



## Partnership Engagement Network (PEN)

### Report of Conference held on 7 February 2020

#### Background

The Partnership Engagement Network (PEN) was established as part of a multi-agency approach to provide public and partners with an identified and structured method to influence the work of public services and to proactively feed in issues and ideas.

The approach ensures that the structures exist to have ongoing conversation with the public and stakeholders and creates forums for people and organisations to get their voices heard, but also to hear about and contribute to the development of public sector programmes and work.

#### Introduction

On 7 February 2020 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and voluntary, community and faith sectors came together for the first PEN Conference of 2020. There were over 70 participants in total.

Participants heard a presentation on the Tameside and Glossop Estates Strategy, followed by a whole room engagement activity on the subject.

Participants also heard a presentation from North West Ambulance Service, before taking part in two rounds of a choice of seven facilitated workshops focussing on specific issues/challenges. A full agenda for the day can be found at appendix 1.

#### Facilitated Workshops

Seven facilitated workshops took place to gain input on the development of options, emerging ideas and specific issues and challenges currently facing the economy. The approach to the workshops was flexible with the workshop leads invited to facilitate the workshop in the way which worked best for the topic they were delivering. Key points and notes of these discussions are available at appendix 3 onwards.

Participants were invited to take part in a choice of two of the following seven workshops:

- Primary Care Networks
- The Future of Personalised Care in Tameside & Glossop
- Evaluation of Tameside and Glossop Transformation of Integrated Care
- The Bureau Glossop, Communications and Engagement Strategy
- Bee Network Proposals
- Tameside Sexual Health Services
- NWAS (North West Ambulance Service) Experience

The discussions and feedback captured during these workshops will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop. The full notes of each of the workshops are included in the attached appendices (3 to 9)

### **Post Conference Feedback Survey**

All participants were invited to take part in a post-conference feedback survey. Of the responses received, the key findings of the results are as follows:

- Of those who responded to the survey, 60% rated the Conference overall as Good and 40% as Very Good
- 60% of participants rated the organisation of the event as Very Good and 40% as Good
- All participants rated the presentations as good (20% very good and 80% good).
- Participants were invited to provide comments about the presentations. The key points that were raised in the comments were:
  - It would be good to hear practical examples of how the subject they are talking about operates on the ground
  - Request for clearer information on the presentation slides
- The majority of participants rated the workshops positively – 60% Very Good and 40% Good
- Respondents were invited to give comments about the workshops. Key themes in the comments were:
  - The NWAS workshop would have benefited from more attendance
- 100% of those who responded said that they felt they were given enough opportunity to express their opinions.
- Respondents were asked for their thoughts and opinions on the Partnership Engagement Network. Some of the key themes were as follows:
  - Good way to learn about additional support available for Tameside & Glossop residents
  - Residents are given a say
  - Good range of topics
  - Practical way of engaging with partners
- Participants were asked about what topics they would like to see covered at future conferences. The suggestions included:
  - Mental health
  - Disability
  - Repeat of workshops so that you have another chance to attend

A full breakdown of the responses can be found at Appendix 10

### **Future PEN Conference Dates**

Thursday 18 June 2020, 9.30am-2.00pm

Thursday 15 October 2020, 9.30am-2.00pm

## **Appendices**

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Workshop notes; Estates Strategy
- Appendix 3 – Workshop notes; Primary Care Networks
- Appendix 4 – Workshop notes; The Future of Personalised Care in Tameside & Glossop
- Appendix 5 – Workshop notes; Evaluation of Tameside and Glossop Transformation of Integrated Care
- Appendix 6 – Workshop notes; The Bureau Glossop, Communications and Engagement Strategy
- Appendix 7 – Workshop notes; Bee Network Proposals
- Appendix 8 – Workshop notes; Tameside Sexual Health Services
- Appendix 9 – Workshop notes; NWAS (North West Ambulance Service) Experience
- Appendix 10 – Post Conference Feedback Survey Findings



## PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Friday 7 February 2020

Time: 9.30am -2pm (Registration from 9am, lunch and networking from 1pm-2pm)

Venue: Hyde Town Hall, Main Hall, Corporation Street, Hyde SK14 1AL

1.	<b>Welcome and Introductions</b> – Councillor Eleanor Wills, (Executive Member, Health & Social Care, Population Health, Tameside Council), Jane McCall (Chair, Tameside and Glossop Integrated Care NHS Foundation Trust) and Dr Asad Ali (Co-Chair of Tameside & Glossop CCG)	9.30am– 9.35am
2.	<b>Main Presentation</b> – Estates Strategy (Yogesh Lunar, Strategic Capital Projects Manager, NHS Tameside and Glossop Clinical Commissioning Group)	9.35am- 9.55am
3.	<b>Estates Strategy – Whole Room Engagement Activity</b>	9.55am- 10.25am
5.	<b>Presentation - NWAS Public/Patient Panel -</b> (Yunus Mogra, Patient Engagement Manager, North West Ambulance Service & Francesca Balon, Patient and Public Panel Administrator North West Ambulance Service)	10.25-10.40am
	<b>BREAK (10minutes)</b>	
6.	<b>Breakout - Workshops – Round 1</b> (See overleaf)	10.50am- 11.45am
7.	<b>Feedback – 1 key point from each table</b>	11.45am- 11.50am
8.	<b>Breakout - Workshops – Round 2</b> (See overleaf)	11.50-12.45pm
9.	<b>Feedback – 1 key point from each table</b>	12.45pm- 12.50pm
10.	<b>Close &amp; Update on PEN activities for 2020</b>	12.50pm – 1pm
	<b>LUNCH AND NETWORKING</b>	1pm-2pm



