coming year's activities.

This information will support towards a wider project where the CCG will be meeting with a number of stakeholders to determine next year's priority areas and has commenced this year's cycle of commissioning intentions.

Last Year's Priorities

In July 2013 stakeholders met to talk about the priorities that mattered to South Lincolnshire. These were to be the foundations of the work plan for the coming year and work towards high quality services for South Lincolnshire relatives.

The Priorities that were agreed as a focus for 2013/14 were as below:

- Primary Care
 - More efficient prescribing to get the right treatment for patients
 - Better referral decisions to get the right healthcare for patients
- ✓ In the last 12 months we have developed and piloted a Pathfinder system to support GPs with effective referral processes, as well as negotiating support for the GPs with system management.

- Unscheduled Care
 - Avoiding hospital admissions by treating patients closer to home
 - Focusing on the most vulnerable patients
- ✓ In the last 12 months we have implemented CVD training; care home educator courses; diabetes events to improve self-management and implemented our pilot neighbourhood teams.

- Mental Health and Learning Disabilities
 - Improving dementia services in South Lincolnshire
 - Health checks for people with learning disabilities
- ✓ In the last 12 months we have implemented and piloted the CANTAB mobile app for dementia and continued to fund the Dementia Nurse within PSHFT

- End of Life Care
 - Improving support to aid early diagnosis
 - Providing chemotherapy closer to home
- ✓ In the last 12 months the Peterborough Hospitals acute oncology service has grown from strength to strength with more people with cancer treatment side-effects being seen and treated for a quicker recovery and PSHFT continues to deliver on the main national cancer standards

- Planned Care
 - Reducing the need for outpatient follow ups (e.g. after patients have been discharged from hospital)
 - Providing care closer to home
- In the last 12 months we have continued with the Any Qualified Provider Programme and as a result commissioned more services locally to benefit South Lincolnshire residents.

Public Engagement Process

In addition to the work carried out by GEM CSU staff, which included the creation of an online survey and visits to a random selection of GP Practices (these were Sutterton; Gosberton and Abbeyview), the CCG undertook its own local engagement to enable us to reach a wider audience and those who may not necessarily be accessing health services at this moment in time.

It is of great importance to South Lincolnshire CCG that as many members of the public are able to give their opinion and experience regarding their local services, and therefore took a number of different approaches in order to make the engagement as interactive; meaningful and useful to members of the community.

The CCG attended various events to advertise and seek opinion of the current (future) priorities and these included:

- Stamford Healthwatch Locality Meeting (information as to where to find us at the market and online)
- 2 x Mental Health Forum Meetings
- South Lincolnshire Carer's Partnership roadshow

In addition to this the CCG also embarked on 3 Market stall events on which we asked the public to vote for the priorities (see section 2) they felt we still needed to improve on and asked for comments on service they may have used and encountered (these patient experiences have been added to the patient experience log but are also attached as an appendices to this document). Each participant was given 5 tokens and asked to read the highlighted areas and then vote for those areas that they felt still needed improvement, if they felt that we had significantly improved on a particular area they were asked to not vote for that one and use the remaining 5 votes for the other 4 subjects.

The 3 markets stall events were held in Spalding; Bourne and Stamford in a one week period in July 2014. Information was taken that promoted healthy eating; keeping active; 111 information and safeguarding information. We also had tools for the public to vote which were quick and simple and therefore encouraged a higher number of people to take part.

The other events (listed above) were more discussion events – covering the 5 areas and incorporated into appendices one. This enabled us to collect patient experience as well as highlight themes and areas important to the group we were talking too. These have been incorporated under the topic areas and broad outlines shown. The only exception here was that the Healthwatch meeting was more to advertise the plan and where to get involved, this event only had 4 public attendees.



Findings of Public Engagement

Over all of the events the CCG spoke to a total of 411 people, and this was broken down as follows:

Mental Health Forum - 10 th July 2014 (Involve Group)	8
Spalding Market - 15 th July 2014	78
Bourne Market - 17 th July 2014	22
Stamford Market – 18 th July 2014	117
Mental Health Forum – 22 nd July 2014 (Leap Group)	5
LYCYP Carers Partnership Roadshow – 25 th July 2014	26
GEMCSU Survey	155
TOTAL	411

This figure encompasses a large number of people who may not regularly access local healthcare and therefore do not get the opportunity to comment regularly as well as those targeted whilst visiting their local GP Practice and those who have accessed the survey online. A number of different approaches were taken to ensure that the engagement was undertaken in an inclusive manner.

