

Community Conversations

Talking to the public about transforming local services





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Context

Current financial pressures coupled with an ageing population and the fact that people are living longer with multiple conditions means that big changes to the way health and social care are delivered are both necessary and inevitable.

Pressure is increasing on frontline health services which puts Accident and Emergency (A&E), Urgent Care and GPs under tremendous strain. As a result, momentum is building to provide more care in the community, but this requires the redesign of local services and adds complexity to the delivery of community services.

Overcoming local challenges

Leicester, Leicestershire and Rutland (LLR) are taking on the challenges facing health and social care services head on with the Better Care Together (BCT) programme and the Leicestershire County Council's Better Care Fund (BCF).

The BCT programme is a five year vision for local health and health and social care services across Leicester, Leicestershire and Rutland (2014-2019).

The decision-making body for the BCT programme is made up of all the NHS and council bodies in the area including Healthwatch and is collaboratively challenged with improving local services and meeting the future needs of the population.

BCF is a pooled budget of £3.8m which supports improvements to the integration of health and care services across Leicestershire. The fund focuses on bringing prevention services into one consistent offer including:

- A unified prevention offer for Leicestershire communities
- Integrated, proactive care for those with long term conditions
- Integrated urgent response
- Hospital discharge and reablement

The Integration Executive Board that reports into the Leicestershire Health and Wellbeing Board is set up to oversee the delivery of the BCF plan and the associated pooled budget. Healthwatch Leicestershire sits on both of these bodies as well as the BCT programme board.

Our local area's commitment to transforming local services has been recognised through our area's inclusion as one of just eight urgent & emergency care vanguards nationwide. Vanguards were selected by NHS England through an open call for applications. Locally, the Leicester, Leicestershire & Rutland System Resilience Group (SRG) bid for and won a place as a vanguard. Healthwatch was pleased that the group used some of our reports in its bid.

As a vanguard, Leicester, Leicestershire and Rutland will lead the way in improving the coordination of urgent and emergency care services and reducing pressure on A&E departments. Plans include the creation of a new alliance-based urgent and emergency care system where all providers work as one network.

We hope that the findings and actions reported here will better inform how local services are transformed.



Our Priorities

Healthwatch Leicestershire

We have identified four main themes of work based on various statutory and public sector priorities and consultation with the public.

These themes and local priorities have been refreshed in light of further experience gained in the past year. Following a review of our insights, engagement with the public and members on issues that most concern them.

The following local priorities have been identified 2015-16.





Campaign Overview

Our Community Conversations Campaign

Healthwatch Leicestershire's Community Conversations Campaign was part of an initiative to take a wider view of the local health landscape in relation to the key themes listed on the left.

We asked the same questions at a series of events to gauge the public's understanding of accessing services and to review the health information that is shared or could be potentially shared with them.

Through August 2015 to October 2015:



500 members of the public were spoken to



326 surveys were completed

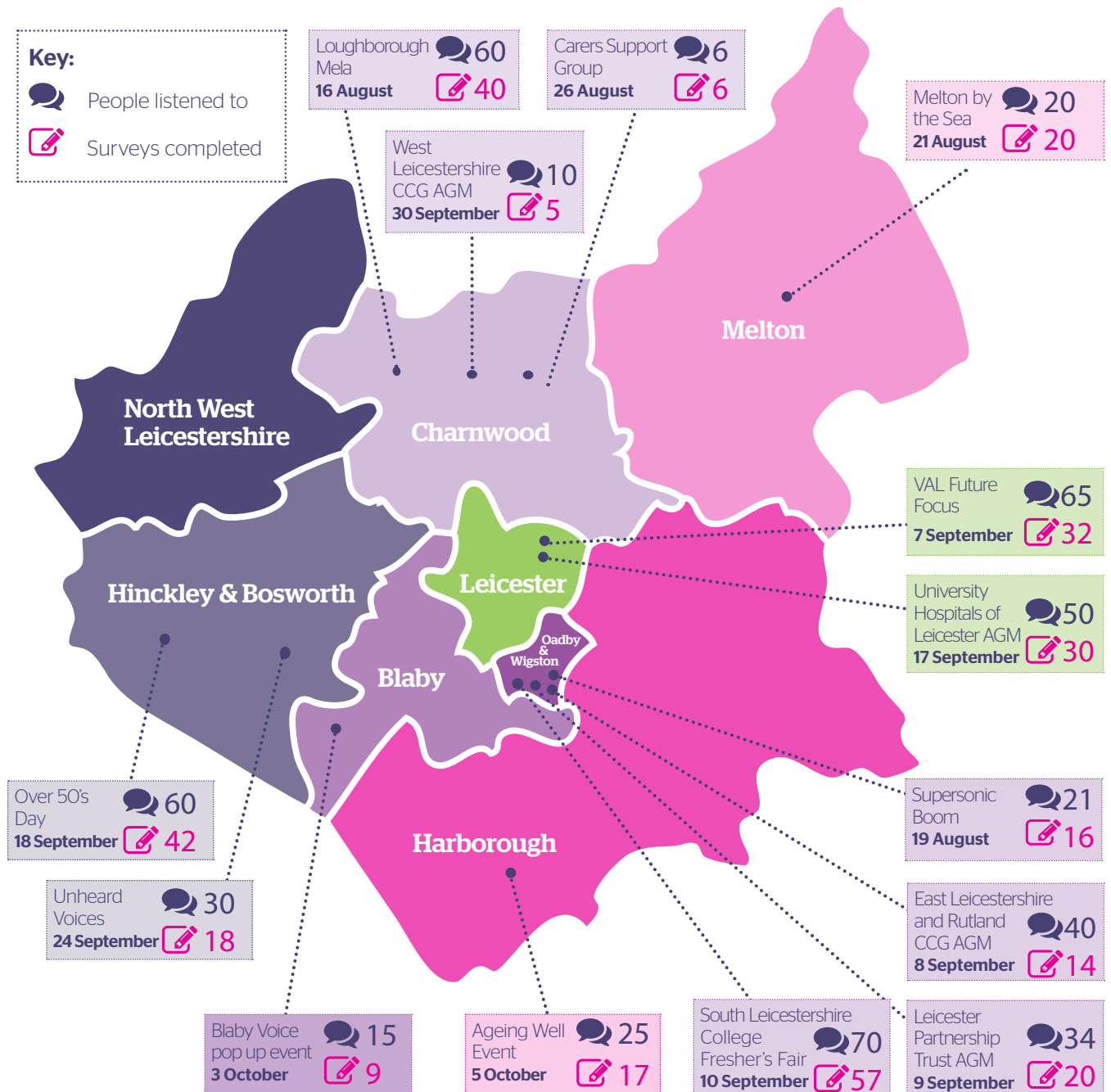


14 events were held working with various public, statutory and voluntary sector stakeholders.



Where we went

The information below describes where the Community Conversations campaign visited and how many people we spoke to.



This report presents what the public told us about these key themes and how they relate to the larger work being undertaken locally to transform local services.



Local Priority Theme: Access to Services

Question 1: If you need to contact a doctor when your GP Practice is closed what would you do?

Why did we ask the question?

People have told us that they struggle to get appointments with their GP, so the question was included to help us to better understand where people go for information or treatment when their GP practice is closed.

In addition, we're aware that local Clinical Commissioning Groups (CCGs) are providing information on alternative services. We also give the 'Choose Better' leaflets to all the people that we speak to and we wanted to know if people understand the services available.

What is the bigger picture?

There has been much discussion of whether a lack of access to GP Out of Hours services is driving increased pressure on emergency departments.

NHS England have stated that 'co-located services should actively encourage transferred patients to use the service best suited to meet their needs rather than defaulting to attend emergency'¹.

The July 2015 GP survey data shows that only 54% of patients in West Leicestershire CCG and 59% of patients in East Leicestershire and Rutland CCG knew who to contact for out of hours services².

¹ 'Safer, Faster, Better: good practice in delivering urgent and emergency care. A Guide for local health and social care communities' report

² Source: GP Patient Survey



What did our findings show?

The table shows what people would choose. Please note that some respondents chose more than one answer.

If you need to contact a doctor when your GP Practice is closed what would you do?	Responses
Phone NHS 111	134
Telephone the GP Practice and listen to the answer-phone	101
Go to the nearest Urgent Care Centre	54
Telephone the out of hours service	51
Go to the nearest Pharmacy	15
Go to nearest A&E Department	12
Phone 999	10
Other	13

From talking to members of the public, it would seem that some people are beginning to change their behaviour and think about the best way to receive care and are using the NHS 111 service for advice and guidance.

It was encouraging to note that the majority of people told us that they would call NHS 111 in the first instance that their GP was closed and only 10 people told us that they would call 999 if their GP was closed.

