

Our NHS Our Future: Nottinghamshire Service Review

Nottinghamshire Overview and Scrutiny Committee

Update Report: February 2008

Background and Context

The purpose of the Nottinghamshire Service Review (NSR) Project is to:

'carry out a local review of healthcare services with the aim to identify a vision for a 21st century NHS which is clinically driven, patient centred and responsive to local communities'

In October 2007, The NSR Project Board agreed the following high level objectives:

- to integrate the following underpinning visions in:
 - Maternity and newborn care
 - Children's services
 - Staying healthy
 - Acute care
 - Planned care
 - Mental health
 - Long term conditions
 - End of life care

Across primary, community, acute and mental health services in Nottinghamshire, not limited by organisational structures or boundaries

- to ensure that the resulting output is widely tested, debated, accepted and then used by PCTs and Trusts in the development of local proposals for service reconfiguration
- to ensure that any proposed service changes are consistent with our agreed guiding principles of service delivery across Nottinghamshire (Appendix 1)
- to ensure that there is widespread understanding of the nature, remit, key objectives and timelines of the NSR project amongst NHS staff and key external stakeholders
- to ensure that there is effective clinical, staff, patient and public engagement in the work programme

- to deliver a successful statutory public consultation

Engagement Events

At a previous meeting of the Overview and Scrutiny Committee it was agreed that a further update would be provided to members to share feedback from the 3 engagement events held across the county in November and December 2007.

An Executive Summary, highlighting the emerging themes from these sessions is attached (Appendix 2).

A short update on the overall progress of the project will also be presented at the February meeting.

Deborah Matthews
Director of Service Review

GUIDING PRINCIPLES

The people of Nottinghamshire deserve excellent healthcare and every opportunity to enjoy best health. To meet this objective, when planning the future of healthcare in the County, the following principles will be used.

- Patient centred
- Equitable
- Effective
- Timely
- Safe
- Sustainable

What do these principles actually mean? The following definitions explain what each principle means. The principles will be used to inform how future services are commissioned

PATIENT CENTRED

- Personalised care that respects and responds to the needs and wishes of each individual patient, their families, carers & significant others

EQUITABLE

- Fair to all
- To achieve this fairness requires that services are designed to reduce the current inequalities, and variations in health and well being in the County
- This requires that services are aligned to the regeneration and wider social needs of local communities
- Currently there are inequalities and variations in the quality of health services based on age, gender, ethnicity, sexual orientation, disability, geographical location and socio-economic status

EFFECTIVE

- Successful in producing an intended health or social care outcome
- Outcomes are identified by clinical best practice, set in the context of people's preferences and choice.
- Clinical best practice is evidenced on the basis of rigorous evaluation

TIMELY

- Appropriate and convenient access to health and social care services

SAFE

- As secure from harm as possible, by applying the highest standards of clinical practice and governance

SUSTAINABLE

- Capable of being supported and maintained
- Achieved by maximising the skills and expertise of staff and by efficient use of resources



A Vision for Better Health and Healthcare in Nottinghamshire

1.0 Introduction

Our NHS Our Future (ONOF) is a national campaign designed to engage the public, patients, NHS clinicians and other staff in debate about the future shape of healthcare that will guide the development of the NHS for the next ten years. In Nottinghamshire the health care organisations have set up eight clinically led workstreams (Advisory Groups) to look at the current issues and identify future improvements that need to be made. There has been a parallel process to engage the public, patients and staff in discussion about their views of the NHS in Nottinghamshire and how it can be improved. This report summarises the outputs from three engagement events for patient, public and user representatives, held in November and December 2007 – one in each of the PCT areas in Nottinghamshire. Rather than presenting the detailed comments we have attempted to summarise the key points - both the problems highlighted and the solutions that were suggested as ways forward.

2.0 The Engagement Event Process

The engagement events followed a similar design. They opened with a presentation that covered how health care in Nottinghamshire is improving and reasons why further changes are needed. This was followed by group discussions firstly on primary care as the gateway to the NHS and secondly discussions about the eight topic areas which form the basis of the ONOF review. The events concluded with an explanation of how the views expressed during the workshops will inform the commissioning and provision of health improvement and healthcare services.

