

West Lancashire community services procurement

Desktop review of patient and public insights – January 2025

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Executive summary

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is set to procure community health services in West Lancashire due to the current contract with HCRG Care Group ceasing at the end of March 2026.

The ICB formally agreed to a procurement exercise in June 2024 following patient and provider engagement. Following the decision, a review of all the services was carried out, as well as further public engagement on a range of topics that relate to the provision of services in the West Lancashire and could support the development of the community services specifications.

This desktop review brings together all the engagement which has taken place since May 2024 highlighting the key themes relevant to community services provision. The main themes which can be taken from this review are:

1. **Community centred care/care as close to home as possible:**
 - People in West Lancashire want to receive care in the community where possible, and they prefer that care to be easily accessible and close to home.
2. **Coordination and integration:**
 - There is a strong desire for care to be joined up and coordinated, ensuring that services work together seamlessly.
3. **Communication and information:**
 - Effective communication and the availability of clear, understandable information are crucial. There are concerns about the lack of information and poor communication in some areas.
4. **Use of technology:**
 - There is a positive attitude towards using technology to manage care, with many respondents already using or willing to use technology for this purpose.

5. **Person-centred care:**
 - Care should be person-centred, meaning it should be tailored to the individual needs of patients and involve them in decision-making processes.
6. **Timeliness and direct access:**
 - Timely care, reduced waiting times and direct access to the person or team delivering the service are important to the community.
7. **Accessible and equitable services**
 - People want to be able to access services easily with the same opportunities for all. Whilst not entirely within the remit of community services, GP access was a common theme.
8. **Support for carers**
 - Carers face significant challenges and need better support, including more involvement in decision-making and better information about available services.

Introduction

West Lancashire is a predominantly rural district lying north of Liverpool. It has a population of 117,000 people and is made up of the 1960s new town of Skelmersdale, the historic market town of Ormskirk, and a number of villages situated primarily in the rural Northern Parishes.

These three areas, or 'neighbourhoods', have varying needs, opportunities, assets, views and experiences, and their respective communities have different day-to-day lives, different factors contributing to their health and wellbeing, and even different life expectancies.

Community services in West Lancashire, along with out of hospital urgent care services, are currently provided by HCRG Care Group. The contracts for both community health services and out of hospital urgent care services, were awarded to Virgin Care in 2016 and went live in May 2017. Virgin Care was bought out by HCRG Care Group in 2022. The contract lengths were for five years with an option to extend for two years. In 2022, NHS West Lancashire Clinical Commissioning Group extended both contracts by two years to the end of April 2024.

Since July 2022, the ICB has held responsibility for planning NHS services in Lancashire and South Cumbria and approved continuation of both contracts from May 2024 to the end of March 2026. This was to allow more time to review the community services offer in West Lancashire, consider future arrangements, and carry out engagement with providers and patients and the public.

The ICB is set to procure community health services in West Lancashire due to the current contract with HCRG Care Group ceasing at the end of March 2026.

The ICB formally agreed to a procurement exercise in June 2024 following patient and provider engagement. Following the decision, a review of all the services was carried out, as well as further public engagement on a range of topics that relate to the provision of services in West Lancashire.

The ICB would like to engage with a range of providers that bring experience, quality and innovation to the delivery of healthcare services in West Lancashire in line with the vision and aims of the ICB's transforming community care programme.

Providers will be invited to bid for the new community services contract, which includes all adult community services, along with the all-age podiatry service, as part of a competitive tender process from 7 March 2025. The new contract will go live from April 2026.

Desktop review

An initial [desktop review of patient and public insights and data](#) was carried out in May 2024 to consider recent (the previous two years) insights from patient and public engagement, as well as routinely collected data. Following this, several engagement exercises were carried out throughout the remainder of 2024 which focused on:

- West Lancashire community services
- Moderate frailty
- Cardiac services
- Community equipment services
- Shaping Care Together – urgent and emergency care in West Lancashire, Southport and Formby
- Urgent care
- Your Health. Your future. Your say. – the ICB's priorities

This desktop review brings together relevant insights from all the above, along with the insights from the desktop review in May 2024. It will also note insights relating to virtual wards engagement which was carried out in August 2023 which didn't feature in the initial desktop review.

