



integrated working

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## **Patient Revolution 2014 – what we have done**

The West Suffolk Clinical Commissioning Group (CCG), which buys and manages healthcare for the 240,000 residents of west Suffolk, held its third Patient Revolution event on 11 June 2014 at the Apex in Bury St Edmunds. The event used the 'Open Space' technique to allow people to raise the issues that matter to them. This led to 14 discussion areas and has provided the CCG with ideas that are either currently being developed or are being considered for the future.

Areas discussed:

1. Mental health
2. Access to records – Patient Passport
3. Hospital discharge and aftercare
4. Using technology
5. Outreach services (cancer, diabetes, physiotherapy, falls, and more community services)
6. Out of hours
7. Voluntary sector
8. Language and information
9. Parking and transport
10. Feedback
11. Medication waste
12. CCG workplace culture
13. Care homes
14. Engagement

This report provides an overview of the key actions that have taken place.

### **1. Mental health**

People at the event were keen to see mental health services improve. This is what we have done:

- This year we have included information on how to access help for physical and mental health in our 'Look after yourself' leaflets ([click here](#)) and posters ([click here](#)). Promoting the Suffolk Wellbeing Service, which you can find out about [here](#), has also become a priority.
- The Eating Disorder Service is now available for those young adults who need it. Referrals are taken from GPs and health professionals.



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- We have started conversations about mental health with users to get a better idea of what we need to consider for future services. Talks are taking place with service users and providers to co-produce the Suffolk Mental Health Strategy, which should be completed by March 2015. There were six across Suffolk in 2014, with two more planned shortly. You can attend our Newmarket event on 27 January [by clicking here](#) or our Haverhill event on 5 February [by clicking here](#), or e-mail [getinvolved@westsuffolkccg.nhs.uk](mailto:getinvolved@westsuffolkccg.nhs.uk). Around 200 people have attended these conversations to date, with recurring themes including communication, joint working, embedding peer support and delivering community services.
- Dementia diagnosis remains a priority, and since the summer, working with GPs and our mental health trust, we have seen a monthly rise in the number of people diagnosed from 45% to just under 52%, together with an increased investment in memory assessment services. You can find out more about exactly what services are available where you are in our Health Service Guides, detailed in the 'Using technology' section (4).
- In partnership with Suffolk County Council we have commissioned primary mental health link workers who work with children and young people, GPs and schools to support young people with common mild to moderate mental health presentations.
- We will be engaging with children and young people around a variety of health topics, including mental health and exam stress. For full details, see the 'Engagement' section (14).
- We're working with our partners to ensure healthcare professionals are aware of referral opportunities – see the 'Voluntary sector' section (7) for details.

## 2. Access to records

You would like the local NHS to share patient data more safely to improve your care. Our actions are as follows:

- We have initiated the Suffolk Informatics Partnership Board, which has committed to addressing the barriers to effective information sharing, so that your data remains confidential. Various consent to share records projects have made significant progress recently.
- Patients will be offered access to a summary of their GP-held record from April 2015. There are many local and national projects underway that will progress patient access to records while maintaining confidentiality, which we are coordinating locally.
- All GP practices should receive a summary about your treatment within 24 hours of patient discharge. Work to arrange a direct connection between systems of records is being planned with the various suppliers involved, and led by the Suffolk Informatics Partnership Board.
- All providers of health and care can select their own system of records. Many in Suffolk have chosen the same system, and where this is the case, records are already



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shared (with patient consent, and with appropriate levels of access). Where existing systems of records have the technical capability to share information across systems, this work is progressing. All providers planning a system change are working with the Suffolk Informatics Partnership Board to ensure connectivity.

