

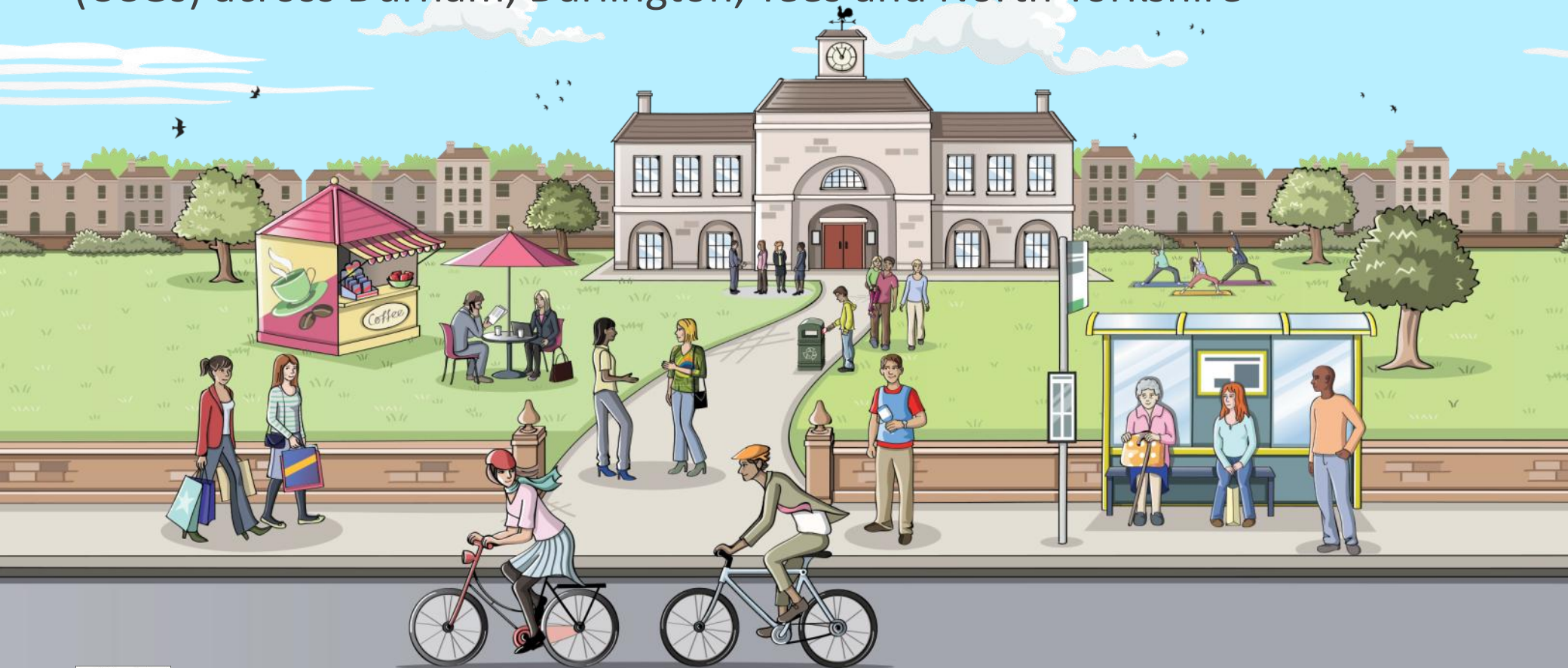
Securing Quality in Health Services

Findings from the public research



May 2015

Commissioned on behalf of The Clinical Commissioning Groups (CCGs) across Durham, Darlington, Tees and North Yorkshire



This work has been conducted in accordance with ISO 20252, the international standard for market and social research

About the research



The Clinical Commissioning Groups (CCGs) across Durham, Darlington, Tees and North Yorkshire are working with hospital trusts in their areas to improve standards of clinical care and increase seven day working. They are doing this at a time of increasing financial pressure in the NHS and shortages of some staff groups. This programme of work is called “Securing Quality in Health Services.”



The service areas covered in this work are acute services i.e. not planned care, and they include: A&E, acute medicine, acute surgery, critical care, maternity, children’s services, the care of very small or very sick babies and end of life care.

The CCGs commissioned this research because they are keen to understand what the public and service users value in the hospital services currently provided, how they can be improved and how the challenges faced by the NHS might be addressed. They also wanted to find out what people think about the balance that the commissioners and providers of services have to achieve between quality, access and affordability.



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Executive summary: **hospital service priorities**



What are the priorities among the local public with regard to hospital services both generally and with regard to the six specific clinical areas?

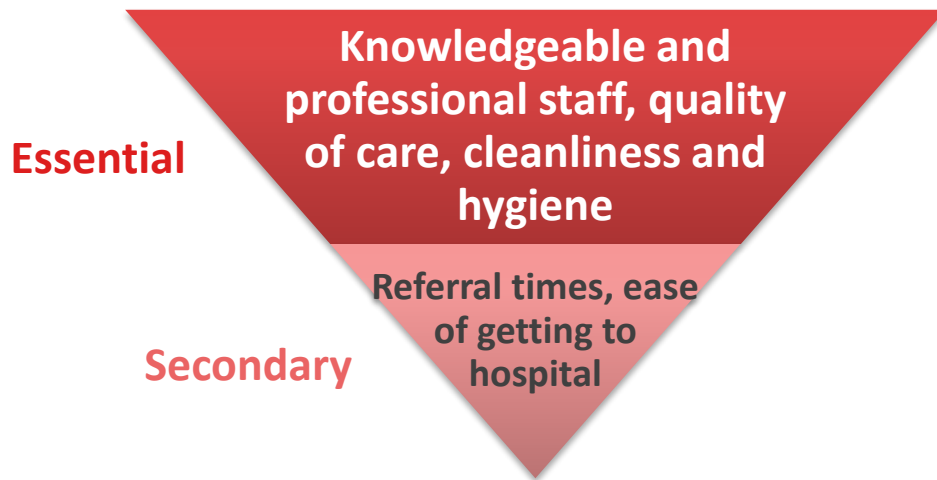
- Priorities among the local public with regard to hospital services are:
 -  Knowledgeable, professional staff
 -  Quality of care  Particularly effectiveness of treatment
 -  Cleanliness and hygiene
- With regards to the six specific clinical areas, residents find it **very difficult to prioritise**. In an ideal world residents would like all services available at their local hospital, however there is a general acceptance that sometimes there may be the need to travel for specialist care. If travelling further, residents expect a higher standard of care.
- Deciding between which of the six clinical services should be provided locally proved inconclusive.
- Most are willing to **travel for planned care** but would like **unplanned/emergency care close by**.
- Having **end of life care close by** is one of the services mentioned by most which should be available locally. However different services are seen to be important to be available locally to different people at different stages of their lives. For example, those starting a family would want a maternity unit close by.
- Having an **A&E department available** at all local hospitals is seen to be essential.

Executive summary: hospital services priorities among service users and non-users



What are the priorities among service users (i.e. patients)? How do the views of service users and non-users compare with regards to what they value from services?

- The top three priorities are broadly consistent across users of all services and non-users. They rate **knowledgeable and professional staff**, **overall quality of care** and **cleanliness and hygiene** in their top three. For some service users the order of the top three priorities vary slightly.
- **End of life care users** differ with regards to their third priority – which is **ease of getting to hospital**.
- The findings of the research suggest that people at different stages of their lives have different priorities from NHS services. For example, those of working age and with children tend to place more emphasis on time-related issues such as speed of referral.
- There are three essential aspects which users expect, while two are secondary.



Executive summary: **understanding quality, access & affordability**



Does the public understand the need to consider quality, access and affordability?

- Residents understand quality of care to be having **knowledgeable and professional staff, effective treatment** and a **clean** and **hygienic environment** in which they are treated
- Approaching three quarters of residents who rate quality of care in their top three priorities are **satisfied** with the quality of care provided at their local hospital. Nevertheless, there is still some room for improvement to increase satisfaction scores.
- Ease of access had varied meaning. Most understood it to be mostly focused on **parking issues** such as cost and availability. However others suggest ease of access could mean access to hospital services whether it be the availability of services or waiting times.
- The satisfaction score with ease of access is **average** with just over half of residents who rate it as a top three priority expressing satisfaction.
- **Three quarters of residents** recognise that the NHS and their local hospital services are under financial pressure. Residents have heard about this via local and national media.
- Spontaneous suggestions to **reduce spending** include:
 - Cutting back on non-essential treatments
 - Charging patients who miss appointments
 - Charging overseas patients for treatment
 - Greater use of technology which in turn would allow more time to be spent with patients rather than completing admin tasks and paperwork
- When prompted with a list of options, those taking part in the telephone survey were most likely to suggest that patients should be required to change their lifestyle before administering some treatments

Executive summary: **understanding the need for change**



Does the public understand the need for change within the NHS?

- Residents are aware of the need for change within the NHS. They understand that this is driven by a number of factors including financial pressures along with an ageing population and increasingly complex health requirements.
- Around **half** of residents suggest some **fundamental changes are needed** to make the NHS work better. Only a small minority feel there is so much wrong with the NHS that it needs to be completely rebuilt.
- Suggestions for change include:
 - Reducing wastage such as the admin and paperwork
 - Increasing the number of patient facing staff (and reducing the number of administrative staff)
 - Improving cleanliness
 - Improving communication between hospitals, GPs and patients
 - Improving after care services to reduce readmissions
 - Introducing charges for missed appointments
 - Charging patients from overseas for treatment
 - Addressing car parking issues such as availability and cost





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Research objectives



The CCGs required research to inform the planning of future services with regard to quality of health services provided by acute hospitals in County Durham, Darlington and Teesside.

- Research was required to inform priority setting and decision making in order to improve the quality of health services provided by acute hospitals in County Durham, Darlington and Teesside.
- **mruc** recommended a staged approach of telephone interviews with residents followed by focus groups and depth interviews to ensure learnings from stage one fed into the subsequent phase.



The research needed to address the following key questions:

- ◆ *What are the priorities among the local public with regard to hospital services both generally and with regard to the six specific clinical areas?*
- ◆ *What are the priorities among service users (i.e. patients)?*
- ◆ *How do the views of service users and non-users compare?*
- ◆ *Does the public understand the need to consider the balance between quality, access and affordability?*
- ◆ *Does the public understand the need for change within the NHS?*

Key to reading the report



Telephone survey findings



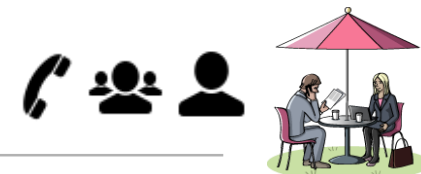
Focus group findings



Depth interview findings



Respondents who answered 'don't know' or declined to give an answer have been excluded from the charts. Percentages are rounded to the nearest whole number and, for this reason, may not total 100% in all cases. Comparisons between sub groups are commented on only where differences are statistically significant.



