

PPG Conference 2017

Introduction

The PPG Conference 2017 was held on Thursday 2 March at The Villa in Wrea Green. A total of 49 delegates attended, with 15 out of 19 practices being represented. Thirty three evaluation forms were returned and 100% of respondents said that they found the conference relevant and useful.

Below is a round-up of the findings/discussions from each workshop. If you have any further questions, or would like any help or advice in relation to your PPG or social media as a tool for engagement, please contact Lyndsey Shorrock, senior communications and engagement officer: Lyndsey.Shorrock@fyldeandwyreccg.nhs.uk.

Workshop 1 – what makes an excellent healthcare system?

In order to support the ongoing engagement work around how the CCG and local organisations will work together in the future to provide out of hospital care, delegates were asked to consider what makes a community health service 'excellent' and in doing so prioritise a number of statements around what was most important to them. The prioritised statements will be used by the CCG to develop 'objectives' to measure the quality of community health services in the future.

See **Appendix 1** for the full report into that engagement activity.

Workshop 2 – how can we encourage people to use Patient Access?

One of the standout messages from the discussion around Patient Access was that the ease of registering and subsequently using the system must be as simple as possible, if it is not then people will quickly give up on it. The current registration process is long and complicated, some patients, particularly some older patients, need a lot of encouragement and support to use the system.

The issue around GP appointments not always being booked appropriately was also raised, as well as the fact you can't book healthcare assistant or nurse appointments; people felt this would be beneficial.

Suggestions for the promotion of online services

- Speak to patients who are already using online services and find out first-hand what makes them use it most.
- Place a fixed laptop or iPad in reception areas which provides a demo of online services and other health information from sources such as patient.co.uk. This will help improve people's confidence in using the technology. Introduce 'Patient Access champions' to support this.
- Launch a myth busting campaign – lots of people will have fears/anxiety about their medical history being available for anybody else to see and think that if it's on the internet then it isn't secure. That's not the case, so tell them.

- Practices could send a text message to patients who have their mobile phone registered. The likelihood is that lots of these will have smart phones and will be comfortable with using technology/internet.
- Target parents and carers – get them registered and ask them to register the person they care for at the same time.
- Produce more of the pull-up banners like the antibiotics campaign. These were well received by practices and patients.
- Develop a training toolkit for practice receptionists. They need to be able to sell-it to people face-to-face or over the phone, so give them the tools to do this.
- Promote via practice Facebook accounts.
- Hold outreach events in the community.
- Develop Fylde and Wyre specific promotional materials, rather than national posters.
- Note on prescriptions.
- Simplify sign-ups to allow people to sign up online. Perhaps requests patients take ID to their first appointment after signing up online.
- Posters in other public locations, not just GP surgeries.
- Promote via school newsletters.
- Text message to sample group of service users, young first as lower users of services (e.g. phased)
- GP screens.
- Include on new patient registration forms for e prescriptions.
- PPG leaflet to promote online services.
- Dedicated week of awareness with PPG support.
- Talks at other groups e.g. Age Concern, rotary, schools
- Email patients.
- Advertise at flu clinics.
- Advertise via other large organizations – police force, civil service
- Mother and baby groups.

Workshop 3 – How can PPGs add value?

There were a great number of examples of fantastic work by PPGs across Fylde and Wyre over the past 12 months. Real success was seen where PPGs made one key theme a priority for the year, for example dementia.

- Hold open days for newly registered patients at the practice.
- Be an advocate and champion for timely health messages/campaigns with the wider practice population.
- Carry out regular review of practice facilities/surroundings to make sure still appropriate for patients, e.g. are mother and child rooms fit for purpose, are chairs in waiting room suitable for elderly patients who aren't good on their feet?
- Carry out regular surveys of patients about experiences of the practice.
- Continue to support flu clinics and promotion of these.
- Would be more representative of local communities if we could engage more with younger people.
 - Suggestion to add involvement with a PPG into medical students' courses.
- Working on a neighborhood basis
 - Lots of untapped skills, talent and expertise. Could each area come up with a project, develop the materials and plan etc. then share it so each neighborhood has four ready-made campaigns each year.
- Create a work plan the PPG chairs can agree to.

