Appendix 3: Key Findings from the public engagement events

A total of seven public events were held across the county between November 2013 and January 2014 including three morning events, two afternoon events and two evening events to ensure a wide variety of stakeholders were able to attend. The events were held in each of OCCG’s six locality areas to ensure that we also heard views from different areas across the county.

The events that were held are as follows:

- South West Locality – 19 November 2013, Wantage Civic Hall
- West Locality – 20 November 2013, West Oxfordshire District Council
- City Locality – 21 November 2013, Watlington Road, Oxford
- North Locality – 3 December 2013, Banbury Cricket Club
- North East Locality – 5 December 2013, Littlebury Hotel, Bicester
- South East Locality – 19 December 2013, South Oxfordshire District Council, Crowmarsh
- Countywide event with panel question and answer session – 7 January 2014, Oxford Town Hall

The format of each of the six locality based events included a presentation describing OCCG’s views about the challenges the NHS in Oxfordshire faces over the next five years, in addition to the proposed key areas OCCG’s strategy propose to focus on to deal with these issues. The attendees then split into three groups to discuss what OCCG needed to do to address these issues, what the barriers and opportunities might be and how we should work together to deliver the changes required.

Recording of discussions plus a ‘graffiti wall’ which people could log comments are analysed and summarised in this appendix.

The final event at Oxford Town Hall took a different format. Following the presentation a panel question and answer session took place allowing for open questions and suggestions to be made to key members of OCCG staff, and for these questions to be heard by the whole room.

Key themes from the engagement events

The following explores the key themes and suggestions that emerged from the 676 comments and questions and suggestions made at the workshop discussions that took place during the engagement events. The most popular theme (83 comments) was the suggestion of many alternative approaches that the NHS could take to improve efficiency and save costs. The second most popular theme (67 comments) was the identification of potential barriers or problems that may prevent the NHS achieving its goals.

The next two most popular themes that were identified were the need for more and better communication in a wide variety of formats (61 comments) and the need for greater education about healthcare and health services (60 comments) – particularly in schools and in the wider community, not just in NHS settings.
Suggestions to help make the NHS more efficient
A number of ideas were put forward to help make the NHS more efficient and to potentially save costs. This included things such as having better triage at A&E; better triage with greater clinical input at NHS 111; a GP available at a drop-in clinic or a GP at A&E to field patients that don’t necessarily need A&E care. In addition a strong message came across that the NHS should not ‘re-invent the wheel’ and should learn from what works well elsewhere, as well as not changing things that currently work well.

“Learn from what is working well elsewhere/other CCGs/best practice”

“Use GPs in A&E to assess/triage patients”

Barriers identified
Attendees identified a number of potential barriers to improving patient care/health and barriers to saving money/improving efficiency in the NHS. This included barriers presented by external things such as confidentiality legislation preventing use of smart phones; and marketing of fast foods encouraging an unhealthy lifestyle. Organisational/process barriers were also identified, such as the number of non-patient facing processes or administration that GPs are now required to complete. Behavioural barriers were also identified such as patients being afraid to complain, or feeling that they are not being taken seriously unless they are referred to hospital.

“Patients are scared to complain”

“Medical confidentiality – barrier to using smart phones at the moment”

“If we want to ask GPs to do more, need to take other tasks away e.g. box-ticking exercises.”

Improve communication and use a wider range of communication methods
Requests were made for a full range of communication methods to be used when communicating health messages with the public – from traditional methods such as leaflets, letters and phone calls to social media such as Facebook and Twitter, and use of text messages e.g. appointment reminders. In addition attendees gave a strong message that all available networks should be used to share messages, not just the GP surgery.

“More and more the NHS and local authorities are doing things online but need to be mindful of potential for digital exclusion of specific groups”

“Make messages clear and simple”

“Information in surgeries alone is not enough – some people don’t see a GP. Info needs to be more accessible.”

“Use every network – e.g. employers, education, voluntary sector”
Education about healthcare services and how/when to use them

The greatest message at the public events was that people do not know what services exist, especially if they use health services rarely, and so therefore will inevitably use them incorrectly e.g. go straight to A&E. Therefore attendees agreed that we need to educate the public, with healthcare education included in schools right through to educating the elderly, as health services may have changed significantly since they last used them.

“Need information points in community – know what services are available locally”

“More work needed to inform EU students”

“Use the education system – include community care, health, mental health, first aid, Long Term Conditions e.g. diabetes and part of national curriculum”

Support for increased use of innovation, technology and new media

There was wide support and many suggestions on how new technology could be embraced to make things more efficient and to deliver a better service to the patient. This included the use of things such as smart phones, video/skype appointments, text reminders, telehealth and online patient records that the patient can access. Amongst the suggestions given there was also a message of caution that new technology will not suit all audiences and so should be used appropriately.

