

# Desktop review of patient and public insights and data

West Lancashire community services procurement

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## Executive summary

Community services in West Lancashire are currently provided by HCRG Care Group. The contract for delivering those services ceased at the end of April 2024. A single tender waver (STW) has been approved for May 2024 to March 2025. This is an award of contract while the ICB considers future arrangements. This is not a contract extension.

Market engagement will take place in May 2024 to support ICB decision making around the new provider selection regime (PSR) and what needs to happen in respect of the delivery of community services in West Lancashire from April 2025. Meanwhile, patient engagement will also take place from May 2024 to support the ICB decision making around the PSR, as well as supporting the eventual procurement evaluation process.

Prior to any new patient and public engagement taking place, it was deemed necessary to carry out a desktop review of recent (up to two years) engagement, insights and data in relation to the delivery of community services in West Lancashire order to consider what we already know.

The main themes which can be taken from this desktop review is 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

## Introduction

Community services in West Lancashire, along with out of hospital urgent care services, are currently provided by HCRG Care Group following buy out from Virgin Care in 2022. The contracts for both community health services and out of hospital urgent care services, were awarded in 2016 and went live in May 2017. Both contracts were for five years with an option to extend for two years. The contracts were extended by NHS West Lancashire CCG for two years. Due to original start date in May, the extension ended at the end of April 2024.

At the time the original contract was extended there was some provider engagement carried out by the CCG to determine if there were other providers interested in providing services in West Lancashire. However, due to uncertainty about place alignment and the formation of the ICB it was decided to extend the original contract to allow more time for system planning.

However, while both the community services and urgent care contracts are coming up for renewal, this piece of work will cover **community services only**. The urgent care services will be part of a wider ICB programme of work considering integrated urgent care.

### 2024/2025 arrangements

With the current contracts ceasing at the end of April, a single tender waver (STW) has been approved for May 2024 to March 2025. This is an award of contract while the ICB considers future arrangements. This is not a contract extension.

### Provider selection regime

The Health and Care Act 2022 introduced a new procurement regime for selecting providers of healthcare services in England called the Provider Selection Regime (PSR). The PSR came into force on 1 January 2024 and replaced Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013.

The PSR will apply to the procurement of health care services in England. Within scope are:

- NHS services, for example hospital, community, mental health, primary health care, palliative care, ambulance, and patient transport services for which the provider requires CQC registration.
- Substance use treatment services, sexual and reproductive health, and health visits arranged by local authorities.

Relevant authorities must identify which provider selection process is applicable for the health care service they are arranging via either:

- Direct award processes: A, B, and C
- The most suitable provider process
- Competitive process

Further market engagement will take place in May 2024 to support ICB decision making around the PSR. Meanwhile, patient engagement will also take place from May 2024 to support the ICB decision making around the PSR, as well as supporting the eventual procurement evaluation process.

## Desktop review

Prior to any new patient and public engagement taking place, 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 know.

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.

While recent engagement has not been centred explicitly around community services, relevant insight can be taken from a number of engagement projects, as well as routinely collected data:

1. Between June and July 2023, engagement in relation to the Lancashire and South Cumbria NHS Joint Forward Plan and clinical services transformation and was carried out simultaneously.
2. Using Public Health England's Health Equity Assessment Tool (HEAT), deep dives into West Lancashire's priority wards, as well as the Ormskirk and the Northern Parishes 'neighbourhoods', have been carried out.
3. ICB customer care data.
4. Quarterly quality reporting from HCRG Care Group as the current providers of community services.

Below are summaries of the main findings and themes.

### Local NHS Joint Forward Plan and clinical services transformation

A good spread of engagement was carried out over the course of a couple of months regarding the Lancashire and South Cumbria NHS Joint Forward Plan (2023-2028) and clinical services transformation. There was a total of 364 responses to the questionnaire and a number of people providing feedback in a face-to-face setting.

The main purpose of the engagement was twofold:

1. To help the ICB in shaping the vision and values contained within the joint forward plan, as well as the public pledges.
2. Gaining insight into what people thought about services being delivered in centres of excellence and potentially having to travel further for high quality care.

