

## STOCKPORT TOGETHER – LISTENING PHASE FINDINGS

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## 1. Introduction

Stockport Together is a group of health and local authority organisations working together to transform health and social care in Stockport. The partners are NHS Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust (mental health services), Stockport Metropolitan Borough Council, Stockport NHS Foundation Trust (Stepping Hill hospital and community health services) and Viaduct Health (a federation representing all Stockport GPs).

Although Stockport is one of the healthiest places to live in the North West there are a number of challenges. For example, there are vast differences between life expectancy across the different areas within Stockport. Also, with an ageing population and a predicted rise in the number of people living in Stockport over the coming years, there is a need to find ways of maintaining and improving the care provided within the budget.

Partners are in the process of agreeing to spend significant sums of money on changing health and care services in the borough. Plans have been developing for some time with input from patients and carers, nurses, doctors, social workers and others.

To gain further views ahead of any firm decisions, Stockport Together undertook a public listening exercise between 19<sup>th</sup> June and 31<sup>st</sup> July 2017.

The aim of the exercise was to provide the opportunity for the public to receive information, take part in discussions and provide feedback on:

- The case for change (the reasons why the changes need to be made)
- Some of the changes that have already been made (i.e transfer to assess service)
- The plans being developed for the future
- What impacts (positive and negative) the public think the changes will have on them, their family and friends.

287 people attended the events in total during the listening exercise and there were an additional 195 people spoken to in other forums.

The aim of this report is to provide the partner organisations with the findings of the listening exercise that will inform and influence the transformation plans.

## 2. Key stages in engagement transformation

Stage	Description	Dates
General engagement on case for change	Presentations at local groups and with key stakeholders	From January 2015
Engagement with service users on specific changes	For example, survey in outpatient clinics	Public involvement in service change is a statutory duty for the CCG therefore this is ongoing.
Listening phase	Extension of engagement on case for change and impacts	19 <sup>th</sup> June to 31 <sup>st</sup> July 2017
Targeted equalities engagement	Partnership work with Healthwatch to work with protected characteristic groups	14 <sup>th</sup> August 2017 to end September

## 3. Engagement

It is important to note that the listening exercise was not a formal consultation, but an opportunity to gather perspectives of the public and stakeholders on;

- the case for change
- the services already implemented
- the plans being developed for the future
- positive and negative impacts of the changes

The work builds on the work already undertaken to engage the public in Stockport Together.

This report sets out the range of perspectives expressed during this listening phase. These perspectives have not been attributed to individuals or organisations nor have these views and opinions been verified as fact.

### A. Listening events

Members of the public were invited to attend any of the 12 listening events across Stockport. The events were held at accessible venues in different localities across the borough on varying days and times to increase opportunities for people to attend. 10 events were originally planned to cover each neighbourhood and to allow for evening and weekend availability however upon request from the public two additional events were added in Offerton and Reddish. The schedule is set out below:

<b>Stockport Together Public Listening Events</b>	
<b>Venue</b>	<b>Date and Time</b>
St Peters Parish Centre Green Lane, Hazel Grove, Stockport SK7 4EA	<b>Day:</b> Thursday 22 <sup>nd</sup> June <b>Time:</b> 7pm – 9pm
Brinnington Community Centre, Hereford Rd, Brinnington, SK5 8EY	<b>Day:</b> Monday 26 <sup>th</sup> June <b>Time:</b> 10.00am – 12.00pm
Romiley Forum, Compstall Road, Romiley Stockport, Cheshire, SK6 4EA	<b>Day:</b> Thursday 29 <sup>th</sup> June <b>Time:</b> 7pm – 9pm
Bridgehall Community Centre, Siddington Avenue, Bridgehall, Stockport, SK3 8NR	<b>Day:</b> Tuesday 4 <sup>th</sup> July <b>Time:</b> 1.00pm – 3.00pm
Toby Carvery Heaton Chapel, 271 Wellington Road North, Stockport, SK4 5BP	<b>Day:</b> Thursday 13 <sup>th</sup> July <b>Time:</b> 7pm – 9pm
North Reddish community centre, Longford Road West, SK5 6ET	<b>Day:</b> Monday 17 <sup>th</sup> July <b>Time:</b> 7pm – 9pm
St Peters Parish Centre, Green Lane, Hazel Grove, Stockport, SK7 4EA	<b>Day:</b> Tuesday 18 <sup>th</sup> July <b>Time:</b> 1pm – 3pm
Offerton community centre, Mallowdale Road, Offerton, SK2 5NX	<b>Day:</b> Wednesday 19 <sup>th</sup> July <b>Time:</b> 7pm -9pm
Marple Senior Citizens Hall, Memorial Park, Marple, SK6 6BA	<b>Day:</b> Thursday 20 <sup>th</sup> July <b>Time:</b> 2.00pm – 4.00pm
Cheshire conference centre, Hardcastle road, Edgeley Park, SK3 9DD	<b>Day:</b> Saturday 22 <sup>nd</sup> July <b>Time:</b> 10.00am – 12noon
Cheadle Village Hall, 1-3 Brook Rd, Cheadle SK8 1PQ	<b>Day:</b> Monday 24 <sup>th</sup> July <b>Time:</b> 1.00pm – 3.00pm
Bramhall Methodist Church Centre Point Hall 23 Bramhall Lane South, Stockport, SK7 1AL	<b>Day:</b> Thursday 27 <sup>th</sup> July <b>Time:</b> 7.00 - 9.00pm

