

Together We're Better Options appraisal workshop findings

November 2019



Transforming health and care for
Staffordshire & Stoke-on-Trent



Structure

What we did

Profile of participants

Feedback on the desirable criteria

Feedback on the service areas



What we did



Events

Date	Location	Venue	Audience	Attendance
24 October 2019	Stoke	Port Vale Football Club	Public and staff	20
28 October 2019	Lichfield	George Hotel	Public and staff	16
30 October 2019	Stafford	Entrust	Public and staff	23
5 November 2019	Stone	Yarnfield Conference Centre	Staff	27



Profile of participants



Respondent types



33%

User of urgent and
emergency care
services



38%

User of community
services



25%

User of planned
care services



6%

User of maternity
services



9%

User of mental
health services



56%

Work in health and
care

Base: 64. Respondents could select multiple options



Desirable criteria

What's important to you: criteria from the listening exercise

Quality of care

- **Discharge:** Leaving GP, hospital / discharge
- **Staff:** Care and treatment
- **Staff:** Skill / knowledge / professionalism
- **Staff:** Attitude and empathy
- **Staff:** Communication
- **Place:** I.T. services
- **Place:** Cleanliness
- **Place:** Food

Accessibility

- **Access:** Distance / access to hospital/GP
- **Access:** Waiting list / appointments / referrals
- **Access:** Awareness and education of services / prevention
- **Access:** Parking £ / spaces
- **Access:** Public transport to and from hospital services
- **Access:** Administration / information
- **Admission:** Waiting time at hospital / GP surgery
- **Admission:** Organisation
- **Family / friends:** Access

Meets local needs

- **Admission:** Information
- **Family / friends:** Informed
- **Integrated care:** After visit / follow up
- **Integrated care:** Link between services hospital / GP / care
- **Staff:** Availability
- **Staff:** Staff numbers / workload / working conditions
- **Staff:** Teamwork / integration
- **Vulnerable adults:** Elderly, those living alone (no family) and other vulnerable adults



How would you define the desirable criteria?

Quality of care

- Staff, integrated care, patient experience and informing family and friends should be included as part of quality of care
- Need emphasis on effective diagnosis
- Consider appropriate advice and person-centred care
- Consider place and quality of estates
- Consider vulnerable adults.

Accessibility

- Accessibility is important to quality of care e.g. waiting times
- Need 24/7 availability of services.
- Consider accessibility of referral services.

Meets local needs

- Access and transport is part of meeting local needs
- Consider dementia friendly environments and voluntary organisations
- Need to consider demographics
- Consider mental health services e.g. 24/7 services and lower level intervention.

General comments

- Further detail on the criteria is required
- Grouping of the criteria is not important as long as all factors are considered.
- There is cross-over between all three criteria e.g. IT.

Additional criteria

- Consider IT services and supporting integrated care records
- Consider integration with social care and across services out of the county
- Consider communication and information as overarching criteria
- Consider patient outcomes and impact
- Consider prevention
- Consider the need for safe discharge.



Are there any other desirable criteria we should consider?



Service structure



Equality



Integration



Accountability



Communication and
information



Outcomes, effectiveness
and impact



Weighting the desirable criteria: All events

	3 criteria	4 criteria	5 criteria
Quality of care	42	35	30
Accessibility	30	21	16
Meets local needs	26	19	15
Other criteria	-	24	40
Base (no. of scores used to calculate the average)	16	19	6-12



Other criteria: All events

Stafford event

Service structure
(5 - 20)
Base: 3

Integration
(15 - 30)
Base: 3

Effectiveness and
impact
(10 - 30)
Base: 3

Port Vale event

Communication
(19)
Base: 2

Integration
(19-30)
Base: 3

Lichfield event

Equality
(20)
Base: 2

Accountability
(20 - 25)
Base: 2

Staff event

Communications
and information
(15 - 30)
Base: 7

Integration
(15-40)
Base: 9



Urgent and emergency care services

Is there anything we need to take into consideration with the potential scenarios outlined for Emergency Departments / Urgent Treatment Centres?