## Insight

The questions and responses below are most relevant to community services:

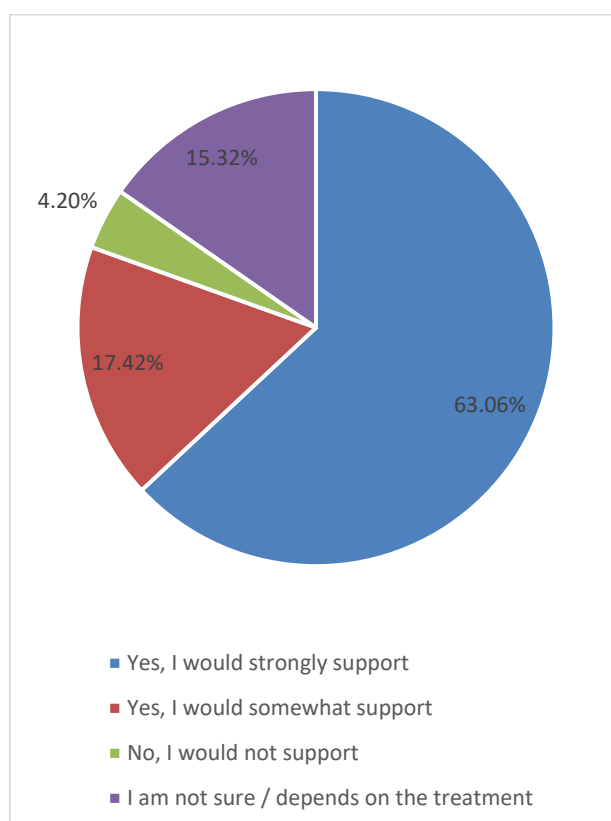
Question: Please rank our priorities in order of how important they are to you (1 being the most important)

Item	Total Score <sup>1</sup>	Overall Rank
Improve the quality of services	1071	1
Work to join up primary and community care	971	2
Improve prevention and reducing inequalities	884	3
Deliver world-class care	742	4
Strengthen our foundations	607	5

*Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.*

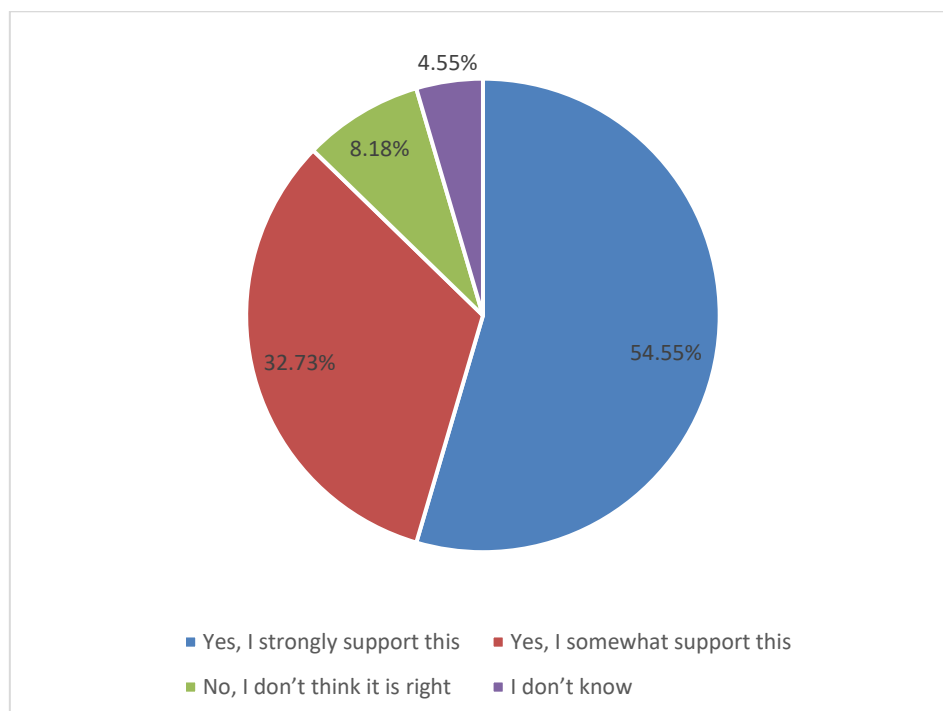
**The above highlights a real sense of people wanting to see joined up care in the community.**

Question: If it was equally safe and effective, would you support being seen in a community setting for treatment that was traditionally carried out in hospital?



