

MEETING DATE:	12 December 2013	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 6.7	
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HEALTHY LIVES, HEALTHY FUTURES UPDATE

PURPOSE/ACTION REQUIRED:	To provide an update to Governing Body members on the outcomes of the recent public Engagement programme and outline the timeline for next steps
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Health & Wellbeing Board
FREEDOM OF INFORMATION:	<i>This document is releasable under FOI at this time</i> Public

1. PURPOSE OF THE REPORT:

Healthy Lives, Healthy Futures is the programme through which North Lincolnshire CCG and North East Lincolnshire CCG working with key partners are developing and articulating a vision and plans for the development of Health services in North Lincolnshire over the next 5 years. Importantly for North Lincolnshire those plans need to respond to the national challenges as outlined in the Call to Action, meet the needs of local people as outlined in the NLJSNA, and NL CCGs commitments as part of the JHWBS.

The vision for Health services seeks to enable a growth in the promotion of self-care, independent living, care and support if needed in people's homes and in their communities. When access to hospital and specialist care is needed it needs to be delivered in a sustainable way meeting health outcome, quality of care and affordability constraints.

During August and September the CCG undertook an engagement programme to raise awareness of the challenges, the case for changes and the evaluation criteria through which options for change might be measured.

A detailed engagement report about the engagement activities has been produced, attached. It provides a wealth of detailed analysis about the feedback and detailed comments that we have received via the leaflet and questionnaire

In summary:

- Copies of promotional booklet and the leaflet were circulated to over 7000 contacts, There is a HLHF website and through Twitter 61 tweets and 6100 followers.
- Press briefings and 11 public events were held, and over 50 other events/meetings at which HLHF was discussed and responses made.
- The CCGs produced a leaflet which asked a series of 10 questions linked to the programme and 193 questionnaires were returned the following are based on those responses.
- 80% of respondents described themselves as a member of the public, 12% as patient or carer and 48% were aged over 65.

- 73% respondents agreed that there were good reasons to consider reviewing local health services
- 83% of people chose prioritising quality and safety of services as the first or second most important consideration when making decisions about local health services.
- 69% of respondents agreed that services delivered in a hospital could be delivered by other providers elsewhere for example GPs in local health services
- 50% of respondents stated that they would travel any distance so that they or a family member could receive high quality specialist care

Following the Engagement there is a group now established to look at Transport and travel issues. The comments and insight about services has also been feed into the work of the programme board for consideration as part of service development.

In terms of next steps

- A second engagement exercise is planned for February 2014. It is planned that services that will we believe can be sustained and provided in the locality i.e. within both North and North East Lincolnshire will be shared. In addition those services which because of sustaining quality or the specialist nature for example, people might have to travel of i.e. out of their locality.
- Following the evaluation of the second phase of engagement and final working, should there be a need to formally consult with the public about any changes this will happen in June 2014.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	x
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	x
Improve patient experience	x
Reduce the inequalities gap in North Lincolnshire	x

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	x
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4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	x
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5. LEGAL IMPLICATIONS:

Yes		No	x
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6. RESOURCE IMPLICATIONS:

Yes		No	X
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There are no direct resource implications associated with this report.

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	x
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Not applicable at this stage

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	X	No	
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The detail of this report is focussed on the outcomes of the public engagement programme associated with Healthy Lives, Healthy Futures.

9. RECOMMENDATIONS:

The Governing Body is asked to:

Note the outcome of the Healthy Lives Healthy Futures Engagement and the next steps



Review of Services in Northern Lincolnshire

Survey Feedback Report

October 2013



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Executive Summary

Introduction

Healthy Lives, Healthy Futures is a review of all services in the Northern Lincolnshire region. The review aims to make sure the services available to people in our area will be safe and of high quality for years to come.

Healthy Lives, Healthy Futures is being led by North Lincolnshire Clinical Commissioning Group (NLCCG) and North East Lincolnshire Clinical Commissioning Group (NELCCG) working with organisations such as the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and other health and social care organisations. The options being considered may mean significant changes in the way healthcare services are delivered locally and the CCGs were keen to test these ideas as widely as possible.

A Stakeholder Summit was held on 22 July 2013 to give key stakeholders the opportunity to understand the work being carried out and to discuss how it may impact upon their organisation. This was complemented by 40 individual 1-1 visits with organisations where they had the opportunity to provide feedback on the vision, direction of travel and criteria that will form the foundations for this work.

The general consensus from this was that the vision was the right way forward (14.2% rating it excellent and 78.5% about right). It was commented that it was the right time for change and that the approach supported and subscribed to what's taking place elsewhere.

Reason for this survey

To support the review, we produced and widely promoted an engagement document to help our local community gain an understanding of the challenges faced by the local NHS and the vision for the future and to explore whether there were other areas that local people felt should be considered.

Methodology

Informing

a) Promotional Activities

Copies of the booklet and questionnaire were circulated to over 7,000 local contacts including:

- All GP, Dental, Pharmaceutical & Optical practices across Northern Lincolnshire
- Local Medical, Dental, Pharmaceutical & Optical Committees
- NHS Provider organisations
- Over 200 Local voluntary support groups

- 120 Groups that represent people with protected characteristics under the Equality Act 2010.

Evidence has shown that these groups also supported the engagement work by further distributing the information across their wider networks.

Promotional banners were placed at major local sites to promote the review and update emails were sent to CCG staff and partner organisations for further circulation across stakeholder networks each week (including North East Lincolnshire Council, North Lincolnshire Council, Northern Lincolnshire & Goole Hospitals NHS Trust, Rotherham Doncaster and South Humber NHS Foundation Trust, Care Plus Group and NAViGO Health and Social Care Community Interest Company).

b) Media

- Regular press releases were provided to the media
- Briefings were given to staff groups and partner organisations
- Social media updates were issued to keep people informed of the review and the up and coming events in their area. For example, 6,100 people received 61 'tweets' through Twitter about Healthy Lives, Healthy Futures.

Engaging

a) Website

A dedicated website (www.healthylishhealthyfutures.nhs.uk) was developed to provide an online opportunity to find out about the review, what it means and to give people the opportunity to complete the questionnaire either on-line or to download it and email or return by Freepost Address.

b) Public Events

A series of 11 public events were held to reach local people at local markets, supermarkets and events around Northern Lincolnshire:

- Freeman Street Market
- Tesco, Cleethorpes
- Ashby Market
- Grimsby Top Town Market
- Immingham One Voice Event
- Tesco, Barton
- Epworth Town Centre
- Scunthorpe Market
- Cleethorpes Leisure Centre
- Scunthorpe Football Ground

Of the documents and questionnaires distributed, over 2,000 were given to local people at the public events and a further 820 copies were requested by local groups to distribute through their networks.

c) Have Your Say

The 'Have Your Say' questionnaire that was distributed with the review booklet was completed by 193 respondents.

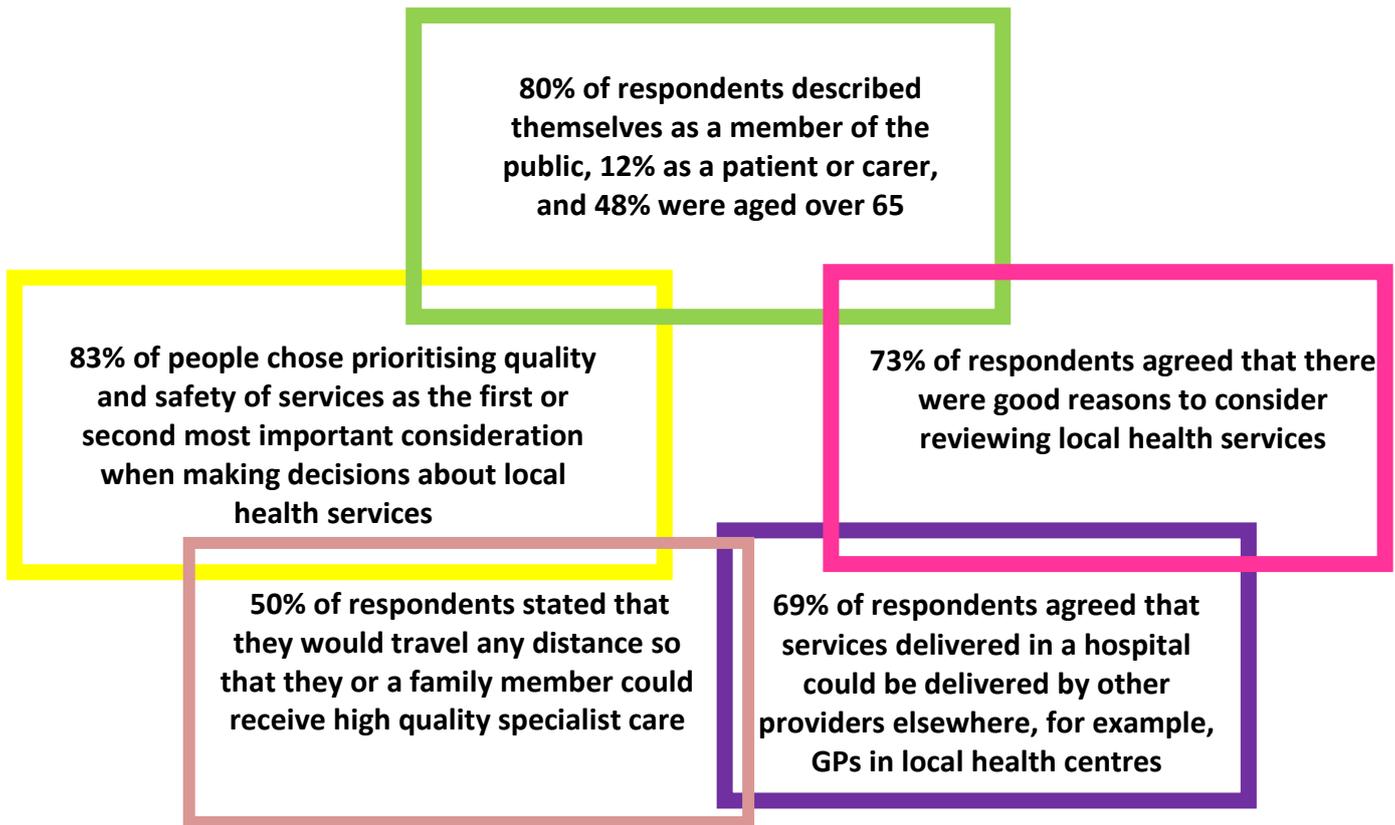
d) Attendance and presentations at local groups

CCG representatives attended around 50 meetings with local MPs, partners, community & voluntary groups, etc. and gave presentations to over 180 members about the Case for Change.

e) Questions and comments

A dedicated Healthy Lives, Healthy Futures email address was established and, wherever possible, individual queries were responded to. During the engagement exercise, many comments and questions were also raised anonymously. Whilst many of these have been incorporated into this feedback report, responses to some queries will also be published through the dedicated website as part of the ongoing involvement work.

