Independent Analysis of the PHASE 3 Public Engagement Events (June to August 2016) for the Better Health Programme

Proportion Marketing August 2016

Contents

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1.0 Introduction

This BHP Phase 3 feedback analysis has drawn on the scribe notes from a stakeholder forum event (held in Newton Aycliffe on the 29th June 2016 - attendance 88) and 10 public engagement events (held between the 6th July and 3rd August 2016 - total attendance 223).

Ongoing engagement during this period also includes Joint OSC feedback and NHS staff engagement – feedback from this engagement will be reported in phase 4. Polls on social media were also conducted during this period.

The stakeholder event presentation separately described possible scenarios, but all attendees were asked the following questions to prompt a dialogue:

Will possible solutions…

Achieve more of the 700 quality standards?
Improve results for patients, e.g. Survival from illnesses, reduce complications?
Improve staffing, recruitment and retention, reduce locums?
Minimise impact on access by car, public transport or ambulance?
Reduce waits and delays, e.g. A&E, discharge?
Be within existing resources and facilities?
Support research to improve care?

These were followed by:

Are these the right questions?
Any other questions you would ask?

Feedback was recorded by scribes at each table and has been independently analysed by Proportion Marketing Limited for this report. Not all attendees completed the 1-7 ranking (either completed partially or not at all) but enough did to present a robust list of priorities.

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.

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2.0 Executive summary

The Phase 3 engagement events proved successful in highlighting a number of issues that the Better Health Programme should feed into its processes.

2.1 Stakeholder Forum feedback prompted by the following questions

The attendees at the Stakeholder Forum event expressed a clear message that possible solutions need to improve results for patients, improve staffing, recruitment and retention and achieve more of the 700 quality standards. The seven key questions were ranked as follows:

Will possible solutions…

Achieve more of the 700 quality standards? (Rank = 3)
Improve results for patients, e.g. Survival from illnesses, reduce complications? (Rank = 1)
Improve staffing, recruitment and retention, reduce locums? (Rank = 2)
Minimise impact on access by car, public transport or ambulance? (Rank = 4)
Reduce waits and delays, e.g. A&E, discharge? (Rank = 5)
Be within existing resources and facilities? (Rank = 6)
Support research to improve care? (Rank = 7)

2.1.1 Themes raised during these questions

- Improve communication between hospital, services, patients and carers (including shared info and use of IT)
- Reassurance to population that proposals will improve outcomes, hospitals won't close and that mental health and social care needs are addressed
- Travel times need to be addressed (particularly from the west of the BHP Patch)
- Staff and resource shortages - will the new system cope? GP overworking/poor access - will primary care model fit? Role of ambulances and NHS111.
- Model must be patient-centric
- Prevention, patient education
- There was a strong and consistent criticism that a lack of detail prevented many attendees from commenting on the BHP model or any of the seven key questions

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2.1.2 Scenarios feedback

Overall agreement with rationale, however, attendees felt more detail was required before they could comment on specific scenarios - more info on hospital use, population, workforce, travel, scenarios, service location, definition of emergency, trauma, and urgent care.

2.1.3 Other comments on the scenarios proposed

- Convincing public will be a challenge.
- Convince the public that going to a specialist centre (possibly further away) will result in better outcomes - evidence based, where has this worked elsewhere?
- Need to address the A&E protests in Darlington
- Can the new model be staffed properly

2.2 Public engagement feedback prompted by the following questions

The attendees at the Public Engagement events expressed a clear message that possible solutions need to improve results for patients, improve staffing, recruitment and retention and minimise the impact on access by car, public transport or ambulance. The seven key questions were ranked as follows:

Will possible solutions…

Achieve more of the 700 quality standards? (Rank = 6)
Improve results for patients, e.g. Survival from illnesses, reduce complications? (Rank = 1)
Improve staffing, recruitment and retention, reduce locums? (Rank = 2)
Minimise impact on access by car, public transport or ambulance? (Rank = 3)
Reduce waits and delays, e.g. A&E, discharge? (Rank = 4)
Be within existing resources and facilities? (Rank = 5)
Support research to improve care? (Rank = 7)

Figure 1 ranks the seven key questions raised in Phase 3 from all attendees and respondents from the Stakeholder Forum and the 10 public events.

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Figure 1 - Seven Key Questions ranked by stakeholder and public attendees

31 tables in total took part in the ranking process. Of those '**Improve the results for patients**' was considered the most important, with 65% of tables ranking this first and 19% ranking this second.

'**Improve staffing, recruitment and retention, reduce locums**' was considered the second most important, with 35% of tables ranking this first and 32% ranking this second.

