

Barnsley Care Navigation and Telehealth Service Review 2017 Engagement Report

1. Background

NHS Barnsley Clinical Commissioning Group (CCG) has the responsibility for the commissioning (planning and buying) of local healthcare services for the benefit of the people of Barnsley.

We have recently been reviewing the way in which local Care Navigation and Telehealth services are provided in the community and have undertaken two phases of engagement between March and July 2017 with the service provider, clinicians, partner organisations, patients and the public in order to inform the review process.

The Barnsley Care Navigation and Telehealth Service aims to help local people with an ongoing illness, or long term condition (i.e. a health problem that can't be cured but can be controlled) to take control of their health and increase the potential for them to live independently.

Patients are supported by dedicated nursing staff who provide information and advice to encourage healthier behaviours and lifestyles via telephone appointments.

The following four service areas are provided under the banner of Care Navigation and Telehealth Services:

- Vital Sign Remote Monitoring (observing and monitoring a patient's condition using a small electronic device at home)
- Care Navigation (Advice, Information and Signposting)
- Health Coaching (Personal Goal Setting)
- Support service for people who have been recently discharged from hospital (Post Crisis Checks)

This summary report details the feedback received from both the first phase of engagement that took place during March and April 2017 and the second phase of engagement that took place between June and July 2017 (following the pause for the pre general election period).

The collective feedback received will help to shape and influence the decision making of the CCG regarding the future direction of the Barnsley Care Navigation and Telehealth service

Also incorporated in this report are the additional comments and feedback that we have received outside of the above phase of engagement from members of the Barnsley Patient Council.

2. Acknowledgements

We would like to take this opportunity to express our gratitude and to sincerely thank all of the individuals and organisations who have taken the time to share their extremely valuable views and feedback regarding their experiences of both accessing and using Care Navigation and Telehealth Services within Barnsley.

We would particularly like to thank Paul Hughes, Service Lead for the Care Navigation and Telehealth Service from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and the wider team for their input and for providing a variety of information and feedback as part of this process as well as facilitating the distribution of the patient/ carer survey to people who have been in receipt of these services during the past 12 months.

We would also like to acknowledge the assistance received from our local partners who provided their help in promoting the opportunity for local people to have their say.

3. Our engagement approach

We set out with the aim to carry out engagement activity that would;

- Obtain views and feedback from professionals, service users and carers from across Barnsley in relation to Care Navigation and Telehealth Service. Our overall aim being that this feedback will help shape the future direction of the service.
- Act in accordance with the NHS Constitution and meet the statutory duty to engage in line with the Health and Social Care Act 2012 which introduced amendments to the NHS Act 2006 highlighting two specific legal duties which require CCGs and commissioners to enable:
 - 1) Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission and
 - 2) The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

In order to help us to achieve the above, the first period of engagement was undertaken in order to obtain views from local patients, public and carers on their experiences of Care Navigation and Telehealth Services to help us to then develop a range of options to then take forwards for views and feedback as part of the second period of engagement.

Whilst in the planning stages for the first period of engagement, we met with representatives from the service provider SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) and a patient/ carer survey was developed with their input

This initial engagement phase ran for three week period between 28th March and 18th April 2017 and was specifically targeted at people had previously or were currently in receipt of Care Navigation and Telehealth Services.

Paper copies of the surveys were sent to over 1500 patients via the service provider (SWYPFT) with the option for respondents to also complete this online or complete this over the telephone.

Representatives from the CCG also attended the meeting of the Barnsley Patient Council which took place on Wednesday 26th April in order to get their views and feedback to feed into this process and help shape the second phase of engagement which ran from 19th June to 14th July.

For the second phase of engagement, and following the feedback received from the initial engagement phase, we worked in partnership with the service provider to develop a comprehensive engagement document and survey which provided a range of options for consideration and feedback from patients, carers, members of the public, staff and local partners in relation to the future direction of the service.

Approximately 1000 paper copies of the engagement document and survey were distributed in total across and via the following partners, organisations and venues;

- 33 Barnsley GP Practices
- 15 Barnsley Libraries
- Barnsley Care Navigation and Telehealth Service (SWYPFT)
- Barnsley Patient Council
- OPEN (Our Public Engagement Network)
- Respondents to the first phase of engagement (who had provided their contact details)
- Attendees at the dedicated workshop that was held on 28th June.

The engagement document and survey was also posted online on the NHS Barnsley CCG website (www.barnsleyccg.nhs.uk) and also kindly circulated by local partners working across the health and social care economy. This was also circulated, to members of the NHS Barnsley CCG Patient Council and to members of the OPEN (Our Public Engagement Network) Database. Paper copies were also available on request and as with the first phase, respondents were able to feedback online or over the telephone.

In addition to the above, we also held a patient, public and carer workshop session on Wednesday 28th June between 1:30pm and 3:30pm at the Barnsley Digital Media Centre in order to discuss the options in further detail with attendees who were asked to register in advance.