Results at a glance



31% of comments focused on Improving Quality which was the most popular theme and covered the following sub themes:

- Improve quality
- Provide patient centred services
- Provide services in a joined up way
- Consider older people
- Feedback about hospital review
- Invest in the frontline workforce
- Quality managers and administrators
- Reduce targets and red tape

"We do not want change, we want improvement."

"As an ageing population we need to consider the way we care for our older folk."

"There should be more integration of services so care is seamless rather than feeling like you're being passed around as a patient."

27% of comments focused on Improving Accessibility which was the second most popular theme and covered the following sub themes:

- Extending community and GP provision
- Keeping services local
- Travel, transport and rurality
- Considering equality and choice
- Emergency care
- Waiting times
- Making use of new technology

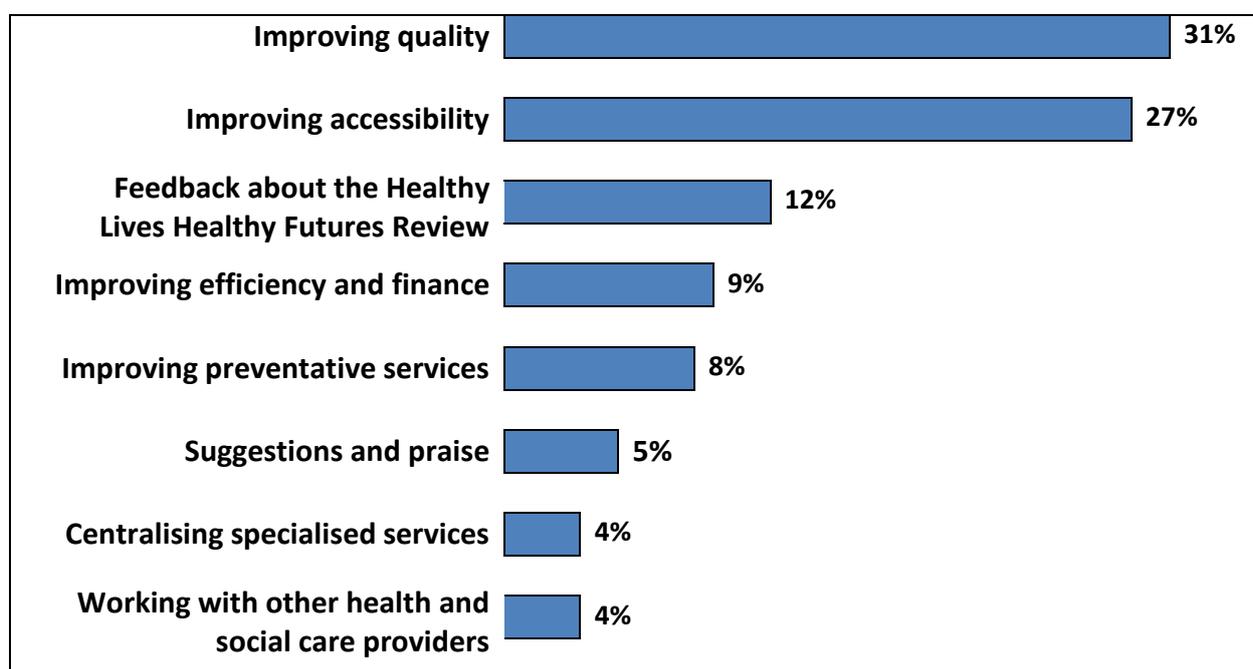
"A better understanding of the services available - you don't know what you don't know. Also a better understanding of the choice in the delivery of those services."

"The real driver for change has to come from the GP Practices working together with their local communities. Making them much more efficient and customer friendly and just being available."

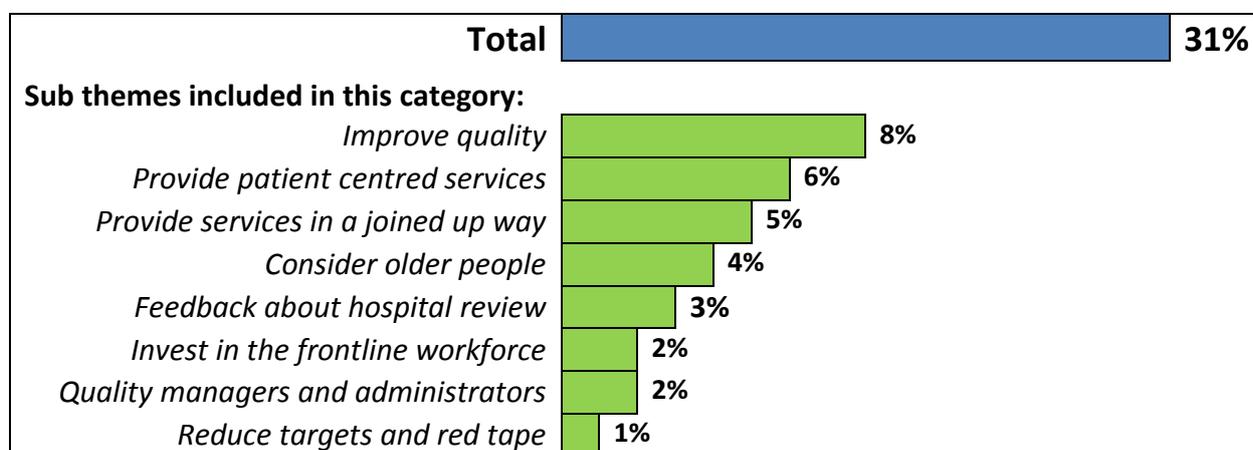
Summary of Key Themes from open ended questions

The views provided in response to all of the open questions in the questionnaire (Questions 2, 3, 5, 7 and 10) showed strong themes which were similar across all of the questions. The overall themes coming out of the open responses are described in this section. 740 separate comments were analysed within 8 main themes and sub-themes. The *Detailed Survey Results* section contains charts showing the popularity of the main themes and sub-themes for each individual open ended response.

Main themes by popularity



Improving quality



Improve quality

Comments indicated the importance of ensuring quality and safety are prioritised when trying to increase efficiency and were supportive of changes being introduced if quality and safety would improve but not if it would decrease.

“We do not want change, we want improvement.”

“There is excellent care on some wards but appalling care on others.”

Provide patient centred services

Comments also covered the importance of ensuring the focus remains on patients by getting the simple things right to improve the overall experience such as listening, privacy, dignity, comfort and happiness. Comments focused mostly on hospital care and especially mentioned the importance of quality of care for older people and for patients receiving emergency care.

“Once you get to hospital the key issue is being treated with respect and dignity at each level from reception to consultant. That does not always happen. The NHS quite rightly has a zero tolerance approach to abuse and harassment of staff. Patients have no protection from rudeness, arrogance, poor care and neglect and when a person is vulnerable in hospital they cannot advocate for themselves.”

“Improved value of patient relatives for patients with chronic or end of life conditions whilst the patient is in hospital. They should be involved with the treatment plan to enable a plan and safe discharge, along the children's care model of total family care.”

“Do services within hospitals look within other areas of excellence to improve patient experience?”

“At present, good hospital care seems 'hit and miss.' It should be of highest quality everywhere.”

“My daughter went to casualty with a broken foot and a young doctor looked on Google in front of us on how to treat her. This does not inspire much confidence. Also very dirty and under staffed with nurses.”

“Good food in hospitals and help for people with feeding and drinking.”

“Every patient has a different experience when utilising services so regular "listening" to actual experience would help move things on.”

“Mental health services need improving.”

Provide services in a joined up way

Some comments suggested that the quality and patient centredness of services would improve if services work in a joined up way to provide care that appears seamless to the patient:

“There should be more integration of services so care is seamless rather than feeling like you're being passed around as a patient.”

“Often services do not work together to make each other aware of situations with patients, particularly the elderly and this needs to be improved.”

“Pooled budgets and shared management between current services / other organisations to reduce any repetitive assessments. The sharing of relevant patient data should be automatic.”

“There seems to be a lack of joined up services between GP and the possible clinical outcomes at the blunt end of diagnosis. Personal experiences have led to mis-diagnosis or at least incorrect information.”

“Utilisation of the community pharmacy contractual framework/network to its full potential to target identified inequalities e.g. Need to integrate the community pharmacy contractual framework into all the pathways/ideas/services to ensure a consistent approach, ensure consistent quality and delivery of service so it reaches patients and offers them a real choice for delivery close to where they work or live.”

Consider older people

The comments related to older people were quite broad. They often made the link to wider wellbeing and health and touched on other areas of feedback such as community based services, patient centred care and workforce training. Suggestions looked at tackling social issues to ensure older people stayed healthier, as well as considering the basics such as treating older people with dignity and respect:

“As an aging population we need to consider the way we care for our older folk.”

“Better elderly care in the community so they don't end up being in hospital for weeks on end.”

“Many elderly who live alone and need support and this needs to be flagged up - probably the first point of call is the GP.”

“The old home help service needs to be brought back. Very few helpers of the elderly do housework. Older people still have a pride in their home but can't do the cleaning any longer.”

“Whilst there is an argument for centralising some specialist services, I feel that we will do a disservice to our ageing population if we do not retain as many local services and expertise as possible. It is well known that age is a major factor in co-

morbidities, so we need to carefully plan for easy access for the older age group to specialist expertise and to think of their families and carers.”

“Dignity for the elderly is a right not a privilege. Ensure staff are trained not just to tend medical requirements but are also capable and trained to deal with all patients, especially the elderly, with the sensitivity, compassion and respect they deserve.”

Feedback about the hospital review

Some comments specifically referred to the recent quality and risk issues that came to light in local NHS hospitals and raised the need to focus on improving services.

“Make sure you identify the specific areas of poor services.”

“Quality and safety are the chief issues to consider. Improving both, particularly in hospitals is vital.”

Invest in the frontline workforce

There was a recognition and support for the frontline clinical workforce as a valuable asset to the NHS. Many people felt that showing the frontline workforce that they are valued, by supporting them so that services were not short staffed, and by offering the amount and level of training they needed to do their jobs as effectively as possible, would improve the quality of services. Some people commented that going back to old ways, for example, matrons running wards, in-house cleaning and in-house laundry was also worth consideration:

“Better proactive management, for example, hospital executive inspection rounds each week on each ward. Better training and supervision for nurses.”

“Certainly A+E and Stroke services have to be greatly improved as quickly as possible. Increase quality nursing and utilise volunteers to feed elderly and ensure they do not get dehydrated.”

“Take a serious look at exactly what services the health service is delivering and consider whether any of these services could be provided by other services/people to ensure that the highly paid, experienced professionals concentrate their time on appropriate tasks to benefit patients.”

“High quality leadership at all levels. Sensible hours for junior doctors. More specialist nurses.”

“Bring back matrons and discipline in wards. Bring back the on-site laundry.”

“Take a look at how the wards were run 50 years ago and take all the good points to put into practice today. Respect and discipline are wonderful things.”

Quality of managers and administrators

A number of comments were quite negative about what they perceive as uncaring NHS managers and administrators. The perception of the non-clinical NHS workforce for most

people who commented is that they are of poor quality, too highly paid, there are too many of them and they have too much power:

“More doctors and nurses, less pen pushers. Better management.”