**The above highlights a strong desire to be treated in a community setting wherever possible.**

Question: Would you support more services being run from a community setting if this means some larger hospitals concentrate on providing specialised services.



The above once again highlights a strong desire to be treated in a community setting.

## Health Equity Assessment Tool (HEAT)

Priority wards are electoral wards with high levels of deprivation as well as higher than expected rates of urgent and emergency care admissions. Across Lancashire and South Cumbria there are 33 priority wards and 11 exemplar wards. Within West Lancashire there are four priority wards, all lying within Skelmersdale, namely:

- Birch Green
- Moorside
- Skelmersdale North
- Tanhouse.

Between June 2022 and April 2023, the ICB's population health team used the Health Equity Assessment Tool to carry out a deep dive into the priority wards. HEAT is a tool consisting of a series of questions and prompts, which are designed to help systematically assess health inequalities and identify what can be done to help reduce inequalities. This work was followed up with a similar approach in Ormskirk and the Northern Parishes.

## Engagement overview

More than 800 community members were spoken to in total (face to face, focus groups, online surveys, and workshops) and they reported several key issues affecting them. While only some of the engagement touched up community services, there were some themes/recommendations which could be aligned to community services.

Many people reported experiencing low mood, depression and adverse mental health and subsequently a lack of support for complex issues and crisis, for example, drugs and alcohol

and mental health and report that they have nowhere to go, and/or no one in the community to support them other than A&E. **This perhaps highlights a desire to receive care within the community where possible.**

People have reported that they are experiencing high levels of income deprivation, poverty and give examples of never having credit on their phone, can't afford transport and have experienced cold and hunger, don't have access to healthy diet and exercise and often use food banks. Life for many people in these wards is reportedly hard. **This may also impact on the delivery of community services, with a need for services to be easily accessible and close to home.**

People reported access to a GP was an issue, but it is very difficult as they can't get through to their GP, often don't have credit to call, can't get an appointment when they want/need one and can't get to their GP because of transport issues. All of this results in a lack of trust in their GP and the system. People will often present in A&E because of their rapid escalation into crisis and their experience/perception of being able to have all their care needs met in one place (triage, tests, scans, x-rays, diagnosis, admission and intervention etc) and seeing someone in person at first presentation rather than over the phone, as many reported struggles in holding conversations over the phone. Some people reported ringing emergency services and getting transported to hospital in an ambulance doesn't cost them anything, so is often a preferred option, especially when they have no money and no one else to turn to. **The inference here again may be that community services should be accessible and close to home, and potentially face to face where possible.**

## Engagement activity

There were two primary avenues of engaging with the communities living in the priority wards. West Lancashire CCG commissioned 'The Birchwood Centre', a VCFSE provider operating and deeply embedded within the four priority wards, to engage with local residents, specifically focusing on access to GPs and urgent care/emergency departments. The work sought to understand residents' reasons for accessing services, in particular urgent/emergency care. One of the recommendations to come out of this engagement was: **consider providing community-based services that are holistic, integrative and placed-based. Offering 'time, trust and space'.**

West Lancashire Borough Council's Community and Wellbeing team also conducted community conversations in each of the four priority wards, as well as elsewhere in Skelmersdale, to gather local residents' views and understand what matters most to them. One of the takeaways from this piece of engagement was: **more outreach for mental health services you can access in the community.**

In addition, a 'Front Door workshop' was held at Tanhouse Community Centre in January 2023, with more than 75 attendees from VCFSE groups, the NHS, West Lancashire Borough Council, Lancashire County Council, and other groups. This event considered the question, 'how can our services in West Lancashire work better together so everyone can find the help they need when they need it?' Some of the takeaways from the day included:

- "... one feedback I had from the community is that it is too clinical, and people don't want clinical, they want somewhere that is inviting."
- "... and the second thing is looking at services working collaboratively... these services could come together to provide a better and a more holistic service to individuals and the community."