Notification of the engagement phase and workshop was circulated to the local media and the opportunity for people to have their say was promoted on social media via the CCG Facebook and twitter pages on a regular basis throughout the engagement period.

4. Summary overview of the feedback received – Phase One

During the first phase of engagement that took place between March and April, the total number of survey responses we received back was 290 with 280 suitable for input and analysis (18%)

A summary of the feedback received as part of this initial phase is detailed below.

1. Please can you tell us who you are responding on behalf of? (One option only)

| | |
|---|------------------|
| I am responding for myself | 245 (88%) |
| I am responding on behalf of another person | 29 (10%) |
| I am a member of staff in the NHS, responding on behalf of a patient | 6 (2%) |
| I am a member of staff in the voluntary sector, responding on behalf of a patient | 0 |
| Other (Please state here) | |

2. Which of the following services have you/the person you care for accessed over the past year? (Multiple Choice)

| | |
|--|------------------|
| GP | 228 (81%) |
| Practice Nurse/Nurse Practitioner | 181 (65%) |
| Community Nursing Team | 139 (50%) |
| Specialist Nursing Team (Hospital) | 101 (36%) |
| Local Support Group | 19 (7%) |
| Other (Please state here) 10 including Dorothy Hymen Centre, Hospice (Limes), Breathing Space, Palliative Care, Physio, Community HF Nurse, Community Diabetes Nurse | |

3. How did you hear about / who referred you to Barnsley Care Navigation and Telehealth Services?

| | |
|--|-----------------|
| GP | 73 (29%) |
| Practice Nurse/Nurse Practitioner | 21 (8%) |
| Community Nursing Team | 48 (18%) |
| Specialist Nursing Team (Hospital) | 59 (22%) |
| Local Support Group | 2 (1%) |
| The service contacted me directly | 59 (22%) |
| Other (Please state here) 18 including Self-referral, Heart Failure Nurse, Clinical Nurse Specialist, Physio, Dorothy Hymen Centre | |

4. Which of the following service areas under the Care Navigation and Telehealth Services banner have you or the person you care for accessed in the past? (If you are unsure please see the descriptions in the introduction for help to identify these) (Multiple Choice)

| | |
|---|------------------|
| Care Navigation (Signposting) | 116 (41%) |
| Health Coaching (Personal goal setting) | 44 (16%) |
| Post Crisis Support (Telephone support following Hospital stay) | 62 (22%) |
| Telehealth Vital Signs Remote Monitoring | 119 (42%) |

5. How long have you/ did you or the person you care for access Care Navigation and Telehealth Services?

| | |
|-----------------|------------------|
| Up to 1 month | 26 (9%) |
| 1 – 2 months | 39 (14%) |
| 3 – 5 months | 42 (15%) |
| 6 months | 154 (55%) |
| No answer given | 19 (7%) |

6. When did you or the person you care for last access Care Navigation and Telehealth Services?

| | |
|-------------------------------|------------------|
| Within the last month | 147 (53%) |
| Within the last 1 - 2 months | 33 (11%) |
| Within the last 3 – 5 months | 25 (9%) |
| Within the last 6 – 12 months | 30 (11%) |
| Over 1 year ago | 25 (9%) |
| No answer given | 20 (7%) |

7. Which of the following service areas under the Care Navigation and Telehealth banner are you/the person you care for currently accessing? (If you are unsure please see the descriptions in the introduction for help to identify these) (Multiple Choice)

| | |
|---|------------------|
| Care Navigation (Signposting) | 101 (36%) |
| Health Coaching (Personal Goal Setting) | 43 (15%) |
| Post Crisis Support (Telephone support following Hospital stay) | 45 (16%) |
| Telehealth Vital Signs Remote Monitoring | 104 (37%) |

Survey Questions – Section B

8. Since accessing this service, I am more in control of my condition(s)
- ✓ 60% of respondents highlighted that they either strongly agreed or agreed with the above statement
9. Regular contact with this service has increased my confidence and my general feeling of being able to cope with my condition(s).
- ✓ 60% of respondents highlighted that they either strongly agreed or agreed with the above statement
10. As result of the support and information received from this service, I have visited my GP less in relation to my condition(s)
- ✓ Over 40% of respondents highlighted that they either strongly agreed or agreed with the above statement

Survey Questions – Section C

11. If you accessed the Care Navigation (Signposting) element of the service, did this help you to identify local services which benefited you?
- ✓ Of the 136 people who indicated that they had used the Care Navigation element of the service, 82% answered yes to the above question
12. If you accessed the Health Coaching element of the service, did this help you to identify realistic personal goals to improve your health?
- ✓ Of the 85 people who indicated that they had used the Health Coaching element of the service, 84% answered yes to the above question
13. Again, if you accessed the Health Coaching element of the service, did this help you to make any changes to your lifestyle?
- ✓ Of the 85 people who indicated that they had used the Health Coaching element of the service, 69% answered yes to the above question
14. If you accessed the Telehealth element of the service, did the remote monitoring of your condition(s) on a daily basis enable you to learn more about your condition(s) and help you manage your own health day to day?
- ✓ Of the 164 people who indicated that they had used the Telehealth element of the service, 91% answered yes to the above question
15. Again, if you accessed the Telehealth element of the service, since using the home monitoring device and having access to the Care Navigator Nurse over the

telephone, has your community nurse needed to visit you at home as much as before you accessed the service?

