



IMPROVING 7-DAY ACCESS PUBLIC CONSULTATION

On behalf of Durham Dales,
Easington and Sedgefield Clinical
Commissioning Group



Groundwork NE & Cumbria

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1. Introduction

In spring 2016, the Durham Dales, Easington and Sedgefield CCG undertook a public consultation about urgent care services. During that consultation, the public and clinicians were asked to where they felt primary care services that provide additional evening and weekend appointments should be located. Nine hubs (practices working together) across the DDES area were chosen as the preferred option by the public.

Following implementation and review it has been highlighted by the DDES CCG that these hubs were valued but some were significantly underused. This underuse has led to issues around overcapacity across all sites (too many staff for too few appointments), staff retention across services (difficulty recruiting and keeping staff), and poor value for money.

The public consultation is about the proposals to address these issues and to improve 7-day access to primary care in the Durham Dales, Easington and Sedgefield.

Groundwork NE & Cumbria has been asked to support a two way dialogue to inform people of the proposed changes but also listen to concerns and issues from people on these proposed changes. The engagement aims to help the CCG to understand

- Any barriers or cultural issues that people may experience with the planned changes
- What impact the changes could have on local people and any perceived negative impacts can be mitigated.
- If there are any issues or concerns that need to be taken into account from a patient perspective.

Within the engagement we will be required to include in engagement activity where possible, individuals from groups with protected characteristics defined by the Equality Act 2010.

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Groundwork's objectives are;

- To effectively engage the local population on the proposals to change 7 day access to Primary Care Services across Durham Dales, Easington and Sedgefield.
- To facilitate 4 discussions with targeted groups, engaging a minimum of 20 participants.
- To collate, analyse and report feedback to enable the CCG to understand any concerns or issues from local people regarding the proposed changes to primary care services.

2. Approach to Community Engagement

Groundwork NE & Cumbria were approached to undertake this work due to successfully managing community-led environmental projects for 30 years in the North East. Groundwork NE & Cumbria is a regional wide organisation committed to local delivery. We take our ability to be in touch with local communities to be our top priority and we pride ourselves on delivering projects in partnership with others. We have an experienced team of dedicated staff and proven track record in the delivery of high quality community-led programmes across the region.

Community engagement is an area that we have vast experience in; adapting the techniques used to each project to ensure the relevant stakeholders are involved and the correct information is gleaned from the process. The aim is to ensure the communities' opinions are captured, to provide information that can be used by the client. We find that a "bottom up", community driven approach results in more sustainable projects as they are truly supported by the community.

Groundwork proposed to engage communities with protected characteristics across the Durham Dales area through facilitated conversations. Facilitated conversations entail a Groundwork staff member attending a pre-existing group to engage the public in the consultation. The group receive an introduction including a video animation, which is then followed by a group discussion where the facilitator can scribe the conversation and take participants feedback and queries on board. Participants are encouraged to also fill out public consultation questionnaire, which Groundwork can then send directly to the CCG, however some participants opted to take this away with them to fill in after further thoughts.

3. Engagement process

In the Stakeholder mapping exercise we identified 17 groups, all groups were contacted and advised of opportunity to engage through this process as well as the wider consultation being delivered by the CCG.

We engaged 27 participants over a four week listening period between November and December.

The brief requested that we sought the opinions of the wider public as well as targeting the opinions of the people with protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief

- Sex
- Sexual orientation

With these points in mind, we also undertook a stakeholder mapping exercise across Durham Dales which assisted in prioritising which groups to engage with. Using our existing networks and contacts we targeted particular groups, to engage in the process. Where possible, we tried to re-engage with any groups involved in the earlier consultations. Overall, we engaged 5 groups in the consultation through facilitated conversations;

1. Games for the Brain Alzheimer’s Society
2. Weardale Carers
3. Barnard Castle Parents group
4. Human Kind, Drug and Alcohol support group
5. Middleton in Teesdale Parent and Baby group

In appendix 2 there is a complete list of all the groups and organisations that Groundwork have contacted in the process. If facilitated conversations were not appropriate, Groundwork signposted the key contact to the CCG hosted events, and online information, and encouraged them to share this information with their networks.

6. Demographics of those engaged

Via the questionnaires, we were able to collect demographic data from respondents (completion during the facilitated conversation was optional which is the reason why the total number engaged is higher than the number of completed forms). Some participants felt they wanted to take the document home following the discussion and think further before submitting. Collation and presentation of the demographic breakdown, shows the range and spread of participants that we were able to engage through the process.