- “We briefly mentioned the Maslow approach to make sure that the first level at the bottom is addressed before looking at the next level up, because the order in which we are doing things when services are getting involved is so important to the sustainability of that person...”.
- “We talked about the importance of understanding what knowledge is out there... knowing what organisations do and what are the strengths of their services”.
- “We were talking about the fact that at senior level our group commissioning ranges do not work. The way it happens is not person centred. We had an example of a woman of 83 old with COPD and who needs to go to so many different units and locations for her treatments, she also need support at home now... Another example would be an elderly person at home receiving services with service providers coming at many different times throughout the day... we lose that opportunity to stand back and look with that person whether these services really work for them. ... Be creative to not be restricted by the box that surrounds the service, and let’s do the right thing at the right time.”

## Quantitative data

The HEAT report also highlighted interesting and relevant quantitative data:

There are more unplanned hospital bed days relating to the seven deprived wards in Skelmersdale and priority wards make up four of the seven.

- Hypertension is prevalent in 27% of unplanned attendances in A&E from people in the priority wards.
- Hospital related admissions for alcohol attributed conditions is significantly higher in priority wards.
- Emergency hospital attendance for coronary heart disease, heart attack and COPD are significantly higher from the priority wards.
- Nineteen percent of unplanned attendees into hospital are confirmed smokers – double the West Lancashire average.

The following health issues/conditions are significantly represented in emergency admission data for ambulatory care and urgent care sensitive conditions. These areas are key because they make up the greatest proportion of emergency admissions/ambulatory care from the four priority wards that could have otherwise been avoided through community interventions in other ways.

- COPD admissions
- Cardio-vascular
- Diabetes admissions

**This data highlights the importance of excellent care in the community to support admission avoidance.**

## Customer care data

Data has been shared by the ICB’s customer care team in relation concerns and complaints regarding the provision of community services by HCRG throughout 2023 and the early part of 2024.

The data shows just six records logged during the 15-month period. One was classified as a complaint, three MP letters and two PALS. Four of those six records were categorised under

‘access and waiting’. The one complaint related to the service user feeling the service was fragmented.

## HCRG Care Group quality reports

### Complaints and compliments

A total of 11 formal complaints were received in relation to community services by HCRG Care Group in 22/23, and five in 23/24.

