

NORTH STAFFORDSHIRE AND STOKE-ON-TRENT CLINICAL COMMISSIONING GROUPS (CCGs) PATIENT CONGRESS MEETING IN COMMON
Summary of meeting on Thursday 16th August 2018

Waiting Times

Congress members were thanked for the patient stories on waiting times at Royal Stoke University Hospital (RSUH) they had shared with the CCG. Congress members heard that the patient stories were being looked at in detail by the CCG and were being raised at the appropriate CCG Committee meetings; in order to look at ways to approach and rectify the issues, promote a better communication flow and to look at what lessons could be learnt. Patient stories have been passed to the CCG Medical Director to raise directly with RSUH.

Universal Credit and the NHS

Congress members heard that 1) Universal Credit was a major part of government reform of the welfare system; 2) Universal Credit rolled six previous benefits into one monthly payment; 3) Universal Credit aimed to reduce fraud and errors, reduce the cost of the benefit system and encouraged people back into work; 4) Universal Credit roll-out was hampered by delays and IT problems; 5) Universal Credit credibility was demolished by the spending 'watchdog' National Audit Office in 2018; 6) one in five people (113,000 people) were paid late in 2017. It was noted that this was predicted to rise to 270,000/338,000 people in 2018; 7) the Department for Work and Pensions (DWP) survey found that four in ten people, often vulnerable, had experienced financial difficulties. It was noted that this puts additional pressure on agencies that support people e.g. councils, charities and the NHS, particularly A&E as people living in poverty may have no address and therefore no GP and so attend A&E. It was noted that this could create a 'Winter A&E crisis' lasting all year round; 8) one in eight working people (3.7million) currently lived in poverty; 9) 1,252,000 (including 312,000 children) were destitute, meaning they could not afford basic items; 10) destitution could be triggered by debt, benefit delays/sanctions, high living costs and; 10) the poorest people had seven years shorter life expectancy than average, suffer illness mental health etc. subject to significant stress could worsen this.

Congress members raised 1) the need for the CCGs to explain how they would cope with the increased demand for services, in particular A&E, as a result; 2) the need for the CCGs to conduct a 'disaster planning' exercise regarding the possible impact of Universal Credit on local NHS services and to assemble a shared evidence base on the impact of Universal Credit on vulnerable groups; 3) the need for the CCGs to communicate to the government around the impact benefit changes have had on vulnerable groups; 4) the need for action to be taken particularly for reaching the voices of the unheard; 4) concern around if people lose income, rent increases and this had an impact on all tenants; 5) concern around since the launch of Universal Credit, there had been a clear rise in arrears of payments and; 6) concern around a large number of people claiming benefits and the need for the most vulnerable to be focused on.

Frailty and Older people

Congress members heard that 1) like all health and social care systems across the country, Staffordshire was facing a number of challenges; 2) an increasingly ageing population and the growing need to support people with more complex needs was leading to increased demand for health (in and out of hospital) and care services; 3) the increasing use of health and care services places pressure on health and social care budgets and health and social care needed to find a way to ensure people could access the care they needed and the quality of services was preserved; 4) health and social care needed to ensure they had sufficient workforce to deliver the levels of service and quality required from both statutory and non-statutory service providers; 5) there was a need to enable services and professionals to reliably communicate and for the population to access information and services; 6) there was a need to focus on the quality of services for the frail; 7) there was a need to support people to remain well, live longer, maximise independence and stay in their own homes; 8) there was a need to provide support to avoid hospital admissions, improve rehabilitation and discharge; 9) there was a need to ensure that if people are admitted into hospital they receive the right treatment and are discharged with the right support package in place; 10) if people went into a Care Home, there needed to be support for Care Homes and Nursing Homes e.g. sufficient staffing, wrap around support services for staff to avoid admission; 11) there was a need to keep people well in the community; 12) there was a need to make sure people could go home early, safely and were well supported; 13) the need to improve support for people with mental health, long term and life limiting conditions; 14) the significant number of people that go through the hospital system that could have gone through an alternate route was proving very challenging ; 15) the vision of the STP and CCGs was to maintain people at home as long as possible. In order to do this the STP and CCGs needed to identify how to support patients to not be admitted. The view was to identify patients earlier on in their pathway to prevent deterioration and; 16) the Model of Care would support patients in directing their own care and empowering them to manage their own care; who were at high risk of admission or 'too long to' stay care; who were elderly and too frail to remain independent at home; who were in residential or nursing homes and; who were needing palliative care planning and support.

Congress members raised 1) the need for carers to be included in the Model of Care; 2) concern around the impact of changes to the community hospitals had on the local healthcare system; 3) the need for health and social care to be managed effectively, with appropriate communications and a support organisational development approach; 4) the need to identify what actually worked both internationally and nationally; 5) the need for patients to understand the purpose and process of Care Navigation; 6) concern around the cost implication of the Model of Care particularly around the increased workforce required in order to deliver the model; 7) that a recommendation from the Citizens Jury for mental health was to link workers to make mental health care more accessible and co-ordinated in the community and; 8) the need for the Model of Care to be responsive from the very beginning to identify patients

earlier on in the pathway in order to provide quality care.