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West Suffolk Clinical Commissioning Group

WSCCG PATIENT REVOLUTION - 29 JUNE 2016 - OPEN SPACE

Afternoon session:

A&E

- Sent to A&E unnecessarily; GP could have dealt with it
- A&E should be for emergencies
- Outrageous
- Cannot access GP when you need to
- Useless over the weekend
- A&E is all you have over the weekend
- Felt guilty about using A&E when didn't need to
- Epilepsy; people do not know how to deal with seizures – ambulance not required
- Appendicitis; waiting to be seen 3 hours
- Traffic light system should be adopted in A&E to assess priority
- Patient went through a lot of pain due to delays
- GP surgeries should work with Epilepsy Action Awareness to increase understanding
- 127,000 epileptic patients in Suffolk
- Doctors don't know when to place an ambulance for epileptic people resulting in unnecessary trips to A&E
- Need a campaign for epileptic patients such as a stroke adverts
- Triage should be the most senior person in A&E
- Problem with medical recruitment
- People in A&E that don't need to be there, which impacts on the people that do need emergency care
- How are ambulance services distributed?
- People who come into this country don't know how to use NHS services
- Glemsford Surgery list was full – had to go to Lavenham
- People are living for longer leading to more illnesses and ailments
- Ambulance service is a regional service and a separate organisation to hospitals
- Attention to detail
- Waited for just under 4 hours lots of people bringing their families and children with them to A&E therefore very crowded – made waiting very difficult and there was a lack of privacy
- We are too quick to use the phone – if you turn up at GP surgery they will have to see you
- People need educating
- We expect too much of people to know about health issues – not everybody knows or understands appropriate action
- Some patients are very nervous
- Things should be aimed towards 12 year olds (Plain English campaign) not everybody understands and can be more responsive if things are made simple
- WSH A&E takes a lot of patients from Centre Parcs.



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Mental Health Crisis NSFT

- Access & Assessment Centre NOT crisis team
- Current advice is to call ambulance or see doctor next day; ambulance takes you to A&E which isn't a safe place.
- This could be changed by having 2 rooms at hospital with voluntary people to talk to the person in crisis ready to see the doctor the next morning
- Police sent out in a crisis; Section 136 overwhelming
- What is a crisis? Ensuring mental health not in control of illness
- A&E being a dumping ground and they are overwhelmed with people in crisis.
- Was working better in 2015!
- Need to speak one to one
- CHANGE: could be a 24hr phone line (no answer machine to be used) appropriate care and environment is needed. Samaritans do this during the day, NOT evenings or through the night.
- Professional employees vs. lived mental health experiences
- It matters who it is that a person can talk to when in crisis
- Doctors not knowing what to do with someone in crisis as only have 10 minute slot!
- What is needed:
- Space in right location
- Out of hours
- For adults
- For people with long term illness
- Accessible to get to
- A member of staff is required (paid mentor)
- Worth investing in the project; Friday to Monday to be set up
- Service user in secondary care or be a carer or mentor of staff safety!!
Safeguarding
- Can there be a separate system for different levels of crisis? – Behaviour, attitude etc.
- Suggestions have been made to NSFT but they are not listening
- Need service between the hours of 1.00am to 6.00am
- Set up a website – people can sign up as a member!
- People to work together to make things happen!

Waiting for Appointments – Diabetes

- Pump Type 1 Diabetics issues with GP annual checks

Administration of Insulin in Care Homes

- Training to allow this to happen via diabetes service
- Financial impact on families i.e. going into nursing care unnecessarily
- Up to 45% Type 2 diabetics have insulin; we believe this needs addressing
- 50% of those on insulin will have to go into nursing care, when they need residential; cost factors differ greatly
- Discuss with local MP?



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- National issue
- 99 year old wife; allowed to administer insulin to husband in own home i.e. legal repercussions not the same as in care home
- Helen Stephens (diabetes specialist nurse) did set up an accredited training programme for care home staff. Why has this not been recognised and implemented, surely financially beneficial in future?
- Public/population needs to be better informed about future impact on residential care homes.

