

Accord Annual meeting 2016

Feedback and update for members and stakeholders

On September 8th around 80 Accord members and stakeholders joined us at the Humber Royal for the Accord Annual meeting or the alternate Twilight meeting at Centre4 the following week.

These meetings enable Accord members, the public and stakeholders to hear about the CCG's health and social care plans, ask questions and share their experiences and views. Here is a summary of the key themes with links to the PowerPoint presentation and outcomes from the discussion group sessions with a progress update from each of the facilitators

What did you think of the sessions?

Of the participants who completed the evaluation forms 97% rated the overall meeting as 'Excellent' or 'Good'. You said you liked:

- Having separate rooms for the discussion groups this time
- Question and answer session
- Quality of the discussion group sessions

You said areas for improvement were:

- Keeping presenters/presentations to time – first part a bit too long
- Some discussion groups ran out of time due to delayed start
- Use of NHS jargon, abbreviations and 'in-speak'

The Accord Steering group will use all the feedback to help plan future meetings.

Programme

Participants were greeted on arrival by members of the Accord steering group. The CCG's Patient Advisory and Liaison team (PALS) were in attendance to talk to members along with the new Patient Transport Service providers Thames Ambulance group.

The meeting was opened by Mark Webb, Chair of the CCG.

Next members of the Accord steering group provided an update of their progress and plans over the last 12 months; as did Anne Hames, Chair of the Community Forum.

Lisa Hilder, Assistant Director for Strategic Planning presented information about the progress the CCG had made on our Commissioning Intentions for 2016/17 (previously shared at the Way Forward event last March). To see the presentation slide set [click here](#). To summarise Lisa provided information about:

- Urgent care – and the development of an urgent care model based on
 - “Phone first” for advice, clinical advice/triage and access to the most appropriate service
 - a responsive urgent community response
 - and an Urgent Care Centre that gives a more appropriate response to many current A&E attendees
 - Ensuring patient care quality and patient flow is improved by minimising delayed transfers of care
- Emergency care – the establishment of new Urgent & Emergency Care Networks working on the future configuration of Acute Emergency Care services on larger population footprints
- Planned care – the management of long term conditions including enhanced COPD Nurses Training, the Community Cardiology Service pilot and the National Diabetes Prevention Programme:
- Planned care - episodes of ill health including the joint procurement with North Lincs CCG for Community Dermatology Service; and exploring joint commissioning with other CCGs in the Yorkshire and Humber region for Ophthalmology services
- Women and Children’s care including the enhanced Children's Community Nursing Service with nurse specialists in diabetes, respiratory, endocrine, diabetes, palliative and a community paediatric consultant.
- Primary Care and work to ensure consistency and quality of core GP services; enhanced access to general practice, including 7 day access, aligned with new local urgent care model; and a greater focus on prevention in Primary Care
- Support to Care Homes and update on progress on the first phase which saw GPs and nurses aligned with a group of ten care homes to provide consistency of care with less duplication of workers going into the homes.

Update from Lisa

Since the meeting last month we have moved forward on working together in relation to Urgent care, with local providers planning for a further joined up approach to care for patients who need urgent medical attention.

The joint procurement of a Community Dermatology Service with our neighbours in North Lincolnshire CCG has taken place and meets our commissioning intentions which look to provide patient care closer to home and make better use of technology

We are now at the end of this procurement and in terms of the preferred provider and this will be made public very shortly with the new service operational from the 1st April next year.

Referrals to dermatology are increasing nationally to a level which is exceeding capacity and impacts on waiting times, patient care and experience. An exciting element of the new service will be the increased use of teledermatology which is already being used by our primary care skin cancer clinicians. This technology will enable GPs (including those involved with the Skin Cancer Community Clinician

service) to obtain advice and guidance from a consultant dermatologist regarding dermatology care without the need for the patient to attend an outpatient appointment, therefore reducing unnecessary appointments for patients.

It is our intention to work with Healthwatch to engage with patients over the coming month in the roll-out of the new Community Dermatology Service; and will be providing more information about this through Accord and our community networks.

We have also been working very hard to continue to roll out extended support to care homes in the area with the result that services are being provided by teams who are “zoned” to geographical areas meaning that there are no longer numerous calls to the same care home by different teams. This has greatly improved the continuity of care provided.

