

# Stakeholder workshop findings

August 2020



# Introduction

- This report presents the findings from the Together We're Better stakeholder event held on 13 August 2020
- The purpose of the event was to look at the roadmap for how health and care services could be run in Staffordshire and Stoke-on-Trent after the coronavirus pandemic
- The workshop also aimed to gather views on the impacts of changes made during lockdown
- The report is produced by NHS Midlands and Lancashire Commissioning Support Unit (MLCSU).

## Structure of the presentation:

Methodology

Summary of key themes

Participant profiling

Service usage and feedback

Access and digitalisation

Impact on working

What were the local challenges and what could we improve?

What do you think should be our priorities for now and the future?

What went well and what improvements did you experience?

Summary

# Summary of key themes



# Patient and staff experiences

## Patients

- Largely positive experience of services during lockdown
- Change to digital appointments
- Cancelled appointments with issues raised over communication
- Variety of experiences around access to care. Some respondents commented positively around access, while other highlighted cancelled appointments
- Largely positive feedback on social distancing measures in hospitals, although some issues raised.

## Staff

- Large impact on ways of working
- Change to remote working and working from home
- Increased use of technology
- Impacts on wellbeing – both positive and negative
- Changes to working patterns and redeployment.



# Local challenges



## Communication

Lack of information about local service availability and resumption of services



## Routine care

- Lack of routine appointments and diagnostics
- Care not rescheduled
- Lack of support for other conditions.



## Lack of access to services

Lack of GP appointments and access to the Minor Injuries Unit in Leek



## Digital access

Challenges using and accessing care



## Concern over COVID-19

Anxiety over entering healthcare buildings preventing some patients accessing care



## Mental health impacts

Impacts of lockdown and remote working on social interaction

# What went well and improvements to continue



## Remote working

Beneficial for some staff



## Virtual appointments

Some patients have benefitted from reduced travel and managing conditions at home



## Integrated working

Partnership working across sectors



## New ways of working

Staff have adapted to changes well



## Effective care

Positive experiences of care



## Reduced waiting times

Greater accessibility in some cases

# Priorities for the future



## Restoring services

Ensure cancelled care is restored and the backlog of appointments is dealt with



## Access to services

Ensure access to services locally (e.g. Minor Injuries Unit in Leek, inpatient mental health in South East)



## Flu vaccination

Ensure flu vaccination programme is effective (e.g. include care home residents)



## Digital appointments

Continue digital appointments when beneficial, but consider those without digital access or who prefer face-to-face care



## Integration

- Ensure the partnership working continues
- Ensure communication across specialities.



## Communication

Ensure effective communication to patients



## Mental health and wellbeing

- Consider COVID-19 impact on mental health
- Ensure staff are supported.



## Vulnerable and marginalised groups

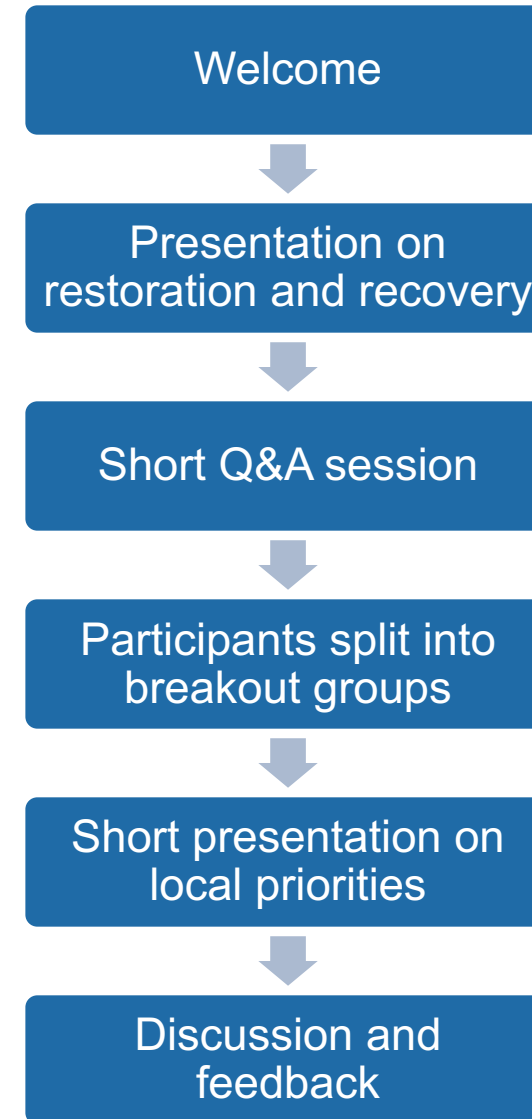
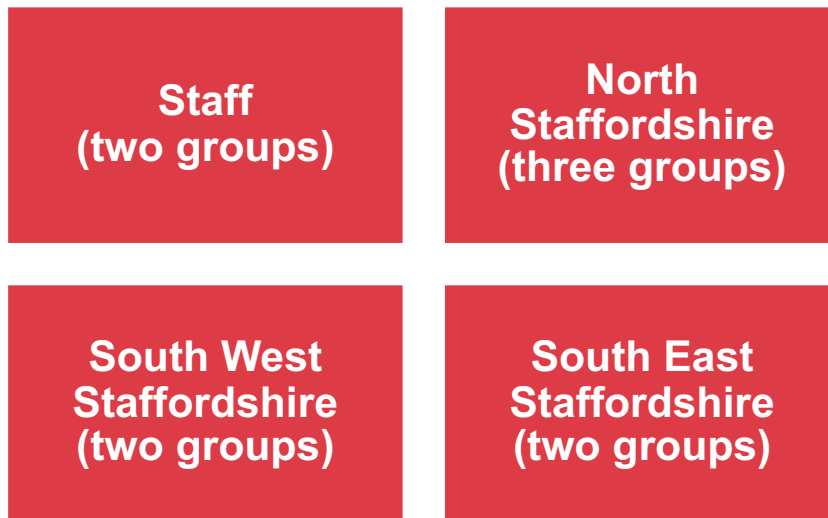
Prioritising vulnerable and marginalised groups (e.g. elderly, learning disabilities)

# Methodology



## Virtual event

- The workshop was held on **Microsoft Teams**
- Participants registered in advance via an online registration form
- The workshop began with all participants viewing a presentation, then split into discussion groups, with nine groups split into four categories:



# Feedback methodology

- Participants were split into virtual rooms, each led by a presenter and facilitator who moderated the discussions
- Facilitators also captured the feedback in their 'facilitator feedback booklets'
- All participants were also asked to complete a questionnaire to give feedback
- This questionnaire included demographic profiling questions, including respondent type and the nine protected characteristics, in order to understand the profile of those in attendance.

TOGETHER  
WE'RE BETTER

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

Which, if any, of the following services have you used in the last three years? *(Please tick as many as appropriate)*

☐ Urgent and emergency care services (e.g. A&E, minor injuries unit, walk in centre)

☐ Community services

☐ Community hospital services

☐ Maternity services

☐ Mental health services

☐ Planned care services (pre-booked operations and treatments)

☐ Primary care

☐ None of the above

Please rate your experience of the following services since coronavirus social distancing measures began?

