NHS
Lambeth
Clinical Commissioning Group

The BIG Lambeth Health Debate July – October 2013

Engagement Report

Introduction

This report describes how NHS Lambeth Clinical Commissioning Group (CCG) engaged with a wide range of local people, patients and key stakeholders in the development of the CCG's five-year plan from April 2014. The process of engagement was badged 'the BIG Lambeth Health Debate', and ran between July and October 2013, involving hundreds of people. The report presents a brief summary of conversations and outlines how these have influenced the six key themes to emerge for the CCG in its Strategic Statement. It also briefly outlines next steps and how people can continue to be involved with the CCG as more detailed plans are developed.

Objectives and approach

The CCG aimed to enable people to participate in a wide-ranging and frank discussion about the need to do things differently in the context of increased demand and flat-lining funding. The health needs of Lambeth people and Lambeth CCG's overall health priorities remained unchanged, and so the debate was about how best use might be made of NHS resources locally and how the CCG might achieve its mission to improve health, improve quality and reduce health inequalities in the current context. This explicitly involved discussion of a value-based approach to prioritisation.

It was important to the CCG that this should not be a traditional NHS consultation exercise, where a detailed plan is developed and where people are then invited to provide an opinion on this plan. The BIG Lambeth Health Debate was designed to provide context and a frank exposition of the challenges facing the NHS, both nationally and in Lambeth, and to engage people in generating solutions. In stating openly 'we don't have all the answers', the CCG's explicit aim was to stimulate and facilitate a co-produced vision of how the local NHS and its partners might jointly respond to the challenges and opportunities offered by current conditions.

In developing a communications and engagement plan for patients and members of the public, the approach adopted was to have one extended and consistent conversation across multiple locations, maximising use of existing networks and communications channels, and to equip member practices, partner organisations and others to push the debate out more widely, for example with their own members, patients or service users, by providing speakers where possible and by providing clear and helpful materials to support them in their efforts.

The following key questions were developed for exploration through the Debate:

> **Innovation:** we must innovate if we are to improve health, provide high quality care and reduce inequalities with a limited budget -
> (1) What can we do (really) differently?
> (2) How do we improve the quality of our services?

(3) What opportunities are we missing to improve outcomes and patient experience?

- New ideas?
- New ways of working?
- What's working elsewhere?

Making our money work harder: we must make every pound we spend work harder if we are to improve health, provide high quality care and reduce inequalities with a limited budget -
(4) How can we make our budget have greater impact?
(5) How can we get more for less or achieve more for the same money?
(6) Should we invest our money differently for a greater impact?
(7) Are there areas where we can reduce 'waste'?

Prevention: we must promote good health, intervene earlier when people become ill and support people to manage long-term health conditions if we are going to improve health, provide high quality care and reduce health inequalities -
(8) How do we keep people as healthy as they can be for longer?
(9) How do we detect ill health sooner?
(10) How can we better support people with long-term health conditions to stay well?

Integration: we must work together across different parts of the NHS and with social care to meet people's complex needs if we are going to improve health, provide high quality care and reduce health inequalities -
(11) How can we better join up services to improve outcomes and patient experience?
(12) How can we change our ways of working so that we are making best use of all our time and skills as patients, clinicians and care providers?

Period of engagement

The BIG Lambeth Health Debate was outlined at a presentation at the CCG's Governing Body meeting in public on 3 July. It was officially launched on 12 July 2013 following an internal launch with the CCG membership on 9 July. The period of engagement extended until 18 October when the CCG held a summative event to feed back to people and to outline next steps.

Materials for engagement

Materials developed to support the engagement process included:

- an introductory slide set presentation for events and for use on the CCG website - outlining the role and mission of the CCG; providing information on health need and health spend in Lambeth and on the financial challenge facing commissioners; introducing a value-based approach to prioritising, and presenting a series of key questions to be addressed during the debate;
- a dedicated 'BIG Lambeth Health Debate' page on the CCG's website, including detailed information on health need and health spend in Lambeth, and letting people know how to get involved;

- a 'Join the Debate' film for use on the CCG's website and to send out through local networks;
- a paper and online questionnaire including an equalities monitoring template;
- posters/fliers to advertise patient group meetings in GP practices and for display in libraries;
- promotional postcards listing how people might participate in the debate;
- 'My BIG Lambeth Health Idea' postcards with space for people to submit their ideas;
- an online discussion forum;
- regular Tweets to promote the BIG Lambeth Health Debate;
- briefing notes, suggested meeting outlines/agendas for CCG members and staff, and templates to record the debate
- press releases and articles
- a Lambeth Health Quiz to 'warm people up' and generate interest in the issues before presenting the specific area of Debate

Methods of communication and distribution of engagement materials:

- a key stakeholder database was developed and used to ensure widespread and targeted dissemination of messages relating to the BIG Lambeth Health Debate; the database includes local politicians, the local authority, local health partnership boards and collaboratives (including, for example, the Health and Wellbeing Board, Older People's Partnership Board, the Lambeth Living Well Collaborative, Young Lambeth Co-operative), NHS provider organisations and local NHS clinical and professional committees, HealthWatch, patient groups and networks, neighbourhood forums and voluntary and community sector forums and networks;
- the CCG's Prospectus 2013-14 was distributed widely within Lambeth and trailed the launch of the BIG Lambeth Health Debate
- the CCG's website was used to post information on the BIG Lambeth Health Debate and all materials for engagement; the dedicated page on the website provided the context for and an introduction to the Debate, including the film, and provided links to the online survey and the online discussion forum;
- regular electronic communications were sent out to all GP practices in Lambeth to support them in conversations with their Patient Participation Groups (PPGs); practices also received promotional postcards and posters for display and use by their patients;
- paper copies of the questionnaire were sent to all Lambeth libraries along with posters to promote the Debate;
- promotional posters were sent to Lambeth pharmacies;
- local organisations and online forums were asked to promote the Debate by linking to the CCG's website, or by posting the 'Join the Debate' film on theirs;
- Tweets;
- press releases;
- use of regular 'Dr Know' column in Lambeth Weekender publication

Methods for engagement

People were encouraged to give their views through a range of methods and media as follows:

- survey – online
- survey – paper
- online discussion forum
- attending a meeting organised by the CCG or one of its partners
- the Lambeth Quality Summit
- inviting a CCG representative to a group or organisation's own meeting
- emailing the CCG using a dedicated engagement email box: lamccg.getInvolved@nhs.net
- telephoning the CCG
- submitting a comments card
- speaking with CCG representatives at the CCG stall at the Lambeth Country Show over two weekend days

The opening event and closing event targeted representatives from patient groups and community organisations, local politicians and partner organisations in health and wellbeing in Lambeth, with the intention that invitees would leave 'armed' with information, understanding and materials that they could disseminate throughout their own networks in order to maximise participation throughout Lambeth's diverse communities.

