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Healthwatch England:
Greater Manchester Service Change Engagement

March 2016

Alasdair Gleed
Research Director

agleed@djsresearch.com

3 Pavilion Lane, Strines,
Stockport, Cheshire, SK6 7GH

+44 (0)1663 767 857
djsresearch.co.uk

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This presentation summarises the findings from three deliberative events held in Greater Manchester in which we engaged the public in discussing how they would like their health and social care needs to be met in the future.

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Executive Summary

A summary of the findings detailed
in this document

Executive Summary
Introduction

Healthwatch England is the national consumer champion in health and care, with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

The nationally-focused Healthwatch England works with 152 community-focused local Healthwatch to ensure consumers' views are represented at both levels.

This project aimed to involve local Healthwatch in Greater Manchester in collecting the public's views on how they would like to receive services in the future and share this with the network. Greater Manchester was chosen as the first area of devolution for health and social care services.

Local Healthwatch staff were involved throughout the process, to learn about deliberative engagement by taking part in the planning and facilitation of a series of deliberative events with members of the Greater Manchester population.

DJS Research and Healthwatch worked together to plan and carry out three consultation events (one in Stockport, one in Oldham and one in Bolton), each with circa. 22 participants offering representation from a range of demographic groups. The events mainly comprised of interactive group based exercises to get participants to deliberate in detail, think creatively, and not be too constrained by the 'status quo'.

Executive Summary
Key Findings

With Greater Manchester's devolution on the horizon, one key area that was specifically focused on during the discussions was that of **service integration**.

There was particular frustration about the current lack of an effective means for sharing information and medical records in a 'joined up' way across the health and social care system. Many participants cited experiences which left the impression that currently services are not well integrated.

Fundamental improvements to sharing records and information are seen as a prerequisite to service improvement and effective service integration.

There was a feeling that a central co-ordinator or case worker would be useful to coordinate care and information to patients – with this possibly being the GPs role.

It was also suggested that health and care services should be linking more to other services and organisations across Greater Manchester such as travel services and the Police. Better signposting and integration with community and third sector organisations (e.g. health related charities) was also suggested.

There was also discussion of the physical and geographical integration of services, and a need for greater consistency in this regard. Residents in some areas have to travel much further than others (hence the need for integration with travel); in addition, whilst some GPs and medical centres have started to integrate additional services (e.g. scans in GP practices) this is not offered consistently.

Executive Summary
Key Findings

Use of technology to improve efficiency was a core theme across the discussions and in particular, people would like better means of sharing information and accessing it – both amongst the staff managing/delivering care and with the patient; currently the health and care system is seen as archaic and old fashioned in its usage of technology.

The appeal of technology varied according to respondents own views and comfort levels with using technology and according to the conditions being discussed (i.e. those less tech-savvy participants don't immediately jump at the suggestion).

Greater advertisement was seen as important as current services that do make use of technology (i.e. Patient Access) were simply unheard of by some but were being made of use of by others.

For some (particularly older participants) there were concerns over data protection and who exactly it would be that would gain access to their personal data - the ability to opt-out of such sharing and clear parameters for who would be able to access records was important to them.

A second important theme covered during the discussions was that of **preventative health**.

There was a shared view across workshops that taking charge of ones health is one of the most important aspects within a community. Four key themes emerged as important aspects to maintain a healthy community.

Firstly, people need to be better educated in the benefits of leading a healthy lifestyle. Media campaigns and other forms of communication and education were widely mentioned, and generally participants felt there needs to be even more of this to engrain the 'preventative health' message within the community.

This needs to extend to schools where there was a common view that there is inconsistency across the quality of education and school meals which are provided across the region.

When delivering these messages of healthy living, people want to hear from those they can relate to. This extends from ex-alcoholics to local celebrities or community leaders. Local people are more likely to respond to these messages.

Finally, other organisations within the local community can play a more active role in helping people live healthier. Suggestions ranged from better linkages and signposting to organisations providing sports and physical activities in the community to the introduction of healthy cooking classes in local community centres.

Executive Summary
Key Findings

A number of cross cutting themes were also apparent in people's comments.

Firstly, there was a strong perceived need for **greater consistency of care across the GM boroughs**. At present, the current system is seen to be lacking in "common sense" and consistency – evidenced by the polarised experiences that many people shared. Some were full of praise for the well integrated care they had benefitted from whilst others were adamant that "*it depends where you live, it depends on who your doctor is. Everything is dependent on something else. There is no consistency*."

Such inconsistency is at its most frustrating during the diagnosis and referral process where people feel the standard of their care is "hit and miss" and there is a desire, with devolution, for quick and immediate referrals to become the norm.

This issue of **speed of access and treatment for certain critical conditions** such as mental health and prescriptions was also mentioned – conditions that are seen as ones that simply 'cant wait'. There is a clear realisation that the system itself is struggling which led to the suggestion that other organisations (i.e. charities such as MIND) could step in and be involved in treatment.

Executive Summary
Key Findings

People also want **clear communication** about their care and the options available to them.

Understanding treatment options, more complex issues (i.e. mental health, elderly care) and receiving clear communication regarding not just 'the next step', but the next three or four steps, was also mentioned as crucial because people simply don't know where to go for certain conditions.

There is also a desire for **easily accessed and proactively given information** rather than feeling as though you have to fight for every possible care alternative. It was mentioned that GPs sometimes lack proactive promotion of some services and this was an area of frustration as there are sometimes suitable treatments/ services out there but a degree of suspicion exists as to whether GPs will suggest them, perhaps due to cost.

Whilst vital in many scenarios, the importance of **empathetic communication and support** at every point of contact was underlined during discussions of the treatment of long term health conditions. The ability to have in-depth discussions with qualified specialists who *take the time* to listen can help people to feel as though they are receiving the best care available whilst being informed of alternatives out there – they feel informed and empowered.

Introduction

What we were trying to achieve
and how we went about doing it

Aims & Objectives

This project aimed to involve local Healthwatch in Greater Manchester in collecting the public's views on how they would like to receive services in the future, and share this with the network. Greater Manchester was chosen as the first area of devolution.

Engage the public in discussing how they would like their health and social care needs to be met in the future.

Enable local Healthwatch to deliver deliberative engagement events.

Support local Healthwatch to learn about deliberative event engagement by taking part in deliberative events and through a presentation and discussion of the event at a service change roundtable.

Enable local Healthwatch to produce evidence from deliberative events to influence a programme of service change.

Overview of Approach

We carried out 3 deliberative events with a total of c.60 people selected according to a range of criteria to reflect the broader population.

Representatives of the 10 local Healthwatch in Greater Manchester were involved throughout the process to trial this engagement method.

Scoping with local Healthwatch & HWE to co-design & develop topics & research materials.

Agree the format of the events & appropriate locations & venues.

Selecting & recruiting members of the public to take part to reflect a wide range of the population.

**Facilitating the event/s and providing active learning for local Healthwatch.**

Logistics

✓ We agreed a profile for each group to ensure representation from a range of demographic groups.

✓ DJS recruited participants face-to-face, screening to ensure they met certain agreed (demographic) criteria.

✓ All participants received a cash incentive.

✓ We arranged venues using recommendations by local HW.

✓ Participants sat on three tables with others of same life-stage.

✓ Extended 2 ½ hour discussions.

✓ Audio recorded for analysis.

Three events in Oldham, Stockport & Bolton, each with c. 20 participants

	Male	Female
Pre/early-family (aged 18 to 30)	4 (including at least 1 from BME ethnic group)	4 (including at least 1 from BME ethnic group)
Family (with kids at home, aged 30 to 55)	4 (including at least 1 from BME ethnic group)	4 (including at least 1 from BME ethnic group)
Empty nesters (no kids/kids left home, aged 55+)	4 (including at least 1 from BME ethnic group)	4 (including at least 1 from BME ethnic group)

Deliberative Discussions

The events comprised of break out deliberative sessions and re-convened discussion to share and compare views. Such deliberative discussion can lead to more considered and thought-out answers.
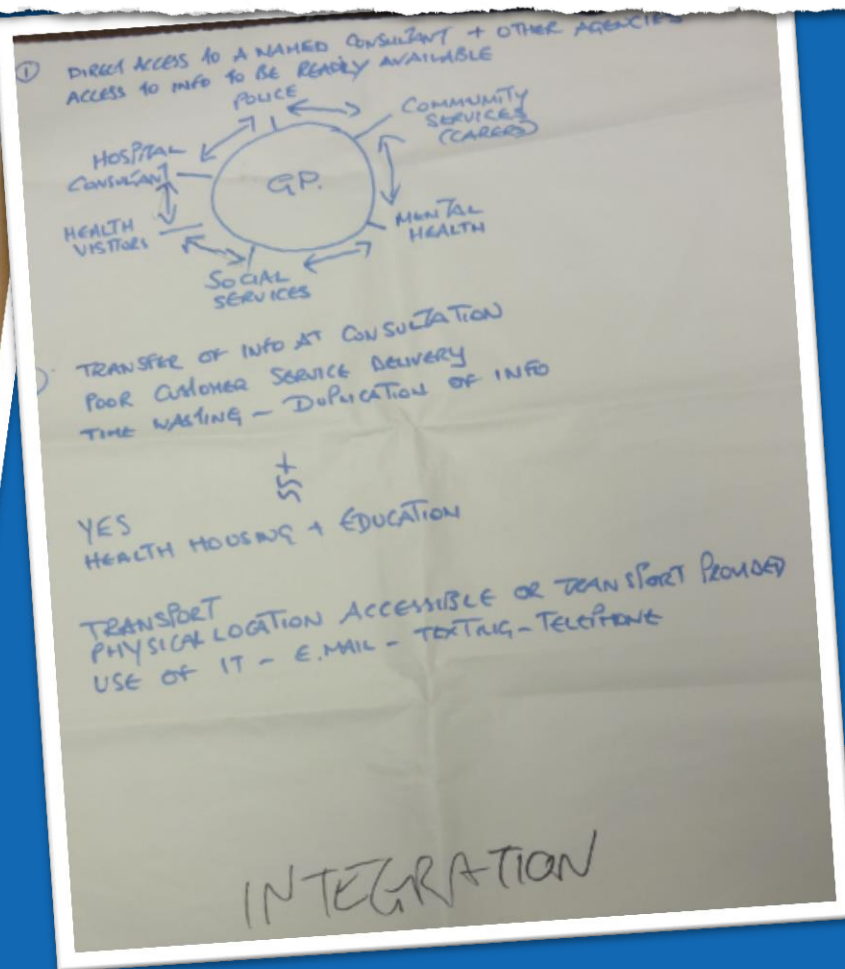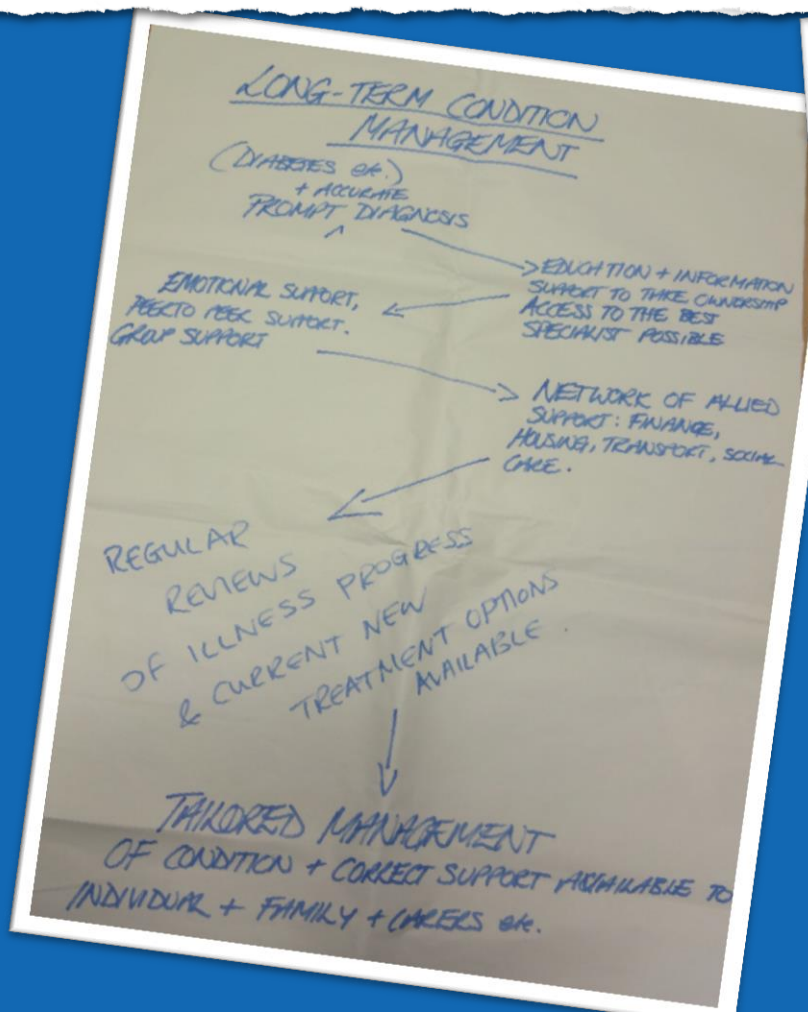
Local HW Views on the Approach (1)

Local HW representatives inputted into the design, observed and participated in events, and were asked to provide thoughts on the process and findings…

"I felt most of the people participated in the discussions and were certainly not 'the usual suspects'. Although they were discussing many of the issues we hear on a daily basis, I felt they had a few more creative suggestions than we would normally hear from the usual focus groups!"

