



integrated working

**January 2017**

## **Patient Revolution 2016 – what we have done**

NHS West Suffolk Clinical Commissioning Group (CCG), which buys and manages healthcare for 240,000 people who live in west Suffolk, held its fifth Patient Revolution event on Wednesday 29 June 2016 at the Athenaeum in Bury St Edmunds.

More than 100 people came to the event, which used an 'open space' technique to allow people to set the agenda by raising the issues which matter to them. We then used those discussions to help us set work priorities, progress new ideas and come up with areas for future development to improve people's experience of local healthcare.

Seven key themes emerged from the day, which were:

1. Accident and emergency
2. Long term health conditions
3. Mental health
4. Palliative care support (post discharge)
5. Community feedback and education
6. Primary care delivery
7. Parking at West Suffolk Hospital and transport

This report provides an overview of the points which were raised and the actions which have taken place since the summer as a result of your feedback.

### **1. Accident and emergency**

People told us they were concerned about pressure on the emergency department (ED) at West Suffolk Hospital and the ability of doctors and nurses to manage demand. This is something we have really focused on, and the whole system has worked together to make sure that people who don't need to go into hospital stay at home and, if they are in hospital, they are supported out as swiftly as possible. It did mean that over the Christmas and New Year we managed well when compared to the national picture. These are a few examples of what we have done:

- Worked with the hospital and the wider health system to review attendances and admissions.
- Set up a demand management group to raise awareness of admission prevention schemes among GPs and wider healthcare professionals, with the aim of stopping people who do not need acute care from going into hospital in the first place.
- We have enhanced the Early Intervention Team, which is based at the hospital and has team members from across organisations, including voluntary sector.



We added a social worker and a paramedic to the EIT and extended working hours to include a late shift between Thursday and Monday.

- To improve capacity in the hospital, there are step down beds to improve discharges.
- Patients with minor illnesses or injuries are re-directed to see a doctor.
- Local GPs are doing additional rounds to care homes, and visiting earlier in the day.
- Strengthened communication with the public by:
  - displaying messaging to remind patients of alternative services, such as GPs and community pharmacists
  - developing a series of messages about the pressures faced by WSH for the press and social media, such as “our doctors, nurses and paramedics are under a lot of pressure today, and are asking for your help”, with the aim of redirecting patients to more appropriate sources of healthcare help.
  - developing a card to offer to patients to show them where pharmacies close to the hospital are.
  - asking for support from the voluntary sector to help share messages about how to best look after yourself
  - translating a self-care leaflet into EasyRead.

## 2. Long term health conditions

Diabetes care was highlighted as a priority for people attending the event. This is what we have done to significantly improve the support which is available for the estimated 11,500 people in west Suffolk who are living with Type 2 diabetes:

- Introduced a community diabetes service, which sees specialist diabetes nurses from West Suffolk Hospital work alongside nurses in 19 GP practices to advise patients how to better manage their condition closer to home.
- Upskilled primary care staff so that they can carry out thorough annual checks and treat or signpost diabetes patients more effectively.
- Held a series of workshops during the spring to inform the future direction for diabetes services. More than 70 clinicians, patients, commissioners and voluntary sector representatives attended and made various recommendations, which included giving all patients a 12-month care plan, providing ongoing education and continuing to provide as much care in the community as possible.
- Bid for a share of £44m in national funding to increase support for people with diabetes and severe mental health conditions, provide structured education and carry out personalised care planning for people with long-term conditions. The money will be released in April 2017 and would also provide additional opportunities to improve the support given to people with diabetes in care homes.

Thanks to the introduction of the new community service, 61% of patients are now receiving the support they need to control their blood pressure, blood sugar and cholesterol levels, compared with a national average of 60%. As a result, west Suffolk is



now ranked 81<sup>st</sup> of 209 CCGs for diabetes care – a significant improvement from 2014, when fewer than one in three patients had control of their blood pressure, blood sugar and cholesterol levels and the CCG was ranked 209<sup>th</sup> out of 211 CCGs.

### 3. Mental health

Areas of discussion included better access to support, including out of hours. You also told us you wanted to see different organisations working more closely together to achieve good results for patients and service users. This is the action we have taken, together with our partners:

- Commissioned Wellbeing Suffolk, which launched on 1 September to provide support for a range of common conditions, including anxiety and depression. People can self-refer to access a wide variety of help, including courses, peer support and one-to-one support. Additional funding has recently been secured for two extra posts to help improve the recovery rate, while the CCG is in discussion with the Department for Work and Pensions to see if employment advisors can also start working with the service.
- We are running a pilot scheme which sees a mental health nurse work alongside the police to respond to incidents where mental health issues may play a part. A nurse is also based in the police control room so that they can offer specialist advice to officers.
- Piloted a project which saw primary care learning disability liaison nurses work with a group of GP practices to improve access to health checks for hard-to-reach patients and support for all patients with learning disabilities and complex healthcare needs.
- Commissioned a new dementia peri-diagnosis service, which will launch on 1 April 2017. The service will be for anyone with diagnosed or suspected dementia, people worried about associated communication, comprehension or memory issues, and for family carers. It will provide high quality, consistent advice and information so that people will be confident to make decisions about their care, know what to do to live well, plan for their future and maintain their independence for as long as possible.
- Continue to provide a psychiatric liaison service at West Suffolk Hospital, which supports ED and ward staff during the week and can link to other providers, including additional mental health support.