- Identify PPG chair 'experts' to look at the work of other PPGs and take forward good practice by attending other PPG meetings (peer review).
- Hold community coffee mornings.
- Offer support to carers.
- Create a PPG Facebook group.
- Produce a mission statement.
- Produce a list of 'you said, we did' to be displayed within the practice/on the practice website.
- Create a PPG notice board
 - Photos of members where possible
 - Share minutes from meetings (also on website)
 - Advertise Facebook page (if appropriate)

Success stories

- Self-care promotions including during Self Care Week.
- 'Floor walks' to encourage new members to join the PPG.
- Working with carers and bringing in people from NCompass etc.
- Set up space for children's artwork and asked for themed contributions to encourage young people interaction.
- Produced a healthy living booklet entitled 'Free Medicine' – catchy title encourages people to open it up – used by GPs and promoted in local primary schools.
- Put up a whiteboard for comments on 'how can we improve?'
- Dementia friendly awareness training.

Barriers

- Groups are mainly older people who can struggle with technology.
- Chairing meetings – need a strong chair to ensure meeting protocols and effectiveness.
- Practice support (staff and GPs) has been shown to develop a more successful PPG.

How can the CCG help PPGs?

- Provide more information on local community venues/facilities to hire in order to hold events/meetings. Not all practices have a suitable large room and so often need to look elsewhere, but not always sure what is out there. A register of approved and appropriate venues might be useful.
- Carry out a skills audit of PPGs and facilitate learning between groups to standardise quality across the patch.
- Increase promotion of PPGs on social media and wherever possible encourage engagement with younger patients. This is a particularly challenging issue.

PPG Awards

The first ever annual PPG Awards were held at this year's conference which gave PPGs and practices the opportunity to recognise the impact they had made on health and care in their area. The CCG wanted to honour the dedication of local PPGs and their members, as well as those practices that truly embrace their local volunteers.

Over Wyre Medical Centre was named 'Most Engaged Practice'. Ash Tree House was given the award for 'Most Improved PPG', with Broadway Medical Centre being highly commended in this category.



Karen Donely from Holland House PPG was named 'PPG Volunteer of the Year', while Ian Gibson from Over Wyre Medical Centre PPG and Pauline Kennedy from Fleetwood Surgery PPG were both highly commended in this category. Finally, The Thornton Practice PPG was named 'PPG of the Year 2017'.



The awards were presented by Fylde and Wyre CCG's chief nursing officer, Jennifer Aldridge, who commented on the extremely high standards of all the entries received.

Conclusion

The senior communications and engagement officer will now work closely with the PPG chairs group to further explore some of the ideas raised at the conference, particularly around neighbourhood PPG working and the idea of PPGs specialising in certain areas. Sharing best practice will also become more of a focus with a push for PPGs to share resources, where appropriate, for the benefit of the greater patient population.

Appendix 1

Multispecialty Community Provider *A new way of working*

Engagement Report
March 2017

Prepared by Lyndsey Shorrock
Senior Communications and Engagement Officer
April 2017

Executive summary

NHS Fylde and Wyre Clinical Commissioning Group (CCG) is committed to listening to patients, members of the public and partners to ensure their views and experiences inform quality improvements and commissioning intentions, as well as informing the public about the work which is being carried out by the CCG. In February 2017, the CCG utilised a number of engagement events to provide an update on its 2030 Vision, specifically the new models of care, as well as looking at how the provision of services may be developed in the future.

The main focus of the engagement activity was to consider what makes a community health service 'excellent' and in doing so prioritise a number of statements around what was most important to them. The prioritised statements will be used by the CCG to develop 'objectives' to measure the quality of community health services in the future.

A total of 163 people took part in both a face-to-face and online setting. Having looked at all data sets (both quantitative and qualitative), prevention/education, self-care and accessible, timely and coordinated care, as well as good communication are key themes. Early diagnosis and treatment of illnesses in a coordinated way is very significant for most people. People also think it is important for everyone to use services appropriately and that everyone should be treated with dignity and respect.

About the events

In February 2017, the CCG held six events (five public and one for CCG staff) to support the development of the emerging multispecialty community provider (MCP). The events gave an update on the CCG's 2030 Vision and specifically the new models of care, as well as an insight into how the provision of services may be developed in the future.

Importantly, attendees were invited to take part in a workshop in which they were asked what an 'excellent' health service looked like, as well being asked to prioritise a number of quality measures for community services. One public event was held in each neighbourhood, with a final one at the annual conference for local practice participation groups (PPGs). In total 130 people took part.