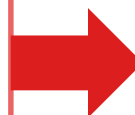
Stage 1 – quantitative research



1,000 telephone interviews with local residents

Interviews conducted during November and December 2014

Robust representative survey to understand views and priorities of local residents



Stage 2 – qualitative research



6 x focus groups with local residents

5 x face to face focus groups and 1 x online focus group conducted during March 2015

To gather more detailed feedback and understand reasons behind initial quantitative findings



4 x in-home interviews with those with a disability or long term illness

4 x face to face in-home interviews conducted during March 2015



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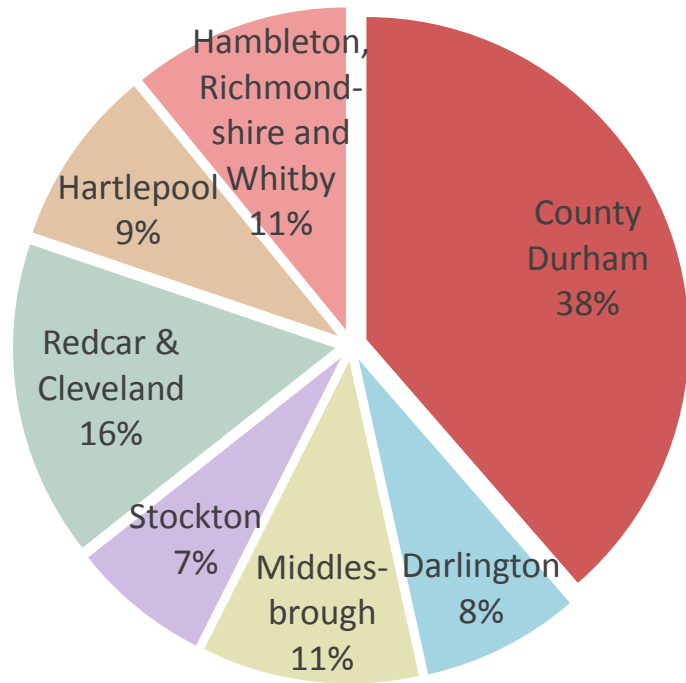
Appendix – depth interview discussion guide

Demographic profile of residents taking part in the telephone survey

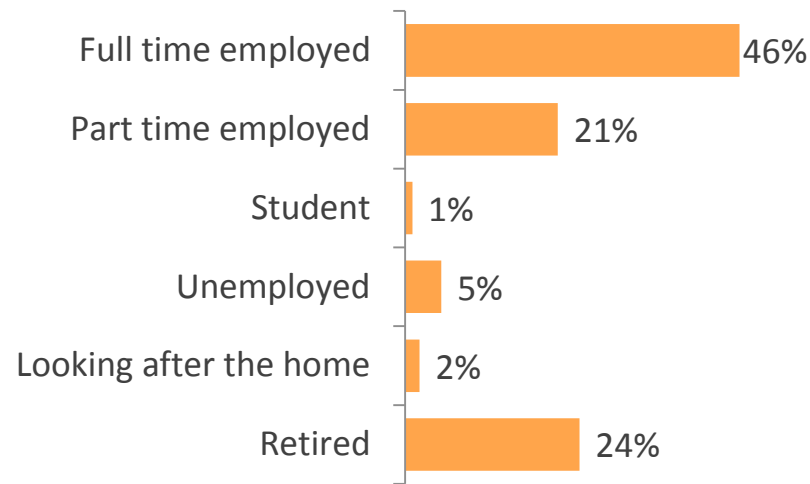


Quotas were set by location, age and gender to ensure a representative profile of the local population was interviewed.

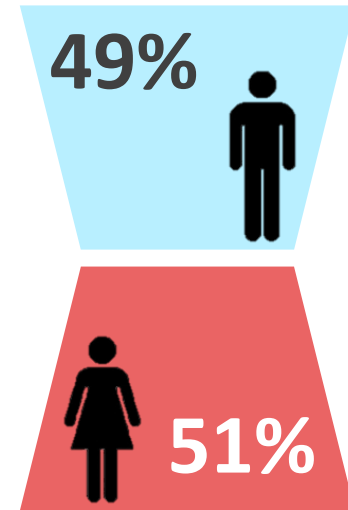
Location



Employment status



Gender



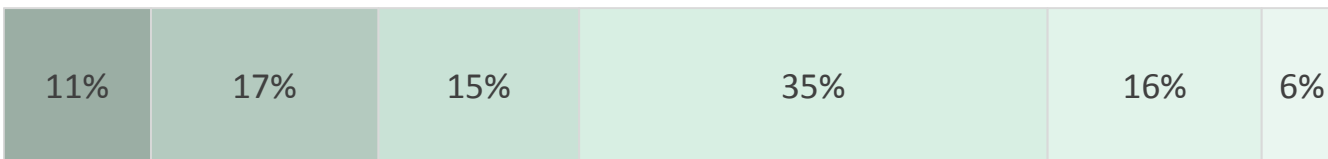
Children aged 16 or under

20%

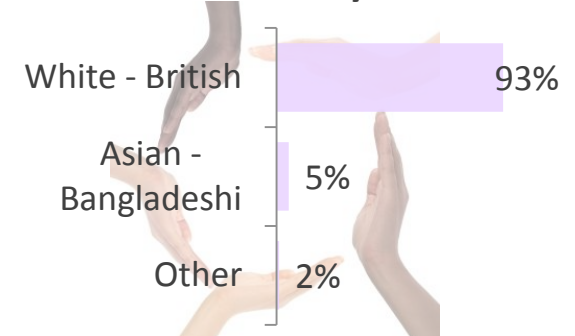


Age

16-24 25-35 36-49 50-64 65-74 75+



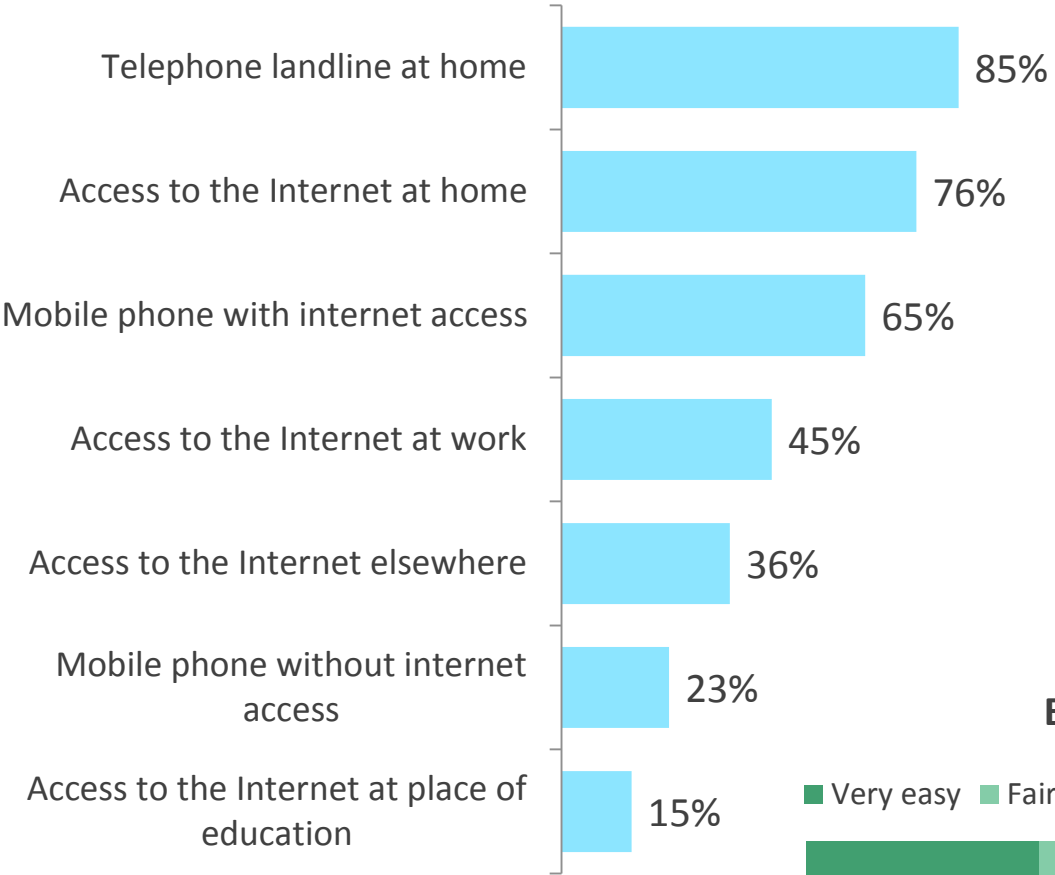
Ethnicity



Demographic profile continued...



Access to technology



Day-to-day activities limited

Yes, limited a lot	9%	*11%
Yes, limited a little	11%	*11%
No	80%	*78%

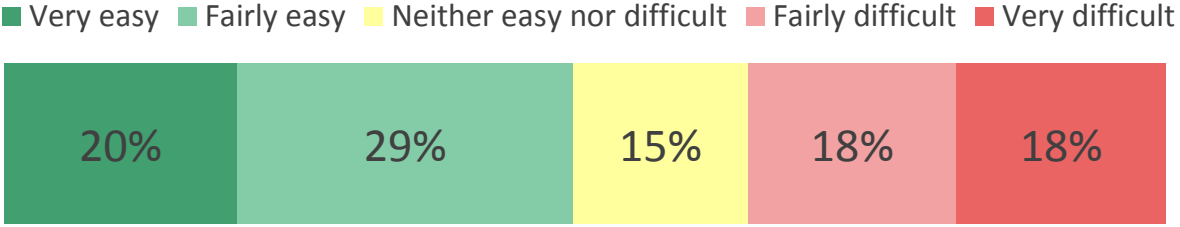


Personal access to a house vehicle

Access as a driver	74%
Access as a passenger	13%
No access	13% *29%



Ease of access to public transport for hospital



* 2011 Census figures for Co Durham, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton

Demographic profile of focus group and depth interview participants



Group	Location	Recruitment Criteria
Face to face	North Durham	<ul style="list-style-type: none"> At least 3 service users At least 3 residents who are satisfied with services At least 3 residents who are dissatisfied with services Good spread in terms of demographics (e.g. age, gender, employment status, children in household, car access)
Face to face	South Durham	
Face to face	Darlington	
Face to face	North Tees	
Face to face	South Tees	
Online	Spread across all areas	
4 x in-home interviews	Spread across all areas	<ul style="list-style-type: none"> Service users All with a disability or long term illness



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Importance of hospital services



Residents tend to rate all aspects of hospital services as important. Having knowledgeable and professional staff, helpful and friendly staff, cleanliness and hygiene and overall quality of care are the most important priorities.

Base			% important
965		Knowledgeable, professional staff	90%
968		Helpfulness and friendliness of staff	89%
969		Cleanliness and hygiene	88%
969		Overall quality of care	88%
953		Range of facilities available that meets your needs	81%
971		Ease of getting to hospital	70%
923		Referral time (from GP etc)	70%
936		Waiting times to be seen	65%

Regional differences



Residents in Hambleton, Richmondshire and Whitby are more likely to give the highest importance ratings for knowledgeable staff (98%), friendliness and helpfulness of staff (96%), quality of care (95%), referral times (79%) and waiting times (78%).

User and non-user differences



There are no significant differences between service users and non-users.

Other differences









Younger residents aged under 35 years are less likely to rate referral times as important (64%) when compared to older residents (73%). However younger residents are more likely than older residents to rate cleanliness and hygiene as important (92%).

Priorities from hospital services



When asked to prioritise the three most important factors, knowledgeable and professional staff, overall quality of care and cleanliness and hygiene are the most important priorities.

Residents were asked to pick which of the aspects of hospital services they would rank 1st, 2nd and 3rd

		Most important	Combined top 3 % important
	Knowledgeable, professional staff		53%
	Overall quality of care		52%
	Cleanliness and hygiene		48%

Regional differences

South Tees residents rate cleanliness and hygiene second (52%).

