

Voluntary Sector Health and Care Forum
Consultation on Primary Care Home and Altogether Better
26th June 2018

How do you currently interact with Health Care and in particular Primary Care?

Overall the interaction is fragmented and not consistent.

Some VCS attend team meetings in surgeries. Some get referrals from some practices. Some have been approached by some surgeries. Some VCS offer facilities to ensure primary care can be offered from their premises to the most vulnerable communities. One surgery in Bournemouth offers free space to enable VCS groups to see clients on a one to one basis.

For others interaction has been less successful.

'Attempts to have an outreach desk/room in surgeries to help patients have been hampered as surgeries expect VCS to pay for the space'.

'We do not connect, it is difficult finding the right person in the NHS to talk to, we get filtered out. We consider we have a lot to offer in improving health outcomes across our community e.g. with diabetes'.

'We put a lot of effort into our discussions with the Clinical Commissioning Group and GP practices, because our advice services tackle a lot of the key determinants of health. However, after a lot of work nothing came of this and we don't know why'.

'We provide a good service to the hospital but cannot get any support for it'.

'A challenge for us is that our service users are ex-offenders and find it difficult registering with GP surgeries. Appointments of 10 minutes can't get to the bottom of a person's issues/identify what is important to the patient especially if they have additional needs. Some GPs don't have social care knowledge'.

How could practice health champions help link the voluntary sector to GPs?

The VCS would like the opportunity to be involved in the training/induction of the champions. They are interested in how the champions will be connected with local groups/services. Will meetings be set up for this?

Leafletting is not at all effective and is very costly. One group printed hundreds of leaflets and hardly any were displayed in surgeries. Leaflets also go out of date quickly – could champions help spread the word about VCS?

Do we assume Primary Care know what VCS does or is it that VCS groups need to go into surgeries to promote what they do? How could this be done? Can the champions help?

How will the health champions identify what their population needs? How will the champions find out about all the groups? We could give them information to help them to signpost to sources of VCS support. Altogether Better could help the VCS by making volunteers aware of additional opportunities to volunteer (for existing voluntary roles) if they wish.

Is this a duplication of services? How will the champions work alongside the existing patient groups at the practices, likewise what will their relationship be with Healthwatch? Also, how much of this is centrally driven; are strong local roots being developed?

What works well?

Some relationships with some practices work well. One GP practice in Poole has actually proactively reached out to the social prescription scheme.

We help to make health care available by enabling clients to complete self-referral forms which go to OTs.

All the participants considered that their work has a positive impact on the health and well-being of their members /service users, including the key determinants of their health. They all have information/evaluations about the positive impact they are making.

What could be done better?

More partnership working with the NHS and between voluntary sector organisations.

Funding is required for voluntary organisations making an impact on health outcomes and capacity building support. The Community Foundation can help with managing grants.

Altogether Better have benefitted from CCG promotion of their service. This kind of promotion would benefit the VCS as the size and diversity of the sector is difficult for health care staff to navigate. The locality partnerships which are being established should help to establish local relationships.

Can the GPs/staff tell the Altogether Better Health Champions the 5 or 10 most common non-clinical issues they hear about from their patients to ensure that the support Health Champions provide is bespoke to each surgery?

More needs to be done to connect users/patients of the NHS with non-clinical solutions for their needs.

Needs to start off small and let it build/grow from there, needs a greater sense of community. Look at individual needs and what they can do rather than the community as a whole. Bottom up - not top down approach.

Are there any barriers?

It is unclear who to communicate with in the NHS, there are no processes to facilitate communication. GP's and other clinicians are too busy to engage.

There are lots of new developments; where do they all fit in, what does the structure of the NHS look like?

We seem to be on the receiving end of one short term health intervention after another with the long term impact never being properly evaluated. Communication from the CCG seems to be limited to information about these different initiatives (usually national in origin) rather than the communication of an overall clear local Vision which would enable partners to contribute and see clear and steady progress across Bournemouth, Dorset and Poole.

Lack of resources for the VCS are also a barrier. Organisations don't always have the resources to provide sufficient support (e.g. enough funds or volunteers). There is not always an organisation/group available to meet the needs of patients

There are also a number of barriers for individual patients;

Getting patients engaged with services is tricky, specific user groups experience barriers e.g. ex-offenders.

- Some clients don't want to go to the GP due to prejudice of staff
- Some conversations in Reception area are not private e.g. they can be asked intimate questions in a public space
- Some receptionists are regarded as off putting due to their attitude
- How do you match a Health Coach interests with the relevant patient?
- People are resistant to change

How could you help?

All the participants were committed to working together to find joint solutions, develop their work, engage with the NHS etc. The VCS have networks and quality services to offer.

VCS Signposting training is being offered to non-clinical NHS staff across Dorset.

Larger organisations could continue to capacity build smaller organisations.

We could record more case studies and tell more stories about our work to enable health partners to better understand the contribution of the VCS to local Health and Care services.