

Reshaping Health Services in Nottinghamshire - Engagement Findings
Workshop

Meeting Notes – Thursday 7 January 2021

In Attendance:

Alex Ball
Phil Britt
Trish Cargill
Nigel Charlesworth
Katy Dunne
Nina Ennis
Lewis Etoria
Sarah Fleming
Rosie Huckle
Jane Laughton
Clive Nixon
Katie Swinburn

Not in Attendance: Sue Clague

Introductions (Alex Ball, Chair)

Alex Ball welcomed everyone to the meeting and led a round of introductions.

Alex Ball explained that the purpose of the meeting was to collectively agree the key messages to take forward from the pre-consultation engagement reports from NECSU and Healthwatch Nottingham and Nottinghamshire.

Summary of Pre Engagement Findings from NECSU

Nigel Charlesworth provided a summary of the findings of the programme of engagement that NECSU had led, which comprised:

- 3 public events
- 3 focus groups
- A survey.

The full reports had been circulated prior to the meeting. The key points highlighted by Nigel were:

- People were overall supportive of the plans but wanted more detail
- Care closer to home and less unnecessary time spent in hospital are seen as benefits of the proposals
- People could see the benefits in particular of centralising emergency and maternity and of separating elective and emergency services
- Access and accessibility for patients were seen as important

- Location and accessibility is important to people – parking, venues and transport in particular
- Use of remote appointments was seen as both a benefit (particularly for those with childcare responsibilities) and a concern (for those facing barriers to accessing services this way)
- Concerns and questions arose about the staffing model, specifically concern that moving services into the community may dilute specialist care and that there would not be sufficient staff in community and primary care
- Concerns arose generally about moving services into the community as primary care and community services are perceived as already stretched, and concern about how well joined up services would be across primary care, community and acute services
- Concern that implementing changes will result in disruptions to services.

Lewis Etorio, CCG, and Jane Laughton, Healthwatch, provided an overview of the findings from the engagement work undertaken by Healthwatch. Jane noted that Healthwatch were commissioned to target specific communities who may be underrepresented in the wider engagement programme, and that the profile of respondents reflected this.

It was acknowledged many of the key themes across the Healthwatch and NECSU engagement reports were overlapping. Key themes from the Healthwatch engagement were summarised as:

- People were keen to see that the staffing for the proposed model was sufficient to meet demand
- People were concerned about resources available in Primary Care and community services to meet demand
- Concern that remote consultations exclude some people – people wanted to see a mix of face-to-face and remote appointments offered
- Good communication across the whole system seen as important
- People supportive of specialist mental health services in hospital, connected to community mental health services
- Credibility of the model questioned e.g. 'too good to be true'
- Special access and communication needs should be a part of plans
- More engagement with families felt to be needed on maternity proposals
- Concern about choice in maternity services
- More community cancer screenings seen as positive, but people queried if we were actually going to undertake more community screenings
- Areas that are not covered within plans were flagged e.g. older people; palliative care.

Agreed key messages to take forward

The group discussed the findings and agreed the following points as key to take forward in any further engagement; programme developments and within the future planned consultation:

- **We need to be clearer and more transparent about the finances**
- **We need to cover cross-cutting themes such as older people and palliative care within the model**
- **Explaining the whole model including the link between out-of-hospital care and acute services, and how we will staff and resource services, is key**
- **Need to explain the staffing model in a way people can understand to reassure them that the model can be resourced**
- **We need more detail on the proposals to enable meaningful engagement**
- **We need to reference other transformation work that supports and enables the plans to reassure people we are looking at care holistically**
- **Areas we note in our proposals but don't fully explain need to be properly explained to the public so as not to leave more questions than we answer**
- **Explaining how physical access to the hospital within each option will work/be improved is important**
- **Further engagement should be undertaken with carers**
- **The feedback shows that we can be open and transparent and work in a co-productive way with patients as proposals are further developed and refined.**