## **B. Advertising and promotion**

The Listening Events were advertised using the following media and channels:

- Stockport Express
- Imagine FM
- Stockport Review
- Direct emails to local interest groups via partner organisations
- Direct emails to interested parties
- Facebook advertising/updates
- Twitter: using Stockport Together and partner organisation accounts
- Stockport Together website
- Partner websites
- GP practices were sent copies of the adverts to put up in surgeries
- Flyers were given out at community events

Because of the short timeframe between advertising and hosting the first event (on account of purdah restrictions) an additional event was held in Hazel Grove to allow more people to attend. In answer to public and/or staff demand, a further two events were held in different areas in Stockport to encourage more public involvement across the borough.

## **C. Event format**

All attendees were given an issues document upon arrival (see Appendix 1).

Each meeting was 2 hours long and the format was to begin with a presentation, then work on scenarios in groups and finally questions from the floor. Presenters varied each time but included clinicians, leaders and directors from the partner organisations. Scenario topics discussed at the tables covered:

- Repeat prescriptions
- Recovery after a hospital episode
- Outpatients
- Mental health
- Falls
- Alternatives to a GP appointment
- Pneumonia care

The scenario format was used to help focus the mind on a few key areas. Stockport Together covers such a wide remit of services therefore there was no assumption that these would address everything included in the plans.

Clinicians worked with the engagement officers to develop the scenarios and questions and the detailed responses have already been fed into the relevant programmes of work.

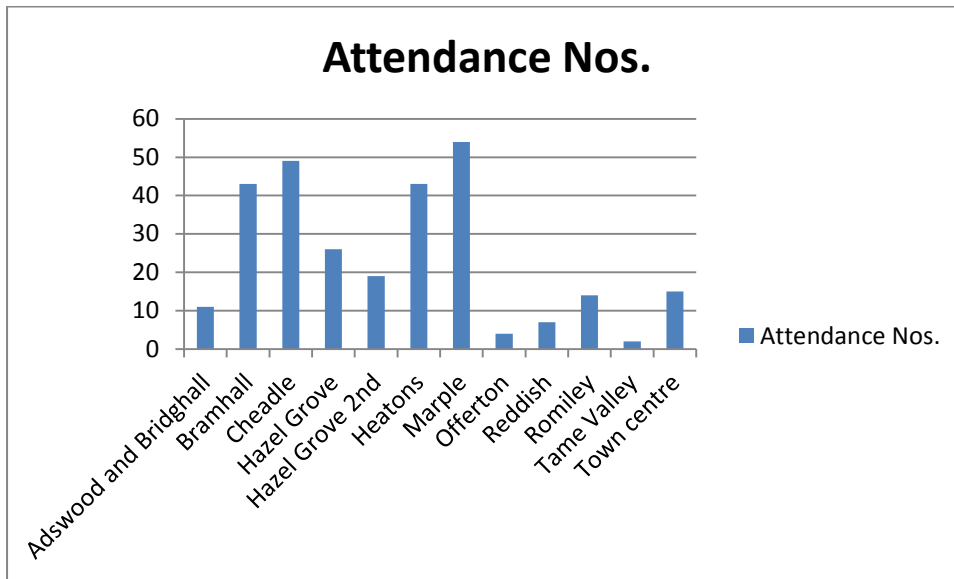
## D. Other engagement

Alongside the listening events other engagement took place.

