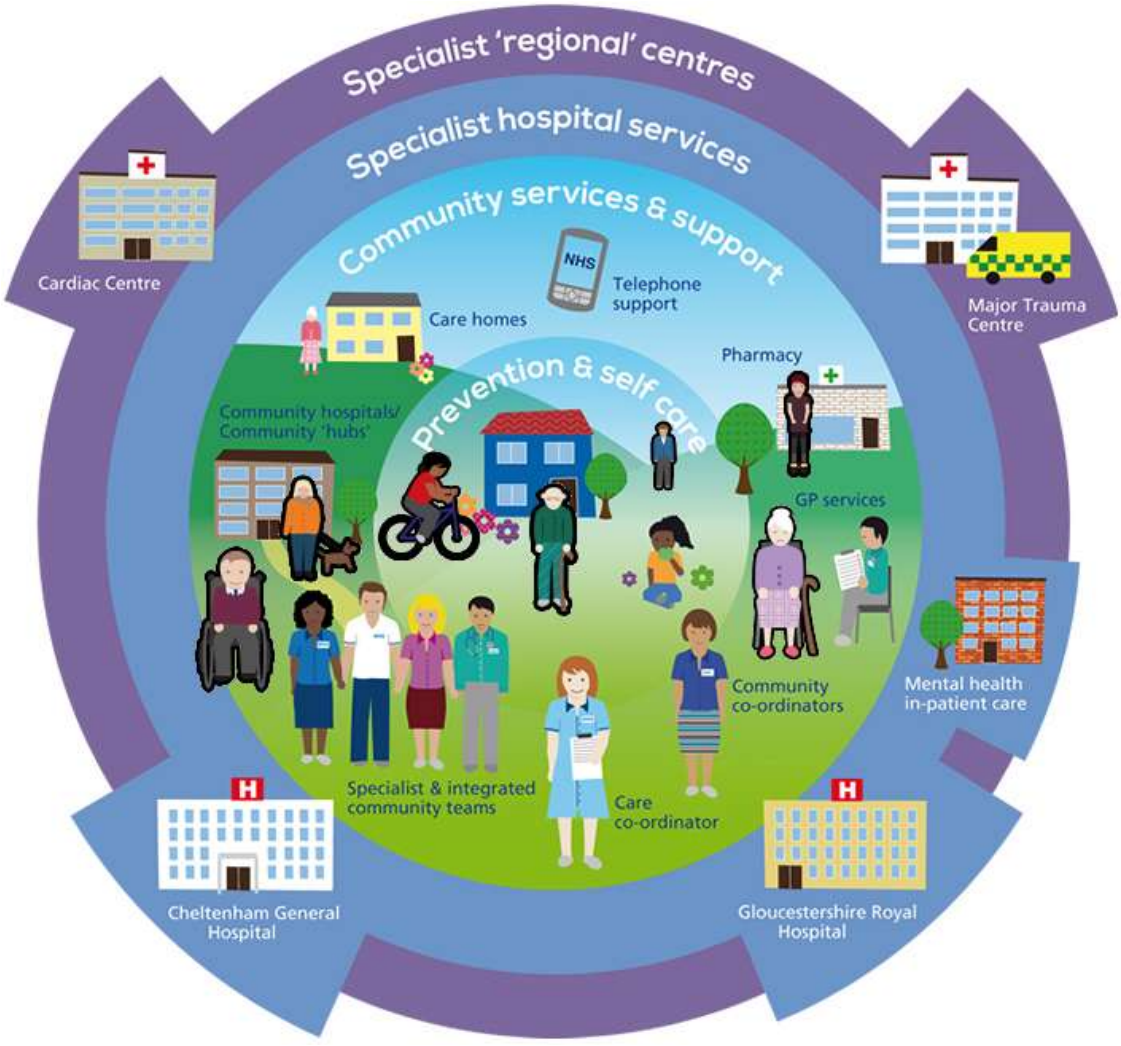
NHS
Gloucestershire
Clinical Commissioning Group

Joining up your care

2014-2019



Outcome of Engagement Report

March 2014

In partnership with: Gloucestershire COUNTY COUNCIL

Foreword

Joining up your care (JUYC)
The key messages

Joining up your care (JUYC) acknowledges that much has improved in the NHS and social care in Gloucestershire over the last 20 years:

- *Greater awareness that good physical health requires people to enjoy good mental health*
- *More people managing their own care at home e.g. diabetic patients monitoring their blood sugar levels*
- *More services in, or near, people's own homes*
- *Fewer people needing surgery to diagnose internal health problems e.g. through the use of scanning machines*
- *Fewer people needing surgery due to advances in drug treatment e.g. anti-biotic treatment for stomach ulcers*
- *More people needing to spend less time in hospital e.g. after a hip replacement*
- *Other health professionals now doing tasks previously done by doctors*
- *Major advances in the treatment of, and survival from, serious illnesses such as stroke and cancer.*

JUYC also sets out 'Today's Challenge', noting that the scale of the challenge we face as a health and care community in Gloucestershire is huge. The issues below were also highlighted by NHS England as part of their national 'Call to Action'[1]:

- *An ageing society with greater health and social care needs, with the number of over 85 year olds expected to double over the next 20 years*
- *More people living with more complex illness, long term conditions (such as diabetes and dementia) and disability, including children and young people*
- *Increasing demand for services and rising public expectations*
- *The rising cost of drugs and new medical technology*
- *The impact of a rapidly changing world and pace of life on our mental health*
- *The need to tackle health inequalities (differences in health based on where you live or social circumstances)*
- *We are running out of money to meet all the challenges above.*

[1] http://www.england.nhs.uk/2013/07/11/call-to-action/

Joining up your care (JUYC) - Outcome of Engagement Report

This Report is provided for information to the Gloucestershire Clinical Commissioning Group Governing Body for consideration.

Engagement objective
The objective of the JUYC Engagement and communications activities was to enable as many individuals and groups to access the JUYC information and provide a range of opportunities for individuals and groups to comment and ask questions to inform their responses to the Engagement.

Report format

The JUYC Outcome of Engagement Report is presented in four parts.

Part 1 describes the JUYC engagement and communications activities undertaken, including the pre-planning phase.

Part 2 provides demographic information about the known respondents to the engagement.

Part 3 describes the feedback received, identifying key themes from the feedback received. This part is enhanced by selected quotations from the feedback received.

Part 4 identifies learning points for future engagement and communication activities.

Summary of key themes from the responses to the JUYC Engagement

Below are the key themes from the responses received to the ten JUYC questions. These have grouped below under the following headings: cross cutting, prevention/self-care, Joined up, timely care, Community Therapy Services, Community hospital and other community facilities and Leaving hospital and on-going care.

Cross cutting
- Ensure good use of modern technologies
- Importance of the role of carers
- Make the best use of voluntary services
- Need for parity of esteem (‘no health without mental health’)
- Raising awareness – for patients and staff – about services (statutory and non-statutory) e.g. through use of community co-ordinators
- Recognition of differing needs of urban vs rural populations

Prevention/Self-care
- Ensure people have the right information to support them and empower them to manage their conditions

- Importance of information and support to help people to live healthier lives
- If people are not willing to change their lifestyle (e.g. excessive drinking), then NHS services should be restricted
- Importance of self- management, particularly for people with one or more LTC
- Patients, and their families/carers, involved in care plans and decision-making

Joined up timely care

- Frustration of repetition in the system, being asked the same questions, undergoing similar assessments
- Greater value attached to the importance of services across NHS and social care for people with disabilities and multiple Disabilities – including transition from children's to adult services
- Need to improve access to GP OOH care
- Recognition that whilst prevention work (e.g. support to exercise) and community care may reduce the need for some acute hospital-based care, there will always be medical conditions that are not preventable and require hospital admissions and it is vital that services are there to support these people
- Value offered by one-stop care

Community therapy services

- Proposed changes to waiting times target for community therapy services, - there was a 'mini' theme - Strike the right balance between targets and quality of patient experience

Community hospitals/other community facilities

- Communities need support to develop initiatives that will work in partnership with, and complementary to, health and care services
- Greater involvement of community pharmacists

Leaving hospital and on-going care

- Importance of need to improve hospital discharge and ensuring care packages are in place

Copies of the Report

This report, and other information about the consultation, is available on line at the **NHS Gloucestershire Clinical Commissioning Group** website, **Feedback** page under the heading **Closed engagement or consultations**

For copies of this report in other formats please contact:

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Part 1.

1.1 Introduction: Joining up your Care - Engagement

JUYC Engagement described some of the big challenges we will face in Gloucestershire over the coming years (see Foreword). JUYC sets out the significant challenges faced by the local health and social care community, the proposed strategic direction, and proposals for things that can be done to meet these challenges. The JUYC Engagement gave an opportunity for patients, carers, the public, community partners and staff to comment on our plans, share their views and tell us their ideas.

GCCG had previously undertaken a significant phase of engagement activity internally (including with its member GP practices) and externally (with service providers, Gloucestershire County Council and other partners) during the second half of 2013. The result of this engagement is JUYC.

The feedback received during the JUYC Engagement collated within this Report will inform the Gloucestershire Clinical Commissioning Group's (GCCG) strategic commissioning plans going forward. It will also provide evidence of the degree of consensus or otherwise amongst those responding to the JUYC Engagement, regarding the future direction of travel set out in JUYC.

Finally it provides a foundation for future engagement with the local population regarding health and care services for the next five years.

1.2 Pre-engagement activity

GCCG has been developing its Five Year Strategic Plan since mid-2013, providing greater detail in the strategic context of Gloucestershire's existing 'Your Health, Your Care', Children and Young People's Plan and Health & Wellbeing strategies. A vital initial step was to work with partners to collect ideas and contributions to form the basis of generating a set of proposals that could be discussed more widely with the public and staff.

Key Milestones during the pre-engagement phase are included in Table 1.

Table 1: Pre-engagement activity – Key milestones

Date	Activity	Notes
October 2013	NHS Reference Group	Early discussion re JUYC proposals/engagement/consultation
October 2013	Health & Wellbeing Board	Discussion re JUYC
November 2013	HCOCSC	Agreeing consultation/engagement process, sharing outline proposals
November 2013	Clinical Priorities Forum	Discussion re JUYC
November 2013	GCCG Locality Executive Meetings	Discussion re JUYC
November/December 2013	JUYC materials developed.	Including: • Print and online Engagement Booklet and survey. • Display materials and presentation • Animation – Jack's Story
November/December 2013	Detailed Engagement and Communications activities planned	Including: • Stakeholder event arrangements • Public Drop in bookings • Media advertising booked
December 2013	MP Briefing	All Gloucestershire MPs invited to attend briefing ahead of start of JUYC Engagement
November / January 2013	NHS organisation Board Meetings	County NHS organisations Board discussion re JUYC.
December 2013	Virtual NHS Reference Group	Draft JUYC engagement Booklet shared with NHS Reference Group members for comment
December 2013	Equality Impact Analysis completed	• Completion of the EIA, informed the development of the detailed plans for engagement. It supported the identification of opportunities to engage with groups frequently referred to as 'seldom heard' and those with protected characteristics. • The engagement activities, including targeted engagement with 'seldom heard' groups.
2 month public engagement commences 2 January 2014		
January 2014	HCCOSC Meeting	• Awareness raising of JUYC Engagement

1.3 Equality Impact Analysis (EIA)

An Equality Impact Analysis (EIA) of the planned engagement activities was undertaken prior to the commencement of engagement. The EIA was made available on the GCCG website at the beginning of the engagement period[2].