- ✓ Of the 164 people who indicated that they had used the Telehealth element of the service, 64% answered no to the above question

Survey Questions – Section D

The questions in this section asked people to tell us in their own words and from their personal experience what has worked well for each of the services areas that they have accessed and which might have not worked as well.

- 16.** From your personal experience of Care Navigation and Telehealth Services, please tell us a little more about what has worked particularly well for each of the service areas that you have accessed and why?

Themes included the following;

- Increased awareness and confidence to manage own condition
- Provides human contact/ lifeline (especially for those living alone)
- Reassurance for patient / family (peace of mind)
- Signposting to other services / health professionals
- Feel looked after/ 'someone cares'
- Learnt more about condition - tools and techniques
- Efficient and friendly service
- Praise for staff involved
- Good to have one point of contact
- Makes me feel safer - someone looking out for me

- 17.** From your personal experience of Care Navigation Services and Telehealth Services, please tell us if any parts of the service areas that you have accessed have not worked particularly well and why?

Themes included the following;

- Nothing - excellent service x 70+ comments
- 'Didn't provide me with any new information'
- 'Haven't heard back from them following assessment call'
- Waiting 24 hours before information can be accessed by Docobo team
- Not available at weekends

18. Please can you share with us below how the Care Navigation and Telehealth Service helped you to manage your long term condition(s) and/or provided you with support that might not have been available to you elsewhere?

Themes included the following;

- Advice and support
- Signposting to other services and information
- Working together/ partnership
- Tools and techniques
- Joined up service - links to other health professionals when needed
- Help to manage at home but with support when needed
- Support at the end of the phone
- Education and awareness about my condition
- Feeling safe and looked after 'couldn't do without it'
- Single point of contact

164 people highlighted that they wanted to be kept updated with this work and 47 people indicated their interest in taking part in a follow up workshop.

Equality Monitoring Form (Optional)

So that we can try to ensure that our survey is representative, we asked respondents to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Data Protection Statement

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

| What is your age? | | | | | | | | | | |
|-------------------|----|---------|----|-----------|---|---------|---|---------|----|-----|
| Under 18 | 0 | 18 - 24 | 0 | 25 – 34 | 0 | 35 - 44 | 1 | 45 - 54 | 12 | |
| 55 – 64 | 40 | 65 – 74 | 75 | Over 75 + | | | | | | 112 |
| Prefer not to say | | | | | | | | | 39 | |

| Please tell us the first part of your postcode in the box provided below (e.g. S75) | | |
|---|-------------------|----|
| DN5, S35, S36, S63, S70, S71, S72, S73, S74, S75 | Prefer not to say | 69 |

| | | | | | | | | | |
|-----|----|-----|----|-----|----|-----|----|-----|----|
| DN5 | 1 | S35 | 3 | S36 | 5 | S63 | 42 | S70 | 28 |
| S71 | 35 | S72 | 26 | S73 | 29 | S74 | 10 | S75 | 32 |

| What is your gender? | | | | | | | |
|--|-----|---------------------------------|-----|---|----|---------------------------|-----|
| Female | 133 | Male | 126 | Prefer not to say | 21 | | |
| How would you describe your ethnicity? | | | | | | | |
| White – UK | 265 | Arab | 0 | Other Mixed/ Multiple Ethnic Background | 0 | Indian | 0 |
| White – Irish | 0 | White and Black African | 0 | Black Caribbean | 0 | Pakistani | 0 |
| White – Gypsy or Traveller | 0 | White and Black Caribbean | 0 | Black African | 0 | Bangladeshi | 0 |
| Other White Background | 0 | White and Asian | 0 | Other Black Background | 0 | Other Asian Background | 0 |
| Chinese | 0 | Prefer not to say | 15 | Other Ethnic Group (Please state here) | | 0 | 0 |
| How would you describe your sexual orientation? | | | | | | | |
| Bisexual | 4 | Gay | 1 | Lesbian | 0 | Heterosexual | 239 |
| Prefer not to say | | | | | | 36 | |
| How would you describe your religion? | | | | | | | |
| No religion | 60 | Buddhist | 0 | Hindu | 0 | Sikh | 0 |
| Christian | 183 | Jewish | 0 | Muslim | 0 | Agnostic | 1 |
| Prefer not to say | | | 24 | Other (Please state) | | 11 | |
| Do you have any of the following disabilities? (Please tick all that apply) | | | | | | | |
| I do not have a disability | 32 | Mental Health Condition | 31 | Physical Impairment | | 74 | |
| Cognitive Impairment | 6 | Long Standing Illness | 156 | Speech Impairment | | 5 | |
| Sensory Impairment | 10 | Learning Disability | 6 | Learning Difficulty | | 3 | |
| Prefer not to say | 30 | Other (Please state) | | | | 0 | |
| Do you unpaid care for someone? | | | | | | | |
| Yes | 26 | No | 175 | Prefer not to say | 79 | | |