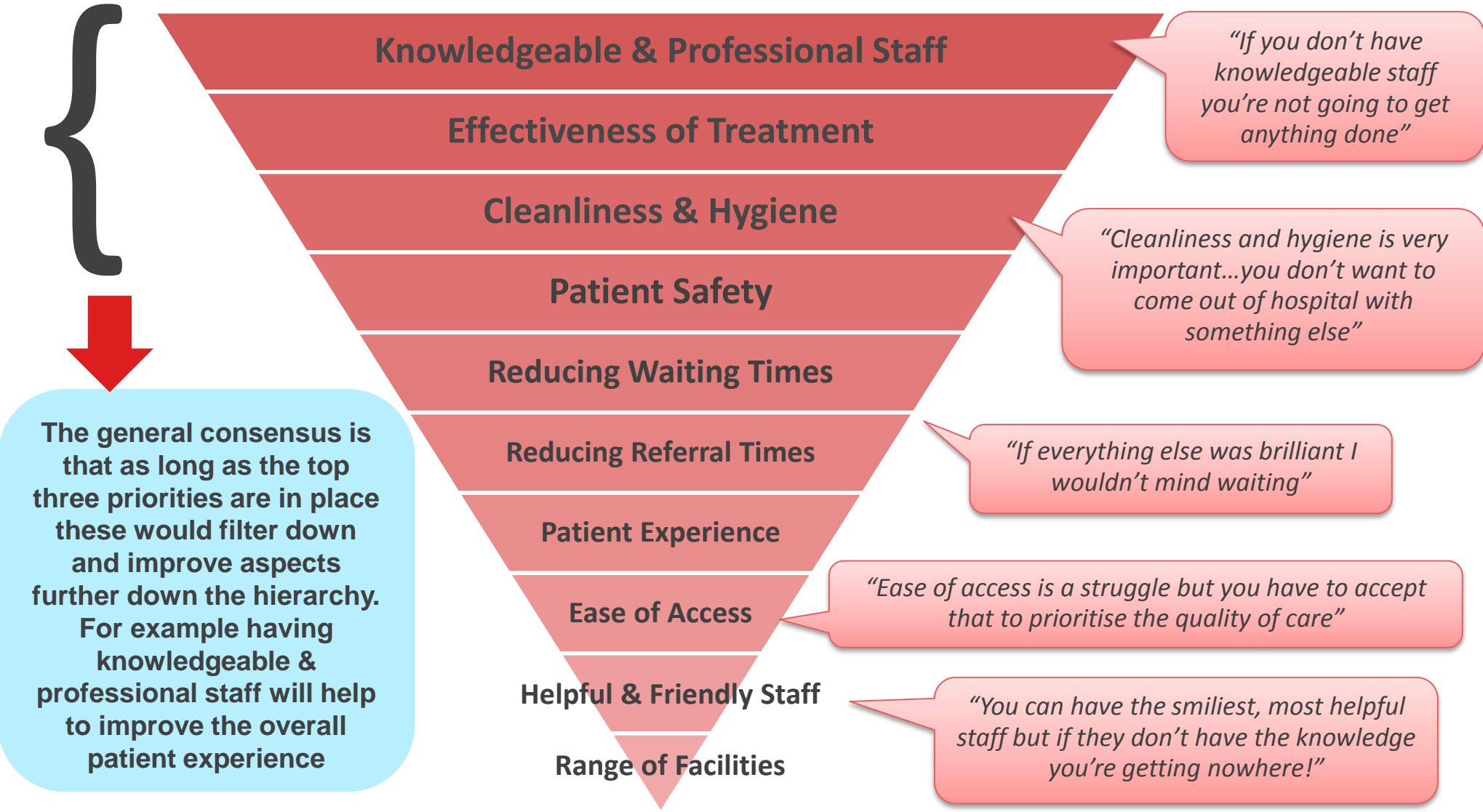
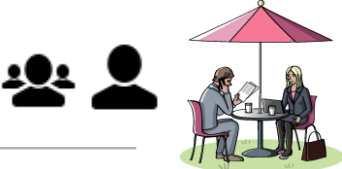
User and non-user differences

The top three priorities amongst service users are broadly consistent, however there is some variation in the order of the top three priorities. End of life care users differ as they rate ease of getting to the hospital as the third priority. Acute paediatrics, maternity or neonatology users rate referral time as third most important.

Other differences

Younger residents aged under 35 years rate cleanliness and hygiene as joint first with knowledgeable and professional staff when asked to prioritise services.

Priorities for improvement



Are there any other important factors? (unprompted)



Over three quarters of residents didn't mention any other important factors. Of those who did, other important factors include having a hospital close by, staff competence, range of departments available at local hospitals, treating patients with dignity and car parking costs.

"It's important that the staff empathise and realise that they're dealing with ill patients."

Staff competence

"I am a bit concerned that local hospitals are closing down and therefore travel increases making emergencies harder to deal with."

Quality of emergency care

Car parking costs

Quality of facilities

Hospital location

Staffing levels

Overcrowding

Aftercare

Quality of food

Quality of NHS generally

Treating patients with dignity

Range of departments available

Consistency between hospital departments

"Sometimes in our area we are referred to other hospitals, in other areas and it's hard to get to them as we don't have transport. The hospital doesn't provide us with transport and can't use the ambulance as we are mobile. Make referrals to local hospitals."

"Services in your local hospital, not having to go from one place to the other."

Quality of care of hospital services – what does it mean?



Quality of care is closely linked to having knowledgeable and professional staff, effective treatment and a clean and hygienic environment.

“A clean environment, good treatment and getting better...getting better is the most important thing”

“How they make you feel when you are there, how they deal with the problems you’ve got, how much they understand you as a person”

What does ‘quality of care’ mean?

“Reassurance”

“It is the treatment and the care afterwards in getting you back on your feet so you can go home quicker”

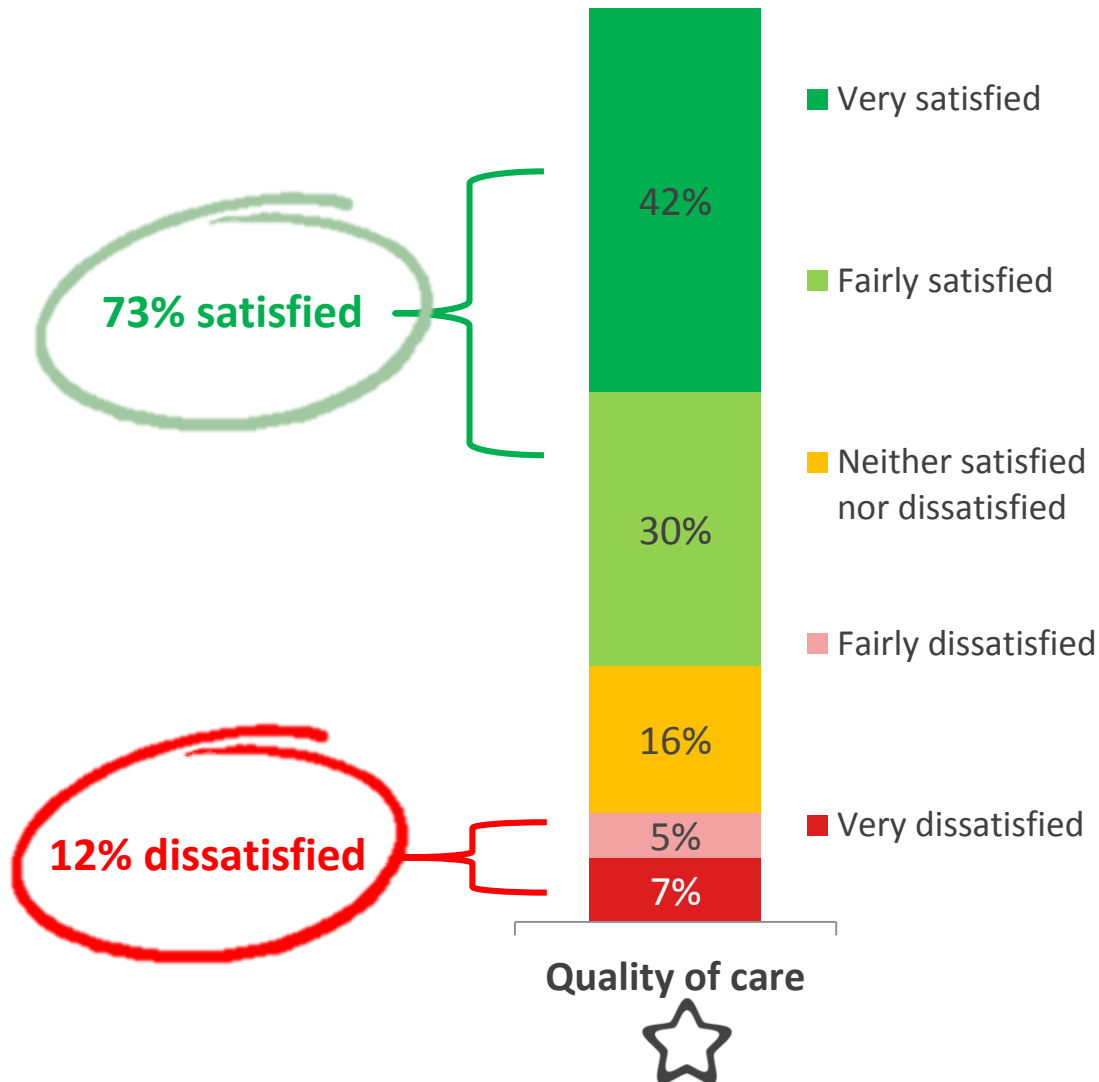
“Being in good hands”



Satisfaction with quality of care of hospital services



Amongst those who rate quality of care as one of the three most important factors, nearly three quarters are satisfied.



Regional differences



Residents in South Tees (83%) and Hambleton, Richmondshire and Whitby (81%) are more satisfied with quality of care than those in the North of Tees area (59%).

Other differences



Males are significantly more satisfied than females with regards to overall quality of care (77% and 69% respectively).

Dissatisfaction with quality of care



Reasons for dissatisfaction with quality of care are related to a lack of patient care and interest from staff.

"I was sitting touching distance from a dead man"

"With her ulcers, the consultant didn't look at her leg and he discharged her when she shouldn't have been"

"One person does all of the work while the others stand around and watch"

"I've seen them dump the food in front of old people when they can't even reach it"

"If her daughters hadn't gone in to feed her at every meal she would have passed away"

"There's people just walking past you and no-one is bothered. Even at A&E you say to people what should I do about this and they say 'oh we are so busy, we've got so many people in the room'"

"If you didn't have someone there to look after you, you'd have been left to rot"

Ease of access to hospital services – what does it mean?



The majority associate 'ease of access' with physical access to hospital services.

- Ease of access was mostly associated with parking issues – primarily cost, but also availability.
- Alternatively ease of access can also mean access to services more generally: both in terms of availability and also associated waiting times.

"Ease of access has got to mean car parking"

"Ease of getting to the hospital... both time to get there and how easy it is to find"

What does 'ease of access' mean?

"It could also mean accessibility of services e.g. access to a physiotherapist"

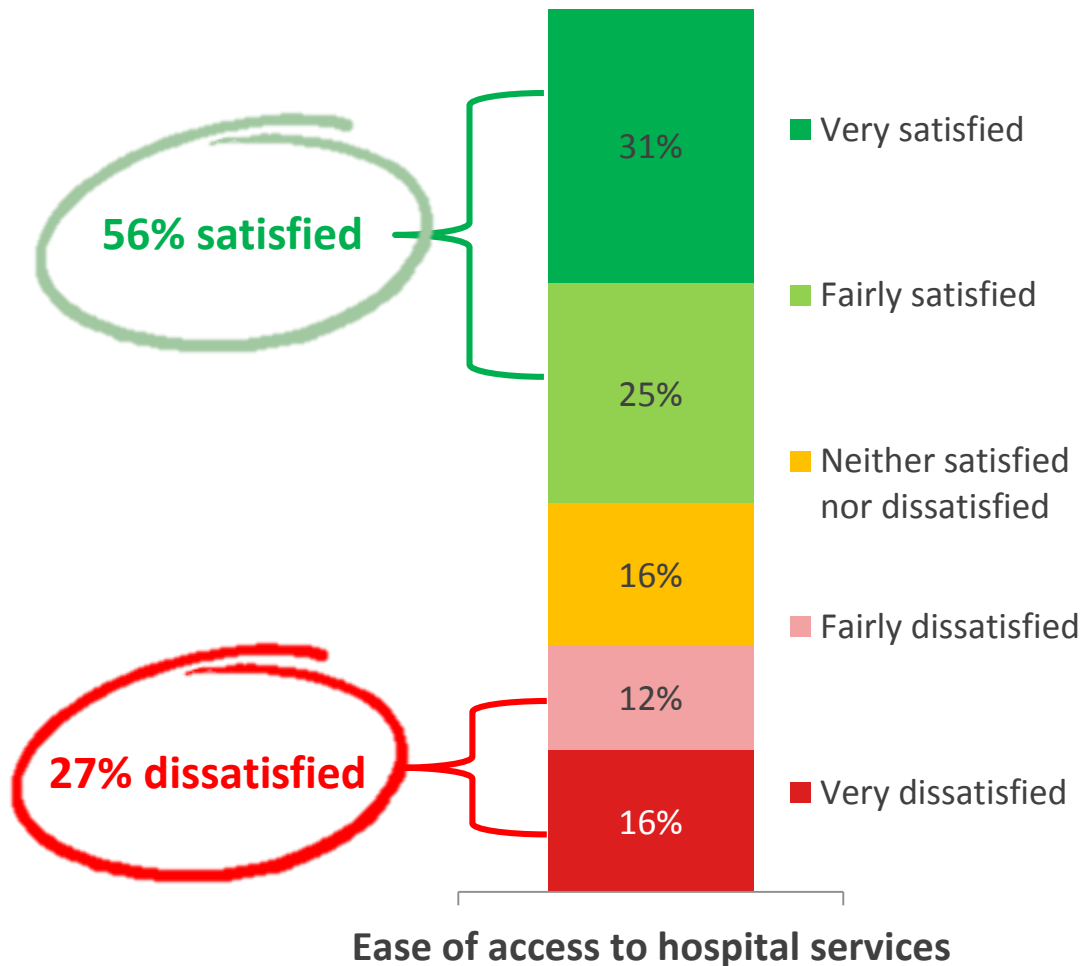
"Could be related to waiting time to get referred which can sometimes be a long time"



Satisfaction with ease of access to hospital services



Satisfaction with ease of access to hospital services is average at 56%. This appears to be an area for improvement (although it is not one of the most important priorities). Low satisfaction with ease of access could be related to lack of consistency with regard to what it actually means.



