Local care engagement activity overview

1. Introduction

Between April and July 2018, NHS West Kent Clinical Commissioning Group undertook a programme of public and patient engagement to explore the potential development of local care hubs in west Kent.

We are looking at developing an integrated service model, as a potential solution to the need for more and better local care, now and into the future, particularly for our frailer population. It is particularly important for people who have a number of different health problems to get proactive, integrated, holistic support in their community, from health and care staff working together and based alongside one another.

The services would come together in the same place known as a local care hub. These would be places where patients could potentially access a range of physical health, mental health, social care, wellbeing and council services in one place, working together in a more integrated way.

Many of the services detailed in the potential service model are already provided in the community but they are located in different places and they don't work in an integrated way.

To understand people's views on this, we undertook four connected strands of activity.

1. Public involvement via a series of roadshow stalls held in locations of high footfall such as shopping centres and farmers markets, or at events such as charity fun runs. The engagement team shared a summary about local care with people and asked open questions about the type of services that might be needed, and the travel or access issues people might for see.

2. Community outreach to a variety of groups, some of which are supported by the voluntary, community and social enterprise sector, to reach a more diverse breakdown of the west Kent population. Through this means we were able to engage with lone parents, socially disadvantaged families, black and minority ethnic women and organisations, and those working with armed forces veterans. Additionally, engagement was carried out at gypsy and traveller sites near Maidstone, Tonbridge and Sevenoaks.

3. With our partners, we held three public events in June and July, where we shared the concept of local care hubs and why we feel they may be needed, and sought public feedback on:

- what health, care and wellbeing services could be in a hub, and why they should be there
- which services would be essential and which desirable
- whether all hubs would need the same range of services or if there could there be a core set of services for all hubs, with additional ones locally as required
- the potential strengths and weaknesses of hubs
- what a reasonable journey time would be for people to travel to a hub
- what should be considered in terms of location and travel
- where people would like to see a hub and why.

4. A short transport survey asking people how they currently travel to services was available both online and via printed copies, distributed through the community hospitals.

All of the feedback received will contribute to the strategic case and further service design and planning.

2. Local Care discussion events

In June and July 2018, more than 250 people attended three local care public events held in Tonbridge in the evening, Maidstone in the morning, and Sevenoaks in the afternoon. The public events were attended by a mix of west Kent residents, patient representatives, representatives from county, parish and district/borough councils, health and social care provider organisations, and voluntary, community and social enterprise sector organisations.

There are significant differences between the three towns where the three public events were held. Tonbridge and Sevenoaks are both towns with community hospitals, while Maidstone is served by one of west Kent's two main (acute) hospitals. Maidstone also has a more urban profile and some areas of marked socio-economic deprivation. In contrast, the market towns of Tonbridge and Sevenoaks, which have a high preponderance of commuters, draw in residents from a number of rural villages and hamlets.

The public events in all three towns were attended by a high proportion of rural residents and representatives of voluntary, community and social enterprise sector

organisations active in rural areas. This factor was particularly relevant during small-group, table discussions around travel.

The events had a brief presentation followed by an open question and answer session – where panellists from our partners all contributed. Then there were two round table discussion sessions focusing on the principles around the model of care and services to include in potential hubs, and the issue of access, specifically travel and transport.

2.1 Feedback received

Overall, attendees expressed strong support for the concept of local care hub development, but also raised a number of caveats. There was no clear consensus across the events about whether GP practices or primary care services should be co-located in hubs.

Participants identified these **strengths** in the proposed development of local care hubs:

- a **holistic approach** where patients can access a broader offer of support including from housing and the voluntary and community sector – this will require a change of culture
- **integrated services** which are not just co-located, but where the multi-disciplinary team builds a working relationship as part of an innovative joint approach to improving care
- a **one stop shop approach** – where patients could get a series of appointments in one place on one day to meet their needs; this co-ordinated approach might mean patients seeing services in joint clinics, or setting up good triage which would co-ordinate services for patients
- **prevention and self-care** to help people to stay well.

2.2 Services most frequently suggested

These strengths are reflected in two of the three strands of services most frequently mentioned by participants as being essential for a hub.

Table one: a list of the services most frequently suggested during discussions at local care events.

