



Big Health and Care Conversation Summary Report January 2019

**Transforming Health and Social Care
for Brighton and Hove**

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Big Health and Care Conversation – what we heard

From June 2017 to November 2018 Brighton and Hove Clinical Commissioning Group (CCG) engaged with and listened to approximately 6,500 members of the public, patients, voluntary sector organisations, partners and colleagues to find out what matters to them most and to talk about the challenges that we all face in health and social care.

We have spoken to members of the public, patients, voluntary sector organisations, partners and colleagues at a range of engagement events over this period of time, and also heard from people via an online survey. We have already produced a report summarizing feedback from phase 1 of the Big Health and Care Conversation (July – December 2017; we have continued to have conversations with our patients, carers and the public since this time.

This report summarises key points from our conversations, including where we have taken action, which builds on our earlier summary report.

Over the year 2018/19, we have experienced an unprecedented level of financial challenge; therefore, we expected our conversations to be challenging, as we focused on ensuring that we make the best use of limited money and make some difficult choices about how we spend this money to best support the health and wellbeing of our population.

Conversations were guided by “Talking Points”, chosen according to previous feedback.

- **Planned Care**
- **Mental Health**
- **Primary Care**
- **Social Prescribing and Prevention**
- **Urgent Care**

We promised to share the feedback we heard and how that feedback has already started to influence planning and shape improved services for the future. This is a summary of our of phase 2 of the Big Health and Care Conversation – a full account of the feedback can be made available upon request via bhccg.ccg@nhs.net.

The big talking points

What You Said, What We Did, Do & Will Do

Big talking point 1:

Planned Care

We are seeking ways to make outpatients more flexible, to reduce waiting lists and to ensure that we make best use of both patient and clinical time.

Top 3 reactions from the Big Health and Care Conversation:



1. You Said: There is confusion about the referral process and how patients are informed about referrals.

- We acknowledge that the referral process can be confusing for patients as well as their family, relations and carers.
- We commission the [Referral Management Service](#) (RMS), which aims to be a 'one-stop-shop' for all referrals, with the exception of some referral specialities, by providing a telephone service for patients with questions about their referral and the process as well as supporting patient choice by discussing their options of care. RMS also ensure referrals are sent to the most appropriate setting and provide expert knowledge and guidance about local services to ensure patients receive the right care, at the right time.
- We provide information on the [Referral Management Service](#) (RMS) on the CCG website, letters from RMS, and on leaflets in GP surgeries to raise awareness of the service and support patient choice.
- We will continue to work with the [Referral Management Service](#), GP surgeries and providers to ensure the referral process is clear, patients are provided with choice, and patients are directed to the most appropriate setting to aid effective care.

2. You Said: We need to find alternative means of communicating with patients, rather than relying on letters.

- As part of the project to make the NHS paperless by 2020, we have developed a number of initiatives to reduce the volume of paper generated by the NHS.
- We introduced the NHS e-Referral Service where patients have the option to book their appointment online and, as a result, do not receive additional appointment paperwork.
- We will support GP surgeries to increase their use of [MJOG](#) – Free Patient Messaging App – to raise awareness of local services available to patients.
- We will continue to work with partners to identify alternative means of communication with patients other than via paper such as e-mail and text.

3. You Said: We have difficulty in accessing our GP, especially as a carer. There is also variation in access depending on which practice you are registered with.

- In order to enable those people who struggle to access GP appointments during normal core hours primary care ('core hours' means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday), we commissioned evening and weekend appointments for all local practices.

These appointments, which are provided from 6.30pm to 8.30pm Mon-Fri and Sat 10-1pm and Sunday 9-2pm, are available to be booked at your GP practice on the same footing as core hours appointments.

It is hoped that this 'Improved Access' will enable busy people like working people and carers to be able to get full benefit of the primary care provision to which they are entitled.

- We are working to develop Online Consultations, which will provide further opportunities to access primary care for those who struggle to make weekday daytime appointments.
- Practices do work differently, for example: using different skill mixes within their teams, using different systems for booking patient appointments and sometimes even offering additional services to core primary care.