The vast majority of people we spoke to said that they would only call 999 or visit their nearest A&E department if it was a life threatening issue.

101 people would telephone their GP Practice and listen to the answerphone message. These results made it the second most popular choice and highlight the importance of the out-of-hours message on the GP answerphone. These messages appear to be important to directing patients to the right services.

What is the action?

The people we spoke to are using the NHS 111 service when they cannot see their GP. This shows that there is a demand for the service and people are confident that they are being directed to the most appropriate place for their treatment.

We know from talking to patients about GP appointments, that many people would attend an Urgent Care Centre if they could not get an appointment at their GP. This highlights the importance of integrating Urgent Care with other services.

We saw similar themes in our '12 hours in A&E' report and recommended that there needs to be "More collaborative and integrated working between Urgent Care Centre (UCC) and A&E, for example reallocating resources or re-directing patients at peak times. We found communication and teamwork between UCC and A&E could be improved".



BETTER
ACCESS TO
GP APPOINTMENTS

In November 2015, Leicester Royal Infirmary introduced a new 'single front door' where they are using a GP-led urgent care model to triage patients that arrive at A&E. Patients are assessed by GPs and senior nurses specially trained in Urgent Care.

The decision is then taken as to where the patient is best treated and this may not be at the hospital. Patients may be directed to alternative services including pharmacies, their own GP or self care³.

This sort of integration and streamline of urgent care services will make it easier for the public to find the right service quickly and easily.

There should also be continued work by the NHS to direct people to the most appropriate out-of-hours service. Advertising which health services patients can attend if their GP is closed continues to be very important and we believe that this should be continually communicated across the health service.

³ The Lakeside Healthcare Group is one of 14 "Multispecialty Community Provider Vanguard" appointed by the Government and NHS England to provide new models of care. www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites/



Local Priority Theme: Access to Services

Question 2: Do you know where your nearest Urgent Care Centre is?

Why did we ask the question?

Reducing pressure on A&E is key to adapting to the needs of an ageing population. However, during our previous engagement campaigns, it became increasingly apparent that many people were unaware of where to find their nearest Urgent Care Centre and that many had never heard of an Urgent Care or Walk in Centre.

We asked this question to gather further information on what people knew about their Urgent Care Centres so that information about alternatives to A&E could be targeted where it was needed most.

What is the bigger picture?

Locally we've been representing the patient voice by working with East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) on a project looking at providing a fit for purpose, standardised Urgent Care service (previously Minor Illness and Injuries).

This work links directly with the NHS 'Choose Better' Campaign and Leicestershire's 'Better Care Together' model for the future.

As part of the publicity for the new Urgent Care Services in East Leicestershire and Rutland, ELRCCG sent all households in the area an urgent care 'wheel guide'. A new mobile phone app⁴ has also been launched to help patients find the nearest appropriate provider as well as a public campaign launched in December 2015 to help people understand when to attend an Urgent Care Centre.

Together, this work aims to raise awareness of Urgent Care Centres so that people will be less likely to attend A&E inappropriately.

⁴ The 'NHS NOW' app can be downloaded from mobile phone app stores



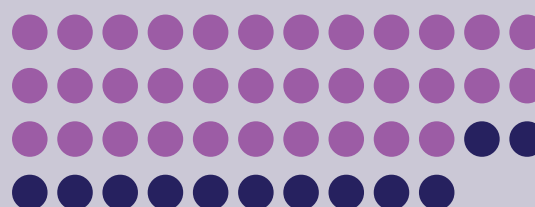
What did our findings show?

We asked people across CCG areas if they knew where their nearest Urgent Care Centre was. Overall, the findings were similar across CCG areas.

Do you know where your nearest Urgent Care Centre is?			
CCG AREA	RESPONSES	YES	NO/UNSURE
East Leicestershire	106	57%	43%
West Leicestershire	131	63%	37%
Leicester City and Out of Area	88	52%	48%

The map on page 12 highlights by district the number of people we spoke to that did not know where their nearest Urgent Care Centre was located. We also found variation in knowledge about Urgent Care Centres between particular districts.

Interestingly, two of the districts that do not have an Urgent Care Centre (Blaby and Hinckley & Bosworth) are the areas where the greatest number of people told us that they did not know where to find their nearest Urgent Care Centre. This highlights the need for clear signposting when areas do not have their own Urgent Care Centre.

