NHS Grampian Public Forum Meeting Report

NHS Grampian – Past, Present and Future
19 November 2011

On the afternoon of Saturday 19 November 2011, the NHS Grampian Public Forum celebrated its 10th Anniversary with a meeting at Woodend Hospital Recreation Hall. The topic for the meeting was ‘NHS Grampian – Past, Present and Future’.

The presenters for the day were:
- Laura Gray, Director of Corporate Communications
- Roelf Dijkhuizen, Medical Director

Richard Carey, Chief Executive, and Pauline Strachan, Chief Operating Officer, also attended the meeting.

Before the presentations, Richard Carey congratulated everyone involved on reaching the 10th Anniversary of the Public Forum, especially thanking all of the Forum members who give up their time to come along and take part. Laura Gray also thanked Forum members for their continued hard work and support.

Presentation Discussion

Laura Gray started the presentations with a short history of the Forum and some information about plans for the future of the Forum. Laura went on to present a short history of the Foresterhill site together with more recent developments across Grampian.

Finally, Laura gave a brief overview of the NHS Grampian Health and Care Framework, outlining work that has been done to date and the next steps.

Roelf Dijkhuizen then presented the main points of the NHS Grampian 2020 vision and explained some of the main aims of the vision, and the benefits for the Grampian population.

Due to the size of the presentation (which included a number of images) it is not possible to attach the presentation slides to this report, however copies can be sent on request.

There was some time for questions following the presentations.

Q – People taking more responsibility; I see this as prevention, which includes discussing your health with your GP. How do you encourage the ‘general public’ to do this?

A – Hopefully newly identified GP ‘clusters’ (groups of GP practices) will look at the health needs of their local area. These needs will be different for different areas. The challenge is to try to address health issues before illness. The Chief Operating Officer of NHS Scotland has previously discussed the need for focus on early years and how the environment that people grow up in can affect their health later in life. GPs will look at vulnerable people and identify ways to improve health and care in their area.
Q – Disappointed that the third sector is included, I believe that the NHS and Local Authority should provide the health and care resources of the population and not rely on third sector – in an ideal world we wouldn’t need charities. Charities shouldn’t be care givers but should be able to focus on fundraising activities.

A – There are a number of charities who want to provide support in addition to their fundraising activities. Roelf gave an example of a recent event held with cancer clinicians to provide more information about the huge resource that the cancer charities can provide, and the support they can give to people in ways that the NHS will never be able to do. It is important to involve the third sector in discussions to plan services for the future. Some doctors might ‘write off’ these services – this is “ignoring a treasure”.

Other Forum members had different views about working with the third sector:
- Many people with experience want to help others and charities allow them to do this.
- I chair a charity and everyone involved is hugely enthusiastic about what we do. This is enthusiasm that should not be ignored.
- Not suggesting charities shouldn’t exist but I don’t think that charities should be factored into the vision.

It is important that NHS Grampian don’t think that charities / the third sector will do the work of NHS Grampian but we do need to involve charities when we are developing services.

Group Discussion

Following the presentations, Forum members split into four groups to discuss some of the main issues around the 2020 vision. A huge amount of useful feedback was gathered. We have summarised the main points as much as possible below.

1. **What do you think are the main benefits of the 2020 vision for patients and the public in Grampian?**
   - Moving services out to communities as much as possible.
   - Community approach.
   - Services being available closer to home.
   - People being treated at home.
   - Care in right place at right time.
   - New role of Emergency Care Centre – recognised that services out in the community cannot do everything.
   - Integration of health and social care – this will save money in the longer term as there is currently a lot of overlap.
   - Better integration will lead to more streamlined care for patients.
   - More joined up care - less gaps.
   - ‘One stop shop’ for diagnostic services.
   - One stop approach - for the first time patients will hear discussions between doctors and consultant.
   - Telephone consultations save time, money and energy levels.
   - Development of digital health and other technologies may help with other issues e.g. television booking system might stop people missing appointments as it is easier for them to book for a time convenient for them.
Example of GP/Consultant/patient 3 way meeting – will reduce time taken for patients to receive feedback.

