

Patient and service user engagement and evaluation around integrated care in Wakefield District

A summary of the key findings

January 2017



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Appendices – separate document

Connecting Care Summative report – patient element

Connecting Care Carers report

Care Homes Vanguard resident evaluation phase one

MCP engagement focus groups report

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Background

Since 2014 in Wakefield District, local health, social care and voluntary sector organisations have been working together to provide an integrated community health and care service called Connecting Care. In 2015, Wakefield was also successful in receiving funding from NHS England under the New Models of Care programme to support two Vanguards; a care homes Vanguard and a multi-speciality community provider (MCP) Vanguard.

The successful elements of all these local initiatives are now being aligned and consolidated under the next phase of development, informed by the emerging MCP framework from NHS England. This describes a Multi-speciality Community Provider as a 'new type of integrated provider. An MCP combines the delivery for primary care and community-based health and care services – not just planning and budgets. It also incorporates a much wider range of services and specialists wherever that is the best thing to do¹.

There are three emerging levels of contracting for this MCP:

- Virtual MCP – providers enter into alliance arrangements with a shared vision, clear governance/risk sharing arrangements and a commitment to managing resources together.
- Partially-integrated MCP – commissioners procure, under a single contract, all services in scope of an MCP with the exception of primary medical services.
- Fully integrated MCP – single provider holds a single whole population budget for the full range of primary medical and community based services.

Wakefield is one of six areas being supported to develop this new model of care, and has chosen to work towards the virtual MCP arrangement in 2017/18, supporting existing providers to work together more closely under an alliance contract.

Patient and service user engagement and evaluation

Throughout this process, the opinions and experiences of local people have been captured through a range of methods, both by the CCG and providers individually and through commissioning external independent organisations to conduct robust evaluation and engagement work.

Over 1,100 people have been interviewed or have taken part in a focus group

This document describes the patient and service user work that has been commissioned by NHS Wakefield CCG and West Wakefield MCP Vanguard from Healthwatch Wakefield and Niche Health and Social Care Consulting. The specific pieces of work are as follows:

1. From April 2014 to December 2016 – with a survey developed in partnership with Niche Health and Social Care Consulting and Public Health, Healthwatch Wakefield conducted 680 interviews with people who had experienced the Connecting Care service. These interviews were conducted in people's own homes and had a participatory appraisal approach with local lay interviewers using a quantitative survey with qualitative techniques.
2. Niche Health and Social Care Consulting and Healthwatch Wakefield conducted 53 qualitative, semi-structured interviews with unpaid carers of people who were receiving Connecting Care services between July 2015 and April 2016.

¹ NHS England New Care Models 'The multispecialty community provider (MCP) emerging care model and contract framework', July 2016, p5

3. Under the Care Homes Vanguard initiative, Healthwatch Wakefield interviewed 70 residents of 5 care homes about their experiences of health and care services in April to June 2016. A second phase of this work will take place January to March 2017 when a further 5 care homes will be visited.
4. In December 2016 Healthwatch Wakefield facilitated eight focus groups with 83 local people about the move from Connecting Care to the new MCP contract for an accountable care system.
5. From November 2016 Healthwatch Wakefield have been interviewing patients who have received services from the West Wakefield MCP Vanguard; specifically their experiences of:
 - a. Care navigation
 - b. Physio First
 - c. Pharmacy in General Practice
 - d. Extended operating hours
 - e. Healthpod
 - f. Fusion cell of Connecting Care at Waterton hub – patients and carers
 - g. Assistive technology

This work will continue until June 2017.

All finished reports have been appended to this document.

Key findings overall

Integrated care in the community – patient / service user perspective

People are generally positive about integrated care services being delivered through Connecting Care.

- 85% of people interviewed felt that the health and care services provided through Connecting Care are very good or quite good.
- 86% of people interviewed felt they were definitely or to some extent as involved as they wanted to be in making decisions about their care and support

Good health and care co-ordination *as a specific function*, both within Connecting Care and in the integration of Connecting Care with wider health and care services, was seen as vital in improving people's experience of the service.

- When people felt that they had a Connecting Care health professional as a named person to co-ordinate their care and support, they reported higher levels of satisfaction in relation to how involved they felt in decisions about their care (92% as opposed to 57% of those people who said they didn't have a clue if anyone coordinated their care).
- 66% of people interviewed reported that people mostly or always worked well together. When people felt that this hadn't happened it was often in relation to system communication issues, often not the fault of individual staff. It was noted that problems were also related to the fact that although Connecting Care is itself an integrated service, it still has to interact with other health and care systems around it, for example domiciliary care and hospitals. We saw a definite need for a solution to support people to co-ordinate their health and care provision, to be aware of what is out there for them and how to access it.

We found that people who reported a lack of social contact also had poorer self-reported outcomes

- 37% of people (249 individuals) interviewed didn't feel as though they have enough social contact.
- 32% of this cohort feels they are less able to cope with their situation than a month ago compared with 14% of those people who say they definitely have enough social contact.
- 40% feel worse in themselves compared with 13% of people who definitely have enough social contact.