"Had the opportunity to ask the twenty-somethings about transition from childhood to independence – I thought this quite interesting as well as we rarely have a chance to speak to twenty somethings who aren't ill."

"There is an appetite for engagement outside normal working hours in our area – we need to think about how we get beyond 'the usual suspects' to get into this audience – particularly people of working age who can be a seldom heard group."

"Persuade our statutory partners who have a legal duty to consult and engage that they need to organise activities at times and in places that are accessible to the whole community rather than at times that suit the senior officers in the organisations that have a duty to engage."

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Local HW Views on the Approach (2)

"*Although the participants were people we hadn't engaged with before I don't recall that they mentioned anything that we haven't heard from local people before. As such it was a useful exercise to verify things we already thought we knew.*"

"*There didn't appear to be any knowledge about the integration of social care and health care and again the participants didn't understand about the connect between the two and how they are very much part of the integration within GM.*"

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"*The process and approach didn't feel significantly different from the way we would have run an event like that.*"

"*People did appear to be willing to talk within their groups and join in the feedback sessions.*"

Local HW Views on the Findings (1)

"Integration came first on our agenda – there was some experience in the room (and a great deal of frustration) about how un-integrated things are and how this meant the family were doing a lot of the work (as well as paying the tax)."

"Good discussion about technologies and records, younger people especially seemed to think that services were in the dark ages technologically – there was a palpable sense of frustration about this from them I thought."

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"All groups seemed to agree that shared records were a prerequisite to improving things – no dissenting voices on this at all and various suggestions ranging from bar codes to self-accessed online records."

"The comments from participants focused on the importance of educating children and young people and noted secondary schools often gave a poor example by offering unhealthy meal options."

Local HW Views on the Findings (2)

"Communication came out as a key theme – people wanted to be better informed about their options and what to expect (depending on the context of the conversation)."

"Communication between statutory organisations and local people probably is as ineffective as we already thought it was and we need to find sensitive ways to communicate this repeatedly until it improves."

"Inconsistency in primary care was also raised – different GP practices offering different ways to access and also have different services available on site."

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Detailed Findings

The research findings in detail

Core wants & needs

Here we detail a number of key cross-cutting themes that emerged very strongly across the deliberative workshops.

There is a strong perceived need for greater consistency of care across the boroughs

There is a perceived need for greater consistency of care across the boroughs as at present the system lacks "common sense" and suffers from endless duplication

Participant comments...

"It depends where you live, it depends on who your doctor is. Everything is dependent on something else. There is no consistency!"
Oldham

"It's good that some medical places are having more services within one place so that's a positive but it's too inconsistent because some of us have surgeries that do that whereas for other people they have to travel quite far to have routine things done because it's not offered in that local service."
Stockport

"They don't have a centralised system. You could go to Wythenshawe one day and they don't have a clue that you've been in Stockport and the worst thing for that is, if you ended up in a coma and you weren't able to tell somebody what treatments you've had they wouldn't have a clue about you."
Stockport

"It's like when you go to another dentist, that dentist won't ask for your medical records, they start from scratch!"
Stockport

The process of diagnosis & referral illustrated perfectly how important (or frustrating) the issue of consistency can be…

- There is a desire for quick and immediate referral and care on an appointment date that's actually stuck to and not moved around. The current system is *often* seen as slow, unreliable and inefficient.

- Depending on geography (and condition), people can either have really positive experiences or very negative ones which served to highlight the disparity and inconsistency that exists across Greater Manchester's boroughs.

- The examples of 'great service' painted a picture of more of a one stop shop for the condition at hand, where you can get diagnosed, referred and treated within an X mile radius of your own home.

- With devolution, this should be the aim and the norm rather than the current 'hit and miss' status-quo that exists today.

- Technology was also mentioned as a means to keep a treatment process moving (i.e. record sharing etc).

- Self-referral (if the condition has been experienced before) could also help to save time and speed up the diagnosis and referral process and escape the re-referral process that many seem to think is a waste of time.

> **"My doctors has got an all-round appointment system and it's brilliant. When you ring up the receptionist to try and get an appointment they have to fire about ten at you before you can actually say yes I can. If you're literally sitting there you can see all the available ones and you get the time that's best for you."**
> Stockport

> **"Better technologies so that you could have a FaceTime with the doctor or a Skype, and take up a lot less time; a follow up referral if you like so."**
> Bolton

> **"Self referral, especially if you've been with them before as well and you know how you feel, you don't need to then get re-referred which takes weeks, and then you get worse anyway."**
> Stockport

People want quick access and referral to treatment and not have to wait to access the care they need

Quick access to care is crucial for certain conditions, with mental health being highlighted as an area where fast diagnosis and referral is vital, but currently can take too long

- There is clear perception that diagnosis and referral can take too long, particularly for complex issues such as mental health.

- This can lead to some people suffering, unable to get the help that they need and unaware of where else they may be able to turn.

- Recognising the potential seriousness of certain conditions (i.e. mental health) and the speed with which it needs to be treated is crucial.

- Some feel that there is a lack of specialist expertise at referral stage, and would like more direct access to specialists.

- It was recognised though that 'the system' is struggling to cope with demand suggesting that charities such as MIND could also be involved in the treatment of such conditions.

Across the discussions a number of participants provided anecdotes relating to slow or ineffective diagnosis and referral of mental health problems

"My friend's daughter was 15 and she has had a nightmare trying to get help. She'd go to school and ask them and there was no help, she'd go to the doctor and they just threw tablets at her. She's been to hospital on a ward because she tried to commit suicide but she goes to a ward with adults who are worse than her and there's no one there monitoring it properly. She's been to one person who says you're not in the right department so she goes to another and that's not right and now she's 21 and it's been going on since she was 15!"
Stockport

"We want quick referrals really, especially for any kind of mental health problem. I think a few of us have had experiences with mental health, so referrals can take quite a long time once you go to your GP."
Stockport

Similarly, prescriptions are an area that requires swift resolution – anything other than this can lead to potentially dangerous situations for people

- Sometimes prescriptions or doctor's appointments can 'take an age'. Additionally, sometimes people need 'out of hours' access due to work commitments

- As pointed out however, many people with conditions requiring prescriptions don't have the luxury of time

- Going through the 'prescription process' has highlighted to many how 'little tweaks' could help to make a difference:

  - 24hr service dependent on individual needs

  - Surgeries open to suit working people

  - Dedicated personnel at surgeries in order to cut down waiting times and sort repeat prescriptions

  - Have uniformal turnaround times on prescriptions

"If the doctor or physician can't see you and you get a three or four hour wait that could make your condition worse but you can't wait two or three hours because the condition can become worse and more dangerous."
Stockport

"With prescriptions, I need personal attention to match my individual needs and not having to wait 24-48 hours before I can get to see a doctor for a prescription…if I forget I can't wait 48 hours what am I going to do if I need the pills!"
Stockport

"Certain surgeries would say you can get prescriptions between 24 hours, others say 48 hours. So a regulated uniformity amongst surgeries!"
Stockport

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People see potential to use technology to improve efficiency and streamline processes

The use of/introduction of technology to improve efficiency was a core theme across the discussions.

There were suggestions that to address GP access there should be more use of technology and upskill technophobes for the future rather than always focus on non-digital inclusion.

Younger people especially seemed to think that services were in the 'dark ages' technologically – something that proved particularly frustrating to some.

All groups seemed to agree that shared records were a prerequisite to improving things with various suggestions being offered ranging from bar codes to self-accessed online records

Technology

Another means of improving efficiency and consistency?

One way of improving consistency was through the adoption of technology. Nationwide databases of individuals' medical conditions along with greater adoption and awareness of the ability to book appointments online were suggested

Technology Problems – different areas unaware of individual patients

Lack of technology

Online Booking

Participant comments...

"Feedback is not a centralised thing. The way technology is now, you can go online and find out anything you want. Why can't hospitals?"
Stockport

"Anything under the NHS umbrella should be linked!"
Bolton

"Also with the bookings you could do online bookings, so we said when you book it says what time slot you've got, and that'd just be an easier way. And during that you could put on there what's actually wrong with you, so rather than taking up more appointment time, when you're in there the doctor already knows what's wrong with you before you get in."
Stockport

Outside of being used just to create a database, technology could also be utilised in the appointment, treatment and diagnosis process too

Participant comments...

Often stemming from either a drive for efficiency or frustration at a lack of access around working hours, people did suggest utilising technology to tackle both areas.

"They should have an automated phone service, so you could say what's wrong with you and they're going to record that, and then someone could *get back to you* with an appointment."
Oldham

"We also want just better technologies so that you could have a FaceTime with the doctor or a Skype, and take up a lot less time."
Stockport

It should also be noted that a general lack of awareness of some online services highlighted how some services that are currently desired already exist but are suffering from a lack of awareness

Participant comments...

- Patient Access was one example of a service that had been used by some participants but hadn't even been heard of by others.

- There was however an appetite for such a service suggesting that greater advertising of this (and similar) service(s) is required.

"Use apps! But awareness of apps is also important because I wouldn't know what to look for."
Bolton

Technology can also help specifically with the elderly. One concern in the discussions around elderly care was that of a loss of independence. Simplified technology could help in this regard

- There was a level of concern around elderly relatives in the discussions with stories of inadequate care homes and care for those who want to live independently.

- Whilst technology and elderly people don't often go together, "simplified technology" was suggested to help prolong the time in which older people can remain independent and live in their own homes.

- Simple functionality such as operating 'direct lines' through single button, reconditioned laptops that can stream directly to a warden or GP were suggested.

- This would not only help to minimise confusion and maximise independence for elderly people, it would also reassure, both the individual and their families.

"We were talking about how when we're older we'll have grown up with technology, we'll know how it works, even if it gets to a point where it's slightly more difficult. We've got a better idea than the elderly now at this point but our parents are getting on the way and they don't have that. I think an education scheme where they simplify technology. Even if there was a scheme where they reconditioned laptops and they were completely simplified compared to the others.

They could contact the doctor or they could contact the warden or whatever, where they can press a button and somebody would come up, a stream would come up, like a FaceTime or an instant message but it will be a video, where they reassure them. They might be feeling lonely or not feeling very well and at least that kind of thing there's a red button there and it was that simplified. That kind of thing – even my mum could get her head around that."

Oldham

People want clear communication about their care and the options available to them

People want to know how to get treatment in the first place for more complex issues (i.e. mental health) and then receive clear communication regarding not just 'the next step', but the next three or four steps
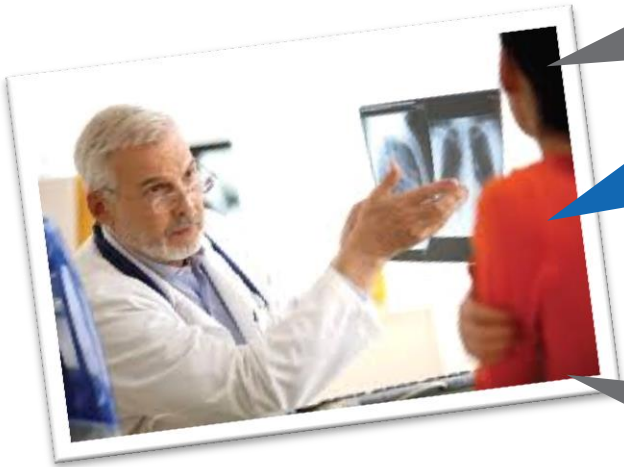
"Because you don't know where to start, you wouldn't know where to start to go for help for things like mental health."
Stockport

"Well even if it was cancer or something like that, then people *want to know about it* and how it's going to affect them, or what changes, and what's the next step, and *what's the next three or four steps*."
Stockport

"That's part of the problem, 'you' have to search for every little bit don't you."
Bolton

There is also a desire for *easily accessed* and *proactively given* information rather than feeling as though you have to fight for every possible care alternative. GPs lack of proactive promotion of some services was an area of frustration as there are sometimes suitable treatments/services out there but a degree of suspicion exists as to whether GPs will suggest them for whatever reason (i.e. cost).

