KING'S FUND REHABILITATION PROGRAMME:
DEVELOPING REHABILITATION OPPORTUNITIES FOR OLDER PEOPLE

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Seeking the views of local people on health and social care services for older people in Trafford South

A description of the process adopted by Trafford South Primary Care Group over the summer of 1999, as a first step towards involving local people in service planning

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This publication has not been professionally copy-edited or proof-read.
We apologise for any mistakes that might appear in it.

King's Fund

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Foreword

- Much has been written about the importance of seeking the views of service users and members of the public to inform the planning and delivery of local health and social care services.

- The Government requires Primary Care Groups to take account of local views when drawing up plans and commissioning services.

- Many different ways of consulting local people have been documented over recent years (Stevenson, 1999).

- One approach which has found favour recently is that which invites groups of interested people to consider whole service systems.

This report describes an example of this latter approach:

Trafford South Primary Care Group decided to prioritise work on older people's services during its first year of operation. The Group wanted to take account of the views of the local population in drawing up its commissioning intentions for the year 2000 and beyond.

It decided to host two day-long events for local people, inviting their comments on the health and social care needs of older people in the area.

A key feature was the inclusion of older people and carers in large numbers at the two events.

This report describes the way in which the events were planned and run, rather than giving details about the outputs. The latter are of local relevance and have informed the Primary Care Group's investment plans.

Here the process itself is described as it is likely to be of interest to many other organisations considering ways to seek local views.

Key messages

Planning and organising such events takes time and effort.

One person should have overall responsibility for managing the planning and arrangements. Project management techniques are useful.

It is important to have an overall design which combines maximum involvement and inclusion of people with a clear focus and end result for the event.

Attention to detail is important.

People must be given clarity of purpose, methods and expectations through jargon-free explanations.

People may need to be given information so that everyone starts from the same level of understanding or knowledge base.

An independent lead facilitator can bring skills which may not be available locally and can be seen and accepted as an ‘honest broker’.

Facilitators for small group working must be experienced, well-briefed and given clear instructions.

Facilitators must ensure that individual opinions are aired and captured.

It is important to record key points and decisions and to display them so that people can see and refer back to them.

Structuring the outputs can be done in ways that ensure that individuals and groups own joint decisions on priorities.

Structuring the outputs from the groups makes for easier analysis after the event.

It is important to have a good balance of numbers between professional staff and local/lay people (generally speaking 50:50 is desirable, less than 50:25 unacceptable).

It is important to try to get a representative group of the local population.

It is difficult, but not impossible, to involve very frail older people. They may need extra support and encouragement at the start.

Lay people's expenses must be met.

Appropriate respite care of their choice must be available to enable carers to attend.

Transport must be provided for those who need it.

Choice of venue is critically important: it must be local, easy to reach, with disabled access and appropriate facilities.

Noise can be a problem. Ideally there should be breakout rooms for small group working and a loop system for people who are deaf or hard of hearing.

Don't try to achieve too much in too short a time. Lay people may need time to become familiar and feel comfortable with this way of working together. They need plenty of breaks and may tire easily.

People must be told what use will be made of the outputs from the events and what will happen next.

It is important to be clear and honest about what is feasible.

The process must be transparent so that people can see how what has been said has been taken into account.

Some comments and ideas will not be relevant to the particular focus of the event. Arrangements must be made to pass them on to the appropriate people, and participants must be told what has been done.

Introduction

As a result of the Government's White Paper *The New National Health Service: Modern, Dependable* (1997), Trafford South Primary Care Group (PCG) was set up. It became one of four such sub-committees of Salford and Trafford Health Authority on 1st April 1999. At the end of November 1999 Trafford South PCG submitted proposals for consultation, to become a Level 4 Primary Care Trust from April 2000. (It has since opted to go for Trust status on 1 October 2000.)

The PCG currently represents 27 practices with 63 GPs and a total of 120,991 patients.

The Trafford South Primary Care Group decided that work to improve the health of older people would be its main priority for its first year of operation, also coincidentally the national Year of Older People.

Trafford South has a higher proportion of older people in a number of areas relative to the general population of Trafford. Primary care professionals locally believed that services for older people should be improved and that new models of care should be examined. The Primary Care Group is particularly interested in exploring further integration of health and social care.

A number of innovative projects are already being piloted in Trafford which target people over 65 years of age. These include the Trafford Integrated Care Scheme and the Direct Payments Scheme. The PCG believed that these projects needed to be critically evaluated by all local stakeholders to determine whether they should become permanently established in South Trafford.

To take the work forward, a project was developed to examine the health and social care needs of older people living in the South Trafford area. The initiative is linked to and supported by the King's Fund programme "Developing Rehabilitation Opportunities for Older People". The King's Fund provides support and advice to the project on the development of effective rehabilitation services and involving the public in the planning of integrated services.

The Project is overseen by a Project Board (see Appendix 1 for its membership). A Project

Manager, Debra Blake, was seconded from Salford and Trafford Health Authority.

Project aims

The project aimed to produce, and following consultation, implement a statement of the PCG's commissioning intentions in respect of health and social care services to improve the health and quality of life of older people. The statement was required by 30th September 1999. The project therefore began in May 1999 by concentrating on partnership working and involving the public in decision making.

The "Whole Systems" approach

In order to map out services, to gain information about people's views and experiences of services, and begin the needs assessment process Trafford South PCG agreed to adopt a `whole systems' approach. The `whole systems' approach aims to involve service users, carers, the voluntary and independent sectors as well as statutory service providers. It is an holistic approach which takes account of prevention and health promotion as well as treatment and care. It can help people to identify pressure points, gaps and new opportunities. It can also help people to see how isolated changes might impact on other parts of the service system – the unintended consequences of change.

Two day-long events were proposed to bring together local people to hear their views. The PCG would host and own the events. The Project Board recognised the importance of careful planning. Experience elsewhere has shown that attention to detail is vital and that it takes time to get it right (Pratt et al, 1999). The Board therefore decided to employ an external facilitator with experience of planning and running such events. Peter Binns of Bath Consultancy Group met with the Board to discuss its requirements. He and the Project Manager then carried out the detailed planning. Peter also took the lead role in the up-front facilitation on each day. This approach is seen in retrospect as a significant factor in the perceived success of the initiative.

The aim of the first Whole Systems Day

The purpose of the Day was to listen to the individual opinions of local people on current health and social care needs in Trafford South. Working together and starting with 'a blank

sheet of paper', they would share their views on needs and services. They would be asked to consider ways in which current services could be changed or new services developed better to meet these needs, including suggestions for changes to working practices. They would be asked to work together to choose some priorities.

The participants

The PCG accepted the principle that at least half of the participants should be lay people, preferably with experience of needing and using the services currently on offer. This provided the first challenge: rather than rely solely on voluntary groups of older people and service providers to nominate participants, the GPs also tried to identify older people on their lists who were not linked in to any formal groups.