“Not so many admin workers at the top.”

“Making GPs accountable for their own budgets - makes them "fat cats".”

“Priority should be given to medical staff over administration.”

“With so many managers why aren’t the services "of the quality we would expect and these need to improve"?” (As stated in the review document.)

“I agree that it is important to ensure quality affordable services - perhaps money could be saved by reducing the numbers of highly paid managers.”

Reduce targets and red tape

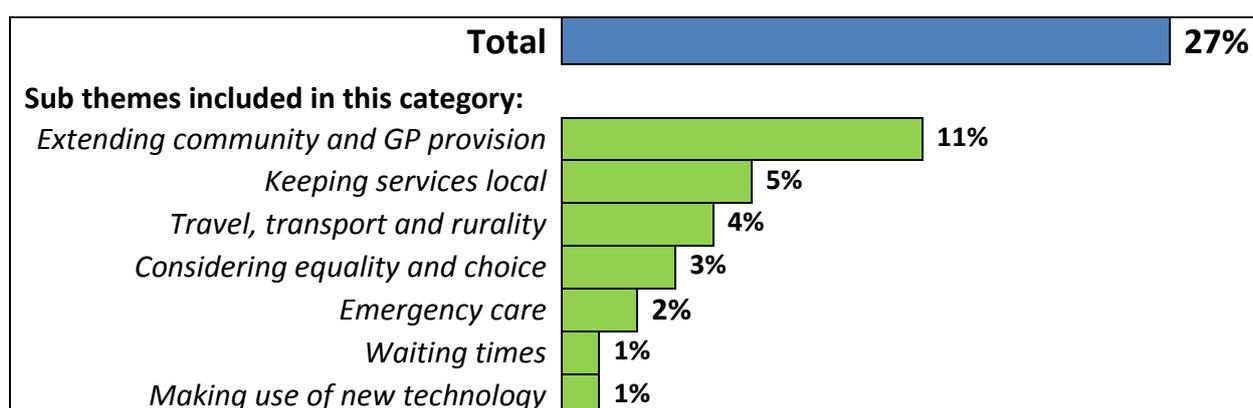
Some comments suggested that there is too much focus on targets and red tape:

“Target driven services don't necessarily produce the best results - a change in evaluation of services.”

“Government is becoming obsessed with targets and numbers.”

“Reduction in bureaucracy and administration numbers, which will also allow nurses to nurse.”

Improving accessibility



Extending community and GP provision

Many people commented that they would like to see an increase in the range of services offered within community locations as well as extended opening hours. People felt this would take pressure off hospital services, particularly by helping to prevent inappropriate use of Accident and Emergency services. Many people saw their local GP practice as the preferred location for extended community services. A number of comments fed back that

access to GPs is not currently as easy as it could be and suggested that GP practices improve this by offering some walk in availability and appointments over extended opening hours covering evenings, weekends and public holidays. Comments also fed back that GP practices could offer a wider range of services. Some comments specifically mentioned the importance of providing local access for older people:

“There is an imbalance when it comes to the views of a hospital to that of a GP practice and this needs to be addressed first, almost like a product campaign. People need to get on board with trusting and using local community and GP practices first and know that hospital treatment really is a last (expensive) resource. At the moment a hospital is seen as accessible, open all hours and you are almost guaranteed treatment... It's a well-established hub of health. While GP practices are very often seen as difficult to deal with, not 24 hours and a place to get pills from. However GPs should be seen as local, in touch with their community and a place to get well, or stop illness happening. They should be modern and very business-like but with enough medical staff to make any visitor feel respected, looked after and advised accordingly.”

“I want the NHS to modernise, to keep up with changing processes and financial constraints but the door into health care lies with GPs and they must take that responsibility head on. Their practices are the place they must engage and actively connect with their populations. Too much emphasis is on cost, price and profits and not enough time actually spent with the patient. I want a GP Practice to be the place I want to go to for discussing my health and keeping me healthy, not just a tick box review. I also would like practices to be customer focused - I want to be treated like a 1st class passenger on a Virgin plane by the staff, not a misguided time waster.”

“The real driver for change has to come from the GP Practices working together with their local communities. Making them much more efficient and customer friendly and just being available.”

“Better access to Doctors appointments instead of having to wait a week.”

“What about further development an 8-8 minor injuries unit attached as Hull have to take pressure off GPs and A&E.”

“Extend services to reduce the stress on A&E.”

“Ageing population, community based care, access to urgent treatment, better quality services are all good issues to address and, in my view, the best way to do this is by having extended access to healthcare in the community.”

“Many elderly who live alone need support and this needs to be flagged up - probably the first point of call is the GP.”

Keeping services local

Many comments suggested a preference for services that are accessible as close to home as possible:

“Big is not always beautiful - try to keep our care reasonably local and community involved.”

“As far as possible care should be kept very local for all but major treatments.”

“I understand that improvement in quality may mean greater concentration, but I think a lot of thought should be given to providing minor services locally where possible.”

Travel, transport and rurality

Concerns about travel distances, transport and cost to the individual were also put forward:

“Ill people do not want to travel miles for treatment.”

“I understand that improvement in quality may mean greater concentration, but I think a lot of thought should be given to providing minor services locally where possible.”

“Need to look at population distribution. There is equity problem especially with people living in very rural areas. Access to services - transport and transport time.”

“Smaller clinics in rural areas, for people isolated / can be used for other accurate wider use of longer doctors clinics / surgery, information and advice - speakers on issues such as dementia, cancer etc. in clinics not just the hospital. Important to get to people.”

“People are currently being totally robbed by parking charges and public transport is not always reliable.”

Considering equality and choice

There was a recognition that health and social inequalities exist within local communities and access is particularly important for these people. Equality of access should be considered when planning services and choice should be available and promoted:

“I would argue that access is key and for people on low incomes, people who are very ill and /or disabled, getting to and from hospital can be a worrying prospect.”

“Elderly and those with chronic debilitating health conditions may need treatment closer to home - others could travel further.”

“Aspirational work conducted in collaboration with health services in deprived areas.”

“Deprivation-derived health issues need to be tackled through a combination of the expansion of economic opportunities and school-based learning.”

“No assumption that everyone has (or can afford) a home computer.”

"A better understanding of the services available - you don't know what you don't know. Also a better understanding of the choice in the delivery of those services. So if I wanted to travel a far for treatment (at my own expense) how would I do this? Make options available. I am all for major surgery to be conducted at more regional levels to ensure medical staff are up to date in their field rather than attending a local hospital that only sees specialist cases once a while."

Emergency care

Some comments raised concern about decreasing access to services when urgent treatment is required and the potential risk to patients, for example, after an accident, a stroke or for women who were having a baby:

"Would services such as Maternity provision and stroke care still be available in all of the sites that they are currently situated?"

"Stroke services "golden" hour - long way to Scunthorpe."

"People need to consider other options than attending A&E departments when the problem could be managed elsewhere."

Waiting times

A few comments raised the issue of long waiting times, both upon arrival for an appointment and when waiting for diagnostic treatment and results:

"Shorter waiting times for hospital appointments."

"Waiting time to be improved."

Making use of new technology

Some comments suggested how technology might be used to improve access:

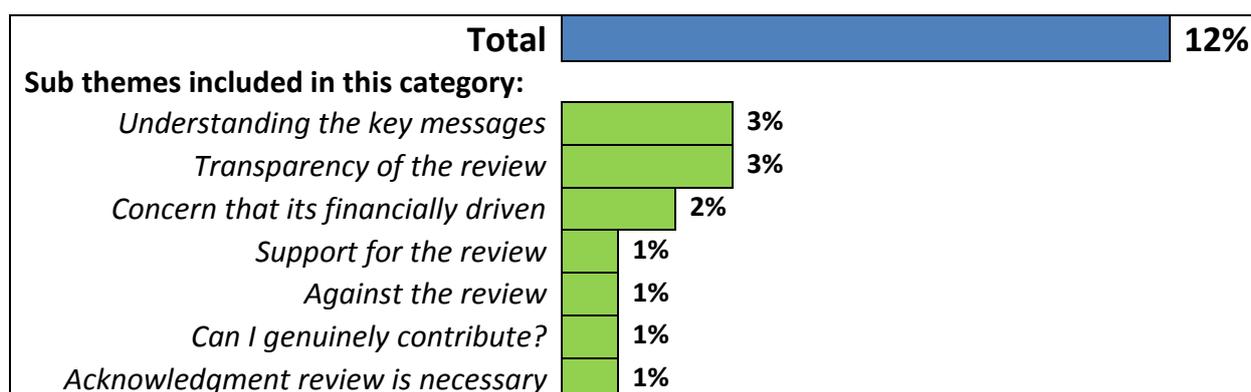
"Increase day care treatment facilities as improved technology allows more procedures to now be done on a day care basis."

"Our surgery has over the last few years provided simple surgery. I think this is a very good idea."

"Ensuring that staff providing services have appropriate access to the data they need on patients via better use of connected electronic devices and services."

"Use email and mobile phones better."

Feedback about the *Healthy Lives Healthy Futures* Review



Acknowledgement that the review is necessary

Some comments showed acceptance that the review is necessary so that the local NHS can improve and be sustainable in the coming years. There was also acknowledgment that it would be a challenge:

“The present setup is not sustainable.”

“I think GPs should have a big say in the way we receive health care.”

“I have no real comments about these issues. I can see there is a need for change but the issues seem overwhelmingly difficult to answer.”

“There definitely needs to be change in Northern Lincolnshire. Yes we need to work within budget, however, patient care is paramount.”

“Thought provoking, we take the NHS for granted and don't think about the costs involved and everything that goes on behind the scenes.”

Support for the review

21 people specifically stated that they support the review:

“I agree that a review of some sort must take place.”

“Issues raised are very valid and need to be addressed.”

“Whatever is required to improve quality of care and improve medical outcomes.”

“I am not convinced of the need to undertake another review and change to the system. This latest reorganisation has no doubt been imposed by the same authorities who put the last system in place, which we are told is now no longer fit for purpose. Given that there is going to be a new system however it is, I agree, necessary to undertake a process that ensures its impact is beneficial to end users.”

Against the review

5 people specifically stated that they do not support the review:

“Please do not make any major changes to health care in this area.”

“I don't think any locations need changing.”

“Grimsby services are fine as they are.”

Understanding key messages of the review

Some people commented that they did not understand aspects of the review aims and process as set out in the engagement document and felt that more clarification was needed about the key messages of the review:

“I note the vision but can't see a set of objectives. I note the current situation but a comprehensive assessment of the current situation is needed.”

“It doesn't give any details about the changes proposed or why A+E, stroke and maternity have been identified. It also doesn't acknowledge the findings of the Keogh Report - which seems odd.”

“A lot of the questions are very vague. I would prefer to be asked specific questions.”

“The document told the reader nothing in any detail apart from making the same statement time and time again. What services are not up to standard? Difficult conversations about what?”

“There is a lot of rhetoric spouted in your document eg 'We know some of our services aren't as good as they could be'. What you are really saying is that many of us are getting a second rate service.”