"You can get referred to them and you get discounted gym memberships, but GPs don't tell you about it because it's something that they have to have funded. So I only found out by my physio but otherwise I would have had to keep trying different drugs to try and make my thigh my more manageable."
Oldham

Displaying empathy along the way – at every point of contact – can also make a world of difference to people and is something that would be well received

Participant comments…

"More attentive staff, that actually listen rather than just kind of run around and don't really check on you."
Stockport

"So with prescriptions, getting it when you need it. You know communication from the doctors to the chemist so you know. And then when you get very frustrated and very stressed you need a sympathetic ear sometimes"
Stockport

"…You want a more personal attention don't you."
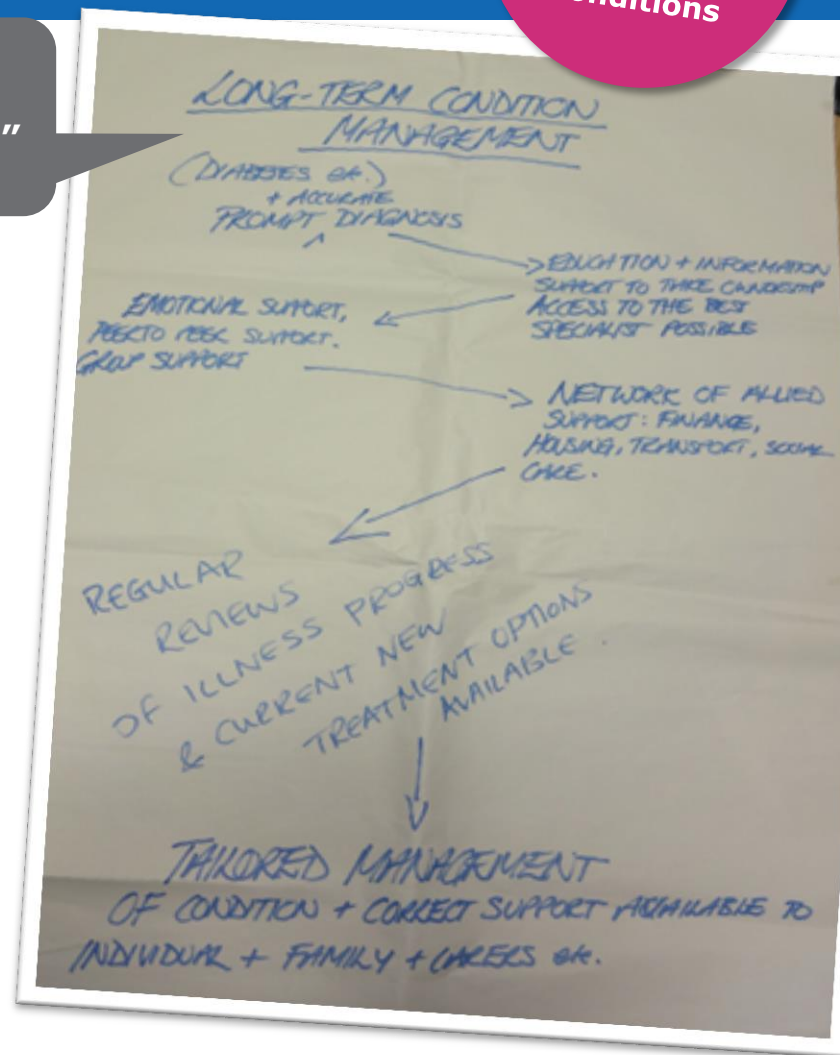Stockport

Whilst key in many conditions, the importance of empathetic communication and support – at every point of contact – was never more underlined than when discussing the management of long term health conditions

> "…you just want someone to fully listen more than just listening to bits, and then just throwing everything at you that you might have"
> Stockport

- For those living with LTCs, the ability to have in-depth discussions with qualified specialists in a particular area will help people understand their illness and manage it appropriately

- Taking the time to listen to people with LTCs during the diagnosis was deemed crucial – it is a two way conversation that should forecast where you're going!

- Offering information about the LTC and its treatments will also empower people to take ownership of their own care

- Offering emotional support (i.e. via peer groups) was seen as an important emotional crutch that can help to navigate people through the process

- Taken together this on-going communication throughout the condition's lifespan will help people feel as though they have a tailored management plan to their care as well as feeling informed, empowered and supported throughout

LONG-TERM CONDITION MANAGEMENT
(DIABETES etc.)
+ ACCURATE PROMPT DIAGNOSIS
EMOTIONAL SUPPORT, PEER TO PEER SUPPORT. GROUP SUPPORT
> EDUCATION + INFORMATION SUPPORT TO THEIR OWNERSHIP ACCESS TO THE BEST SPECIALIST POSSIBLE
> NETWORK OF ALLIED SUPPORT: FINANCE, HOUSING, TRANSPORT, SOCIAL CARE.
REGULAR REVIEWS OF ILLNESS PROGRESS & CURRENT NEW TREATMENT OPTIONS AVAILABLE
TAILORED MANAGEMENT OF CONDITION + CORRECT SUPPORT AVAILABLE TO INDIVIDUAL + FAMILY + CARERS etc.

Greater public awareness of certain conditions – particularly mental health – was raised as an issue that could be improved and could help reduce the stigma associated with it

- The point was made that within society mental health can carry with it a certain stigma that makes it difficult for people suffering/or who 'may be' suffering from it to come forward and seek treatment

- Often, people just need to talk. There is a basic need to communicate and talk through their issues and be listened to! There is a perceived need for more understanding and a realisation within health and care that this condition needs quick and immediate attention – something that runs contradictory to many peoples' experience

- Once recognised however, **time and listening** are key. Offering in-home visits may help to provide a comfortable environment in which the condition can be dealt with, away from the often knee jerk reaction to prescribe pills…

- Greater **public awareness** of mental health and its various signs and symptoms could help in combatting this 'suffering in silence' culture that can sometimes prevail

- Targeting schools, raising awareness of helplines and charities (i.e. MIND) and greater awareness of where specialist help is geographically would appeal as many simply don't know where to go

> **"I want somewhere to go that if you're feeling vulnerable that is safe and people to come to your own home rather than having to go to a clinical setting."**
> Oldham

> **"We want awareness from the public too so it's not such a stigma…it's in the news quite a lot at the moment, but it's almost like a taboo, you know mental health is a big issue isn't it for young and older people but at the moment it's being highlighted at younger people hasn't it, you know with the rate of suicides and that kind of thing amongst young men. So it all boils down to awareness from public who can maybe pick things up from younger people suffering."**
> Stockport

Special consideration should be given towards the 'transitional phase' from childhood to adulthood when you are all of a sudden looking after your own healthcare – this is a period of time when communication is crucial

Participant comments…

– Access to knowledge & services

"I'm scared to go to the doctor all the time. When you're younger you go with your mum or your dad or whatever and the doctor tells them. The gap from like going with an older person and then you've got to do it all off your own back. You've got to decide all of these things. You need more knowledge on everything and all of the different things."
Bolton

Service Integration

Participants discussed what they understood 'Service Integration' to be along with how important an issue it is and how it could be improved

Looking in-depth at Service Integration

Participants were asked to think about where integration and co-ordination of services could be improved as well as what a fully integrated health and care system would look like.

Participants were prompted with the following aides to frame their thinking:

✓ Where is it most important for services to link together (i.e. which services / scenarios)?

✓ Whether there are any gaps in the integration and linking up in the current system, and what this means for patients?

✓ Should health and care services be linking more to other services or organisations?

✓ How could services link together better?

What do people understand by Service Integration?

When unprompted, there was a general idea across groups about what **integration** meant, although some didn't grasp the full extent of integration (i.e. transport, business) or jumped to this equating to healthcare professionals having to take on more responsibility meaning that a less specialist service would have to be offered:

"Yeah well they're integrating the fire service with the ambulance service aren't they?"
Stockport

"It's the integration of the various health service elements"
Oldham

"There is a worry that services could become less specialist and that everyone could become a jack of all trades"
Stockport

Whilst there was a general understanding of integration as a concept, when prompted with specifics, there was a consensus that:

a) it is an important issue to think about and

b) at present the extent to which services are integrated could be improved. This latter feeling was often couched in experience and frustration

Looking in-depth at Service Integration

Many participants, particularly younger people, feel that services are in the dark ages technologically; there is particular frustration regarding a perceived inability to effectively share information and records across the health and care system.

- **Technology –** having services that are so fragmented makes for a frustrating experience and cynicism towards the ability of health and social care services to digitally 'link up' and share medical records successfully.

- Adopting an approach similar to that of the police (whom it was felt have a nationwide database) was brought up analogously to help integrate services allowing professionals to link up to an integrated system and access key medical information to help with communication and efficiency.

- Using apps (such as *Patient Access*) could help integration by allowing people to arrange appointments, get repeat medications, send/receive secure messages and access their medical records –there is currently limited awareness of this service.

For some (predominantly older participants) there were some concerns over data protection and who exactly it would be that would gain access to their personal data

"*There's just a complete lack of communication between the organisations which makes us think that personal data should be held within huge databases as then it wouldn't matter where the locations were; London or Aberdeen you would still have healthcare organisations able to organise our data*"
Stockport

"*My mum suffered a stroke some time ago. She can't walk, she can't talk now and it's been hell on earth speaking to so many different people and sort of having to go through the story from start to finish almost, it's as if the records should be there for my mum, and realistically for everybody, for all the services, all the departments because you are having to go through the rigmarole again and again and again*"
Bolton

"*It is scary how they have different suppliers, they have different businesses they work with, their computer systems are different and you think; even if they wanted to link together there's absolutely no scope. It is absolutely scary. So if the NHS cant do it, how are dental practices and orthopaedics going to?*"
Stockport

"*I think one of the biggest areas where it's important to link services together is technology and the sharing of information and just having a centralised system*"
Stockport

"

As an example, one of my friends works at one of the hospitals in the area and she had a problem. Her files were in the room while she was having a procedure and one of the other staff read her files and saw completely unrelatedly that she had had an abortion ten years previously and then told all the other staff!
Oldham
"

"

People should be able to opt-in and opt-out of this as there is concern around this

Stockport
"

"

Well you don't want people accessing your data. No disrespect but I don't want people to access that information, personal information about myself...maybe if it was just your doctor or your consultant
Oldham
"

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Looking in-depth at Service Integration

- **Linking to other services** - it was widely believed that health and care services should be linking more to other services or organisations across Greater Manchester

  - There was a general feeling that GPs, for instance, are over worked and yet there are services out there that could help alleviate their burden

  - One example that was brought up as a great out of hours service was *Go To Doc* however awareness of this service was low prompting a discussion around the importance of greater advertising of different services

  - Additionally, linking up with other organisations (e.g. charities, supermarkets, other emergency services) that could help in a given scenario and raising awareness of these organisations and their capabilities is needed

  - Similarly, better signposting of who these are along with what they do and how they can be accessed would appeal
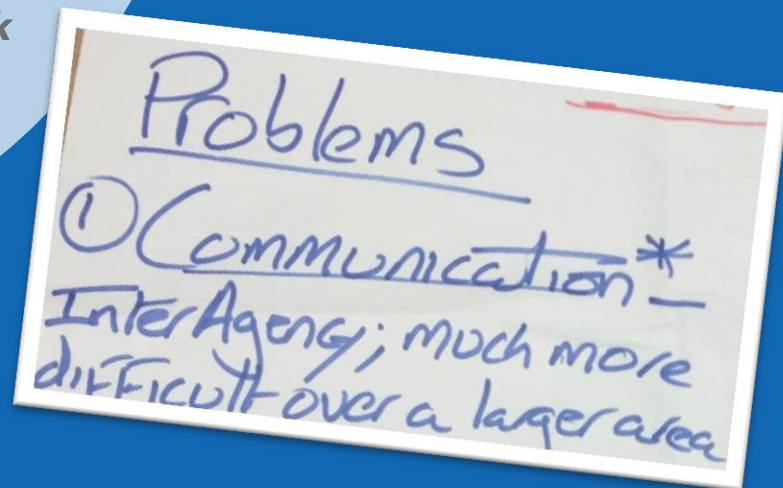
> *Years ago when I was in the police, we got called to a suspected drunk man in the road and someone was pushing for him to be arrested for breach of the peace, because they couldn't drive down the street and after about 20 minutes, we realised he wasn't actually drunk, he'd had an epileptic fit. Now if there was some kind of system where the police when they PNC'd someone's name it wouldn't have to give you their whole medical history, but it could just give a medical alert saying you're a known epileptic or diabetic. We left that man there for 20 minutes because we thought he was drunk and he'd actually had a fit.*
>
> *Bolton*

> *General health care, social services, psychiatric services, benefit services, legal services, children's services, police, the list could go on forever. Everything should be linked! It's how you do it I guess but it should all be linked together better.*
>
> *Bolton*

Problems
① Communication*—
InterAgency; much more
difficult over a larger area

Service Integration: Comments

Looking in-depth at Service Integration

- **Geographic clusters –** numerous stories were offered of people having to travel great distances across Manchester in order to access care (initially or once referred) suggesting that once power is devolved an improved transport network would appeal

  - This wasn't across the board however with others telling of their positive experiences of accessing numerous 'integrated' services which highlighted to participants the **inconsistency of service** across the boroughs

  - These are all seen as "*little variations that matter to people*" that from the outside may not seem all that important but to those experiencing such inconsistency prove incredibly frustrating

  - This prompted many to express their desire for a more **'one-stop shop'** approach under one roof offering greater breadth of services within a tight geographic area

  - That said, there was concern around whether more urbanised areas will receive the lion's share of improvements following devolution – with participants suggesting that rural areas should not be forgotten about

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"We think there should be more services under one roof; a bit of a one stop shop maybe
Stockport"

"My son came back from holiday with a septic toenail. He went to the doctors to get it checked and our surgery couldn't take the dressing off because it had iodine in it so we had to ring the district nurses who said 'well is it the district nurses or is the paediatrician'! I said I don't know you tell me! We went to the paediatrician and there was no referral process...It was like nobody knew what should be happening
Stockport"

"And in different areas it seems to me, one bit's good in one area and one bit's good in another area
Stockport"

"Things are really inconsistent considering we all live quite locally. It was some of us are finding lots of different services available within their one GP but others were saying 'no mine is just my doctors and if I wanted something new then I would have to travel to all these different areas' which is just inconsistent

Oldham"

Such concerns were one avenue into discussions around the importance of transport:

There's an issue there with transport as well, transport needs to be provided for those who can't transport themselves. We're not talking about ambulances dropping people off, we're not talking about minibuses going round the world taking five hours to get to Bolton to drop somebody at their door. We don't know what the solution is but there's an issue there.
Bolton

One of the things that might come in to play is transport between the hospitals. It's alright if you're fit enough and you've got a car but if you're older say, you don't want to be going and stopping at every spot along the way taking three hours so it's transport. Physical location which is accessible via transport, provided to those who need it.
Oldham

There's no consistency or concept of how far people have to go!
Stockport

Will devolution be good for all or could it hinder some in more rural areas from accessing the care they require…? This was a real concern to local residents who don't live in the highly urbanised areas of Greater Manchester

"

Also, when you look at Greater Manchester, it's a predominantly urbanised area. Cheshire East is predominantly rural area, which means that Greater Manchester is going to focus most of its care and most of its finance on the urbanised areas, potentially at the detriment of places like Ramsbottom and Glossop and those kind of areas…

but those people that are on the corners of these devolved areas need to make sure that they're not mixed up and that they don't fall through the gaps.
Stockport

"

Looking in-depth at Service Integration

There was a feeling that a central co-ordinator or case worker would be useful to co-ordinate care and information to patients with this possibly being the GPs role.