The Lambeth Quality Summit took place in September and provided an opportunity to draw into the BIG Lambeth Health Debate some key experiences, reflections and recommendations from a wide range of stakeholders arising from an examination of the local implications of the issues raised in the Francis Report in February 2013. A report of Lambeth's Quality Summit can be found on NHS Lambeth CCG's website at www.lambethccg.nhs.uk

Requests to be invited to local groups' meetings or events were well received, and clinicians from the CCG's Governing Body spent the summer and early autumn attending in the region of thirty events with local groups over three months. There was some targeting of groups to visit and the CCG was particularly keen to hear from people living with long-term health conditions, people with an interest in mental health and mental wellbeing, older people and younger age groups, in addition to existing patient/carer groups and organisations.

The desire to involve young people in discussions was pursued vigorously throughout the BIG Lambeth Health Debate, with event invitations, publicity and promotional materials sent to Lambeth Youth Council and the young mayor, the lead Council member for children and young people and to young person's groups via the Children and Young People's Voluntary and Community Sector Forum and commissioners' own networks. Direct requests were made to visit key organisations and groups such as young carers and the youth panel at Lambeth's Well Centre young people's health project. In addition, CCG staff undertook outreach at Lambeth Country Show, the largest community festival in the borough, attracting around 150,000 people over a weekend, seeking out the 'Young Lambeth' marquee and those within it to speak with and to leave fliers and postcards. We intended that surveys and posters in Lambeth libraries would also raise awareness and participation among young people using the library for study and homework. Twitter and links to the CCG website in local media and social media channels were other

routes pursued to link with young people. Despite these efforts, it would be fair to say that efforts met with limited success, though there was good engagement and interest from those young people who did speak with the CCG.

Recognising that many people may prefer or find it more convenient to communicate with the CCG electronically, the online forum and online survey were developed and promoted throughout the period, using the same questions. The survey was made available to people in hard copy through various outlets including Lambeth Libraries, whose support was very welcome in promoting the BIG Lambeth Health Debate. Comments cards were used for quick responses at events where people did not wish to invest time in completing the full survey.

Analysis of feedback from engagement

Feedback from engagement was routed through the CCG's BIG Lambeth Health Debate Programme Board, which oversaw the development of the CCG's Strategic Statement and commissioning intentions, to ensure early and continuous capture of key themes. HealthWatch Lambeth was an invited member of this Board, which met weekly.

Numbers of patients and public participating in the BIG Lambeth Health Debate totalled well over 900 from all events and routes, but given that some people attended used more than one feedback route, it is estimated that at least 800 people took part in the BIG Lambeth Health Debate through participation in meetings or the online discussion forum, by completing a survey or by having conversations at a public event. The BIG Lambeth Health Debate generated a huge amount of interest, evidenced also by the number of hits on the BIG Lambeth Health Debate page of the CCG's website and by the volume of tweetchats.

Channels offered for engagement were intentionally various to encourage people from Lambeth's diverse communities to take part. The overwhelming majority of feedback came through the more traditional meeting format rather than online or in the form of postal submissions. An overview of numbers of people participating through the various feedback mechanisms is provided in Tables 1 and 2 below.

Table 1: BLHD feedback by method

Method	Participants	Comments
Survey - online	24	
Survey – paper	1	
Online discussion forum	23	46 posts, 17 topics
Writing or emailing NHS Lambeth CCG	1	from campaigning group
Telephoning NHS Lambeth CCG	0	
Attending one or more BLHD meetings between July and October 2013	772	Includes CCG meetings, meetings in general practices in Lambeth, and with community organisations and patient groups – some attended more than one event
Attending Lambeth Quality	100	

Summit		
'Hits' on CCG website	Hits Unique visitors Jun 2195 (1490) Jul 3337 (1832) Aug 4067 (1715) Sep 3995 (1633) Oct 4870 (1944)	Figures shown for June 2013 to show rise from July 2013 when BIG Lambeth Health Debate launched
Tweets/retweets	3-10 tweets daily, 2-3 retweets / favourites daily	

Table 2: BLHD feedback by participants

Date	**Constituent group**	**Format**	**Numbers engaged**
3 July	General public and stakeholder groups	CCG Governing Body meeting in public- pre-launch presentation	Approx 30 members of public present
11 July	Lambeth Living Well Collaborative	Meeting of existing mental health and wellbeing partnership group; slide presentation and discussion	Approx 25
12 July	Wide range of key stakeholders including patient/community groups and partners	Public launch - slide presentation and discussion	Approx 60
17 July	Older People's Partnership Board (vol & community orgs working with older people, SLaM)	Meeting of existing partnership group slide presentation and discussion to clarify the terms of the debate	4 non-CCG
17 July	HealthWatch Lambeth	90-min slot at organisation's monthly members' meeting	Approx 60
20-21 July	Lambeth Country Show – general public/ broad cross-section of Lambeth population, community groups	2-day stall at community festival Comment cards, surveys	150+
27 July	Lambeth Patient Participation Group Network	1.5 hour meeting – presentation and open discussion centring on key questions from BLHD; postcards distributed	4
8 August	Lambeth Living Well Collaborative	Meeting of existing mental health and wellbeing partnership group; focus on more detailed BIG ideas following on from introductory discussion	26
31 August	Diabetes Patient Forum (Lambeth and	Ten minute presentation slot to introduce the BIG	Approx 50

	Southwark)	Lambeth Health Debate and to outline methods available for taking part further	
July - Sept	GP Patient Participation Group meetings	Meeting of practice-based patient groups – slide presentation and discussion	Approx. 150 (from records received of meetings held at Lambeth's 48 practices, with 6-65 people attending each between July and September)
10 Sept	Expert Patient Programme Annual Reunion	20 min presentation + smaller group discussion of BLHD questions	100+ EPP graduates – people living with a long-term health condition who have completed a self-management training programme
2 Oct	Basaira Elderly Project	Presentation and discussion at voluntary sector lunch club serving older people from predominantly Asian backgrounds	Approx 40
2 Oct	Lambeth Quality Summit	Round table discussions at event co-hosted with HealthWatch Lambeth	100+ people including citizens, patients, carers, community and interest groups, clinicians and providers of health and social care
14 Oct	Well Centre young people's drop-in	Informal opportunistic discussions and invitations to complete surveys and comments cards at drop-in session	8 young people, parents and youth worker
18 Oct	Summative/closing event	Lambeth Accord	65

Conversations, whether face-to-face, online or on paper, were universally lively, enthusiastic and evidenced clear understanding and ownership of the issues by patients, carers, members of the public and the CCG's wider partners in health and wellbeing. The detail of conversations can be found on the CCG's website and as an appendix to this report. Key themes to emerge are presented below, along with some of the specific suggestions heard.

