Developing NHS Grampian's Plan for the Future 2022-2028
Phase Two Engagement Report

INTRODUCTION

As part of the development of NHS Grampian's Plan for the Future 2022-2028, and to find out the views of our staff, communities and people, we held two stages of engagement to hear from you on what is important for your health and wellbeing now and in the future.

The first phase of our public and staff engagement ran from 28th June until 31st August and a separate report summarising the feedback received during that time is available.

The second phase was undertaken between October and December 2021 and consisted of 16 facilitated focus group discussions held with staff, partners in health (Community Planning, Local Authorities' Councillors and Officers as well as our colleagues in the Health and Social Care Partnerships (HSCPs), local communities and key priority groups.

A thank you must go to everyone who took part and shared their stories, experiences and suggestions for moving from our current situation during the pandemic and what is important for the future in planning, developing and delivering health services, both in the short and longer terms, to take us to the 2028 milestone. We worked with our partners to engage with and support participants and, by doing this, we have built on existing good working relationships to work towards longer term engagement and involvement on health service planning.

Using notes (not transcripts) from the focus group sessions, this report takes a qualitative approach, summarising the analysis into 12 themes covering high level priorities, key health service areas of focus and mechanisms to strengthen our relationship with our people, communities, partners and health service providers. The themes are then split into 'what is important' and, if covered through discussions, 'suggestions and ideas for the future'. Many suggestions and ideas cover multiple themes but, to save repetition, they have been listed under only one theme only.

There was some repetition and endorsement of feedback we heard in phase one, particularly about the health service areas of focus, so this report will only include information that was additional, rather than duplicate the phase one report.

FINDINGS

1 HIGH LEVEL PRIORITIES

A) Inequalities

What is Important – You told us…

A number of groups expressed concerns over digital exclusion, building on what we heard in phase one. Some of the barriers that were described included reduced privacy or confidentiality if friends or family have to access systems on behalf of the individual and the cost of mobile data to access online services, particularly in low income groups.

People from ethnic communities expressed that they felt socially isolated and that they are being discriminated and penalised for not being able to read/write and speak English and that this creates multiple barriers to communication with staff and services, such as eConsult. Inconsistent availability of interpretation services, including language line, was also raised. Again, this meant reduced privacy or confidentiality if friends or family had to translate on their behalf.

More information should be translated, particularly where there are high numbers of other nationalities. It was felt that this would have helped in uptake of the COVID-19 vaccine as more people would have understood appointment letters or the benefits of getting the vaccine.

Carers (particularly unpaid carers) told us they felt excluded and frustrated with a lack of communication with carers in relation to the needs of those for whom they cared. Carers with power of attorney advised they were not always being involved in consultations and there was a lack of communication from service providers. They felt they are not party to information due to confidentiality issues, even though they were the main carer, and that this situation has not changed much over the last 20 years. They have difficulty speaking to professionals about the person they are caring for.

We also heard from a group of young parents about literacy barriers – they felt there is an assumption that because young people are often competent at using the internet they would also understand the information provided, which is not always the case.

Your suggestions, ideas for the future

- Improved and consistent access to interpretation services; training for staff in how to access/signpost.
- More easy read versions of information and versions in other languages.
- Information tailored to those with sensory impairments.
- Unconscious bias and cultural sensitivity training for health and social care staff would enhance their skills and awareness when communicating with people who have protected characteristics.
- Consider if there is scope for employing specific healthcare staff from different nationalities to support around health in communities.
- Storytelling of good experiences can help in promoting key messages.

- Building a better knowledge and understanding of specific factors, such as the underpinning role of culture within groups and communities.
- Carers should be a vital element in the delivery of care. They provide care and support, especially since the pandemic, and this should be acknowledged, recognised and valued as such.
- Empower carers to be part of the solution.
- Ensure that carers are involved in discussions and decisions for the person that requires care.
- Increase awareness around the vital role of unpaid carers.
- Include the role of carers in healthcare training early on to raise awareness.
- Have clearer routes to getting support if you are a carer, such as an advocacy service.
- Support for having coping strategies for carers to enable them to carry out their role for as long as possible.
- Early intervention can also address poverty and help break the cycle.

B) Equity of service provision

What is Important – You told us…

Groups from Aberdeenshire and Moray advised that there is a need to take account of remote and rural areas, especially when it comes to accessing public transport. Timing of appointments can be challenging when factoring in bus routes and times for example. In addition, it can mean additional costs to travel to services.

There were a number of comments from multiple groups about perceived variation across different providers, either between HSCP area or even between neighbouring medical or dental practices. This can also be seen between services within an area and is expanded on under availability of services in the key health service areas of focus section.