The EIA asks *'How will this proposal meet the equality duties?*
Equality, diversity, Human Rights and inclusion are at the heart of delivering personal, fair and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics are not barred from access to services and decision making processes.

The JUYC Engagement exercise was open to all and engagement activities were designed to facilitate feedback from as wide a cross-section of the local community as possible.

Summary of planned Engagement Activities as described in the EIA:

- GCCG has a stakeholder database with approximately 1200 individuals and groups identified. Amongst the 1200 contacts are representatives from across all communities in Gloucestershire and a good range of protected characteristics e.g. Churches Together, Local Medical Committee, maternity service liaison committee, Trades Union representatives, Village and Community Agents, and elected representatives. Those on the database were invited to attend stakeholder engagement events (7 in total across the 7 GCCG Localities). These events, hosted by GCCG, were arranged for different days of the week and different times of day. All venues were Disability Discrimination Act (DDA) 1995 compliant in terms of access.

- Public Drop In events were arranged across all seven CCG Localities in the county, targeting venues and events attended by a wide range of local residents. These included: shopping centres, supermarkets, car boot sales and farmers markets. The Public Drop Ins were either static displays in doors, or were held on the GCCG Information Bus. The Information Bus is DDA compliant, with a wheelchair ramp or stairs with handrails to facilitate access. A local disability group used one of the Information Bus Public Drop Ins to raise awareness of their new service in Cheltenham.

- Printed materials (including freepost survey) were distributed to a wide range of outlets such as GP surgeries, hospitals, libraries, council offices and pharmacies. All engagement materials were available on request in any format. Details of how to obtain the information other formats were included in the standard version of the materials. The GCCG PALS was the point of contact for such requests. *NOTE: A request for a Polish translation for the printed materials was received in*

[2] http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2012/03/EIA-completed-form-2013.pdf

week six of the engagement. The translation was prepared and the materials circulated to members of the Polish community via a community organisation.

- All engagement materials (including online survey) were available on line at the GCCG website in order to maximise access.

- There was local media advertising through a wide range of media outlets including GM Radio targeting Afro-Caribbean and Asian listeners.

- A range of targeted events were incorporated into the engagement activities. These included: Volunteer surveyors collecting views from a wide range of community members; male & female, different ages and ethnic backgrounds etc. Volunteers targeted the following communities / client groups (volunteers with good linguistic skills will be recruited from the relevant communities to carry out the surveys): Eastern European: Polish & Czech Roma, Chinese: Cantonese & mandarin speaking, African Caribbean, South Asian communities: Indian, Bengali and Afghan, Friendship Café: Young people's service: Gymnation users: diverse membership: African, White English, Eastern European . GCCG representatives attended an event at Imjin Barrackst (targeting families of military personnel attached to the NATO Allied Rapid Reaction Corps), Hempstead car boot sale (targeting Eastern European communities) and two youth forum meetings. An opportunity to raise awareness of JUYC with the Transgender community also took place.

The EIA process concluded that there would be no negative impact on any one group (protected characteristics) resulting from the planned activities supporting the engagement exercise described above and on the EIA form.

1.4 Interim JUYC Outcome of Engagement Report

An interim engagement report was produced by Gloucestershire CCG which summarised key points from the stakeholder events held during January 2014 and online completed surveys completed during the first four weeks of engagement, can be summarised as:

- Respondents were supportive of the themes and priorities set out in JUYC; but were very keen to understand further detail in relation to the "how". This was raised particularly with regards to the prevention and self-care priorities;
- Respondents were supportive of the shift to a more community focus, including the shift of resources. As part of this there was interest to know more about community hubs and the role they could play across the county.

Additional engagement activities added following first 4 weeks of JUYC engagement
Demographic data regarding the respondents to the JUYC Engagement during the first four weeks showed that a representative sample of the local population had participated and responded to the Engagement up to that point in time.

Planned events, which targeted specific communities of interest, were scheduled for the second half of the engagement period. These included awareness-raising with carers via the Gloucestershire Carers Forum, discussions with younger residents via District Youth Forums and debates with representatives of those living with disabilities.

1.5 Communications and Engagement methodologies

A range of communications and engagement methodologies were used during the eight week JUYC Engagement period. These are detailed below:

Engagement booklet and postcards
A printed and online engagement booklet was produced which set out the details of JUYC and provided a freepost feedback form and entry slip for a free prize draw. The printed booklet was distributed widely across the county and was available on the GCCG website. In addition postcards detailing the online resources were printed for promotional purposes for those not wishing to take the larger publication, opting instead to access the information on line.

Animations
A series of animations to illustrate the JUYC approach were produced and published on the GCCG website and promoted using social media. The first Jack's Story, described the experience of an older gentleman with two long term conditions, respiratory disease and type 2 diabetes. Jack's story was followed by Bob's Story (Stroke), Shruti's Story (Diabetes), Dorothy's Story (Falls/chest infection) and Jo's Story (MSK/Hip Pain). Further stories will be added.

Media Advertorial, press releases and radio interviews
Media advertorials were placed in local newspapers to promote JUYC and to advertise Public Drop-Ins. Press releases were issued to raise awareness of JUYC and to draw attention to new items e.g. new events, release of new animations. Radio interviews were recorded e.g. Governing Body GP interview for GM Radio.

Social Media
Throughout the engagement period social media was used to raise awareness of JUYC and to encourage feedback. Extensive use of Twitter reached a wide number of local people and the GCCG Facebook page provided a platform to promote JUYC. Both platforms experienced increased activity during the engagement period, with more 'twitter followers' and individuals 'liking' the GCCG Facebook page.

Stakeholder events
Over 1200 local stakeholders were invited to attend one of seven events targeted at individuals who might be expected to have a greater understanding of the health and care system than a member of the general public. These events were held on different days of the week and at different times of the day.

These events provided an opportunity to hear a presentation made by a Director from GCCG and a GCCG Governing Body GP, to watch Jack's Story and to take part in a question and answer (Q&A) session. Attendees were given the opportunity to network and provide feedback on the 10 questions set out in the JUYC feedback form. Each event adopted a flexible format, with some events taking more time for the Q&A session whilst others spentmore time networking and providing feedback.

Targeted events
Several 'seldom heard' groups were able to take part in the engagement via targeted events e.g. Stroud Youth Forum and DROP (Disabled Responsible Organised People). These events provided an opportunity for presentation and focussed debate targeted to meet the needs of participants. This included using 'Skype' to facilitate wider participation.

Public Drop-Ins
To reach the wider local population, more than 25 Public Drop-Ins were held across the county. These took place either on the GCCG Information Bus at venues such as supermarkets and sporting venues or as static displays at venues such as community hospitals or farmers market. On several occasions, the Information Bus JUYC Drop-Ins were enhanced by combining the activity with public health 'mini health checks'. Visitors were able to takeaway information or ask questions about JUYC, and some took the opportunity to have a blood pressure check at the same time!

Joint event with Medicine Unboxed – Clinical Debate 'Breath'
This innovative event was a late addition to the JUYC Engagement schedule. The local health and care community teamed up with 'Medicine Unboxed' to host a clinical panel debate to explore some of the opportunities and challenges facing services locally as set out in JUYC.

Entitled 'Breath', the debate took place in front of a live audience on 13 February 2014 in Cheltenham. The debate panel was made up of local clinicians from Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust and primary care. The local panel was joined by a patient and philosophy lecturer from the University of the West of England (live from Bristol via Apple 'Facetime') and a music therapist from an Oxfordshire hospice. The debate was chaired by Dr Sam Guglani, Consultant Oncologist and Curator of 'Medicine Unboxed'. This event explored the experiences of patients and clinicians along the respiratory disease pathway. It provided a wealth of material and raised many possibilities for further debate between clinicians and the public.

Details of the public engagement activities undertaken are set out in Table 2.

Table 2: Engagement activity timeline 2 January – 28 February 2014

Date	Activity	Locality	Venue	Time
07/01/2014	**Covenant Event at Imjin Barracks**	Countywide	Imjin Barracks	9am - 1pm
07/01/2014	**Stakeholder event**	Gloucester	Sanger House, 5220 Valiant Court, Gloucester Business Park, GL3 4FE	6pm - 7.30pm
07/01/2014	**2gether NHS Foundation Trust Board Mtg**	Gloucester	Rikenel, Gloucester	1.30pm
09/01/2014	**Information Bus (NHS Healthcheck)**	South Cots	Tesco, Cirencester	9.30am - 4pm
09/01/2014	**Stakeholder event**	South Cots	Cirencester Town FC, Corinium Stadium, Kingshill Lane, Cirencester, GL7 1HS	2pm - 3.30pm
10/01/2014	**Stakeholder event**	Tewkesbury	George Watson Memorial Hall, 65 Barton St., Tewkesbury, GL20 5PX	10am - 11.30am
14/01/2014	**HCOSC Meeting**	Countywide	Shire Hall, Gloucester	10am - 12pm
14/01/2014	**Public Drop-in**	Gloucester	Foyer, Shire Hall, Westgate St., Gloucester, GL1 2TG	1pm - 3pm
14/01/2014	**Information Bus (NHS Healthcheck)**	Cheltenham	ASDA, Cheltenham	9.30am - 4pm
14/01/2014	**GCCG Board Meeting**	Countywide	Sanger House, Brockworth	9.30am
15/01/2014	**Stakeholder event**	Stroud	George Room, The Stroud Subscription Rooms, George St., Stroud, GL5 1AE	10am - 11.30am
15/01/2014	**Locality Executive Meeting**	Stroud	May Lane Surgery, Dursley	2pm
15/01/2014	**Partner event - Community Hospital**	Stroud	Stroud Hospital	1pm - 3.30pm
16/01/2014	**Information Bus (NHS Healthcheck)**	Gloucester	ASDA, Gloucester	9.30am - 4pm
18/01/2014	**Information Bus (Cancelled - weather)**	Countywide	Matson v Cirencester Rugby	11am - 6pm
20/01/2014	**Stakeholder event**	Forest of Dean	Forest Hills Golf & Leisure, Mile End Road, Coleford, GL16 7QD	9.30am - 11am
20/01/2014	**Partner event - Community Hospital**	Forest of Dean	Dilke Memorial Hospital	1pm - 3.30pm
20/01/2014	**Locality Executive**	Cheltenham	St Paul's Medical Centre	tbc

