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NHS Kent and Medway Sustainability and Transformation Plan

Analysis of Early Engagement 2016/17

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June 2017

Contents

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Executive Summary

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- Participants keen to **improve their own health**:
  - Main barriers are will-power, lack of time (including caring responsibilities) and pre-existing medical conditions
  - Widespread demand for affordable facilities and input from health professionals
- Many positives about services in Kent and Medway: main concerns / frustrations are about **social care** and **mental health**
- Widespread support for **bringing health and social care closer together**
  - Strong support for **co-locating services at GPs**: less for using public buildings
  - Also for **expanded cottage hospitals** or other intermediary tier
  - But concerns about **travelling time** to co-located services and confusion over 'hub'
- Support for **extended opening times**, particularly after work and Saturday mornings
- Positive about **new technology** but want face to face contact as well
- Support for **social prescribing** and other innovation so long as it doesn't divert resources or distract from getting basics right

Introduction

- Four strands of early engagement on NHS Kent and Medway Sustainability and Transformation Plan:
  - Focus groups carried out in Ashford, Canterbury, Dover, Margate, New Romney and Whitstable in August 2016. 57 participants in total
  - Public feedback sessions held in the South Kent Coat CCG and in Shepway, Thanet, and Whitstable in September 2016. 50 participants in total
  - Public meetings held in Ashford, Canterbury, Folkestone and Margate in February 2017. 291 participants in total
  - Online survey across Kent and Medway October to December 2016 with c1,900 participants
- Analysis by Woodnewton to identify common themes and priorities and inform next stages of SPT
- This presentation incorporates all four strands
- Separate slide pack available for survey and separate reports for all four strands

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Key Findings

Healthy Living

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- Participants in general keen to improve their own health
- Priorities were losing weight and taking more exercise (also significant interest in / awareness of mental well-being)
- Main barriers were will-power, lack of time and pre-existing medical conditions
- Many people wanted more support from health professionals to help them make changes in their lifestyles
- Other barriers vary and include the cost of exercise classes, access and caring commitments
- People wanted more information on available services, particularly in Medway
- Preference for ‘free’ forms of information such as emails from their GP to paid-for forms such as adverts

GP and Community Nursing

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- High levels of satisfaction
- Main concern is lack of staff and resources
- Leads on to waiting times and rushed appointments
  - Strong theme that participants wanted more time with health and care professionals
- Main priorities were for nurses to take the pressure of GPs…
- …and to provide integrated care for people in their homes or in their local neighbourhoods, particularly for long-term or palliative care

Health and Social Care

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- Area of greatest concern / frustration amongst participants: particularly mental health
- Mainly about insufficient staff or other resources
- Also time it took for an assessment to the quality and amount of care available
- Praise for specific service and for professionalism and dedication of staff
- But some criticism of training and quality of care, particularly linked to low wages and staff turn-over

Integration: GP Surgeries

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- Strong support for bringing health and social care closer together
- Strong backing for GP surgeries being a focus for social care and for additional services such as specialist clinics and physiotherapy
- Next two most popular priorities for co-location were mental health and community nursing
- Expectation that each patient or client could receive the support they needed in a coordinated way
- ‘Hub’ as a term had little traction: participants mainly talked about health centres or referred to existing models such as Estuary View in Faversham

Integration: Hospitals

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- Cottage or community hospitals seen as crucial: emotional resonance as well as practical benefits
  - Frustration amongst participants with no local cottage hospital
- Provide a bridge between specialist hospitals and care at home
- Particularly seen as reducing 'bed-blocking'
- Cottage hospitals were seen as easier to access and to help (to some extent) with the impact of past hospital closures on local communities
- Expectation that they should integrate health and social care and provide extended services such as physiotherapy
- Term 'Hub' again did not work with participants. Minor injury units also seen as confusing (injuries never 'minor', especially with children)
- Participants accepted specialist hospitals could provide better care for serious but non-urgent cases (though cottage hospitals wanted for recuperation)
- But did not accept that extra ambulance travelling time in emergencies (heart attack, stroke) was worth it for specialist care on arrival

Integration: Access

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- Significant concern about time and distance to travel to larger, centralised health centres, particularly for those reliant on public transport
- Some prepared to 'trade off' journey times against being seen more quickly
- But potential split between in-work car-owners wanting occasional appointments (happy to go further) and those without a car and needing regular visits / treatment (more likely to want to keep local GP)
- Access seen as a 'social justice' issue; concern as much for others (elderly, disabled) as for participants themselves

