



‘People-driven care’

Conference 2016

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Introduction

On 27 April 2016, the second Healthwatch Newcastle annual conference took place at St James' Park. Our theme this year was 'people-driven care'. We wanted to focus on how we can put the people of Newcastle in the driving seat with regard to their health and social care needs.

The event was attended by 100 delegates from the voluntary, community and statutory sectors as well as members of the public. Delegates had the opportunity to attend four workshops over the course of the day and were able to contribute to the setting of Healthwatch Newcastle's priorities for 2016–17.



The conference was opened by Bev Bookless, the Chair of Healthwatch Newcastle. Bev explained that it had been a very busy year for Healthwatch Newcastle that included an office move, a number of staff and Board changes and our first baby. She followed this with an overview of the year's work mentioning a number of successful engagement events and the publication of four research reports:

- Spotlight on home care
- GP appointments: What do Newcastle patients want?
- Young people's mental wellbeing in Newcastle
- Young people's dental health project in Newcastle

Bev concluded by emphasising that we still have a lot to do. She paid tribute to the continuing hard work of the staff team and thanked our volunteer Champions for the vital role they play in our continuing success



Steph Edusei, Healthwatch Newcastle Chief Executive explained why 'people-driven care' had been chosen as the theme for the conference. She identified a problem with the image of people being at the 'heart' of care, explaining that although most people know where the heart is, we cannot see or hear it without sophisticated medical equipment.

Likewise people with several health and social care needs may have so many professionals working around them that their voice can get lost. Instead people need to be in the driving seat of their social care and health needs with the professionals acting like a satnav, ready to navigate and flexible enough to source an alternative route to enable the person to get to where they want to be.



Steph went on to introduce the four conference workshops:

- **Spotlight on home care** – led by Luke Arend (Healthwatch Newcastle), Barbara Douglas (Quality of Life Partnership Strategic Director) and Julie Irvine (Elders Council)
- **Dental health** – led by Andy Render (Young Healthwatch Newcastle), Debora Howe (Oral Health Promotion Lead, Newcastle NHS Foundation Trust) and Jonathan Lewney (Academic Clinical Fellow in Dental Public Health)
- **GP appointments and urgent care** – led by Lyndsay Yarde (Healthwatch Newcastle), Dr Steve Summers (Newcastle Gateshead Clinical Commissioning Group [CCG]) and Marc Hopkinson (Newcastle Gateshead CCG)
- **Healthwatch priorities for 2016–17** – led by Steph Edusei (Healthwatch Newcastle)

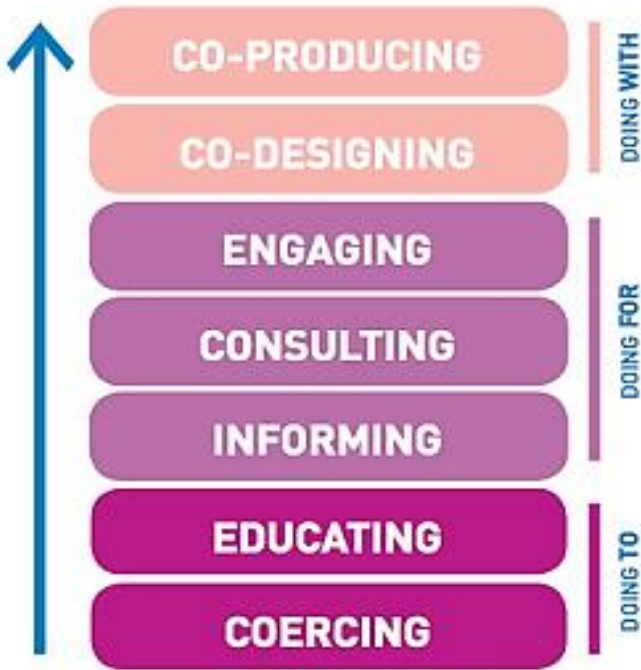
Keynote speaker – Alison Cameron



Alison is a Leadership Associate of the King's Fund. In 2014 she was named by the Health Service Journal as one of 50 'Inspirational Women in Health', and in 2015 she was the first patient leader to graduate from the NHS Leadership Academy with a postgraduate qualification in Healthcare Leadership. She is also an expert on Russia and in a previous role witnessed the aftermath of the Chernobyl disaster.

