Transforming health and care in East Surrey
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Big Health and Care Conversation – what we heard

During the second half of 2018 East Surrey Clinical Commissioning Group (CCG) engaged with and listened to 448 members of the public, patients, 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 had face-to-face conversations with 425 members of the public, patients, partners and colleagues at Family Fun Days, East Surrey Carers Annual General Meeting, Oxted Patient Participation Group, East Surrey Disability Empowerment Group, Patient Reference Group, Black, Asian and Minority Ethnic (BAME) Communities Carer Engagement Event and our main launch event at Nutfield Lodge in Redhill. 23 people also participated via our online Big Health and Care Survey.

We expected that our conversations would, at times, be difficult, as we focused on the issues we face and restricted finances, but we were also able explore areas that we want to develop and improve upon.

The conversation was guided by “Talking Points”, chosen according to previous feedback.

- Staying healthy and helping people manage their condition
- Improving access to services
- Improving children’s health and wellbeing
- Improving older adults health and wellbeing
- Emotional wellbeing and mental health

We heard from people ranging in age from 11 to 94 years old and included patients, members of the public, Carers, people living with mental health, physical and sensory disabilities, people from diverse ethnic backgrounds and family members of the armed forces/services.

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 findings – a full account of the feedback can be made available upon request via CCCG.ContactUs-CrawleyCCG@nhs.net.
The big talking points
What You Said, What We Did, Do & Will Do

Big talking point 1:
Staying healthy and helping people manage their condition

We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible. We know people are healthy when they:

- Have a good start in life
- Reach their full potential and have control
- Have a healthy standard of living
- Live in healthy and sustainable places

Top 3 reactions from the Big Health and Care Conversation:

1. You Said: How do people access information about staying healthy?

- We promote information about staying health via the ‘Healthy Surrey’ website (https://www.healthysurrey.org.uk/) and the ‘You One’ website (https://www.nhs.uk/oneyou/) in the October edition of Patient Round Up (https://www.eastsurreyccg.nhs.uk/have-your-say/newsletters/)
- We ask service providers to look at their own marketing and awareness raising – taking note of where participants felt we should be advertising.
- We review ESCCG website contents (agenda item for ESCCG Patient Reference Group 28/02/2019)
- ABC (East Surrey GP Alliance) receptionists in East Surrey practices are undertaking Active Signposting training. When phoning the GP Practice patients will be asked a few additional questions so they can be signposted to the most appropriate service (right service, first time). Individual Practices’ Patient Participation Groups are aware, and can promote in their own newsletters.
- We will work with Surrey County Council Engagement Team to promote Surrey Information Point (a directory of care, support and wellbeing services).

2. You Said: Obesity – should cover healthy eating and exercise. Exercise has multiple benefits.

- We agree - exercise has multiple benefits. People can benefit physically, emotionally and socially from exercise, which could mean walking, swimming, gardening or going to the gym.
- We commission:
  - Exercise on Referral from YMCA East Surrey - enabling people with a chronic health condition, are rehabilitating from an injury, illness or have a disability to engage in physical activity and lead a healthier, independent, more active lifestyle
  - Walking for Health
- We will promote Making Every Contact Counts (MECC) - an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
• We ensure that existing services are known to residents and promoted by professionals

3. You Said: Commissioning is often not holistic. We need to understand how life affects health. We should define “healthy” in the broadest sense. Prevention should include social opportunities and contact with like-minded people. Help people to want to live healthier and more productive lives.

• We extended the Wellbeing Prescription service to include those who are housebound (Wellbeing Plus).

• East Surrey CCG commissioned Altogether Better to work with 8 practices to develop Collaborative Practice - Practices and local people find new, collaborative ways of working together, making life better for everyone e.g. coffee mornings, outdoor exercise (gym, walking, cycling), book clubs, IT support classes.

• We will roll out Altogether Better project to more ESCCG practices.