- **A single point of contact –** having a central point of contact for your treatment that recognises that there's no one size fits all approach is important as people would be able to navigate the feeling of having to 'repeat themselves' at various steps along the way

- People want to feel like they're receiving a personal service and not being passed 'from pillar to post'

- This issue is more than simply a 'nice to have'. Indeed it ties into the very fabric of integrated care.

- Having a single point of contact would help with continuity of care that people receive and allow people to feel as though they are receiving a personal service.
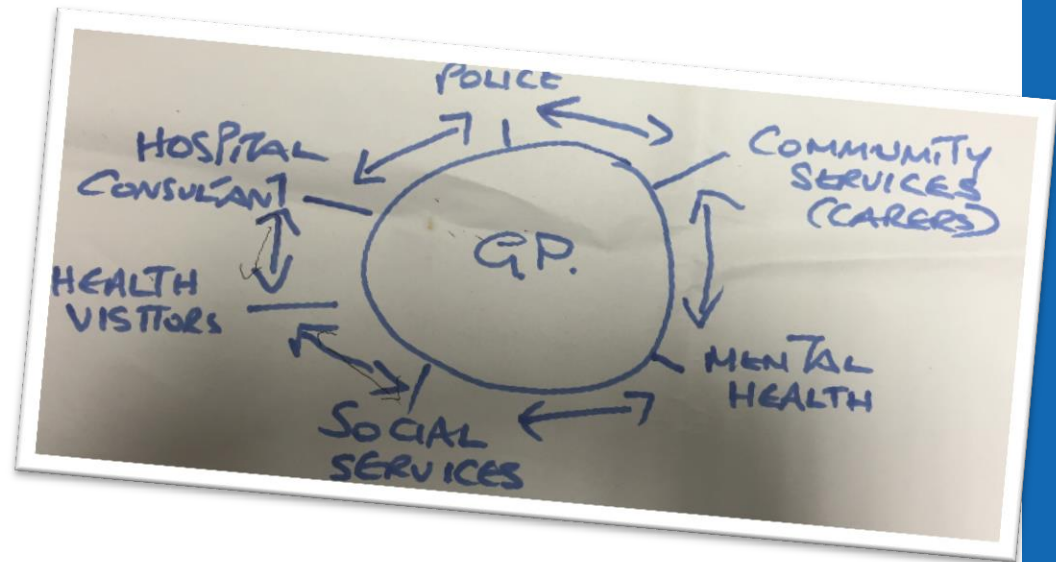
Participant comments

DIRECT ACCESS TO A NAMED CONSULTANT

> *So like with the CA Framework, instead of having 101 different services working with that child, they'll be a single person appointed as a care leader, essentially. Then every other organisation that's got something to do with that child forms a group and they will meet together.*
>
> *Basically, it's one single point of contact for that family, but it has access to all the different services, and it's coordinated through that CA, but because it's a CA framework it says the steps that that person has to do, so every single child in the country receives the same level of care based on – and service are brought in as and when needed.*
>
> *Stockport*

> *How many times do we phone our GP's and see four different doctors? In the old days there used to be one and they knew everything about you as soon as you walked in the place.*
>
> *Bolton*

> *In the ideal world you'd have a single point of contact for all of your healthcare, I mean that's what a GP was meant to be isn't it...*
>
> *Stockport*

Preventative Health

Participants were asked to think about the term 'Preventative Health' and uncover how the health and care authorities can encourage and enable people to look after themselves and each other…

Preventative Health: Introduction

Participants were asked to think about the term 'Preventative Health' and uncover how the health and care authorities can encourage and enable people to look after themselves and each other…

Participants were prompted with the following aides to frame their thinking:

- ✓ Do you think this is an important issue?

- ✓ Do you think you know what people should do for themselves and their families to stay fit and healthy?

- ✓ Do you feel you are good at taking charge of your own health? What preventative measures do you take?

- ✓ What do you think encourages people to do these things?
  How do you feel enabled? Or make others enabled?

- ✓ Where do you go to for information or advice on preventative health and leading a healthier lifestyle?

- ✓ What do you think makes it difficult for people to do these things?

- ✓ What are the barriers? How to mitigate against these?

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What do people understand by the term 'Preventative Health'?

Across all workshops, there was a good understanding of the term preventative health. Participants were quick to highlight the rise in recent years of campaigns across health organisations to promote healthy living…

"It's looking after yourself before you get ill. Don't drink too much, smoke too much. Live healthy"
Bolton

"7 a day instead of 5 a day!"
Bolton

"Cut out all the things that cost billions to the NHS"
Bolton

There was a shared view across workshops that **taking charge of ones health is one of the most important aspects within a community**.

Generally participants felt there was a mix of people who were taking conscious efforts to improve their health, versus others who need more encouragement.

Media campaigns and other forms of communication and education were widely mentioned, and generally participants felt there needs to be even more of this to engrain the 'preventative health' message within the community.

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Looking in-depth at Preventative Health

School Education

- Promoting the benefits on living a healthy life needs to **start in school**

- There was a strong feeling that **schools can play more of a role** in educating the youth and setting an appropriate example (healthy eating etc.).

- Educated from an early age.
  Benefits of a healthy lifestyle.
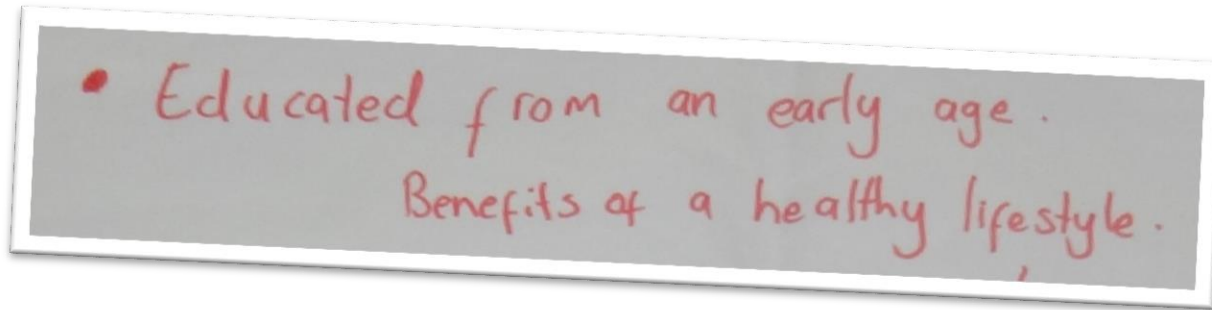
- There was a common view that there is a need to **bridge the gap between the quality of school meals** within Greater Manchester's Primary & Secondary schools. Many felt that the standard of healthy meals in primary schools was much higher

- Many felt that where there used to be 'Home Economics' in schools, whereas now there is a **lack of practical and educational nutrition classes** educating children on basic nutritional information

Drill it into kids at an earlier age. I never had a class in school which taught me the dangers of sugar and cholesterol
Bolton

I work in secondary school and I think that the food they serve is horrendous. At primary schools they are really on it, it just seems to collapse
Oldham

If you learn the benefits of what it is to be healthy and how it can prolong your life, I think it would be instilled in to children from a young age
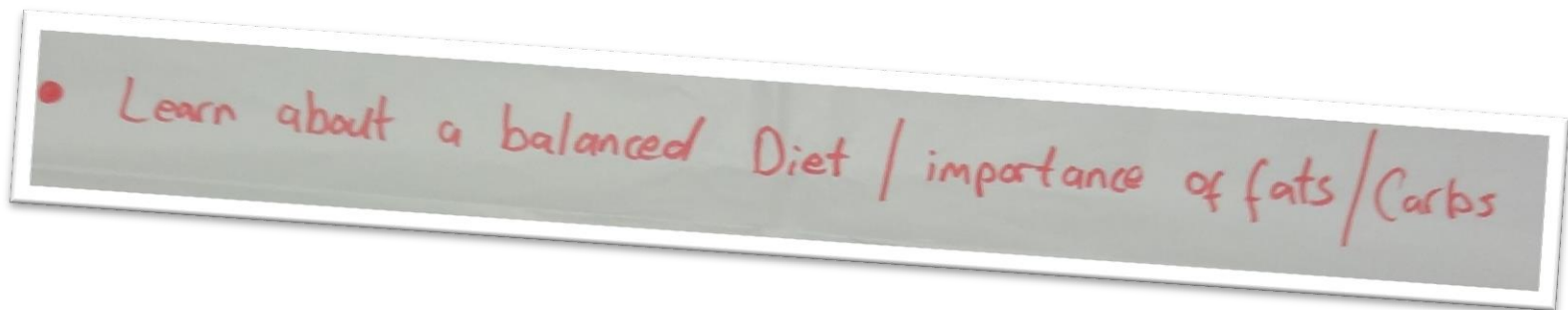*Bolton*

Teaching children to lead a healthy lifestyle is just as important as teaching Maths or Biology
Bolton

Looking in-depth at Preventative Health

General Education: youth

- Participants felt there needs to be **more education** on how to lead a healthy lifestyle. Some felt that this education needs to **promote a positive message rather than preaching** what could happen if you continue to eat poorly, smoke or drink too much (termed the 'red button' effect)

- Many felt it is currently **'fashionable' amongst young people to be in shape**, and put this down to the increase in messages about the benefits of living healthy

General Education: parents

- There was a view that many parents **lack the skills to cook a healthy meal** out of basic ingredients – education here is key

- Events and classes **run by charities** or **local organisations** within the community which teaches **how to cook healthy meals** which cost less will educate families

Learn about a balanced Diet / importance of fats/Carbs

General Education: Participant comments

> "There's nothing worse than being preached at, no one listens. You need to promote the general benefits more of leading a healthier life. Put on positive spin on it all.
> *Bolton*"

> "I think the Sugar App is fantastic. We need more of that!
> *Oldham*"

> "People have lost the ability to create a meal out of basic ingredients. They have ready meals, go for takeaways. They don't know how to make a healthy meal
> *Bolton*"

> "Schools banned pizza and chips and we had parents queuing up outside bringing bags of chips. That's a cultural issue as well.
> *Bolton*"

Looking in-depth at Preventative Health

Promote messages on a 'community' not a 'national' level

- People within the local community want to hear from those who **they can identify with**

- This could be those that have had a drink or drug problem and are now helping those in a similar position, or just local healthcare professionals **who know about the wants and needs of the local community**

- There is even a role for **local leaders** and **local celebrities** to deliver these messages – some suggestions included Brian Cox and Amir Khan!

Community level messages: Participant comments

"We talked about using people with real life experience to target these people so an ex-alcoholic to go and talk with people suffering from alcohol abuse, someone who used to live on the streets to go and educate homeless people on where they can access help and how to keep healthy and clean
Bolton

"A useful thing as well from a regional perspective is to have regional people telling you this message. The last thing I would have wanted to hear as a kid growing up is somebody from London preaching at me in their London accent, saying 'you must do this and this and this'.

I'm not going to listen to that, they don't know anything about my life, they probably live in some million pound house in London. So as a child I would have needed somebody on my level to talk to me in a way that I would understand. Say for example, Amir Khan, he's from Bolton. If he was speaking to a group of young Asians about health, they're more likely to listen to him than some white professor in his 60's. Target the education being given by relevant people
Bolton

"The people that need to be giving messages to normal people are people that you would aspire to be or look up to. So people like Zoella or Harry Styles for the younger communities because it is pointless getting some 60 year old professor to lecture teenagers because they're not going to listen
Bolton

Looking in-depth at Preventative Health

Other organisations such as supermarkets have a responsibility...

- Whilst it is accepted that we need to 'own' our health, participants felt that **other organisations could play a role in promoting healthy living too**

- **Supermarkets** could support healthy eating initiatives – for example by donating produce ('ugly veg') that is currently thrown away to healthy eating initiatives.

- **Local charities and community centres** could play a role in educating the public – for example the idea of healthy cooking classes (for parents) in community centres was suggested, possibly offered by local charities supported by the supermarkets.

- Better signposting, promotion and availability of **community sports and physical activity initiatives/facilities** was also suggested. Not everyone is confident enough to go to a gym, so it was felt that
- alternatives such as walking and cycling groups and outdoor exercise facilities should be more widely available and better promoted.

