## Public Engagement Summary

Programme of engagement from June to October 2017 that involved **803** people at:

- Locality public sessions (243)
- Interviews at G.P. surgeries, libraries and other locations (104)
- Online survey (298)
- Service-user focus groups (26) and events (20)
- Health professionals and partnerships (65)
- Kington Health Commission and Joint event with Healthwatch Herefordshire (47)





In addition....

Correspondence







Social media





Staff events / briefings (100+ people)



Town and Parish Councils (50+ people)







## Let's plan Health and Care in Hereford



## Feedback on Experiences

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|---|--|
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|   |  |

| Care delivered in local area  | Recognise Carers  |
|---|---|
| <ul> <li>Lack of coordination to address isolation</li> <li>Increasing pressure on the voluntary and community sector</li> <li>Limited staff cover impacts on delivery</li> <li>Often experience delays in community services response.</li> </ul>  | <ul> <li>Limited communication and involvement with Carers by the NHS</li> <li>Poor recognition of the Carer's expertise</li> <li>The impact on the Carer's health is not recognised</li> <li>Do more to identify carers</li> </ul>   |
| Information is key  | Access is poor  |
| <ul> <li>Poor visibility of services and no formal mechanism in place to publicise services</li> <li>Develop a single electronic record that is shared across services and people</li> <li>There should not be different records in hospitals and other NHS places</li> <li>Guide people through their care, with up-to-date information</li> <li>Provide information on what GP surgeries offer</li> </ul> | <ul> <li>Access to appointments, particularly in hours or for routine care</li> <li>Remove the need for a professional to make a re-referral and develop self-referrals</li> <li>Too many options in triage when you call NHS 111</li> <li>Broadband infrastructure improvements</li> </ul> |

## Feedback on Experiences

## Hereford

| Improve quality  | Person-centred Care  |
|--|--|
| <ul> <li>Standardise what GP surgeries offer</li> <li>Join mental health with physical health care</li> <li>Reduce ineffectiveness across the NHS</li> <li>Listen to patients and carers</li> <li>Reduce late night discharges</li> <li>Improve support to families after a discharge from hospital</li> </ul> | <ul> <li>Improve compassion and dignity</li> <li>Acknowledge people's fears</li> <li>Support the whole person, not treat conditions</li> <li>Recognise that people manage their condition</li> <li>Address blocks to self-care such as self-confidence and risk-adverse practitioners</li> </ul> |
| Needs of the population are changing   |  |
| <ul><li>Ageing population requires more support</li><li>New housing developments</li><li>Age profile of Carers</li></ul>   |  |



#### More care at home

- Ensure no distinction in access or quality of care in and out of hours
- Develop people's competencies to manage care at home



#### Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Share knowledge between NHS staff and people
- Create a central hub / platform for information



#### **Improve Access**

- Develop GP services online
- Make all prescriptions accessible online
- Make booking ahead for routine care available
- Promote NHS 111 rather than A&E



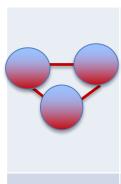
#### Involve me in my care

- Listen to me & trust my expertise
- Empower people to see their health as their role
- Treat people with dignity and compassion
- Treat people as people, not conditions



#### **Better communication**

- Share records so accurate information held
- Develop a patient's self-assessment before appointments
- Use a health passport or summary care record
- Honesty about the pressures on the NHS



#### **Connected care**

- Improve the interface between health and social care
- Improve interface between different parts of the NHS
- Involvement of voluntary and community organisations



#### Early help to keep well

- Develop social prescribing to improve our health
- Develop resources for early help to keep well



#### **Advice on self-management**

Education and training available

### **Improvements**

## Hereford

- Development of social prescribing to support wellbeing delivered by the voluntary and community sector.
- Enhance community health services including joined-up delivery of care for people with long-term conditions, and end of life care.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.



## Let's plan Health and Care in Kington



## Kington

## Feedback on Experiences

| Care delivered in the local area   | Healthy Lifestyles in your Community  |
|--|---|
| <ul> <li>Nurse-led walk in provision is good</li> <li>GP is under pressure and shortage of nurses</li> <li>Experience of lack of continuity in GP care</li> <li>Prescription reviews are not happening</li> <li>Limited resilience of services and inconsistent provision</li> <li>Under-utilised GP surgery in Kington</li> <li>Number of care homes is additional pressure on GP services</li> <li>More services such as outpatient clinics could be delivered locally</li> <li>It is difficult for family and friends to visit people in community hospitals</li> <li>Concerned about recruitment and retention of health &amp; care staff</li> </ul> | <ul> <li>Leg Club supports socialisation</li> <li>Good sense of community and reliance on volunteers</li> <li>Socialisation opportunities are affected by transport</li> <li>Use existing events to promote healthy lifestyles</li> </ul> |

