

## Community Services Re-procurement

### Engagement summary

#### Introduction

With the current Community Services contract needing to be re-procured an engagement exercise was undertaken. This is something that Clinical Commissioning Groups (CCGs) do regularly as part of their requirements.

This contract, delivered across County Durham and Darlington, provides a wide range of care, from supporting patients to manage long-term conditions, to treating those who are seriously ill with complex conditions. Most community healthcare is delivered in people's homes or in community clinics or health centres.

At this opportunity, the CCGs also wanted to look at what information could be gathered to help in the development of integration across health and social care to the benefit of staff and patients. This is looking at enhancing the co-ordination of teams of nurses, therapists and the ways they work with GPs and social workers around localised populations.

To inform this, we asked staff working in Primary care such as GPs and Practice Nurses, staff delivering community services as well as patients using Community Services. The purpose of collecting this information was to highlight the services current ability to work collectively and the experiences this provides to both patients and staff.

There was no plan to change the direct provision of services for patients through this process. The focus of any future developments related to the integration and working arrangements between teams of staff and how their related services were co-ordinated.

#### Objectives

Through this engagement exercise the objectives were to;

- Understand the patient experience and key priorities with the Community services used
- Specifically gather staff experiences of communication and working across teams and services
- Understand staff expectations and aspirations for future working arrangements
- Provide insights that can help shape future integration developments to enhance the co-ordination of staff, services and resources.

## Approaches used

In order to achieve the objectives (listed on page 1) the engagement activity specifically targeted those individuals who were in receipt of community services. Due to the how and where the majority of people were receiving these services this was conducted through the contacts that they were having with Community service staff. This enabled pre-existing arrangements and relationships for direct contact to be used. As a result support was able from members of staff to enable the patients to provide their feedback / experiences.

The opportunities for staff within Primary Care and the Community services to contribute were circulated electronically (either from the relevant CCG or service managers), with the option of paper versions if required. The questionnaires for each of the staff groups were designed to cover the same topics. The intentions for this information were to allow direct comparison of experiences between the various staff groups involved. They were also intended as providing a 'baseline', from which future repetitions of the questions could be undertaken where required.

## Key themes from responses

### Patients

#### Patient context

During this piece of engagement, 82 patient surveys were completed through Community services staffs contact with individuals using services. Of these responses, 32.9% were from the perspective of a friend / relative / carer, with the remainder being directly from the patient.

The majority of respondents (75.6%) were receiving care and support from either one or two community services. While three of the respondents identified themselves as receiving support from six different services.

Outlined in the table below are the four services most frequently identified as being used by those patients who responded.

Service	Total responses	Proportion of respondents
District nursing	54	65.9%
Community nursing	52	63.4%
Community Matron / Vulnerable Adults Wrap Around Service	17	20.7%
Podiatry	12	14.6%

## Summary of experience

- When asked about their overall experiences of the service(s), all respondents replied that it was either Very good or Good.
- When asked whether the patient was getting the care that matters to them, 81 of 82 respondents said Yes, and one other respondent was Unsure
- When asked whether they were given enough information about the purpose of their treatment, one patient said ‘No never’ and all others replied with ‘Always’ or ‘Sometimes’
- When asked whether the patient had enough time to discuss their health problems, 75.6% said Always, and 24.4% said Sometimes
- Patients asked whether they were involved as much as they want to be in the decisions about their care, 87.8% said Always, and 12.2% said Sometimes
- When asked whether they know who to contact if they have any questions about their care, 80 patients said Yes and two patients said they were Unsure
- Thinking about the last time they tried to contact the service(s) by telephone, 68 (82.9%) responded that it was ‘Very easy’ or ‘Somewhat easy’

## What to retain and what to address?

Comments about what was working well about their care were provided by 72% of the respondents. These comments included; positive praise for particular services and the care they provide, recognition of where specific support is able to help make a difference to them as well as general appreciation of their care and treatment. Comments included;

- *“Communication is excellent and the nurses are fantastic”*
- *“District nurses are always friendly, excellent”*
- *“Ongoing treatment plan by same nurse allows for continuity of care”*
- *“Gets insulin on time, makes sure I’m alright”*
- *“The nurses are brilliant and do everything they can for my situation”*



Wordle above to illustrate the key words used by patients in describing what was working well and needed to be retained. The larger the word the more frequently it appeared.