The role of other organisations: Participant comments

Not all vegetables are pretty but they go to waste and we think if the government monitored supermarket progress and monitored them instead of replacing... and imposed fines on the supermarkets that aren't utilising all the vegetables it would encourage supermarkets to use things like ugly veg, imperfect products.
Bolton

Ugly vegetables... supermarkets could donate them to local charities like Sure Start...who could run healthy cooking classes in community centres like this...and people could receive vouchers for healthy food for attending...we think that if your supermarket was doing more to help the environment and to help health I think a lot of people would shop there."
Bolton

Charities such as the Sure Start centres should offer things like cooking classes
Oldham

The role of other organisations: Participant comments

Exercise classes being made a part of the NHS. Things like running clubs, water fountains, eventually. We like that idea, because you'd be exercising. Elderly social clubs and community centres doing more, children's social clubs, sport sessions for the children, and outdoor gyms maybe. That could maybe get people moving.
Oldham

The idea of the outside gym is really good. There's one here in the park and it's just basic. I've never seen one in Oldham, but it's got a cycle machine. It's all proper outside stuff, but kids are seeing that and going to the park, so it becomes a part of how we play and it's not going to the gym, it's part of playing, so you grow up with exercising and doing things
Oldham

In Alexander park they've got some really good park equipment, but it's the only park I know that's got that standard of equipment. That needs to be across the board. Not just playing, it's playing but educational and exercise.
Oldham

Appendix

Scenario: Long-Term Conditions

"Long term conditions, individual care plans almost like when you're pregnant you've got your notes that you carry around with you, maybe something like that."
Stockport

"Symptoms of a long term illness. Well even if it was cancer or something like that, then people want to know about it and how it's going to affect them."
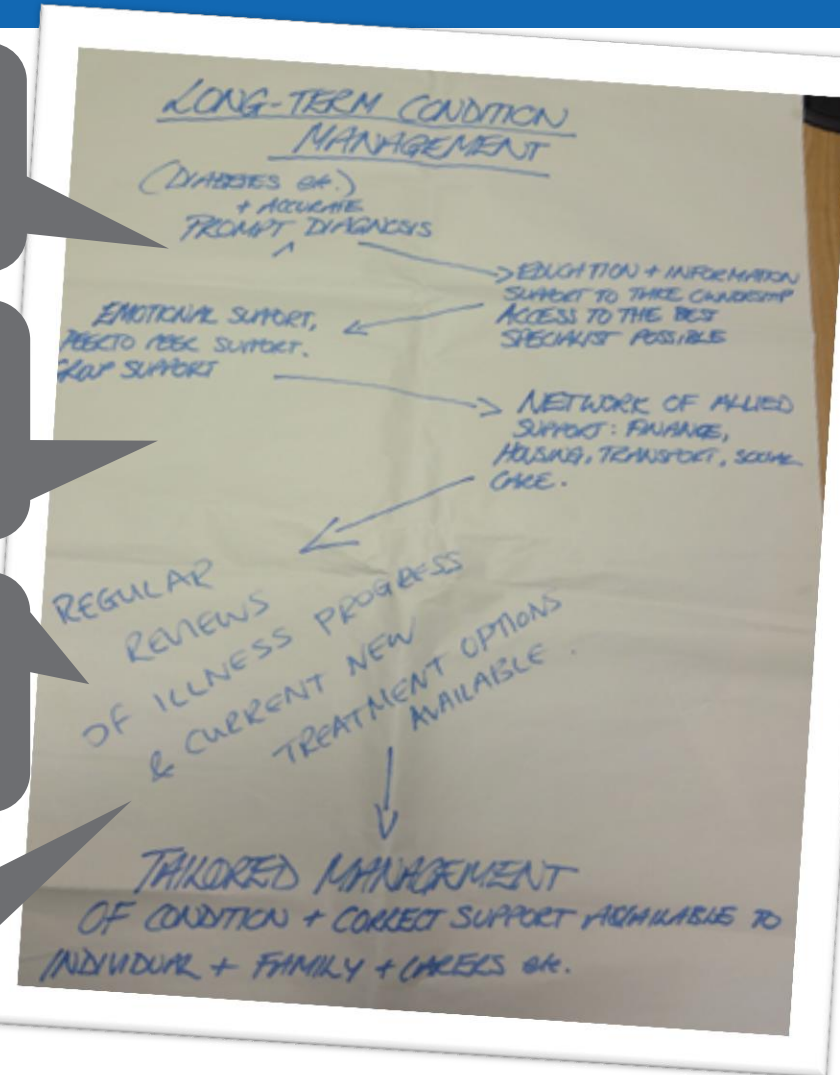Stockport

"Those that are not physically able to drive or get on a bus, they can be collected at schedule times and regular times as a normal service, and get them there to somewhere that they're familiar with."
Stockport

"We obviously want to improve our condition with a better quality of life, reduction in pain, consistency of treatment"
Oldham

Scenario: Long-Term Conditions

"It should be smooth and fast and no delays, so that you get a speedy treatment from your GP and then you're not waiting a week and a half to see somebody"
Oldham

"There really ought to be almost time scales in place that should be a journey plan and you should anticipate getting to each stage by a particular time"
Oldham

"My friend has got fibre myalgia, which is a lifelong condition, and the care she's had had been absolutely outstanding. I called the friends in constant, chronic pain and I've had nothing like it, absolutely nothing like it. It just seems to depend on which doctor you have. There is just no consistency across the board, even in one town"
Oldham
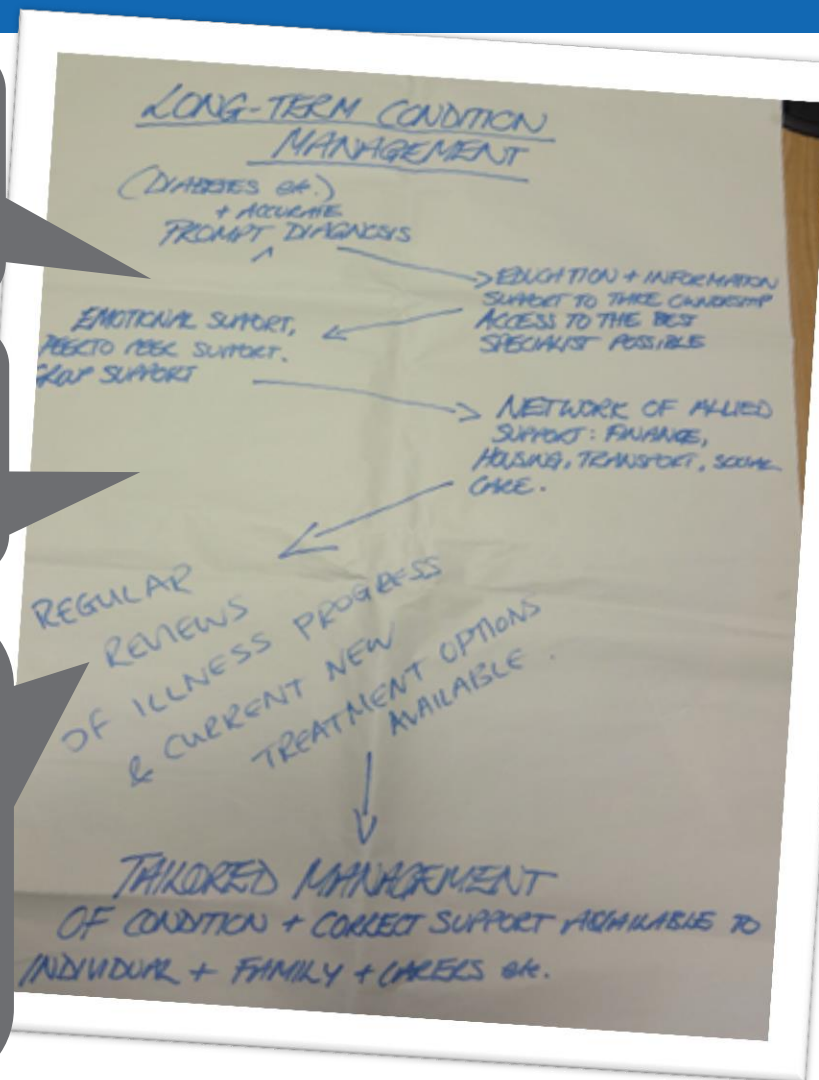
Scenario: Long-Term Conditions

"Prompt diagnosis is key. A couple in our group have gone through 2-3 years before they found out what they got"
Bolton

"Once you know what you have got, there's needs to be education to yourself, carers, family etc. and you will have access to the best specialists possible"
Bolton

"Information on your support network and regular reviews of your progress. The outcome is tailored management of your condition and the correct support offered to you and your family."
Bolton
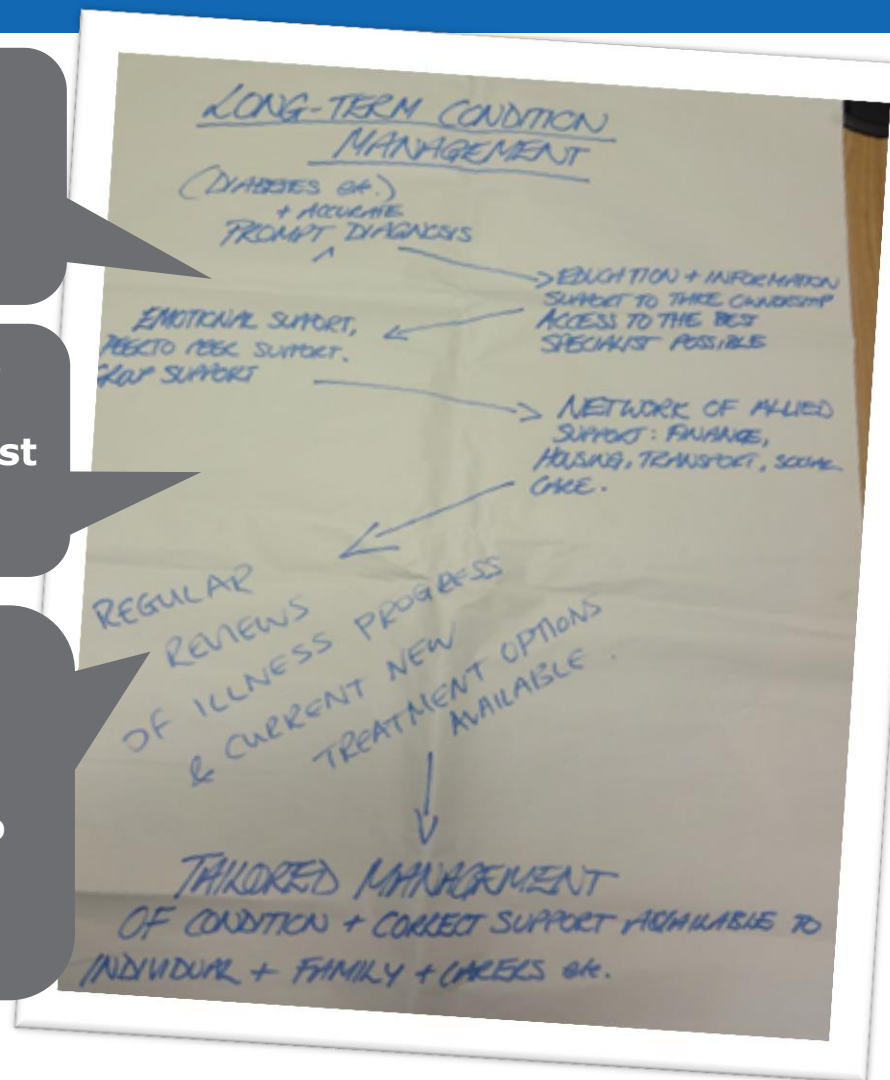
Scenario: Dementia Care

"You've got people who walk into doors with dementia and then staying in a corner and no one bothering them, because they're under staffed, as well."
Oldham

"My ex-wife is a carer at home in Rochdale actually and her wage is pathetic, but she loves her job. The people that are there and are just going through the motions and they're not getting the care that they need"
Oldham

"It's that kind of thing with a big more money behind them – it is true, they probably care a little bit more. Or the people that need that more money will get more education and want more training courses and so on and such, to help to care for people like that"
Oldham
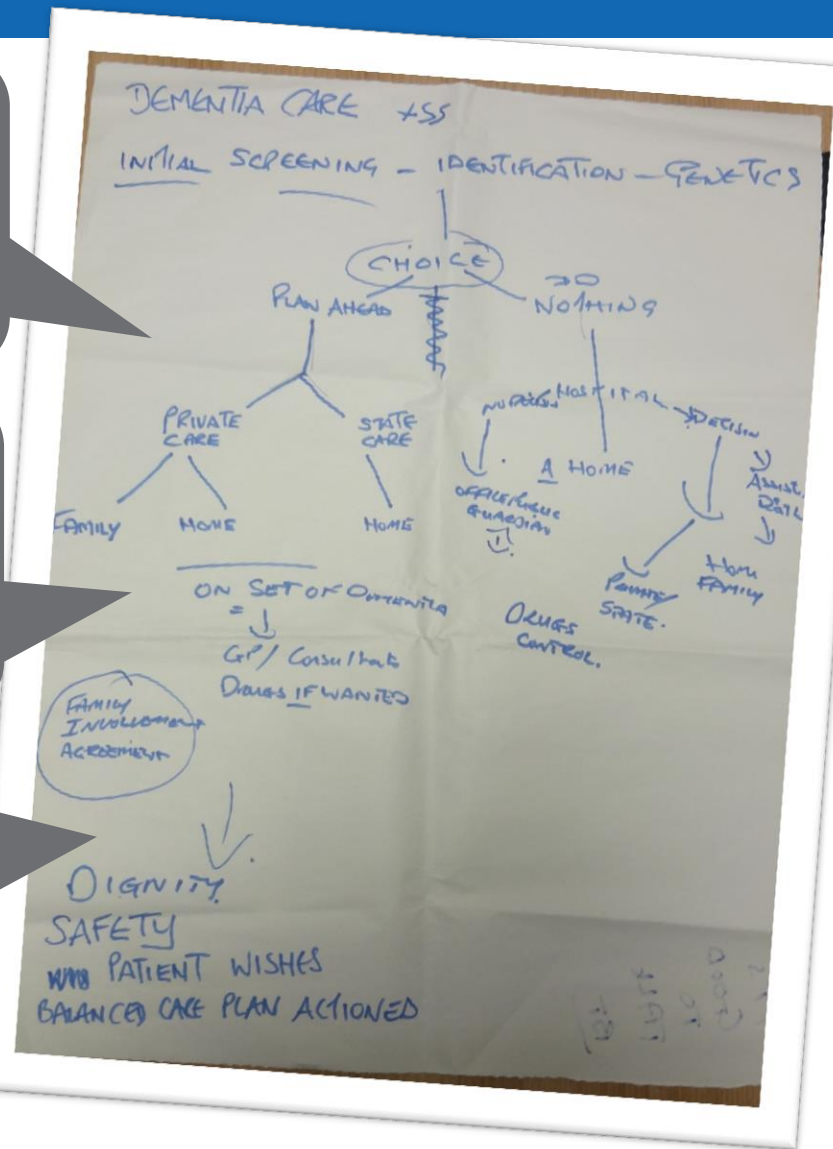
Scenario: Dementia Care