5. Summary overview of the feedback received from Barnsley Patient Council

The Patient Council received a presentation from Brigid Reid, Chief Nurse for the CCG on the Care Navigation and Telehealth Review at their meeting that took place on 26th April 2017.

The presentation provided an overview of the service and the background and context to the review, and also the summary feedback from the initial engagement phase.

The group were advised that the CCG is reviewing all the elements of the Care Navigation and Telehealth Service in order to fully understand and determine the effectiveness of the service. Integral to this is the need to effectively communicate and engage with patients of the service (both current and from within the past year) alongside staff, and clinical referrers and invite them to share their views and experiences of the either being in receipt of, working for or referring into this service.

Following the presentation, a lengthy discussion thereafter captured the following observations:

- There seems to be a problem with the branding of the service if even people in receipt of the service can't recognise it from the name – it's confusing – name doesn't say what it does - some confusion with 'lifeline' services attached to social care highlighted during discussion.
- Really positive to hear such positive feedback from the people in receipt of the service.
- Important to learn from best practice models and lessons learnt locally, nationally and internationally.
- Importance of communication/ conversation/ contact – this is a key factor along with the link to 'My Best Life' (Social Prescribing) and non- medical support.
- Imperative to keep people informed and provided with feedback so they feel engaged.
- Can't underestimate the value of human contact, reassurance and support – just a call to ask 'how are you?' can have a positive impact.
- Opportunity to see how all services can integrate better together and break down silos, barriers and reduce duplication between services and organisations.
- Need to make 'every contact count'

Members felt the service was of value and agreed there was a need to share information to enable as many people as possible to be able to have their say as per of the review process, however better branding and integration was required.

6. Summary overview of the feedback received – Phase Two

The second engagement phase took place from Monday 19th June to Friday 14th July 2017.

At the end of this phase, we received feedback from a total of 57 people in response to the second survey contained within the engagement document.

In addition to the above and despite having 13 people registered to attend the workshop that took place on 28th June, only 7 people were able to attend on the day.

A summary of the feedback received as part of this second engagement phase is detailed below.

1 - Which of the five options described in the options section of the engagement document do you prefer? (Please only choose one option)

| | |
|--|----------------------|
| Option 1 - Do nothing: maintain the service in its current form | 33 respondents (58%) |
| Option 2 - Commission the service provider, SWYPFT to continue to deliver only the Vital Sign Remote Monitoring element of the service. | 12 respondents (21%) |
| Option 3 - Commission SWYPFT to continue to deliver only the Health Coaching element of the service, this telephone based service would no longer require equipment to be deployed in patients homes. Existing staff in the service could be realigned to other SWYPFT health services. | 4 respondents (7%) |
| Option 4 - Financial resources currently allocated to the Care Navigation and Telehealth Service could be redirected into other health services in Barnsley who will always need registered nurses. | 4 respondents (7%) |
| Option 5 - Decommissioning all activity and services offered through the Care Navigation and Telehealth Service. This would require all follow through to take place via existing Primary Care and recently re-specified Neighbourhood Nursing Service. The My Best Life service could be used to help people to manage their own health, improve social networks and develop their self-confidence at the same time as improving health, wellbeing and quality of life and a reduction in social isolation, exclusion and loneliness. Post-crisis check could be offered via Neighbourhood Nursing and Right Care Barnsley. | 4 respondents (7%) |

1a - Please tell us why you think this is the best option

Due to the number of comments received in response to the above question, we have highlighted examples below of the type of comments provided in support of each of the options chosen in response to question 1 above.

Example comments made in support of Option 1 – Do nothing: maintain the service in its current form

- ***The service is unique I have not been part of a service like this before. The nurses are wonderful and supportive and through their advice and support I feel I have visited my GP less and generally feel better in myself. Through the support and encouragement of the nurse I have lost 16lb and I feel my breathing is now better. The nurses have time to listen to my concerns I do not feel rushed when I am talking to them’.***
- ***‘The vital sign remote monitoring has helped me recognise my symptoms earlier and the phone calls from the qualified nurses have given me confidence’.***
- ***‘I have personally felt it was the best service provided as it bridged the gap between seeing a GP and me, as I would discuss my emotional problems without fear .GPs are seen for physical issues mostly. It gave me comfort that I get to know there is a nurse I can talk to about really personally issues’.***
- ***‘I don't propose "do nothing" but I propose that the services need to remain but they could be delivered in a more transformational way, including the use of different technologies including Skype. Telehealth in particular could be delivered under a different cheaper model using for example the Flo Simple telehealth solution which utilises peoples own mobile phones and simple low cost vital signs equipment and is use widely across the country...’***
- ***‘Service provides individualised support to people with long term health conditions. Increases people's knowledge of their health and how to manage it better’.***
- ***‘I have been impressed by the help and support I have been offered. Without this service I am convinced that I would not be able to complete this survey. The service reinvigorates the central themes of the health service - treating the patient not the disease’.***
- ***‘It helped my mother when she was lonely; they called her daily and then every two weeks’***