## Feedback on Experiences

## Kington

| Information is key  | Access is poor & services are reducing   |
|---|--|
| <ul> <li>Unsure what (and when) local health services operate</li> <li>Lack of printed information on minor illnesses and conditions</li> <li>Need to share and join-up records across providers</li> <li>Limited community access to the internet</li> <li>Library opening hours are limited</li> <li>Patient records are not kept up-to-date</li> <li>Experience of poor sharing of information and communication between NHS organisations</li> <li>What is the future of WISH?</li> <li>Communication between patients and the GP Surgery requires improving</li> </ul> | Availability of appointments at GP surgeries are either good or poor, including for urgent appointments (depending on surgery) Transport to appointments is limited Location of GP surgery out of town is a barrier Limited and unreliable minor injuries unit opening hours, non-accessible environment and exclusion of children under 5 years old Poor out-of-hours provision Poor access to NHS dentist and pharmacy The difference between urgent and routine is not clear Poor access to mental health support No provision for young families or young people Limited support for housebound people |



#### More care at home

- Having more care available locally / on my doorstep
- Consistent care for people
- Enough services to meet the needs of growing population



#### Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services



#### **Improve Access**

- Improve access to services for children and young people
- Recognise transport and travel as a barrier
- Timeliness and flexibility of GP appointments
- Single point of access to the NHS
- Reliable and consistent Minor Injuries Unit
- Make NHS 111 more widely known/ recognised
- Improve out of hours provision for emergencies



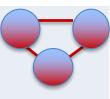
#### Involve me in my care

- Listen to me
- Involvement in care planning
- People are experts on themselves
- Provide continuity of care



#### **Better communication**

- Share records so accurate information held
- Keep information up-to-date
- Keep patients informed, e.g. waiting for test results
- Between professionals so no mixed messages
- Use technology
- Explain processes so understand what is happening / likely to happen.



#### **Connected care**

- Improve the interface between health and social care
- Improve links between primary and secondary health care



#### Early help to keep well

- Obesity is an issue
- Help people to change their habits
- Develop health checks
- Improve healthy lifestyles schemes, e.g. weight loss clinic



#### Advice on self-management

- Literature available at local library
- Access to professional advice
- Use pharmacy to promote and enable self-care



#### More care through GP practices

- Improve access to appointments
- Consistent standard across GP surgeries
- Follow-up outcomes of tests with patients
- Make better use of GP surgeries as venues for seeing other professionals
- Develop links with care homes

### **Improvements**

## Kington

- Improve coordination of care across health and social care, including sharing information.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Re-design Minor injuries Unit to reduce the barriers to using it.
- Develop multi-professional teams by creating a network of staff that share resources and expertise.



## Let's plan Health and Care in Ross-on-Wye



## on-Wve

## Feedback on Experiences

# Ross-on-Wye

| Care delivered in local area   | Discharges and alternatives to hospital care  |
|--|---|
| <ul> <li>More services locally, such as outpatient appointments and tests, to reduce dependency on Hereford Hospital</li> <li>You value Ross Community Hospital and work of the League of Friends</li> <li>Want more mental health and dementia support for families</li> <li>Duplication in services across the 2 GP practices in Ross-on-Wye</li> <li>Access to therapies such as physiotherapy is good</li> </ul> | <ul> <li>Late night hospital discharges are not in the interest of the person</li> <li>Lack of support given to families after hospital discharge</li> <li>Not joined-up with social care &amp; difficulties in resuming care packages</li> <li>Want more hospice at home provision</li> <li>Run pre-checks at home to reduce time at hospital</li> </ul>   |
| Information is key   | Access is poor  |
| <ul> <li>Improve navigation and signposting to services and help</li> <li>Make more information available on community services</li> <li>Increase awareness of NHS 111</li> <li>Poor experience of being asked for your views and actively engaged in shaping services</li> </ul>  | <ul> <li>Mixed experience of access to GP appointments</li> <li>Longer waits for non-urgent appointments</li> <li>No choice or availability to see Named GP</li> <li>Availability and cost of transport to NHS appointments is difficult</li> <li>Opening hours of Minor Injuries Unit is limited</li> <li>New roles/ staff in primary care (GP practices) alleviating some access issues</li> <li>Care for people with substance misuse</li> </ul> |

