Engagement Report:
Public perceptions of the changes to the new Health and Care Model
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EXECUTIVE SUMMARY

Ipswich and East Suffolk Clinical Commissioning Group (IESCCG), West Suffolk Clinical Commissioning Group (WSCCG) and Suffolk County Council (SCC) have been engaging with people about plans for future delivery of health and social care in Suffolk.

The aim was to gather views about the Health and Care review, which offers a new vision for future delivery of health and social care in Suffolk. The Health and Care review has two programmes - Health and Independence and Urgent Care. Both programmes aim to bring together services to be more patient focused and easily accessible.

Methodology

This report has been compiled by Healthwatch Suffolk and shares the public comments collected from 37 engagement events that took place across Suffolk between April to August 2014. All feedback was collected by SCC, IESCCG and WSCCG.

CCGs and SCC developed two surveys (six questions each) that were designed to ask members of the public views about the Health and Care review.

CCGs and SCC engaged via existing regular meetings held with partners, the voluntary sector and stakeholders and face to face engagement with the public, where the CCGs and SCC were able to gain feedback. This was an “ideas exchange” asking for people’s views of the future set up of the NHS and social care.

Responses

Responses were entered directly on to Survey Monkey (an online survey creation tool) and downloaded by Healthwatch Suffolk’s researcher. The exact number of people that provided their views about the Health and Care review cannot be determined. However, over 500 separate comments were collected about the Health and Care review from 84 separate entries on to Survey Monkey.

Findings

SCC, IESCCG and WSCCG are grateful to those who took time to provide comments and feedback about the integrated services model.
The majority of comments that referred to the proposed changes within the new model were categorised as positive, including those related to the development of urgent care hubs and local centres. Concerns were highlighted regarding access to transport to hospitals, access to mental health services and the timescale of proposed changes. Several comments also highlighted the need for certain areas of the model to be explained in greater depth.

Overall, it was recognised that there was a need for more integrated care within health and care services. Specifically, comments highlighted how the introduction of Integrated Neighbourhood Teams (INTS) could help to improve integrated care between services.

A number of queries were raised. They included staffing levels, budgets and the need for specialised services for patients living with high level of needs.

Importantly, it was highlighted that there is a real need for ongoing effective communication of all proposed changes.

Next steps

This first phase of engagement has provided valuable insight into what is important for people. The comments received have been/will be used to:

- Test out emerging concepts about an integrated design.
- Shape and further develop the Health and Independence and Urgent Care programmes.
- Inform the commissioning of community healthcare services, and the NHS 111 and out of hours GP contracts.

The CCGs and SCC are just beginning the work to redesign the health and care system. It is likely that the new model will be delivered in one or two areas to test out how it will work in practice, before it is rolled out more widely.

It will be critical to continue the public engagement activities. Lessons learnt would be used to improve future activities and consultations, and strengthen the experience of working together across the whole health and social care system in Suffolk.
1.0 INTRODUCTION

1.1 This report has been compiled by Healthwatch Suffolk and shares the public comments from the engagement activity that took place between April to August in 2014. This was collected by SCC, WSCCG and IESCCG.

1.2 The aim was to gather views about the vision for future delivery of health and social care in Suffolk, which is designed to join up services to the benefit of the public. Two programmes - Health and Independence and Urgent Care - were discussed with the public. These were under the umbrella heading of the Health and Care Review. Views from this engagement exercise have been used for a number of purposes;

- to test out emerging concepts about an integrated design
- to highlight areas of concern to the public for the organisations to address
- to inform the commissioning of NHS 111, out of hours GP and community services.

1.3 Healthwatch Suffolk, SCC and IESCCG and WSCCG acknowledge that the changes identified in the Health and Care Review are significant. Therefore engagement activity to ensure that it meets the needs of the public is of extreme importance. This report gives the results of the first phase of this engagement, which will continue as the programme to improve and integrate health and care services continues.

1.4 The architects of this engagement activity were the CCGs and SCC. CCGs and SCC have been supported by Healthwatch Suffolk, Suffolk Community Action and the Suffolk Coalition of Disabled people. The purpose was to test emerging ideas around integrated and joined up, care. This was not a consultation exercise nor was it widely advertised across Suffolk. It was designed with a spirit of enquiry to gain views from those the CCGs and SCC work with closely, as well as from the general public through discussion at public events and in places that people visit such as market and libraries. This activity aimed to produce qualitative feedback to test whether the broad changes being proposed were in line with what people want from their health and care system in west and east Suffolk. The CCGs and SCC recognise there is a need to further engage as the project to integrate health and social care progresses.

1.5 The main methods of engagement were as follows:
• Existing regular meetings including those already held with partners (Appendix 1), the voluntary sector and stakeholders

• Face to face engagement with the public, where the CCGs and SCC were able to gain feedback. This was an “ideas exchange” asking for people’s views of the future set up of the NHS and social care. Feedback was placed on an online survey form. Advantage was taken of those events which were already planned in the county such as the Suffolk Show, Indian Mela and the Haverhill Summer Bash. The full list of engagement events attended is listed in Appendix 2.
2.0 PUBLIC ENGAGEMENT

2.1 In early spring 2014 Healthwatch Suffolk agreed to compile the results of the Health and Care Review engagement activity around the two programmes - Urgent Care and Health and Independence. Along with Community Action Suffolk and the Coalition for Disabled people, Healthwatch Suffolk also helped the Suffolk CCGs and SCC to identify events that would be worthwhile attending in order to gain feedback.

2.2 The Health and Social Care Integration (HASCI) Engagement Group was formed to develop the engagement and communication Plan. Members of the HASCI Engagement group (the CCGs and SCC, Healthwatch Suffolk, Suffolk Coalition of Disabled People and Community Action Suffolk) worked in collaboration to support the current engagement activities. Part of the plan ensured the ideas were tested with groups that the CCGs and SCC already meet with regularly, including Healthwatch Suffolk’s Black and Minority Ethnic (BME) Sub-Group (Appendix 1).

2.3 Engagement officers provided members of the public with the opportunity to share their views about the Health and Care Model. These events took place throughout April, May, June, July and August 2014. Members of the public were invited to share their views about the current system (which is fragmented and where health and care join up is not systematic) and the new models (Urgent Care and Health and Independence). The full questionnaires can be found in Appendix 3 and Appendix 4.