Concern that it is financially driven

An aspect of the review that people also questioned was the assurance that it is not financially driven:

“Although you state that this review is 'not just about saving money' I would argue that is disingenuous. Anyone awake in this country is fully aware that saving money is the prime mover of our times and that public services are the key target area. However you dress it up and put a nice friendly face on it, this is unpalatable for most people because they know that services will be cut and that ultimately patients will suffer.”

“I am not convinced by the claim that this is not being done just to save money.”

Questioning whether views will genuinely contribute

There is concern about whether views contributed to the review will genuinely influence the outcome:

"It's great to have the opportunity to be part of the review process BUT will our opinions count - is this just another 'tick box' exercise OR are we really interested in people's opinions?"

"If you have 1) An increased demand. 2) An increase in the elderly. 3) Continuing medical advancements and a finite budget you cannot maintain high standards of care, so this whole exercise is pointless!"

"The review is poor in design as it does not make people make difficult choices."

Transparency

Some people expressed mistrust about the transparency of the review, for example, the aims, who would make decisions, how decisions would be made and whether decisions would be fair and unbiased. Many of the comments linked to the mistrust of NHS managers and administrators that are described earlier in this section:

"I do not accept the sweeping statement "Leaving services as they are is simply not an option." Who says, on what evidence? It should be possible to bring all services up to the level of the best. How will any of the proposals ensure increased percentage of expenditure on point of contact services and staff rather than on administrative, management and monitoring resources?"

"The make-up of the CCGs should be made public, particularly any links that members may have to service providers."

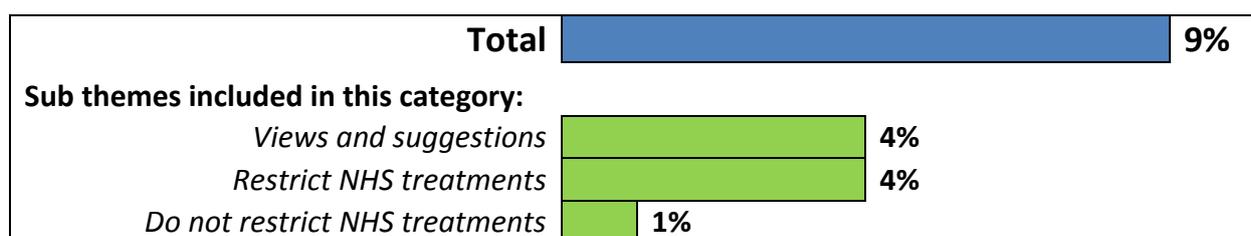
"No matter what things will change and our input will not alter the service. High paid employees will make the decision not us."

"I feel that reviews like this have deliberately loaded questions to give you the outcomes you want."

"I want you to spend less time sitting round tables in lengthy consultation meetings which I know cost a HUGE amount of money and put the money wasted on administration back into front line services."

"I do not believe that anything anybody says in relation to this survey will make one bit of difference to whatever you choose to do."

Improving efficiency and finance



Views and suggestions

A few suggestions and views on finance and efficiency were received. These ranged from looking at reducing waste to ensuring the NHS gets value for money and prioritises appropriately:

“Need for more value for money. The NHS is massively staffed and hugely funded. It should be more efficient.”

“Please make sure that care pathways are thoroughly researched and mapped for optimum quality and cost by using Provider Series tools or lean methodologies.”

“More money and staff is not the answer - look to private enterprises. How they manage and organise themselves.”

Sometimes NHS treatment should be restricted

Some comments raised the potential to restrict access to NHS treatments when people do not take individual responsibility. Some people suggested that the NHS should not always be free of charge for people that can afford it, who waste NHS time by not turning up for appointments or for people from other countries accessing the NHS:

“Stop people wasting A&E department time. Refuse to see minor accidents.”

“Various types of service/care packages perhaps, habitual smokers / drinkers & the obese should be accessing a different care package to those who actively pursue and take responsibility for a healthy lifestyle. It’s about choice, choose and reward healthy behaviour and discourage unhealthy living.”

“I don't see why the tax payer should be encouraging people not to take responsibility for their own health e.g. choosing to be obese, be inactive, drinking alcohol, and smoking.”

“Ensure that people who do not turn up for appointments at hospital / clinic/ doctors are told in future they will face a fine / no treatment or referral - unless reasons for not notifying above to cancel /change the appointment.”

“People visiting this country should be charged the way we would be if we went to another country.”

“Paying a small proportion of the appointment / treatment cost at the point of access, unless you have a low income.”

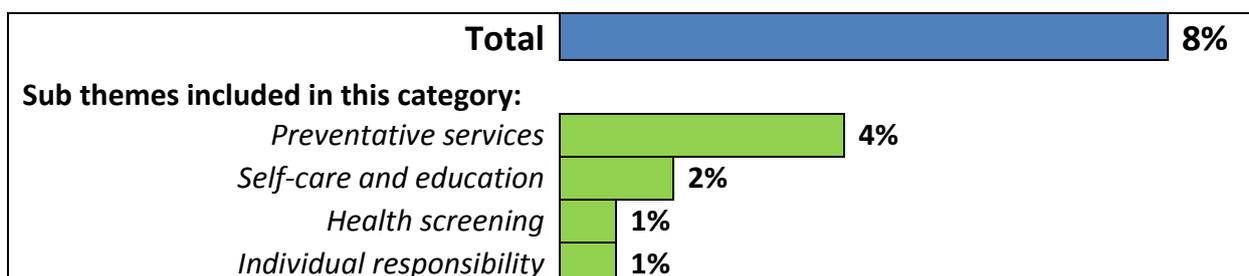
NHS treatment should not be restricted

A handful of people were concerned about restrictions placed upon NHS treatment:

“Ensure patients are given access to the best / appropriate medicines and not restricted on cost or postcode.”

“I would not like to see a cut back in expensive operations or drugs.”

Improving preventative services



Preventative services

Lots of comments raised considerations around people taking responsibility for their own health in terms of prevention, self-care and patient education – particularly for people who were living with or at risk of developing a long term condition such as diabetes - and to support work around decreasing health inequalities:

“Expansion of preventative services. Doctors to work in co-operation with preventative services and patients. If clinical services are to be centralised then preventative services should take their place in communities and preventative services should have structured pathways and ways of referring into secondary care services directly.”

Self-care and education

These comments included recognition that empowering people to take responsibility for their own health often increases quality of life for those individuals. Comments also highlighted the increased efficiency this might bring to the NHS:

“For people in need of lots of services a specialist nurse / social worker / occupational therapist / physiotherapist may be appointed to work with them to try to prevent crises.”

“Some services could be accessed without going via the funnelling of GP (obviously strict criteria would need to apply) this could free up GP time and allow me the freedom to manage my own health.”

“Services that would benefit from increased self-management need to be highlighted to hopefully free up finances elsewhere.”

“Being diabetic the thing that annoys me is that when I ring for results, the receptionist will not tell me. All I want is my blood sugar. I have the literature to know if it is good or bad. Would love an email giving results.”

“Focus should be on prevention - we should be paying into a long term plan and looking at community health workers, such as health trainers, and on health education and creating expert patients.”

“People should be educated to enable them to use the most suitable services - it may be self-care, pharmacy advice and then, if necessary, a GP appointment.”

“Also non-clinical staff such as health trainers should be utilised for prevention across Northern Lincolnshire.”

“Allow people to borrow or download leaflets and books about their conditions and what they can do to help themselves. Online services mean people don't have to pay travel costs to attend. Some people are more comfortable writing than speaking in front of a person. People are used to e-mailing and texting these days, not just conversing orally.”

Individual responsibility

Comments also suggested that the NHS should encourage people to take responsibility for their own health to lighten the burden for the NHS, for example, through exercise, diet and stopping smoking:

“I do not think it goes far enough. There needs to be far more understanding within the local population of their need to take responsibility for lifestyle changes.”

“Prevention and self-care are key to reducing the dependency on the health service as are personal / individual responsibility and accountability for own health.”

“There needs to be a development of community services to enable people to choose a healthy lifestyle. Those choosing an unhealthy lifestyle need easy access to advice and support to enable them to change their lifestyles, i.e. alcohol / drug services.”

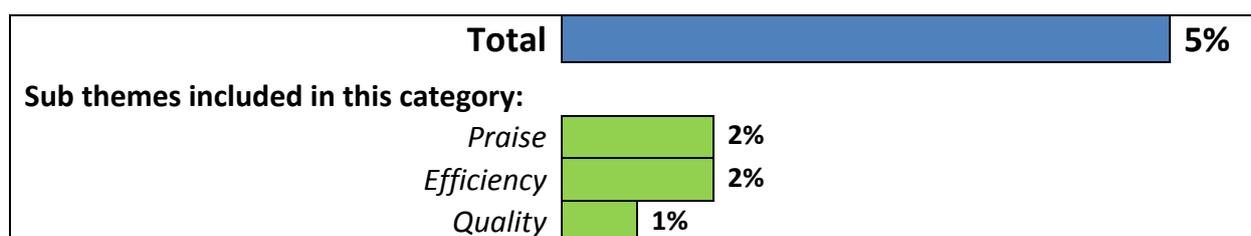
Health screening

Suggestions were also made about using health screening to detect early signs of conditions such as stroke and diabetes:

“A lot more emphasis needs to be given to prevent illness and diseases. Areas such as the NHS Health Check and other GP checks could really identify and treat people earlier, at (hopefully) less cost.”

“Better screening to foresee age related illnesses e.g. stroke.”

Suggestions and praise



A number of comments made suggestions, mostly relating to increasing efficiency or quality of service for patients. Some expressed views about their own personal experience:

Efficiency

“Would welcome a small charge for each prescription item to reduce 'stockpiling' as a result of repeat prescriptions.”

“Fundamental review needed on charging for drugs - overpriced items such as inhalers, vitamins. But perhaps this is a national problem.”

“Stop fining the ambulance service but work with them to reorganise.”

“Question departments at end of financial year, why they need to suddenly have new desks etc. Using up unspent money just for the sake of having to get the same allowance for following year. It should be allowed to be put-aside money for anything really needed for future.”

“Raising more money for NHS services is essential and there are a lot of empty buildings (especially around DPOW Hospital) that could be reused or auctioned off to do this.”

“Introduce specialist centres for minor operations and procedures e.g.varicose vein surgery, ruptures etc.”

“Home Care providers should be not for profit.”

“The unification of N Lincolnshire and NE Lincolnshire. Individually both areas are small geographically, combining resources gives greater ability to provide better services.”

Quality

“Freedom of information is overdone - nearest and dearest must be informed regardless of matrimonial state and involve family, carers when discussing treatment with elderly patients.”

“Quality and safety for people with autism and making sure their needs are prioritised. Protect safety for adults, gap between school and adult life. Make sure services cover needs for all - both high functioning autism and other services. Within Grimsby area should be a drop-in advice centre which could be run by two people with autism.”

“Patients sometimes need more than one appointment and effort should be made to dovetail them to avoid patients making several trips to hospital in one week.”

“A specialist person to communicate with for access to all facilities for people with conditions such as cerebral palsy.”