Activity	Description	No. of people spoken to
Brinnington Health centre	Discussion with patients in the waiting room on the scenarios.	10
Carers information day	Discussion with attendees providing information about the listening events and issues document	70
Cheadle women's institute	Presentation similar to listening event format and feedback/questions from attendees	40
Citizens representation panel	Testing of listening event scenarios	10
Healthwatch session	Presentation and listening event scenarios	8
Muslim health & wellbeing event	Discussion with attendees providing information about the listening events and issues document	15
Online survey	Scenarios available for completion online	7 (remains open)
Rethink	Overview of Stockport Together and discussion of areas pertinent to mental health	30
Stockport NHS Watch	Meeting with leaders and clinicians to discuss concerns	5

## 4. Event attendance

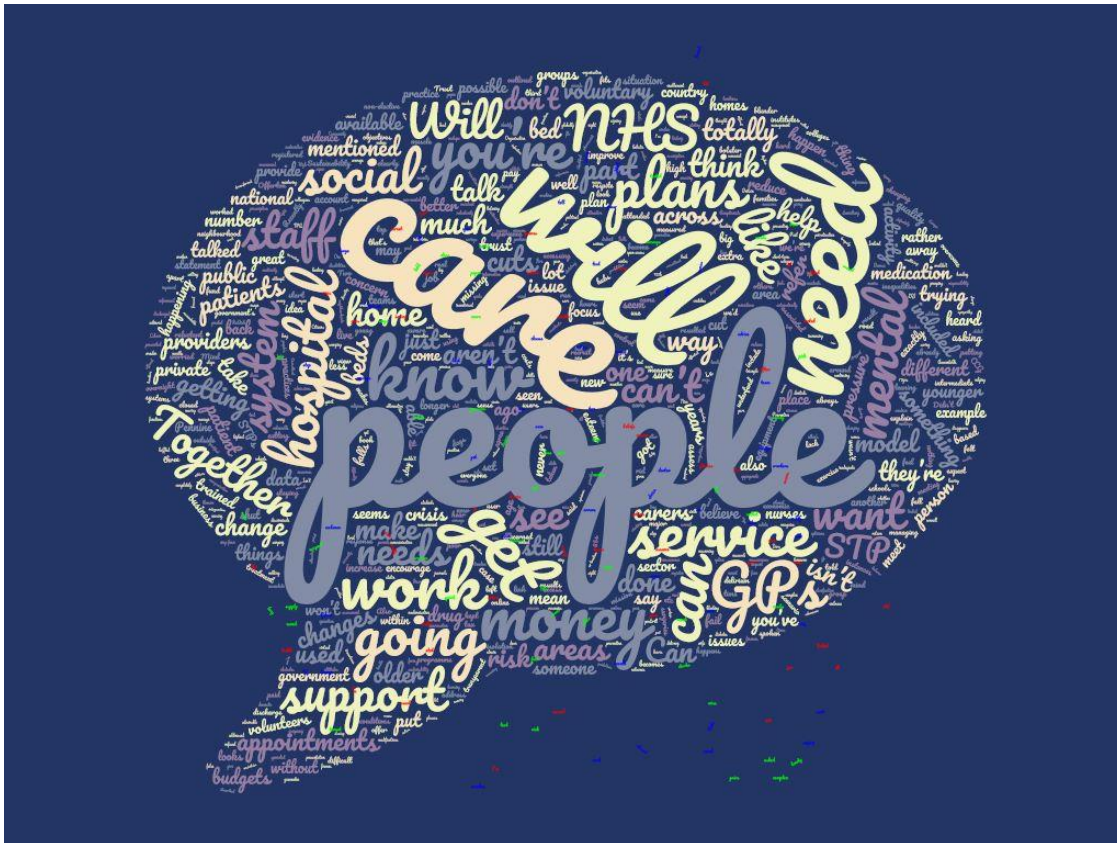
The 12 listening events were attended by a total of 287 people and the split across the borough was as follows:



## 5. Emerging themes (questions and wider discussion)

A process of thematic (qualitative) analysis was undertaken to identify trends emerging from the engagement activity.