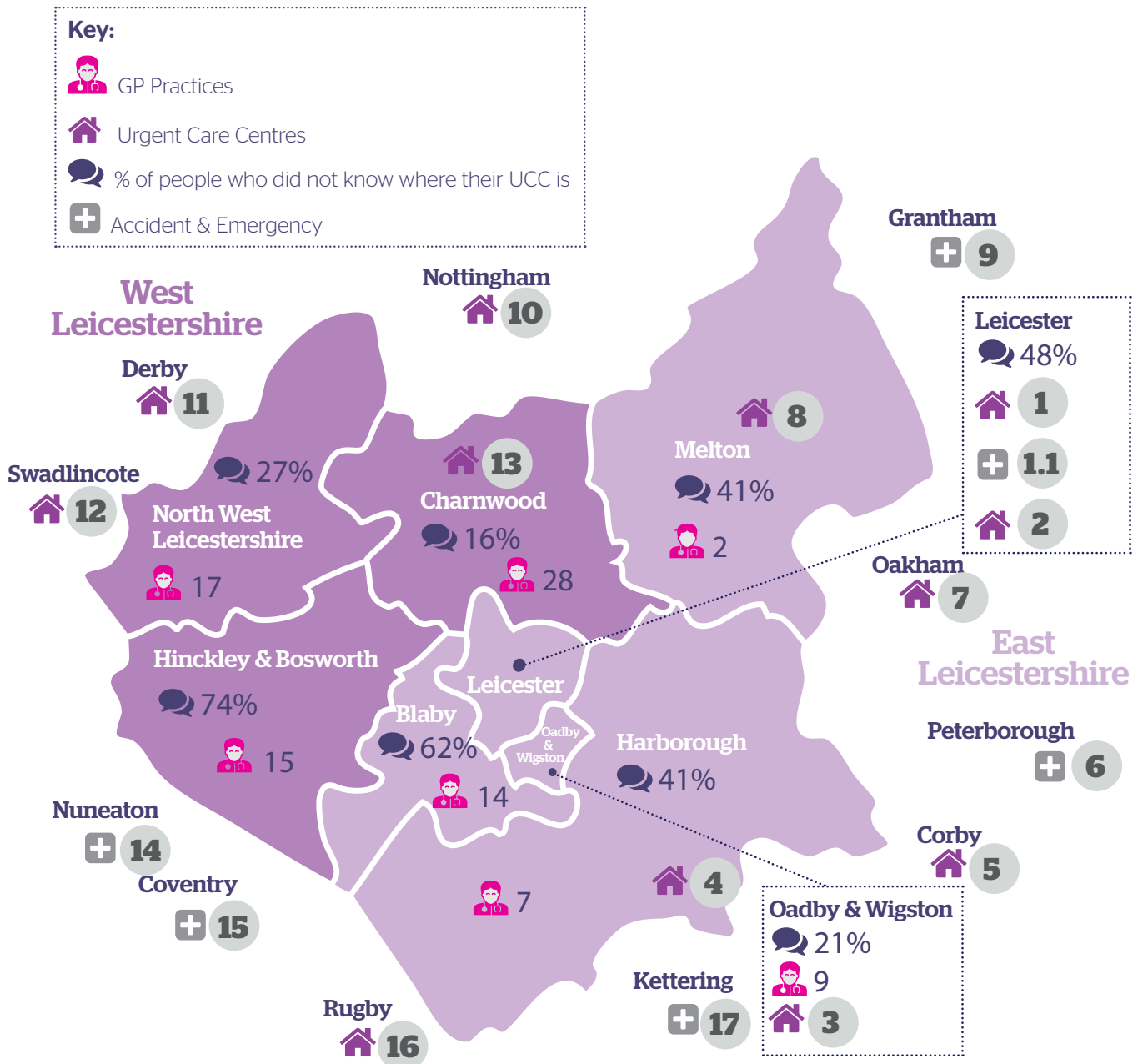


80%

(34 out of 46) of people spoken to at the Over 50's Day in Hinckley did not know or were unsure where to find their nearest Urgent Care Centre.



This map shows the number of people who did not know where to find their nearest Urgent Care Centre with the surrounding outer areas where the Urgent Care Centres are located. We have also highlighted the number of GP practices per district:



Please note:
The number of GP practices per district may differ from the information held by the local CCG.

On average 40% of the people we spoke to were unaware or unsure of where to find their nearest Urgent Care Centre.