West Suffolk Hospital Parking and Transport

- Cost of parking and availability of spaces – can't park at all and where the cabin is sited for people who are sick or immobile and who need to come to the front of the hospital
- Parking process doesn't support people who are sick
- Staff are helpful when press the buzzer in giving guidance
- Park & Ride at Addenbrooke's – can pay for parking ticket online
- At Addenbrooke's if you have an appointment you can show appointment letter and your max. parking charge is £3.50
- Addenbrooke's have option for a weekly ticket for £12
- WSH : you shouldn't have to pay or if you should it should be a nominal fee – shouldn't have to worry about having to visit loved ones because of cost
- Don't care if costs go to the hospital – we pay NI and tax
- Parking a long way away just adds to stress
- Not common knowledge that there are concessions; if you come frequently one person can be free who understands there is a concession for carers
- Also limited parking always and queue getting into car park
- Just six car parking for eye clinic section
- Said they were not going to build multi-storey car park because planning permission was turned down
- Blue badge holders have lost about 10 spaces due to ambulances using them or for use by hospital car
- If you go to hospice at back of hospital there is free parking – again, not enough spaces
- An ex-member of staff couldn't find a space; be late or park somewhere we shouldn't therefore get into trouble
- Patients alarmed that staff have to pay for parking space; consultants have their own marked bays – frequently lots of empty spaces
- Some hospitals have little golf buggies from front car park to tour the hospital
- Better transport to and from any health relating appointment or service is what is needed
- Transport generally
- to get hospital transport you are means tested
- rural areas just 4 buses in some cases
- people do neglect their health partly because they can't get to a particular location – this has a knock on effect on their health
- the fact that Suffolk has an aging population makes transport more critical
- Need a feeder bus service – bus station to hospital
- Transport needs to be coordinated with the hospital



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- Reduce the dependency on hospital transport and would reduce the demand of there was a 'feeder' service
- Needs to be affordable transport
- Improvement of awareness and knowledge.

My Care Wishes

- Concerns - project stalled
- Positive comments around initiative
- Clear direction of patient wishes
- Enthusiasm of CH (continuing healthcare) team
- Hope it continues
- Great that no longer End of Life focus however individual requested one from GP and was told no – too young and not EOL.
- Need to ensure message is out there and GPs are key
- Bed blockers – discharges difficult. My Care Wishes folders are the answer at any age to prevent going to hospital
- OOH GPs (Newmarket Locality) - WSFT – difficult for pensioners if unable to drive
- Wait sometimes for 111 to call back and default position is to call 999.

Palliative Care Support Post Discharge

- Improve services where cancer patients with palliative needs discharged
- Discharge process to enable appropriate support at home
- Tie-in with My Care Wishes
- Person centred – disjointed
- Family tie-in
- Information sharing
- Hospitals, hospices, care homes could work together
- After care support
- Funeral Director tie-in – Training
- Death Café – funeral planning
- Bereavement training – “Learning to let go”.

Communication - how to access GP patient population feedback/issues regarding service provision

- Currently have Patient Practice Group (PPG)
- GP practice survey – poor response rate – accessibility re groups of patients (only 31% of patients use the web)
- Newsletter
- Ideas
- App on phone – young people
- Promote PPG liaison – advert in free paper, coffee morning – publicity
- Advocate service (as offered by mental health profession) run by whom?
- Arrange service provision workshop – advertise etc.



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- Promote services via local library – will give free feedback
- Patient practice group notice board in surgeries – keep up to date.