“Consultation with GP via telephone/smartphone /email”

“Patient accessed portal/patient record would enable to see and manage their own health better”

“Use webcam videos, online media such as YouTube, services available online and telehealth”

More and better integration of services ‘on the ground’

Integration and ‘joined-up’ working was highlighted as essential as the NHS faces this financial challenge. In particular attendees felt that even if integration is currently happening in the planning of services, it is not currently evident to patients receiving care and so there needs to be more ‘joined-up’ working across patient-facing staff – this includes the NHS, social care, housing and other supporting services such as mental health.

“Joined up working-integration rather than a top down approach. Teams and workers on the ground designing the solution.”

“Include integration with housing and how we using housing stock in Oxfordshire”

More frank and open discussions about the financial situation in the NHS

Following the presentation at the public events, many people felt that there is a need to raise awareness of the current and future financial situation in the NHS. Attendees strongly felt that the NHS must remain a public service, free at the point of delivery and so the wider public need to know
that the NHS is in this situation in order to be able to choose whether they wish to use services appropriately, campaign for more funding, and influence Government decision making.

“Need to publicly acknowledge financial challenges and choices faced”

Problems with availability of GP appointments
Discussions revealed wide variation across different GP Practices in terms of availability of appointments. It became clear that many GP Practices did not offer evening appointments and that for some patients, a wait of 3 weeks or more was necessary to get an appointment with any GP in their practice. It was also highlighted that in order to ease pressure on A&E services that availability of appointments needs to increase as some patients may default to A&E if they cannot access their GP.

“Can’t get appointments when we need them”

Patient and Public Involvement
Many suggestions were made regarding patient and public involvement and how this could, and should be developed and improved further. There was a strong sense of wanting to reach people and communities that have not been involved in the past and a need to capture the views of patients currently using services.

“GPs need to be more open eg. video booths to share experiences”

“Much more management time should be spent talking to users of services on the ground/sharing experiences”

“Need to develop things the user/patient/local community wants, not the managers”

Greater clinical input for NHS 111 and improve the service
There were mixed views on the usefulness of NHS 111, however the majority of people indicated that it had potential to really help as a signposting and advice service and to relieve pressure from A&E. However all were in agreement that there is currently still a lot of confusion about the service and some people felt that it still needs improvements such as greater clinical input and a more “…patient-friendly approach to avoid feeling like a standard call-centre.”

“Make 111 more obvious to people and how to use it”

“Move towards more clinical input on the 111 service”

The importance of mental health services and ensuring they are maintained
Concern was raised about the potential impact of the current NHS’ financial situation and that mental health services should not be cut as a result of this.
“Keep hold of mental health services e.g Restore that work well for individuals. Carefully consider contracts.”

Change public attitudes to health and healthcare services
A common theme amongst the discussion groups was the need to change public attitudes to healthcare. In particular attendees felt that the ‘consumer society’ and ‘instant fix’ culture is impacting the NHS. It was suggested that people need to take more responsibility for their own health and in particular, health prevention. In addition the attitude that A&E is safest and that they are not being taken seriously unless they are at hospital, was another underlying attitude of some people which can negatively impact services.

“Change mind-set of helping people to manage own health care”
“People believe A&E safest place to go”

More preventative measures
There was great support from stakeholders at all events for more preventative measures and public health messages to help keep people healthy and reduce the number of people needing more costly health services. This included a number of good suggestions such as holding ‘training’ for people with certain conditions to let them know how to look after themselves better, more public health advertising and increasing physical activity in schools.

“More prevention for people with long term conditions – access to health information and advice e.g. what would be good physical exercise for my condition”

Support for bringing services closer to home
Support was given to the possibility of bringing more healthcare services closer to home, if with a note of caution regarding ensuring quality and expertise do not diminish. Attendees in general liked the concept of being able to access more services and have common tests via their GP surgery or a local community hospital, as opposed to traveling to the main hospital in Oxford. This was particularly raised by those that lived outside Oxford in areas such as Banbury and Bicester.

“Bring services in-house (at surgeries) and commissioned by GPs”
“GPs doing more: diagnostics, procedures nearer home”

Concern for care of elderly people
There was concern in the discussions about care of frail, elderly people as these are the people that generally need health and social care services the most, and can quickly deteriorate if they become ill. In particular concern was raised around bringing care closer to home and whether this would provide adequate support should a patient’s health suddenly deteriorate. Recognition was also
made to the valuable work of the voluntary sector in caring and supporting the elderly, and
preventing the problems associated with isolation.

“Not enough provision of care packages to enable elderly and frail to go home”
“Over 80’s: greater need towards end of life – think about how best to help this group”

Problems caused by cuts to transport and the impact on health
A number of people raised the problems that external changes can cause to healthcare services and
the main issue was that of transport. Cuts or changes to public transport routes can make some
health services inaccessible – particularly to the elderly, disabled, or those that do not drive. It was
pointed out that this can cause some people to have to use services that are further away on a main
bus route, rather than a local GP Practice.

“Transport – particularly in rural areas (e.g. very little public transport) makes it difficult to access key
services.”

Eliminate waste across departments in the NHS
Attendees highlighted ways in which they thought waste could be minimised across the NHS,
including ensuring that patients are aware of the cost of waste e.g. missed appointments. A strong
message came through to review every department in the NHS as every area may be able to make
some sort of improvement in efficiency.