List of UCC and A&E

- 1 Urgent Care Centre Leicester
- 1.1 Leicester Royal Infirmary A&E
- 2 Merlyn Vaz Health and Social Centre
- 3 Oadby Urgent Care Centre
- 4 Market Harborough District Hospital
- 5 Corby Urgent Care Centre
- 6 Peterborough City Hospital
- 7 Rutland Memorial Hospital
- 8 Melton Mowbray Hospital
- 9 Grantham & District Hospital
- 10 Nottingham City Walk In Centre
- 11 Derby Open Access Centre
- 12 Swadlincote Urgent Care Centre
- 13 Urgent Care Centre Loughborough
- 14 George Eliot Hospital
- 15 University Hospital Coventry & Warwickshire
- 16 Rugby Urgent Care Centre
- 17 Kettering General Hospital

What is the action?

The findings point to a need for clear and continued publicity and awareness raising about the Urgent Care Centres. They also suggest that there is a particular need to promote urgent care services in areas where the closest centre is across the border of the neighbouring county.

Campaigns that target people in these areas could be advantageous. By providing people with details of the locations of their closest Urgent Care Centres, people would be encouraged to use an Urgent Care Centre when they might otherwise have gone to A&E. This would help to reduce the pressure on A&E services. It could also be helpful for CCGs to better promote Urgent Care Centres across Leicestershire and neighbouring counties.

We recommend that information on the WLCCG and ELRCCG websites should provide the Urgent Care Centre details for all districts and boroughs in LLR and neighbouring counties. They should continue to promote the alternative services to Accident and Emergency.



Local Priority Theme: Co-ordination of Services

Question 3:

Would you like your doctor & hospital consultants to share your personal health records with each other?

Why did we ask the question?

In 2013, we held consultation events across Leicestershire with patients, stakeholders and members of the public. The aim was to identify key issues that would inform our priorities and the development of our future work plan.

From this consultation, we were told that it was a priority for people to feel that their individual journey through the healthcare system was coordinated. For this to be achieved, people felt that it was important for different services

and professionals, such as GPs and hospitals, to collaborate more effectively.

This message was supported by the findings from our 2014 'My Voice Counts Tour' and 2015 'One Week in LRI' report. We heard that patients across the health system had to repeat their story at every stage of their journey.

Sharing information across health and social care services therefore, could be vastly beneficial.

What is the bigger picture?

The national health and social care structures are beginning to merge. For example, in LLR, the BCT programme aims to transform the health and social care system by 2019 by integrating health and social care services.



Summary Care Record: Creating the records

Summary
Care
Records



- SCR are an electronic record of **key information from the patient's GP practice**
- As a minimum contain **medication, allergies and adverse reactions**
- Improved functionality coming soon with additional information **GPs will need to consent**

54.8m
SCRs
created
(96%)

