



West of Scotland Regional Design Engagement Report

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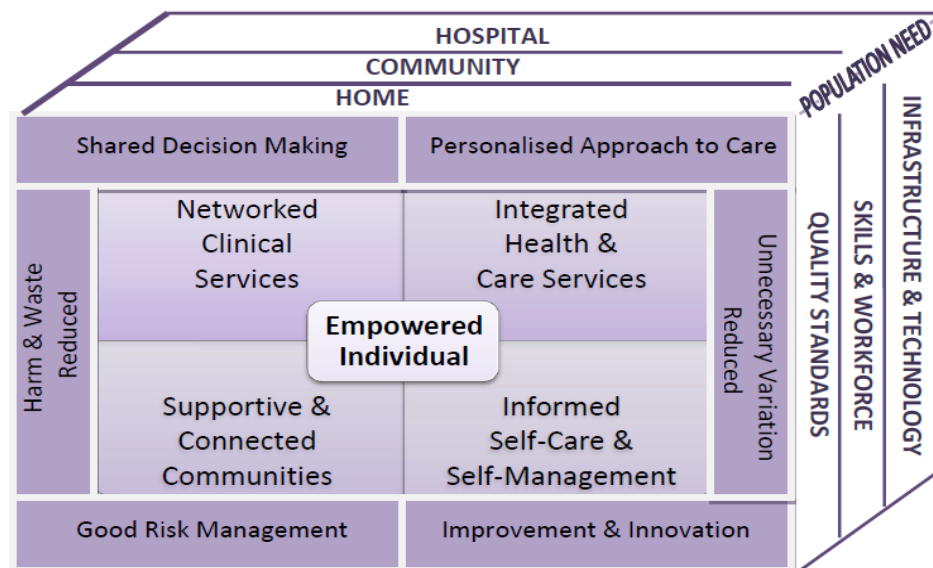
Background to the West of Scotland Regional Design

The national *Health and Social Care Delivery Plan* and the *National Clinical Strategy* set out the expectations for a modern health and care system for Scotland to provide better health, better care and better value. This includes a requirement for organisations to come together and focus on regional planning of services where appropriate.

Regional planning in the West of Scotland has provided a unique opportunity by which five Territorial Health Boards, 15 Integration Joint Boards (IJBs) and five National Health Boards have sponsored the development of a whole system *Regional Design*. This articulates an over-arching *model of care* that provides a unified framework for the long term planning of services across different settings for and with local people. With the empowered individual at its heart, the model emphasises the importance of:

- Strengthening and increasing informed self-care and self-management.
- Supportive and connected communities.
- Integrated health and care services.
- Networked clinical services.

Figure 1: West of Scotland Model of Care*



*Soumen Sengupta, Head of Regional Planning (West of Scotland)

The overall regional approach detailed is underpinned by recognition that:

- Many of the same services and interventions will be provided within different settings.
- Wherever a service or intervention is delivered - or indeed by whom - that it will be done to the same high standard.
- Individuals will frequently receive care and support in different settings as part of the same package of care.
- Staff may have to operate as part of a structured network in order to provide as much support and services as close to people's homes as possible, ensure

consistent quality and reduce the number of journeys that people have to make to receive care, services.

- Many staff will operate across different settings and be members of a number of different multi-disciplinary teams in doing so.
- The contribution of unpaid carers needs to be properly appreciated and that they require to be supported appropriately.
- The individual and their care needs should be at the heart of all decision-making, with and for them.

This work supports the reform agenda affirmed within the *Medium Term Health and Social Care Financial Framework*, and national *Waiting Times Improvement Plan*. It also reinforces the Chief Medical Officer's approach to *Realistic Medicine* by affirming the aspiration, and challenge, for health and care staff, services and organisations to create the conditions to:

- Build a personalised approach to care.
- Embrace shared decision-making.
- Reduce unnecessary variation in practice and outcomes.
- Reduce harm and waste.
- Manage risk better.
- Become improvers and innovators.

This report summaries the observations and insights stimulated at a discussion workshop for service users and third sector representatives co-produced by the Health & Social Care Alliance and the West of Scotland Regional Planning Team in November 2018, the outputs of which are being used to inform regional planning going forward; and are being shared more widely as a valuable resource for the wider health and social care system.



What people told us

Discussions at the workshop centred on three core questions:

1. What are your expectations when using health services?
2. What matters to you for your wellbeing, and how can health services work support this?
3. How would you like to see health services delivered in 10 years?

What are your expectations when using health services?

'That the system works'



People spoke of experiencing a system that is fragmented with a number of key gatekeepers, poor communication with people about what to expect and very little communication between services. From the discussion it was clear that people see the health service as a single entity, and therefore, expect that once they are 'in the system' there are clear lines of communication and a continuity of care.

Key expectations noted were:

- Good communication and conversations
- Accessible and fast – role of technology
- Procurement is poor – people don't know what they are buying
- Joined up services
- Change at GP level to reduce their role as gatekeepers
- More critical analysis of services with a focus on improvement

'Good care'

There was discussion around quality of care and it was suggested that when it comes to measuring quality, there is an overemphasis on clinical outcomes. It was agreed that there needs to be rigorous improvement methodologies around clinical outcomes. However, this was balanced by comments that in some areas there is not a consistent standard of expertise in teams. Furthermore, people talked about the unmet expectation around friendly and person centred care.