Alison's experiences precipitated mental health problems and she spoke candidly about her slide into alcoholism which resulted in her being homeless in London and enduring multiple admissions to hospital. She talked about her experience as a patient on the receiving end of health services and considered how a paternalistic system was reflected in the type of care she received, where she – the powerless patient – was subjected to 'fake' consultations where decisions had already been made without her involvement or consent.

Alison went on to suggest that we are at a turning point in health policy and in a time of dwindling health resources we need to disrupt the status quo. She explained that the current healthcare system boundaries are limited by a 'professional knows best' mindset. Alison suggested that there needs to be a power shift, patients are a massive asset and we need to identify them as partners. She championed the cause for the patient reclaiming power in matters of their own health.



Source: new economics foundation

Referring to patients Arnstein’s ladder slide of participation she asked: where are we on the ladder?

Alison concluded that to see people/patients as valuable collaborative partners benefitting the ‘professionals’ is the way forward and the difference this could make to health services is huge both in terms of increased efficiency and cost effectiveness. She proposed that we need to move beyond traditional involvement to co-production and patient leadership where active patients come to be recognised as service leaders, equal in esteem and influence to managerial and clinical leads.

Alison stated that, unfortunately, many health care professionals don’t yet “get it”. A defensive, fear driven approach results in a silo mentality where patients are perceived within narrow and unfair parameters. But Alison finished more positively with a Nigerian proverb ‘in moments of crisis the wise build bridges, the foolish build dams’.

A short question and answer session followed where Alison was asked, among other things, if she had any advice for Healthwatch Newcastle. She had a number of practical suggestions but her main tip was to be radical and shake up the system!

Spotlight on home care workshop

Barbara Douglas, Strategic Director at Quality of Life Partnership, introduced home care as a ‘quality of life’ issue. She highlighted the aging population, and in particular over 85 year olds, which is the fastest growing group. Barbara spoke of their fierce independence and how many wish to remain in their own homes.

When a person lives alone and does not have the support of family and friends, home care is paramount to their quality of life. This requires robust home care provision, however, the challenges surrounding how this can be paid for continues to raise debate.

Barbara concluded by reading out a poem (see right) written by staff and members of the Elders Council, which spoke eloquently of the need and right for dignity, respect and worth and the right not to be ignored.

‘Things that make me feel dignified’
 being treated with respect
 feeling to be a person of worth
 being acknowledged, not ignored
 feeling loved by friends and family
 being complimented on my appearance
 having an intelligent conversation
 being treated like a lady
 being included
 being asked for help and advice

Luke then spoke about our recently published ‘Spotlight on home care’ report (read it in the ‘Reports’ section at www.healthwatchnewcastle.org.uk/about-us/documents).



He described the background to the report, including national concerns, and also mentioned the opportunity to influence the re-commissioning of home care services by Newcastle City Council. This was seen as particularly important when the council has to cut its home care budget by 28%. Luke explained that 363 people responded to a survey, including service users, their carers and a small number of home care workers.

The responses overall were very positive – over 90% of people who use the service were either satisfied or very satisfied. However there were a number of areas where people felt improvements could be made including:

- Continuity of care worker
- Medicine management
- Communication between provider and user
- Complaints procedure
- Sufficient time for visits

From these findings a number of recommendations were drawn up and shared with Newcastle City Council, which has incorporated them into its new home care specification.

