The Way Forward – March 2019

Feedback report and update

North East Lincolnshire Clinical Commissioning Group (NEL CCG) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) hosted the fourth edition of The Way Forward public and stakeholder engagement event on March 14th at the Humber Royal Hotel, followed by a 'bite-size' twilight meeting the following week at Centre4 in Grimsby.

We held these meetings to share information about the work going on to make local health and care services more sustainable. The presenters explored how we can do things differently and the ways in which organisations can work more closely together, to deliver a more joined up system locally. These were interactive meetings, with participants invited to use our voting handsets to vote on a number of questions and ideas relating to the development of Primary Care in North East Lincolnshire.

Across the two events, over 100 people attended and we hope that you found these sessions to be interesting and informative. In response to some of the feedback we received following the Getting Better Together events in September 2018, we changed the format of these meetings by reducing the number of presentations. This was to allow for more time for discussion and to ensure that presentations were not rushed.

Liz Read, chair of the Accord Steering Group, provided an opening address to welcome everyone and gave a brief overview of the plans for the afternoon. Liz also discussed the importance of patient, public and stakeholder involvement in the NHS; explaining that it can take time for people to see changes in the services they access, and how they have influenced these changes.

There were a series of presentations to look at:

- NHS Long Term Plan for North East Lincolnshire. Getting it Right – People and Place
- Getting it right – hospital services
- Primary Care & Care Networks

The even finished with a Question and Answer Panel with local health and social care leaders, followed by closing comments from **Dr Peter Melton, NEL CCG Chief Clinical Officer and Anne Shaw, Chair of NLaG**.

This report contains copies of all the presentations from the event, together with an update from each of the presenters and links to any further information. The results from the session where the voting handsets were used have been included in the slide sets. We also have a full write-up of the Question and Answer panel including

some post meeting notes from panel members to update on progress and provide clarification.

At the end of this report you will find a summary of the evaluation forms we asked participants to complete at both meetings; we use these to help us learn from and improve these engagement events.

What did you tell us about the meetings?

We have looked at the evaluations forms we asked you to complete from both sessions. We have found that 96% of those completing the forms at the daytime session said they rated the session overall as either good or excellent, and 100% of those attending the twilight meeting rated the session as excellent or good.

The comments that we received in the daytime evaluation forms included:

- I always greatly appreciate Dr Peter Reading's comprehensive updates. He has a special knack of delivering a blow-by-blow honest account of the organisations situation and the proposed solutions to be tackled.
- Good to have speakers willing to be honest and open about challenges as well as successes.
- Comments precise and to the point. Problem getting too much info to take in.
- I was impressed by Dr Reading and his honesty
- Too similar to previous presentations made – NlaG element needs to be audience interactive.
- Pleasing to hear about apprenticeships
- This year's event felt better than last year's as it was not so rushed and more open for consideration.
- Very useful and enjoyable meeting. Important to carry them on!
- Keep it as it is, short and to the point. The involvement of the general public is essential and a good thing.
- Encourage panel members to move about the audience more.

The comments that we received from the twilight evaluation forms included:

- The evening session seems to be getting more people coming and a larger venue may need to be considered.
- Very well balanced and presented session with ample opportunity to ask questions
- I think the two presentations were too long. I feel that it should not take over an hour and a quarter to deliver a 'state of play' presentation, however challenging the situation may be. 1 hour and 25 minutes into the session, I didn't feel that my views were relevant at all.
- Perhaps need to hold the meetings at a place where they are accessible by public transport.

We also received a number of suggestions for how we can improve similar events in the future; all of which we will take on board when planning our next engagement

events, the Accord Annual Meeting, in September 2019. We will send you more information about these at a later date.

We also asked you what you would like to see included in future events, and your suggestions included:

- I would like to see how Adult Social Care fits into this more
- Mental Health
- Dementia care – support of independent living in the community and support for carers.
- Progress with the NHS 10 Year Plan
- Real examples of actions/actions plans for digital and service design
- Update on CQC assessments
- Recruitment update (hospitals/GPs)
- Transport i.e. children's hospitals in Leeds/Sheffield. Stroke Unit in Scunthorpe. Due to medical treatment at hospitals, clinics, medical centres being out of some people's easy access. What is being put in place to get them there and back? Not everyone has the private transport or time off work for visiting parents, friends and family.