Work continues in all areas of care to improve our services and deliver our commissioning intentions and will develop throughout the rest of the financial year.

Next came the Discussion groups

There were 6 breakout sessions covering:

- Primary Care Services
- Urgent and Emergency Care services
- Autistic Spectrum Diagnosis (ASD) pathway for children
- Information, advice and guidance to support health and wellbeing
- The Mental Health Crisis Concordat
- Community cardiology service pilot

1. How can we maintain good Primary Care Services into the future? with Jill Cunningham Service Manager, Primary Care Strategy

The purpose of this session was to look at the future access to Primary Care services and find out what is important to patients about how, when and where they access health professionals for primary care services. The group reviewed drafts of the leaflet and survey being developed to enable this public engagement and members gave some helpful insights into how best to pose questions, present the survey and reach patient groups.

Update from Jill

The ‘Keeping the Door Open’ engagement about future access to family health services was launched earlier this month. The comments and views expressed in the discussion group were fed into the final version of the survey. Thank you for your support with this.

The survey has now closed and we are analysing the responses. We will share the findings from the survey and how these will influence Primary Care

development with Accord members via the CCG and Accord website and at future CCG engagement meetings.

2. Transforming Urgent and Emergency Care services with Andy Ombler, Urgent and Emergency Care Service Lead and Anne Hames, Community Lead

The aim of this discussion group was to obtain feedback on Urgent & Emergency Care slides presented earlier by Lisa. The group looked at how wider community engagement will inform the development and quality monitoring of the model from the patient's perspective. We agreed that the dialogue we have with the community needs to focus on patient journeys so that it is clear and meaningful. Some members of the group agreed to meet again as a working group to plan and implement the public and patient engagement and the patient experience measure that would be applied to these services.

Update from Andy and Anne

The working group has met and has commented on a first draft of a suite of public engagement information. We have decided to focus first on the 'phone first' element of the urgent care model and want to talk to people about the service they would reasonable expect to receive from a 24-hour urgent care telephone service. To achieve this we will be developing a short questionnaire which will be available digitally and in paper format and will be talking to local community groups to find out their views. We will continue to provide updates via Accord and the CCG website and plan to continue the conversation with our community at the Way Forward event next year.

3. The draft children's Autistic Spectrum Diagnosis (ASD) pathway being developed from existing ASD services with families and practitioners with Michelle Barnard, Assistant Director - Women and Children and Pam Taylor, Community Lead

There was a gap in service from January 2016 which presented commissioners with an opportunity to revise the pathway and commission differently. As part of development of the pathway we found out the parents and carers were not aware of the education, health and care support available locally and that this was NOT dependent on having a diagnosis – this was causing a lot of unnecessary distress.

It was clear that we needed to raise awareness in the community and hold a workshop about the services and support that is out there.

The focus of our discussion group was two-fold:

1) To consult and engage with members about the proposed pathway (see below)