## Feedback on Experiences

# Ross-on-Wye

| Improve quality   | Needs of the population are changing  |
|---|---|
| <ul> <li>People staying for short admissions need facilities in Hospital wards</li> <li>Experience of a 'Tick box' culture in A&amp;E</li> <li>Limit multiple moves during a hospital stay</li> <li>Being listened to, with compassion and dignity is missing on occasions</li> <li>Improve care delivered in Care Homes</li> <li>Examples of ineffectiveness throughout the NHS</li> <li>Weak resilience of NHS services, e.g. shortage of GPs</li> <li>Blocks to self-care, such as self-confidence and risk adverse practitioners</li> </ul> | <ul> <li>New housing developments and an increasingly ageing population</li> <li>More work is required to change people's behaviour and expectations of the NHS</li> <li>Meet the needs of vulnerable people and people not familiar with NHS services, such as new families settling in the area.</li> </ul> |



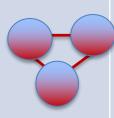
#### **Better communication**

Share records so accurate information held



#### **Planning for the Future**

• Impact of population growth on local services



#### **Connected care**

- Improve the interface between health and social care
- Provide continuous joined up care
- Include involvement of voluntary and community organisations
- Include access to equipment



#### Early help to keep well

- Run behaviour change campaigns
- Have a multi-media guide / directory



#### **Advice on self-management**

- Improve information on ageing
- Provide patient education and training



#### More care at home

- Access to short-term social care
- Help in a crisis
- Improvements to aftercare following discharge from hospital
- Improve community resilience and resilience of NHS services
- Improve quality and range of care at the community hospital
- Support for people with substance misuse



#### Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services



#### More care through GP surgeries

- Make better use of GP surgeries as venues for seeing other professionals
- Make GP surgeries a hub of our community
- Run drop-in clinics
- Link GP and hospitals together



#### Involve me in my care

- Treat me with respect
- Listen to me
- Provide continuity of care

### **Improvements**

# Ross-on-Wve

- Consider how to make an effective use of Ross Community Hospital.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Enhance community services to to prevent some admissions to hospital and treat people earlier with illnesses.



## Let's plan Health and Care in Ledbury



## edbury

## Feedback on Experiences

| Care delivered in local area   | Information is key  |
|--|---|
| <ul> <li>Lack of affordable residential care</li> <li>Deliver outpatient clinics locally</li> <li>Make better use of community facilities</li> <li>Concern about the future of Ledbury Intermediate Care unit</li> <li>Postcode lottery for some interventions</li> <li>Develop trust by the public in GP practice's teams</li> <li>Community transport is available</li> <li>Emergency Care Practitioner, Hospice at Home and Marie Curie are all examples of good services</li> <li>Transport out of Ledbury is limited</li> </ul> | <ul> <li>Poor visibility of services and no formal mechanism in place to publicise services</li> <li>Need advice that is face-to-face or telephone, rather than reliance on digital format</li> <li>Poor communication between NHS and care providers</li> <li>Lack of information on minor illnesses and not enough information upon diagnosis of conditions</li> <li>Poor communication across agencies that work across county borders</li> <li>Need to share records</li> </ul> |

## Feedback on Experiences

## Ledbury

| Improve Quality  | Person-centred Care  |
|--|--|
| <ul> <li>Experience of NHS 111 is variable</li> <li>Develop greater skill mix by staff so skilled staff do not undertake routine tasks</li> <li>Limit variability in responses from different teams</li> <li>Reduce waste in medication</li> <li>Make Ledbury an attractive place to work – use public property to house staff</li> <li>Strong Patient Public Groups (PPGs)</li> </ul> | <ul> <li>End late-night discharges from hospital</li> <li>Improve support to people and their families after a hospital discharge</li> <li>Join-up services to address</li> <li>Improve privacy in pharmacies</li> <li>Develop trust between people and the staff that are supporting them</li> <li>Appointments are not long enough to treat whole person</li> </ul>          |
| Enhance Prevention   | Access is poor   |
| <ul> <li>Early detection and screening schemes are valuable</li> <li>Diverse community services could prevent hospital admissions</li> <li>Develop social prescribing</li> <li>Concern about the impact on voluntary sector of cuts to funding</li> </ul>  | <ul> <li>Barriers to booking GP appointments</li> <li>Access to GP appointments poor</li> <li>Lack of knowledge about minor injuries unit opening times</li> <li>Poor out-of-hours provision</li> <li>Lack of access to dentists &amp; chiropody</li> <li>Poor access to mental health support, especially for young people</li> <li>Limited access to local x-rays</li> </ul> |