Out of 75 evaluation forms returned, 73 people said they found the information they received useful. In terms of how events could be improved in the future people stated that they would like:

- To see more of these types of events
- To receive more locally relevant information
- To receive updates from events such as these
- More time for Q&As
- The workshops to feature smaller groups with more time for discussion

Workshop exercise

Attendees at each event were split into two groups and asked to take part in a workshop which was split into two parts:

Part 1 (not included at the PPG conference) – the groups were asked to spend 15 minutes answering: what does an excellent health service look like?

Part 2 – the groups were asked to spend 35 minutes prioritising 27 quality measures as high, medium or low – evenly split where possible.

An online survey was also produced which replicated this exercise. The two sets of data were then combined which resulted in the measures being ranked overall as per the table below:

| Ranking | Measure |
|---------|--|
| 1 | Fewer A&E attendances for people who could be seen or supported elsewhere |
| 1 | Ensure illnesses are diagnosed at an early stage |
| 3 | Ensure patients receive coordinated care |
| 3 | Ensure early treatment is provided for illness |
| 5 | Fewer people with chronic conditions making unplanned visits to hospital |
| 6 | Improve uptake of screening programmes |
| 6 | Help people to self-care when they have a minor illness or injury |
| 8 | Ensure patients are treated with dignity and respect |
| 9 | Fewer people developing long-term conditions, such as diabetes |
| 10 | Support patients to manage their own health condition |
| 11 | Support patients to die in their chosen place |
| 12 | Increase in healthy life expectancy |
| 13 | Reduce loneliness and social isolation |
| 13 | Ensure patients know who is coordinating their care |
| 15 | Support people to make healthy lifestyle choices |
| 16 | Support people to be cared for in their own homes |
| 16 | Where appropriate, make technology available for care to be better managed |
| 18 | Reduce 'health inequalities' |
| 18 | Support independent living, especially for people with mental health problems or learning disabilities |
| 18 | Support patients to find the right health and wellbeing services for them |
| 21 | Reduce the number of older people who fall |
| 21 | Improve people's overall feeling of wellness |
| 23 | Support patients to make informed choices about their care |
| 24 | Provide services closer to home |
| 25 | Provide services at convenient times |
| 26 | Ensure patients only have to tell their story once |
| 27 | Increase patient satisfaction |

Particular attention should be paid to the measure 'ensure patients are treated with dignity and respect'. This was introduced part way through the public events as it was consistently raised as an issue. In all eight of the workshops (this includes the online results as a 'workshop') where it was included, it was rated as a high priority. Therefore, it was given a medium rating eight more times as a fair estimate in order for it to receive a more relevant ranking. Had it been included in all workshops, it may well have been ranked even higher.

Methodology

The methodology which was used to achieve an overall ranking from the workshops was to give each 'high' priority measure a score of three, each 'medium' priority measure a score of two and each 'low' priority measure a score of one. The scores were then combined to give the total and the final ranking position (see Appendix A for the full table of workshop results).

The online survey was done via Survey Monkey which ranked the measures via a percentage score (see Appendix B for the full table of online survey results).

In order to combine the two sets of data, the online survey rankings were treated as an individual 'workshop' and the above principles were applied: the top nine measures were given a high priority score of three, the middle nine were given a medium priority score of two and the final nine measures were given a low priority score of one – the scores were then combined (see Appendix C for the overall rankings with scores attached).

Limitations

In terms of feedback, some people felt the workshop exercise was a little too demanding in the given time frame and would have been better had there been fewer measures. Many people found it very hard to prioritise the quality measures, as so many of them were deemed to be a high priority. In addition, some of the measures prompted a great deal of discussion because they meant different things to different people, and so prioritisation was difficult.

Attendees also felt a number of the measures were repetitive. Moreover, some groups felt their rankings could have been more insightful if they had been given more context to some of the measures. For example 'improve uptake of screening programmes' – people felt it would have been useful to know what current screening levels were in order to determine whether or not this was a priority.

The differences in the environment in which the exercises were carried out should be also be noted, i.e. those who carried out the online survey weren't privy to any prior information in the form of the presentations or indeed the influence of others in an open debate.

Finally, the way in which the workshops were executed should have remained consistent and this wasn't always the case, i.e. ensuring nine measures were included in each priority group.

