

Adult Community Health Services Programme

Workshop: Ensuring Adult Community Health Services are Accessible to All

Time: 09:30am-12.30pm

Date: Tuesday 16th July 2019

Location: Meeting Room 1, St James Priory, 1 Whitson St, Bristol, BS1 3NZ

Introduction

A CCG representative welcomed all to the meeting and everyone introduced themselves.

A CCG representative outlined the purpose and structure of today's workshop and encouraged suggestions in relation to how the new community services provider can make services inclusive, accessible for all and focussed on what local needs are. The representative outlined the Equality Act 2010 that was circulated in advance and explained the associated nine protected characteristics. The group were then asked if there were any other additional characteristics they believed should be included.

The group identified rurality and access to services as an issue that fell outside of the listed characteristics. Further characteristics the group believed should be considered were;

- Patient income
- Digital literacy
- Patient transport
- Carers and patients requiring care
- Deaf and blind patients

These were all areas the group believed may be unintentionally excluded from services.

Community Services Model of Care

A CCG representative gave an overview of the 'out of hospital model of care' and each of the four key specifications. A member of the group asked whether the model and services are based on population or geography, to which a CCG representative advised that both of these areas have been taken into account.

A CCG representative advised the group that there will be a bigger focus on the Third Sector and a part of the contract would be going towards voluntary organisations. A member of the group commented that at previous mental health events BME self-referral to mental health services had been highlighted, as the idea of self-referral was not as well known to their cultures and they often looked to professionals for a referral. They also commented that community referrals (through local organisations) should be available as another option

The group considered the idea of accessing services through a centralised telephone number and a member of the group supported the implementation of a 'call back' system to avoid patients waiting on hold for long periods of time. A CCG representative stated that steps are being taken to establish a true single point of access with the service being able to manage demand so waiting times are kept to a minimum. The group highlighted that continuity of care, patients having access to notes and patients not having to 'repeat their story' as important aspects of a single point of access service. A CCG representative commented that carers should be able to voice when a patient has an ongoing issue and should be involved in discussions about care.

Integrated locality teams

A CCG representative asked the group to think about the positive and negative aspects of integrated locality teams in relation to patients with protected characteristics.

The group raised public transport as an issue for patients seeing locality teams in a new location. They commented that the local transport routes need to be considered when the locations are decided as the patient's being able to access transport is vital.

The group also identified waiting times for services as a current problem, particularly for mental health services and physiotherapy after surgery. In relation to physiotherapy, a CCG representative advised that there is a desire for community and hospital physiotherapists to work together in the future to alleviate these waiting times, because post-surgery physiotherapy is currently under secondary care and thus not part of this contract. The representative stated that there will also be the implementation of a new model of care for musculoskeletal care.

The group highlighted that access to services was very important, as physiotherapy, hydrotherapy and exercise classes were all considered a good way of encouraging independence, prevention and self-care. Instances of working closely with care homes and staff working together were praised by the group and further work in this area was encouraged. Treating mental health and physical health in parity and training staff to do this was stressed as vital.

Locality hubs

A CCG representative asked the group to think about the positive and negative aspects of locality hubs in relation to patients with protected characteristics.

The group made a suggestion that services and information should cover an entire area rather than small sections of a locality. This was highlighted as an issue across the whole of BNSSG, as some areas are covered by health services and the Third Sector in a more substantial way than others.

The group commented that the Provider having knowledge of existing patterns of service use is important to enable them to make effective changes. A CCG representative responded that bidders have been informed regarding activity patterns within health services across the BNSSG area in as much detail as is currently possible.

There was a further suggestion made by the group that the Provider needs to consider people who don't go to traditional health services and how to target them, such as through the voluntary sector and sports clubs for promotion of the community services. The group asked for clarity as to whether the contract covered children, to which a CCG representative responded the contract is for adults and the transition age is 16-18, but services like minor injury units will see children.

Acute and reactive care

A CCG representative asked the group to think about the positive and negative aspects of acute and reactive care in relation to patients with protected characteristics.

The group commented that there should be more involvement of patient carers, particularly in relation to hospital discharges. Input from patient carers would also ensure that the right care is given to a patient once they are home and accessibility is considered as part of this. The need for discharge teams having strong links with the community and GP was highlighted so patient needs are met. There needs to be a clear link between acute care and the care in the community that follows, including matrons and district nurses.