2.4 Peoples’ views were captured and sent for collation to Healthwatch Suffolk using Survey Monkey, an online survey creation service.

2.5 Survey Monkey allowed Healthwatch Suffolk, SCC and the CCGs to gather responses with one URL. This enabled all comments to be entered directly in one place onto Survey Monkey. Healthwatch Suffolk’s researcher downloaded all comments that were recorded on to Survey Monkey. Once comments were downloaded they were analysed using thematic analysis. This process consisted of the researcher reading every individual comment, generating initial codes and highlighted common themes that occurred within the data. These codes were then organised by service for the ease of the reader.

2.6 The CCGs and SCC value the comments that members of the public have provided. It must be recognised that this was an initial testing out of ideas, and not a full engagement or consultation exercise. As such the comments
may reflect one or two people’s opinions and cannot be seen as representative of what people in Suffolk think.

Engagement Events

2.7 As already mentioned, this phase of the engagement exercise was not set up to be quantitative, but rather to test out if the Health and Care Review was developing a model of service which would provide people with a health and care service that would meet their needs. In true co-production style, the richness of the qualitative feedback was used to steer the commissioners in their service design. The WSCCG, IESCCG and SCC attended events across Suffolk over the spring and summer. Healthwatch Suffolk collated the data and fed back the themes at regular points during the process for use by the CCGs and SCC service designers.

2.8 CCGs and SCC attended thirty seven events across the county. A full list of engagement events can be found in Appendix 2. Some 500 different pieces of feedback were collected from across the events. These comments were entered as 84 separate entries on to Survey Monkey. It should be acknowledged that the total number of comments collected does not accurately reflect the amount of people that the CCGs and SCC engaged with, as some people offered multiple comments in response to the questions that they were asked.

2.9 Conversations with members of the public at engagement events attended by the SCC primarily focused on the Health and Independence Model. Conversations with members of the public at engagement events attended by the WSCCG and IESCCG primarily focused on the Urgent Care Model.

2.10 It should be acknowledged that the engagement events were not held in Waveney as NHS Great Yarmouth and Waveney CCG is conducting its own public testing for their integration programme.

2.11 Comments received at engagement events are presented in separate sections according to service type. These headings are used within the Urgent Care Model and the Health and Independence Model; therefore they have been adopted for consistency. Urgent Care services refer to services where a response is needed quickly. Health and Independence refers to living well, good information and links for patients, returning to independence and on-going support for self-management. All the comments were reviewed for both the Urgent Care design and the Health and Independence design as many are relevant for the whole system.
2.12 Comments have been transcribed verbatim for accuracy of analysis. This means that all comments in this report are presented exactly as they were entered on to Survey Monkey. All transcribed comments have been grouped under themes of the questions and analysed under the following headings:

**Urgent Care:**

- 999/Emergency Care
  - A&E/ Urgent Care hubs
  - Local centres
- In hours services: GP Surgeries
- Out of hours services:
  - NHS 111
  - GP out of hours appointment
  - Community Services
- Home/ Care Home
- Integrated Neighbourhood Teams
- Entire model - General comments

**Health and Independence:**

- Integrated Neighbourhood Teams
- GP Surgeries/Out of Hours Care
- Entire model - General comments

**Responses**

2.13 Healthwatch Suffolk would like to highlight that the majority of comments received refer to experiences of using health and care services within the current model. A smaller proportion of comments directly refer to views about the changes within the new model. Therefore responses have been split into the following two sections;

1. Proposed Changes - New Model
2. Current Services

2.14 Healthwatch Suffolk consider the comments that refer to positive experiences of using services to be of value as they highlight how well services are operating within the current model. Additionally, the comments that refer to negative experiences of using services are also of value as they highlight issues that should be considered when designing specifications for services within the new models.
3.0 URGENT CARE MODEL - ACCIDENT & EMERGENCY SERVICES - URGENT CARE HUBS

3.0 Perceptions of the new model

Seven comments entered on to Survey Monkey were categorised as supporting the proposed introduction of emergency hubs at hospitals. Comments included hubs being described as a positive change and as a benefit for patients.

‘This hub on the front of A&E seems like a great idea’

‘A hub on the front of A&E seems to make a lot of sense’

3.1 Positive features of the new model

3.1.1 Fifteen comments summarised views about how the new changes would affect patients that access accident and emergency services in Suffolk. Comments suggest that the changes to the services within the new model could affect patients in a number of different ways. Comments were divided into two themes; Appropriate use of A&E and reduced waiting times.

Appropriate use of A&E

3.1.2 Eleven comments described accident and emergency services in Suffolk as overloaded. These comments described the cause as patients who inappropriately accessed emergency care.

3.1.3 Each comment was worded differently, but was categorised as having an urgent care hub at the hospital could improve patient care. One comment referred to how patients with life-threatening conditions would be more likely to be access emergency care, due to the fact that other patients could be seen at the Emergency Hubs instead.

Reduced waiting times

3.1.4 Four entries were categorised as how urgent care hub would reduce long waiting times for patients accessing emergency care at the hospital.

‘Hub in front of A&E would/should work well as a mechanism to reduce waiting times’
‘The hub on the front of A&E is a great idea and is the perfect remedy to free up space and reduce waiting time’

3.2 Areas to be considered

3.2.1 Eighteen entries were categorised as concerns about the changes within the new model of Urgent Care. These comments were split into the following themes; transport to hospital, access to mental health services, timescale of changes and all other concerns.

Transport to hospital

3.2.2 Three entries summarised concerns about hospital transport. These entries contained views that issues that exist within the current model will still exist within the new model.

‘Ways of accessing hospital transport needs to be changed’

‘Questions answered to establish whether or not you are eligible for transport are ridiculous’

‘Transport issues will persist - too slow and long to get to Papworth’

Access to mental health services

3.2.3 Twelve entries summarised respondents’ views that there was a need for more mental health provision at A&E and that the new model needs to clarify that adequate mental health support will be provided for patients accessing emergency care.

‘Hospitals ought to have a designated crisis team, not rely on staff that are on wards’

‘A&E is unsuitable for someone having a mental health crisis. They need a quiet place, away from the hustle, bright lights, beeping noises, etc’

‘There is a need for mental health professionals to be available’

Timescale of changes

3.2.4 Three entries summarised views of the timescale of the proposed changes.
Views expressed were that it was a shame that the changes could not happen sooner than 2015 and that emergency hubs should already be in place.