Prevention, holistic approach: • Social prescribing: access to support to contact local, non-clinical, services. Education, advice on housing and debt as well as counselling. Positive support for whole person. Links to wider services such as leisure/education, hospices

• Stop smoking, exercise classes, people who are unhealthy, One You advisors, weight management dietary advice, sexual health
• Adult social care –people need support to understand the system and the types of support available benefits, practical assistance
• Support from voluntary and community sector such as Age UK, Hi Kent (for people who are hearing impaired), Kent Association of the Blind, carers
Coordinated care/integrated services
• Therapists, physios, psychologists, speech therapists
• Diagnostics, X-ray (7 days a week), scans**,** MRI
• Blood test (phlebotomy): access needs to be extended
• Ophthalmology (eyes) and audiology (ears) – support for these in community would be good as they are valuable in keeping people well and independent
• Multi disciplinary team - complex care for frail people, geriatrician (specialist in care of older people)
• Outpatient follow up treatment - for people with long-term heart problems, lung disease (COPD), joint problems (rheumatology)
• Dementia
• Diabetes support and education courses
Mental health, • To prevent crises
• Emotional wellbeing, peer support groups, advice,
• Talking therapies (IAPT), behavioural therapies – meeting low level mental health needs can stop people's condition becoming more serious. Needed for children and young people too
• Drugs and alcohol support services

Overall, people felt that the list of proposed hub services presented at the events is a good place to start from as long as the prospective hubs are kept flexible to reflect local needs. The exact scope should be decided by population need, value for money, and 'extending the services on offer or filling gaps rather than displacing what is already there'.

NB: To see a full list of the services suggested at the local care events see Appendix one.

2.3 Discussion points

Overall, the discussions at all three public events converged on clear, common themes.

- flexible thinking and innovation will be required. Hubs could potentially include extended practices in rural areas, or areas of particular deprivation. Don't disregard need for home visiting and mobile services – not everyone will be able to get to a hub
- hub services must improve on/transform, rather than displace existing services
- the aim of developing hub services should be to reduce travel. Any travel required must be less than to access the main (acute) hospital
- neighbouring areas need to be involved and their plans considered so there is joined up planning with east Kent, north Kent and Medway, Sussex and south London
- any potential hub locations must take into account access by road, parking and public transport, real-time, peak-time journeys, travel mapping and planning fully integrated into the planning and building process
- some tables at each event felt hubs should include more provision for children and families with services for 'troubled families' (ref. Maidstone event)
- people wanted to know whether the hub services would be accessed solely by referral, or whether there would be a walk-in element that services such as minor injury units have. They wanted to know if people could self-refer, particularly but not exclusively, for the information/advice and self-care elements. In Sevenoaks, a point was made about maintaining patient choice and not dictating which hub a patient might use.

2.4 Concerns that people felt should be addressed

Some participants were sceptical as to the feasibility of delivery and we discussed the following concerns that participants raised:

- equality of access and patient need should be the deciding factors in developing hubs. Several discussions focused on the risk of hubs being inaccessible to some residents, variously specified as elderly people, people without access to private vehicles, people from areas of high social deprivation, rural residents. This concern was why we discussed travel and transport as a specific issue.

- hubs don't necessarily need to be 'new build' and should make best use of existing public buildings and spaces
- staffing is a significant issue in GP and community services, and will need to be addressed.

2.5 Significant differences between views captured at the three events included:

- hubs must not remove services from the community hospital and would best be located on the community hospital site [Sevenoaks event]
- service improvements to be delivered through hubs could also be achieved by bricks and mortar extensions to existing practice premises, and/or an extended range of services offered from local GPs [Tonbridge event] or provided through mobile units.

2.6 What do people say would be needed to make hubs work well?

- good communication with good links to existing services and information, to help convey to users what is there
- good joined-up IT for professional system, including diagnostics and availability of tests. Currently some GP practices offer phlebotomy but this isn't universal – so scope against existing provisions.
- increased access for patients through technology so patients do not always need to travel. Also it would be good to have services travel to patients' homes, or mobile clinics in their communities.
- consider wider public estate, and link with KCC over transport/bus issues – both seen as vital to planning
- consult with neighbouring areas and join up planning with east Kent, north Kent and Medway, Sussex and South London.

3. Transport and travel

We recognise that access to any potential hubs would be affected by travel and transport availability so we investigated how people currently travel to community hospitals, GP practices and hospitals, and what people thought would be an acceptable travel time to reach any potential local care hub.

We did this both through discussion at each of the local care events and through a transport survey which people could complete online or in hard copy distributed by the community hospitals.

3.1 At the **three local care events** there was a broad consensus that:

People shouldn't need to travel any longer than 30 minutes by car, 45 minutes by public transport.

In discussion, it was clear that people have a general view that they shouldn't have to travel further than they would to the acute (main) hospital. Some people added: "If the service is good, they will travel."