- ***'This offers a contact for people within their own home - someone to ring if things aren't quite right and someone for them to ring if they are worried'.***

Example comments made in support of Option 2 - Commission the service provider, SWYPFT to continue to deliver only the Vital Sign Remote Monitoring element of the service.

- ***'This service provides patients with access to faster care'***
- ***'Helps patients to self- manage and become familiar with symptoms'***
- ***'Mindful of the cost of providing services and realise that it's not always possible to provide all services. There is some comfort and reassurance from being monitored and stabilised. This enables the patient to be reassured on their journey back to health. Not all patients are qualified to do self-diagnosis and some will be less comfortable carrying out their own vital signs monitoring'.***
- ***'I have found this option very effective and helpful'***
- ***'If finances and resources were not an issue, I would support Option 1. However, at this time, I would select option 2. I have experienced this service for the last year following heart failure. In my opinion this is a 'must'. It has been easy to use and provides reassurances regarding vital signs. Very efficient too'***
- ***'Most important element in my opinion having used the service'.***

Example comments made in support of Option 3 - Commission SWYPFT to continue to deliver only the Health Coaching element of the service, this telephone based service would no longer require equipment to be deployed in patients homes. Existing staff in the service could be realigned to other SWYPFT health services.

- ***'For me, it gives me peace of mind that I can voice my concerns about health to someone like the nurses that phones me every month. They have been an inspiration to people that are suffering with health problems who we would not know where to turn. The advice they have given me in the past and present has been very well received'.***
- ***'Contact from specialists when feeling most vulnerable. Ongoing contact gives great reassurance and peace of mind. If there is a problem it is followed up quickly (even on a Sunday in my experience.) If I needed a Doctor's appointment the service was often better in getting that appointment than I was. One example of the service is that I used the GTN spray and had a violent reaction. I thought that I would finish up in hospital. However after talking to telehealth I was put at ease and didn't need to go to the hospital or the doctor'***
- ***'People who use the service value the support received. Having choices means that more people can access support'***

- ***‘Patients like to feel supported. If this support goes then they will seek support elsewhere e.g. GP appointments’***

Example comments made in support of Option 4 - Financial resources currently allocated to the Care Navigation and Telehealth Service could be redirected into other health services in Barnsley who will always need registered nurses.

- ***‘I feel that the resources in care navigation would be best used within the neighbourhood teams, sitting within them teams to manage LTC management specifically for each neighbourhood allowing them to follow up post discharge, offer health coaching and management of their specific conditions at a local level to ensure local needs are identified and met. I feel that if these specialist nurses sat within teams that there would be better integration and a reduction in the number of repeated visits and more shared information on individuals care planning. I believe right care would be ideally placed also to pick up the post-crisis checks currently offered to service users’.***
- ***‘Support still given but without risking overload of other services’***
- ***‘It is obvious that current spending has a deleterious effect on the other resources and a time will arrive when priorities in line with available finance will have to be made’.***
- ***‘Redistribute finance and staff to other services that are struggling with demand especially if the service is not used as well as it could be’***

Example comments made in support of Option 5 - Decommissioning all activity and services offered through the Care Navigation and Telehealth Service. This would require all follow through to take place via existing Primary Care and recently re-specified Neighbourhood Nursing Service. The My Best Life service could be used to help people to manage their own health, improve social networks and develop their self-confidence at the same time as improving health, wellbeing and quality of life and a reduction in social isolation, exclusion and loneliness. Post-crisis check could be offered via Neighbourhood Nursing and Right Care Barnsley.

- ***‘It costs too much! Money would be better spent delivering self-management training to groups with some one- to- one telephone coaching. Spread your options and offer more choice. I’ve used the telehealth coaching service and did not find it helpful for me’***
- ***‘Much has changed since this service was developed as Option 5 describes’.***
- ***‘I think that telehealth should be used much more widely than it is now in Barnsley I think health navigators was a good idea for its time but that what is needed now is more joined up telehealth with the community nursing and services like I Heart Barnsley being central to this’***
- ***‘Use the resource where it is most needed for the most amount of people it can help’.***

2 - Do you think there is another option that we have not considered?

| | |
|------------|----------------------|
| Yes | 7 respondents (13%) |
| No | 24 respondents (43%) |
| Don't know | 25 respondents (44%) |