Independent GP practices to collaborate better and sharing of specialist nurse experience across clusters and pooling of resources. Minor surgery seen as good example of working practice (i.e. GPs referring to other GPs).

More opportunity to ask questions.

Visiting and parking may be easier.

May strengthen role of Community Health Partnerships (CHPs) and provide better direction.

Improved health records system / electronic booking – If it works, there will be patient benefits but NHS must not isolate patients from health expert – can’t be too remote – can’t replace face-to-face contact completely.

People are healthier.

Less need for health services.

2. What do you think the challenges will be in turning this vision into reality in Grampian?

People taking responsibilities for their own health.

Getting young people to take responsibility for their own health.

Some people will not help themselves (i.e. self care).

There is awareness there but it’s the responsibility that is lacking.

People’s priorities need to change.

Educating staff and changing working practice.

Educating and sharing information.

Educating the public to change culture – huge challenge. Including assuring the older generation that they can ask questions.

NHS culture e.g. at times, there can be ageism when there is a need for care tailored to the individual

Raising awareness of changes and encourage people to take responsibility.

Need to change “benefits culture”.

Expectation of going to doctor and automatically getting prescription – need to change expectations.

Having the resources, including staff, to achieve the vision.

Already using agency staff to keep services going – will staffing levels be enough to turn vision into reality? Already not enough staff in some areas and they are trying hard to keep up with the pace.

Bringing support services e.g. labs up to a point that they can deliver the vision.

Future cutbacks in NHS funding and resourcing in relation with vision – will this undermine speed of progress?

Challenge of separate funding (local authority, NHS, third sector).

People being treated at home may put more pressure on families.

More pressure on carers until system changes - letting carers know how to use/access services.

Improved support for and recognition of carers who are going to be part of this vision (by default).

Increasing numbers of people with dementia as we all get older and live longer.

Concerns expressed about move out to community at the same time some community hospitals are under threat. May take out some future flexibility within services.
Reduction in number of community hospitals – should not close until replaced with other facilities – communities depend on their local hospital.

Current infrastructure e.g. transport / roads needs to be considered when deciding on location of services especially in rural areas.

Working with Local Authorities and getting them up to speed (e.g. moving people out of hospital quickly to the right accommodation and/or ensuring homes are adapted for needs of disabled people in a timely manner). Grants stopped 30 years ago for people with disabilities who are owner/occupiers.

Concerns expressed about security of future technology (e.g. will your neighbour be able to pick up your TV consultation?).

Concerns expressed about getting specialist equipment into people’s homes to cope with TV consultation etc.

Progression of technology will be difficult if support isn’t provided for those who aren’t confident using technology.

The 90% aim of diagnosis and treatment plan in one visit seems overambitious.

It’s so big / ambitious, question whether the NHS has the energy and resource to deliver.

Is there anything in the 2020 vision that will never be achieved?

3. What do you think is missing from the 2020 vision?

The human touch is missing – the ‘caring’ element of the caring, listening, improving slide shown in presentation.

Need to involve patients in redesign – this is mentioned in 2020 headlines.

Not enough focus on young people – need to target schools and target children in first three years.

Education needs to be better linked in – need to introduce health issues at an early age (e.g. healthy diets, teaching cooking).

Group had discussion around 80% of health resources will be used in last year of life – no matter what age you are. Need to take this into account and look at end of life care.

Focus on prevention and screening.

On the face of it, looks very good BUT need more detail [contained in the other Board papers] to know if good or bad. Need information on specific actions; communication plans; cost of implementation etc.

Vision needs to be implemented now – not in 8 years time!

How it is going to be funded.

Needs to be resourced.

Improving communication comes up all of the time – there is no mention of how this will be dealt with.

How messages will be conveyed to the general public.

Why not use existing systems such as Skype for consultations with doctors/nurses…..why reinvent new expensive systems?

GPs being attached to nursing/carer homes works well – not sure where this fits in with vision.

More efficient procurement to support vision.