Below are summaries of the main themes from each engagement exercise presented in chronological order of when they were carried out.

Virtual wards engagement: August 2023

Virtual wards were established in the second half of 2022 to allow patients to get the care they need at home safely and conveniently, rather than being in hospital. They enable more people to receive the acute care, remote monitoring and treatment they need in their own home. The [Virtual Ward Patient Feedback Report](#) provides a comprehensive overview of patient experiences and feedback regarding the virtual ward services.

Case studies

- A patient with bronchiectasis appreciated the virtual ward for allowing them to stay at home while being monitored and receiving advice.
- A Windermere couple praised the virtual ward for providing excellent care at home, reducing stress, and offering daily nurse visits.
- A 68-year-old patient with COPD found the virtual ward beneficial for monitoring and early detection of atrial fibrillation.

Feedback

- Feedback was generally positive, highlighting the ease of use of the technology, the support from staff, and the reassurance provided by the service.
- Some constructive feedback included the need for more convenient timing for sending readings and making the service more accessible for people with disabilities.

Conclusion

The service is meeting or exceeding patient expectations, with patients feeling reassured and supported. The positive experience is attributed to the level of information provided, the friendly and supportive staff, and the convenience and ease of use of the technology.

Desktop review exercise: May 2024

Prior to any new patient and public engagement taking place specifically in relation to community services in west Lancashire in 2024, it was deemed necessary to carry out a desktop review of recent (up to two years) engagement, insights and data in order to consider what we already knew. That desktop review covered the following areas:

1. Lancashire and South Cumbria NHS Joint Forward Plan and clinical services transformation engagement.
2. Deep dives into West Lancashire's priority wards, as well as the Ormskirk and the Northern Parishes 'neighbourhoods'.
3. ICB customer care data.
4. Quarterly quality reporting from HCRG Care Group as the current providers of community services.

The main themes taken from the desktop review was that people in West Lancashire want to receive care in the community where possible and they want that care to be:

- Easily accessible
- Close to home
- Joined up
- Co-ordinated
- Person-centred
- Timely
- Direct access to the person/team delivering the service

West Lancashire community services engagement: May – June 2024

In May and June 2024, a questionnaire was developed and distributed which would ask people in West Lancashire about their views and experiences of local community services as part of a review of the delivery of community services in that area.

A total of 66 people completed the questionnaire, 55 of which had accessed community services, either directly or for someone they care for. Some rich insights were received which are detailed in the analysis report. You can read the full report here: [West Lancashire community services questionnaire](#)

Key community services themes

Satisfaction with services

- A significant majority (85.5%) of respondents who accessed community services in the past five years were satisfied with the services received.
- More than 80% of respondents expected to travel five miles or less for a community health services appointment.

Involvement in care

- Over three-quarters of respondents felt involved in decision-making around their care.
- For those who did not feel involved, 69% expressed a desire to be more involved.

Communication and information

- Most respondents (85.5%) felt that information was communicated well and in an understandable format.
- However, nearly 42% of respondents did not know who was in charge of their care.
- Less than half of the respondents felt they had all the information they needed about available services.

Coordination of care

- Of the 38% of respondents who received care for more than one condition, nearly 43% did not feel that their care was well-coordinated.

Use of technology

- Almost three-quarters of respondents were either already using technology or would be happy to use technology to manage their care.

Positive aspects of care

The top three positive themes were:

- Helpful, friendly, and professional staff.
- Excellent care and knowledge from clinicians.
- Ease of access to services.

Areas for improvement

The top three areas for improvement were:

- Better communication and availability of information.
- More appointments to reduce waiting times.
- Better access in terms of contact and physical accessibility.