The GEMCSU survey focussed on the same 5 key areas and asked two fundamental questions:

- To what extent do you agree or disagree that this is an important area of healthcare to focus on?
- Please tell us why you think that this is/is not important?

Participants were also asked at the end of the survey to comment on other areas of healthcare that they felt needed some focus on – and these points are listed later in the report. (A full copy of this report is included as an appendix 2 of this report, which includes comments on why people find these areas important).

The table below shows the split of these votes across all the events:

Healthcare Area	CCG Events	GEMCSU
<ul style="list-style-type: none"> • Mental Health and Learning Disabilities <ul style="list-style-type: none"> ○ Improving dementia services in South Lincolnshire ○ Health checks for people with learning disabilities 	139	128
<ul style="list-style-type: none"> • Unscheduled Care <ul style="list-style-type: none"> ○ Avoiding hospital admissions by treating patients closer to home ○ Focusing on the most vulnerable patients 	115	131
<ul style="list-style-type: none"> • Primary Care <ul style="list-style-type: none"> ○ More efficient prescribing to get the right treatment for patients ○ Better referral decisions to get the right healthcare for patients 	108	142
<ul style="list-style-type: none"> • End of Life Care <ul style="list-style-type: none"> ○ Improving support to aid early diagnosis 	102	132

<ul style="list-style-type: none"> ○ Providing chemotherapy closer to home 		
<ul style="list-style-type: none"> ● Planned Care <ul style="list-style-type: none"> ○ Reducing the need for outpatient follow ups (e.g. after patients have been discharged from hospital) ○ Providing care closer to home 	97	114

Therefore combining the results of the GEMCSU survey (where the public/patients identified the areas they felt we should focus on) and the CCG Engagement events (where we asked people to identify those we still needed to improve on the overall results were:

<ul style="list-style-type: none"> ● Mental Health and Learning Disabilities <ul style="list-style-type: none"> ○ Improving dementia services in South Lincolnshire ○ Health checks for people with learning disabilities 	267
<ul style="list-style-type: none"> ● Primary Care <ul style="list-style-type: none"> ○ More efficient prescribing to get the right treatment for patients ○ Better referral decisions to get the right healthcare for patients 	250
<ul style="list-style-type: none"> ● Unscheduled Care <ul style="list-style-type: none"> ○ Avoiding hospital admissions by treating patients closer to home ○ Focusing on the most vulnerable patients 	246
<ul style="list-style-type: none"> ● End of Life Care <ul style="list-style-type: none"> ○ Improving support to aid early diagnosis ○ Providing chemotherapy closer to home 	234
<ul style="list-style-type: none"> ● Planned Care <ul style="list-style-type: none"> ○ Reducing the need for outpatient follow ups (e.g. after patients have been discharged from hospital) ○ Providing care closer to home 	211

These figures show that the public spoken to feel that mental health and learning disability services do need the most of our attention moving forward, but collectively feel that the planned care element of our services works reasonably effectively and needs the least of our attention moving forward.

In addition to gaining the overall thoughts of the public we also asked for reasons as to why they felt these were important to them, this could be based on personal experience or known experiences of friends and/or relatives.

Some patient stories are historic in terms of time, however important to note that one bad experience can influence people in the long term, their view of the NHS and also the way in which they access care now albeit not in the correct way.

One resounding element that came from speaking with the public was that they wanted integrated health and social care and they wanted to use GP practices for more services and their local hospitals. People knew they would have to travel for some services, however accessing more locally and at more convenient times were very high on people's agendas.

Carers as well do not feel listened too. It is felt that they are invisible and that they are not included in the discharge process, if they are the main carer they need to know what is happening now and next. One concern that was voiced at the Carers Roadshow was about supporting new carers, and this was felt to be an area lacking that needed to be added.

For example: A fit healthy person is taken into A&E after a stroke, all of a sudden their partner/spouse/family member becomes a carer for the first time, what actions are there in place to identify this person and ensure they know where to get information before discharge?