• We will present work in East Surrey to Crawley Horsham and Mid Sussex CCGs (January and February 2019).
Big talking point 2: Improving access to services

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: Access must include access to information. Our local hospital does not have SMS or text facilities for those who are hearing/speech impaired and still send out letters to those with visual impairments. There is a reluctance to use emails from all NHS professionals and limited availability of hearing loops.
   - We know that the NHS has Accessible Information Standards (NHSAIS) [https://www.england.nhs.uk/ourwork/accessibleinfo/](https://www.england.nhs.uk/ourwork/accessibleinfo/) and we must ensure that commissioned services are NHSAIS compliant. We send information around NHSAIS to all commissioned services.
   - We raise NHSAIS at provider Contract and Quality Review (CQRM) meetings and share patient feedback of poor (and good) experiences.
   - We will continue to attend Disability Empowerment Network meetings to hear first-hand how local services are (or are not) meeting NHSAIS.
   - We will explore whether SKYPE consultations could help to improve access and information for some patients.
   - We will work with patient groups to check our own information is accessible.

2. You Said: How would GPs have capacity for online consultations?
   - We surveyed our population for views and opinions around online consultations.
   - We made surveys available at inaugural BHCC event.
   - We reviewed survey results and feedback from 12 focus groups and GP practices.
   - We understand that initially online consultations could be restricted to certain conditions and could be manned by non-practice based staff (Allied Healthcare professionals/specialists in their field).
   - We recognise that personal contact would still be important for some – need to trust and build a relationship, particularly for people with long term conditions and/or special needs.
   - We work with practices – a lot of interest to become “early adopters” in the first phase of the roll out.
   - We will monitor patient satisfaction and act/react accordingly.
   - We will ensure technology is flexible in approach and communications are tailored to patient needs e.g. pictorial Information for those with learning difficulties.

3. You Said: Why don't we know about the GP hubs? We still have long waits to see the GP.
   - We have initially released and managed Appointments at Improved Access Hubs in a controlled way to prevent the service from being overwhelmed.
   - We fund this new evening and weekend service. It follows from a patient survey carried out last year. The results of this survey can be seen via this link.
Practices in East Surrey are now able to offer additional appointments in the evenings and at weekends.

GP consultations are available at two primary care centres or so-called ‘hubs’ in East Surrey.

Currently appointments at the Caterham and Redhill ‘hubs’ can be booked during normal surgery hours through your GP practice but we are working to enable urgent GP appointments outside normal surgery hours to be made through 111 in the future.

The full addresses of the two hubs are:

- **Caterham Dene Community Hospital**, Church Road, Caterham, CR3 5RA
- **The Hawthorns Surgery**, 1 Oxford Road, Redhill, Surrey, RH1 1DT

We will improve our communications and listen to our public as to how best we can advertise services e.g. GP websites, 111, CCG website, community newsletters/noticeboards, posters in practices/schools.
Big talking point 3: Improving children’s health and wellbeing

We want to give every child the best start in life and support children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start right through to children becoming adults, and giving additional support when needed.

Top 3 reactions from the Big Health and Care Conversation:

1. You Said: Multiple reports that local Child and Adolescent Mental Health Service (CAMHS) are not working well.

   • We work with Surrey and Borders NHS Foundation Trust who released a statement on their website acknowledging the long waits and explaining their interim plan: https://www.sabp.nhs.uk/mindsightsurreycamhs/about-us/surrey-camhs-interim-plan. The Interim plan is on trajectory and all outstanding assessments for ADHD and ASD have been completed. The interim plan has also facilitated closer relationships with partners in education and primary care to promote early intervention with appropriate advice and signposting.

   • We work collaboratively with Surrey County Council commissioners and the service provider to determine what additional support the system requires going forward to ensure children continue to be seen within contracted timeframes.

   • We ensure that the provider also works with Simplify Health (previously Beacon) who provide the One Stop triage to ensure children and parents are made aware of support groups, such as Barnardo’s and the National Autistic Society where they can access advice prior to assessment.

   • We will get patients, families and partners involved so that we take into account the widest possible range of views and opinions ready for the new service to commence towards the end of 2020 as the current Child and Adolescent Mental Health Service (CAMHS) contract terminates through an official launch of this work and a series of workshops.

2. You Said: Concerns around the number of people not taking children for immunisations. Would separate immunisations for MMR be better?

