**North Lancashire – Listening to our communities’ event (05/07/2023)**

**Participants**

Group consisted of 23 guests, including representatives from other parts of the NHS, local government, VCFSE groups and members of the public; Heather Crozier – ICB Integrated Place Leader North Lancashire; David Rogers, Chantelle Bennett, Lucie Higham and Jeremy Scholey from the ICB Comms and Engagement Team.

**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 for North Lancashire was the sixth such event to be arranged, with previous events in Barrow, Blackburn, Blackpool, central Lancashire, and Burnley (East Lancashire).

David Rogers introduced the session and there was a focus on the work of the ICB and the local priorities and challenges from Heather Crozier, with subsequent questions and answers.

Attendees were then invited to talk about their experiences and what matters to them; identifying what in the health service was working well and what wasn’t working well and can be improved. Attendees were asked to focus on health services specifically.

**Feedback**

The services or issues listed below are taken from the group as a whole 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 Lancashire and South Cumbria. We are building a powerful bank of insight about what matters to people in the North Lancashire area, as well as across Lancashire and South Cumbria. This listening event allows us to create a compilation of common insights and experiences for the system. However, this brief report is for the North Lancashire area to contribute towards improvements as well as an ongoing dialogue about what is important to local people.

The following section 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 purposely left blank at this stage to allow for others to contribute to this report. Firstly, we will share the draft with the group, and then we will share this with key NHS leaders and their teams to see what we can do in response to the key issues.

**GP services**

**Discussion:**

**GP appointments** – Everyone joins a queue at 8 am trying to get an appointment, but after 20 minutes of waiting there are no appointments available. This is always happening. There needs to be a way to prioritise calls. At the moment it is on a first come, first served basis and it shouldn’t be like that.

Triage system at our GP surgery is working well – GP will ring you back that day and bring you in if you need to be seen. Have a good balance of ‘phone and seeing people in person; seeing other health professionals; getting feedback that day. It makes a big difference to the person at the end of the telephone to get a sensible, balanced, proportionate answer to their queries.

Bay Medical Group falls down on triage. Patients know their own body and their own issues but they don’t listen and are not interested in the patient’s view.

Getting in to see the doctor early will give people better chances to remain healthy or get early treatment.

**GP services** – Patient who is a full-time carer for their wife, who has dementia. Service from their GP has been excellent.

Another patient went to their GP with what they thought was hay fever but turned out to be early stages of lung cancer. This was dealt with quickly, professionally and courteously.

Wife had to have a blood test. Phone call that night at 11pm from NHS 111, ringing to say the blood test had revealed signs of kidney failure. Amazing level of service provided.

There is no proper contact or communication between specialists and GPs – constantly pushing GP to get things sorted. Records are not shared. Any clinician should be able to access the full records of any patient; if not, this impacts on the treatment given or causes delays in care.

Practitioners, like opticians and eye clinics, should be able to contact the GP directly and have access to records, so that patients can be appropriately handled.

Doctor gave medication (antibiotics) without knowing what the illness was. It was felt that GPs (and others) should not prescribe medication unless they know what they are treating. This can also make it harder to diagnose and treat the patient properly.

People do not understand the PCN/Primary Care model. People want to see a GP and not other professionals. We need to promote/explain the PCN model better to people, so that they understand this and do not constantly ask to see a GP.

PCNs are doing a lot to support social prescribing – signposting people to various services. COVID created major problems with sociability and communication – people are isolated. Social prescribing in our PCNs is crucial to tackling this. Social prescribers do a great job.

PPG Chair indicated how they contribute to the running of their GP surgery. The Practice is inundated with people, and they help the Practice by providing information and support, including an easy access leaflet. This includes giving information in the kind of language people understand; identifying the team available; how to access hospital transport, get extended appointments and get emergency referrals. This works well at their GP Practice.

**Key issues**:

* Triage works well in some practices but not in others
* Is there a way calls to GPs, locked in the early morning call system, can be prioritised?
* Some patients feel that GP services, when received, are often excellent
* Others feel their experience and knowledge is ignored
* Communication and record sharing between GPs, hospitals and other health professionals continues to be poor – access to records should be available to all clinicians
* Medication should be appropriate to the condition to be treated; this isn’t always the case
* The PCN model, with appropriate access to other health professionals, needs to be promoted to patients so they understand not to constantly ask for a GP
* A good PPG can support the work of the Practice

**Action/learning points**:

**Hospital care**

**Discussion:**

Many hospital services have massively improved, more efficient and effective.