Regional differences



Levels of dissatisfaction vary across the region, with the highest levels of dissatisfaction seen in the North of Tees area (46%), followed by County Durham (31%).

Other differences



There is a significant difference by gender, with males expressing higher levels of satisfaction (63%) than females (48%).

Dissatisfaction with ease of access



Dissatisfaction with ease of access is linked to parking, particularly parking charges.

"It has either got to be free as you are not there by choice you are because you have to be, or an all day nominal fee as you don't know sometimes how long you will be (£2)"

"Driving and getting to Durham is fine but parking can be stressful"

"Especially as you never know how long you are going to be in there for, so it's difficult to know how much to put in"

"I'm still gobsmacked at how much they charge for parking (especially as only there 15-20mins), its £2.50 for up to 2 hours" "It is a bit of a bug bear of mine"

"You see people driving round and round the car park because there are no spaces"

"I think the charges for parking are extortionate"



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Services used and satisfaction with services



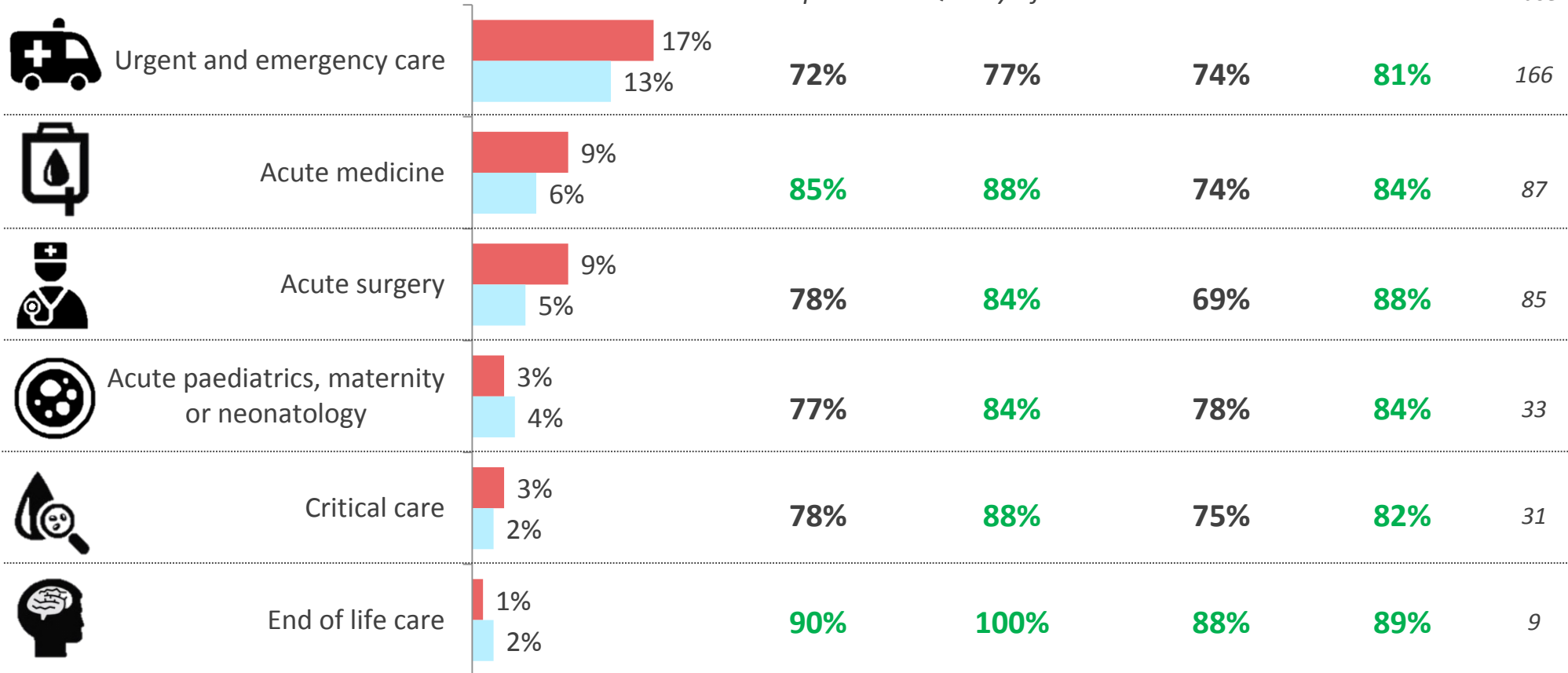
Over a quarter of residents within the survey are service users (29%); primarily of urgent and emergency care services. Residents with a disability are more likely to be service users. Residents are most satisfied with quality of care and patient outcome.

Services used

Overall satisfaction (% satisfied)

■ Used within the last 12 months

■ Household used within last 12 months









Dissatisfaction with services



Residents are most dissatisfied with experience as a patient and ease of access with urgent and emergency care, critical care and acute paediatrics, maternity or neonatology.

Overall dissatisfaction (% dissatisfied)

		<i>As a patient</i>	<i>Quality of care</i>	<i>Ease of access to services</i>	<i>Patient outcome</i>	<i>Base</i>
	Urgent and emergency care	15%	8%	13%	8%	166
	Acute medicine	4%	1%	9%	4%	87
	Acute surgery	5%	4%	9%	4%	85
	Acute paediatrics, maternity or neonatology	12%	7%	18%	9%	33
	Critical care	13%	6%	13%	6%	31
	End of life care	0%	0%	0%	11%	9

Satisfaction with **quality of care** and **patient outcome**



Quality of care

- There are very few significant differences.
- North Tees residents have the lowest levels of satisfaction with urgent and emergency care (67%) and acute paediatrics, maternity and neonatology (41%).

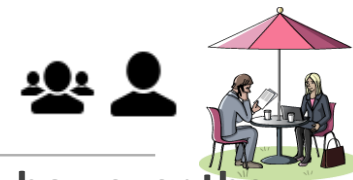


Patient outcome

- Darlington and North Tees residents are less likely to be very satisfied with acute paediatrics, maternity and neonatology when compared to other areas.
- Similarly North Tees residents are less likely to be very satisfied with urgent and emergency care services outcomes.



Proximity of services



The majority of residents would be willing to travel further for specialist treatments, however they would also expect improved quality of care.

- Residents find it very difficult to prioritise the specific services they would like to be available locally – although emergency care should be closest.
- While (ideally) residents would like all services available at their local hospital there is a general acceptance that sometimes there may be the need to travel for specialist care (in return for greater quality of care).
- Most are willing to travel for planned care with some suggestions of travelling up to 20 miles for specialist treatment.
- A number of residents mentioned they would like end of life care close by as a comfort to friends and family.
- Different services are important to people at different stages of their lives (e.g. older residents would prioritise end of life care while young families might prioritise paediatrics).
- The importance of having services locally also depends on whether the resident is a car user or would be travelling by public transport.

“It's impossible to give these a priority, they're all equally important”

“If I got better treatment I would travel 20 miles if they haven't got the expertise. There's no point going to a local hospital with a heart attack if they've not got the specialists. I'd rather travel 20 miles to The Freeman Hospital”

“Planned care can be further afield but anything that is an emergency needs to be close by”

“I think it depend on your circumstances - for example I would want Paeds close to home as I have children”



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Overall satisfaction with the NHS



Overall satisfaction with the way the NHS runs received a moderate score of 65% inline with findings from other research conducted. Residents appreciate and value the NHS although some fundamental changes are required.

■ Very dissatisfied ■ Fairly dissatisfied ■ Neither satisfied nor dissatisfied ■ Fairly satisfied ■ Very satisfied



65% satisfied
*65%

Regional differences



Dissatisfaction with the NHS is highest in the North of Tees area (27%) followed by County Durham (20%).

User and non-user differences



There are no significant differences between service users and non-users.

Other differences



Females express higher levels of dissatisfaction than males (20% and 15% respectively).

"I wouldn't like to be without the NHS and I hope and pray it's still here for my grandchildren in the future"

"I have been to countries that don't have a universal health care system so I compare it with them. I value the NHS for both myself and my loved ones. So I'm reasonably happy to recommend it and appreciate it"

"I think it needs improvement but not at the massive expense of a major overhaul and re-organisation. Long live the NHS!!"

* Comparisons with the British Social Attitudes Survey 2014

Overall view of the changes required in the NHS



Half of residents recognise that there are some good things in the NHS but some fundamental changes are needed to make it work better.

Which one of the following statements comes closest to reflecting your overall view of the NHS?



There are some good things in the NHS but some fundamental changes are needed to make it work better

52%



On the whole the NHS works pretty well and only minor changes are needed to make it better

43%



The NHS has so much wrong with it that it needs to be completely rebuilt

5%

Regional differences

Residents in the North of Tees area are more likely to suggest the NHS has so much wrong it needs to be rebuilt (8%), compared to 2% of South Tees residents. Hambleton, Richmondshire and Whitby residents are more likely to suggest the NHS only needs minor changes.



User and non-user differences

More service users (7%) than non users (4%) would like to see the NHS completely rebuilt.



Other differences

Males are more likely than females to suggest the NHS only needs minor changes (49% and 38%). Residents aged 36-64 years are more likely to say the NHS needs to be rebuilt, whereas over 65's are most likely to say the NHS only needs minor changes.



Fundamental changes needed to the NHS



**Reduce
admin/paperwork
for patient facing
staff**

**Improve
cleanliness**

**Employ more
patient facing
staff**

**Improve
communication
between hospitals,
GPs and patients**

**Improve aftercare
services to reduce
readmissions**

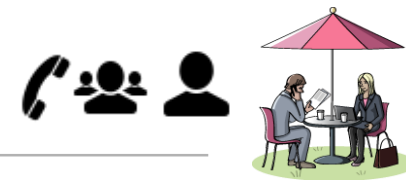
**Reduce
wastage**

**Address car
parking
issues**

**Charge patients
from overseas
for treatment**

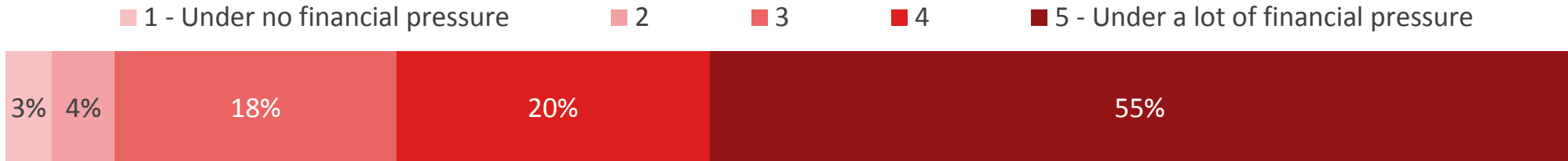
**Introduce charges
for missed
appointments**

Local hospital services being under financial pressure



Three quarters of residents recognise their local hospital services are under financial pressure.

