



NHS
Ipswich and East Suffolk
Clinical Commissioning Group

involving people ... improving health



**Summary report from the second stakeholder event of the
NHS Ipswich and East Suffolk Clinical Commissioning Group**

Tuesday 21 May 2013 at Trinity Park, Ipswich, Suffolk

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Introduction

The new NHS Clinical Commissioning Groups in England officially came into being from 1 April 2013 following the Health and Social Care Act 2012.

The Act sought to restructure former Primary Care Trusts to organise delivery of NHS services in England through the new clinical commissioning groups, which, as a central part of their remit, involve local people in the decision-making process about the care they receive from the NHS in their local area.

This event was the second stakeholder event held by the NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG), following the inaugural event in September 2012. The first event helped the CCG develop targeted work programmes and outcomes to deliver its eight clinical priorities, and a full report is available [on the CCG website \(click here to download\)](#).

Participants in the CCG's first stakeholder event identified self-care as a key issue for future detailed discussion. This report outlines the day's event, its aims, what was discussed, and captures the themes from group feedback from over 150 participants.

About the event

At the first stakeholder event held in September 2012 participants voiced a significant interest in the issue of ill-health prevention and self-care.

The half-day session (three hours, 2-5pm) was devised to prompt discussion within participant groups, and capture valuable feedback along the following themes:

- What do we mean by self-care?
- How do individuals currently care for themselves and their families?
- What makes self-care difficult?
- What more would you like to do – and what are the obstacles?
- What ideas do you have that the CCG could put into action?

The questions and structure of the event were developed by the CCG Community Engagement Partnership. The event was also designed to encourage participants to network and discuss developments and ideas as well as to view information about activities across the CCG localities during arrival time and a mid-afternoon refreshment break.

Who attended?

The event was open to all. The invitation to the event was made publicly available on the CCG website and through advance press notice, as well as in print in public spaces such as libraries.

In addition, all stakeholders on the CCG database were e-mailed an invitation. These included:

- All GP member practices
- All Health and Wellbeing Board members – including Suffolk County Council, District and Borough Councils, HealthWatch, Suffolk Association of Voluntary Associations (SAVO), and Suffolk police
- All members of the CCG Community Engagement Partnership
- A wide range of patient, public, community and voluntary sector partners
- All key service providers
- Representatives from West Suffolk CCG and Great Yarmouth and Waveney CCG
- Members of the Local Medical Committee
- A number of members of the public

On the day, over 150 people attended.

Event itinerary

- 2pm** Arrival and networking for participants and an opportunity to browse the information gallery
- 2.30pm** Welcome and outline of the event by Dr Mark Shenton, Chair of the governing body, Ipswich and East Suffolk Clinical Commissioning Group
- 2.40pm** Presentation by Gulshan Kayembe, Lay Member and Lead for Patient and Public Involvement, Ipswich and East Suffolk Clinical Commissioning Group
- 2.45pm** Short video outlining how some local people care for themselves and their families, with suggestions as to how the NHS could help support them to do it better
- 2.55pm** Outline of the day's objectives
- 3pm** Session one – group discussions: “What are your self-care options and what are the benefits?”
- 3.40pm** Session two – group discussions: “What might stop you from caring for yourself or your family? What are the barriers, what makes life difficult? What can the NHS do to help you care for yourself?”
- 4.40pm** Summary from groups and ‘take home’ messages
- 5pm** Close

Presentations



Welcome from Dr Mark Shenton, Chair of the governing body, Ipswich and East Suffolk CCG

In his welcome address, Dr Mark Shenton thanked participants for coming, commenting: *“I’m really inspired to see so many people here – members of the public and their representatives are firmly in the majority.”*

Delivering our priorities

Dr Shenton reiterated how the CCG gained a great deal of useful information and feedback from the previous stakeholder event, at which the governing body presented its priorities to participants. He said: *“You helped us make some sense of those.”* The result saw the CCG develop targeted work programmes to set about delivering its eight clinical priorities.

In introducing this event’s theme, Dr Shenton said: *“We know patients and carers help themselves every day. But the question is, what can we do to support you more? And, what can we do for those that aren’t here to support them more? What are the barriers you face, what barriers can we help take down for you?”*

More value from NHS funds

He added: *“Most of the money in the health service is spent on ill health – and we should be doing a lot more about spending money on health promotion and prevention – and get more value out of those NHS funds... we want to add life to our years – not just years to our life.”*

Dr Shenton went on to promote thought for later discussion, including how could we better use information, communication, social media and the internet to tell people in more effective ways how they can care for themselves better.

He also put the current situation of availability and resourcing of NHS healthcare into context:

“We’ve all grown up with an NHS that helps whoever has come through its doors – and we want to support that where we can. But there’s also a change in society and our economics; there are fewer local family networks to support us, and we’re going through a period of austerity which, against our rising tide of need, is creating what some people may say is a perfect storm for our health service.”

“We do a lot of preventative healthcare work – but how do we get screening rates up, for example? None of our cancer screening services get anywhere near 100 per cent uptake. We also have significant numbers of people who are ineligible for a flu jab under clinical criteria wanting to have one – but we have significant numbers of people who fulfil that criteria for good reasons, but choose not to have one. So, how can we improve that?”



Welcome from Gulshan Kayembe, Lay Member and Lead for Patient and Public Involvement

Gulshan Kayembe reiterated Dr Shenton’s comments about seeing such a good number of enthusiastic participants, adding that it was also pleasing to see many people who attended last time coming along to this event, too.

‘Your health is your wealth’

“In India there is a saying, ‘your health is your wealth’ and really the key is to tap into that wealth: and to keep it for the future and to use it. It is everyone’s business. And it isn’t just about what hospitals do, or what GPs do, it’s also about businesses, employees and the voluntary sector.

“We’ve seen since our last event in September 2012 an increasing engagement with our voluntary sector partners, and they have such a strong role to play within the health service, a role they are playing to very good effect.”

Ms Kayembe then introduced Annie Topping, Chief Executive of HealthWatch, who attended the event as a participant. HealthWatch is the new independent consumer champion organisation for health and social care in England, which, as part of its remit now seeks to ensure that the NHS in England embraces partnership working as part of its healthcare remit.

Working together

“If we’re going to get anywhere – we’re going to have to work together – and that’s very much what today is about: thinking about self-care and prevention, but also including these different layers and partnerships, and not just looking to the statutory sectors, GPs and hospitals, to solve our health problems. “

To conclude, Ms Kayembe introduced participants to the five-minute video that had been made by the CCG to provide further points to prompt discussion, telling the personal stories of a few Suffolk people who were self-carers, and their thoughts on how things could be improved.

[Watch the video](#) <links to video>

Sessions one and two: comments and feedback



This part of the event was dedicated to two sessions of group discussions. There were 22 groups in total, each made up of four to eight participants. The two sessions each asked a question – as outlined below, resulting in the following responses, which have been grouped into themes.

Session one: “What are your self-care options and what are the benefits?”

Participants’ comments from the groups’ discussions grouped into themes:

Healthier living

1. Eat healthily, fresh fruit and vegetables – cut out fat
2. Five-a-day – it’s a simple message
3. Home-cooked meals and healthier school meals
4. Watch what your drink – all in moderation
5. Exercise and keep busy – walking, cycling
6. Pace yourself
7. Lose weight
8. Grow-your-own
9. Ensure you have enough sleep
10. Take a holistic approach to self-care
11. Take vitamins and supplements
12. Keep a health diary



Information and group support

13. A big part of self-care is care for carers
14. Talking and giving information is important
15. Share information
16. Make time for yourself
17. Get emotional support from others
18. Find a safe place to talk, support groups; seek advice
19. Important to talk-through a problem
20. Accept the condition, and accept changes when needed
21. Walk-in centres, NHS 111
22. Easy access on the internet but too much information
23. Self-care information on practice TV screens is useful
24. Local leaflets advertising clinics are useful, such as flu
25. Peer support
26. Physical activity is one of the best medicines!

27. CBT and mood gym website very useful
28. Volunteering and community engagement also good for social interaction
29. Always have something to look forward to
30. Find an environment you enjoy – and get out in it
31. Library, learning, further education
32. Communication, but also translation and interpretation
33. Access to support
34. Prevention – knowing the big issues
35. Learn how to manage your condition, though it can take time
36. Signposting is really important, knowing what support and services are available

GP contact

37. More interaction with GP
38. GPs don't always encourage screening for disabled people
39. Self-care is influenced by support from the GP
40. If you see a different GP each time you may not get that support
41. Form a partnership with your GP, consultant, carer
42. Ask the GP more questions about self-care
43. Encourage people to help themselves
44. Make sure you have health checks and scans
45. Mobility is essential
46. Prevention can sometimes be a long process

Medicines

47. Take tablets at the correct time
48. Easy access to pharmacy helps
49. Medication review – optimising their usage
50. Be prepared – keep a first aid kit at home



Session two: “What might stop you from caring for yourself or your family? What are the barriers, what makes life difficult? What can the NHS do to help you care for yourself?”

Participants’ comments from the groups’ discussions grouped into themes:

Information and communication

1. Wider sharing of useful leaflets from GP surgeries
2. Leaflets need to be tailored to suit different needs
3. More campaigns and advertising
4. Rubbish on internet – beware – and problem of confusing messages

5. Simple, positive messages work better than negative ones
6. Face-to-face communication can be expensive
7. Use simple language to get across the message, for example, how the NHS works
8. Good advice on healthy eating from hospitals when discharged
9. Encourage others to give up smoking and explain the dangers of it
10. Give out all information in an easy-read format
11. Need a single, central signposting service so people know where to go for help and advice
12. Patients only retain 10 per cent of what they're told – so may not remember important facts
13. You can feel left behind if you don't have a computer, and too much assumption we use one

GP contact

14. GPs need to be aware that not everything is always right at home
15. Out of hours, GPs should work shifts
16. Bring voluntary sector closer, make sure GPs are aware of voluntary schemes
17. Access to GP can be difficult
18. Turn up for GP appointments
19. Self-check and use practice resources before getting to the GP
20. Give yourself the permission to challenge and question information and advice
21. It takes time to build a relationships with a GP
22. What is an emergency? This is very subjective

Encouraging support, education, engagement

23. Educate employers
24. Behavioural change is needed to encourage healthy eating
25. How could we get families to sit down and eat together?
26. Family meetings to give children a voice and a chance to be heard
27. Advertising culture can often be negative
28. Encourage community engagement and places where people can get together
29. Provide transport to help people get to sports centres
30. More chair-based exercises
31. Health inequalities
32. GP surgeries offering self-care groups would help
33. Closure of community resources is a barrier
34. Can we seek to lessen peoples' anxieties?
35. Generational issues – knowing how to cook
36. Diabetes on the rise – a generation has missed out on good education
37. Young families not taught about healthy eating and have money issues
38. Need improved knowledge about food – what contains carbohydrates?
39. At work people don't talk about mental health – employers should provide support
40. Talking about mental health can really help raise awareness

41. CCGs can have a very good impact, by joining-up GPs and hospitals
42. Make communities more self-reliant – not just build new houses

Personal obstacles

43. Lack of time
44. Don't be afraid of being alone
45. Ability or suggestion to talk to others in the same situation or condition would help
46. Isolation in the home, particularly for older people
47. Fears of feeling invisible, and loss of confidence
48. Carers' Clubs can help carers relax, talk about problems face-to-face
49. Share decisions and expectations
50. It's ok to bring someone with you

Summary from groups and 'take home' messages



The third and final session was the closing summary – and invited each of the 22 groups to produce one, succinct, 'take home' message of the day for the CCG:

1. "More support for carers, better signposting and information."
2. "Information, information, information."
3. "For mental health support, bring back drop-in centres and the invaluable support they give to people, having local community access to peer support is very helpful. Also, listen to communities; in the Bangladeshi community the key phrases were language, trust, signposting and building a rapport locally."
4. "Take three steps back to understand how people access services – and health, social care and public health must work together."
5. "Support people to take responsibility, provide accessible services and continuity of service, clarity in communication, and acknowledge differences – involve the whole patient."
6. "Make it easy for people to look after themselves with simple information, that's easy to access."
7. "See service users as a whole person, and support them to work in partnership with healthcare professionals."
8. "We would like a HAB – a health advice bureau – a person, placed in libraries, community centres, village halls, to build up community resilience and self-help."
9. "A crisis in dementia house, jointly-funded through the ambulance, police, health as a spend-to-save initiative through reduced admissions and attempted suicide, and supporting people in crisis."
10. "Don't be afraid of hearing peoples' voices, and work towards joined-up communications and information, knowledge and integration – and more events like this one."
11. "Proactive, clear communication and genuine partnerships between organisations."
12. "It would be good to have a six to 12-month review where self-care is monitored for each person with a longer term condition at their GP surgery."



13. "More information issued in simple language that everyone can understand, and in an easy-read format, and more support for people with mental health and learning disabilities so that the treatment and medication could be explained clearly, staff training to communicate this clearly, and for the patient voice to be heard."
14. "More information on available services, in particular for older patients, with respect to mobility aids and equipment that helps with independent living – which would have a knock-on effect on hospital care."
15. "We'd like to see better advertising of self-help groups and self-care initiatives – the message is communication, communication, communication."
16. "Empowering people to take control through self-management and education to help access community support and signposts to others."
17. "We'd like to ensure a consistently good relationship between each patient and their GP, who are seen as key to understanding the whole person, and a more holistic approach to self-care. Also, to ensure a good quality of education on self-care, a strong plea for much more face-to-face, and please not reliant on IT, and in languages that are accessible to all."
18. "We'd like to increase patient confidence in themselves have better-integrated health and social care services, put facilities in place to support and co-ordinate support groups, and lastly – the importance of education."
19. "Make use of local champions to promote good health messages and advertise them on surgery screens, community radio, etc."
20. "A simple five-a-day message for mental health – and make messages positive."
21. "Recognise the difference between self-care for the short-term basis, and also on the long-term basis, and also less deferment for consultations, better signposting for patients, utilising good things that are already out there – particularly around the expert patient programme – and how we can link in to the professionals better for more advice and not be afraid to ask some of the simple questions, and define things like what does exercise actually mean?"
22. "We recognise that you've got a strong responsibility to look after yourself but there are times when you need outside support, and that can come in the form of education, advice, information, and from being able to communicate clearly with healthcare providers wherever they may be. Also, in certain cases there needs to be continuity of care, which can just be quite a light touch; big crises can be converted sometimes by just half an hour over a cup of tea."

Evaluation

97% said the presentations were just right and there were very few suggestions in terms of how we could improve them

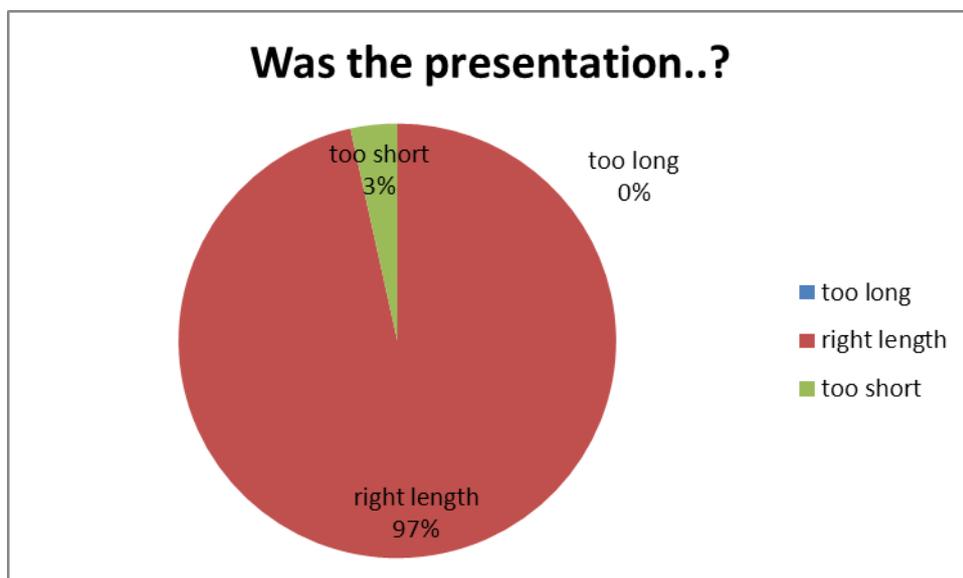
85% said they found the group work style useful (no one said it was not useful) and 88% said they felt they had a chance to say what they wanted to say

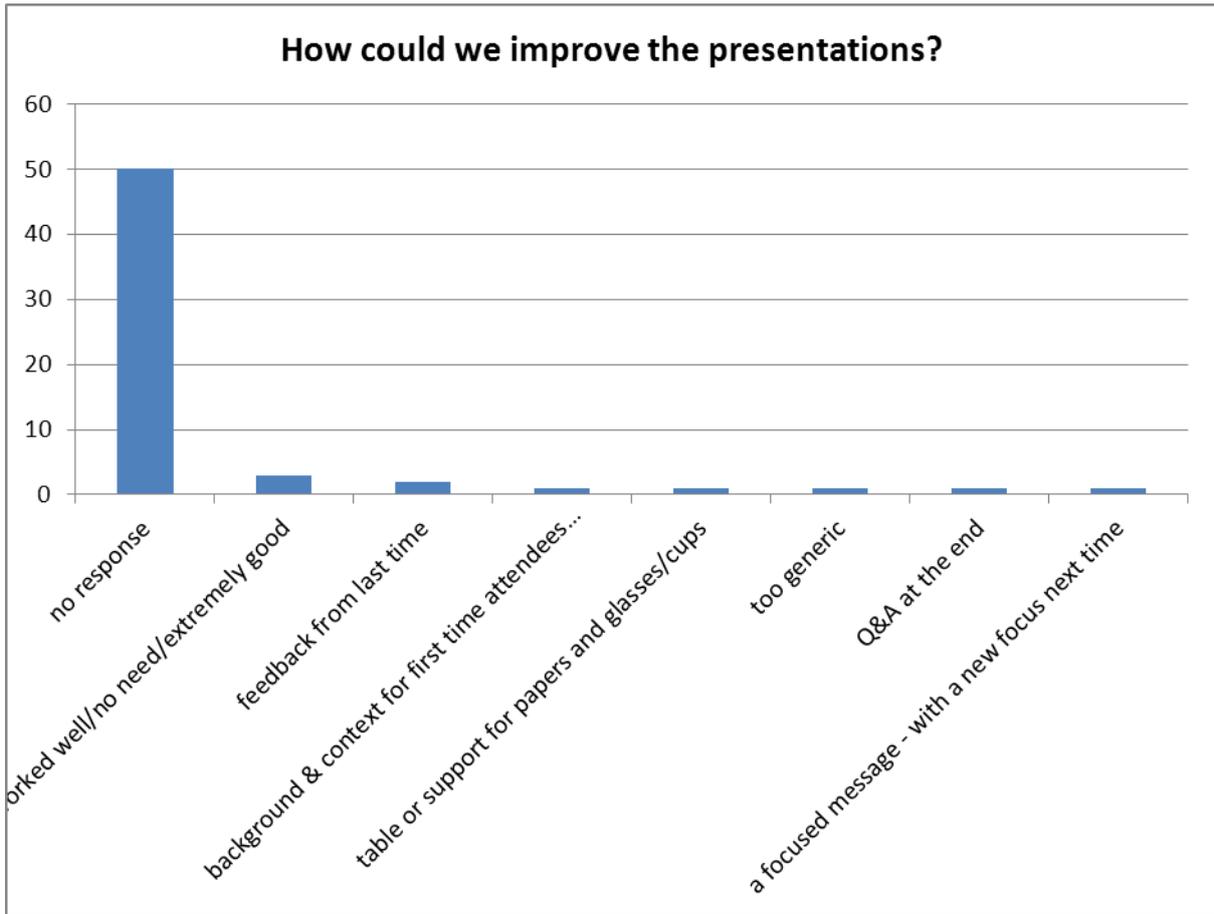
85% said it was a good use of their time (no-one said it was poor) and of those who were unsure, it was because they wanted to wait for the feedback to know that we acted upon what was discussed

Generally people enjoyed the event because it gave them a chance to listen to others' views and give their own views

