

**Independent Analysis of the PHASE 4 Public Engagement Events  
(October to November 2016) for the Better Health Programme**

**Proportion Marketing November 2016**

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## 1.0 Introduction

This BHP Phase 4 feedback analysis has drawn on the scribe notes from 12 public engagement events (held between the 10<sup>th</sup> October and 17<sup>th</sup> November 2016 - total attendance 212) and direct emails to the BHP team.

Attendees were asked to evaluate the event. 96% of respondents agreed or strongly agreed that the presentation was informative, 94% agreed or strongly agreed that the workshop was helpful and 97% agreed or strongly agreed that the event was informative.

Attendees were asked the following questions around three areas:

### 1. Care out of Hospital – What’s Important to Me?



**Better health programme**

**Care out of hospital:  
What's important to me?**

**NHS**  
The NHS in Darlington,  
Durham and Tees

- I will get quick access to my primary and community care team
- I will feel well informed about how to lead a healthy lifestyle and feel supported to manage my own condition
- I will have the information and support I need to be as independent as possible with someone available to navigate my care
- If my illness escalates I will be supported at home 24 hours a day seven days a week by a team of skilled professionals where possible
- If I need to go to hospital I will be supported to be discharged as soon as possible and receive the appropriate support in the community
- I know that I will only need to tell my story once and people will have access to this information
- I will only be admitted into hospital or a care setting when it's absolutely necessary

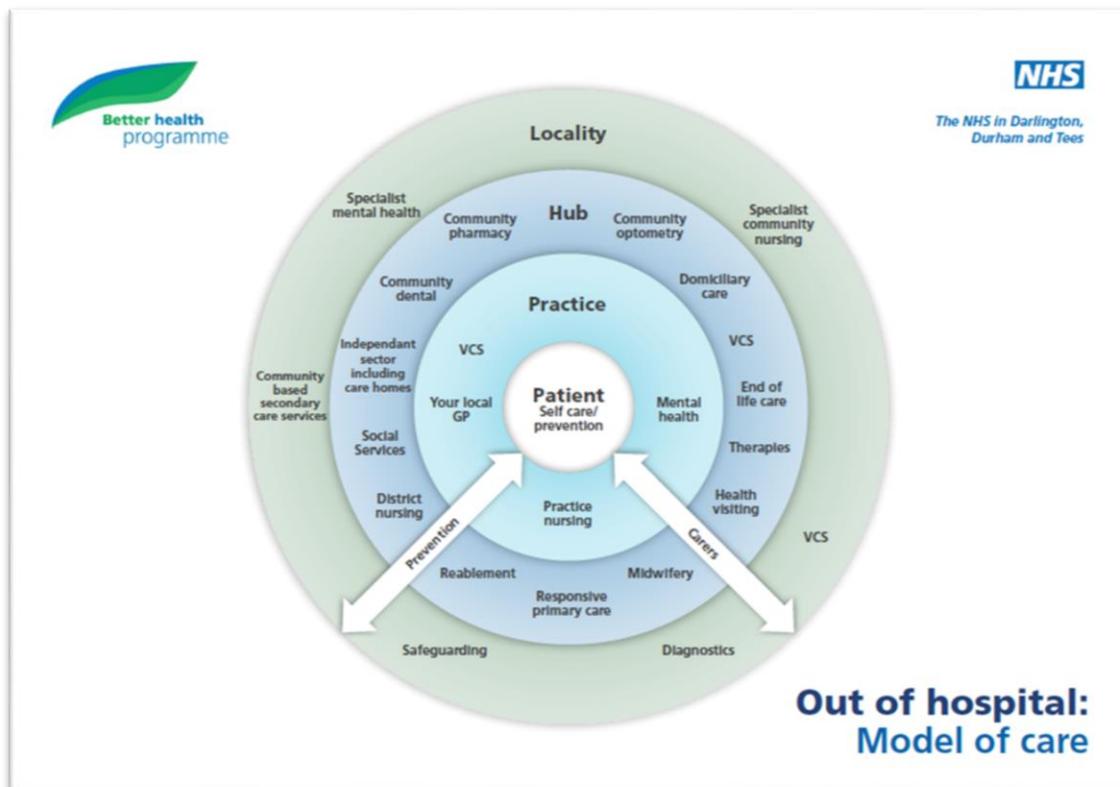
*Does this reflect what is important to you or people you care for?*

*What have we missed?*

*Are we there now?*

*What could get us there?*

## 2. Care out of Hospital – Model of Care



*Have we identified the right services?*

*Are there other services that could be provided more locally?*

*How would this affect you, your family, or people you care for?*

### 3. Care out of Hospital – Are There Other Scenarios We Should Consider?




The NHS in Darlington, Durham and Tees

## Discussion

- Are there other scenarios we should consider?

