

Feedback Collected from Family Fun Days:

Smallfield 7th August 2018
Hurst Green 14th August 2018
Caterham 21st August 2018

Here at NHS East Surrey Clinical Commissioning Group (ESCCG) we have been busy getting out and about, meeting and listening to our communities as part of our Big Health and Care Conversation. Over the coming months, we will continue to talk to as many different people as possible about what matters most to them and the challenges that we face in health and social care.

In order to shape a shared vision for the future of local healthcare, ESCCG must listen to, understand and act on what really matters to patients and people in our communities. This is also essential in order to ensure the best use of public funds, to deliver services that respond to patients' needs and offer the best possible experience.

We expect that our conversations will, at times, be difficult, as we focus on the issues we face and restricted finances, but we will also explore areas that we want to improve upon.

Below are some of the verbatim comments and ideas that we have heard but in summary;

In August we spoke to over 100 families with young children, a demographic that would not generally come to NHS engagement events and so it was particularly valuable to use the Fun Days to hear what they had to say.

There was an understanding that the NHS cannot do everything and that the prevention of disease and improved self-care/self-management should be a primary concern. Families seemed to acknowledge the importance of keeping physically, mentally and socially active (and understood the consequence of inactivity) but were less sure of local initiatives. It seemed to be felt that we should also make more of national campaigns.

Support groups, social events, outings and most importantly intergenerational activities were all seen as important for physical health and emotional

wellbeing and perhaps something that communities could begin to build themselves. This suggests support for the Altogether Better project, currently being trialled in 8 East Surrey practices.

There was also 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 commissioned services, with necessary and great expertise. Many felt that local voluntary services had a better understanding of the needs of our community and provided better help than some statutory organisations e.g. Alzheimer's Disease Society, YMCA, Age Concern, Richmond Fellowship, Homestart, Family Action and National Autistic Society.

Generally access to GP appointments for children was not seen as a problem, with reports that most practices do prioritise children in need. Parents who could not access an immediate appointment for themselves then saw this as less of an issue than perhaps a different cohort of patients might.

Most people did not seem to know about the new extended access hubs or understand about the range of facilities offered at Crawley UTC or Caterham Dene MIU. However, most said that out of hours, if they were unsure or needed advice they would call 111. Access to and eligibility for social care remained a mystery.

There did not appear to be a huge preference for hospital vs community based care, with most people saying that they would only want to go to hospital if it were really necessary. There was however an acknowledgement that access to good public transport (particularly for those on low incomes or in rural communities) could influence where people choose to go for care and treatment.

East Surrey Hospital received glowing commendations for their maternity services.

We took these opportunities to discuss assisted conception and asked whether the funding of IVF on the NHS should be continued in these austere times. Most people agreed that this was a really difficult, emotional and contentious area of health politics. Whilst there was every sympathy for couples struggling to conceive, there was also an understanding that "we can't afford everything" and "cuts have to be made somewhere". Those engaged included parents who had already gone through assisted conception and those with friends and families currently being treated.

The comments and suggestions below have provided ESCCG and the wider alliance with considerations for future commissioning intentions and service

developments, provided feedback on the quality of local services and have been a valuable start to our Big Health and Care Conversation.

Primary Care

Positives

- GP surgery (**Wayside**) excellent – no waiting for urgent cases. I have moved 3 times and so have experience of surgeries that don't work well!
- GPs always make time for children and don't rush you (**Smallfield**).
- No problems getting an appointment (**Oxted Health Centre**)
- Service at Caterham (**Town Hill**) very good – appointments whenever needed – they seem to have the appointment system sorted!
- GP (**Lingfield**) always seem to prioritise children – no problems getting seen.
- GP (**Pondtail**) always makes time for children. No difficulty with urgent appointments either.
- Waiting times for appointments (childrens and adults) good (Oxted)
- GP explained Patient Choice and we were able to go Epsom Hospital which was close to my work and the waiting times were shorter.
- Dr Hill at Oxted is very good
- **Warlingham Green** – appointments on the same day. No chance of this happening at previous practice (Croydon).
- **Chaldon Road** surgery – the drs and nurses are excellent there.