WORKSHOPS	
<b>A</b>	<b>Primary Care Networks</b> – (Martin Ashton, Associate Director of Commissioning, Tameside and Glossop Strategic Commission & Lyndsey Whitwam, Primary Care Commissioning Manager, Tameside and Glossop Strategic Commission)
<b>B</b>	<b>The Future of Personalised Care in Tameside &amp; Glossop</b> – (Ruth Proudlove, Project Manager, Person & Community Centred Approaches, Tameside and Glossop Integrated Care NHS Foundation Trust)
<b>C</b>	<b>Evaluation of Tameside and Glossop Transformation of Integrated Care</b> – (Dr Claire Mitchell, Senior Clinical Lecturer & Research Fellow, School of Biological Sciences, Manchester University, Dr Will Whittaker, Senior Lecturer in Health Economics/James Higginson, Research Associate, Manchester University)
<b>D</b>	<b>The Bureau Glossop, Communications and Engagement Strategy</b> – (Damien Greenhalgh, Communications and Engagement Manager, The Bureau Glossop)
<b>E</b>	<b>Bee Network Proposals</b> – (Andrea Wright, Walking and Cycling Project Lead, Design and Delivery Team, Operations and Neighbourhoods, Tameside Council)
<b>F</b>	<b>Tameside Sexual Health Services</b> – (James Mallion, Consultant Public Health, Tameside Health Improvement & Charlotte Lee, Population Health Programme Manager, Tameside Health Improvement)
<b>G</b>	<b>NWAS (North West Ambulance Service) Experience</b> – (Yunus Mogra, Patient Engagement Manager, North West Ambulance Service & Francesca Balon, Patient and Public Panel Administrator North West Ambulance Service)

## Workshop notes; Tameside and Glossop Estates Strategy

For this workshop, a member of the Estates Team from Tameside & Glossop Strategic Commission presented on the plans to develop estates across Tameside & Glossop. This led to a full room engagement session to find out PEN members' thoughts and feelings on what should be considered within the development of an Estates Strategy.

### Question One

**As a user of services in Tameside and Glossop what do you think are the most important things to consider when developing our existing estate?**

- Accessible
- Use existing data to influence locations and show use
- Making use of the existing infrastructure
- Consider changing demographics, use/need for services.
- Consider initiatives that may influence future population ( e.g. economic plans)
- Links to Greater Manchester and partnerships and City of Manchester
- Funding streams
- Transport links and accessibility
- Value for money: why spend on new when there are extras empty. Think about social value – the Tameside & Glossop pound.
- Services equally spread across all areas of Tameside, including harder to reach areas i.e. Glossop and Mossley
- Develop online and telephone/skype consultation
- Meeting the needs of everyone in the community
- Medical staff shortages in all areas
- Get out of expensive PFI Agreement e.g. Glossop Primary Care Centre
- Creation of Health and Social Care, “hub” and communities. (e.g. Denton Crown Point North where possible or Hyde Town Hall)
- Local, flexible approach, not a prescriptive centralise- co-design with population, GPs.
- Long term- do we need to focus on fixed-assets rather than ad-hoc/”pop up service” in community settings?
- Co-location or multi-purpose but in multiple areas
- Needs good signposting/information and communication that these estates exist. Spaces will not be used if they are not known.
- Be sustainable – spaces should have environmental sustainability
- The process of booking emergency appointments is taken quickly, is easy to understand and accessible to everybody. For example ringing at 8am for appointments is not a possibility for all.
- Services to be in well used areas- can do other things whilst in the area rather than increasing an additional cost to go there
- Good transport links co-working with bus services etc. (TFGM)
- Flexible and adaptable spaces, multi-use spaces
- Welcoming and non-clinical

## Question two

### **Providing Services Closer to home for Local residents is a key consideration of our estates development plan – what are your thoughts on this?**

- We think that this is a good idea especially for the elderly and other certain groups
- Within the estate strategy why not look at the other public buildings, schools, library's, town halls, care/nursing homes
- Car Parks and public transport are the cost barriers due to finances
- Bringing these into i.e. GP surgeries is good but will then lengthen waiting times to access services
- Relocation of the walk in centre- that has caused chaos in A+E, Waiting Time and less Car parking Spaces
- More mobile clinics – bring services closer to the community (but these must be accessible)
- What is meant by closer to home?
- Home visits
- Community spaces used better- no charge if its beneficial i.e. elderly group use space for free if it helps mental health, socialise, increases physical activity walking etc.
- There still needs to be choice of service and not just accessing because it is close to home.
- For people of no fixed address it is good for services to be local
- Would be useful to have a 'hub'- lots of services in the building
- Patients need reassuring that they will still receive the same level of care and will be known if they do need to go elsewhere
- There is difficulty with accessing mental health services within the locality. Also the same with dentistry. Need to ensure sufficient services (enough for everyone)