Moderate frailty engagement: February and June 2024

This engagement was carried out between February and June 2024. The engagement exercise sought to reach out to people with frailty and their carers to find out from their perspective what challenges they faced on a daily basis, how they access support and what could be done to make this better where they felt improvements were needed. The engagement encompassed both face-to-face opportunities and a survey, available online or in paper form. Multiple colleagues, partners and community and voluntary sector organisations were contacted. This resulted in 146 people listened to face-to-face at engagement events across Lancashire and South Cumbria and 105 survey responses completed online. You can read the full report here:

[Moderate frailty engagement report July24 final.docx](#)

Key community services themes

Challenges in accessing services

- Many respondents reported difficulties in accessing GP and hospital appointments, as well as support from NHS services. This was particularly challenging for those with visual and hearing impairments, dementia, or those who struggled with technology.
- There was a significant struggle to know what support was available and where to find it. Many felt that information was either lacking or not easily accessible.

Support for carers

- Carers faced significant challenges, including juggling work and caring responsibilities, and the pressure of providing 24/7 care. Many carers felt frustrated

and unsupported, and there was a call for better training, pay, and status for care agencies and their staff.

- Carers also highlighted the need for better information and support, as well as more involvement in decision-making processes.

Loneliness and isolation

- Loneliness and isolation were major issues for people with frailty and their carers. This was exacerbated by the lack of accessible transport and the disappearance of community services such as falls prevention programs.
- There was a call for more community-based activities and support to help reduce isolation and improve mental health.

Need for better information and communication

- Respondents emphasized the need for better information about available services and how to access them. This included calls for a more holistic and adaptable approach to service provision.
- There was also a need for better communication between NHS services and social care, as well as more transparency and involvement of patients and carers in decision-making.

Recommendations for improvement

- The report suggests several improvements, including tailored response teams, dedicated support for people with frailty, earlier interventions for mobility issues, and the reinstatement of falls prevention services.
- It also recommends more targeted engagement with diverse health inclusion groups to capture the voices of those who were not able to contribute to the engagement exercise.

These themes highlight the need for a more integrated and supportive approach to community services for people with moderate frailty and their carers.

Cardiac services engagement: July – August 2024

Engagement was carried out between July and August 2024. Cardiac patient groups were identified and engaged with through focus groups and a questionnaire. Focus groups were well attended and although still represent small numbers of people the feedback through lived experience is of high quality. The findings of the engagement take into account the feedback from a survey of 548 patients. You can read the full report here: [Cardiac service reconfiguration](#)

Key community services themes

Waiting times and diagnostics

- Patients expressed concerns about long waiting times for appointments and delays in diagnostic tests, particularly echocardiograms.

Communication and coordination

- There is a need for better communication between different Trusts and services. Patients want to see the same consultant consistently or be assured that their records are accessible to all relevant healthcare professionals.

Community-based services

- Many patients are open to accessing certain services in community settings, especially for post-operative care and non-specialist appointments. Suggested

services include rehabilitation, heart failure clinics, annual reviews, blood tests, and echocardiograms.

Quality of care

- While in-hospital care is generally praised, there are concerns about the speed of rehabilitation and repatriation. Patients also emphasized the importance of involving family and carers in the treatment process and ensuring that care does not slow down during weekends and holidays.

Networked services

- There is support for a network model that would allow for better sharing of expertise and resources across different hospitals. However, patients need reassurance that this would not compromise the quality of care.

Community confidence

- For community services to be effective, they must be well-integrated and equipped with the necessary resources. Patients need to feel confident that community-based care will not compromise the quality of their treatment.

Community equipment services engagement: July 2024

An in-depth online survey was developed and circulated in July 2024, inviting patients and carers with lived experience of community equipment services to provide feedback on their experiences. Eighty-one patients and carers responded to the survey and provided over five thousand words of narrative feedback. A handful of these respondents also elected to attend an online focus group session or one-to-one telephone or Teams interviews. Read the full report here: [Community equipment service patient feedback](#)

Key community services themes

Assessment and delivery of equipment

- The assessment process by health and social care professionals generally went well, with 76.6% of respondents agreeing it met their expectations.
- However, over 10% had concerns with the assessment process, and 26% felt the waiting time for equipment was unacceptable.
- Delivery of equipment was considered satisfactory by 75% of respondents, but 11.9% indicated it did not go well.

