

FUTURE PRIORITIES FEEDBACK REPORT

WORKSHOP - 19 FEBRUARY 2018

BROMLEY BAPTIST CHURCH



Date of the meeting: 19 February 2018

Time of the meeting: 1.00pm – 3.00pm

Venue: Bromley Baptist Church

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1. Purpose of the event

In February 2018, the CCG held a patient/public workshop to gather views on our future priorities to help inform our Operating Plan. This report provides a summary of the outcomes of that workshop. A more detailed account of discussions and the questions asked has been shared with participants and CCG leads.

In 2017, we gathered views to inform our two year commissioning intentions. The areas agreed at that time remain valid. However we wanted to take the opportunity to review and refresh our future priority areas required for our Operating Plan. These areas would outline our area of focus during the next year.

It has been used to inform the development of our Operating Plan which will be discussed at the CCG's Governing Body meeting in March 2018.

The workshop was used to discuss the following priority areas:

- Integrated urgent care
- Transformation of outpatient services
- Mental health, particularly child and adolescent services
- Care homes and end of life care

2. Attendance

Invitations were extended to Patient Advisory Group members, representatives from practice participation groups and voluntary and community groups from across Bromley.

Twenty seven people attended and additional comments were gathered from those who were unable to be at the workshop. These comments were sent in via email and were captured.

CCG members in attendance:

- Jodie Adkin - Associate Director Urgent Care, Discharge commissioning and Transfer of Care
- Paulette Coogan – Director of Organisational Development
- Fiona Gaylor – Senior Engagement Manager
- Rebecca King – Business Support Manager
- Daniel Knight – Interim Project Manager
- Graham Mackenzie - Director of Transformation
- Dawn Newman- Cooper – Head of Planned Care
- Daniel Taegtmeier - Head of Integrated Commissioning and Transformation

3. Format

3.1 Agenda

| Item | Owner | Time |
|--|---|-----------|
| Welcome and context <ul style="list-style-type: none"> • Overview of where we are now and our progress • How patients have informed our work to date | Graham Mackenzie | 1:00-1:15 |
| Question and answer session | Paulette Coogan | 1:15–1:25 |
| Future areas of focus <ul style="list-style-type: none"> • Integrated urgent care • End of life care and care homes • Outpatient transformations • Mental health | Jodie Adkin Daniel Knight Dawn Newman-Cooper Daniel Taegtmeier | 1:25-1:55 |
| Break-out discussion: session 1 | All | 1:55-2:25 |
| Break-out discussion: session 2 | All | 2:25-2:50 |
| Next steps | Paulette Coogan | 2:50-3:00 |

3.2 Context and background

The following slides set out the context and purpose of the event.

Context

- In 2017, through a process of engagement, we agreed our priorities and plans for 2 years (to 2019)
- We are therefore midway through the existing plans
- We believe the areas identified in the plan remain valid but are taking this opportunity to review and refresh our plans
- What has changed? Any new priorities or areas requiring greater focus?
- National planning guidance for 2018/19 recently published
- The Sustainability and Transformation Partnership (STP) in south east London

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Our progress so far – some highlights

- Three Integrated Care Networks operational
- Fewer people waiting for autism diagnosis
- Community Specialist Perinatal mental health with Oxleas
- Quicker treatment for minor eye conditions
- Increase of psychiatric liaison in A&E
- Extended GP access across three hub sites
- More phlebotomy clinics
- Cardiology diagnostics in practices

Our progress during 2017/18 will be reflected in our Annual Report and Annual General Meeting in July



Strategic principles

Our plans for 2018/19 must continue to ensure we are:

- Ensuring quality and safety when commissioning services
- Living within our resources
- Achieving national and local standards and performance targets
- Promoting prevention and self-care
- Developing integrated care



The event began with a short presentation outlining examples of work already completed. Attendees were then able to ask clarification questions. Examples of the questions and responses are included in [section 4](#) of this report.

Further presentations were provided on the four priority areas to provide more context, background and enable participants to understand:

- Key facts about each priority area
- When plans were aimed to be delivered
- What projects would be undertaken
- What expected benefits there would be to patients and the health and care system.