However, all things taken into consideration, it is not thought that these limitations will have dramatically skewed the results.

Qualitative data

Analysis of the qualitative data from both the events and the online survey shows some clear themes and trends (see Appendix D and E for the verbatim comments).

People said it was important to have the right care, at the right time, in the right place and that care should be coordinated. They also believed that accessibility, both in terms of services and information, should be a high priority for an excellent health service.

Interestingly, what people have previously identified as being important/a high priority, such as providing services closer to home and at convenient times, as well as patients only having to tell their story once, were, overall, deemed a lower priority in the context of the other suggestions.

Finally, good communication, prevention/education and people taking responsibility for their own health were also key themes and there was a clear link between these themes. It was repeated in a number of the workshops that in order for people to take responsibility for their own health they needed to be educated through various communications channels, both in

terms of how to keep themselves fit and well and also knowing which services to use and at which time (i.e. appropriate use of services).

Conclusion

A number of clear themes have emerged through general discussion of what makes a community health service 'excellent':

- Prevention/education
- Supporting self-care
- Care that is accessible and timely
- Care that is coordinated
- Good communication
 - Between professionals and different providers of services
 - In terms of signposting and education (in relation to self-care)

Analysis of the prioritisation exercise with suggested outcome measures shows the following measures to be of the highest priority to be people:

- Fewer A&E attendances for people who could be seen or supported elsewhere
- Ensure illnesses are diagnosed at an early stage
- Ensure patients receive coordinated care
- Ensure early treatment is provided for illness
- Fewer people with chronic conditions making unplanned visits to hospital
- Improve uptake of screening programmes
- Help people to self-care when they have a minor illness or injury
- Ensure patients are treated with dignity and respect
- Fewer people developing long-term conditions, such as diabetes

All of the feedback received will now be used to inform the development of the multispecialty community provider.

A huge thank you must go to all of those who gave up their time to give their views. Any future developments which are made as a direct result of this engagement will be fed back to those who have been involved.

Appendices

Appendix A – measures as ranked through the face to face workshops

The table below ranks each outcome measure in terms of how it was prioritised overall following the roadshow and PPG workshops – 1 being the highest and 27 being the lowest:

| | Measure | 1 | 2 | 3 | Total |
|-----|--|----|---|----|-------|
| 1. | Fewer A&E attendances for people who could be seen or supported elsewhere | | 2 | 13 | 43 |
| 1. | Ensure illnesses are diagnosed at an early stage | | 2 | 13 | 43 |
| 3. | Ensure patients receive coordinated care | 1 | 3 | 11 | 40 |
| 3. | Improve uptake of screening programmes | 1 | 3 | 11 | 40 |
| 3. | Fewer people with chronic conditions making unplanned visits to hospital | | 2 | 12 | 40 |
| 3. | Ensure early treatment is provided for illness | | 2 | 12 | 40 |
| 7. | Help people to self-care when they have a minor illness or injury | 1 | 5 | 9 | 38 |
| 8. | Ensure patients are treated with dignity and respect | | 8 | 7 | 37 |
| 8. | Fewer people developing long-term conditions, such as diabetes | 1 | 6 | 8 | 37 |
| 10. | Support patients to die in their chosen place | 1 | 5 | 8 | 35 |
| 11. | Increase in healthy life expectancy | 3 | 5 | 7 | 34 |
| 11. | Support patients to manage their own health condition | 2 | 7 | 6 | 34 |
| 13. | Reduce loneliness and social isolation | 3 | 6 | 6 | 33 |
| 14. | Ensure patients know who is coordinating their care | 3 | 7 | 5 | 32 |
| 15. | Support people to make healthy lifestyle choices | 5 | 4 | 6 | 31 |
| 16. | Reduce 'health inequalities' | 5 | 5 | 5 | 30 |
| 16. | Support independent living, especially for people with mental health problems or learning disabilities | 5 | 5 | 5 | 30 |
| 16. | Support people to be cared for in their own homes | 3 | 3 | 7 | 30 |
| 19. | Where appropriate, make technology available for care to be better managed | 2 | 9 | 3 | 29 |
| 20. | Support patients to find the right health and wellbeing services for them | 5 | 7 | 3 | 28 |
| 21. | Reduce the number of older people who fall | 6 | 7 | 2 | 26 |
| 22. | Improve people's overall feeling of wellness | 7 | 6 | 2 | 25 |
| 23. | Support patients to make informed choices about their care | 8 | 5 | 2 | 24 |
| 24. | Provide services closer to home | 8 | 6 | 1 | 23 |
| 25. | Provide services at convenient times | 9 | 5 | 1 | 22 |
| 26. | Ensure patients only have to tell their story once | 12 | 1 | 2 | 20 |
| 27. | Increase patient satisfaction | 12 | 3 | | 18 |