#### Things that we need to consider:

- Needs driven – what is accessed most frequently
- Transport links – encourage walking and public transport use. Consider the needs of rural areas
- Accessible
- Equipment (for needs)
- Feedback from community
- Health needs lead
- Mobile services
- Pick up services for falls
- Educating community on options
- Community nursing services
- Hot meals
  
- Re-purpose and utilise a range of buildings and spaces in the community e.g. leisure centres, libraries and community centres. Use underused buildings (empty pubs). Consider co-location
- Future proof this strategy to become an estate that develops to meet the changing needs of the population.
- Digital technology- staff/workforce can agile work and people can use technology to use (connect in with services and manage health)

### Question Three

**Our estate development needs to help us achieve the aims of ‘Our People-Our Place-Our Plan’ – with the eight priorities in mind how do you think we can do this? Where do you think we should be focussing our efforts?**

- In regards to Key Stage 2 education, maintain the funding within the reading volunteers and continue recruitment for core volunteers
- Ensure this partnership exists within our educational facilities
- Provide opportunities for learners of all sorts e.g. Apprenticeships.
- Target- Key areas Children- school ready etc.
- High crime areas- youth ASB.
- One stop – neighbourhoods easier to refer.
- Use community assets
- Less ‘silo’ working
- Right people in right buildings
- Flexible use of all estates by all partners, for example, use school buildings during the holidays
- Lease buildings – voluntary groups who can apply for funding
- Repair and maintain existing building (not necessary to build new)
- Journey = same level of support. Good start in life = older not being a burden
- Social Values – Mental health, dementia.
- Multiuse spaces – accessible, encouraging – inviting – comforting – fully utilising property (not office hours) i.e. Brooksbar.
- Communication and promotion – Advising what is available.
- Ensuring Provision of safe spaces (useable space)
- Recognising environmental agenda – making accessible etc.
- Listen to public – what is an asset? Is it really accessible?
- 7 Day and evening access
- Public Living rooms – welcoming social space.

## Workshop notes; Primary Care Networks

The workshop was hosted by colleagues from the Clinical Commissioning Group to gain insight and feedback on how to develop Primary Care Networks in Tameside & Glossop.

### Patient access:

- Online access is positive to records, booking etc. but this must also be accessible to patients who do not use the internet. There also needs to be clear communications about patient's expectations to improve usage and allay concerns.
- Most people were not aware that they could access bookable appointments out of hours at hubs using the Primary Care Access Service.
- Most people would prefer care close to home if it's an option, however if there was a need to travel for more flexible and / or specialist services this would be acceptable. It would need to be accessible to all however e.g. on good transport routes.
- Can alternative 'non-clinical' venues be used where appropriate e.g. libraries?
- General acceptance that utilising a wider workforce was a good thing (e.g. pharmacist / assistant nurse practitioner), however this would require a clear communications campaign as currently many patients just want to see a GP as they feel they are best qualified to help. There was a concern that without patient education patients may request a further appointment to get 'a second opinion' from a GP – leading to duplication.

### Health Improvement initiatives

- General recognition that certain groups need additional support linked to a range of wider determinants – less understanding of how this could be equitably delivered or whether healthcare professionals recognised the need to address this.
- Greater communications required for community health events – PPG must be kept well updated.
- Recognition that PCNs have a real opportunity to help address some of the health inequalities by working together as a collection of practices.

### General service improvements

- Clarification requested around the governance of PCNs– how will PCN's be held to account? If patients have complaints how will these be dealt with? Do all PCNS have patient groups / patients on PCN boards?
- People would welcome not having to "repeat my story" - concerns that lack of continuity of care and seeing numerous health professionals may mean that I have to do this more?
- All PCNs should offer a certain level of consistency. There is a need to ensure communication externally across the 5 PCN's - what should patients expect from their PCN and who can they speak to if they aren't receiving the service offer they expect?

## **Neighbourhood working**

- Some concerns were raised that there had been extensive progress with integrated neighbourhoods. PCNs should enhance this but there is a risk that without careful progression it could potentially damage neighbourhood collaboration.

### Workshop notes; The Future of Personalised Care in Tameside & Glossop

Participants heard about the Universal Model for Personalised Care and how it fits with the NHS Long Term Plan. The group then contributed to a discussion about “What’s important to you about personalised care?” thinking about this from the perspectives of both living and working in Tameside and Glossop.

This feedback will be aggregated with other feedback sessions undertaken recently as a part of co-producing a vision for personalised care in Tameside and Glossop – responding to national policy direction.