### **3. Hospital discharge and aftercare**

You highlighted that some patients need more support as they are leaving hospital, and once they are back at home. This is what we have done:

- We have worked with partners to make sure people are given more aftercare as they are leaving hospital. For example, West Suffolk Hospital has set up the Enhanced Early Intervention Team, which has seen more than 1,000 patients supported. People are given treatment and advice which means they can return home to manage their own condition, with support. Age UK Suffolk has been contracted to provide a 24/7 'Welcome Home' service, which can help people settle back in their home, prepare a meal or get some shopping.
- As part of the planning for the Integrated Neighbourhood Teams, the first of which is likely to be in place in March 2015, health and social care professionals will ensure that we can tell patients about the organisations that can be approached to offer support.
- We launched the early supported discharge service for stroke patients which delivers services including speech and language therapy, physiotherapy, occupational therapy and clinical psychology for up to 6 weeks. This is run by Norfolk Community Health and Care NHS Trust. Furthermore, the Stroke Association's Communication Support Service, which helps survivors to adjust to life after stroke and recover their communication skills, was extended for 3 years.

### **4. Using technology**

You wanted to understand how we were using technology to improve access and care. This is what we can report:

- Some 22 of 25 GP surgeries in west Suffolk are using a scheme to check on abnormal growths on the skin using technology. High resolution pictures are taken of suspect lesions which practitioners need advice on, and these are sent to skin specialists. The consultant dermatologists usually respond within 48 hours, referring to hospital when appropriate. Early results indicate 70% of patients were assisted through this method.
- Most GP practices now offer patients telephone consultations with a health professional rather than only seeing patients face to face. There are no plans to converse with patients through Facetime, Skype or e-mail at present due to the need for confidentiality.
- West Suffolk Hospital consultants are now calling some patients by telephone instead of asking them to come back in to hospital. This is done for a number of conditions, treatments and medication. This can see prescriptions changed



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through talking to consultants on the phone and getting other advice, avoiding the need to attend another face to face appointment.

- A 'virtual' fracture clinic is operating in West Suffolk Hospital for patients attending the emergency department who traditionally would have been seen in a face-to-face orthopaedic clinic within the following 2 to 3 days. Many patients do not need to come at all, come back too soon or would benefit from a specialist opinion. The aims of the new service are to discharge those who do not need to come and hold face to face appointments when intervention is needed or requested. Patients are directed to most appropriate surgeon, reducing the need for patients to attend clinics. Early indications are that the scheme has improved patient satisfaction with shorter waiting times for clinics.
- Sharing patient data between health professionals is improving. For example, in West Suffolk CCG on 3 December we reported that 62% of patients in the area have a Summary Care Record. The summary records medications and allergies and is only viewed by health professionals. This can be life-saving data in some cases.

We have created a series of health service guides to detail what services are available in your town, with these available as hard copies [and online](#) – see the 'Language and information' section (8) for details.

## 5. Outreach services

You were keen to see more services nearer your communities. We are doing a lot of work to bring services more closely together so that patients get a better service and do not have to tell their story more than once. This is what we have done:

- **Cancer** – We have the best diagnosis rates in the country for stage 1 and 2 cancer, diagnosing 59% of these (the national average is 41%). Early diagnosis gives patients a much better chance of survival and recovery. The Transforming Cancer Care in the Community (TCCC) programme is 1 of 7 pilot schemes in East Anglia, which last month collectively won the *Living with and Beyond Cancer* category of the Quality in Care Oncology Awards 2014. Through the programme Macmillan Cancer nurses and support workers deliver one-on-one support which will help patients manage the short and long term side effects of the treatment of cancer. Patients receive personalised care plans which will help them gain more independence and enable them to self-care, reducing the need for hospital or GP appointments.
- **Diabetes** – We were shortlisted for 2 national awards for a 22-week scheme run with 4 GP surgeries to improve diabetes care. The Forest Heath surgeries appointed a diabetic specialist nurse who would visit on a weekly basis to carry out a joint Diabetic Clinic with the practice nurse. Following its success, we are now working with West Suffolk Hospital and GPs to shape a service to support diabetes patients registered with all GP practices in west Suffolk.
- **Physiotherapy** - A new service will launch on 9 February 2015 with Allied Health Professionals Suffolk (AHPS) as the single provider. This service is offered locally in eight towns and villages across west Suffolk. Patients can be referred to the



services or self-refer, including online [by clicking here](#), for a range of conditions including arthritis and a back and neck service. Women with urinary continence conditions are also supported.

