INTEGRATED COMMUNITY SERVICES

Feedback from Public Engagement Event

Weymouth and Portland 29.03.16

INTRODUCTION

In response to the need to co-design integrated community services with local people a series of 9 public engagement locality based events (supported by a virtual/online engagement opportunity) were held in March and early April 2016.

This is an important stage in ongoing engagement or participation work in Dorset – with a vital local community focus.

OVERVIEW OF THE EVENTS

The initial focus of each event was to listen and learn from local people, with lived-experience and knowledge of each area, exploring what they felt we need to consider when developing health and care services in their particular area of Dorset.

A presentation was then given explaining:

- Why health and care services need to change
- What has been done so far and
- Introducing some emerging ideas for improving health and care in the community.

Attendees were then invited to review information on the vision for community services and emerging ideas in greater detail. This was done through an interactive ‘walk-through’ of information posters displayed on a series of boards.

Staff were on hand to answer questions and local people were invited to capture their views on colour coded post-it notes on the posters - reflecting on a) what they felt is good/positive about the ideas/proposals and c) what they feel should be given consideration/any concerns or questions they might have.

This methodology was developed in response to feedback from local people about having shorter presentations, more time to review and consider information presented and the opportunity for all attendees to provide feedback.

The day after each event all of the posters were displayed online with an electronic survey to enable other people to provide their views.

FEEDBACK FROM EVENT ONE

On Tuesday 29 March 2016 the second ICS public engagement event was hosted at Willowbed Hall in Chickerell, Weymouth.

16 members of the public attended this event.

This paper pulls together all of the feedback provided at this event. 170 pieces of feedback were provided at this event.
A synopsis of the feedback is provided within the main body of this report and all feedback (as captured by attendees) is listed in the appendices.

Feedback is provided in two sections:

• Section One: What do we need to consider when developing community health and care services in Weymouth and Portland.

• Section Two: Feedback on ICS information displayed in the information ‘walk-through’.

**SECTION ONE: WHAT DO WE NEED TO CONSIDER WHEN DEVELOPING COMMUNITY HEALTH AND CARE SERVICES WEYMOUTH AND PORTLAND?**

Attendees were asked to give consideration to the following question:

“Based on your local knowledge and experience please tell us what you feel we need to consider when developing community health and care services in Weymouth and Portland?”

This was done individually in the first instance, with attendees capturing their thoughts on pre-prepared feedback cards. Attendees then discussed their thoughts with others and feedback was shared with everyone at the meeting, to provide a collective sharing of emerging priorities within the local community.

All of the feedback collected has been collated and themed to ease interpretation. A number of the themes are not mutually exclusive and there is a degree of overlap which should be considered when interpreting and responding to the feedback. To provide consistency across the 9 event reports themes are listed in a set order, rather than in order of strength.

As mentioned above, a synopsis of the feedback is provided below with all feedback (as captured by attendees) listed in the appendices.

**Synopsis of feedback**

**Prevention**

There was support for more investment in health prevention education for everyone, especially those with long term health conditions and young people.

6 comments of this nature received

**Integration of Health and Care Services**

There were a number of comments made around the need for joined up care between all health and social care services as well as the voluntary sector. There was also a suggestion this could include working with the fire and police service where appropriate. There was discussion about local hubs and the example of the Weymouth hub which is now open is a good example of how well this can work.

14 comments received.
**GPs/Primary Care Services**

In general people spoke well of the GP services in the area but there was a general sense of dissatisfaction around the difficulty and waiting times to get an appointment with their GP especially if they want to see a specific doctor. There was also a discussion around out of hours services and the communication between them and a patients regular GP. It was felt that having specialist GP’s in every surgery in areas such as Cancer and Mental Health would be advantageous.

13 comments received.

**Community Services**

It was generally felt that having more services such as Physiotherapy in the community rather than only at acute hospitals would be much easier for people to access especially the elderly who have to make more frequent visits. There was concern about the growth within Weymouth, particularly the Chickerell area and how the current services will cope with that. They welcomed the idea of having more community nurses and rehabilitation services in the community to allow people to leave hospital earlier.

14 comments received.