People were invited to attend by the Project Manager by a letter explaining the purpose of the day and some of the practical details. The letter and a draft programme are shown in Appendix 2.

Seventy people and 11 facilitators attended the first day. Just under half were older service users, carers and voluntary sector representatives, many of whom were themselves older people.

Practical implications for planning and running the Day

The venue had to be:

- local;
- large enough to take 70+ people, working in small groups;
- suitable, with disabled access and appropriate facilities

Other considerations:

- the Day needed to be organised to:
    - minimise the need to move around the room
    - provide plenty of breaks;
- appropriate transport for those needing it;
- contingency plans in case of illness or other emergency;

- payment of expenses to participants;
- provision of sitting services for carers;
- clarity of purpose, method and expectations, given through clear, jargon-free explanations;
- experienced, well-briefed facilitators needed, to work with each small group;
- time planned to allow for people not used to working in this way to become familiar and comfortable with the process.

Prior planning

Three weeks before the event the Project Manager, the External Facilitator and the Chief Executive of the PCG, Allan Stephenson, met to agree and plan the overall shape of the Day. Following this, Peter Binns, the External Facilitator, prepared a detailed microdesign. In the week preceding the event, Peter met with the internal facilitators for a final training, briefing and planning session, so as to ensure a common understanding, good communication and smooth working on the day.

On the Day

Preparation:

The organisers and facilitators arrived early to prepare the room, and organise the materials. The facilitators were given a detailed verbal briefing about their role and about the required methods for recording, presenting and displaying comments and views. They also had a written handout that they could refer to during the day if necessary. This is shown as Appendix 3.

As people arrived they were shown to their designated group for the morning session (as indicated by number on their name badge).

The event

Welcome:

Dr. Berry, Chairman of the Primary Care Group, warmly welcomed everyone. He assured them that the PCG had organised the day because it wanted to listen to local people's views

and ideas about the needs of older people and how these can best be met. He explained what a PCG is and what it can do. He reiterated the aims of the day as:

- *getting people's views and ideas, but not today making judgements on them.*
- *prioritising amongst the many ideas that will be generated, to get a sense of a collective view of what people think is most important.*

Giving people some useful background information:

Before the afternoon session began, the Chief Executive of the PCG, Allan Stephenson, outlined for everyone some of the key trends that people might want to remember and take into account. These included things like demography, technological developments, the changing shape of the family, factors which influence social exclusion, economic circumstances and the effects of low income on things like house maintenance, and the likely impact of the Royal Commission report on long-term care for older people.

Invited to add any other trends or influences, the participants came up with the importance of valuing older people, the fact that carers themselves seem to be getting older, the need to avoid perpetuating a dependency culture, and the importance of helping older people stay healthy for as long as possible.

The shape of the Day:

Peter Binns, the external facilitator, carefully explained to everyone how the day was to be organised, giving practical details, and setting some clear ground rules.

In the morning session small groups of people with similar interests and backgrounds would work together on questions designed to gather people's views. Lunch and tea/coffee would be served to the groups by the facilitators. After lunch, the group compositions would be changed to get people from different backgrounds working together. The new groups would look at the ideas generated in the morning, and prioritise ways forward.
He explained that each group would have a facilitator :

1. To record all the ideas and views;
2. To make sure everyone gets a fair hearing;
3. To ensure that the number of new ideas is maximised by preventing cross-discussion within the group of ideas already referred to.

The morning session

For each question, ideas and comments would be generated first by people working in pairs to discuss what they think (to get everyone in thinking mode). The pair would then share their points with the rest of the group. All points would be recorded on a flip-chart by the facilitator. Then, working together as a group, three top priorities should be chosen.

At the end of each session, the facilitator would be putting three priority ideas on each question, as chosen by the group, onto sticky hexagon-shaped cards. These would be put up on the wall and quickly sorted to put any apparent common themes and issues together.

By doing it this way, the richness of the work is saved and displayed on the walls for people to see and use as the day progresses. The full details of views from individuals and groups would be saved by keeping the flip-charts, so that after the event, they too can be captured and analysed.

The questions to be considered were:

Morning Session: 1

- What is working well for us in the provision of health care in South Trafford?
- What is working less well?

Morning Session: 2

- What do we need from other people (providers) to make our part in the process easier or more effective?

- What could we do to make things more effective for them?