"The ideal outcome is the safety of the client, dignity, adhering to the clients wishes and a balanced care plan which is actioned"
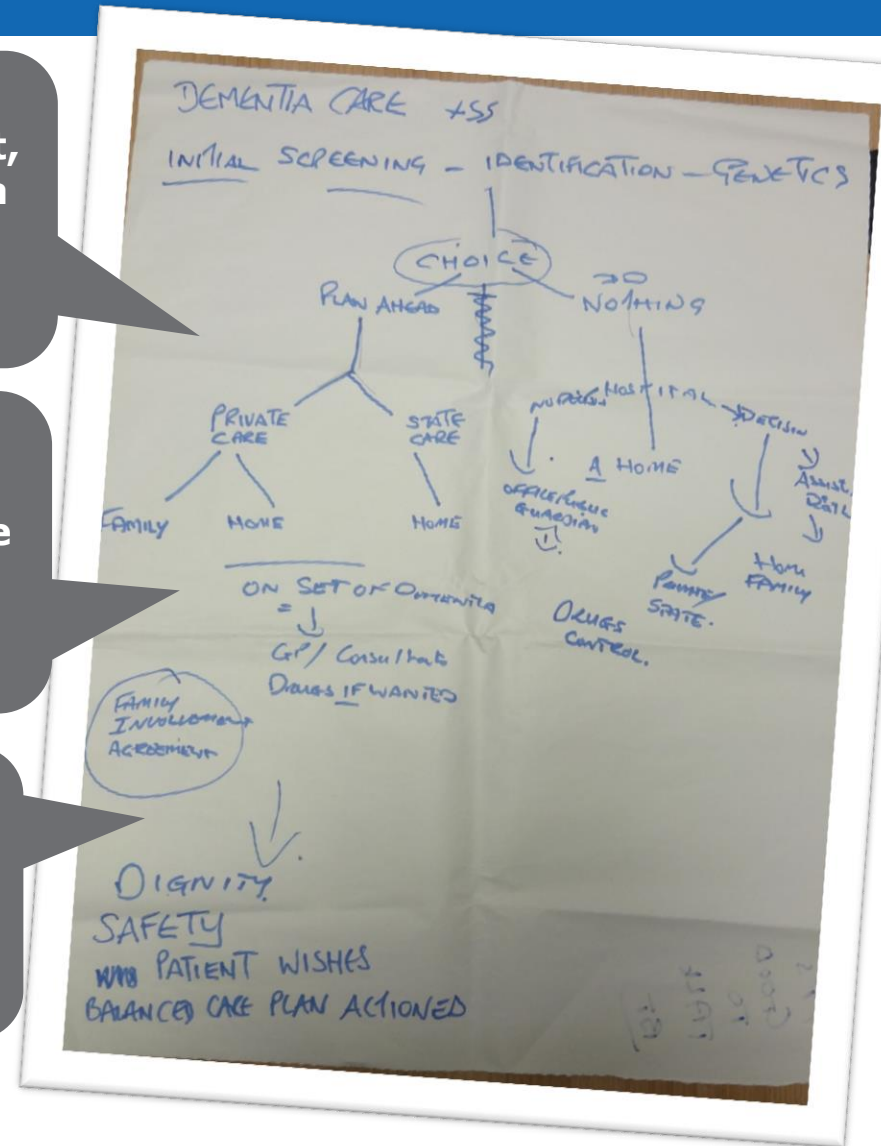Bolton

"Initial screening needs to be done at an early age to determine whether or not you're likely to suffer a form dementia"
Bolton

"If there is screening then it gives the person a choice on how they want to action this."
Bolton

Scenario: Mental Health

"We need more understanding of mental health and what it means and removing some of the stigmas around it."
Oldham

"The police need better training so they can identify issues when people do have mental health issues or where they need to refer them"
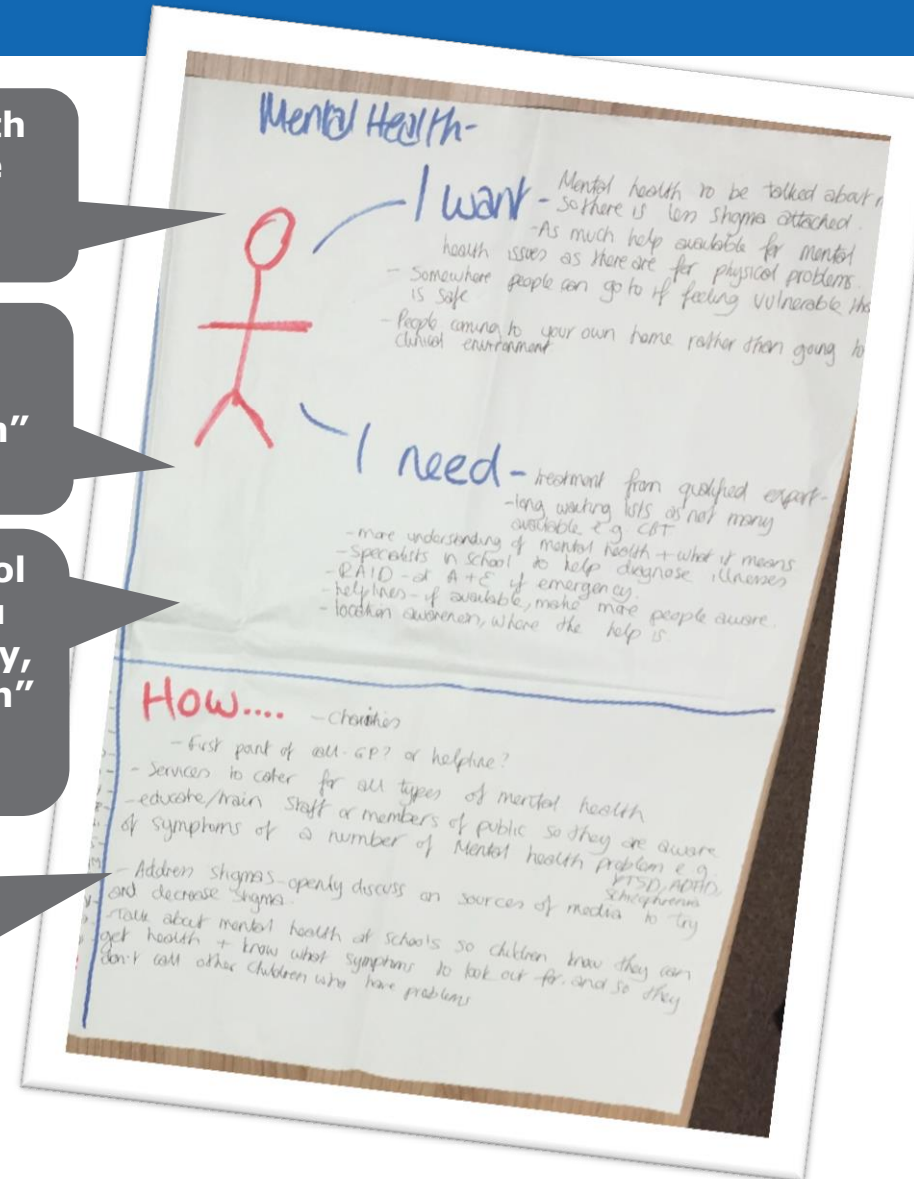Bolton

"Also, setting aside some time within the school curriculum. Is there anything wrong? Do you want to talk about anything? Where you can say, "I'm feeling a bit fed up or I have mental health" or whatever"
Oldham

"I have a friend of mine whose daughter was probably 22 when she started having problems, and there's like a two year waiting list for her to be seen."
Stockport

Scenario: Mental Health

"I think mental health is probably neglected to a degree, and the referrals aren't as quick as they could be"
Stockport

"The youth need more awareness as well, I'd like them to get more help"
Stockport

"Highlighting issues that mental health people have, so the public at large I think will help. Because I know when I see clients, I can see clients who physically look okay, but they may have some problem deep down which they want to talk about"
Stockport

"They tried to give me antidepressants beforehand to see if that works, but some people drugs are not the answer, they need to talk to somebody, they need counselling"
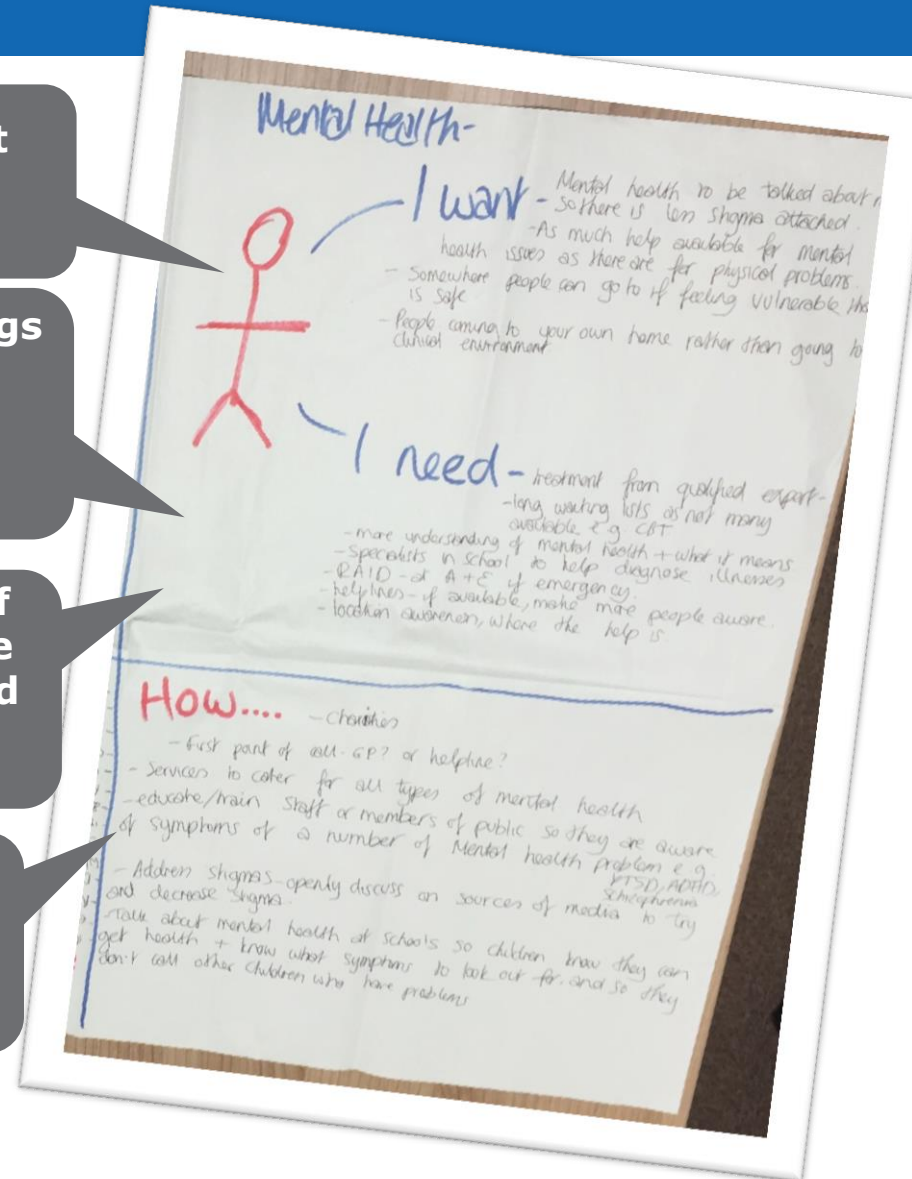Stockport