	Excellent	Good	OK	Poor	Very poor	Not used this service since coronavirus
Urgent and emergency care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternity services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Participant survey

# Reporting methodology

This report has been produced using:



Notes on the discussions  
from the  
**facilitator feedback  
booklets**



Feedback from the  
**participant  
questionnaire**

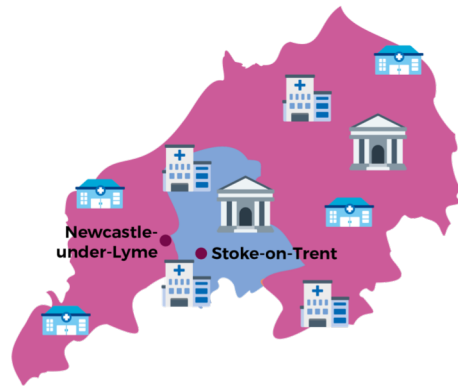
# Participant profiling





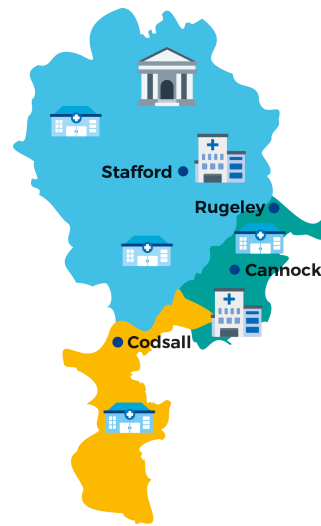
# Attendance and responses

Overall attendance: 70



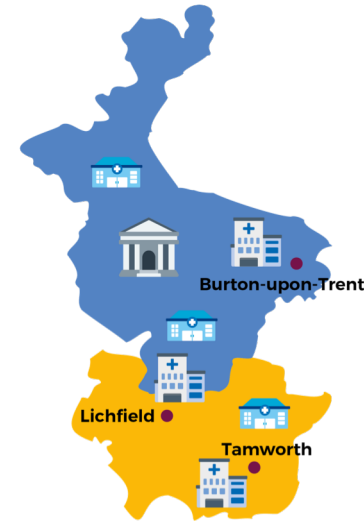
20

North  
Staffordshire



14

South West  
Staffordshire



19

South East  
Staffordshire

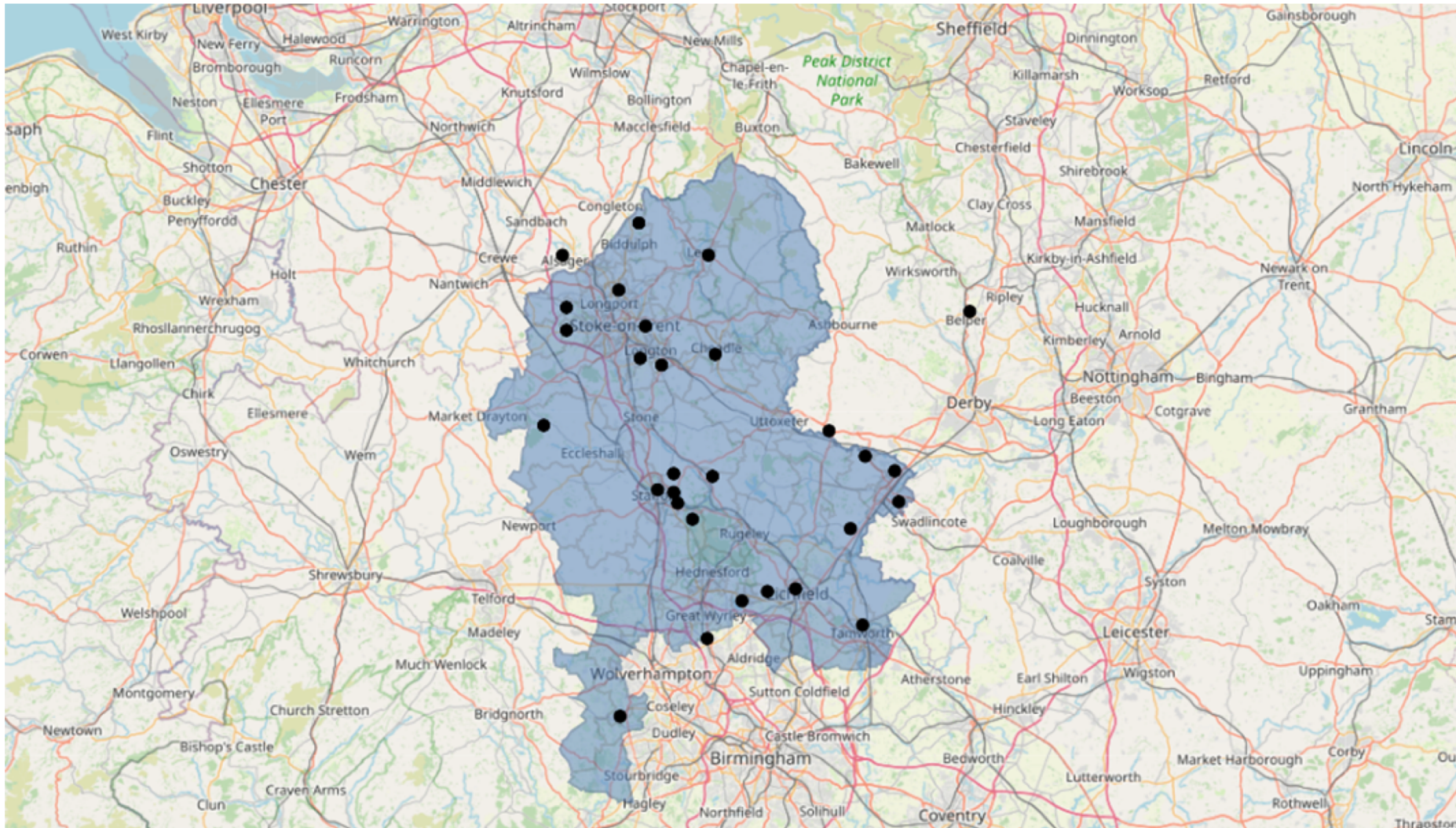


17

Staff

Number of responses to the survey: 32

# Location of participants



# Participant types

Which of the following best describes you?

Base: 32



**44%**  
(14)

Member of the public

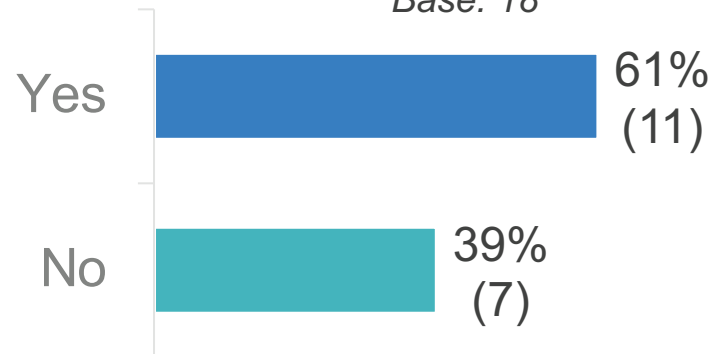


**56%**  
(18)

Health or care staff

Are you an NHS member of staff?

Base: 18



Which of the following best describes the area of healthcare you work in?

Base: 10

Mental health	3	30%
Acute care	2	20%
Commissioning	2	20%
Sustainability and Transformation Partnership (STP)	2	20%
Other	1	10%

Which organisation do you work for?

Base: 18

Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs)	4	22%
Charities / third sector	3	17%
Midlands Partnership NHS Foundation Trust (MPFT)	3	17%
Local authorities	2	11%
Other	6	33%

# Demographic profiling

These figures are based on the 32 respondents to the participant survey.

Ethnicity		
White British	30	94%
White Irish	1	3%
Mixed: White and Black Caribbean	1	3%
Base	32	

Religion		
Christian	19	61%
No religion	8	26%
Buddhist	1	3%
Any other religion	2	7%
Prefer not to say	1	3%
Base	31	

Sex		
Female	22	69%
Male	10	31%
Base	32	

Age		
16 - 19	1	3%
20 - 24	-	-
25 - 29	1	3%
30 - 34	1	3%
35 - 39	1	3%
40 - 44	2	6%
45 - 49	5	16%
50 - 54	1	3%
55 - 59	5	16%
60 - 64	4	13%
65 - 69	2	6%
70 - 74	4	13%
75 - 79	4	13%
80 and over	1	3%
Prefer not to say	-	-
Base	32	

# Demographic profiling

These figures are based on the 32 respondents to the participant survey.