Emerging themes

We heard:

- strong support for a focus on prevention

- an ask for a different way of working with people and communities
- there are opportunities for securing better value for money
- frustration at a 'fragmented' system; a challenge to make integration real
- concerns about variation in access to services, quality, safety, and outcomes

Innovation
• Stimulate a culture of innovation • Commission for cultural change and outcomes, incentivise integration • Whole systems approach to behaviour change • Technology! • Work with communities to encourage connectedness and resilience • Use workplaces and schools

Suggestions we heard:

- *Use assistive technologies to support people to take medication, eg alarm systems, mobile phone apps – this would help improve independence and reduce admissions due to people not taking medicines they need eg mental health service users, people with long-term health conditions*
- *A helpline for medication could help people with long-term conditions to self-manage; more telephone consultations*
- *Spread active patient participation groups (PPGs) into al GP practices in Lambeth and support them; their potential is huge. One PPG offered to produce a 'signposting' booklet for their GPs to enable 'social referrals' eg to community organisations or facilities*
- *A 'health version' of Neighbourhood Watch?*
- *There's a big opportunity, from an IT perspective, to take out cost (Cloud, application support)*
- *Slicker admin processes; why can't I have all my paperwork (discharge, GP letters etc) sent to my hotmail? It's my choice, my risk, and my responsibility, along with my banking, Amazon accounts etc*
- *Patient-accessible and patient-held records*
- *GPs and nurses in the community need education in managing the more difficult cases and people who have just been discharged from hospital who need follow-up – there's no point if timely and skilled care is not available*
- *Participatory budgeting*
- *Look at innovative ways of incentivising healthy behaviours, eg 'banking' exercise or diet choices*

Making our money work harder
• Help people manage their own health • Put technology to better use • Move hospital-based clinics into primary care • Commission to ensure funds go directly into services • Stop unnecessary duplication and administration, share costs • Invest in co-ordination and continuity of care to reduce hospital stays

Suggestions we heard:

- *Join together commissioning and the organisation of health services across Lambeth and Southwark – public health is a joint team already; join up with the Council and save on back office costs so you can spend more on priority areas*
- *Behave more like a business: charge people who don't turn up for appointments*
- *Referral to weight loss and/or stop smoking programmes before surgery for obesity*
- *More co-ordinated care would be an example of better management – my husband was in hospital recently and failures in co-ordination and continuity of care meant that he spent 5 weeks there; with better co-ordination he could have been out sooner and that would have saved money, as well as being better quality and a better experience for him as a patient and me as a family member*
- *Invest in patient education for people with long-term health conditions as a cost-effective intervention that will ensure understanding and compliance, and reduce demand on more costly NHS services, eg if people not managing their condition go into crisis; promote seminars for patients at the surgery through local pharmacies and supermarkets*
- *Stop unnecessary follow-ups in hospitals: discharge with appropriate instruction to GP*
- *Better management of drugs; stop prescribing medicines that are not evidence-based; ban prescribing antibiotics for viruses!*
- *Risk-stratify patients to determine appropriate level of specialism in treatment*

Prevention
• Teach health skills - start early! • Invest in patient information and education • Support patient/community-led initiatives • Target health checks • Extend self-management support for long-term conditions • Support people to take control of own health longer-term • Enhance pharmacy • Support carers • Work with partners to address social isolation • Work with others to create healthy environment

<u>Suggestions we heard:</u>

- *Use opportunities to reinforce health messages, for example, if someone needs surgery, make sure they know that people who do not smoke have far better clinical outcomes from surgery – bone and wound healing etc; support them to give up smoking before surgery*
- *Communicate with local businesses about what we are trying to combat and achieve and work with them; recruit and train healthy living champions in local workplaces, including supermarkets, the NHS and Council as large local employers; NHS health checks in workplaces?*

- *Make the environment safe and not surrounded by cheap alcohol; create more green spaces; create 'health zones' in public spaces, eg Windrush Square*
- *Make active travel the norm: cycle and walk to work/school schemes and policies in workplaces; cycle parking; referral to free cycle training*
- *Use back of prescriptions for health promotion messages and signposting advice*
- *Teach people to cook healthy food; start early!*
- *Use the local community for peer-to-peer advice and healthy living messages*
- *Support self-activity: patient groups in GP practices could do more – some have set up walking or gardening groups that give people exercise and company*
- *Ready access through GP practices to specialist dieticians, pharmacists, exercise specialists to support people with long-term health conditions to live well*
- *Education for patients to support them to understand their condition, how best to self-manage, and how to access services when they need them*
- *Personal health plans developed with people to help avoid crisis*
- *Make sure mental health day centres know how to provide healthy meals for people with diabetes*
- *Commission well for carers to reduce hospital admissions, reduce costs of delays in transfers of care, reduce carers need to access primary care for themselves, reduce overall spending on care*

Integration
• Not (simply) joining up what we already have • Commission for integration around the person and around outcomes • Keep the front door simple • Overcome/remove unnecessary boundaries • Better (use of) IT to improve information-sharing between agencies; patient-held records • Make better use of voluntary sector • Support carers

<u>Suggestions we heard:</u>

- *Don't just join up what we already have and assume it will be better; start from the outcomes and work backwards from there*
- *Remove unnecessary obstacles and boundaries that might prevent local organisations from working together around the needs of the individual; develop outcomes-based commissioning and support development of possible provider alliances in the way you commission*
- *Integrate role of voluntary sector*
- *Make the bureaucracy of commissioning proportionate to what we want to achieve – if we want personalised services from local providers don't have overly complex procurement requirements*
- *Use technology better to improve communication between agencies; better use of technology will reduce waste and be more efficient as well as providing a better patient experience*

- *A joined-up IT system nationally would make integrated care so much easier*
- *Give patients their own (hand-held) notes... this is empowering*
- *Patient education would play an integral part in making the best use of everybody's time and skills*
- *Train doctors, nurses and social care staff to look beyond their narrow specialisms*

Using what people said and next steps

Alongside our conversations with local patients and the public, NHS Lambeth CCG also held extensive discussions among our membership, including two Lambeth-wide events for all 48 member practices (July and October) and discussions at each of our locality meetings, with local NHS providers and with wider stakeholders, for example NHS England, Lambeth Council and Lambeth's Health & Wellbeing Board. The BIG Lambeth Health Debate Programme Board also examined detailed population data, performance data and outcomes data to tell us what we spend, who we spend it on and what outcomes are achieved.

The outputs of the BIG Lambeth Health Debate have fed into a new *Strategic Vision* for NHS Lambeth CCG. This was first shared at the BIG Lambeth Health Debate's summative event: 'Making it Happen' on 18 October, where a draft was circulated for comment. It was also an agenda item at the CCG's Governing Body meeting held in public on 6 November. The *Strategic Vision* describes clearly and simply the ambition of NHS Lambeth CCG to improve the health of local people, to ensure everyone enjoys the same access to and benefits from their health services and to continuously drive up the quality and safety of health services for the people who use them. This commits NHS Lambeth CCG to a way of working with and for local people and with and for our clinical members. The vision is one on which the CCG's activity as a commissioning body will be characterised as:

- People-centred — co-producing services and enabling self-management
- Prevention-focused — enabling people to live longer and healthier lives
- Integrated — reducing boundaries and barriers to care
- Consistent — reducing variation and variability in access and provision
- Innovative — using 21st Century technologies for better services, information and to promote choice
- Value for money — living within our means and using resources well

As the CCG moves forward towards realising this vision, we have confirmed our commitment to putting people and communities at the heart of planning services, drawing on community and voluntary groups to provide locally responsive services, and to providing information and education to empower and enable self-care. The *Strategic Vision* can be found on NHS Lambeth CCGH's website.