Recurring words that came from the public meetings are presented in the word cloud below:



**The themes that came through most strongly through the open questions and discussions were:**

- In respect of people seeing other professionals rather than GPs people were generally happy, however they felt it would be very important that this would only be when appropriate. There were concerns about who would make this decision and they would rather that this was not a receptionist.
- Pressure on GPs and a 'shortage' of GPs emerged as a theme of concern at most of the events.
- How the changes relate to government 'cuts' was questioned at almost every meeting by NHS Watch.
- People felt that there would not be enough money to keep services going at the same time as implementing change.
- Workforce training and development was flagged as crucial and people were apprehensive in some cases about staff picking up work that they were not trained or paid to do.



- There were a number of questions about what will happen to people who live outside the borough but use Stepping Hill hospital services.
- People were worried about hospital beds and concerned about assumptions being made that improving community care will reduce pressure on hospital bed usage. They wanted to ensure that beds would not be closed without appropriate care and alternatives being available in the community. Again, this was a point raised numerous times by NHS Watch.
- The absence of discussion about young people and children was pointed out by attendees. People stressed the importance of focussing time and resource on the younger generation. Some of these issues are picked up under the section 'additional information'.
- People thought that combining health and social care was the correct thing to do.
- Mental health needs came through strongly as an area where more explanation is needed about how Stockport Together will address them.
- People felt very strongly about protecting the NHS and guarding against privatisation.
- It was expressed by some that presenting hospital as not being the best place may have a negative effect and scare people away who needed to be there.

## 6. Emerging themes (scenarios)

The full set of scenarios and questions can be seen in the appendix. Below is an overview of the responses received under each of the topics.

### Alternatives to a GP appointment

80% of people said that they would be prepared to see an alternative professional to a GP however this was often caveated with statements such as....

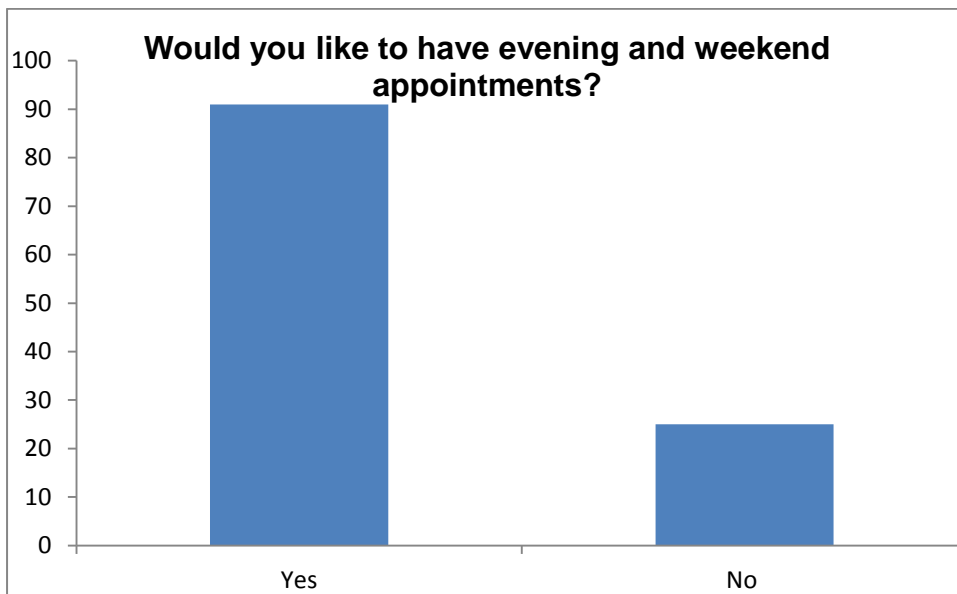
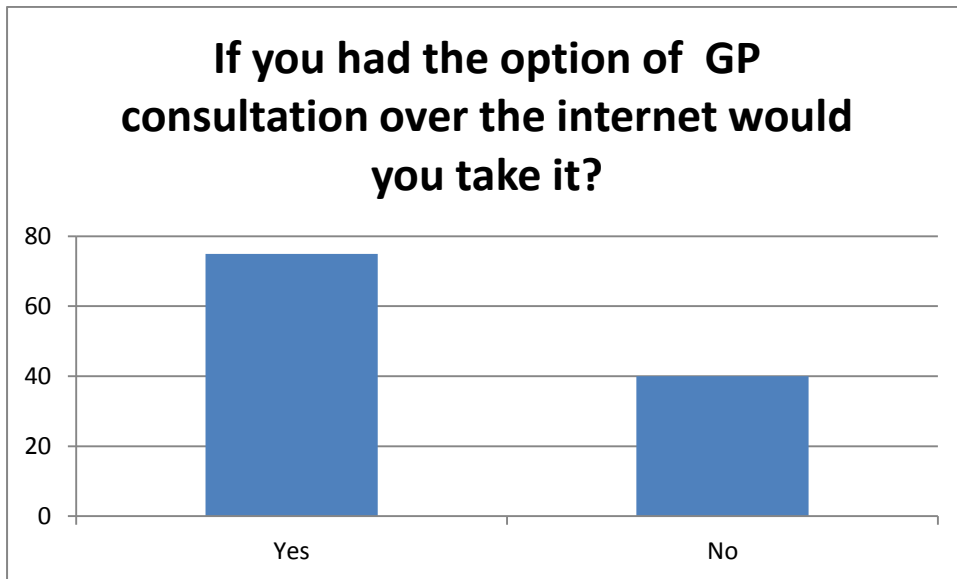
- *As long as they are properly qualified.*
- *As long as they have full access to my GP records*
- *Depends on my condition – I don't mind an alternative as long as I am not 'triaged away'*