Oncology services at Lancaster and Kendal are working well. Very happy about how these services are being provided. Everyone spoken to is saying these services are very good.

Some attendees felt access and support in parts of the NHS are not working well, including physio; pain clinics; mental health services; access to services for rural areas (£100 taxi fares to get to the clinic at Blackpool and back) - these are all problem areas.

Poor communication within and between NHS services. Why can't ALL clinicians see ALL of a patient's notes? Would be so much easier to join services up. Information isn't shared between Trusts if receiving care out of area.

An attendee spoke of the Wigan model – a 'one stop shop' for all patient records from statutory services e.g. health, social care, police records, all interconnected.

Everything is 9-5 based. We are no longer a 9-5 society, but most services are only available 9-5. Patients have even experienced being told that if they cannot attend between 9 to 5 then they (the provider) are not interested in providing them with a service. Need services to be more than 9-5.

Mental health and a lot of other services are always offered outside the area. Transport is a massive issue for people having to go out of area.

Other attendees agreed with the out of area problems. The same issues applied to many women's health issues. No specialist centres or consultants for endometriosis, PMS, menopause etc. An attendee must travel to Liverpool to be seen by their Menopause Consultant.

Overall, transport issues make it very difficult for those who are disabled, struggling financially or struggling with symptoms i.e., pain or anxiety, to even attend their appointment and/or see specialist consultants. This is worse again if the specialist is out of area.

People have been going through quite significant traumas because of the poor treatment of the menopause. There is poor communication and support around this. It impacts lots of people in lots of different ways. It also impacts significantly on mental health because the treatment and the communication were poor.

(Dr Jen Horrocks runs specialist menopause clinics from health centres in Morecambe Bay.)

**Key issues**:

* Many hospital services are more effective and efficient; oncology in Lancaster and Kendal is particularly well thought of
* Access to and support from some services remain difficult – physiotherapy, pain clinics and mental health are examples
* Access to services from rural parts of North Lancashire continues to be problematic; cost of travel for those without their own transport can be extortionate
* Too many services are out of area – this has implications for access and transport, which are major concerns
* Services are often 9-5 – this is not adequate in today’s society and is a barrier to receiving care and treatment
* Poor support and treatment for menopause – has implications for the mental health and wellbeing of patients
* Poor communication and access to records within and across hospital trusts

**Action/learning points**:

**Dentistry:**

The lack of dentists is a key issue. This causes problems not just for people with dental needs but for people being treated for breast cancer. People being treated for breast cancer need dental checks prior to their chemotherapy to ensure there are no risks of infections, and treatment is being delayed due to the lack of access to NHS dentists. Some of these people can’t afford the fees dentists charge for private dental plans (£110 for a filling), especially if they have had to give up their job because they are having cancer treatment and are unfairly disadvantaged in accessing their cancer treatment as a result. (Many are paying exorbitant fees as they cannot get an NHS dentist. An attendee rang 41 dentists in Blackpool, Fylde and Wyre, none of whom could provide NHS treatment thus adding to the trauma of their cancer.)

Concern, therefore, at the privatisation of dentists. How is the ICB, which has taken over responsibility for dentistry, going to bring dentists back into the NHS?

Access to dentistry is the biggest complaint received by Healthwatch.

**Key issues:**

* Lack of NHS dentists is a key issue and the biggest source of complaints received by Healthwatch
* Lack of NHS dentists and the cost of private treatment also has a big impact on breast cancer patients, who require dental checks prior to their chemotherapy
* How is the ICB going to bring dentists back into the NHS?

**Action/learning points:**

**VCSFE, community support groups and other services**

**Discussions:**

We need to identify the assets that are already there in our communities and places; use the strengths. Too busy looking at the strengths within the agencies and do not notice the strengths that exist in our communities.

There is a hub model, where multi agency working is key. We have regular ICB meetings across the whole of Lancaster and Morecambe. They are all slightly different, but they all have representatives from Paediatricians, GP, Allied Health, mental health, learning disabilities. The one in Heysham has a lot of other agencies; meeting once or twice a month and is fantastic in terms of sharing knowledge and sharing skills and sign posting.