Each practice seeks to meet the particular needs of its unique patient population in a tailored way. This can mean that practices sometimes offer care in differing ways. However, all practices are subject to the requirements of their General Medical Services (GMS) contract meaning that requirements such as opening hours are largely standardised.

- In order to assure ourselves that levels of service are contractually compliant, we will soon introduce Annual GP Practice Contract Visits for its local practices in 2019.



Big talking point 2:

Mental Health

We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for those with enduring mental health problems.

Top 3 reactions from the Big Health and Care Conversation:



1. You Said: There is a lack of information about children and young people's mental health services.

- As part of the Brighton and Hove Children and Young People's Mental Health Local Transformation Plan, we are working in collaboration with Brighton and Hove City Council Children's Services and Public Health to raise awareness of children and young people's emotional wellbeing and mental health services.
- We ran the 'WHOLE hour' campaign on World Mental Health Day in 2018, which encouraged people to think about their mental health for at least one hour on that day as well as services available.
- We will be undertaking a communications project in 2019 to raise awareness of mental health services available, particularly with a focus on displaying information in waiting rooms in GP practices, health professionals handing out leaflets as well as TV screens.
- We will continue to ensure that there is effective and enhanced communication and information sharing with children, young people and carers about services available, and to inform future commissioning.

2. You Said: Loneliness and isolation are major factors in mental health in young people and adults.

- We agree – isolation and loneliness can have a devastating impact on health and wellbeing.
- We support the [Brighton and Hove Befriending Coalition](#), a group of organisations that provide befriending services to wide range of people at risk of isolation and loneliness in the city.
- We commission the [Community Navigation](#) project, a social prescribing service that provides access to support services and activities that helps people with social and emotional needs.
- We are jointly funding a new Ageing Well service with Brighton and Hove City Council, which will include befriending, access to activities and transport.

3. You Said: Education has an important role in raising awareness of mental health, particularly in Schools.

- We ran the #IAMWHOLE mental health anti-stigma campaign in October 2016 and again in 2017 in Primary Schools, using the book 'Flo and the Funny Feelings' by Anna Williamson, to raise awareness of mental health.
- We worked in collaboration with Brighton and Hove City Council Children's Services and Public Health to introduce the Schools Wellbeing Service in June 2017. The Schools Wellbeing Service was established following a pilot with three secondary schools where Primary Mental Health Workers supported pupils, school staff and parents/carers to access support by creating a whole school approach to mental health.
- We are working with the Schools Wellbeing Service to plan how this offer could be rolled out to Colleges and Higher Education establishments.
- We are working to improve mental health support to our schools, strengthening expertise and response as well as developing a pilot 4 weeks to treatment access target in Specialist Children and Adolescent Mental Health Services (CAMHS).
- We are working with the Local Authority to encourage staff to take up training in a number of areas including mental health first aid, emotion coaching, restorative justice, being attachment aware and having a trauma-informed approach.

Big talking point 3:

Primary Care

We want to make it easier for you to be healthy; to see your Primary Care team when you need to, to be confident in looking after your own health and wellbeing and that of your families, and to access services close to home in communities which are strong and support good health.

Top 3 reactions from the Big Health and Care Conversation:

1. You Said: There is concern about the long waiting times to see a GP.

- We are working closely with local GP practices and regional workforce planning teams to develop new ways of working to meet growing demand for primary care.
- We are introducing a skill mix within GP practices to help ensure patients are supported in a timely way- for example, employing Nurse and Paramedic Practitioners.
- We have designed Improved Access Hubs with local patients and clinicians, where patients can now book evening and weekend appointments at one of our primary care hubs within their local area. These appointments are bookable via GP surgeries.
- We are already working differently to reduce demand on GP-led care. For example:
 - Respiratory nurses in the community and practice nurses specialise in respiratory patients, relieving pressures on the GP surgeries.
 - Expanding our Community Navigation service (Social Prescribing) so all GP practices have access

2. You Said: There are a lack of appointments bookable online.

- We recognise that GP practices encounter fluctuating demand; some practices encounter more demand for urgent appointments and others planned. Seasonal changes can also put increased pressure on practices. As a result, practices vary in the amount of appointment slots they are able to make available for patients to book online.
- We will continue to work with practices to consider how their systems and processes need to be adjusted to support the needs of the patients.