Gender identity*		
Yes	-	-
No	30	100%
Base	30	

Relationship status		
Married	16	50%
Lives with partner	5	16%
Single	4	13%
Divorced	2	6%
Civil partnership	1	3%
Widowed	1	3%
Prefer not to say	3	9%
Base	32	

Sexual orientation		
Heterosexual	29	91%
Prefer not to say	3	9%
Base	32	

Pregnant at this time		
Yes	-	-
No	31	100%
Base	31	

Recently given birth		
Yes	-	-
No	32	100%
Base	32	

*\*Gender Reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery).*



# Demographic profiling

These figures are based on the 32 respondents to the participant survey.

Disability or long-term health condition		
Yes, limited a lot	2	6%
Yes, limited a little	7	22%
No	23	72%
Base	32	

Disability or long-term health condition		
Physical disability	5	42%
Long-term illness	5	42%
Sensory disability	2	17%
Learning disability or difficulty	-	-
Mental health need	-	-
Other	1	8%
Prefer not to say	2	17%
Base	12	

Carer		
Yes - person(s) aged under 24	1	3%
Yes - adult(s) aged 25 - 49	-	-
Yes - older person(s) aged over 50	5	16%
No	26	81%
Prefer not to say	-	-
Base	32	

Armed forces		
Yes	2	7%
No	29	94%
Base	31	

# Service usage and feedback



## Use of services



44%

(14)  
Urgent  
and emergency  
care services



25%

(8)  
Community  
services



16%

(5)  
Community hospital  
services



3%

(1)  
Maternity  
services



41%

(13)  
Planned care  
services



16%

(5)  
Mental health  
services



78%

(25)  
Primary care



6%

(2)  
None of above



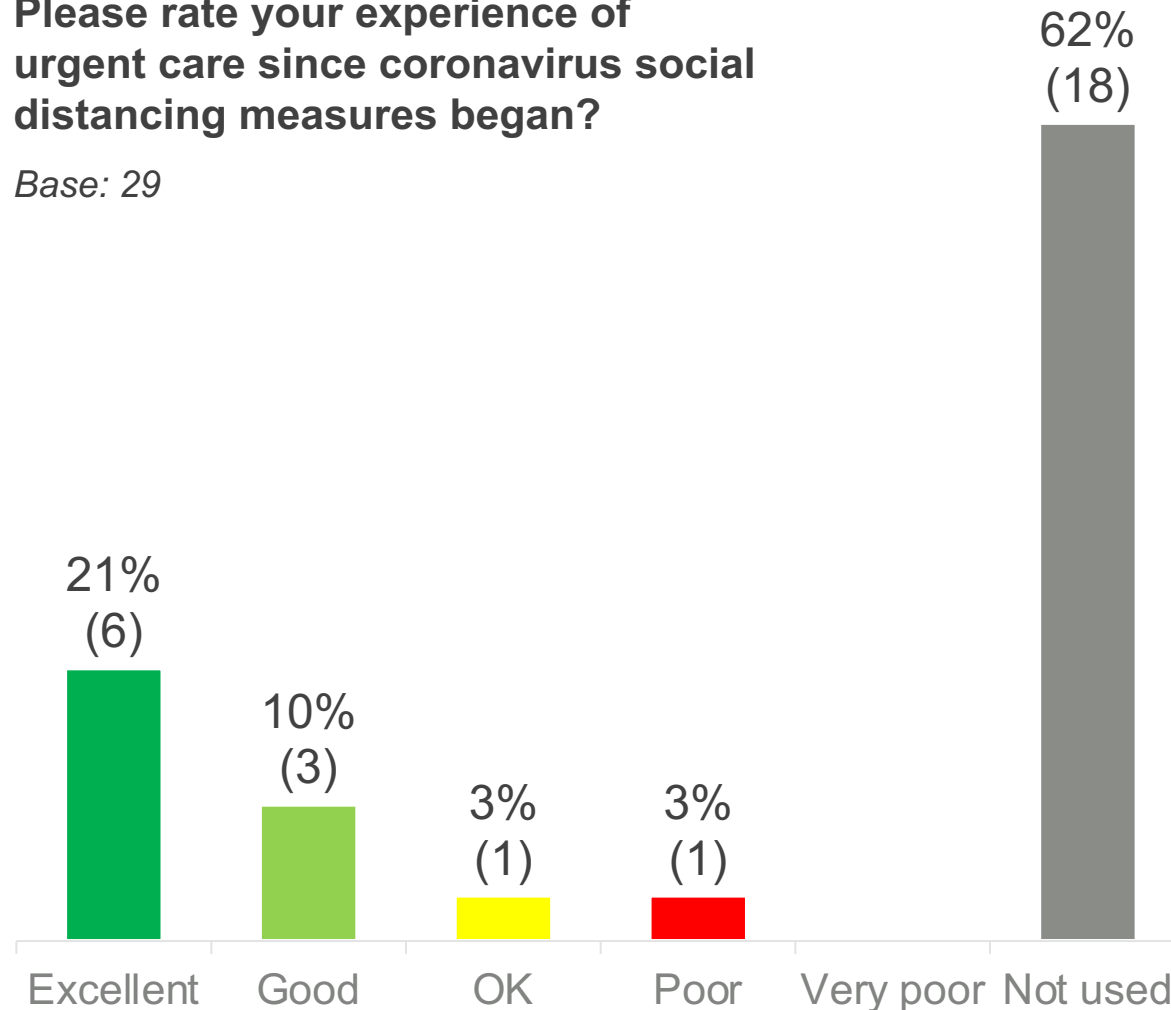
Which, if any, of the following services have you used in the last three years? (Please tick as many as appropriate) Base: 32



# Feedback on urgent and emergency care services

Please rate your experience of urgent care since coronavirus social distancing measures began?

Base: 29



## Reasons for rating 'excellent' or 'good':

- Good standard of care
- Prompt treatment
- Social distancing and COVID-19 measures (e.g. zoning, PPE, testing).

## Reasons for rating 'OK' or 'poor':

- Long waiting times
- Poor standard of care.