**Mental Health – Adult**

It was recognised that the joining up of mental health services to other services so that MH patients are well informed about their rights and what is available. Better resources for CAMHS in particular Mental health services in general need to be addressed.

7 comments received.

**Geography, Demography and Diversity (Service planning/Demographics and Age Related Concerns)**

People felt very strongly about the issues of a growing population and homelessness in the area and the lack of infrastructure to deal with this. It was felt that there was an inequality of health and care services between the East and the West of the county.

8 comments received

**Other comments**

Other comments relevant to community services were also received in the following area

- **Care Closer to Home** - Recovery places needed for the elderly living alone following ops etc. Services must be locally based stop sending local patients to other places (Salisbury, Bournemouth). 2 comments.
- **Service availability/7 Day services** - Pharmacies need to be with GP practices and medicines available 7day a week. 1 comment.
- **Access to services/ referrals** - Timely access to support services, along with better access to urgent care services and advice. 2 comments.
- **Mental Health – Children and Young People** - More support and outreach in schools on emotional wellbeing available on site. Need for better resources for CAMHS in particular. 3 comments.

- **Voluntary Sector** - Develop voluntary organisations to provide support to MH patient and joining up of voluntary organisations providing these services is essential. There are very few suitable groups for people with hearing loss who can become socially isolated and cannot cope with large groups. Current befriending services are not able to help everybody as there are not enough volunteers. 3 comments

- **Communication** - There is a lack of knowledge of what services available especially if you are in social housing or on income related benefits. There needs to be better communication of services to the general public and things need to be made much clearer. It is important to actively encourage patient participation with all GP surgeries and Health Centres to ensure continued listening to the patient voice. 5 comments.

- **Staff and Staff Training** - There is a difference in experience of those doctors/nurses who are responsible for actioning the services in comparison with the acute staff especially for the cancer services. 1 comment.

- **Specialist care** - Cancer services expertise to be available in the community with GP’s especially specialist advice to be available. 1 comment.

- **Acute Hospitals** - Keep services such as cardiology and the Kingfisher ward at DCH and not move to Bournemouth as this is so important for Weymouth and Portland families. 2 comments.

- **Pharmacy services** - Doctor surgeries should be allowed to dispense medicine if there is no nearby pharmacy. 1 comment.

- **111 Service/SPOA** - More communication between out of hours 11 doctor and GP surgery as a follow up after the 111 doctor has provided temporary out of hours service, particularly in relation to sick patients in the community. 1 comment.
SECTION TWO: FEEDBACK ON ICS INFORMATION DISPLAYED IN THE INTERACTIVE INFORMATION ‘WALK-THROUGH’

After receiving a presentation on integrated community services attendees were invited to review an interactive ‘walk-through’ of information posters displayed on a series of boards.

Staff were on hand to answer questions and local people were invited to capture their views on post-it notes reflecting on a) what they felt is good/positive about the ideas/proposals and c) what they feel should be given consideration/any concerns or questions they might have.

The series of posters displayed information in the following areas:

- **Our Vision**: Our vision for community health and care services – as informed by local people – including what this would mean for local people, workforce and systems and the importance of prevention, joint working, better access and IT.

- **Local Views**: Local people’s views on community health and care services captured in 2013-14 and in 2015.

- **Emerging models**: The fact that different people have different needs requiring different models of care and some emerging models that might meet these needs.

- **New ways of working**: Examples of new ways of working that are already happening, integrating community health and care services

- **Community vanguard proposals**: Proposals and emerging ideas from community vanguards – groups of GPs and other service providers looking at how the emerging vision might be met locally.

- **Service specific information**: Service specific information in a number of areas including mental health, maternity, paediatrics and blood services.

- **Local voices matter**: Comments from local PPEG members about why local voices are so important.

The feedback captured on the posters largely reflected the themes identified in section one.

Positive comments were generally in support of the vision for integrated community services, the emerging models of care and other information displayed (as described above).

Concerns tended to reflect those captured in section one.

The amount of feedback on each poster doesn’t lend itself to ‘theming’ – for comments on the individual posters collected at this event please see Appendix 2.