“Dealing with people and learning disabilities - having the staff who understand. Opticians send digital images to either the GP or Consultant Ophthalmologist when they have raised a concern, this would save duplication and possibly reduce the number of appointments.”

“My surgery used to have a senior diabetic nurse. When she left she was not replaced.”

“Allow people who have personal experience of ill-health to train and work in the NHS, surely being able to empathise with service users would be beneficial?”

Praise

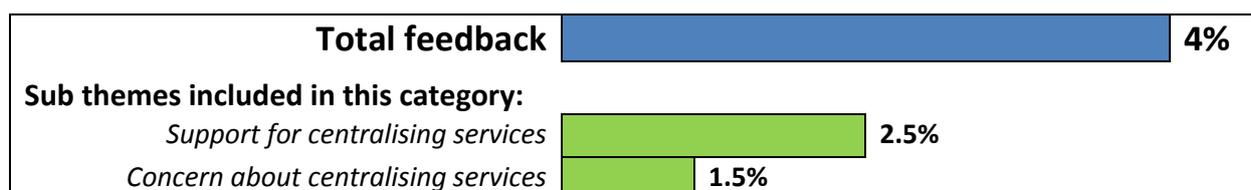
A handful of comments giving praise were also received:

“Being a carer for 30 years plus till my recent loss of my wife. Even if I wanted to I could not fault the local care and help I've had in this area. Not just the local surgery, but district and McMillian nurses, others and local hospitals.”

“Cleanliness and attentive staff in hospitals. Some time ago I had one night in Goole Hospital, after minor surgery. The hospital was excellent, much better than others I have visited.”

“Quite satisfied with the service provided.”

Centralising specialised services



Support for centralising specialised services

17 people specifically commented on the potential to remodel Grimsby and Scunthorpe hospitals by upgrading one site to ensure higher quality. Comments that supported

centralisation of specialist services felt it important that the best possible care was received. Although people felt that it was generally reasonable to travel a little further for specialist care:

“Centralising specialised services on one site a good idea.”

“I agree with having centres of excellence for such things as heart care and cancer”

“I support centralised services providing they do provide excellent services.”

“Have fewer excellent hospitals and not poor provision in every town.”

Concern about centralising specialised services

11 people specifically expressed concern about centralising services. The main consideration raised was the risk to patients with a serious trauma who would have further to travel to receive care if services such as Accident and Emergency were further away. Comments also highlighted a belief that the focus should be on good quality, local services:

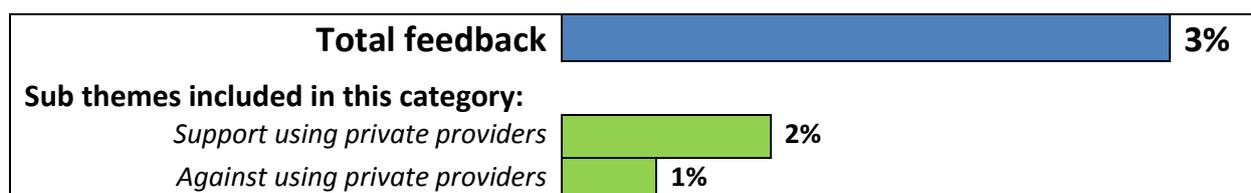
“I believe local services for local people are just as cost effective.”

“Improve what Grimsby already has, not transfer critical care to Scunthorpe.”

“Centralising services is a concern sharing expertise to may be a better way to save money, and make services more efficient.”

“I am worried that if services become too remote from this area, that this will impact on the quality of our patient experience, taking into account travel and access issues and worries about visiting poorly relatives.”

Working with other health and social care providers



A number of comments raised issues about the introduction of other providers, such as private sector organisations, to deliver local NHS services. Many of the comments were in response to Question 5b of the questionnaire which asked people to say what kind of changes they felt would decrease quality. Although a handful supported the introduction of other providers, a large number of the responses to this question raised concern about privatisation:

Support using private providers

“Contracting differently with the private sector to provide 24 hour nurse covered convalescence for relevant patients as a way of freeing up hospital beds for more acutely ill patients.”

“More community people involved - getting funding for services that are needed.”

Against using private providers

“Profit-making companies in the NHS.”

“Please do not contract out any services to private providers nor enter into private finance initiatives. These have the potential to be very harmful to healthcare locally.”

“I fear we are heading towards a shoestring service where staff will be overworked, underpaid and undervalued when the private sector vultures swoop in and start picking the flesh from the bones for their shareholders.”

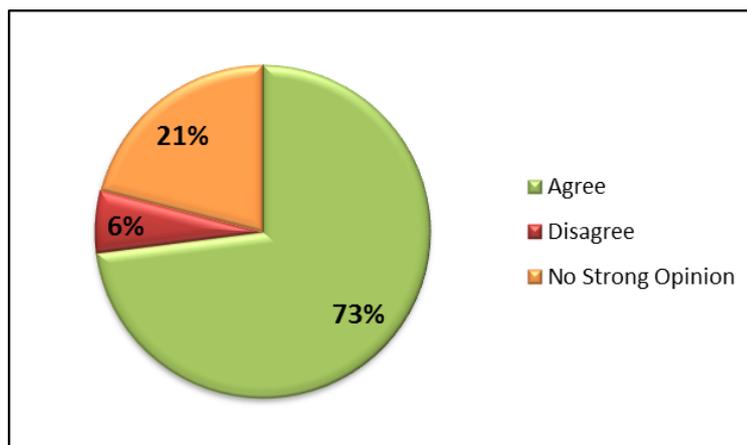
Detailed survey results

The case for change

Question 1

Agreeing or disagreeing that there are convincing reasons for changing the way services are delivered in Northern Lincolnshire

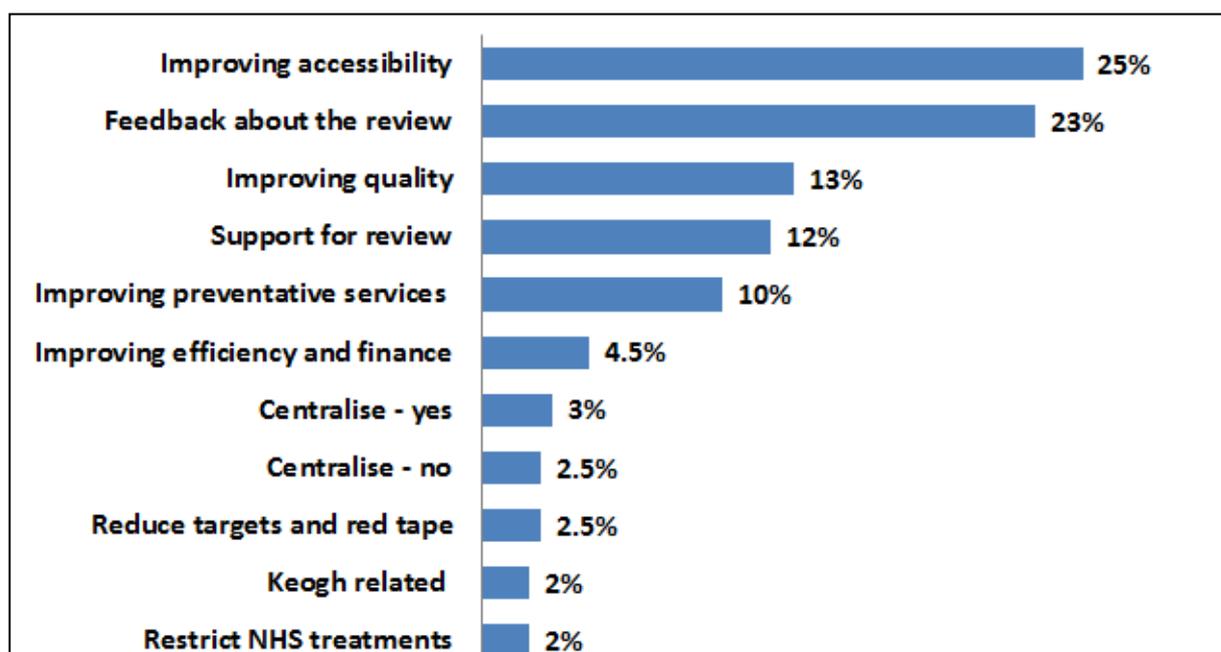
176 Respondents



Question 2

Feedback in response to issues raised on pages 2-5 of the engagement document

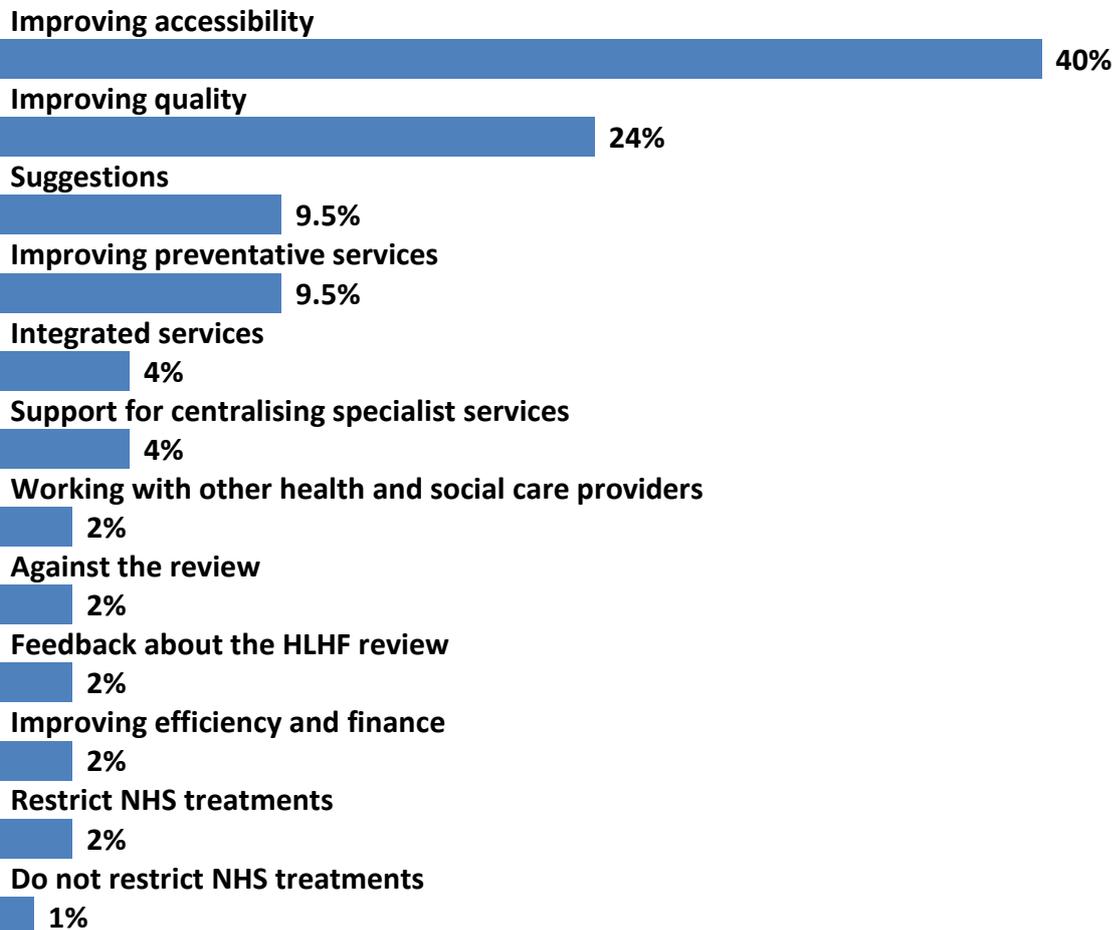
107 respondents, 133 comments



Question 3

Feedback on other key services, ideas or issues that need to be highlighted when looking at improving services or considering altering their location