In addition, we have also focused on children and young people's mental health, and have:

- Reviewed the Suffolk Children's Emotional Health and Wellbeing Plan and agreed to increase the speed at which positive changes are made while prioritising the way we respond to people in crisis.
- Continued to engage with young people, parents and carers, schools, voluntary services and health providers to develop new training to make sure staff and service users are speaking the same language. The group has also developed



the Source website, which brings together a variety of health information, guidance and resources for young people about issues such as self-harm, depression and anxiety.

- Continued to work closely with Norfolk and Suffolk NHS Foundation Trust and Suffolk County Council to introduce a single point of access emotional wellbeing hub to ensure that no child, young person or their family/carer is turned away without being offered appropriate help, information or advice. The hub is due to launch in the spring.
- Set up a group to review crisis care in Suffolk and develop an action plan which will deliver a 24/7 response to young people who are facing a mental health crisis.
- Launched a new community-based eating disorder service in summer 2016 to provide dedicated, bespoke care to people aged up to 18 with anorexia, bulimia and binge eating disorder. As part of the new service, we are working with BEAT, the eating disorders charity, to provide training and education for health and care professionals which focuses on increasing understanding, recognition and response to risk factors and signs of eating disorders.

#### **4. Palliative care support (post discharge)**

You told us that you wanted to see service users and carers become more involved in their care. As a result, we have:

- Rolled out the 'My Care Wishes' documents for professionals to share with patients, so that they have the chance to make choices around their preferred place of care and death. We are now working to make the document available to more people over the coming months.
- Developed specific guidance to support end of life care, which will be used across the whole of Suffolk. We have also developed an anticipatory prescribing policy for 'Just in Case' medication to help control people's symptoms and keep them comfortable in the last days of life. Both of these documents are due for sign off in early 2017.

#### **5. Community feedback and education**

People at the event were keen to see individual practice patient participation groups establish closer links with each other.

##### **PPGs**

We have offered help and support to PPG groups, which are attached to all 24 GP practices in west Suffolk. Our Community Engagement Group chairman, David Taylor, and Jo Finn, lay member for patient and public engagement, attended five PPG meetings.

A workshop for PPGs has been arranged for 31 March 2017 to spread best practice. A GP engagement guide has been developed and shared with practices across Suffolk.



## **Feedback**

Along with the feedback we gained from the Patient Revolution, another major piece of work happened over the summer. It came about as we predicted in July that we would not meet our budget. We asked for feedback from the public on whether we should change services for infertility treatment and support for those with chaotic lifestyles. We also asked what ideas the public had on how to stay in financial balance. This saw:

- A thorough engagement process was carried out from 19 July to 9 September, including a total of 22 events and online data collection.
- Some 1400 comments were gathered in total. It led to a decision to keep delivering two cycles of in vitro fertilization for women and to work with partners to support a growing number of vulnerable people.
- Ideas from the public about what we could do differently included reducing waste. This has led us to launch campaigns for increasing people's use of pharmacies, including a film. This work will continue.

## **6. Primary care delivery**

Areas discussed at the event included planning for the future, giving GPs regular training and triaging people to help prevent them from booking unnecessary appointments.

Following these discussions, we have:

- Liaised with our GPs to develop plans for 'super practices' to help manage future demand. These super practices see separate practices merge lists to cover a large patient population. Although they still work from separate sites, the practices will operate as a single organisation which shares back office functions to improve efficiency.
- Worked with 48 partners from 14 Suffolk practices, to develop the Suffolk Primary Care Partnership – a super practice which plans to launch on 1 April to care for 112,000 patients.
- Continued to work with our GPs to identify new functions which super practices could carry out to ease the pressure on other parts of the healthcare system.

## **7. Parking at West Suffolk Hospital and transport**

People at the event were keen to see transport to the hospital improved and more mobile units taking care direct to patients within their own communities. The availability of spaces for blue badge holders was also discussed. This is what West Suffolk Hospital has done:

- Continue to monitor car park use closely. Staff still park off site one day a week, and the trust will launch a new car sharing service, called LiftShare, in February.
- Reconfigure the car parks:
  - A new car park with an extra 400 spaces is due to open by the end of January 2017. While that work has taken place, the existing car parks have been reconfigured to provide a net gain of 120 spaces, which has helped with staff parking.



- From February 2017, around 100 spaces will be released at the rear of the site for patients and visitors who are still struggling with capacity in the main car park at the front of the hospital.
- Around 40 blue badge bays will be provided in the main patients/ visitors car park. This will be complete as quickly as possible after 1 February.
- Dedicated spaces for voluntary drivers will be available at the rear of the site to help ease pressure on the main car park.
- Review the tariffs:
  - New car parking tariffs have been introduced which include charging blue badge holders the same as all other drivers, in line with an equality impact assessment that was undertaken. The hospital has listened to requests and complaints regarding the old two-hour time band tariff, and based the new tariffs on an hourly rate of £2 as a result.
  - Drivers will continue to be given 20 minutes' leeway at the front of the hospital and 30 minutes at the rear of the site so that they can drop off patients or goods without paying a car parking charge.
  - Patient information is being updated to make sure patients are aware of the tariffs and car park locations before they come to hospital.
  - A variety of concessions remain in place, including weekly ticket for frequent visitors, reduced fees for Macmillan patients coming for regular treatment and reimbursement for anyone receiving income support.
- Transport
  - Investigations into providing a shuttle bus service for patients and visitors are ongoing. Discussions are taking place regarding costs, insurance and a suitable location from which the service could run.