Changes to Phlebotomy Services in Sudbury

- Changes to phlebotomy services in Sudbury have resulted in many complaints
- Patients expressed their views to members of our GP Practice Patient Partnership during a recent survey
- Patients prefer ticket machine
- Appointment system works
- Walk in does not work
- All attempts to address the issues remain unresolved
- Drop in – in Haverhill Family and Health Clinic they have a number system – you go in and get allocated a number for when you are seen. Also given an estimate time so you don't waste time waiting
- Automated number on answer phone to cancel appointments
- New health centre out of town. Have to catch a bus and Sudbury HC not guaranteed to get an appointment because already full
- Don't like computer screens – want to talk to people so phlebotomy nurse has to come – explain how to use the screen – wastes their time
- Taken up with CCG in charge of commissioning phlebotomy, they sent to contact – feels like fobbed off. Phlebotomy nurse advised not going to be changed back. All people are interested in is the service to patients
- Husband told no appointments and you can't just turn up. Got an appointment the following day; GP said should have been a day earlier
- Ipswich Hospital system worked 2 – 3 years ago – people seen quickly
- Difficulties with access; 1 bus an hour; can't drive anymore; pot luck to get a phlebotomy appointment. This is an issue in my neighbourhood, not just the complaint of 1 person. There are barriers and there shouldn't be. It is a cost to the health of a patient.

Haverhill

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- Recognition of limited funding.
- Variable service being provided by practices in Haverhill.
- Services available not keeping pace with increasing population.

111 Service Experience

- Overall positive experiences
- Nursing home
- General public
- Patient views 111 as first point of medical emergency
- Raising the profile is needed
- 111 – re profile – internally 111 providers (of the group) used process step working – patient experience is transparent



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- No electronic date record access by 111
- Text message sent to GPs service by 111.

3rd Rate Services in Sudbury

- Lack of public transport
- Great Cornard to Health Centre – to centre 1 hour wait
- If seen in Siam Surgery and require a blood test you cannot do straight away with TPP
- Results in multiple trips
- All non-working people (pensioners) turn up at 0800 hours
- Need better placement of working/non-working people for blood tests (not fasting bloods)
- Needs better communication re service that is available
- GP needs to be clearer in telling patient about situation and options to have bloods taken
- Urgent bloods cannot often get a blood test (no consideration when booking the appointment)
- Issue with DNAs
- Used to be able to access having an assisted bath in Sudbury but went with Walnut tree Hospital
- Services for elderly people reduced
- Issues with no pharmacy in the health centre
- Issues about Hardwicke House not being able to get new premises
- Restricted parking.
- Why can't money be made available?
- Need more sight of consultants in Sudbury to see patients
- Need to move outpatient appointments into the community
- Better communications through Patient Participation Groups
- Scarcity of mental health support, specifically integrated delivery teams
- Need better access to teams locally
- People have attended with queries and no one there
- Excellent One Life Suffolk health prevention services
- Health walking
- Smoking cessation
- Mental health
- Can't always pick up specialist medications – why can't these be left at practice reception for collection?
- Boots – seldom have prescriptions ready on time.
- Transport
- No transport from Cornard into health centre
- How can GoStart expand what they do?
- Section 106 money to deliver transport out of Cornard
- What happened with the 106 money? Was it recouped by Boris?

Mental Health Services in Haverhill

- Synergy café working well.



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- No community psychiatric nurse at present.
- Could one attend the synergy to stop people having to travel to Ipswich?
- Difficult to access out of ours MH services, especially young men.
- Could referrals be more considerate of people's situation?
- Good dementia help groups but reducing funding for voluntary support groups.
- Make Haverhill a healthy place and increase quality of life.

PPGs

- What is it you as a PPG want to do?
- Sharing of ideas – needs new ideas and needs decisive members
- Good communication with CCG.
- Difficulty in getting appointments in Haverhill
- Practice manage to separate patients
- Emergencies
- Continuing care
- Is there a patient group in Haverhill? therefore PPG – GPs sometimes sit in on groups
- GPs required to have groups
- Want to work more closely with
- Different ways of running groups
- Involvement with mental health services
- Patient experiences of groups – can the groups interact with one another.
- Problems seeing own GPs
- By examining good practice – raises other people's expectations and raises standards
- Get PPGs to talk to each other
- Important to make sure that information is accessible – not just email
- Hardwicke House – bi monthly
- Phlebotomy service.
- Newsletter twice a year
- Info about the practice
- News from the voluntary sector
- Flu clinics
- Medication information
- Go to flu clinics and have all leaflets
- PPGs that meet – more effective than those that are virtual.
- Hardwicke House – 11 members – GPs come when they can

Improving diagnostic skills in small practices

- All GPs to receive regular training on new techniques etc.
- Practice Manager to support Partners to run sessions e.g. Leasing Exchanges
- Every 2/3 GPs have a mentor who they can talk to
- Need safe experience group who are prepared to exchange good and bad experiences of their diagnosis based on patient feedback but needs time



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- Confidential training programmes (not just medical knowledge) that encourage being open and honest
- Need to overcome fear will be sued for negligence or “switch off”
- How real are these fears? What can be done to reduce them so can learn from patient experience
- QCC have agenda for feedback but too restrictive
- Interesting to learn about initiative to run learning events like in Newmarket could be rolled out.

