

Merton's Call to Action feedback report

23 May 2014



1. Call to Action

The purpose of Call to Action is to simulate debate in local communities, amongst patients, health care professionals and commissioners, about how best to deliver healthcare services in the face of the future challenges of a funding deficit and growing demand for services. It is predicted that there will be a shortfall of approximately £38 billion in the NHS in terms of service provision over the next ten years.

The NHS belongs to the people – A Call to Action, discusses the key problems and opportunities that the future NHS must address. It provides a framework for this discussion, outlining the key issues facing the NHS and the case for future change.

The Call to Action aimed to:

- Build a common understanding about the need to renew our vision of the health and social care services, particularly to meet the challenges of the future
- Give NHS stakeholders (patients, clinicians, commissioners, etc.) an opportunity to tell us how to maintain current NHS values in the face of future pressures
- Gather ideas and solutions to develop both the CCG's two year operating plan and five year strategic commissioning plan.

In Merton CCG Engagement activities for Call to Action complemented our existing engagement and strategic planning. The feedback we received is being fed into our two-year operating plan and five-year strategic commissioning plan in particular transferring primary care and integration of services. Call to Action feedback will also shape the national vision, identifying what NHS England should do to drive service change.

2. Merton Challenge

- **Merton's population is getting bigger.** We have a growing and high birth rate and at the same time an ageing population. Young and old make more demand on services.
- Merton's population is generally healthy compared to England average but this masks **significant variation** in life expectancy and mortality rates within the borough.
- Society has developed cures for many of the killer diseases we suffered when the NHS was created 65 years ago, but as **we live longer, patients have more long term, complex conditions.** Our lifestyle choices - like drinking, smoking, diet and lack of exercise - are now the main factors



right care
right place
right time
right outcome

causing poor health.

- **Patient's expectations of services have changed.** Patients want more information, convenience, more personal control of their own conditions and the best quality. We expect services to be joined up and to fit around our lives. We expect the NHS to offer care and information using technologies we use in our everyday lives. We expect more choice, the best and newest medicines or therapies and to have more control and say over how we are treated.
- Simply making gradual improvements to current services will not be enough to keep up with the pace of change and growing demands. Unless we **transform services**, patients will experience longer waiting times, poor quality and outdated care.
- **A disproportionate amount of Merton's healthcare budget is spent on hospital services.** The borough of Merton does not have an acute hospital, yet spends 64% of its total health budget on acute services. In comparison 12% is spent on primary care services and only 8% spent on community services.

Right care at the right time in the right place with the right outcome. The national direction is for more integrated care that is closer to home. In Merton the movement to more locally based services in the community has been happening since 2000, but the Better Care Fund seeks to accelerate this with the Better Health Care Closer to Home programme.

- Following the global economic downturn, NHS England is assuming that the national **NHS budget** will remain at its current levels - or **flat growth** in real terms. But as demand rises and other costs rise, like medicines, energy, pension costs, etc. the NHS will rapidly become unsustainable and generate huge cost pressures. It is estimated that without radical changes to the way services are organised and run, the NHS in London will have an affordability gap of £4bn by 2020.

3. Approach

We promoted Call to Action and our online survey through existing communications and engagement channels, such as the CCG website, twitter, engagement activities; and via partner channels including Merton Healthwatch, Merton Council and patient and community group events, GP practices, e-newsletters and contact distribution lists. Hard copies of the online survey were available from GP Practices, libraries, at engagement activities and by post on request.

The main tool to collect views and ideas was an online survey that was available for eight weeks on Merton CCG's website.



Summary of channels used:

- GP members; promotion to CCG members, Patient Participation Groups, hard copy surveys sent to practices to place in practice waiting areas for patients
- Face to face meetings; linking into existing engagement activities, events and regular meetings (see appendix 2 for engagement grid)
- Website; created an online survey (see survey questions in appendix 3)
- Social media; promotion of online survey via Merton CCG's twitter account
- Media; press releases to promote online survey sent to Wimbledon Guardian to gain media coverage to reach the wider population
- Partner channels; Merton Council, Libraries, NHS partners including all acute trusts and community services provider, Health Watch and Merton Voluntary Services Council.

4. Feedback results

Approximately 425 people have been reached by Merton's Call to Action, 369 through 15 engagement events, 58 surveys completed, 45 of which were completed online. For a full breakdown on demographic data, please see appendix 1.