	James Cook	North Tees	Darlington Memorial	Friarage	Bishop Auckland	Hartlepool
Status Quo	MTC	DGH	DGH	L	L	L
Scenario 1	S	S	L	L	L	L
Scenario 2	S	L	S	L	L	L
Scenario 3	S	L	L	L	L	L

Key	
Specialist hospital	S
Local hospital	L
Major trauma centre	MTC
District general hospital	DGH

#### *Are There Other Scenarios We Should Consider?*

#### *Other comments*

Feedback was recorded by scribes at each table and has been independently analysed by Proportion Marketing Limited for this report. Not all events completed all three questions (Hawes and Catterick completed question 3 only).

As they are scribe notes and not comments/positions assigned to individual attendees it is not possible to quantify support or opposition to ideas, but counting comments and grouping them into themes does provide a sense of the main issues raised by the attendees that should inform BHP decision-making.

## 2.0 Executive summary

The Phase 4 engagement events proved successful in highlighting a number of issues that the Better Health Programme should feed into its processes.

### 2.1 Feedback prompted by the following questions

#### Q1. Care out of Hospital – What’s Important to Me? (527 comments)

- 20.7% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 12.5% of comments were around reassuring the population that ‘out of hospital’ care will improve outcomes, and that **discharge needs** (particularly involving mental health social care) are addressed
- 8.9% of comments were around improving **access** to primary care and GPs - seen as

### 2.2 Feedback prompted by the following questions

#### Q2. Care out of Hospital – Model of Care (154 comments)

- 14.9% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 7.8% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model
- 7.1% of comments questioned the absence of mental health in the model of care

### 2.3 Feedback prompted by the following questions

#### Q3. Care out of Hospital – Are There Other Scenarios We Should Consider? (536 comments)

- 17.4% of comments were around **transport** - travel distance and travel times – this theme was the dominant theme regarding the impact of different scenarios
- 12.7% of comments were **queries around the scenarios** – what happens to a service, where do patients go for certain services
- 10.3% of comments were around **resources** – whether there was enough money and staff to manage the impact of the scenarios

### 3.0 Main Findings

#### 3.1 Feedback prompted by the following questions

##### Q1. Care out of Hospital – What’s Important to Me?

*Does this reflect what is important to you or people you care for?*

*What have we missed?*

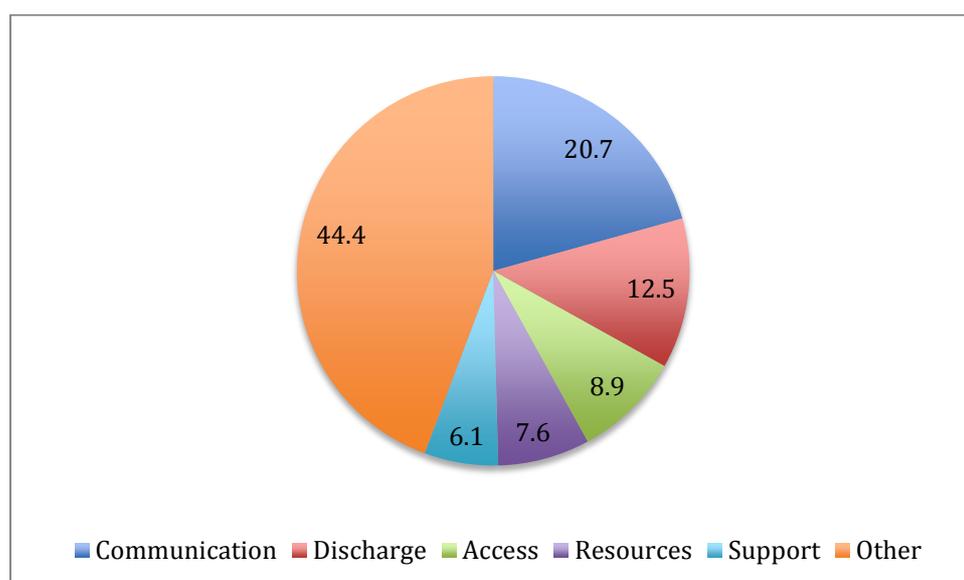
*Are we there now?*

*What could get us there?*

#### 3.1.1 Main Themes raised during this questions (527 comments)

- 20.7% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 12.5% of comments were around reassuring the population that ‘out of hospital’ care will improve outcomes, and that **discharge needs** (particularly involving mental health social care) are addressed
- 8.9% of comments were around improving **access** to primary care and GPs - seen as critical to success
- 7.6% of comments covered **Staff and resource** shortages - will ‘out of hospital’ care proposals cope? Would the role of ambulances and NHS111 improve?
- 6.1% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model

