

# Better Care Together Engagement Project

April 2018



# Introduction

The Better Care Together (BCT) programme was set up in 2015 with the aim of reviewing health and social care services to help enable people to be as healthy as possible by getting communities more involved in managing their own health and wellbeing. The review is being led by ten health and care organisations across South Cumbria and Morecambe Bay.

In early 2018 Healthwatch Cumbria and Healthwatch Lancashire were commissioned by representatives from the BCT Programme for Morecambe Bay to work as a Local Healthwatch Collaborative (LHC) to explore people's views on the current challenges facing healthcare services across Morecambe Bay. The LHC was to engage with and gather feedback and ideas on what people think could be done to address the challenges facing Morecambe Bay's healthcare services.

The five main challenges are:

- **Challenge One**

*'We are spending significant amounts of energy and money on health conditions that are largely preventable and spending on 'cure' and 'follow up' rather than prevention. Many of the issues that affect poor health lie outside the NHS, e.g. working and living conditions.'*

- **Challenge Two**

*'Staffing - we do not have enough permanent staff to deliver all of the current health and care services across the Bay today. 80% of local health spending is on staff employment --we spend significant amounts of money on locums and agency staff e.g. 9.5%. We sometimes have to pay 'over the odds' for staff to provide some services that are difficult to staff.'*

- **Challenge Three**

*'The best bed is often your own bed - for some people being in hospital can lead to a deterioration in health e.g. muscle wastage. Some people's hospital length of stay in a bed here is longer than the national average. Not everyone has the support at home to help them when they leave hospital.'*

- **Challenge Four**

*'The demand on all health services is increasing, e.g. on GPs in primary care, on community nurses etc. We can't simply move some hospital services to primary and community without giving them extra resources. There is high demand for some services e.g. a GP appointment, whereas other health services the demand isn't there, e.g. the number of people who "Do Not Attend" their outpatient appointments.'*

- **Challenge Five**

*'Staff work really hard to reduce waste - nonetheless there are areas of waste and duplicated spend in some areas of the NHS, e.g. variations in prescribing. We spend money on running duplicate "back office" services across many sites and different buying processes. Some services aren't always valued, e.g. some outpatient follow up appointments.'*

It was anticipated that the LHC would:

- Develop a suitable survey
- Use the 'Chatty Van' mobile vehicle to engage with the public in Morecambe Bay and South Cumbria
- Write a report outlining the engagement activities that took place and documenting what people had said

People were given the opportunity to get involved by:

- Visiting the Healthwatch Chatty Van
- Completing a survey either on-line or on paper
- Giving feedback on the BCT website
- Giving feedback via social media

The report provided to BCT will help them plan future services. If there are any significant changes to be made then approval will need to be sought from NHS England. There may also be further engagement or consultation depending on what is decided following the feedback gathered from this engagement.

## Engagement

The dates, times and locations for the Chatty Van touring Morecambe Bay were:

Date (all 2018)	Venue	Time
Monday 26 <sup>th</sup> February	Sainsbury's, Lancaster	9am-4pm
Monday 12 <sup>th</sup> March	Cenotaph, Carnforth	9am-4pm
Tuesday 13 <sup>th</sup> March	The Festival Market, Morecambe	9am-4pm

The dates, times and venues for the Chatty Van touring South Cumbria were:

Date	Venue	Time
Tuesday 6 <sup>th</sup> March 2018	Tesco, Millom	10am-4pm
Wednesday 7 <sup>th</sup> March 2018	Tesco, Barrow-in -Furness	10am-4pm
Thursday 8 <sup>th</sup> March 2018	Kirby Lonsdale Market, Kirby Lonsdale	9am-12 noon
Thursday 8 <sup>th</sup> March	Booths, Ulverston	1pm-4pm
Friday 9 <sup>th</sup> March	Milnthorpe Market, Milnthorpe	9am-12 noon
Friday 9 <sup>th</sup> March 2018	Morrisons, Kendal	1pm-4pm

An on-line survey ran from Monday 26<sup>th</sup> February to Sunday 18<sup>th</sup> March.

During the period of engagement the LHC talked to 655 people and received online responses to the survey from 222 people.

Members of the public also completed over 200 comment cards.