It should be noted that many people found it very hard to prioritise the quality measures, as so many were deemed to be a high priority. In addition, some of the measures prompted a great deal of discussion because they meant different things to different people, and so prioritisation was difficult. Therefore there are some anomalies: while a total of 15 workshops were carried out, not every measure totals 15 in its rankings due to factors such as time constraints and some groups being unable to prioritise some of the measures.

Appendix B – measures as ranked through the online survey

| | Measure |
|-----|--|
| 1. | Ensure illnesses are diagnosed at an early stage |
| 2. | Ensure early treatment is provided for illness |
| 3. | Ensure patients are treated with dignity and respect |
| 4. | Fewer A&E attendances for people who could be seen or supported elsewhere |
| 5. | Ensure patients receive coordinated care |
| 6. | Support patients to find the right health and wellbeing services for them |
| 7. | Support patients to manage their own health condition |
| 8. | Help people to self-care when they have a minor illness or injury |
| 9. | Where appropriate, make technology available for care to be better managed |
| 10. | Support people to make healthy lifestyle choices |
| 11. | Support patients to make informed choices about their care |
| 12. | Fewer people developing long-term conditions, such as diabetes |
| 13. | Increase patient satisfaction |
| 14. | Fewer people with chronic conditions making unplanned visits to hospital |
| 15. | Improve people's overall feeling of wellness |
| 16. | Support people to be cared for in their own homes |
| 17. | Ensure patients know who is coordinating their care |
| 18. | Provide services closer to home |
| 19. | Reduce 'health inequalities' |
| 20. | Support independent living, especially for people with mental health problems or learning disabilities |
| 21. | Ensure patients only have to tell their story once |
| 22. | Provide services at convenient times |
| 23. | Improve uptake of screening programmes |
| 24. | Increase in healthy life expectancy |
| 25. | Reduce loneliness and social isolation |
| 26. | Support patients to die in their chosen place |
| 27. | Reduce the number of older people who fall |

Appendix C – measures as ranked overall

| | Measure | 1 | 2 | 3 | Total |
|----|---|---|---|----|-------|
| 1 | Fewer A&E attendances for people who could be seen or supported elsewhere | | 2 | 14 | 46 |
| 1 | Ensure illnesses are diagnosed at an early stage | | 2 | 14 | 46 |
| 3 | Ensure patients receive coordinated care | 1 | 3 | 12 | 43 |
| 3 | Ensure early treatment is provided for illness | | 2 | 13 | 43 |
| 5 | Fewer people with chronic conditions making unplanned visits to hospital | | 3 | 12 | 42 |
| 6 | Improve uptake of screening programmes | 2 | 3 | 11 | 41 |
| 6 | Help people to self-care when they have a minor illness of injury | 1 | 5 | 10 | 41 |
| 8 | Ensure patients are treated with dignity and respect | | 8 | 8 | 40 |
| 9 | Fewer people developing long-term conditions, such as diabetes | 1 | 7 | 8 | 39 |
| 10 | Support patients to manage their own health condition | 2 | 7 | 7 | 37 |
| 11 | Support patients to die in their chosen place | 2 | 5 | 8 | 36 |
| 12 | Increase in healthy life expectancy | 4 | 5 | 7 | 35 |
| 13 | Reduce loneliness and social isolation | 4 | 6 | 6 | 34 |
| 13 | Ensure patients know who is coordinating their care | 3 | 8 | 5 | 34 |
| 15 | Support people to make healthy lifestyle choices | 5 | 5 | 6 | 33 |

