

Greater Nottingham Transformation Partnership

Public engagement event, Albert Hall, Nottingham, 1 November 2107

Feedback and evaluation

What was the best thing about today?

To hear the reality not the selective

Opportunity to discuss STP and receive up to date information

Sharing views and opinions on current services and what health and social care might look like

Being able to witness the drive, enthusiasm and passion of the formed group. The challenge is vast and I applaud the efforts

The chance to meet people from a range of backgrounds and interests and hearing those involved talk about it – especially in the small group discussion

Good to get a range of people together to share ideas and experience

Making good contacts

Tabletop discussions with facilitator and scribe

That it happened and gave opportunity to get views and feedback from a range of people. The event went well and the location in town was good

Being able to emphasise my point about first aid being taught to all

The table discussion

Passion about the future of the NHS and patient care that existed in the room

The passion in the room

The breakout session

Ada's story animation

Nicole and Hugh were particularly good speakers

Once we got past the cynical intervention of the 'Keep our NHS Public' the group discussion was helpful.

The Ada video articulated the vision the best

The fact that the event took place at all!

Led by GPs who are best placed to understand the patient perspective.

Mixture of representation

Allowed a start of a conversation with the public

Table discussion

Open discussion, although some participants continually repeated themselves

Bringing people together.

Well chaired under sometimes difficult circumstances. Good venue, easily accessed.

Dr Atkinson and the GP speakers and seeing social and NHS teams talking together

Outline of the situation at outset and discussion in groups.

Listening and absorbing all.

Good presentations to set the scene, number of attendees impressive and table discussions.

Presentations and opportunity to ask questions

Learning more about the plans for the ACS and the table top discussions.

Table top sessions

That it happened and you can learn from it for future events

The point brought out about Centene (huge company, massive profit – money going out of NHS) Table discussion – carers problems and lack of resource.

Opportunity to look at vision and practice for health and social care in the current climate of austerity.

The round table discussion was good – probably due to a consensus of opinion.

It got people taking – passion!

That you took more direct questions than you planned

GP leads listening to patients

It was good to be in a setting where discussions could be held regarding joined up working.

Listening to other people's point of view

Personalised explanation of STP and its background. Nicole – excellent Chair of the event.

What could have been better?

More to for attendees to air their views

More time. Events at different times

Some people come with their own agenda. Time would have been better spent remaining on task rather than people speaking rudely to those presenting. They took up valuable time which could have been used to complete the table top exercises.

More time assigned to agenda items

Greater detail on workstreams that are going to happen or are happening already and any progress on these (positive or negative). Information was very top line and broad strategically

The group questions: take only one question per individual.

The picture was very optimistic and we need to know about the constraints/barriers to achieve it. How can they be addressed?

Issue around people wanting to have their say and taking away from discussion time.

Better chairing of the open session: not letting people interrupt.

Presence of local councillors

Don't open to floor at the start of the event

Perhaps longer time for floor debate/discussion rather than take up group time.

Local councillor representation

Too wide a discussion: table discussion didn't really add anything

Initial presentations too vague

Improved recognition that health and wellbeing MUST include increased attention to mental and emotional health

A more organised approach to question time

Longer session of general views. Better facilitation – get people to line up who want to make a point

Have questions submitted in advance

More publicity for event to widen community and engage minorities.

After the presentation, discussion was hijacked by sceptics and those opposed to the changes. They had valid opinions but this was not the right environment to address them.

Predominately white – lack of ethnic representation

Most questions not answered. Need more time to ask the questions

We needed social care representation here to ensure joint representation. Also acute. Even just to listen.

Should not have allowed the Keep our NHS Public group to hijack the meeting.

Control of the mayhem of extraneous views from participants at the beginning. It stole our opportunity to engage with the subject.

Send out information in advance

Ensure all parties involved with ACS are present

Through discussion with the room as a whole is far more productive than table discussion

More control over the time each person on the table took to ask a question

A later start time

Limited diversity in the room

Lack of county or borough or city councillors who control the budgets

Table discussions were too personalised and generally off-topic

Think it was a mistake to have open questions. Those people who tend to shout the loudest get heard. Better to note who puts up their hand to speak and try to keep in order so that frustrations are kept to a minimum.