**Figure 1 – Main Themes for Q1 (55.6% of all comments)**



## Sample quotes around the Main Themes

*“Communications is a very important factor – people are not aware what is going on”*

*“All family members need to be involved in the care plan. I have a son in Darlington hospital. No one has asked his family how he will cope. How will he attend appointments?”*

*“Getting access to a GP is getting easier. One life has made it easier to get all sort of information.”*

*“Is the workforce out there to facilitate this community based model?”*

*“Prevention point of view – make this very clear – such that the patients care does not deteriorate such that they will need to go in hospital – help in providing the support that is required at the appropriate time.”*

### Other Themes for Q1 (42.2% of all comments)

Continuity of Care/Designated GP	5.9
Technology	4.6
Self Care - Prevention	3.6
Criticism of event	3.2
Transport	2.8
Finance	2.7
Mental Health	2.3
Tell Story Once	2.1
Pharmacy	1.9
Volunteers	1.9
NHS111	1.1
Elderly	1.1
A&E	0.9
Listen to patient needs	0.8
Urgent/Emergency Care	0.4
Other	8.9
	100

- **Continuity of care** seen as very important – particularly for patients with multiple or long-term conditions
- The wider use of **technology** was considered vital in ensuring the ‘out of hospital’ care model could be successful
- **Educating** patients and maximising **self-care and prevention** was seen as a major contributor to keeping patients out of hospital
- There were some comments that the turnout of the event was poor or that the presentation did not use public-friendly language
- The ever-present theme of **transport** was raised - travel distance and travel times – and that out of hospital should mean nearer to home
- Remaining themes include how it would be financed, whether mental health patients’ needs are covered, the value in telling your story once, the roles of pharmacies, volunteers and NHS111, the needs of the elderly, the provision of A&E, the importance of listening to patients’ needs and wishes and the effect on urgent and emergency care provision.

### Sample quotes around Other Themes

*“Continuity of Care is particularly important, especially if you have multiple issues.”*

*“Elderly patients do not know what medication they are on – could technology help with this?”*

*“Prevention scheme to stop people from getting to a state where they have to end up in the hospital. This will sit well in the community.”*

*“We haven’t got the right people here in the room to engage with. Only a handful of local residents are here and the rest are professionals. More people should be here, have resident been asked to attend?”*

*“Accessibility – make transport services accessible and affordable.”*

*“More money/funding available in the community/voluntary sector, more money should be re-directed to these places.”*

*“There needs to be a way that is easy for patients to see what services are there to support and underpin their care. Social prescribing would be very helpful, particularly to people with mental health issues.*

*“Telling my story once is so important – if you’ve got your own booklet, would that not work?”*

*“We need to ensure that people know what support a pharmacist can offer them. They must be seen as an integral part of peoples care.”*

*“Voluntary sectors can’t be a given – it can disappear – some voluntary organisations are hand to mouth – High wages in NHS – puts off volunteers.”*

*“Make 111 better. This would be good to raise awareness and experience and help stop unnecessary trips.”*

*“Lots of elderly people just need reassurance.”*

*“Triage is important - is this working at the moment? At JCUH they have a triage nurse in A&E that has been very successful.”*

*“Patients are confident that they’re being listened to and GPs/staffs listen to their point of views.”*

*“You need to make sure that people are educated about the difference between Urgent Care and A&E.”*