These experiences are recorded below in the appendices verbatim, which gives the raw feeling to the data above. These have also been added to the patient experience logs and will be utilised by the CCG within their quality processes, where appropriate.



Areas that were not included but the public felt are important

Participants were also asked if they felt that there were any areas that we hadn't listed that they also felt were important. Some of these areas will be supported by neighbourhood teams going forward and/or wider education of services available at local practices. Preventative care was high on the agenda of the public including health education and self-management.

Additionally there were 28 other areas that were identified that were wide ranging and were included in one or two of all responses:

Palliative Care	Allergies	Older People	Improved staffing levels
Support for Parents	Transport	Parkinson's Nurses	Orthopaedic Services
Physical Disability	Visual Impairment	Aural Impairment	Arthritis
Maternity Specialists	MS	Obesity	Epilepsy Services
Speech & Language	Hypertension	Chronis Illness	Smoking cessation
Vulnerable patients	Waste medicines	Specialist Clinics	Contraception & Sexual Health

Conclusion

It is fair to say that the public were pragmatic about the financial constraints faced by the NHS and this was reflected in some conversations, whilst they know there will be no dramatic spend on services they do feel some improvement is needed, especially with addressing dementia services and dealing with unscheduled care. It was felt that if primary care services were more robust then acute admissions could be avoided on a more regular

basis.

Overall the public want to see more local access and at more convenient times; they would like more emphasis on mental health and learning disability services and they want better abilities to self-manage to avoid hospital admission.

It is also important to note that there are a number of people who are very happy with the services that are provided and have no complaints and a lot of people praised good nursing staff who looked after them in a caring manner.

“We are very lucky to have what we have with the NHS, even if people do not always see it at the time – we should be proud of our NHS and keep it going” Gentleman, Bourne Market 17th July 2014.

Appendix One (Verbatim CCG Event Responses):

General Comments:

How do we support new carers, a person could be fit and healthy and be hospitalised by a stroke and immediately their family is a carer, how are they supported at point of contact?

My sister lives in Australia and is having the same experiences as us – it is not just the UK that struggles.

No bookable respite for carers and no alternatives for carers who want time to themselves at home, not to go out.

Integrate health and social care please.

Doctors do not understand mental health

No consistency with prescribing between Psychologist and GP.

Why can't there be a specific point of contact for carers at the GP surgery?

Hospital transport should be better, older people do not understand that they have to organise it themselves and younger people abuse it.

Finding the right person to talk to is important as the NHS is a minefield

Johnson Hospital, Spalding. Costs £9 in a taxi to get there for a blood test and patient cannot walk – would like transport from the surgery!

Drunk people should be charged to use A&E.

Complimentary therapies should be for patient and family.

Integrate health and social care, need more health passports and better support for LD patients in hospital if they cannot always have carer or support worker with them.

Having to travel to Peterborough more, would like more local services.

Do not privatise the NHS, should be free at point of contact.

Positive Responses

Stamford Hospital is an excellent community facility.

Prostate cancer services at Peterborough are excellent.

Oncology at Peterborough very good.

Sister in Law had terminal cancer and was having to travel to Cambridgeshire for Chemotherapy, now at PCH and much better.

Patient with Learning Disabilities registered with the Sheepmarket surgery, who are brilliant. Patient was always out of breath and they [surgery] were pushing for a referral, eventually got an ECG at PCH and it was clear. 3 further ECGs were the same, the patient then collapsed. Had an investigation at Papworth and had surgery for constricted pericarditis, like a new man. Did get a post op infection however Stamford Hospital sorted them out with no problems.

Patient has had 2 strokes and 2 cancers, PCH have been excellent, patient collapsed and was taken to A&E they found out what was wrong changed the medications and they were all sorted.

Minor Injury Unit at Johnson, very good and easy to register with Dentist.

Excellent oncology at PCH.

Peterborough resident, uses Stamford Hospital where can as it is friendlier.

Mental health services do seem better in Lincolnshire compared to Peterborough, currently under the DART team and they are very good.

Moulton surgery is really good,

Negative Responses:

Peterborough City Hospital – June 2014 Day Treatment Unit. Clinically the service was excellent, however patient had dementia and staff did not know how to cope with the situation and the patient was distressed and disruptive. The wife was the only person with skills to calm patient down. Was not allowed to accompany husband to theatre and was not allowed in recovery for when he woke up.