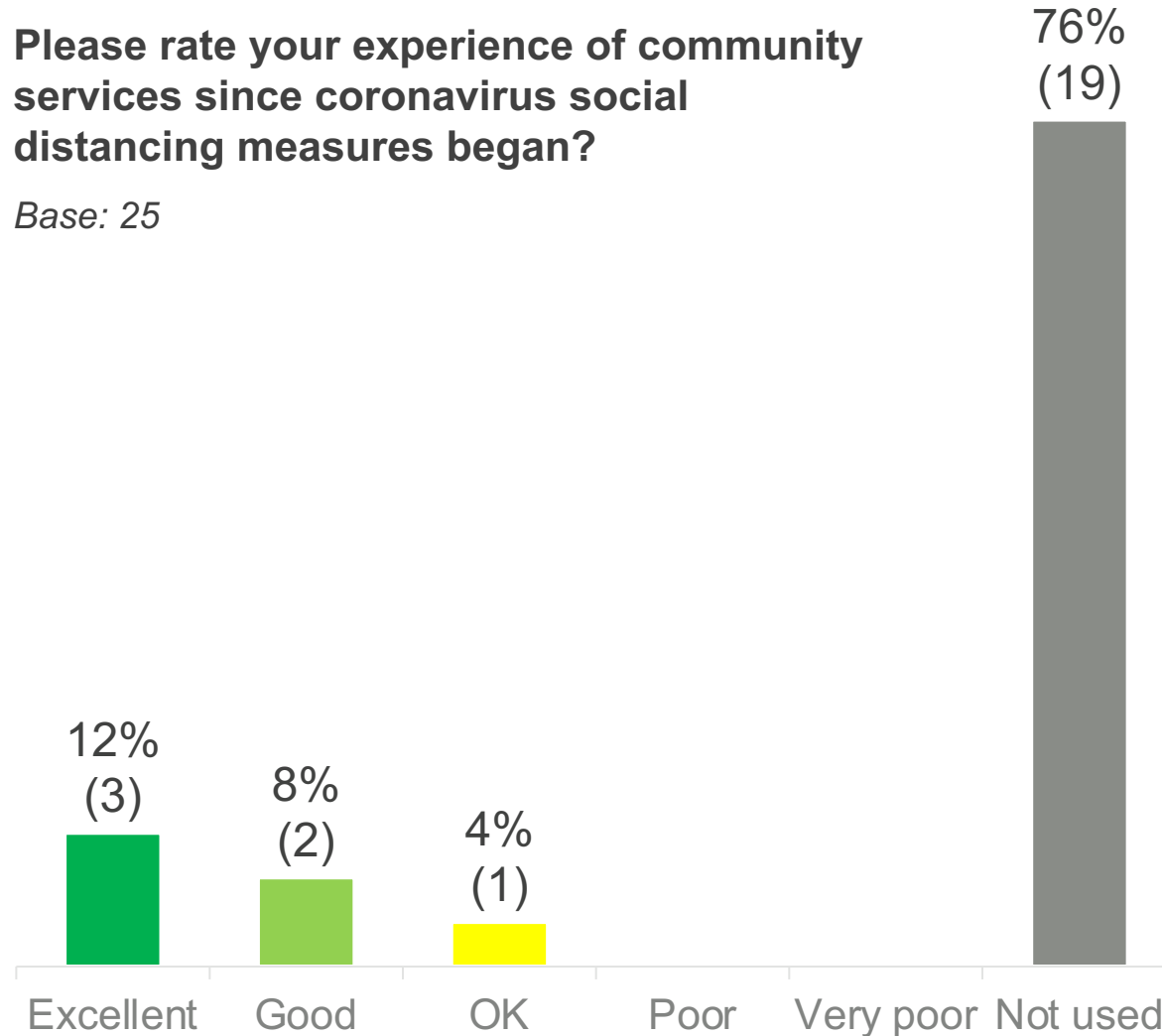
## Other comments and considerations:

- Issues with car parking
- Lack of information and access to testing with COVID-19 symptoms.

# Feedback on community services

Please rate your experience of community services since coronavirus social distancing measures began?

Base: 25



## Reasons for rating 'excellent' or 'good':

- Support has still been provided when required
- Increased use of video technology.

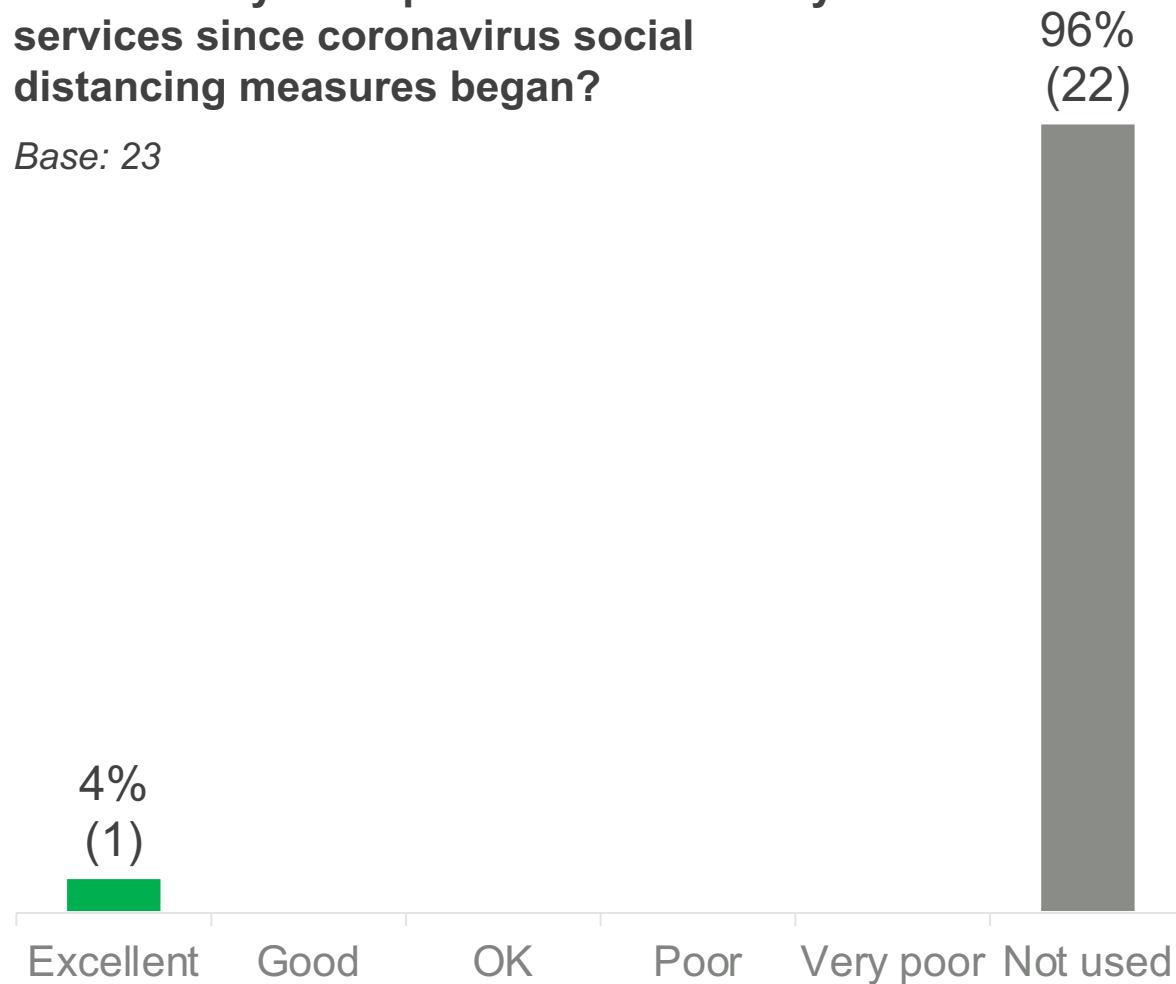
## Reasons for rating 'OK':

- Poor standard of care with problem misdiagnosed.

# Feedback on maternity services

Please rate your experience of maternity services since coronavirus social distancing measures began?