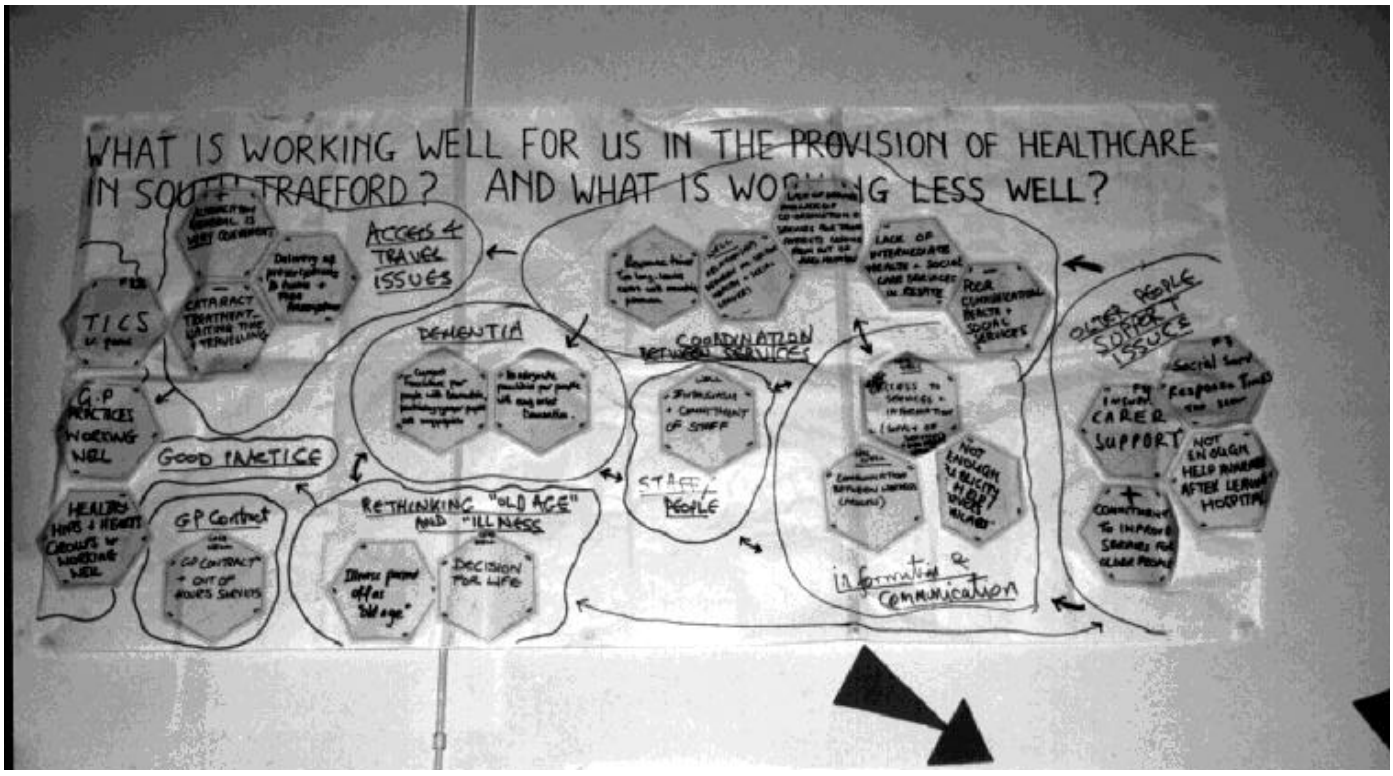
Afternoon Session: 3

- Given what we have heard so far, what improvements or new developments could be really helpful for us?

Peter Binns concluded his briefing on the way the day would progress by encouraging people to "think the unthinkable". They were not being asked to take into account issues like feasibility or resource constraints. Neither were they to debate or challenge any of the issues raised. The aim was to generate ideas relating to potential new service provision and improved ways of working. And he told them that no-one would believe them if they said that everything was working well!

Participants then began the first session.

After each session Peter Binns picked out a few key items or themes from the priority cards that had been stuck on the walls.



What works well, and less well in South Trafford: key themes from the discussions

Drawing to a close

After the final session, when people had had a chance to reflect on the priorities for service improvements or new developments which had been arrived at by this process, everyone was invited to add anything else that they felt very strongly about. This was done by going round table by table asking people if they had key issues that they felt should be included as priorities.

Each group was then given post-its in three different colours on which to write:

- one thing I've enjoyed or learnt about today;
- one thing that would be really helpful next time;
- any other one comment.

These comments were saved to help the organisers in planning the follow-up day.

Concluding remarks

It was explained to everyone that the PCG would be using the outputs of the day at a workshop in the near future to help it to begin to decide its priorities for the year 2000/2001. Once the PCG had reflected on the information from the day, it would bring the same people back together to comment on the draft decisions it had made based on this work. Everyone was thanked for taking part with such enthusiasm. It had been a very positive and lively day.

Feedback: some key issues for the organisers

The length of the day:

- many of the older people found it a very long day – some had left early;
- carers who relied on day care and sitter services had to leave early to be home in time to resume their caring duties;
- some service providers also found it difficult to be away from their jobs for so long.

The participants:

- there were, despite efforts to involve them, very few frailer older people;
- there was also a sense that the participants did not constitute a totally representative group for the local population – in particular they seemed to be predominantly middle-class.

The venue:

- The hall that was used was not big enough. The noise generated by the many small groups was so loud that most people struggled to hear and to make themselves heard. It was particularly difficult for people who were hard of hearing.

After the first event

A report was produced summarising and analysing all of the outputs (28 flip-chart records, the priority hexagons and the post-its) arising from the event and drawing together the identified priorities. It listed key issues that had emerged, and general and specific options. Many of the general points on which there had been consensus related to process issues and the way in which organisations and people carried out their tasks. Examples included: improved communication; a willingness to change; integrated service provision. These were adopted as principles that should underpin all future work.

The report also included details of two further meetings held by the Project manager with representatives of voluntary agencies and one older people's group who had missed the event, but were anxious to have their views heard. Their comments and suggestions were added to the appropriate parts of the report. When the PCG workshop had taken place, details about it were included in the report.

The purpose of the report was five-fold:

1. In its early draft form the report was used to inform participants at a PCG workshop for Board members soon after the event.
2. As a record sent to all participants in the event and to people who had been invited but who were unable to attend.
3. As a way of letting everybody involved know about the PCG workshop and the PCG's initial response to the information received.
4. To make sure that everyone had the same information in advance of the second event.
5. To help people see how the outputs of the first event had been used, and to understand the process.

The comments, suggestions and priorities were grouped under common themes and headings in summary form. (Appendices contained all of the outputs of the day reproduced verbatim,

so that people could check back and relate them to the summaries.)

The report also included a set of matrices, drawn up to show the broad service areas into which the options for service improvements or new developments prioritised at the event were slotted. The headings for these are shown in Appendix 4, together with the criteria which the PCG board used to assess the options. Each matrix included whole systems examples, to demonstrate how separate service elements can have an impact on the whole system and how changes in one area of service will have implications for other areas.

The PCG Board Workshop

The aim of the workshop was to begin to assess the options against the agreed criteria. Account was taken of any available evidence (found through a literature search carried out at the King's Fund) about particular service proposals and/or ways of working. After completing this task, the PCG had identified four main areas, with 15 key items as the potential future focus of its commissioning for services for older people. It was agreed that these would be presented at the next whole day event to seek people's reactions and views to this proposed commissioning agenda.

It had become apparent that some of the suggestions from the first event were not within the gift of the PCG, required longer-term action to make a difference, or were already being addressed. It was felt to be very important to acknowledge this openly and, if necessary, to raise the issues with those who ***could*** take them into account. The report contains a section on this, listing some suggestions as principles which should underpin all future work on older people's services, referring some onto other agencies or groups which have the responsibility for them, and noting where some suggestions have already been actioned. Participants at the first event can therefore see that their input has not been ignored.

Planning the second Day

The PCG Board was clear that it wanted the format of the second Day to be similar to the first, with people working in small groups to address specific issues and coming up with agreed priorities. This time the questions needed to reflect the PCG Board priorities as identified at the workshop. People would need to be given sufficient background information, simply presented, in order to be able to build on what had been done so far.

Peter Binns and the Project Manager took on the detailed planning as before. They took account of the feedback from the first day. The problems of noise raised by participants could not be ignored. Therefore a different venue was booked, with separate rooms so that the small groups could be spread out more. A loop system and roving microphone were acquired (although they did not work very well on the day).

The Participants

There was still a desire to involve some local people who were very frail. A number were identified in various ways. At one-to-one meetings they were told about the first event, and the purpose of the second event was explained to each of them. They were offered support to get to the venue and told what might be expected of them.

An invitation to the second event and the programme was sent out to all previous participants and these new recruits. This is shown in Appendix 5. People were offered the choice of staying all day or leaving before the optional last session.

Seventy-five people attended the second event, of whom 20 were older people and carers and 15 represented voluntary agencies. (There was less continuity than had been hoped and again, despite the attempt to get them to come, there were no very frail service users.) There were eight facilitators.

