

Patient Insight and Patient and Public Engagement Report April 2015 –November 2015

1. Introduction

The following report provides an outline of the key patient insight information that has been fed back to NHS Southampton City Clinical Commissioning Group (CCG) from April 2015 to November 2015. The report is categorised into “sources of information” in order to provide clarity as to the mechanism that has been used to gather the information

It should be noted that a wide variety of information has been gained throughout the period, with positive feedback being provided, as well as information regarding potential areas for development.

The report also provides a summary of some of the patient and public engagement activity undertaken.

2. Sources of information

The following sources of information have been used to produce this report:

- Better Care programme
- Patients forum meetings
- Equality and diversity reference group
- Communications and engagement group
- CCG mailbox
- Stakeholder events
- Patient and public engagement activities
- Patient experience service
- Social media e.g. Twitter, Facebook.

Using the information sources identified above, the report informs the Clinical Governance Group and the Governing Body on:

- trends
- learning
- actions taken
- improvements.

It is understood that each method of feedback has strengths and weaknesses. Using all methods of information available enables the CCG to better understand the patient’s experience of the services offered and delivered, and is beneficial to help prioritise where to focus efforts on action planning.

NHS Southampton City Clinical Commissioning Group mailbox

We have responded to 136 enquiries via the CCG general mail box during the last six months.

Individual concerns raised included a poor experience of local provider services and this case has been taken up with our complaints department.

A number of enquiries were seeking advice and signposting to services, e.g. information about support for carers, continuing healthcare and dementia.

Outcome

We contacted Carers in Southampton on behalf of one enquirer and they are now receiving advice and support about caring for their relative.

Our Patient Experience Service is in contact with someone to support them with advice and help on dementia services.

We continue to receive enquiries about the criteria for IVF funding, especially in view of the latest guidance issued by NICE. We have recently published our latest policy on our website.

Southampton city patients forum

The patients forum meets on a monthly basis and is kept up to date with developments in the CCG. The forum is a consultative group and our senior commissioners attend the meetings to discuss their various programmes of work to seek feedback and ensure service user involvement in planning and improving services.

During the last six months the patients forum members have been involved in discussions and given feedback about:

- the consultation on Bitterne walk-in service
- Care Quality Commission (CQC) inspection at University Hospital Southampton NHS Foundation Trust (UHS) and the quality agenda
- co-commissioning of primary care
- end of life and do not attempt resuscitation (DNAR)
- primary care strategy
- mental health review.

All feedback has been recorded for consideration by commissioners.

Outcomes

Patient forum members will support and promote the CCG's [Here for you Hampshire](#) campaign to ensure patients and public are aware of local services available, particularly pharmacists and 111.

Communications and engagement group

The CCG's communications and engagement group is chaired by Dr. Mark Kelsey, who is a GP Board Member and local GP. Representation is wide and varied and includes our lay advisors, providers, PPG Chair, young people, users of diabetes services, carers, people with learning disabilities, people with physical disabilities, older people, BME communities etc.

During the last six months the group have given their views and discussed a number of topics including:

- quality
- NHS finance
- prevention
- diabetes services
- Bitterne walk-in service consultation
- Better care
- case for change
- mental health review
- primary care strategy.

Outcome

The group supported the dissemination of "life after stroke grants" in order to make people aware of the help available.

The group supported the development of the [Here for you Hampshire](#) campaign, particularly promotion of 111 and pharmacy services.

Equality & human rights reference group

This group was set up through the request of the CCG Board as a 'critical friend' to ensure that the CCG provides equality and fairness in access to and use of services and that the impact and outcome are positive for all.

The equality reference group provides advice, support, assurance and feedback to the CCG to ensure the organisation meets its equality commitments.

During the last six months the group have discussed patient experiences from various members. Issues have been raised which have been passed to the CCG.

In May 2015 the equality reference group held a workshop to assess the grading of the CCG against the equality delivery system criteria. The group were encouraged to discuss both positive and negative experience across a range of areas and then to debate the CCG's progress and agree a fair assessment.

Over the page is a summary of the feedback.