There were some opposing views, for example:

- *I think it is imperative I see the same GP*

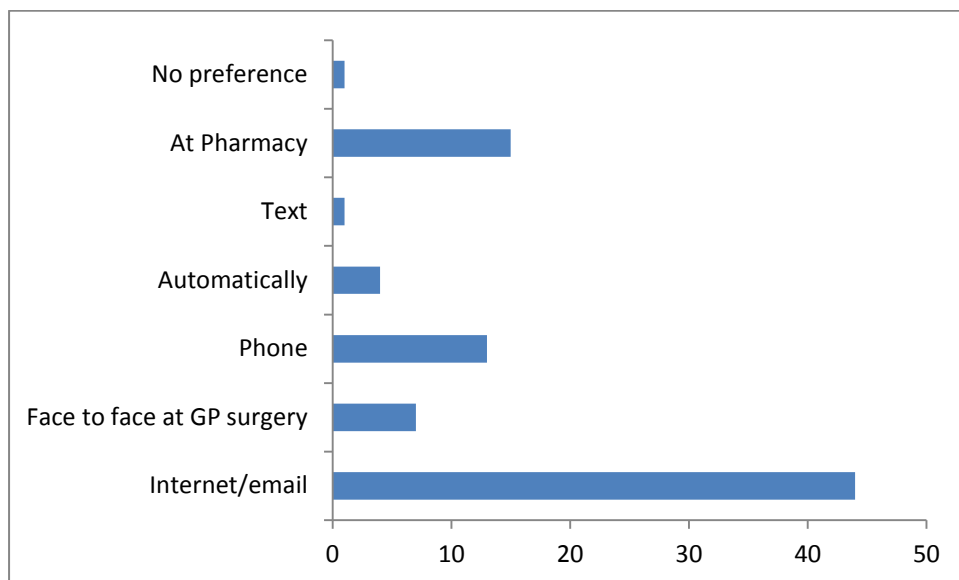
58% of people said they would be happy to have an appointment at another GP practice, however many people commented that this would depend on the distance and on the type of

condition that they had. A number of people said that the alternative practice would need to have access to their medical records.



## Repeat prescriptions

### How people would prefer to order their repeat medication



Around a third of people did not report any problems with medication and were happy with the way things run. However some of the problems reported were:

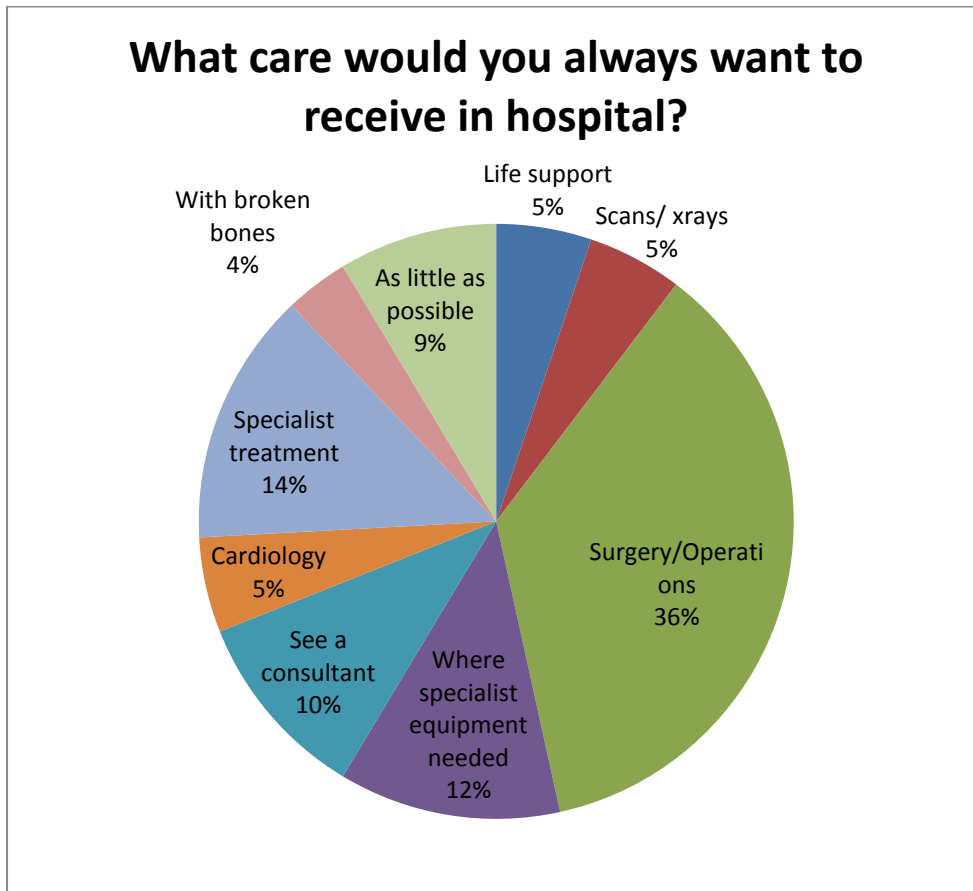
- *Difficulties synchronising orders for medication*
- *Waste of medication*
- *Hearing problems when ordering medication over the phone*
- *Scripts not being ready for pick up*

### Extra care when needed and a faster recovery after hospital:

83 out of 103 people said that they would be happy to receive care at home if it meant they could leave hospital more quickly. 15 people said they would be happy as long as the proper care was in place and 3 would not be happy at all.

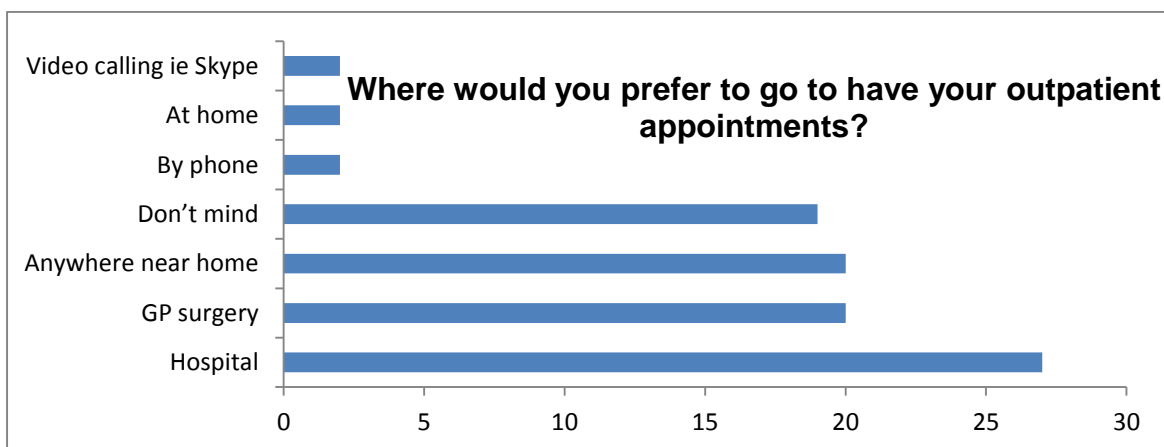
The kind of care that they would like to receive at home included:

- Physiotherapy (39 people mentioned this)
- District and community nurses (23 people mentioned this)
- Practical help around the house (18 people mentioned this)
- Help with washing and dressing (11 people mentioned this)
- Equipment/ adaptations (7 people mentioned this)
- Occupational therapists (5 people mentioned this)



### Outpatients

This scenario was about a patient who had been diagnosed with Inflammatory Bowel Disease (IBD) and the questions were measuring expectations of outpatient care and self-management.



