STOCKPORT
METROPOLITAN BOROUGH COUNCIL

NHS

STOCKPORT TOGETHER

Time/Date/Venue:	Thursday 20th July, 2-4pm at Marple Senior Citizens Hall
Responsible Officer:	Lucy Cunliffe – Stockport Together
Details of Organiser:	

Type of Engagement

X Open Meeting	☐ Focus Group	☐ 1:1 interview	☐ Postal survey	☐ Phone survey	☐ Email survey	☐ Online survey

Attendees

Dr Ranjit Gill, chief clinical officer, CCG
Keith Spencer, interim provider director, Stockport Together
Alison Johnson, planning & performance manager, CCG
Louise Hayes, head of communications, CCG
Lucy Cunliffe, communications lead, Stockport Together
Approximately 43 group members

Demographic Breakdown of attendees

Age:	30+
Disability:	Mixed
Gender:	Mixed
Race:	Mixed
Religion:	Not known
Sexual Orientation:	Not known

Comments and Proposals:

Keith Spencer and Dr Ranjit GIll, representing Stockport Together, gave a brief overview of the work to date and the plans that are being proposed to transform health and social care in the borough. The 'listening event' was held at Marple Senior Citizens Hall.

This was followed by an interactive session to gather public views, questions and feedback, these have been summarised below:

Through this listening exercise you are asking us our opinions, but I would rather take professional advice. The NHS is so bogged down in history – people may expect one way because 'we've always done it that way…' you're proposing changing services for older people, who may be more resistant. Why are you so focused on this age group?
We are often asked about why we have chosen this cohort of people, and it comes down to the data: facts and figures about which groups of our community use the most services. We have used information such as the JSNA [joint strategic needs assessment] which helps us to better understand the Stockport population.

We also know that there are workforce shortages across the whole health and social care system, in every speciality. We only have ¾ of the required number of GPs, and

so we need to look at how we can meet the needs of the population with the resources available to us.

Traditionally, Stockport was a very attractive place to live and work. Indeed, it was one of the most popular places to train as a GP. But over the last 7 years, we have seen a decline in those wanting to train or work here.

We need to address the issue of attracting, recruiting and training staff in Stockport.

You quoted a reduction in the £4million prescription costs. This has been done through a change in statin prescriptions. Is there a link to the older person you talked about? For example, you talked about a woman with a urinary tract infection, stating that they should be cared for in the home as opposed to in a hospital setting. Does this mean that care in the home is replacing the best care: hospital care?

With regards to statins medications in Stockport, the policy adhered to in the borough is to follow NICE guidance: which looks at both medication and lifestyle. In Stockport we have been screening people for years for heart disease which has had a real impact on people's health.

So what we have actually been doing is following NICE guidance and going beyond.

Regarding the urinary tract infection and whether it can be treated at home. As with any infection, there are varying degrees of severity which will have different needs. We know that some infections are perfectly treatable with a course of antibiotics, whereas some will require an immediate transfer to hospital for specialist, acute care.

We know that older people can quickly lose confidence as a result of something like this, and may feel that additional help and support would be beneficial.

One of the main issues at the moment is that care isn't consistent, and what we want to achieve through this work is to provide the right treatment, to the right person at the right time.

We know that change and improvement is possible, and that's what we're doing.

Are you going to look into having a social worker follow you from home to hospital and back again? Rather than having different people working with you at each stage.

Part of the plan is to join health and care together. Continuity of care is crucial, and that's why the neighbourhood model is so important.

Our aim is to have health and care professionals that follow the people that need it through their health and care journey.

When I have complained to Pennine Trust, they don't seem to want to know about social care.

We need to have responsibility and accountability built into the system. Having teams in places to ensure people don't get passed from pillar to post is key to this.

We need to have a system which stops the patients or carers having to do the navigation themselves. We know the current system isn't good enough yet.

How is all of this affected by GM and the Mayor? Will you have the money to implement the plans you're making? The NHS works totally differently to other industries whereby they hope to make savings without investing…
GM Devolution means that we have access to part of a £450million fund for health and social care. Stockport was joint first in getting our share of the money. To date we have been awarded £16.5million from this fund.

Politicians are good at getting involved and making changes, but what we're proposing has nothing to do with politicians or national policy. It was an idea that was developed by GPs, physicians and other health and care professionals in our borough.

In fact, our plans in Stockport have influenced national policy in some ways.

Even if we were given an extra £1billion in Stockport, we would still want to make the same changes and implement the same plans.

Do you have money to train the workforce?
Yes, and it's already underway.