127 respondents, 174 Comments

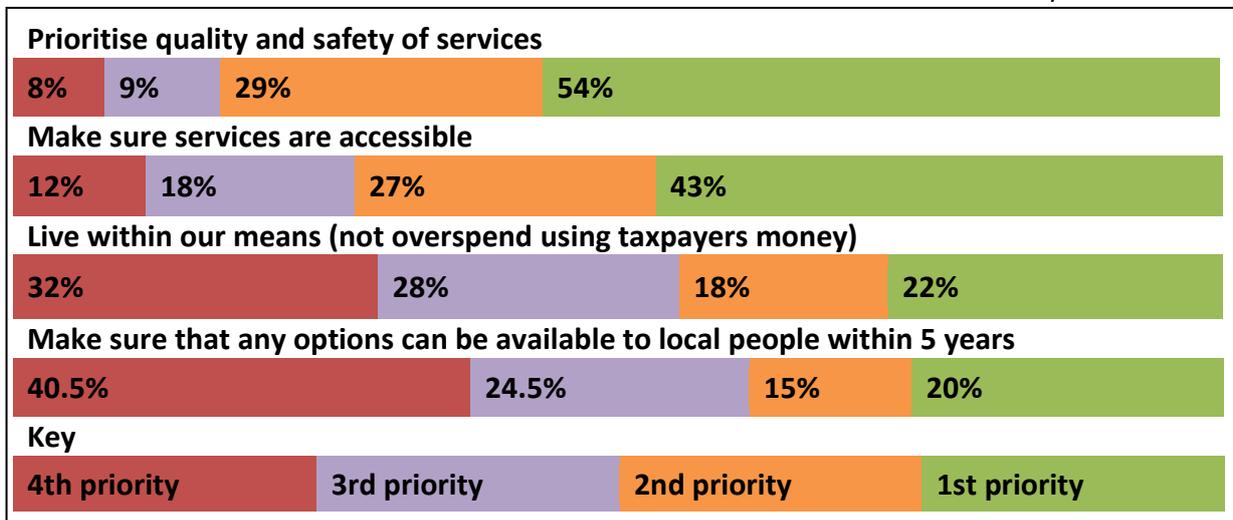


The vision

Question 4

Prioritising Decision Making Criteria

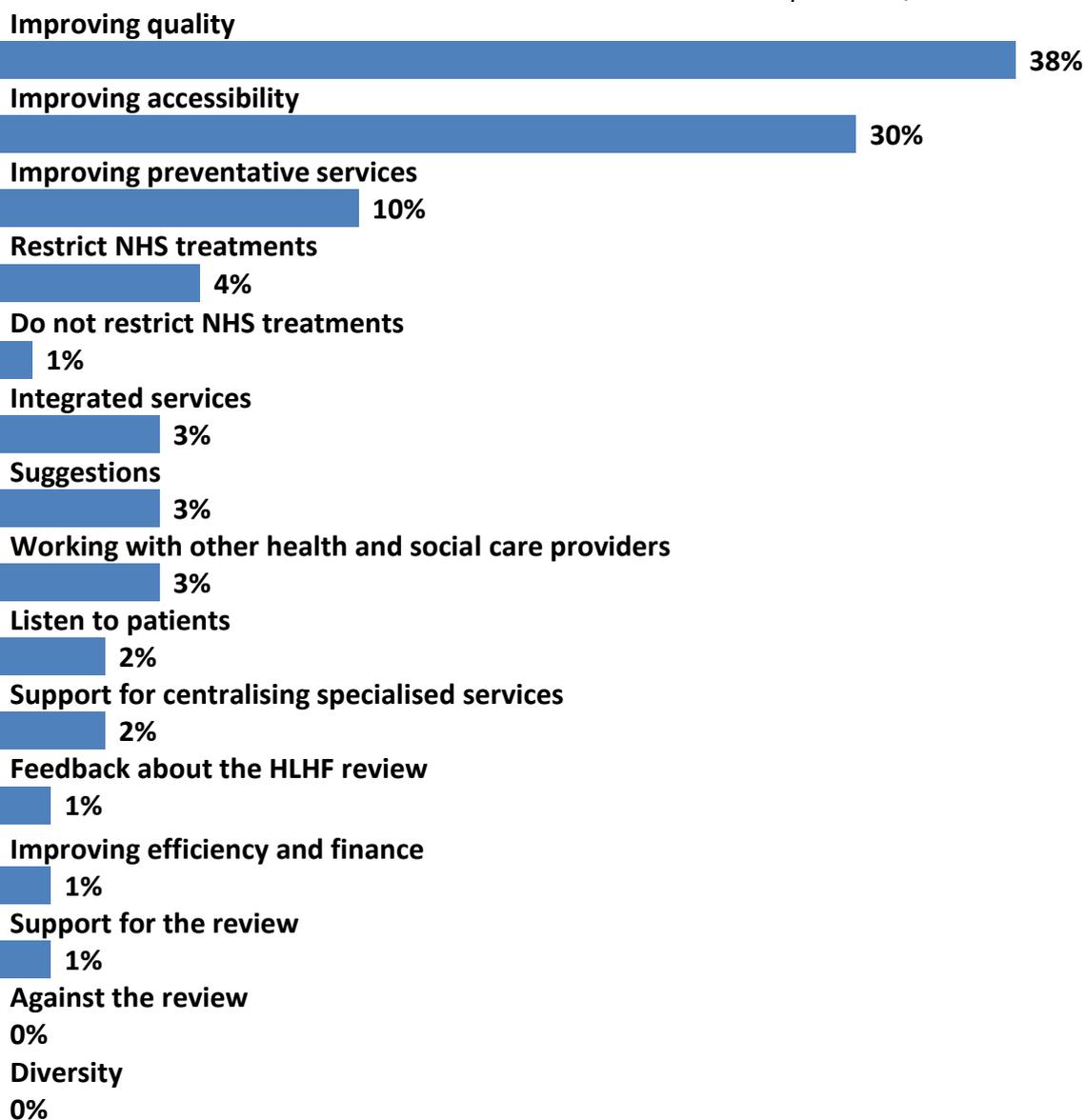
173 Respondents



Question 5a

Changes suggested that respondents felt would IMPROVE the quality of health services

145 Respondents, 210 Comments

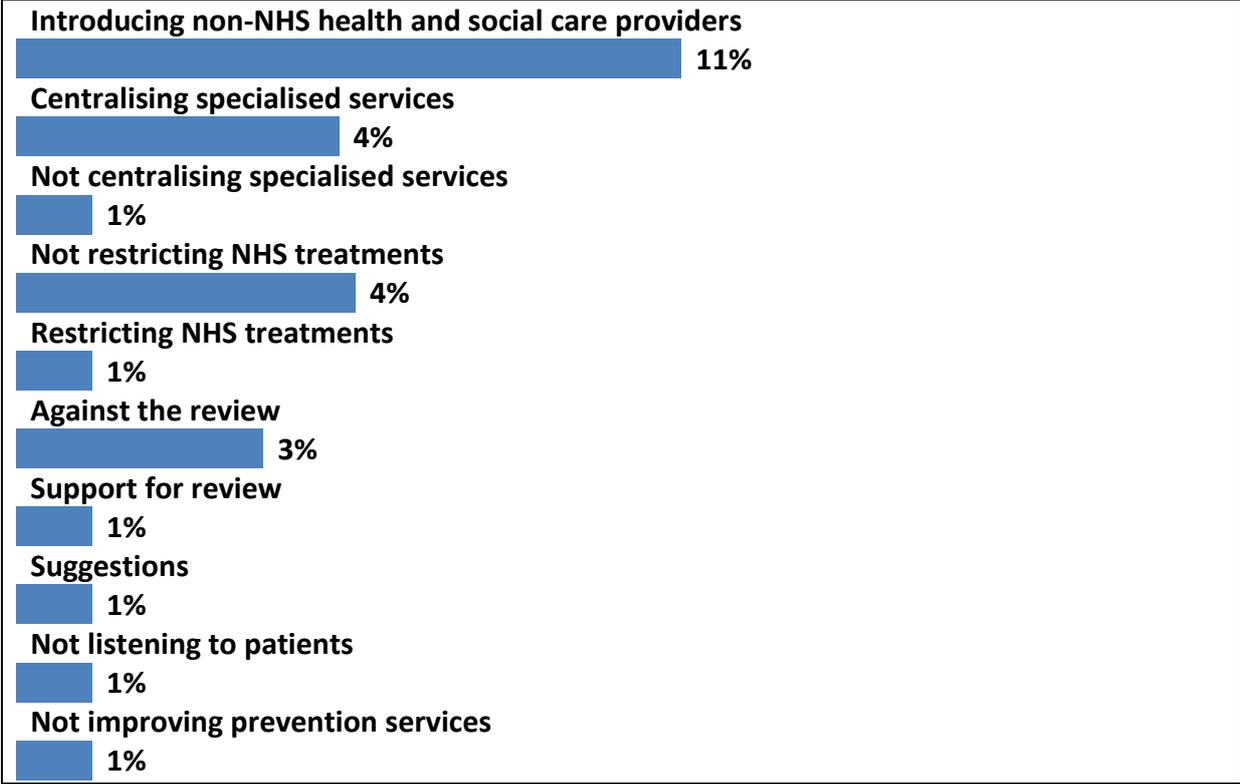


Question 5b

Changes suggested that respondents felt would REDUCE the quality of health services