> 2.5m
contacts in last
year
12 secs

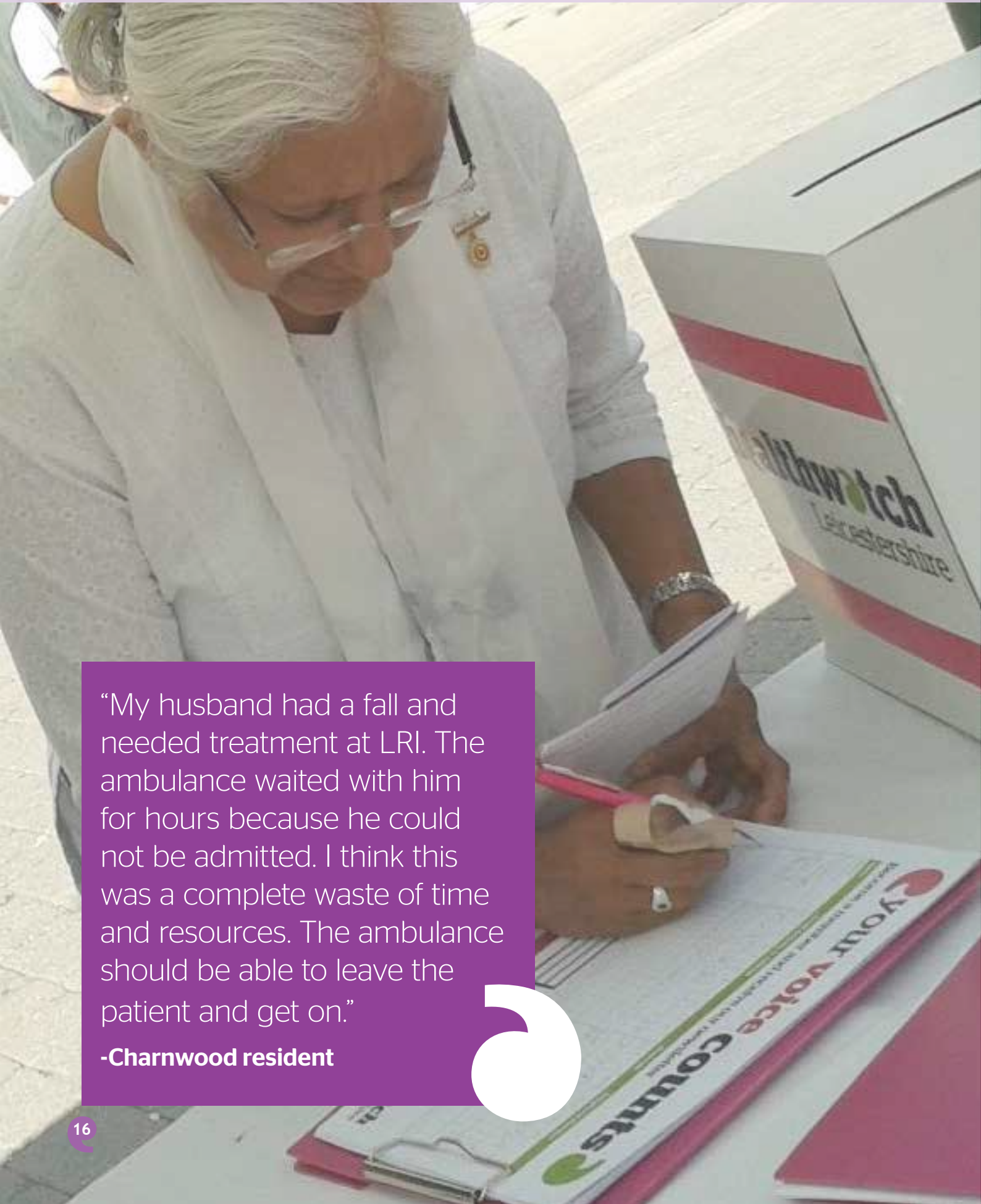
To find out more or enable SCR: scr.comms@hscic.gov.uk or [@NHSSCR](https://twitter.com/NHSSCR)

The care.data programme is another example of this transformation. The programme brings together health and social care information from different settings in order to see what's working well in the NHS and what could be done better. However, unlike the BCT programme that aims to benefit the individual, the care.data programme aims to benefit the community on a national scale. For example, collecting and connecting information nationally will help the NHS to better understand diseases and develop drugs and treatments.

NHS England support patient care by using an electronic record called the Summary Care Record (SCR). The SCR provides key information from patient GP records. It gives authorised healthcare staff faster and more secure access to essential information about patients. This is beneficial when, for example, patients need care unexpectedly or when their GP practice is closed.

Patient permission is requested every time the healthcare professional needs to look at their SCR. If the professional cannot ask the patient (for example, if they are unconscious or otherwise unable to communicate), healthcare staff may use the record without permission because they consider that this is in the patient's best interest.

“Lack of joined up thinking between services - staff at GP offices not local so limited knowledge of what's available for patients.”
- **Harborough resident**



“My husband had a fall and needed treatment at LRI. The ambulance waited with him for hours because he could not be admitted. I think this was a complete waste of time and resources. The ambulance should be able to leave the patient and get on.”

-Charnwood resident



What did our findings show?

Patient's that are suddenly admitted to hospital told us that it would be useful if the consultant had access to their GP information, especially in times of emergency. Overwhelmingly, respondents agreed that when in need of care, it would be beneficial for symptoms and conditions to be shared across hospital and GP practices.

We found that students who attended South Leicestershire College tended to have a different perspective. Over half (31 out of 57) said that they would not want their personal health records shared. In many cases, this was due to wanting a confidential relationship with their GP, with an understanding that they were able to talk freely. Trust and confidentiality was a priority for young people.

What is the action?

It can be frustrating for a patient to have to repeat their medical history and symptoms at various stages throughout their journey of care. Not all, but most patients only want to have to tell their story once.





