Putting the public and
patients at the heart of
everything we do

NHS
Herefordshire
Clinical Commissioning Group

Let's plan Health and Care – Thematic Narrative

Appendix 2

Person-centred Care

Feedback indicates that people have varying expectations of healthcare. This did not appear to be related to age, gender or related to a specific characteristic, and more likely to be based on past experience. Everyone wanted to be treated with **respect** and receive **person-centred care**, with a smaller number of people wanting a nominated individual to provide or lead their care arrangements. This was to ensure consistency of care.

Part of person-centred care is recognising the patient as the **expert** on themselves. People gave examples where this was not acknowledged by practitioners. Blocks to self-care reported as level of **self-confidence** and **risk-adverse practitioners**.

The role of **carers**, and assumptions about their capacity to care was not fully considered in discussions and plans.

Making time for practitioners to **share** their knowledge was identified by people as useful however not routine. Giving people **skills** to manage their health would be empowering and support recovery.

Introduce a **Health passport** / summary care record were suggestions to improve person-centred care.

Early Help to keep well

People wanted more **help** to keep healthy.

Health checks were cited as good but not available to all of the population or prioritised by patients and practitioners.

People did not know **where to go** for support but had an understanding of the need to keep healthy. They were aware of their own **responsibility** for their health yet wanted support, advice and information. Some of this is not necessarily considered part of local NHS services, with people suggesting a role for the **voluntary and community sector** to help signpost to sources of information.

People flagged concern over increasing use of the **internet** to provide information. People wanted face-to-face support, in addition to online. People with anxiety or sight difficulties reported problems with searching for information. There was mixed feedback about awareness of **WISH** and its usefulness.

Improving Access

The difficulty in accessing primary care was a commonly cited concern of people.

Dental access is routinely poor with people either travelling significant distances to an NHS dentist or only seeking emergency treatment.

GP practice experience demonstrated no consistency in an offer to patients across the county. Approaches to booking urgent and routine appointments and ability to see named doctors are not similar across the county. This resulted in people who can access appointments and those that cannot. The length of waiting times for appointments ranged from nothing to three weeks. People flagged concern about services moving to telephone or web-based, such as hearing difficulties.

One issue per one appointment was frustrating for people and felt not to be in the person's interests to meet their needs.

Some GP surgeries and pharmacies have **limited facilities** that affect patient's experience of care. Some surgeries are increasingly not able to accommodate additional clinics, or pharmacies that are cramped with little patient privacy hampering confidentiality.

Improving Access

Minor injuries units received mixed feedback, unexpected closures and transfer to Accident and Emergency did not give people confidence that this was a reliable service that could meet their needs. Other feedback indicated that attendance at minor injuries unit was convenient.

In terms of community services, people have advised that they would prefer NHS services to be delivered from GP surgeries. This would broaden the range of care delivered and prevent journeys to Hereford County Hospital or other locations.

The **location of NHS services** is important to people. In particular, **transport** routes and the cost of transport are barriers for frailer, older people or those with carers, and this should be a consideration in terms of access to care and treatment. In addition, some people have commented that providing more services through their GP would help engender **trust** in other services.

People wanted better access to **equipment** and aids that could maximise their independence.

Care Coordination

Care coordination, **sharing of information** and communication between practitioners is perceived by patients as not joined-up. Examples or illustrations were given of occasions when patients were left to chase results or pass information between parts of the NHS.

There were some **gaps** or limited capacity in community services such as weekend support to change dressings.

Improved **locality working** would improve coordination and help create a network of practitioners.

People wanted their **NHS record** to be shared across the system so that accurate information was held and negated the patient having to relay information. In particular, it was perceived that there was limited information exchanged between doctors and hospitals

Community Health services

Community rehabilitation was considered insufficient and people wanted convalescence support at home.

Discharge from hospital was often reported as lengthy and disjointed. Limited advice provided to families.

People wanted more care provided from their community. This included making better use of local venues such as community hospitals.

There was a positive experience of **Virtual Wards, Hospice at Home** and **Marie Curie**.

There is **poor visibility** of services, and this would need raising awareness or linking with established GP practices to give the public more awareness of how local services can support delivery of care.

Urgent Care

People had varying experiences of **NHS 111**, or were not familiar with it. The options when you first call 111 was confusing and overwhelming. More information and awareness of NHS 111 required.

Confusion over **minor injuries units**, e.g. opening times, care for children under 5, access to x-ray.

Efficiency and Effectiveness

People were concerned that there was **insufficient resources** made available for the NHS. Some people queried whether health and social care should be incorporated together to address the needs of people.

There was a concern voiced by the public that NHS provision cannot meet the needs of a **changing population**, particularly as a result of a growing older population and population growth as a result of new housing developments.

People were aware of inefficiency in the NHS and provided examples, such as prescriptions or failure to attend appointments that were adding to **wastage** of resources. This was an area that people wanted assurance that NHS systems were addressing. Partially related to this, people queried whether the county had too many GP practices, with duplication of back-room functions.

People gave examples of **duplication** in tests and appointments

People were interested in how **technology** could help improve delivery of care but voiced concern about broadband infrastructure.

Workforce Skills and Development

Standards of care are generally good

People either felt that there was **inappropriate skills mix** in the workforce with unqualified staff, or other people replacing doctors, or there was not enough skill-mix across the NHS, to make better use of expertise.

People were concerned about the **GP recruitment**. In response, make Herefordshire an attractive place to work and use some of the new housing development to house / attract NHS staff. Greater links with training providers and the new Hereford University, so that we can grow our own staff.

Community Assets

Develop **self-help groups** and networks in the community. This will require ownership by local communities and appropriate links to other organisations.

Develop **social prescribing** to address the needs of people, linking with volunteering and tackling social isolation.

Develop local **guides** on services to help people make good use of local services.

Public campaign to talk about **mental health**

Lack of support for some conditions, such as Myalgic Encephalomyelitis

Undertake **opportunistic engagement** to get healthy lifestyles messages to the public

Next Steps

Primary Care

- Develop a consistent offer for patients
- Improve communication with patients
- Improvement of premises
- Use GP practices as a route to signposting and navigation
- Involve GPs in care coordination
- Raise awareness of NHS dental care

Communities

- Share findings of this engagement to highlight isolation and loneliness, awareness of local provision and support for self-help groups
- Develop ongoing engagement to support local solutions to the issues raised

Next Steps

Community Services

- Improve access to mental health services
- Consider how to make maximum use of community facilities (eg community hospitals) and reduce the need for transport
- Develop provision closer to where people live and help people stay at home rather than hospital admission
- Develop workforce competencies around person-centred care and recognition of carers
- Improve joined-up care across services
- Develop preventative care and healthy lifestyles as part of delivering care

Urgent Care

- Improve information to explain where to go, e.g. NHS 111
- Redesign the model of minor injuries units to be more accessible