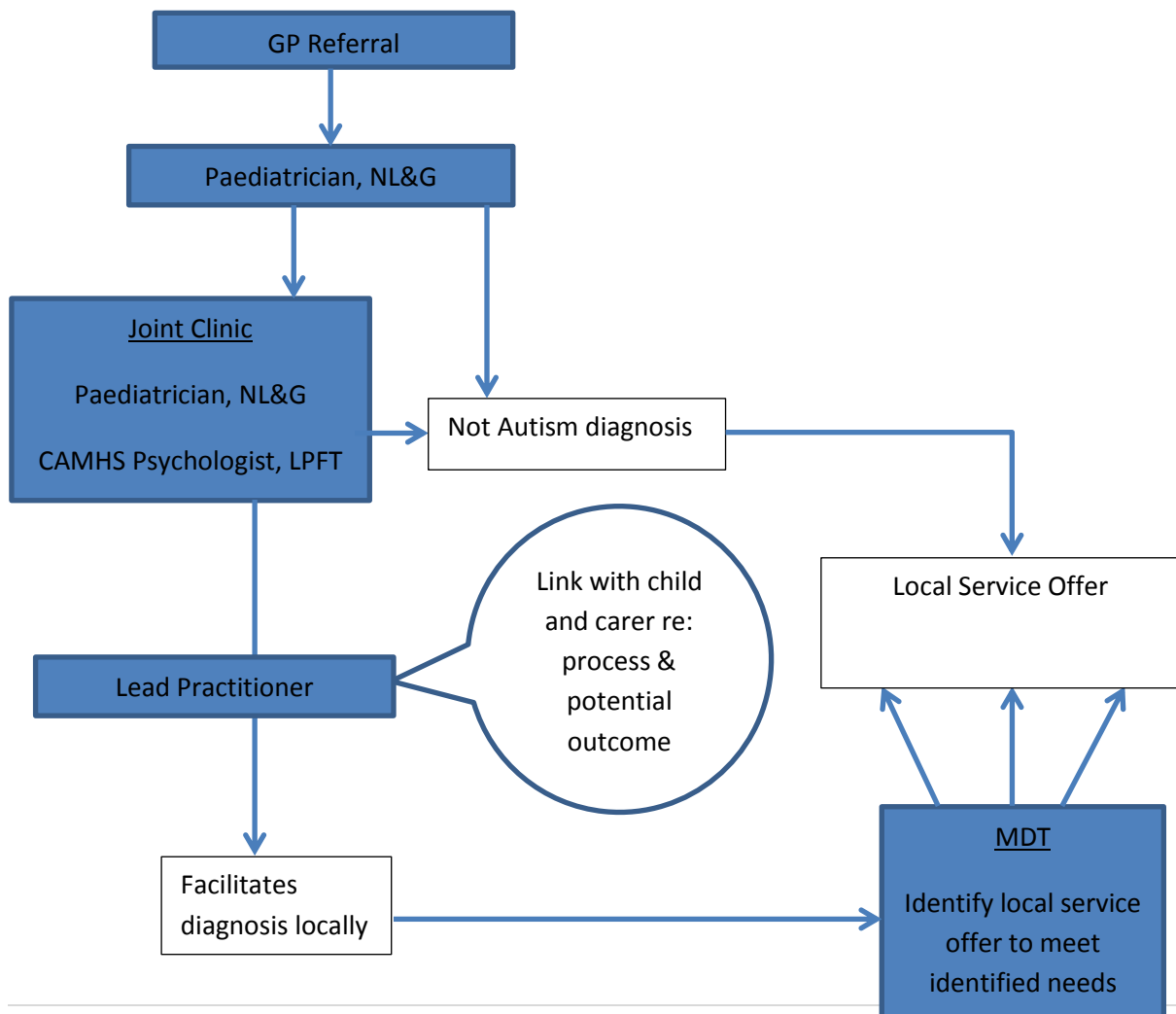
2) To seek members views about the content and focus of the workshop for parents and carers which we are running on 17th October 9.30am – 11.30am.

Though time was tight we achieved both our objectives and this will be used to inform the pathway and ensure that the workshop meets the needs of parents and carers

Proposed Enhanced Pathway to Access Autism Diagnosis for Children 2016/17

The diagram below sets out the pathway to access Autism Diagnosis for children under the auspices of NELCCG with moderate to complex levels of need as an interim arrangement, until a NICE compliant service is established (aimed for 2017). This will run in conjunction and alongside the existing Joint Clinic arrangement as an enhanced pathway.

The initial step towards diagnosis is to identify the issue. This will be different for each and every case. Necessarily this will be supported through improvements in Information & Advice to the general and frontline Education, Health, and Social Care workforce – as part of the Universal tier offer. The gateway to the pathway is through General Practitioners.



Update from Michelle and Pam

Taking the feedback from parents and professionals into account and having spoken with parents and professionals before and during the event, the CCG and local authority will be doing the following:

- Setting up a regular workshop / forum for parents and carers to ensure they are better informed about service entitlement and referral routes
- Developing a communication, ideally a single A4 sheet, to provide professionals and parents with appropriate levels of information at an appropriate time to help them navigate the Education, Health and Care system
- To incorporate feedback into the re-procurement of Children and Adolescent Mental Health Services (CAMHs)

4. Plans to help people get the right information and advice as and when needed to support health and wellbeing with Leigh Holton, Service Manager Adult Social Care and Emma Overton, Care Act Implementation manager

The aim of this session was to continue the conversation started earlier in the year at the Way Forward event, looking at developing integrated and accessible information and advice (relating to health and social care).