3.0 The Reasons for Change

Participants broadly accepted that health services need to change and cannot stay the same indefinitely. A number of important questions were raised which will need to be addressed in any future communications or consultations. These included the role of the private sector in providing services funded by the NHS, how the additional investment in the NHS has been used locally and the reasons for the growth in long term conditions. Participants also stressed that there are many basic things that are not being done such as treating patients with dignity and respect and ensuring health care facilities are clean. These improvements in quality must be addressed and must not get side tracked by proposals for service reconfiguration.

The ONOF engagement events provide one of several strands of evidence that the PCT Boards will need to take into account in making decisions about the future shape of services and how they will invest their resources. Demonstrating that the comments made at the engagement events have been heard is important but there will also need to be explanation given as to why certain proposals or suggestions cannot be taken forward.

4.0 Improving the quality of Primary Care

Participants were asked what would most improve the quality of primary care. They were also asked about the range of services they would expect to be provided close to where they live. The key points are summarised below. The points were fairly consistent across all three groups although the participants in Nottingham expressed greater concerns about the need to target primary care investment in the most deprived communities within Nottingham.

4.1 What would most improve the quality of primary care?

- The improvements that participants would most like to see were:

4.2 The primary care team

- Better information to patients on how the whole primary care system works in hours and out of hours, who patients should consult for different types of conditions and what they could do to look after themselves for minor conditions such as colds.
- Improved team working in primary care plus a wider range of services and professionals under one roof.
- More co-ordinated care between GPs and pharmacies
- Increased use of pharmacists in promoting better health
- The opportunity for nurses to extend their role and skills
- Improved primary care support to residential and nursing homes by GPs, community and specialist nurses
- GPs with improved diagnostic skills to identify less common conditions including some long term conditions and cancer
- Access to specialist GPs or a second opinion
- Services which are designed to meet the circumstances of the communities they serve
- Better access to dental services. This was particularly stressed by participants at the Worksop event.

4.3 Choice and personalised care

- Being able to register with a practice of your choice even if you move to another area
- Reception staff that treat patients with dignity and respect
- Being able to get a home visit if you really need it
- Greater privacy in GP practice reception areas
- A patient involvement group and suggestion boxes in every practice
- The opportunity to have longer appointments with GPs if the person's condition and circumstances warrant it
- Appointments available when you call, available at a time convenient to patients including those who work. Being able to book routine appointments weeks or months ahead was also mentioned by some people

- Being able to book an appointment with the GP of your choice. Participants understood however, that there would need to be some compromises if practices were to offer longer opening hours
- Flexible GP appointments which include drop in options, telephone conversations and even emails etc. There was support for both same day appointments and for advanced bookings and for the opportunity to make appointments on line
- The option of a walk-in centre, co-located with the out of hours service

4.4 Communication with patients

- A clearer explanation of how the choose and book system works
- More specific guidance on peoples responsibilities for their own health and more access to health education, particularly on mental health topics
- Better communication and coordination of discharge arrangements between hospitals and primary care

4.5 Physical access

- GP and dental practices that are wheelchair accessible
- Public transport routes that connect with GP surgeries
- The availability of primary care for people who don't register with primary care practices – GPs could be based in larger shops or department stores
- More use of pharmacies for health promotion and for treating minor ailments
- Pharmacies and GPs located in the same facility
- Shorter waiting times for community services such as physiotherapy and OT
- Information on what services are available and on surgery opening hours

In addition to these points most participants said they wanted to see a wider range of care provided in local primary care centres (see Appendix One for suggestions). However, patients living in rural areas felt that this approach should not be adopted if it meant further centralisation of services in urban areas.

Most participants felt that GP practices should offer longer opening times and the majority felt that extended weekday openings were preferable to weekend openings and that practices should be open until at least 8pm. There was some support for a network of practices working together to offer extended opening times as long as patients understood these arrangements.