- need should determine access, 80 per cent of the population should have easy access to a hub
- discussion of potential site locations uncovered tensions between established public transport routes taking people into town centres, and car drivers tending to prefer out of town sites which have good road links and parking and are less congested than a town centre.
- frail people, particularly with dementia, cannot be expected to travel to a hub by public transport, or to walk long distances from a car park.
- people who are dependent on public transport such as older people and people in areas of deprivation, need to have their ability to travel considered.
- bus travel is time consuming, costly and often finishes early. The timing of services needs to take account of this. If appointments/services are offered from 8am to 8pm but transport links stop at 5pm, then the services won't in fact be accessible in the way intended.
- people called for innovative thinking, and working with KCC on their current rural transport consultation. Consideration of hopper buses, volunteer transport schemes, and subsidised bus passes were all suggested.
- other suggestions were for alternative access via technology, having a range of mini hubs/extended practices near areas of need, services being mobile to cover broader areas, and working on transport infrastructure with bus companies
- we need to consider staff needs/access.

"8 – 8 sounds good but commuters can't use those services, as they are travelling to London during those hours, so Saturday working, or possibly 7 day working would be good like minor injury units."

Parking was also mentioned as a key access issue.

3.2 Transport survey

The short survey ran online from 1 June to 14 July 2018 and printed copies were distributed through community hospitals and at public events and roadshows.

In total we received 418 responses – 271 on-line, and 147 as printed copies.

Principal survey results

- as can be seen in the table below, the vast majority of people responding to the survey reported travelling to their hospital appointments by car
- even though half of respondents have free or discounted access to public transport, they indicated that it is often just not practical for them to use it to get to community hospitals (problems with public transport links, timings, routes, or round trips)
- public transport to the hospitals at Maidstone and Tunbridge Wells was reported as easier because they are on direct bus routes with more frequent bus services
- more than 40 per cent of respondents reported walking to their GP practice. However, the most frequently used form of transport was still cars.

Table: reported travel method to healthcare destinations

Type of transport	**Community hospitals**	**Acute hospitals**	**GP practice**
Own car	56%	60%	40%
Car overall (own or other's)	79%	87%	50%
Bus	7%	11%	3%
Other public transport	1%	2%	none
On foot	9%	2%	40%
Taxi	3%	2%	2%
Volunteer transport	2%	3%	Under 1%

The low-reported use of volunteer or community driver schemes and taxis or mini-cabs would benefit from further enquiry as:

- volunteer or community driver schemes were consistently referred to during public event round-table travel and transport discussions.
- a higher proportion of taxi use than reported in the survey was observed by engagement staff undertaking surveys at Tonbridge and Sevenoaks community hospitals.

Views on journey times

- the most frequently reported journey time to community hospitals was under 15 minutes
- more than 75 per cent of journeys were completed in under 30 minutes.
- the most frequently suggested acceptable travel time to hubs was about 30 minutes (50 per cent).
- more than 70 per cent of people reported willingness to travel between 20 and 30 minutes.

Parking

A total of 211 respondents provided details of parking and access issues at community hospitals and over a quarter of these were brief, positive comments.

Clear clusters of comments refer to:

- additional time required for parking
- lack of parking spaces
- long distances between parking spaces and services
- costs
- too few Blue Badge parking spaces.

Where comments made reference to specific community hospitals, Sevenoaks was most frequently identified as having issues regarding car parking.

Demographic profile of respondents

The majority of survey respondents – 90 per cent – were patients or residents, and older white women comprised the largest single group.

Of those who gave their age group:

- 27 per cent were between 70 and 79
- 20 per cent were working age adults, aged between 30 and 50
- 14 per cent were over 80.

More than 60 per cent of respondents who gave their gender were female, while 69 per cent of those who gave their ethnic group were white British. Overall, more than 25 per cent of respondents reported a disability.

There was a noticeable difference between the demographics at mid-point survey analysis of predominantly on-line survey respondents, and the full response taking into account printed surveys returned from community hospitals where respondents were more frequently aged over 80 and reported a disability.

4. Potential sites:

At the local care events we asked people to consider the whole NHS West Kent CCG area and suggest where they thought any potential hubs should be located**.**

All of the main towns, Maidstone, Sevenoaks, Tonbridge and Tunbridge Wells, were suggested, but people also spent considerable time debating the cover required for the more rural areas particularly the Weald of Kent.

Participants also suggested Paddock Wood, Coxheath, Parkwood, and some rural locations.

Planning with neighbouring CCGs was also mentioned to make sure the plans worked as a whole.