How to get service users and carers more involved in the centre of their care

- Who listens to you and who doesn't
- Crisis line – there isn't one, patchy
- Good time to get involved – positive experiences
- Communication
- Not knowing what is out there
- At the start of their care often the beginning
- Family carer – honesty within goal setting
- Repercussions
- Conversations
- Planning
- Strategies
- Using simple language
- Less jargon
- On-going conversation
- Reaffirming
- Proper engagement
- Hidden illnesses
- Use voluntary services more – not professional enough
- Condition – not the same issues
- Patient reference groups patchy – actively involve patients
- Meaningful conversations
- Cycle of stress – mental and physical
- Choice
- Empowering
- Signposting.

Evening session:

Primary Care Delivery

- GP appointment wastage
- Triage people trying to get GP appointments to void taking up more/unnecessary appointments
- 10 minute appointments are not long enough
- Who will do the triaging? ECP's?
- Need for a multi- professional team in GP surgeries – specialist nurses/ECPs etc. – could help to prevent people turning up at A&E



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- NSFT system doesn't work – good on crisis management but not on following up
- Scenario – NHS England model that triages across health and social care sector – EIT service
- Would this be a better model of primary care delivery?
- Haverhill – (mental health) care providers not turning up to booked appointments to do mental health assessments
- When you have seriously challenged patients, they need to be triaged and a care plan put into place
- Primary care needs a package where their health care is tracked and tick boxed
- Data protection is a barrier – patients are not as concerned about data protection/information sharing, they would rather that they were treated
- Addenbrooke's hospital IT system is not compatible with West Suffolk -> needs an IT system that is linked up – one computer system
- Lack of effective transport between Haverhill and West Suffolk Hospital. Funding is going into Cambridgeshire from Addenbrooke's and not Suffolk.
- Dealing with managing demand/linking up communities
- GPs recommending long term condition patients to join local support groups to get support – share dealing with the same conditions – help to prevent future admissions to A&E
- Not many support groups in Haverhill for people with mental health issues – in particular for young people, they have to travel to Bury
- Young people on anti-depressants – are GPs giving medication because there are not enough services?

Animal Companion Benefits

- It is important to recognise and support human-companion animal relationships because of their proven health and social benefits?

Education

- It has to start in schools – prevention starts in schools - children are interested when they understand
- How do you educate people to go to the pharmacy first for minor illnesses like sore throats etc.? Can this start in schools?
- 30% of patients who turn up at GP have muscular/skeletal issues – should refer direct to physiotherapist
- GP Plus can only support if patients have access to transport – back to travel issues
- Helping children to understand minor conditions and going to the pharmacy
- (education tool) - Card game 'which of these conditions would you go to your GP for?
- How much does paracetamol cost? etc.

Mobile Units



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- NHS England to date has not funded any mobile units. Could we have self-funding? Staff need to meet CQC standards. Perhaps no different to ambulance – NHS England does not fund ambulances.
- Suffolk is very rural, mobility/transport needs to be looked at as a whole flexible approach
- Medical system has become disconnected with how to function in a flexible way
- Not fair – flexibility is not there. We haven't produced enough evidence of our experiences to help to prove the points
- Rural communities – Rougham, - Moreton Hall – is a day's job to do. No on demand service in rural areas
- Community transport is expensive, Haverhill to Bury St Edmunds is £11 for example
- Elmswell has a bus to Woolpit. Surgeries have little control over these types of services
- Influence over premises/infrastructure but no control. What to do if too many patients? Shutting books is one option if at capacity and unsafe for patients. Not just population growth, difficulty of recruiting GPs