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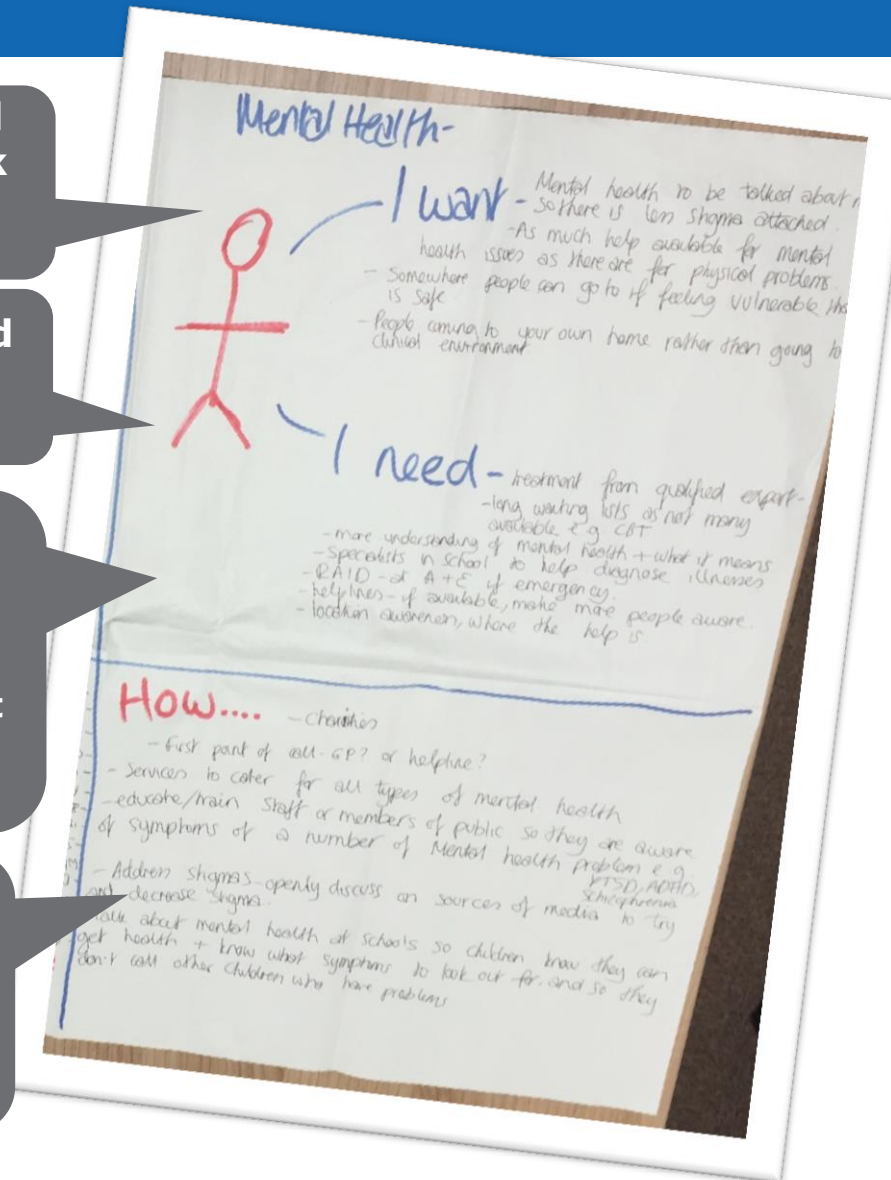
Scenario: Mental Health

"I think there's charities such as Mind that need more public awareness"
Stockport

"There's a long waiting list for CBT and things like that, so we need access to that treatment, especially when it could spiral quite badly, quickly"
Oldham

"Educating and training staff or members of the public or people in roles that might have exposure, so they're aware of symptoms and a number of mental health problems"
Oldham

"Talk about mental health at schools, so children know they can get help and to know what symptoms to look out for"
Oldham

Scenario: Elderly Care

"*Volunteers in the community that can provide the elderly with company rather than medical care because sometimes they just need a bit of a chat"*
Stockport

**"We think the link between GPs and hospitals and also hospitals with elderly is most important"**
Stockport

"For elderly care we want more facilities, care homes, supported homes and having more money for the carers"
Oldham

"Social workers can come out and look at the houses, and give you ideas to adapt them, so that they can stay at home rather than having to go to a care home"
Oldham
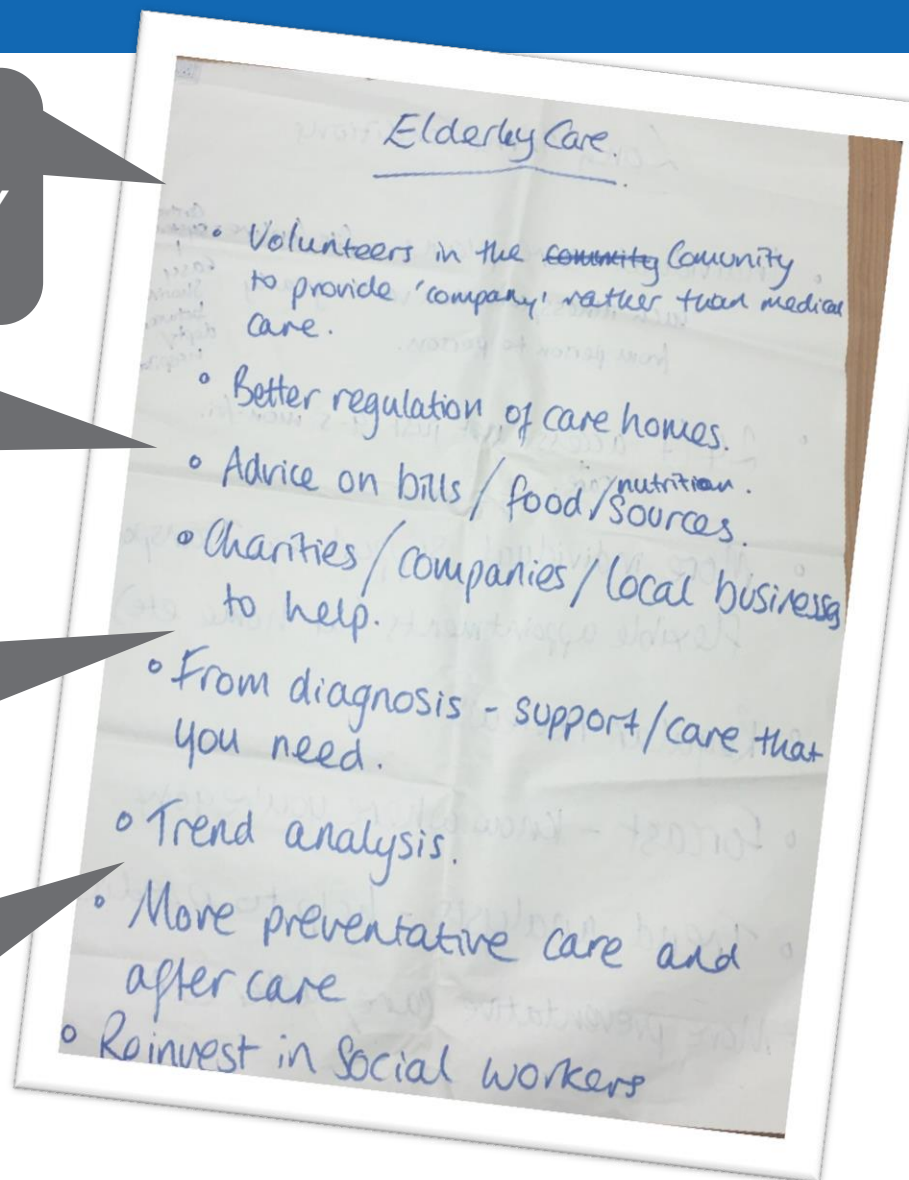
Scenario: Elderly Care

"A lot of old people could just have family but they're all martyrs and they'll drop down dead before they'll go and see the doctors, but if you've got a nurse coming in just for a tea or a chat; a weekly visit to see if you're all right"
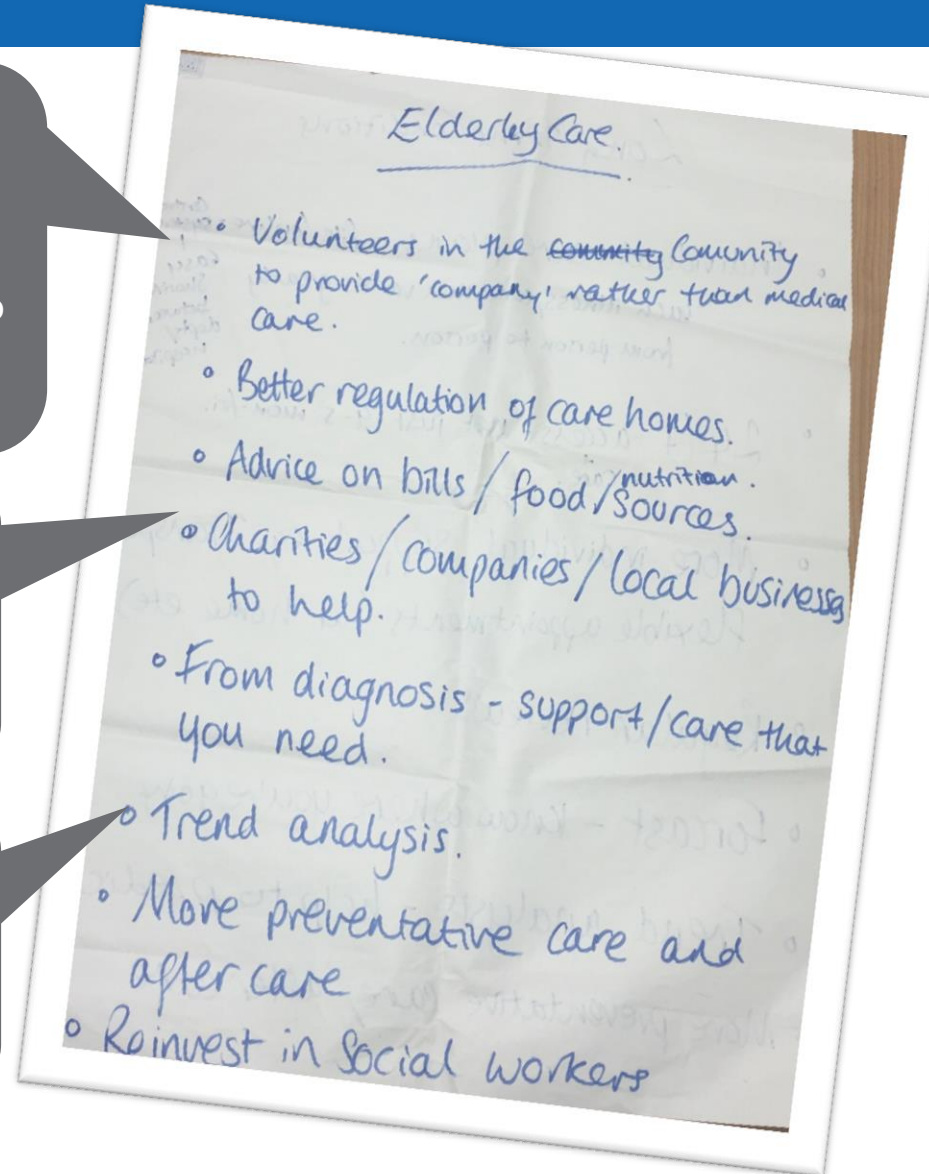Oldham

"Little tiny things, little hand rails here and there and the littles things that help people stay in their own homes, which I think is a really important part of elderly care"
Oldham

"It's that kind of thing where the simple things of letting them have someone there – it's comforting. Nobody wants to go to a care home, nobody does"
Oldham

Scenario: Elderly Care

"I think an education scheme where they simplify technology, where they can press a button and somebody would come up, a stream would come up, like a facetime thing or an instant message but it will be a video where they reassure them"
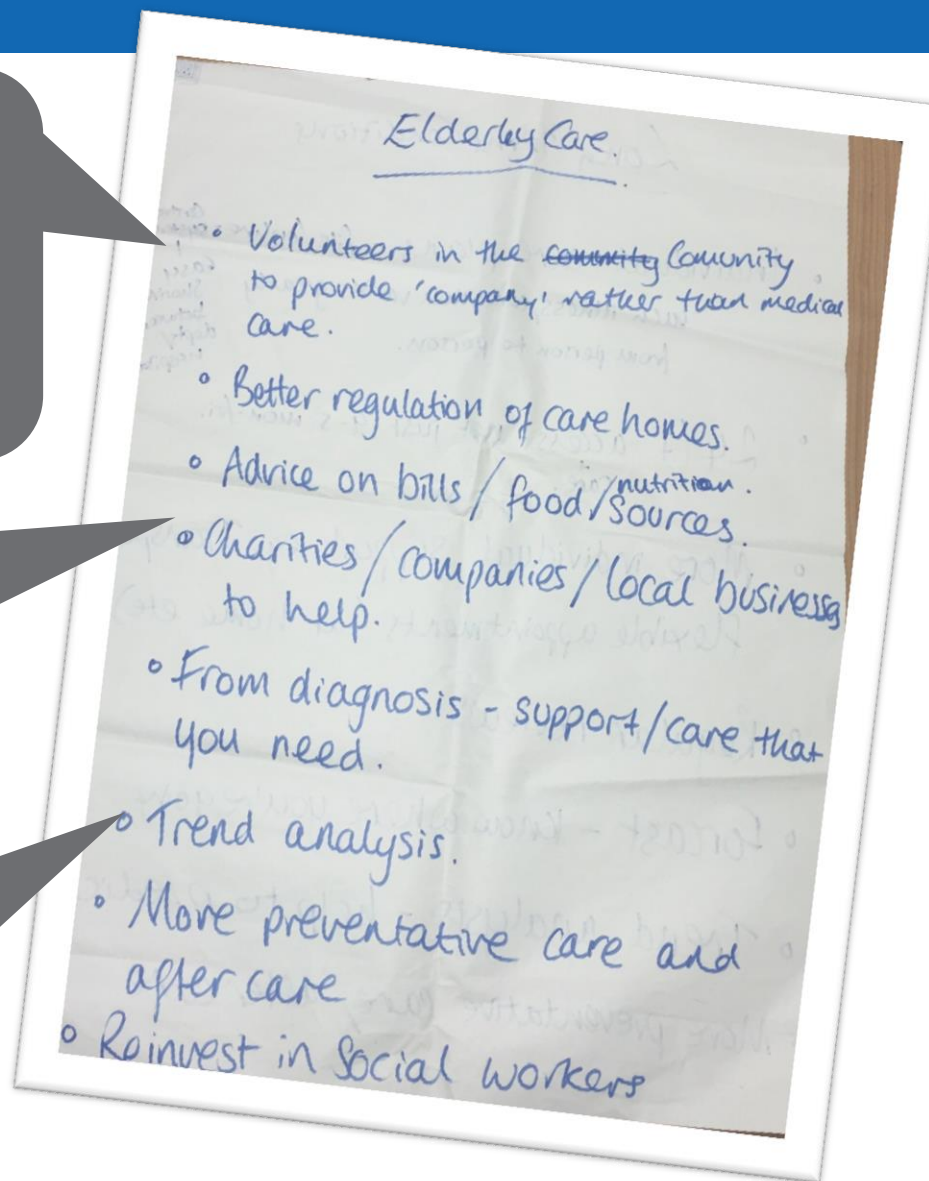Oldham

"Help bring back more district nurses to help keep people in the homes and cut down the cost of the massive care home cost"
Oldham

"More transparency in care homes; you see all the documentaries don't you and you'd hope it's only an extreme scenario, but they do need to be a bit more transparent"
Stockport

Elderly Care.