- **Falls** – Falls account for around 15% of ambulance call outs. Age UK Suffolk's Positive Steps exercise programme, which reduces the risk of falling by 37%, now has 32 weekly classes throughout west Suffolk, which more than 300 people attend. GP practices helped to raise awareness at Falls Week in June, while in September/October Live Well Suffolk campaigned to improve physical activity in over-50s. Improved access to assessment and management is now available for those who fall and are seen by an ambulance crew but not taken to hospital.
- **More community services** – Making sure that there are more services closer to home will mean ensuring networks of professionals work together better, including local councils, social services and health professionals. Offering services to make sure you can maintain independence for as long as possible or soon after receiving treatment is part of this aim. The networks are essentially the resources of the local community, friends and families, and will vary depending on the patient and their location. It is early days for both the teams and networks and there is focussed work with a pilot project set to start in Sudbury to test the theory behind the models and engage the community in the development.

## 6. Out of hours

You were interested in the out of hours GP service, which is accessed via NHS 111, and how we were promoting that:

- The CCG has developed 111 awareness campaigns to educate people to ring 111 for urgent healthcare advice and signposting. The 111 service can put patients in touch with an on-call GP if necessary. This service employs nurses and doctors and operates from eight bases across Suffolk. GPs will carry out home visits if clinically required.
- CCG staff are working with young people to develop ways to better engage with children and young people to raise awareness of 111 and other health services and how to access the right service. We are also looking to determine whether there are different issues of concern to children and young people that need to be considered.

## 7. Voluntary sector

Many people at Patient Revolution said there was a need to trust our voluntary sector more. This is what we have done:

- We agreed a voluntary sector strategy, and are continually looking for ways to improve working together with those services. We are updating our approach to ensure that it supports our wish to maintain and improve integrated working.
- We are working closely with Healthwatch Suffolk and Community Action Suffolk (CAS) who both have direct links with the county's voluntary groups and are making new connections all the time. Both organisations have a seat on our Community Engagement Group. Our colleagues from the voluntary and



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community sector often join us at engagement events, such as our market stalls, and we also attend events put on by our partner organisations. Healthwatch Suffolk provides a signpost and advice service to navigate the health and social care system, to treat people holistically.

- Voluntary organisations are an active part of our clinical forums and we continue to seek to engage with them. We are actively working with Breathe Easy, Pulmonary Fibrosis, Upbeat, Chronic Pain Support Group and Diabetes UK in our long term conditions work.

We have created a series of comprehensive health service guides for several towns – see the section below (8) for full details.

For details of how integrated neighbourhood teams and networks will work, see the 'Outreach services' (5) section.

## **8. Language and information**

You said that we needed to make sure we cut out the use of jargon and improve our information. This is what we are doing:

- We are working hard to ensure all our written materials are clear and easy to understand, using our team of communications experts to sense check our information. We also check our publications with members of the public who have offered to be part of a reader panel, which offers us valuable insight. There is a "jargon-buster" tool on our website too.
- All our printed materials include a list of the translations available. We worked with local authorities to use the latest population information to identify the size of the different minority groups in our area to decide on the languages to offer translation in.
- Health Guides have been created for Mildenhall, Brandon and Newmarket, while the original one for Haverhill has been updated. We have worked with the local authorities to expand the scope of these guides to now include details of libraries, council office, police, charities and more. Hard copies of these can be collected locally from GP surgeries, pharmacists, opticians, dentists, council offices, leisure centres and more, and they can be [viewed online here](#). A guide will next be developed for Sudbury.
- Our use of social media has improved, as it is a growing medium for communicating with most age groups. As well as using [twitter](#) (@NHSWSCCG) to provide updates from governing body meetings and other live events to our 1,000 plus followers, we now use our [Facebook page](#) (/nhsWSCCG) to keep people up to date on the work of West Suffolk CCG.
- We are looking to communicate messages through videos, such as [spreading good health messages for winter](#). We hope to also use video as another platform to engage with a wide variety of people.