Negatives

- Poor car parking – about to get worse (Wayside)
- Unable to book in advance – only option to book on the day.
- Waiting way too long – for phone to be answered, to get an appointment and to see GP (Oxted)
- Waiting times to book appointments - sometimes 2 weeks. Some receptionists are more accommodating than others.
- Sometime the GPs run very late (difficult when you have children with you). However, this is understandable and I would always rather that they didn't rush someone who needed extra care/time.
- All GPs appointment systems are atrocious. Cannot get to see anyone unless it's urgent. As soon as you get through all the appointments have been taken.
- Questioning from reception staff too intrusive
- I'm worried about the number of GPs retiring or going part-time- what can we do to stop them? We don't have enough GPs as it is.

Community Care

Positives

- Help and advice line really helpful – especially when you just want some reassurance.
- Only took 2 weeks from GP referral to have my son's hearing checked.
- Sure Start Centres are amazing are the volunteers so caring and helpful. I'd have been lost without them.
- Really value the drop in facilities at the Sure Start Centres (weigh- ins and advice)

Negatives

- Health Visitors feel very “hands off” with second child – no visits, telephone calls or even questionnaire to fill in. Things do change and so we need some kind of contact even if it is just to explain about changes such as flu immunisation.
- Weighing opportunities/clinics difficult for working parents
- Autism – remains undiagnosed. Long waits. Without diagnosis no support at school. Health and education need to work much more closely together, “we know that there's something wrong, why can't the professionals see?”
- Would prefer more face to face time with Health Visitor as a first time Mum.
- Telephone appointments/Sure Start ok for 2nd and subsequent children, but every child is different.....and actually you need a different set of skills when you have more than 1 child.
- Amount of contact with Health Visitor varies from area to area and not always according to the need of the child/family.
- More resource needed in 0-19 team and need to sort out/communicate who is responsible for health clinics – still confusion around FCHC/FHS and hospital (Developmental Paediatrician).
- Too much pressure for NCT classes (expensive) – would have thought that this should all be available on the NHS. Worried that the most vulnerable will be missing out. Couldn't the NHS fund NCT for low income families? There is a definite gap in the haves and have nots!

Secondary Care

SASH

Positives

- East Surrey Hospital **Maternity Services** are excellent – couldn't fault the care.
- Maternity services were fantastic with amazing midwives (Sue from Smallfield mentioned in particular).
- It would be nice to have the same midwife care for you when you are in labour, but it is understandable when this cannot happen. They are all so good at building that rapid rapport.
- Changing midwives didn't matter as they were all excellent.
- Midwives and Maternity Services at SASH excellent.

- Good experience with maternity services ESH – had 3 miscarriages before 1st son and the staff were amazing
- Could not fault the care on the neonatal unit.
- East Surrey Hospital very good nowadays – cleanliness is excellent
- Neonatal Unit – amazing but no support once we had left.
- ESH maternity service are good

Negatives

- Second time Mums sometimes left to get on with it due to pressure on the ward. Extend partner visiting – Dads need to be able to “tag team”.
- I have heard that ante - natal classes for second time Mums are being stopped and maybe even for first timers! NCT classes are too expensive for most of us (£250)
- More information needed about pre-eclampsia and urgency of treatment
- Nurses on Burstow ward and neonatal unit need to work together more-communicate when baby not doing well or when difficult conversations had. Busy ward nurses not empathetic but then again didn't know what had just happened.
- Length of time taken to “process” my discharge too long – waiting around for nearly 9 hours. Delays with both my children
- Epsom better than SASH (mainly communication or lack of it). I was induced over a period of 4 days and never did understand why the dealy!
- Mixed messaging from Health Visitors and Midwives (feeding, bowl motions, sleep)
- Noenatal Unit – amazing but no support once we had left.
- Not impressed ED (SASH) missed diagnosed my broken back!
- Hip injections don't work – why are you paying for them?
- Food at ESH not so good
- **Dialysis** “slot” does not fit in with school times – as a single mother this means that I have delayed starting dialysis. Sessions are approximately 4 hours so it could work.