‘Shame it can’t happen sooner than 2015’

‘This [emergency hubs] is something that should already be in place’

‘Surprised [emergency care hubs] doesn’t already exist’

Other concerns

3.2.5 Six entries highlighted respondents’ concerns about the new model. One comment referred to sanctioning members of the public who use A&E unnecessarily and one comment referred to patients that visit A&E should expect to wait in line to receive treatment. One comment highlighted that there was a need for A&E to be obvious and easy to access. Two comments stated that the new model would not prevent people from continuing to use A&E inappropriately.

‘A&E is all about expectation management, no one should be of the understanding that they will be seen straight immediately’

‘There should be something drastic in place like a 3 strikes rule for those presenting at A&E unnecessarily, a little drastic but would soon put an end to people turning up without a genuine need’

‘The hub at the front of A&E needs to be obvious and easy to access [...] otherwise people who think they need A&E will insist on being seen at A&E’

‘People have more faith in Addenbrooke’s than WSH. WSH just transfer patients to Addenbrookes if anything severe’

‘Of course people are going to continue taking themselves to A&E’

‘I think you will find a lot of people will take themselves to A&E even more so than they do now if they feel like they will be seen by a specialist’

3.3 Queries about the new model

3.4.1 Three entries summarised queries about changes within the new model. Queries included whether the emergency hubs would signpost to appropriate alternative services, why the changes had not happened already and that
the emergency hubs may still be used inappropriately.

‘Will the hubs also operate as a signposting mechanism, something that is very much needed in Suffolk?’

‘If these are the proposed models and the only reason they haven’t been in place sooner is because of financial restrictions, then clearly more funding is needed urgently’

‘[emergency hubs] still won’t stop people taking themselves to A&E when they don’t need to be there...in fact it may even encourage more people to go if they think they will be seen quicker. 3 week wait for a GP appointment is unacceptable!’

3.4 Current Services

Accident and Emergency Services

3.4.1 Fifteen respondents explicitly shared their experiences of accessing accident and emergency services in Suffolk. Comments were divided into three themes; Positive experiences, Waiting times and Provision of care.

Positive experiences

3.4.2 Nine entries referred to reports of positive experiences of using the accident and emergency service in Suffolk. Six comments referred to the care that they received as ‘excellent’, one comment described the service as unfaultable and one comment referred to the service as ‘unbelievable’.

‘He [her husband] was taken to A&E but was seen immediately by a dentist in the dental van...the treatment was excellent’

‘Once seen [at a&e] the service she received was excellent, and the wait was to be expected’

‘Couldn’t fault the experience of belonging taken to A&E’

Waiting times

3.4.3 Three comments referred to the length of time that they had to wait whilst accessing accident and emergency services in Suffolk. Two comments
indicated that they waited for an appropriate amount of time before they were seen at A&E.

‘When I went to A&E I only had to wait 20-30 minutes before seeing the doctor so I can have no complaints’

‘The urgent care services are fast and efficient’

3.4.4 One comment stated that they waited for an inappropriate amount of time. It should be acknowledged that the same respondent who provided this comment stated that they understood the reasons for the long wait and that staff did warn them about the waiting time.

‘The only complaint was the amount of time I had to wait to be seen [at A&E] but that was to be expected and I was warned on arrival’

Provision of care

3.4.5 Three comments provided feedback about the level of care that respondents had received whilst using accident and emergency services in Suffolk. All three comments referred to positive experiences of receiving treatment. Each respondent praised the staff that delivered their care.

‘I had a very good service from the staff at A&E... the staff were brilliant’

‘My wife drove me to A&E and from then on the service I received was superb’

‘I haven’t a bad word to say of the NHS, especially the Urgent Care services, they were all brilliant’

Staff attitude

3.4.6 One entry summarised a respondent’s opinion, which was that her daughter had not been treated well by members of staff at A&E. This respondent attributed the individual’s attitude to the fact that staff would rather be seeing another patient who was in need of life-saving treatment.

‘The way A&E staff [at hospital] treat my daughter when we take her in for treatment after she has self-harmed is appalling, they treat her like she is taking up space in their hospital and would rather be
spending time with another patient, it’s not good enough’

Out of hours provision

3.4.7 One entry summarised a person’s view that Urgent Care Services did not provide adequate care out of hours.

‘There are a distinct lack of services over the weekend for users, this is something that is very frequently fed back to the VASP (Voluntary and Statutory Partnership)’

Coordination of services

3.4.8 Three entries summarised views that Urgent Care Services within the current model did not offer integrated care between services. One respondent commented on communication failures that occurred between health professionals in the same team.

‘There didn’t appear to be a joined up approach to her care, and in the end they both pretty much gave up with it all. Choosing to care for her himself, he lost trust in the system’

‘There needs to be better mechanisms in place to hold the decision makers to account’

‘Lack of communication between professionals’
4.0 URGENT CARE MODEL - ACCIDENT & EMERGENCY SERVICES - LOCAL CENTRES

4.1 Perceptions of the new model

4.1.1 Fifty-one entries concerned the introduction of local centres within the new model. Overall entries on Survey Monkey stated that local centres would be a positive change for patients. Importantly several entries summarised respondents queries about local centres that require further clarification. Areas of concern were categorised into five areas; further consideration; structure of services, mental health support, location of services, working hours, charging for services and promotion of changes.

4.1.2 Fourteen entries referred to the positive effects that would occur as a result of the introduction of local centres in Suffolk.

‘A good idea and should improve things’
‘A good idea in principle’
‘The local centres sound really interesting’
‘Local centres seem to be a great idea’
‘Local centres are a great idea’
‘Anything that can be done to address the system as it is can only be a good thing’
‘Having used the riverside in the past and if the proposed local centres could take a similar look that would be perfect and I have no doubt that they would be incredibly well used’
‘the changes were much needed and very much a positive step’
‘[I] would definitely use the local centres if available’
‘[I] Like the idea of having a local hub in Woodbridge’

4.1.3 Fifteen comments were provided about how the changes within the new model would impact on other existing services by improving access to services, reducing pressure on other services and improving access to information.
4.2 Positive features of the new model

Improving access to services

4.2.1 Some respondents felt the development of local centres would help to improve access to services.

‘Local centres are a must when people like me don’t live near the hospital in Ipswich, there has been a need for such things since Riverside stopped operating as a walk in centre’

‘Would the local centres be the answer to people having to move like their family did to prepare for the future. It was a drastic measure but felt it necessary to ensure they could remain as independent as possible for the foreseeable future’

‘Can the local centres be the answer to the Hospital transport issues here in Suffolk. £26 each way for someone who is travelling from Thorpeness to Ipswich Hospital is unacceptable’

Reducing pressure on other services

4.2.2 Eleven entries summarised views that introducing local centres would reduce the current pressure on existing services. In particular, entries portrayed the view that local hubs would reduce the pressure on A&E and GP surgeries.