'**Minimise impact on access by car, public transport or ambulance**' was considered the third most important, with 10% of tables ranking this first and 23% ranking this second.

'**Reduce waits and delays**' was considered the fourth most important, with 10% of tables ranking this first and 10% ranking this second.

Less important to attendees seemed to be '**within existing resources and facilities**' (6% of tables ranking this first and 3% ranking this second), '**achieve more of the 700 quality standards**' (6% of tables ranking this first and 10% ranking this second) and '**support research to improve care**' (no tables ranking this first or second).

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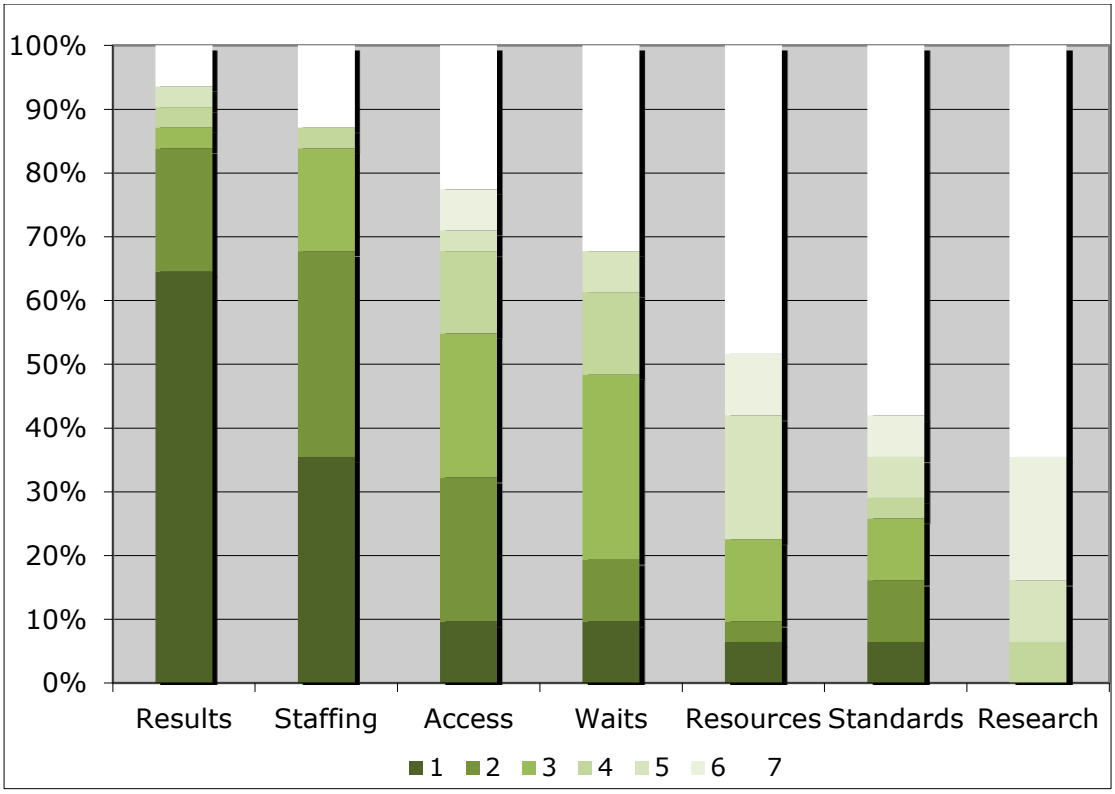
3.0 Main Findings

Figure 1 - Seven Key Questions ranked by stakeholder and public attendees



Improve results for patients, e.g. Survival from illnesses, reduce complications?

31 tables in total took part in the ranking process. Of those 'Improve the results for patients' was considered the most important, with 65% of tables ranking this first and 19% ranking this second.

There was some agreement that things need to be done differently in the future - including patient behaviour, collaboration and networking amongst healthcare professionals and an acceptance that longer travel may lead to better patient outcomes.

Themes raised in phase 1 and Phase 2 were repeated here including public education and the communication challenge (right services in the right location, appropriate use of A&E, self-care, aftercare), sharing universal IT, systems and patient data software and more integration between social care and healthcare providers delivering joined up services, co-ordinated multiple appointments and a patient-centric approach.

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Similar concerns were also raised in phase 3 regarding the perceived lack of qualified staff in NHS111, some stating that improved funding is essential for change and the impact on rural travel times from any changes to the current provision.

There were some who stated the difficulty in ranking inter-connected goals, a few who made the suggestion to penalise Did Not Attends (DNAs) and a comment that the focus of the presentation was acute only and that the thinking should have been broader.