Date	Activity	Locality	Venue	Time
	Meeting			
21/01/2014	**GCS Board Meeting**	Countywide	Edward Jenner Court, Brockworth	tbc
21/01/2014	**Information Bus (NHS Healthcheck)**	Tewkesbury	Morrison, Tewkesbury	9.30am - 4pm
21/01/2014	**Locality Executive Meeting**	Gloucester	Sanger House	9.30am - 12.30pm
21/01/2014	**Partner Event - Health & Wellbeing Board**	Countywide	Shire Hall, Gloucester	10am
21/01/2014	**Partner event - Community Hospital**	Tewkesbury	Tewkesbury Community Hospital	12.30pm - 3pm
23/01/2014	**Stakeholder event**	North Cots	George Moore Community Clinic, Moore Road, Bourton-on-the-Water, GL54 2AZ	10am - 11.30am
23/01/2014	**Information Bus (NHS Healthcheck)**	Gloucester	Morrisons, Gloucester	9.30am - 4pm
25/01/2014	**Public Drop-in (Information Bus)**	Cheltenham	High Street, Cheltenham	9.30am - 4pm
25/01/2014	**Stakeholder event**	Cheltenham	St Luke's Church Hall, St Luke's Place, Cheltenham GL53 7HP	10.30 - 12am
27/01/2014	**Partner Event - GHNHSFT**	Gloucester	Gloucestershire Royal Hospital	9am - 2pm
28/01/2014	**Locality Executive Meeting**	South Cots	Cirencester Hospital	1pm
28/01/2014	**TNS Reference Group**	Tewkesbury	Church Street Practice, Tewkesbury	10am - 12pm
28/01/2014	**Stroud Youth Forum**	Stroud	Ebley Mill, Stroud	4pm - 7pm
29/01/2014	**Partner event - GHNHSFT**	Cheltenham	Cheltenham General Hospital	9am - 2pm
30/01/2014	**Public Drop-in (Information Bus)**	Forest of Dean	Tesco, Lydney	10am - 3pm
30/01/2014	**Partner event - Community Hospital**	Forest of Dean	Lydney Hospital	11am - 1.30pm
31/01/2014	**Public Drop-in (Information Bus)**	South Cots	Market Place, Cirencester	9am - 1pm

Date	Activity	Locality	Venue	Time
31/01/2014	**Partner event - Community Hospital**	South Cots	Cirencester Hospital	11am - 1.30pm
31/01/2014	**Partner Event - Carers Forum**	Countywide	Guildhall, Gloucester	10am
31/01/2014	**GHNHSFT Board Meeting**	Countywide	College Lawn, Cheltenham	tbc
01/02/2014	**Information Bus (Cancelled - weather)**	Forest of Dean	Cinderford Rugby Club	11am - 6pm
03/02/2014	**Partner event - Community Hospital**	Stroud	Vale Community Hospital, Dursley	10am - 12.30pm
04/02/2014	**Partner Event - Forest Health Forum**	Forest of Dean	Bream Community Centre	7pm - 9pm
04/02/2014	**Locality Executive Meeting**	Tewkesbury	Church Street Practice, Tewkesbury	9am - 11am
04/02/2014	**Locality Executive Meeting**	North Cots	Moreton-in-Marsh	1pm - 3pm
05/02/2014	**Locality Executive Meeting**	Forest of Dean	The Dilke Hospital, Cinderford	1pm - 3pm
08/02/2014	**Information Bus (NHS Healthcheck)**	Gloucester	Tuffley, Old Cryptonians	11am - 6pm
08/02/2014	**Public Drop-in (Stroud Farmers Market)**	Stroud	Farmers' Market, Cornhill Market Place, Stroud, GL5 2JT	9am - 2pm
10/02/2014	**University of Glos**	Countywide	Oxstalls Campus, Gloucester	11am - 2pm
11/02/2014	**Partner event - Community Hospital**	North Cots	North Cotswolds Community Hospital, Moreton-in-Marsh	10.30am - 1pm
12/02/2014	**University of Glos**	Countywide	Park Campus, Cheltenham	10am - 1pm
12/02/2014	**Information Bus (NHS Healthcheck)**	Countywide	AMEY, Gloucester	9.30am - 5.30pm
13/02/2014	**Public Drop-in (Information Bus)**	North Cots	Stow-on-the-Wold Market	10am -1pm
13/02/2014	**Public event - Breath**	Countywide	Pittville Pump Rooms, Cheltenham	6.30pm - 8.30pm

Date	Activity	Locality	Venue	Time
19/02/2014	**Public Drop-in (Information Bus)**	Countywide	Hempsted Car Boot Sale	9.30am - 5.30pm
20/02/2014	**Information Bus (NHS Healthcheck)**	Stroud	Stroud, High Street	9.30am - 5.30pm
20/02/2014	**Forest Youth Forum**	Forest of Dean	Main Place, Coleford	7.00pm - 8.00pm
23/02/2014	**Information Bus (NHS Healthcheck)**	Countywide	Cheltenham Racecourse Car Boot Sale	8am - 2pm
24/02/2014	**Partner event - DROP**	Countywide	Redwell Centre, Matson	11.30am - 12.30pm
24/02/2014	**Partner event - Tewkesbury Resident**	Countywide	Harbourview, Tewkesbury	3pm - 4pm
27/02/2014	**Partner event**	Countywide	Sanger House, Gloucester	5.30pm - 7.30pm

1.6 Engagement and communications statistics

The following represent the numbers of individual responses/attendances by category recorded during eight weeks of engagement.

Engagement events
Between 2 January and 28 February 2014 the following engagement activities took place.

- 7x Stakeholder Events (one in each GCCG Locality) attended by **170** (approx.) local stakeholders.

- 29x Info Bus/static Public Drop Ins – with approximately **915** recorded visitors.

- More than a dozen targeted and specific events including: GCCG Locality Executive Meetings, Learning Disability Partnership Board, Youth Forums, Medicine Unboxed 'Breath' debate, patient reference groups, University of Gloucestershire, DROP debate (Disabled Responsible Organised People), Gloucestershire Partnership event and TARA Committee meeting (Polish community) with approximately **285** participants.

Total recorded face-to-face contacts: 1,370

On line and print surveys and written responses
Between 2 January and 28 February 2014 the following responses were received:

345 Surveys completed and received

7[3] Individual written responses and emails:
- DROP (Disabled Responsible Organised People)
- Gloucester City Homes
- Gloucestershire County Council Libraries and Information
- Gloucestershire Deaf Association
- Gloucestershire Fire and Rescue Service
- Healthwatch Gloucestershire
- Stroud District Older Person's Forum

Total written responses received (surveys and written): 352

[3] *One written response was received after 28 February 2014 deadline from Cotswolds Conservation Board. The feedback from this response will be shared within GCCG.*

Communications activity to support the JUYC engagement
Between 2 January and 28 February 2014 the following communications activities took place (note, significant communications activity took place during the pre-engagement period):

Community Partner Briefing
To launch the JUYC Engagement.

GP briefing /E-bulletin
Article on CCG Live at commencement of the engagement exercise linking to the website. Follow up article in GP weekly mailing, shared with Practice Participation Group Chairs.

Printed consultation booklets
Copies of JUYC booklet freepost feedback form and entry form for 'free prize draw' and postcards were distributed to:

- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire Care Services NHS Trust - Community Hospitals
- GP Surgeries
- Pharmacies
- District Councils
- Libraries
- Healthwatch Gloucestershire
- Others

GCCG Website
Information about the JUYC engagement and online feedback form were prominent on the GCCG website home page of the GCCG website for the duration of the Engagement period. This permanent and static position during the Engagement period was in response to feedback from a previous engagement activity.

Animations, the first of which was the story of *'Jack', an older gentleman with respiratory disease and Type 2 Diabetes,* were published on the GCCG website and shown at Stakeholder events. The animations captured the key elements of JUYC in a visual way, and in doing so, illustrated what the positive effects would be for the people of Gloucestershire if the proposals within JUYC are realised. Four additional animations: Bob's Story (Stroke), Shruti's Story (Diabetes), Dorothy's Story (Falls/chest infection) and Jo's Story (Muscolo-Skeletal/Hip Pain) were published later during the engagement period to bring JUYC to life. Further animations will be added.

Media
The media was used to raise awareness of JUYC, promoting the Engagement to the readership of all local newspapers and listeners to local radio

Placing of paid for advertorial

Gloucestershire Citizen x 2	11 and 28 January 2014
Gloucestershire Echo	20 January 2014
Stroud Life	5 February 2014

Stroud News Journal	8 January 2014
The Forester	15 January 2014
The Forest Review	16 January 2014
Wilts & Glos Standard	30 January 2014
Cotswold Journal	w/c 3 February 2014
Gloucestershire Gazette	w/c 27 January 2014

Twitter/Facebook
Twitter and Facebook were used to promote the JUYC Engagement.

Twitter activity

- 52 x #JUYC tweets sent since 2 Jan 2014
- **38** x interactions (i.e. mentions or replies to our tweets – mostly regarding drop-ins)
- **72** x Re-Tweets (RT)
- 38,428 x Reached (through mentions and RT):

Total twitter activity: 110 + (38,538)

GCCG now has 1033 twitter followers, with approximately 150-200 new followers since the JUYC Engagement began.

Facebook activity
16 posts on Facebook, reaching **343** unique people seeing these posts (reach).

Total Facebook activity: 343 reached

ALL contacts

Total recorded face to face contacts: **1,370**
Total written responses received (surveys and written): **352**
Total twitter activity: **110** + (38,538)
Total Facebook activity: **343** reached

Total contacts: 2,175[4]

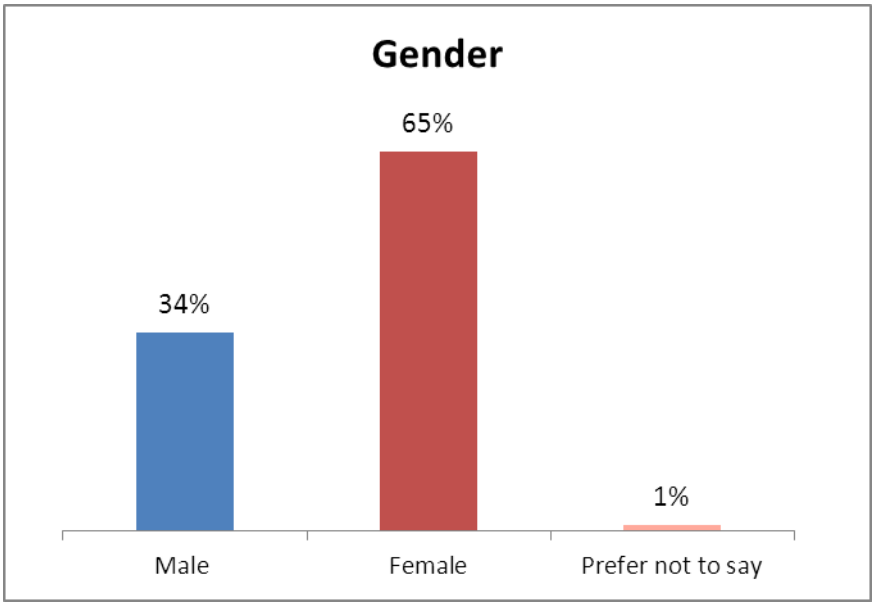
[4] (Excluding extended twitter activity i.e. retweet followers (38,428) – **40,603**