Base: 23



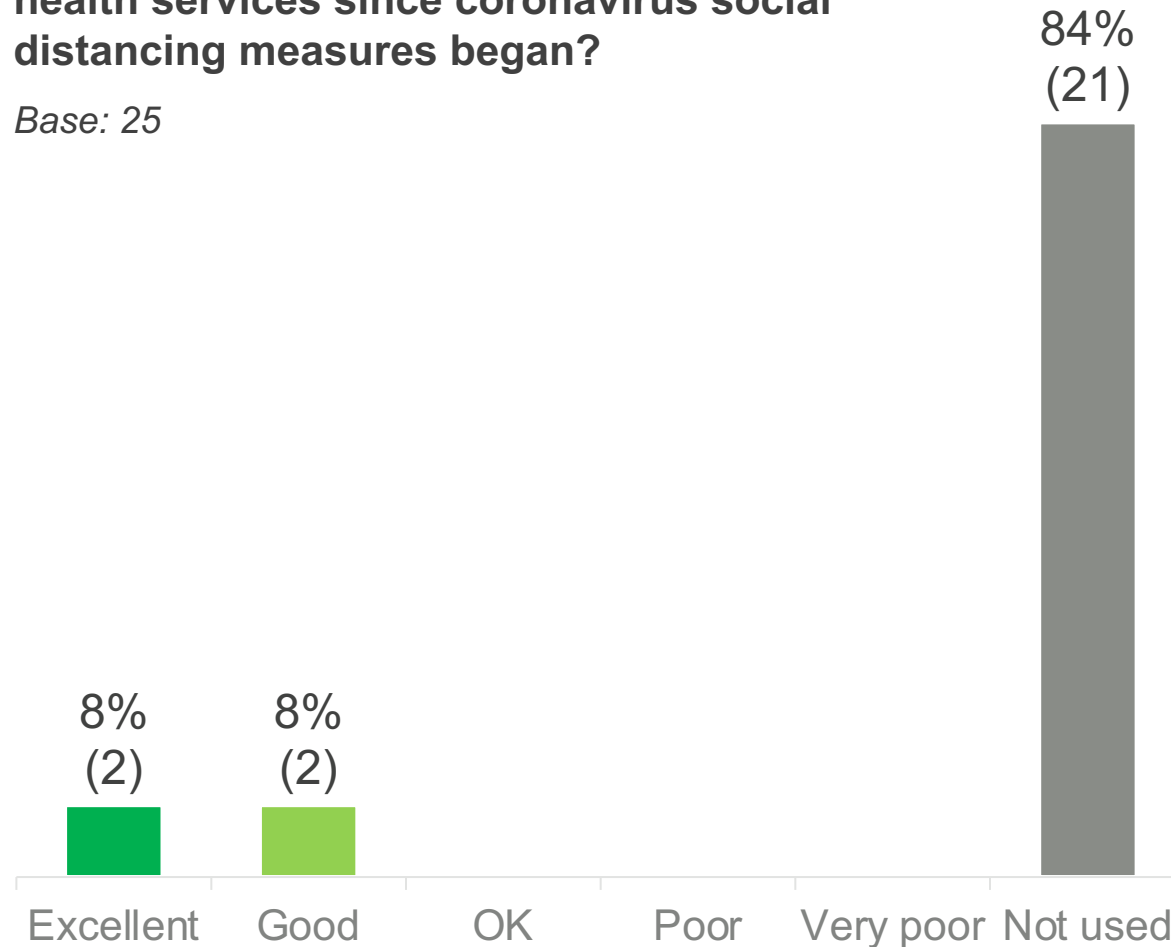
## Reasons for rating 'excellent':

- Social distancing measures in place.

# Feedback on mental health services

Please rate your experience of mental health services since coronavirus social distancing measures began?

Base: 25



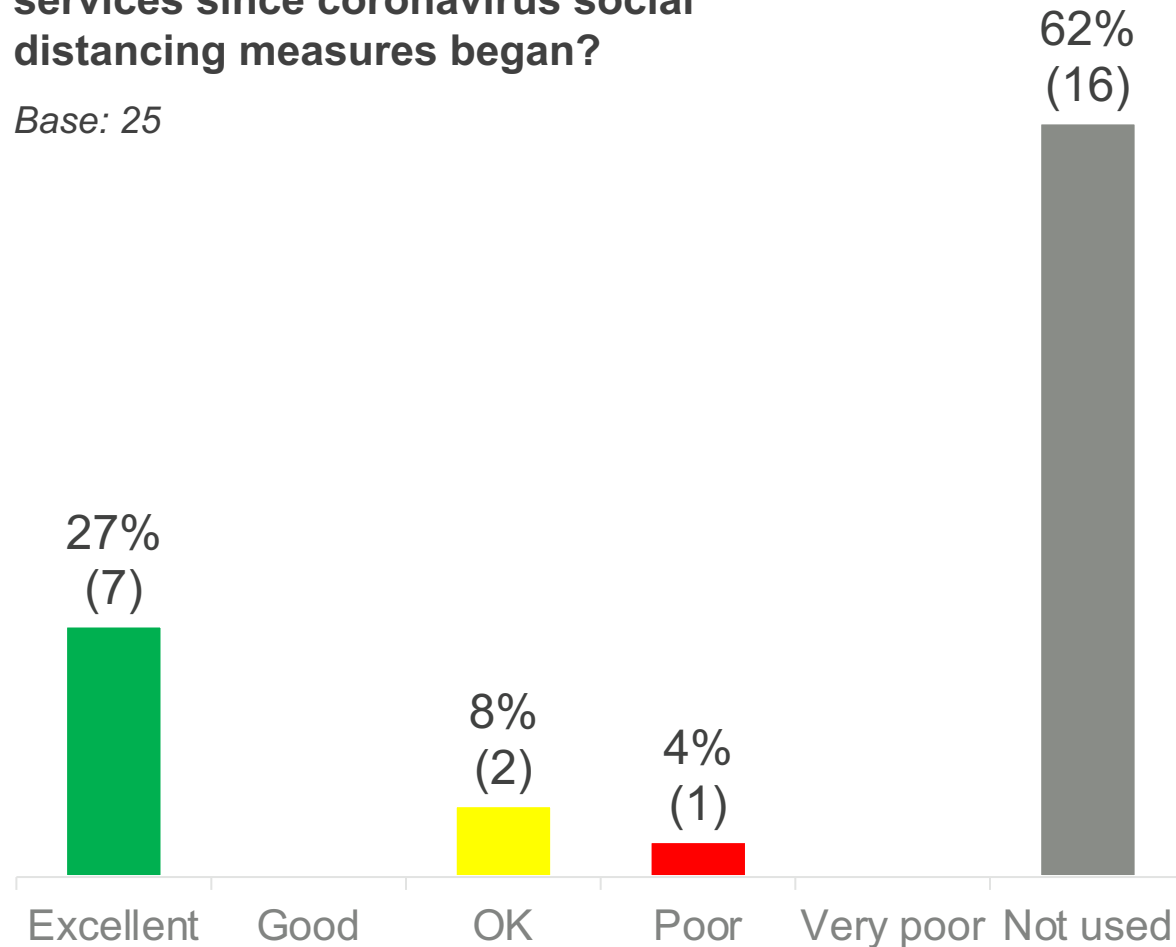
## Reasons for rating 'excellent' or 'good':

- Positive feedback received from service users
- Adapted to the changes required
- Home support provided timely and effectively
- Easy access and quicker referral.

# Feedback on planned care services

Please rate your experience of planned care services since coronavirus social distancing measures began?

Base: 25



## Reasons for rating 'excellent':

- Efficient appointments and screening
- Social distancing measures
- Effective, good standard of care.

## Reasons for rating 'OK' or 'poor':

- Variety of experiences
- Delays in treatment
- Lack of communication following delays.