Participants then had the opportunity to discuss two of the priority areas in table discussions using the following prompts.

1. How do you feel about the projects we are proposing?
2. How do you feel these will improve patient experience and care?
3. Do you feel there are any other projects in we should be considering?

4. Question and answer session

Q) I am not sure what an Integrated Care Network (ICN) is? What's available?

A) Locals GPs are given the opportunity to identify frail patients with long term health conditions. Multi-disciplinary teams (MDT) which include GPs, nurses, social care and other specialities assess the best way forward for that patient's care. ICNs support the delivery of more joined up care. Over 1,000 patients have already been supported.

Q) Does that (ICNs) include emergency care?

A) The aim is to avoid the need for emergency care by providing more proactive care aimed at keeping patients well and independent. Information about emergency care will be shared through the presentations and discussed on tables.

Q) Are there any care homes owned by the borough, or are they now all privately run?

A) All care homes are now privately owned in Bromley.

Q) The CCG currently has limited funds. With such budget constraints, who supplies what? Bed blocking is a huge issue. How do the budgets work?

A) The CCG is working in a constrained financial environment. This is why we are looking at integration and asking ourselves how we best utilise resources.

Q) Who makes the decision regarding who you need to see (in relation to outpatient transformation)?

A) All referrals to hospital are clinically triaged by Consultants and Nurse Specialists. GP referrals are made using the e-referral system. Your referral is sent straight to a Consultant who clinically triages this. They then decide how quickly you need to be seen and who is best to treat you.

Q) Is the use of technology in health and care an ambition or is this already happening?

A) This is already going on now in a number of outpatient areas and also in primary care.

Q) More work needs to be done around medical records. The ambulance service needs access to medical records.

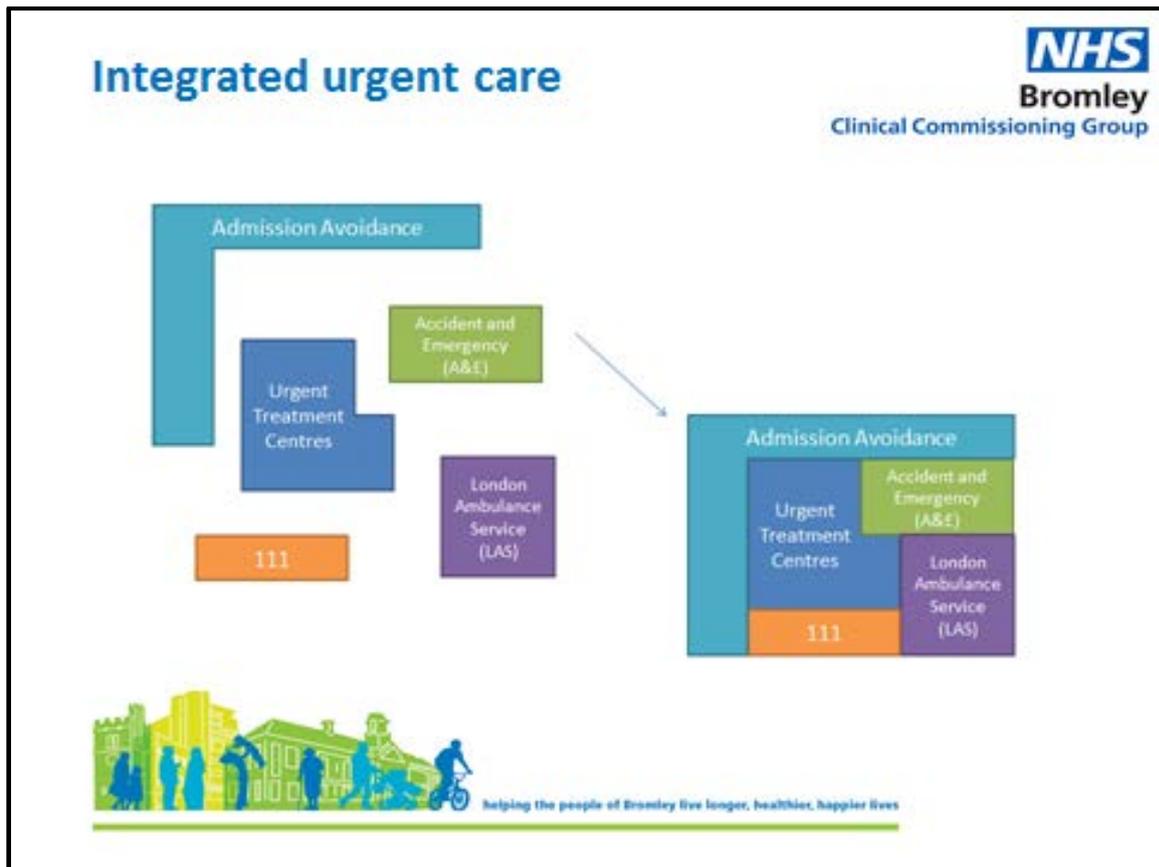
A) The London Ambulance Service already has access to summary care records and *co-ordinate my care* records (end of life care plans, where patients have them).