Comments that were received included:

- *Consistency of care is important*
- *Can outpatient letters be sent out via email?*
- *Access to professional advice is important if you are expecting people to manage their own care*
- *Having access to information at home is very important in managing a long term condition*
- *There should be good liaison between the hospital consultant and GP*

### **Falls service**

People were asked as part of one scenario about the types of things that would be important to them if they had a fall. These included:

- *Assessment of the home and removal of risks*
- *Physiotherapist support at home including help to build confidence following a fall*
- *Walking aids and adaptations*
- *More personal and regular attention from carers*

Other information that was highlighted as important was:

- *Prevention, for example, opticians used to help identify people at risk of falls*
- *A service that could be contacted direct by telephone/internet*

### **Mental health**

88% of people completing this scenario said that they would be happy for mental health support to be provided by someone other than their GP. 22 people included comments about GPs not being as well equipped, not specialised enough or not having the required amount of time to deal with mental health issues.

The same number of people said that they would be happy to receive mental health support in their neighbourhood and not necessarily at their own GP practice. Some people commented that this would be less stressful and a less judgemental environment to receive mental health care.

43 people said that they would prefer to access mental health support directly rather than go via their GP. Those people that said they would prefer to stick with their GP (9) and those that were undecided (5) included comments about the importance of their family history being known and GPs having a 'holistic' picture of a person before they were referred.

## **Pneumonia care**

This scenario was regarding a positive test for pneumonia and the questions were about expectations of care.

The majority of people expected that they should be admitted to hospital if they were diagnosed with pneumonia.

There were some comments from people that felt that antibiotics at home would be sufficient and one person said:

*This happened to me exactly. As a result, I spent 4 months in Stepping Hill resulting in muscle wastage.*

There was also one scenario on the outcomes framework which was removed after testing it at two of the meetings. People did not understand the questions and felt that the wording did not make sense. This is included within the appendices for information.

## **7. Limitations of the exercise**

The scenarios were embraced by many, however there were also a few problems with them that emerged during the period. For example, some people commented:

- *The questions are leading*
- *These are too vague*
- *They don't cover areas I am interested in*

As stated earlier, Stockport Together is wide ranging, therefore the scenarios could not cover all areas which is also a limitation.

There is further work to do with protected characteristic groups to tease out the impact of any changes on these groups. This work will take place in August and September and is being led by Healthwatch on behalf of Stockport Together.

## **8. Summary conclusions:**

- It would appear from the results that people are happy to receive care at home as long as this was appropriate and that the people who come into their home have the right level of training. Consideration should be given to how reassurance can be given to people before they find themselves or their family in these situations.
- The reasons behind why hospital is sometimes the best place to be, and why other times it isn't needs more explanation. The evidence needs to be presented more clearly.

- Throughout the scenarios it is clear that people are concerned about how professional and well trained the staff are that will be treating them in the community and at home. Although they are happy to see different professionals, people are clear that this must be of a high quality.
- There is concern and suspicion evident in some of the questions and scenario responses that Stockport Together is only about saving money. Although the background and ethos has been explained many times this remains a concern for some local people. The programme will need to consider how it presents the evaluation of the new ways of working in a transparent way.
- Mental health is just as important to people as physical health and it needs to be shown how Stockport Together will improve mental well-being and support people with mental health needs.

## 9. Additional information

A number of questions were posed during the listening events which were not directly linked to Stockport Together activity. These included:

- Specific queries relating to people's own care
- Queries relating to the running of specific health or care services
- Questions regarding plans for targeting children and focusing on a younger demographic
- Equipment and adaptations
- Domestic abuse

These questions were responded to whenever possible at the event, but where the Stockport Together representatives were not able to provide insight into the area, the queries were taken away and a formal response was requested and provided after the event.

All of the questions posed at the listening events have been captured in the post-event write up documents. The formal responses have been added in retrospectively.

## 10. Appendices

### Appendix 1 – The scenarios

**Below are the scenarios used at the events:**

**SCENARIO ONE:** Repeat prescriptions:

**You have a number of conditions which require you to take five different tablets every day. You have a repeat prescription set up through your pharmacy, but have difficulty time making the repeat orders match up so that they're always ordered at the same time. This can mean you end up short of some medicines and have too many of others. You often end up having to make multiple calls and visits to the GP surgery or the pharmacy to make sure you don't go without.**

1. How would you prefer to order your regular repeat medication?
2. If you don't already, would it be helpful if you could order your prescription on the internet?
3. Would you rather have your prescription sent to your chosen pharmacy via EPS (electronic prescription service) or would you prefer to go into your GP surgery to collect your prescription forms and take them to the pharmacy yourself?
4. Do you have any other information about any problems you've had to overcome when ordering your repeat medication?