Julie Irving from the Elders Council went on to talk about the group’s recent report, ‘Future of Home Care Services’ (available at <http://tinyurl.com/gw6a6k9>), that looked at what people expect from a home care service. The Elders Council consulted a diverse group of people, in particular those who are likely to access home care in the future and asked them what they might need from a home care service. People wanted to know how to access information and advice about the home care: who would arrange their care and who would pay? Julie explained that many people assumed the state would pay for home care but this is often not the case. People were also asked to describe what a good home care service should look like. People valued being treated with respect and being cared for by people who had time to talk with them, in a language they could understand. Julie finished by highlighting that many people had serious concerns for the future of publically-funded home care

An interactive session followed where each table was asked to consider this question: **‘If you wanted to learn about home care services for yourself or a family member, what would be the 3 most important things you would want to know?’**

A number of issues were raised the most popular being:

- Access to information and signposting
- Cost and eligibility
- Choice
- How the system works
- Quality of care and quality assurance
- Continuity of care
- Cultural requirements
- Assessments and care plans
- Social aspects of care

Dental health workshop

Andy Render from Children North East explained that the Young Healthwatch group is supported by Children North East and is open to young people aged 13 years to 25 years who are studying or working in the city.

He began the session by talking about the research carried out by Young Healthwatch Newcastle on young people's attitudes to dental care (read the report in the 'Reports' section at www.healthwatchnewcastle.org.uk/about-us/documents). The group decided on a paper questionnaire so they could talk to other young people face to face. The aim was to involve young people from all parts of the city.

The questionnaire looked at how often young people went to the dentist and what stopped them going. Young people were then asked what information they would like and in what format. They indicated that they would like an information leaflet about dental health available in hard copy or electronic format. A draft leaflet has been developed and is currently out for consultation.

What stops you going to the dentist?



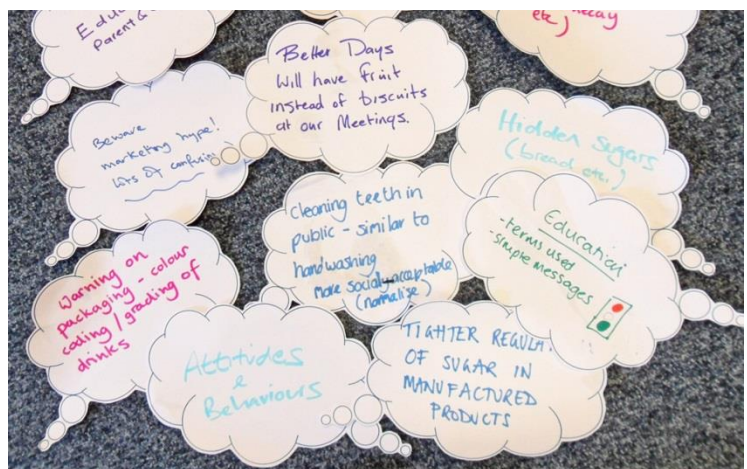
Jonathan Lewney, Academic Clinical Fellow in Dental Public Health and Debora Howe, Oral Health Promotion Lead at Newcastle NHS Foundation Trust, then went on to talk about local dental services and dental health. Jonathan explained that the NHS Choices website includes information on which local dentists accept NHS patients. Access in the North East is generally good; around 96% of people who try to get a dental appointment are successful. Jonathan also discussed the Young Healthwatch group's research. Only 51% of 16–24 year olds attend the dentist regularly and Jonathan commended the young people on their work, which was very useful in guiding local services in how to increase access for young people, particularly because it involved young people asking their peers about their views.

Jonathan and Debora went on to talk about dental health, focusing on the link between tooth decay and the frequency and amount of sugar intake. Plaque is the direct result of a reaction with sugar. Deborah explained about the prevalence of hidden sugars, which can

be particularly high in sugary drinks. She mentioned there is an app available that can measure sugar levels (see <http://tinyurl.com/guu5hap> for details). She went on to discuss how we can control our sugar intake: you can usually tell whether a product contains excess sugar by the first three words in its ingredients list – sucrose, glucose, dextrose are all sugars. Deborah mentioned the new sugar tax that will be in place in 2018 and asked whether there should be dental warnings on certain foods similar to those on cigarettes and alcohol? Jonathan expressed concern over an emerging culture of blaming the parents and was more in favour of having clear policy objectives.

The presentations were followed by round table discussions where people were asked to consider how we can reduce the risk to health from sugar. They were also given a copy of the leaflet produced by the Young Healthwatch group. A wide range of issues were raised and the top tips included:

- Warnings on packaging – colour coding/grading of drink
- Normalising cleaning teeth in public
- Better dental health education – relevant to younger people and parents
- Tighter regulation of sugars in manufactured products
- Shift the cultural norm - now cool to eat less sugar
- Regulate access to sugar
- Be aware of marketing hype!
- Photographs on packaging of dental decay, etc.