‘Local centres will relieve some of the strain from the GPs. It is a vicious cycle if there are no appointments people present at A&E if there is another outlet (local centres) this may be a different option’

‘The local centres [...] may have a positive knock on effect on getting appointments at the GP’

‘If anything can be done to reduce the strain on A&E this can only be good and local centres could also lift the stress off the GPs if they do minor ops etc!’

‘But thinks that some variety of minor injuries unit/walk in clinic would be the answer to a lot of the issues faced by A&E’

‘Local Centres: makes perfect sense to help keep people away from
A&E’

‘Huge asset to the community and will fill the need for services outside of hours’

‘Minor injuries units would surely be the answer to many of the problems faced by A&E, there are always too many people presenting at A&E that simply don’t need to be there’

‘Local Clinics are a great idea...anything to help the stretched resources at A&E, the strain on A&E is completely understandable as getting an appointment at your local GP is getting more and more difficult’

‘Often when my niece fits she is taken to A&E when the family know what the issue is and what she needs (to increase the strength of antibiotics) but there is no other option on a Friday or Saturday night...these local centres may be the answer?’

‘More drop in centres would also assist in the freeing up of A&E’

‘Some variety of minor injuries unit/walk in clinic would be the answer to a lot of the issues faced by A&E’

Improving access to information

4.2.3 One entry summarised a respondent’s view felt that the introduction of local centres would prevent patients from having to repeat their information for every different health professional.

‘Very good, all professionals will be able to access our information. We just need to tell the problem once’

4.3 Areas to be considered

4.3.1 Fifteen entries summarised views the new model should include more information about mental health services, location of services and accessibility of services.

Structure of services

4.3.2 Two entries summarised suggestions regarding the structure of the local
centres.

‘The local centres need to be similar to Riverside order for them to be utilised’

‘These ‘local centres’ should be walk-in centres’

Provision of adequate mental health care

4.3.3 Four entries summarised views that there was a need for further clarification around mental health provision at local centres.

‘Need for Mental Health professionals’

‘There is a need for 24 hour access to crisis teams. Quality and quantity of home care for the elderly confused when leaving the hospital and indeed for their everyday life. There is a dire need for a walk in centre much like what Riverside once was, will these local centres take a similar shape?’

‘Mental health workers are an essential part of the system, as it is MH support in and out of the community is rubbish in Suffolk anything that can add this is a massive bonus’

Location and accessibility of services

4.3.4 Four entries summarised views that the local centres should be accessible to all patients across the country, and particularly for patients with disabilities.

‘Need for these centres to be across the county’

‘Easier access for disabled patients’

‘If the local centre could be in Woodbridge that would be great!’

‘One of these local centres needs to be in Eye’

Extended working hours

4.3.5 One entry summarised a respondent’s view that local centres should operate a 24/7 opening hours policy.
‘7 day working or 24 hour shift work needs to be implemented to put more of the weight back onto GP surgeries and away from A&E that has always been over stretched’

Charging for services

4.3.6 One entry summarised a respondent’s willingness to pay to be seen at a walk in clinic, if it enabled them to be seen quickly. The respondent stated that this would help to relieve some pressure on A&E and would help fund the facility.

‘A young lady stated that they wouldn’t mind paying a small fee to be seen at a walk in clinic or minor injuries unit’

Effective promotion for the changes

4.3.7 Three entries summarised views that there was a need for the changes to be well promoted, in order for the new model to be a success.

‘The changes need to be well promoted so that patients know the difference between A+E and the centres’

‘Local centres need to develop a reputation’

‘The hub at the front of A&E needs to be […] well promoted for it to work’

4.4 Queries about the new model

4.4.1 Eight entries summarised respondents’ queries about the changes to Urgent Care as a result of the new model. These queries have been categorised into three areas; services, staffing and location of services.

Services

4.4.2 Two entries summarised queries about whether the services that local centres would offer.

‘Would the centres be able to offer specialist support?’

‘Will the local clinics offer minor surgeries too?’
Staffing

4.4.3 Two entries summarised queries about staffing at local centres.

‘Will the local centres have to be used just by local GPs this would be an ideal location for mental health workers!’

‘Would the centres have a mental health professional available to them? This would be a huge asset to the community, who are faced with a real gap in provision unless the need is between 9-5’

Location of services

4.4.4 Four entries summarised respondents’ queries about the location of local centres in Suffolk, and how the location would be decided.

‘Could the first responder volunteers also be based at the local centres?’

‘Because of the rurality of Aldeburgh and the 26 mile drive to A&E [I] felt that one of the ‘local clinics’ should definitely be situated in the local community of Aldeburgh to fill the void left when their local minor injuries unit was closed in 2005’

‘Could the ambulances be based at the proposed local centres?’

‘[I] Wondered how the locations for the local centres would be decided?’

4.5 Current Services

No specific comments were received.
5.0 URGENT CARE MODEL - GP SURGERIES

5.1 35 entries summarised respondents’ views about GP surgeries in Suffolk. Three themes arose from these comments, which have been organised accordingly; treatment at GP surgeries, criticisms of the model and suggestions/amendments to be made to the new model.

5.2 Perceptions of the new model

No specific comments were received.

5.3 Positive features of the new model

No specific comments were received.

5.4 Areas to be considered

Suggestions/amendments to be made to the new model

5.4.1 One entry summarised a respondent’s view that they were unsure how the new model would work if it remained difficult for a patient to see their doctor.

5.5 Queries about the new model

5.5.1 Six entries summarised respondents’ suggestions that should be incorporated into the new model. Entries highlighted that GPs should be delivering a higher quality of care and that doctors should be available seven days a week.