Reflections from the floor – not long enough. Red card system required for people that take too much time.

The session should not have been allowed to be hijacked by those 'Keep the NHS public' everybody is entitled to opinion but it was obvious these people were strategically placed to cause disruption. It was even continued into our group session.

More diverse attendance and involvement of public health/social services

Discussion around table is not very useful (to STP) needed to see people from social care in the meeting. Need a wider demographic in the meeting.

Too many agenda – maybe better to have separate sessions for public, service users, clinicians (who have to implement changes)

Less time at the beginning with questions

Managing the agenda, getting other agencies in the room so they can listen and hear NOT present

Improved control of the agenda and timings, was expecting to hear more on what and ACS would look like (structurally)

Better control of the floor discussion, more about ACS and how it will actually look for a patient, what difference will we see?

More information about extent of privatisation

I would suggest a longer meeting to allow more time for questions and discussions to be followed by the round table discussion – other stakeholders needed to be present.

Trying to stick to an agenda on a very emotive issue

Timing – questions should be questions!

More time given to questions but with a time limit to each question. More honesty than claimed – NHS is not (totally) free at point of use it is rationed and is a post code lottery

A more versatile and experienced attendees (unpaid carers, patients, BME) publicise the event better.

More willingness to discuss Centene and our concerns about that.

The behaviour of some of the patients!

Less negativity from the floor it is important recognise the difficulties that positivity is required.

More time than two hours

Lack of ethnic mix in presenters and CCG reps was an awful own goal. Also lack of ethnic mix in audience – who was invited? More diversity please.

Did you have any questions that were not answered?

How do we change people's perception of the NHS and its services so that we make it clear that the services are there for their needs and not their wants?

How can we contribute to the implementation?

No – all questions were explained during conversations

No – the table discussion afforded the opportunity to ask all the questions I required

How are the companies (Centene) involved in these changes aligned with our aims and values? How is their support being evaluated? Is it money well spent?

How are limitations of funding being raised with Government?

Too many to list, but not sure many of them can yet be answered

How do you actually reduce demand?

Managed to air them in the table discussion

What outcomes (general covering health, social and other care) are you going to use?

How is the voluntary sector being engaged now as STP admitted this was a weak point?

How will the public / STP managers know when we have achieved the vision?

More of an idea about what will / could change in terms of patient care. Stroke care could be a good example as, at present, it skews the discord between hospital acute care, rehab, social care and therapy services.

How can we have an ongoing feed into the development of the ACS and can it be democratically accountable?

Everyone talks of a long journey, but what is a likely/possible timescale?

Why is there mistrust between social care and the NHS teams?

Who is the ACS accountable to?

The questions asked about Centene were not fully answered – there is a problem – we need to get out of this before wasting more money

How can clinicians get involved on supporting you to support change in system especially mental health services?

Aspirations of your plans will be best achieved in the involvement and support of those who access services, how are you planning to do this?

How would changes to the system be driven – accountable to whom? How will this be managed?

How do we re-educate / reprogram the NHS users way of thinking?

The cost of the contract with Centene. This is money – as with other contracts taken out of the NHS without proper accountability.

What is the accountability process of the ACS? How does this fit in with statutory roles of Trusts? However, fundamentally, deeply unconformable with STP and all that flows from it.

Will anyone take any notice of what was said? Is anyone feeding back to Jeremy Hunt?

Who are Centene? – reports of bad practice abroad

One of the speakers spoke about the high percentage of people with chronic conditions which are avoidable. Public Health responsibility was transferred to local authorities and local authority funding has been drastically cut – some LA's cutting child protection staff and unable to fulfil statutory responsibilities. Is this not false economy and a funding issue that needs to be addressed. Accountable Care System? Why no social

care managers presenting and taking questions?