### 3.2 Feedback prompted by the following questions

#### Q2. Care out of Hospital – Model of Care

*Have we identified the right services?*

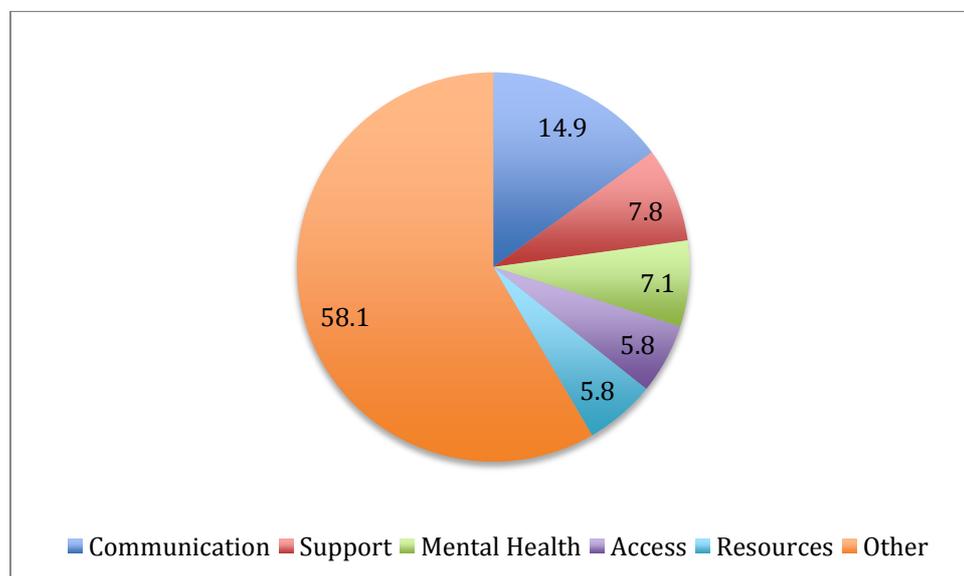
*Are there other services that could be provided more locally?*

*How would this affect you, your family, or people you care for?*

#### 3.2.1 Main Themes raised during this questions (154 comments)

- 14.9% of comments were around improving **communication** between hospital, services, patients and carers (including shared info and use of IT, educating patients where to go for services)
- 7.8% of comments suggested that the provision of additional **support and training** was also deemed vital to successfully deliver any new model
- 7.1% of comments questioned the absence of **mental health** in the model of care
- 5.8% of comments were around improving **access** to primary care and GPs - seen as critical to success
- 5.8% of comments covered **Staff and resource** shortages - will 'out of hospital' care proposals cope? Would the role of ambulances and NHS111 improve?

**Figure 2 – Main Themes for Q2 (41.9% of all comments)**



**Other Themes for Q2 (58.1% of all responses)**

Volunteers	5.8
Care package/discharge/carers	5.2
Transport	3.9
Finance	3.2
NHS111	2.6
Self care - Prevention	2.6
Continuity of Care/Designated GP	1.9
Criticism of event	1.9
Social Care	1.9
Urgent/Emergency Care	1.9
Pharmacy	1.3
Technology	1.3
A&E	0.6
Other	24
	100

- The voluntary sector was seen as a missing component of the model
- The discharge process was raised as an important component of the model of care
- Remaining themes include the need to consider transport, how it would be financed, NHS111, self-care and prevention, continuity of care, low turnout, social care integration, urgent and emergency care and the wider roles of pharmacies and technology.

### 3.3 Feedback prompted by the following questions

#### Q3. Care out of Hospital – Are There Other Scenarios We Should Consider?

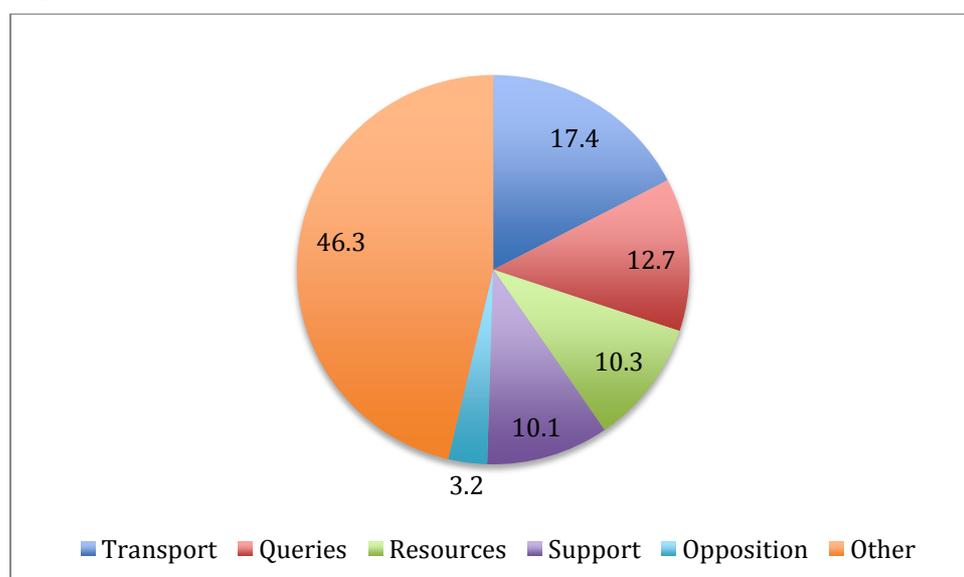
*Are There Other Scenarios We Should Consider?*