GP appointments and urgent care workshop

Lyndsay Yarde, Healthwatch Newcastle Project Manager, introduced the session and the other workshop leader – Dr Steve Summers (Clinical Director for Delivery, Newcastle Gateshead CCG) and Marc Hopkinson (Service Reform Manager, Newcastle Gateshead CCG)

Lyndsay spoke about our recently published ‘GP appointments: what do Newcastle patients want?’ report (read the report in the ‘Reports’ section at www.healthwatchnewcastle.org.uk/about-us/documents). She began by explaining the background to the report, that many general practices in the UK face an increasing demand for their services and have difficulties in recruiting new GPs. In this challenging environment, it is essential that GPs understand the preferences of their patients.

We decided to carry out research into this area to determine what is important to the people of Newcastle when booking a GP appointment, and to understand the relative importance that people put upon the different aspects of a GP appointment, particularly speed of access (waiting time for an appointment) but also convenience of appointment time and continuity of GP.

Key findings

1. At the population level, people in Newcastle value both convenience of appointment time and continuity of which GP they see
2. People are prepared to wait between five and five and a half days to see either their preferred GP or to get an appointment at the time of their choice
3. Convenience marginally more valuable than continuity

This overall picture masks important differences between the various patient subgroups:

1. Men and younger people value convenience more
2. Women, older people and those with a long term condition or disability value continuity of care much more highly
3. Non-white British people and people from the LGBT community put less value on both these aspects and value speed of access more



Dr Steve Summers and Marc Hopkinson gave an update on the Newcastle Gateshead CCG Urgent Care Review, welcoming the additional £3 billion of funding recently made available by the government for GP practices. The difference between emergency and urgent care was explained, with an overview of current provision and patient feedback on those services. The principles for an effective emergency and urgent care service were outlined.

Marc went on to explain that the CCG is currently working with communities and professionals to look at how it can deliver a 24/7 same day primary care response to urgent care needs. Marc finished the presentation by posing a number of questions that will help inform the work currently underway.

An interactive session followed which began with the question:

What does 'urgent' mean to you?

People were asked to indicate below how quickly you would expect to be seen in three different scenarios. The results are shown below:

	0–2 hours	2–6 hours	6–12 hours	12–24 hours	Total
You had an urgent problem	16	2	12	4	56
Your young child (under 5) had a urgent problem	45	9	2		56
Your vulnerable friend/relative had an urgent problem	33	21	2		56

Followed by two further questions:

Question 1 - How can we raise public awareness of the 111 service and ensure that ringing 111 is a good experience?

Responses included:

- Education campaign to improve the public's understanding of 111
- Better publicity
- Shorter, more relevant, questions
- Less delays and repetition
- Better trained staff with access to medical records
- Change the number you ring – 111 is too close to 999



Question 2 - What would your ideal 'urgent access to primary care' service look like?

Responses included:

- A 24 hour GP service
- With access to your medical records
- Practices working together, possibly around a 'hub'
- Good quality information about where to go and when
- Like a walk-in centre but run by local GPs
- Friendly, reassuring, understanding staff as people may be very anxious
- Access to pharmacists who can help with pain relief
- Able to accommodate those who struggle to register with a GP, for example, the homeless
- Education around what is 'urgent'
- Single point of contact with signposting to the right service for you



Healthwatch priorities for 2016–17 workshop

The session was led by Steph Edusei, Chief Executive of Healthwatch Newcastle. Steph began by explaining that we set priorities each year from a shortlist that is informed by service user feedback, data analysis and our understanding of what is of current interest or significance, at both local and national levels. The process is: we shortlist; we ask people to vote on priorities at the conference, online and when we're in the community; our Board then decides on work for the coming year based on people's votes.