## 9. Parking and transport

We are responsible for providing transport for those who have a medical need. We are promoting the leaflet outlining the services available which can [be viewed online here](#). Since Patient Revolution we have acted on the following:

- Haverhill residents have reported that there are problems getting link services between Bury St Edmunds bus station to West Suffolk Hospital. We are pleased to report that Suffolk County Council is currently considering the use of a hopper bus to fill that gap.
- We have passed on the view you shared that parking at West Suffolk Hospital is too expensive. They had this reply:

*At West Suffolk Hospital, the money we receive from car parking is reinvested into patient care, and is the equivalent of the cost of running a ward for a year.*

*However, we fully appreciate that charges can cause concern to some of our patients and visitors, so have not increased the tariffs since 2012. We have also significantly reduced the maximum amount anyone pays from £15.10 to £7.60 a day, and have ensured that anyone who is on site for up to 20 minutes can park for free.*

*We also offer a range of different discounts and refunds to help patients who make frequent visits or are receiving certain benefits, and have introduced a weekly £12 ticket which allows people to come and go as often as they wish.*

*We have recently made changes to our car parks, including installing new barriers and a chip coin system, to allow us to monitor the way they are being used more effectively. The data we are collecting will be used when we review the charges fully – in conjunction with members of the public who sit on our council of governors – in the New Year.*

## 10. Feedback

You wanted to know how to give feedback to us without making a complaint, which you felt was a step too far.

- There are several ways that you can get in touch with NHS West Suffolk Clinical Commissioning Group:
  1. Speak to our Patient Advice and Liaison Service team if you have a concern, and they can offer help. They are on freephone 0800 389 6819 or write to them at PALS, Rushbrook House, Bramford Lane, Ipswich, IP8 4DE.
  2. You can go to the [Patient Opinion website here](#) – there is a link on our website – and leave comments for hospitals, community services, mental health services and commissioners.
  3. You can call us on 01284 758010 and ask to speak to someone.
  4. If you want to get involved or hear news from us, the easiest way to do that is by joining our Health Forum, which you can do [on our website here](#).
  5. You can talk to us face-to-face at the numerous outreach and engagement events we hold across west Suffolk – see the ‘Engagement’ section (14) for details.



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6. You can get in touch to share your views through our social media platforms – see the ‘Language and information’ section (8) for details.

### **11. Medication waste**

You had concerns about waste medicines and equipment. This is what is being done:

- A campaign urging patients not to stockpile was launched several years ago. This included posters with the message ‘Only order what you need’ and some GP practices and community pharmacies still display these.
- Some GP practices have attached messages to prescription bags to remind patients that they should only order the medicines that they need.
- We employ technicians who work in GP practices and one of their roles is to check patients’ repeat medicines lists and to archive items that have not been ordered for some time. This reduces inappropriate over-ordering and stockpiling.
- GPs carry out medication reviews. One of the functions of the review is to identify medicines that are no longer required and remove them from patients’ repeat lists to avoid inappropriate ordering. Similarly, sessional pharmacists work in some GP practices and care homes doing medication reviews to optimise treatment regimes (which in turn reduces stockpiling).
- Community pharmacists carry out Medicines Use Reviews. This is a nationally commissioned service and one of the aims is to improve concordance and so minimise inappropriate ordering and stockpiling of medicines.
- We are researching initiatives that have been implemented in other parts of the country, so we can run a medicines waste campaign in partnership with Ipswich and East Suffolk CCG. Colleagues within the WS CCG have also been asked to suggest ideas for a more innovative approach, potentially using social media and cinema advertising.
- Issues connected with hospital treatments, including dressings, are discussed at the NHS West Suffolk Foundation Trust Drug and Therapeutics Committee each month.
- You can have a medication review with your GP and tell them if you are not taking some of your prescribed medication.