- Volunteers in the ~~comunity~~ Comunity to provide 'company' rather than medical care.
- Better regulation of care homes.
- Advice on bills / food / nutrition Sources.
- Charities / companies / local business to help.
- From diagnosis - support / care that you need.
- Trend analysis.
- More preventative care and after care
- Reinvest in Social Workers

Scenario: Prescriptions

"If you're elderly and you live on your own you haven't got anybody to help you, then you would need to have it delivered wouldn't you"
Stockport

"I want to be able to just go to the chemist and pick up my prescription, I don't want to the doctors and queue there and wait"
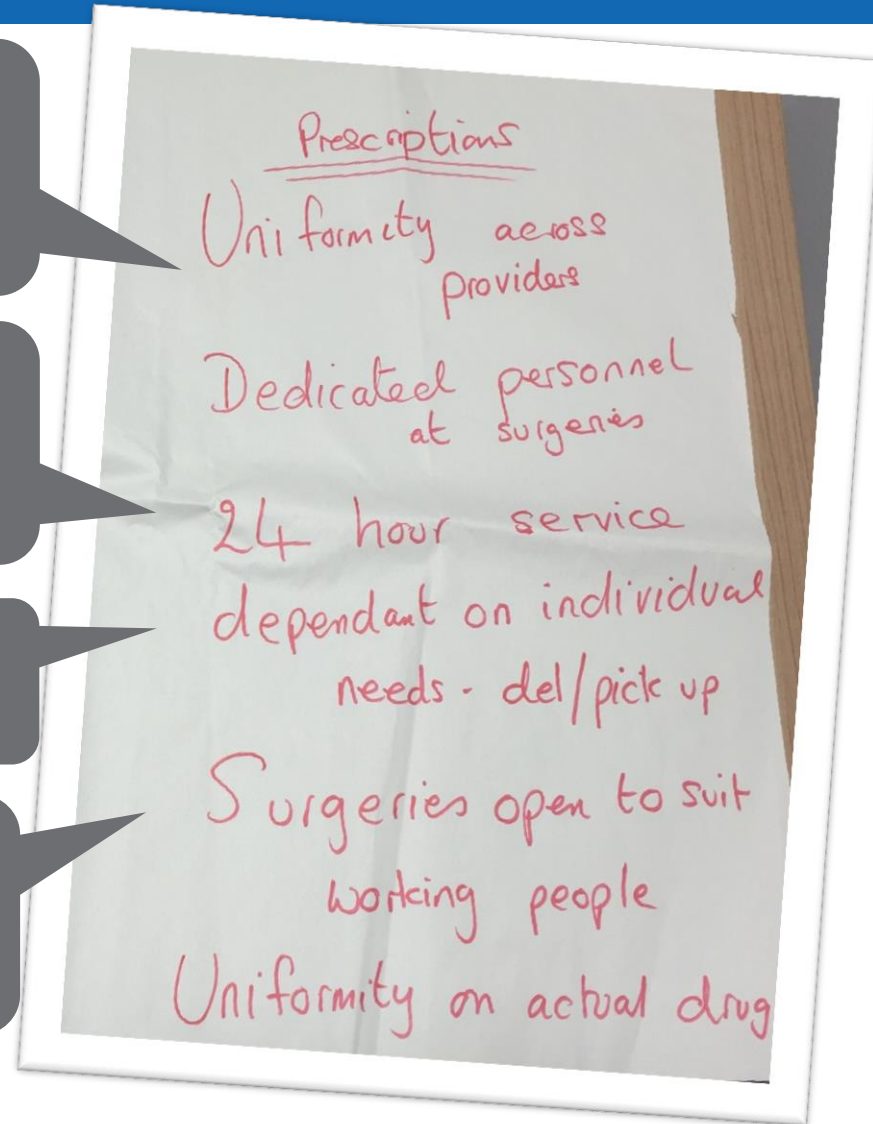Stockport

"If you ran out quickly you want to collect it more or less straight away don't you?"
Stockport

"If they make a phone call you should have that ability to be able to get a repeat prescription"
Stockport

Scenario: Diagnosis and Referral

> **"You just want someone to fully listen more than just listening to bits, and then just throwing everything at you that you might have"**
> Stockport

> **"We want it to be convenient rather than having to wait two weeks to get an appointment, and then forgetting why you've even looked at going in the first place"**
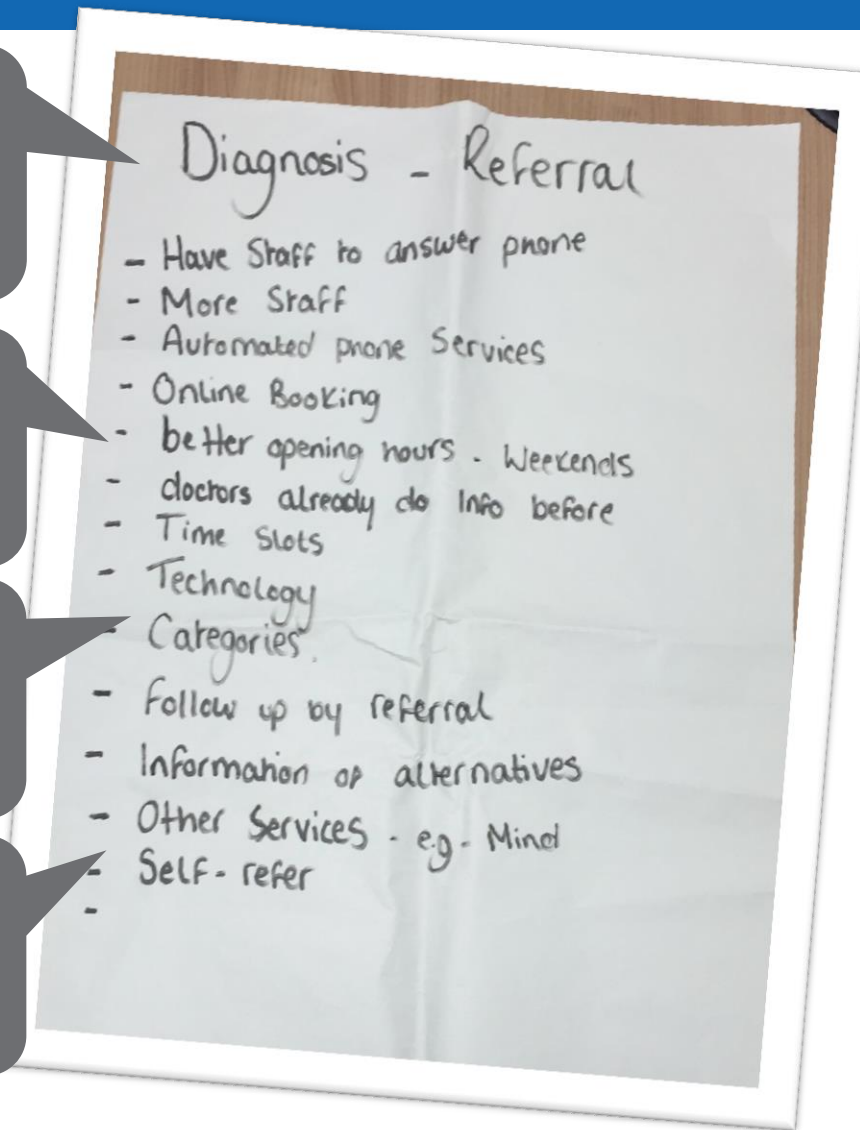> Stockport

> **"An accurate decision and diagnosis that you can be confident in, rather than going away and second guessing it and then going back to the doctor again"**
> Stockport

> **"If you get referred you want that to happen as quickly as possible, and we want it to be local as well with good availability"**
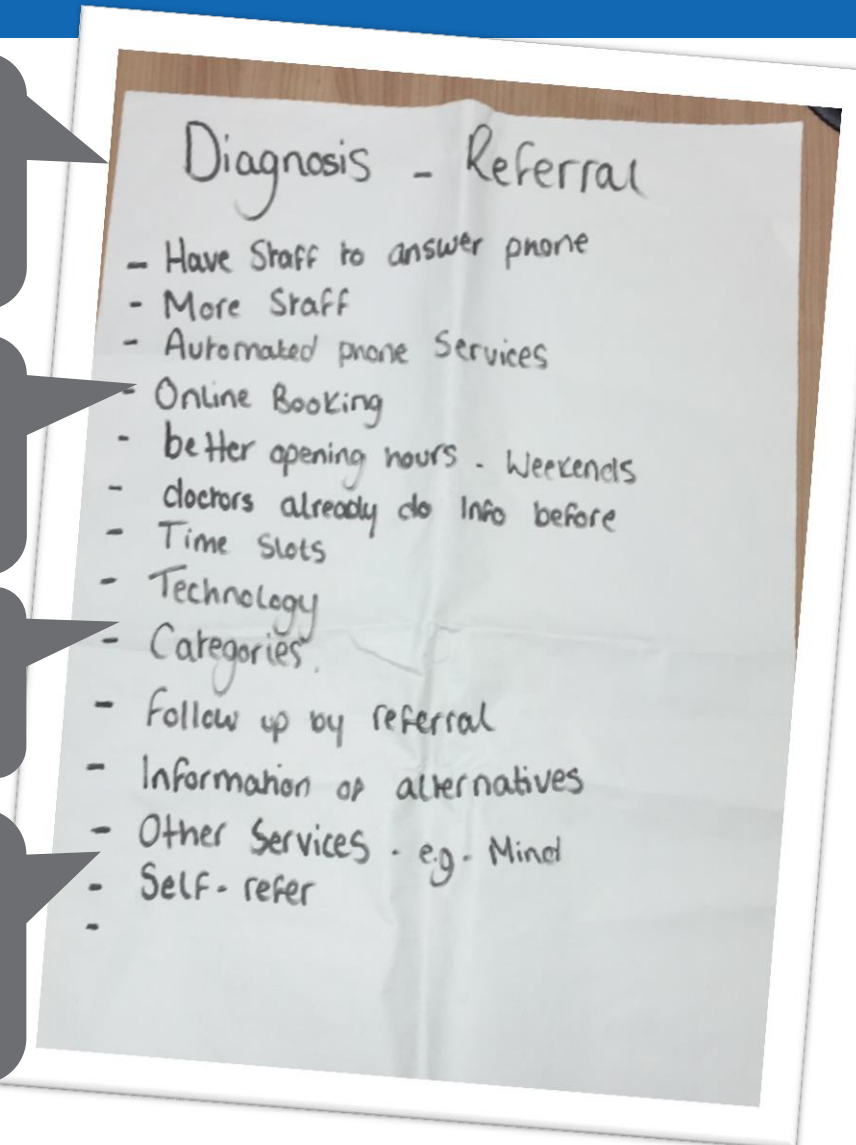> Stockport

Scenario: Diagnosis and Referral

"We need a quick response that's accurate, suitable care, knowledge and understanding options"
Stockport

"It's a 19-week referral to treatment for most things. Some things like cancer is a bit shorter time, because they want to catch things quicker and do things about them"
Oldham

"We want an appointment date that's actually stuck to so it's not moved around"
Stockport

"From diagnosis they need the support and care that they need, looking at trend analysis, so if there's a certain problem in a certain area then you can focus on that before it gets out of hand"
Stockport

Diagnosis - Referral

- Have Staff to answer phone
- More Staff
- Automated phone Services
- Online Booking
- better opening hours - Weekends
- doctors already do Info before
- Time Slots
- Technology
- Categories.
- Follow up by referral
- Information of alternatives
- Other Services - e.g. Mind
- Self- refer
-

Scenario: Opticians

"A check up with an optician straightaway, within the same week of the appointment, because if you contact them for an appointment it's going to be quite urgent"
Stockport

"The only thing we said is the cost--if you're under a certain age get it all completely free. Whereas it'll put some people off because it's the opticians"
Stockport

"We want to know the cost before you get landed with it at the end"
Stockport

"They run best in the NHS because we feel that the staff aren't as under as much pressure. So you get seen quicker when you're there, everything's quite smooth, because it's more specified"
Stockport