Feedback from meetings and events include a desire to see:

- Exercise classes and groups to be available on prescription to help those who need it, but cannot afford it, to improve health and well-being
- Improvement of patient information and advice on local services, to enable people to make informed decision about where to go for treatment and when, e.g. alternatives to A&E
- Increased integration and collaboration between health and social care, and hospital and community services to improve outcomes and experience for patients
- Greater focus on prevention, awareness raising, health campaigns, training and education on specific conditions
- Investment in the workforce to prepare for the changes within the NHS

Survey results

Answers to questions as follows:

Health and social care services can support people to be more in control of their own care and to take more responsibility for their own health by;

- Greater access to GP and hospital appointments, and choice of healthcare provider
- Improving general patient and condition specific information and advice on local services and treatment options available
- Guidance from health professionals and advocates to identify local groups, tools and training from within the community that can offer extended support such as self management programmes
- Providing easy access to affordable exercise and other preventative activities, and encouraging participation through community engagement

The NHS (including primary, hospital, community care and mental health) and social care services could better use technology by;

Merton's Call to Action feedback report/Clare Lowrie-Kanaka, PPE Manager, Merton CCG Nan-see McInnes, Communications Lead, South London Commissioning Support Unit/23 May 2014



- Using Skype and Facetime for patients who are house bound or have mobility issues – GP and Nurse appointments, assessments and hospital consultations
- NHS or health app to monitor weight reduction, healthy eating, exercise, order repeat prescriptions and reminders to take medication
- Greater use of text messages, emails and automated phone calls for appointment reminders and inform patients of routine test results
- Online access to information about specific conditions, how to use medication, new and existing treatments

The advantages and disadvantages to providing the same quality of care at the weekend, overnight and in the week would be;

- Outcomes for patients would improve if healthcare provision were consistent throughout the week
- Resourcing the appropriate staff required to provide the additional services would be problematic, night shifts/weekend especially
- Waiting times and list would be improved, and it would relieve pressure on daytime services and A&E
- Funding the cost of extended services on the existing budget would not be possible

The NHS could make resources go further to meet more people's needs by;

- Providing better care within the community, community nurses, drop in advice sessions, the Expert Patients Programme to reduced need for hospital services
- Make better use of technology, online consultations, email and text messages appointment reminders, repeat prescriptions, appointments made on-line
- Raise awareness of the costs of treatment, services and the impact of wasted appointments 'did not attend'

If you could change anything about the NHS what would it be?

- Improve GP and hospital appointment systems, easier access to appointments and faster referrals to hospital and other support services
- Place NHS services in the community to support people with long term conditions and their carers to reduce the need for hospital services

What could be done to reduce the demand on hospital services and make sure people are supported in the community?

- Redirect individuals who inappropriately use A&E to more suitable services such as walk in centres, GPs and pharmacists
- Raise the awareness of other community and voluntary groups who can provided advice, support and services to patients and carers
- Extend out of hour services, walk in centres open longer, GPs extend hours, i.e. longer days and available at the weekends
- Mobile surgeries reaching out to communities most with high health care needs, promote prevention and general health and well-being



What can NHS Merton CCG and other partners do over the next five years to deliver more health and social care services in the community?

- Work in partnership with voluntary, community and public sector to improve and integrate services, join budgets to improve services and access to services
- Involve patients, public and carers in the planning, development and reviewing of services through engagement activities and patient groups

What things would make the biggest difference in improving patient experience?

- Improve communication between patient, carer, healthcare professional and healthcare provider organisations and sign posting to other community advice, support and education organisations
- Increased access to GP, hospital and specialist appointments, and faster referral and treatment times

5. Conclusion

The report captures the themes and concerns raised by participants during the Call to Action discussions held between October 2013 and April 2014, and reflects national findings reported in NHS England's <http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2014/04/final-engagement-report.pdf>

Merton CCG will continue to engage with patients and the public on the themes raised and look to find possible solutions. The Call to Action engagement findings will inform our operating plan and commissioning intentions.

As part of our ongoing patient and public involvement we will ask the Merton CCG patient reference group to help identify changes we have made as a result of the feedback which we will then publish on our website.