Information and communication

- Almost a third of respondents felt the information provided about the use and care of equipment was inadequate or non-existent.
- Poor communication was a significant issue, causing confusion and frustration for patients and carers.

Collection and recycling of equipment

- The collection process received the most negative feedback, with over a third of respondents unhappy about it.
- There were concerns about the lack of a collection service, waste of equipment, and poor communication regarding collection arrangements.

Suggestions for improvement

- Respondents suggested clearer details about who to return equipment to, taking away old equipment when delivering new items, and having a central store for returns.

- Improved communication and information to patients, including providing an information pack and follow-up calls, were also recommended.

Impact on patients and carers

- Problems with the community equipment service had a detrimental impact on the care and daily living of patients, causing frustration and distress, especially for those with long-term needs.
- The feedback highlighted the importance of the service in supporting independence and efficient hospital discharges.

Shaping Care Together pre-consultation engagement: July – October 2024

Shaping Care Together is an NHS programme looking at making changes to how urgent and emergency care services are offered across Southport, Formby and West Lancashire. The programme published its case for change in July 2024. Publication was then followed by a period of pre-consultation engagement between July and October 2024 which aimed to gather the views of those who may be interested in or affected by any potential change. As part of the engagement 2,930 people filled in a questionnaire (1,460 from West Lancashire) and there were more than 600 stakeholder conversations through various forums. You can read the full report here: [SCT final pre-consultation engagement report](#). While this engagement was focussed on urgent and emergency care, there were a number of key themes which emerged relevant to community services.

Key community services themes

Questionnaire themes

Overarching

- In many cases people expressed a preference for locating services closer to where they lived.
- The importance of considering transport links when assessing the impact of possible service change on local populations.
- The need to account for population and demographic changes and how these might impact demand for services.
- The importance of ensuring that sufficient urgent care facilities are provided to support the healthcare needs of local populations.
- Making sure that all possibilities for better coordination of services with primary care providers are explored.
- Improving the provision of community services where possible.
- Exploring possibilities for better systems integration (such as patient record systems) and for securing service improvements and efficiency through new technologies such as AI.

Ormskirk specific themes

- **What's missing:** respondents stressed the importance of local access to services, particularly for older people and those without transport. Staff shortages, poor retention, and reliance on agency workers were key concerns for contributors. Calls were made to look after staff to ensure retention and better patient care. Limited GP access was cited as a major contributor to A&E pressures.
- **Accessibility:** contributors made calls for services to be closer to home, particularly for elderly and vulnerable residents. It was shared that limited local options force unnecessary strain on A&E departments and ambulance services. Suggestions for

more walk-in centres and improved access to GP appointments to reduce A&E visits were made in responses

- **Clarity on services:** confusion over where to go for urgent or emergency care was shared by respondents. Requests for clearer communication about hospital services, transport options, and when to call for an ambulance. Suggestions for better education on navigating NHS services, particularly out-of-hours care were made
- **GPs:** contributors believe better GP access would reduce pressure on A&E. Respondents advocate for more out-of-hours GP services, walk-in centres, and same-day appointments to prevent patients using A&E unnecessarily
- **Other:** respondents highlighted the need for mental health support, reducing bed-blocking by creating convalescent or care home spaces, and promoting virtual wards to enable patients to recover at home. Suggestions include splitting A&E into urgent and non-urgent areas to improve efficiency.

Skelmersdale specific themes

- **What's missing:** access to emergency care close to home was a dominant theme, particularly for Skelmersdale residents. Many advocated for reinstating 24/7 A&E services for adults and children at Ormskirk. Respondents praised frontline staff but noted that they were overworked, underpaid, and stretched too thin. Reducing waiting times was identified as a key priority. Respondents criticised the lack of GP availability, which they felt contributed to overcrowding in A&E. Politeness, compassion, and patient-first care were emphasised as critical values.
- **Better care/service and communication:** respondents highlighted issues with being sent between facilities without clear communication, delays in treatment, and the need for better coordination between departments. Poorly written hospital and service websites were identified as barriers to accessing care
- **Close to home:** respondents emphasised the need for services closer to home, particularly in Skelmersdale. Challenges reported included wheelchair accessibility, financial barriers to transport, and confusion about where to seek care based on postcode
- **GP services:** some believed difficulty accessing GP appointments led patients to A&E unnecessarily. Therefore, it was suggested that the programme expand GP availability, offer same-day appointments to reduce A&E reliance and encourage weekend and evening hours for local GPs.
- **Other:** respondents suggested educating the public on proper use of healthcare services and collaborating across healthcare and emergency services for better integration. It was also suggested that leaders address systemic issues like underfunding, staff retention, and outdated infrastructure

Rural areas specific themes

- **What's missing:** calls for better infrastructure, standardised facilities, and increased capacity to meet growing demand. Advocacy for 24/7 A&E services for both adults and children at multiple locations to improve accessibility and reduce risk was noted. Suggestions for localised care, better mental health provisions, and collaboration with community and care homes to reduce hospital pressures
- **Access to GPs:** difficulties in accessing GP appointments were a recurring theme. Respondents noted that inadequate GP availability pushed patients towards A&E

and walk-in centres, further straining emergency care resources. Suggestions for stronger collaboration between GPs and emergency services to triage patients better

- **Other:** respondents offered suggestions for real-time updates on wait times and better IT systems for records management. There were also calls for clearer communication about processes, appointments, and patient pathways

Public events themes

Overarching

While some of the themes below perhaps relate to the urgent and emergency care conversation (e.g. technology improvements), these can certainly be applied to the provision of community services.

- Transport links are a barrier to access, especially in low car owning and more deprived areas.
- Future services need to consider population change/new housing developments.
- People said they often go to A&E because they cannot get a GP appointment, and that primary care could do more to reduce the burden on A&E.
- People suggested that GPs may be referring non-emergency patients to A&E.
- We need better provision of community services.
- Technology and AI can harness improvements/efficiency gains.
- More joined up records and better systems integration would help improve efficiency and reduce waste.
- Care for rural communities must be considered.

Skelmersdale roadshow themes

- Care for the frail and elderly should be provided locally.
- People also mentioned the importance of primary care services when it came to preventing overcrowding at A&E. It was suggested that better access to GP appointments, plus improved integration between health and social care could help shift backlogs.

Ormskirk public meeting themes

- There was a clear feeling that looking for ways to provide care in the community and closer to home should be a priority, although some suggested that this may spread services too thin.

Banks public meeting themes

- Some people attending expressed concern that the programme's aims would be difficult to achieve without major changes of government policy on social care. Attendees recognised that pressures in urgent and emergency care stemmed from a lack of good, reliable social care, with many elderly people being treated in A&E.
- People said that people wrongly attend A&E because they can't get a GP appointment, that primary care requires improvement, and that A&E should not be the "go-to" service it currently is. A concern for the lack of local care for residents living in the Northern Parishes was also expressed.

Integrated urgent care engagement: September – November 2024

During September to November 2024, the ICB communications and engagement team engaged with members of the public across Lancashire and South Cumbria about what is important to them and their families when it comes to urgent care services. We asked what

urgent care services they were aware of, which they use, why they choose them and what their experience has been. The insight gathered has been fed into the Integrated Urgent Care Recommissioning Programme Group to help shape the design of the new proposed clinical model. In total 1,474 people were engaged with. You can read the full report here: [IUC engagement report](#).

Key community services themes

Access

- Inconsistent access: there are significant gaps in urgent care services, particularly in areas.
- Public transport: limited public transport options make it difficult for people to access urgent care services, especially in rural areas.
- Community hubs: There is a strong desire for community-based health hubs that combine multiple services, including urgent care, primary care, and mental health support.