111 Respondents, 145 Comments

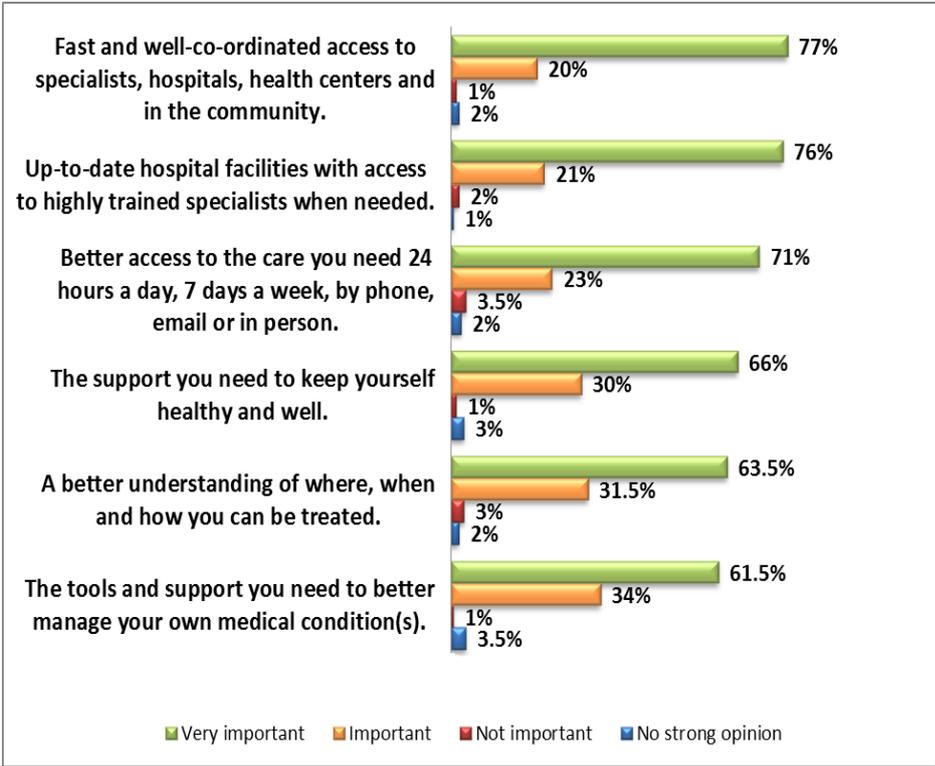




Question 6

Prioritising what kind of health care support is important in Northern Lincolnshire

169 Respondents

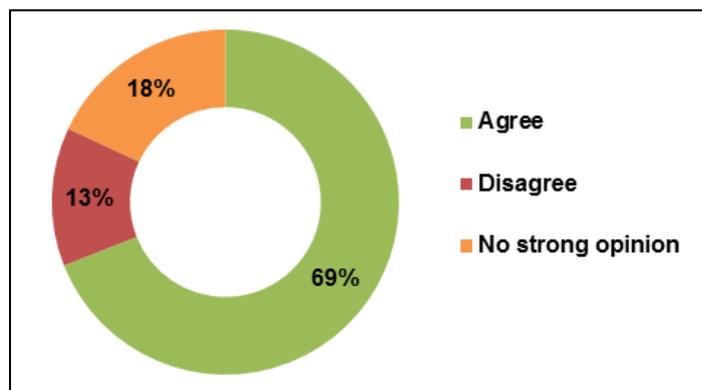


Respondents were asked to consider how important they feel it is that everyone in Northern Lincolnshire has the following available when accessing health services.

Question 7

Agreeing or disagreeing that some services which are currently delivered in hospital could be delivered elsewhere (e.g. health centres, community/voluntary groups, social enterprises and charities)

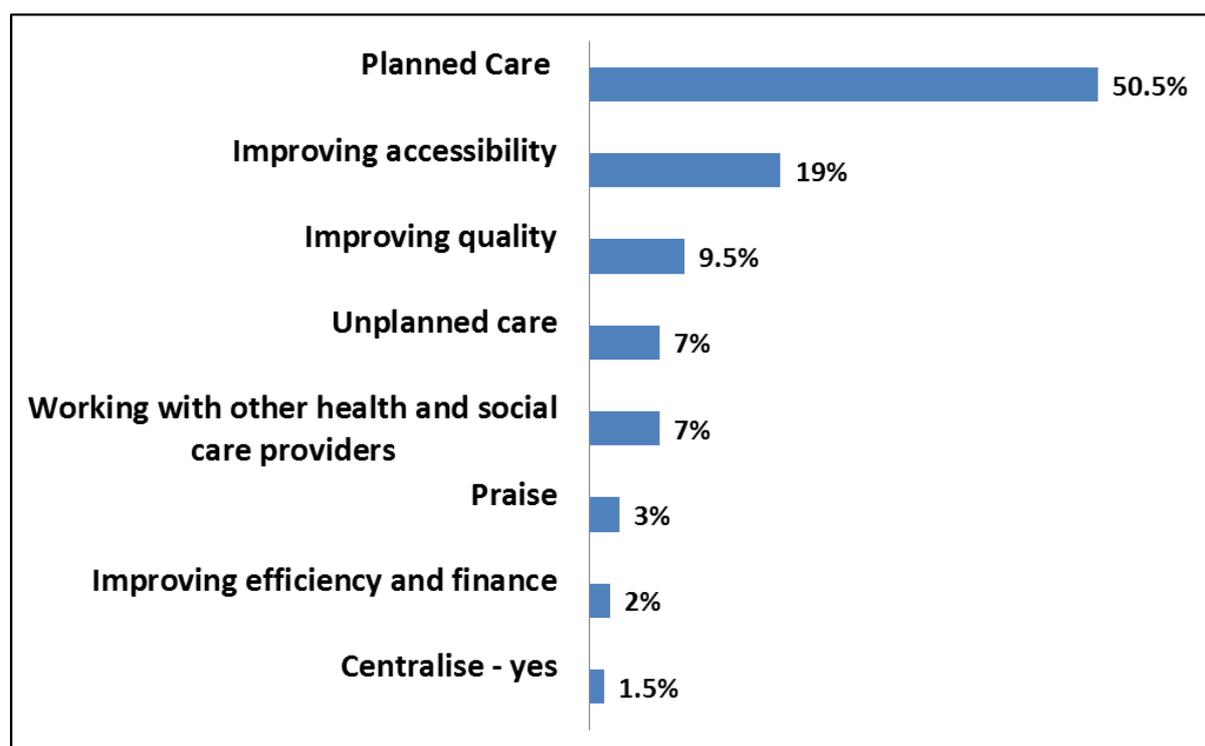
166 Respondents, 98 Comments



Most people were in favour of delivering services elsewhere i.e. bringing services into the community.

- 69% agreed
- 18% had no strong opinion
- 13% disagreed

There was an open ended question and the responses have been grouped into categories below.



The responses to the open-ended questions are discussed in more detail in “**Error! Reference source not found.**”.

Extended services within the local community

Half of the comments suggested that planned care service delivery could be extended within the community and would prevent the need for hospital visits. Some specifically

mentioned the importance of local access for people who were older and have mental illness including dementia.

Managing minor/routine services and conditions

Many people commented that they would like an extended range of services offered within community locations. PALs and complaints were also cited as an example of services which could be delivered elsewhere. Two people commented that services that could be delivered in the community could be delivered as a mobile service and not just static within a centre.

Suggestions for the types of services that could be offered

- Screening and testing
- Prevention and self-care
- Managing long-term conditions
- Mental health including Dementia
- Minor surgery
- Therapy services

Accessibility

Accessibility comments related to people suggesting that appointments with GPs over extended hours could be considered, but also an out-of-hours service to relieve pressure on emergency services. There were also comments about restricting access to services for some groups and how accessibility is affected by transport issues.

Extended services GP

"I found it useful to see a specialist at my local surgery."

"Evening and weekend emergency cover at local surgeries / medical centres."

"GP services open 7 days a week, some evenings or 12 hour basis."

Extended services

"Minor health issues currently requiring A & E attendance."

"Minor ailment "clinics" could be made accessible at many community locations, especially for hard to reach people / groups."

"Extended services will take weight off our hospitals, allowing them to get on with their fundamental and specialist activities."

Restrict access to NHS services

“People who are drunk or under influence of drugs should be treated at a designated centre not Accident and Emergency departments.”

“All services are supported by NHS. I should be able to opt out, my costs refunded, so that I can fund private medical care, for which I would get far better treatment and value for money.”

“A special nurse could sort the bad people out that waste your time.”

Transport

“More public transport to hospitals.”

“Free up spaces in car parks for those who really need them.”

“Parking is a problem as we all know and it generally means a full morning out of school for my child and off work for me.”

Ensure quality and safety of service

Most people were in favour of moving some services out of hospital, as long as there was assurance that the quality and safety of services would not drop.

“Only if carried out by highly trained and monitored staff.”

“But only GP surgeries or health centres where staff would be qualified.”

“Providing the correct services are provided by trained people I have every confidence.”

“With the right people and equipment – especially of importance to the person needing the service.”

“No problem with devolution to Health Centres but think that devolution to other groups as you suggest has to be very carefully handled to maintain existing levels of professional delivery.”

Urgent care

In addition to planned care, people also thought there was scope for moving some of the urgent care services away from GPs and hospitals, in particular to take the pressure off Accident and Emergency.

“A minor ailments service in NE Lincolnshire and expansion of the service in N Lincolnshire could free up GP appointments to allow them to take on more specialised activities.”

“Most non-emergency care does not require hospital admission.”

“Mobile services to cope with non-urgent medical matters perhaps.”

Working with other providers

A number of comments raised issues about the introduction of other providers, such as private sector organisations, to deliver local NHS services. Some supported this. The main concern was quality.

Support for working with other health and social care providers

“No problem with devolution to Health Centres but think that devolution to other groups as you suggest has to be very carefully handled to maintain existing levels of professional delivery.”

“Navigo (a social enterprise company that provide some local health services) have done an excellent job of getting out into health services. Also means GP if have concerns has much better access. Be good to see more of it in other areas e.g. Child and Adolescent Mental Health Services.”

Concern about working with other health and social care providers

“Not of the opinion that charities should have to pick up the pieces. They are struggling with finances too.”

“Well-meaning amateurs should not replace trained professionals - but local services are always better where possible.”

Other comments

Other comments gave praise, providing an insight into what patients consider is already working well and valued. Comments raised concern about finance issues and about centralising specialised services:

“I'm a diabetic and my GP surgery provides good community-based support already.”

“I found it useful to see a specialist at my local surgery.”

“Quite good at present with GPs with a special interest.”

“If there is truly an increase in incidents of certain complaints then it would be cost effective to bring specialists here (Grimsby) rather than pay for out of hours people to travel to Hull and Sheffield - say once a week / fortnight.”

“Would hate to see the establishment of a new tier of (costly?) management suddenly evolve to monitor and oversee new, presumably cheaper, but arguably lower quality delivery from the voluntary sector.”

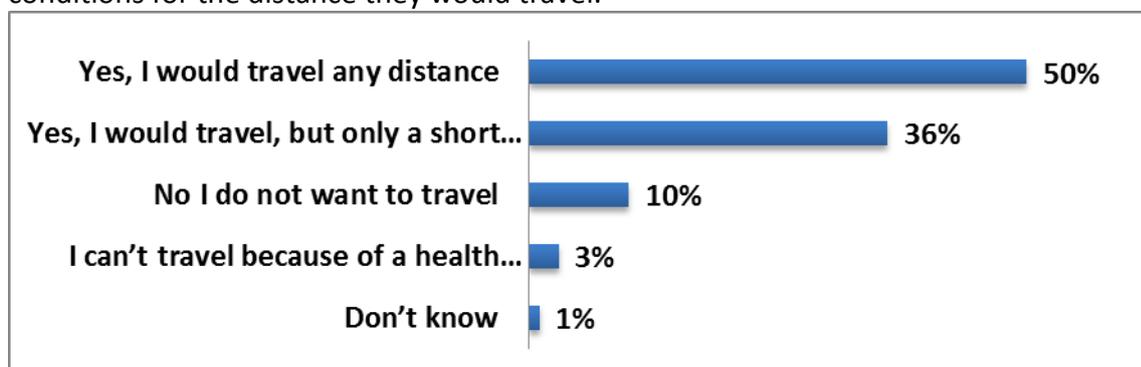
“Is it cost effective to move specialists rather than patients seeing them in hospital?”