Trying to make such big changes 'no one in this country has tried this', on a system that is very fractured in so many areas is in my opinion, very high risk. Centene may be ok for ideas but they don't know the NHS and are not accountable for the outcome. I believe that the NHS does have the skill set to deliver this but that needs to be freed up from other work. A project on this scale needs dedicate resource and excellent programme management skills for the duration of the work.

There are so many.

It was a shame the NEMS and / or DHU are not part of STP. Also input of pharmacy providers. How will STP utilise IT to ensure joined up care.

What else would you like to have discussed?

Why do crises continually happen in the NHS? Decisions invariably political are made upstream which omit to consider downstream implications/outcomes.

Privatisation – what are people beginning to pay for? Is equality in health care being undermined?

More on personalised care and how this might conflict with efficiency gains and standardisation?

How is it really going to work?

The problems associated with budget cuts

Clarity re: difference between government policy and need to focus on what we can do locally

GP practices federating and not being small businesses. Suggest more attractive employment option to current silo small business model of partners

How to actually do anything rather than just talking about it (i.e. practicalities)

Extent to which integrated care exists and what it looks like in real world?

Mental and emotional health; payment by results; personalised budgets and personalised care

Homelessness, substance misuse and mental health

Outcome measurement

Patient participation beyond usual suspects at these meetings

Barriers to the STP achieving its plan

More focus on practical examples of care pathways and how they can be improved

Representation from social care – essential – because many of the inadequacies in hospital care result from inadequate social care provision.

Integration of social services and the NHS

Use of alternatives: voluntary sector, complementary therapies, local self-help groups, education in schools on first aid, health and food good practice.

How can you integrate services when social care is subject to charges and NHS is meant to be free at the point of access?

Finance/money/value – trying to pin down specifics

We need to know the barriers to health and social care working together; there is mistrust at the moment. Data protection a big problem. Lack of age specific housing - : planning is the barrier

I would like further opportunity down the road when the new structure is decided to be able to have some input.

Self help

Importance of prevention

How as a system do we provide more proactive care? Communication, integrated working, support for carers a proper provision of support.

Not just a health focus – wider social care, housing, education etc

Implementation plan / time frame, when will we start to see change?

When equal services will be available throughout the whole STP?

Younger carers / patients, young adults options in transition. Learning disability adults issue from easy read documents to annual healthcare / self care.

Funding – quote from Peter Homa – ‘If we don’t come up with some money the NHS is going to fall over...and if there is a bad winter we are in real trouble’ Surely this is the biggest threat to the NHS – no amount of coordination will solve this – we need services to coordinate.

Risk analysis and details of the auditors and auditing process.

The necessity to involve police and fire services as well as NHS and social care and third sector organisations. With those we can see the point of first contact with vulnerable individuals and who and how they can have their needs met

Education concerning various illnesses

How social and health care are to be integrated at an organisational level and the time frame for this.

We're holding more public events to discuss the health and care transformation work. What would you like to see on the agenda?

How do we engage more young people?

Mental health services

More discussion on local plans for integration of mental health services. What will mental health services look like – will this be consistent across all localities

Exact workstreams and their progress

Reducing health inequalities

Health and care co-ordination in practice

Need for all patients to have an advocate

Potential workload on GPs – could ACS overload GPs or key social workers?

GP federations

Local council / social care speaker on boundary issues between budgets and management of health and social care staff

Integrated care pathways

Someone from social care to speak as well

How do we engage with wider community?

Involvement of carers

How we can break down the barriers of working together. Don't forget police, fire service. Look at the whole patient story. Inviting more social workers.

I would like to see identified areas and how you propose changing them – we can then give feedback as to how we see it working from lived experience.

Deaf and hard of hearing awareness – does the organisations (people) who attend these days have had training in this as Ropewalk Research Dept do have CD's

Public health, prevention and navigating services

Finance is key, staffing also, need to make lots of updates about what has been done and how effective it has been.