Themes of feedback received includes:

- Positivity of person centred approaches and the benefit this could have for people with a variety of “dual diagnoses” or barriers created for people because of their circumstances of homelessness. Considering the person as a “whole person” could help to combat this. Currently the system treats “symptoms” rather than people and shifting this would be most beneficial. The connection of this model for physical and mental health was also recognised as a positive, it may begin to reduce the number of times people have to “tell their stories”. How can this be made robust at first contact to set the tone for the rest of the person’s journey?
- The group recognised that talking to people at this stage was really beneficial and continuing to do so in wider service design would create different solutions.
- There was considerable discussion about communication in a variety of formats and this included:
  - Staff communication and listening skills during appointment times / assessments - listening and really hearing you, whole person not a collection of symptoms. Having the skills to be able to have a different conversation in such a short space of time.
  - All public feeling like they can engage in their own journey – no matter their language, age, confidence etc. including consideration of Mental Capacity and that this is not a “fight to get”.
  - Knowing what services are available in the community and in the system is incredibly important to people
  - Needed to share the messages about personalised care with both members of the wider public and staff in the system.
- The group discussed the reality of the choice directive in practice – both choice of providers and times / locations for appointments. They also discussed the impact of failure demand in the system based on accessibility of appointment issues.
- Some members of the group discussed the support for managers in the plans to implement the Universal Model for Personalised Care in navigating the contradiction between commissioned targets and giving permission to allow staff time to work with people and not do to them.
- The group discussed how important other areas of the system are in implementing the Universal Model for Personalised Care – including for example Residential Care Providers.

- The benefits of social prescribing were highlighted and discussed as a crucial part of the system and received positive feedback and how this model can contribute to other elements of the model for example; shared decision making.
- The group also asked how the impact / implementation of the Universal Model will be evaluated.

## **Workshop notes; Evaluation of Tameside and Glossop Transformation of Integrated Care**

Representatives from Manchester University conducted a workshop to understand people's experiences of integrated care in Tameside & Glossop

Emphasis that the evaluation should talk to Tameside and Glossop

- Evaluation team will work to ensure Glossop is mentioned for those schemes that may impact on Glossop and for the overall programme evaluation. A particular distinction is important for some schemes such as Community Bed Base which may have differential impacts on the two areas and Support at Home where Adult Social Care is commissioned by different Local Authorities.

Patient voices – how are these captured?

- Evaluation team explained that we are currently capturing patient perspectives from secondary data sources (surveys) and will include partner provided case studies and patient surveys (such as the Friends and Family Test) where possible.

Voices of underserved populations

- Evaluation team explained that a focus on one of our work package (work package 3) is with regards to health inequalities where impacts on total population sub-groups will be explored. This would highlight whether the programme is having spill over impacts on those not targeted.

Concerns of staff feeling able to be honest/disclose

- Evaluation team reassured participants that interviewees are provided reassurances of non-disclosure and staff in particular, are being open about strengths and limitations of approaches.

Independent evaluation seen as a good thing

- No action needed.

Participants were keen to engage further

- Evaluation team to engage with attendees with regards to future findings and the reporting approaches taken, possibly at a future PEN event or singly on a one to one basis.

### **Workshop notes; The Bureau Glossop, Communications and Engagement Strategy**

This workshop was held by The Bureau to gain feedback and suggestions on their Communications and Engagement Strategy

- Generally, feedback indicated that The Bureau seems to be doing the right things, is well known across the region and trusted in the community.
- Broad agreement on the approach of the Bureau and the strategies aims and the stakeholder types identified being 1) Clients/volunteers 2) The community 3) Partners 4) Funders.
- Some suggested a generalised leaflet for all functions, along with smaller, inexpensive flyers for specific projects or events.
- Regular newsletters for all stakeholders were suggested. People can be asked to look at the website for detailed information. Newsletters should be emailed, but printed copies made available for those without.
- Newsletter wherever possible should be tailored to the recipient client, volunteer, funders, partners, wider community etc.
- Project leaders could provide regular updates and feedback, which can be cherry picked for use in promotional materials and newsletters.
- Regular contact should be maintained with volunteers, including those in remote roles such as drivers. An idea was shared; if you do one thing this month share this information or do this.
- Volunteers and other stakeholders should be made familiar with all The Bureau has to offer, as they may know people in their own lives who could benefit from services.
- Volunteers can also feedback on what's working for them in the role, what's difficult, and any useful information they've gathered.
- Informal, social meetings for volunteers without staff present? For example, coffee mornings.
- Allow voluntary roles to be unstructured, as many underestimate the business of their personal lives and struggle to commit to shifts.
- Buddy schemes and carpooling – can reduce isolation, sustainable.
- Inter-generational activities can break down age barriers. Allows people to interact with others outside of their normal social circles.
- Clear partnership agreements, depending on the partner? Information such as impact report can be good to share with partners.

### **Workshop notes; Bee Network Proposals**

The Bee Network is a set of proposed new walking and cycling infrastructure across Greater Manchester. There are 11 proposed schemes in Tameside, a presentation for which was given at the previous PEN Conference.