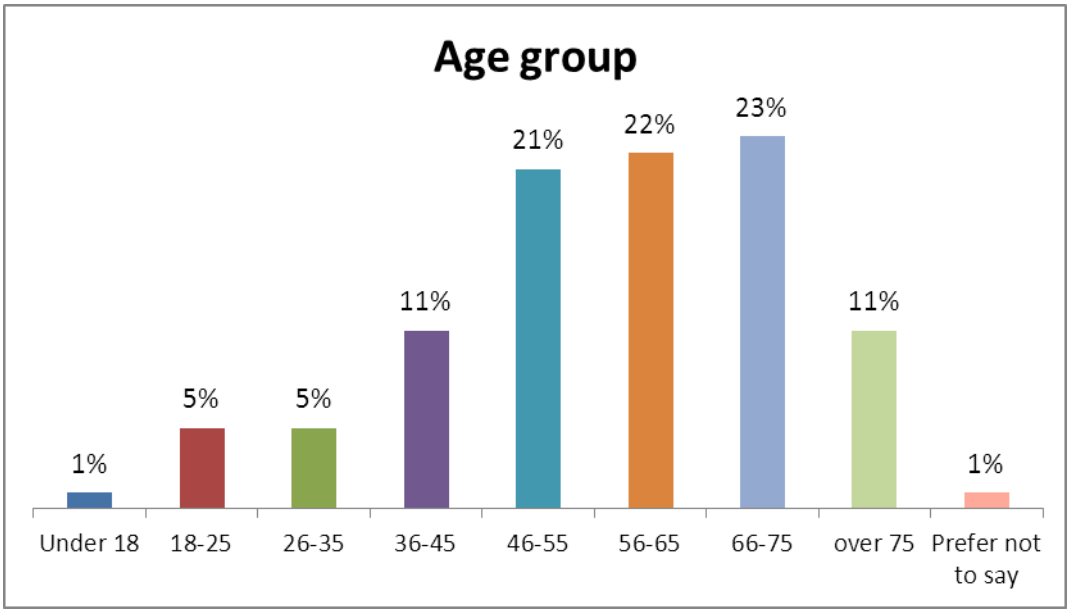
Part 2

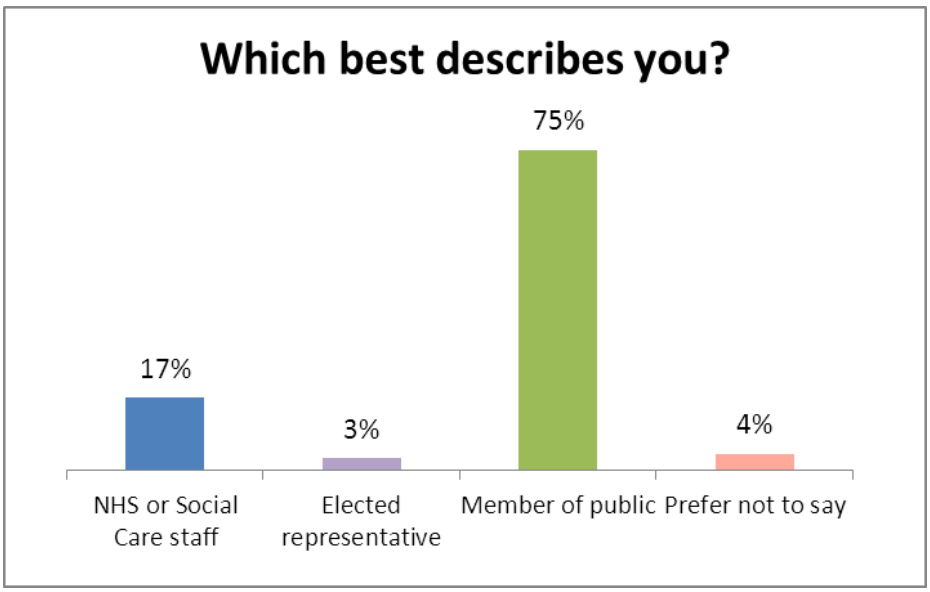
1. Demographic information

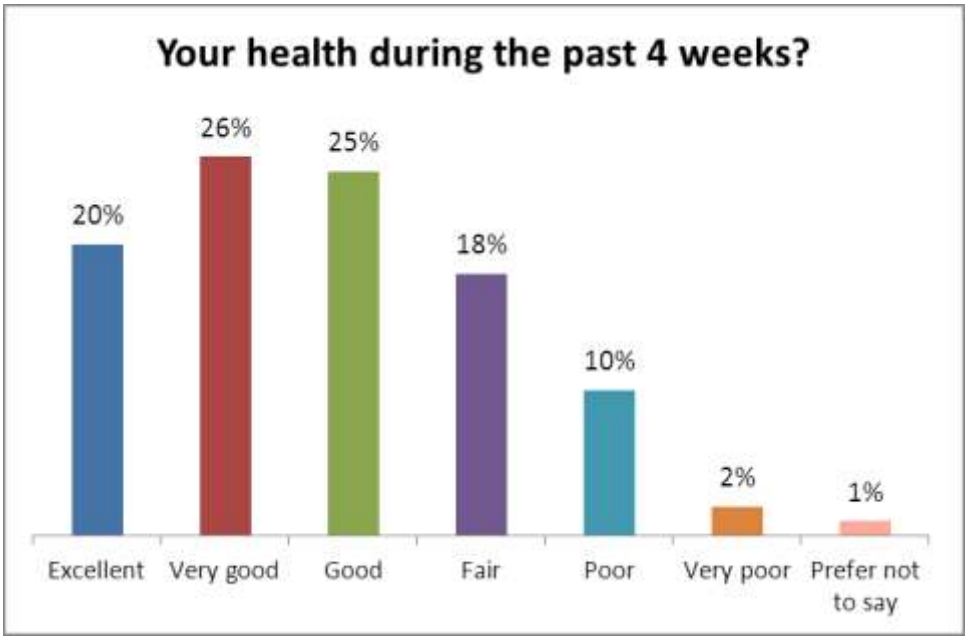
Demographic information was collected from responders to the online and print surveys. Completion of this information was optional. The following charts illustrate the demographic information collected.

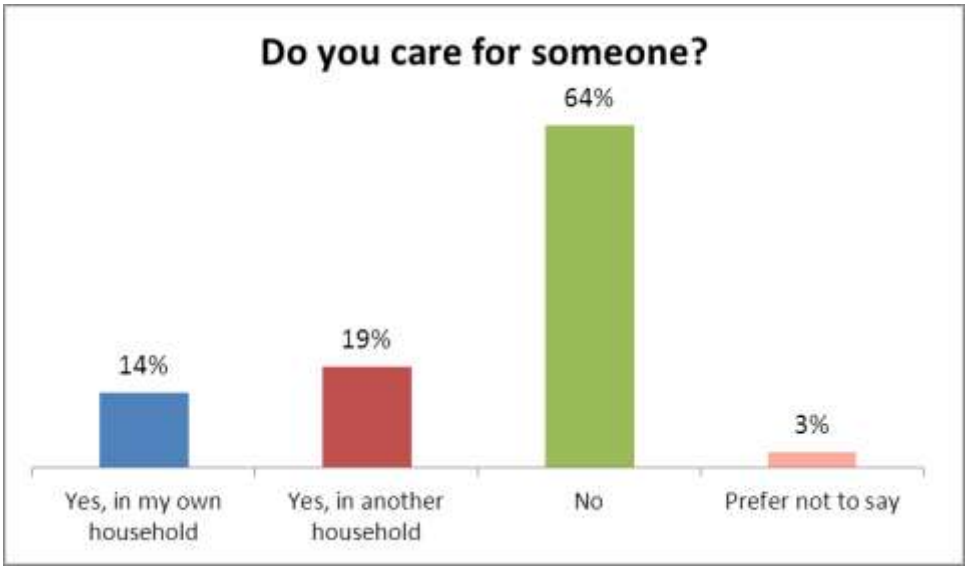
Demographic information about individuals responding to the engagement in other ways e.g. attending an event, or visiting a public drop-in, is not collected. However it should be noted that a range of engagement activities were targeted at specific groups e.g. Youth Forum, disability rights group, BME communities.

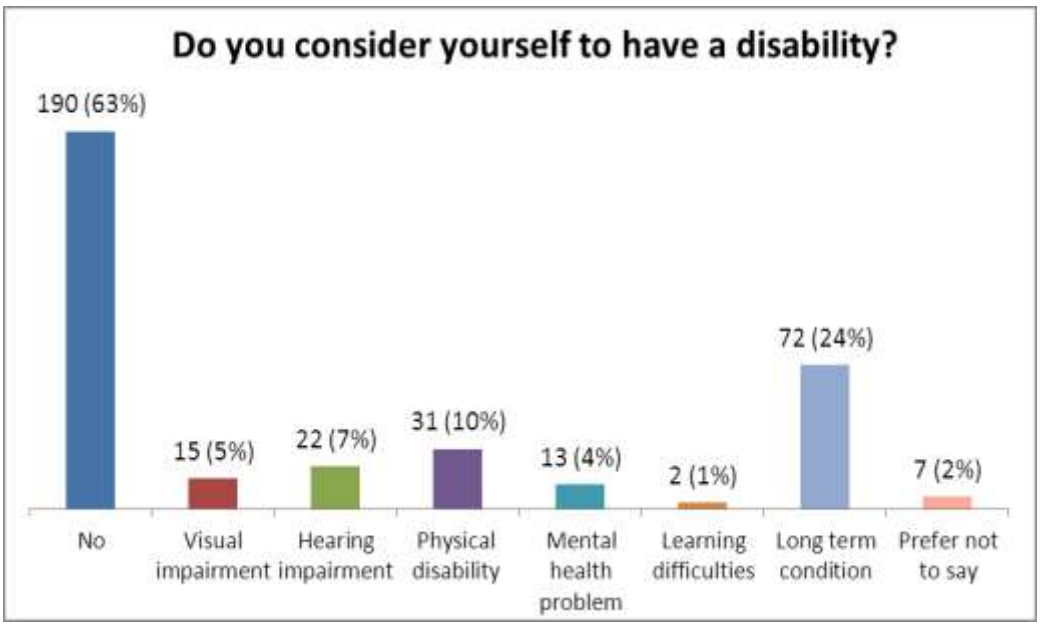




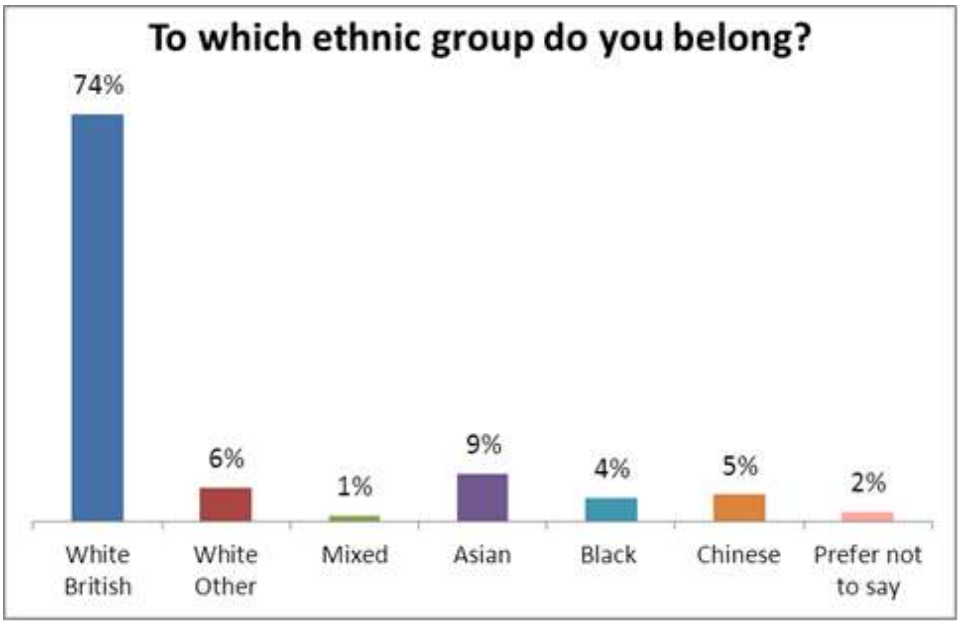

Which best describes you?
75%
17%
3%
4%
NHS or Social Care staff
Elected representative
Member of public
Prefer not to say