The aim of the second Whole Systems Day

The aim of the Day was for the PCG to feedback the outputs from the previous event and outline their proposals for service changes, based on the views expressed there and the subsequent discussion at the PCG workshop. Participants would be asked to help to prioritise the options for future services.

On the Day

Preparation:

As for Day 1 there was a final planning and briefing session arranged for the facilitators in the week preceding the event. And also as before, the organisers and facilitators arrived early to prepare the room and organise the materials. The facilitators were given a detailed verbal briefing about their role and about the required methods for recording, presenting and

displaying comments and views. They also had a written briefing that they could refer to during the day if necessary. This is shown in Appendix 6. Samples of the four handouts for use in the sessions during the day are shown as Appendix 7.

A key part of the preparation for Day 2 was the prominent displaying of the hexagons from Day 1 on the wall for all to see. This was to enable participants to check back on what was prioritised by them before, and to see the links to the work of Day 2. The matrix (Handout 1) of 15 priorities from Day 1 with additional information was also put up on the wall.

Everyone had copies of:

- the Project Manager's report on the first day and the subsequent meetings;
- four colour-coded handouts (one for each session of Day 2 – given out at the start of the session by the facilitators).

The Event

Welcome:

Dr. Berry, Chairman of the Primary Care Group, welcomed everyone to the second day. He reminded people about the role of a PCG, and its ability to influence what happens to the local community and general hospital services.

He recapped the questions from Day 1, and briefly described the methodology used then to arrive at the outputs displayed on the wall, giving examples.

The shape of the day:

Peter Binns, the external facilitator, explained to everyone how the day was to be organised, giving practical details and setting some clear ground rules.

The business of the day was to look again at the work from Day 1. The PCG had added information to the top 15 suggested priorities showing how each fitted with local priorities and existing plans and whether there was any evidence that the proposed services would be effective (Handout 1).

He explained the way the report and the handouts were to be used, and how each person's

views on priorities within the 15 listed areas would be captured during the day and used to come up with some overall priorities for the PCG to consider.

The sessions:

Ice Breaker

People worked in pairs to consider:

- one further reflection about Day 1 (or if they weren't there, one thing they would like to ask about Day 1);
- "one thing I'm looking forward to today".

After this Peter summarised some key points of note mentioned in the Project Manager's Report. He reminded people that some of the issues raised on Day 1 were not within the remit of the PCG, but had been referred on elsewhere, that some were already being dealt with, and that some related to the way in which people work and could not be addressed in this forum.

He also told everyone that the PCG had a fixed amount of money and that therefore it would not be possible to act on every good idea – hence the need to arrive at some clear priorities. Different service configurations carry different cost implications. Account needs to be taken of the evidence of effectiveness of some proposed changes – yet for many of the points raised there is little or no evidence available.

Session 1:

People were working in small groups with people who had similar interests and backgrounds.

Peter Binns introduced this session by asking people to work in pairs, and then with the group to consider (using handouts 1 & 2) their priorities from the matrix of 15 services. When they considered something to be very important they were asked to write it on a yellow Post-it. Anything important that they felt was missed out was to be recorded on a pink Post-it. These were put up on the wall at the end of the session.

Groupwork in Session 1

Session 2:

The whole group came together for this session, which was led by Jonathan Berry.

The purpose was to give people detailed feedback and information from the PCG Board workshop. Questions about the 15 priority items were answered, including how they were arrived at from the outputs from Day 1. The PCG's views on options and their relative merits were given, often highlighting the cost implications of different ways of delivering services to meet a particular need. Certain choices would mean that changes would have to be made to some of the local hospital services, relocating care into the community instead. For the majority of the 15 items there was very little evidence to say whether or not the intervention or approach would definitely work or not. In the majority of cases it was assumed that the intervention would probably be beneficial.

There were four breaks in Jonathan's presentation, to let people reflect in twos or threes about what he had said. Some of the points on the matrix were insufficiently clear to people. These were discussed and it was explained how they linked back to and picked up the priorities arrived at on the first day.

Session 3:

Back in their original groups people were asked in the light of the information and discussion in the previous session, to choose and mark four top priorities from the 15 on the matrix sheet

(Handouts 1 & 3). Everyone did this individually; then the group facilitators collated a summary for the group, being careful to count and identify the views of professionals, voluntary group representatives, users and carers separately.

Using colour-coded sticky dots for each set of people, this data was transferred to the summary matrix on the wall over the lunch break. (The dots could have been bigger!)

Compiling the Summary Matrix

Session 4:

The whole group came together again to look at and discuss the outcomes of Session 3. The facilitator had calculated the top three priorities for each group. Everyone could get a quick visual sense of the most popular ones simply by looking at the density of dots against each item. It was possible also to tell quickly at this point whether each group of participants had similar priorities.

Dr. Berry picked up some of the key points and was able immediately to flag up some of the implications. It provided, for example, a chance to reinforce the messages and implications on one of the big issues for local people. There was considerable support for the development

of services to care for and support people at home or close to home. If the PCG take this route, then they will have to disinvest in some in-patient hospital services.
People were then asked to think about the broader implications of the priorities they had come up with as a group through this process. If they were unhappy at the outcomes they were asked to let the PCG know either then or in writing soon.

Drawing the main business to a close

Dr. Berry reported that the PCG Board members had listened carefully to the messages and felt empowered by the process of involving the local community in this way. The PCG's purchasing intentions for 2000-2003 will be informed by the outcomes of the two days. There is a lot more work to be done by the PCG with the other planning partners. The PCG intends to continue to involve local people to inform its decisions. He thanked everyone for their hard work and commitment.

People were then asked in pairs to think about the following three things and note their responses to them on different coloured Post-its:

- one thing that I have enjoyed or learnt about today;
- one thing that I would like the Board to pay special attention to;
- any other one comment.

These comments were saved to give the organisers feedback on the day.

Workshop session

For those people who wanted to stay on, four workshops were run. The subjects were chosen by the PCG as areas which would require further exploration if changes to services were going to take place as effectively as possible. People were invited to come up with ideas for how these issues might be addressed.

Key points were presented in a feedback session. The flip-chart records were kept and included in the report of the day.

Feedback: key issues for the organisers

The participants

- Despite efforts to involve frail older people, very few attended.
- There was a sense that the group was still not representative of the local population.
- People asked the PCG to consider different ways of hearing the views of people who do not come to meetings.
- There needs to be an on-going process for listening to service users.

The value of the two days

- very positive comments from many people about the process followed;
- the importance of meeting people with different views;
- a sense that people were enabled to contribute and that they felt they were being heard;
- hearing about previously unknown local services .

After the second Day

A report was produced summarising all the outputs from the second day, which was sent to all participants. It was used to inform the PCG Board workshop which was held to decide the commissioning intentions for the PCG from 2000 – 2003.

Once the commissioning intentions are finalised and accepted by the PCG Board, copies will be sent to everyone who participated in the whole systems events.

