June 3rd Event Headline Summary

This document provides a summary of the main findings from the event. It captures views on the case for change and the seven clinical themes.

Extent of agreement with strategy

Participants agreed with most of what they had seen of the draft strategy. However it should be noted that this agreement was strongly caveated with a need for more detail on some of the aims and with suggestions for additional focus areas.

The design of the event meant that participants saw a presentation on the Draft Strategy's overarching case for change and were given the opportunity to choose two of the seven clinical themes to explore through table discussions.

Views on the case for change

The case for change: health outcomes are not as good as they could be in south east London. The longer we leave these problems, the worse they will get. We all need to change what we do and how we do it.

Overall, participants broadly agreed the case for change reflected their experiences.

The key issues participants discussed about the case for change include:

- **Variability of quality of care** across south east London. This includes variable primary care (GPs), with some very good and others not. Variability between different hospitals, between different departments in the same hospital, and in the same department at different times of day.
- If **supporting people at home** is emphasised, there's a need to **enhance primary care**, a need to **attend to district nursing capacity problems** and **community care services**. The **shift into community care needs to be properly funded**.
- **Capacity issues** need to be addressed, through staff training and recruitment.
- **Making more use of voluntary and community sector**, NHS does not take into account the untapped resources of the voluntary and community sector (VCS) which results in duplication of some services and gaps in others.
- **Carers' voices are not often heard**. Need to recognise that carers are not just friends or family members, but also very knowledgeable people.

- **Joined up working** and **continuity of care** was discussed in various contexts, for example, transition from long-term conditions into end of life needs work; there could be more support mechanisms going from one into the other.
- Need to be more explicit about what **prevention** means; it's not just stopping people getting ill, it's stopping unnecessary deterioration of people with long term conditions – especially mental health.

Views on the 7 clinical themes

Participants broadly agreed with the draft strategy for the clinical themes they explored. At their tables, participants emphasised a need for further detail to comment fully, to focus on certain elements and made additional suggestions.

Primary and Community care

- **Agreement with the need to rebalance health services so that more is dealt with at the primary and community care level**.
- **Making more use of existing services such as community pharmacies.**
- **Accessibility of GP appointments** needs to improve.
- **More coordinated and integrated services needed**, particularly in light of an aging population. People accessing primary care will increasingly have multiple conditions, yet the standard GP consultation seems ill equipped to address this.
- **Promoting good health is important**. Public health messages need to be constantly repeated and reinforced to become embedded and truly adopted. Need for clever ways to incentivise health promotion.
- **Better sign-posting and navigation is needed**: a huge array of local organisations, sources of support and services are available in primary and community care, but many people do not know they exist.
- **A greater role for patients needed**: more peer support and patient participation.

Children and Young People

- **Importance of supporting health lifestyles:** ensuring that children's carers are supported in keeping children healthy, providing feedback on a child's health to their parents in a sensitive manner and consideration of parent education programmes.
- **Involving the community and voluntary sector more** in children's care.
- There is a need to find **ways to measure lifestyle as well as medical outcomes.**

— **GP hubs and No Wrong Door seen as useful ideas,** but how will they be put into practice.

Maternity care

— **Need for focus on prevention and early presentation**.

— **Communication about maternity care needs to be improved**. Much better use should be made of community groups, as they have access to hard to reach groups.

— **Agreement with more midwifery led care**: but is it realistic?

— **One stop shop for maternity care a good idea**, but need flexibility

— **Mental health care needs much more attention in maternity care**, still a stigma, training needed.

— **Communication between services needs to improve.**

— **What is the offer for transient communities?** Need to create a much better offer from general practice and other workers.

Cancer Care

— Focus on **meeting the needs of cancer survivors** and not just patients in treatment.

— **Need for joining up services** (community, social care, primary care, secondary care etc.) and ensuring continuity of care.

— **Raising awareness of symptoms** among the public and 'hard to reach groups': other symptoms and other channels for communications such as pharmacies.