2a - If you answered yes to the above, please describe this below and tell us why this would be your preferred option

- ***'More self-management training in groups using highly trained facilitators. Take a look at Health makers in Bracknell and Ascot CCG'***
- ***'The work to remodel community nursing on a neighbourhood type design aligned to the area council footprint alongside the social prescribing service and all of the collaborative work taking place in neighbourhoods feels like firm foundations to build on. Right Care has grown in confidence and would be well placed to address crisis issues'***
- ***'A fully publicly financed and run NHS'***
- ***'Lone people will be left to struggle like before to get to talk with professional except when they are poorly which was not good before. This is a non-tablet service which works for emotional issues far more than any tablet one can take'***
- ***'I think you should write the specification for what you want delivering/ and what outcomes you want to achieve and do some market testing, also considering the wider review of independent living services'***
- ***'A Care Navigator should have a central role to pull together patient centred care'***
- ***'Keep the service and increase the staff'***
- ***'A similar link to a specific part of the GP Practices - People may regain some of their lost confidences with GP's and have a known person with whom they can communicate when they feel anxious. It may be possible to avail a service similar to this, with vital signs with the cost of the current system'***
- ***'Place value on a visual assessment, some patients may say they are ok when they are not. Regular visits enable a comprehensive assessment of patients. A multidisciplinary assessment of patients' needs to be agreed before any final decision is made so there is an exit strategy and the needs of patients are known. Services should only be discontinued if patients have appropriate medical advice. Worried that those who use the service as anxiety would not call GP / Attend A&E'***

3 – Any other comments

- ***‘This service helped me to care for my husband and I found it invaluable’***
- ***‘This is a very valued service and supported my father in law with telehealth monitoring before his death. It also supported him with a call on discharge from hospital and also supported my mother’.***
- ***‘I don’t think this service is promoted enough not many people know about it’.***
- ***‘The loss of this service could see an increase in long term costs for GP’s, Specialist nursing services and A&E department’.***
- ***‘Limited relationships exist between telehealth and assistive living technologies developments in the council and we need to do more to develop this within the LDR work’***
- ***‘My own experience with the nurse navigators was not a good one but I have tried not to let this influence my choice here’***
- ***‘I don’t think you should look at the recommissioning of this service alone. There are lots of overlaps and opportunities for transforming and having a system wide approach to providing services for people who live independently at home with long term conditions. I also think there is an opportunity for looking at the use of telehealth and the wider opportunities of technology enhanced care services in care homes to reduce GP call outs and ensure Community Matrons are only called out when necessary An example is taking regular observations of residents in residential care homes using a telehealth system to prompt community matron intervention. See <https://vimeo.com/89925078>’***
- ***‘The service has been excellent to date, reassuring, helpful and a welcome addition to the care package. What attempts have been made to expand and stabilise the service numbers? The title of services is ill-thought out. The term ‘end of life care’, my best life, shared lives can be confusing. The service names for this service are no different’***
- ***‘I can only thank the staff who are on the phone straight away when they see something wrong. That is really caring for people and gives peace of mind’.***
- ***‘I think that producing a glossy 22 page booklet must be the most costly way. A sledgehammer to crack a nut springs to mind!’***
- ***‘If this role is taken forward as part of the Neighbourhood Nursing Service we shouldn’t lose the value if both parts’.***
- ***‘Since I have been using the vital signs (Docobo) which has been installed in my home, I have found this to be very effective. Due to the fact that a nurse is there to monitor if any irregularities occur, this gives me peace of mind’.***
- ***‘I cannot praise them enough for looking after my mother, when I was working, calling her every fortnight to check and one day they called and she was in bed with hypoglycaemia and they did get help for her’.***

- ***‘The vital signs and remote monitoring of patients offers confidence and reassurance to patients but if this service does not significantly reduce hospitalisation then it cannot be cost effective’***
- ***‘On a personal level these services have given me the support which I found to be lacking previously. This has raised my confidence as well as allowing me to feel that I am a worthy person in the community and have not been thrown towards the rubbish tip. ‘What would people like me suffering health problems do without the help we are receiving from these wonderful people who take time to listen to our problem and give advice on all aspects’.***

Equality Monitoring Form (Optional)

