



With you.
For you.

NHS

*West Lancashire
Clinical Commissioning Group*

WHAT

YOU

TOLD

US

Community health services -
what you have told us so far

www.westlancashireccg.nhs.uk

Introduction:

As part of our ongoing procurement process for community health services, we have been asking local people in West Lancashire for their views and experiences of community health services such as district nursing, end of life care and occupational therapy. We have also gathered views on urgent care services such as walk-in centres, GP out of hours and the Acute Visiting Service.

We have been welcoming views via a survey, listening events and conversations with the public since Spring 2015.

The following information highlights what we have been told (published March 2016).

This is our second Equality and Inclusion Annual Report which sets out how the Clinical Commissioning Group has performed in meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998.

“Patients should have a personalised plan to help maintain a healthier life”

Your Feedback:

Location of services

Everyone from all areas of West Lancashire should be able to access the services.

Waiting times

Waiting times are often too long.

Staffing

Staff appear to be very busy and stretched to cope with number of patients. There are opportunities to expand roles such as podiatrists, nursing, physio and other specialist community services.

Experience/quality

Everyone should be treated with dignity and respect within a quality service.

Inclusion/self care

All patients should be involved with their own care with access to their own records. All patients should have access to information and support to help them understand how to manage their own health and conditions.

Knowledge

More information is needed about what services are available, where they are and how/when people should use them. This applies for clinical services and voluntary sector groups such as support groups for long-term health conditions.

Accessing urgent care services

The system should be straightforward to avoid patients being directed between services and receiving conflicting messages, especially in terms of accessing urgent care services such as walk-in centres, GP out of hours or A&E. Communication to patients needs to be improved.

Lifestyle:

Lifestyle choices have a strong link to health. More information is needed to support diet and nutrition. Patients should have a personalised plan to help maintain a healthier life but with further staff support to help understand and follow it.

Other comments

In addition to the above themes that emerged from the insight we gathered, the following speech bubbles are examples of what we heard.

“Can matrons prescribe? This would reduce the contact with GP practices.”

“Can we have more support for dieticians? They provide a good role at the practice”

“Can the DN team provide home IV antibiotics?”

“Waiting times for dieticians too long (2 months)”

District Nurses “do not do PEG feed in West Lancs”

“I think more care in the home should be provided for elderly sick patients, they want to remain at home, only possible with more nursing/care staff”

“Can Skem Walk in Centre provide unlimited appointments for blood tests”

“Many people need regular blood pressure tests, costly and time consuming to travel to Tarleton. Outreach service appreciated” (Hesketh Bank resident)

“Screening services need to be provided closer to home”

“Keep website up to date with info about clinics, late night pharmacies”

“You should provide as many services as possible locally convenient, e.g. village hall for podiatry”

“Treatment room service, professional and skilled nurses, provide more clinics”

“To me it appears that not enough information is made available to individuals about what is there to assist you keep well”

STAFF INSIGHT

As part of the CCG's commitment to involving existing staff in this process, several engagement sessions have taken place between the CCG and incumbent staff in January and May 2016. These follow on from previous sessions in 2015.

The sessions provided the opportunity for the CCG to inform staff of the process and the timescales, and for the staff to ask questions and share their views. They were well attended and involved an interactive two way conversation between staff and commissioners. The below summarises some of the feedback from the staff involvement sessions (please note, the following aim to capture key points and are not direct quotes):

The care between the hospital and community services could be more seamless to benefit both staff and patients

Community health services needs to be a priority

Travel time between visiting patients (in roles such as district nurses) can take time but is not recorded or considered as it should be

Recording information/ data and inputting it into an electronic system takes time

There appears to be poor communication and duplication at times

There needs to be an understanding of skill mixes to ensure working as efficiently as possible, as some roles could be utilised more effectively

In the future way of working, there still needs to be strong links with the clinical teams in the hospital and across the border into Southport and Formby

More training would benefit existing staff

The value and effectiveness of Multi-Disciplinary Teams (MDTs) can vary across West Lancashire

Staff could potentially collect more qualitative data that shows more than number of patients seen, and is used to keep improving the service

Services need to look at crisis but also rehabilitation and prevention

Integration is key to moving forward and improving care for patients in West Lancashire.

It is time West Lancashire community health services were more innovative and mirror best practice

IT and sharing of information is integral to improving services

Social care needs to be a linked into this process and the future of these services

Although some service specifications are still relevant,

there were a number that no longer reflect current practice and need to be amended before the new contract is introduced

The palliative care team has both a residential and community service which was working well. This model of service delivery should be retained

A number of services mentioned in the specification are currently provided either jointly with the hospital or as teams covering more than one speciality. How these specialities are delivered in the future needs to be considered

Staff and GPs need to talk and share information with each other to improve patient experience. There needs to be closer links between community health services and GP practices to achieve this

Any services provided by non NHS staff need to make this apparent and adhere to branding guidelines

Treatment rooms can enhance services and reduce staff travel time. The introduction of these treatment rooms needs to consider patient transport and access

Community services need to be fit for purpose and existing premises may need significant improvements to meet their new role

Introducing more services to the community requires a solid

estates strategy and securing access to suitable premises

As an integrated care organisation, consideration needs to be given to the sustainability of the trust

In addition to the above feedback, staff were advised to speak to the trust's HR team about TUPE and questions about their role. The CCG also reassured staff that they will remain updated on developments.

What happens next?

Your comments and suggestions have been extremely helpful and support our vision for joined up care

We will consider your views and experiences in terms of our service specifications and in our discussions with potential service providers.

SHARING YOUR VIEWS

If you have any views and experiences about community health services to share, we'd like to hear from you by completing a patient/ staff story form available on our website's dedicated community health services page:

www.westlancashireccg.nhs.uk/have-your-say/community-health-services/