**Central Lancashire listening event – 1 March 2023**

**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 second of these listening events was held in central Lancashire (as covered by Greater Preston and Chorley and South Ribble CCGs).

The listening event in central Lancashire was organised in liaison with ICB senior leaders, including the Director of Health and Care Integration for Lancashire, Louise Taylor; Sarah James, Integration Place Leader (Central Lancashire); and Neil Greaves, Director of Communications and Engagement. In all we had 21 attendees, including representatives from central Lancashire’s Patient Advisory Group and patient participation groups, trust governors and community representatives from disability forums.

In the session there was an update on the ICB priorities and the integration with local authorities from Neil Greaves, Louise Taylor and Sarah James. This was followed by a Q&A session and then attendees were divided into four groups for facilitated discussion.

Attendees were asked to consider three questions; what is working well in NHS services in central Lancashire, what isn’t working well, and how can we improve those services? Attendees were asked to focus on health services specifically.

**Feedback**

The services or issues listed below are taken from all four groups and based on the lived experience of those within each group. Experience of what is working well for members of one group 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 central Lancashire, or beyond.

**What is working well in central Lancashire NHS services?**

• Personal health budgets (but have become rigidly funded)

• Visual impairment forum for Lancashire and their work with:

- Royal Preston Hospital and hospital outreach engagement with the visually impaired community (but not the ICB/commissioners)

- Guide dog policy for the North West ambulance service

• Hospital care (when able to access it)

• Finney House - step up/step down care – superb service – should be a model for the entire area – will reduce bed blocking and ease transition back to home and independence – excellent practice

• Paramedics in GP practices – fantastic service which should be available across the area; can provide support with care home falls

• Eye care at Chorley Hospital – good information, good care

• Patient Transport services – excellent service

• Referral management service – guides you and supports you

• Pharmacy services – can see and treat a lot of minor ailments and triage for GPs

• Healthcare staff in primary care and hospital services – professional, working hard under difficult circumstances

• Lytham Road surgery is working really well now. There have been significant improvements – it is fully staffed; patients are offered a choice of face-to-face or online appointments; you are seen by the most appropriate clinician (this might not always be the person requested) – although advanced appointments can be difficult to make.

• CoSign, an organisation based in Blackpool providing a British Sign Language interpreting service, acting as an intermediary between deaf people and GP practices (as well as other medical providers). They act as an advocate for deaf people - making them appointments, provide a translator who will attend appointments with them whether that is face-to-face or via video. Deaf people are more accepting of technology.

* Preston and Chorley hospitals are the best in the area for accessibility for deaf people. Interpreters are available 24/7.

• Volunteers are being trained in digital skills enabling them to role these skills out to targeted groups. This is giving them a qualification, improved employability, helping reducing isolation and improving health and wellbeing. More marginalised groups are becoming digitally enabled, such as teaching them how to order a prescription online, or book a GP appointment, as a result and 2,317 have been reached so far. This is being rolled out across Lancashire and South Cumbria.

• Elective care – this is being supported through digitally enabled access to person-centred health services i.e., follow up appointments, physiotherapy

• Can get GP appointments really easily (locally) - lots of options for booking

* Attitude of GP staff is really positive
* GPs good at referring onward to appropriate services
* Referrals on to hospital happen quickly
* Good follow up after hospital treatment

• The Haven, run by the Richmond Fellowship, offers good Mental Health support

• Organisations WANT to do well, are engaging and want to work together

**What isn’t working well in central Lancashire NHS services?**

• Waiting times for appointments across most areas of the NHS – hospitals, dentists, GPs

• Access to GP practices; hard to get appointments and lots of variation across the area – GPs offer different services, and these vary across the area

• GP practice information

• Not clear if GPs accurately recognise and code carers

• Education/knowledge of GP receptionists concerning signposting to other services and support – no willingness to relate to or listen to patients

• Dental services disappearing – hard to find an NHS dentist; all are going private and people can’t afford it

• Waiting times for accessing mental health services and the lack of support while patients are waiting

• Communication within the NHS – with patients, between services; there is misinformation and wrong information given to patients and/or other staff:

* Different parts of the NHS not talking to each other; not passing information or sending people to the wrong place
* Not sending results to patients in a timely or coherent manner
* Communication shouldn’t impact the patient experience but it does
* Send information by text to people without a smartphone
* Send information to the visually impaired by standard mail first (which they can’t read), then in large print second, or when contacted (causing frustration, confusion and wasting time and resources)
* Staff are unaware of The Haven, which means patients get stuck in emergency departments
* Language barriers – patients who can’t read English miss appointments as they don’t understand letters/texts etc.

• Visual impairment appointments and medication – GPs and other won’t send information and service in a preferred format, even though it is on patient records – this is made worse by digital exclusion for many visually impaired patients

• It is difficult for those deaf people who want to be independent to make GP appointments. CoSign (the organisation supplying translation and advocacy services for deaf people) doesn’t work for those deaf people who want to be independent and who want to make and attend their own appointments. GP services, however, want deaf people to use the service and are resistant to dealing with them if not.

• For those with mobility issues it is difficult to access hospital and some GP practices

• Having to travel for services – there seems to be a centralisation of services which means people have to travel which is hard for the elderly and others using public transport

• We appear to have lost voluntary drivers and now must rely on taxi firms, which are expensive to get to hospital appointments and locations

• Travel is a factor now for health care – this adds complexity to peoples already complex lives – as well as cost and distance, if there is a reliance on public transport it can mean a whole day for a hospital appointment due to poor connections and delays

• New hospital programme needs to think about ease of access, parking, cost of travel and impact of time on travel and duration of appointments

• There is a lack of information about support services – no information on community transport nor about health services available, where and how to contact them

• Signposting to other (non-NHS) support services is also poor

• Need to have more hospital services in GP practices and in the community – used to have consultant appointments in GP practices but this doesn’t seem available or is variable – what happened to health services closer to people’s homes?