Your suggestions and ideas for the future

- Maximising partnership working – e.g. Hub and Spoke model of delivery, pop-up clinics/surgeries for some conditions – to build on what is already in place. This could make better use of resources.
- Designing services with partners and integrating where possible. Need to ensure everything joined up e.g. hospital, primary care, transport, housing, etc.
- Need wider community outcomes, access to services, good local housing and transport – make communities desirable to live in.

C) Prevention – preventing ill health / early intervention

What is Important – You told us…

A number of our focus groups spoke of their desire to see more efforts put into supporting people to stay healthy and prevent ill health where possible. This was described in terms of empowering people to take responsibility for their own health and be able to self-care by having adequate information available to make it easy to know what to do and where to go. Concerns about the levels and impact of obesity in particular were mentioned in one of the sessions.

As well as preventing ill health where possible, there was acknowledgement that people will experience health issues but there should be early intervention that ensures small problems don't become big. Early intervention was highlighted as important as this can also address poverty and help break this cycle by working together, taking action in partnership and maximising community assets.

A key factor felt to be important in keeping people healthy, particularly for older adults, was in having connected communities by making use of resources, such as community cafes. As well as being good for our physical health, having good connections was felt to help look after mental wellbeing, which should be seen as of equal importance.

It was considered important to acknowledge the impact of physical illness on mental wellbeing and that health services should be incorporating this knowledge into their pathways and approaches.

Your suggestions and ideas for the future

- Engaging with children and young people early to build 'habits of a lifetime'.
- Opportunity for an annual 'check-up' type of appointment to identify any health issues at an early stage.
- Promote use of tools and resources to support mental wellbeing.
- Training for healthcare professionals to understand impact of physical illness on an individual's mental wellbeing.
- Link with Community Planning Local Outcome Improvement Plan (LOIP) actions for improving health to recognise issues (e.g. obesity) and how LOIP outcomes are focused on addressing these.
- Innovative solutions – enablement for people with long term conditions. Example of providing exercise/activity in the community by non- medical staff. This builds confidence in people and provides a social benefit.
- Focus on prevention and early intervention – people taking more responsibility for their own health through education, e.g. start from an early age, encourage physical activity.
- Promote use of tools such as mindfulness, health benefits from the outdoor environment and break down barriers to loneliness.
- Health Information leaflets on how to look after yourself.
- Take into account local needs assessments processes and how these are managed in relation to public/community expectations.

D) Holistic – whole person centred approach

What is Important – You told us…

We heard through a number of group discussions that there is frustration with the structure of our healthcare system still being largely disease-focused. Treating symptoms in isolation creates fragmentation and a lack of continuity for our patients. That 'single issue appointment' approach was felt to be outdated and not person-focused. There were also numerous comments about the interconnectedness of physical and mental health, with the view that mental health is as important as physical health, and the need to move towards a "what matters to you?" way of thinking about and designing services with the person at the centre. This demonstrates support for a shift from a biomedical model of healthcare to more of a social model of health, taking account of the whole person and their situation, circumstances and preferences, rather than solely their healthcare needs for one specific ailment, condition or issue. It was also highlighted that having to go to different specialist and screening services for different parts of the body demonstrates that the system does not see the whole person, with cervical and breast screening programmes given as examples.

Your suggestions and ideas for the future

- Specialist units out with Grampian – need to make them more palatable and use a holistic/family approach. Example of son having to be in spinal unit in Glasgow for eight months and difficulties for family to be near him apart from first night. Look to other models and make the service fit for purpose to be able to support the patient and family and address not just the physical but also the mental health implications being experienced.

2 KEY HEALTH SERVICE AREAS OF FOCUS

A) Availability of services

What is Important – You told us…

This was one of the largest themes in phase one feedback and the focus groups allowed for more detail to be raised on some of the specific barriers faced by our population. Consistency across all services was felt to be important, relating back to the priority on equity of service provision. Examples were shared of services that had started seeing patients again, while others had not, and some offering appointment times out with the normal Monday-Friday 9am-5pm but many others not.

One specific example shared was the lack of antenatal classes and support during the COVID-19 pandemic, which has been isolating particularly for young mums.

Continuity of care was raised as it was felt that no-one takes responsibility for non-specific or vague symptoms, which often results in multiple referrals and individuals being passed round the system with no clarity. This links to the priority on the whole person centred approach too.

A strong message, in both phase one and during this second phase, is that people want the ability to choose the format of their appointments (e.g. video; telephone; face to face) as no one format is suitable for all types of appointments.

Your suggestions and ideas for the future

- Variety of appointment times available along with choice of format.
- Look into reinstating the visiting outreach programmes (staff travelling to patients in local facilities, rather than patients having to travel to the centralised service) will also impact positively on the environment as well as patient health and wellbeing.
- Communicate to people they are getting the same care no matter who they see – they are seeing the right person.
- Value and recognise the role of the student workforce.
- Communicate changes to ensure people don't get left behind.