First of all we looked at what we mean by 'Information' - the communication of knowledge and facts regarding care and support; and 'advice' - helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support. Our focus is on information and advice as it relates to health, social care and health related services, which help to promote wellbeing

We provided an update on the engagement so far, which has included online and paper questionnaires, semi structured interviews with individuals, groups, and stakeholders locally, and speaking to people at community venues and events. Some of the key things people had told us are

- Currently there are patches of good information, and patches of not so good
- The health and social care landscape is fragmented, complex and difficult to understand
- Information and advice is not coordinated across the system – there is conflicting advice across services/ lack of continuity across and within providers

- People are not confident always about approaching social care staff (they are afraid of social services) but will approach their GP
- GPs/practice staff need to be proactive in giving information and advice
- Information and advice on hospital discharge is lacking

We then shared a first draft model to support us in delivering more integrated information and advice, and asked the group for their views. Participants were positive about the proposed model, although it was noted that it would be reliant on contributions from key partners. Some debate was had around the best mechanism for assessing, post-implementation, how well the model is working – in other words, how would we know that system improvements were being delivered? Numerous helpful suggestions were made by participants, on all aspects of delivering our information and advice objectives.

To view the Big Conversation presentation click [here](#)

Update from Leigh and Emma

We are now moving into the second phase of the development of the information and advice strategy. The findings from the survey have been independently analysed and we are in the process of analysing all the comments received via face to face engagement. Our next steps will be to reflect these comments in the draft strategy, and share this with the groups we spoke to previously so that they can confirm (or not!) that we have correctly understood and that our proposals represent a positive change.

The intention is to launch the information and advice strategy on 1st April 2017. The Strategy will be accompanied by an action plan, setting out our approach to implementation of it across the next one to three years. We will continue to provide updates via Accord over the next few months.

5. The Mental Health Crisis Concordat – Experiences of how people in North East Lincolnshire access support in a Mental Health Crisis with Angie Dyson, Service Lead for Disabilities and Mental Health

At this session we wanted to consider and understand the pathway for individuals who experience a mental health crisis; and evaluate the findings of Open Door's research of the Mental Health Crisis Pathway carried out earlier this year.

We asked participants to tell us what they consider to be the most important things for professionals or services to get right when people are experiencing a mental health crisis. These were:

- Confidentiality, to listen, eye contact, dignity and respect, reassurance/respond well
- to consider the views of carers/representatives seriously e.g. next of kin or young carer (particularly if a service user is unable to communicate themselves),
- Don't want to feel like the professionals time is too precious to explain things properly
- Expect professionals to have knowledge about how to respond to a person in mental health crisis or signpost to a service where you can get treatment

We then talked about what needs to be improved in our local system to help people in a mental health crisis. These were:

- Better response from the crisis line
- Communication
- SPA – needs to be informed re services and pathways – better promotion of SPA needed
- Providers able to access information about the service user, e.g. patient history
- General promotion to public re Mental Health – still a taboo
- More information available to the public about where to go and what services do

Update from Angie

The CCG is developing the Mental Health Crisis pathway to coordinate all services involved when an individual experiences a mental health crisis, e.g. health services, social services and the police.

From the breakout group, we know that improvements are necessary and when developing the pathway we will take account of the following:

- To raise awareness of SPA to the general public
- To raise awareness of the Mental Health Crisis pathway to all professionals involved so that individuals can access the service they need quickly without getting passed from provider to provider
- To develop a more coordinated approach between providers

These findings will be fed back to the MH Crisis Concordat Group which is attended by representatives of key services and will drive improvements to the pathway.

6. Proposals to pilot a community cardiology service for patients with cardiology conditions registered with a GP in North East Lincolnshire

with Julie Wilson, Assistant Director Programme Delivery Primary Care Strategy and Dr Rob Bain, Consultant Cardiologist

We wanted to hear views about current services and share details of the community cardiology pilot; and discuss how the community model pilot could help to improve experience and outcomes for patients.