3. You Said: Could moves be made to make it possible to see the same GP?

- We acknowledge that patients who see the same general practitioner a greater proportion of the time experience fewer admissions and report greater levels of satisfaction. However, shortage of GPs is a problem and although all patients will have an *allocated* GP who oversees their care and treatment, but it may not be possible to always see this/same person.
- We hear from practices that they do try and see their own patients, and value continuity of care particularly when they are regular attendees, booking in advance for routine follow ups/ chronic illnesses issues.
- We will work with partners to try and improve GP recruitment and retention. Continuity of Care will always be important but who delivers that care may change.



Big talking point 4:

Social Prescribing and Prevention

We want to help people live well no matter how limited they are by health conditions or loss of mobility. Specifically, frail people should feel safe and supported to live as independently as possible at home.

We want to empower people to have timely, open conversations about death, bereavement and planned ahead for care at the end of their lives.



Top 3 reactions from the Big Health and Care Conversation:

1. You Said: The funding for social prescribing is not significant enough, especially when you consider how much is invested in medicines.

- We invest a good amount of funding into social prescribing. Last year we invested £185,000 into the Community Navigator project, £77,000 into Link Back (social prescribing to support people after discharge from hospital) and £3,000 to support a city wide Social Prescribing Network.
- We are working with partner organisations to ensure patients and the public can access social prescribing activities at no extra cost or at a reduced price.
- We will continue to work with the patients, clinicians and partner organisations to review the need and associated funding for social prescribing.

2. You Said: What are the Clinical Commissioning Groups' plans for social prescribing?

- We are conducting an evaluation of Community Navigators, our primary care social prescribing project, which will report in early 2019. This will help shape the a remodelling of the service, in order that it is embedded in all GP practices in the city, and links to other related statutory and voluntary sector services.

3. You Said: The cancer screening rates in Brighton and Hove are very poor, what are you doing about this?

- We developed a [Locally Commissioned Service](#) (LCS), previously known as the Local Enhanced Service, where one of the aims is to increase cancer screening rates.
- We have encouraged and enabled practices to improve their screening rates by making resources available so that each practice can have a clinical and non-clinical Cancer Coordinator. One of the functions of the non-clinical Cancer Coordinator is to be proactive by calling patients who have missed their screening appointment to remind/ encourage them to book an appointment for their cancer screening/ send them a new bowel cancer screening kit.
- Whilst cancer screening comes under the remit of NHS England , we commission 'Albion in the Community's Brighter Outlook', Brighton and Hove Albion's official charity, to raise awareness around cancer and prevention including engaging people to participate in bowel cancer screening, running Cancer Health and Wellbeing Events, and providing free, personalised physical activity for people living with and beyond cancer.

Big talking point 5:

Urgent Care

We want high quality health and care services delivered at the right time; by the right healthcare professional and in the right environment. We want affordable services to be responsive to the needs of our community, with as many as possible provided out of hospitals and closer to patients' homes, when clinically appropriate. We want our local hospital to become a centre of excellence, with measurable improvements.



Top 3 reactions from the Big Health and Care Conversation:

1. You Said: People do not know about the walk-in centre, when it is open or even if it is the right place for them to go in the first place.

- We are currently developing the provision of urgent treatment in Brighton and Hove. We are currently exploring the options for an Urgent Treatment Centre at the Royal Sussex County Hospital in the city. We will be engaging with the public on this in early 2019 – more details on how you can get involved can be found [here](#).
- We publish where to access care on the [CCG website](#) and patients can call the NHS 111 to find out where the best place to access treatment is and what the opening times are.
- Patients can also use the [NHS website](#) to find services and opening times. We will also consider the use of text messages from GP practices as part of the communications plan in the Urgent Treatment Centre plans
- We are reviewing how to make people more aware of the services that are available to them locally, especially alternatives to A&E. Some of this work has been implemented as part of the winter communications plan, however, this work is ongoing and will include the communication of Urgent Treatment Centre services in the future. We have been engaging with patients and key stakeholder organisations as part of this work.

2. You Said: Urgent care is not patient centred enough. The system does not work with carers well enough as access to records is difficult and staff will not talk to relatives even if they have power of attorney.