Integrated care in the community – unpaid carer perspective

Unpaid carers reported very mixed experiences within their role as carer, but all described significant impacts on their own health and wellbeing.

- One of the biggest impacts of being a carer is on people's mental and emotional health. Many carers said they were exhausted, shattered and tired all the time and a number were in tears during the interviews. 20% of carers told us they were on anti-depressant medication 'to cope' (although we didn't specifically ask this question). They reported being frequently irritable, one was self-medicating with alcohol and one was self harming.
- Many carers reported feeling lonely and socially isolated, with very little opportunity to leave the person they are caring for – sometimes having only an hour a week to themselves. They frequently had additional difficulties in getting out even when they had the opportunity, e.g. lack of transport or their own health and mobility issues.
- Only eight of the fifty three carers said their caring role had not had an impact on their physical health; most reported issues such as bad backs, torn muscles, worsening eczema and joint pain. One lady aged 84 told us that helping her 94 year old husband to the toilet or off the floor when he fell had made her bad hip a lot worse.

Our interviewers identified a clear need for better support, more information and clearer communication and liaison with carers.

- Around a quarter of carers interviewed described a frustrating and exhausting process of trying to find out about and get help for the person they cared for and for themselves when the need for more assistance first arose.
- Carers reported difficulty in getting information and advice about their loved one's care, support and treatment, or in being included or consulted in decisions about their care. This left them feeling marginalised and frustrated and in some cases feeling that this had compromised the safety of the person they cared for.
- Most carers we talked to were also being supported by other family members, both for practical assistance with the person being cared for and providing respite. They said their ability to care was very dependent on this support.

In almost all cases, without the support and input of the unpaid carer, it was patently clear that the patient/ service user would be unable to live in their own homes and would need much more intensive support from health or care services.

Care home residents (benchmarking from care homes not yet in the Vanguard programme)

Care home residents interviewed reported generally favourable experiences of health and care services, although the selection sample was biased towards those who had the cognitive and physical ability to engage.

- 88% felt they could see their GP when they wanted to.
- 84% said they know who to contact with questions about their health and care needs (this was mostly care home staff) and 74% felt that that person understood them and their condition.
- 83% felt that the health and care provided met their needs.

Potential areas for improvement included care planning and liaison between care homes and other health settings.

- 57% said that when they went to hospital their medication and other needs were known.
- 47% of the people interviewed said they felt that health and care services worked well together.
- Only 30% had discussed their health care plan with someone.
- More people told us that they would like to be fully involved in decisions about their care than those who felt that they actually were fully involved.

Most residents reported fairly high levels of personal wellbeing. We asked three of the four questions from ONS-4 the Office of National Statistics subjective personal wellbeing questionnaire. This measures people's self-reported wellbeing on a scale of 0 to 10 where, for example, 0 = not at all satisfied and 10 = very satisfied. Again, these statistics should be treated with caution as we interviewed only the residents who were most well and we recognise that there is a strong likelihood of participant bias.

- 73% said they were satisfied with their life nowadays (gave a score of 7-10 out of 10)
- 71% said they had felt happy that day
- 65% said they had not felt depressed that day

Quality of life of those people who were able to engage (only 30% on average of the population of the care homes) seemed to be relatively good.

- People mostly said that being comfortable, cared for and safe was a key element of having a good life. After that, they mentioned activities, visits, trips out and contact with other people as being things that allow them to feel socially included and part of a community. Choice and freedom were also mentioned quite frequently.
- Specific activities that were talked about included singing, reading, dancing, games, writing, films, gambling / cards, memory classes, watching sports on TV. Singing was mentioned specifically five times. An attractive environment, including gardens and flowers was important, as was good food and drink (particularly the odd glass of wine, whisky or beer).

General public engagement around MCP contract and accountable care system approach

People mostly thought that the direction of travel towards shared delivery of health and care services was the right one.

- 85% of people agreed that organisations should work together more closely and 78% agreed that they thought this would make their care more effective.
- 93% of respondents said they understood what was being planned in the new model of care and 63% said they thought it was probably the right thing to do.
- 83% of people agreed that the outcomes for the new model of care are the right ones.

There was a more mixed picture around whether or not proceeding to full merging and contracting out of an integrated service was a good idea.

- People were generally unsure whether fewer organisations delivering care *under one contract* would make our care more effective, with significant concerns about what this step might lead to in the future and the fear of large scale privatisation.

There was general agreement around the question of whether self-help in relation to health and wellbeing was a good thing, but there was less conviction when we asked how likely people would be themselves to take advantage of health support provision, e.g. exercise, healthy eating or low level mental health initiatives.

- 78% of people agreed that people should take more responsibility for their own health and wellbeing.
- 45% said they were likely to take advantage of support to improve their own health, but the majority were unsure or said it was unlikely that they would.