Accessibility and travel

- Need to consider distance and travel time
- Consider opening hours and the need for 24/7 services
- Consider urban and rural areas.



Awareness

- Currently confusion over where to go
- Need for clarity over what an urgent treatment centre provides
- Consider the need for signposting, public education and publicity.



Integration and links between services

- Consider links with services out of the county
- Consider impact of GP access on attendances
- Consider integrated care records.



Service provision

- Consider mental health provision at urgent treatment centres
- Consider the need for an effective 111 service.



Other themes

- Consider the consultation in the North
- No need to change current provision
- Further analysis is required.



How far do you feel is reasonable to travel to the following services?

	0-2 miles	2-5 miles	5-10 miles	10-20 miles	Over 20 miles	Base
An emergency department	-	-	30%	50%	20%	10
An urgent treatment centre	-	-	91%	9%	-	11

Comments about travel time and method:

- Consider travel time - not just distance
- Consider availability and reliability of public transport
- Consider the need for improvements to patient transport schemes
- Consider the needs of the elderly and vulnerable groups
- Consider variations in urban and rural travel
- Consider any national guidance on the appropriate distance
- Consider the cost of taxis
- Consider parking
- Consider traffic and weather conditions
- Patients want treatment close to home
- Urgent Treatment Centres need to accept ambulances
- Need to link with out-of-area emergency departments
- Paramedics need training in different interventions
- Utilise voluntary groups.



What should an enhanced primary care offer look like to support the mandated Urgent Treatment Centres?

Service provision

- Physiotherapy
- Pharmacy
- Social prescribing
- Phlebotomy
- X-ray and diagnostics
- Occupational therapy
- Preventative services

Integration

- Consider the importance of the referral pathway
- Need continuity of care
- Specialist care provided in practices

Access to primary care

- Lack of access means patients use urgent care
- Need more planned appointments to make management of long-term conditions easier
- Need option for home visit
- Need to see appropriate clinician – not necessarily GP
- Provision of longer appointments
- Out of hours

Other themes

- Need to consider workforce
- Consider physical space and estates



Integrated community services



What services do you think should be included in an integrated community hub?

Audiology	Children's services	Citizens Advice Bureau and housing support	Community beds and rehabilitation	Counselling	Crisis teams
Dementia services	Dermatology	Diabetic services	Diagnostics	Dietetics and nutrition	Drug and alcohol services
Endoscopy	ENT referrals	Health promotion	Learning disabilities services	Lymphedema services	Maternity, baby clinics and breastfeeding support
Mental health	Minor surgery	Opticians and eye tests	Palliative care	Physiotherapy	Podiatry
Preventative services	Psychological support and therapies (e.g. IAPT)	Rehabilitative care	Sexual health and family planning	Signposting services	Smoking cessation
	Social care	Social prescribing	Support for carers	Voluntary sector	



Service provision

Are there other ways to provide them?



Telephone



Skype and online consultations



Wearable technology



GP practices



Expanding health centres



'Pop-up' mini hubs



Community buildings



Hub and spoke model

Considerations raised:

- Access to GP appointments
- The need for preventative regular health checks
- Referral process
- Accessibility of hubs
- Improved telephone system
- Integration between services
- Need for sufficient equipment and estates
- Continuity of care
- Patients with multiple needs
- Need for greater service provision
- Consistency across hubs and services.



Are there any essential services / locations missing in the area?

Services

- Dieticians
- Preventative services and self-care
- Physiotherapy
- Lifestyle services
- Bereavement counselling
- Palliative care
- Crisis teams
- Mental health and psychological support e.g. IAPT

Locations

- Need to be close to home
- Need hubs in deprived areas
- Consider arrangements for those living on the border.

Other considerations

- Some buildings under-utilised or not fit-for-purpose
- Concern over community beds
- Consider public transport
- Consider integration of services e.g. social care and impact on health
- Consider vulnerable patients.