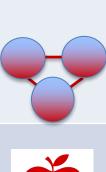
## Ledbury

### **Feedback on Improvements**



#### **Better communication**

- Share records so accurate information held
- Explain NHS processes to people
- Talk about mental health
- Use a health and wellbeing portal



#### **Connected care**

- Improve interface between different parts of the NHS and other services
- Involvement of voluntary and community organisations
- Better connected care when discharge planning



#### Early help to keep well

- Develop social prescribing to improve our health
- Run drop-in sessions for advice and guidance
- Healthy lifestyle schemes
- Multi-media guide or directory



#### **Advice on self-management**

- Help and advice to look after self
- Improved information on self-care
- Local patient education
- Housing support



#### More care at home

- Integrate services closer to home
- Discharge people with a package of aftercare in place
- Address social isolation for housebound people
- Use online consultations
- Use community hospital and minor injuries unit
- Improve convalescence support at home



#### Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Raise awareness about using services appropriately



#### More care through GP surgeries

- Access to appointments
- Consistent approaches across GP surgeries
- Develop a wider professional group that work from GP practices



#### Involve me in my care

- Need staff to ask questions
- Involve groups such as PPG in shaping services

## edbury.

## Feedback on Improvements



#### **Improve Access**

- Develop GP services online
- Make all prescriptions accessible online
- Make booking ahead for routine care available
- Promote NHS 111 rather than A&E



#### **Planning for the Future**

- Impact of population growth
- Bring together whole systems plans (health, social care and housing)
- Make wages for community services staff attractive

## **Improvements**

## Ledbury

- Development of social prescribing to support wellbeing delivered by the voluntary and community sector.
- Enhance community health services to prevent some admissions to hospital and treat people earlier with illnesses.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Increase information and support available about mental health, including urgent help.



## Let's plan Health and Care in Bromyard



## Feedback on Experiences

## Bromyard

| Care delivered in local area   | Healthy Lifestyles   |
|--|--|
| <ul> <li>More services locally, such as outpatient appointments</li> <li>A range of services from my GP surgery</li> <li>Make better use of community hospital, including to support people to recover / receive care closer to home</li> <li>Integrate with social care so people have their health and care needs addressed together</li> <li>Improve availability of domiciliary care</li> <li>Limited services for people with learning disabilities and / or mental health needs</li> </ul> | <ul> <li>Good community support network in Bromyard</li> <li>Good sense of community and confidence in professionals</li> <li>Need to do more to reduce social isolation and loneliness</li> <li>Opportunistic engagement to get healthy lifestyles messages across to the public</li> </ul>                           |
| Needs of the population are changing   | Access is poor   |
| <ul> <li>Number of people with a long-term condition are increasing</li> <li>Ageing population requires more support</li> <li>The GP surgery in Bromyard is too small</li> <li>Help people keep well and therefore avoid illhealth</li> </ul>  | <ul> <li>Increasingly difficult to see a named doctor</li> <li>Transport to appointments is limited and expensive</li> <li>There are too many entry points to the NHS</li> <li>Poor access to NHS dentist</li> <li>Poor access to mental health support</li> <li>Technology-led access is not only solution</li> </ul> |

## **Bromyard**

## Feedback on Experiences

| Information is key   | Improve quality   |
|--|---|
| <ul> <li>Improve information between my doctor and hospitals</li> <li>People's understanding of conditions and self-care</li> <li>Improve navigation and signposting to services and help</li> <li>Make access to health records work across NHS organisations</li> <li>Give patients access to their health records</li> <li>Make more information available on WISH</li> <li>Patients often have to tell their story more than once</li> </ul> | <ul> <li>Improve hospital discharges, especially to help people to return home</li> <li>Want good involvement in my care</li> <li>Make it clear who is taking responsibility for my care when there is more than one practitioner involved</li> <li>Improve coordination of care</li> </ul> |



#### More care at home

- Having more care available locally / on my doorstep
- Integrated care including by the voluntary sector
- Improve quality and range of care at the community hospital



#### Guide people through the system

- Want help/ support to navigate health and care
- Need greater awareness of services
- Clearer points of entry
- Need to know how to support others to get help



#### More care through GP surgeries

- Improve access to appointments
- Make better use of GP surgeries as venues for seeing other professionals
- Arrange care through GP surgeries
- Make GP surgeries a hub of our community