*Other comments*

#### 3.3.1 Main Themes raised during this questions (536 comments)

- 17.4% of comments were around **transport** - travel distance and travel times – this theme was the dominant theme regarding the impact of different scenarios
- 12.7% of comments were **queries around the scenarios** – what happens to a service, where do patients go for certain services
- 10.3% of comments were around **resources** – whether there was enough money and staff to manage the impact of the scenarios
- 10.1% of comments **supported** a scenario or the concepts of specialisation and care nearer to home. Most comments that expressed support for a particular scenario supported scenario 2 - James Cook University Hospital and Darlington Memorial Hospital as the specialist sites
- 3.2% of comments **opposed** a scenario, the concepts of specialisation and care nearer to home or urged for additional resources to the status quo. Most comments that expressed opposition for a particular scenario opposed scenario 3 - James Cook University Hospital as the only specialist site

**Figure 3 – Main Themes for Q3 (53.7% of all comments)**



## Sample quotes around the Main Themes

*“Ambulances have particular difficulty here in Hawes because of where we are. It’s not only getting patients to the hospital – what about getting them back home again? CCG only have responsibility for some transport elements not all. In Hawes it can take at LEAST an hour sometimes two hours to get to somewhere like Northallerton.”*

*“Why are we centralising services?”*

*“Planned surgery - ‘choose and book’. How would these changes affect that?”*

*“How can you deliver all this using the same resources? It’s unrealistic.”*

*“Geographically speaking James Cook and Darlington is the preferred scenario looking at the map.”*

*“I also like the idea that you are more likely to see a surgical specialist as opposed to a general surgeon – I would much rather see an expert.”*

*“Don’t much like the idea of scenario 3. It doesn’t serve the whole of the region and would put too much pressure on one hospital. Would be worried if this came in.”*

**Other Themes for Q3 (46.3% of all responses)**

Communication - Education/Information	7.6
Finance	5.6
Criticism - event	4.5
Access - GP/Primary Care/Beds	4.1
Keep Local Hospital	3.4
Social Care Integ	1.9
Care package/discharge/carers	1.5
Urgent/Emergency Care	1.5
Training/Support	1.3
Technology	1.1
NHS111	0.7
A&E	0.7
Self care - Prevention	0.7
Mental Health	0.6
Volunteers	0.2
Pharmacy	0.2
Other	10.7
	100

- The need to communicate the scenario changes, to educate patients and to share service and patient information seen as important
- Concern around financing the new scenarios was raised
- Remaining themes include the low turnout, access to primary care services, calls to save a local hospital, social care integration, the discharge process and the impact of the scenarios; impact on A&E.

### 3.4 Conclusion

Phase 4 asked attendees to discuss what factors were most important around Care out of Hospital and to look closely at the Care out of Hospital model of Care. The most common comments were around the importance of clear communication to the general public about the changes, where services can be found and to make assurances that ensure confidence in the new proposals.

The discharge process raised many comments - including improving preparation, sharing of information and closer integration with social services (particularly for vulnerable patients – elderly, young mental health).

Comments were raised around ensuring there was an adequately resourced (and trained and supported) workforce to deliver the selected scenario and this was often linked closely to comments around access and continuity of care.

Phase 4 also asked attendees to discuss headline scenarios and to consider alternatives. Most comments by attendees who were responding to the detail of the scenarios were around travel and transport, queried scenario impacts on particular services or sites and questioned whether the resource and workforce was available to deliver.

The BHP team has learned from the phase 4 engagement that its programme needs to be widely known and understood in order to gain public support and that the concepts of specialisation, care out of hospital and the potential need for patients to travel further for better outcomes is gaining some support amongst attendees in face-to-face events. It is important to recognise that these attendees may not represent the general public's view or indeed level of interest in any future consultation.

The comments in phase 4 refines the key themes identified earlier in this engagement process and offers further evidence of the public's views and priorities with which the BHP team can use in its communication and consultation stages.