Which services might people be prepared to travel further for?

Cancer treatments

Specialist services

Community
rehabilitation beds

Imaging and diagnostics

Considerations raised:

- Dependent on outcomes
- Need to consider patients' ability to travel
- Dependent on individual circumstances
- Patients may be prepared to travel further for quality care
- Need to consider whether travel would impact on patient outcomes.



Mental health services

Are there any other ways to provide inpatient mental health beds in the South of the county?

Dementia care

- Consider the need for dementia centres
- Dementia provision should be separate to general mental health
- Consider support for care homes

Location of services

- Consider capacity at St George's Hospital – may be beneficial for Tamworth residents
- Consider distance to travel for relatives
- Need more dispersed provision
- George Bryant Unit needs to be re-established

Service provision

- Consider alternatives to inpatient care and the need for a range of services
- Need to consider crisis care

Integration

- Links between CAMHS and adult services to manage transition
- Use outreach / voluntary services
- Consider support after discharge
- Consider utilisation of secondary care / children's facilities.

Other themes

- Consider the need for staff training around mental health
- Waiting times are too long.



Are there any essential services / locations missing in the area?

Location / access

- Need for two locations to cover the South
- Consider services in Burton and Lichfield areas
- Consider capacity at St George's Hospital
- No services in South Staffordshire – patients go out of the area
- Need for treatment within other hospitals – not just mental health hospitals
- Look at travel arrangements.

Services

- Consider children's / young adults' facilities and services
- Need for immediate referrals and assessments in crisis situations
- Access required to supported accommodation
- Consider services for those with mental health and other needs
- Consider mental health services in prison services
- Need for greater mental health service provision
- Consider service provision within integrated care hubs.

Other considerations

- Need to consider demographics
- Consider links with education and children's services
- Consider integration of adult and children's services
- Consider role of police service
- Consider role of voluntary sector
- Consider the change in autism services



Which services might people be prepared to travel further for?

Specialist services

Services need to be as close to home as possible

Locations need to be community-based and familiar

Need transport arrangements

Patients may travel further for better quality care



Maternity care services

Is there anything we need to consider with the potential scenarios outlined for on demand maternity services?

Access

- Distance to other services
- Size of hubs
- Giving birth close to home.

Staff

- Workforce and staff numbers
- Support for midwives
- Need to have doctor present.

Integration

- Need for single point of access for women when they go into labour
- Links to GP services
- Integration into integrated community hubs.

Patient care

- Need to consider patient choice
- Ability to self-refer to Early Pregnancy Assessment Unit
- Need continuity of care
- Safety e.g. infection control.

Services

- Anaesthetics for epidurals
- Option for water births
- Creche facilities.

Demand

- Falling numbers at MLUs
- Resources and finance to deliver the model effectively
- Capacity.

Positivity around model

- Patient-centred model
- Familiar, less-clinical environments.

Particular groups

- BME groups
- Teenage mothers
- Older mothers.

Includes considerations raised in: *Are there any locations missing that could be considered for an on-demand community midwifery-led service?*



What services could be integrated within community hubs?

Pre and post-birth care

Breastfeeding clinics

On-demand model

Health visitors

Parenting classes

Antenatal classes

Development assessments

Immunisations

Scans

Weighing

Baby clinic

Antenatal clinic

Mental health

Sonographers



Planned care services

How far do you feel is reasonable to travel to the following services?

	0-2 miles	2-5 miles	5-10 miles	10-20 miles	Over 20 miles	Base
Planned procedure which is complex	-	-	-	21%	79%	14
Planned procedure which is not complex	-	-	7%	57%	36%	14
Planned procedure which is minor	-	36%	29%	21%	14%	14

Comments about travel time:

- Quality of care more important for very complex procedures
- Minor care should be more local
- Timely access is more important
- Travel is individual for each patient
- Consider follow-up appointments
- Travelling from complex surgery is more important than getting there
- Consider any national guidance
- Need to consider rural areas.