5. Better health for people in Nottinghamshire

Participants were asked to consider what the NHS should do to help people to stay healthy. The key points made were:

- Health care organisations should **provide information about health risks and healthy behaviours**, ensure that these are tailored to the needs of different age groups, available in relevant community languages and disseminated using more modern communication methods and technologies
- The NHS should **organise food tasting sessions or cooking classes**, encouraging people to taste and learn different ways of preparing food.
- The PCT should **lobby retailers** to make healthy food available and affordable.
- Offer people **an annual MOT**. This could be a method of assessing the effectiveness of .early detection, health promotion measures
- PCTs should **work with other organisations to take holistic approach to promoting health**.
- Current initiatives also received a positive endorsement. Examples included using Nott's County Football Club to promote positive health messages, health and wellbeing seminars run in Radford and the positive living programmes offered by GPs in Arnold
- **Find ways of helping people with chronic conditions to exercise**. Risk assessments should help guide people to appropriate exercise
- In health promotion continuity of message and continuity in services are very important

The groups also discussed the most effective ways of getting people to change to healthy behaviours. The suggestions were varied and not all limited to things that the NHS could do. They included:

- **Self help groups** with mutual support
- Positive **role models can have** a significant influence on young people
- **Education about health** presented in a holistic way e.g. how to avoid weight gain as a consequence of stopping smoking
- Options that enable people to stay fit that are both **attractive and affordable e.g. lifestyle** prescriptions
- **An assertive advertising campaign** on the hazards and social unacceptability of drinking
- Local authorities may be able to help by **banning happy hours** and limiting the number of pubs and clubs
- **Schools and nurseries should influence children's lunch boxes** by banning crisps and chocolate. This behaviour also has to be reinforced by parents
- **Cooking lessons** in school could introduce children and families to good food
- **Increased** exercise in the secondary school curriculum
- For groups who are harder to reach **imaginative approaches** may be needed. Lorry park mobile services and street doctors were examples given

Despite all these suggestions most participants felt that individuals could take more responsibility for their own health and wellbeing and that this mentality needed to be reinforced in citizenship classes at school. A minority felt that the role of the NHS should be restricted to information and advice with individuals being expected to take greater responsibility for their health and behaviour. Participants in Newark took this further and expressed concern about the over emphasis on obesity as the 'fad of the moment'. Others disagreed stating that health professionals often shy away from mentioning this problem. Both sets of comments indicate that the PCTs have further work to do to explain the health consequences of obesity.

6. Better care in maternity and for the newborn

Participants discussing this topic highlighted several issues – capacity and access to basic antenatal services and the impact this has on choice in maternity services, the importance of pre-conception care and prevention, gaps in provision for women with mental health problems associated with pregnancy and the importance of ongoing support after birth. The main issues identified for maternity care were:

- Access to antenatal care, particularly in rural areas and outside working hours
- Lack of choice of midwife led care
- Access to preconception care and tailored advice for teenagers
- Lack of services for women with postnatal depression
- Availability of support to new mothers after birth

Suggestions included:

- Providing more support on sex education and access to contraception in schools
- Mobile antenatal facilities and an increase in midwife numbers
- Better links between obstetric and mental health services
- Peer support groups
- Access to local midwife units and the option of using the unit in Grantham

7. Better health and health care for children

The most frequent comments made were about the lack of health promotion in schools, the difficulties that children face in the transition to adult services, limited availability of child and adolescent mental health and therapy services. Suggested improvements included:

- Providing parents with an equivalent professional to health visitors through their child's life
- Increasing physical activity in schools and increasing the number of school nurses
- Improved access to parenting programmes
- Improved bereavements support for children and additional investment in CAMH services
- Better training for GPs in diagnosing child health development problems or in referring to other specialists
- More integrated planning of services for children and for adults for those with long term conditions

- Better education for A&E staff in handling children with learning disabilities

8. Better health and health care for older people

The main concerns themes in the discussions about care for older people were dignity in care and respect from health care professionals, concerns about the quality of residential and nursing care and lack of coordination between different services regarding care packages and appointments. Older people living alone were also concerned about being isolated and those from minority ethnic groups mentioned the lack of tailored services and access to interpreters. The suggested improvements included:

- Improved clinical support to residential and nursing homes
- Access to an independent complaints process
- Funding for voluntary organisations that can help with befriending
- Better training for social care staff in caring for patients with dementia
- Health promotion targeted at older people including health checks and communications to promote positive ageing
- Access to respite care for carers
- Monitoring of residential and nursing homes to ensure that they offer good quality care

9. Better care for people with long term conditions

There was a consensus that services should be better coordinated and more consistently provided across the county. Mobile facilities were felt to be a good way of bringing services to patients. There was strong support for specialist nurses and for better information to be provided to patients once they had been initially diagnosed. Some patients had experienced delays in their condition being diagnosed and felt that GPs may need better training in identifying less common diseases. Patients want to be offered a structured care plan agreed between patient and GP/lead professional for care and named care coordinator, the availability of respite care for carers and the opportunity to develop their own skills as 'expert' patients.