Feedback on the posters has also been considered across all 9 locality based events and a more detailed analysis is provided in the overall report – available to read on www.dorsetccg.nhs.uk/events.
**NEXT STEPS**

The ICS Steering Group, together with NHS Dorset CCG’s Engagement and Communication Team, will work with colleagues and partners to coordinate the following:

- Individual reports for each event and a ‘master’ report to be shared with health, care and voluntary sector partners, Clinical Working Groups, Clinical Delivery Groups and Community and Acute Vanguard Programmes.
- Local views provided within the reports to be used to inform emerging models of care.
- Frequently asked questions will appear on NHS Dorset CCGs website.
- Suggestions made within the reports to be shared with appropriate groups or organisations.
- Feedback, on how people’s views are used and responded to, to be shared with attendees and other local people through the CCG’s “Feedback” bulletin and website.
- Local people to be informed of further opportunities for engagement prior to public consultation.

For further information or if you have any questions please contact communications@dorsetccg.nhs.uk
APPENDIX ONE

SECTION ONE: WHAT WE NEED TO CONSIDER WHEN DEVELOPING COMMUNITY HEALTH AND CARE SERVICES IN WEYMOUTH AND PORTLAND.

Prevention/Education

- More investment in health prevention education with young people.
- More investment in preventing revolving door patients i.e. Falls prevention, Diabetes management.
- More investment in preventative services
- Support preventative services
- Education for those with long term health conditions.
- Support and value on public health – patients need extra help in areas while maintaining a healthy diet and self-care.

Integration of Health and Care Services

- Joined up services in Community.
- SEAMLESS service provision. (Joined up) current experience indicates it is too fragmented – especially for people discharged from hospital. Healthcare staff appear to work for different organisations and overall accountability for patients is not clear.
- Integrated services – including community & Acute / Health & Social Care / Third sector.
- Better coordination of health and social services where complex needs for patients i.e. OT, CAMHS, Physio, Hospital consultants, Social services, Education.
- Integrated services health and social care, GP Practices, support, prevent and fire services, education for those with long term health conditions.
- Everything needs to be more joined up together.
- Mental health services appropriate to be joined up with other services and good monitoring of involvement of family where appropriate.
- Bringing services closer to the people – local hubs. Weymouth UCC is a good start.
- Health and Care integration – use community hospitals for step up and stop down beds.
- Integrated services Health and Social Care & GP practices
- Join up DN with GP’S Local Knowledge.
- Improving community services by better integration with acute services
- More joining up of mental health services to other services so that MH patients are well informed about their rights and what is available.
- Development of voluntary organisations to provide support to MH patient and joining up of voluntary organisations providing these services.

GP’s/Primary Care Services

- Getting an appointment to see a GP at some practices can be difficult – my own is excellent.
- Good GP services are a plus.
- GPs to thoroughly review health of MH patients and have more knowledge of MH conditions and how it affects patient.
• Make GP practices more of a hub for working with patient groups and add special needs.
• GP Practices offer an excellent service - can more services be provided by primary care?
• GPs to have more knowledge of mental health and to look into physical health of MH patients more thoroughly.
• Doctor surgeries to be allowed to dispense medicine as before chemist in Chickerell opened
• Join up DN with GP’S Local Knowledge.
• Cancer services expertise to be available in the community with GP’s especially specialist advice to be available
• Greater MH Support to enhance quality of life not just in with regular reviews. Inc. family involvement and physical check-ups by GPS.
• Annual health checks for all elderly and those with long-term health conditions (given free in own home in France and other EU countries)
• More communication between out of hours 11 doctor and GP surgery as a follow up after the 111 doctor has provided temporary out of hours service, particularly in relation to sick patients in the community.
• How will my evening call and advice be notified to my GP/Practice the next day?