Those who attended the Bee Network workshop completed questionnaires for two of our proposed new schemes. These have been fed into the Mayors Challenge Fund consultation. The MCF feedback will be reviewed and analysed when the consultation programme closes on the 6 March.

The top three most important points discussed were:

1. The importance of segregating walkers and cyclists from motorists when designing schemes.
2. The importance of introducing lighting on new cycling and walking routes.
3. The importance of providing safe crossings to join up communities including routes to the local schools.

## Workshop notes; Tameside Sexual Health Services

Colleagues from Population Health led a workshop on Sexual Health Services in Tameside. There is a current consultation open alongside this, to gain feedback from those that have used the service to identify how they can be improved in the future.

### Overarching Themes

- Issues with geographical access to services (where they are located and transport links)
- Issues with waiting times to access services
- Lack of awareness of what services are already available, where and how they can be accessed
- Improvements needed in education around sexual health, particularly upskilling of wider workforce
- The importance of talking to and considering ethnic minority groups in service design and access.

### Current Service Provision

- Loss of drop-in sexual health service has led to challenges in access
- The baby clinics have been lost too and this has decreased support for new mothers.
- Waiting times for coil removal are too long – 6 months in some cases; this was in Ashton.
  - Some issues reported with implant removal too and the potential increased in costs this could bring if unintended pregnancies occurred as a result.
- Additional challenges in accessing services for those with special educational needs or physical disabilities.
- The c-card scheme was spoken of highly, but since it has been decommissioned there has been nothing else put in place to support young people to access free contraception.
- The role of youth workers was discussed and how they might be able to be utilised to help support people with sexual and reproductive health advice.
- The family planning clinic model worked well historically and the hours (open till 8pm) worked really well. The staff had a relationship with clients and there wasn't any stigma in using these services.
- Residents who are pregnant are finding it difficult as you often don't get a first appointment until you 10, 11, 12 weeks. This means for those families who aren't aware of the need to take vitamins, avoid alcohol intake or stop smoking are perhaps not getting information and support until they are 3 months pregnant.
- Contraception (both long and short acting) is not deemed as an emergency appointment in most practices, though emergency hormonal contraception (EHC) appointments are. It was argued that preventative contraception should be treated with the same urgency as emergency contraception.
- It was raised as a concern that EHC can't be accessed from every pharmacy in Tameside.

- Cervical screening – access is variable. Some good examples of provision (for example evening appointments at Denton, but people in Ashton won't access that).

## Education/Awareness

- YouThink's offer was discussed and spoken highly of; expanding this offer would help support young people with sexual health advice.
- It takes courage for younger people to access sexual health and contraception services – we need to make it as easy and as convenient for them to access these as possible.
- Different people will want to access information about sexual health and available services in different ways. Improving the information available online would help young people access up to date and accurate information about what services are available. The current level of information online is poor.
  - The example cited was someone attending A&E as they thought they were pregnant and didn't know where else to go.
  - Also examples of young people travelling into central Manchester to access sexual health services (eg. The Brook) because they aren't aware of the local service at Ashton Primary Care Centre
- Looked after children – concerned that some looked after children aren't comfortable talking to their foster parents about sexual health. Potential for upskilling foster parents to have conversations about this
- Access to information was discussed – at local assets/venues such as libraries; leisure centres; public events; other public spaces
- Some discussion around some of the terms used around sexual health and stigma around sexually transmitted infections (NB: there was low interest in the second workshop, possibly as people associate sexual health with STIs, rather than discussions around information, informed choices, contraception etc).
- Reduction in school nursing resource has led to a decline in support offered around sexual health for school age residents – having a rapport with younger people is important in making them feel comfortable to discuss sexual health and contraception, so the reduction in school nursing numbers has damaged this.
  - Some school nurses are currently spread between 5 secondary and 21 primary schools.
  - The possibility of freeing up school nurses time so they have more time to focus on sexual health was raised.
  - Schools taking more responsibility for sexual health and education was discussed but lack of school resources was raised as a key issue here. The new Relationships & Sex Education curriculum was discussed as a positive step but there is a need to ensure there is practical, local information provided as part of this around services and support on offer
  - Private schools partnering up with schools in more deprived areas was suggested as a solution to ensuring schools in more deprived areas receive more support.

## Future Services

- Discussion about how we can better utilise the services we have to increase access to sexual health advice/education e.g. local libraries, food banks. Access to simple measures like free condoms as well as information, was also discussed (not just in GPs but also other public spaces)
  - Service provision needs to be private and help reduce stigma e.g. not having to go to the front desk of a GP practice when you friends/family may be in the waiting room.
  - There was good support for better use of pharmacies as they are more accessible for some of this support (eg. contraception). For example, Boots pharmacy at Trafford Centre have an area where they patients can discreetly ask to have a private conversation with a member of staff, which works well.
- Similarly how can we upskill the wider workforce to help deliver brief advice about sexual and reproductive health and along the lines of the MECC (make every contact count) model.
  - Military veterans are an at risk group but may not necessarily engage with services. Potential to upskill other teams who work with veterans; existing professionals don't all know what is available.
- Suggestion about a one stop shop for cervical screening and testing to improve convenience.
- Ensuring ethnic minority groups can discreetly access services is important – example cited of how a discreet model at a 16-18 college in Rochdale helped improve access.

