Nottingham City CCG Strategy Development

Report on Engagement Activities: Executive Summary

1.1 Background and approach
Nottingham City CCG is in the process of developing a new commissioning strategy for 2016-20. To inform its strategy, the CCG is conducting a wide-ranging programme of engagement with stakeholders, patients, community groups and members of the public.

The engagement activity comprised an event with stakeholder organisations; an online and offline survey with 620 responses; 14 facilitated face-to-face discussions with key communities (e.g. carers, disabled people, elderly people etc.); a stand at six community events and a toolkit which allowed other partners and stakeholders to run their own engagement events.

The purpose of the engagement was to understand the communities’ healthcare priorities, their response to the draft strategy, and their views on how the strategy could be delivered.

1.2 Emerging findings and recommendations to consider
Survey respondents were asked how far they agreed or disagreed that the ambitions and priorities proposed for the strategy were the right ones for the people of Nottingham City. An overwhelming majority of the 324 respondents who were asked this question agreed that these were the right strategic ambitions, with 94% agreeing overall, of which over half (57%) strongly agreed. Of those who disagreed, concern largely focused around the impact of financial cuts and the ability of the CCG to achieve the aims. Some felt that there should be more explicit mention of the wider determinants of health and the need for effective joint working with other partners.

There was also strong consensus across the facilitated face-to-face discussions with community groups on their healthcare priorities and there was broad support for the draft strategy. In particular, participants saw the focus on mental health, and on prevention, tailored education, and an integrated approach to mental and physical health, positively. However, participants would have liked to see a focus on improving GP services reflected in the draft strategy. Access to primary care was also a strong theme in the survey responses.
There are a number of actions for Nottingham City CCG to consider based on the feedback from the survey and the facilitated discussions with some of the city’s different communities. Most of these recommendations cut across the delivery themes (prevention, diagnosis, treatment, self-care), the commissioning priorities (mental health, cancer, long-term conditions, musculo-skeletal disorders) and the communities. However, there are some that are specific to a theme, priority or community.

The proposed actions are as follows:

1.2.1 Improved access to GP services
Actions for the CCG to consider in relation to access to GP services include:
- Improved booking systems and processes – to ensure patients can get through on the telephone, that there are call-waiting systems to allow them to wait to speak to a receptionist and that let them know where they are in the queue.
- Offering and promoting alternatives to standard GP appointments, such as telephone appointments, or appointments with nurse practitioners.
- Increasing the number of GP appointments available to cut waiting times.
- Improved consistency between GPs and common standards to ensure all GPs have similar processes and systems in relation to appointments and bookings systems.
- Offering and promoting extra time and support in GP appointments for people who need it, e.g. because of a learning disability, complex or multiple issues, or because they need an interpreter.

1.2.2 Encouraging prevention and self-care by providing better information and support
Actions for the CCG to consider in relation to prevention and self-care include:
- Reviewing the effectiveness of current health promotion activities and explore new ways of getting the message across.
- Ensure that health promotion materials are tailored to the audiences in question.
- Work with partners to promote and support self-help groups.

1.2.3 Widening and promoting alternative access points
The CCG could also consider offering more alternatives to the GP as the first point of contact, and promoting existing alternatives, e.g.:
- Better promotion of NHS 111, pharmacy services (especially advice and diagnostics), and self-referral services for physiotherapy and counselling.
- Widespread training for other support workers and professionals to raise awareness, educate, spot early signs, support and signpost. In particular, the CCG should consider working more with Voluntary and Community Sector
groups to identify opportunities for connecting with communities in greatest need, and use these channels to spread messages and promote services.

1.2.4 More inclusive and empathetic services
The CCG could explore how it can promote improved cultural competence amongst all healthcare professionals so that they can understand, assess and respond to the needs of the communities included in this report.

It is suggested that the initial focus is on GPs, as most comments about cultural competence were focused on GPs. Improved understanding and awareness is especially recommended concerning transgender issues, Deaf people and the healthcare needs and eligibility of Asylum Seekers and Refugees.

It is proposed that the CCG works with community groups and the Voluntary and Community Sector to help it improve healthcare professionals’ understanding and to identify knowledge gaps.

1.2.5 Improved access to mental health
The CCG could consider a number of actions to improve access to mental health services:
- Quicker referrals into mental health services.
- Shorter waiting lists for mental health services.
- More holistic health assessments at all points along the patient pathway: all healthcare professionals could broaden their assessments to include mental health as well as physical health, and signpost and refer patients where necessary.
- Improved specialism in primary care: greater knowledge amongst GPs of mental health conditions, treatments and medication. This could be achieved by blanket increase in GP knowledge, or by increasing the number of GPs with a mental health specialism.
- Easier access to bridging treatments, e.g. talking therapies while waiting for specialist care (including gender identity services, cancer care and specialist mental health services).
- More – and better promoted – self-referral services.

1.2.6 Communicating the final, agreed strategy
There was a call for the CCG to communicate the feedback on the engagement activity and to explain to community groups and stakeholder organisations how this feedback is translated into the final, agreed strategy. The CCG needs to ensure that it does this effectively as there was some strength of feeling that this has not always happened in the past.