The PCG view of the whole systems events in retrospect

Trafford South PCG held a meeting in November 1998, shortly after its inception, to agree the vision for its future role. Issues considered included mission statements, over-riding principles and areas of potential major work. A clear desire to be publicly accountable, to truly engage with the public and to commission on evidence were strong outputs. The wider needs of elderly people, including social, health and sickness services emerged as a strong contender for the highest priority.

In due course the PCG decided to prioritise work on services for older people in its first year. It agreed a number of principles to underpin this work:

- the work was to be evidence based as far as possible;
- the work should clearly involve the public, especially older people and their carers;
- the work should involve all relevant statutory agencies;
- the work should involve the voluntary sector;
- the work should be robust and be capable of independent scrutiny;
- the outputs should engender broad local support.

Local experience of involving the public to inform decision making was limited to user and focus groups. The health authority and provider NHS trusts had run these in respect of services for people with mental illness and learning disabilities, sometimes with the local authority and occasionally with the voluntary sector. No 'whole systems event' had been tried.

Previous work in respect of services for older people had been framed by a perceived need to close hospital beds. Little communication had occurred with the public except in the mode of formal statutory public consultation. Rather than a dialogue, these consultations tended to present a relatively fixed position with which the public would vociferously disagree.

The situation was further complicated when a decision to close two wards for older people in a local hospital, made behind closed doors by the provider trust, was reversed after threatened legal action by the community health council because public consultation had not taken place.

The PCG is clear that there is the potential to improve local services for older people by reconfiguration. Capital and revenue constraints are such that creative solutions to local service pressures are required. If new services are to be commissioned, then cash must be released elsewhere in the system. The PCG wanted to engage in a dialogue with local people to hear their views on existing services and to discuss the potential for change, in what was clearly a politically sensitive situation because of what had gone before.

Benefits of the Whole Systems Approach

Rather than proceed in an ad hoc way, the PCG settled on a 'whole system approach' so as demonstrably to meet the agreed principles and (hopefully) to win support for major service

re-engineering. Health Improvement Programme funds were secured to meet the costs of this approach, the methodology for which is described in this paper.

In retrospect, the PCG Board has a very clear view that the processes undertaken have more than met expectations in terms of the agreed principles . Specific local support has been engendered, though more needs to be done to widen the support in a fully public arena.

The richness of output, especially from day one, is extraordinary. It is in part this volume that has made "processing" both time-consuming and difficult. The truly broad-based ideas have also been challenging as many are multidisciplinary in nature. These are frequently the concerns of older people and their carers and are often the most difficult to address. However, now identified, the Board can work on them with its planning partners. There has been a tremendous willingness on part of the statutory and voluntary agencies to co-operate around these issues. Whilst statutory bodies have a good history of joint working, the PCG had been unaware of just how much was being or could be done by the voluntary sector. This learning and the new joint way forward have been clearly assisted by the 'whole systems' process.

The PCG believes that the process has been especially robust. It enabled a much more definitive view of the needs and wants of older people to be developed. All participants agreed that:

- there was a clear understanding that choices had to be made;
- not all good ideas could be funded;
- some current services will have to be curtailed if enhancements are to be made overall;
- and most importantly, if the evidence is satisfactory for two ways of doing something, then the cheaper way will allow the most to be done.

Possibly the most powerful demonstration of these outcomes is the way in which previous opponents of service re-engineering became powerful protagonists as they came to understand the rationale for change through involvement in the discussions.

Next Steps

The task now is to broaden support for change. The PCG Board has valued this work highly. Such events are costly, at around three to four thousand pounds per day. However, the PCG is

clear that the approach is immensely beneficial. It plans future events to keep participants up-to-date. Importantly, implementation plans can be tested and further refined as they emerge. Focus groups will be able to undertake some of this detailed work. However, the enabling power derived from testing progress in whole system events will ensure their future.

Although they require a lot of planning and effort, the PCG Board commend whole system events to commissioners without hesitation.

References

Pratt, J et al. (1999) *Working Whole Systems - Putting theory into practice in organisations.* London: King's Fund.

Stevenson, J. (1999) *Involving Older People in Health Developments*. Rehabilitation Programme Briefing Paper 4. London: King's Fund.

Trafford South PCG Internal Reports

(1999) *Improving the health of older people in South Trafford:* Report of the whole systems event held on 23rd June 1999, and subsequent action. (25.8.1999)

(1999) *Improving the health of older people in South Trafford:* Report of the follow up whole systems event held on 25th August 1999. (27.8.1999)

(1999) *Improving the health of older people in South Trafford: Commissioning Intentions, 1st April 2000 – 31st March 2003.* (19.10.1999)

Appendix 1

Project Board Members

Dr Jonathan Berry, Chairman	Chairman of Trafford South Primary Care Group
Mr Allan Stephenson	Chief Executive, Trafford South Primary Care Group
Dr Sally Bradley	Consultant in Public Health Medicine, Salford & Trafford Health Authority
Mrs Sheila Langeveld	Service User Representative
Ms Jan Stevenson	King's Fund Rehabilitation Programme Manager
Dr Tad Kondratowicz	Consultant in Elderly Medicine, Trafford Healthcare NHS Trust
Mr Ian Rush	Director of Trafford Social Services

Appendix 2

SOUTH TRAFFORD PRIMARY CARE GROUP
FLOOR 5B
PEEL HOUSE
ALBERT STREET
ECCLES
MANCHESTER
M30 0NJ

Ref: DB/programme

3rd June 1999

Dear Colleague

Whole Systems Event
Improving the Health of Older People in South Trafford

South Trafford Primary Care Group invite you to attend the above event which will be held between 10.00 am and 4.30 pm on **Wednesday 23rd June 1999**. The venue is the Salvation Army building on Ashton Lane, Sale. A buffet lunch will be provided.

A map is enclosed for your information, as is a draft programme (which is subject to alteration to accommodate participants' needs).

The purpose of the day is to seek stakeholders' views of current and potential service provision. South Trafford Primary Care Group are keen to involve as many service users and carers as possible and therefore it is hoped that at least half of those attending the event will be users and/or carers. As a result, places are limited and an early response would be appreciated. I apologise for the tight timescale.

If you are able to attend this event, please complete and return the reply slip attached by Monday 14th June 1999.

If you are a service user, a carer or a volunteer who does not receive expenses, we will be pleased to cover the cost of your transportation and we will do anything else we possibly can to enable you to attend.

We are hoping that the event will be as informal and as friendly as possible. You do not have to stay for the whole day - please feel free to wander in and out of any of the sessions at your convenience. We are eager to hear your views and opinions and therefore we will aim to make sure that the programme is as flexible as possible to meet your needs.

If you have any queries or require any further information please do not hesitate to contact me.