‘The best quality of care needs to be local’

‘Wants to see GPs knowing their community again, and working seven days a week’

‘Her GP knew both her and her husband by name and knew their health history...something that... should be the way across all the services in Suffolk’

‘GPs simply need to listen more to the carers - ask how they are doing from time to time, there needs to be an improvement to the patient/carer/GP relationship...as it stands there rarely is one at all’
‘Doctors need to be available on weekends’

‘Results must be given by medical professionals, not ‘receptionists’

‘There needs to be an option for the carers and those that are being cared for to share a GP’

Queries about the new model

5.5.2 One entry summarised a query about how the changes in the new model would affect a GP’s ability to answer the phone to a patient.

‘During the in-hours period - how will you ensure the GP phone is answered quickly and efficiently?’

5.6 Current services

Good availability of appointments

5.6.1 Three entries summarised positive experiences of using GP surgeries in Suffolk.

‘Needham Market surgery - fantastic facility and never struggled to get an appointment’

‘Stowmarket GP is excellent and easy to get an appointment with, so no complaints there’

‘Both his GP and hospital staff were excellent’

GPs familiarity with their patients

5.6.2 Two entries summarised positive experiences of how familiar GPs were with their patients.

‘Something that she [a family member] loved is that her GP knew both her and her husband by name and knew their health history’

‘If you are a mother caring for a son, you are always treated like a family in your practice’
Criticisms of the model

5.6.3 Seven entries summarised respondents' views that it was very difficult to get an appointment at their GP surgery. All entries stated that there were not enough appointments available, which prevented respondents from being able to see their GP when they wanted to.

Lack of availability of appointments

‘appointments are so hard to come by’

‘When wanting appointment quickly can only see duty doctor and not the same person - your GP’

‘Too long a wait to see a GP. Always seeing different people’

‘I am unsure as to how this model will work if remains this difficult to see your doctor’

Inappropriate booking system

5.6.4 Nine entries summarised respondents' views about how difficult they found it to book an appointment at their GP surgery. The process of having to call to book an appointment, was described as unacceptable for patients, particularly elderly patients.

‘Some GP surgeries phone lines are phone lines are constantly engaged in the mornings - some for up to 2hrs’

‘GP surgeries also filter calls and you can only call for certain problems at certain times’

‘GP appointment process needs to be addressed...this shouldn't be so difficult’

‘Many people, especially the elderly don't want to be kept on hold for 30 mins’

‘Many people, especially the elderly don't want [to be]having to find their way through a maze of options'
'There needs to be an option for carers to be able to make appointments with their GP if they feel like they themselves are nearing crisis. Contacting a GP is difficult as a carer as it isn’t until later on in the day that you realise that who you are caring for needs the doctor, their needs are always established before 8.30am'

5.6.5 Three entries summarised respondents’ experiences of having inappropriately used A&E services as a result of how difficult it was to make an appointment with their GP.

‘Has visited A&E twice in the past year when she felt they would have been better off simply seeing their GP’

‘If the GP appointments were made easier to make... then both Mary and her husband wouldn’t have had to go to A&E and she felt this would be the same for many people across Suffolk’

‘If the GPs worked seven day weeks, then both [respondents name and partner’s name] wouldn’t have had to go to A&E...this would be the same for many people across Suffolk’
6.0 URGENT CARE MODEL - OUT OF HOURS CARE

6.1 Perceptions of the new model

6.1.1 Thirty-eight entries summarised respondents’ views about using out of hours Care in Suffolk. The CCGs currently have three separate contracts for out of hours care with NHS 111, GP out of hours and community Services. All thirty-eight entries refer to NHS 111.

6.1.2 One entry summarised a respondent’s support for NHS 111’s future role in helping patients.

‘If the advisors at 111 are able to assist those that are most in need then this can only be a good thing’

6.2 Positive features of the new model

6.2.1 No specific comments were received.

6.3 Areas to be considered

6.3.1 Eight entries summarised respondents’ views about how the model could be improved.

Increasing access for young people

6.3.2 Four entries summarised respondents' views that GPs and out of hours support should focus on improving access for young people.

‘Young people very rarely feel comfortable calling 111; they would far rather speak to someone face to face. There needs to be a mental health professional at the end of a call to 111’

‘There is a common feeling that the questions used by the 111 health advisors are complicated and hard to understand at times’

Effective promotion strategies

6.3.3 Three entries summarised respondents’ views that there should be more information available about 111.

‘More details of 111 needed, like patients/users experience of it’
‘111 needs to be more widely advertised, there doesn’t seem to be a broad understanding of it, and some I have spoken too don’t even know of its existence…this will need to be addressed before there is more responsibility placed on the 111 service to do more’

6.4 Queries about the new model

6.4.1 No specific comments were received.

6.5 Current Services

6.5.1 Reviews of using NHS 111 were mixed. Entries summarised respondents’ negative and positive experiences of using the service.

Positive Experiences

6.5.2 Twenty entries summarised respondents’ positive experiences of the 111 services in Suffolk. Comments were categorised into level of care received, and how effectively NHS 111 operates as a service.

‘I had to call 111 twice [...] and every time I have called upon the Urgent Care services in Suffolk the speed, care etc has been impeccable’

‘111 is a very good system and helps to arrange appointments’

‘My daughter has a very young girl and uses 111 regularly and she speaks very highly of it’

Negative Experiences

6.5.3 Nine entries summarised respondents’ negative experiences of using the 111 in Suffolk. Entries highlighted instances where NHS 111 had not returned a respondent’s call failed to organise an appointment quickly and did not have knowledge of the respondents ongoing health problems.

‘111 did not return call following a fall’

‘Too long for 111 to sort out an appointment’
7.0 URGENT CARE MODEL - INTEGRATED NEIGHBOURHOOD TEAMS

7.1 Perceptions of the new model

7.1.1 Three entries summarised respondent’s views about Integrated Neighbourhood Teams. Two entries highlighted views that the introduction of these teams could help to improve integrated care.

‘Would value integrated neighbourhood teams and a more personal format of Urgent Care’

‘If the Integrated Neighbourhood Teams ensure that individuals don’t “fall through the gap” between services this can only be a good thing’

7.2 Positive features of the new model

7.2.1 Please see above 7.1.

7.3 Areas to be considered

7.3.1 One entry summarised a respondent’s concern about keeping details confidential within these teams.

‘Worries over confidentiality. Needs to ensure neighbourhood teams are comprised of trusted people’

7.4 Queries about the new model

7.4.1 One entry summarised a respondents’ query about whether the introduction of Integrated Neighbourhood Teams might improve the relationship with GPs for family carers in Suffolk.