**SCENARIO TWO:** Extra care when needed and a faster recovery after hospital:

**You have just had an operation and will require some amendments and modifications to your home to aid your recovery. You will also need some support to help you with your day-to-day activities for a short period of time (such as getting up in the morning, cooking meals and getting ready for bed). In addition to this, you will need some physiotherapy and other support as you continue to get better after your operation.**

1. Would you be happy to receive care in your own home?
2. What help do you think you would like to see brought into your home to help with your recovery?
3. Which services would you like to have and who would you like to deliver them?
4. Are there any services which you would always want to go to the hospital to receive?

**SCENARIO THREE:** Outpatients: sometimes patients go to hospital for tests, check-ups, or treatment that don't need an overnight stay.

**You have been told that you have Inflammatory Bowel Disease (IBD) and have received a care plan from your specialist consultant at the hospital. Now that your treatment is underway you have been told that you need to have annual check-ups. These appointments will be made in advance.**



1. Where would you want to go to have your outpatient appointments?
2. Would you be happy to see an alternative to your own consultant (i.e. see a nurse or your GP)?
3. Would you rather have access to appointments when you need them rather than wait for your annual appointment?
4. What would help you to feel more confident in managing your IBD?

**SCENARIO FOUR:** Falls prevention service:

**You recently had a fall which resulted in a fracture. You had to have a short stay in hospital where you received treatment but have since been discharged back home. Now you're feeling a bit wobbly on your feet and your confidence has taken a hit. You've been told that the risk of you having another fall is much higher, which is making you nervous. A new service has been flagged to you: the falls prevention service.**

1. What would help you to regain your confidence after a fall?
2. Would you prefer to receive help in your home or go out to an appointment?
3. How would you like to get in touch with the falls prevention service?

**SCENARIO FIVE:** Alternatives to a GP appointment:

**You are generally fit and well and only tend to make appointments with your GP when you absolutely have to – whether that's for your children, your parents or for yourself. You can struggle to get an appointment time that suits your busy life, and in some instances the appointment slot you're offered ends up being too late to treat the problem you were calling about.**

1. Would you be happy for your appointment to be provided by another health and care professional (for example, a physiotherapist or a nurse) rather than always with your GP?
2. How would you feel if you were offered an appointment at a different surgery to your regular one?
3. Would you like to be able to see a GP or another health and care professional in the evenings or weekends?
4. If you had the option of having a GP consultation over the internet, would you use it?

**SCENARIO SIX:** Pneumonia care:

**You have a harsh cough, a high temperature and are producing thick and yellow phlegm. You go to your GP who diagnoses a chest infection and gives you a course**

**of antibiotics. After a few days your symptoms become a lot worse and your daughter takes your straight down to the Accident and Emergency department at the hospital. The hospital give you a test for pneumonia which is positive.**

1. What would you now expect to happen to you?

**SCENARIO SEVEN:** Mental health:

**You have an ongoing mental health need. You would normally go and see your GP if you wanted to discuss it with them. Your GP knows your medical and family history, but sometimes getting an appointment with them can be difficult – as a result of this, you have ended up needing emergency mental health support in the past. This has been provided at the hospital.**

1. Would you be happy for mental health support to be provided by someone other than your GP?
2. Would you be happy for this support to be provided at a neighbourhood level (i.e. not necessarily in your own GP practice)?
3. Would it be better for you to access mental health support directly rather than always needing a GP referral?

**SCENARIO EIGHT:** Paying for health services:

**You're frail and have dementia and have just had a fall. You were collected in an ambulance by paramedics and brought into A&E. You had x-rays, scans, examinations and an operation, and needed a short stay in hospital to help you recover. After your operation you were given medication for pain and physiotherapy to help you move again. When you return home you are given support to help you get back to normal life as quickly as possible.**

1. What would you like to think is being paid for when considering the care you receive?
2. If there was a single payment to cover all of your care, at what point should this be paid/what should have been achieved before your care is paid for?
3. Is there a specific element of care which is more important than others?
4. Do you think paying for the element of care which people think is important (the 'outcomes') is a good approach?