## **Workshop notes; NWAS (North West Ambulance Service) Experience**

There was discussion amongst the group of the core services NWAS provides. The most common response by attendees in terms of their knowledge was awareness of our 'emergency' service PES. One attendee also mentioned PTS as a service we provide and mentioned they had experience of using this in their job. When it came to the NHS 111 service attendees had to be prompted by the workshop facilitator. The facilitator also mentioned our resilience service and none of the attendees were aware of this as one of our core service.

### PES Activity

#### **Emergency**

When thinking of the word 'emergency' a number of attendees gave the word 'help' as they are unable to help themselves in the situations they find themselves in when they call for an ambulance and require help from the paramedics. The word 'panic' was also mentioned by attendees because people are unable to take the necessary steps to get help themselves when they need it in emergency situations.

One attendee put the word 'ambulance' and 'urgent' because it suggests people are in need of urgent help which an ambulance and the crew can provide. Some attendees from this went on to discuss how the urgency of an individual's situation is subjective to them. There was discussion about calls to NWAS that are non-medical related issues and how this relates to social isolation.

The group then went on to issues of the capacity of NWAS in terms of the calls received, the number of call takers on shift and number of vehicles.

#### **Response Time**

When discussing the word response time attendees fed back the word 'appropriate' In terms of getting a response in an appropriate amount of time that reflect the patient's needs.

Urgent as a word also came up by one attendee who has a background in nursing and they said they were ringing for an ambulance it would be because they need urgent help.

One attendee mentioned the word 'frustrated' and described a personal experience with a family member who had to wait a long time for an ambulance despite showing signs of shortness of breath and chest pain and the attendee found the process of waiting frustrating.

Another attendee mentioned the word 'triage' because they have been in situations where the process of triage undertaken by the service they feel has not worked properly and been detrimental to the patient getting the right care in an adequate amount of time.

#### **Care**

When feeding back on the word care one attendee mentioned the word 'professional' as whenever they have seen paramedics they have always acted professionally.

Another attendee mentioned the word 'relief' as when the paramedics arrive they take over the care of patients and this reassures them that they are in safe hands.

One attendee who had not used the service themselves before mentioned the word 'panic' as when they have seen an ambulance outside their home they worry about family members as they know it is serious.

### **NHS 111 Activity**

An exercise was undertaken to allocate priority to issues – the numbers reflect the priority given to each other (13 being the most important)

1. Helpful advice – 13
2. Availability – 7
3. Accessibility – 6
4. Reassurance – 4
5. Compassionate care – 0

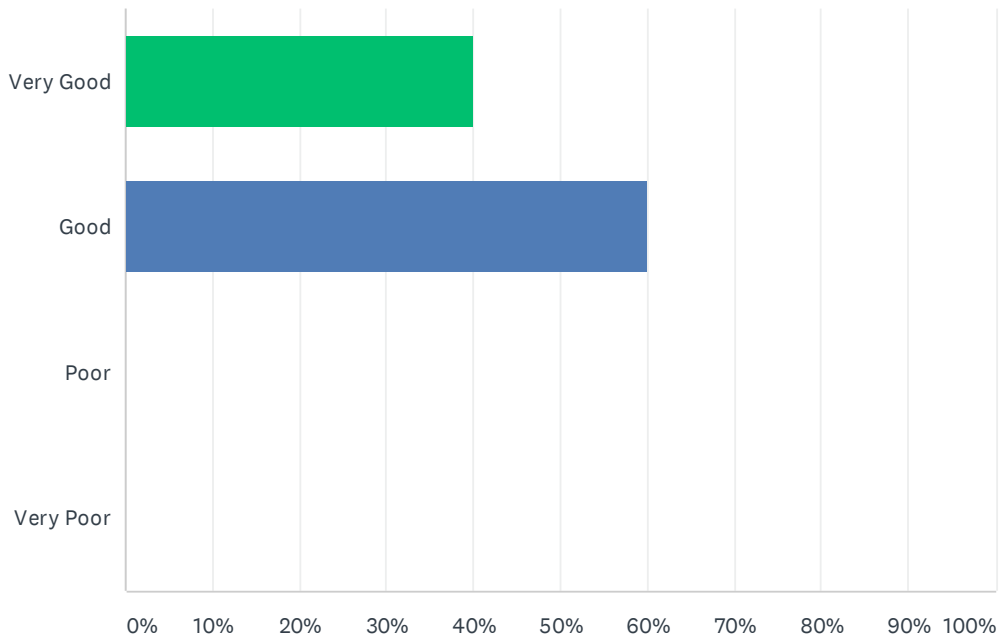
One attendee mentioned how to them reassurance is key for them as a young mother accessing the service seeking medical advice.

One attendee mentioned the word accessibility as they believe that this is the most important thing so people who may have access needs know they are able to access the service.