Mental Health

- **CAMHS** – initially quite good, but now they have an over reliance on medication. Feels like this is a quick fix because they don't have time for some of the other therapies.
- Mental Health Services are very good – Safe Haven is particularly valuable
- ADHD and ASD assessment waiting times are ridiculous – quicker intervention could mean less issues going forward. Even if we were to be given some advice whilst we wait for formal assessment that would help.
- **CAMHS** – no good more help from local support groups than them.

999 and 111

Positives

- 111 very useful and helpful out of hours reassurance – particularly for new Mums
- SECamb – excellent. If you want to see dedication and professionalism look no further than the crews and call handlers. They really know their stuff and how to talk to people.
- 111 online helpful
- 111 – excellent service Dr came out promptly (which I wasn't expecting)
- Variety of help available can be confusing – 111 sorts out where you need to go.
- Loved the crew that came to see me- so wise and calm

Negatives

- SECamb asked if I thought I needed to go to hospital – wanted to be told
- 111 not good – long wait for G.P. to get back to me – next time I'll just go straight to A and E
- 111 needs more promotion- not everyone knows about the service

NHS

Positives

- No complaints at all – GP, local hospital and ambulance crews all excellent!
- NHS doing a wonderful job – no complaints.
- Our **Wellbeing Advisor** has been great and directed me to expert help for all of my non-medical issues. Before this everything was getting on top of me and I was feeling pretty low.

Assisted Conception

- Cuts have to be made somewhere
- Reconise the distress caused – perhaps these services could be suspended for a year or so, rather than being cut completely leaving people with no hope
- Every sympathy BUT we cannot afford everything
- Could there be the option to part pay, like with dentistry and opticians?
- May be mental health impact if couples are not funded, but there may also be issues if funded and not successful. Just because you get the treatment doesn't mean you get the baby!
- Could people donate eggs/sperm in lieu of some payment? Be creative work with the specialist units.
- IVF should be funded – the causes could be the result of disease and that should be treated like anything else!

Suggestions

- Consider evening appointments with Health Visitors/clinics for working parents. Don't always want child/health consultations with child minder/grandparents.
- More informal meeting places for Mums and babies would be good. We could support one another, answer simple questions and perhaps save GPs some time.
- Need more active activities to keep children healthy- cannot let them out unsuervised. Why are the school grounds empty and closed all summer?
- Council cutting schemes (Children and Families) that will ultimately impact on the NHS.
- Education should do more to help promote healthy living. We had no idea how much hidden sugar was in soft drinks – even the “healthy ones”
- Some GPs very popular (and very good at giving patient enough time) – it would help if, at point of booking, receptionists could explain that their clinic is very booked so there may be a delay. Then if you didn't need to see a specific GP you could opt for another one who may not be so busy – helpful if you are pressed for time.
- Post natal groups for 2nd time Mums needed
- 2nd baby appointments still very important
- We need to consider the emotional wellbeing of children and adolescents as a priority (health and education working together). They need to be taught resilience as there will always be ups and downs ahead of them. Problems are not always a mental health issues – sometimes it's just life!
- Caterham Dene should be able to see children
- Need careful messages when warning about financial situation – the wrong (very sick and vulnerable) people are worrying that they will be affected.
- More people should sign up for organ donation or we should follow Wales and have an opt out system. At least we should be encouraged to have conversations with our family.
- Local CCGs should promote how people can help blood and transplant services more.
- Make Wellbeing prescriptions self referral too.
- Additional triage training needed for GP receptionists, otherwise how do they how to prioritise appointments?
- More community activities needed “...it takes a village to raise a child”. Older people should be encouraged to mix with young families more – we can learn from and help each other
- NHS Funding will never be resolved until funding is pushed into early years, prevention and self-care.

