

# Connect 4 Life Mug club and community meeting report



**With you.  
For you.**



## **1. Background**

- 1.1 As part of the Central Lancashire Health Economy Transformation Programme, the Central Lancashire Commissioning Team (Lancashire County Council) is leading on the Connect 4 Life project. The project focuses on empowering citizens, primarily with long-term conditions within the Central Lancashire footprint, to manage their conditions and to lead fulfilling and well-supported lives in their communities. It is intended that this will reduce or delay their reliance on formal health and/or social care support through a focus on early intervention and prevention.
- 1.2 A Connect 4 Life volunteer recognised that the area where they lived had many people who were residing alone, and perhaps feeling isolated. This volunteer thought that a way to “future proof” their neighbours’ and their own health was to design and launch The Mug Club.
- 1.3 Mug Clubs in West Lancashire (now numbering three clubs) have become a successful and extremely effective way of people in local neighbourhoods connecting together socially to reduce/eliminate the effects of loneliness and isolation. Many benefitting from developing relationships and activities that address the ways to wellbeing.

## **2. Method**

- 2.1 A member of the engagement team attended the Inskip Mug Club (12/01/15), and a community meeting at the Lambourne meeting rooms (04/03/15), both in Skelmersdale. Both these groups provided a friendly, informal setting for local residents to get together, have something to eat and meet people.
- 2.2 The attendees at both these groups could talk about their thoughts and /or experiences of using health services and also learn more about the work of the CCG in informal and familiar settings. The CCG had recently published “the vision for joined up care” which looked at how hospital, community and GP surgeries could work together. This was used to help the discussions and gather personal contributions

## **3. Findings**

- 3.1 Seven people attended the Inskip Mug Club. Nine people attended the Lambourne community meeting.

## 3.2 Feedback from Inskip Mug Club

### 3.2.1 Support in the community

- Concerns around the prevalence of dementia and the perceived lack of support services, especially for people living on their own. One lady had concerns for her neighbour.
- A sitting in service was stopped due to lack of funding – this was a kind of befriending service, where volunteers were allocated to an individual for support and companionship.
- There was a chair based exercise group at Birch Green which was offered for a set length of time but then the group has to take over running it and the cost to take part can then be prohibitive.

### 3.2.2 GP services

- “GP appointments should be more accessible – my surgery closes every Wednesday afternoon.”
- “You can’t see my doctor. I have a heart problem and I would rather go to the surgery for help than have to ring an ambulance and get taken to Southport.”
- “GPs should operate a sit and wait service rather than an appointment system, this would save wasted appointments.
- “My Health Centre has a terrible reputation. People would rather be ill than go there. You are made to feel like “You are costing me money.” A doctor begrudges prescribing some medication that others will prescribe even though it improves someone’s quality of life.”
- “I got a letter saying that X is my named GP but in three years I have never been able to see them.”
- “My GP practice sent my old prescription request to pharmacy twice – it’s a waste of medication. Paracetamol is on every prescription even though it has been crossed off – what a waste.”

One attendee described how she had received numerous letters from her GP practice requesting her to make an appointment to be seen. Later letters had sections highlighted as if to emphasise the importance of needing to be seen. The lady made an appointment and when she attended, the doctor asked “What can I do for you?” The lady explained that she was only attending due to the letters that had been sent to her, and the doctor then said that the letters were to request she made a review appointment, and went on to say that she had used the appointment slot that she had booked on to inappropriately and so wasted an urgent appointment.

### 3.2.3 Pharmacy

- “I get a monthly repeat prescription for Warfarin but when I go to the pharmacy to collect it they don’t have it. Neither the GP practice or the pharmacy will say who is not providing the information. It seems that if it’s anything important or unusual the pharmacy can’t cope.”
- “My local pharmacy is very good.”

### 3.2.4 Walk in centres

“When the A&E closed at Ormskirk we were told we would have the following facilities at the Walk in Centre on the Concourse in Skelmersdale:

- X-ray and plaster room
- ecg equipment
- 24/7 Doctor service
- Gynae department e.g. for water infection

This has not happened. Therefore due to the lack of the promised facility, people go straight to the A&E departments at Southport and Ormskirk, as they think they will be signposted there anyway or they will go the walk in centre at Ormskirk. They have all the facilities at Ormskirk. Someone attended there with a suspected broken hip; they had the X-rays, got the results and were offered reassurance. That was a good complete experience. You can't get that at the walk in centre on the Concourse.”

### 3.2.5 Acute services

- “Aintree Hospital (Fazakerley) has good communication with GPs. They feedback word for word not just a general summary.”
- “They (Aintree staff) were excellent with my mum.”
- “It's the best hospital (Aintree) I've been in.”

### 3.2.6 Breast care services

The group thought that the routine breast screening service had been stopped too, not just new referrals to the breast care services at Southport and Ormskirk Hospital NHS Trust.