One attendee mentioned reassurance as being key following it being mentioned that no one had put any pom poms in compassionate care with some attendees stating to them reassurance over compassionate care was more important.

## Q2 How would you rate the Partnership Engagement Network Conference overall? (Please tick one box only)

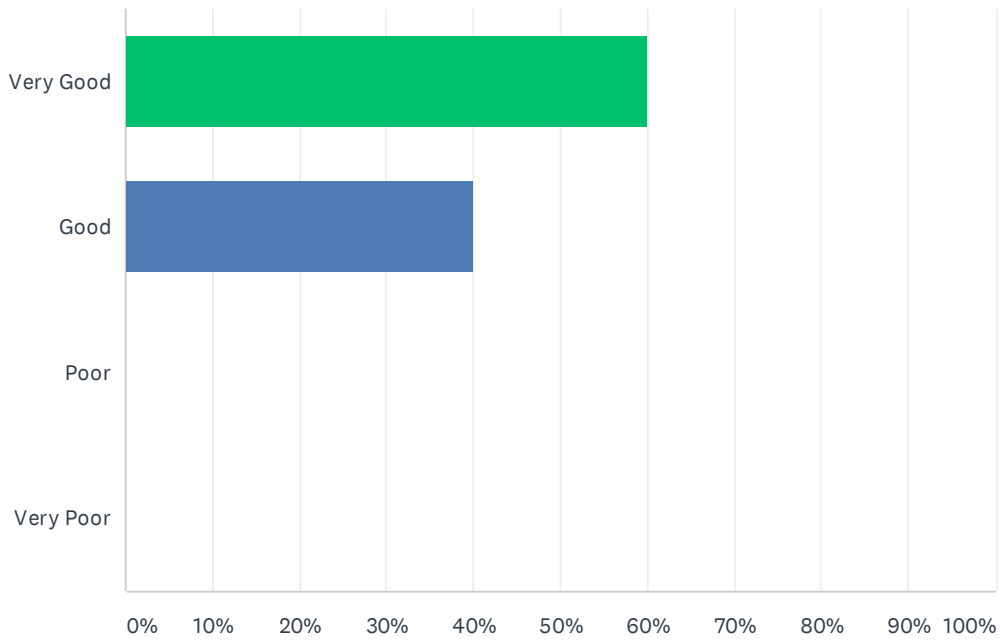
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	40.00%	2
Good	60.00%	3
Poor	0.00%	0
Very Poor	0.00%	0
<b>TOTAL</b>		<b>5</b>

### Q3 How would you rate the organisation of the event? (Please tick one box only)

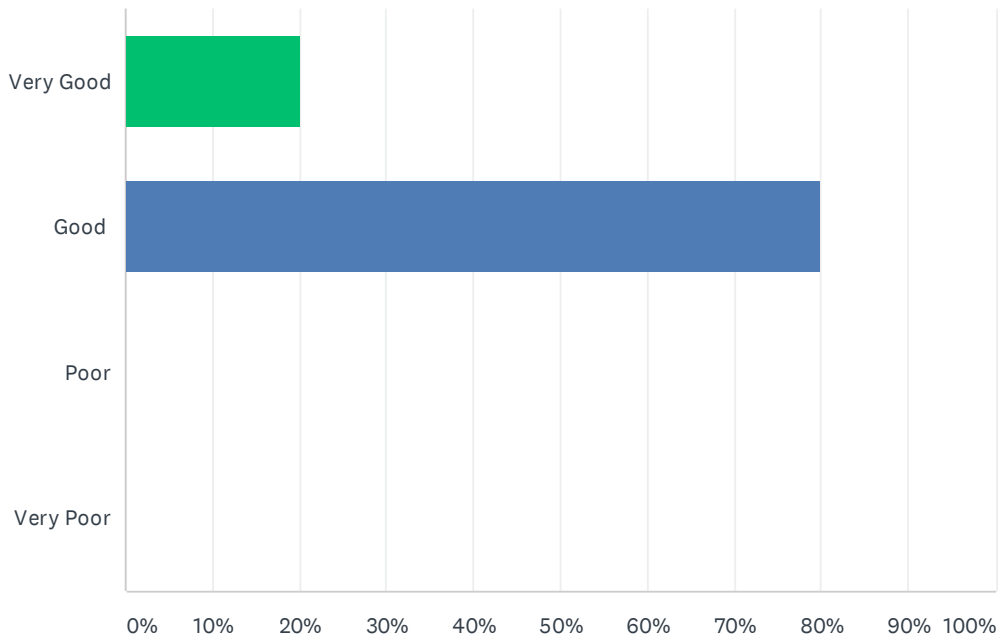
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	60.00%	3
Good	40.00%	2
Poor	0.00%	0
Very Poor	0.00%	0
<b>TOTAL</b>		<b>5</b>