Perceived financial pressure of local hospital



75% under pressure

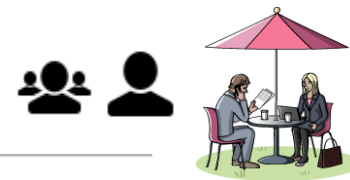
“There was a programme on BBC2 ‘spending 2 million and rising’ about the cost of the NHS and the debate surrounding where the money should be spent”



“It is constantly being mentioned by the politicians... it’s a political thing”

- Most are aware of the issue through newspapers, TV, radio and word of mouth
- Many feel that hospital services and the NHS are receiving a lot of media coverage at the moment due to the forth coming elections

Suggestions on how the NHS could save money



Residents have many suggestions for saving the NHS money however they also realise that some would be very difficult to implement.

Ideas include:

- Saving money on what some deem non-essential treatments (e.g. fertility, plastic surgery, gastric bands etc.).
- Some suggest charging in some instances – e.g. those missed appointments or those attending A&E with an alcohol related injury - although there is a realisation that this would be difficult to administer.
- Many believe there should be a commitment from a patient to change their lifestyle before receiving treatment (e.g. organ transplants following alcohol misuse).
- Many feel that the NHS should charge overseas patients for any treatment.
- Many suggest the NHS should focus on improving technology to improve efficiency, therefore enabling more time to be spent with patients.

“At some point they may have to decide on whether they offer treatments such as fertility, maybe they should charge for that”

“This country is too soft, people from overseas should have to pay for their treatment”

“They should stop smoking or drinking if they want a lung or a liver. You’re giving them something to make them better so why should they do something to make it worse again?”

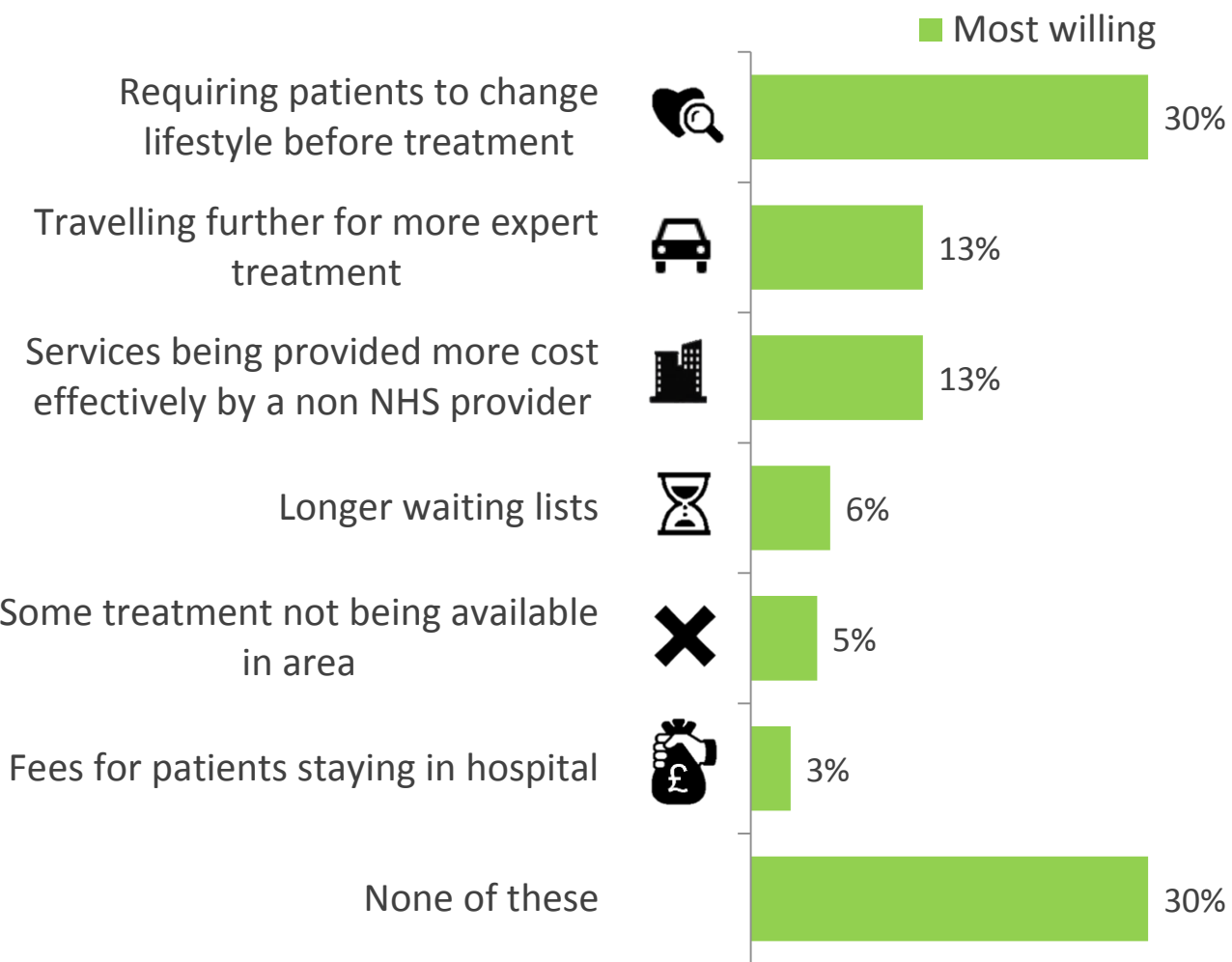
“Change the ways of working such as electronic records. They’d have to spend some capital upfront but long term it would be better”

Reducing future spend – most willing



If local hospital services were to face spending cuts, 30% would be most willing to accept a change to patient's lifestyles before they were given treatment as a solution.

Attitudes to reductions in future spend and changes



Regional differences

South Tees residents are significantly more likely to accept lifestyle changes to try to reduce spend (38%) while Durham and Hambleton, Richmondshire and Whitby residents are least likely (25% and 26%). County Durham residents are more willing to travel further for treatment (17%) while Hambleton, Richmondshire and Whitby residents are more willing to accept longer waiting lists (11%).

Other differences

Females are more willing to travel further for expert treatment (16%) than males (11%). The proportion willing to accept lifestyle changes decreases with age from 37% of under 35's to 22% of over 65's. Younger residents are most willing to accept any form of change.

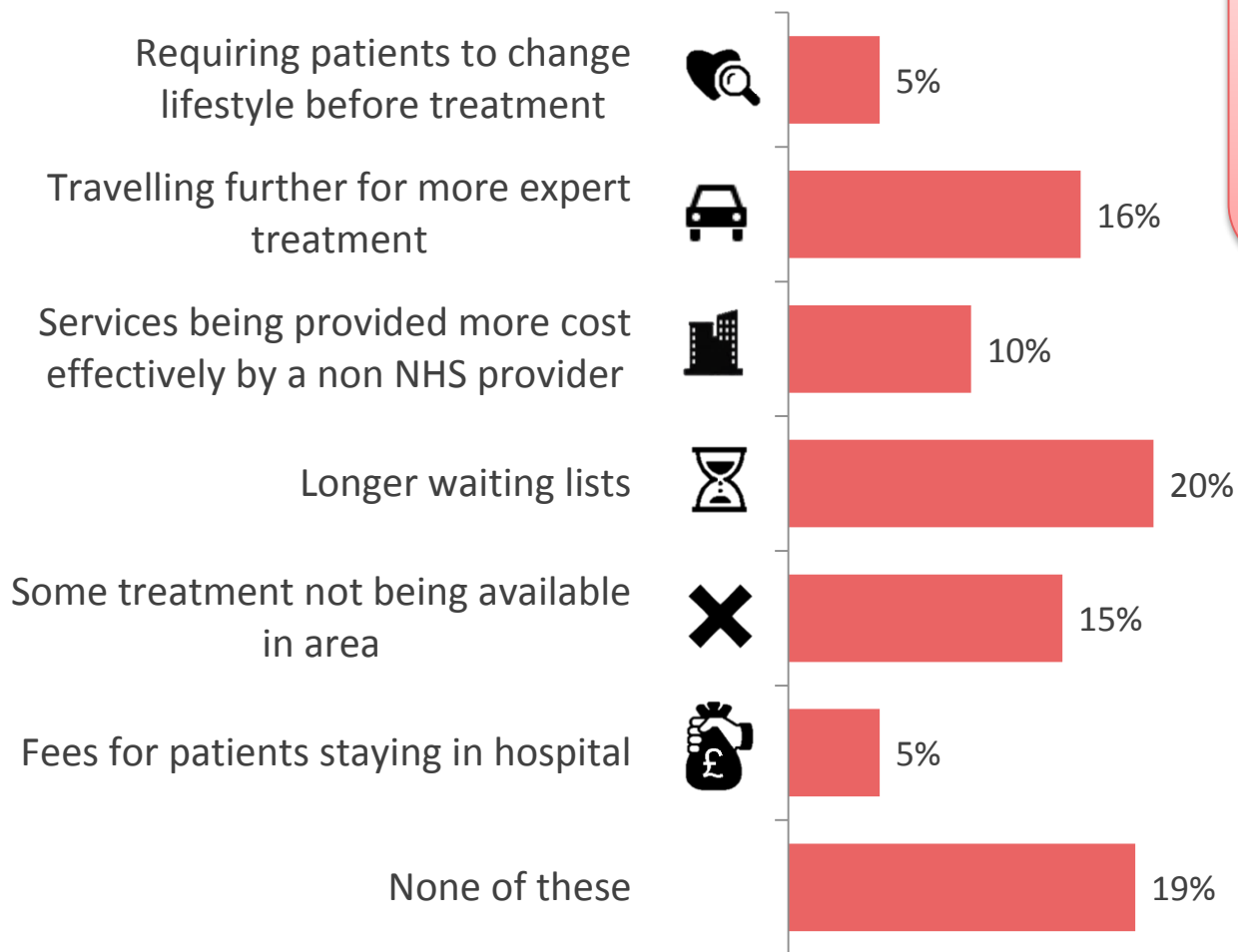
Reducing future spend – least willing



If local hospital services were to face spending cuts residents are least willing to accept longer waiting lists.

Attitudes to reductions in future spend and changes

■ Least willing



“It is sometimes not realistic for people to travel distances for care - there is a big difference for a one-off operation for someone who has a car compared to someone who needs regular treatment but relies on public transport. We shouldn't have a system that provides access to care dependent upon ability to travel (time, cost, ability)”

Other differences

Younger residents say they are less willing to accept longer waiting lists (24%) when compared to older residents (15%).

Those with children in the household say they are less willing to accept longer waiting lists than those without children (25% and 19% respectively). Older residents say they are less willing to travel further for treatment (20%) when compared to younger residents (14%).

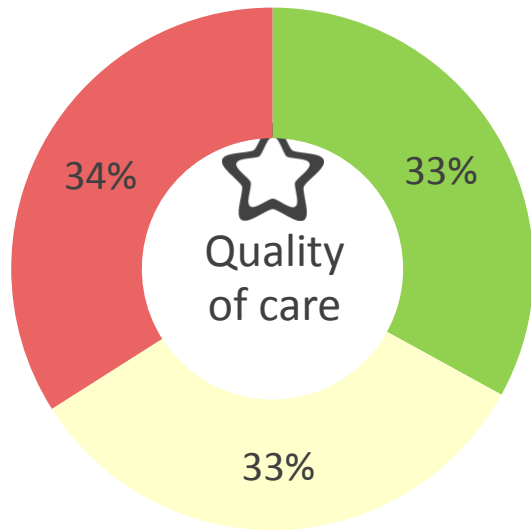


Changes to **quality of care** over the next 3 years



A third of residents expect quality of care to get better over the next 3 years, predominantly younger females. Around the same proportion expect quality of care to deteriorate, primarily due to budgetary cuts.