- We talked about the good and bad experiences people around the table had of cardiology. Themes included:
- Delayed follow up appointments
- Lack of clarity about management plans for individuals
- Not knowing who the point of contact is
- Impact on carers who worry about what might happen to their family member
- Lack of knowledge of condition amongst other professionals
- Lack of sources of information for support and self-management
- Cancellation of appointments and operations
- High praise for local services, despite these issues.

We then provided an explanation of the community cardiology service pilot and which potentially could help with a number of the issues raised above.

The pilot includes establishing small cardiology team with the community (with bases within Immingham and Weelsby View Centres). The team will work more closely with GPs and their teams to:

- See some patients within community clinics, where an appointment with the cardiologist is required
- Provide a management plan and clear communication back to the GP after initial appointment, for on-going management by the GPs team
- Provide rapid access into diagnostic service for echocardiogram, along with clear management report back to GP
- Provide advice and guidance over the telephone and/or email to GPs to help them manage their patients
- Attend education sessions with GPs and their teams to provide updates on cardiology, tailored to each practice's needs.

Other comments made by the group include:

- Having access to specialist opinion within the community will be good and less stressful than attending hospital.
- Would there be scope for group sessions with patients within this service? Dr Bain advised that individual discussions with patients are required within the service because each individual is so different. However, there may be a need for support groups within the community (outside of this service)
- We need to train the public to understand that the hospital isn't the place where everything has to take place
- New service will save time

- Having care plans for all patients will make it easier for them because they understand their treatment, care plan and what to do if something happens
- We need to ensure we get information about the service out to PPGs.

Update from Julie and Dr Bain

The group agreed that a good measure for the pilot from a patient's perspective would be that patients feel better able to manage their condition and feel more confident and this will be built into the monitoring framework.

We also agreed that it would be helpful to ask the new Accord Ambassadors to lead some work on accessing information and support groups within local area and are progressing this. Dr Bain is to attend a Patient Participation Group (PPG) Chair's Group meeting to share information about the pilot.

All the information from the session will help inform the monitoring and evaluation of the project; and help to stimulate development of community based support groups.

Question and Answer panel – Accord Annual meeting

The panel comprised of Mark Webb, CCG Chair; Cathy Kennedy, CCG Deputy Director & Chief Finance Officer; and Joe Warner, Focus Chief Executive; and was facilitated by Sally Czabaniuk, Engagement Manager. This year members were invited to note their questions on a card and hand them in beforehand. Members could state if they wanted to ask the question themselves or have it read out for them. Here is a summary of the session.

1 - In this digital age are the elder members of the community being left behind?

Joe - According to current information older people are one of the fastest growing groups using the Internet and as the generations change this is likely to increase. In the meantime there are plenty of other ways to access services and information and we use everything from printed leaflets, local press to adverts on buses, petrol pumps and on TVs and I pads in GP surgeries.

2 - Since the last time I attended my GP Practice, I was told that there was a shortage of clinical staff including male and female GPs in our surgeries. This is based on budget constraints. How is the CCG going to rectify this situation for vulnerable children and Adults?

Cathy - There certainly are a number of GP vacancies in our practices, which it has been very difficult to recruit to. The vacancies are funded, so this is not an issue of money but reflects a national shortage of GPs. The CCG is supporting practices with a number of initiatives to try to address this, including bringing in a wider range of supporting clinical staff (such as pharmacists).

3 - I've been in the area for 4 years and have asked about services especially with regard to cardiology and local clinics etc. I couldn't find anything and haven't heard

about ACCORD either despite attending PPG meetings for 2 years. NHS information seems to be lacking, are things like ACCORD publishing work enough?

Mark - There will always be a need to communicate all the services and activities and news about local Health and care more effectively. We are currently building up our presence on Social media and working in cooperation with local press, community publications, leaflets and radio. We have recently been taking a good look at how we work with organisations like Accord, PPGs and Community Collaboratives. These organisations do a huge amount of work to keep their respective communities involved and informed. Over the last year we have supported the creation of a community Steering group for Accord along with a number of Community Ambassadors. Most importantly I can see we need to do more to link up those essential groups, firmly in the belief that whilst general media plays an important role, supporting groups and networks with the right information and resources to communicate that information is essential.

4 - How do you see the STP footprint impacting upon locally commissioned services and how can you ensure that future developments are not just 'Hull Centred'. How can ACCORD members get involved with this process?