B) Mental Health

What is Important – You told us…

The availability of mental health services was mentioned during phase one and included as part of the theme on availability of services in that report, but was expanded upon greatly during phase two discussions. The prominence of this topic throughout discussions encompassed both dedicated mental health services but also more general mental wellbeing in terms of all interactions and services.

It was felt that mental health and wellbeing needs to be considered as equal to physical health, as a crucial part of our overall health. A number of participants across groups acknowledged the impact

physical illness has on mental wellbeing. You told us that mental health was integral to overall health and wellbeing, that having a physical illness or health condition impacts on mental health and this can escalate to mental health problems. In addition, it was suggested that we need to realise that an individual's first interaction with a services can have taken a lot of courage – if we are not supportive and cognisant of their wellbeing at best, or appear dismissive and patronising at worst, it can put them off engaging in the future.

Your suggestions and ideas for the future

- Need to be able to assess the mental health of a patient as part of general overall health and not wait for it to become a crisis.
- Promote use of tools and resources available to support individuals with their mental health and wellbeing.
- Training for healthcare professionals to understand impact of physical ill health on mental wellbeing.
- We should be united in delivering mental health and suicide prevention training and raising awareness to enable people to be unafraid to talk about it.
- Training was stopped due to COVID-19 but should be a priority to progress with delivery, including online training for groups and communities as well as staff in health and social care and partners in community planning.
- Interventions and support for young people through schools, as well as helping them stay mentally and emotionally well.

C) Digital/Technology

What is Important – You told us…

We heard a lot of feedback on the use of digital and technology during phase one, but during phase two there were a few more key points that provided additional views and context.

Again, there was a spectrum of feedback on this area. At the very positive end, it was suggested that NHS Grampian needs to give consideration to wearable technological devices that support individuals to self-monitor and self-manage. One of the more negative experiences of digital systems shared was the reduction in privacy if video consultations are undertaken in the home, as there is the potential for others to overhear what should be a confidential conversation.

Generally, it was felt that partnership working with HSCPs, local councils, Community Planning Partnerships (CPPs) and third sector organisations will be key to the success of implementing new digital solutions while ensuring our population is involved, engaged but also not excluded if not possible for them.

Your suggestions and ideas for the future

- Consider introduction of digital health hub (example of a digital health hub in Nailsea, England shared with team).

- Revise the eConsult form and introduce triage to streamline the process of completing the form. Also take a person-centred perspective rather than illness/disease perspective.
- Tell the reality and overcome public perceptions – be honest and open in communicating messages.
- Early action is required regarding communication between general practices and local population, communities and groups. Work is currently underway with General Practice to take this forward: a poster has been developed and disseminated by GP practices within their communities and role specific videos are being developed.
- Encourage people to be able to use simple technology at home, such as blood pressure monitors. There is a need for a discussion about the usefulness of current wearables, such as Fitbits, etc.
- Improvement in digital access important to help the 80,000 households not able to connect to the internet and are therefore being disadvantaged. Also give attention to digital literacy.
- Thinking about those digitally disadvantaged and, as we are now in transition and building the digital way of working, we need to find a way to prioritise these patients for different ways of keeping in touch/communicating – similar to those with diagnosed priority conditions/illnesses.
- Joining up of IT Systems across NHS and HSCPs.

D) Community and Local Services

What is Important – You told us…

Concerns were expressed over increasing centralisation of services and a reduction of what is available within individual communities. This was also a theme within phase one so focus here is on the additional context and suggestions provided.

Local needs assessments were felt to be important and there should be consistent engagement and consultation on changes to services and decisions on locations to be used. It was acknowledged that alternative delivery models need to be considered in order to meet local needs against a backdrop of resource constraints.

Your suggestions and ideas for the future

- Consider in planning the example of 20 minute neighbourhoods concept, mentioned in the Scottish Government's Position Statement in advance of the development of the Fourth National Planning Framework.
- Consider introducing community hubs to overcome patients having multiple appointments in different places – getting the right person in the right place.
- During COVID-19, pharmacies continued with 'open door' policy for anyone walking through the door including marginalised – need to build on that model.
- Consider developing different models to deliver services, e.g. nurse-led.

E) Primary Care

What is Important – You told us…

Primary care provision was reported as being varied across Grampian, particularly in accessing general practices**.** People felt that there was no standard approach across Grampian and concerns were raised that general practices seemed to be closed to their patients during COVID-19. We heard from several groups that there was a feeling that you had to 'know how to work the system' to get the best service. Concerns were shared about not being able to get timely appointments to see the GP or someone else at the practice.

