



*South Devon and Torbay  
Clinical Commissioning Group*

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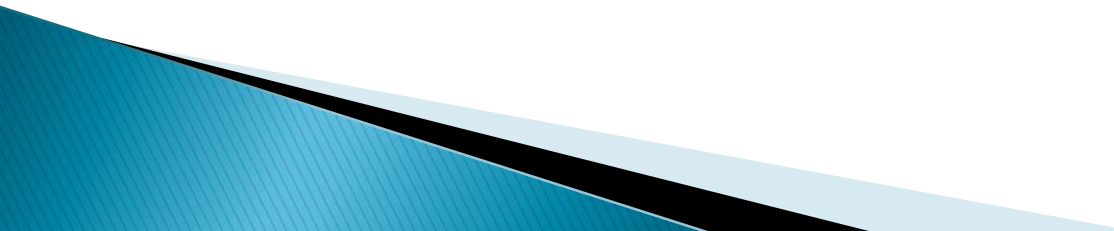
# Who are we?

- South Devon & Torbay Clinical Commissioning Group (CCG)
- Population 289,000
- Budget just under £400m
- 36 GP practices
- 5 localities
- 2 local authorities

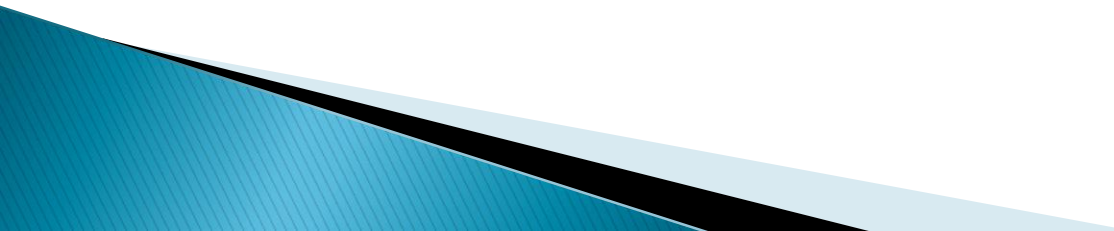
South Devon and Torbay Clinical Commissioning Group localities



# Public Engagement

- ▶ 21 public events
  - ▶ 7 meetings with individual groups
  - ▶ 7 community staff events
  - ▶ 823 members of the public attended
  - ▶ 471 additional written and online responses were received
  - ▶ 1294 responses in total
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# Six Main feedback themes

1. Accessibility
  2. Communication
  3. Education, prevention and self-care
  4. Continuity
  5. Consistency
  6. Support to stay at home /  
community support
- 

You've got to ring bang on 8.30am - if you don't ring up at that time, the appointments go.

I don't think GPs are listening to users of the service. Opening hours may be great for GPs but not for users.

## Accessibility

- ▶ Most commonly expressed theme, chiefly relating to primary care:
  - Difficulty getting appointment with GP
  - Requests for longer surgery opening hours
  - Inability to book appointments in advance
  - Alternative way to contact GP for non-urgent matters

# Accessibility

Would like someone who knows your notes and conditions with a 7 day service.

- ▶ Away from primary care, comments around transport and choice of setting of care outside of hospital
- ▶ Out of hours access and access to records also an issue

If Sainsbury's can sell bread on a bank holiday why can't the NHS, people live 7 days a week

It is easier to go to local hospital for an X-ray for example as opposed to Torbay. We are a rural locality and therefore local services are important.

# Communication – between organisations

- ▶ People want services to communicate with each other and to provide more joined up services.
- ▶ Records sharing, a single phone number to call, one person to speak to

It took 10 days to transfer notes – why can't we just press a button?

Need services to be more joined up so patients don't have to tell their story again and again.

# Communication – to patients

- ▶ People want to be told when to expect a visit / appointment / test results, and then updated if this is delayed. Delay not the issue, lack of communication is.
- ▶ Carers and families need more information about how to provide support
- ▶ Request for more courtesy when talking to patients

The quality of care should be a given. It's HOW our care is delivered that's important. Be kind, be courteous, talk to us.



# Communication – signposting

- ▶ Knowing what services are available and how to access them
- ▶ Many asked for a simple sheet with numbers and opening hours on they could keep by their phone
- ▶ More online communication was welcomed

People could remain independent if they knew what services were available to help them.