Patient experience and complaints	Primary care	Urgent care	Hospital
ERG GRADE			
<ul style="list-style-type: none"> • Developing GP access advice • LD – include patient as well as advocate • Making it simple • Whole system approach plus social care • One point of access • Liaise with SEAP 	<ul style="list-style-type: none"> • GPs, Nurses – • Access – longer consultation time • 7 day system 	<p>Out of Hours, A&E, Minor Injuries Unit (MIU)</p> <ul style="list-style-type: none"> • Some patients end up in A&E because of GP access – need more capacity • MIU – publicise • Positive experiences • Can check time online • Transport and stigma can inhibit people going to MIU • Bereavement counselling • NHS111 – positive experience 	<p>Southampton General Hospital (SGH), Princess Anne, mental health, eye hospital</p> <ul style="list-style-type: none"> • Eye hospital – send clearer information to patients prior to appointment • Patient experience leaflets collected via box • Get progress on how things have changed for mental health • Nurses need training across equality issues e.g. deaf awareness communication skills • Admission and discharge needs improving • Bridge between hospital and community • Need to understand culture and stigma for BME mental health

Outcome

Action plans have now been amended to reflect the feedback of the group and will be monitored to ensure progress.

Patient and public engagement

Since April 2015 we have been involved in a continuous programme of engagement with local people. We want to ensure that our work is informed by public opinion and the experiences of patients and that we are consistently learning from the data we collect.

Our programme of engagement has included:

- consultation on the proposal to close Bitterne walk-in service
- Mental Health Matters engagement
- diabetes review

- regular meetings with service users, voluntary and community groups etc.

Consultation on the Proposal to close Bitterne walk-in service

The CCG launched a consultation from 15 June - 4 September 2015 proposing to close the walk-in service at Bitterne Health Centre and to re-distribute the current funding to community nursing and community-based care.

The proposal was developed as a result of a review of community based nursing provision and urgent care services. Upon reviewing provision for urgent and emergency services however, it has become clear that the nurse-led walk-in service in Bitterne, run by Solent NHS Trust, is not providing cost effective care and duplicates other services available for local residents. It is situated next to GP practices which are extending their opening times and offering nurse-led appointments and opposite a pharmacy with other pharmacies close by.

Furthermore, the service operates at the same time as both the out of hours GP service and the NHS 111 telephone advice service which is available 24 hours a day, seven days a week.

During the consultation:

- 1668 responses were received
- 172 people attended 3 public meetings
- 1290 people participated or engaged in focus groups, meetings, public events.

In view of the feedback and responses received, it was clear that the walk-in service is seen as a valuable resource in the local community.

The results of the consultation and key findings were presented to the CCG Governing Body meeting on 30 September 2015 to support members in the decision-making process in relation to the future of the Bitterne walk-in service.

Key themes from the consultation report

The main themes from the consultation can be summarised in headlines as follows:

- Theme 1: Patients value quick access to the walk-in service**
- Theme 2: Access to GPs**
- Theme 3: Lack of knowledge and awareness of alternative services**
- Theme 4: Concerns about impact of closure on other urgent services**
- Theme 5: Transport**
- Theme 6: Lack of services on the east of the city**
- Theme 7: Misconception that the proposal affected the whole health centre**
- Theme 8: Communication and education**

Outcome

On 25 November, the Governing Body agreed to close the Bitterne walk-in service and agreed the actions attached to the decisions as outlined below.

- A clear plan to be developed with the GP federation and other primary care providers to improve GP access. This is to be brought back to the Governing

Body in early 2016. It will also feed into the primary care strategy

- An urgent piece of work is to be undertaken to increase public awareness of urgent and emergency care services in the city.
- A detailed communication plan to be developed and brought back to the November Governing Body meeting.
- A detailed report reviewing the impact of the closure of the service to be taken to the Governing Body meeting in March 2016.
- Work to talk place with Southampton City Council and other partners to explore the establishment of a new community hub on the east side of Southampton.

All actions agreed will take place in parallel with the closure of the service and there will be no delay in the closure of the service. This will ensure that it is sustainable to maintain funding for community nursing.

A copy of the full consultation report is available on our website.

Diabetes Review

Engagement on footcare

Diabetes is a priority area for the CCG. The Southampton diabetes stakeholder event held in December 2012 identified eight areas in diabetes management, including the current foot care provision which is not consistent with NICE guidance. This, along with the feedback from a GP stock take on diabetes care and management and a diabetes patient survey, helped to inform the CCG diabetes strategy which sets out a three year plan to improve outcomes.

Three priority areas were identified as key to tackling quality issues:

- 1) patient education and self-management
- 2) professional education
- 3) foot care for people with diabetes.

Those with a diagnosis of diabetes need to be made aware of their risk of developing complications related to their feet; these include poor circulation, which predisposes people with diabetes to the development of lower limb ulcers and damage or degeneration of nerves, leading to loss of sensation in the feet. The NICE foot care pathway recommends an integrated approach to care, to meet the needs of those at low risk, medium to high risk and those with acute foot disease and ulceration by implementing a community foot protection team and combined foot care clinics and multi-disciplinary teams delivered in hospital.