The priorities shortlist was:

1. Special Educational Needs and Disability (SEND)
2. GP appointments/urgent care
3. Ambulance (dignity and respect, urgent transport)
4. Mental health
5. End of life care
6. Care homes
7. Home care
8. Intermediate care

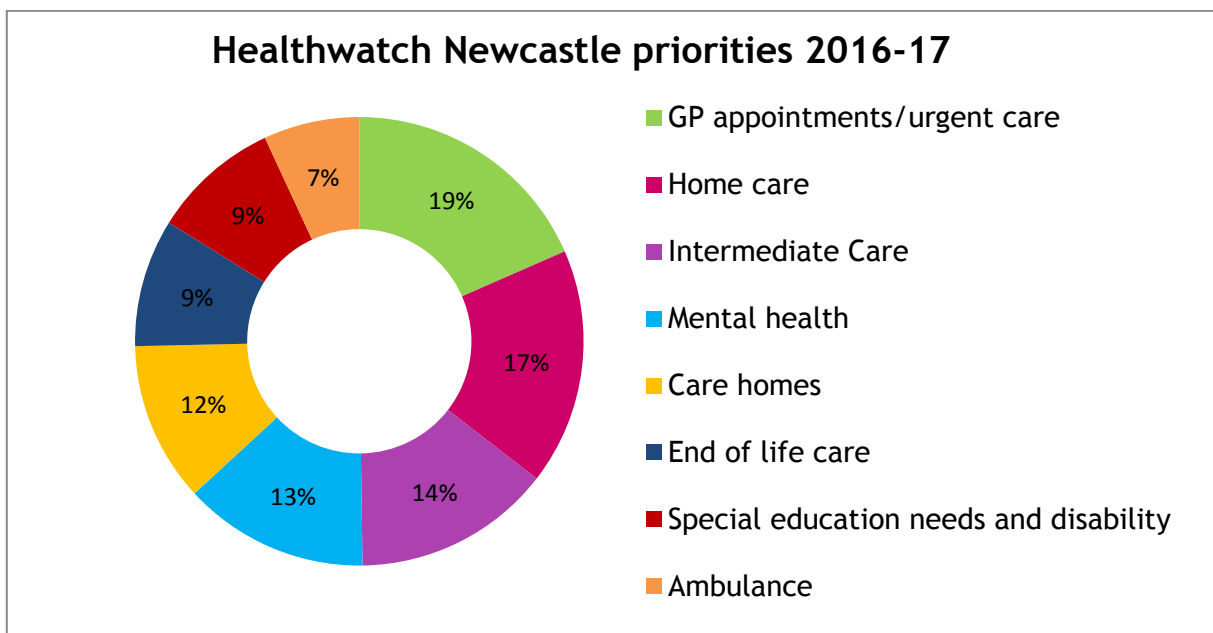


Each of the shortlisted areas was discussed in more detail and the rationale for their inclusion was explained.

This was followed by an interactive session where each table was asked to consider each shortlisted area and discuss the following the questions:

1. Why should this be chosen as a priority?
2. Why should this not be chosen as a priority?
3. What additional information/groups etc. might it be helpful to link with if this is chosen?
4. Anything else you'd like us to know/consider?

Participants were then asked to vote for their top three priorities. People were also able to vote at other points throughout the day and the voting results were:



Next steps

Mental health came out as slightly higher than care homes, receiving 13% of the vote, while care home received 12%. However, the ongoing reviews of both adult and child mental health services mean that a lot of work has already been done in this area. Because it wasn't clear how we could add value to this body of work it seemed more sensible to focus on the next choice – care homes.

The voting results were discussed by the Healthwatch Newcastle Board and our priorities for the coming year will be:

1. GP appointments/urgent care
2. Care homes
3. Intermediate care
4. Special Educational Needs and Disability (SEND)

Conference feedback

Overall feedback about the conference was very positive. The event was described as ‘excellent’ and ‘very well planned and well facilitated’ with a ‘good array of topics’. Another respondent describe it as ‘fun as well as informative’.

Respondents also made a number of useful suggestions for future events, including if there could be a presentation about Healthwatch recommendations that have been implemented. However, another felt we were trying to cram too much in and suggested holding a morning-only event.