VCFSE organisations do a lot of work supporting and promoting self-care and social prescribing, but do not get the financial support they need to deliver this.

Public Living Rooms – a space for people to meet and talk or just have a quiet place to think and be yourself. They are supported in the community but are now being used in hospital settings too. Everyone is equal – no-one is in charge, there is no agenda, doesn’t matter what is says on your badge. Consultants and cleaners are at the same level. These are working well.

The HARRI bus is a really good resource – does lots to educate people. This includes guidance around atrial fibrillation and blood pressure testing; signposting people to services; educating people not to use primary or secondary care unnecessarily, but to go elsewhere or how they can self-care.

VCFSE organisations have worked closely with specialist services, helping to bring them into the community to talk/inform/educate people:

• Paediatric nurse came out to speak to a parents group about their concerns on respiratory issues for their children; told them where to go, how to navigate the service, what was needed. A couple of hours of education saved up to 30 parents making GP appointments as they knew how to handle the problem. This spread by word of mouth to many others.

• Specialist came out to speak to the whole street about what can be done to support an elderly couple where the wife had dementia and was wandering off and not knowing how to get home again. This spread their knowledge and helped educate and inform the neighbourhood.

There is poor resourcing of the organisations that are doing the work. VCFSE organisations and charities do a lot of health and care work, but are not funded properly, particularly by the NHS.

There needs to be investment in community centres that are propping up the statutory services across the board. Sadly, there are many areas where there are very little services i.e. family centres, youth workers, community venues, and these are often in areas where help is needed. It takes a couple of years to build trust, relationships with these communities but when this happens, the strengths, assets and passion the community has is incredible. They are the best to share messages, to engage the 'seldom heard', to fill the gaps. It does take time and resources, but it’s worth it.

**Key issues:**

* Need to build on the assets and strengths of communities and community organisations
* Various good models of practice across VCFSE organisations including community hubs and Public Living Rooms, and supporting the HARRI bus
* VCFSE don't receive enough funding proportionate to the gaps they plug for the NHS, and there needs to be investment in community centres that are propping up statutory services
* VCFSE organisations now working well with specialist services

**Action/learning points:**

**NHS community services and NHS in general**

**Discussions:**

A major opportunity has been lost to build parent skills and share knowledge - with the loss of children's centres and the change in Health Visitor provision which is now privatised in Lancashire/Morecambe. Fewer checks and no group drop ins. We struggle to invent new things when actually some of the 'older' offers worked very well.

Criticism of prescription charges and inequality. People with COPD and asthma are treated unfairly. They must pay a prescription fee for inhalers whilst other people with lesser conditions do not have to a pay a fee. COPD will never go away – you are on inhalers for life. This can be a great expense for people with COPD and is unfair.

Self-care is very important. Some areas are working hard to support and inform people of the importance of self-care. It is massive, but we don’t let people know about it enough. Should be every health professional’s mantra to promote self-care. It starts from infancy, with young families, in schools. There are videos and guides available but not all professionals use these or direct patients to them.

Physios are moving away from the intervention-based approach to encouraging self-responsibility and that is a key issue. Health professionals have got to take this seriously, support each other and educate the population.

More prevention is needed. There is not enough being done about prevention.

There are not enough opportunities for people and patients to have a voice.

Telephone systems are frustrating to access and get through.

Messages and information from the NHS are poor. People are expected to wade through tomes when one side of A4 would do. Too complicated, too long, too technical, too full of jargon; difficult for patients to read and understand.

Would it be possible to have future events like this focussing on each of the ICP priorities you highlighted at the beginning?

**Key issues:**

* More resource and effort need to be put into educating, informing and supporting self-care and self-responsibility
* Prescription charges are not made fairly and equitably
* Need to re-establish opportunities to build parent skills and share knowledge lost because of changes to Health Visiting and the removal of children’s centres
* More needs to be done on prevention
* There needs to be more opportunities to hear the patient voice
* Information and communication from the NHS is generally poor and difficult for patients to understand
* Is it possible to have future listening events focusing on the ICP priorities?

**Action/learning points:**