## Analysis of results

### Challenge One

*'We are spending significant amounts of energy and money on health conditions that are largely preventable and spending on 'cure' and 'follow up' rather than prevention.'*

Question- Please rank how important you think some of the ideas are to tackling the challenge above - 1 being most important:

Rank 1-Work together to prevent illnesses

Rank 2-Provide more support and education for people to manage their long term health

Rank 3-Ask people to see different health professionals

Rank 4-Encourage people to get involved in community health initiatives to support their health

#### What do you think are the pros of the approach of your first ranking option?

- Responsibility- respondents felt that everyone should be held responsible for their own health and well-being. Respondents also felt that the community plays a role in supporting people to look after their health. Education was commented upon as an important factor in helping people understand how to ensure they stay in good health.
- Greater focus on prevention-Respondents felt that it is better to prevent illness rather than treat. By focusing on prevention there will be less strain on resources and in particular there will be less spending on preventable conditions allowing more money to be available for other services.
- Seeing the right health professional-it was commented that people need more support to know who the most appropriate health professional is for them to see. This would benefit both patients and health professionals.

#### What do you think are the cons of the approach of your first ranking option?

- Encouraging people to make changes-Respondents felt that it may be difficult to get people engaged in taking greater responsibility and control over their own health and well-being. This is because people have to want to make changes and some may find it hard or be reluctant to change existing habits.
- Putting any proposals into place- respondents expressed a number of concerns over how these proposals may work including: difficulty accessing education about your own health, proposals are long term solutions, funding, ensuring there are the staff to deliver any proposed ideas.

#### Do you have any further suggestions?

- Schools-It was suggested by respondents that there should be health education in schools to help educate young people on how to look after their own health and well-being.

#### What is your one burning issue with Challenge Number One?

- Responsibility- People need to be more accountable for their own health and well-being. Helping people to help themselves.

- Perception of NHS- It was felt that the NHS is viewed as a service to provide cure and treatment for when our health goes wrong, however respondents felt that people need to be more responsible for looking after their own health. There needs to be a greater focus on preventive care.

## Challenge Two

*'We do not have enough permanent staff to deliver all of the current health and care services across Morecambe Bay today.'*

Question- *Please rank how important you think some of the ideas are to tackling the challenge above - 1 being most important:*

Rank 1- Invest in developing future talent

Rank 2- Encourage people to consider/return to a career in the NHS, supported with publicity

Rank 3- Look at which services could be provided across a wider geographical area

Rank 4- Investigate our spend on high cost services

Rank 5- Recruit overseas

### **What do you think are the pros of the approach of your first ranking option?**

- Training- respondents felt there should be more apprenticeship opportunities for people wishing to train as a nurse. This is because it would make nursing a more accessible career as some do not want to or are able to undertake a degree course. It will also allow people to gain valuable practical experience. Apprenticeships might lead to greater numbers joining.
- Growing local workforce- provide opportunities for local people who are more likely to remain working in the local area.

### **What do you think are the cons of the approach of your first ranking option?**

- Training-It was commented that it takes time to train; training up more staff doesn't solve current staffing issues. It is also expensive to train and the cost of training may deter some people from pursuing a career in the health service.
- Negative perception of working for the NHS- It was felt that poor salaries and difficult working conditions would make a career in the NHS an unattractive option.

### **Do you have any further suggestions?**

- Conditions for staff-It was felt that there needs to be an adequate pay remuneration for staff. Respondents also felt that there should be a better work life balance for staff and ensuring the use of agency staff is kept to a minimum.
- Routes into nursing- It was felt that there should be more practical options available to people wanting to become a nurse than having to get a degree to be able to do the role which may not suit everyone and deter potentially suitable people from pursuing a nursing career. It was commented that there should be more funding available for those training or a scheme

whereby a person's tuition fees are paid in exchange for working for the NHS for at least a certain of period of time once qualified or the person has to pay their tuition fees.

- Recruitment- It was suggested schools should be visited to encourage young people to go into healthcare careers.

#### **What is your one burning issue with Challenge Number Two?**

- Staff-It was felt that employing agency staff is very expensive and this is one area where money could be saved. Further, it was felt that currently the NHS is not an attractive career option due to poor pay, difficult working conditions and lack of job security.
- Training- Training needs to be made more accessible, it was felt the removal of NHS bursaries has had a negative impact upon and is deterring people from pursuing a career in the NHS.

### **Challenge Three**

*'For some people being in hospital can lead to deterioration in health.'*

*'Some people's length of stay in hospital is longer than the national average.'*

Question- *Please rank how important you think some of the ideas are to tackling the challenge above - 1 being most important:*

Rank 1- Partnership projects to reduce the length of stay in hospital to enable people to get home sooner and safely

Rank 2- Invest in intermediate care- 'step up' and 'step down' beds which are medically staffed and offer the same safety and quality of care that a hospital does

Rank 3- Be more proactive in local communities with people who are deemed to be at risk of hospital admission

Rank 4- Looking to smaller hospitals that offer the complex care for the people who do need to be in hospital

Rank 5- Asking for support from the Third Sector and wider community to help signpost community based services that promote a return to independence at home

#### **What do you think are the pros of the approach of your first ranking option?**

- Care-It was felt that people would receive better quality care in the community than in hospital as care would be more personalised. Patients' recovery would be quicker and people would get home faster.
- Availability of beds-Respondents felt that safely reducing the length of time patients stay in hospital will free up hospital beds sooner.
- Local-By caring for people in the community people can access local services, be closer to home, easier for people visiting and there would be less travelling involved for patients and relatives.