| | | | | | |
|----|--|----|---|---|----|
| 16 | Support people to be cared for in their own homes | 3 | 4 | 7 | 32 |
| 16 | Where appropriate, make technology available for care to be better managed | 2 | 9 | 4 | 32 |
| 18 | Reduce 'health inequalities' | 6 | 5 | 5 | 31 |
| 18 | Support independent living, especially for people with mental health problems or learning disabilities | 6 | 5 | 5 | 31 |
| 18 | Support patients to find the right health and wellbeing services for them | 5 | 7 | 4 | 31 |
| 21 | Reduce the number of older people who fall | 7 | 7 | 2 | 27 |
| 21 | Improve people's overall feeling of wellness | 7 | 7 | 2 | 27 |
| 23 | Support patients to make informed choices about their care | 8 | 6 | 2 | 26 |
| 24 | Provide services closer to home | 8 | 7 | 1 | 25 |
| 25 | Provide services at convenient times | 10 | 5 | 1 | 23 |
| 26 | Ensure patients only have to tell their story once | 13 | 1 | 2 | 21 |
| 27 | Increase patient satisfaction | 12 | 4 | | 20 |

Appendix D – verbatim comments from roadshow workshops

WIN Neighbourhood roadshow – 22 February 2017 Thornton Methodist Church – 25 attendees

What makes an excellent health care service?

- Treated well
- Best care when needed
- Excellent care at every stage of life – birth to end of life
- End of life care extremely important
- Knowing where to go to get help/best care
- Not just online – need accessible information for all
- Properly financed
- Don't have to go to GP – just need to see most appropriate person
- Young people with more complex health problems seen more locally at a time that suits – mental health care in particular is lacking for young people
- More telephone access for young people – easier access because they are a group that can't always access help easily
- Apps for young people
- Need to signpost things like Silverline – might stop people going to doctors 'just for a chat'
- Effective use of resources – high quality resources
- Joint responsibility – self-care
- Carers recognised as partners in care
- Conditions can be as a result of being a carer – if more support for carers, may result in less need to call on health service
- Multiple problems need to be looked at as a whole – the whole story
- Efficiency = freeing up the service
- Move to joined up working – more coordination
- Communication – people need to know they can access their own records
- Prevention is key
- Motability
- Easy access
- Smooth running
- Effective, good communication
- Coordinated services

- Knowledgeable staff at the front line for appropriate referral and signposting
- Trusted health professionals and good relationship/rapport with health professionals
- People who have time to care
- Pathways to the appropriate person
- Timeliness – speed of treatment/care/appointments
- Right people at the right time
- Flexible to meet the needs of different groups
- Continuity of care – tell the story once
- Informed patients – why are you being referred etc.
- Adequate time for appointments and appropriate
- Reduce “waiting room” times (e.g. all clinic appointment times are the same so you have to wait)

Focus group comments

- Patient satisfaction – if high priority measures are fulfilled, this will fall into place
- Patient’s need to take responsibility for their own health
- Psychological support for people with long term conditions
- Care in own home – more thought needs to be given
- Objective should be – is it working? If not, why not?
- Services need to be in place
- Clinical outcome more important than patient satisfaction
- What does “health inequalities” mean?
- Self-care and responsibility for own health
- A&E attendees would reduce with adequate appointments in GPs etc.
- Better for longer
- Not what do you measure, but how do you measure
- Screening is only useful when there are appropriate services that make a difference
- Individuals should be pro-active about their own health and equipped to do so
- Sometimes telling the story more than once as you may forget something and different people (health professionals ask different questions)

Fleetwood Neighbourhood roadshow – 23 February 2017
YMCA – 12 attendees

What makes an excellent health care service?

- Easy access at every level
- Information in layman’s terms
- Communication
- Transport in rural areas
- Done in a timely manner
- Easy access to GP appointments
- Triage nurse at GP surgeries and/or community pharmacy
- Health checks/MOTs for older people
- Joined up – links between health and social care
- Accurate diagnosis
- Suitable treatment in the proper location – will travel to get best treatment but many don’t want to – need to change mind-set
- Self-diagnosis can be problematic
- Cancer treatment locally and it was fantastic
- Telecare
- PR needed for pharmacists