5. Table discussions

There were table discussions on all the priority areas. This section provides information on the themes that came through in those discussions. A more detailed breakdown of all the views captured has been shared with the programme leads responsible for these priority areas in order to inform operating plans.

In summary there was broad support for the future priorities but a request for more detail on why these areas had been chosen which demonstrates why they are the most urgent areas to meet local health needs.

5.1 Integrated urgent care



Themes:

How do you feel about the projects we are proposing?

- Support clear communication with the public about the urgent care services available to them – including pharmacists and out of hours care. NHS 111 needs to triage patients to where they need to go.
- Improve discharge arrangements and communications between providers.
- All providers having access to patient information so informed decisions can be made.
- Prevention is important and proactive targeting of particular conditions.
- Technology a key enabler. How will NHS 111 across six boroughs hold together an integrated care system in Bromley?
- Need simpler ways to enable patients to be treated across borough boundaries.
- Where are the solutions to what is proposed?

How do you feel these will improve patient experience and care?

- Make the current system simpler for patients to navigate.

Do you feel there are any other projects in we should be considering?

- Sophisticated technology is required to guide in decision- making, including looking at more commercial options
- Need to clearly define the “offer” for each part of the urgent care system and why you would access each element.

5.2 Outpatient Transformation



What do we mean by outpatient transformation?

Outpatients are patients who need to have treatment but do not require an overnight stay in hospital.

Outpatient services are usually provided in a traditional clinic environment face-to-face with either a doctor, nurse or therapist. In order to transform (change) and improve these services, we want to change the way people have access to health care professionals through greater use of technology and different ways of working.



Themes:

How do you feel about the projects we are proposing?

- Consider the range of communication needs that patients have to enable them to fully participate.
- Access.
- Good organisation is required.
- May ease pressure in primary care but training is required.
- Feedback and patient experience needs to be monitored. Some experience is poor due to miscommunication leading to delays in treatment.
- Some patients might feel that using technology makes their experience of care too remote.
- Use of technology to improve care – ie virtual consultations, monitoring through emails etc, but making sure patient views are captured.

- How will pharmacies link in with this?
- Do patients want seven day services?
- Need to reduce do not attends and wasted appointments.

How do you feel these will improve patient experience and care?

- May not work so well with paediatrics.
- Need to measure compliance and outcomes.
- People with learning disabilities may have difficulties using technology to communicate.
- Patients should have choice of how to have their appointment.
- Improved communications and accessibility of staff.
- Patients seen quicker and less waste in the system.
- Swifter decision making
- Patients more in control of their care.

Do you feel there are any other projects in we should be considering?

It was noted that within ENT, Cardiology, Gynae, Dermatology and Neurology that virtual consultations are already happening. From April 2018, there will be pilot clinics for respiratory, fracture and possibly paediatrics.