Additionally, sharing information between essential services would almost certainly increase the chances of quicker diagnosis and better care.

“People with mental health problems should have access to more care, at home and in the hospital. Who can they talk to?”

- Hinckley and Bosworth resident

The table below shows the percentage of respondents that agreed or disagreed with sharing information.

Would you like your doctor & hospital consultants to share your personal health records with each other?

CCG AREA	RESPONSES	YES	NO/UNSURE
East Leicestershire	105	71% 	29% 
West Leicestershire	130	87% 	13% 



Local Priority Theme: Information

Question 4: What information would you like to see in the waiting areas at your GP practice or hospital?

Why did we ask the question?

All patients will have to spend time in the waiting areas in their GP Practice or at a Hospital. The waiting areas often contain information for patients about the service and information about health conditions.

During our Enter & View visits at GP Practices we are able to observe the waiting areas and look at the information and facilities available to patients. We look at the patient noticeboards and leaflets to ascertain how useful and appropriate the information is for patients.

When we spent a week in various departments at Leicester Royal Infirmary, patients told us the information that was displayed on the department walls was not in a clear and appropriate format for patients to read and understand.

What did our findings show?

Overwhelmingly, people told us that they wanted information that advised them where to go as an alternative to their GP including contact information for out-of-hours services and where to go for specific illnesses.

We know from the findings of our survey that many people are still unaware of the location and opening times of their nearest Urgent Care Centre (UCC). People told us that it would be very useful to have relevant information about UCCs as well as to inform them of which services would be most appropriate for their individual symptoms.



NHS staff that responded to our survey also found this to be a very useful suggestion, especially those working in or around Accident & Emergency (A&E) departments or GP Practices.

Information on how to keep healthy and specifically, what services are available for older people to access was a common theme. There are still many older people who are unsure what services, support groups or social groups are available to them. Access to this information may encourage them to keep healthy and improve their well-being.

What is the action?

From our findings, it is clearly important for patients that the waiting areas contain patient information in a relaxed environment. For example, information that recommends which services would be most appropriate for their individual symptoms could be helpful.

Service providers need to assess the surroundings of the waiting areas to ensure that the patient needs are being met. For example, providing information about the expected waiting time and more comfortable seats could help make the experience better for patients.

There needs to be a variety of information health leaflets and information about local support groups or health and well-being activities.

Other things that people wanted to see in waiting areas:



Information about different health problems



Something to cheer people up



Expected waiting times



Local services



Complaints procedure



Comfortable seats

“GP and Consultants don’t communicate with each other. Difficult to track down who has the results of tests. Patient in middle.”

- Charnwood resident



Community Conversations: What we heard

As the local health watchdog for residents of Leicestershire, we provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.

To ensure that our feedback gives the best possible information, we work hard to ensure patients' voices are heard.

During our Community Conversations Campaign, local residents gave us feedback that didn't necessarily fit into any of our questions but provided essential insight into the care that they receive day in and day out.

It is essential that decision makers hear these insights, so we've provided a selection of the most telling feedback we received here.

What residents said about: GPs

"This surgery has long waiting times, poor processes and rude staff. Staff incompetence has resulted in no care being given when needed and the response from the practice manager was unapologetic, rude and uncaring."

- Oadby & Wigston resident

"The GP service has become impersonal and a conveyor belt service. It lacks consistency and a choice of GP's. I feel pressure as soon as I enter my consultation to hurry up because the next person is waiting."

- Blaby resident

"I have a great GP practice and feel lucky to have it."

- Oadby & Wigston resident



What residents said about: Carers

“I think that new carers should receive a carers pack when they become a carer. This would help them to navigate the support services available and provide them with introductory information.”

- Hinckley & Bosworth resident

“Lots of people with dementia don’t get the care they need. More advice needed.”

- Hinckley & Bosworth resident

What residents said about: Appointments

“I want to be able to make an appointment much more quickly than I can at present. I was once inside my practice and was told that I could not make an appointment as it had to be done via the phone. I then stood in the GP’s reception, rang the practice number and continued to book an appointment whilst looking at the receptionist.”

- Hinckley & Bosworth resident

“Waiting times at our local GP and getting through on the phone to make appointments is ridiculous! Once I called 56 times.”

- North West Leicestershire resident



What residents said about: Appointments

"I received a letter asking me to make an over 40's health check appointment in July. I have been calling every week since and am always told that there are no appointments. This week I was told to call back in mid October as its not urgent."