Appendix 1: Demographic Breakdown

Total number of surveys completed 58

Online surveys 45 45

Paper surveys 13

How old are you?

Under 25		25-34	6
35-44	9	45-54	10
55-64	15	65 and over	15
Prefer not to say	3		

Do you work for the NHS?

Yes	8
No	44
Prefer not to say	6

Do you consider yourself to have a disability?

Yes	4
No	51
Prefer not to say	3

Please tell us your postcode?

Post code	CR4	SW1	SW16	SW19	SW20	SM1	SM4	SM5	SM6	SE15	KT3	Not Given
No	9	1	1	15	10	3	8	2	2	1	1	5

Please tell us your role and, or organisation you represent?

Role or organisation	Numbers
Skipped	6
Jigsaw 4U	2
Merton Council	1
Merton CCG	1
Nurse / Consultant	1
Technician	1
Age UK	3
Community Learning	1
Merton Seniors Forum	1
Mental Health Support	1
Carer	1
Psychotherapist - Private	1
Patient Participation Group	1
Not given	37



Which NHS services have you, or the person you care for, used in the last year?

Services	You	Cared
I haven't used an NHS service in the last year	4	3
GP or Practice Nurse	45	16
Out-of-hours/111	5	6
Walk-in centre	8	7
Urgent care centre	3	4
A&E	17	8
Hospital (pre-booked appointment)	26	5
Community health services	9	0
Pharmacist	19	4
Optician	9	2
Other services: Physiotherapist 2, Community Mental Health 2, and Counselling services 1.		

Please tell us your ethnic background?

White	British	26	Irish		Other White background	15		
Mixed	White and Black Caribbean		White and Black African		White and Asian	5	Other Mixed background	2
Asian or Asian British	Indian	3	Pakistani		Bangladeshi		Other Asian background	
Black or Black British	Caribbean	4	African		Other Black background			
Other Ethnic Groups	Chinese		Other ethnic group		Not answered	3		



Appendix 2: Engagement grid

Stakeholder group	Channels	Meetings (where possible)	Dates	Lead / Presenter	Actions / Progress
1 25 Member Practices (Clinical)	<ul style="list-style-type: none"> Launch email promoting Call to Action and online survey CCG intranet Presentation at an existing event Promotion via GP leads Presentation CCG newsletter 	Members event	30 Jan 2014 9 Oct 2014 Feb 2014	Nan-see McInnes CCG Chair Nan-see McInnes	Completed 80+ in attendance MCCG February newsletter focus on C2A
2 Localities	<ul style="list-style-type: none"> Launch email promoting Call to Action and online survey Presentation and discussion Request written feedback / online survey Presentation Presentation 	PM Forum Practice Leads Forum	3 March 2014 27 Feb 2014 30 Jan 2014	Nan-see McInnes Eleanor Brown / Jenny Kay	Go live on Monday - out to all PM and Locality Leads 14 in attendance 17 in attendance



Stakeholder group	Channels	Meetings (where possible)	Dates	Lead / Presenter	Actions / Progress
3 Merton CCG – All Staff	<ul style="list-style-type: none"> Launch email promoting Call to Action and online survey CCG intranet Email online survey Newsletter Presentation and discussion 	Staff Briefing	9 Jan 2014	Nan-see McInnes	Newsletter, upload presentation and survey to intranet and website - Completed 20 in attendance
4 Merton CCG – Leadership	<ul style="list-style-type: none"> Launch email promoting Call to Action and online survey CCG intranet Presentation and discussion Feedback Report 	Governing Body Board seminar Governing Body Board seminar	19 Dec 2014 29 May 2014	Nan-see McInnes Eleanor Brown	Newsletter, upload presentation and survey to intranet and website - Completed 20 in attendance
Practice population including Patient Participation Groups	<ul style="list-style-type: none"> Email promoting Call to Action and online survey Poster Hard copies of survey 	Attend if requested - PPG meetings	4 Mar 2014	Nan-see McInnes and Clare Lowrie-Kanaka	
	<ul style="list-style-type: none"> Presentation and discussion Presentation and discussion 	Lampton Road Patient Reference Group	26 March 2014 25 Mar 2014	Clare Gummatt Jenny Kay	12 in attendance Sent to PRG members on 4 March 2014 18 in attendance



6	<p>Voluntary sector groups, lay user groups, faith groups, community groups, etc.</p>	<ul style="list-style-type: none"> Materials to be sent to Hub organisations for wider distribution i.e. MVSC, Healthwatch, Ethnic Minority Centre, Age UK, Carers Support Merton and others Launch email to be distributed to their contact lists Send printed surveys and posters Presentation and discussion at existing meetings, where possible 		3 Mar 2014	Nan-see McInnes and Clare Lowrie-Kanaka	
<ul style="list-style-type: none"> Presentation and discussion <p>Other networks/contacts:</p> <ul style="list-style-type: none"> Imagine Alzheimer's Society Age UK Merton LGBT forum Merton Young Carers Ethnic Minority Centre (EMC) Merton Centre for Independent Living Merton Voluntary Sector Council 		<ul style="list-style-type: none"> Diabetes UK Wimbledon Inter Faith Forum Joint Consultative Committee (JCC) with Ethnic Minorities Carers Support Merton Carers Cafe 	<ul style="list-style-type: none"> 17 March 2014 26 Feb 2014 6.30pm 19 March 7.15pm 18 Mar 2014 7pm 	<ul style="list-style-type: none"> Clare Gummatt Jenny Kay Andrew Murray and Cynthia Cardozo Eleanor Brown 	<ul style="list-style-type: none"> 20 in attendance 6 in attendance 20 in attendance: 15 Community Reps 5 Councillors 15 in attendance 	

7	Health and Wellbeing Board and Scrutiny Committee	<ul style="list-style-type: none"> • Presentation and discussion 	Merton Health and Wellbeing Board and Overview and Scrutiny Committee	3 Dec 2013 Ongoing dialogue to June 2014: - 28th Jan 14 - 25th Mar 14 - 24th Jun 14	
8	HealthWatch	<ul style="list-style-type: none"> • Presentation and discussion • Launch email promoting Call to Action and online survey 	Healthwatch meetings	31 Jan 2014 5 th Feb 2014 4 Mar 2014	Dr Karen Worthington and Cynthia Cardozo Dr Sion Gibby and Jenny Kay Clare Lowrie-Kanaka
9	General public	<ul style="list-style-type: none"> • CCG, Healthwatch and MVSC websites • Online survey • Social media to promote online survey • Press release to promote response from public • Presentation, table discussions • Online questionnaires and paper questionnaires in GP practices, Civic Offices, Libraries and other central points 	Via community meetings, patient group meetings and HealthWatch, see above Engage Merton Questionnaires	4 Mar 2014 4 Mar 2014 16 October 2013 January – March 2014	Nan-see McInnes and Clare Lowrie-Kanaka All 57 in attendance 58 completed questionnaires (45 online, 13 paper copies)



10	Community Pharmacists	<ul style="list-style-type: none"> • Launch email promoting Call to Action and online survey • Presentation and discussion 	LPC meeting	29 January 2014: Sedina Agama and Jenny Kay	Sedina Agama and Jenny Kay	70 in attendance
11	Providers: Acute Mental health SMCS Third sector	<ul style="list-style-type: none"> • Launch email promoting Call to Action and online survey 	Via provider staff briefings through the communications route	Ongoing through Jan – Mar 2014	Nan-see McInnes and Clare Lowrie-Kanaka	



Appendix 3: Survey questions

1. How can the health and social care services support people to be more in control of their own care?
2. How can the health and social care services support people to take more responsibility for their own health?
3. Mobile, smartphone and computer technology are now a part of life. Please give us your views on how the NHS (including primary, acute hospital, community care and mental health) and social care services could better use this type of technology. For example, what would you use it for (emails/texts/app, etc.) and in which setting?
4. What do you see as the advantages and disadvantages of providing the same quality of care at the weekend and overnight as well as during the week?
5. Thinking about health and social care services, what three things would make the biggest difference in improving patient experience?
6. Please tell us your ideas as to how the NHS can make resources go further to meet more people's needs? If possible please be specific about the setting, i.e. primary care, hospital, community care and mental health.
7. If you could change anything about the NHS what would it be? Feel free to give anonymised examples of your experiences.
8. What could we do to reduce the demand on hospital services and make sure people are supported in the community? Feel free to give anonymised examples of your experiences.
9. What can NHS Merton CCG and Merton Council do over the next five years to deliver more health and social care services in the community?