Further work is required to finalise the CCG's five-year strategy and before April 2014 to translate this into a two-year operating plan in which the new vision and priorities are embedded. This will involve developing new programmes of work and implementation plans that have clear and measurable outcomes. The CCG will be

drawing on learning from the BIG Lambeth Health Debate in contributing to the national NHS 'Call to Action' and to implementing the south-east London-wide Community-based Care Strategy. We began this work at our 'Making it Happen' event, discussing with stakeholders specific commissioning intentions under the four key BIG Lambeth Health Debate headings (innovation, making our money work harder, prevention and integration).

Detailed engagement plans will be developed for each work programme and NHS Lambeth CCG aims to work closely with local communities every step of the way.

October 2013

Appendix 1) Feedback from patients and the public (meetings and events) during the BIG Lambeth Health Debate July – October 2013

Date	Constituent group	Format	Numbers engaged	Feedback on BHLD qus
11 July	Living Well Collaborative	Meeting of existing partnership group slide presentation and discussion	25	• fundamental importance of peer support in all service / support settings • a wider take on integration that is designed on people's needs not organisations • the need to ingrain innovation as the way we do things on a routine basis • the need to adopt a wider whole systems approach especially building on connection with the Voluntary and community sector. <u>Other points raised</u> • child health? • urgency of the need to change and do things differently (and critically do the things that work quickly) - this is not articulated sufficiently • make ambition clear • old thinking needs to change • mental health priority should be describe as 'mental wellbeing'
12 July	Wide range of key stakeholders including patient/community groups and partners	Public launch - slide presentation and discussion	Circa 60 non-CCG	**Innovation** • Cultural change needed for innovation – doing the 'day job' is hard enough • possible work jointly with Southwark to look at whole systems approach to behaviour change (for patients – how they access services and their expectations; for GPs – how they refer etc) • need for information when and where people need it to support people use services appropriately (eg not go to A&E with primary care issue) • need to risk in order to innovate – perhaps an innovation board needed? and some funding to allow innovation to take place • go early, into schools, enable people to feel • with new amputee centre, Friends Group is talking about getting into schools and talking to kids about how eg diabetes could lead to

				amputation – new educational 'day trips'? • allow small groups of people to go away and work on something with a few clients/service users and bring them back to table to learn • take 10% of savings and reinvest in prevention and innovation (pioneer lab) • Knee-High Project, ideas letterbox – gems of ideas – could we learn from there? • work to develop a culture of innovation so that people go off and develop ideas for themselves • crowdsourcing: a great way to get ideas • 1st, 2nd, 3rd horizon – need to think about and generate ideas about what can we do on the 2nd? and what can we do to promote the 3rd? • majority of spend is on acute care – need to innovate services now, not in 10 years time; the conversation between commissioners and providers need to be done differently; commissioning for cultural change and commissioning for outcomes; not, as we've always done, commissioning of activity • create interdisciplinary learning • bring improvisation into all learning if we are going to change culture • QIPP: change our thinking – instead of thinking QIPP savings 30%, think, what can we do for 70%? • Technology: invest/ update • patient education **Making our Money Work Harder:** <u>Key points</u> • Help people to manage their own health – e.g. use community resources like Healthy living pharmacies/ carers network etc • Communicate better between organisations and with patients – avoid duplication thus more efficient and less waste. Better use of technology <u>Other issues:</u> • Prevention – focus more on spending to avoid ill health. e.g. enabling care coordinators/ expert patients etc • Use opportunities to reinforce health message e.g. better surgical

				outcomes for people who don't smoke/ lose weight • Influence the mass media – e.g. counter advertising for fast food shops etc • Better use of community pharmacy • More health checks – blood pressure etc. In the community **Prevention** • The wrong people are not accessing health checks/service/ prevention support. It is not the engagers, it's the non engagers. – The LINKS Team, credible healthy living champions, Hard to reach team in place, but is knowledge of these support processes out there? • Early testing – related issues • Are carers included in the 'Hard to reach group'? • Going to areas where particular groups wouldn't usually access services/information • Using member of theses hard to reach groups to access and engage • PPGs good approach, trust, confidence, big impact on patient well being (well being, environment), peer support – empathy. • Patients access several services but still do not know what the health problem is • Engagement is essential ▪ The way we engage ▪ The language used ▪ How the message is delivered ▪ Responsibility for professionals to 'connect' ▪ Empathy in 'real terms' • Public Health to map the gaps in the national health campaigns for local health services to enable identification of gaps to plugged, and work on these areas. • GP/services to follow up on patient conditions rather than leaving patients to come into primary/secondary care in crisis. • CCG's have no control over funding in this 'new world' • Make sure services are in the right place for groups to access, i.e. pharmacies.

				• Reasons why some particular hard to reach groups may not access needed services:
				  • Stigma
				  • Fear
				• Prevention starts from school age – school meals, activities
				• The local authority (LA) is key to joined up working with other organisations to enable preventative measures –
				  • links to emotional well being
				  • Communicate with local business – provide knowledge around what 'we' are trying to combat and achieve and coordinate how to implement some elements of the health priorities – e.g. restricting access to fast food outlets near schools, etc
				• 5 ways to well being
				<u>Issues identified for follow-up</u>
				• Public Health to map the gaps in the national health campaigns for local health services to enable identification of gaps to plugged, and work on these areas.
				• Engagement is essential
				  o The way we engage
				  o The language used
				  o How the message is delivered
				• Responsibility for professionals to 'connect'
				• Communicate with local business – provide knowledge around what 'we' are trying to combat and achieve and coordinate how to implement some elements of the health priorities
				
				Integration
				<u>Key points</u>
				• Start from outcomes needed and work back. Make sure views of citizens are sought and used from the early stage of design. Enable delegation of resources/ influence/ control of individual care as close as possible to local people/ affected person
				• When integrating – don't just join up what we already have and assume it will be any better. Don't constrain our workforce with

				unnecessary boundaries/ restrictions but assume professional staff can do a professional job. • Be person centred. Keep service offers simple – at present there are multiple entry points into services, that can be chaotic and hard to navigate Even if complicated behind the scenes make it simple at the front door. • When commissioning services, make bureaucracy proportionate to the outcomes we want to achieve. e..g if we want personalised local services from local providers don't have overly complex procurement requirements. <u>Other issues</u> • learn from best practice elsewhere • show respect and understanding to the people receiving care • Avoiding communication difficulties between agencies/ using technology better will avoid waste and be more efficient as well as providing a better patient experience • don't provide what people don't want just because it's what you think they need • make better use of the voluntary sector
17 July	Older People's Partnership Board (vol & community orgs working with older people, SLaM)	Meeting of existing partnership group slide presentation and discussion to clarify the terms of the debate	4 non-CCG	Commitment to take the debate out to groups connected with members • Issues raised need responses from more than just NHS • Welfare benefits, access to good housing, transport • Implications locally given squeeze on social care/ Council budgets – need for joint working on solutions • Make sure people know how to look after themselves, eg exercise and medication
17 July	HealthWatch Lambeth	90-min slot at organisation's monthly members' meeting	Approx 60 non-CCG	**Innovation** • Pollution data should be monitored – impact on health o Brief discussion about where vehicle emission spot checks sit – Mayor of London o Reflection that the CCG should be helping to 'join up' with other