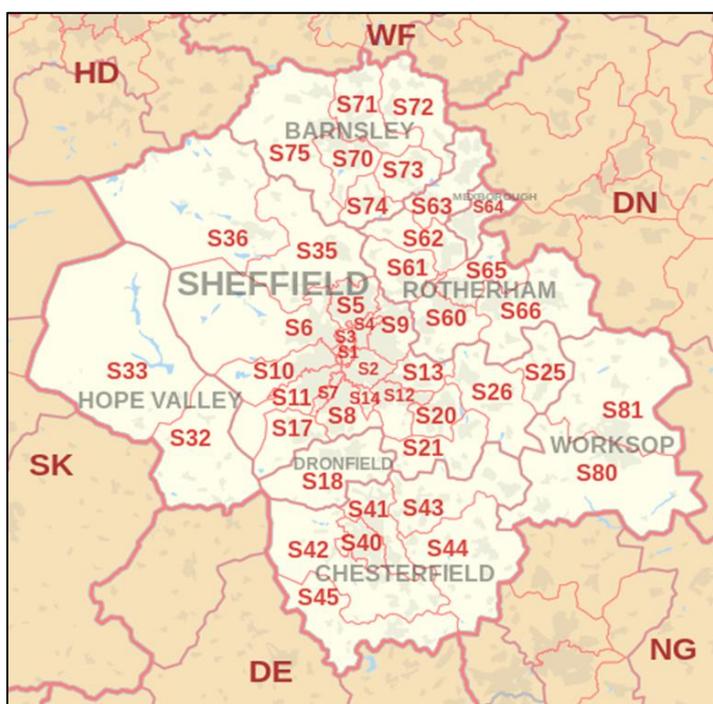
So that we can try to ensure that our survey is representative, we asked respondents to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Data Protection Statement

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

| What is your age? | | | | | | | | | |
|-------------------|---|---------|----|-----------|---|---------|---|---------|----|
| Under 18 | 3 | 18 - 24 | 0 | 25 - 34 | 2 | 35 - 44 | 7 | 45 - 54 | 7 |
| 55 - 64 | 1 | 65 - 74 | 11 | Over 75 + | | | | | 13 |
| Prefer not to say | | | | | | | | 3 | |
| Prefer not to say | | | | | | | | | 1 |

| Please tell us the first part of your postcode in the box provided below (e.g. S75) | | |
|---|-------------------|---|
| S62, S63, S70, S71, S72, S73, S74, S75, WF4 | Prefer not to say | 4 |



| What is your gender? | | | | | |
|----------------------|----|------|----|-------------------|---|
| Female | 36 | Male | 20 | Prefer not to say | 1 |

| How would you describe your ethnicity? | | | | | | | |
|--|----|---------------------------------|----|---|----|---------------------------|----|
| White – UK | 53 | Arab | 0 | Other Mixed/ Multiple Ethnic Background | 0 | Indian | 0 |
| White – Irish | 0 | White and Black African | 0 | Black Caribbean | 0 | Pakistani | 0 |
| White – Gypsy or Traveller | 0 | White and Black Caribbean | 0 | Black African | 1 | Bangladeshi | 0 |
| Other White Background | 0 | White and Asian | 0 | Other Black Background | 0 | Other Asian Background | 0 |
| Chinese | 0 | Prefer not to say | 1 | Other Ethnic Group (Please state here) | | | 0 |
| How would you describe your sexual orientation? | | | | | | | |
| Bisexual | 0 | Gay | 2 | Lesbian | 0 | Heterosexual | 51 |
| Prefer not to say | | | | | | | 4 |
| How would you describe your religion? | | | | | | | |
| No religion | 15 | Buddhist | 0 | Hindu | 0 | Sikh | 0 |
| Christian | 33 | Jewish | 0 | Muslim | 0 | Agnostic | 3 |
| Prefer not to say | | | 3 | Other (Please state) | | | 3 |
| Do you have any of the following disabilities? (Please tick all that apply) | | | | | | | |
| I do not have a disability | 19 | Mental Health Condition | 7 | Physical Impairment | 12 | | |
| Cognitive Impairment | 3 | Long Standing Illness | 24 | Speech Impairment | 1 | | |
| Sensory Impairment | 2 | Learning Disability | 0 | Learning Difficulty | 1 | | |
| Prefer not to say | 7 | Other (Please state) | | | | | 0 |
| Do you unpaid care for someone? | | | | | | | |
| Yes | 9 | No | 42 | Prefer not to say | 6 | | |

7. Summary overview of the feedback received from Patient and Public Workshop held on 28th June 2017

Comments and feedback from workshop discussions on Wednesday 28th June 2017

General discussion points and questions

- What is post-crisis support? What does this consist of?

This consists of a telephone call from a nurse following a hospital stay and discharge to check on patients. This was not originally a commissioned part of the service

- What were the parameters of the originally commissioned service?
 - Vital Signs = up to 1000 patients per year
 - Post-crisis discharge = no figures identified as this was not part of the originally commissioned part of the service.
 - Care Navigation/ Health Coaching = up to 3000 patients per year

The service is operating at roughly 50% of the capacity it could do.

It would be useful to identify where the original commissioned figures came from and how they were set at the figures above.

- Where do the majority of the referrals come from for the service?

These tend to come from other community led services rather than from GPs.

- How long does the vital sign system keep track of episodes of ill health and does this monitor trends?

The system keeps track and monitors trends over 28 days so that the nurses know when to act/ refer on/ visit. This is primarily a monitoring service. It is not an emergency service.

- Are there any stats from Barnsley Hospital to identify if post crisis discharge calls have an impact on avoiding unnecessary readmissions?