- The Sussex and East Surrey Sustainability and Transformation Plans (STPs) is conducting a piece of work across Sussex and East Surrey around improving access to patient records and care plans.
- We will start work to establish the [ReSPECT](#) process in our locality. **ReSPECT** is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. **ReSPECT** can be for anyone, but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.

ReSPECT provides health and care professionals responding to an emergency with a summary of recommendations to help them to make immediate decisions. The plan is created through conversations between a person and their health professionals. The plan is recorded on a form and includes their personal priorities for care and agreed clinical recommendations about care and treatment that could help to achieve the

outcome that they would want, that would not help, or that they would not want.

3. You Said: Although NHS 111 is improving, there are still significant problems and limitations with the service.

- We are aware of the problems with NHS 111 nationally. South East Coast Ambulance Service provide NHS 111 services to Sussex until the end of March 2020. We will be going out to procurement for an enhanced NHS 111 in February 2019. We have already done a lot of engagement work with patients, carers and the public, which has helped shape the service specification for our new service.
- We will be reviewing and standardising [Urgent Care services](#), including NHS 111, across Sussex and East Surrey, this is in-line with the national requirements set out in the NHS Five Year Forward View and, more recently, NHS Long Term Plan.
- We will ensure NHS 111 operators continue to receive additional training to ensure patients are provided with self-management advice and access to One Call (a local referral point into community services). There is also an intention to appoint a Mental Health specialist.
- We will ensure NHS 111 operators will be book you into the most suitable appointment including at A&E, reducing the length of waiting time at medical facilities.
- We will ensure NHS 111 is accessible via the internet.
- We will work with NHS 111 to ensure that all future service messaging includes clearer explanations of the services.
- We will launch a public campaign to raise awareness of the new NHS 111 service, once the new service is live.



Next Steps...

The FUTURE of Health and Care

This was just the start of the conversation... Now that the **NHS Long Term Plan** has been published it feels right for us to continue to talk with our communities, build on what we have already heard through our “Big Health and Care Conversation” and concentrate on areas to ensure services remain sustainable and right for patients, and how we use the available money for health and care in the best possible way: “*We can do anything, but not everything*”.

Our discussions will be focused on the **FUTURE** of health and care and:

- F**acing up to our challenges
- U**nderstanding Need
- T**ransforming services
- U**nwarranted variation – ensuring this does not happen
- R**esources and how we use them most effectively
- E**quality of access and care for our diverse population

To book a place at any of our discussions, please follow the links below:

- 5 February: Clair Hall, Haywards Health, 2-4 pm
<https://www.eventbrite.co.uk/e/the-future-of-health-and-care-tickets-53990891209>
- 6 February: Brighthelm Church and Community Centre, Brighton, 9.30–11.30 am
<https://www.eventbrite.co.uk/e/the-future-of-health-and-care-brighton-tickets-53991052692>
- 13 February: Uckfield Civic Centre, 9.30–11.30 am
<https://www.eventbrite.co.uk/e/the-future-of-health-and-care-uckfield-tickets-53992110857>
- 14 February: Baptist Church, Reigate 2-4 pm
<https://www.eventbrite.co.uk/e/the-future-of-health-and-care-reigate-tickets-53991129923>
- 20 February: Charis Centre, Crawley 10–12 pm
<https://www.eventbrite.co.uk/e/the-future-of-health-and-care-crawley-tickets-53991388697>
- 13 March: Manor Barn, Bexhill 2-4 pm
https://www.eventbrite.co.uk/e/our-health-and-careour-future-tickets-54978483123?utm_term=eventurl_text
- 15 March: Hailsham Civic Centre, Hailsham 10-12 pm
https://www.eventbrite.co.uk/e/our-health-and-careour-future-tickets-54977002695?utm_term=eventurl_text
- 19 March: The Barn, Worthing 5-7 pm
<https://www.coastalwestsussexccg.nhs.uk/our-health-and-care-our-future>
- 20 March: Assembly Room, Chichester, 10-12 pm
<https://www.coastalwestsussexccg.nhs.uk/our-health-and-care-our-future>
- 27 March: The Grange, Midhurst, 2-4pm
<https://www.coastalwestsussexccg.nhs.uk/our-health-and-care-our-future>



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