Travel method:

- Consider cost of transport (e.g. taxis, for low income groups)
- Patients may need to travel by car following surgery
- Consider care home residents
- Consider voluntary transport schemes.
- Need good public transport links.



Are there any essential services / locations missing in the area?

Hydrotherapy
pools

Full body x-ray

Hearing services

Outpatient
services

Community
pharmacies

Discharge
process

Self-care

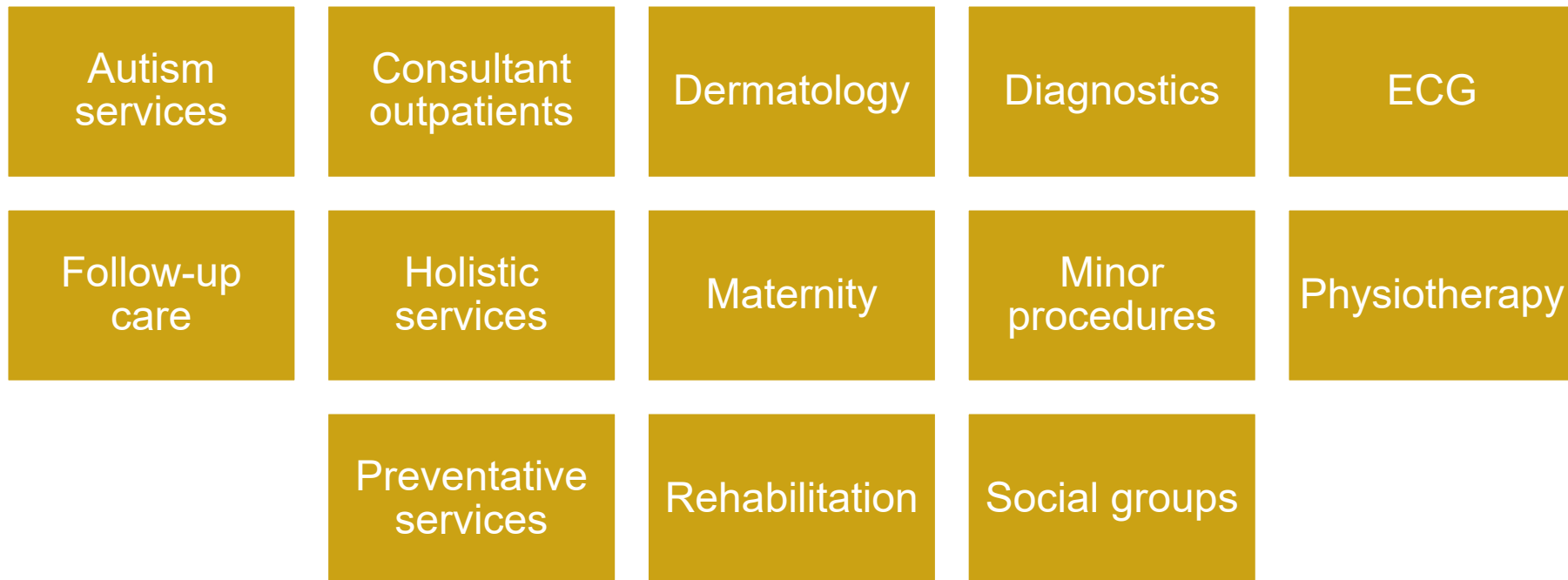
Blood tests at GP
practices

Considerations raised:

- Rurality / access to services in the north of the county (outside Stoke)
- GP referrals and appointment process
- Consider heart issues – patients from Lichfield currently being transferred to Derby
- Services in South Staffordshire
- Need for timely care
- Consider IT integration between sites
- Consider the needs of carers.



What services could be integrated within community hubs (only in South/South East)?



Considerations raised:

- Technology
- Accessibility
- Need to be inclusive to all (e.g. those with learning difficulties, homeless people).