Improve staffing, recruitment and retention, reduce locums?

'Improve staffing, recruitment and retention, reduce locums' was considered the second most important, with 35% of tables ranking this first and 32% ranking this second.

There was a common perception that there is a shortage of key staff, specialists, doctors and nurses and that bigger numbers, better communication, training and improved morale were all essential to ensure successful changes to services. The shortage of staff was recognised a patchy throughout the BHP area.

A lack of appeal to personnel was acknowledged, this being put down to the relative small size of some of the (non-specialised) hospitals in the area and the region's historical recruitment difficulties.

Funding was thought a major constraint into resolving the staffing problems although some thought doing things differently and more efficiently, as the BHP programme promises, may relieve some pressure on numbers.

The challenges to improving staff were identified as poor historic recruitment, disempowered staff and seemingly growing demands on a diminishing cohort. The removal of student nurse bursaries was seen as a barrier to recruitment and retention was seen as made more difficult as alternatives appear increasingly more attractive. Childcare offers and addressing staff concerns were seen as essential to maintain retention rates. Some mentioned that a potential loss of A&E services would have a significant impact on recruitment and retention.

Some proposals from attendees suggested greater roles for pharmacy, centralising voluntary services and locating more health services outside of hospital e.g. GP surgeries within the community. The need to retrain staff to support more specialised services was recognised.

Another proposal was to contract out specialist drug and alcohol teams to relieve A&E from being the front line for these queries. Calls for Mental Health crises teams were also made.

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There were some comments on the lack of detail about how the BHP proposals affected staff numbers and their allocation.

Minimise impact on access by car, public transport or ambulance?

'Minimise impact on access by car, public transport or ambulance' was considered the third most important, with 10% of tables ranking this first and 23% ranking this second.

Travel was seen as one of the most important aspects of the proposals – in particular for those residents in rural or isolated areas and for patients using A&E or maternity services. Even for more routine services, public transport was seen as inadequate for many areas within the BHP patch. It was acknowledged that transport is a constant worry for some, especially if proposals for change are raised. Private transport or ambulance transport was also considered inadequate if a specialist hospital was required.

The impact of the BHP proposals on ambulance response times is a major focus of the attendees' comments. A new look at ambulance times for GP surgeries was called for as it was felt GP surgeries were given a lower priority than house calls. Strategies were called for to ensure equitable access to ambulance/patient transport services across the patch.

Proposals to improve access included each patient having an up-to-date travel plan before discharge, helicopter access for rural DDES areas, the role of technology for remote areas, and consultants taking patient travel into consideration when planning diagnostic tests and results.

It was recognised that convincing people to potentially travel further for specialised (or more active centres) for better outcomes is a challenge but one worth pursuing. It was also recognised the using local GPs, Pharmacist and community settings for more services would actually reduce the burden of transport in the first place. The costs of transport (and parking) was raised, as were vulnerable groups and the greater impact they would feel from potential proposals.

Attendees demanded the utmost consideration for transport, that the distinction between travel time (and not miles) was made and that the BHP programme needed to address some historic rural transport issues as part of its remit.

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Reduce waits and delays, e.g. A&E, discharge?

'Reduce waits and delays' was considered the fourth most important, with 10% of tables ranking this first and 10% ranking this second.

Attendees gave a wide ranging series of comments about waits and delays, covering topics raise elsewhere in this report. Attendees noted that improvements to all aspects raised in the seven questions of the presentation would work together to reduce waits and delays. Prevention, appropriate use of A&E, use of community settings for routine services, joined up strategies between consultants, collaboration, shared IT and universal patient records, patient-centric plans, more and better staff and improved funding were all cited as methods to improve waiting times and reduce delays.

Discharge arrangements (and the increased complexity of elderly, multiple needs patients) was a primary concern and is a key theme linking social care integration (a common theme raised in phases 1 and 2 also).

GP access (and restrictions to single matter consultations) and medication from pharmacy were seen as barriers to reducing waits and delays, block appointments were not seen as the answer and centralising elective surgery was seen as a fundamental necessity in avoiding cancellations.

Be within existing resources and facilities?

Less important to attendees seemed to be 'within existing resources and facilities' (6% of tables ranking this first and 3% ranking this second).

Despite its relatively low ranking, many passionate comments were made around the pressures on the current NHS system, the staff and individual hospitals. It was recognised that universal funding increases were not an option but that the same money spent differently in a different system could be just as effective.