Cathy - The Sustainability and Transformation Plan (STP) is a national initiative that aims to bring organisations together to plan services across a defined geographic footprint. Our CCG is part of the Humber, Coast and Vale STP which spans 6 CCG areas – the 4 located around the Humber plus York and Scarborough. Membership of the STP group includes CCGs, local authorities and provider organisations. We are working very closely with our local authority colleagues to ensure that the focus on NEL is maintained in this arrangement, and not 'swamped' or over-ridden by other members .

The draft STP plan is being drawn up at present, and after it has been reviewed by national bodies we shall be talking to all our communities about what it is proposing for the future. Our Accord members will be a key group that we shall ensure will be involved in those conversations.

5 - How are the CCG Health (primarily) and social care working with local hospitals to prevent possible unsafe discharge and re admissions in short time – revolving door?

Joe - We recently developed a new team to manage discharges from hospital better and faster. The team see anyone who might need Adult Social Care within 24 hours of admission and starts to plan their discharge, talking with them and their family to see what their needs will be rather than wait until they are medically ready to leave hospital. We are now joining Care Plus Staff with this team to operate the same way for all health and social care discharges.

6 - What is a reasonable time to wait to see a doctor in 'out of hour' GP service (hospital) when sent by single point of access? I was informed by SPA that they had informed the hospital of me coming, I waited 9 hours to see a doctor/nurse.

Cathy - A 9 hour wait is clearly not reasonable. It is important to understand that even though SPA will have informed the service that you will be attending, that does not mean that you get a quicker appointment than the other patients who are waiting to be seen. Whilst 9 hours is clearly not a reasonable time for anyone to have to wait, it may be helpful to understand that there has been an unexpected increase in demand for urgent and emergency care this year which has put pressure on local services including the GP 'out of hours' service. We are therefore having discussions involving commissioners and providers about how we might work differently to manage this demand better in future.

7. To Mark Webb – Do you envisage a greater decision making role for the triangles in the future?

Mark - I have a very strong regard for the CCG Triangle Groups. Bringing together a clinician, a community member and a professional manager, to review, debate, discuss and develop specific areas of Health and care services is fundamental to the culture of the CCG. We are a clinically led organisation that believes in real involvement of Community members at the beginning of the commissioning process and right at the heart of service improvement. As things around us change at a regional and national level, this approach will remain and grow as an essential part of our culture.

8. Can you become a CCG member if you work for the CCG?

Sally - Anyone registered with a GP in North East Lincolnshire can be a member of Accord.

9 - What is the point of asking questions when it is a selective answer to pacify you? Are our opinions really valued? How are you going to rectify this?

Mark - As I said at the meeting, I do not accept the premise of the question, Neither I nor any of my Board has shied away from giving honest and open answers to honest and open questions. It is clear that in this ever changing NHS sometimes we do not have the answers because we don't have the information ourselves. It is also clear that sometimes the answers we have to give are not the answers people hope for. These are difficult days with growing demand and falling funding, but be assured that even then; we will always give clear and frank answers to questions raised by the community we serve.

10 – Is the CCG considering limiting access to services based on lifestyle e.g. obesity referencing the move by Vale of York CCG had done so which had hit the headlines.

Mark - I had seen this on the news and whilst I disagree with the approach, I wasn't surprised at moves like this springing up across the country. The NHS is under unprecedented financial and resource pressure at the moment. We are all (thankfully) living a great deal longer and using the NHS a great deal more as a result. This increase in demand is nowhere near matched by funding and to add to the strain, recruiting clinical staff across all disciplines and across most of the country has never been harder. So no, we have no plans to limit access services in that way, we do however, like CCGs up and down the country, have to make plans to continue

delivering the best possible health and care services within the finance and resources available to us

Thank you for joining us for these meetings. We will continue to keep Accord members and stakeholders updated through the Accord website www.nelccg-accord.co.uk and the CCG website www.northeastlincolnshireccg.nhs.uk

Save the Date!

**The Way Forward for health and social care -
our journey continues**

Wednesday March 8th, 2016

1pm to 4pm

Humber Royal Hotel

**Bite-sized evening meeting Thursday March 16th
6pm to 8pm at Centre 4**

More detailed programme information to follow