Integration: Teams

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- There was strong support for integrated teams
- Chimes with recurring theme of patient-centred care and better co-ordination of services
- Assumption they would be based in GP surgeries or cottage hospitals
- Clear priority to integrated teams for end-of-life care (chosen by 74% of participants), followed by support for parents of children with additional needs (67%) and support for cancer survivors (60%)
- General view that all services should be integrated

New Technology

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- Participants open to use of new technology (despite older profile of participants)
- Belief it should improve services – but concern that it does not replace face-to-face care
- Strong interest from those using services daily – for example, SMS alerts if a carer is running late for an appointment
- Some options, such as telephone advice lines, were more popular than others, such as mobile phone apps
- Broad sense that good to offer all the 'usual' channels even if fewer prefer (or have access to) the latest technology
- Widespread, mid-level concern about security: but most participants who expressed a view did not think this should stop innovations such as electronic patient records. (But note fieldwork prior to recent NHS hacking)

Social Prescribing and Innovation

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- Welcomed by participants, although also some doubt as to available resources and concern that this should not distract from getting the basics right
- Few comments about 'nanny state': otherwise, social prescribing had broad support
- Exercise groups led by health professionals was the option with the most support, reflecting many people's wish to have more advice, support and encouragement to improve their health.
- The most popular proposed innovation was to prioritise dementia-friendly housing developments
- Participants' own suggestions for innovations ranged from open-air gym equipment to boosting public transport: no significant recurring themes
- Significant that participants often looked outside the 'core' of NHS services, reflecting the STP's involvement of Kent and Medway councils and other partners.

What Participants Want

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Open questions, focus groups and public meetings provide evidence of priorities of participants. Four themes stand out:

- **Resources**: they want more capacity, more staff spending longer with them, and less waiting time. They accept examples where more could be done with less; but generally suspect services will be cut / run down
- **Quality**: though generally good, they want significant improvements in mental health and social care, and action to prevent occasional examples of very bad care
- **Familiarity**: they want to see the same health professionals, ideally in the same settings and using familiar terminology (district nurses, cottage hospitals)
- **Integration**: they expect health and social care to talk to itself properly, and for care they need to be provided in a co-ordinated way
- **Communication**: they want to be kept in the picture, listened to (particularly carers), and treated with respect

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Implications

Terminology and Language

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- Considerable differences between language used by participants in open questions and language used by service providers
  - For example, public usually talk about district nurses not community nurses
- 'Hub' used in two contexts: potential confusion
- Also no single picture of 'Hub' in public's mind
- They tend to use more familiar terms such as 'polyclinic' or 'health centre' or refer to specific places they know such as Estuary View in Faversham
- Similarly, 'minor injury unit' lacked clarity in positioning between hospital A+E and GP surgery
- Also 'cottage hospital' very popular – except for those living in areas without one
- If the public were describing likely STP proposals, they would probably think:
  - Major or Specialist hospitals (meaning for major operations / A+E)
  - Cottage / Community hospitals (minor operations, post-op recovery)
  - Health Centres (GPs alongside community and social care, physio, healthy living etc)
  - GP surgeries (standalone GP surgeries with limited social care etc)

Travelling to Receive Treatment

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- People like the idea of co-location of services
  - Convenience and integration with social care and healthy living / minor treatment services
  - Chance to be seen more rapidly
- Some concern it undermines continuity of care (traditional model of 'your GP')
- Main concern about problems accessing services
  - Implicit withdrawal of local (mainly GP) services / longer travelling time
  - Particular issue for rural areas / those without access to a car
  - Seen not just as personal concern but fear for others such as elderly: 'social justice'
- Also linked to fears about closures of A+E / extra travelling time to hospital
- Considerable public education needed about trade-off between proximity and quality of care
  - People already more accepting of county-wide specialisms in hospitals
  - But still believe that proximity matters for emergencies (stroke, heart attacks)
  - May need visible reassurance: such as number / location / equipment of ambulances

Resources and Capacity

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- General view that more resources needed in health and social care
  - Also about resources deployed fairly across Kent and Medway
  - And that each group gets fair deal: mental health, social care, Alzheimers
- But also acceptance that more can be done with what is there
  - Service users see duplication, waste, chance to link up delivery
  - Strong interest in new technology and co-location
- So STP can engage on basis of 'no new resources'…

  …but if it ignores resource issue entirely, this will create frustration
- Needs to acknowledge and ventilate concerns over resources and state some over-arching principles or demonstrate a 'fairness agenda' as touchstone to ensure everyone benefits from change

Public Health

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- Most people know how to lead a health life, but struggle to be as healthy as they would like to be
- Though some are held back by health conditions or disabilities, most see their own motivation as key
- They would like more groups and facilities and want health professionals to provide advice and encouragement
- Although there was some push-back against social prescribing, for most it made sense; so long as this remains optional support

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Questions?