Through the process we engaged 27 participants; 21 females and 6 males;

- Games for the Brain Alzheimer’s Society - 2 female, 2 male
- Weardale Carers - 7 female, 1 male
- Barnard Castle Parents group – 3 female, 1 male
- Human Kind, Drug and Alcohol support group - 3 female, 2 male
- Middleton in Teesdale Parent and Baby group - 6 female, 0 male

Further demographic information was collected via questionnaires produced by the CCG. 8 of these were completed on the day and returned to Groundwork who forwarded them to the specified address. The demographic breakdown of the 8 responses included;

- Disability; 3 of those participants who filled in the surveys, considered themselves to have a disability.
- Age; of those participants who filled in the surveys, it's been highlight that we have engaged people aged between 39 and 82.
- Pregnancy; of those participants who filled in the surveys, none had highlighted that they were pregnant. Please note the participants who took part in the Parent and Baby groups, chose to take their surveys home therefore we were unable to get any demographic information on these groups.
- Ethnicity; 6 of those participants who filled in the surveys stated they were White, British and 1 participant opted not to say.
- Sexuality; 6 of those participants who filled in the surveys stated they were heterosexual/straight and 1 participant stated they were Gay/Lesbian.

19 participants chose to take these questionnaires away with them, to consider their responses after reflecting on the conversations. We therefore do not have the same demographic breakdown for these participants.

7. Key themes through conversations

A collation of all the notes and statements made in each individual facilitated conversation has been included in appendix 1. The points documented are the opinions of, and information given by, the participants during the listening period.

Some key themes which were highlighted through the conversations include;

Rural Isolation

- It was indicated in all 5 facilitated conversations that the biggest impact, they felt, was **the 'hit' to** those residents who live rurally across the dales. The participants explained that a lot of the outlying villages can often only have **1 bus per day** which does not provide them with many options for getting to Bishop Auckland on an evening or weekend.
- *"It has not been factored in how long the **travel is from villages across the dales to Bishop or Darlington**"* – Participant from the Barnard Castle Dementia group.
- Participants requested if there were any **bus services that** can be implemented to take people directly to the hospital, safely, especially those who may have no family or friends. One participant in the Barnard Castle group explained that they felt lucky as they had transport but also that if they didn't, they have family they could call – It was indicated that this is not the case for everyone.
- Participants discussed the larger impact of **potential bad weather**; this would cause further difficulties for people getting out of their villages/farms to Bishop Auckland for urgent care services they may need.
- **Home visits** were viewed as an important aspect of the offer to those from the rural communities; however participants had reservations and further questions around eligibility and other criteria to

access this service. Those who lived in Bishop Auckland felt that home visits were not as relevant however stated they felt this service would support those rural and elderly communities.

Summary

It was clear through the conversations that the proposals were concerning to anyone living in a rural community who considered themselves to be 'rurally isolated'. Often, in these rural areas, it was highlighted to be the more elderly communities who are often those who have lack of transport and need the care and support.

Transport

- Participants felt that the access to the proposed services would be impacted due to the limitations of the current **public transport system, particularly** the bus services. It was noted by 1 participant that the buses to and from villages generally stop at 8pm, therefore making later appointments inaccessible to some. Another participant noted that in Tow Law they have one bus per day to and from Bishop Auckland, which therefore substantially impacts the accessibility of appointments at the hubs for people who rely on public transport.
- Concerns were raised that the most vulnerable in rural communities (elderly, frail) who generally have less access to **private transport or disposable income for taxi services**, would be amongst those most affected by the changes. More support for this group would be required to ensure a fair service for all.
- Participants felt that there should be **additional transport service** that people can access directly to the Bishop Auckland Hospital, however they conceded that this may be difficult to administer logistically due potential short notice of same day appointments.
- Additional concern were raised around the **financial impact that additional travel** can have i.e. Petrol costs, parking costs, and higher bus / taxi fares in order to get to hubs further away.
- Other **negative impacts of increased travel** were also highlighted, i.e. the stress and anxiety associated with transporting an un-well child, or relative (who may have additional conditions like dementia or autism) further distances.

Summary

Key concerns from conversations were issues around distance of the hubs from some communities and associated issues with transport to these hubs, resulting in some not having fair access to the proposed service. People generally feel that the bus services, especially in the rural communities, were not adequate to allow people to access the additional, out of traditional hours appointments (evenings and weekend).

Communication barriers

- There was a lack of **knowledge around the current services** in place, as well as a lack of **awareness of the current consultation** exercise. People felt that they hadn't seen the wider consultation advertised.

- Participants felt the public would benefit from more **extensive publicity** around the services on offer.
- Both groups in Barnard Castle were **unaware of the current hub in Barnard Castle** and explained they were never offered to go here when calling. One participant explained that even for minor ailments such as tonsillitis, they were sent to Bishop Auckland.
- Participants also explained the **lack of publicity around pharmacies** i.e. locations and opening times. Participants explained that they would use the pharmacies for advice but have often made their way to a local pharmacy and it has not been open.
- Two of the groups indicated that they **didn't feel there was enough communication around the consultation or enough time for people to engage**. Participants explained they would have encouraged engagement from other family members, or attended events if the timescales were more accommodating. They said they were unaware of the consultation prior to being involved in our session.

Summary

Participants felt a lack of knowledge of current service model, in general but specifically in Barnard Castle and a lack of communication around the current consultation exercise.

NHS 111 helpline barriers

- It was highlighted through conversations that there are **negative perceptions** around the 111 service which has often stopped people using it when they could have.
- Participants explained there is often **confusion over 111** and 999, this generally come from the more elderly groups we spoke with.
- Participants who have experienced the **111 service recently were dissatisfied** that they were directed to Bishop Auckland for an appointment, but then got redirected signposted to Darlington, resulting in time and cost implications as well as additional stress.
- Participants perceived that there is a **lack of local knowledge of 111 call handlers**, resulting in a lack of understanding about the logistical implication of some venues. Participants felt they were not sent to locations that were convenient due to a lack of understanding about the local constraints (geography / transport issues)
- 2 participants **refused to use the 111 service**, as they felt the use of the service resulted in them feeling stressed, and had a lack of confidence in the service.
- Participants felt that **111 didn't refer to the service at Stanhope**, which gave way to a wider discussion about the lack of knowledge of the services available at this location, and the perceived poor communication of the services.
- Participants felt a sense of **confusion over the phone system and** all of the services that are available. It was noted that people would feel better having another direct line they can contact which links to the hubs to avoid confusion.

Summary

Generally, we found that during the conversations participants highlighted a set stigma around the 111 service and what it can offer. Participants didn't feel confident that the team on the 111 service would direct them to the right place and therefore people opted not to use it. Participants highlighted confusion around all of the services available and how they link, although the 111 service works to link all services, if the stigma continues it may not be used to its best potential.

Concerns specific to protected characteristics

- It was highlighted through the Games for the Brain Dementia group that there would be **concerns around home visits** for those living with dementia. Carers felt that unfamiliar people in their home can be very confusing and distressing. Carers queried whether home visits could be done with a doctor that their loved ones know from their local practice.
- Parents and carers from the support groups engaged felt that for children with disabilities and sensory conditions, they may find the process of a **potential longer distance in the car really distressing**. They also feel that unfamiliar surroundings to other practices may also be distressing.
- Carers felt that **more information was needed for them**, to support them with their caring duties in the best way they can, this included information on various practices and opening times, to work out which is best for their loved ones.
- Participants with COPD (or family members with COPD) discussed changes to the administration of medication for this condition, and the move away from being administrable at home (new geode lines won't allow this), raising concerns about the **logistics around how to get access to the medication** they need.

Any other important information

- Overall people felt that they **didn't have much time to get involved in the conversations**; some wanted to spread the word with family and potentially attend events.
- Feedback forms show that **people were generally happy with the facilitated conversation** and animations provided at the groups as they were rated excellent or good. Participants commented that they found it useful as they didn't know anything about it prior to someone from Groundwork attending the groups.
- Participants explained they **did not have any confidence in the potential home system** overall as they weren't sure how the process would work, what the criteria would be and if doctors would come out.
- Participants were concerned that by **centralising** all urgent care appointments to Bishop Auckland, that this would **mean less appointments overall**.

Contact Details

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Please note; the points documented are the opinions of, and information given by, the participants of the engagement exercise and do not reflect the opinions of Groundwork North East & Cumbria. Some information provided by the participants may also not be factually accurate but it reflects their understanding and experiences of the services.