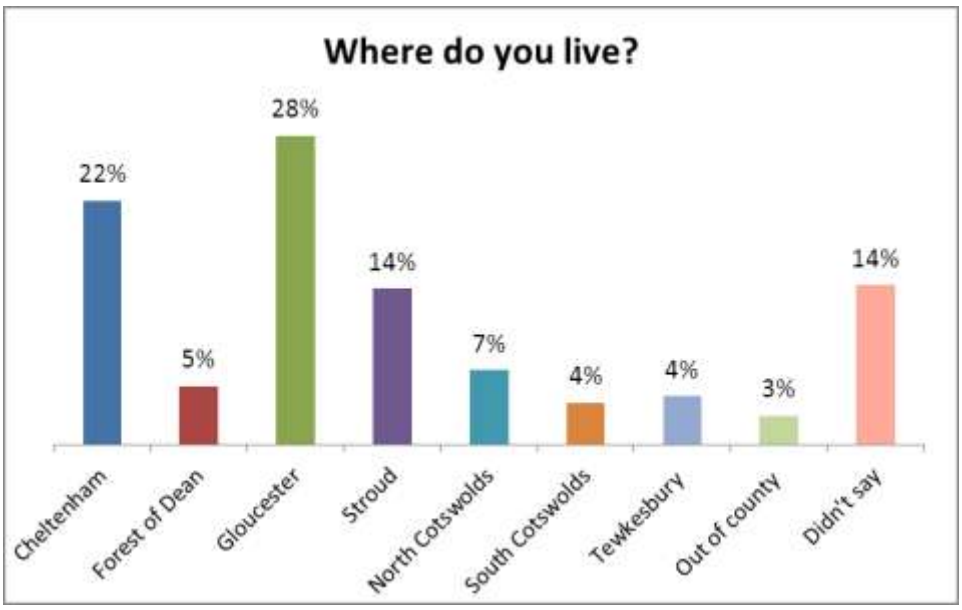

Your health during the past 4 weeks?
26%
25%
20%
18%
10%
2%
1%
Excellent
Very good
Good
Fair
Poor
Very poor
Prefer not to say


Do you care for someone?
64%
14%
19%
3%
Yes, in my own household
Yes, in another household
No
Prefer not to say



NB. Some individuals stated that they had more than one disability. The percentages shown represent the number of people with that condition, as a percentage of the total number of individuals, who replied to the question.




Where do you live?
22%
5%
28%
14%
7%
4%
4%
3%
14%
Cheltenham
Forest of Dean
Gloucester
Stroud
North Cotswolds
South Cotswolds
Tewkesbury
Out of county
Didn't say

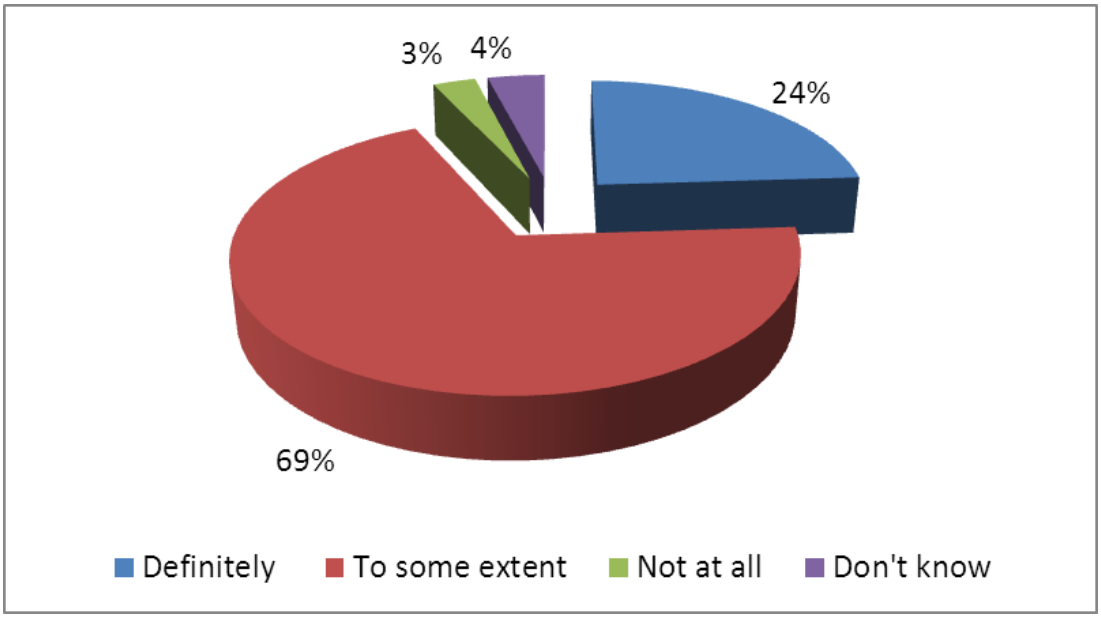
Part 3

1. Responses to the JUYC Engagement

In the following section, this Report presents a representative sample or 'Themes' from the most frequently occurring comments, questions and suggestions received. This section is enhanced by selected unattributed quotations from the feedback received either via the JUYC survey, from written responses or at JUYC events. Where known, the quotations have been attributed with permission.

Question 1:

Do you think the ideas and new ways of working described in JUYC can meet the challenges we face?



"Acknowledgement of an increasing ageing population, finite financial and human resources, against a backdrop of modernisation is mainly accepted by most older people."
Stroud District Older Persons' Forum

Themes (A-Z)

- Agreement that prevention and early information are key.
- Communication and engagement with all parties is required – this will be cultural shift for both clinicians and members of the public.
- Ensure people have the right information to support them and empower them to manage their conditions e.g. Expert Patient Programme, national/local support groups.
- Important to remember the role of unpaid carers and ensure they are included in care plans and receive adequate support.
- More vulnerable people will continue to need additional support.
- Need to ensure that services are joined up across county borders.

- People need to take more responsibility for their own care.
- Supportive of shift of provision from acute to community.
- The ideas are aspirational and commendable for that, but not sure reality of resource constraint is understood.
- Will need adequate resources – in terms of adequate numbers of appropriately trained staff and level of funding.

Quotes (unattributed):

"Providing less complex/general care outside of the hospital environment and supporting people to self-care is definitely the way to progress."

"I think in theory the ideas and new ways of working described should meet the challenges you face, but with an ageing population and patients with depression, Learning disabilities and Mental Health problems, not all patients are able to care for themselves."

"Nothing will work to resolve these challenges until people suffering self-inflicted illnesses (from obesity, smoking, excessive drinking) take financial responsibility for them."

"I have had visits to my hospital clinic and been to my doctor's surgery in relation to my condition, but by far the most help in managing has been the free "Balance" magazine received every 2 months."

" [with regards to Telecare]…*people aged 75 years plus, find some aspects of Telecare frightening, and feel reassured if they can relate to a person whom they know and trust."*
Stroud Older Persons' Forum

Question 2:
Are there other ideas and new ways of working we should consider?

"Throughout the literature and animations presented there is a growing engagement with the social dimension to care. More work needs to be done here to concentrate on the social, and reduce the over-medicalisation of care."
DROP

Themes (A-Z)

- Access to integrated diagnostics – treating the whole person rather than individual symptoms
- Alternative provision for Cheltenham and Gloucester – where there are currently no community hospitals.
- Better integration with Mental Health services.
- Communication – ensure the public are aware of services and use them appropriately.
- Consider wider use of modern communication technology.

- Develop links to Sheltered Housing and Intermediate Care providers – they have facilities/resources which could be broadened and include promotion of prevention agenda.
- Ensure wider linkages/involvement with schools, employers, housing providers, third sector etc. and support activities in local communities.
- Expand GP surgeries to become local hubs. This would facilitate the extension of Social Prescribing.
- Improve links with schools/colleges – early intervention/prevention.
- Improve mechanisms for sharing patient information across health and social care professionals, ideally with one set of clinical notes.
- Improved integration and communication between acute services, community services and primary care.
- Improved services for patients with long term conditions. Suggestions included the development of specialist centres, use of champions from expert community groups and improved access to information for patients and carers.
- Make the most of voluntary sector/community organisations e.g. Advice Pathway Project – Forest of Dean CAB; Asset Based Community Development.
- Promotion of Community Pharmacy and the range of services available.
- Recognition of the challenges with the hospital discharge process. Suggestions included centralisation of the process, streamlined administration and improvements in communication between secondary and primary care.

Selected quotes (unattributed):

"You should consider working more holistically with employers to influence what happens in workplaces - more exercise, stress management, healthier eating. Getting major local employers including both private and public sector on board could have a big impact."

"Ensuring good public knowledge of appropriate use of services; so they talk to a pharmacist or a telephone advice service, not book a GP appointment. They make an appointment with a GP, or go to a minor injuries unit, rather than attending A&E."

"Although looking for more efficient and effective ways of working is always preferable sometimes this will require changes that are unpalatable e.g. centralisation of services or closure of facilities."

"I think you need to look into funding more community based exercise classes, diet classes and more health walk in the evening and weekends so working people can attend to promote primary prevention."

"Most important is for all staff to have access to my records. I accept this is a national problem but it should be possible to have one set of clinical notes to which all health care professional have access and can contribute to."

"Embrace modern communication technology

- Appointments via e-mail - we still get letters! Emails from doctors to replace letters – I have to speak to a doctor to get test results - why?"

"Local services must be available from a range of providers, not just GP surgeries. GP surgeries have the most information about patients, and should therefore be a hub, but they must be more willing to engage with other providers and information must be shared between them."

"All hospital discharges, regardless of funding issues (i.e. local authority or self-funders) should go through a central point to ensure that the individual and their representatives have full understanding of any on-going reviews/support required after discharge. This needs to include appropriate medicines management."

"Long term condition centres like Diagnostic Treatment Centres – aim to provide specialist support/reduce hospital admissions."

"Develop the role of the community pharmacist - look at the continental models. Care in the home - investigate the Danish system. Develop practical, closer links between Primary Care (GPs) and Hospitals to ensure continuity and consistency."

"All would benefit from better use of the community pharmacy network. There are 113 pharmacies in the county – highly skilled - highly visible in communities – long and extended opening hours – no appointments required."

"These should be the obvious access points for communities for health and social care."