How as a system do we help and support people to self care

How community services are to be part of the integration – housing and support services. What you will do to demonstrate you have heard what has been said – the 'so what' Know you will have tried to reach out to other communities but need to try other

approaches and keep on going until you can evidence results of reaching other groups.

Future governance arrangements, implications of current services (NUH) more info on other models (Alzira / USA etc)

How to change services culture of historical working and coping with different models of working practice. Services having understanding of each other challenges and driving things forward positively.

Progress report

LD services, options for unpaid carers

The impact of funding and national health policies and issues on your plan.

Specifically how and when will IT systems talk to each other – fundamental to integrating care across functions. Experiences of where self care initiatives have actually changes patient behaviour – evidence How will the future really look? What / who will hold the budgets. How are individuals going to be trained? Transition for child and adolescents and how services will look.

Proactive explanation as to how all health organisations and government bodies under all political parties, use consultation project management companies to provide extra expert resource at certain times so NHS admin can do the day job.

Please give any other comments:

The roles of the clinical leads became clearer as did the purpose of those assigned to provide support and guidance to the STP and its transition to become an accountable care system

The rudeness of some attendees ruined the event for me as my feeling was that we were coming together in a positive place to discuss ways forward for health and social care – which is clearly very important to us all

The team handle negativity very well and were able to steer discussions

Could future events be focused on specific issues?

I heard about this by chance so I doubt the harder to reach groups would know about it?

Our facilitator Rebecca was really good; summed up our points well and included everyone

Responses to questions under difficult circumstances were handled professionally

There was insufficient time – 2 hours is too short to cover the intended agenda

Please keep attendees informed through email on outcomes of today's and future sessions – plus future progress on the plan.

Much wider advertising of events to the public

Less jargon please

Please be mindful of use of acronyms as it can exclude people – especially our service user representatives

Please be mindful that all local decisions regarding our NHS services are impacted by the broader NHS / DoH agenda. We need to be mindful to not reinforce the system and political agendas through naiveté and turning a blind eye

Better control over noisy participants

There needs to be more time for questions and answers

A lot of unhappiness in the audience – take note – don't just tick the participation box. There are still a majority of the population who have little or no idea of what is going on in the NHS.

I support the changes but I fear Centene in the background waiting for an opportunity to make money.

Dr Atkinson was by far and away the best communicator and presenter

I do not feel that the discussion today will change or improve anything.

Ada's story was in the 'ideal world' but feel this does not reflect the wider community

Make sure you have capacity next time for a bigger audience

Worried about the fragmentation of authorities and services. Bringing these together seems insurmountable. But we should try and try and try.

Self-care: Important role could be played by pharmacists.

Hope we keep all the good intentions that are available atm in all the CCG's. GP's are key to sign post to help with voluntary sector.

Rated a 2 due to being dominated by individuals with political agenda which we can't influence.

More time for table top conversation. Appreciate all the work of the members of partnership need a quick win the following months so people who aren't on board will have more confidence in the process. Welcome hearing about the progress of the work.

It did not seem to cover any new ground – been part of similar discussions for nearly 10 years – just the language changes

Sharing current best practice more effectively. Listen to your staff re restructuring instead of employing costly outside agencies with no real invested interest in health and social care arena. Support carers with valuing what they do and then regularly

reviewing them in the community.

Perhaps two sessions, one for talk and questions and one for table discussions.

Moving care into the community seems at complete odds with the proposals to close Millbrook and wards at Mansfield Community Hospital. Much talk about mental health but it would appear that not all CCGs are signed up to this. I am no longer proud of the NHS although I realise some parts are exceptional.

So many questions not enough time

As a retired professional it's great to see your efforts to integrate and improve services in a very hostile environment.

I thought that handing out an anonymous flier against Centene was inappropriate, ok for it to be available with other info outside.

Thanks you for putting on this event. It was very helpful and informative it is great that these events are taking place and work is being done in this area.

DHU, and me personally, are fully behind the direction and objectives of Greater Nottingham STP. We are happy to help where we can and our CEO will continue to keep informed on progress and inform our Board.