There was a question from the group in relation to the timeframe for consistent access to the Rapid Response Unit across BNSSG. A CCG representative responded that standard access would be expected within 6 months and there should be consistent hours of opening across the whole of BNSSG after this time due to the need for staff consultation. The group stated that the way the Rapid Response Unit works in North Somerset currently is very positive.

There was a further query made in relation to how the single point of access will work for the general public, to which a CCG representative suggested that there is potential for a link with 111 in the future to try and get to a true single point of access for the system as a whole.

In relation to community beds, the group raised issues around length of stay and 'bed blocking'. A CCG representative discussed the expected length of stay depending on the severity of a patient's condition and outlined specific timings around this.

The group asked whether Weston General will be included in plans for acute and reactive care, to which a CCG representative commented that decisions on this are dependent on the outcome of the Healthy Weston consultation.

Specialist advice and support

A CCG representative asked the group to think about the positive and negative aspects of specialist advice and support in relation to patients with protected characteristics.

A member of the group raised that historically the Inner City and East locality have had a different demographic makeup to other areas, including first language preferences. The representative commented that changing patterns of where people live and how they access services needs to be considered. It was noted that there is now a larger density of BME communities in areas beyond those which have been considered in the past. The representative added that particular attention needs to be given to communication style and message delivery. Services such as The Haven and Healthlinks need to be available for a larger area than they currently are.

How should services engage with people with protected characteristics and other groups?

A member of the group commented that some LGBTQ sub-groups are 'off the radar' and need to be considered in the design of local community health services, including services for those who are same-sex parents. They highlighted that some services may be inaccessible for transsexual patients in particular. An example was given of a patient who had transitioned from male to female but was not considered for prostate testing as it had been assumed this would no longer be an issue. The group agreed that services need to take a proactive role in recognising different groups, and it is important to consider that some people have a multitude of protected characteristics.

The Gypsy Roma Traveller community was identified as a particularly vulnerable group and the group stated that access to health services must be considered for them in a way that is most appropriate, such as clinics going to them. The group added that health services must consider each area in terms of the particular needs of communities within it. It is important for the Provider to get feedback from various groups and communities to ensure they are engaging with the whole

of BNSSG. The group said that health professionals need to have a greater awareness of what is available in their community; this should include all people who interact with potential users of the service, including receptionists and other people working in a care environment.

A member of the group raised a query in relation to the provision of services for the deaf community and a CCG representative clarified that services for those who are deaf are commissioned separately and supported by the Third Sector. The group member commented that this can bring up potential problems for GPs about needing specific knowledge about the community and the services they offer, particularly around language accessibility and deafness. The group suggested that services need to consider those people who have more than one protected characteristic; current services which are not within scope should be utilised accordingly.

A member of the group raised communication as an integral part of considering the needs of those from potentially disadvantaged groups, including communicating in different languages and ensuring there is accessible information to all. It was suggested that the Provider having a diverse workforce and forming links with a variety of community groups would be able to enable this extended communication. The group commented that wider outreach and engagement is vital and another group member suggested that Healthwatch would be able to help with this.

A member of the group made further suggestions that greater communication and message delivery in GP practices would improve knowledge of the service for all. The group suggested that general marketing also works, such as nurses in Boots providing blood pressure tests and nurses attending events such as the Harbour-fest. This would engage more people, not just those who have long term conditions, to stay healthy and be proactive. They commented that patients knowing where and how to access services is a key part of information delivery and communication. There was a suggestion from the group to encourage 'patient champions' to come forward, who could be sourced from existing Patient Participation Groups. A member of the group suggested that Patient Participation Groups across BNSSG could be asked to have an item on their agenda to review material relating to the Adult Community Services and felt this would be a positive way to get feedback from the population to support service development and delivery.

A CCG representative thanked everyone for their contributions. The group were given a new CCG contact due to their existing contact leaving the CCG.

Next meeting

A CCG representative thanked everyone for their contributions and reminded about the date of the next meeting which is:

Monday 9th September, 2.00-5.00pm

Conference Room, 4th Floor, South Plaza, Marlborough St, BS1 3BX