Peterborough City Hospital – July 2014 Accident and Emergency. Patient with dementia, staff ignored him and didn't talk to him at his level. Due to a shift change at time of being seen, they were seen by 14 different people in 2 hours and each person repeated the same tests, which was very distressing, confusing and irritating for the patient and his wife.

Peterborough City Hospital – general comment. Dementia patients left to their own devices at mealtimes and for toileting, same for Parkinson's sufferers, do not get enough food as staff too busy to support with eating.

Carers are not listened too in Mental Health Services, no solutions given to support when needed. Only time you could get help is when you get to crisis.

2009, patient went to Pilgrim hospital first and was end of life; they were told he was too old. Whilst hoisting the patient to bed there was an emergency and he was left in the hoist for 15 mins. Following day he fell from chair and had a black eye eventually needed dialysis and was transferred to Leicester Royal Infirmary where the care was amazing.

Patient had a knee operation at Pilgrim Hospital at c. end of April 2014, did not see the consultant at pre op and was supposed to, then saw him for 2 minutes before operation and has never seen him again. Was given a leaflet and discharged, being told to expect a physio appointment within a week. Still not physio (July 14) and now back at work.

Patient told the consultant that they were needle phobic, he informed her she would be fine, she passed out – this could have been avoided if listened too.

In 2013/14 patient was diagnosed at Pennygate with a urine infection, after passing out was diagnosed as a miscarriage. Patient took Pennygate Surgery to the ombudsman and won, patient was asked to leave the practice.

No access to speech and language therapist for profoundly deaf son, this needs to be improved.

Patient had a complete breakdown and children were taken into foster care. There was an 18 month waiting list for mental health services and the patient's father in law paid for private services, as if she had waited she would have completely lost her children. The children are coming home now.

Need better optometrist services in Spalding as closest is Lincoln.

Patient waited 3 weeks for a doctor's appointment

Pilgrim Hospital 2010, husband was paralysed from the waist down and had spinal and prostate cancer, the staff never changed him and he was wet and doubly incontinent, wife changed and fed him, wife was accused of complaining. Patient died at 10pm in the evening, the wife was not informed until she called in the morning to see how he was, and husband had 13 bedsores at time of death.

Patient moved from Stamford to Spalding area, and used to access the hearing clinic with no issues. Been with Beechfield surgery for 2 years and still no referral.

Munro surgery, patient had a long wait for appointment and was then seen weekly over the coming weeks and each time by a different GP, no consistency and no reading of notes.

Daughter diagnosed with ADHD in year 1 of school (5 years), really struggled for diagnosis and for help since diagnosis.

Patient needed physio, taller than average needed specialist equipment to fulfil process. No communication between staff and smaller equipment sent, delay to treatment.

Very small child at Pennygate surgery needed an ambulance, the doctors were fantastic with child, but EMAS very nearly didn't take the child as they only had one child harness and mum was on her own with 2 small children and no help.

Johnson Hospital not very helpful, wife had kidney disease and was eventually on life support. Johnson would not help and they were sent to Boston which was dirty.

Neurological services are poor; they should be closer to South Lincs as currently they have to travel to QMC.

10 day wait for a GP appointment at Hereward

4 year old taken to A&E at Peterborough with a broken arm. There was a 5 hour wait and as a Saturday not given a fracture clinic appointment. Parents had to call twice to get appointment for temporary cast to be replaced with new cast. Hour after it was fitted it fell off and had to go back.

4 month waiting list for a Paediatrics Neurology appointment and being told they have to travel to Boston, wants to go to PCH.

Patient had a gall bladder operation last year at Boston, they got a hernia after the operation, waited 6 months to see consultant for a follow up and told nothing to do with him. Still has hernia.

Individual experienced poor End of Life Care at PCH, patient went in with one condition and died of a secondary, however individual did acknowledge that services were improving.

Johnson hospital not so good.

Care home staff reported poor discharge communication from PCH, re care home resident. Patient in hospital for fracture, fracture clinic appointment 6 weeks later, patient should have been mobilised straight away but had been bed rested for the full 6 weeks, as this was the assumed treatment due to poor discharge communication.

Diabetic services at the Little Surgery are poor, no help and not bothered.