Education and awareness

- Public education: there is a need for better public education about the different urgent care services available and how to access them. Many people default to A&E due to a lack of awareness.
- Clear communication: simplifying the messaging around urgent care services and using consistent terminology is crucial to help people navigate their options effectively.

Integration and coordination

- Joined-up IT systems: implementing integrated IT systems to allow healthcare providers immediate access to patient records is essential for improving care coordination.
- Community resources: leveraging existing community spaces, such as leisure centres, to provide health services and wellness programs directly within neighbourhoods.

Service availability

- 24/7 services: establishing 24/7 urgent care services is a priority, particularly in underserved regions.
- Virtual care: exploring virtual urgent care options to improve accessibility and reduce travel and wait times for non-emergency issues.

Reducing inequalities

- Equitable access: ensuring that urgent care services are geographically accessible and tailored to the specific health needs of local communities.
- Support for vulnerable groups: providing additional support for vulnerable populations, including those with disabilities and language barriers.

Workforce and training

- Care navigators: introducing care navigator roles in community settings to assist patients in understanding their options and accessing appropriate services.
- Training and development: expanding the roles of healthcare professionals, such as prescribing nurses, to reduce the burden on GPs and streamline the urgent care process.

These themes highlight the importance of making urgent care services more accessible, integrated, and community-focused to better meet the needs of the population in Lancashire and South Cumbria.

Your health. Your future. Your say. – recovery and transformation engagement: October – November 2024

Throughout September to November 2024, the ‘Your health. Your future. Your say.’ roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. They featured information about challenges and areas of focus for the ICB including challenges and opportunities with the quality and sustainability of health and care services, increasing health inequalities, hospital reconfiguration, integrated urgent care and transforming community care. Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups. We spoke directly with 415 people through the roadshows, online meetings and community health inclusion groups and received a total of 1,836 responses to two surveys (urgent care as detailed below and the ICB’s public perception survey). You can read the full report here: [Your health. Your future. your say. engagement report](#).

Key community services themes

Support for community-centred care

- There was strong support for moving more services into the community and providing care closer to home. People appreciated the focus on keeping individuals well and preventing illness.

Simplification and accessibility

- The public expressed a need for services to be as simple and accessible as possible. They suggested creating a one-stop shop for all services, including primary care, community services, mental health, council services, and voluntary services.

Integration and IT systems

- There were calls for improved IT systems to ensure all services use or have input into a central system accessible by everyone, including patients. This would help in providing a seamless and integrated care experience.

Involvement and communication

- People wanted to be more involved in the planning and decision-making processes. They urged for better communication about available services and emphasized the need for simplicity to support easier access.

Equitable access

- Ensuring equitable access to services was a significant concern. The public highlighted the importance of making services available to all, regardless of location or socioeconomic status.

Recommendations

Based on the feedback, the report made several recommendations to improve community services:

- Keep services simple to ensure a good patient experience.
- Continue with a community approach, making it a one-stop shop for all services.
- Improve IT systems for better integration and accessibility.
- Involve people earlier in projects and ensure consistent communication.
- Ensure GP practices offer the same services, especially blood tests.

Conclusion

Over the past two to three years there has been a huge amount of engagement and involvement which has taken place with patients and members of the public across West Lancashire and the whole of Lancashire and South Cumbria relevant to the provision of community services. While some of that engagement hasn't always explicitly centred around community services per se, we have been able to draw out a number of relevant themes in relation to providing care close to home.

The majority of people who have been involved in the engagement exercises identified in this report want to see a community-centred health and care system. One which is coordinated and see services working together seamlessly. Good communication and the availability of clear information is seen as hugely important in the delivery of quality services. While we should always recognise the use of technology isn't for everyone, most people support greater use of technology within healthcare. People also want to be able to access services easily and in a timely manner, with direct access to the person or team managing their care.