- Review of how conditions are being managed
- Exercise
- Community pharmacy can help support uptake in screenings – advertising
- Healthy eating
- Coordination is important, but do we need to know exactly who is coordinating? – possibly not
- Need to have alternatives to technology for those who don't want to/can't use it
- Services timely – don't necessarily mean convenient
- Falls service check
- Quality community care beds, eg rehab/step up and down
- Treat person as a “whole” – can have a number of appointments for different conditions
- Access – e.g. for people in rural locations public transport
- Personalised
- Listened to
- Respect and dignity
- Realistic appointment times
- Confidentiality e.g. getting results in private at blood clinic
- Modern facilities that meet the community's needs
- Continuity of care – able to build relationship
- Caring – staff attitude
- Information – about condition, treatment, what's available, how to give feedback, good communication
- Give patient choice e.g. female doctor
- Patient outcomes

Focus group comments

- Cared for at home? Would feel safer in hospital – individual choice/depends on circumstances
- Die at home? Depends on circumstances/support available
- All patient should have an end of life plan
- “Patient satisfaction” – what does satisfaction mean? Feeling everything that could be done has been – good communication/explanation from clinician
- Care closer to home more important to people in rural areas
- Technology can take the human element away – will become more popular over time. People not familiar with technology need support.
- Coordinated care important – something to aspire to
- Very little support at the moment for people with mental health problems and learning disabilities

Staff roadshow – 23 February 2017
CCG, Wesham – 12 attendees

What makes an excellent health care service?

- Seen when you're ill – seen in a timely, accessible manner
- By whoever can offer the best care
- Partnerships at commissioner level
- Healthcare provision shouldn't come down to an argument over funding
- Health and social care gap needs to be bridged
- Seamless transitions children – adults – older adults – EOL

- To be ACE aware and have trauma informed services (adverse childhood experiences)
- Educate at an early age – on the curriculum for children in schools (PHSE)
- Building resilience for mental health and wellbeing

Kirkham and Wesham Neighbourhood roadshow – 27 February 2017
CCG, Wesham – 17 attendees

What makes an excellent health care service?

- Delivers right care, right time, right place
- Care when it is needed
- Improvements in diagnosis
- Cost-effective
- Better information/effective communications
- Simple, safe and secure communication
- Education – health and wellbeing – prevention
- Integration of services – better co-ordination
- Patients knowing where to go
- Priority of mental health services needs to be the same as physical health
- Proper co-ordination of care – health and social
- Continuity of care
- Referrals to the right place quickly
- Reduce number of appointments in dealing with health complaints
- Appropriate and accessible locations
- Short/medium and long term strategic priorities
- Screening where appropriate and services in place to support outcome
- Work with voluntary sector i.e. CA Bureau

Focus group comments

- Reduce social isolation and loneliness (depends which way you look at it)
- Story once – professionals having information on what's important (can be helpful for patient)
- Agencies/providers working together
- Integrated care needs to be holistic and tackle the wider determinants of health e.g. social care/housing etc.
- Complex challenges with a two tier local authority system
- Sustainability is important – workforce/service

Lytham, St Annes, Ansdell and Freckleton Neighbourhood roadshow – 28 February 2017
CCG, Wesham – 23 attendees

What makes an excellent health care service?

- Get an appointment with GP when you need it
- Fit for purpose
- Should have enough money for what we need
- Complete social care – link health and social care
- Communication is key
- Charging for services
- Needs to know customer

- Prioritise evening and weekend appointments
- Joined up services are important
- Accessible communication and technology
- Coordination
- Prevention
- Trust
- Education in schools
- Directory of services really useful
- Info needed to make informed choices – leaflets on diagnosis of an illness
- Accessible
- Not rushed
- Listened to and given right advice
- Good communication
- Empathy and understanding
- Caring staff
- Timely appointment
- Meeting needs of most unwell
- Good signposting
- Timely and responsive
- Staff with right skills
- Knowing who to contact
- Accept that some people need to be seen at home
- Services for housebound
- More PPGs
- Joined up services
- Equitable and consistent services
- Professionals working together and not in isolation
- Consideration for patient's circumstances (isolation/anxiety difficulty)
- Support for families and carers
- Educating people on who they can/need to see
- Cost-effective
- Managing expectations
- Good communication between agencies involved

Focus group comments

- Care in own home – where appropriate
- Use of digital/technology – should this be an objective in its own right?
- Digital technology (where appropriate) – the patient is given technology to assist them manage their condition
- Made available in their own home/GP practice – variety of locations
- Support to manage long-term conditions for as long as possible but have to accept there is likely to be an eventual deterioration
- Falls prevention – multiple issues e.g. frailty/meds management/footwear (where is the distinction between health service responsibility and others).