I'm not sure who to phone, who to speak to and how to get hold of them. If there was one number to phone it would be much simpler and easier.

# Education, prevention, self-care

- ▶ Ensure health education is delivered in schools
- ▶ Several comments about the need to take responsibility for our own health
- ▶ Proactive calls for health checks and vaccination programmes in GP practices were welcomed

Prevention is better than cure. I'm in favour of money being spent in that respect - people to be enabled to help themselves.

Use the chemist -  
our village chemist  
is superb

When you have 7 or 8 carers coming in, it is not your own home in the way it was before

Saw so many GPs it was awful, nobody knew the whole picture except me and my husband.

## Continuity

- ▶ People said they want to know who will be coming to their house, to enable them to establish a relationship
- ▶ There were repeated comments about wanting to see their own GP.

# Consistency

Sometimes when they come I have two people as someone comes to do my blood test then a different nurse comes later to do my dressing - seems mad.

- ▶ Mainly related to out of hours care
- ▶ People in more rural locations accepted that they may not have their care delivered in the same way as those in towns, nor would it be as easy to access.

Some carers don't turn up until 11:00am, and when it comes to night time it has been known that a carer hasn't arrived until 11:00pm

# Support to stay at home

- ▶ People unaware about what services are available to help them remain in their own home – equipment, adaptations, voluntary sector support
- ▶ Concern about isolation for people living alone at home

It can be very isolating being at home alone, there is a need for social interaction

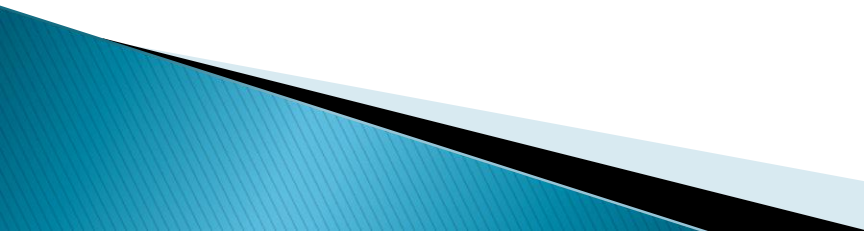
Someone to come in each day to check up and neighbourhood support if possible

Sometimes the expectations of patients regarding what neighbours and family can do are unrealistic.

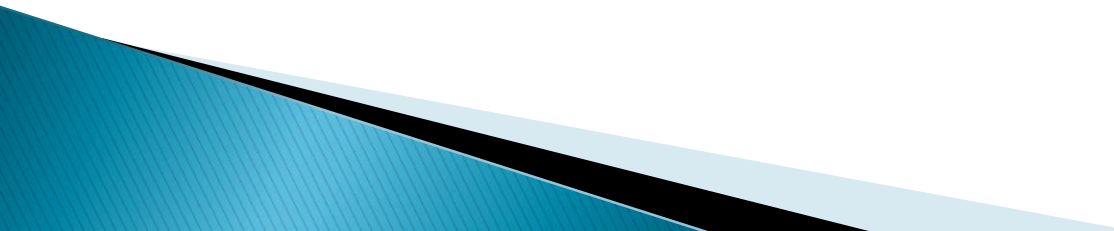
Concerns with all the talk of being cared for at home, I don't want to feel vulnerable.

# Other themes

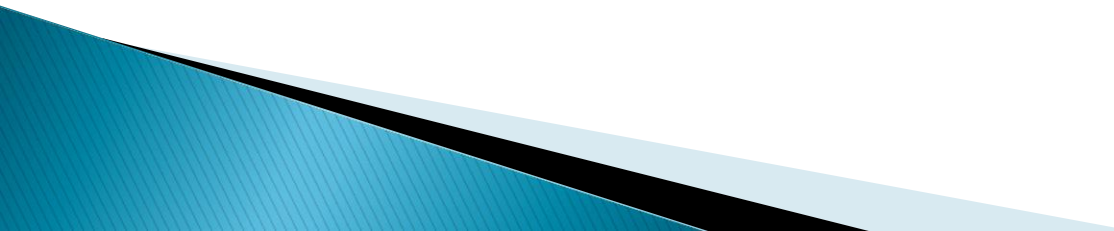
Fewer comments on these issues, but will be included in locality reports:

- **Carers** – support, respite
  - **Financial** – perceptions of money being spent on the ‘wrong’ things
  - **Quality** – assurance about safety, staff training
  - **Waste** – most often medicines related
  - **Workforce** – comments about not enough staff
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# Next steps

