

The Big Health and Care Conversation Roadshows

The 12th July saw the launch of a series of Big Health and Care Conversation Roadshows. The purpose of these drop-in events was to give people the opportunity to talk to clinicians and other clinical workstream staff about the need for change and the emerging models of care.

Six roadshows were held in Banbury, Oxford city, Wallingford, Bicester, Witney and Wantage.

All have been well-received – approximately 360 people have dropped in to view a number of displays, ask questions and give their feedback.

A 'light' roadshow event will be held in Henley in September and smaller displays have been set up in Thame and Didcot with more planned in other market towns across the county.

In addition to the roadshows, we have attended several sessions with key stakeholders to outline the case for change and seek feedback. These include Carers Oxfordshire and Age UK. We have also run an online and paper survey asking questions about the case for change. The survey closed on 12th August. We have received over 200 responses to the survey, which had six qualitative questions as well as demographic questions.

The survey covered questions about the case for change and why change is needed; how best to provide care; evaluation criteria and how to keep people healthy.

A report outlining engagement activity and key themes identified from the feedback received during 'the big conversation' phase of engagement is currently being written. This report will be presented to the Transformation Programme Board in September. It will also be published on the Transformation website: www.oxonhealthcaretransformation.nhs.uk and shared with participants. On completion it will also be given to the clinical workstreams and the teams developing the pre-consultation business cases so that they can reflect on the feedback received when developing their plans and proposals.

Below outlines some of the emerging themes from the survey:

1. Do you understand why change is needed?

Over 75% respondents say they do and listed the following of top reasons for change:

- Lack of resources / money / efficiency
- Ageing population
- Increased pressure on services – growing population & delayed transfers of care
- Staffing problems – number, specialists and quality
- Technology / new medical techniques

2. What do you think we need to do to provide the best care?

The top reasons included:

- Staff – more GPs / nurses, better trained, less admin

- Communications – Listen more to patients / carers / families
- Access to GPs – timely, out-of-hours, more nurses, barriers to access
- Location of care – closer to home / transport problems & cuts
- Integration – with social care, across departments and with voluntary sector
- Quality – improved patient outcomes, evidence-based, more empathy across services
- Education – from young age
- Resources – more funding

3. How can we keep more people healthy in Oxfordshire?

This was dominated by prevention followed by the need to educate. Under prevention it included:

- Increased public health
- More Health Visitors
- Exercise – more free exercise & subsidised / on prescription
- Support healthy eating
- Not smoking & drinking
- Being pro-active / early intervention to save money on costly health problems

Education:

- In schools / colleges (health lifestyle & healthy eating / cooking)
- Advertising / TV
- Via GPs and in surgeries
- For elderly – healthy eating particularly

4. Thinking about the challenges, how can we encourage people to take more responsibility for how they live their lives?

Responses included:

- Education – particularly in schools; also from children to adults to older people; using a range of methods and continuous
- Prevention – health eating, exercise, not smoking or drinking, self-help
- 'Charge' for unhealthy lifestyle – including refusing ops, paying for appointments, more and bigger taxes on unhealthy food / drink / smoking
- Be more direct & honest – impacts of unhealthy lifestyle, no 'nannying'
- Support groups – help for people to be healthier together e.g. healthy eating / not smoking, family support groups, managing Long term conditions
- Incentives to be healthier - rewards

A question on evaluation criteria was included in the survey – this is detailed below.

Horton General Hospital Letter Campaign

Thus far, we have received over 85 letters via Banbury GP practices from residents and parish councillors in the North of the county opposing any proposed downgrade to the Horton General

Hospital. A template letter is available on the 'Keep the Horton General' website:

<http://www.keepthehortongeneral.org/> Many of the letters include personal patient experiences of the services used and the good care received at the hospital. The letters outline the following:

- Opposition to the removal of the consultation led maternity unit due to safety reasons
- Concerns about the growing population of the surrounding areas and access to services
- Concerns about public transport availability and the length of travel time from Banbury and the surrounding area to Oxford
- Inability for loved ones / carers to frequently visit patient from Banbury in Oxford due to the above
- Concern that Oxford hospitals will be unable to cope with the increased activity

Options Development Stakeholder Engagement Event

A stakeholder workshop was held on 28th July at the Kassam Stadium. Invites to this workshop were extended to those who came to the 6th June stakeholder event – the purpose of the event was to discuss the further development of the model of urgent care for frail elderly patients and what this may mean for services in the future, including inpatient beds at community hospitals. A further stakeholder event for this workstream has been planned for 22 September. More opportunities for the involvement in the development and appraisal of options are being identified in line with forthcoming programme milestones.

Evaluation Criteria

Suggested evaluation criteria have been reviewed by members of the public at the roadshows, through the survey and at the stakeholder event on 28 July. The suggested criteria is based around

- Patient safety
- Cost
- Availability
- Deliverability
- Population coverage

Respondents to the survey felt this was the right criteria and rated them in order of importance:

- Patient Safety – also the patient's experience as well as safety (e.g. not in pain)
- Patient-focused care – timely, appropriate, meeting patients' needs
- Accessibility / close to home – lots about public transport, cuts to bus services & parking!
Also those on boundaries using other county facilities
- Cost – especially cost versus benefits
- Deliverability
- Population coverage – particularly growing towns

At the stakeholder event, there was a clear view from participants that outcomes and experience should be separate measures – stakeholders wanted to see the clinical evidence to measure outcomes and to understand how any options would improve patient experience.

The Big Health and Care Conversation Case for Change Document

The public facing case for change document has been distributed through a wide range of community networks including copies to every GP practice and individual copies to all County and District Councillors. Copies were made available at the roadshows and members of the public have also been made aware of the document through social media and various newsletters with links to the electronic version on the Transformation website.