"We recommend that:

- *all Deaf related services should be brought together under the roof of a single organisation. One point of reference, one area of cost, one centre of excellence.*
- *a Deaf centred approach rather than service led approach is the only way Deaf and hard of hearing people will ever be able to move freely among public services that should be available to them but currently are not.*
- *other organisations should no longer struggle with their own, often inferior, solutions to providing access for Deaf people. One point of call makes life easier and less expensive for everyone.*
- *an approach which encourages Deaf and hard of hearing people to see themselves not as 'patients', 'sick' or 'disabled', can help them feel generally less helpless."*

Gloucestershire Deaf Association (GDA)

"The place of the GP seemed to be central to whether and how a greater community focus would work. It would be interesting if more information could be provided as to how this is to be effected. What incentives / contractual devices can be used to bring about the desired changes?"

Healthwatch Gloucestershire

"…the booklet [JUYC] does not address 'end of life care', many older peoples' desire is to die at home, with the support of District or Macmillan nurses. Increasingly people in their late 80s and 90s are saying that they do not wish to have life extending interventions, and that 'enough is enough'."
Stroud District Older Persons' Forum

Question 3:
Prevention - How can health and care services and local communities enable and support people to stay healthy?

"…particularly interested in including our free home fire safety visits in any of your home care services …also be very interested in getting involved in the Integrated Community Teams".
Gloucestershire Fire and Rescue Service

Themes (A-Z)

a) Health and care services

- Education – start talking about the benefits of good health instead of saying it's important. Make good health "desirable".
- Expand initiatives such as "exercise on prescription", Community Health Trainers, Weight Management, joint work with District Councils.
- Grasp the public health nettle – packaging on cigarettes, minimum alcohol price per unit.
- How is CCG working with town planners to improve/increase activity – easy walking?
- Increase screening across the population and raise awareness of the benefits of taking up the screening opportunities that already exist.
- More Local Area Co-ordinators to develop peoples' strengths.
- Promote closed cigarette shelving.
- Promote services available through pharmacies.
- Raise awareness of other local services that are available to support people at risk, or with long term conditions.
- Recognition of early intervention and the long term benefits of providing appropriate education to children and young families.
- Reduce access to fast food.
- Social prescribing that enables people to have FUN and meet other people e.g. art activities, gardening, creative writing
- Work with third sector/community groups to improve access/remove barriers to services for vulnerable patients.

Selected quotes (unattributed):

"More education on chronic conditions
- awareness sessions that people can drop into"

"Expand exercise on prescription scheme."
"Engage with personalisation i.e. exploring patient goals rather than clinical goals - stop the 'done unto' approach."

"Be brutally frank with people that their lifestyle is affecting their health and that the NHS cannot afford to keep treating them if they do not change their lifestyle."

"Open communication. Drop in groups with access to information."

"Increased education as to the ill effects of an unhealthy lifestyle, e.g. adverts in the media which demonstrate more graphically the effects on the body of obesity, or drinking too much alcohol/drug taking. This has been done in respect of smoking to warn people what it does to your body, but there have been no hard hitting messages on other unhealthy lifestyle choices."

"Reformed drug addicts to visit schools to give much needed advice on the harmful effects of drugs."

"Well man and well woman clinics with reminders to attend on a regular basis."

"Develop an annual Cheltenham Festival program on Health & Wellbeing in Gloucestershire."

"Early education of young families/children is essential. Health visiting service could play a bigger part here - some additional resources have been allocated, but this type of service could be further developed."

b) Local communities

Themes (A-Z)

- Communities need support to develop initiatives that will work in partnership with, and complementary to, health and social care services.
- County and District/Town Councils need to take responsibility to encourage healthy lifestyles through local planning e.g. Restricting the number of fast food outlets, licensing hours, vending machines in sports facilities, etc.
- Practice Participation Groups can provide a link between their local communities and health and social care.
- Raise awareness of what is available in the community or create groups where a gap/need is identified.
- Recognition and appreciation of the activity currently undertaken across the county and the contribution that this makes to health and wellbeing.
- Volunteering plays an important part in both the provision of services and the positive impact that it has on the health and wellbeing of the individual volunteers.

Selected quotes (unattributed):

"Community projects and charities are providing a huge range of services and these should be more recognised in being a part of the whole package."

"[establish] '*Healthcare Watch' (like neighbourhood watch) especially for elderly and people living alone."*

"Patient Participation Groups encouraged to look at local need e.g. one Practice Participation Group (PPG) in Stroud District has set up volunteer befriender service after hearing about levels of loneliness from Village Agent."

"Support all communities to develop their own health and wellbeing prevention plan."

"There needs to be more support for the elderly isolated in the community. For many the visit to the GP surgery is a good way to get out of the house and have someone to talk to. In Jack's story, a volunteer/befriender could have played a larger part - or a club for him to attend, where a healthcare assistant could have visited and seen a group of people all at the same time, thereby saving money, rather than seeing individuals at home. Community centres to provide more social activities for the elderly."

"Older people who volunteer report many benefits including extending their social networks, increased involvement in their local community, giving back, utilising skills built up over a life time of work experience, staying active and fit, thinking less about their own problems and more about others - for some people volunteering can provide valuable experience to help them return to work."

"Local communities could use suitably trained volunteers to provide education and coaching/mentoring in healthy living but they need guidance."

"…there are some real opportunities to work with GPs on their 'social prescription concept' and the Information Support Officers on surgeries could predict who would be likely to have a house fire, based on our vulnerability factors, and refer them to us for a home fire safety check"
Gloucestershire Fire and Rescue Service

"On average 2 people over 65 years of age die in house fires every week. In our most recent fire fatalities here in Gloucestershire each victim had underlying 'health' issues – hoarding, poor mobility, bed bound person smoking on an anti-bed sore mattress and mental health [issues]."
Gloucestershire Fire and Rescue Service

"We feel [Day care] is a very under recognised resource which has considerable potential, particularly for people in the re-ablement category of care, following hospital discharge."
Stroud District Older Persons' Forum

Question 4: Self-care – How can health and care services and local communities help support people to be more in control of their own care?

"By providing flexible services based on what works for individual people rather than a rigid system that doesn't give people what they want."

a) Health and care services

Themes (A-Z)

- Bring community organisations together often to share ideas and communication.
- Ensure good use of modern technologies.
- Establish more efficient two way communication between patients and health care professionals
- Flexibility in delivering patient centred services, where patients and their families/carers are involved in decision making and the development of their care plans/packages.
- Genuine investment in voluntary sector – link with Districts.
- Improve access to complementary therapies e.g. Osteopathy, chiropractor.
- Improve education and communication and provide staff with the skills to encourage patients to make lifestyle changes.
- Personalised budgets/direct payments – support is needed to ensure patients and carers can access the most appropriate services and ensure quality self-care.
- Provide appropriate support to carers.
- Provide support for people to start "support" groups/activity groups e.g. locations, a "how to plan". Enable people.
- Support for the development of the Care Co-ordinator role.
- Support local communities to develop support groups and/or community organisations that can complement the health and social care agenda.

Selected quotes (unattributed):

"Providing a menu of options (with recommendations from the GP) that the individual and/or their families, who should know their needs better than most, can choose from."

"agree the care plan with the individual and involving carers and families in the discussions as early as possible even if they live elsewhere in the country."

"Remote monitoring techniques for chronic conditions with alert messages as appropriate."

"Provide support for people to start "support" groups/activity groups e.g. locations, a "how to plan". Enable people."

"Services need to be available locally, in a range of settings at different times."

"Knowledge of motivational interviewing techniques by people providing these services is important in encouraging/persuading people that they want to make the necessary changes. If they are given the right information in the right way, they are more likely to engage. Perhaps some patients need more e.g. refuse non-life threatening surgery or treatment unless patients stop smoking/lose weight."

"Personalised budgets are a difficult terrain for those who do not understand the (complicated) care system. Someone still needs to signpost and advise; so with the local authority letting go of accountability of delivering services, the pressure is put elsewhere - (perhaps local communities) or other organisations. The move to self-care is reliant on effective and accessible communication and information for service users and carers. Navigation across the current system is extremely poor."

Integration of services is a positive step forward… however older people are concerned about communication with care providers at all levels…people who are trusted and have time are Village Agents, who are perceived as reliable, informed and effective."
Stroud District Older Persons' Forum

b) Local communities

Themes (A-Z)

- A directory of services (very local) is required to help direct and divert patients to community/voluntary services/groups/activities.
- Communities need support to develop initiatives that will work in partnership with, and complementary to, health and social care services.
- Community networks play a vital role, particularly for those residents without family support.
- Develop Community Co-ordinators who can help sign-post to non-statutory support and community services.
- District, Town and Parish Councils operate local initiatives which support health and wellbeing. There are opportunities to develop this work in partnership with health and social care.
- Greater investment in and advertising of local support and therapy groups. Access to special school facilities such as hydrotherapy pool.
- Local groups need to be able to share and promote health and social care information with their members.
- Practice Participation Groups arranging Health Events. Can there be a list from which they can draw speakers?

Selected quotes (unattributed):

"A shared vision and approach focussed on improving health literacy, helping and supporting people in making good choices, good networking and using all the local assets and expertise. We all need to make it easy, fun and normal to make the right choices and join in with the right things."

"Share information and educate local gyms, schools, swimming pools, community care groups and charity groups."

"Local specific groups for self-help in common ailments."

"Reference is made in your document to "jointly funding co-ordinators to help join up and develop community support, e.g. Village and Community Agents etc. However, no mention is made of Parish and Town Councils, which could be used as a resource, both in terms of individual councillors and staff."

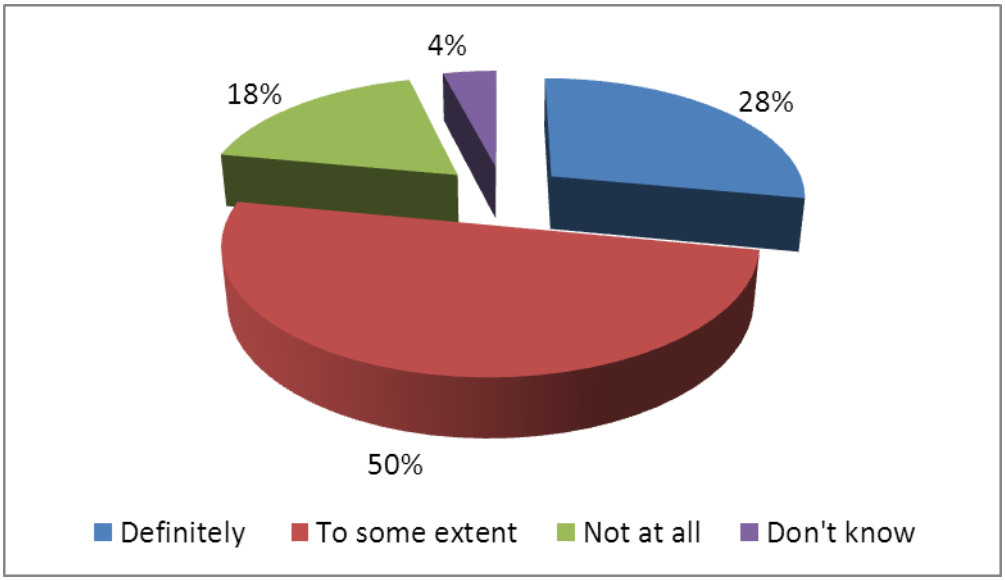
"Building up community networks for those without family support."