The Presentations

In this section, we will share what people told the presenters at the event, and what we are going to do about it. All of these presentations were delivered at both the daytime and twilight meetings.

NHS Long Term Plan for North East Lincolnshire. Getting it Right – People and Place – presented by Rob Walsh, Joint Chief Executive, North East Lincolnshire CCG & North East Lincolnshire Council.

Rob provided an update on the developing 'Union' arrangements between the CCG and Local Authority to jointly plan and commission health and wellbeing services for the population of North East Lincolnshire ensuring that the resources for these services are best utilised.

Rob also discussed the workforce challenges facing the area and the work taking place through the Humber, Coast and Vale Partnership to address these issues.

To view Rob's presentation, please click here.

Update from Rob –

Union Board - The Union Plan is being overseen by the Union Board that meets in public every two months and is made up of an equal number of clinical leaders and elected members. This has now taken the place of the CCG Partnership Board that stopped meeting last year. The Union Board has met in public three times so far and there have been Union Board workshops over the past six months looking at the governance and decision making arrangements that will allow the joint commissioning plan and priorities to be fully developed. The approach to joint

commissioning and the high level priorities were presented at the last Union Board with lead officers, key milestones, dates and their progress around the commissioning cycle identified. A small group of staff from the Council and the CCG are now working together to develop advice and guidance about how we will commission against the agreed principles.

Procurement & Contract Management - An initial piece of work has also been undertaken to look at similarities and differences in our procurement arrangements. Both organisations are required to comply with the Public Contracts Regulations and EU Treaty principles, however, we have different types of contract and therefore different arrangements for how those contracts are monitored. We're currently working towards agreeing high level principles that will underpin Union procurement activity.

We know that the services we provide are better when we listen to the people who use them. And we know that we can achieve much more when we work together with local communities to make things change.

We are currently developing a joint engagement strategy for the Union. This strategy is will set out how the Union will listen to and involve local residents and stakeholders in planning, buying and developing public services to enable people to live the best lives they can in North East Lincolnshire.

The strategy is being co-designed with community members, staff and local voluntary organisations and we will be sharing our ideas and ambitions over the summer with communities. For more information contact the Engagement team on 0300 3000 567.

Getting it Right – Hospital Services – with Dr Peter Reading, Chief Executive, Northern Lincolnshire & Goole NHS Foundation Trust

Dr Reading provided an update on the current performance of the Trust, highlighting an improvement in performance in a number of areas including a reduction in the mortality rate, reducing the number of 'long waiters' and an overall reduction in waiting lists. The Trust is expecting another inspection from the CQC this year, is working to complete the actions raised during the previous visit, and has agreed a number of priorities for 2019:

- Mortality
- Deteriorating patients
- Medication errors
- Patient flow
- Cancer

In keeping with the theme of the event, Dr Reading then provided an update on the workforce situation at the Trust. There has been a number of new appointments to the Leadership Team, and the vacancy rate for Doctors and Nurses has improved, although there is still more work to be done.

Dr Reading finished his presentation, with an honest appraisal of the Trusts current financial position, and explained how the Capital funding they have secured has been used to improve facilities – especially on the C Floor of Grimsby Hospital.

To view Dr Reading's presentation, please click here.

Update from Dr Reading

Since the event the Trust has agreed and started to implement its 2019/20 Operating Plan. The Trust has agreed it will have no patients waiting more than 52 weeks and its intention is, by the end of the financial year (March 2020), it will have no one waiting for longer than 40 weeks. The Trust is also planning to reduce its outpatient follow up waiting list by nearly 14,000. To make sure it can do all of this the Trust is planning to create a new ward of 25 beds at Scunthorpe.

Following on from the events the Trust has more information about the targets it is contractually obliged to deliver, with the possibility of not receiving our payments if it does not meet them. These types of targets are called Commissioning for Quality and Innovation (CQUIN) payments. There are five CCG CQUIN schemes which cover: antimicrobial resistance; staff flu vaccinations; alcohol and tobacco screening of patients; patient falls; and same day emergency care. As such these targets will also be Trust priorities alongside the quality priorities Peter outlines in the presentation.