The introduction and use of eConsult was a recurring issue, with concerns that this was adding to inequalities, particularly with some population groups who may be disadvantaged due to lack of access and skills to use online systems. It was also highlighted that people may not present with what they really want to discuss and that this makes it more difficult to build trust with the professional. An example was given of a young person who may be a bit more embarrassed and have lower self -confidence to deal with blunt responses. Discussion on eConsult highlighted concerns about communication and the ability to be heard.

People appreciated their community pharmacies, particularly during COVID-19 and felt that this needs to be strengthened and that their role should be promoted more widely.

Your suggestions and ideas for the future

- Delivering eConsult differently – e.g. "specialist" person to control triage within the practice or community and be the conduit between patient and GP practice.
- Nurse-led triage could help rural areas that have poor public transport connections.
- Look at the potential of existing buildings/premises that are currently closed.
- Build back faith in general practice through more effective communication and dialogue with their practice populations and local communities.
- Consider the potential of community hubs based around primary care/general practice and being the heart of the community, with a role in promoting health, early intervention as well as illness/disease focused.
- Build on social prescribing/link worker roles.
- Link with public health colleagues in HSCPs.
- Providing information needed for self-help/care and self-management (e.g. menopause, living with long term conditions).
- As part of ongoing dialogue with communities, talk to groups locally and involve the community in building back trust and confidence in local service planning and delivery.
- Use inclusive communication methods (not just digital) to reach whole population – use mail shots, newspapers, radio, local newsletters, community newsletters, GP letters to patients.

3 KEY MECHANISMS

A) Communication and Engagement

What is Important – You told us…

The opportunity to have a conversation was welcomed by all of the groups. The use of lived experience in designing services was felt to be crucial, as there is often a danger of basing decisions on perceptions and assumptions.

During phase one, we heard that people wanted us to be more open and transparent and this theme continued into phase two. There is a need to be more honest, for example, when things will not be returning to the way they were previously.

Your suggestions and ideas for the future

- Communication needs to be wider than just social media for changes to services.
- Consistent language needs to be used.
- Provision of easy read materials consistently across services and topics.
- Citizenship in schools could be used to cascade messages to families.
- Involve communities and engage with groups.
- Improve sharing of data and statistics, such as illness and death rates, comparisons with pre-COVID-19, and make this available to the communities.

B) Collaborative Working/Working Together

What is Important – You told us…

There was acknowledgement that there is a strong basis locally to build on when it comes to working collaboratively across partners, particularly expressed within the sessions with local council elected members.

Any changes locally need a change management approach for all stakeholders, not just the staff involved directly in the changes. The communities involved are also a major stakeholder and need fuller consideration of their involvement and communication as part of the planning process, rather than merely considered in terms of the final communication of the changes as this risks a lack of understanding as to why change is necessary in the first place.

Your suggestions and ideas for the future

- Learn from other areas and countries and better use and share those best practice examples.
- Strengthen work with the HSCPs and CPPs at all levels.
- Help to design a partnership approach to accessing information. Example given of information on local council website on mental health is found within social work site – is that where someone would begin searching?

C) Building Relationships, trust and confidence

What is Important – You told us…

While there is a general understanding of why services have had to change or even stop during the pandemic, it was felt that there is a need to build back faith and trust in the NHS in some areas, due to the issues raised as part of the feedback coupled with challenges in communication and engagement while efforts have focused on fighting COVID-19. In addition, there was a recognition that trust is essential at an individual level and continuity is one of the key factors in being able to build relationship of trust with individual healthcare professionals.

Your suggestions and ideas for the future

- Have more meaningful communication with the communities about the role of services and who does what, e.g. primary care.
- Focus on the person rather than solely on the disease or illness they are presenting - what matters to you, rather than what is the matter with you.
- Truthful and sincere discussion, communication and information for the public and patients.
- Less bureaucracy.

NEXT STEPS

This report forms part of a suite of documents summarising the engagement approach and findings as part of this process. The feedback from both phases is also separately being analysed in terms of 'personas', illustrating the findings from the perspective of different identified population groups.

The analysis of both phase one and phase two will be triangulated with what we already know about population health needs, local and national policy and other drivers in order to inform the strategic intent of NHS Grampian, which will be set out in the Plan for the Future 2022-2028.

How we continue these conversations will form a key part of the way forward, in order to build on relationships and move away from 'a moment in time' engagement for a project towards the goal of collaboration and co-design of services.

In addition, as with the findings from phase one, this report will be shared with other colleagues leading on work across the system to ensure we are maximising the use of valuable feedback from the people of Grampian and informing subsequent engagement conversations.

Report produced by the Plan for the Future – Analysis & Evaluation Group
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