#### **What do you think are the cons of the approach of your first ranking option?**

- Feasibility- It was felt that there may not be the funding to implement these ideas.
- Social Care- It was expressed that there isn't the money in social care to make these ideas happen and you may not get the care you need outside of hospital.

- Staffing-It was commented that there isn't enough staff.

**Do you have any further suggestions?**

- Care in the community-It was felt that care in the home needs to be improved to ensure that people's needs are fully met. Funding for social care is not enough to meet demand and need.

**What is your one burning issue with Challenge Number Three?**

- Length of stay in hospital- Ensuring that people stay in hospital for no longer than they need to.
- Community care- More investment in community care services

**Challenge Four**

*'The demand on all health services is increasing.'*

Question- *Please rank how important you think some of the ideas are to tackling the challenge above - 1 being most important:*

Rank 1- Encouraging people to see the right person rather than the person they are used to seeing

Rank 2- Be more open about the cost of healthcare

Rank 3- Test/trial technology to keep people well

Rank 4- Publicising a range of self-help care films featuring GPs giving advice on how to treat common conditions that people don't need to see a GP about

**What do you think are the pros of the approach of your first ranking option?**

- Cost-It was felt that seeing the right person rather than the person usually seen would be a cost effective solution.
- Appointments-More appointments available for those that need to be seen. Reduces wasted appointments as people are not seeing someone they do not need to see. This would reduce pressure on some health professionals, particularly GPs.

**What do you think are the cons of the approach of your first ranking option?**

- Staffing- It was felt that there are not be enough staff available.
- Cultural expectation- It was felt that people are used to seeing a GP and people feel only a doctor can diagnose and treat them. There is a lack of understanding of the skills and knowledge held by other health professionals.
- Referral- The current process to be referred to a specialist involves being referred by a GP
- People won't have access to the right person quickly and there still may be a delay in seeing the right person.

**Do you have any further suggestions?**

- Missed appointments-Respondents felt there should be consequences if appointments are missed. It was also felt there should be greater use of technology to remind patients of their appointments.

- Use of technology- there should be greater use of technology to allow patients to access care and treatment.

#### **What is your one burning issue with Challenge Number Four?**

- Missed appointments-It should be explored why there are so many missed appointments and then solutions thought of to address non-attendance.
- NHS cost- More awareness and understanding of how much it costs to use NHS services which may encourage to not misuse the service and only access when appropriate.
- Staff- there is a lack of staff.

#### **Challenge Five**

*‘There are areas of waste and duplicated spend in some areas of the NHS.’*

Question- *Please rank how important you think some of the ideas are to tackling the challenge above - 1 being most important:*

Rank 1- The services delivered from hospitals and communities may change

Rank 2- Improving our contracting and purchasing agreements

Rank 3- Considering the centralisation of some non-clinical services where there is duplication

Rank 4-Use more digital technologies

Rank 5- Achieve savings by consistent prescribing

Rank 6- Place more people on the Patient Initiated Follow Up Scheme

#### **What do you think are the pros of the approach of your first ranking option?**

- Money- It was felt that there was too much money wasted and there should be more money saving and getting value for money.
- Patient control- Empowering patients to be responsible for managing their own care. Less unnecessary travelling for patients.
- Hospital closures- Respondents felt that there should be no closure of hospitals
- Provision of services- Some felt that there should not be any changes to services and services should stay local, however some felt that services need to be streamlined and any overlap in service provision in some areas needs addressed as it is costing excess money.
- Contracting-There should be more efficient and effective contracting agreements in place to reduce wastage and save money.

#### **What do you think are the cons of the approach of your first ranking option?**

- Access to services- It was felt that the changes may mean people have to travel further to access care.
- Use of digital technologies- It was expressed that some people may have difficulties using digital technology as they may not have access it, be proficient in using digital technology and some may be reluctant to access services this way.