Community Services

• Chickerell the health centre (as promised 2006 local plan) to be provided
• Local services where is the health centre which was promised in 2006 for Chickerell?
• Improving community services by better integration with acute services
• Hospital at home service – excellent
• More use of Portland hospital – much underused put some community service there.
• Retain Walk-In centre
• Cancer services expertise to be available in the community with GP’s especially specialist advice to be available
• Physio in the community needs to take in to account very elderly people needing of more frequent visits over a longer period.
• More community nurses and support services to come together to enable patients to leave hospital and looked after in their own home
• Home beds to allow patient to leave DCH bed blocking to be avoided
• More beds for rehab locally to stop bed blocking could be community hospital or care home beds sometimes like west abbey care centres in Somerset.
• Health centre and walk in centre
• Annual health checks for all elderly and those with long-term health conditions (given free in own home in France and other EU countries)
• Recovery places for the elderly living on their own following ops etc.

Care Closer to Home

• Recovery places for the elderly living on their own following ops etc.
• Must be locally based stop sending local patients to other places (Salisbury, Bournemouth)

Service availability/7 Day services
Pharmacies need to be with GP practices and medicines available 7 day a week

Access to services/ referrals

- Good access to urgent care services and advice
- Timely access to support services.

Mental Health - Adult

- Mental health services appropriate to be joined up with other services and good monitoring of involvement of family where appropriate.
- If I have not had a recent care programme assessment, what triggers will act to prevent moments of crisis?
- GPs to have more knowledge of mental health and to look into physical health of MH patients more thoroughly.
- Greater MH Support to enhance quality of life not just in with regular reviews. Inc. family involvement and physical check-ups by GPS.
- MH services – closer monitoring of MH patients and involvement of family where appropriate.
- More joining up of mental health services to other services so that MH patients are well informed about their rights and what is available.
- Better resources for CAMHS in particular Mental health services in general.

Mental Health – Children and Young People

- Support an outreach in schools on emotional wellbeing available on site when it might be needed.
- Development of voluntary organisations to provide support to MH patient and joining up of voluntary organisations providing these services.
- Better resources for CAMHS in particular Mental health services in general.

Voluntary Sector

- Development of voluntary organisations to provide support to MH patient and joining up of voluntary organisations providing these services.
- People with hearing loss can become socially isolated and cannot cope with large groups – not many suitable groups.
- Befriending service not able to help everybody as not enough volunteers.

Transport and Parking

- How close is the facilities to your home?
- More disciplines to be provided at DCH to avoid travel to Bournemouth/Poole etc.
- All current services to be maintained at DCH because too far to travel to Poole and Bournemouth
- Help for socially isolate people – lack of transport can be an issue community cars do not cover this.
- If you have no car you are excluded.
**IT/Technology**

- Data sharing between health professionals.
- Retain Walk-In Centre which has IT systems that communicates with all other IT systems in all Dorset Information systems which communicate effectively for long term patients and is accessible to surgeries across W & P and others in Dorset.
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**Communication**

- Be honest. Rolls Royce service is not an option. Encourage realistic expectations.
- Better communication to the public of the services available.
- Lack of knowledge of services available – If you are in social housing or on income related benefits you receive notification etc. the rest do not get told.
- Things need to be a lot clearer to all
- Actively encourage patient participation with all GP surgeries and Health Centres to ensure continued listening to the patient voice.

**Staff and Staff Training**

- The experience of the doctors/nurses who are responsible for actioning the services in comparison with the acute staff especially for the cancer services.

**Geography, Demography and Diversity (Service planning/Demographics and Age Related Concerns**

- Population density and deprived and aging population big factor in Weymouth.
- The age of the population which connects as a large proportion of elderly people as it is a popular area for retirement i.e. development in social services and community care.
- Health centre in Chickerell as Chickerell is growing with hundreds of new houses being built
- Local knowledge of area
- Equity of health and care services for patients in the West with those in East of county. CCG contracts to demonstrate equity for patients across Dorset.
- As there is a lot more development more people in the infrastructure there.
- Homelessness is a serious problem for the area – a strategy needs to be in place to help the most vulnerable.
- CPAs to be regularly carried out measurable against goals and aspirations.