### **12. CCG workplace culture**

We promote our values and behaviours on all of our recruitment literature. We also develop a number of core competency based questions that reflect our values and behaviours. This is translated into all recruitment interviewing as well.

Our policy ensures whistle blowers are protected and this is also implicit in our values and behaviours.

As an Investing in People Gold holder, we continue to develop our staff and we have robust processes in place to ensure this happens. Each year all staff participate in a personal development plan (PDP) process which is then followed up 6 months later. Individual PDPs are produced and all training that is agreed with line managers is commissioned either in house or through the LETB Leadership Academy. Exit interviews are encouraged so that we can build a better understanding of why our staff leave.





### 13. Care homes

In both the 2013 and 2014 Patient Revolution, you wanted to know more about care of people in care homes, and how we work with care homes. This is the update:

- A multi-organisational group meets monthly to improve the health and wellbeing of care home residents. It aims to ensure that residents and their families have their health and care needs identified before a crisis, and have coordinated care. Since April 2014 70% of GP practices have been engaged in a scheme to support patients in care homes, developing shared care plans with their carers/family and care home staff, with a core set of personal information available for all providers.
- The CCG has supported the implementation of a Care Homes Clinical Support Manager who is based within West Suffolk Hospital NHS Foundation Trust's discharge planning team. This role links across the health and social care system to support the wide array of current work. Part of this role is to work collaboratively with care homes toward the prevention of avoidable admissions, enhancing access to community services and assisting in operational challenges between care homes and health and social care service providers. Through the strengthening of current positive multidisciplinary relationships, care homes and associated service providers will benefit from this specialist clinical and operational support. It is also anticipated that there will be swift identification of barriers that impede optimal service delivery and collaborative planned action that will resolve these barriers.
- Three workshops were held in October/November where a number of organisations helped identify issues with care homes and a resident's journey. Every stage of a resident's journey in accessing health and social care was tracked and opportunities for unblocking obstacles and improving services were identified. The workshops were well attended and highlighted opportunities to improve care to residents – this work is now being progressed through the Suffolk Care Homes Group.
- Each care home should have personnel on site with first aid at work qualifications, and there may be additional clinical services provided by care homes with nursing staff in situ. The care homes are also supported by the clinical support manager.

### 14. Engagement

- Over 2014, we have spoken to thousands of people across west Suffolk, through a series of events, including market stalls, fairs and fetes, planned meetings and focus groups. We really want to both inform you and receive feedback, and reach as many people as possible.
- Our approach has been to join up with other NHS organisations and our partners, such as Healthwatch Suffolk and LiveWell to set up stands together, so that people are available to talk to you about services.



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- We've attended 26 separate events and organised public meetings including focus groups and conversations to help shape the mental health strategy we are developing, and Community Engagement Group meetings.
- Patient Revolution 2015 will be held in July, and we have planned our market stall events so that we can also advertise this next important large public meeting. We have taken on board feedback to try different venues and times to enable a wider variety of people to get involved.
- Part of our engagement plans aim to reach groups we don't usually speak with. For example we are developing our youth engagement by planning a series of drop-in events at West Suffolk College and Castle Manor Academy in 2015, and are also working with students to spread health messages through newsletter and other platforms.
- Our 550 members of the Health Forum get information through newsletters and general email updates.
- We have regular interviews on radio stations and have a monthly section in the *East Anglian Daily Times* to help us spread the news about good health, and also publish information in an open and timely way.
- This year our Facebook and Twitter use has taken off, and we are looking at using other methods to give people information, such as through films.