The CCG have been developing plans to implement a NICE compliant foot care pathway and as part of this process wanted to engage further with local people to gain their feedback on what future services should be provided.

Purpose of engagement

Three stakeholder engagement events were planned in order to get feedback on how people access health services in the city and which they value most. Feedback was sought from the public and from people who access foot care services to understand what service they feel is the most important for the NHS to fund, who they would

choose to see if they had a problem with their feet, and for those with diabetes whether they know their foot care risk and what happened when they last had their annual foot check.

Stakeholders

Stakeholder engagement took place at the Diabetes UK Big Collection events at Tesco Bursledon on Saturday 13th and Sunday 14th June and at the Diabetes Research and Wellness Foundation (DRWF) event held on Saturday 27 June 2015.

Diabetes UK were at Tesco's supermarket raising funds and awareness so it is assumed that the people completing the survey at this event would be the general public doing their shopping. The event was supported by the CCG and the local NHS Solent podiatry service.

The engagement was repeated at the diabetes research and wellness foundation (DRWF) event held on Saturday 27 June which included a wide variety of stands and interactive and informative talks. This event was targeted and advertised specifically for people with diabetes.

Methodology

Staff from the CCG and podiatry worked together using foot care engagement boxes. These boxes were used to pose four questions to the public. The first two questions were general questions about foot care health and the others were specifically for people with diabetes. The boxes replicated a voting system with a number of possible answers for people to choose from and vote with the appropriately coloured disc.

Results

The following provides a summary of the results of the engagement.

Question 1: Which of the following foot care services do you feel are the most important to be funded by the NHS?

Out of a list of eight choices, responses over all three days found that for 23% of people the annual foot check was the most important service for the NHS to fund. There was a noticeable difference between the two venues for the scores on the importance of infection/ulceration treatment. At the Tesco location which engaged more with the general public recording 41 out of 46 votes and the DRWF event which engaged more with people with Diabetes, recording only 5 of the 46 votes.

The fourth most popular choice at both events was the provision of 'personal foot care such as toe nail cutting, skin care and other routine personal care'. Verrucae treatment and non-specific foot pain were the least popular choices of the service people felt should be funded by the NHS.

Question 2: If you thought you had a problem with your feet who are you most likely to see?

The most popular answer over the three events was GP or Practice Nurse with 48 people selecting this as their first choice. Only 2 people selected phoning NSH 111 as an option within their top 3 and the second least popular choice was being seen by a non NHS organisation such as private company or voluntary sector if they thought they had a problem with their feet.

For all three events the top answer was GP or Practice Nurse, 2nd choice was the Podiatry drop in service and the 3rd most popular choice was seeing a pharmacist.

Question 3: Do you have Diabetes? - If so, do you know your diabetic foot risk? If yes who told you this in the last 12 months?

39% (36) of people were told by their GP or Practice Nurse but 22% (20) did not know their foot risk or had not been told in the last 12 months. 19% (18) of people heard this information from a podiatrist and 3% (3) from the hospital.

Question 4: People with diabetes were asked about their last annual foot check, in line with the NICE recommendations on annual foot care checks provided by health care professionals in primary care.

The highest score over both days indicated that 58 people had had their feet tested for numbness – it is therefore assumed that at least 58 people responded to this question. 49 people had had their feet examined for corns, calluses and changes in shape and 47 stated that they were asked to remove all footwear. The scoring system may not have been robust enough for this question as it is unlikely that people would have had their feet tested for numbness or examined for corns without removing all footwear.

Conclusion:

The methodology was popular with people being engaged with the voting system, generating an average of 93 people responding to each question and therefore successful in gathering people's knowledge and engaging them in a conversation around their foot care.

The top three choices on foot care services which should be funded by the NHS were similar across the two events despite being quite different in terms of setting and those who were engaged. The fourth most popular choice out of eight different options was the provision of 'personal foot care such as toe nail cutting, skin care and other routine personal care', at both events.

For those with diabetes a significant number did not know their diabetic foot risk which is disappointing but for those who did know their risk the majority had been told by their GP or practice nurse.

The responses to the core elements recommended for the annual foot check highlighted that there is the need to improve the examination of footwear to check if it is causing problems.

Overall the engagement exercise has proven to be a useful way to gain feedback on the future provision of foot care services in Southampton; it has highlighted areas where improvements can be made which will be taken forward as part of the planned changes to improve services.

This engagement forms part of a much wider process of engagement relating to the Diabetes Programme of work. In conjunction with this engagement on foot care the CCG has been working closely with the local providers of foot care services to ensure that it is addressing priorities to improve the management and care of those at risk of developing complications.