#### **Do you have any further suggestions?**



- Understand wastage-It was felt that staff should be educated more on the cost of some items to the NHS to encourage staff to be more waste conscious.
- Prescriptions- It was felt that there should be greater consideration for the a prescriptions people are given to ensure that people aren't given prescriptions for drugs that are widely available and better repeat prescription processes to ensure there is no wastage.

**What is your one burning issue with Challenge Number Five?**

- Duplication- It was felt that back office services could be made to be more efficient which would save money and wastage.
- Local services- There was concern over the potential loss of local services.
- Wastage- Resources and systems in place are not being used efficiently which has led to a problem with too much waste.
- Saving money-More needs to be done to look at the costs and see where money can be saved and where money is saved this can go into spending on areas that need the money.

**Responders - Demographics**

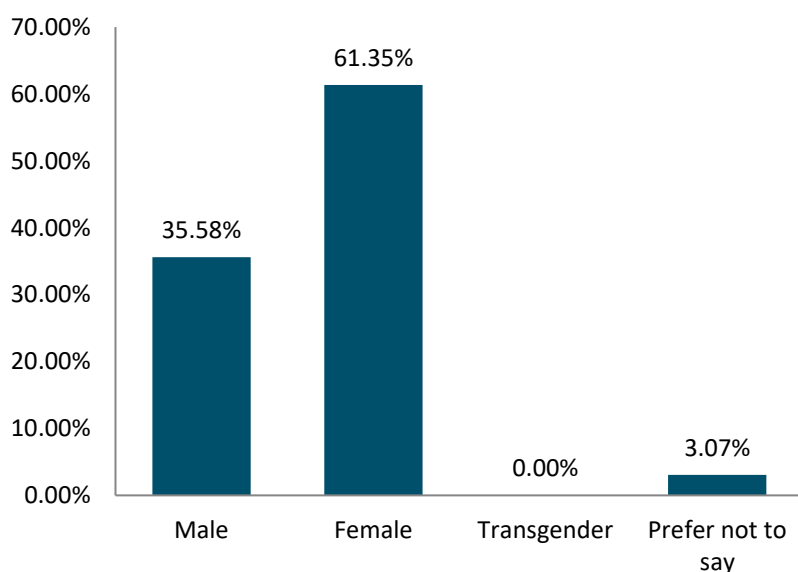
**Gender, age, district, ethnicity, disability**

Of the 222 people who responded, 61% were female. The majority of respondents were aged 60-69 (26%). The next largest age groups were 70-79 (19%) and 50-59 (17%). The highest response rate was from those in North Lancashire (53%) followed by those in South Lakeland (24%). 176 people (96%) described themselves as 'white-UK'. 38 people (22%) responded that they had a disability and 127 (74%) replied that they were not disabled.

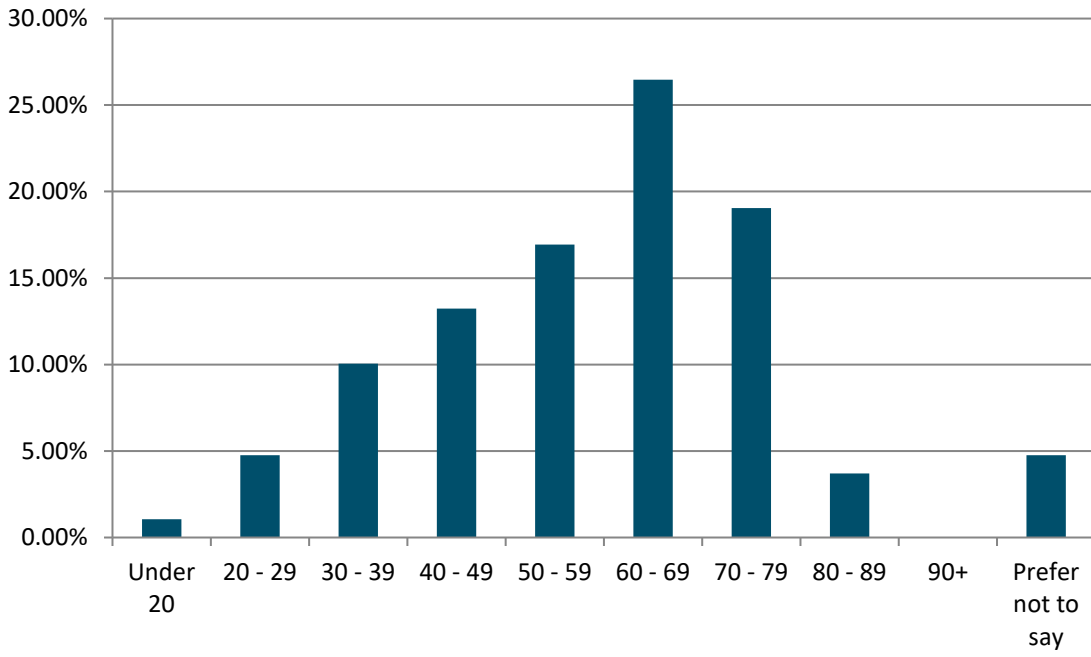
**Employment status, sexual orientation, marital status, religious beliefs**

47% replied that they were retired followed by 35% of people who responded that they were in either full or part-time employment. 130 (83%) replied that they are heterosexual. Of those who responded 56% replied that they were married. 60% of respondents described themselves as Christian.