				organisations that have such responsibilities. • Assisted technologies should be utilised to support those with mental health to take medications on time e.g. alarm systems / mobile phones / apps. These would help improve independence and reduce admissions due to those not taking meds. • Physical checks - via sensors – noted that many inventions are already available. • Health messages should be more about what we <u>can</u> do rather than <u>not</u> do i.e. focus on the positive • Ways of developing connectedness/ friendship / optimism/ happiness were discussed: o Time banking (skill sharing) – keeps assets in the borough o Guided walking o PPGs should be in all practices – Mawbey practice cited as not having one yet o Recommendation to explore evidence around general wellbeing / happiness and link to increased life expectancy. Suggested using public health skills / New Economics Foundation have also done work around 'wellbeing'. o Recognition that actions around this area needed to rest with the wider community as well as health. o Meditation link to 'well being' o Find ways to promote health activities • Sometimes evidence is not available to support an innovation, but it should not necessarily stop these from taking place • More money needs to come from Acute hospitals to mental health and community services • Health inequalities: discussion about how to reach the very old and young people. Some ideas included: o Video game development o Identify and attend groups where young people meet • Better use of health challenges required – calendar showing health issues to beware of throughout the year • Other routes for seeking feedback: Lambeth Show, targeting specific

				groups for health checks (reflected that this is already done for some health concerns). Feedback needs to be representative of Lambeth population. **Making our money work harder** <u>Key Issues</u> • Help people to manage their own health – e.g. use community resources like Healthy living pharmacies/ carers network etc • Communicate better between organisations and with patients – avoid duplication thus more efficient and less waste. Better use of technology • Prevention – focus more on spending to avoid ill health. e.g. enabling care coordinators/ expert patients etc <u>Other discussion points</u> • Use opportunities to reinforce health message e.g. better surgical outcomes for people who don't smoke/ lose weight • Influence the mass media – e.g. counter advertising for fast food shops etc • Better use of community pharmacy • More health checks – blood pressure etc. In the community **Prevention** • People feel better if they're well. • More Health promotion. • Support LTC management. • Promote self care • Who allows the patient to become unwell? • Robust information - signposting • How do we engage better with the 'well'? • Social Networking is key. Charity organisations, more use of the third sector. Example - local organisation that offers day trips. • Our biggest asset is the local community so we need to be innovative in how we use them (and not overload) Reading groups via PPG Great discussion on HLP and the role of the Healthy Living Champion.

				More links to General Practice. • Extend HLC role to work place; NHS, Sainsbury etc... • How do we signpost patients better? • Newsletters? Local Newspapers? • Lack of Older people focus, especially Dementia/Alzheimer's - more advice for carers. • Carers Hub - Lambeth. • How do we ensure our residents/patients know what is available? • "How do we make the environment safe and not surrounded by cheap alcohol and create more green space?" • Where is the evidence that suggest NHS Health Checks work? • Different triggers for people that make them access healthcare. • Discussion on Pharmacy First Scheme (Minor Ailment Scheme) Group very keen to have more of this and raise awareness. • More nutrition advice - cook and eat schemes. • Use the community for peer to peer advice and delivering the message to keep them well. • Group want to see more statistical results regarding health promotion, health checks. What works, what doesn't? • Opportunity to use repeat prescription for health promotion messages and signposting (great practical example) • 5 ways to Well-Being (Charity Business Plan) More Neighbourhood Centres and not just health in them. • Key Message: "OUR COMMUNITY IS OUR ASSET" **Integration** • <u>Multi disciplinary working -</u> need for improved communication between agencies and renewed commitment to multi-disciplinary working as it seems to of disappeared in recent years. • <u>AQP –</u> concern expressed that this would lead to fragmentation and work against integrated care. A general call by the group for the CCG not to actively pursue AQP. • <u>Patient held record and plans –</u> if widely promoted could help improve

				inter-agency working as services would need to organise around the needs of individuals. This could contribute to dealing with the unhelpful and bureaucratic patient confidentiality rules that various agencies apply. Idea suggested that people be asked at all service points to consent that their records can be shared. Concern expressed that some practices are charging patients for access to records and that the process was too convoluted. • Carers – the group thought that CCG needed to up its game in terms of support for carers especially those caring for people with complex care needs. • Complex care – Learning disabilities - concern expressed about poor level of integration between social care and NHS especially in relation to people with LD. • Investment in hospital care vs. community / primary care based – general agreement that the CCG should try and reverse the trend of more investment within the acute sector and prioritise community based services. Concern that the Council was planning further cuts which would result in cuts to community services.
20-21 July	General public/ broad cross-section of Lambeth population, community groups	2-day stall at Lambeth Country Show – community festival Comment cards, surveys	150+ conversations	• Stop privatising the NHS • Improve dentistry service for people with disabilities • Better joining up of child-to-adult services for young people with disabilities – need more confidence in expertise • My Dad smokes • Cut salaries of health managers; put the money saved back into front-line care • Improve administration and unnecessary duplication • Involve more faith leaders to be aware of mental health and HIV • Build skills in-house – retail in-house skills; use less PFI and outsourcing –it's more expensive in the long run • make sure mental health day centres know how to provide healthy meals for people with diabetes; I go there for meals because I don't find it easy and I'm not motivated to cook for myself, as I live alone; the day centres don't know I have diabetes and I don't know if the meals

				they serve are suitable • free swimming in Lambeth for people who need it • more healthy food available • difficult to find healthy low cholesterol food which I need. Be useful to campaign against bad food in supermarkets and know where to buy good food • join together commissioning and the organisation of health services across Lambeth and Southwark – public health is a joint team already • join up with the Council and save on back office costs so you can spend more on the priority areas • support my local group to get older people out on organised trips – funding, grants – to overcome isolation, the biggest problem for older people • behave more like a business: charge people who don't turn up for appointments, for example • get GPs working with our organisation to provide Spanish and Portuguese support in wellbeing and emotional help (Telefono de la Esperanza) • don't do obesity surgery (gastric bands etc) unless someone has been through a healthy eating programme • weight loss and/or stop smoking before routine surgeries • work with the GP • the Well Centre is working (w young people) on all 7 of the CCG's priorities: a BIG 'neglected opportunity' • more money for the NHS – not public spending on other things • pathway needed for sickle cell children after stroke • warm and well – very good, excellent, please bring them back (Multifaith Group) • stop health tourism • more money on preventing illness with younger people
July-Sept 2013 GP Patient Participati	Meeting of existing practice-based patient group – slide presentation		Approx. 150 (from records received of	<u>Innovation:</u> • Make information systems join up so that data is usable in commissioning