- Hinckley & Bosworth resident

What residents said about: Joined up care

"I view my health holistically and would like my health professionals to do the same."

- Charnwood resident

"Treat me holistically. I have lots of things wrong with me. I would like the different health professionals to understand all my issues, especially those that impact on each other."

- Hinckley & Bosworth resident



MORE HEALTH
SERVICES FOR
MINORITY GROUPS

healthwatch
Leicestershire
**my voice
counts**
www.healthwatchleicestershire.co.uk
info@healthwatchleics.co.uk
[@HWLeicsShire](https://twitter.com/HWLLeicsShire)



What residents said about: Urgent care

“I spent 10 weeks at Melton hospital due to urgent care - multiple organ failure and heart problems. I was given my own room and received excellent service. I was also informed of where to go after my hospital treatment if I needed further help.”

- Melton resident

“We have found recently that its much easier/quicker to go to the drop-in at Swadlincote or Loughborough than it is to get an appointment.”

- North West Leicestershire resident

In summary


The common issue of accessing GP appointments is, for many people, still a concern. The processes for booking an appointment continue to be a barrier for patients.

This reflects the recommendation that Healthwatch Leicestershire made in the 'One Week in LRI report where it stated that “all GP Practices should adopt an appointments system that allows flexible, pre-bookable appointments as well as on the day appointments (or a drop-in service)”.

We still believe that there is a need to improve access to appointments consistently across Leicestershire, in order to achieve greater public satisfaction.

Being treated holistically was a concern that was highlighted on more than one occasion as increasingly people have multiple health conditions.

Patients and service users want the different health professionals to understand all of their issues, especially those that impact on one another. The fragmented approach to health problems does not cater for issues that affect more than one aspect of an individual's health.



“Talk about the more positive views - like how you can make yourself more healthy, not about how to notice if you are unhealthy, its the same with mental health, focus more on how to stay healthy not on what to look for if you aren't - as people won't accept that they are unhealthy sometimes.”

- Blaby resident



What next?

We take learning from people's experiences as well as from specialists and experts to build on what is already known and collaborate in developing and sharing new insights. Our work is in line with NHS England's commitment to working and engaging with patients, carers, service users and the public in a wide range of ways with an aim to improve the health outcomes for local people.

Our Community Conversations Campaign will lead into our ongoing work representing patient views and ensuring that local people have a voice in the health and social care services that they receive. When it comes to implementing system-wide change locally, we are focusing on key local themes that have emerged from our patient and public engagement and that mirror the strategic objectives of our partners.

This work will entail a range of activities over the coming months and this report will be presented and available to:

- West Leicestershire Clinical Commissioning Group
- East Leicestershire and Rutland Clinical Commissioning Group
- LLR Better Care Together Programme Board
- LLR System Resilience Group and the Urgent Care Board
- Details of this work will also be published on our website

Healthwatch Leicestershire will continue to support local initiatives such as LLR Better Care Together and the LLR Urgent and Emergency Care Vanguard. We will continue to gather evidence and insights from the public and patients and champion their voice at every opportunity.

It helps
in need
of help!





Healthwatch Reports

The following Healthwatch Leicestershire reports are available on our website:
www.healthwatchleicestershire.co.uk/resources

Annual Review - 2013/14

Peaker Park Care Village Enter & View
- April 2014

12 hours at A&E - June 2014

Lutterworth Country House Care
Home Enter & View – July 2014

My Voice Counts Tour (Summer)
– September 2014

Patient Views on Quality of Services
– September 2014

Glenfield Surgery Enter & View
– January 2015

A Week in Leicester Royal Infirmary
– January 2015

My Voice Counts Tour (Winter)
– February 2015

Ambulance Handover at Leicester
Royal Infirmary Enter & View
- March 2015

Annual Review - 2014/15

Unsafe Discharge For Vulnerable
People – July 2015

GP Quick Poll Report – July 2015

Dental Quick Poll Report – July 2015

The Surgery, Ashby Enter & View
- July 2015

Barrow Health Centre Enter & View
– July 2015

Wymeswold Court Care Home Enter &
View – September 2015

Insight Report - Road To Recovery
(Swanswell) – October 2015

Lyndhurst Lodge Residential Home
Enter & View – October 2015

Insight Report - Lost In Translation
(Richmond Fellowship)
– December 2015

Community Conversations



Talking to the public about transforming local services



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