Yours sincerely

Debra Blake

Debra Blake
Project Manager
Encs.

SOUTH TRAFFORD PRIMARY CARE GROUP

WHOLE SYSTEMS EVENT
IMPROVING THE HEALTH OF OLDER PEOPLE IN SOUTH TRAFFORD

Please complete and return to:

Debra Blake, Project Manager, South Trafford PCG, Floor 5B, Peel House, Eccles, Manchester, M30 0NJ, Tel: 0161-787-0031

I wish to attend the Whole Systems Event on 23rd June 1999

Name: Jan Stevenson **(please print)**

Organisation: Kings Fund

Contact Telephone No: 0171 307 2665 / 2539

Please tick if you require any of the following:

Vegetarian food .....

Information Materials in Large Print .....

A signer or interpreter .....

The loop system .....

Transport to and from the venue .....

Any piece of equipment to assist with mobility (Please specify) .....

Other (Please specify) .....

SOUTH TRAFFORD PRIMARY CARE GROUP

WHOLE SYSTEMS EVENT

IMPROVING THE HEALTH OF OLDER PEOPLE IN SOUTH TRAFFORD

AT

THE SALVATION ARMY
ASHTON LANE
SALE
CHESHIRE

ON

WEDNESDAY 23RD JUNE 1999
10.00 AM TO 4.30 PM

DRAFT PROGRAMME

9.30 am	Registration and Coffee
10.00 am	Welcome and Introduction to the Event
10.15 am	Small Group Work *Where are we now?*
11.15 am	Coffee/Tea Break
11.45 pm	Small Group Work *What do we need?*
12.45pm	Lunch Break
1.45 pm	Small Group Exercise
2.00 pm	Small Group Work *Where would we like to be?*
3.00 pm	Coffee/Tea Break
3.15 pm	Small Group Work *Moving Forward*
4.15 pm	Summary
4.30 pm	Close

South Trafford PCG Whole System Conference 23rd June 1999
Notes for facilitators

1. Pre-conference set-up

* Remember to bring all materials incl flipcharts, pens, white-tac, etc
* Remove surplus chairs
* Move/cover wall display on adjacent wall
* Set up tables/chairs + OHP and screen; check blinds for dazzle
* Set up materials table (hexagons, flip pens, etc, etc)
* Set up registration desk/badges (ensure duplicate lists are available in the room for lost people)
* Confirm arrangements with kitchen re food/drink + admin re use of loos
* Prepare top flipaper with the letter of the table clearly marked, and the next flippaper with the questions for the first session (see below)
* Prepare four display charts, each composed of three flippapers stuck together side by side and each one headed-up with each of the questions from the three main sessions (in italic, below), plus another with heading: 'Some key issues and future trends affecting us'. Copy each the items on Alan's overhead (see 13.45-14.00 below) on to separate hexagons.

2. Start-Up

* All eight facilitators to be at their places on each table.
* Two extra people will be needed to continue to operate the registration desk for the first half-hour: one to register latecomers and the other to conduct them to their seats (if necessary).

3. Morning Session

10.00-10.15 Welcome from the Chairman of the PCG
Welcome to the event + brief intro to what a PCG is (Alan)
Introduction to event + methods + timetable (Peter)

10.15-10.30 Questions on overheads:

What is working well for us in the provision of healthcare in South Trafford? And what is working less well?

These questions to be put at the top of your flippapers, followed by a line down the middle of it.

Get people at your table into pairs for a brief exchange of ideas (10 minutes). Stress that the point is not to discuss or assess the items raised, but to help each other to articulate them in 'brainstorm' mode - don't let judgments get in the way of locating new items!

10.30-11.00 Get people back into the whole group on your table. Go round the pairs recording the items mentioned. Note any major inbalances in the proportion of them in the 'well' / 'less well' columns and try to get the group to correct them - but if it seems too artificial to do so leave things as they are. The key thing in all the sessions today is to keep people going in 'brainstorm' mode as far as you can. That means interrupting discussions and comments where necessary so as to find and record any new items. It also means trying to bring in people who have said very little and shutting up anyone else who is making this difficult by, eg, talking too much themselves. When you write up these items, do so using a single word or short phrase that is clear enough for others to be able to understand, but succinct enough to put on to one line of flippaper.

[NB: in any of these sessions, if you need to don't hesitate to call Peter over to assist]

11.00-11.15 You now have 15 minutes to get the group to prioritise three of the items highlighted so far - at least one from each side of the 'well'/'less well' boundary. By the end of the session you should have written these clearly in marker pens, one each on three of your hexagons.

11.15-11.45 Morning refreshment break. Put your hexagons on the chart at the front of the room. If you see one(s) that others have put up that are close to some of yours, then place yours next to it/them (move them around the chart if necessary). But if you don't see any immediate connections, don't bother to look too hard to find them - just put your hexagons up anywhere. Using white-tac put your flippaper output on to the adjacent wall.

Check numbers for tea and coffee on your table, and collect a tray from the serving hatch (don't insist on this for the health professionals, if you have charge of one of their tables, if you think this might feel a bit nannyish for your group).

Return the tray to the hatch and write up the questions for the second session (below) on your flip (in the same style as before) in time for the second session.

11.45-12.30 Questions on overheads:

What do we need from other people/providers to make our part in the process easier or more effective? And what could we do to make things more effective for them?

You have 30 minutes for the brainstorming part of the session (rules as before), followed by 15 minutes prioritising, write-up

and display of the three key items on hexagons (also rules as before).

4. Lunch Break

12.30-13.30 Lunch break. Same procedure as before re hexagons and flipppapers.

Then number your flipchart (do it big!) for the afternoon session:'A' becomes '1'; 'B' becomes '2'; etc. And as with refreshments, please bring over sandwiches etc for the people on your table and clear the table in time for the afternoon session (same caveat as before for the health professionals). Write up the questions for the 14.00 session (below) on your flip (in the same style as before, but keep them covered over).

Peter and Alan collate, sort and label the hexagon outputs.

Make sure this is all done by 13.25, so that you can assist people to their new tables, if necessary.

5. Afternoon Session

13.30-13.45 The picture so far - Peter presents back to the group some main features emerging from the data collected so far (5 minutes). Followed by short plenary clarificatory questions/contributions.

13.45-14.00 Alan briefly introduces and displays his 'Some key issues and future trends affecting us' overhead (5-8 minutes). (And Peter puts up the relevant hexagons on the display). Followed by short plenary clarificatory questions/contributions.

14.00-14.45 Question on overhead:

Given what we have heard so far, what improvements or new developments could be really helpful for us?