### 3.2.7 Carer's story around trying to access the right care closer to home

A carer described how one of her clients is housebound due to their poor health. Recently the client was due a district nurse appointment at 9am for review of an existing condition. The carer had concerns about the client's arm as it was very swollen and not usual for the client. The carer shared her concerns with the district nurse when she visited that morning. The district nurse said she would let the GP know.

The GP organised for a community matron to visit the client. The community matron saw the client at 11.30am and the outcome of this appointment was that the community matron would ask the GP to see the client.

At around 12.30pm the client received a call from a locum doctor at Ormskirk to discuss the case.

At 3.30pm a doctor visited the client and said he would arrange for an ambulance to collect them. The doctor did not indicate when the ambulance would arrive so

they assumed it would be imminently. The doctor had phoned ahead to the hospital to explain that the client was immobile and he was arranging for an ambulance to take them for assessment. The doctor also gave the carer a letter that outlined the situation to take with them to hospital. An ambulance arrived at 6.35pm to take the client to the hospital. At first the crew said they could not take the client as their wheelchair was too big, but then the client was transferred to the ambulance's wheelchair and assisted into the ambulance.

Once at the hospital, the unit would not accept the client because they could not walk and could not get to the toilet on their own. The doctor had explained that the client was immobile when he phoned to arrange the admission, and no concerns around this had been raised then. So they were advised to go to A&E and start the process again.

The carer described how in the A&E department there were around 11 beds in a corridor all with people on them. The client had been in the wheelchair now for over three hours and was very uncomfortable as it was not their own specially adapted wheelchair and they could not sit comfortably due to being unable to bend their legs. The carer insisted that a bed was brought to the unit for the client in order to make them comfortable.

At 12.25am the client saw a doctor.

### **3.3 Feedback from Lambourne meeting**

#### **3.3.1 GP services**

One attendee explained that some changes were taking place in their surgery. Due to changes in the availability of doctors services were going to be shared by two surgeries. It was felt that an explanation of what was going to happen would be beneficial for reassurance.

**Action:** CCG contacted both practices involved, with a view to the practices providing an update to their registered patients for information and reassurance.

Another attendee described how at an appointment at their surgery they were able to book an appointment for dermatology at Ormskirk hospital and for gastroenterology at Renacres and they had found this really helpful, rather than having to make separate phone calls, wait for letters etc. Another attendee said this was not their experience when they had been referred by their GP for an outpatient appointment and they had to keep ringing to chase appointments up.

#### **3.3.2 Acute services**

- Praise for the rehabilitation service at Ormskirk hospital.

#### **3.3.3 Counselling services**

An attendee described how a relative had lost her baby during pregnancy last year and had to go through the labour process. The attendee explained that the relative had been referred for counselling but they were still waiting to access this and were struggling to cope. The attendee was concerned about the length of wait for counselling.

**Action:** Advised attendee to ascertain who made the referral to the counselling service i.e. the GP, the midwifery team and chase up the progress of this.

#### 3.3.4 Care home provision/community support

An attendee shared their concern around a lack of provision of care homes. They described how their neighbour had frequent water infections and was in the early stages of dementia. The neighbour was currently in a respite bed at a care home and was doing very well, eating regularly, having assistance with personal care and changing clothes etc but there was a waiting list for a permanent bed and the neighbour was worried about the neighbour returning home and deteriorating.

## 4. Conclusion

- 4.1 The meetings attended were a valuable way of speaking with people, gaining a better understanding of their experiences and obtaining insight around local health services. The meetings also provided opportunities to speak with people who perhaps would not usually engage.
- 4.2 Some of the experiences that were shared at these two events have also been raised at other recent engagement events which perhaps reflects some local opinion around specific issues, for example:
  - The lack of facilities/services at the walk in centre on the Concourse in Skelmersdale was also raised at the West Lancashire Pensioner's Forum on 17/02/15. There seems to be a feeling that what was promised at the time of the changes to Southport and Ormskirk Hospital NHS Trust's A&E services in terms of the facilities that would be available at the Skelmersdale walk in centre has not been delivered.
  - There is concern around the provision of local GP services. This issue was also raised at the Old Skelmersdale listening event that took place on 07/03/15. Patients from both of the practices involved with these arrangements have expressed concern around the lack of information and assurance about future capacity and continuity.
  - Residents have shared concern over receiving items off their prescription that were not requested which results in them having a surplus amount of medication. This issue was also raised at the Old Skelmersdale listening event that took place on 07/03/15.
  - Residents have shared experiences of making appointments at their GP surgery and when they attend being informed that the reason they have attended for has not been booked into the correct type of appointment slot e.g. attending for a routine review using an urgent appointment slot. This issue was also raised at the Burscough listening event that took place on 28/02/15.

## **5. Recommendations**

- 5.1 The findings from these community meetings are considered by the CCG and any actions agreed and implemented.
- 5.2 Relationships with community groups such as these are developed and maintained in order to carry out far reaching engagement and obtain insight from people who may not usually participate in health service related engagement activities.