In terms of worforce the Trust is expecting another high fill rate for junior doctors, building on our great improvement last year, and it has 20 nurses from the Philippines in the pipeline which should be joining by the end of September. The Trust also has plans to bring in 65 newly qualified nurses around the usual time at the end of this calendar year. The Trust is planning to bring in more new roles – by introducing Physician Associates on a two year rotational preceptorship programme, for example, and planning to introduce six Band 3 Physician Assistants – and it will be building on its successful Apprenticeships work.

Primary Care and Care Networks – with Julie Wilson, Strategic Lead for Primary Care, NEL CCG; Sarah Dawson, Service Lead for Long Term Conditions & Primary Care, NEL CCG; Dr Ekta Elston, local GP and Medical Director, NEL CCG.

This presentation focused on the workforce challenges and opportunities for Primary Care services in North East Lincolnshire. Julie highlighted the fact that the borough has a lower than average ratio of GP's per head of population, and a higher percentage of GP's nearing retirement than the national average, explaining that new roles such as Clinical Pharmacists are being introduced to help relieve the burden on GP's.

This was an interactive presentation, with participants given the opportunity to vote using our Clikapad handsets on a number of questions relating to future developments in Primary Care, including the use of online consultations and Care Navigators. The results of the voting can be found in the presentations below.

To view the daytime presentation, please click here.

To view the voting results of the twilight presentation, please click here.

Update from Julie, Ekta and Sarah

Since the event, we have finalised the Primary Care Strategy which has now been formally approved by our Primary Care Commissioning Committee.

One of the key developments shared at the event was the development of Primary Care Networks. This is progressing, and a workshop with the GP practices has taken place to share more detail about the requirements of the networks and the practices are currently considering which other practices they will work with to form primary care networks, with a view to having agreed the networks and submitted registration forms to the CCG by 15th May 2019. The primary care networks will become live from 1st July 2019 and the CCG will be supporting the networks to develop their working arrangements with other community services.

In the session, you told us:

- You would be happy to see another health professional other than the GP
- Mostly you would be happy to discuss your details with a care navigator (depending on the nature of the condition/problem)
- That you felt digital technologies have a role to play in healthcare and mostly would be happy to access an appointment in this way

The new networks will include a range of roles to enable patients to access the right care at the right time. For example, Clinical Pharmacists and Social prescribing link workers will form part of these teams. This will help to guide people to the right professional or service for their needs and help to free up capacity for GPs and Nurses to see the patients they need to see.

We are also progressing the digital element with an increased number of practices signing up to implement on line consultations (where you will be able to access advice from your GP practice about a health concern via the internet). We are also rolling out the NHS App and promoting the use of self-help apps such as MyCOPD, providing additional support to patients to manage their condition. You can see the benefits of the MyCOPD app here.

The Question and Answer Panel

Dr Peter Melton, Clinical Chief Officer, **Dr Peter Reading**, Chief Executive, NLaG; **Dr Kate Wood**, Acting Medical Director, NLaG; **Anne Shaw**, Chair, NLaG; **Lisa Revill**, Chief Nurse/Strategic Lead for Palliative & EOL Care, Care Plus Group; **Joe Warner**, Chief Executive, Focus Independent Adult Social Work; **Rob Walsh**, Joint Chief Executive, NELC/NEL CCG

Participants were invited to submit questions in writing during the meeting and could indicate if they wished to ask the question themselves or have it read out on their behalf.

1 *It has been impressed upon the people of NE Lincs that our adult social care and health is joined up and to our advantage. If this is so, when is the funding also going to be joined up?*

Joe Warner: If only it were that easy! In terms of the benefits, NEL is way ahead of other areas and we are well on the path of working together. We don't have a joint or single bank account as that would take significant changes at a national level but we can and do have joint discussions about how we spend our budgets. In reality we see it's often possible to do something through Adult Social Care funding that will benefit the NHS locally.

2 *How will post Brexit demographics affect the supply of workers and medicines?*

3 *On Tuesday there was a Parliamentary round Table event in London re Brexit and how this will affect carers and people with disabilities. How prepared is NEL to maintain the balance of medicines and equipment?*

Joe Warner: There is still a lot of uncertainty and no one can say what the impact of the various scenarios would be. There is contingency planning in NHS going on on a weekly basis for all eventualities including preparation for potential issues with delays in medication and how we could support care homes with food supply etc. We are as prepared as we can be for something that we don't know exactly what will happen with ever changing advice.