• Lack of services supporting Asian people, and people from other communities, in the care home environment, especially for patients with dementia, who regress to where there were as children

• Falls prevention service is no longer available – has a big impact on the older people and the visually impaired

• Discharge from hospital is notoriously difficult and fraught with problems particularly for the elderly, and infirm – we need more concerted effort to improve this and scale up or build on the model of Finney House which is limited in size and scope but doing this at scale could really help improve hospital flow and discharges

* Discharge from hospital for elderly, immobile, infirm and those who have lost independence assumes that community equipment is available and it is easy to get household adaptations and equipment easily and in time but all too often people are waiting too long and this can impact on recovery and independence – this includes things like stair lifts, showers, hand rails etc – where are the home improvement agencies and community equipment providers?
* Linked to delays in home equipment and adaptations, there appears to be a lot of waste as Zimmer frames and other community equipment doesn’t appear to be recycled, so this must be a massive cost on the NHS and society – need to have recycling service for community equipment – used to have this but it seems to have gone

• Hospital phone appointment answering machines and some GP practices – an over reliance on robot telephone answering machines with lots of options which can be very confusing - would prefer to speak to human beings who can be more flexible and adaptable

• Phlebotomy services - these seem really disjointed. You can’t have your bloods taken in your GP practice and it is confusing, as while there are lots of places to go, these can be logistically difficult and places such as health ports operate under different rules

• Some statutory organisations are not aware of what’s available in VCFSE organisations – they are not connected or familiar with the offer from the voluntary sector

• People using resources inappropriately e.g., ambulances

**How can we improve NHS services in central Lancashire?**

• Health service communication:

* Keep it simple and communicate clearly and understandably – services are complex and confusing, so messages need to be simplified
* Improve communication between and within services – taking more time to communicate fully; no scribbled, illegible notes; getting the basics right each and every time; ensuring information is correctly and accurately stored on patient records and patient records shared (and read by staff)
* Improve professional communication to patients, and make them timely and in the format the patient needs (take notice of patient record flags)
* Improve system health service information and improve information sharing
* Improve the transfer of information for patients between hospital and GP services – lots of delays in getting this information (thought this was all electronic and quicker) – often this can delay treatment and increase stress to the patient who is waiting on results or information from the hospital
* Consider the needs of marginalised individuals such as the deaf, blind, those who don’t speak English and consider using different methods of communication and ensure information is provided in a way that they can access

• Need improved IT systems between all parts of the health system – what happened to the NHS spine and one patient record, accessed by everyone in health care?

• Need to support more people to become digitally enabled

• Still need to meet the needs of those who will never be digitally enabled and consider different ways in which to involve and engage with them

• Listening to lived experience from patients

• Remove the barriers to people accessing the support they need. For instance a family carer may not reach out as they may be scared their loved one will be removed if it is thought they aren’t coping – introduce something like a befriending service so some pressure is removed from the carer

• Staff training – people familiarising themselves with the policies and procedures/records they need to when dealing with/supporting a patient

• Education:

- patients need to know where to go FIRST

- health in schools e.g., healthy eating, mental health, smoking etc.

- work with young people around prevention

- people need to understand the differences between services, such as the different between Emergency Departments and Urgent Care Centres

• Blood tests – we shouldn’t be relying on hospitals for blood testing – thought that GPs could do this, and it makes sense for them to do it. There appears to be some duplication in the system around blood tests too

• Personal Health Budgets should have an annual increase rather than need to be negotiated; PAs or other staff employed via Personal Health Budgets, especially those on CHC monies, should be on or linked to Agenda for Change - any annual increase should then be automatically applied to the personal health budget

• Contact patients on a waiting list after a given period of time to check with them; to remind them they are on the waiting list and that the service will get to them when it can – lets them know they are haven’t been forgotten by the NHS

• Deaf people should not be triaged, treated or kept in hospital without an interpreter being available – they do not understand for instance what they are signing. Many deaf people, particularly BSL users, find it difficult to process written text because it’s technically a whole different language to British Sign Language, the structure of English is different. So, whilst support is technically working really well if an interpreter is available, if there isn’t, this can cause severe communication misunderstandings and unsafe discharges. There needs to be more awareness in these settings around the need for interpreters

• ICB representatives should attend the visual impairment forum, not just hear by email

• Make channels for complaints clearer

• Integrate health, social care and VCFSE organisations.

**Conclusion**

Attendees identified a mixed bag of experiences, both good and bad, and felt that it was important that discussions about our healthcare services should be open, straight and honest.

Many of the services or experiences that attendees felt were working well tended to be in localised pockets rather than universal across the area. However, hospital care, once accessed, was generally well received, and attendees also rated several other services, including the Patient Transport service, the referral management service, the Haven and Finney House as offering excellent services for their patients.

A broad range of topics were considered in the group discussions. Several of these were touched on by most groups, including communication; access to services/waiting times; the provision of services to people with disabilities, especially those with visual and hearing impairments; and the use of or access to IT/digital solutions.

Two of these, communication and access to services, were the most dominant areas of discussion. Much was said about the need to improve communications in all its forms:

* with patients (from all areas of the NHS);
* between services in hospitals;
* between hospitals and GPs;
* with VCFSE organisations.

It was felt that clear and simple communication, given at the right time and in the right format:

* supports knowledge and understanding;
* supports access to and the delivery of care and treatment;
* enhances patient experience;
* helps to relieve anxiety;
* and gives direction to those needing additional support.

Although much was said about poor access to services and long waiting times for GPs, hospital care, mental health services and dentists, no groups seemed to identify any specific ways they felt this could be improved.