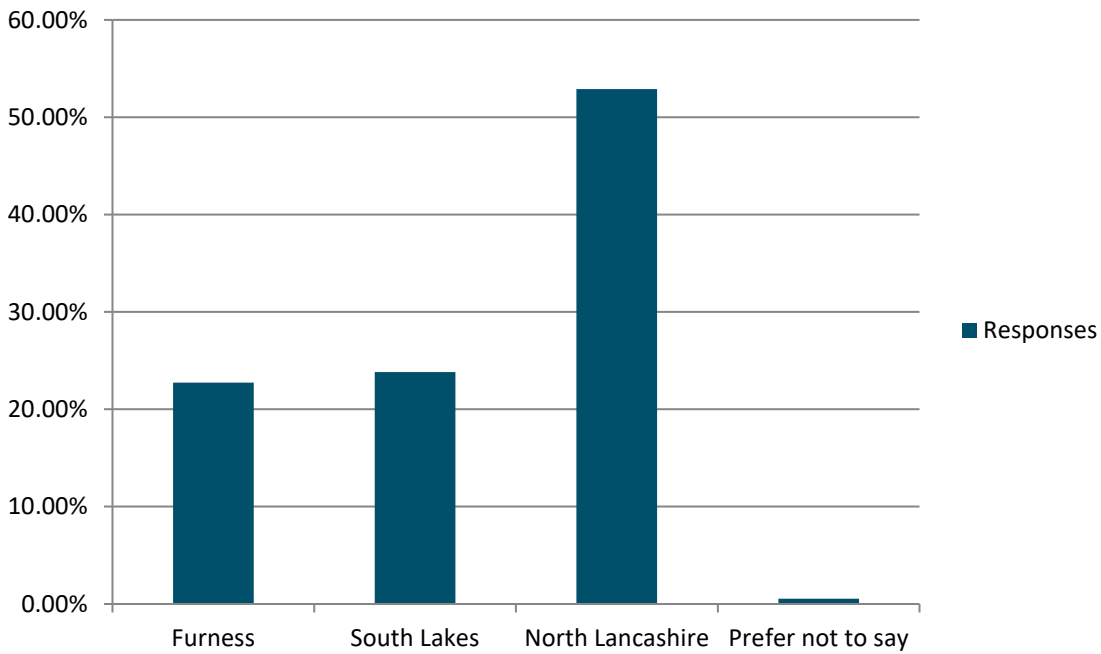
**Gender**



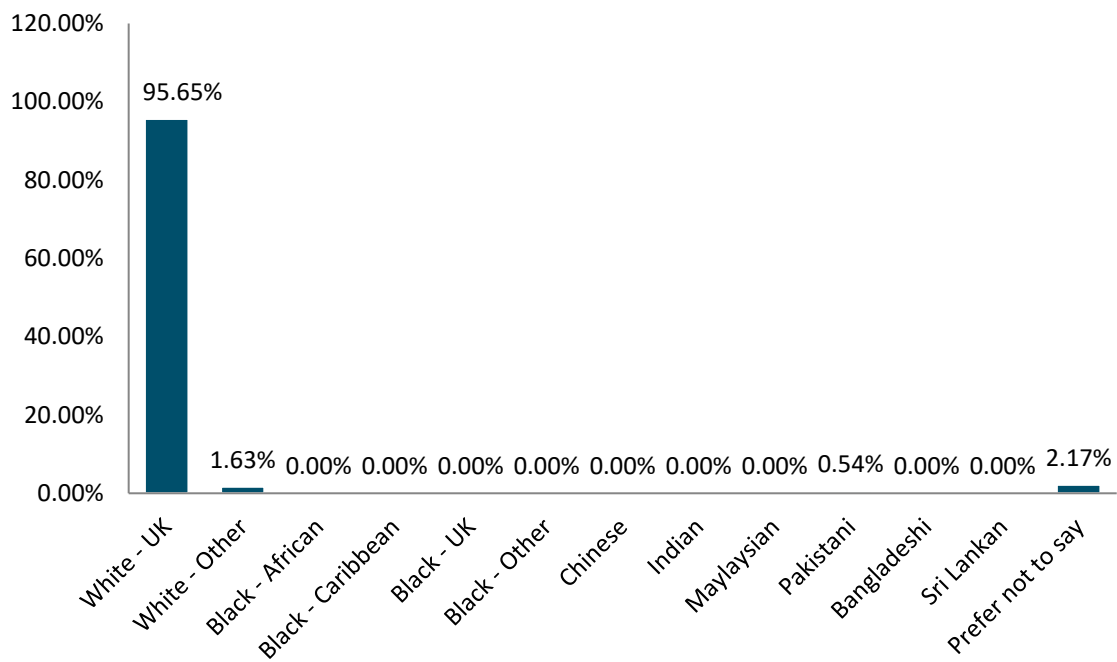
## Age



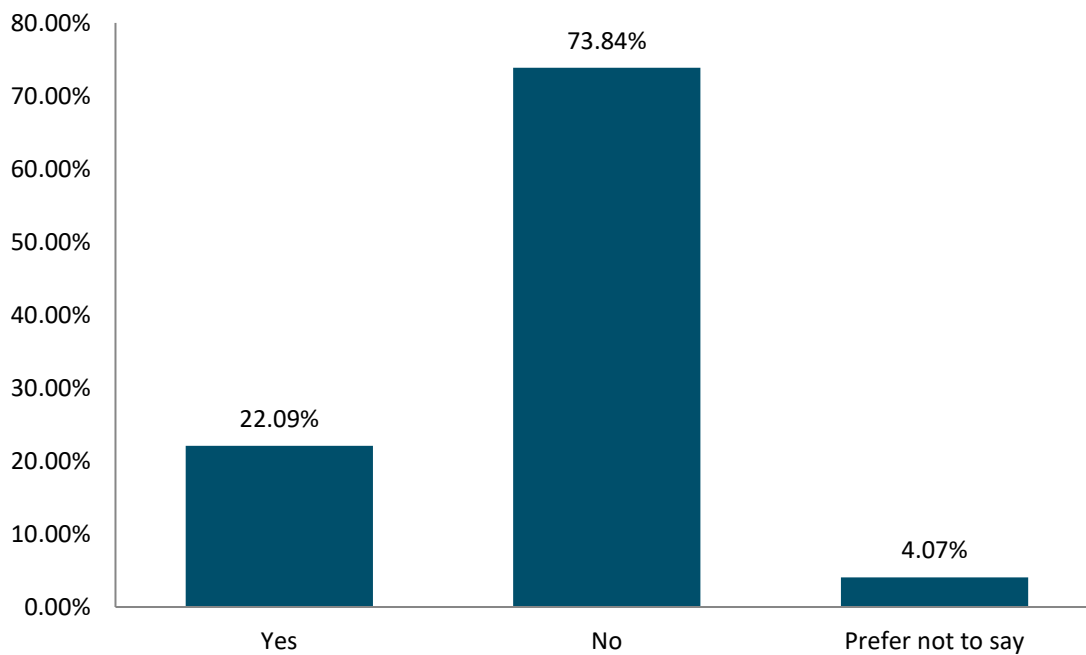
## District



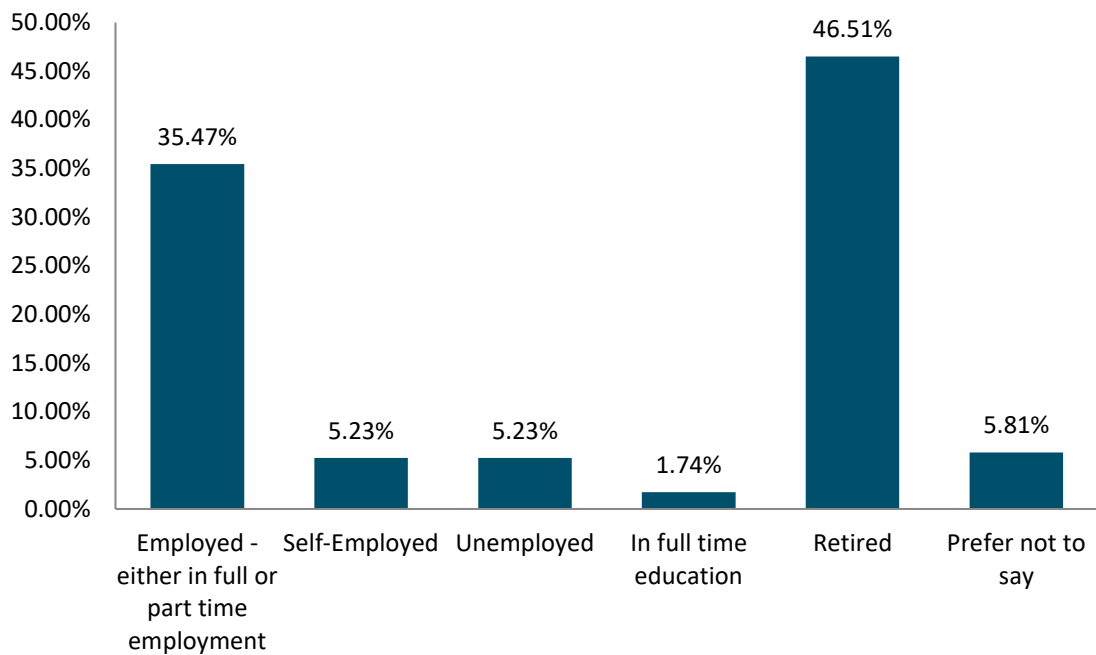
## Ethnicity



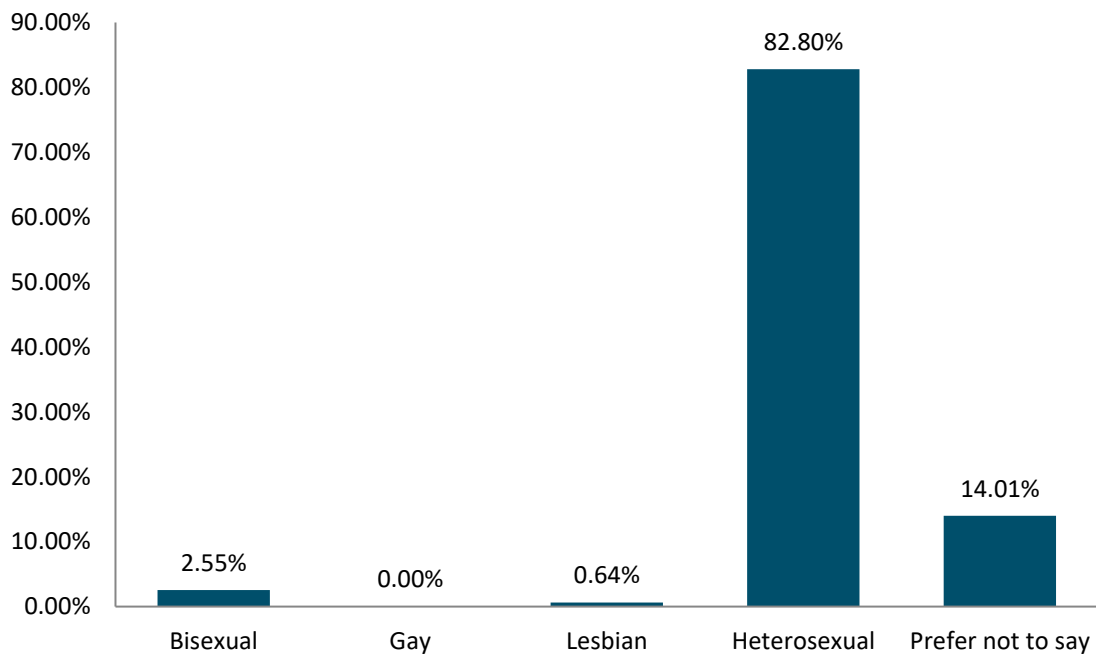
## Disability



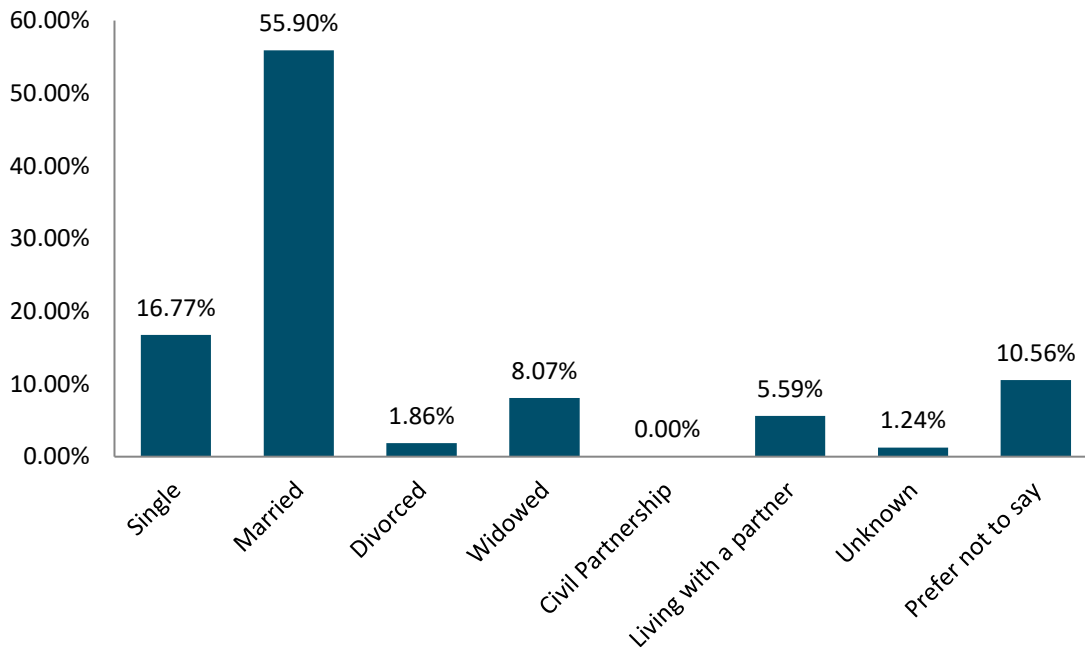
## Employment status



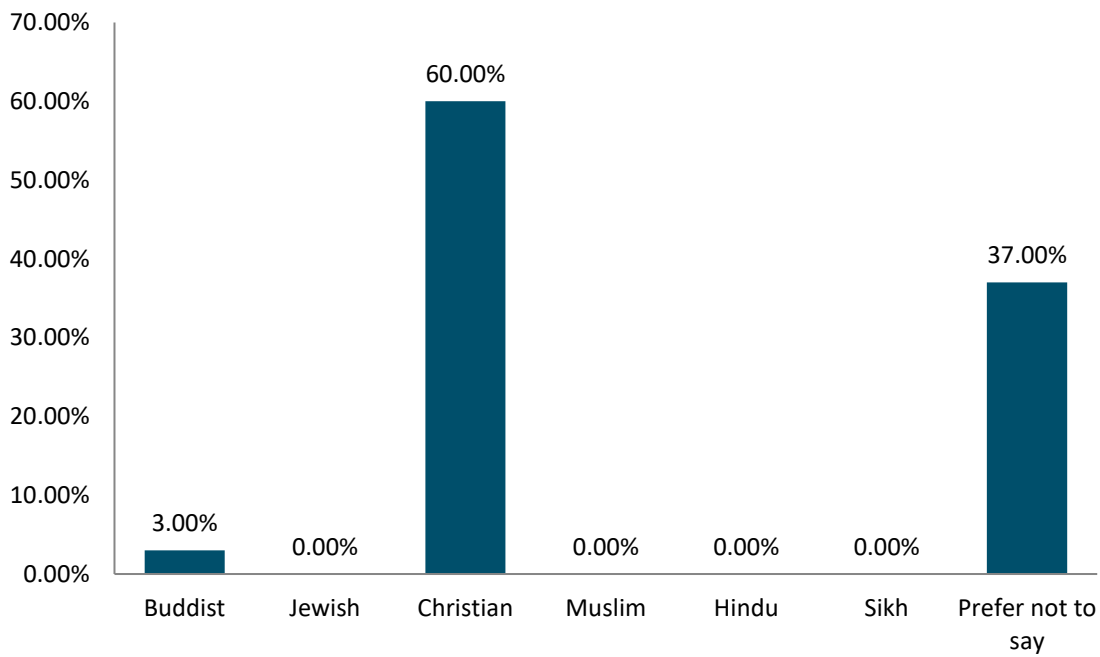
## Sexual Orientation



## Marital Status



## Religion



## Summary

Healthwatch Cumbria and Healthwatch Lancashire visited nine locations across Morecambe Bay and South Cumbria in the 'Chatty Van' mobile vehicle to gather feedback on the challenges facing Morecambe Bay's healthcare services and get ideas for addressing those challenges.

The engagement generated 222 responses to an electronic survey, 655 people spoken to face to face and over 200 comments on feedback cards. Analysis of the free text on one-to-one conversations can be found in the body of the report.

A summary of the ranking exercise for each challenge is provided below:

### Challenge One

*'We are spending significant amounts of energy and money on health conditions that are largely preventable and spending on 'cure' and 'follow up' rather than prevention. Many of the issues that affect poor health lie outside the NHS, e.g. working and living conditions.'*

Rank 1-Work together to prevent illnesses

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