‘More often than not the carer [and carer] has a different GP in completely different area meaning that neither GP knows the full story. Will the INT help alleviate this issue?’

7.5 Current Services

7.5.1 Not applicable.
8.0  URGENT CARE MODEL - GENERAL COMMENTS ABOUT THE NEW MODEL

8.1  Perceptions of the new model

Improving current services

8.1.1  Overall, entries summarised respondents’ comments about the proposed changes and several comments highlighted the benefit of accessing care within the new model.

Support for proposed changes

8.1.2  Eight entries summarised respondents’ comments about how the new model would help to reduce issues that currently exist within the current model. Four entries summarised respondents’ comments about how beneficial it would be for patients to only have one point of contact. One entry summarised a respondent’s view that the new model would allow patients to be more involved in their care.

‘Good proposals’

‘The model itself looks great and makes sense’

‘Will be good not having to repeat problems to different people’

‘Having one point of contact’

‘Better patient involvement’

8.1.3  Three entries summarised respondents’ comments about how the new model would enable services to provide more support for patients and carers. Two comments specifically referred to the need for mental health support for patients.

‘Mental health workers are an essential part of the system, as it is MH support in and out of the community is rubbish in Suffolk anything that can add to this is a massive bonus’

‘More support for people during recovery’

‘Listening to carers’
8.2 Positive features of the new model

Waiting times

8.2.1 Two comments highlighted the importance of reducing pressure on services within the new model. Two respondents commented that the extra resources could reduce waiting times for patients.

‘If there is anything that can be done to reduce waiting times or indeed those that are waiting it will be excellent’

‘Quicker response times’

8.3 Areas to be considered

8.3.1 Respondents identified a number of areas of concern within the new model. These concerns have been split into nine subthemes; effective communication of changes, information sharing, staffing, budgets, the need for integrated care, a need for specialised services, worries and concerns and processes.

Effective communication of changes

8.3.2 Fifteen respondents explicitly identified a need for effective promotion and public education to communicate changes within the new model. Respondents suggested that effective promotion of changes would be vital to enable appropriate use of services.

‘Communication will be the key to the success of this model’

‘The NHS needs to improve its communication when it comes to these large scale changes’

‘Need for the new model to be communicated effectively’

‘The best quality of care needs to be local’

‘The changes must be well communicated’

‘Worries over increased level of privatization’

‘There is a huge need to avoid any confusion with the implementation of the new model’
Information sharing

8.3.3 Two respondents explicitly commented that there should be a better system in place to enable information sharing.

‘Better system for sharing information between services’

‘The sharing of information needs to happen in order to truly see the services integrating, it is a waste of time and incredible frustrating having to relay the same stories to the many different services that we come into contact with’

Staffing

8.3.4 Four entries highlighted respondents’ views about staffing. One respondent commented that the model should incorporate a bigger role for pharmacists.

‘There should be a bigger role for the Pharmacists in the emerging model as they are incredibly knowledgeable and should be utilised instead of people going to their GP for simple advice or presenting at A&E with no need to be there at all’

8.3.5 Four entries highlighted respondents’ comments that staff should be retrained to ensure that they provide high quality care to all patients at all times.

‘Bad staff need to be weeded out if they lack compassion and are rude. Why are they on a crisis team? Why were they given new jobs after the health service reshuffle?’

‘The people treating them often lack compassion and understanding and can be rude - for example, hanging the phone up when the caller threatened to commit suicide’

8.3.6 One entry summarised a respondent’s view that staffing should be provided out of hours and at weekends.

‘OOH and weekend working are a must’

Budgets

8.3.7 One entry highlighted a respondent’s view that budgets should be shared between services to achieve the changes proposed in the new model.
‘Budgets need to be shared between local authorities, health service and police to achieve this’

The need for integrated care

8.3.8 Five entries highlighted respondents’ views that there was a need for integrated care between services.

‘Police need to be able to access a patient’s records as they are often involved with an escalating situation’

‘Departments aren’t working together - hospital doesn’t see what drugs GP has prescribed and can’t give extra drugs when the patient needs them. Healthcare staff don’t even ask police how the person has been, have they been chatting to themselves or agitated, etc’

‘There needs to be a far better system in place for the sharing of information across the services, including 111’

A need for specialised services

8.3.9 Seven respondents explicitly shared their views that the new model should incorporate specialised services, including support for people living epilepsy and for family carers.

‘Not enough help and support with seizures and epilepsy’

‘Need more support for individuals’

‘No support for or knowledge of arthritis’

‘Carers are ignored’

‘Haverhill needs motorbike paramedics, particularly as A1307 is unsafe’

‘Very concerned about services in Haverhill’

‘Has panic attack in Haverhill - health centre refused to treat so went to Crown. Had to have paramedic sent from Cambridge - not told about first responders’
Other concerns

8.3.10 Ten respondents explicitly shared their concerns over confidentiality, speed of services and the finer details of service delivery within the new model.

‘Doubts over waiting times for appointments’

‘Worries about speed of reply’

‘Worries over privatisation’

‘Doubts over ability to deliver care at hyper-local level’

‘Worries that story will still have to be told several times due to providers using different IT systems and data protection meaning they don’t share information’

‘Doubts over cross-county cooperation’

‘Worries over confidentiality’

‘Is this model similar to the model used in Norfolk?’

‘Does equality of care come into question if the model differs between East, West and Waveney?’

‘If someone needs Urgent Care, how do they decide where to go?

How do they differentiate between whether something is life-threatening or non-life threatening? The current model design diagram is confusing’

Processes

8.3.11 Five entries summarised respondents’ comments on the processes within the model. Three comments referred to the process of ordering specialised equipment from the hospital. Two comments mentioned transport issues.

‘Lack of common sense - When ordering colostomy bags could not order extra for holiday so had to order them while on holiday and
have them posted abroad as GP preferred to do that than allow to order extra to take’

‘Transport issues will persist - too slow and long to get to Papworth’
‘Poor transport to West Suffolk Hospital’

‘Staff at arts centre or Cambridge Grafton [centre] are able to help quickly - why aren’t NHS staff?’

‘I don’t know - difficult to say’

8.4 Queries about the new model

No specific comments were received.

8.5 Current Services

Positive experiences

8.5.1 Two respondents explicitly shared comments about positive experience of using Health and Care Services in Suffolk.

‘Some staff listen well and are compassionate’

‘There is now dedicated mental health crisis space at West Suffolk Hospital. This needs to be replicated elsewhere’
9.0 HEALTH AND INDEPENDENCE MODEL - INTEGRATED NEIGHBOURHOOD TEAMS

9.0.1 Fifty-six entries summarised respondents’ views about the Health and Independence Model. Views have been categorised into the following three areas;
- Support of self-management and independence
- Prepare for healthy older age
- Integration/working together

9.1 Support of self-management and independence

9.1.1 Three entries summarised respondents’ views about Integrated Neighbourhood Teams. Three entries referred to suggestions about the role of Integrated Neighbourhood Teams within the new model.

‘Not being just a number on a screen and having a more holistic care service is a good idea’

‘It is good how they are going to increase out of hours services and working on a weekend. This is what has needed to happen a long time ago’

‘Neighbourhood networks sound like a good idea but how will the public know about them?’

Areas to be addressed

9.1.2 Two entries summarised concerns about provision of Integrated Neighbourhood Teams in rural communities.

‘Ensure that rural communities are catered for when these Integrated Neighbourhood Teams are created’

‘Make sure rural communities are connected in these neighbourhood networks that are developing’

9.1.3 One entry summarised a respondent’s concern about whether voluntary sector organisations would be given enough freedom to work effectively within the new model.
‘Using the neighbourhood networks it’s all about trust, if the service wants to use the voluntary sector more they have to give them the freedom to operate and signpost people to the services more effectively’

9.2 Prepare for healthy older age

9.2.1 No comments were recorded.

9.3 Integrated Services

9.3.1 Three entries referred to suggestions and queries about the role of Integrated Neighbourhood Teams within the new model.

‘How will the INT all share resources?’

‘How many INT will there be? Will it be based on where the surgeries are? - How many additional staff will be employed?’

‘Elderly man has diabetes and the NHS/GP work really well. Social care however doesn’t work well at all. So it is good to have INTs so all services can skill share and worker closer together’
10.0  HEALTH AND INDEPENDENCE - GP SURGERIES AND OUT OF HOURS CARE
(NHS 111)

10.0.1 Nine entries summarised respondents’ views on GP surgeries and out of
hours care. These entries highlighted the importance of understanding
mental health issues, having enough time to go through care plans with
patients, and GPs having open conversations with patients. These
comments should be taken into consideration when monitoring the
effectiveness of these services within the current and new model.

10.1  Support of self-management and independence

10.1.1 No comments recorded.

10.2  Prepare for healthy older age

10.2.1 No comments recorded.

10.3  Integration/working together

10.3.1 Five entries summarised respondents’ views about integrated care.

‘Open conversations between GPs and carers would allow a GP to get
a better grasp in what’s effecting a family and would help the carers
input be taken into advice’

‘When carers have different GPs from those they care for, it is often
very difficult for them to get information. There needs to be a way
for GPs to know that they can share info with family carers. This
should be across all systems’

‘Some GPs don’t understand mental health issues if they are to be
part of the care and support plan education is needed’

‘GPs need more time to go through a care and support plan as it
needs a longer period than just 10 minutes to create it’

‘There have been problems before with GPs or SWs ignoring the
advice from carers when they see changes in those they are caring
for - It is important that they take into account what the carers see
or at least inform the carer why they think nothing should change
(i.e. if the changes the carer sees are a normal progression of
dementia) - GPs are often a mixed bag depending on the practice and each particular GP. There doesn’t seem to be a baseline of standards - Time spent with GPs is often very brief and it is also very difficult to get the same GP - it’s often whoever is available at the time. so there no continuity’
11.0 HEALTH AND INDEPENDENCE - GENERAL COMMENTS ON THE ENTIRE MODEL

11.1 Support of self-management and independence

11.1.1 Entries referred to a number of positive effects of the changes of the new Health and Independence Model.

Technology and Information Sharing

11.1.2 Overall entries summarised respondents’ views that a heightened focus on using technology in treatment would provide benefits for patients. One entry summarised a respondent’s concern over whether using technology would be the best way to provide support for the older generation. A second entry summarised a respondent’s view that technology should be age appropriate in order for it to be useful.

‘Concern that it is just going to be online people can access better information on being prepared for older age and services they can use. As this is not the best way to communicate with the older generation’

11.2 Prepare for healthy older age

No comments recorded.

11.3 Integration/working together

Communication between services

11.3.1 Entries summarised respondents’ views about the idea of providing more integrated care for patients in Suffolk. Nine comments stated that a focus on more integrated care should mean better communication between services, which should prevent delays in receiving treatment and should make the experience of accessing care much less stressful for patients. Two comments highlighted that integrated care and information sharing could lead to patient benefits such as faster processes and more power for the patient.

‘A single point of contact or one main coordinator would help a great deal by taking away a lot of the stress in trying to manage all the services’
‘So with services working closer together hopefully this can solve [delays]’

‘[I] Think it’s a good idea for services to work closer together’

‘Better joined up working and sharing of information will ensure a much improved patient experience’

‘Hāl model, needs to work well for the sake of the patient’

11.3.2 One respondent highlighted that using a holistic approach would create a new way to look at a patient’s care. Three respondents stated that the changes would increase the possibility of independent living in the community.

Reducing Pressure on Existing Services

11.3.3 Two entries summarised respondents’ views that the proposed changes would reduce the amount of pressure that services were currently experiencing.

‘[I have] experienced delays in social care and [I] hope the GP surgeries will get better at making social care work faster.’

‘New model will relieve pressure on services from old model’
12.0 CONCLUSION

12.1 SCC, IESCCG and WSCCG are grateful to those who took time to provide comments and feedback about the integrated services model.

12.2 In summary, the majority of comments that referred to the proposed changes within the new model were categorised as positive. Importantly the majority of comments that referred to the development of urgent care hubs and local centres were categorised as supportive. More specifically, comments referred to how the development of urgent care hubs could encourage patients to use A&E more appropriately and to reduce waiting times at A&E. However concerns were highlighted within comments such as how patients could access appropriate transport to hospitals, how patients could appropriately access mental health services and the timescale of proposed changes.

12.3 Although the majority of comments were categorised as positive, several comments highlighted the need for certain areas of the model to be explained in greater depth. For example comments referred to how services would be structured, how services would ensure adequate provision of mental health care within the new model and where the new centres would be located.