There were suggestions that funding could be released into community settings that would otherwise have gone into supporting more A&E departments rather than fewer centralised departments. The BHP proposal threw up many comments about efficiencies of estate management, views on specific hospitals and services lacking people, funding and facilities and that PFI was too expensive an option.

Questions were raised about individual hospital capacities to handle the additional burden that would come with centralisation, many questioned which hospitals would form part of the

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BHP proposals and there was a strong and consistent thread that there had to be enough (trained) staff to cope with the extra demand. This theme also raised criticism about a lack of associated detail and the difficulty in judging this as a criterion without the necessary facts and figures.

Again, other themes mentioned elsewhere were considered to have a positive effect of resources and facilities – prevention, patient education, communication, collaboration, the voluntary sector and shared IT services were all though could play a part in increasing efficiency without reducing effectiveness. There is a perception from some attendees that there remains a lot of waste in the system despite recent years of efficiency drives and that only a new way of doing things would deliver. Better systems, better staff, better communication would all contribute.

Some attendees questioned the future of particular hospitals or services, there were doubts that reduced funding would lead to anything other than reduced services and concerns about how BHP funding would be allocated.

Achieve more of the 700 quality standards?

Also low in attendees priorities was 'achieve more of the 700 quality standards' (6% of tables ranking this first and 10% ranking this second).

Few attendees felt in a position to answer this question comprehensively. Many commented that they did not know what the standards were; that they needed to be reduced down to a digestible number and that the public would not relate to any narrative around internal standards.

Some attendees pointed out that all the questions were interconnected and therefore ranking the standards as a separate entity to the others was inappropriate. Others did not strongly link standards to outcomes and performance and suggested it was a tick-box exercise. Many requests were made around the details of the standards that the presentation indicated were not being met.

Of those that seemed to acknowledge the value of achieving standards there were questions around why 200 were not being met – were they unattainable, is it a lack of resource, should we be chasing all standards or selecting those most closely related to patient outcomes?

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Support research to improve care?

Lowest in attendees rankings was 'support research to improve care' (no tables ranking this first or second).

Few attendees made the link between research and the short term goals of the BHP programme. There was a perception that funding was an issue, and that only larger private companies had significant budgets and that Brexit would have an adverse effect on EU funding.

There were few comments that suggested research was a pressing issue for the BHP programme as far as patient need was concerned. In fact, it seems little is known about research judging from the few comments raised by attendees – reflected in its lowly ranking and very small number of associated comments.

3.1 Other comments

Any other questions you would ask?

Invariably in events were there are a fixed set of questions there are plenty of comments that do not easily fall into the set categories. Comments raised here are often a chance for attendees to reveal their dominant healthcare service concerns, many not necessarily covered by the main themes. Hundreds of individual and separate comments were made here that were not part of a theme.

Many comments here do reiterate the main points made against each of the seven questions set. The 'other' category here is a list of the new subjects raised by this question and also the new subjects raised in queries, comment cards and emails not recorded by the scribes in the 11 events.

Respondents requests for further detail was prominent in this section. Many felt that they could not rank or even comment on the BHP programme without a scenario or level of detail that could draw direct comparison with the current service offer. Lack of detail included scenarios, financial information, travel data, patient numbers, performance data as well as definitions and compelling evidence to back up assumptions. This lead to some mistrust of the presentation and the team behind it.

Mental Health issues were often raised, reflecting its position as a public concern from phases 1 and 2 of the engagement process. There is a recurring theme that mental health is

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a central and growing matter of importance amongst event attendees and that increased access, funding, prominence, consideration and resources would be welcomed by most.

Other concerns such as primary care issues were regularly raised. There were conflicting positions from many attendees – some saying minimise the impact of change and other suggesting the fundamental generalist/specialist mix needs overhauling.

Other comments reflected the concern that the focus of BHP was 'acute healthcare' as opposed to primary and social care. This will be a focus in Phase 4 of engagement. Calls were made to ensure the public fully understood the implication of the BHP programme and what is expected of the public come consultation and potentially service reconfiguration.

There were calls to validate the BHP model, to show where other similar plans exist elsewhere, and also many individual comments of support on the presentation, the quality of the format and discussions and in particular the honesty and approachability of key staff at the events.

3.2 Conclusion

Phase 3 asked attendees to rank the issues most important to them. Despite criticism that there was a lack of detail to do so, many did so and returned a compelling list of priorities.

The two leading issues – improving patient results and improving staffing seemed strongly interconnected and returned the vast majority of the highest rankings. The two leading questions that the BHP team can draw for phase 3 engagement about its programme are about quality 'will it be better for the patient?' and quantity 'do we have the staff to deliver it?'

The comments in phase 3 reinforce 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.

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