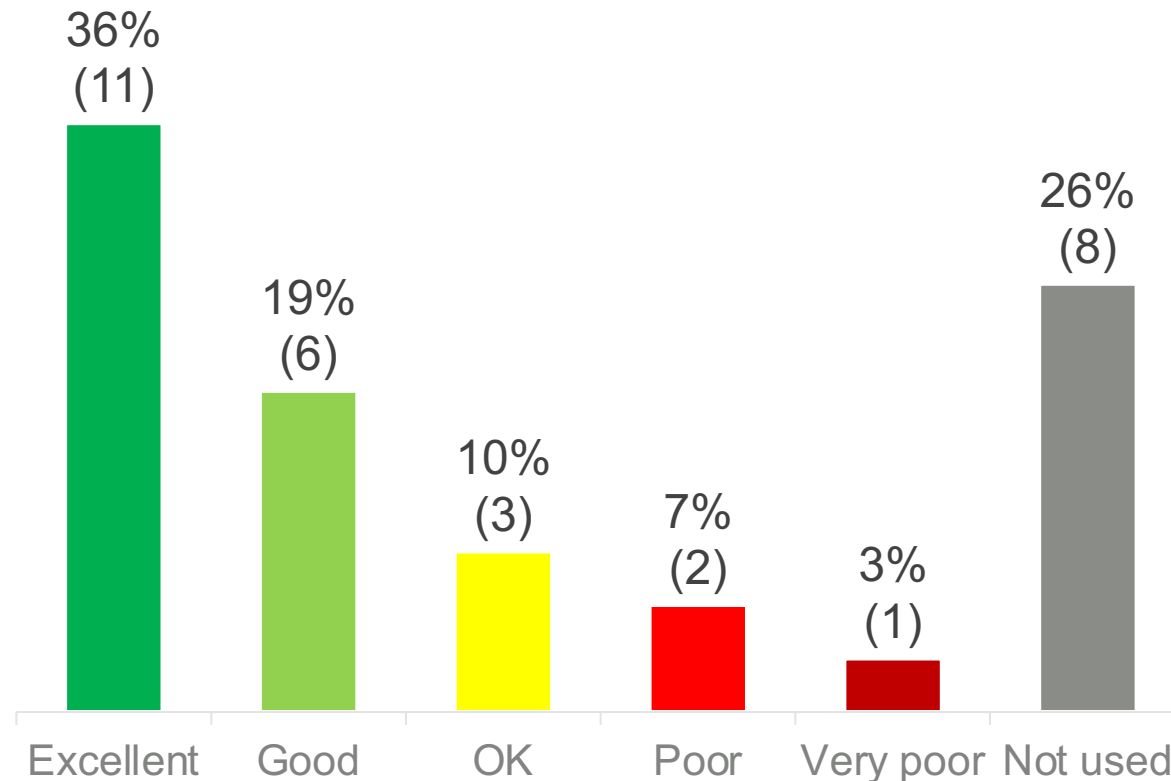
## Other comments and considerations:

- Some treatment carried out over telephone.

# Feedback on primary care services

Please rate your experience of primary care services since coronavirus social distancing measures began?

Base: 31



## Reasons for rating 'excellent' or 'good':

- Good standard of care
- Effective and timely communication
- Effective telephone consultations
- Assisted care home with COVID-19 measures
- Remote access fitting around working hours.

## Reasons for rating 'OK', 'poor' or 'very poor':

- Do not like telephone consultations
- Lack of choice of GP
- Routine appointments cancelled
- Lack of focus on patients (e.g. focus on profit)
- Lack of communication over cancelled appointments (e.g. blood tests).

## Other comments and considerations:

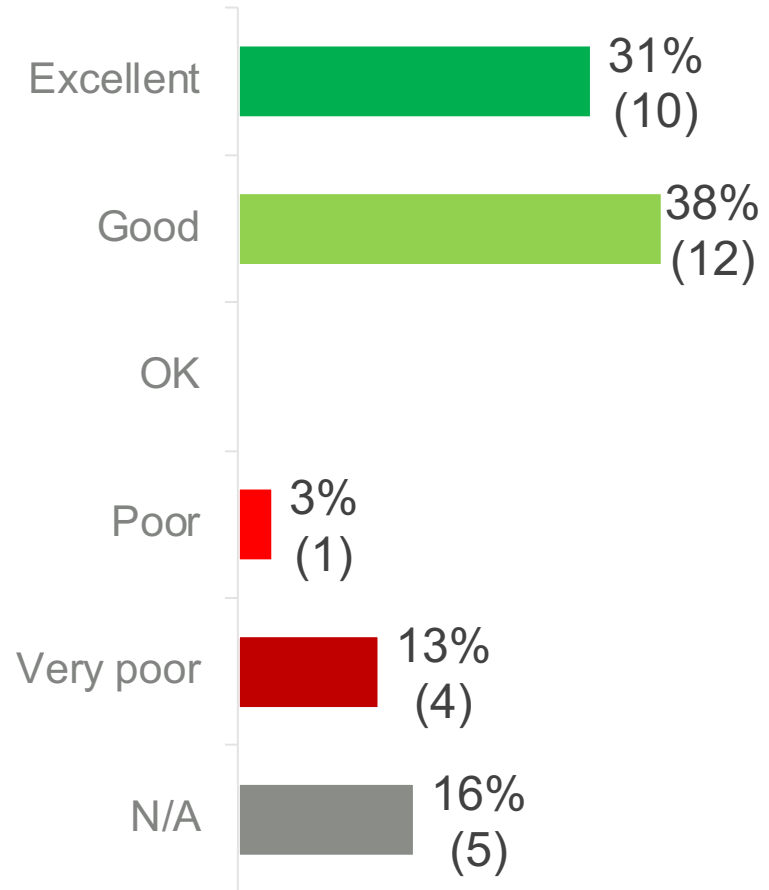
- Good care but access could be quicker.

# Access and digitalisation



## Feedback on access

Please rate your experience of access to services since coronavirus social distancing measures began



Base: 32

### Reasons for rating 'excellent' or 'good':

- No problems accessing services
- Efficient service
- Digital and telephone consultations effective
- Effective follow-up and aftercare
- Clear and effective communication
- Social distancing measures in place.

### Reasons for rating 'poor' or 'very poor':

- No separate waiting areas for shielding patients at New Cross Hospital and Russells Hall Hospital so could not attend A&E
- No access to services
- Lack of communication about services resuming
- Poor access to primary care and podiatry.

### Other comments and considerations:

- Some services still waiting to be rescheduled (e.g. dentistry and non-urgent appointments).



# Feedback on digitalisation

To what extent has your access to services been impacted by digitalisation?

19% <sup>(6)</sup>

A lot

31% <sup>(10)</sup>

A little

25% <sup>(8)</sup>

Not at all

25% <sup>(8)</sup>

N/A

Base: 32

Please explain how your access to services has been impacted by digitalisation



Telephone GP appointments



Sending photographs of problem to GP



Unable to book GP appointments



Useful to request prescriptions online



Remote working is effective



Access has improved



Access to video calls



Lack of access to video calls

## Considerations:

- Preference for face-to-face contact
- Those who rely on non-verbal communication
- Lack of access to IT at home
- Rush for appointments when booking online
- Variations in digital access across practices and services
- Access to records online could be useful
- Need for effective administration.

# Impact on working: Feedback from staff



# New ways of working

To what extent have you experienced new ways of working since coronavirus social distancing measures began?

83% <sup>(15)</sup>

A lot

17% <sup>(3)</sup>

A little

0%

Not at all

Base: 18

Please explain what changes you have experienced



Working from home



Redeployment



Increase in digital technology



Virtual meetings



Reduced travel



Unable to work in the community



Increased freedom to develop



More home visits to vulnerable patients



Cancelled appointments



Working in split teams



Wearing PPE



Changes to visiting

## Considerations:

- Impacts on staff wellbeing
- Impacts of working from home on recruitment and training
- Need for appropriate work for volunteers.

# Digital at work

To what extent has your use of digital at work changed since coronavirus social distancing measures began?

83% <sup>(15)</sup>

A lot

17% <sup>(3)</sup>

A little

0%

Not at all

Base: 18

Please explain what changes you have experienced



Virtual support



Meetings held on Microsoft Teams



Alternative methods of contact



Self-fixing IT problems



Volume of emails



Online consultations on One Consultation



Social media to bring carers together



Video calls on Zoom and Attend Anywhere



Use of Patients Know Best (PKB)



Distance treatment



Improved data sharing



Remote working

## Considerations:

- Need to develop user-friendly ways to support clinicians and patients
- Access to contact details
- Challenges of IT systems.

# What were the local challenges and what could we improve?



# Feedback from the North breakout sessions

## Communications

- Important to tailor to people's needs
- Consider those with hidden disabilities (e.g. dementia), who may not understand social distancing and lockdowns
- Poor communication around access to the Minor Injuries Unit
- Important that all organisations are consistent and have the same voice.