You're making £156million worth of cuts, but you're saying it has nothing to do with STPs. You have got the money to implement these changes until you have to close beds and sell off part of the hospital, in the way that they're doing across the country.
We have approximately £450million to spend each year on health and social care, and we broadly know what we're going to get in funding (approximately £350million/year), and if you add in inflation and plot it against demand, we know that we have a funding gap of around £150million.

We also know that we admit around 1/3 more people in an emergency than other comparable health economies around the UK, and we know we work less efficiently than other areas too. These two facts, combined with a higher number of patients in Stockport being given outpatient appointments, all show that we have to do something to change our system.

For the first time ever in Stockport, we have seen a reduction in people attending outpatient appoints, a reduction in spend, prescribing costs and hospital admissions. But at the same time, we have seen more people treated and managed more effectively.

One hears so much about the communication problems between professionals. Can you explain the data sharing system?

There is something called the Stockport Health and Care Record, which (once the patient permission has been given) allows health and care professionals to see both hospital and GP activity.

All GPs are currently on one IT system, which means patient data can be accessed across the borough. District nurses can view this information too, and soon it will be widened out to social workers. Once this is working effectively, it will allow us to complete real-time patient research, to plot and predict trends in health.

We need to bring back the 1960s model, which puts GPs at the heart with all the knowledge about their patients.

Will this idea work out of chemists as well?
We're currently trying to work out how we can do this. We have to overcome issues of governance and data sharing, and this is made more difficult through chain organisations, such as Boots.

Can you guarantee that any research which is done with patient data is made available to the patients or published in open-access journals? I should be able to read it if my data has helped inform it.
Yes, that's the intention.

Re: the 'falls' scenario – is Stockport going to supply exercise groups which would help improve core strength?
There already are groups which do this, although they aren't very widespread at the moment. They're run by SMBC.

We're also building a directory of service that will outline all of the services in Stockport and how to access them.

We've had combined health and social care budgets in Northern Ireland for years. We would all like to see the modernisation and joining up of services, but we all know that the NHS is vastly short of workforce. What are the solutions being put forward by Stockport Together to overcome this?
Devolution is part of this answer. We are investing significant amounts in Greater Manchester to expand the workforce. Over the course of the next 12 months, we will hear more about these plans.

We have tried to expand the workforce where we know we can recruit – for example, physiotherapists or pharmacists, where we know that there is much more resource.

What we're trying to do is make some of these professions look like much more attractive career opportunities than they are currently viewed as.

The 111 service wasn't mentioned – we know it has resulted in more admissions.
In Stockport we have moved some of the call handling/triage functions elsewhere as we recognised that they were not performing as they should have been.

As we know that workforce is an issue, with the backdrop of GM, can we do something more innovative with public health? We could encourage people to take more responsibility for their own health to relieve the pressure on the health and social care system.
The whole heart of what we're trying to do is enable people to take care of themselves, and the neighbourhood model should help people to do this locally.

Is public health understood?
Yes, Donna Sager leads this – she is working to ensure that public health is an integral part of the neighbourhood teams.

What about people in the community who can't afford to travel for alternative appointments?
We accept and note this point.

Within the neighbourhood model, you talk about there being a population of up to 50,000 people – how will you man the teams to provide continuity of care? What about people on the borders?

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I came out of hospital unable to do anything for myself and was put in touch with someone from Stockport Together who was absolutely brilliant. But then a care plan was put in place which wasn't suitable for my needs. I had carers that were travelling over from Cheetham Hill, some of the carers couldn't speak English and refused to give me meals that didn't fit with their religious beliefs.
We do have a problem with our home care packages in Stockport. It is important that you get the right care. As part of this new model, we will be recruiting more staff to deliver the care.

We all want integration, but the whole thing falls apart because we can't see how you're going to get the required staff. How are you going to get more people in? The only way we can get more people is more money.

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We also need training. You have got to start taking care of the carers.

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Everyone knows social care should be improved – we need to have some honesty. This is about cuts. The government has stated that they want to get rid of the NHS. This reorganisation is being done because we're getting reduced funding.

The Commonwealth fund put the NHS at the top of the list of health services

globally.

Yes, you're right, but the commonwealth fund also found that the NHS has the worst outcomes for patients. It did say that they're improving at the fastest rate, and this is what we're trying to do through Stockport Together.

Stockport Together will become a single accountable care trust. How will the trust be held to account? It is not possible to do more with less. How are you going to assess the care?

When you're talking about money and politics, unfortunately, you're talking to the wrong people. We are not publicly voted in representatives. We're spending the money we're given nationally and are trying to do the best with what we have.

NHS community health services are delivered based on a GP registered list, but social care services are delivered depending on the Local Authority area in which you reside. East Cheshire are having their own discussions about this problem too. It's being looked at right across the country.