"Evidence shows that people often want to change their lifestyles but lack the knowledge and interpersonal tools to succeed. Culture change within local communities is vital as lifestyle choices are often greatly affected by expected social norms. Again communities will need support via local and national Government initiatives to bring about the long-term health benefits required e.g. local affordable access to physical activity initiatives."

"Churchdown Parish Council runs a taxi voucher scheme for those who cannot access bus services by reason of disability or old age. This has been a very successful scheme, and is valued by residents."

Question 5:

Do you think a greater amount of the health and care budget should be spent on supporting people to be more in control of their own care and to stop them from becoming unwell, even if it means there is less money spent on hospital based care?



"There will have to be a transition time where increased spending on supporting people in the community will have to be made at the same time as continuing with the current level of hospital based care so that people are not left without care."

Themes (A-Z)

- Concerns that reducing the funding to hospital based care will result in unmet needs and reduction in quality of the services provided there.
- People need to take more control of their own care and ensure that if they do become ill, they access appropriate services to help them manage their condition.
- Prevention has to be more effective than expensive treatment. However accidents and genetic and auto-immune conditions cannot all be prevented so specialist hospital services budgets must not be significantly reduced.
- Real safeguards and supports for those who cannot – for whatever reason.
- Recognition that prevention and community care may reduce the need for some hospital based care.
- There will always be medical conditions that are not preventable and require hospital admission and it is vital that services are there to support these patients.

Selected quotes:

"I think there should be a gradual and managed shift of some financial resources from hospital care to prevention/self-care and community based care. However, there needs to be clear evidence that this will shift the burden of care for the longer term."

"There needs to be less reliance on traditional services and more 'pump priming' community initiatives."

"Care in hospitals already seems inadequate in many instances (personal experience of friends confirms) so I would worry if too much funding were removed from hospital care."

"Preventative community based services such as befriending and carer respite offer much better value."

"Teaching people to manage conditions themselves is crucial - it's about regaining control over your life and the Experts Patients Programme in Gloucestershire gave my self-worth back."

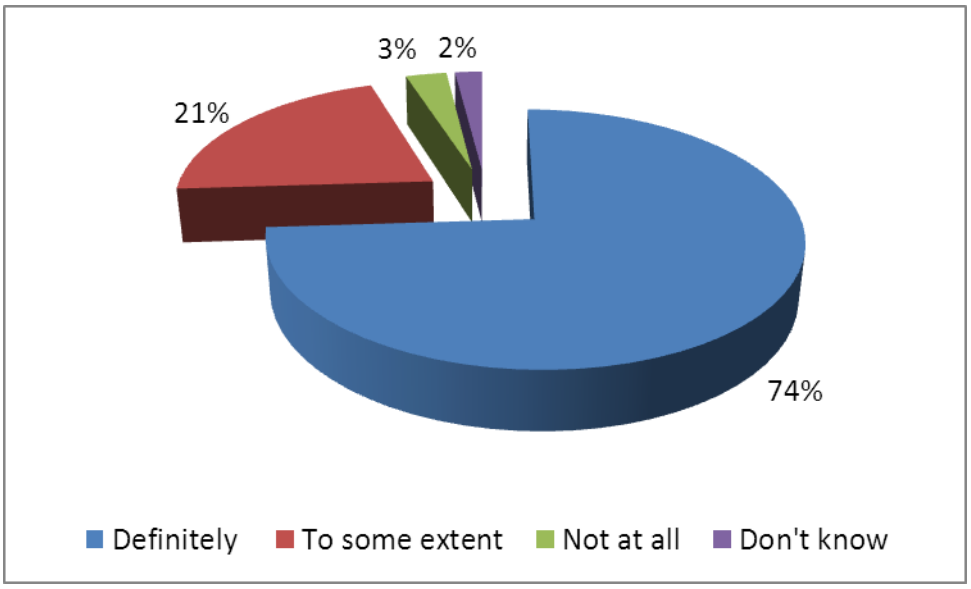
"I do believe more could be done for prevention. It is difficult, however, to argue in favour of reducing hospital care budget."

"My feelings are that the split should be more 50/50. In some situations people either do not want to take control of their own care or are unable to do so."

"It is better for the population to be supported in their own communities and in their own homes, but there will always be need for money spent on hospital based care, as procedures get more common place, more transplants, medication that extends life etc."

Question 6:

Do you think health and care services should ensure that they care for people who have the greatest health and care needs, regardless of where they live in Gloucestershire?



Themes (A-Z)

- Equitable access to services is key, but there is recognition that in a county such as Gloucestershire, some people will need to travel to access services.
- Health and care services should be available to those who need them, regardless of where they live in the county.
- Health inequalities need to be addressed.
- "Need" must be defined effectively. Including mental health dimensions
- "postcode lottery" is unacceptable. Community hubs and specialist services need to consider accessibility for all, especially those with no access to, or funds for, transport.

Selected quotes:

"Health and care needs should be provided on a needs basis and should be equitable to the whole population."

"Your current plan, as stated, is biased that way but need to remember that everyone contributes to your budget via National Insurance and tax etc. and we are entitled to quality care as and when needed."

"Recent decision to give GCC councillors the same amount of money to spend on local health needs is very wrong. Resources should be used to reduce health inequalities."

"Although the document does not make this clear that if we spend more money on those with greatest need there will not necessarily be an equitable service."

"The issue of cost arises here. It must be very costly to provide services (in terms of home visits) to people who live in very isolated, rural locations. There needs to be recognition of this and encouragement for people in this situation, e.g. the elderly, to consider moving to a location where services are more accessible."

"This is a really complex issue. There is rural deprivation as well as urban deprivation. How can you justify making certain services/support available in one locality for 2,000 people, but not make these services/support available in another locality, where there may be only 100 people who need them?"

Question 7

How do you think the NHS should get better value for money?

Themes (A-Z)

- £s spent on mental health means other professionals can be more efficient.
- Divert more money into GP Primary Care Services and less into secondary care.
- Ensure procedures/treatments are undertaken only if there is good evidence of successful outcomes.
- Further investment in services in the community.
- Greater publicity by all NHS bodies to make people aware of non A&E care outside normal hours.
- Greater publicity by all NHS bodies to make people aware of non A&E care outside normal hours.
- Improve communication and co-ordination between agencies.
- Improve procurement and contract management.
- Invest in third sector services to provide support for prevention and self-care.
- Joint appointments with specialists for patients with more than one long term condition to discuss and agree medication and interaction for example.
- Listen to patients needs and provide flexible services to meet them.
- Maximise the use of available resources including weekend working.
- Medication – use more generic medicines and avoid wastage.
- Reduce duplication in assessments, providing joint appointments with specialists and "one-stop" shop style services.

- Reduction in administrative/managerial costs.
- Remove unnecessary restrictions e.g. Physiotherapy recommends equipment but only a paediatrician can prescribe.
- Working together with established specialist voluntary sector agencies can enable better health and wellbeing outcomes for those with long term ill health.

Selected quotes (unattributed)

"By listening to people's needs and adapting flexible practices to meet them e.g. improving discharge, avoiding repetition for the patient and long waits."

"Maximize use of the available resources such as weekend working for consultants and hospital depts. such as imaging."

"Actively help to reduce the medical waste. Renewal of regular medications can often be unnecessary and the surplus drugs cannot be reissued."

"Reduce inefficiencies/duplication. Go for more "one stop" clinics like the breast clinic."

"Work with existing providers to get better services/better value and not feel forced in to costly procurements."

"Better procurement. Economies of scale – work across agencies / organisations / sectors to get the best price e.g. Dressings for Care Homes/Hospitals/GP surgeries."

"Build and staff a new state of the art Community Hospital with integrated services as a major local healthcare hub. (Forest of Dean event)"

"De-clinicalise" mental health service and increase non-clinical services i.e. IAPT. Consultant led care is not always the best route."

"Develop virtual clinics i.e. remove outpatient appointments where appropriate for monitoring purposes. Save clinician time and patient transport costs. Could be follow up at GP practice rather than Outpatient appointment – use the telephone; not always necessary to be there in person."

"Better triage at A&E – divert patients to other services. Consider bringing in other agencies to A&E to signpost/divert."

"Joint appointments with specialists for patients with more than one long term condition to discuss and agree medication and interaction for example."

Question 8

What should we stop doing?

Themes (A-Z)

- Cosmetic surgery – unless there is also clinical benefit.
- IVF – Limit the number of funded opportunities.
- Lots of paperwork and assessments – more active involvement and face to face time with patients/clients/residents
- Providing services for those who continue to abuse alcohol and drugs.
- Repetition of asking the same question for patient/clients
- Stop thinking that rural communities need the same provision of services as urban areas. There are significant differences.
- Strike the right balance between targets and quality of patient experience.
- Treating everyone who attends A&E – People should be redirected when appropriate
- Undertaking procedures/treatments that have limited benefit to the patient.

Selected quotes (unattributed)

"[Stop] t*reating people in A&E who are neither accidents nor emergencies. So realistically diverting those who turn up to alternative services."*

"[Stop] *prescribing medication that people can buy over-the-counter e.g. Paracetamol."*

"[Stop] *getting patients to repeat what has happened to them at every step of the way."*

"[Stop] *duplication of assessment. Too often the same questions are asked over and over again."*

"[Stop] *lots of paperwork and assessments – more active involvement and face to face time with patients/clients/residents."*

"[Stop] *referring patients to hospital when they could be treated at local surgeries, minor injuries etc."*

Community Therapy Services
In JUYC we presented a proposed change to the way appointments for community therapy services are delivered in future. In 2008, NHS Gloucestershire Primary Care Trust, in response to a Public Engagement, not dissimilar in nature to JUYC, set a two week wait standard for community therapy services. At that time, there were significant delays in getting appointments.

Through new ways of working and increased investment locally, there has been a significant reduction in waiting times for these services and, as a result, we put forward in JUYC that we do not think the two week wait standard is needed any longer. The rationale for this is that we think going forward such appointments should be based on an individual's needs and clinical outcomes – this means that if an individual needs care (clinical need) urgently they will be seen quickly (not having to wait for the two week waiting time standard).

There was very little feedback received on this matter during the JUYC Engagement. However, there was a 'theme' relating to targets:

- Strike the right balance between targets and quality of patient experience.

There was also a selection of quotes relating to this theme:

"[Stop] too much emphasis on "targets".
Patients should be listened to and not dictated to."

"Stop focussing on target times (i.e. wait times) at the expense of quality."

Question 9

Thinking about your experiences of the NHS and social care as a whole.....

What do we do well?

Themes (A-Z)

- Appreciation of the dedication and compassion of staff
- Committed staff
- GP services are accessible and supportive
- Listening and responding to a wide range of stakeholders.
- New and improved locality hospitals and greater range of outpatient appointments close to home.
- Specialist hospital services
- Support for carers

Selected quotes (unattributed):

"The NHS has the ability to make a diagnosis quicker than at any time in history, and it treats more patients than ever it has done. The investment in new technology in the field of medicine has had proven benefits."

"Front-line care - the dedication of NHS staff - doctors/nurses etc.
My GP practice is fantastic and I think
generally the service provided by staff is excellent."

"Lots of things! Good management of long term conditions. Emergency care (generally, unless you are taken ill on a Saturday evening when the pubs are out!)"

"The NHS is excellent at the specialist areas such as paediatrics, oncology, orthodontics, maternity care, new technologies etc."