   • We seek expert advice from Public Health Colleagues and have been advised; The MMR vaccine consists of a combination of 3 individual vaccines against measles, mumps and rubella in a single shot. The NHS does not recommend single measles, mumps or rubella vaccines, as there's no evidence to support their use or to suggest that they're safer than MMR. Having single vaccines could also put your child at risk of catching measles, mumps or rubella in the time between the doses of each of the vaccines (6 separate injections). For more information: https://www.nhs.uk/conditions/vaccinations/mmr-questions-answers/

   • No country in the world recommends MMR and then offers parents a choice of having single vaccines instead. Every independent expert group around the world (including the World Health Organization) supports the use of MMR, and none support the use of single vaccines. For further information: https://www.nhs.uk/conditions/vaccinations/mmr-how-is-it-given/

   • There is a national NHS vaccination programme which is commissioned by NHS England. We will work with colleagues in NHS England to explore how to increase vaccination uptake locally and consider innovative approaches, including the suggestion to create an event in a local GP surgery (suggested a Saturday morning) combined with other services and health promotion.
3. **You Said:** Everyone involved with a family needs to be able to identify Young Carers and refer them on to the appropriate support services so that they can achieve the same life opportunities as other children

- We hear from Surrey Young Carers who (working with young Carers) have produced a script for professionals to aid with questioning and identification and materials designed to support. These have been shared with partner organisations.
- Wellbeing advisors are looking at ways of identifying and supporting young Carers through adult consultations.
Big talking point 4: Improving older adults health and wellbeing

More people in Surrey are living longer. This is great news, but also brings challenges as older people are more likely to experience disability and long-term health conditions. Part of the challenge will be to make sure that the right services are in place to support this growing number of older people to remain independent for as long as possible.

Top 3 reactions from the Big Health and Care Conversation:

1. You Said: Priority needs to be given to reducing the cost burden of hospital treatment. We need radical reform to tackle complex co-morbidities before they get out of control and people require a hospital bed.
   
   • We prioritise frail elderly and admission avoidance projects – understanding that hospitals are not ideal environments for frail elderly patients.
   
   • We will start/continue working with partners on integrated care for frail patients and problematic Polypharmacy projects (already happening in ES Care Homes)

   • We will dedicate March Edition of Patient Round Up (electronic patient bulletin) to updates on work with frail elderly projects.

2. You Said: When people are elderly and very ill, they lose the ability to control what’s happening to them. This is frightening for us.

   • Some practices already have advanced care planning: for someone who may be terminally ill. GP and patient have a frank discussion about what would they like to happen in certain conditions, for example if their heart starts failing. Patients are asked whether or not they would like to be admitted to hospital or supported in the community and discuss the ‘Do not resuscitate’ question. 999, 111 and GPs have access to the care plan.

   • We will start work to establish the ReSPECT process in our locality. [https://www.respectprocess.org.uk/](https://www.respectprocess.org.uk/) 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: 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. ESCCG’s Primary Care Workforce Tutor is working with practice to explore employment of Primary Care Paramedic Practitioners and Physician Assistants and development of Health Care Assistants. Most likely see a wider range of Allied Healthcare Professionals seeing patients in the future.

Continuity of Care will always be important but who delivers that care may change.
Big talking point 5: Emotional Wellbeing and 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: The number of people with severe and enduring ill mental health is increasing, and as the staff resource has reduced those lower down in priority order are left to self-support or go to the GP.
   - We Arrange for ESCCG GP Clinical Lead for Mental Health to meet monthly with Wellbeing advisors for informal training, looking at case studies/what went well and Q and As session.
   - We work with Surrey County Council who are currently mapping all services in Surrey so that organisations are aware of what others offer and helping professionals to signpost/refer to appropriate support.

2. You Said: Out of Hours mental health provision is non-existent (evenings and weekends).
   - Redhill Safehaven operates 6pm to 11pm 7 days a week. It was identified that there is a lack of awareness around this service so this needs promoting.
     https://www.eastsurreyccg.nhs.uk/your-health/redhill-safe-haven/  
   - Redhill has also become the latest location in a network of safe spaces for young people who are distressed or worried about how they are feeling.
   - The service runs out of The Annexe at the Redhill Family Centre on Station Road, Redhill, and is open on Wednesdays and Fridays from 4pm to 8:30pm, and on Sundays from 12 to 6pm.
   - More information about Children and Young People’s Havens is available at www.cyphaven.net
   - A Single Point of Access (SPA) 24/7 with a Rapid Response Teams for the crisis resolution will be launched from 1st October 2018 by SABP (Surrey and Borders NHS Foundation Trust and providers of local mental health care provision).
   - We will improve our communications and listen to our public as to how best we can advertise mental health services and support.