Outcome

From January 2016, the CCG will be commissioning a **NICE compliant Foot Care Pathway**

Mental Health Matters Engagement

The Mental Health Matters event took place in late 2014 and sought to hear the views of stakeholders in relation to the city's mental health services. The main feedback from this event was that people wanted an opportunity to be part of the review and have a 'blank page' approach.

This was followed by an engagement period on the Mental Health Matters initiative that set out proposals for the future of all age mental health services in the city, the engagement period was from 6 August 2015 to 16 October 2015.

During the engagement period, 39 forums and settings were attended, and feedback was actively sought via NHS Southampton City CCG website, with the Mental Health Matters webpage being visited 2,263 times and the engagement document being downloaded 530 times. Service user and carer feedback represented 58% of feedback received from the online survey and paper copy questionnaires completed.

The engagement report presents a summary of the responses received, and feedback was clear the majority of stakeholders, and via all means of communication, was overwhelmingly positive for a new model of care for Southampton.

The main themes that emerged from the feedback are summarised:

I have the information that I need

- Availability of information, lack of understanding about pathways of care
- More mental health training, and programme being inter-agency and cross professional
- Better use of technology
- Sharing patient information more freely

My mental and physical health care needs are met together

Support for integrated care model in which statutory and voluntary services work together

- Improvements in the way in which GPs and other mental health services work together
- Improved training for mental health practitioners
- Interventions as an alternative to medication

I feel like the services supporting me work together

- Improve joint working, with co-location of teams and specialist staff embedded into voluntary and community services work
- Improve joint working for dual diagnosis (mental health and substance misuse)
- Clearly defined referral criteria to stop referrals being bounced

I feel part of my community

- Services to be provided closer to home and in communities where individual live in non-stigmatising settings
- Greater peer support options, and closer work with community based resources

- Increased range of accommodation options available including step down, move on options and stable housing

My family and carers needs are recognised and supported

- More support for family and carers is needed with improved training and education
- Carers and family to be recognised, and have more involvement in care and planning

I have access to services that help me avoid or manage a crisis

- Focus on early intervention and services working in a more preventative manner
- Availability and timeliness of appointments
- Provide a range of alternatives to admission
- Improved care planning and post treatment support to prevent relapse

I have help and support to gain and maintain my independence

- Support to access early intervention and prevention
- Support to regain or maintain employment, volunteering, training/education
- Improved relapse prevention, including access to peer support social activities and life skill development groups

I have access to specialist services when I need them

- Improvement to waiting times
- Better range of interventions available including; psychological therapies for adults and children, improved treatment options for personality disorder and family work
- Improved services relating to dual diagnosis , and adult autism and ADHD
- 0-25 CAMHS positive response to proposal, with some reassurance being sought

Other feedback highlighted the need for a service user network in the city, and that more work is needed to challenge stigma.

Outcome

The conclusion of Mental Health Matters engagement marks the start of the next phase in the programme to work collaboratively to produce a new service model for Southampton, followed by consultation commencing in January, with phased implementation from April 2016 onwards.

Engagement on the Better Care Fund

We have a continuous programme of engagement in developing our plans for the Better Care Fund. One key element in implementing the Better Care programme is community development and engagement. During the last few months a series of workshops have taken place across the city in order to assess and identify the needs and particular issues in each “cluster” area.

A range of feedback was received from a variety of stakeholders in each area and further work took place to agree priorities for each cluster as follows:

Area/Cluster 1 Redbridge/Shirley/Freemantle – Priorities

- Involving and engaging community, promoting volunteering
- Bringing things together
- Transport
- Social isolation

Area/Cluster 2 Aldermoor/Coxford/Lordshill – Priorities

- Social isolation and poor diet
- Access to information and self-management
- Transport

Area/Cluster 3 Bassett/Swaythling/Portswood

- Transport
- Navigation/signposting/life skills
- Social isolation

Area/Cluster 4 Bevois & Bargate

- Improve mechanism to provide support/assets/information
- Behaviour change/self-management
- Access to social care
- Holistic approach to health
- Understanding the population

Area/Cluster 5 Peartree/Sholing/Woolston/Weston

- Integration of social care with community health and voluntary sector
- Communications between services and voluntary sector
- Continuity of support through patient/service user journey
- Transport
- Isolation

Area/Cluster 6 Bitterne/Bitterne Park/Harefield

- Personal responsibility
- Isolation
- Transport
- Access to information

Outcome

Action planning groups have now been set up for each area to take these priorities forward

Community Engagement

Our community engagement officer regularly visits groups and small organisations across the city to promote local health services and to listen to any concerns and feedback. During the summer we attended multi-cultural events which included Southampton Mela and healthy lifestyle events

During this reporting period, the CCG developed the “**Mosaics**” **Stepping Stones project**. In partnership with other agencies the aim of the project was to:

- involve inner city and seldom heard groups more in park life
- to encourage people to exercise more
- to enhance social and mental wellbeing.

Working with Southampton City Council and Will Rosie from ‘All about Art’ a total of five workshops took place. Up to 20 people from 9 different ethnic communities took part working together to create mosaic stepping stones.

The stones have been placed in East Park and a formal ceremony will take place in the new year in recognition of this community work.



The Lantern Project

The aim of the Lantern project was to encourage members of our BME communities to adopt healthier lifestyles by increasing outdoor exercise, making more use of Southampton’s parks and to encourage multi agency approaches to community projects.

The park was decorated with 150 Chinese illuminated lanterns and the ceremony was attended by 70 people including the Mayor and members of the city’s communities.



Fuel Poverty

There are 10,000 households in the city where improved heating is required. The CCG and Southampton City Council supported a local charity, The Energy Centre, to successfully apply for funding of £500K from British Gas. The Energy Centre will target people who are most at risk and will identify people from each cluster area with the help of agencies such as the police, fire department, church groups etc. People will then be supported to apply for grants for insulation, new boilers etc.

Social media

Twitter

Our Twitter account continues to grow and we are continuing to use the channel as a friendly and informative voice about local health services – with an aim to tweet at least twice daily during the week.

We also use Twitter as a route for engaging with local people and have increased our following of local partner organisations so we can help share news.

We have gained 546 followers since May 2015, bringing the total number to **7,645**.

Facebook

We are continuing to reintroduce our presence on Facebook and are using Facebook more frequently to engage with local Facebook users, sharing information about services in the city and encouraging discussions.

Our Facebook page now has 213 likes, 30 more than on 1 May 2015.

We are sharing the same content as on Twitter but adapting each post to be suited to Facebook, so longer posts and using images. Since May we have also increased our

following of local partners who also have a presence on Facebook and are starting to share relevant posts on our page.

After the success of using Facebook advertising last year, we will also be exploring this again as part of our winter campaign.

Some of the areas we have covered on social media recently include:

- **Consultation on the proposed closure of the Bitterne walk-in service**

We used both Twitter and Facebook throughout the [12 week public consultation](#), to ensure local people were aware of the consultation, how to take part and details of the public meetings and local events where they could speak to the CCG. The public meetings were also tweeted live to update local residents who weren't able to attend.

After the decision was made about the walk-in service closure, we shared details of the decision by the Governing Body of the CCG and a range of messages to help people be aware of the alternative health services in the city. We sent 55 tweets about the closure over a two week period and these tweets were seen 16,694 times on twitter (according to twitter analytics). These included tweets to local partners encouraging them to share with their followers. Messages about local services will continue over the winter.

- **Mental health awareness**

A period of engagement took place between August and October about mental health services in the city. We shared information about the engagement and details of how local people could have their say.

Around world mental health day in October we shared links to events across the city, arranged by Southampton City Council, working together to help reduce the stigma around mental health.

- **TARGET training events**

Social media is used around TARGET training days, to make local people aware that city GP practices will be closed for one afternoon and promoting the alternative services available.

We also engage with attendees on Twitter, receiving images and feedback from local stakeholders who attend.

- **Raising Awareness**

We have supported various awareness days/weeks and provided relevant local information and events taking place. These have included:

- Walk to Work Week
- Mental Health Awareness Week
- Dying Matters Awareness Week
- Dementia Awareness Week

- National Blood Week and the #MissingType campaign
- Carers Week
- National Transplant Week
- Stoptober
- Self Care Week
- Carers Rights Day

- **Freshers week**

In September we attended events for new students at both universities in the city and shared information about health services in Southampton throughout the week, engaging with the universities and encouraging them to also share these messages on their accounts.

- **Seasonal health advice**

We continue to provide topical health advice and details of the relevant local health services that can help, such as local pharmacies, the Minor Injuries Unit and 111.

Over the May bank holidays we shared reminders about ordering repeat prescriptions, bank holiday pharmacy opening times and the services available over the bank holiday.

Around Ramadan in the summer we focused on advice for staying healthy while fasting.

We are now sharing winter health advice, including supporting the national flu and winter campaign as well as links to local information and advice on treating minor ailments through the [Here for you Hampshire website](#).

- **Supporting GP practices**

We also use Twitter to support GP practices in Southampton when they need to share urgent messages with local people – for example if telephone lines are down.