4 *Sugar free drinks containing artificial sweeteners are being sold in vending machines in the hospitals – what is being done to ensure these additives are not harmful? (aspartame)*

Dr Peter Reading – This is the first time this has been raised with me and I am not aware we are selling anything that is not healthy but I will look into this and get back to you. Yes, to make sure we have an adequate supply of healthier food options, we sell sugar free options in our cafeteria and machines but I don't know enough about the issue you're raising with this particular additive to be able to answer.

5 *What happens when we have power cuts, virus attacks or computers go down? I believe back up will always benefit the NHS system.*

Lisa Revell: Business continuity plans in the event of the situations outlined in the question have to be refreshed and trialled for effectiveness on an annual programme. Ensuring IT systems across the locality are resilient to multiple risks is looked at on a daily basis.

6 *How can we improve care for "difficult to diagnose" health problems (e people who bounce between their GP and the hospital without a diagnosis)?*

Dr Peter Melton: I think that's the role of the GP, to ensure the people who have a problem that doesn't fit one pathway or another are not allowed to bounce around the system. We are a safety net and I often say to patients to come back to us if they find themselves in a situation like that. I see my role as navigating my patients through the system.

7 *I have not heard any mention of food and catering. What role does catering play in patient care and staff working conditions in the future?*

Dr Kate Wood: We have a very good catering service in our organisation that achieves 5 star ratings. We regularly review the food we deliver and visit and sample what's on offer ourselves to test it. Obviously it has to be within budget and it won't be to everyone's taste all of the

time. From a nutritional point of view, patients in hospital are almost totally reliant on what's prepared and offered to them. We have a nutritional group in the Trust with dieticians and nursing staff who baseline assess patients' nutritional status when they come into hospital, if they are at risk of being malnourished and assess what supplements may be needed.

8 *How long is the NHS Long Term plan?*

Rob Walsh: – it is for 10 years.

Post meeting note – here is the link to the NHS Long Term Plan

9 Would the Trust possibly look at becoming a teaching hospital? Like the Royal Hallamshire?

Dr Peter Reading. We already do a large amount of teaching and have a huge range of students – not just in medicine but we have students in many areas of the trust, such as student therapist, which brings great strength to us. There is evidence that when staff are involved in teaching it keeps them on their toes and gives more job satisfaction. The other positive thing that happens is that many students, particularly nursing trainees, choose to come back and work for us. With respect to becoming a specialist hospital like the Royal Hallamshire that's just not a possibility as only a handful of centres around the country are big enough to have that level of speciality. What we can do is to aspire to do more around the research agenda than we do at the moment. We are meeting with the Dean of Hull York Medical School to look at developing more than the handful of research posts we have and expand clinical trials.

10 *I'm thinking about workforce, how are the universities and colleges contributing to the raising of expectations and aspirations of our local area – they receive funding to support this.*

Rob Walsh: We are directly engaged with the University of Hull and the Hull York Medical School as well as the University in Lincoln and colleges both local and further afield. We are engaging across those institutions to develop the right approach to workforce. There are also local enterprise partnerships which look at this from a business perspective to promote skills development so businesses contribute to how they see the future workforce. A lot of conversations are happening with a workforce plan signed off by Sustainability and Transformation Partnership executive group.

11 *My concerns when the union takes place what safeguards are put in place to protect a person's data and how is that data protected and stored, who has access and what is shared?*

Rob Walsh: This would be the same answer even if the union didn't exist. Both the CCG and council have clear data protection obligations and the legal agreement for the union has clear obligations. The safeguards are imposed by the data protection act and are strict.

12 *Rob Walsh talked about "better working together" listing different bodies However, as people are at the centre of change, will they be involved in the decision making processes? I realise consultation and engagement were mentioned but I'm talking involvement from the beginning.*

Rob Walsh: Easy answer is yes of course but I would say that wouldn't I. Sometimes the public sector gets consultation and engagement wrong. This union thing means that whatever we design we have to listen to people first. We need to be told when we get things wrong but also when we get things right. In relation to union board, that's the governing body of the union and it's a public meeting. So the simple answer is in the long term, yes, but you will need to bear with us while we make it work. We are in the process of developing an engagement strategy as a union.