**Specialist care**

- Cancer services expertise to be available in the community with GP’s especially specialist advice to be available

**Acute Hospitals**

- Keep Kingfisher ward at DCH this is so important for Weymouth and Portland family’s
• Keep cardiology and other services at DCH and not move to Bournemouth

Pharmacy services

• Doctor surgeries to be allowed to dispense medicine as before chemist in Chickerell opened

111 Service/SPOA

• More communication between out of hours 11 doctor and GP surgery as a follow up after the 111 doctor has provided temporary out of hours service, particularly in relation to sick patients in the community.
APPENDIX TWO

SECTION TWO: FEEDBACK ON ICS INFORMATION DISPLAYED IN THE INTERACTIVE INFORMATION ‘WALK-THROUGH’

The feedback provided for each poster that was commented on is listed below. To view all of the posters displayed at this event visit www.dorsetccg.nhs.uk/events

Our vision for community health and care services in Dorset – as informed by local people

Our vision for community health and care services in Dorset

Our vision for health and wellbeing in Dorset is to provide the best care for you and your family no matter who you contact.

What this will mean for local people?

- We will support you and your family to stay well by providing information on healthy lifestyles and how to manage your own health.
- If you get ill or need care we will provide the help you need as local to you as possible.
- If you need more specialist care we will balance quality of care, access and cost to get the best possible care for local people.
- You will be involved in decisions about your care and support and when needed we will share information so you get the best and most joined-up care possible.

Positive comments:

- Sharing information and joined up care. 😊

Concerns, questions and suggestions:

- Cost – if the care you need costs too much you don’t get it then!
- Needs to be communicated too hard to reach groups e.g. chronic mental health.
Our vision for community health and care – what this will mean for health and care

Positive Comments:

- Good promotion of healthy lifestyles.

Concerns, questions and suggestions:

- Most GP’s not informed enough about prevention through diet or alternative therapies.
Our vision for community health and care - workforce

Positive comments:

- Professional development for staff is good.
- In mental health all support workers to have better knowledge and skills.
- Staff with specialist training also to support those with mental health issues or other lifelong conditions.
Our vision – working better together

Positive comments:

- Good to have a hub to make health services more accessible.
- Joining physical and mental health is good.

Concerns, questions or suggestions:

- How will the various agencies/staff keep up to date with what services are available. E.g. POPPs.
- Very sick patients in community need one point of contact with overall responsibility for them.
Our vision – better access to services

Positive comments:

- This is a really good idea.
- Yes please, very much needed in Weymouth and Portland.
Positive comments:

- Joined up IT between health and social care would be good.
- It would be good to have one set of information only.
- Good vision for the future.

Concerns, questions and suggestions:

- East and West Dorset systems don’t talk to each other.
- IT systems need to be accessible across Dorset.
- IT systems need to communicate between 111 service and patients GP’s.
Our vision for health and care – views collected

Our vision for health and care services in Dorset has been informed by local people

Views collected through meetings and surveys during 2013-14

29,000 comments from a number of surveys were analysed for information on access to services

The strongest themes were about the importance of:

- Community service provision and care closer to home
- Opening times
- Transport

- "At a time when we are feeling at our most vulnerable, local feels much better and safer, than further away."
- "Good to have centres of excellence as long as routine care is defined, protected and still available locally."
- "I do feel if GPs have longer opening times - especially at the weekend - A&E wouldn't be so busy."
- "Evening and weekend surgeries as I work away Monday to Friday and find it difficult to get an appointment."
- "Difficulty of access (need to drive or poor public transport) would be accentuated by time as I get older (76 years)."

Positive comments:

- Good vision
- Excellent vision
- Used to have evening surgeries, good to start them again.

Concerns, questions and suggestions:

- Where is communication system between local care and centres of excellence?
Concerns, questions and suggestions:

- Care closer to home vital. One client I met lived on Portland and husband was in a care home in Yetminster.
- Need quicker access to diagnostic services and more GP open access.
- Need a provision for convalescent services to bridge the gap between acute care and care in own home.
- Roles for the under used facilities such as Portland, Bridport and Blandford Hospitals.
Different community care models are needed

Positive Comments:

- Useful helpful model.

Concerns, questions or suggestions:

- How will proactive on-going care operate?
- Will GP practices call in patients or provide regular health checks.
Specialist Care Support

Positive comments:

- 4,6 and 7 good plans
- Valuable model which shows joined up care
- This is what we need.