— **Improving GP awareness of cancer symptoms** and treatment processes.

— **Increasing awareness and uptake of support from community and voluntary services**.

— **Providing effective support for carers**.

— **Cancer services for children and young people lacks consistency and needs specific focus in the strategy**.

Urgent and emergency care

— **On-call arrangements, staffing and access to diagnostic equipment**. Having consultants on-site rather than just on-call is better in terms of outcomes

— **Care homes lack confidence or knowledge** to deal with complications in LTCs.

— **Insufficient support for people discharged from emergency services.**

- **Public lack knowledge of A&E vs. urgent care, vs. GP**. People need to know about A&E alternatives if they are not to attend unnecessarily.
- **Acute care professionals unaware of community services** and so not referring patients to the most appropriate places and this increases the risk of readmission.
- **Out of hours GP services: location confusion** as it switches from surgery to surgery and people don't know which surgery is offering the service. **Successes seen when GPs available in A&E / Urgent Care settings.**
- **Rapid access to services at home or in a care home**, targeted at those with long-term conditions and already receiving social care well received.

Planned care

- **Flexible pathways to care**: recognising that each person has their own complex needs and balancing this with some standardisation.
- **Agreement on the significant role for support and services to be delivered alongside the core clinical work**. Need for integrated enabling and support networks, importance of support for patients outside of the core clinical disciplines.
- **Known risk of complications can be used to build contingency into care plans** before the complications arise.
- **Education and Access to planned care is contingent on knowledge and awareness of care pathways and options.**
- **Poor patient experience can damage the overall effectiveness** of the pathway.
- **Innovation welcomed but also need to recognise that it can create inequality of care**.

Long term conditions: mental and physical health

- **Agreement on the importance of detection and prevention**.
- **More focus needed on outreach into the community and service should be designed around the community** rather than the hospital.
- **More work should be done with the Community and Voluntary Sector (CVS**).

Overarching themes

These are themes that our analysis has found cut across a number of the clinical themes:

Better use of support from community and voluntary services

In a number of the discussions that took place, it was felt that community and voluntary organisations have a significant role to play.

— Some participants felt that these organisations can sometimes provide care directly, in place of existing NHS services. Examples of this include charities caring for people with dementia, or even providing cancer treatment.

— Other participants felt that these organisations could provide support in addition to existing services, for example providing additional signposting to patients, or support for carers.

In both cases, it was felt that the possibility of CVS contributions should be made explicit in the plans, there should be clear structures to facilitate their involvement

More emphasis on supporting and involving carers

Discussions about this issue came up most frequently in the' Cancer care', 'Long term conditions' and 'Children and young people' groups. There was some feeling that there needs to be more emphasis on the need to help carers to deliver support as effectively as possible.

One issue which was raised was that carers sometimes find it hard to be involved in hospital based support that patients receive, and in getting information about the patient. If they were to be given more information (where appropriate) they could provide more effective support.

Another issue is that being a carer can be very demanding, and it is important to provide support for their needs. This can include mental health needs. At the children and young people table, it was discussed that some carers are children themselves, and therefore may need different types of support.

Questions on the lack of attention in the strategy to end of life care

On more than one table it was felt that the plans may not pay sufficient attention to providing good quality end of life care. There needs to be more information about what the thinking on this is. At both the 'Cancer table', and the 'Children and young people table', the need for specific children's services was raised.

Improving GP awareness vs current high workload

Some tables discussed a need for increased GP awareness of certain issues relevant to their topic. For example, could GPs be given better training and support to spot people with mental health problems, as early identification of these is currently not as good as it could be. There was

however some discussion of the fact that GPs are already very stretched, and so this may be hard to achieve.

Community pharmacies as alternatives to GPs and A&E

The ‘primary and community care’ table, and the ‘LTC’ table both discussed community pharmacies at length. These are seen as a solution to a number of the challenges that are currently being faced, including making care more accessible, providing alternatives to GPs or A&E, when neither of these routes is felt by a patient to be appropriate, and to ease congestion on existing services.