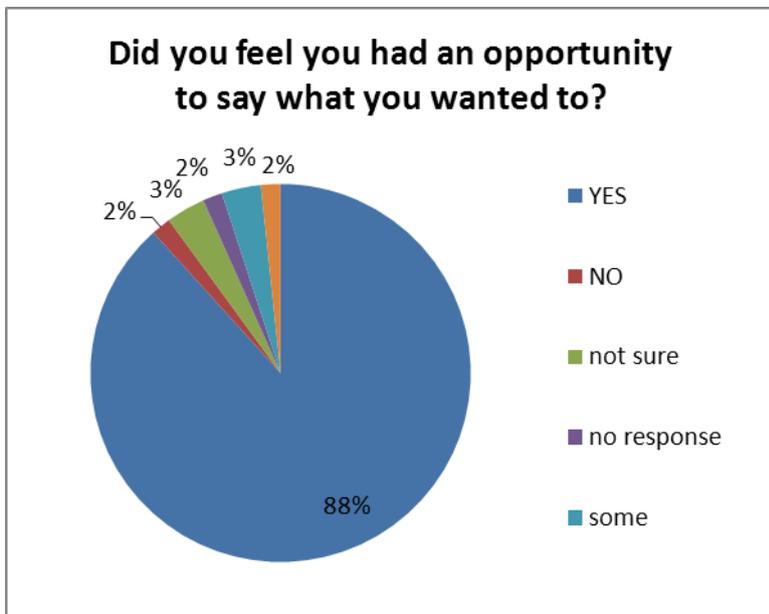
People would like more similar events and are keen to see evidence of what action we have taken in response to the event

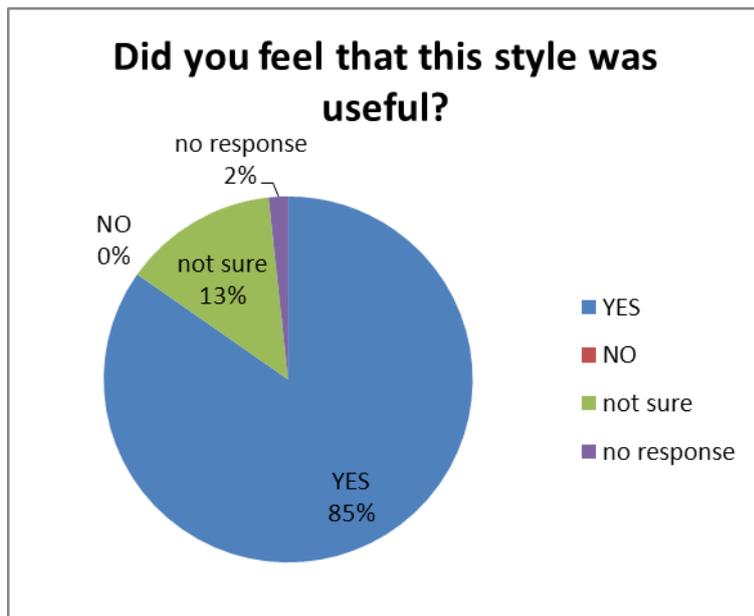
Some said they'd like to have heard a clearer idea of what happens next, the same number of people said that it was good and we couldn't improve on it





Group work





Other comments

- the event had too big a remit (too much to think about)
- need strong facilitators to stop individuals dominating and keep group on topic
- all about what's come about from this meeting
- very well organised; needs no improvement at all
- discussion groups worked very well
- good to have a doctor and a pharmacist in the group
- not having tables made sure you could hear what people said, especially the softly spoken GPs, by moving closer
- not this time
- speakers in the group to speak a bit louder
- covered everything in the first session, would have liked to discuss other stuff too
- encourage movement - freestyle?
- make the questions more specific to channel thoughts; disadvantage is there may be less brain-storming
- have a patient/user/carer speak too, to give our perspective
- feedback section at the end was slightly repetitive
- difficult at times to hear what people in the group said
- ensure you have a good representation of the population in the room
- better mix of professionals and service-users
- ensure more even numbers in groups - although our group was really good, it was very small
- shorter sessions - questions written down and placed on each tables - all questions different
- focus of questions a bit wide
- more directed questions

Next steps

Closing the day's sessions, Dr Mark Shenton explained to participants that all feedback will be considered and digested, and at the next event participants will be updated on actions and developments that have come out of the group discussions, and other feedback.