13 *In regard to the survey about staff morale being disappointing, could you say why this could be?*

Dr Peter Reading: There are probably a number of reasons for this and morale is down across the NHS everywhere. Public servants, particularly health service staff, are under considerable pressure. The experiences of many of our staff in their day to day jobs and interactions with managers and peers have been disappointing and we have leadership issues to address and in how people behave to one another. Our Pride and Respect programme is being led by our staff involving 100s already. It aims to change the way people behave towards each other in our hospitals. We have launched a mediation service and dealt with about 30 mediation cases. Also, with respect to our CQC position, if you give a dog a bad name, how does it feel? I met with a new senior manager, an ex-nurse, last week and she said the overwhelming feeling she has is our staff feel very wounded by the reputational damage our hospitals have had. They take it personally as they take pride in what they do. People are hurt by the reports they read. If you look at the 10 trusts at bottom of the staff survey results, all 10 are in quality special measures. One of our objectives around improving our CQC rating is so staff can take pride in this. Interestingly, our patient satisfaction ratings are still what most private companies would die for – NLAG and the wider NHS consistently receives 95% satisfaction ratings in its hospitals.

We have made a lot of changes in leadership arrangements and the style we are trying to create is one of visible responsive leadership.

14 *How are we making progress on recovering expenses for people (especially from overseas) who are not registered for healthcare in the UK?*

15 *What is NLaG's policy regarding people not entitled to NHS services (excluding emergencies) eg overseas visitors? How is payment collected – eg when they present themselves or later? How much is outstanding to NLaG?*

Dr Peter Reading: We have a team of 3 people to enforce national policy as to who is entitled and who isn't and what you do about it. They don't just work on this, of course, but ensure staff are adequately trained about what documentation they need to ask for.

We do enforce and have had a couple of complaints from MPs about us being over-zealous but I think we were usually getting the balance about right.

The sums of money are not huge, £25,000 recovered last year. We bill people after their treatment but make it clear in advance they will have to pay. Some people do escape making those payments.

16 *The existence of NLaG transformation boards with patient reps has not been publicised. What function do we provide?*

Dr Kate Wood: Transformation boards have been set up by surgery and critical care division to look at patient care in areas such as opthalmology, orthopaedics and trauma. Patient reps on those boards were nominated and when first appointed met with member of the team to work through what their job would be. We realise this was some months ago but we now have a senior nurse with a lead role of patient experience who will be looking at patient reps in all areas of the organisation, including maternity, to be clear what these roles are, if they are sufficiently open and well-advertised and whether it's clear what is expected. We need to make sure it's a representative voice.

Responding to the suggestion it is a tick box role, Dr Wood added that sometimes when you set things up it's hard to know what the role is going to be right from the start and apologises if this is what it feels like.

In addition to these questions a further two 'My question is forms…' were found in the evaluation boxes after the event. These questions and responses are below….

17 *Some intelligent and informed people self-triage and only require the service of a GP as a last resort. It is now becoming as difficult to see a GP as a consultation. Do the Panel think they have allowed for this?*

Dr Peter Melton - Whilst there are a number of initiatives aimed at supporting general practice workload such as sign-posting to suitable alternative services, employing new professional roles to support GP work, and providing alternative ways to seek advice (such as online consultation), there will still always be the need for the GP to see those patients who most need their skills and expertise. There are a number of initiatives aimed at ensuring we continue to retain existing GPs and attract new GPs into the area, so that we can ensure that those needs are met.

18 *Why cannot the hospital enforce no smoking on the Princess Diana site?*

Dr Peter Reading - This is an issue of great frustration to staff and public alike, but the reality is that it is very difficult to enforce if local people in large numbers choose to ignore the many signs saying that smoking is not allowed on the hospital site. I understand we used to employ extra security guards to enforce no smoking at DPOW, but these cost in excess of £100,000 a year and we simply cannot afford that.

Over many years and in many hospitals, I have challenged people politely to ask them to stop smoking. Some do, some say – where can I smoke then? – and some are extremely threatening and abusive. The only solution which I have seen work is a Smoking Shelter, 80-100 yards from the hospital front entrance – we introduced this very successfully in Peterborough. Unfortunately, this contravenes guidance from Public Health England which is inflexible in insisting that hospital grounds should be smoking- free, and we would also need planning permission from the Council. It is something which we are actively exploring at the moment, but I do not know whether we will succeed.