In six weeks the patients was seen by 9 different doctors, and the communication was really poor between them.

The Sheepmarket Surgery uses a premium rate call number and patients seem to be on hold for longer than necessary.

Dementia care, partner of suffered should be listened too and carers should have rights too, GP feels the wife is interfering.

No children's mental health services available in Lincolnshire for GPs to refer in to.

Appendix 2 – GEMCSU Survey Findings

Background

The survey aimed to get feedback on the CCG's current priorities – primary care; end of life care; unscheduled care; mental health and learning disabilities and planned care.

A short description of each priority was provided, including some examples of the specific things that the CCG aimed to do. While this helped to provide context for respondents, it also steered the general feedback on some priorities (notably end of life care and mental health). Following each short description of the priorities, two questions were asked. These were:

- To what extent do you agree or disagree that this is an important area of healthcare to focus on?
- Please tell us why you think that this is/is not important.

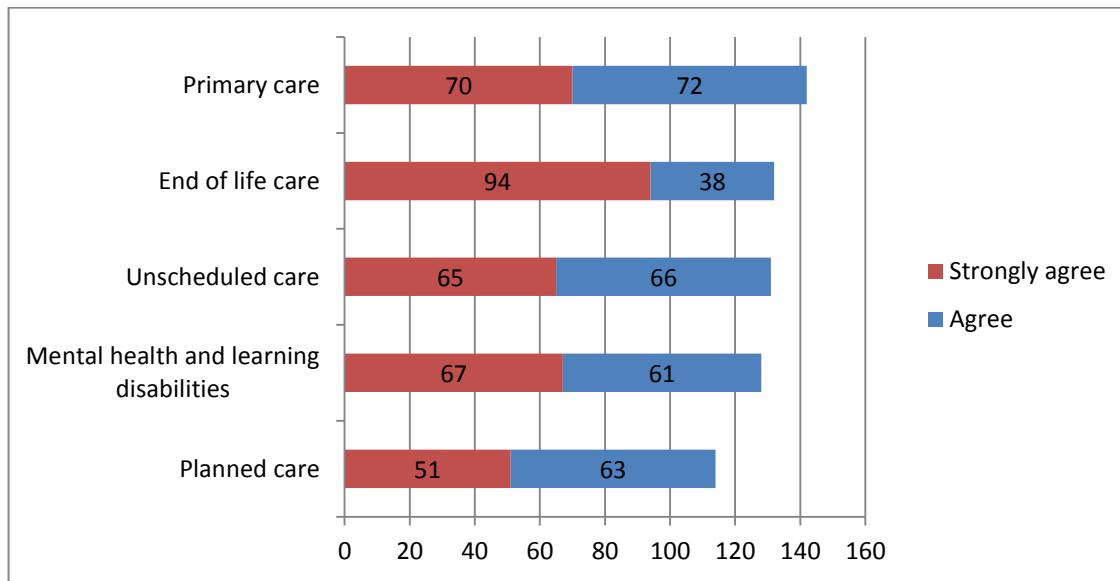
At the end of the survey respondents were asked for comments on other areas of healthcare that they felt were important to focus on.

The survey was delivered online and face-to-face through targeting of GP practices. It was also available in hard copy by request. A total of 155 responses were received.

Findings

Comparison of priorities

Comparison of the number of people who agreed/strongly agreed that a priority was an important area of healthcare to focus on...