Question 8

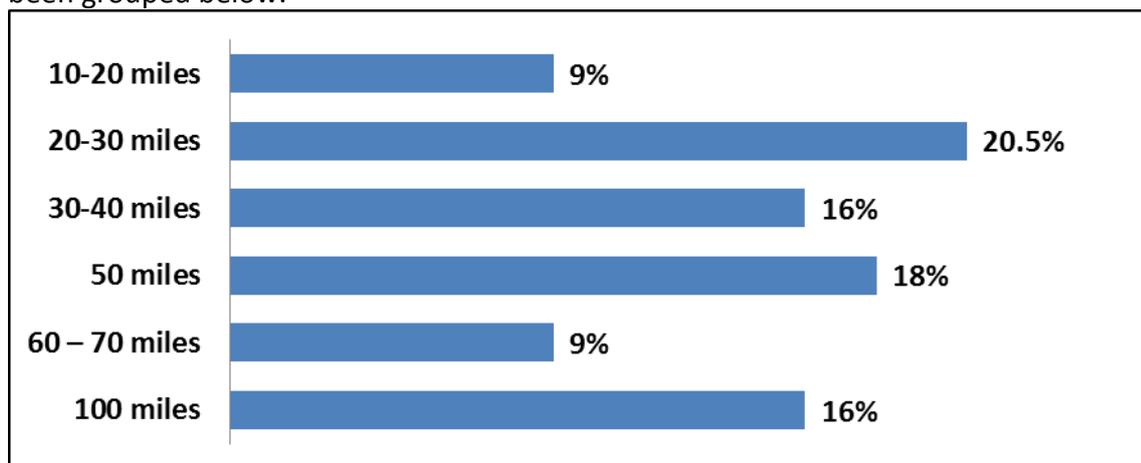
Travelling for specialist treatment (e.g. cancer services, heart surgery, specialist children's services) to receive the best possible advice and care

167 Respondents, 83 Comments

Some respondents would travel any distance, some only short distances, others had conditions for the distance they would travel.



In total, 86% agreed that they would travel either any or short distances, these have been grouped below.



Agreed with travelling

Some people agreed that they would travel further for specialist care. They would not limit the distance and be more than willing to travel if it was to aid their recovery and they would receive the best care available:

"No limit - any distance to get better."

"Happy to travel across the country to get the most up to date treatment and care from professionals."

"My grandson has attended Sheffield Children's Hospital for 16 years, he is an exceptional case."

Agreed with travelling with conditions

Some felt that travel for specialised care was acceptable as long as people were supported, for example, those who needed help with costs, travel and transport. Some people were concerned about people travelling if they were ill and about families being able to travel to visit patients:

“Travelling is fine when you are well but if undergoing long term treatment and for those supporting patients this could be very difficult.”

“It is important to consider how friends and relatives will be able to visit patients in hospital as this can play an important part of recovery. Some people need that emotional support.”

“Concern that poorer patients might have to go without treatment.”

Question 9

Feedback about diverse needs of the population that should be considered when shaping future services

148 Respondents, 63 Comments



The responses mentioned meeting the particular needs of vulnerable groups, such as those with disabilities, older people and families on low incomes, which future services need to take into account. Comments included:

- Services should reach all communities including the disadvantaged
- Workforce should receive training about equality and diversity
- Ensure people are not prevented from accessing services due to poor transport links and the lack of or expense of parking
- Focus on addressing health inequalities
- Ensure gypsy and traveller community are not forgotten.
- Cater for special dietary requirements in hospital cafes.
- Accessing sexual health services can be intimidating for individuals that are homosexual or bisexual.

Question 10

Additional comments

90 Respondents, 106 Comments

Respondents were asked to further explain any previous comments if necessary, comment on the review document and questionnaire and provide alternative or additional options they felt should have been included. Feedback is included in the Summary of Key Themes Section of this report.

Getting more involved

Question 11

Getting more involved

79 Comments

The preferred involvement method for most people was Email. 79 people left their contact details so that we can contact them directly in the next stages for their views.

About you

Question 12

Ethnicity

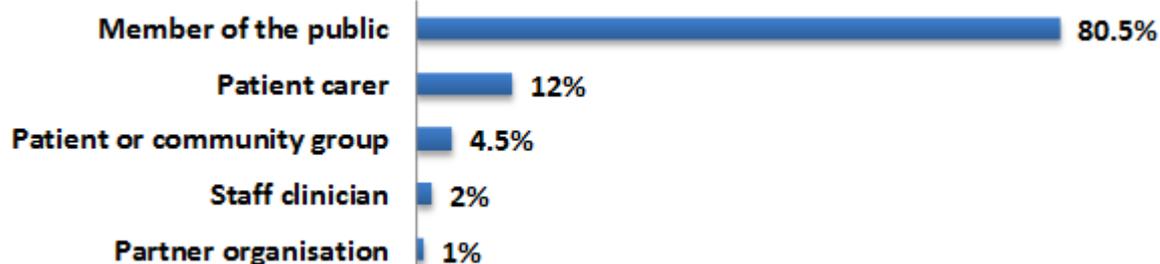
162 Respondents

97% - White British
1% - Black or Black British
1% - Mixed background
1% - White Irish

Question 13

Respondent type

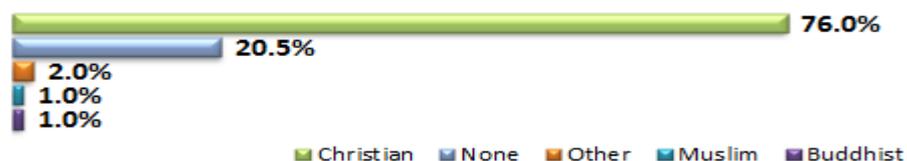
166 Respondents



Question 14

Religion

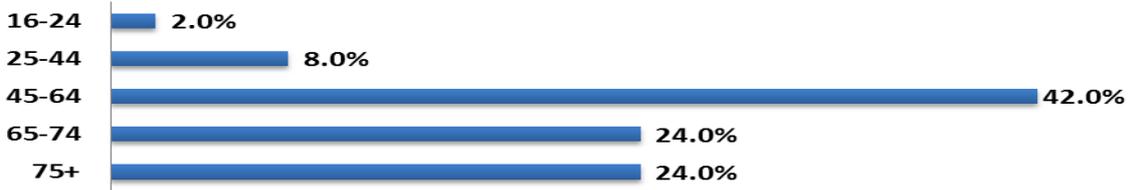
161 Respondents



Question 15

Age range

162 Respondents



Question 16

Gender

166 Respondents



Question 17

Sexuality

146 Respondents



Question 18

Disability

161 Respondents, 34 Comments



Yes, 23% is broken down into the following disability categories



Appendix

Questionnaire

The public were asked to consider the following questions in conjunction with “A review of services in Northern Lincolnshire”.

THE CASE FOR CHANGE (see pages 2-5)

- Do you agree or disagree that there are convincing reasons to change the way we deliver services in Northern Lincolnshire?
 Agree Disagree No strong opinion
- What comments, if any, do you have of the issues raised in pages 2-5 of this document?
- Are there any other key services, ideas or issues that you think need to be highlighted when we are looking at improving services or considering altering their location?

THE VISION (see pages 6-7)

- Decision making Criteria (pleas rank in order of importance to you):

	Rank 1- 4
Prioritise quality and safety of services	
Live within our means (not overspend)	
Make sure services are accessible	
Make sure that any options can be available to local people within 5 years	

- Given the challenges outlined on page 6 of the engagement document:
 - What type of changes would you welcome to improve the quality of health services?
 - What type of changes would you not like to see because you feel they would reduce quality?

- Please say how important you think it is that we should aim to make sure that you and everyone else in Northern Lincolnshire will have each of the following:

	Very important	Important	Not important	Not important	No strong opinion
The support you need to keep yourself healthy and well.					
A better understanding of where, when and how you can be treated.					
The tools and support you need to better manage your own medical condition(s).					
Better access to the care you need 24 hours a day, 7 days a week, by phone, email or in person.					
Fast and well-co-ordinate access to specialists, hospitals, health centres and in the community.					
Up-to-date hospital facilities with access to highly trained specialists when needed.					

7. Do you agree or disagree that some services which are currently delivered in hospital could be delivered elsewhere through health centres, community/voluntary groups, social enterprises and charities? Please comment on any particular service you feel could be provided through alternative means.

Agree Disagree No strong opinion

Service _____

8. Would you be prepared to travel further for specialist treatment or investigations (e.g. cancer services, heart surgery, specialist children's services etc.) if you knew that that would give you the best possible advice and care?
- Yes, I would travel any distance
 - Yes, I would travel, but only a short distance (i.e. no more than 60 miles)
 - No, I would want to go to my local hospital
 - I can't travel because of a health problem
 - Don't know

DIVERSE NEEDS

9. We want to shape services around the diverse needs of our population. In relation to the health services across Northern Lincolnshire, are there any issues you think we need to consider in relation to diverse needs (e.g. race, gender, disability, age, sexual orientation and religion & belief)?

Yes or No, please explain

10. Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here.

GETTING MORE INVOLVED

11. How would you like to be involved in the process to develop options for the future healthcare services in Northern Lincolnshire?

ABOUT YOU

Your response will be completely anonymous. But to make sure the replies we receive are balanced across Northern Lincolnshire we would appreciate it if you would let us know about you

12. What do you consider to be your ethnic group?

A. WHITE

British Irish Other white background

B. B Mixed background

White and black Caribbean White & black African
 White and Asian Other mixed background

C Asian or Asian British

- Indian Pakistani Bangladeshi
 Other Asian background

D Black or black British

- Caribbean African Other black background

E Chinese or other ethnic group

- Chinese Other

13. In what capacity are you responding?

- Member of the public Patient or community group
 Partner organisation Staff Clinician
 Patient Carer Other Please tell us which:

14. What is your religion?

- Christian Buddhist Hindu Muslim
 Jewish Sikh Other None

15. How old are you?

- 16-24 25-44 45-64 65-74
 75-80 81+

16. What is your sex?

- Male Female Transgender

17. What is your sexuality?

- Heterosexual Lesbian Gay Bi-sexual

18. Do you consider yourself to be disabled?

- No Yes If yes, please tell us how you are disabled:
 Hearing impaired Visually impaired
 Physically impaired Long term condition
 Wheelchair user Other

If you would like us to reply to the comments you have made, or you would like us to know who you are, please give us your name and address:

Thank you for taking the time and trouble to let us know what you think about our proposals. We will consider all the comments we receive, as we finalise our plans. Your feedback will support the next stage of this work which is due to commence in November 2013.