3. You Said: Can the community mental health team become linked to practices? Or can practices have primary care mental health practitioners.
   - We report that currently services for this see long waits. There is a programme which is looking at MH practitioners (although it is not yet established in East Surrey). This role also needs to be closely aligned/integrated to specialist services so it becomes part of the overall pathway.
   - We will consider the Primary Care Home model and pursue funding for MH practitioners based in GP practices – previous engagement shows great support from service users.
   - There are 7 ESCCG GPs going to do a MH diploma. This would help with the need around those with low to moderate MH needs.
Themes common to all talking points

Lack of communication and information about already existing services
““There are lots of additional and innovative services available in East Surrey but we don’t know about them and the services don’t know about each other”.

Whilst there was an acknowledgement around the importance of keeping physically, mentally and socially active (and an understanding of the consequence of inactivity) there was a knowledge gap around what is already available locally.

There was a lot of general discussion around communication about local services – what they do and where they are - needs improving. It can be hard to get information into GP surgeries and when it is there we need to establish the best way of people accessing it. Social prescribing model discussed. It was identified that people would like to access info via practices, but also local radio, upskilling local community who can share this information when it comes up in conversation, such as taxi drivers, hairdressers. They can become gatekeepers of information. Written information is not always useful –messages need repeating. More pop up shops suggested – periodic awareness raising. If someone is illiterate people need to be given telephone numbers so they can ring for advice.

Support for the Voluntary Sector

There was much support for the work of Voluntary Sector Organisations and many expressed a desire for the NHS to increasingly treat them as partners and appropriately commission voluntary services, with necessary and great expertise.

Many felt that local voluntary services had a better understanding of the needs of our community. For example; people in local Merstham are great at supporting each other, reducing need for ASC or medical intervention.

Statutory services are very knowledgeable but they don’t have the time that voluntary organisations may have. We need to work together. Health services need to know about what the voluntary services offers so that they can refer to them.

Need to improve partnership working

We heard that most people believe that the co-designing and co-commissioning of services makes best use of limited resources, ensures logical and strategic fit and prevents duplication.

Appreciation for the role of unpaid Carers

Caring for people can negatively affect the Carer’s mental and physical health. Carer recognition and identification is key to enabling access the correct support for Carers and loved ones.

Finances

Participants seemed ready to hear difficult messages around money and funding “we’re all grown up and everyone has to make decisions and stick to their budget” – most of all they appreciated honest conversations.

There was an understanding that the NHS cannot do everything and that the prevention of disease, improved self-care/self-management and early access to necessary and evidence- based, quality treatments should be our priorities.

More help needed to enable people to better manage their long term health conditions

People would seem to like to take more control over their self- management but need more guidance and information (parameters to work within, variable drug dosages, tolerances of side effects etc.) and support from clinicians – “don’t want to upset my Dr so just do what he says. I don’t feel that I can change his instructions”

Wellbeing Advisors and Social Prescription

This service was highly regarded – “Social Prescribing can get through organizational barriers” with a request that we “make Wellbeing prescriptions self referral too”.

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:

- Facing up to our challenges
- Understanding Need
- Transforming services
- Unwarranted variation – ensuring this does not happen
- Resources and how we use them most effectively
- Equality 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](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](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](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](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](https://www.eventbrite.co.uk/e/the-future-of-health-and-care-crawley-tickets-53991388697)
- 13 March: Manor Barn, Bexhill 2-4 pm
- 15 March: Hailsham Civic Centre, Hailsham 10-12 pm
- 19 March: The Barn, Worthing 5-7 pm
- 20 March: Assembly Room, Chichester, 10-12 pm
- 27 March: The Grange, Midhurst, 2-4pm

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