Not currently

- The service is about promoting self- care and patient empowerment
- How is 'My Best Life' currently staffed in Barnsley and how does this work?

There are six advisors in Barnsley currently who work in each of the six area council localities. They often visit people in their homes to discuss what matters to them and to develop a personal action plan. Their role will vary dependent on the individual they are supporting but this often takes the form of helping people to develop their confidence to

enable to them to achieve their personal goals and form stronger links within their local community.

- It would be useful to develop links between the 'My Best Life' Advisors and the GP Patient Groups.
- A new respiratory service has also been developed across Barnsley which is called 'Breathe' – this is a new service which is to be rolled out and promoted over the next few months.
- Is the Care Navigation and Telehealth Service purely for over 18's or does this also cater to the needs of children and young adults?

This service purely caters to the needs of adults. Services are configured slightly differently for the needs of children

- Is the service used anywhere else across the region?

Currently used also in Bassetlaw and provided by the same service provider as in Barnsley.

There is a slightly different service operating in Doncaster which is provided by a different service provider.

Discussion relating to the five different options

- There is still a possibility that the service would be underutilised
- Do we know why this is underutilised?

There are a variety of reasons for this despite best efforts to change this. Lots of effort has been put in to try and connect the service with GPs which has led to a small increase in referrals but the majority still come via community staff who work for the same provider.

- If this is the case, are GPs likely to refer to Right Care Barnsley, My Best Life any differently?

It would seem from evidence so far that they do. They have been more involved and engaged with these services from the outset and this has resulted in more referrals.

- **Can we have an Option 6 – Get the service used more!! – as this service frees up GP time to provide a service to less complex patients – expand the remit of the service to cover generic long term conditions rather than a number of specific ones. It could have two distinct elements – clinical and self-care.**
- Important to monitor evidence of outcomes – has anything improved as a result?

- Some of the risks are difficult to understand around misconceptions where people don't use the service
- **Can we have an Option 7 – Use Telehealth for real-time monitoring and consultation? However this then changes the nature of the service and it becomes an emergency service rather than a monitoring type of service.**
- It's so important to be able to ring up and get advice and reassurance – key part of the current service that is valued. However important to remember this is only a 9-5 service not out of hours.
- Health coaching element of the service is the one most closely linked to the 'My Best Life' service offer. The contract for My Best Life is initially for three years and its progress will be evaluated dependent on improved outcomes for clients.
- The Care Navigation and Telehealth Service currently provide a degree of support to the specialist nursing teams with visits to patients etc. e.g. COPD and Parkinson's Nurses.
- It's really important to differentiate between the right levels of support and dependency for patients. Dependency does not encourage empowerment and taking back control.
- Is this purely a cost cutting exercise?

No it's about ensuring that services are of high quality, achieve the outcomes for patients that they set out to do, avoid duplication and also provide value for money

8. Summary of key themes from collective feedback received

The key themes taken from this engagement are as follows:

- The feedback received during both phases of engagement activity confirmed that there is no question that the current service is very much valued and appreciated by patients, carers and family members who have direct experience/ knowledge of the service and its different elements.

Their collective comments can be themed as follows;

- ✓ Using the service gives them peace of mind and provides valued personalised support
- ✓ They value the regular contact with the staff and having 'a friend at the end of the phone' to listen
- ✓ The monitoring element gives them reassurance
- ✓ Having one point of contact for their care is a positive
- ✓ Using the service has improved their knowledge of their condition
- ✓ It helped to improve their confidence and they felt that had visited their GP less

- Throughout both phases of engagement, it became apparent that there was a degree of confusion regarding both the branding of the service and the wider understanding/awareness of the role of the service, both amongst some of the patients/carers who had direct experience of using aspects of the service and also amongst members of the wider public who had not.
- A number of comments highlighted that there are overlaps and opportunities for transforming and having a system wide approach to providing services for people who live independently at home with long term conditions in order to avoid both confusion and duplication.
- A large proportion of the comments received highlighted the value of the emotional support provided by the service.
- Several of the comments we received highlighted praise for the idea, values and ethos of care navigation and telehealth services but suggested that there is a need for these to be fully integrated into and across wider universal services rather than exist as a stand- alone service.

9. Next Steps

This engagement process has provided a brief snapshot of the views and experiences from a number of service users, carers and wider partners regarding Care Navigation and Telehealth Services locally and their views in relation to the options put forwards to help determine the future direction of the service.

The next stage is for all of the feedback received as part of this process to be fed back to senior commissioning leads within the CCG to aid their decision making process.

The content from this report will be made publically available and feedback provided to those respondents who have requested it.

A further report will be compiled within the next few months in order to highlight how the feedback gained as part of the engagement process has shaped the outcome of this service review.

Again we would like to reiterate our thanks to all respondents who have given their time to share their views to help inform this process and to all partners who have helped us to gain their feedback.