Some excellent conversations at the tables

A pleasure to attend

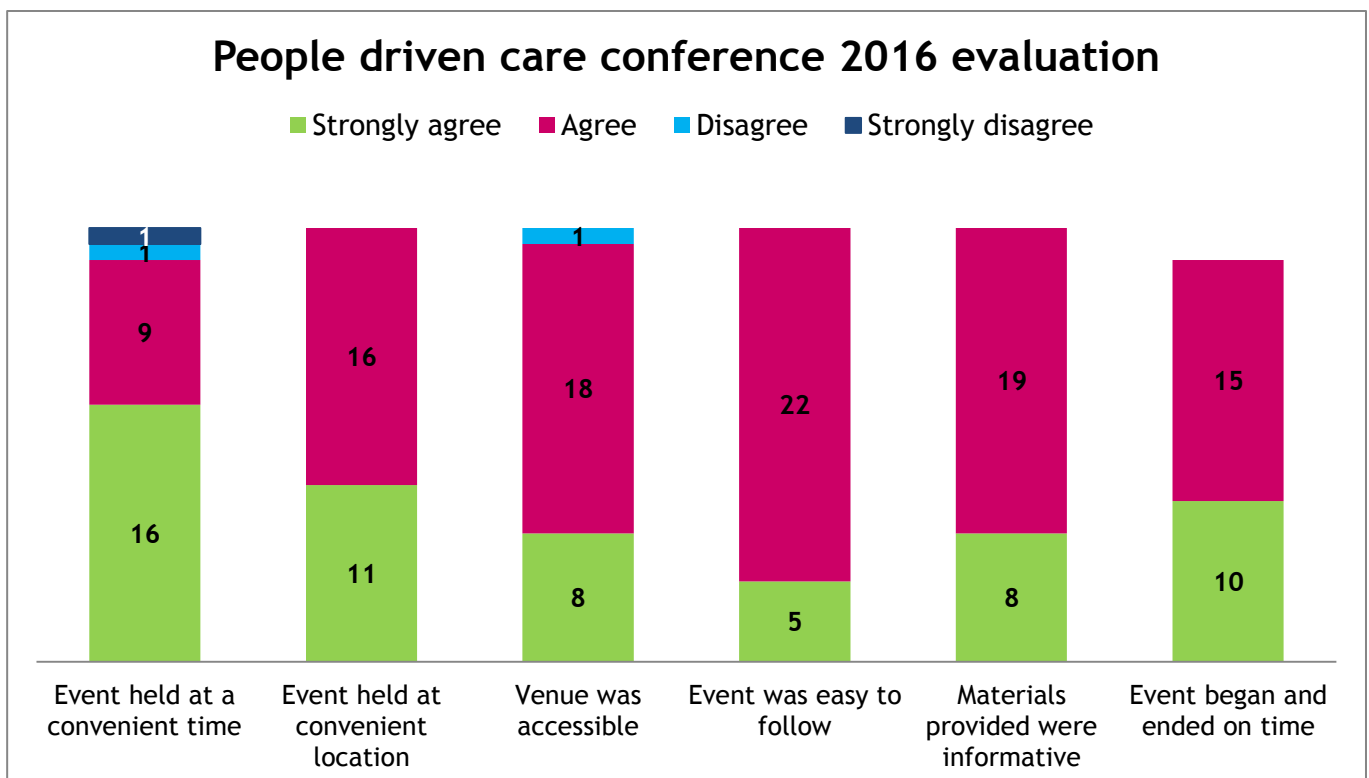
Very well organised, very focused on the subject and intelligently led

Great insight into the work being done!

Stimulating and thought-provoking

The conference evaluation showed that people were generally happy with the location and timing of the conference and thought the event easy to follow and the materials informative. Some suggestions for topics at future events included mental health, public health and patient engagement. All suggestions will be taken into consideration when planning future events.

The graph below gives an overall view of the evaluation.



Contact us



Healthwatch Newcastle, Broadacre House, Market Street, Newcastle upon Tyne
NE1 6HQ



0191 338 5720



07551 052 751



info@healthwatchnewcastle.org.uk



www.healthwatchnewcastle.org.uk



@HWNewcastle



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