### Q4 How would you rate the presentations overall? (Please tick one box only)

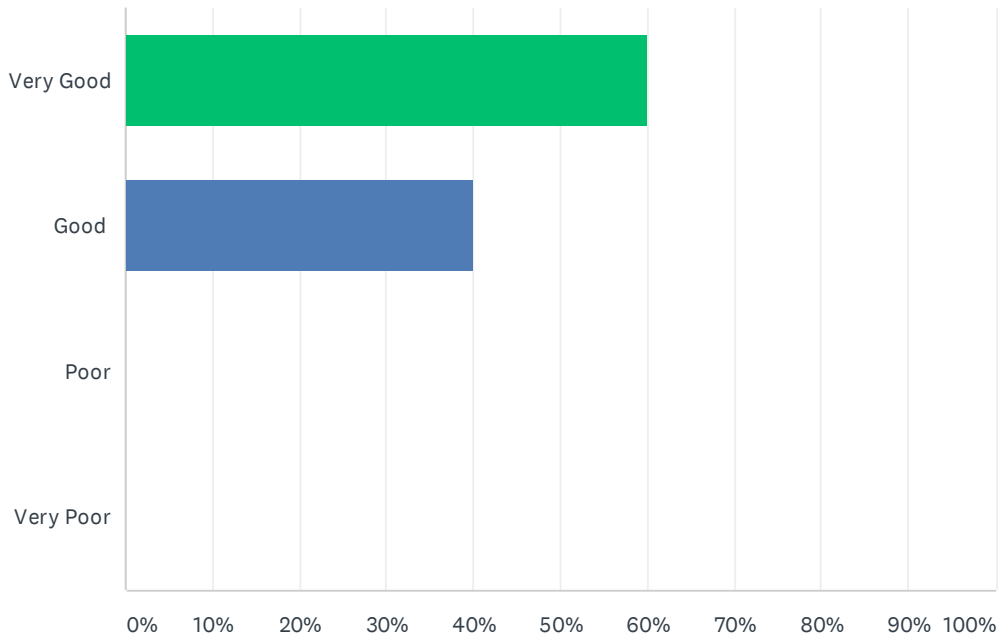
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	20.00%	1
Good	80.00%	4
Poor	0.00%	0
Very Poor	0.00%	0
<b>TOTAL</b>		<b>5</b>

## Q6 How would you rate the workshops overall?

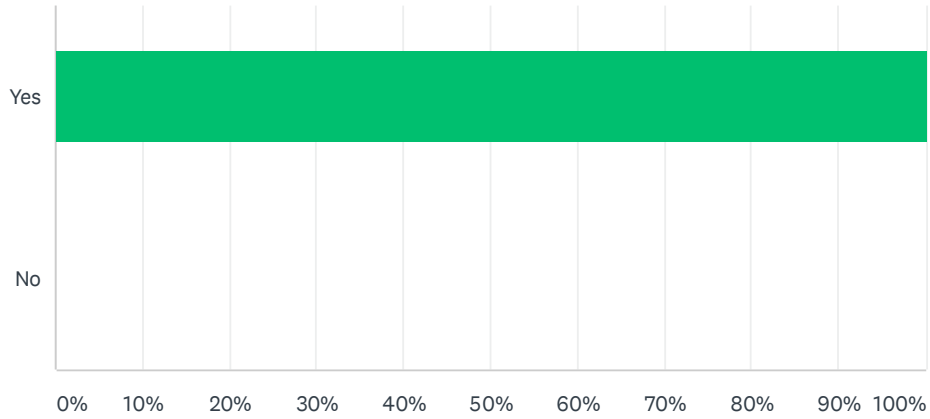
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	60.00%	3
Good	40.00%	2
Poor	0.00%	0
Very Poor	0.00%	0
<b>TOTAL</b>		<b>5</b>

## Q8 Do you feel you were given enough opportunity to express your opinions? (Please tick one box only)

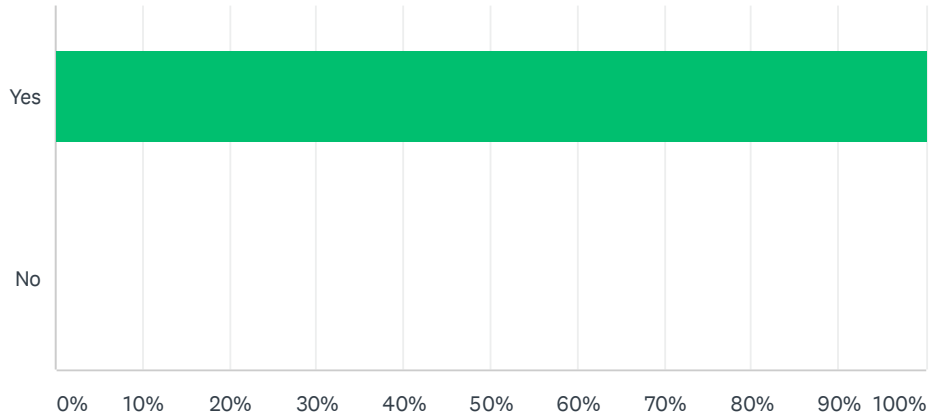
Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5

## Q12 Would you like to be kept informed of the latest events and consultation activity in Tameside and Glossop?

Answered: 5 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	5
No	0.00%	0
TOTAL		5