10. Better care in hospital

Communication and information were the big themes from all participants who discussed this topic as were dignity, respect and the overall experience of hospital care. Many of the comments made by patients related to basic care and dignity issues. These ranged from the attitudes of staff to having the choice about whether or not to take sleeping pills. In hospital participants suggested there should be greater clarity about who to talk to about personal care as well as nursing. Some suggested that volunteers could be better used to supplement nursing skills on the ward. Fewer delays in hospital pharmacy was a common theme as was the need to have local availability of outpatient appointments for pre-assessment and post operative follow ups.

There were many experiences of lack of overall coordination of care pathway. While commissioners may commission for care pathways at a population level, patients

need to feel that someone within the clinical team is coordinating their individual care. Similar points were made by patients with long term conditions.

11. Better care at the end of life

The main concerns with end of life care were the variations in quality and availability of services across the country. Hospice care for both adults and children was identified as being in short supply and end of life care in nursing homes and hospitals described as poor. Participants suggested that advanced directives or living wills needed to be encouraged and that this would require health professionals who were better trained in how to deal with end of life matters. Not surprisingly participants felt that people should be given a choice of where to die if this could be foreseen. Delays in accessing equipment can be a barrier to people being able to die at home.

Carers wanted to have a single telephone number that they could call day or night to access the care they needed during the end stage. After the death of a loved one bereavement counselling and advice on benefits and financial matters was called for.

Although there was widespread support by participants that they should be allowed to die at home, those living alone felt that they needed other options.

12. Better care for people with mental health problems

The problems identified covered the full spectrum of mental health services from mild and moderate problems to the most severe and from children and adolescents to older people and carers. Participants also mentioned that the complaints process did not seem to work in the best interest of patients. The issues were partly about the absolute availability of services particularly for people with mild to moderate mental health problems and stigma but well established services for patients in crisis were also identified as needing improvement.

Suggested improvements included increased support for local voluntary organisations in the mental health field (including those providing advocacy services), free access to sport to relieve stress - similar to exercise on prescription and better support for carers. Focusline, a 24 hour telephone service which is offered in part of the county was felt to work well and should be extended.

13. Conclusions

The engagement events proved popular and participants who attended were pleased to have had the opportunity to share their experiences and opinions. The material generated useful insights for commissioners and providers about the quality of current care services and what matters to local people about how health care resources should be invested in the future. The participants, who attended however, could not be said to be representative of the population as a whole with a predominance of people who were retired or who have existing health difficulties. The comments made and summarised in this report therefore will need to be seen alongside wider public and patient engagement activities being undertaken by the PCTs during the Our NHS, Our Future: Nottinghamshire Service Review.

Appendix 1

Services that should be available in GP surgeries	
Physiotherapy Chiropody Dietician Continence advice Deaf, blind interpreter/helper Practice nurse Minor surgery – warts, moles, biopsies, dermatological conditions Speech & Language Therapist School nurse Dentist Health visitors Midwife Pharmacists Long-term condition specialists Basic hearing aid repairs (would reduce waiting lists at the Rope Walk) All oedema follow up care Well women and well man clinics Osteopathy Practice nurses Phlebotomy Cancer support Family planning Retinopathy Mental health care	Access to disability aids More support and counselling for bereavement for adults and for children. Availability of blood tests and x-rays Information on resources to help people stay healthy in the local area– e.g. fitness, weight loss, stop smoking Complementary therapy such as acupuncture Health screening – well man and well woman clinics Stop smoking groups GPs with specialist interests and in the larger surgeries the opportunity for consultant outreach clinics. Sexual health and contraception (including specialist clinics for young people) Interactive software to allow patients to explore their symptoms, condition and self management Cardiac rehabilitation services Haematology and warfarin monitoring Exercise link including exercise provision/facilities. Clinics for diabetes, heart disease, COPD, raised cholesterol, weight control, continence