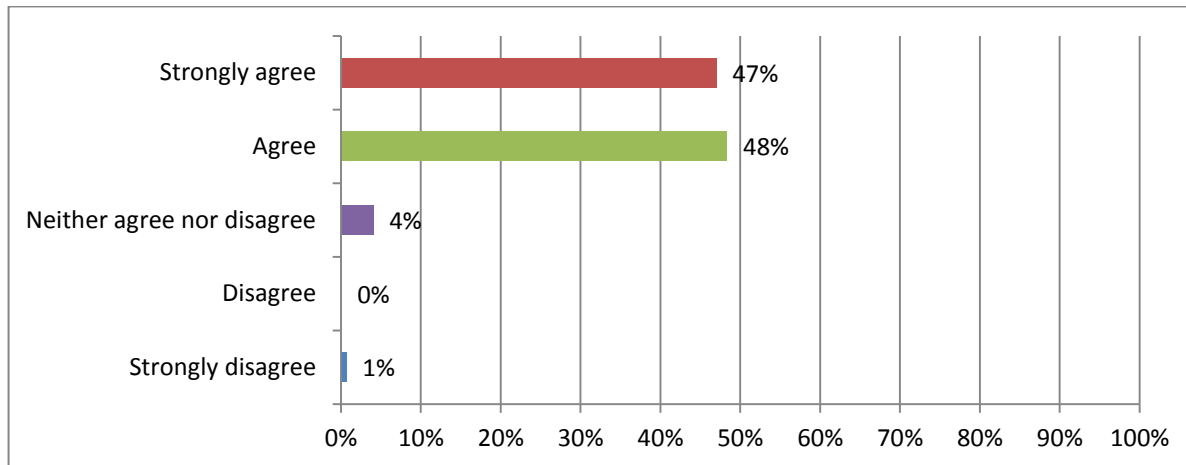
Priority	Agree	Strongly agree	Total agree/strongly agree
Primary care	72	70	142
End of life care	38	94	132
Unscheduled care	66	65	131
Mental health and learning disabilities	61	67	128
Planned care	63	51	114

Summary of comparison

- Overall, there was a high level of support for each of the priorities.
- Planned care generated the most number of total *agree/strongly agree* responses.
- End of life care generated the most number of *strongly agree* responses.
- Planned care received the lowest number of positive responses at 114.

Primary Care

Q4: Primary care - To what extent do you agree or disagree that this is an important area of healthcare to focus on?
(149 responses)



	No. of responses	% of responses to this question
Strongly disagree	1	1%
Disagree	0	0%
Neither agree nor disagree	6	4%
Agree	72	48%
Strongly agree	70	47%
Base	149	

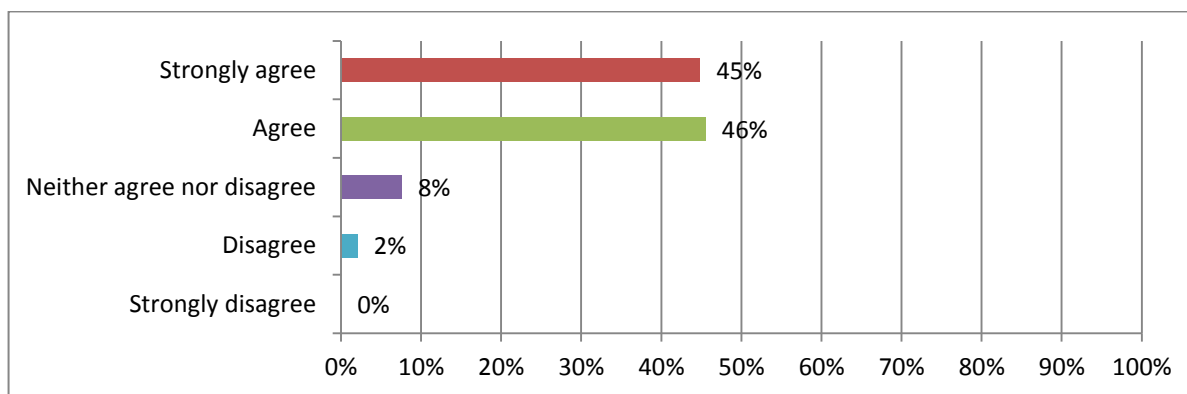
Q5: Primary care - Please tell us why you think this is/is not important (104 responses)

Common themes within the comments provided were:

- Important to save money in prescribing
- Praise from respondents for their GP practice
- Getting treatment or referrals quickly is important
- Patient experience is important, particularly around continuity of care
- GP access should be improved, particularly out of hours.