## Mental health impacts

- Concern about mental health and its impact on primary care
- Increase in acuity of patients (e.g. psychosis).

## Effect on services

- Consider the work to understand where there will be pressure areas
- Consider what will happen when children return to school
- Need to learn from experiences and do things more efficiently and better
- Consider combined finance, estates and performance discussions
- Technology can be a bonus for a better service.

## Difficulties with digital approach

- Can be difficult to assess mental health conditions (e.g. lack of non-verbal cues)
- Patients may need convincing to access online sessions
- May need to have hands-on approach
- Consider personalisation of care – digital by choice, not by default
- Concern over the lack of face-to-face care for elderly patients
- Consider those who cannot access technology.

## Lack of services

- Access to x-ray at Leek is required on weekends
- Leek Moorlands Hospital Minor Injuries Unit needed to be open
- Some individuals with complex needs or learning difficulties missed routine appointments, which may cause further problems in managing their condition, or cause new conditions.

# Feedback from the South East breakout sessions

Communications	Lack of services	Difficulties with digital approach	GP practices	Other comments
<ul style="list-style-type: none"><li>• Lack of localised communications and focus around national guidance</li><li>• No updates from local GP practices (e.g. how to access appointments and prescriptions)</li><li>• Lack of knowledge about COVID-19 and what to do</li><li>• Clear communication required on how to access testing locally</li><li>• Provide a list of services that are now available.</li></ul>	<ul style="list-style-type: none"><li>• Lack of dental appointments</li><li>• Inconsistencies between service</li><li>• CT scans delayed</li><li>• Concern over retinopathy screening situation going forward</li><li>• Consider international normalised ratio (INR) self-testing</li><li>• Delays in blood tests at GP practices.</li></ul>	<ul style="list-style-type: none"><li>• Difficult to explain location of pain over the telephone</li><li>• Consider elderly patients (e.g. online prescriptions).</li></ul>	<ul style="list-style-type: none"><li>• A GP surgery near Tamworth rearranged its patient boundaries and one village was left without a GP</li><li>• All GP practices should offer digital appointments (not just telephone)</li><li>• Confusion about appointments</li><li>• No hand sanitiser at practice, with reception area screened off so no one to greet you</li><li>• Long waiting time at practice.</li></ul>	<ul style="list-style-type: none"><li>• Can the Clinical Commissioning Group (CCG) identify the list of clinical leads for care homes in the East and South localities?</li><li>• What is the role of the clinical leads? Can there be more clarification on their roles and responsibilities?</li><li>• Lack of empathy from consultants.</li></ul>

# Feedback from the South West breakout sessions

## Safety concerns

- Patients do not feel safe coming forward for services, especially if shielding
- Services need to accommodate patient anxieties (e.g. not discharging patients for not attending appointments)
- Need reassurance from providers about measures they have in place to give patients confidence to attend
- Advice required on how to keep safe while travelling to appointments
- Patients are scared to go due to those not following guidance (e.g. masks)
- Needs to be more promotion of messages with emphasis on keeping others safe.

## Communication

- Mixed messages from providers – NHS is open but do not come unless you must
- Mixed messages from GPs, especially around shielding, therefore patients may be more cautious than they need to be
- Patients on waiting lists should receive communication to assure them
- GP rolling screens are not useful now
- Consider using social media more (e.g. Facebook groups)
- Need more effective communication around cancelled appointments and next steps.

## Issues with routine care

- Consider the need to monitor medication and dosage (e.g. if switching from injections to tablets)
- Appointments cancelled with lack of communication, causing patients to feel forgotten
- Consider newly-diagnosed patients.

## Volunteer Services

- National volunteer service was not efficient in recruitment and then development and deployment locally
- Local volunteers worked well but have now gone back to work and NHS national volunteers are no longer picking this work up, so this is missing
- Volunteer schemes need to be more localised
- Primary care and the voluntary sector need to be more joined up.



# Feedback from staff breakout sessions

## Pharmacy

- Increase in workload as community pharmacy has remained the first port of call for people
- Potential loss of income
- Challenging integrating pharmacy into testing (e.g. antibody testing).

## Remote working

- Consider mental health impact on working from home (e.g. isolation and lack of social interaction)
- Animosity between those who have worked from home and office-based staff
- Uncertainty around remote working
- Consider childcare issues.

## Changes in services

- Issues managing waiting areas and ensuring people are in departments for less time
- Staff redeployed, new working patterns and different ways of working (e.g. telephone appointments)
- Difficulties with end-of-life care
- Consider staff experience in dealing with infectious conditions
- Differences in staff preferences with some preferring phone appointments
- Consider the need to do what is best for patients.

## Difficulties with digital approach

- Challenges with technology and service user access (e.g. lost links to socially isolated users)
- Some people need face-to-face care
- Virtual support does not replace face-to-face contact
- Appointment time spent explaining technology rather than dealing with conditions
- Stakeholders using different systems (e.g. social care)
- Consider an IT recycling scheme to provide more people with access
- Workforce training required.

## Positive experiences

- More relaxed recruitment interview process
- Positive experiences of working on projects
- Support from management
- Patients grateful that clinicians are taking the time to deal with them, although it can seem they are showing gratitude because it is expected
- For some patients, the use of technology has been very successful
- Exciting to push the boundaries of what we can do with technology.

## Feedback from survey

What were the local challenges and what could we improve? *Coded feedback*

	No.
Support for health concerns other than COVID-19 required improvement	5
Access to routine care was disrupted (e.g. blood tests)	5
Support for vulnerable groups required improvements (e.g. elderly in care homes, LD)	3
More reliable data around the spread of COVID-19	3
Technology is a barrier to people	3
No challenges	3
Better communication was required	2
Move more staff between organisations as this worked well	2
Need for improved PPE supply	1
Support for primary care staff to implement changes	1
More GP services required locally to meet demand	1
Initially a challenge to work more with system partners	1
Ensuring effective links with staff while working from home	1
Other (e.g. can't answer)	2
<i>Base</i>	<i>24</i>

# What went well and what improvements did you experience?



## Feedback from the North breakout sessions

### What went well

- Primary care has quickly organised telephone conversations and video conferences
- Pharmacists have adapted well with the electronic prescription service used more
- Use of telephone consultations has been very impressive and may give more time for face-to-face consultations
- Positive experiences of community spirit (e.g. councillors delivering prescriptions)
- Different organisations working together effectively
- Impressed with what local organisations have managed to achieve for their local community.

### Improvements to continue

- Virtual appointments can reduce travel, waiting times and result in same patient outcomes
- Support and communication for care homes for learning disability patients (e.g. video support, PPE supply)
- The connections with other organisations need be kept.

### Considerations

- Not everyone is comfortable with technology to engage as fully as others can
- Concern that a lot of people are tolerating the situation
- One respondent commented that they did not experience improvements
- Social distancing is just physical distancing; the social connection is important and can continue virtually during lockdown.

# Feedback from the South East breakout sessions

## What went well

- Excellent access to GPs
- Excellent service received (e.g. at A&E)
- Clear process and communication at Burton
- Help and support from clinicians
- Reduced waiting times
- Effective social distancing and COVID-19 measures (e.g. at UHDB).

## Improvements to continue

- Effective communication by GP practice (e.g. use of Facebook, text messages)
- Medications delivered to door; however, need to consider those who do not have internet access to request prescriptions online.

## Considerations

- Access to technology
- Access to services.

## Feedback from the South West breakout sessions

### What went well

- Local volunteers very helpful
- Fantastic service from University Hospitals of North Midlands (UHNM) while treated for cancer and neurological condition
- Efficient blood test booking system, rather than turning up and waiting
- Use of email medication requests through Patient Access App instead of a face-to-face appointment
- Effective safety measures (e.g. PPE)
- Effective management of breast screening
- GP Nurse provider and NHS 111 etc have all been so supportive to a patient with COVID-19 who was able to stay at home.