Role of NHS 24 – giving results over the weekend. Permission to go into patients records a real advantage and so is Scottish Ambulance Service access for emergencies. The NHS is too hung up on confidentiality and this gets in the way of progress!
• Idea of plastic card carried by all patients which gives medical history and can be scanned by a GP or hospital.
• Information about centres of excellence – it is important for people to understand why sometimes some services are so specialist that it isn’t viable to provide these services in Grampian and that these centres are specialists in these areas.
• Some of the aims set out in the 2020 vision might take longer to achieve but is outlines what ‘we’ are striving for.

4. How do you think we should communicate the 2020 messages to the general public?
• Use technology.
• Use of Facebook and Twitter and other social network sites.
• Film/Video clips – information needs to be visual.
• Modern gimmicks - play on popular TV shows e.g. Strictly Come Dancing
• Highlight the benefits using examples (e.g. use ‘case studies’ / stories like they use on the television for Children in Need).
• Use current channels such as patient/carer groups, Public Forum, voluntary organisations etc.
• Include in all undergraduate education and use schools to educate young people.
• At 50 getting sent standard/set health information and the same at 60, 70 etc. Information affecting certain age groups should be automatically sent.
• Start discussions with communities early.
• Be clear and transparent e.g. which community hospitals may close and which are not under threat?
• Take account of community ‘ownership’ and fundraising e.g. Friends of Turriff paid for hospital refurbishment.
• Be clear about timescales where possible – some group members had a healthy degree of cynicism following previous promises about capital plans e.g. Inverurie.
• Perception that nearly all capital spending will be in Aberdeen e.g. Emergency Care Centre, Health Village; need to communicate what Aberdeenshire getting.
• Press.
• TV
• Could use leaflets, these would need to be visual.
• Keep messages coming out.
• Staff being made aware and encouraging them to communicate messages.
• Use clusters to get messages out.
• Use Pharmacy to get messages out.
• Need to communicate that GP clusters are not physical mergers of practices.
• Challenge could be bombarding people with too much information and acknowledging that this may go over people’s heads and accepting the fact that some people will not be interested anyway.
• As well as doing all of the usual things, be imaginative and do something different.
Meeting Evaluation

Below is a summary of the feedback from the meeting evaluation.

What do you think worked well today?
- Good topic – presentation very good.
- It was a well discussed subject with speakers knowing what they were taking about; question and answer were well thought out. Good communications between all slides were good and presentations clear and precise.
- It all worked well – a lot of good feedback on the subject – a good vision.
- The extra time for discussion was well spent - there was enough time for points to be discussed fully. Also the round up from each group worked well.
- The extra half an hour made all the difference. We had a longer time for discussion. It was extremely interesting to see both old and new slides and to hear the views of the Medical Director regarding the research that had been done in the management of health care.
- Well structured discussion.
- Lovely to see fresh flowers on the table. A lovely time having the Birthday cake and goodies, room busy today.
- Everything.

What could have been better?
- Not allowing one person in the group to “take over” and forcing their opinion on others! (and not being pleased when individual expressed their own views!)
- If there had been more microphones – may be one for each table, it would have saved time and effort.
- There could be more thought at least as to lay out of discussion groups. Three of the eight people in the group complained about not being able to fully involved because of noise levels. There is no easy solution, so please discuss.
- Too much noise in room, tables need to be far apart.
- Longer for general discussion.

Any other comments
- Lovely “eats”- roll on next 10 years (cake on 20th Anniversary)
- Background noise unhelpful.
- The venue of Woodend hospital is convenient to access.
- Re paper handed: why not put on overhead only and offer those who want a hard copy to pick up at the door or download.
- Many thanks to all the NHS for all your work, care, kindness and information.
- In discussion groups – 1- 2 people dominate the whole session. No one has opportunity to speak. The person taking notes should see and notice this. Therefore there is only a small number of subjects discussed and some subjects not mentioned.
- It would be good to publish the list of community hospitals at risk.
- Corporate Communications is to be congratulated for putting a well conducted and enjoyable meeting. I regret that none of us got up and thanked Laura Gray for all the hard work she has put into the meetings for the past 10 years.
- Good Cake!

NHS Grampian PFPI Team
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