Remember that you are now in a 'max mix' group of stakeholders. By now, hopefully, a reasonable number of people should have at least some familiarity with brainstorming. In introducing this session Peter will already have encouraged people to 'think the unthinkable' and be creative, but inevitably some people will find it hard to put their distress with the present situation behind them. You will need to empathise with these people and show that you have really listened to them, and, at the same time, you will need to get the group to move on quite rapidly. Again I would suggest beginning with 15 minutes in pairs - make sure the pairs are mixed too - eg a professional with an elderly person or a carer. Stress that this is a "no holds barred" discussion. To help people get out of their own silos or

ghettos, continually remind them to take as their starting point the outputs on the three displays on the front wall of the room rather than their own individual concerns.

14.45-15.00 Prioritise four items as before, and write them up on 4 hexagons and display them on the relevant display sheet.

15.00-15.30 Afternoon refreshment break. See to tea and coffee as before.

All facilitators get together to collate and group the hexagons where necessary – though many of them should remain as stand-alone items. We need to end up with around 16 items for feeding back to the conference. The facilitator group then decides who is going to feed which items back in the final session.

Return trays, etc.

15.30-15.45 Feedback from the facilitators from the last exercise.

15.45-16.10 Whole-group plenary discussion.

16.10-16.30 Review session for the whole group (in pairs) - questions:

One thing that I have enjoyed or learnt about today
One thing that would be really helpful for next time
Any one other comment.

These will be put on to post-its. There will be an opportunitiy for some of this information to be fed back to the whole group. On the way out all the post-its are collected on to flippaper displays.

16.30 Conference ends

Collect data and restore room

Peter Binns
June 1999

APPENDIX 4

Matrices Headings

Matrix A Health Improvement/Prevention for Carers (including improved quality of life)

Matrix B Prompt Diagnosis, Treatment & Rehabilitation for People Who Become Ill or Have an Accident (including promotion of independence and partnership working)

Matrix C Information & Advice (including partnership working)

Matrix D Equjity of Access to Serviceds (including parntership working)

Matrix E Specialist Assessment, Treatment & Care Services (e.g. stroke, dementia services)

Assessment Criteria

Is part of an existing strategy/HImP/JIP
Fits with PCG vision
Fits with existing service provision
Better leverages existing resources
Exploits existing partnerships
Exploits new partnerships
Leverages new resources
Evidence of evidence of effectiveness
Other potential benefits and comments

EXAMPLE – MATRIX A

Improvements to the way in which 75+ screening is carried out could have a number of benefits which will address some issues of prevention, health improvement and early detection of illness/disease.

A new computerised assessment tool is now available, backed by trigger condition protocols, which can trigger referrals; identify `at risk' groups, and thus enable more frequent checks/follow up; and, act as the basis of a shared, accessible patient record which, with the patient's consent, could be shared as widely as necessary.

Identification of `at risk' groups would link to a more pro-active approach to prevention and may lead to a number of options being offered to clients, e.g.:

- exercise on referral
- home economist
- dietitian
- counselling
- befriending
- complementary therapies

A secondary benefit would be the better integration of services/staff.

Improvements in 75+ screening should also have secondary prevention benefits in terms of more pro-actively managing people who have presented with, for example, stroke, CHD or falls.

It is likely that new investment in primary care would be necessary to facilitate the provision of an enhanced 75+ screening programme.

Trafford South
Primary Care Group
NHS

RECEIVED 2 3 JUL 1999

TRAFFORD SOUTH PRIMARY CARE GROUP
FLOOR 5B
PEEL HOUSE
ALBERT STREET
ECCLES
MANCHESTER
M30 0NJ

Tel: 0161-787-0031
Fax: 0161-787-0290

Ref: db/l-event2

26th July 1999

To: All Interested Parties

Dear Colleague

Improving the Health of Older People in South Trafford
Whole Systems Event – 25th August 1999

Most of you previously attended Trafford South Primary Care Group's first whole systems event in June this year. I am now writing to invite you to a follow up event on 25th August, at Timperley Methodist Church, Stockport Road, Timperley Village (map attached).

The provisional programme is attached for information. We have tried to learn the lessons from the previous event and in order to address the issue of noise we have arranged for group work to be carried out in two rooms instead of one. Furthermore, we will ensure that the loop system and a roving microphone are available. It is also anticipated that conference packs, in large print, will be placed on each table. As with the previous event, we will be pleased to cover the cost of transport to and from the venue.

We have had to change the venue this time as, unfortunately, the Salvation Army building is closed on 25th August. However, Timperely Methodist Church has much the same facilities as the Salvation Army, including a large car park and disabled access/facilities.

The purpose of the day is to feedback the outputs from the previous event and to start to prioritise options for future services. As there is such a lot of work to be carried out on the day we have agreed that the final session should be ***optional.*** This is because it was clear that at the last event many people, particularly carers, needed to leave early in order to honour personal commitments. It is therefore anticipated that the main event will finish at approximately 3.00 p.m. but that the final, optional, session will continue to approximately 5.00 p.m.

Again, we are hoping that the format of the day will be fairly flexible and people will be able to wander in and out of sessions at their convenience.

I should be grateful if you would return the attached form to me indicating that you are able to attend by ***Monday 9th August 1999*** at the latest.

If you require any further information or clarification of the details, please do not hesitate to contact me on the above telephone number.

Thank you.

Yours sincerely

Deb a Blake

Debra Blake
Project Manager

Encs

TRAFFORD SOUTH PRIMARY CARE GROUP

FOLLOW UP WHOLE SYSTEMS EVENT

IMPROVING THE HEALTH OF OLDER PEOPLE IN SOUTH TRAFFORD

AT TIMPERLEY METHODIST CHURCH
ON
WEDNESDAY 25TH AUGUST 1999
10.00 AM TO 2.30 PM

FINAL PROGRAMME

10.00 am	Registration and Coffee
10.30 am	Welcome and Introduction to the Event *Dr Jonathan Berry, Chairman of the Primary Care Group* *Peter Binns, Event Facilitator*
10.50 am	Session 1 *What is really important about the issues we highlighted last time?* *What other important issues might have been missed?*
11.40 am	Tea/Coffee Break
12.00 pm	Questions
12.15 pm	Session 2 *Given what I have just heard, what are the four key priorities that I believe that the Primary Care Group should now be pursuing?*
1.00 pm	Lunch Break
2.00 pm	Session 3 *Feedback from Dr Berry and Review from Participants*
2.30 pm	**Close of Main Event**
2.30 pm	Session 4 **(Optional)** *Workshops on Identified Priorities*
3.30 pm	Working Tea Break
4.30 pm	**Close of Optional Session & Event Ends**

South Trafford PCG Whole System Conference 25th August 1999
Notes for facilitators

1. Pre-conference set-up

* Begin the set-up at 8am at the Church
* Remember to bring all materials incl flipcharts, pens, blu-tac, etc
* Remove surplus chairs and set-up all displays
* Set up tables/chairs in both rooms with enough chairs around the edges in the main room for the professionals in plenary sessions
* Set up registration desk/badges (ensure duplicate lists are available in the room for lost people).
* Confirm arrangements with caterers re food/drink
* Ensure that all participants are assigned an appropriate table (users + carers in one room, professionals + voluntary sector in the other room – all max mix) and that each table is clearly marked
* Ensure for each table you have responsibility for in the main room that you have appropriate sets of work sheets [Set A] to hand out; and that the conference pack [Set B] is set out for everyone in the back room

2. Start-Up

* All facilitators to be at their places by their tables at the 10.30 start.
* Two extra people will be needed to continue to operate the registration desk for the first half-hour: one to register latecomers and the other to conduct them to their seats (if necessary).