5.3 Mental Health

5 Year Forward View for Mental Health (Adults)

National and local direction of travel:

- To provide the right quality care at the right time
- To develop a more joined up approach to mental and physical health care
- Promoting good mental health and preventing poor mental health

Delivery date: 2017/18 to 2020/21




January 2016 33

Themes:

How do you feel about the projects we are proposing?

Feedback focussed primarily around the single point of access model.

- Telephone number contact point.
- What is the evidence for this model and how would it benefit patients?
Continuity of care?
- More explanation of this model.
- Successful diagnosis needed first before using this system.
- It will help clinicians and A&E strain
- There is limited understanding of the single point access model – more work
- GPs need to be made aware of what services are available
- Long term illness – will there be safe places to go outside of hospital?
- Out of borough access is important.
- Community care both to prevent hospital admission and after discharge from hospital is important.
- CAMHS – the transition between children and adults services needs to be thought through
- More detail on prevention and early intervention would be welcome.

How do you feel these will improve patient experience and care?

- Easier access.
- Better and more community care available.
- Will promote independent living.

Do you feel there are any other projects in we should be considering?

- Mental health first aid – how to raise awareness of mental health issues and what family members, friends and carers can do to support them.
- GP education.
- Consider how other models are working.
- What support is available to children and young people including those who are severely mentally ill?

5.4 Care Homes

To do this we will...

Care homes

To maintain and develop care home services in Bromley, a joint programme will be taken forward with London Borough of Bromley. Through this we will:

- Develop a joint commissioning strategy – to identify future need and capacity planning
- Create an integrated health and social care support offer to Care Homes; including GP services, therapies, nursing, primary and secondary medical, medicines management, social care and other services
- Develop and implement a quality framework to measure and improve services



NHS
Bromley
Clinical Commissioning Group



Themes:

It was made clear that the session was to focus on care homes and not care delivered in your own home.

Care homes

- Regular reviews of patients so treatments provided in a timely way.
- More beds required and costs are escalating.
- Training of staff so patients can stay in a care home as much as possible.
- Ensuring patients can get vaccinations.
- Easy access to GP care within the care home.
- Are there plans to improve rehabilitation units managed by the NHS? There are mixed reports of care received within these facilities
- Identify the needs of people in care homes.

5.5 End of Life Care


NHS
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Clinical Commissioning Group

To do this we will...

End of life care

- Improve identification and advanced care planning of patients in their last year of life across all primary and community providers
- Improve the integration of end of life services to ensure patients receive joined up care
- Extend the pilot linking hospital and community palliative care nursing services following positive evaluation
- Explore an at home antimicrobial therapy service (antibiotics and other fluids administered by drips) reducing the need for emergency admissions



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Themes:

- Social care packages need to be in place before discharge from hospital.
- Equipment.
- Assessments at home and reduced visits to hospital.
- Improve communication and co-ordination with staff handling cases in a professional way. .
- Continuity of care.
- Patient involvement in end of life care planning.
- Training for hospital staff around end of life care.
- Positive feedback on advanced care planning.
- Cannot see a single point of access working.

6. Event feedback

At the end of the workshop, all participants were asked to complete a brief evaluation form. Responses are:

48% felt there was enough time to discuss the issues.

74% felt able to express their own opinions.

100% felt their views had been listened to.

100% understood why the meeting took place.

100% would like to attend a follow up meeting on this topic.

Additional comments received on the feedback forms included:

- The meeting was well-facilitated and explanations were simple and to the point.
- It would have been beneficial if participants could have taken part in all four discussions; however not at the expense of time – therefore in future have the meeting last longer.
- The table discussions need to be more focussed on what you are trying to achieve e.g. outcome based. This is to focus attention on the issues to be discussed. Need to be practical with what can be achieved with the resources available. A useful meeting.
- Need more workshop time
- A well organised event. The documents are very clear and detailed and facilitated
- More time!
- Would like to have joined all four groups. Very good group leaders a lot to get through in two hours.

Information on the equality data for all the participants is available on request.

7. Next steps

A detailed version of this report has been shared with programme leads to help inform the development of this year's operating plan. A "you said, we did" document will be produced and shared with participants in order to explain how feedback has influenced the plans. This will be available in the summer of 2018.