In relation to where improvements could be made, comments highlighted; staffing levels needed to increase, improvements in communication so patients understood where staff were from, communication and inclusion of family carers and staff being able to spend more time with individual patients,

- *“Nurses having more time to spend with patients”*
- *“More staff, nurses are always very busy”*
- *“Sometimes unsure where different nurses come from and who they are”*
- *“Communication to families”*
- *“More time to allow me to express myself”*
- *“Having the same nurses”*

It is worth noting that in these responses there were 22 comments in which patients felt that there were no problems for them or improvements that were needed.

- *“Do not think anything could be improved”*
- *“No concerns or recommendations”*
- *“Nothing, happy with care received”*

We also took the opportunity to understand from patients their views on what ‘good health services look like’ to them. Included in this question were a range of 10 different aspects of care plus the option for any additional comments people wished to make. Individuals could select as many of the answers as they felt were important to them.

The table below highlights the top four answers which were highlighted in the patient responses.

Priorities for good healthcare	Total responses	Proportion of respondents
Care delivered at home wherever clinically possible	74	90.2%
Patients respected and valued as individuals	72	87.8%
Treatment by health professionals who know their patients well	71	86.6%
Care provided in a timely manner	64	78.0%

## Staff

### Staff context

A wide range of staff were invited to participate and share their views as part of this review. These ranged from the staff directly involved in delivering community services, (Community nurses, Community Matrons, therapist and others) as well as those who are working in Primary care (GPs and Practice Nurses). In total 122 responses were received to the questionnaires.

All respondents were asked to rate on a scale of 0-10 (with 0 being poor and 10 being excellent) their perception of how well services were working together across a range of areas.

From the responses given a 'mean' average score has been identified. For the purpose of making the 'mean' score more relevant in the discussion of the results the groupings shown in the table opposite are used.

Score	Descriptor
0	Poor
1	Unsatisfactory
2	
3	Weak
4	
5	Average
6	Good
7	
8	Very good
9	
10	Excellent

### Integrated working

The majority of questions focussed on how staff from different teams/ services were able to connect with and work effectively alongside other healthcare professionals. Community services staff responses suggested that overall they had an 'Average' level of dialogue with GP colleagues in relation to referrals into secondary care (hospital). They then identified a 'Good' rating when asked about GPs involvement in avoiding emergency admissions (to hospital) for their patients.

District Nurses were given the highest average rating by Community services staff in relation to a range of questions such as; ability to be contacted, their involvement with patients, their positive effect on patient care and their overall working relationships. GPs were also given an overall rating of 'Very good' by the Community Service staff across the same set of questions.

From the GP / Practice Nurse responses; Social workers were rated as having an unsatisfactory / weak mean score. Additional comments on this identified difficulty in being able to make direct contact as a main reason for this. In response to this there was recognition of the need for social workers to have a more active role in practice meetings to develop this relationship.

Across all staff responses there was a 'Good' or 'Very good' view on the benefit provided by Multi-Disciplinary Team (MDT) meetings. Staff recognised that these meetings provided the opportunities to develop services and approaches to complex care collectively. In relation to these meetings staff identified being able to have the time available to attend as a barrier, however when they do they found them useful.

Staff from the community services were much more likely to be aware of and use the support available from voluntary and community organisations compared to those in Primary Care.

#### What to retain and what to address

Primary care highlighted the need to retain, positive working arrangements with District Nurses as a key area. Palliative care and its good work was also highlighted by both Primary Care and Community service staff as needing to be maintained.

Other comments emphasized having single points of access and continuity in who they are able to talk to the as being beneficial to all staff groups.

In terms of areas for development, across the responses from all staff there were issues about information sharing (with other professionals), information being available (about services) and the role that IT systems have to play in enabling effective working together. There were also comments in relation to the need for consistency in terms of staffing and how services are delivered to allow the good practices to become well established.

Appropriate referrals was also a particular concern in the responses from Community services staff. For those working in Primary Care responses did identify that some complicated referral processes into certain other services needs addressing. Other responses from Primary care identified a potential need for someone who can help to take overall responsibility for the co-ordination of a patients care in order to help join up services.

Overall there appears to be a real desire from all partners to have closer working practices/ relationships in order to provide the best possible care for their patients. Specific reference to Mental health and social work teams were given as areas this would be very beneficial.

#### Using the information

Following this engagement, all of the information from the responses was shared with senior staff and Commissioners within the CCGs. This information will be used as part of the future developments in relation to the future of Community services as well as potential integration of health and care services across County Durham and Darlington.