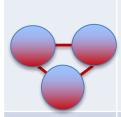
#### Involve me in my care

Always with me



#### **Better communication**

- Share records so accurate information held
- Have NHS 111 with local knowledge
- Keep patients informed, e.g. waiting for test results
- Provide reliable advice



#### **Connected care**

- Improve the interface between health and social care
- One team approach



#### Early help to keep well

- Reduce isolation
- Develop health checks and assessments to keep well



#### **Advice on self-management**

- Improve information
- Provide help and advice on how to look after yourself

## **Improvements**

## **Bromyard**

- Enhance community health services to prevent some admissions to hospital and treat people earlier with illnesses.
- Improve information about the NHS so people can make informed choices and use services appropriately.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.





## Let's plan Health and Care in Leominster



# Leominster

## Feedback on Experiences

| Healthy Lifestyles  | Improve Quality   |
|---|---|
| <ul> <li>Develop self-help groups</li> <li>Help people to identify others to form support networks</li> <li>Health-checks for all</li> <li>Issue guidance on prevention</li> <li>Recognise Carers</li> </ul>  | <ul> <li>Standards of care are generally good</li> <li>NHS staff are interested in caring for people</li> <li>There is duplication in tests and appointments</li> <li>Follow-ups are not routine</li> <li>Community rehabilitation is insufficient</li> </ul> |
| Information is key  | Access is poor  |
| <ul> <li>Insufficient information provided by the NHS</li> <li>Limited information exchanged between doctors and hospitals</li> <li>Improve people's understanding of conditions and self-care</li> <li>Navigation and signposting is tricky</li> <li>Limited awareness by the public on who to contact when</li> <li>Provide trustworthy information (and not just on internet)</li> </ul> | <ul> <li>Length of appointments are too short</li> <li>Parking is a challenge for NHS appointments</li> <li>Poor access to NHS dentist</li> <li>Lack of support with mental health</li> <li>Access to equipment for mobility is limited</li> </ul>            |

# Leominster

## Feedback on Experiences

| Care delivered in local area   | Person-centred Care   |
|--|---|
| <ul> <li>Good access to diagnostics, opticians and pharmacy</li> <li>Traditional model of the NHS is not sustainable</li> <li>Good voluntary and community sector, with the potential to utilise more</li> <li>GP surgeries could be a central hub</li> <li>Do more locally, such as outpatient appointments</li> <li>Limited mental health support available</li> <li>No integration with social care</li> <li>Improve connection between services</li> </ul> | <ul> <li>Know me, not my condition</li> <li>End impersonal care</li> <li>Recognise that people are reluctant to seek support</li> <li>Share information with people, such as test results</li> <li>Want continuity of care</li> </ul> |



#### More care at home

- Join-up services and develop multi-disciplinary teams
- Provide after-care and rehabilitation
- Develop people's competencies to manage care at home



#### Guide people through the system

- Want help/ support to navigate health and care
- Use existing clubs to deliver signposting advice
- Build up WISH



#### Involve me in my care

- Provide access to my records
- Treat people with dignity and compassion
- See the person and treat holistically
- Provide continuity of care
- No telling my story more than once



#### **Better communication**

- Share records so accurate information held
- Improve communication with the public about the NHS
- Improve communication between services and people
- Improve communication within the NHS



#### **Improve Access**

- Consistent Minor Injuries Unit opening hours
- Ease and availability of GP appointments
- Long-term support with mental health
- Access to routine and urgent care
- Access to dentists
- Recognition and support with mobility
- Not one issue per appointment



#### Early help to keep well

- Offer health checks for all
- Address social isolation and loneliness



#### **Advice on self-management**

- Focus on enhancing skills
- Better quality of information to enable self-care
- Somewhere to go for help with self-care
- Local self-help groups

## Improvements

# Leominster

- Improve coordination of care across health and social care, including sharing information and supporting people to navigate the system.
- Improve access to GP services, including routine and urgent appointments, as well as recognise that the primary care could be a base to access other services, information and advice.
- Re-design Minor injuries Unit to reduce the barriers to using it.
- Enhance availability of local community services to support people to manage at home and prevent some admissions to hospital.





## Let's plan Health and Care in Rural Areas (additional points)



## Improvements

## 9 rura Other

- Improve coordination of care across health and social care, including sharing information and supporting people to navigate the system.
- Enhance availability of local community services to support people to manage at home and prevent some admissions to hospital.
- Other issues that have an impact on healthcare recognise access and cost of transport is a concern; and delivery of telemonitoring and telecare requires improvements to broadband.