Appendix E – verbatim comments from online survey

What does an 'excellent health service' look like? Please list as many points as you like. 26 people answered this question out of 30

- It caters for everyone, at the point of need, quickly and efficiently. Those involved should be knowledgeable in their field, be able to explain situations clearly to users and be able to do this with compassion and, where appropriate, with a smile.
- Smart clean tidy polite co-operation between departments
- One that provides a timely caring service to all who need health care.
- Access to a Dr. When needed Podiatry care for diabetics Quick access to minor ops Quicker access to scans x rays etc
- Seamless, invisible, responsive at the right time
- Excellent quality health care in a clean environment Health care professionals to identify exact needs and expectations of patients, relatives and carers Excellent consistent service Effective internal (NHS) communications and teamwork Care in own home pathways and health support staff on call who know the patients exact needs and medical history to assist in the first instance with queries Medical records accessible to medical professionals along all health treatment pathways reduced wait times A&E Friendly GP receptionists Sympathetic and knowledgeable first line staff
- Patients being treated equally - Clean - Welcoming Staff - Patients seen on time
- A sustainable NHS for future generations that provides the highest quality of care in the correct setting.
- Easy access, short waiting times, choice of places to be treated, quick follow up for results, have all tests before we see the consultant so he has all information to hand
- Receptionists who answer the phone with their name would be a start.
- Being able to get appointments and correct treatment. You should be able to see the Doctor instead of Nurse Practitioners, who don't always give out correct treatment. They only give out 5 days of antibiotics, which means you don't get rid of the infection and have to come back for another lot of antibiotics, and sometimes even on the 3rd appointment finally get to see the Doctor, who gives you the right treatment and correct course of antibiotics. This costs people 3 lots of prescriptions, which is very unfair. Surely if you got to see the Doctor at the start, you would get better quickly and wouldn't have to take up 3 appointments by keep having to return. Receptionists need to be better informed, and shouldn't make you see someone other than the Doctor, when you have explained how serious you are feeling. Mental health referrals should be a lot quicker for people who are very unwell. All Doctors should be trained and informed about conditions, for example Thyroid, and you shouldn't feel that you can only see one specific Doctor for your condition. Waits for general appointments should not be as long. Maybe Doctors at local surgeries working at weekends.
- Keep treatment local and ensure continuity of care More money for GPs to provide more appointments during current opening hours More money for social care locally Use Clifton Hospital Medical staff who feel valued and not made to work under pressure with inadequate resources
- Safe, efficient, caring, helpful, supportive. It does not waste money on unnecessary rebranding! Does not rely on paper records but uses technology to regularly update patients' records.
- Prompt appointment system Good access to GP and nursing services in local community Walk in centres for out of hours Access to other health centres e.g. close to work - ease of access for working people Short waiting times for everything, but especially for anything which could be potentially serious Who to contact if you have a health concern Preventative medicine and screening Better care at home after discharge from hospital - GPs never do home visits anymore and not everyone can get to the surgery Email and telephone consultations where appropriate
- Compassion Positivity Trust Safe high quality care Individualised care Empathy from every level of staff, directors, consultants right down to cleaners
- An excellent Health Service is one where people feel well cared for and are not frustrated by lengthy waiting for services of any type. Where a patient/service user feels

that ALL the NHS staff they encounter are interested in them as a person, and want to give the best service possible.

- Everyone knows which service to use. Patients/Carers are listened to.
- An accessible, efficient organisation. Concerned with the individual. Equal treatment availability no matter the post code.
- One that works for everyone in a reasonable time (i.e. three months).
- Fast treatment, GP offering on the spot minor surgery and scans. Latest equipment and drugs. Preventative treatment.
- Availability understanding self-help quality patient-credibility
- Professional and caring local provision. 2. Treatment for significant illnesses readily available within short time scale < 6 weeks. 3. Emergency and urgent care available on demand. 4. Care available after discharge from hospital treatment for all 5. End of life care available for all.
- Caring, efficient, well managed and fully resourced
- one that works
- Available, convenient, effective
- It makes use of high quality, well qualified health professionals in an efficient way as accessible to the public as possible. All health professionals should be working together in the best interests of the patients, not governed by self-interests and protecting their ivory towers (doctors and consultants are the worse culprits here).