Key expectations noted were:

- Being listened to
- People have time for me
- Staff are friendly
- Questions are answered
- Staff are efficient, friendly with a high level of technical expertise
- There is consistency in quality/standard – need to get all staff up to the same level
- Less medicalised services with better access to rehabilitation services

‘Shared decisions’

As the positive result of several pieces of work, nationally and locally, around shared decision making, people expect to be involved in decisions about all aspects of their care. People expect to be recognized as experts in their health and therefore have significant say in how it is treated. However, these expectations extend beyond the consultation room. People expect to have access to a wide number of service, including non-clinical services, in order to support their health. Therefore, there is a desire for more preventative services that don't require a clinical referral.

Key expectations noted were:

- Recognition of our understanding and knowledge of our own conditions
- Self-management support and better use of self-directed support
- Social prescribing
- More preventative services
- Individualised services
- Holistic care

What matters to you for your wellbeing and how can health services work to support this?

‘I can live my life – play sport, go to work, have holidays etc’

People's lives matter to them and the agency to make decisions regarding how they live their lives. The things that contribute to this is mental wellbeing, independence and the right support. There is a clear role for health services to support this in having well informed staff who are able to motivate people and work with them on personal outcomes rather than purely clinical ones. There is also a significant role for community and third sector organisations that are able to form closer, ongoing relationships with people and support them through transitional periods.



Participants highlighted the importance of:

- A well funded community sector
- Better access to local services
- A recognition of healthcare as a vocation – not just about academic/specialist knowledge and education
- Access to tools developed outside the NHS to support wellbeing
- Consideration of the importance of transitional periods in peoples' lives and how they are more vulnerable
- Individualised care
- Access to the right care at the right time
- Support for carers and extended family

‘Services need to listen to the real needs of people and change’

Within discussions on wellbeing and the role of the health service, there was a feeling that there is still a deficit in the area of improvement. People spoke of feeling frustrated that services were failing them and that they often felt powerless to change it. While services often offered the opportunity to give feedback, few people reported seeing evidence of real change. This was seen as a result of the complex governance system for Integration Joint Boards and other decision making bodies.

Participants highlighted the importance of:

- Clear learning from mistakes within services
- Access to advocacy
- Clarity over responsibilities and roles of IJBs, HSCPs and Health Boards

How would you like to see health services delivered 10 years from now?

'People are able to access the right person quicker'

Accessibility of services was noted as a big area that needs improving. Participants spoke about the need to shorten waiting times but also diversify the types of healthcare professionals who are accessible. There was a discussion around the role of gatekeepers and experiences of 'bouncing around the system'.

Suggestions for improvement were:

- Digital and virtual services are normal
- Local testing or ability to test yourself
- Facetime consultations with healthcare professionals

'Integrated, with a true dialogue between services and individuals'

Within discussions about the future of health services, people spoke about the importance of realizing the ambitions of health and social care integration, which is more about serving a community and less about rationalizing budgets. People spoke of experiences that highlighted the importance of third sector organisations in delivering care, this includes the impact of the culture of the third sector and the ability to adapt services to people and communities.



Suggestions for improvement were:

- Development of a new culture
- Shared engagement with people in the community
- Treating causes, not just symptoms
- Holistic care
- Long term funding and partnership with third sector organization to support

'Quicker improvement processes'

Participants spoke of the importance of accountability and improvement within services. People shared experiences of trying to bring about change within services and their feelings of having been failed by the system.

Suggestions for improvement were:

- Easy access to legal review for appeals
- Stronger accountability of local decision makers and health ministers
- A more transparent planning process with meaningful and supported engagement
- Independently funded patient association

Cross-cutting themes

The themes and ideas raised during this engagement work strongly correlates with recent engagement carried out by the ALLIANCE across different areas. In 2018, the ALLIANCE undertook wide ranging programmes of engagement around:

- [Primary Care](#)
- Neurological conditions
- [Mental health services](#)

While these workshops had a particular focus, the feedback gathered represents views informed by broad experiences across all areas of health and social care. There were clear messages regarding the expectations of services, how health services can support wellbeing and ideas for improvement going forward.

Joined up services

During engagement on mental health services, they were described as being 'like a plate of spaghetti' with no clear point of entry or real pathway through it. This sentiment was strongly echoed during engagement with people with neurological conditions (who routinely access community support, primary care and acute care) who, spoke about the difficulty in navigating services. The role of the specialist nurse was strongly valued as a source of knowledge and support around different available services. This reflects the strong feeling of confusion and frustration caused by a fragmented service landscape in which people are not supported through the process.



Shared decision making

When discussing how people wanted to see health services delivered in the future there was a focus on shared decision making. This is seen as a way of delivering person centred services that are not necessarily clinical services. Shared decision making features strongly across ALLIANCE engagement projects and programmes of work. When discussing the role of GPs there was a significant call for GPs to be more proactive in discussing people's holistic needs and having good conversations around different options, including social prescribing options. Similarly, the [House of Care programme](#) puts shared decision making at the centre of a quality care system and has demonstrated the effectiveness of this approach in delivering personal outcomes.

Improvement processes linked to feedback and engagement

There is an awareness of engagement processes in developing strategy and policy, however, people feel that this approach is not replicated at local or service level. People have reported being confused at the decision making process at IJB level and not knowing how to input into it. Furthermore, there is a perception that change processes and improvement processes are driven by service need rather than engagement with people using the services. This theme came out strongly in discussing changes to General Practice and the need to improve mental health services.