“People not turning up to appointments – waste. Need to address this.”
“Look at a system wide approach that drives out waste and duplication and improves quality.”

Quality of Care
A few concerns were expressed regarding quality of services and how quality is monitored to ensure
consistency of care across Oxfordshire. Concern was also expressed regarding how the use of non-
nhs might impact quality.

“How do we quality control the voluntary sector”
“…don’t be like US companies solely motivated by profit with little concern for quality of service as
seen by patients”

Advocates needed to ensure successful use of personal budgets
On a number of occasions during discussions it was highlighted that in order to ensure successful use
of some healthcare initiatives such as personal budgets, it is extremely important to have access to
advocates that can support and advise patients in using this in the most successful way and help
them to navigate the wide range of services available in the NHS and social care. It was pointed out
that without advocates, personal budgets may be unsuccessful and a waste of NHS funding.
Ensure continuity of care
With the financial situation in mind, concern was raised regarding continuity of care particularly for the elderly. A preference for a named contact or GP was frequently raised. Continuity of care was also closely linked to the need for better integration across services as in areas such as mental health for example, this was raised as a reason for people ‘falling through the net’ and potentially becoming more ill and costing the NHS more as their condition became more serious.

Improve training of NHS staff
Some comments were made in the discussion groups about the need for more staff training, both to ensure consistency of care across NHS services but also that there is an opportunity for non-clinical staff to help identify and help with patient needs. It was also felt that this additional training could potentially reduce more costly emergency patient care.

Concern and confusion surrounding Outcomes Based Commissioning
At the majority of events, both in the question and answer sessions following the presentation and in the discussion groups, there appeared to be confusion about what Outcomes Based Commissioning will look like for the patient, would it affect quality of services, and how would it impact on other areas of healthcare.

Other themes
With the financial situation faced by the NHS, a key area that attendees felt to be essential in maintaining was support for carers. Carers are an essential part of healthcare and without them, many people would require costly health and social care services. Other points raised included the
need to keep what works well and not to ‘re-invent the wheel’, to support staff needs more, to support the health needs of ethnic minorities and to learn from patient complaints/ patient data.

“Also adequate support/care for Carers needs to be considered”

“Don’t re-invent things - assess what is working well now and learn from that”

“Inequality exists in services across Oxon, need proper data on ethnic minority health”

Countrywide event, 7 January, Oxford Town Hall

80 people attended the engagement event on the 7 January at Oxford Town Hall. The format of this event included a presentation on the financial challenges faced by the NHS and the ‘Call to Action’ along with the proposed objectives. This was followed by an open panel question and answer session.

Members of the panel included:

- Ian Wilson, Interim Chief Executive, OCCC (Chair of the panel Q&A)
- Ros Avery, Lay Member for Governance and Audit
- John Jackson, Director of Social and Community Services, Oxfordshire County Council
- Dr Mary Keenan, Medical Director, OCCG
- Gareth Kenworthy, Director of Finance, OCCG
- Catherine Mountford, Associate Director of Strategy & Governance, OCCG
- Joe McManners, Oxford City Locality Clinical Director
- Dr Stephen Richards, Accountable Officer, OCCG

The key themes that emerged during the panel Q&A session included:

- **Concern and confusion surrounding Outcomes Based Commissioning** Attendees raised concerns about the potential benefits of Outcomes Based Commissioning (OBC) and asked whether it will not lead to greater fragmentation rather than greater integration. There was also some confusion as to how OBC might affect patients and services on the ground and an example of OBC not working as intended in the justice system was cited.

- **The need for strong integration and communication across providers of care** Attendees highlighted a need to ensure services are joined up and that there is strong communication between different services so that patients and carers are fully informed and that the patient experience is improved.

- **Education about health and healthcare services** Education was raised as an essential part of health prevention as well as ensuring health services are used appropriately. This was suggested as something that needs to be integrated into education within schools, which in turn would help messages reach families.
- **Requests for more detail regarding the cost of services and the current financial situation**
  Questions were raised regarding the financial situation and the cost of various services. A strong theme emerged for greater openness and more information to be available on this.

- **Concern about addressing health inequalities and rural deprivation**
  Health inequalities, lack of staff to support this – with particular reference to ethnic minority health advocates, rural deprivation and isolation, and issues such as ability to afford heating over winter were raised as key to preventing more serious health problems.

- **Problems created by lack of transport**
  Transport related issues were raised in a number of questions to the panel and the impact that cuts to transport has on access to health services particularly for the elderly, service users and those in rural locations.

- **Communication and the need for a wide range of approaches**
  It was highlighted that with an ever increasingly diverse population that information needs to be delivered jargon free, in a variety of languages and in a variety of formats. It was also pointed out that the NHS needs to ensure we are making best use of innovation and new media such as smart phones, telehealth and social media.

- **The valuable role that carers play and the need to ensure they are appropriately informed**
  The important role that carers play in ensuring that the people they care for remain healthy and the need therefore to involve them in key decision making or changes.