5. Outreach engagement activities

Between April and July 2018 we involved over a thousand people through a range of roadshows and outreach engagement activity including attendance at large public events, regular patient groups, voluntary, community and social enterprise sector groups and visibility in high footfall pedestrian areas focused in Maidstone, Tonbridge and Sevenoaks.

Table 2 shows a breakdown of this engagement activity

Activity type	Number people reached	Predominant age group

Roadshows	637 contacts **note:** includes leaflets shared with family groups of up to 8 people	30% aged 55-70 70% aged 25-50
Established groups	67 people / 240 leaflets to cascade	25% aged 55-75 75 % aged 25-50
Emergency department outreach	110	50:50 split ages:25-50, 60-80
Three public events	240	50-75
Gypsy and traveller site outreach	Covered 110 pitches	All ages, young people to young mums and family groups, including housebound
Total	1154 people	

5.1 Feedback received

Overall, the outreach participants expressed strong support for the concept of local care hub development. There was no clear consensus across all events about GP practices or services being co-located in hubs.

Common themes captured at all three public events were reflected in comments, queries and concerns expressed by west Kent residents throughout outreach activities.

The most frequently expressed concerns related to:

- travel to potential hub sites
- the necessity to have access outside routine GP and / or standard hospital appointment times

When discussing essential and desirable potential local care hub services, outreach participants specified services that converged with services selected by public event attendees.

In comparison with public event attendees, outreach participants were younger, less likely to belong to a patient group or partner organisation and more likely to have one or more school-aged children.

Notably, a high proportion of mid-range [35-45] working age adults identified the need for improved access to services for older and frail elderly people.

Outreach participants affirmed willingness to travel approximately 30 minutes to reach hub services and reinforced a view that they would not want to travel further or for longer than they currently travel to their local hospital.

Significant differences between outreach participants and public event attendees were:

- more often specified children's services such as speech and language therapy as essential hub services
- consistently specified improved local access to minor injury services
- consistently indicated a preference, whatever hub services were offered, for access to 'walk-in' and same day services.

Appendix one, full list of services discussed at the event, including comments in people's own words

Services	**Number of tables who mentioned them across all three events**
Prevention, holistic approach: Social prescribing: access to support to contact local, non-clinical, services. Education, advice on housing and debt as well as counselling. Positive support for whole person. Links to wider services such as leisure/education, hospices	17
Stop smoking, exercise classes, outreach to target people who are unhealthy, One You advisors, weight management dietary advice, sexual health	14
Adult social care – people need support to understand the system and the types of support available benefits, practical assistance	11
Support from voluntary and community sector such as Age	8

UK, Hi Kent (for people who are hearing impaired), Kent Association of the Blind, Carers First	
Support for families and carers	7
Coordinated care / integrated services:	
Therapists, physios, psychologists, speech therapists	14
Diagnostics, X-ray (7 days a week), scans, MRI	13
Blood tests (phlebotomy): access needs to be extended	11
Ophthalmology (eyes) and audiology (ears) – support for these in community would be good as they are valuable in keeping people well and independent	10
Outpatient follow up treatment - for people with long-term heart problems, lung disease (COPD), joint problems (rheumatology)	9
Multi disciplinary team - complex care for frail people, geriatrician (specialist in care of older people)	8
Dementia	7
Diabetes support and education courses	7
Pharmacy, supporting medication review, GPs to prescribe	6
Chiropody, podiatry	5
Volunteer transport	5
Wound management, catheter clinics, UTIs	4
Falls prevention	3
Rehab - recovery from stroke speech and language, OT, physio	2
Dermatology	2
Rapid response	2
GPs with special interests	1
Incontinence services	1
Learning disability nurses	1
Mental health To prevent crises	10
Emotional wellbeing, peer support groups, advice	7
Talking therapies (IAPT), behavioural therapies – meeting low level mental health needs can stop people's condition becoming more serious. Needed for children and young people too	4
Drug and alcohol support services	4

Other services	
Minor injury services	4
Children's services need more consideration. Should they be separate or integrated? Children's centres need to be considered.	3
Maternity, antenatal care	3
Café / refreshment facilities	3
Fracture clinic	2
Walk-in GP service	2
Respite care beds - frail, carers, mental health crisis	2
Cancer care specialist nurse - preparation, oral chemo therapy, support for living with cancer	1
Sevenoaks - rehabilitation beds	1
Youth services to use building in evenings after day time services 24/7	1

Forty three people attended the local care event in Tonbridge, 87 in Maidstone and 120 in Sevenoaks. For table discussions, there were approximately 8 to 10 people per table.