Unscheduled Care

Q6: *Unscheduled care - To what extent do you agree or disagree that this is an important area of healthcare to focus on?* (145 responses)



	No. of responses	% of responses to this question
Strongly disagree	0	0%
Disagree	3	2%
Neither agree nor disagree	11	8%
Agree	66	46%
Strongly agree	65	45%
Base	145	

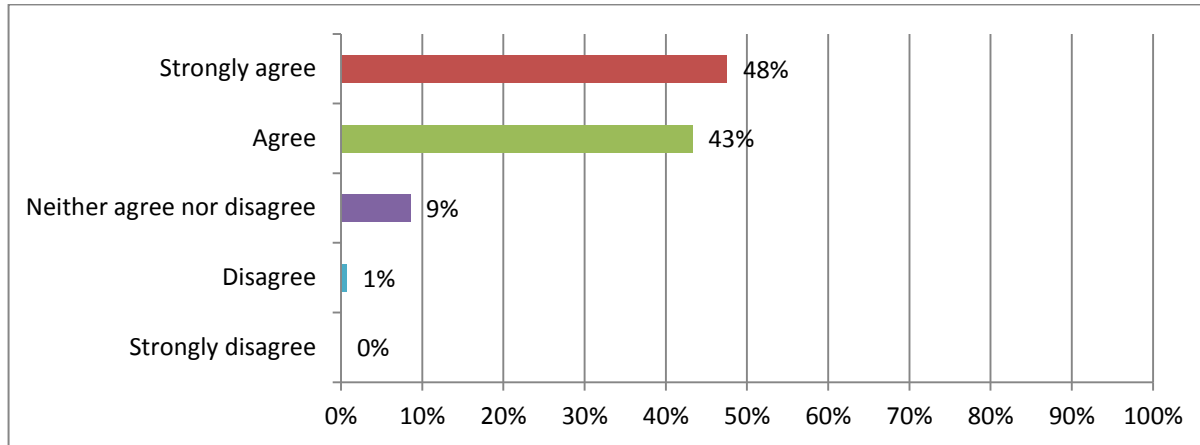
Q7: *Unscheduled care - please tell us why you think this is/is not important* (90 responses)

Common themes within the comments provided were:

- Care closer to home is important for patient experience, particularly in being closer to friends and family
- Concern that home or community setting should not be the default option – treatment should be in the most appropriate setting
- For more treatment to occur in the community, investment or improvement needs to be made in community level services
- Care closer to home is more convenient for patients, particularly with less need for travel
- Reducing hospital admissions saves money for the NHS, which is an important area to focus on
- GP access is key to better community care and treatment
- Education, prevention and information are key to reducing hospital admissions.

Mental Health and Learning Disabilities

Q8: Mental health and LD - To what extent do you agree or disagree that this is an important area of healthcare to focus on? (141 responses)



	No. of responses	% of responses to this question
Strongly disagree	0	0%
Disagree	1	1%
Neither agree nor disagree	12	9%
Agree	61	43%
Strongly agree	67	48%
Base	141	

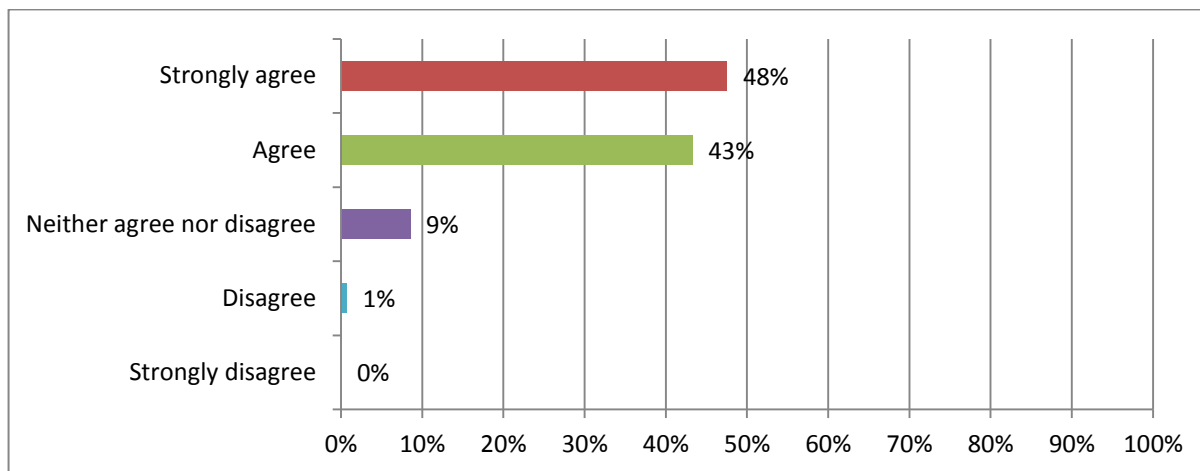
Q9: Mental health and LD - Please tell us why you think this is/is not important (86 responses)

Common themes within the comments provided were:

- Support for carers is key
- Early diagnosis is key
- Mental health is only as important as other areas of healthcare.