"Emergency services/emergency treatments. Staff are mostly very committed and hardworking, often in rather difficult circumstances."

"Good public engagement and intentions to make improvements. The vision in this booklet is excellent."

"Some GP surgeries are very good at engaging with community organisations for the benefit of patients."

"Listen and respond to a wide range of stakeholders."

"Communication of priorities for the future – very clear documents and love Jack's Story".

"Support for carers - excellent in Gloucestershire. Striving to improve the patient experience. Not enough is made public about what is going on behind the scenes."

"Emergency care, GP provision. Greater specialist care locally from GPs and nurses. New and improved locality hospitals and greater range of outpatient appointments close to home. Relationships with specialists in other parts of the country."

"I have an excellent GP; she is very proactive, listens to me and appreciates that as a person with long term health issues I might have a worthwhile contribution to make to my own care. Being willing to help myself, I find I get a lot of support from my healthcare providers. I have had a quite a lot of experience of healthcare in the county and can honestly say that the majority of nurses and healthcare providers are truly fantastic and incredibly hardworking."

What could we do better?

Themes (A-Z)

- Access to GP services outside of traditional hours.
- Communication between services and patients, and the sharing of patient information between services and with the patient.
- Consider health as both physical/mental, not either/or – joint appointment where possible if both a factor.
- Contact patients to arrange appointment at a convenient time.
- Co-ordination of outpatient appointments.

- Improve community based care and partnership working with community organisations/voluntary sector, etc.
- Improve hospital discharge including discharge planning, support and medication advice.
- Transition from children to adult services.

Selected quotes (unattributed):

"Reducing the wait for follow up tests and following consultant appointments."

"Doing simple blood tests before expensive tests like MRI scans – i.e. think laterally. Such blood tests could occasionally provide the answers!!"

"Forging ahead with development of community based services to reduce the burden on hospital based services. Good to hear that this is starting to happen. Truly join up services and reduce organisational boundaries"

"Better communication from GP practices following an appointment, e.g. getting results from blood tests. Better follow-up care e.g. are further blood tests required?"

"Ensuring there us a proper action plan and proper discharge planning and follow up. It all seems very ad hoc."

"More GP out of hours services - extended hours in surgeries so people don't feel that A&E is the only place at night to be seen quickly."

"By ensuring that care medical records are equally available to GPs and specialist services alike."

"Improve the experience of the initial contact with the NHS - consumer focus at the front of house of GP surgeries and hospital outpatients."

"Provide more support out in the community. Start-up self-help groups in localities. Work alongside organisation out there i.e. stroke clubs, Gloucestershire carers etc."

"Improve care for those with complex combinations of chronic disease. A more holistic approach to prescribing - stop medicating the population e.g. statins."

"Improve communication e.g. use of email to GPs rather than having to go to the surgery to ask a question."

"Co-ordination of appointments so one trip to hospital allows several appointments/ tests to be done."

"Improve transition from paediatric to adult services and base this on patients' needs not age."

"Encouraging a culture of "thinking outside the box" to meet patient needs e.g. working with other health professionals such as osteopaths or with employers."

Where do we need to focus our efforts?

Themes (A-Z)

- Communication and information sharing between services and between services and patients.
- Improving access to GP services and out of hours care.
- Improving discharge and ensuring appropriate care packages are in place.
- Involvement of patients and carers in decisions about their care.
- Managing demand for A&E services, ensuring that people are accessing services appropriately.
- Prevention and self-management of long-term conditions.
- Providing care in the community, developing robust integrated community teams and avoiding inappropriate hospital admissions.

Selected quotes (unattributed):

"Ensure care packages are in place before patients are discharged and ensure that the care at home is reliable."

"Admitting to general hospitals only when necessary as it is so costly, providing a better 24/7 service in the community so that people can be safely treated in their own homes or care homes or community hospitals, improving discharge planning and speed of access to services and funding to release beds sooner."

"Ensuring people can access OOH care, using skills of paramedics rather than keeping them caring for patients outside A&E as seems to happen now, GP appointments -- extremely hard to get a same day urgent appointment."

"Focus efforts on primary prevention and reducing obesity and smoking and also on better care for patients with long term conditions in Primary Care."

"Changing the culture of health professionals so that they don't think they have to have all the answers for people. Work with people, don't lecture adapt to modern society using new technologies, involving and collaborating with other agencies."

"Involve carers (i.e. family members) in all cases. Focus on early intervention promoting awareness in all illnesses."

"Developing strong integrated teams. Cutting paperwork so nurses can actually do the job they trained for."

"Improving communication across services,

eliminate duplication e.g. tests/assessment, understand reasons for delays and blockages at hand-offs and address issues."

"Keeping people at home rather than going to hospital. Too many people go to hospital when they could get care at home."

"People who are fit to leave hospital should not be in hospital."

"Prevention and self-management; make people more aware of what is available to help them help themselves stay well and manage their health long term. Avoidance has got to be less resource heavy than treatment after the fact."

"Reducing waiting times, by making use of the skills of other health care professionals, thus freeing up doctors' time, and streamlining/ improving efficiency in diagnosis and treatment."

"Involving patients in designing services around the patient. Use of innovation, modernise the way we do things."

Question 10

Do you have any other comments or suggestions to make?

"We want to work more closely with Health to have an input into the commissioning of services and to show how services that we provide or can develop can be part of an integrated solution."
Gloucester City Homes

Themes (A-Z) – no themes identified

Selected quotes:

"Keep communicating developments/priorities - it was good to read in the booklet about all the things that are being done. Jack's Story really brought it to life."

"We need to decide as a society if we want to carry on accepting that individuals have the rights to abuse their health and expect the NHS to deal with all the issues that this results in - or do we want to take a more pro-active approach and be more directive in getting individuals to take more responsibility for their own health."

"The overall vision is great and makes very good sense. Well done for developing it."

"I think this initiative has served to give people like me a greater understanding of NHS priorities in an easy to understand way."

"Cheltenham residents don't want Cheltenham General downgraded further. Especially A&E."

"The role of carers does not seem to be taken into account in the document. They play a hugely important role and there is little acknowledgement that, without them, health services would be under considerably more pressure."

"Make alternatives to A&E genuinely easily accessible for all and publicise them."

"Overall, supporting increasing numbers of older people to live at home with complex health needs will be very expensive, no matter how efficiently the services are organised. There must be an argument for increased provision of sheltered and semi-sheltered accommodation."

"The NHS has to become more cost conscious. To get more money into the system prescriptions should all be paid for, to reduce the waste in drugs. A £5 per day meal charge would remove the excuse for poor meals. People who are unwell need nutritious food to help recovery. There should be a charge for missed appointments unless there are extenuating circumstances".

"People are living longer so more care is needed, more homes, local hospitals and surgeries are essential. Pressure on Gloucester Royal Hospital could be alleviated by using local hospitals even more and by extending them, not closing them."

"Older carers are often very committed to their married partners and feel a sense of failure if that partner has to go into residential care…a full day of Intermediate care can give a carer a real break."
Stroud District Older Persons' Forum

"… as these plans move into further consultative phases it is important to provide clarity as to: how success is to be evaluated; what form public engagement will take as dis-investment / re-investment options become clear; how smaller localities are to be engaged with; and how service users / patients are to be included in the service design elements of these newly configured, joined-up pathways."
Healthwatch Gloucestershire

Part 4

4.1 Feedback received regarding the JUYC Engagement activity

As well as feedback regarding the ten JUYC questions above, some respondents, predominantly those who provided written responses, also made constructive comments regarding the JUYC communications and engagement activities and put forward suggestions for consideration for future GCCG engagement and communications exercises. These have been grouped below into feedback regarding particular elements of the JUYC communications and engagement activities

General comments

"The consultation / engagement process have been appreciated by many people".
Stroud District Older Person's Forum

"Representative from the GCCG…has been very positive and receptive to our concerns."
DROP

Suggestions:

- More interaction with the mental sector and / or service providers.
- Networking opportunity with other stakeholders is valuable.

Stakeholder events (A-Z)

"[at Stakeholder events] *Difficulty of assessing how to pitch the language levels and what assumptions to make about how much of the context is already known. This is obviously always a great challenge. Attendees may not know what the CCG is, or be unaware of boundaries between GCS, Primary and Acute services and be unfamiliar with what constitutes "specialist services".*
Healthwatch Gloucestershire

"Could further thought be given to how "the general public" and "real users of service" can be included so that briefing material … and access to CCG personnel can be more extensive?"
Healthwatch Gloucestershire

Suggestions:

- Focus group discussions are a waste valuable time, prefer the approach taken this time to provide more time for networking and informal discussion, much more productive.
- Information to be shared further in advance for planned events.
- More time should be allocated on the agenda for Question and Answer sessions.
- Small group discussion facilitated by CCG Board members.
- Stakeholder events could be opened up to the public.

Animations and Materials, including the feedback form (A-Z)

"The engagement booklet was professionally produced, with a good use of graphics and colours."
Healthwatch Gloucestershire

"Concerned with the use of fictitious case studies that appear to be an amalgamation of several, perhaps real stories into one. We could not identify with any of them and the lack of realism is apparent. We feel it may appeal to a middle ground."
DROP

"Jack's Story clearly illustrated the relevant principles and proposed focus of care, However, it seemed to stop short of explaining how care was to be picked up in the community apart from a brief mention of a specific scheme in Gloucestershire."
Healthwatch Gloucestershire

Suggestions:

- Carers are not represented in the Joining up your care diagram.
- Could a mix of animation and "real-life to camera" patient stories help to illustrate the plans?
- Engagement booklet is wordy and inaccessible. This can be particularly worrying for people with sensory impairments. Essentially, placing a great deal of text over a mixture of green and blue can be pleasing to some, but to people with impairments it is unhelpful.
- It was difficult to disagree with broadly acceptable principles, yet the material in places lacked the detail to demonstrate how the aims would be achieved, what funding would be required and other dependencies. In places it was difficult make a reasonable comment and one or two questions were felt to be rather leading.
- It was not necessary to show the animations at stakeholder events – attendees should have been instructed to watch them in advance of the event
- Perhaps the availability of the other animations could have been brought forward so that they were available throughout the 8-week period as it was not always easy to apply "Jack's" experience to a wider range of people?
- The animations are helpful to tell the story in a more simplistic way.
- The Local Authority presence is not shown in the Joining up your care diagram.
- We want to see real case studies of people with multiple, complex, long-term needs (that overcome confidentiality concerns); a study with a person with a severe mental illness, and a study that describes someone with a life-long condition.
- Where there are several varied audiences for a single booklet, might a glossary be useful?

Public events

Suggestions:

- At the Public drop-in events it was difficult for some of the detailed context of JUYC to be communicated in depth - some attendees felt that the information sharing there was rather too limited in scope.
- Public Panel discussions would be a good idea on the radio or television.

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Healthwatch Gloucestershire
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Becky Parish
Associate Director, Patient and Public Engagement
NHS Gloucestershire Clinical Commissioning Group
On behalf of the health and care community in Gloucestershire

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v2 14 March 2014 – additional summary of key themes added on pages 3-4 following discussion at GCCG Governing Body Meeting 13 March 2014.

[5] This is not an exhaustive list, many others contributed towards JUYC Engagement activity.