**Blackburn with Darwen**

**Listening to our communities’ event (10/03/2023)**

**Participants**

This event, which took place in the evening at Blackburn Central Library, consisted of three members of the public, (including one young person who attended with their parent); the Director and Health and Care Integration for Blackburn with Darwen (Claire Richardson), and ICB C&E team members – David Rogers, Lucy Atkinson and Jeremy Scholey.

**Background**

Following the formation of Lancashire and South Cumbria ICB, we have been keen to progress the statutory duty to involve the public by developing a programme of listening events covering Lancashire and South Cumbria. This forms part of our process to reach out, listen to and involve our communities. The first of these events within each area are being used to reconnect with patient groups that existed before the ICB was created. The event in Blackburn with Darwen was the third such event to be arranged, with previous events in Blackpool and Preston (these were online via MS Teams).

In the session there was an update on the ICB, engagement and priorities from David Rogers and the integration with local authorities, and a focus on local priorities and challenges from Claire Richardson.

The session focused on specific questions of what is working well in health care services in Blackburn with Darwen and what can be improved. It consisted of a general discussion with the those present relating their thoughts and experiences of health care in Blackburn with Darwen.

**Feedback**

Experience of what is working well for some members may not necessarily be working well for others. The same applies to what may not be working well. However, some of the points made can be applied more generally across Lancashire and South Cumbria. We are building a powerful bank of insight about what matters to people in Blackburn with Darwen, as well as across Lancashire and South Cumbria. With the conclusion of the listening events in July, we will add insights from East Lancashire and North Lancashire to create a compilation of common insights and experiences for the system. This brief report however is for Blackburn with Darwen to help contribute towards improvements as well as an ongoing dialogue about what is important to local people.

The report is broken down into sections according to the topics raised, discussion points, key issues, and finally some action or learning points. The section on action and learning points is a draft for further comment and iteration at this stage to allow for others to contribute. We will share the draft with the group first, and then we will share this with key NHS leaders and their teams to see what we can in response to the key issues.

**GP services**

**Discussion:**

Access to GP services continues to be an issue, in particular with difficulty in either getting through to the practice to make an appointment or not being able to have a face to face appointment.

People are ringing the surgery as soon as it opens at 8am and yet being left on hold for hours despite. On physically entering the surgery staff are talking amongst themselves and not dealing with patients trying to get through to the practice.

GP appointments online have led to misdiagnosis and failures to spot symptoms or issues. Anyone who prefers or feels they should have a face-to-face consultation should get it.

Other concerns raised are feelings of being ignored and not listened to, although this is not always the case as one person highlighted that some younger GPs are more willing to work with you as a patient. In addition, because the GP is not taking the time to talk to the patient and understand their issues, inappropriate referrals are being experienced.

One of the attendees at the event explained when they were seeing the GP, they collapsed twice. Although the GP left the room to talk to their staff (presumably to contact the emergency services) it was felt that the GP should have stayed and contacted emergency services and/or their staff from there.

On a more encouraging note, there was positive feedback regarding patient reviews and tests.

**Key issues:**

* Access
* Lack of patient centred care
* Reviews and tests

**Action/learning points:**

* Highlight this feedback to practice managers and the ICB primary care commissioning team.
* Every GP practice must seek patients’ input and respect preferences for face to face care unless there are good clinical reasons to the contrary for example the presence of COVID symptoms. This to be reiterated to all GP practices with the NHS guidance.
* The ICB supports social prescribing and encourages the holistic approach to patient care. Our population health teams are considering preventive healthcare and we believe that there is more we can do to encourage social prescribing. We will share this with the primary care and the population health teams.

**Other NHS professionals**

**Discussion:**

**Occupational therapy**

Occupational therapy (OT) appears to raise some concerns particularly around accessing the service, and the experience and skills of the therapist. There are long waits for an appointment and then patients are being told that that OT no longer do these assessments any more and don’t know who does. Patient advised to go back to their GP. OT has been stripped of so many services.

Often the OT is a trainee or new qualified. They give their diagnosis or treatment then the senior OT says it wasn’t correct.

**Paediatricians**

A key concern highlighted was around the clinical skills of senior paediatricians, they are past their best and no longer provide the kind of service they should.

**Social care**

One suggestion given is around day centres and using best practice to improve the service from others. We should be learning from each other.

**Key issues:**

* Access to occupational therapy
* Lack of experience and skills of occupational therapists
* Senior paediatricians providing a sub-standard service
* Using best practice to improve the service of day centres

**Action/learning points:**

* You reflected that there are very long waiting time for OT assessments and that referrals generally do take a long time. This will be fed back to the relevant senior managers at East Lancashire Hospitals NHS Trust and let you know what they are doing about this.

**Communication**

**Discussion:**

Dissatisfaction with communication is an overriding issue. Feedback shows that this can be either lack of communication, too much communication or just not feeling heard.

Many clinical staff feel they know best and don’t listen to the patient. It is not being taken into account that people know their own body best and how their condition impacts on them, yet this is being ignored.

Reminders are being sent constantly which is annoying. People who miss appointments should be charged for this; they wouldn’t do it again. Or at least be told how much it costs. Text reminders should be sent to people about their appointment.

ICB staff should be doing more to connect with communities and have the ability to talk to different groups with different needs. The ICB comes out to communities and talk about their services and the things they want to discuss. The organisation is not talking about what the communities need to talk about; it should be listening to their communities and understand what is important to them.

**Key issues:**

* Patients not being listened to
* Constant reminders
* Listen to the communities
* Understanding what is important to communities

**Action/learning points:**

* Some services, and indeed some GPs do offer text reminders which we know can help. We will discuss with our hospital and GP colleagues how this can be used more effectively and more consistently.
* The next phase of our engagement strategy is to visit people and communities where they are, in groups and networks. Listen and understand what is important.
* You told us that the information and communication you receive from health professionals is of variable quality. You felt it would be good to have regular communication when you were being referred, and also follow ups. Communication needs to be clear and simple, and regular. This will be shared with the primary care and the population health teams.
* The Directors of Health and Care Integration across Lancashire and South Cumbria are developing a plan to get organisations working together in a more coordinated and better way for the benefit of patients.

**Volunteers**

**Discussion:**

Volunteers make a huge difference in the NHS so some thought needs to be given to show appreciation to the work they do. Their contribution should be valued.

The Blackburn with Darwen Parents in Partnership group give some financial support to their volunteers. It encourages them to keep volunteering. Otherwise, volunteers come and go and don’t stay long, which isn’t good for anyone.

**Key issue:**

* The work of volunteers need to be recognised

**Action/learning points:**

* A partnership agreement has been agreed with the voluntary, community and faith sector which is a major step towards recognising and supporting the work of the voluntary sector. The ICB’s volunteering policy and scheme proposes funding for volunteers.