12.4 Overall it was recognised that there was a need for more integrated care within health and care services. Comments suggested that respondents supported the fact that the new model would enable services to interact and communicate with each other more effectively than at present. Specifically, comments highlighted how the introduction of Integrated Neighbourhood Teams (INTS) could help to improve integrated care between services.

12.5 Healthwatch Suffolk highlight that during the data collection process a number of queries were raised. Queries broadly relate to staffing levels, budgets and the need for specialised services for patients living with high level of needs, such as people living with mental health issues. Importantly, it was highlighted that there is a real need for ongoing effective communication of all proposed changes. Healthwatch Suffolk recommend that SCC and the CCGs continue to work together to ensure that these changes are communicated effectively so that further information about the new model is provided in response to requests for further detail.

12.6 The comments received have been used to

- Test out emerging concepts about an integrated design - people that were spoken with were generally in favour of the direction of travel towards integrated working. They were positive about the main features
in our designs and questioning why they were not in place already and why they would take so long to deliver.

- **Highlight areas of concern to the public for the organisations to address** - the two sister programmes in the Health and Care Review (Health and Independence and Urgent Care) have reviewed the feedback in detail and looked to see how the concerns raised can be addressed in as part of the future delivery work.

- **Inform the commissioning of community healthcare services, and the NHS 111 and out of hours GP contracts** - as above. These are some very real opportunities for change, and they are key components of the new service model.

**13.0 NEXT STEPS**

13.1 The CCGs and SCC are committed to redesigning the health and care system so that it works better for people and is more effective in the use of public funding. The next stage of the Health and Care Review will be testing out the new model in one or two localities to see how it will work in practice before it is rolled out more widely.

13.2 This first phase of engagement has provided valuable insight into what is important for people. SCC and the CCGs have in addition run five focus groups to further explore the new models and issues raised in the engagement.

13.3 It is advised that engagement continues, as this will be critical during these next stages, with more formalised engagement exercises. The lessons learnt could be used to improve the next phase of engagement / consultation and strengthen the experience of working together.

13.4 Finally West Suffolk and Ipswich & East Suffolk CCGs and SCC are asked to note the contents of this engagement report as the leads of the Urgent Care and Health and Independence programmes, and incorporate the views and comments of the public in the development of the service models accordingly.
APPENDIX 1

This is a list of all the groups which the CCGs and/or SCC meet with regularly:

- Community Engagement Partnership (I&ESCCG) - monthly
- Community Engagement Group (WSCCG) - bimonthly
- Health and Wholeness Forum (church led) - quarterly
- Social Isolation Sub group - quarterly
- Joint Diversity Working group meeting member - bimonthly
- Disability subgroup of the Joint Diversity Working Group - bimonthly
- Healthwatch Suffolk BME and diversity Health Group member - monthly
- Ipswich Hospital User Group member (every other meeting CCG agenda item)
- Gypsy and Traveller health services subgroup member - bimonthly
- Lesbian, gay, bisexual and transgender (LGB&T) Advisory Group member - quarterly
- Age UK : Voice panel member - quarterly
- Disability and Health Action Group - quarterly
- West Suffolk Partnership Operational Group member - bimonthly
- Marginalised and Vulnerable Adults Partnership Board - quarterly
- SCC led localism meeting member
- ACE: Suffolk People first Workshop and day event
- Cancer User Group member
- Diabetes User Group member
APPENDIX 2 - HEALTH AND CARE REVIEW ENGAGEMENT SUMMARY

April
1. Black and Minority Ethnic (BME) Group (10/04)
2. Social Isolation Task Group (11/04)

May
3. Vulnerable and Marginalised Adults (VMA) Group (07/05)
4. Black and Minority Ethnic (BME) Group (09/05)
5. The Suffolk Show (28/05)

June
6. Patient Revolution Group (11/06)
7. Ipswich Hospital Outpatients Group (19/06)
8. Suffolk Pride (21/06)
9. Taste of Sudbury (22/06)
10. Woodbridge Library Reception (25/06)
11. Stall at Brandon Centre (26/06)

July
12. Pain Support Group (03/07)
13. Newmarket Carnival (05/07)
14. Disability and Health Action Group (07/07)
15. Stowmarket Library Reception (09/07)
16. Mildenhall Lark in the Park (12/07)
17. Suffolk Indian Mela (13/07)
18. Connecting You (14/07)
19. Mental Health Concordat (18/07)
20. Haverhill Summer Bash (20/07)
21. Felixstowe Carnival (26/07)
22. Ipswich Library Reception (27/07)
23. Ipswich Library Reception (30/07)
24. Bury St Edmunds Library Reception (30/07)
25. Ipswich Library Reception (31/07)
August

26. Mildenhall Library Reception (05/08)
27. Top Times Elderly Social Club (08/08)
28. Newmarket Market Stall (09/08)
29. Suffolk Family Carers (12/08)
30. Felixstowe Library Reception (13/08)
31. Brandon Market Stall (14/08)
32. Mental Health Conversations Event (14/08)
33. Mental Health Conversation Event (19/08)
34. Sudbury Market stall (21/08)
35. Haverhill Market Stall (23/08)
36. Bury St Edmunds Market Stall (27/08)
37. Mildenhall Market Stall (29/08)
APPENDIX 3 - URGENT CARE SURVEY QUESTIONS

1. What do you think about the new model for urgent care in Suffolk?

2. What do you think works well with the current model?

3. What are the weaknesses of the current model?

4. When thinking about the new model for urgent care, what do you think will work well?

5. When thinking about the new model for urgent care, what do you think will not work well?

6. Is there anything else that you would like to say about the new model for urgent care in Suffolk?
APPENDIX 4 - HEALTH AND INDEPENDENCE SURVEY QUESTIONS

1. What do you think of the proposals to provide people with the services and advice to help self-manage, live well and return to independence?

2. What do you think of the proposals to help statutory, voluntary, community and third sector services working closer together to provide a more streamlined holistic service? E.g what works?

3. What do you think of the proposals to help statutory, voluntary, community and third sector services working closer together to provide a more streamlined holistic service. What does not work?

4. Helping people to prepare for a healthy older age is part of the plan. What else can we do to support this?

5. What do you think about sharing records between professionals? The sharing of records will follow governance rules over appropriate person consent, and make sure there is improved continuity of care.

6. What do you think of a team of people working together from across the Third Sector, linking in and coordinating voluntary groups, health and social care?