- ▶ Overarching engagement report plus one report for each locality
  - ▶ Locality plans to reflect engagement report priorities
  - ▶ Plans to be co-produced with providers and public (steering groups already established)
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# Locality Plans – common themes

- ▶ Joined Up IT / shared records
  - ▶ Closer working between practices
  - ▶ Integrated community teams (health, social care, volunteers, practices)
  - ▶ Support for care homes – link GPs to practices
  - ▶ Community hubs
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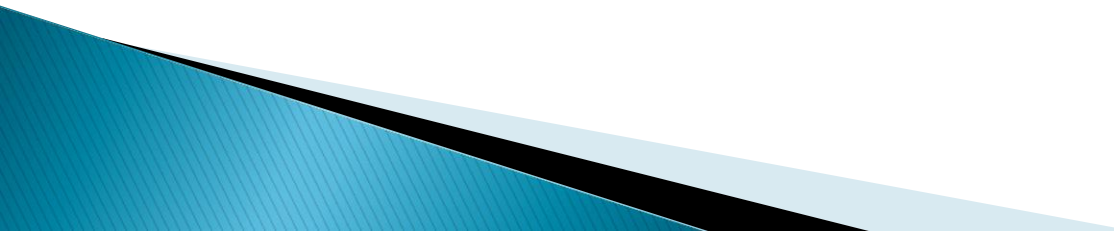
# Community Hubs

- ▶ Integration Pioneers – 14 nationally
- ▶ Two key projects for the first year
  - Children & Families Hub – Torquay
  - Frail Older People – Newton Abbot
- ▶ Both to have strong links with community, using asset-based approach

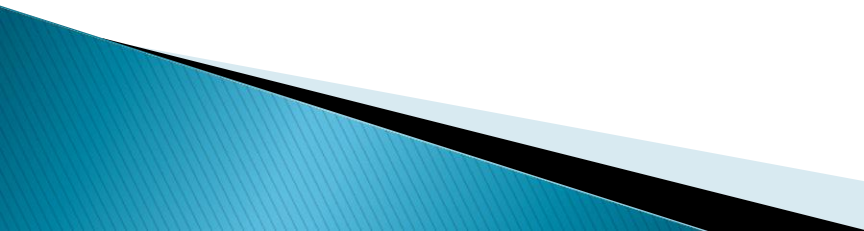
# Avoiding Unplanned Admissions Enhanced Service – NHS England

- ▶ Risk stratification to identify 2% of adult population at risk of admission – “case management register”
- ▶ Care plans for all on register to include
  - a named accountable GP
  - a care co-ordinator
  - post hospital discharge reviews
- ▶ Monthly reviews of the case management register

# Avoiding Unplanned Admissions Enhanced Service – NHS England

- ▶ Same day telephone consultations for patients on the register with an urgent need
  - ▶ Timely telephone access for A&E, ambulance, care homes
  - ▶ Review unplanned admissions and A&E attendance of all care home patients
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# CONTINUING HEALTHCARE

- ▶ Number of Fast Track applications received (April 2013– February 2014) = 310
  - ▶ 100% of Fast Track agreed within 48 hours
  - ▶ Average monthly number of patients CHC contracted placements = 242 patients
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# CONTINUING HEALTHCARE

- ▶ Number of CHC & FNC reviews overdue fell from 144 (April 2013) to 85 (March 2014)
- ▶ CHC Retrospectives:
  - Applications received 211
  - Active Cases 149
- ▶ Review of Continuing Healthcare and Intermediate Care Fees

# PERSONAL HEALTH BUDGETS

- ▶ Pilot programme – large scale controlled trial evaluation 2009–2012
- ▶ Over 2000 people involved.
- ▶ Results:
  - better outcomes
  - reduced use of hospital
  - cost effective especially for people with the highest needs

# PERSONAL HEALTH BUDGETS

- ▶ Right to ask from April 2014 – in NHS Continuing Healthcare (includes children)
- ▶ Right to have from October 2014
- ▶ NHS Mandate – will be an option for people with long term physical and mental health conditions who could benefit from April 2015
- ▶ Direct payment regulations– NHS everywhere in England can offer direct payments from August 2013
- ▶ 43 people receiving personal health budgets in Torbay

Any questions or comments?