Expectations for the next 3 years



■ Better ■ Stay about the same ■ Worse

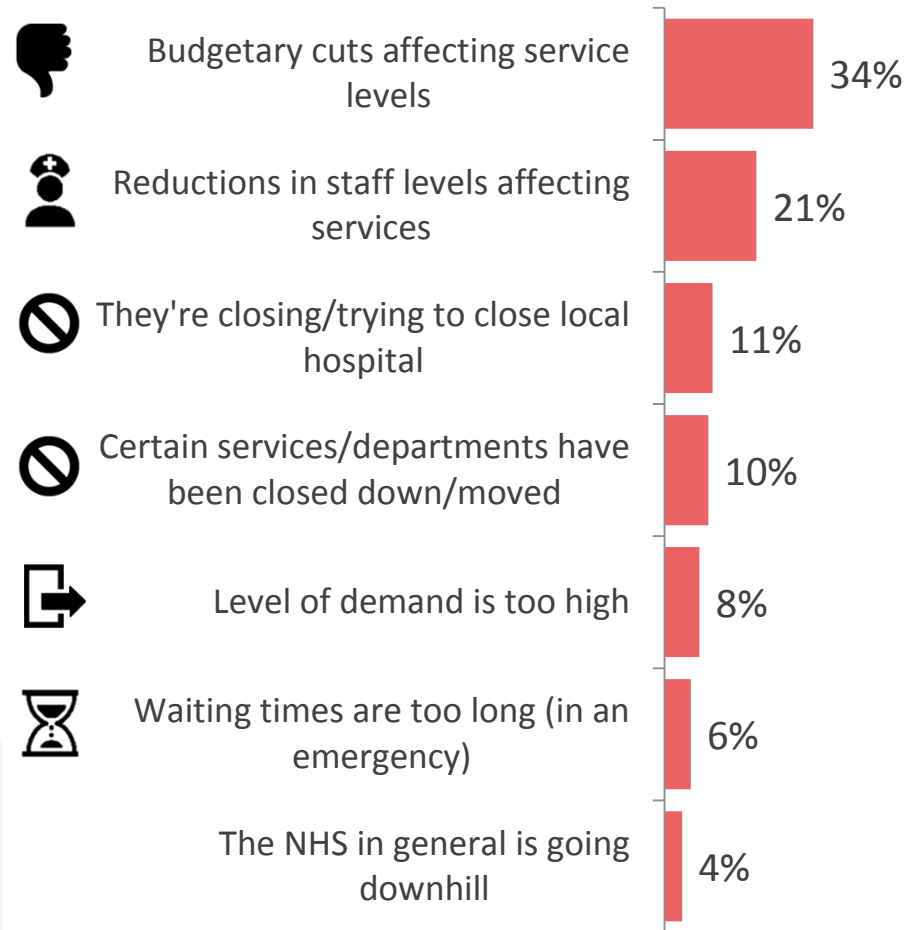
Base All respondents excl don't know (962)

Other differences

Females are significantly more likely to expect quality of care to improve over the next 3 years (36%, compared to 29% of males). Younger residents aged under 35 years (45%) are also more likely to expect improvement.



Reasons for worsened quality of care (unprompted)



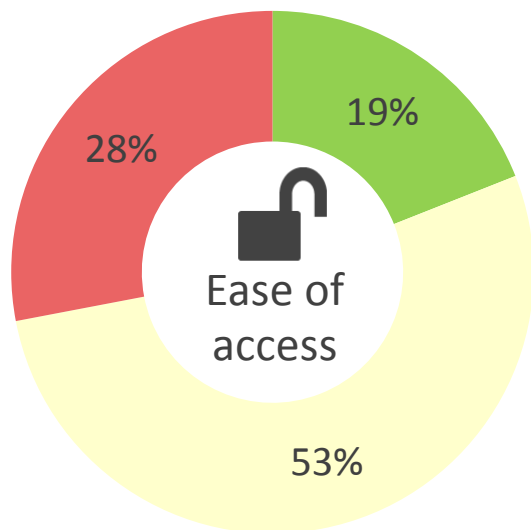
Base All respondents who expect quality of care to get worse (330)

Changes to **ease of access** over the next 3 years



One in five expect ease of access to services to get better, whilst more than one in four expect ease of access to get worse. Services being centralised is a major reason given for ease of access deteriorating.

Expectations for the next 3 years



■ Better ■ Stay about the same ■ Worse

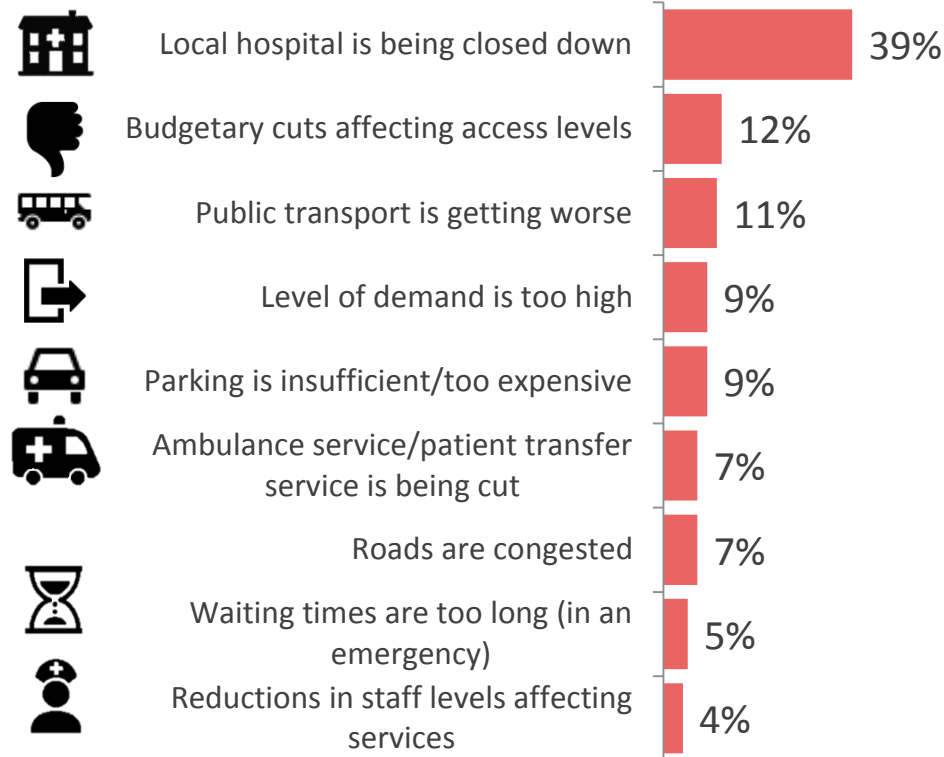
Base All respondents excl don't know (961)

Other differences

Younger residents aged under 35 years are significantly more likely to expect ease of access to improve over the next 3 years (28%). Those with children in the household (25%) also expect improvement.



Reasons for worsened ease of access (unprompted)



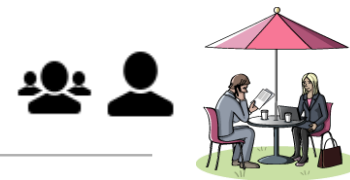
Base All respondents who expect ease of access to get worse (266)

Regional differences

South Tees residents are most likely to expect ease of access to improve (26%), whilst those in the North of Tees are most likely to expect it to get worse (44%).



Views on problems recruiting staff in the NHS



Awareness of the shortage of staff within the NHS is high

- Many feel that hospitals can be understaffed - especially on weekends.
- It is suggested that there is a need for more patient-facing staff and fewer recruited at a managerial level.
- The majority feel that the substitution of English staff with those from overseas is not beneficial and can affect the quality of care, mostly due to language barriers.
- It is recommended that the NHS should invest in a recruitment drive in schools and elsewhere to provide more positive views of the public health service as a career.
- Some recommend that more training could be done in-house - in a similar way to an apprenticeship rather - than through colleges and universities.
- Staff pay (nurses in particular) is thought to be low and this should be raised in order to attract more people to the profession.

"It should be more vocational for nurses...people are put off when they see you need a degree"

"There's a poor image of overworked and they don't get paid enough. When they leave school people don't say 'I want to be a physiotherapist or a nurse?'"

"They need to increase nurses pay to make it a more attractive profession"



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Case Study 1



About Colin:

- Colin has a compound fracture in his vertebrae therefore cannot lift heavy objects, he struggles lifting or twisting.
- He attends a pain clinic to help manage the pain at Bishop Auckland.
- Colin also has a heart condition where his heart beats fast and attends Darlington A&E if this happens. It is an intermittent condition which sometimes requires an ambulance and he can end in resuscitation.

Views on Darlington hospital:

- Colin usually gets a taxi to hospital as he cannot drive, therefore ease of access isn't seen as an issue.
- Overall he is very satisfied with the care he has received. He has never had to wait for a long period of time and finds the staff very helpful, professional and friendly.

Quality of care:

- Colin relates quality of care to receiving appropriate treatment, given by professional and friendly staff. Being seen quickly and efficiently is also part of this.

Ease of access:

- He associates ease of access with both the time it takes to get to the hospital and how easy it is to find.
- He is aware parking can be a problem but it does not affect him as he would arrive by taxi, get dropped off by a friend or arrive by ambulance in an emergency.

Locality of services:

- Colin is happy to travel further afield for specialist services but would expect to receive better quality of care if he did this.

Impact of his disability:

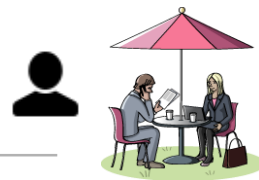
- Colin's disability and illness has not impacted his views on the quality of care he has received and it has never posed problems for him when accessing services.

"The staff were great.. they reassure you, they're very professional, very friendly and nothing is too much trouble"

"I know for example that the Freeman specialises in hearts, so that would be fine"



Case Study 2



About Robert:

- Robert had his right foot amputated last year.
- His deterioration of his feet is caused by his diabetes. He is therefore classed as a high risk patient.

Views on Durham hospital:

- Overall Robert is very satisfied with Durham hospital. He finds the nursing staff to be 'fantastic', and he has never had to wait a great length of time to be seen and is particularly impressed with the standards of cleanliness and hygiene.
- He does however find it very difficult to find a parking space even with his blue disability badge.

Quality of care:

- Robert believes quality of care covers the whole spectrum of care services and is mainly driven by nurses and other staff's desire to provide it.
- He is very happy with the quality of care he receives at Durham hospital.

Ease of access:

- Ease of access to him means how easy it is to get to hospital and the speed of receiving treatment.
- The only improvement he would make to Durham hospital would be to add a raised floor of additional car parking spaces.

Locality of services:

- Robert feels it is common sense to travel for services if needed, especially for specialist care but would not expect to travel further to attend A&E.

Impact of his disability:

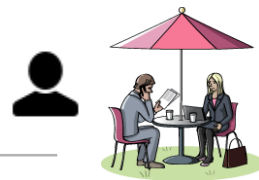
- Robert feels his disability has not posed any problems for him in accessing services.
- In fact he believes being classed as high risk means he receives a better quality of care.

"A girl came to clean the bed. She washed both sides of the mattress and the whole of the bed, including the underneath, it was just amazing"

"I don't object to the principal of centres of excellence but A&E is a different matter"



Case Study 3



About Julie:

- Julie is retired and suffers with exertional asthma and has severe arthritis in her knees.
- This affects her everyday life as she can't walk very far and can't do any housework.

Views on James Cook hospital:

- Julie has mixed views on the hospital. She finds the staff very helpful and friendly and the hospital to be clean and tidy however she has experienced long waiting times for appointments (sometimes up to an hour) and feels that waiting times should be communicated better at A&E departments.

Quality of care:

- Julie associates quality of care with the overall care received and how patients are treated.
- She worries quality of care could deteriorate in the future due to staff pressures.

"The staff are always polite and friendly...the nurses help to put me at ease"

Ease of access:

- Julie associates ease of access with waiting time to be seen and treated, but also with the availability of car parking.
- She feels the disabled parking spaces at James Cook are not monitored enough and are being abused by those without a blue badge. There are also a number of steps going into the hospital that are difficult for her to negotiate.

"You walk along and look in the cars and don't see any blue badges"

Locality of services:

- Julie does not have an issue travelling for services providing there is sufficient disabled parking and disabled access to the building.