Concerns, questions and suggestions:

- Joined up, vital for seamless service.
- Who will coordinate and monitor the care needed for each individual identified?
- Danger of being lost between silos.
Rapid access to health and care teams

Concerns, questions or suggestions:

- Are all 4 needed immediately in patients own homes?
- Triage?
Proactive ongoing care for people with medium intensity needs

Positive comments:

- Useful model, challenging existing practice.
- More input to patient from specialists not just a yearly review, e.g. psychiatrists.

Concerns, questions and suggestions:

- Are consultants currently working in silos in hospitals in east and West Dorset willing to adapt to this new role?
- Cost implications of using consultant time in this manner.
- Travel time is time away from face to face contact with patients.
- Are consultants from the East willing to travel to help in the West and vice versa?
Routine Care

Concerns, questions and suggestions:

- Rapid good access to diagnostic services essential.
Creating Community Hubs

Positive comments:

- This is what is needed.

Concerns, questions and suggestions:

- Need Dorchester community hospital and Westhaven equivalent.
Weymouth and Portland Integrated Care Hub

Positive comments:

- This very much needed.
- Yes please this is well described and sounds good.

Concerns, questions or suggestions:

- What about Dorchester catchment area, we don’t have a community hospital with accompanying diagnostics or a Westhaven.
Positive comments:

- Yes much needed.

Concerns, questions and suggestions:

- Will need to reassure the Portlanders that they will not lose locally based services.
- What is SPOA?
Virtual Wards – joint working

Concerns, questions and suggestions:

- Hands on care essential.
Virtual Ward - example

Concerns, questions and suggestions:

- How can the voluntary sector be involved?
Positive comments:

- Wayfinder, Weymouth and Portland have highest number of clients in the whole of Dorset – 225, shows there is a need.

Concerns, questions and suggestions:

- This is good but not time to have MDT’s for everyone, need to pass in for between professionals easily.
- Wayfinder invites to MDT’s patchy, some practices welcoming some not so!
Maternity Services Vision

“Your vision is that maternity services in Dorset work proactively with partners to support women and families to give their children the best possible start in life. We want high quality, safe and personalised services that can meet the needs of all women and families and are delivered in an evidence-based, responsive and compassionate way.”

Future services will see the introduction of:
- Clear pathways to support women and their families with pre-conception, pregnancy, birth and postnatal care in Dorset. Where possible community-based hubs will provide the opportunity to organise services around women and families. Services will work together to personalise care for each woman.
- Focus on strengthening midwife-led care
- A single point of access to information, advice and guidance through better use of technology and digital tools. This will enable women to feel better informed and supported about the choices they make about their care and where they decide to give birth.

Comments, questions or suggestions:

- There has been a national shortage of midwives for at least 10 years. How are these ideas to be implemented with known staff shortages?
- Need services for new expectant mothers.
- Will there be a midwife led unit?
- Will there be more ante natal education?
- What about ante and post natal support?
- Need to develop mutual support.
- More mother and baby support and education groups.
Positive comments:

- Sounds ideal – can it be the model for other conditions/needs?
Proposed Integrated Health and Care Hubs

- Bringing people, health and care services and facilities together in Integrated Community Hubs;
- Consider how appropriate services could be delivered for local people 7 days a week;
- Providing a consistent and joined up approach to care by involving and coordinating health, care and voluntary sector professionals in delivering services that people need, when and where they need them;
- Consider the most appropriate configuration and location of hubs and services across the whole of West Dorset;
- Ensure that local knowledge about health and care services is incorporated into the development of a strategy for community hub development across Dorset.

Positive comments:

- Sounds like a good idea
- Good this is very much needed.
- Sounds like a good idea but will having lots of hubs be expensive as more buildings needed?
Including young people

Positive comments:

- Young people need access to these services
- Really good but make sure they continued to be consulted throughout.
- Concerns, questions and suggestions:

Concerns, questions and suggestions:

- What a shame the youth service in Dorset is being decimated, it could have provided appropriate centres for this vision to operate.

Other comments recorded

Positive comments:

- Good to be offered choice of hospitals.
- Good to be offered choice of hospitals for tests etc. but only if transport not an issue.