on Group meetings	and discussion		meetings held at practices, with 6-65 people attending each between July and September)	• One PPG offered to produce a signposting booklet for GPs – for 'social' referrals eg to community organisations • Food Co-ops – patients using green spaces around the surgery to grow their own fruit and vegetables under supervision, possibly supplying hospitals and other local centres. In this way many patients would not feel isolated, would exercise and would learn skills. This would address many issues regarding patient health and wellbeing including loneliness; one practice was shortly to hold a meeting to discuss progressing this idea <u>Making NHS money work harder:</u> • Logistics: question whether the local NHS has the right staff in the right place at the right time for patients. Example given that foot health drop-ins are overrun yet sometimes nurses are underemployed elsewhere (example given where 15 of a possible 45 slots were used in one service); CCG should put some pressure / exert some influence upwards to be allowed to make staffing allocations flexibly across the whole system • Invest in patient education for people with long-term conditions especially as cost-effective intervention that would ensure understanding and compliance. Have seminars for patients at the surgery, advertised in the form of fliers at pharmacies, including the pharmacy at nearby supermarket • Proposal that PPG produce signposting booklet for local non-medical services that might be helpful to patients - would save money and time - GP would have knowledge at fingertips to impart to patients saving his/her time <u>Prevention:</u> • Screening: more early screening – could this be expanded to other areas? eg osteoporosis? Why leave it til 60 to screen for bowel cancer? Response: Screening can be an effective and cost-effective preventive measure used where evidence base is strong, and we need to do more of this; evidence is not there for osteoporosis to offer routine universal

				screening, though there is a case for offering to people who are at high risk, eg on meds that thin the blood; we do want to prevent development of illness but also don't want to put people through tests they don't need • Community based activities would help to keep people healthy - gyms to encourage weight loss could offer support to those who need to lose weight for medical reasons. The cost of support would not be as much as the cost of hospital stays/medication • Patient education would be very cost-effective and would ensure understanding and compliance - this would support those with LTCs; It would promote healthy lifestyles and patient awareness and keep people as healthy as they can be for longer <u>Integration:</u> • A joined-up IT system nationally would make integrated care so much easier • Transferring care from hospital to GP shouldn't mean patient has to organise all own community appointments if they need help – practices should take responsibility; • Community clinics need to be accessible by car or good public transport; diabetes patients attending foot clinics may not be able to use public transport so parking should be considered important • integration needed between services on offer, but need to recognise that GP surgeries cannot be responsible for all areas of their patients' life, as patients have come to expect - easy-use 'signpost' booklet for clinicians would help • patient education would play an integral part in making best use of everybody's time and skills
27 July	Lambeth Patient Participation Group Network	1.5 hour meeting – presentation and open discussion centring on key	15	**Making our money work harder** • the slide telling us what £1,000 can buy helps people think Remove the market in healthcare; the market will make it difficult for NHS services to compete against the private sector; patients should take responsibility (ie to use the NHS responsibly) but what can the CCG do to act responsibly and stop money going (through AQP) to

		questions from BLHD; postcards distributed		shareholders and out of the NHS? • better management saves money – invest effort in this and cuts would be unnecessary • more co-ordinated care would be an example of better management – my husband was in hospital recently and failures in co-ordination and continuity of care meant that he spent 5 weeks there; with better co-ordination he could have been out sooner and that would have saved money, as well as being better quality and a better experience for him as a patient and me as a family member • better quality care = better value for money • HealthWatch was invited and agreed to write up a few real stories from their members, drawing out for each how better quality, more integrated care would help prevent waste in each case **Prevention** • I would like to see patient groups helping to keep people well • Our practice does a lot to prevent things • Having more information helps in prevention • Walking group at one practice was initiated by a patient who had been trained as a 'healthy living champion' through a PCT scheme (designed for staff in 'healthy living pharmacies'); the practice was not supportive and raised issues of risk re: insurance, since the patient was leading walks from the practice in a voluntary capacity; this sort of initiative should be grasped by practices how can the CCG support such initiatives? • Integration • Joining up health and social care is crucial, but concern expressed that the local authority has no money to provide additional services to support initiatives by health – eg early discharge from hospital • Where does respite care fit? It has fallen off the list of what's provided. Who keeps people out of hospital? Carers. There needs to be support for carers **Other comments** • As a patient, you shouldn't need to know how care is commissioned in order to get the care you need from your GP; many people don't

				know that the GP is the gatekeeper , it's hard for people to understand this (HealthWatch have a role here) • Improving access to primary care is crucial for the CCG vision and mission and you aren't going to get anywhere unless and until you sort and improve access to primary care (GPs) • Seeing the doctor the same day only if urgent – is this reasonable? (opinion divided among group) • Our practice seems to be better than many others; I don't feel negative about it at all **Question:** how much is spent on GP practices by primary care in Lambeth? **Suggestion:** a meeting between NHS England, CCG and PPG Network to discuss respective groups' roles in quality improvement in primary care (GPs) **Agreement**: a regular meeting between CCG and PPG Network would be useful – date to be arranged for 3 months' time (end Nov/early Dec) to continue dialogue on ways of working together and issues arising through PPGs
31 July	DMI Patient Forum Committee	Meeting with CCG staff	4 non-CCG	• consider middle-aged working population - diabetes check available via employer? • more education re: food • consistent pharmacist input re: medication • medicines use review carried out routinely. Shouldn't be hit and miss • more information available about medicines • more medicines optimisation -empowers patients • very keen to organise one day seminar to bring all Healthy Living Champions together • promote patient access to their results in advance of GP/Hospital appointment
8 August	Living Well Collaborative	Meeting of existing partnership	26	• discussion around resources. It was thought it would be useful to look at resources as a whole and see if money could be shifted and spent elsewhere in the system (across SLaM, LA, CCG).

		group; focus on more detailed BIG ideas following on from introductory discussion		• it was encouraged that agencies have frank conversations with clients about the money spent on them and discuss how things could be done differently with them. • look at personal budgets, PbR clusters and pay for results. Look at how this could be scaled up. • alarm at growth of expenditure on acute. The question was asked about what the accountability for it • it was thought useful to look at health and social care priorities. The Lambeth Living Well Collaborative has been doing things differently and should promote their approach into the CCG more broadly • look at how you could reach the hard to reach groups • discussion around how you can get messages to children. • look at the possibility of putting peer support in schools. • language is important. Current language is old, eg 'mental health' instead of mental wellbeing • how can you organise ongoing feedback? • innovation is important, but need to focus on implementation. Look at what works and build up from that • explored the possibility of integrating physical and mental wellbeing
31 August	DMI Patient Forum (Lambeth and Southwark)	Ten minute presentation slot to introduce the BIG Lambeth Health Debate and to outline methods available for taking part further	the group was made up of a range of ethnicities and equal gender split. Older age range	• 4 comments cards submitted • general comment that a lot of education and circulation of information is predominantly done on the Internet by Lambeth CCG and this is not accessible for a proportion of the older generation. patient groups should be involved more when considering community services, and this involvement might include being informed of changes (a preference for communications not through the internet)
10 Sept	Expert Patient Programme Annual Reunion	20 min presentation + smaller group discussion of	100+ EPP graduates – people living with a	**Innovation / what can we do differently** • set up local programmes to teach people to cook healthy foods – make it compulsory (preventive role) • tackle obesity – hospitals should have a ward for obese people and