### Improvements to continue

- Annual reviews and appointments to discuss test results can be done over the phone, saving the travel into hospital and parking costs
- Self-management can be done at home, supported by calls from clinicians
- Face-to-face should be only be used when physical examination is needed.

### Considerations

- Some GPs see the new measures as an obstacle rather than a benefit, but administration seems more efficient this way
- Patients need the right equipment to manage conditions at home
- Preference for video calls over telephone calls.

## Feedback from staff breakout sessions

### What went well

- Integrated working across organisations and sectors (e.g. STP partnership cell, mobilising volunteers, council and fire service, palliative care, etc.)
- Staff adapted to new ways of working well
- Positive to be part of the flu steering group
- Learnt new ways of doing things and transformation happened at pace
- Good team spirit among staff.

### Improvements to continue

- Connections to different organisations and agencies
- Ability to work from home, as this can boost confidence
- Not having to travel has saved time and money.

### Considerations

- Need to consider the IT skills and competence of staff – some staff require training
- Virtual appointments not for everyone.

## Feedback from survey

What went well and what improvements did you experience? *Coded feedback*

	No.
Greater accessibility of services	3
Positive experience of telephone consultation	3
High quality of care provided	3
No improvements	2
New technology skills learnt for continuity of care	2
Would welcome telephone/video appointments	1
Reduced the need for travel	1
Accessibility differs between services	1
Improved staff engagement	1
People using services in a more appropriate way (A&E and NHS 111)	1
Better access to services	1
No comment / N/A	6
<i>Base</i>	22



# What do you think should be our priorities for now and the future?



# Feedback from the North breakout sessions

Restoring services	Communication	Integrated working	Other comments
<ul style="list-style-type: none"><li>• Need to consider long-term implications on health and social care, mental health and finance</li><li>• Sorting GP waiting times</li><li>• Concern that some diagnosis will have been missed through virtual appointments</li><li>• Learn the lessons of what has worked well and not so well</li><li>• Catch up on care that has been cancelled.</li></ul>	<ul style="list-style-type: none"><li>• It is important to keep connections going</li><li>• Need to ensure communications are tailored (e.g. for dementia).</li></ul>	<ul style="list-style-type: none"><li>• Holistic multi-agency working is important</li><li>• There need to be conversations across providers</li><li>• Symptoms cannot just be treated in isolation – need to treat the whole person</li><li>• Every speciality is excellent, but sometimes clinicians do not speak to each other when a patient is receiving care for multiple conditions.</li></ul>	<ul style="list-style-type: none"><li>• Remote working should continue.</li></ul>

# Feedback from the South East breakout sessions

## Restoring services

- There will always be a need for face-to-face
- Consistency in GP practices' approach to seeing patients
- Use more technology, but consider those without access
- Consider how CCGs will develop the business as usual service provision alongside COVID-19, upcoming winter pressures and the integration of the Integrated Care Provider (ICP)
- Focus on restoring current services rather than making changes
- Ensure blood tests happen
- Continue to ensure people go to the right place for urgent care.

## Access to services

- Consider the need for inpatient and outpatient mental health services for the residents in the South East following the fire at the George Bryan Centre
- Consider the need for local services so patients do not have to travel to Stafford and beyond to access
- Ensure service provision is fair across the county and not just focused on the North.

## Communication

- Communication about service change
- Consider the need to consult people on changes as they are taxpayers.

## Flu vaccination

- Ensure care home residents receive flu vaccines
- Clarity is required over who is responsible for flu vaccinations in care homes.

# Feedback from the South West breakout sessions

Restoring services	Communication	Flu vaccination	Mental health	Other comments
<ul style="list-style-type: none"> <li>• Keep the digital aspect, since it has been successful</li> <li>• Consider the use of social prescribing</li> <li>• It must be more than just telephone appointments for mental health</li> <li>• People don't want to cause the NHS more work – need to do work around this</li> <li>• Meeting recovery targets is important but would like to see more about avoiding a second spike.</li> </ul>	<ul style="list-style-type: none"> <li>• Inform patients of where they are in the backlog – don't let them feel left behind</li> <li>• Need to emphasise public messaging around hygiene and social distancing.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of communication from GP practice around flu vaccine</li> <li>• Concerns around the flu jab and whether it causes susceptibility to other respiratory conditions, including COVID-19</li> <li>• Reassurance required on safety to attend NHS buildings for flu vaccines</li> <li>• Need to step-up flu vaccination.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to consider impact of exercise and movement on mental health</li> <li>• Focus on mental health – COVID-19 has had a huge impact</li> <li>• Queries from community champions around the support that will be put in place to assist them provide support to other user.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve access to digital records on EMIS</li> <li>• Join up primary care and voluntary sector</li> <li>• Admission avoidance</li> <li>• Consider social prescribing.</li> </ul>

# Feedback from staff breakout sessions

## Digital inclusion and online awareness

- Need to change our referral process to understand what technology people have access to
- Need service users to be aware of how much data their device uses
- Consider patients without technology and enabling them to get access (e.g. safe spaces for them to access technology)
- Consider users' technology ability and the need for training to build confidence, skills and knowledge
- Consider lack of IT equipment for NHS and healthcare staff to use video consultation (e.g. pharmacy, dentistry and optometry)
- Consider connections to the Integrated Health and Care record
- Consider issues with regulation in pharmacy and the digital agenda is moving faster than relevant regulatory framework can keep up.

## Staff health and wellbeing

- Consider the mental health impact of working from home (e.g. loss of social interaction, long-term effect of using Teams)
- Consider the mental health challenge of social distancing in the office
- Consider staff who have had to self-isolate or shield
- Consider the health impact of working at a laptop for 10 hours
- Consider support for those with caring or childcare responsibilities
- Ensure staff who have felt isolated and unable to work from home are supported to get back to the office
- Ensure staff who have benefitted from working from home can continue to do so.

## Other comments

- Need to learn from the positive impacts
- Need to continue with new ways of working to reduce waiting times
- Ensure there is the same approach across Staffordshire and Stoke-on-Trent CCGs, rather than differences across CCG areas.

## Feedback from survey

What do you think should be our priorities for now and the future? *Coded feedback*

	No.
Restore services in a safe way as soon as possible	13
Find ways to include those who are digitally excluded or not confident with technology	7
Use digital approach moving forward along side face-to-face appointments	6
Prioritising vulnerable and marginalised groups	5
Deal with the backlog of treatments	4
Working together across health and social care for holistic approach	4
Improve communication	2
Involve patients in their care	2
More information available with positive messages to avoid scaring public	2
Streamline services/consultations	2
Encourage people to use the right services	1
Increase access to services locally (e.g. inpatient mental health in Tamworth)	1
Look at other outcomes of COVID-19 (e.g. lifestyle, mental health, etc)	1
Prepare services for a future outbreak	1
Reduce costs	1
Treat whole person, not symptoms	1
<i>Base</i>	28



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

# Summary



# Summary of key themes

## Local challenges

- Communication and lack of information about service availability
- Lack of access to services
- Concern over COVID-19 and anxiety over entering healthcare buildings
- Lack of routine care and appointments
- Challenges using and accessing care digitally
- Mental health impacts of lockdown and remote working.

## What went well

- Remote working is beneficial for some staff
- Effective partnership working across sectors
- Positive experiences of care
- Reduced waiting times in some cases
- Staff adapted well to changes
- Some patients have benefitted from virtual appointments (e.g. reduced travel).

## Priorities for the future

- Service restoration
- Ensuring communication to patients is effective
- Prioritising vulnerable and marginalised groups
- Continuing digital appointments where patients benefit
- Ensuring access to services locally
- Flu vaccination
- Ensuring effective integration and partnership working
- Mental health and wellbeing.