"I ended up with letters from different departments for appointments on the same day, but with one in the morning and one later in the afternoon, so it was a pain having to go twice"

Impact of her disability:

- Sometimes Julie has had to attend several appointments in one day. She feels it would be easier if departments could communicate with each other and co-ordinate these into one morning or afternoon to avoid multiple trips.



Case Study 4



About Warren:

- Warren suffers from a bad back caused by an accident at work over 3 years ago.
- Doctors have also told him that if he lost weight this would help with his back pain.

Views on James Cook hospital:

- Warren feels some improvements could be made to the hospital. His father recently underwent a prostate operation at James Cook. He suffered subsequent problems and had to be readmitted to hospital.
- He believes this could have been avoided with more checks and diagnosis before he was released.
- Warren also felt the hospital was a little untidy in places.

Quality of care:

- Quality of care to Warren means getting the correct treatment, quickly and efficiently.
- Overall he is fairly satisfied with the quality of care however feels it may get worse in the future due to financial pressures.

“If there’s a constant drive for efficiency so you’re looking to cut corners wherever you can. Preferably without anyone really noticing”

Ease of access:

- Warren relates ease of access to the ease of getting to hospital and the distance travelled, but also to the time it takes to be seen and successfully treated.
- He feels car parking is expensive but understands the revenue is needed to maintain it.

“It’s always infuriating that you’re being charged for car parking, as essentially you are being charged for being ill. But there’s no way around that, you can’t turn down the revenue.”

Locality of services:

- Warren would not mind travelling for planned care however would expect to be taken to a local hospital in an emergency situation.

Impact of his disability:

- His disability and condition has not had a great impact on the quality of care he has received or posed any problems in terms of ease of access.





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Telephone questionnaire



NECS QUALITY IN HEALTH SERVICES – RESIDENT TELEPHONE SURVEY - 13174M

Good morning/afternoon/evening. My name is _____ from mruk research limited. We have been commissioned by the NHS in the region to carry out some research to find out what members of the public think about hospital services in County Durham, Darlington and Teesside. You have been selected at random for this survey, and I wonder if I could ask you some questions? It should take approximately 10 minutes, and all the answers you give will be kept completely confidential.

We operate under the Market Research Society's Code of Conduct, and adhere fully to the Data Protection Act. This guarantees your anonymity. You will not be approached to buy anything as a result of taking part in this research. It is only your opinion we want to understand.

All the answers you give will be added with hundreds of others and only presented in statistical format.

SECTION A: SCREENING & CLASSIFICATION QUESTIONS

ASK ALL

S1 Sub-region. CODE FROM SAMPLE.

Single code

Code	Text	Instructions
1	County Durham	
2	Darlington	
3	Teesside – Middlesbrough	
4	Teesside – Redcar & Cleveland	
5	Teesside – Stockton	
6	Teesside – Hartlepool	
7	Hambleton, <u>Richmondshire</u> and Whitby	
99	Refused	Thank and close

S2 Which age group do you fall into?

Single code

Code	Text	Instructions
1	16-24	
2	25-35	
3	36-49	
4	50-64	
5	65-74	
6	75+	
99	Refused	Thank and close

Do not read out

S3 Gender

Single code

Code	Text	Instructions
1	Male	
2	Female	

S4 What is your employment status?

Single code

Code	Text	Instructions
1	Full time employed	
2	Part time employed	
3	Student	
4	Unemployed	
5	Looking after the home	
6	Retired	
7	Other	

Telephone questionnaire continued...



SECTION B: PRIORITIES FROM HOSPITAL SERVICES IN GENERAL

ASK ALL

Q1 Thinking about hospital services in general in your area, how would you rate each of the following on a one to five scale, where five is essential to you and one is of no importance at all?

Single code. Rotate statements.

Code	Text	1	2	3	4	5	Don't know
1	Overall quality of care						
2	Ease of getting to hospital						
3	Waiting times for treatment (on arrival at the hospital)						
4	Referral time – ie the time between your GP referring you to the hospital and being seen there						
5	Knowledgeable, professional staff						
6	Helpfulness and friendliness of staff						
7	Cleanliness and hygiene						
8	Range of facilities available that meets your needs						

ASK ALL

Q2 And which of these factors is most important to you, which is second most important and which is third most important?

Single code. Re-read factors and ideally, ask resident to write these down

Code	Text	1st	2nd	3rd	Don't know
1	Overall quality of care				
2	Ease of getting to hospital				
3	Waiting times for treatment (on arrival at the hospital)				
4	Referral time – ie the time between your GP referring you to the hospital and being seen there				
5	Knowledgeable, professional staff				
6	Helpfulness and friendliness of staff				
7	Cleanliness and hygiene				
8	Range of facilities available that meets your needs				

ASK IF QUALITY OF CARE IN TOP 3 AT Q2

Q3 You mentioned that **overall quality of care** was one of the three most important factors. How satisfied are you with your local hospital services with regard to this, on a one to five scale where five means you are very satisfied and one means you are very dissatisfied?

Single code

Code	Text	Instructions
1	Very dissatisfied	
2	Fairly dissatisfied	
3	Neither satisfied nor dissatisfied	
4	Fairly satisfied	
5	Very satisfied	
99	Don't know (explain that perceptions are ok if they have not used services)	

Telephone questionnaire continued...



ASK IF EASE OF ACCESS IN TOP 3 AT Q2

Q4 You mentioned that **ease of access to hospital services** was one of the three most important factors. How satisfied are you with your local hospital services with regard to this, on a one to five scale where five means you are very satisfied and one means you are very dissatisfied?

Single code

Code	Text	Instructions
1	Very dissatisfied	
2	Fairly dissatisfied	
3	Neither satisfied nor dissatisfied	
4	Fairly satisfied	
5	Very satisfied	
99	Don't know (explain that perceptions are ok if they have not used services)	

ASK ALL

Q5 Is there anything else that is important to you, which hasn't been mentioned?

SECTION C: USE OF SERVICES

ASK ALL

Q6 Can you tell me which of the following services you have used within the last 12 months?

Multi code

Q7 And has anyone else in your household used these services in the last 12 months as far as you are aware? **Multi code**

Code	Text	Instructions
1	Acute surgery <i>(This means injury or illness leading to a hospital admission for an operation or surgical procedure that was not planned)</i>	
2	Acute medicine <i>(This could be a hospital assessment or admission for an illness where treatment does not involve surgery. This does not include A&E or an urgent care centre and would happen in a ward area)</i>	
3	Critical care <i>(This is a high dependency unit or an intensive care unit)</i>	
4	Acute paediatrics, maternity or neonatology <i>(This means hospital care for a child or an expectant or <u>newborn</u> baby)</i>	
5	End of life care <i>(This means hospital care for those with advanced, progressive and/or incurable illness. This is excluding hospice based care)</i>	
6	Urgent and emergency care <i>(This is attendance at an A&E department or an urgent care centre for an urgent or emergency condition.)</i>	
7	Not accessed any of the above services	SKIP TO Q14
8	Don't know (try to avoid)	SKIP TO Q14

Telephone questionnaire continued...



ASK IF **NOT** CODE 7 OR 8 AT Q6 (IE SERVICE USERS)

Q8 Was your treatment planned in advance or an emergency?

Multi code

Code	Text	Planned	Emergency	N/A
1	Acute surgery			
2	Acute medicine			
3	Critical care			
4	Acute paediatrics, maternity or neonatology			
5	End of life care			
6	Urgent and emergency care			

ASK IF **NOT** CODE 7 OR 8 AT Q6 (IE SERVICE USERS). ASK FOR ALL USED AT Q6

Q9 Thinking about (_____) (services used from Q6), how would you rate your **overall experience as a patient** on a one to five scale, where five means you are very satisfied and one means you are very dissatisfied?

Single code. Rotate statements.

Code	Text	1	2	3	4	5	Don't know
1	Acute surgery						
2	Acute medicine						
3	Critical care						
4	Acute paediatrics, maternity or neonatology						
5	End of life care						
6	Urgent and emergency care						

ASK IF **NOT** CODE 7 OR 8 AT Q6 (IE SERVICE USERS). ASK FOR ALL USED AT Q6

Q10 And again, thinking about (_____) (services used from Q6), how would you rate the **overall quality of care** you experienced on a one to five scale, where five means you are very satisfied and one means you are very dissatisfied?

Single code. Rotate statements. **NB – if respondent had several mixed experiences, ask them to think about their most recent one**

Code	Text	1	2	3	4	5	Don't know
1	Acute surgery						
2	Acute medicine						
3	Critical care						
4	Acute paediatrics, maternity or neonatology						
5	End of life care						
6	Urgent and emergency care						

ASK IF **NOT** CODE 7 OR 8 AT Q6 (IE SERVICE USERS). ASK FOR ALL USED AT Q6

Q11 And again, thinking about (_____) (service used from Q6), how would you rate the **ease of access to the service** you experienced on a one to five scale, where five means you are very satisfied and one means you are very dissatisfied?

Single code. Rotate statements.

Code	Text	1	2	3	4	5	Don't know
1	Acute surgery						
2	Acute medicine						
3	Critical care						
4	Acute paediatrics, maternity or neonatology						
5	End of life care						
6	Urgent and emergency care						

Telephone questionnaire continued...



ASK IF **NOT** CODE 7 OR 8 AT Q6 (IE SERVICE USERS). ASK FOR ALL USED AT Q6

Q12 And again, thinking about (_____) (service used from Q6), how would you rate the **patient outcome** you experienced on a one to five scale, where five means you are very satisfied and one means you are very dissatisfied?

Single code. Rotate statements.

Code	Text	1	2	3	4	5	Don't know
1	Acute surgery						
2	Acute medicine						
3	Critical care						
4	Acute paediatrics, maternity or neonatology						
5	End of life care						
6	Urgent and emergency care						

ASK ALL

Q13 Are there any other comments you would like to make about your experiences of using these services?

SECTION D: CHANGES IN THE NHS

ASK ALL

READ OUT: Now I would like to ask you a few questions about changes in the NHS.

Q14 Thinking about the **overall quality of care** provided by your local hospital services over the next three years, do you expect them to ...?

Single code

Code	Text	Instructions
1	Get much better	
2	Get a little better	
3	Stay about the same	
4	Get a little worse	
5	Get much worse	
99	Don't know (try to avoid)	

ASK IF CODE 4 OR 5 AT Q14

Q15 In what ways do you feel that the quality of care is likely to get worse?

ASK ALL

Q16 Thinking about the **ease of access** to your local hospital services over the next three years, do you expect them to ...?

Single code

Code	Text	Instructions
1	Get much better	
2	Get a little better	
3	Stay about the same	
4	Get a little worse	
5	Get much worse	
99	Don't know (try to avoid)	

ASK IF CODE 4 OR 5 AT Q16

Q17 In what ways do you feel that ease of access is likely to get worse?

ASK ALL

Q18 To what extent do you feel that your local hospital services are under financial pressure on a scale of one to five where 1 represents no financial pressure and 5 represents a lot of financial pressure? **Single code**

Code	Text	Instructions
1	Under no financial pressure	
2		
3		
4		
5	Under a lot of financial pressure	
99	Don't know (try to avoid and encourage response)	

Telephone questionnaire continued...



ASK ALL

Q19a You may have heard in the national media about the need to reduce future spending in the NHS. If your local NHS hospital services were to face lower levels of spending, which of these would you be most willing to accept?

Q19b And which would you be least willing to accept?

Single code. Read out. Rotate statements.