End of Life Care

Q10: End of life care - To what extent do you agree or disagree that this is an important area of healthcare to focus on? (144 responses)



	No. of responses	% of responses to this question
Strongly disagree	0	0%
Disagree	3	2%
Neither agree nor disagree	9	6%
Agree	38	26%
Strongly agree	94	65%
Base	144	

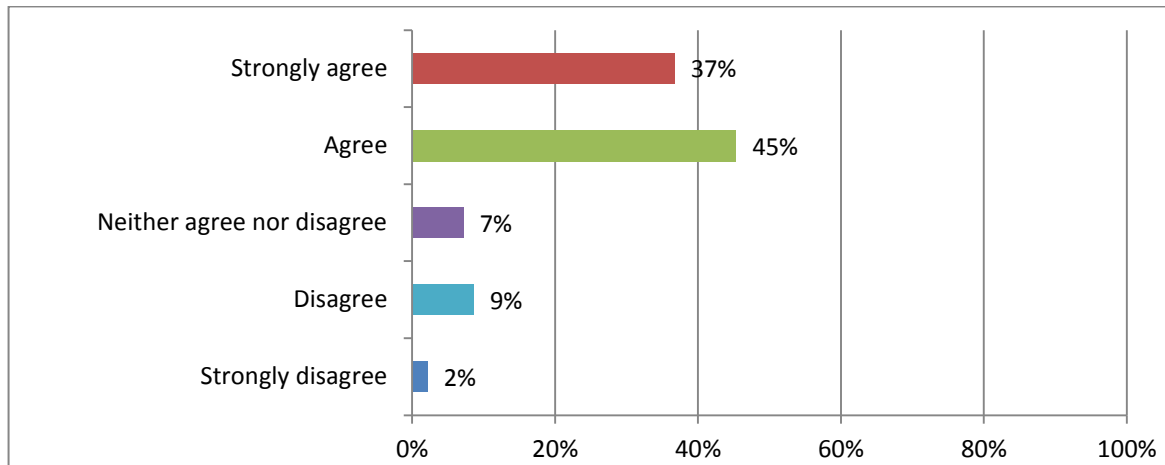
Q11: End of life care - Please tell us why think that this is/is not important (92 responses)

Common themes within the comments provided were:

- End of life care closer to home is very important
- Early diagnosis is key
- Concern that home or community setting should not be the default option – treatment should be in the most appropriate setting

Planned care

Q12: Planned care - To what extent do you agree or disagree that this is an important area of healthcare to focus on? (139 responses)



	No. of responses	% of responses to this question
Strongly disagree	3	2%
Disagree	12	9%
Neither agree nor disagree	10	7%
Agree	63	45%
Strongly agree	51	37%
Base	139	

Q13: Planned care - Please tell us why you think that this is/is not important (92 responses)

Common themes within the comments provided were:

- Continuity of care is more important than care close to home for follow up appointments – it is important for people to see the same clinician who treated them
- Care closer to home is more convenient for patients
- Concern that home or community setting should not be the default option – treatment should be in the most appropriate setting

Other areas of healthcare

Q14: Please tell us what other areas of healthcare you think are important to focus on (113 responses)

A wide range of conditions, groups and types of care or treatment were suggested as potential areas of focus. The most common of these were:

- Preventative care and/or health education (8)
- GP access (6)
- Mental health and/or learning disability (6)
- Out of hours and/or community provision (5)
- Waiting times (3)

There were 28 other additional areas of health or care suggested. Other areas of health or care suggested were wide ranging. The following were included in either one or two of all responses to this question:

Palliative care	Allergies	Older people
Support for parents	Transport	Parkinson's Nurses
Physical disability	Visual impairment	Aural impairment
Specialists in maternity	MS	Obesity
Improved staffing levels	Orthopaedic	Arthritis
Epilepsy	Speech and language	Hypertension
Chronic illness	Smoking cessation	Vulnerable adults/children
Waste medicines	Contraception and sexual health	Specialist clinics