The information and suggestions gathered will be developed into an action plan which will drive forward the CCG's work programme to support self-care (see appendix one for details on how this will be taken forward).

Meanwhile, the CCG will also provide e-mail feedback to participants, and is planning further stakeholder communications to be launched during 2013 to enhance current communication channels, such as these events and its website.



The next stakeholder event for the NHS Ipswich and East Suffolk Clinical Commissioning Group will take place during winter 2013.

All participants on the e-mail distribution list will get an invitation automatically and the event will also be advertised in the local media and on the CCG website. If you would like to join the participants' email distribution list, please contact us:

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Appendix 1 – developing an action plan

The proposed actions to be taken forward fall into 4 main groups. Healthwatch Suffolk and the Suffolk County Council Public Health are working together with the CCG to facilitate the completion of a detailed review of current and planned services which contribute to these proposals as well as a review of gaps and development of new actions. This will engage a wide range of GPs, patient, public and voluntary sector representative bodies as well as our statutory partners; it will be completed by September. Planned initiatives will be implemented whilst new ones are scoped. The Health and Wellbeing Board will be invited to review the plan and engage in a system-wide, strategic debate about self-care.

1. Healthier living – Public Health

- Local champions to promote good health messages and advertise them on surgery screens, community radio, etc.
- Five-a-day message for mental health – positive messages.
- Develop short term self-care support packages and long term packages.

2. Group and community support – Public Health

- Better advertising of self-help groups and self-care initiatives within communities.
- Community support groups for patients and carers.
- For mental health support, drop-in centres and peer support, appropriate for different communities.
- Expert patient programme development.

3. Primary Care – CCG

- Six to twelve month self-care reviews for each person with a longer term condition.
- Ensure a consistently good relationship between each patient and their GP, who are seen as key to understanding the whole person, and a more holistic approach to self-care.
- Good quality of patient education on self-care in consultations.
- Support people to understand and take their medicines and have medication reviews. Encourage appropriate self-medication e.g. first aid kit at home.
- Promote self-care programmes e.g. DESMOND.
- Screening and health checks.

4. Access to high quality to information – Healthwatch

- Better signposting and information for patients, public and carers.
- Make it easy for people to look after themselves with simple information, that's easy to access.
- Joined-up communications and information, knowledge and integration.

- A health advice bureau – a person, placed in libraries, community centres, village halls, to build up community resilience and self-help.
- More information issued in simple language that everyone can understand, and in an easy-read format, and more support for people with mental health and learning disabilities so that the treatment and medication could be explained clearly, staff training to communicate this clearly, and for the patient voice to be heard.
- More information available face to face, not reliant on IT and in languages available to all.

Much of this work needs to be taken forward jointly with our partners. We are therefore consulting and discussing the progression of the action plan with the following organisations: Suffolk County Council, including Public Health, Health and Wellbeing Board, Education department and schools, libraries, children’s services and social care

- Borough and District Councils
- HealthWatch Suffolk
- Our providers, including Ipswich Hospital, Norfolk and Suffolk Foundation Trust, Suffolk Community Healthcare, Harmoni GP out-of-hours services and primary care providers such as pharmacies and GP practices
- Voluntary sector partners
- Healthy living service providers
- The media

Appendix 2 – Information gallery

There was an information gallery available for browsing during the event. The exhibitors were as follows:

Healthwatch Suffolk	www.healthwatchesuffolk.co.uk
LiveWell Suffolk	www.livewellsuffolk.org.uk
MS Society	www.mssociety.org.uk
NHS 111 (Suffolk)	www.nhs.uk/111
NHS Ipswich and East Suffolk CCG	www.ipswichandeastsuffolkccg.nhs.uk
Public Health Suffolk Suffolk County Council	www.suffolk.gov.uk/public-health
Suffolk Alcohol Treatment Service	www.smhp.nhs.uk/alcohol
Suffolk care line	www.suffolkcareline.com
Suffolk Libraries	www.suffolklibraries.co.uk
Suffolk Mind The Qur'an & Emotional Health	www.suffolkmind.org.uk/the-quran-and-emotional-health.asp
The Suffolk Walking Festival	www.suffolkwalkingfestival.wordpress.com