Code	Text	Most	Least
1	Longer waiting lists		
2	Requiring patients to change lifestyle before they were given treatment		
3	Fees for patients staying in hospital		
4	Some types of treatment not being available in your area		
5	Services being provided more cost effectively by a non NHS provider		
6	Travelling further for more expert treatment		
7	None of these		

Q20 All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays? **Single code**

Code	Text	Instructions
1	Very dissatisfied	
2	Fairly dissatisfied	
3	Neither satisfied nor dissatisfied	
4	Fairly satisfied	
5	Very satisfied	
99	Don't know (try to avoid)	

Q21 Which one of the following statements comes closest to reflecting your overall view of the NHS? **Single code. Rotate statements**

Code	Text	Instructions
1	The NHS has so much wrong with it that it needs to be completely rebuilt	
2	There are some good things in the NHS but some fundamental changes are needed to make it work better	
3	On the whole the NHS works pretty well and only minor changes are needed to make it better	
99	Don't know (try to avoid)	

SECTION E: OTHER CLASSIFICATION QUESTIONS

Q22 Are there any children aged 16 or under in the household for whom you are responsible or partly responsible? **Single code.**

Code	Text	Instructions
1	Yes	
2	No	
3	Refused	

Q23 So that we ensure we have spoken to a representative spread of the community, can you tell me how would you describe your ethnic group? **Single code**

WHITE	British	0	1
	Irish	0	2
	Eastern European	0	3
	Any other White background	0	4
MIXED	White & Black Caribbean	0	5
	White & Black African	0	6
	White & Asian	0	7
	Any other mixed background	0	8
ASIAN OR ASIAN BRITISH	Indian	0	9
	Pakistani	1	0
	Bangladeshi	1	1
	Any other Asian background	1	2
BLACK OR BLACK BRITISH	Caribbean	1	3
	African	1	4
	Any other Black background	1	5
CHINESE OR OTHER ETHNIC GROUP	Chinese	1	6
	Other	1	7
Refused		1	8

Q24 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Single code. If yes, establish whether limited a lot or a little.

Code	Text	Instructions
1	Yes, limited a lot	
2	Yes, limited a little	
3	No	
4	Refused	

Telephone questionnaire continued...



Q25 Which of the following best describes your access to technology?

Multi code

Code	Text	Instructions
1	Mobile phone with internet access	
2	Mobile phone without internet access	
3	Telephone landline at home	
4	Access to the Internet at home	
5	Access to the Internet at work	
6	Access to the Internet at place of education	
7	Access to the Internet elsewhere	

Q26 Which of the following best describes your personal access to a house vehicle?

Single code

Code	Text	Instructions
1	Have access to a household vehicle as a driver - always	
2	Have access to a household vehicle as a driver - sometimes	
3	Have access to a household vehicle as a passenger - always	
4	Have access to a household vehicle as a passenger - sometimes	
5	No access to a household vehicle, but can get lifts from other friends/ family	
6	No access to any private vehicle	

Q27 How easy is it for you to get to hospital on public transport (i.e. bus or train)?

Single code

Code	Text	Instructions
1	Very easy	
2	Fairly easy	
3	Neither easy nor difficult	
4	Fairly difficult	
5	Very difficult	

Q28 We will be conducting some further in-depth discussions as part of this research in early 2015. This will involve attending a group discussion and you will be given an incentive for participating. Would you be interested in being invited?

Single code

Code	Text	Instructions
1	Yes	ASK FOR CONTACT DETAILS
2	No	THANK & CLOSE



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Focus group discussion guide



Introduction and Warm-up (10 minutes max)

Hello, my name is I work for **mrुक** research, an independent market research agency. Thank you very much for agreeing to join us here today. As you know we are conducting this research to find out what members of the public think about hospital services in the area. Some of you may remember taking part in a telephone interview on this topic a few months back!

- The discussion will last no longer than an hour and a half.
- There's no right or wrong answers, it is purely your opinions we are after. We value your honest feedback – please don't tell us anything because you think it's what we want to hear. Equally don't feel that you can't tell us things that we don't want to hear.
- The discussion will be audio-recorded – just to save me taking notes. Only the team at **mrुक** has access to the recording, and they will be destroyed at the end of the project.
- Everything you say will be completely confidential, all comments will be anonymised; you will not be personally identified in our report.

Please help yourself to more tea, coffee and biscuits as we go along.

Now that I have introduced myself, I would like each of you to introduce yourself to the rest of the group. We'll go round the table and if each of you could tell me...

- Your first name
- Where you're from

Section 2 – Your local hospital (15 minutes max)

Let's begin by talking about your local hospital ...

- Which hospital would you class as your local hospital? If there's more than one which one do you use the most?
- For those who have used the hospital recently (in the past year), tell me a little bit about your experiences...

How did you get to the hospital?

How easy is it for you to get to the hospital?

What services did you use?

Did you have to wait very long to be seen?

What were the staff like?

How would you rate the cleanliness and hygiene of the hospital?

Overall how satisfied would you say you were with your visit?

- Could your experience have been improved in any way? If so how?

Focus group discussion guide continued...



Section 3 – Priorities (40 minutes max)

ACTIVITY

Imagine you as a group are in charge of your local hospital budget, I'm going to give you a total of 50 points and you have to allocate these points to the following features of services. You will need to prioritise what service features you want to give points to and decide how many points to give them.

SHOWCARDS:

Effectiveness of treatment, Patient safety, Patient experience, Ease of access, Reducing waiting times, Reducing referral times, Knowledgeable and professional staff, Helpful and friendly staff, Cleanliness and hygiene of the hospital, Range of facilities available to meet your needs.

Probe on why they have allocated points in such a way.

- From the telephone survey we conducted (mentioned previously) just over half (53%) rated the quality of care hospital as important – what do you think of that figure?
- What does quality of care mean to you?
- How would you rate the overall quality of care at your local hospital?
- Do you think quality of care will get better or worse in the future?
- Why do you think that? (*Probe on financial pressures, probe on manpower pressures*)
- How could quality of care be improved?

- Again from our survey we found that just under a third(30%)of people said they were dissatisfied with ease of access to hospitals –what do you think of that figure?
- What does ease of access mean to you?
- Now that you have thought about what ease of access means to you, do you want to reconsider your points allocation?
- How would you rate the ease of access at your local hospital?
- Do you think ease of access will get better or worse in the future?
- Why do you think that? (*Probe on financial pressures, probe on manpower pressures*)
- How could ease of access be improved?

Focus group discussion guide continued...



Section 4 – Local services provided (10 minutes max)

Ok just moving on slightly to talk about specific services provided at your local hospital...

- Imagine you had an appointment to go to hospital but your local hospital didn't provide that service so you had to travel a little bit further to another hospital? How would you feel about that?
- Which of these services would you say are the most important for your local hospital to provide? Why?
- Which ones are least important for local hospital to provide? Why?
- Which of these would you be willing to travel a little bit further for if you had to? Why do you say that?

SHOW SERVICE CARDS:

- Acute surgery (This means injury or illness leading to a hospital admission for an operation or surgical procedure that was not planned)
- Acute medicine (This could be a hospital assessment or admission for an illness where treatment does not involve surgery. This does not include A&E or an urgent care centre and would happen in a ward area)
- Critical care (This is a high dependency unit or an intensive care unit)
- Acute paediatrics, maternity or neonatology (This means hospital care for a child or an expectant or new mother and their preborn or newborn baby)
- End of life care (This means hospital care for those with advanced, progressive and/or incurable illness. This is excluding hospice and home based care)
- Emergency life threatening condition care (This is attendance at an A&E department)
- Urgent care (this is attending an urgent care centre or minor injuries unit for an urgent condition.)

Section 5 – Overall satisfaction (10 minutes max)

It's been really interesting to hear about your local experiences. Now thinking about the NHS in general...

- Overall how satisfied would you say you are with the way the NHS is run nowadays?
- Why do you say that?
- 50% of people in our survey said 'there are some good things about the NHS but some fundamental changes are needed to make it work better' – what are your thoughts on this?

Focus group discussion guide continued...



Conclusion (5 minutes max)

- That's all of my question - is there anything else that you would like to say in relation to your local hospital and services it provides that we should pass on?

Thank you very much for your time it is very much appreciated.

FURTHER INFO: We are carrying out a number of these discussion groups across County Durham, Darlington and Teeside. Once we've completed all of our research we will put all of our findings together into a report to give to the NHS – please be assured everything will be completely confidential your names will not be mentioned in the report.

There may be an opportunity to take part in some further research looking at NHS service provision in the future – if you would be willing to take part please tick the box on the incentive sheet as you sign it and we will pass on your contact details to the NHS.

Moderator provide incentive.



Executive summary

Objectives and methodology

Demographics

Priorities from hospital services in general

Use of services and satisfaction with services

Changes in the NHS

Appendix – disability case studies

Appendix – telephone questionnaire

Appendix – focus group discussion guide

Appendix – depth interview discussion guide

Depth interview discussion guide



Introduction and Warm-up (5 minutes max)

Hello, my name is I work for **mrुक** research, an independent market research agency. Thank you very much for agreeing to take part in our research.

As you know we are conducting this research to find out what members of the public think about hospital services in the area. You may remember taking part in a telephone interview on this topic a few months back!

- The discussion will last no longer than 45 minutes.
- There's no right or wrong answers, it is purely your opinions we are after. We value your honest feedback – please don't tell us anything because you think it's what we want to hear. Equally don't feel that you can't tell us things that we don't want to hear.
- The discussion will be audio-recorded – just to save me taking notes. Only the team at **mrुक** has access to the recording, and they will be destroyed at the end of the project.
- Everything you say will be completely confidential, all comments will be anonymised; you will not be personally identified in our report.

Section 2 – Your local hospital (10 minutes max)

Just to start off with would you be able to tell me a little bit about yourself?

(probe for disability and impact it has on their day to day life)

Let's begin by talking about your local hospital ...

- Which hospital would you class as your local hospital? If there's more than one which one do you use the most?
- Thinking about the last time you used the hospital either as a patient or a visitor, tell me a little bit about your experience...

How did you get to the hospital?

How easy is it for you to get to the hospital?

Probe on whether or not their disability affects how they get to hospital. If so how? Is sufficient disabled access provided?

What services did you use?

Did you have to wait very long to be seen?

What were the staff like?

How would you rate the cleanliness and hygiene of the hospital?

Overall how satisfied would you say you were with your visit?

- Could your experience have been improved in any way? If so how?

Depth interview discussion guide continued...



Section 3 – Quality of Care and Ease of Access (10 minutes max)

- From the telephone survey we conducted just over half (53%) rated the quality of care at hospital in there top 3 most important factors – what do you think of that figure?
- What does quality of care mean to you?
- How would you rate the overall quality of care at your local hospital?
- Do you think quality of care will get better or worse in the future?
- Why do you think that?
Probe on financial pressures, probe on manpower pressures
- How could quality of care be improved?

- Again from our survey we found that just under a third (30%) of people said they were dissatisfied with ease of access to hospitals –what do you think of that figure?
- What does ease of access mean to you?
- How would you rate the ease of access at your local hospital?
Probe on impact of disability on ease of access if appropriate
- Do you think ease of access will get better or worse in the future?
- Why do you think that?
Probe on financial pressures, probe on manpower pressures
- How could ease of access be improved?

- Thinking about your local hospital what would you say it's most important priority for improvement would be? Why do you say this?

Depth interview discussion guide continued...



Section 4 – Local services provided (10 minutes max)

Ok just moving on slightly to talk about specific services provided at your local hospital...

- Imagine you had an appointment to go to hospital but your local hospital didn't provide that service so you had to travel a little bit further to another hospital? How would you feel about that?

Probe on impact of disability if appropriate

- Which of these services would you say are the most important for your local hospital to provide? Why?
- Which ones are least important for local hospital to provide? Why?
- Which of these would you be willing to travel a little bit further for if you had to? Why do you say that?

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Section 5 – Overall satisfaction (5 minutes max)

It's been really interesting to hear about your local experiences. Now thinking about the NHS in general...

- Overall how satisfied would you say you are with the way the NHS is run nowadays?
- Why do you say that?
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Depth interview discussion guide continued...



Conclusion (5 minutes max)

- That's all of my question - is there anything else that you would like to say in relation to your local hospital and services it provides that we should pass on?

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Moderator provide incentive.

Organisations involved in the Securing Quality in Health Services Programme



- **Clinical Commissioning Groups:**

- NHS North Durham Clinical Commissioning Group
- NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- NHS Darlington Clinical Commissioning Group
- NHS Hartlepool and Stockton on Tees Clinical Commissioning Group
- NHS South Tees Clinical Commissioning Group
- NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group

- **Hospital Trusts:**

- County Durham and Darlington NHS Foundation Trust
- Hartlepool and North Tees NHS Foundation Trust
- South Tees NHS Foundation Trust

- **Two local authorities represent the LAs on the area:**

- County Durham
- Middlesbrough



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