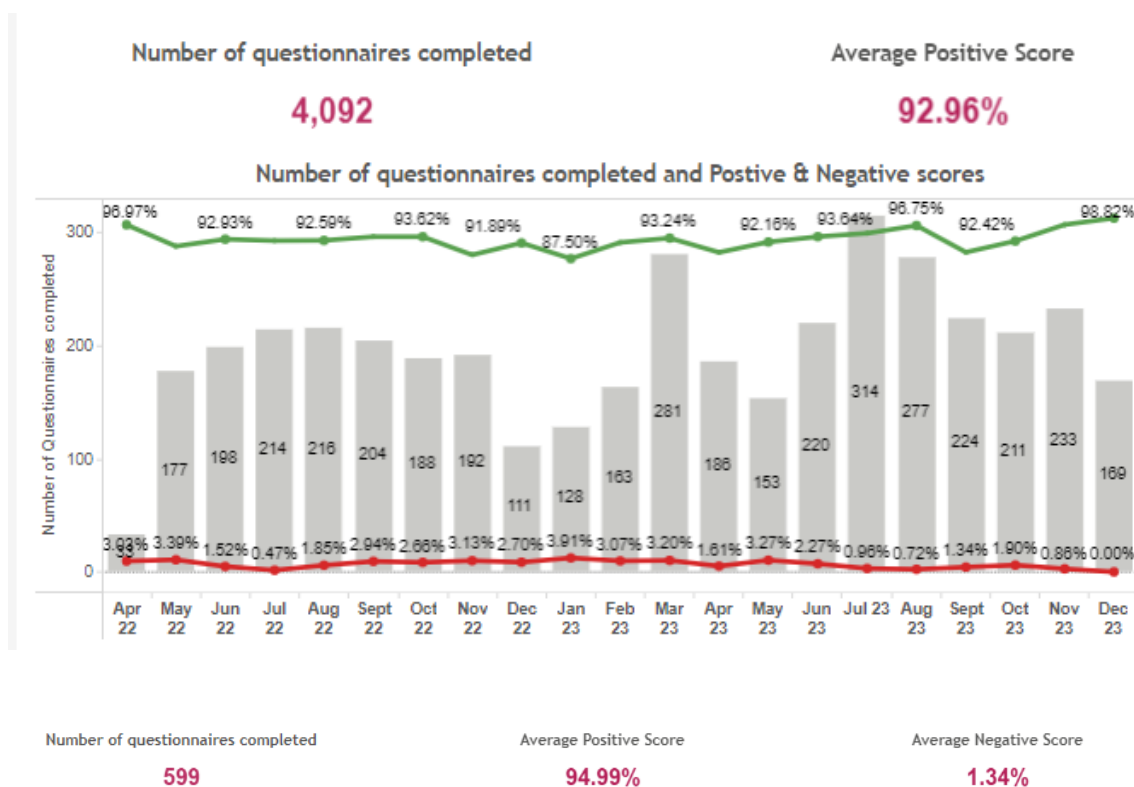
In the last two quarters of 23/24, just one formal complaint was received. This was in relation to the continence service and centred around the assessment waiting time and a lack of direct contact with the team delivering the service.

Meanwhile, a total of 235 compliments were received in 22/23 and 124 in 23/24.

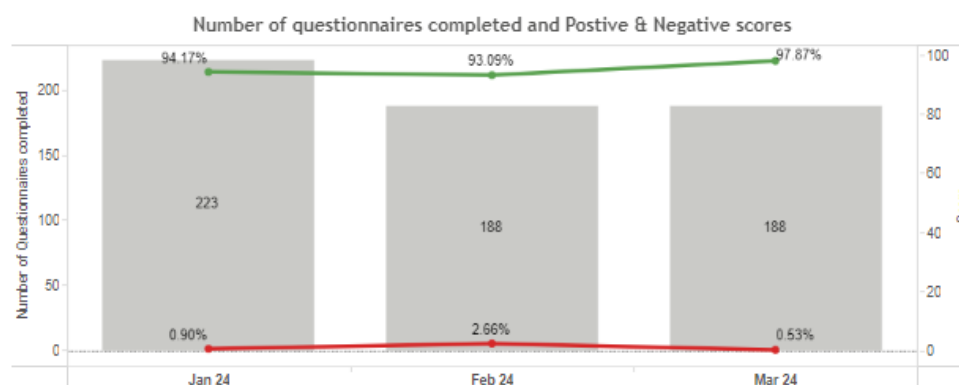
### Friend and Family Test

In 22/23 and 23/24 a total of 4,691 FFT questionnaires were completed, with an average positive score of 93.5%.

The first table below shows data for 22/23 and the first three quarters of 23/24. The second table shows data for the final quarter of 23/24.







In the last two quarters of 23/24, the teams which received negative responses included podiatry district nursing and the falls team. The responses included the outcome of the consultation, responsiveness of service, wound care, and equipment.

## Conclusion

The main themes which can be taken from this desktop review is that people in West Lancashire want to receive care in the community where possible.

They want that care to be easily accessible, close to home, joined up, co-ordinated and person-centred and without long waits for access.

The want greater knowledge in understanding what support/services are available to them and direct access to the person/teams delivering their service.

Taking HCRG's own quality information into account and looking at the last six months of data, the podiatry service and falls team may benefit from greater patient engagement to understand how services could improve.