

Your Big Health Conversation Phase 2



Phase 1 - recap

Starting point:

“The NHS needs to change.... But what does that mean...?”

Asked about “big picture” issues

- What should a ‘**seven day** NHS’ mean?
- Would you **travel** further for care from a specialist department?
- Are you happy to see surgery staff **other than GPs**?
- Could more services be delivered **away from hospital**?

Phase 1 - recap

Largely survey-based, and online – almost 2,000 respondents

Feedback included:

- Most people (64%) agreed that the NHS must change, and wanted a **focus on community**-based services
- Most people (57%) supported a focus on community-based care even if that meant **fewer hospital beds**
- About half felt that pressure on GPs could be eased if patients saw **other staff** instead
- Almost 3 in 4 prepared to **travel further for specialist care**
- 1 in 3 said all NHS services should be available, **all day every day**

Phase 2 - scope

Phase 2 intended to build upon findings from Phase 1, and move conversation forward.

Focus on face-to-face discussions. Asking people with first-hand experience of services for their views on possible changes.

Focus on four key areas:

- Community-based **mental health** care
- Living with **long-term illnesses**
- Living with **frailty**
- Using **same-day services**



Phase 2 - approach

Group discussions held from Petersfield to Gosport to Portsmouth.

Heard from **patients and carers**. 20+ groups discussions, ranging from 5/6 people to 15 upwards.

Structured conversations – setting out how services struggle to give patients the best experience now, and sketching an outline picture of how services could change.

The outlines of future care had some common overall themes – need a future with a greater emphasis on **community services, prevention, early intervention, self-care**.

Some **online engagement** as well – 110+ respondents.

Phase 2 - findings

Mental health: feedback themes

“Walk a mile in my shoes” – the need to understand, to empathise.

Care – compassion matters, a lack of it is quickly damaging.

“Computer says no 1” – services do not flex to meet patient needs.

“Computer says no 2” – systems don’t talk to each other.

Cliff-edge – sense that support is time-limited, and then stops.

“Pills or counselling...?” Limited options, by the numbers.

Capacity – long waiting times, with nothing in the meantime

Mind the gap – little support between therapy and crisis

Round the clock – ‘out of hours’ is a long, long time

Phase 2 - findings

Mental health: selected comments

Counselling stops very abruptly – you're left high and dry

It's a lottery how long you wait after being referred – what do you do in the meantime?

You want to speak to someone who knows how you feel – clinical experience isn't enough

“Out of hours” is a long time when you can't sleep – who can you call?

...a 'patchwork quilt' of different services but nothing joining them up

There is a big gap – nothing for people approaching a crisis

Phase 2 - findings

Long-term illnesses: feedback themes

“Communication breakdown” – systems still don’t talk.

Burden of care – patient expected to check, to chase.

Right hand, meet left hand – teams work without reference to others.

Capacity – waiting times.

“Your call is important to us” – the struggle to access help, quickly.

Specialists – the importance of access to specialist nurses / doctors.

Support the support groups – for advice, and wellbeing.

Continuity of care – good for patients, and clinicians

Phase 2 - findings

Long-term illnesses: selected comments

GPs need specialist support, or they can't give you the right care

Each patient needs a case manager – too often your conditions are dealt with separately

People with long-term illnesses often suffer from depression as well

Not having to explain your health problems to different people each time you see someone

I don't want to have to explain myself to receptionists – they're not qualified to help

A lead professional overseeing others would be a real step forward

Phase 2 - findings

Same day care: feedback themes

“Working 9 to 5...” – opening hours still don’t reflect modern life.

Distance matters – concerns that care will be too far away.

“Doesn’t have to be a GP...” – people just want appropriate support...

“I need to see my GP...” – ...but for some, continuity matters...!

Decisions, decisions – lots of choice, not so much awareness.

Help people to help themselves – people need the tools to self-care.

Communication breakdown – impossible to contact, and book.

Capacity – are there the people and funding for the job?

Phase 2 - findings

Same day care: selected comments

Nurse practitioners are amazing - worth their weight in gold

You don't know how ill you are, so you don't know which path to choose

We're still a generation away from understanding that a GP isn't always the best person to see

We need a wider range of ways to talk to medical staff – calling or Skype

At night, someone could be very vulnerable but not know where to turn

Everybody hates travelling too far, especially when they're ill

Phase 2 - findings

Frailty: feedback themes

Care for the carer – support those around the patient

Share the knowledge – make sure everyone is informed and involved

Plan, don't just react – not enough to just respond to emergencies

Take time to care – people are not just ill, they are often lonely too

“Keep it simple” – not always clear who is in charge, and responsible

Capacity – need to have enough staff in the community to help

Stronger together – need teams working together, not in silos

Phase 2 - findings

Frailty: selected comments

Get things done quickly
– end the endless
referring onwards to
another team

The biggest enemy is
loneliness – bring
people together so they
can socialise

It is confusing – trying
to weave your way
through the system can
be awful

If there is family or a
carer, support the
carers!

Listen to what people
say they need, don't
make decisions on
their behalf

Care is fragmented, it
only responds to
emergencies

Phase 2 – next steps

Full analysis of findings – to be shared with participants and publicised

Findings from both Phase 1 and Phase 2 will inform the work to develop new models of care in local communities. Projects such as developing a long-term conditions hub in Gosport, or testing new ways of giving people in care homes better clinical support.

Early discussions now underway regarding whether a third – possibly final – phase would be useful. Need to decide the areas where feedback would be most useful, and the best method for generating feedback which can add the most value.