		BLHD questions	long-term health condition who have completed a self-management training programme	educate them before weight loss gets beyond control • introduce a voucher system for people on benefits, to give them more access to social facilities that will help keep them healthy (prevention) • a helpline for medication • more joined up • more control in pharmacy • mobile diagnostics • [improve] primary care access **Prevention - Key points** • resources /information/ resource centre – overview of what you can expect when diagnosed with a long-term condition; signposting to relevant information and useful local groups (GP role here); available to patient and clinician • extra support within practices (eg dietician, exercise specialists, pharmacists for reviews of medicines, annual health checks) – maintain long-term • exercise on referral • priority (card?) system to provide easy access to people diagnosed with ltc – walk-ins for minor matters, ready access to pharmacists, dental and foot care • education and training – for both GP and patient; important to update knowledge regularly • participation – encourage patients to be involved and proactive in their own treatment and care; continuing support for EPP • medication – better information, regular reviews, information on alternatives • more information on mental health needed [for people with ltc] • social support / preventing social isolation– befriending, day centres, voluntary groups, leisure centres and libraries • to keep people with long-term conditions healthier for longer, give people with health issues extra money (voucher) to buy healthier option foods. similar to that of the milk/fruit/veg scheme • encourage people to seek help from GP / chemist in early stage of

				illness
				
				Making money work harder / improving value of service
				• more joined up - joined up IT patient record
				  ○ avoid having to repeat yourself
				  ○ avoid contra-indication
				  ○ consent so meds shared
				• meds use reviews
				• avoid cheaper brands
				• exercise on referral better than medicine
				• what happens to health lottery money?
				• waste in replacing kit so regularly
				
				Improving quality
				• texts/reminders for appointments
				• more explanation about medication
				• stop using cheaper brands
				• have to fight to stay on medication that works
				• extend appointment times
				
				Comments on existing services used by people with long-term health conditions
				• occupational therapists – v long waiting time and no feedback
				• repeat prescriptions: medicines use review – no advice given; GP – no advice given
				• feedback action form in simple language
				• secondary care, eg day surgery: early procedures – dependent on local area; no sit-down area (King's); patient interaction areas
				• King's food – walk to canteen? most patients can walk – why is everyone getting nurse feeding?
				• agency staff – build relationships
				• hospital shift changes affecting patient care
				• reception training – awareness

				• different information from different sources • health checks **Other comments** • GPs give medication without explaining what it does, and sometimes medication they prescribe conflicts with other medications; they should advise people to discuss their medication with the pharmacist • GPs should look at the whole picture • Improve doctor/patient relationships • Everybody [with ltc] should have care plans
2 Oct	Basaira Elderly Project	Presentation and discussion at vol sector lunch club	35-40 older people from predominantly Asian background	• Support for focus on prevention – key to this: - community outreach and more use of community buildings - supporting community groups to help promote healthy living and self-care - community education • Social isolation a big issue • Access to primary care • Enabling exercise in local parks • No knee / hip operations for over 85s. • Role of pharmacy important
2 Oct	Lambeth Quality summit		100+ people including citizens, patients, carers, community and interest groups, clinicians and providers of	<u>Preventing Problems</u> • Communication – within organisations, across organisational boundaries and with patients – ensuring these are tailored appropriately for individuals where required. • Sharing information across services • Education for patients to self-manage and how and when to access services • Listening to patients with an emphasis on better use of current complaints information and consideration of other avenues for listening to patients. • Empowering patients to speak up <u>Detecting Problems Quickly</u>

			health and social care	• Health version of neighbourhood watch • MDT co-ordinated working – including health and social care • Open culture to encourage comments • Involve other agencies e.g. pharmacies / schools • Listen and engage frontline staff • Improve healthcare understanding for vulnerable groups, including those with learning disabilities as they often feel isolated • Implement Quality Alerts across providers – Primary to secondary care <u>Taking Action Promptly</u> • Health passport • Support staff and patients to speak out • Patient participation groups (PPGs) – expand roles and empower patients to take action • Early warning systems where health services are failing – sharing this information • User technology better • Joint audit of services across pathways • Address issue of patients who 'do not attend' appointments • Use any opportunity to capture feedback with a commitment to publish findings
14 Oct	Well Centre young people's drop-in	Well Centre Wellfield Road Streatham	8 young people, parents and youth worker	<u>Innovation</u> • Doctors at Well Centre more than 2 days/week <u>Prevention</u> • Suggest cannabis awareness week (did this in Hammersmith and Fulham – all partners – in schools, youth groups, shopping centres); Well centre Youth Project at King's sees a lot of young people on Friday nights at A&E as result of cannabis use; concern about longer-term impact on mental health • Early intervention on teenage pregnancy – Well Centre at King's A&E sees many young women concerned they might be pregnant (4-5 p/w); suggestion from parent/teacher for 'teens and toddlers' programme offering vulnerable young women opportunity to work in nursery

				alongside a toddler to get a taste of parenting beyond the baby stage (as preventive measure); suggestion also that contraceptive implants should be more widely encouraged and promoted among vulnerable teen girls who say they 'don't always' use condoms and speak of stigma associated with carrying condoms • More self-referral for diagnostic services eg cancer worries • Support teenagers into finding jobs and taking on apprenticeships • Go around schools to tell the students about services <u>Making NHS money work harder</u> • Stop creeping privatisation and artificial competition in the NHS – introducing extra layers of bureaucracy is wasteful
18 Oct	Summative/closing event - wide range of key stakeholders including patient/community groups and partners	Lambeth Accord	Approx 65	Closing the loop – feedback on ideas generated, presentation of CCG Strategic Vision and group discussions on implementation of some draft commissioning intentions developed through the debate • What good would look like • What would need to happen to make it work • Measuring impact • Continuing engagement

Appendix 2: BIG Lambeth Health Debate - written submissions

Date received	Group/individual	Method	Summary of feedback
27 Sept 2013	Group – Lambeth KONHS Public	Email	**How can we do things (really) differently? and How can we make our budget have greater impact?** • Think outside the box about money: stand up to NHS England. • Don't take as a starting point that money is in short supply. Question why we have to make a surplus of £4.7m at the end of this year. We have been told that the CCG will have it returned – but what guarantee have we of this? Why does the CCG HAVE to make a surplus in the first place? • Find ways of resisting putting services out to tender. This will save money on administration and mean that private companies won't be able to cream off profits which would otherwise be available to the NHS. West Cheshire CCG is only giving contracts to NHS providers – perhaps Lambeth can support them and do the same. **How do we improve the quality of our services? and Should we invest our money differently for a greater impact?** • Place greater value on the work that healthcare staff do and they will produce better quality care. The best way to do that is to pay a minimum of the London Living Wage to all health staff (this will also introduce more spending power into the local economy – another way to get greater equality in Lambeth). Research shows that more equal societies have better health statistics. So as well as paying the lowest paid more, another way to greater equality would be to reduce the income gap between the highest and lowest paid health workers. This would *really* be doing things differently (as above). Copy the idea adopted by several areas and set up a 'Fairness Commission' to debate these ideas. See www.equalitytrust.org.uk/ and www.myfairlondon.org.uk/ for more ideas **Do you have new ideas or new suggested ways of working? and How can we better join up services to improve outcomes and patient experience?** There is a lot of good work being done in Lambeth on integrating care, yet there are still terrible inequalities and wasted resources in the way in which 'social care' is kept separate from 'health care' in how it is funded. In reality it is impossible to say where care stops being

			'social' and becomes 'health' (social care is means-tested, so people often have to pay or the Council (which has a budget that is being cut by 45%) has to pay. Health care is funded by the NHS, but because the CCG is being pressured into making cuts, more people are being assessed as ineligible for health care and so no longer are a 'drain' on NHS resources. This is particularly happening with dementia care in Lambeth. If all Lambeth social and health budgets were pooled, money would not be wasted on the bureaucracy involved in having to make assessments as to who is and isn't entitled to health care. Lambeth could act as a 'pilot' for such an experiment. This would be another way of '(really)' doing things differently. • If next year the CCG is asked to use 'Any Qualified Provider' for certain health services, we think it should resist this call. As local GP Clare Gerada has said: it 'will help to fragment the NHS…into 1000s of different providers…(and fragment) the patient into individual parts…forcing them to interact with multiple different services rather than just their local NHS'. It will make planning and integrating services very difficult.

Appendix 3: BIG Lambeth Health Debate feedback from online discussion forum

23 forum members
46 posts, 17 topics

1) use patient experience data such as PALS and complaints to learn and improve

2) Innovation:

- make more use of pharmacies – but concerns re: record-sharing and commercialism;
- avoid unnecessary hospital admissions - work with local people to work with cultural groups to keep themselves well;
- use blank page on prescriptions to post notices such as details of the practice Patient Participation Group, details of Carers Hub Lambeth for carers' advice and support, details of Lambeth Mencap for support to LD Carers and people with learning disabilities, Healthwatch Lambeth details.... cheap, easy and effective
- reduce traffic and reduce obesity and rtas: promote cycling and play streets

3) Making money work harder:

- stop unnecessary outpatient follow-ups - discharge with appropriate instruction to GP

4) Prevention

- diabetes: community diabetics nurses and doctors, patient education groups and peer support as primary care is struggling with the huge number of people with diabetes
- make active travel the norm: cycle and walk to work schemes; cycle parking; referral to cycling proficiency (free); CCG (and employers) travel policy
- commission for carers: commissioning well for carers can:
    - reduce admissions to hospital and residential care.
    - reduce the costs of delays in transfers of care.
    - reduce carers' need to access primary care as a result of their caring role.
    - reduce overall spending on care.
    - See paper by Carers' Trust: http://static.carers.org/files/commissioning-for-carers-key-principles-for-ccgs-6809.pdf
- more exercise and healthy food in schools - set kids an example, start early

5) Integration:

- join up care for children in a challenging financial environment across health, education and social care to support children and families; through high-level support at Health and Wellbeing Board to mobilise locally
    - start with a joint accountability to deliver a healthier person or at least a more satisfied person at the end of their care. Not everyone is going to get better but unless the parties involved have the same objectives they will tend to work against one another. I don't think giving different organisations responsibilities for different bits of the package works unless they can't send the (one) bill until all is sorted
- promote and develop Patient Participation Groups
- Five ways CCGs can improve health outcomes for people with learning disabilities (see NDT recommendations) http://www.insidecommissioning.co.uk/article/1191420/five-ways-ccgs-improve-healthcare-people-learning-disabilities:
    1 Reasonable adjustments

Clear and consistent recording and identification of people with learning disabilities across health and care record systems is required in order to ensure equal access to services and that reasonable adjustments are being provided. Reasonable adjustments should be audited annually and published locally. CCGs can write this into service specifications and contracts with a clear timeframe for implementation.

2 Co-ordinating care

The Confidential Inquiry made a number of recommendations about the need to improve the co-ordination of healthcare. Amongst these it recommended that a named healthcare coordinator is identified for people with multiple or complex conditions, and that community learning disability nurses are co-located in GP practices to work more closely with GPs.

3 Acute liaison nurses

Hospital-based learning disability liaison nurses are valuable in reducing health inequalities for people with learning disabilities. CCGs could commission hospital-based learning disability nurses in all acute hospitals and a named learning disability lead to be available 24 hours a day.

4 Implementing the Mental Capacity Act

There was a disturbing lack of adherence to the law with respect to the Mental Capacity Act. The MCA lead in CCGs has an important role to play in ensuring that services meet the requirements of the Act.

5 Being proactive and responsive to change

What made some people vulnerable to premature death was the relative inattention given to predicting potential problems. The provision of good quality health checks for people with learning disabilities, which meet minimum standards and identify clear actions, should be expected.

Commissioning processes must focus on advanced health and care planning and be flexible in response to changing needs.

Appendix 4: BIG Lambeth Health Debate: feedback from survey

25 people submitted a survey: 24 online and one on paper. The overwhelming majority of these were white, female and aged between 35 and 64.

Responses are summarised as follows:

Innovation

- invest in patient education and information
- empower patients to manage their own health needs as far as possible
- invest in technologies to support self-management and integration and free up doctor time
- recognise communities as assets and deploy them to address heath issues; take health into community – shopping centres, schools etc
- develop patient leadership
- make integrated approach mandatory
- invest in prevention
- look at participatory budgeting
- fill hospital beds as last resort
- manage expectations better and place appropriate responsibility on patients to use NHS appropriately
- safeguard public sector ethos
- patient accessible / patient held records and slicker IT and admin
- training for community and primary care staff handling people who formerly might have been treated in hospitals
- commission with clear expectations and for outcomes and do away with activity-based payments
- provide better access to GPs through telephone consultations and sensible use of triage systems to prioritise urgent and non-urgent need
- ensure that screening programmes that are known to be effective (eg bowel cancer) are vigorously pursued
-

Making our money work harder

- streamline services and appointments systems
- astute use of people, technology and buildings: use telephones and other technology so that not all contacts need to be in person; use admin staff intelligently to free up clinician time
- provide information; ensure GP surgery buildings are fully utilised
- better management of drugs; stop prescribing medicines that are not evidence-based
- stop cosmetic interventions
- more prevention and support to structured patient education
- don't put services out to tender unless necessary; avoid payments to shareholders
- employ more able staff
- hospital as last resort – care closer to home - transform community services to enable this
- use evidence as basis for activity
- remove layers of administration and management and focus on clinical care
- ensure people keep appointments by using text messaging

- risk stratify patients (eg those with breast, colorectal or prostate cancer) to determine level of specialist treatment required
- signpost people away from A&E who don't need to be there

Prevention

- education and information for patients – on their condition and also on smoking, obesity, alcohol use and drug use
- encourage people to stop smoking
- look at innovative ways to incentivise healthy behaviours, eg 'banking' healthy behaviours
- encourage communities to champion healthy lifestyles and recognise role of social contacts and support in maintaining health and wellbeing
- good health education in schools and workplaces
- increase price of alcohol
- make it easier to walk and cycle
- explore use of technology in smart way to support nurse, GP and patient decision-making
- targeted health checks
- improve access to GPs
- screening
- closer work with social care
- more community support – buddying, vol sector, social networks
- medicines reviews to help people stay well with ltc
- personalised plans developed with patients will help to avoid crisis use of NHS and other services

Integration

- train doctors and social care staff to look beyond their narrow specialisms
- share information - better systems are needed to enable this
- patient-held health records
- personal health plans
- NHS reforms have led to fragmentation
- less paperwork and more meaningful collaboration
- integrate role of voluntary sector