There was an almost unanimous agreement that unpaid carers should be supported through the new model of care.

- 95% of people think that the new model of care should include support for those caring for family or friends, 5% said they were unsure.
- Nearly 70% of people said they themselves would be willing to help support friends and neighbours, but indicated some concerns about how that might work in practice.

Overall, most people said that they were willing to share their health and care information more widely in order to improve the effectiveness of care provision, although there were concerns about the level of and extent to which information is shared.

- 74% of people agreed that giving health and/or care professionals access to their relevant health and care records is likely to make their care more effective.
- 73% of people agreed they would be happy for their own health and/or care records to be shared.
- Concerns about sharing health and/or care records included the risk that decisions detrimental to us might be made based on what people see in our records and that opening up records to a wider audience might make information more open to misuse.
- 80% of people agreed that a single, joint assessment shared by health and care professionals is a good idea.

Patients receiving services from MCP Vanguard (early stages of evaluation)

At this point in the evaluation it is not possible to give any robust information about most of the interventions as numbers are still too low. However, we have a relatively good number of surveys about care navigation within GP practices and people's experiences of the Healthpod.

Care navigation in West Wakefield is the use of reception/admin staff with GP practices to signpost patients to alternative professional than a GP, should this be appropriate. To date Healthwatch has made 23 visits of approximately 3 hrs duration each to 12 GP practices to interview patients in the waiting rooms. Of the 330 people we have spoken to so far:

- 39 individuals were offered an alternative to a GP appointment
- 32 individuals identified themselves as being explicitly care navigated. That is, 32 individuals accepted an alternative to a GP appointment

For the individuals who were care navigated:

- 100% were OK to see a different healthcare professional

For the individuals who were offered an alternative appointment, and those who accepted an alternative appointment:

- 75% felt OK about being offered an alternative appointment by practice staff
- 68% felt that enough effort had been made to find out what was important to them
- 70% thought it was helpful for practice staff to signpost patients to other healthcare professionals

For the remaining individuals who had not been care navigated**:

- 65% would feel OK about being offered an alternative to a GP appointment
- 77% thought it was helpful for practice staff to signpost patients to alternative appointments

Within these surveys, Healthwatch Wakefield has recorded further comments surrounding the implementation of care navigation. From these comments the following preliminary 'themes' have emerged:

'Dependant on the presenting problem'

Many individuals interviewed have highlighted that the suitability of care navigation is dependent on the presenting health issue, concern or complaint.

'Role of the practice staff'

Many individuals interviewed have expressed concerns regarding the role of the practice staff in care navigation. Many do not believe practice staff to be 'qualified' to make the decision of signposting patients to other healthcare professionals.

***It is important to note that although not explicitly identified as 'care navigated' – many individuals may be care navigated. A majority of surgeries visited operate using an appointment system which requires the patient to contact the surgery on the day to make an appointment. The patient will inform the practice staff of their health question, issue, concern and/or complaint to which the practice staff will 'ring back' with the*

appointment options. Therefore, it is plausible to suggest that the patients who go through this process are care navigated.

HealthPod

Since November 2016, Healthwatch has visited the HealthPod 6 times for 2 to 3 hours at a time. During our visits the HealthPod has provided general health and wellbeing checks only. Healthwatch has interviewed a total of 32 individuals who have used the HealthPod.

- 65% of those interviewed heard about the HealthPod in passing.
- 100% of those interviewed found the information and advice received helpful.
- 94% of those interviewed felt they had sufficient privacy when in the HealthPod.
- 71% of those interviewed gave a rating of 5/5 for satisfaction level with the HealthPod (5 denotes very satisfied). The remaining 29% of individuals interviewed gave a rating of 4/5 for satisfaction level with the HealthPod.

Unfortunately nobody we spoke to gave us permission to contact them again to see if they had followed up the advice that they were given.

Next steps

1. Connecting Care / MCP Contract – Healthwatch Wakefield will be interviewing 250 people in 2017/18 to monitor their experience of integrated care and other MCP interventions as partners move towards a closer partnership working through the new contract arrangements.
2. Phase one of the Care Home Vanguard evaluation interviewed residents in five care homes that were not in the Vanguard but were planned to be. Three of those homes were supported by the Vanguard in 2016/17 and the residents in those three homes will be interviewed again using the same survey questions to ascertain any difference in their experience.
3. Further engagement work will continue around the development of the new MCP contract.
4. Until June 2017 Healthwatch Wakefield will continue to interview patients who have received services from the West Wakefield MCP Vanguard; specifically their experiences of:
 - a. Care navigation
 - b. Physio First
 - c. Pharmacy in General Practice
 - d. Extended operating hours
 - e. Healthpod
 - f. Fusion cell of Connecting Care at Waterton hub – patients and carers
 - g. Assistive technology

Further evaluation of the strands of work that are continuing into year 3 of the West Wakefield MCP Vanguard is not yet decided.

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