3. Morning Session

10.30-10.50 Welcome from the Chairman of the PCG (Jonathan)
Introduction to event + methods + timetable (Peter)
Starter/icebreaker questions in pairs (5 minutes only):

One further reflection about the June conference (or, if you weren't there, one thing I would like to ask about the June conference

One thing I am looking forward to today

Summary of where we got to last time (Peter)

10.50-11.05 Professionals return to back room where they will find the pack with the relevant questions on it. In the main room you should now distribute the Matrix paper + the first question sheet to each person on your tables:

(1) *What is really important about the issues we highlighted last time?*

(2) What other important issues might have been missed?

Try to ensure that both of these questions are addressed. Provide post-its for any responses that participants would like to bring forward to the whole conference (ie they don't have to fill in any if they have nothing special that they want to contribute). Ensure that only one item is put on to each post-it, and that they are colour coded – yellow post-its for question 1, and the other colour for question 2. Collect in these post-its at the end of the session and put them up on the appropriate displays by the end of the morning coffee break. The professionals will stick up theirs at the end of the session on their way back to the main room.

11.05-11.40 All return to main room. Jonathan now presents the feedback from the board workshop. We will break this up with two or three "buzz" sessions where individuals talk to their neighbour about anything that has struck them from what they have just heard, and where they have the opportunity to make any short notes or prepare questions.

[NB: in any of these sessions, if you need to don't hesitate to call Peter over to assist]

11.40-12.00 Morning refreshment break. Check numbers for tea and coffee on your table, and collect a tray from the serving hatch. Coffee and tea also needs to be available for the professionals in the back room.

12.00-12.15 Questions to / responses from Jonathan (and others)

12.15-13.0 Professionals return to the back room. Everyone now works on the main matrix sheet + the new question sheet which should be handed out. Question:

Given what I have just heard what are the four key priorities that I believe the Primary Care Group should now be pursuing?

People should indicate their preferences on the matrix sheet. Facilitators in the main room should assist them as necessary and then collate the information on to a master sheet, separating the data into responses from users and carers. Likewise from the professionals, where responses will be separated into those from the public sector and those from the voluntary sector,.

Over the lunch break facilitators should then transfer this data on to the main display. The data will be colour-coded – exact colours to be decided on the day.

13.00-14.01 Lunch. Final arrangements for the afternoon workshop sessions

will be determined at this point

4. Afternoon Session

14.00-14.20 This is what you seem to be telling us (Peter) followed by This is where it all goes from here (Jonathan) and Thank you all for your contribution + details of pm workshops + invitation for others to stay (Jonathan)

14.20-14.30 Review session for the whole group (in pairs) - questions:

One thing that I have enjoyed or learnt about today
One thing that would like the Board to pay special attention to
Any one other comment.

These will be put on to post-its. On the way out all the post-its are collected on to flippaper displays.

14.30-16.30 Workshops – titles to be decided. Includes a working tea at 15.30 or thereabouts.

16.30 Conference ends

Collect data and restore room

Post-event review / wash-up with the Board

Peter Binns
August 1999

Hand-out 1

[The Matrix]

Hand-out 2

(1) What is really important about the issues we highlighted last time?

(2) What other important issues might have been missed?

Hand-out 3

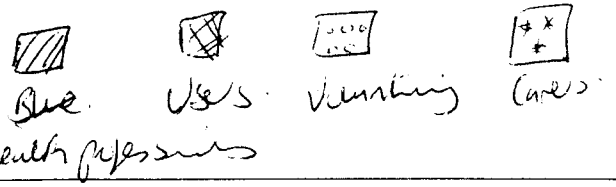
Given what I have just heard, what are the four key priorities that I believe the Primary care Group should now be pursuing?

Hand-out 4

One thing I have enjoyed, or learnt about today

One thing I would like the Board of the Primary Care Group to play special attention to

Any one other comment



HAND OUT 1

	Item	Is part of an existing health plan	Will it work?	Any other benefits/comments?	Is it your priority ?
1	**Enhanced, tailored, screening programme for elderly patients to trigger appropriate action/referral & to include screening for mental illness**	**YES**	**PROBABLY**		27
2	**Counselling services**	**YES**	**PROBABLY NOT**		1
3	**Befriending services**	**YES**	**PROBABLY**		15
4	**Improved access to & availability of equipment & adaptations**	**YES**	**PROBABLY**	**? MONEY IDENTIFIED IN EXISTING HEALTH PLANS**	16
5	**Community based chiropody**	**YES**	**PROBABLY**	**SHOULD BE TARGETED E.G. FOR DIABETICS**	5
6	**Community based occupational therapy & physiotherapy**	**YES**	**PROBABLY**	**MONEY IDENTIFIED IN EXISTING HEALTH PLANS**	6
7	**Expanded range of recuperation & rehabilitation services in the community**	**YES**	**PROBABLY**	**MONEY IDNETIFIED IN EXISTING HEALTH PLANS**	21
8	**Provision of an intermediate care centre to include input from multidisciplinary teams working within clear assessment guidelines & with GP input**	**YES**	**PROBABLY**		9

Appendix 7

9	Small, local unit for rehabilitation, long term & respite care	YES	PROBABLY		13
10	Increased rehabilitation services in the home (for example physiotherapy and occupational therapy)	YES	PROBABLY	? MONEY IDENTIFIED IN EXISTING HEALTH PLANS	10
11	Increased provision of information in traditional & non-traditional formats (eg A-Z directory of services for older people)	YES	PROBABLY		17
12	Shared patient information databases	YES	PROBABLY		6
13	Place of excellence (one stop shop) providing, advice about & access & referrals to health, social & voluntary sector services	YES	PROBABLY		25
14	Improved night, evening & weekend provision of health & social care services (including GP out of hours services)	YES	PROBABLY		23
15	Increased availability & range of respite care	YES	YES		27

HAND OUT 2

1 What is really important about the issues we highlighted last time?

2 What other important issues might have been missed?

HAND OUT 3

Given what I have just heard, what are the four key priorities that I believe the Primary Care Group should now be pursuing?

HAND OUT 4

One thing I have enjoyed, or learnt about today

One thing I would like the Board of the Primary Care Group to pay special attention to

Any other comment: