Independent Analysis of the 12 Public Engagement Events (February/March 2016) for the Better Health Programme

Proportion Marketing April 2016

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1.0 Introduction

A series of 12 Better Health Programme public engagement events ran by the NHS in Darlington, Durham and Tees were held between February and March 2016. There were 168 member of the public attendees recruited from a number of sources including online, local press, Healthwatch, social media, word of mouth or CCG activity.

Feedback was recorded by scribes at each table and, for one exercise, by comments placed on concentric circles on wall charts.

The feedback in this report has been independently analysed by Proportion Marketing Limited.

During a presentation introducing the Better Health Programme, attendees were asked the following to prompt a dialogue:

Let's discuss…
What does your local health service do well?
What can we do better?

Let's discuss...
• How can we the right services in the right place, so people understand what services they need and how to access them?
• Where should these services be? (A wall chart exercise)
• How can we better match clinical resource to the needs of our population?
• How can we improve quality of care?

Let's discuss...
• How can we best engage with people about changes?
• Which groups should we be talking to?
• What information do you need to help inform you about the issues?
• Has this event been helpful? Would you come and talk to us again?

Most of the feedback analysed in this report was successfully generated in these discussions – although dialogue was allowed to flow outside of the questions set.

Many comments were made on recent and historic personal experience as patient or carer.

The wall chart exercise was used in 7 out of 12 meetings. In all the meetings, the above questions prompted discussions in which attendees raised concerns about current health care provision.

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2.0 Executive summary

These first engagement events proved successful in highlighting a number of issues the Better Health Programme should feed into its processes.

The key themes over the 12 events that attracted the most comments were as follows:

TRAVEL & TRANSPORT - Current travel and transport issues were a common concern - particularly for rural, elderly and vulnerable patients. Potential travel and transport issues after service reconfiguration were highlighted.

ACCESS TO GPs - Although not a direct question from the BHP programme, the difficulty in accessing Primary Care, and in particular known, local GP surgeries, was a common and passionate issue. Some attendees did have positive experiences of this.

NHS RESOURCES - The pressure on NHS resources was a concern for many these events. Pressure to provide 24/7 care with reduced budgets was seen as reaching a crisis point for some providers. Waste is a common issue in this theme.

POPULATION CHANGES - An ageing population with complex healthcare needs and the addition of a population with language and cultural challenges were seen as the two areas with the biggest impact on local NHS service.

THE NHS 111 SERVICE - Some attendees were critical of this service, particularly when considered as an alternative to attending A&E. Some attendees had positive comments and experiences of the NHS 111 service. There remains some confusion around the circumstances defining the best use of this service.

MENTAL HEALTH ACCESS - Mental Health access and provision was mentioned by a number of attendees and dominated comments from one event were there were a few attendees.

STAFF SHORTAGES - There were comments about previous NHS experiences regarding staff shortages which resulted in a poor patient experience. Many comments were as much about perception as to first hand experience.

EMERGENCY SERVICES AND AMBULANCE RESPONSES - An ever-present concern, particularly in rural areas, ambulance response times were mentioned at several events.

COMMUNICATION AND ENGAGEMENT - Prompted by the presentation questions, there were comments around the need to engage with a wider audience (particularly from attendees who thought the events were valuable).

The key messages that the organisers took from the BHP public engagement events are listed as follows:

- People value the “A&E brand”, and have confidence in it
- Not sure how/where to access other unplanned care
- Not confident in 111, ambulance response times
- Want local services in their local hospital
- Believe there could be more community based services
- Understand the need to travel for specialist care BUT different views on what this might mean
- Concerned about travel and transport
- Want better access to primary care and mental health
- Interested in technological solutions

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This report supports their findings but would stress that the number of comments about mental health services and travel and transport would suggest these deserve a higher placing in the above list.
On the whole, many attendees are satisfied with the care they eventually receive but often are concerned about the journey before and after receiving that care (access, diagnostics, travel, confusion of where to go, integration with social care, the impact of staff shortages and continuity of care). These concerns are multiplied for the vulnerable, the elderly, the young and those with mental health issues.

The attendees had good ideas on the use of technology, services that could be provided in the community and better use of pharmacies and joined up voluntary services.

In terms of communicating the Better Health Programme, attendees urge the NHS to use simple language, be as honest as possible about the realities of resource and finance and to place the patient at the centre of all processes.

Attendees were asked to suggest where they felt health services should go. This exercise created detailed discussion and was a useful engagement and participation tool supplying useful feedback from the attendees.

368 comments were recorded in this exercise. Most comments placed services in the community, reflected in the following breakdown:

49% of comments referred to the inner 3 ‘not in hospital’ settings
20% of comments referred to the 2 outer ‘in hospital’ settings
31% of comments were placed outside of the rings altogether

Comments placed outside of the rings were non-setting specific about the wider issues surrounding travel and transport, communications, finance, integration and joined up care.

The 12 public engagement events were a worthwhile public engagement exercise with 168 attendees contributing to the exercise. Most attendee event feedback was positive and suggested the events were well ran, easy to get to (99% strongly agree/agree), provided enough background information (80%), allowed individuals to express their point of view (87%) and make sound judgments (78%) and were both informative and useful (86%). Additional comments ranged from more people need to know about these events to keeping discussions on track.

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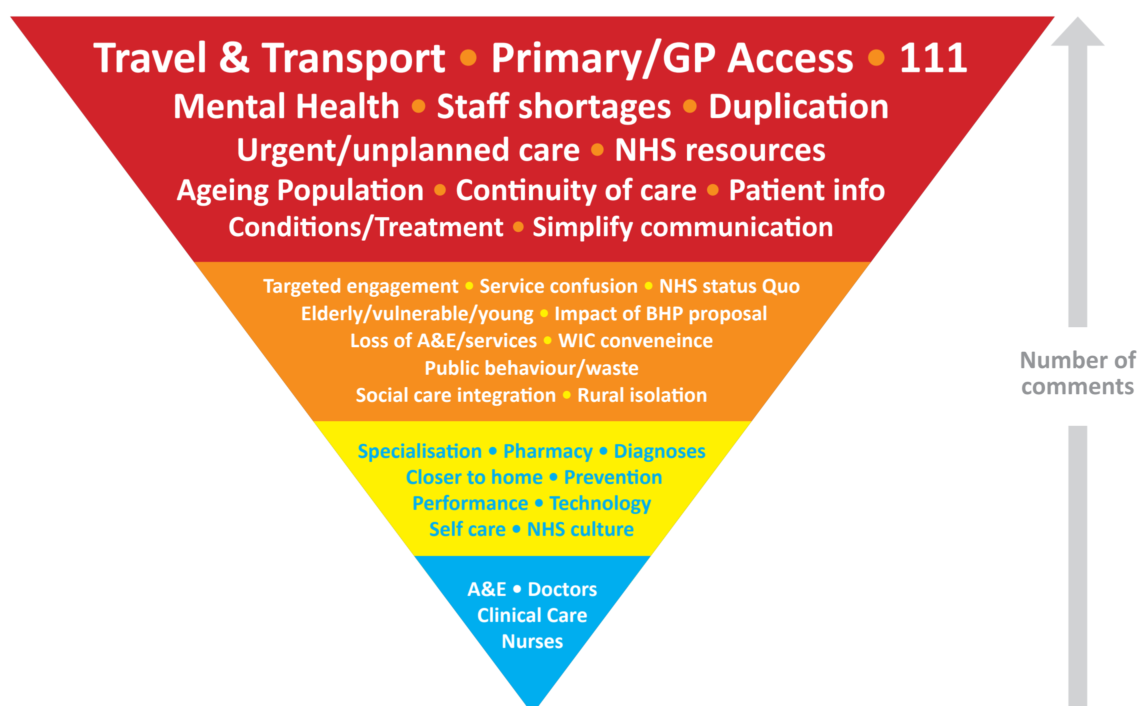
3.0 What Patients Care About - Key Themes from feedback

Comments captured from the scribe notes from each of the 12 events were allocated to subject matters or 'themes'. The key themes were those matters that raised the most comments consistently throughout the events.



The above diagram summarises the key themes raised in the engagement feedback. The feedback was prompted by specific 'Let's discuss' questions in the presentation.

The main themes over the 12 events that attracted the most concern and comments (represented below by the red band) were as follows:

- TRAVEL & TRANSPORT
- ACCESS TO GP
- NHS RESOURCES
- POPULATION CHANGES
- NHS 111
- MENTAL HEALTH CARE
- STAFF SHORTAGES
- EMERGENCY SERVICES/AMBULANCE RESPONSE
- COMMUNICATION AND ENGAGEMENT

Other themes that attracted some concern and comments (represented below by the orange band) were as follows:

- Loss of hospital services (particularly A+E in Hartlepool)
- Integration between health and social care and the voluntary networks
- Confusion over service provision and location
- The cost of some public behavior (inappropriate use of A+E, missing GP appointments)

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Themes that attracted little concern and few comments (represented below by the yellow band) were as follows:

- Specialisation of services
- Care closer to home
- Greater use of pharmacies
- The use of technology e.g. Skype, Tele-health
- Prevention strategies

There was least concern (represented below by the blue band) over the actual job doctors and nurses do, when patients actually get in front of them. A+E comes in for particular praise, although most face-to-face clinical care is recorded in positive terms.

Key themes with illustrative comments

3.1 TRAVEL & TRANSPORT

Current travel and transport issues were a common concern - particularly for rural, elderly and vulnerable patients. Potential travel and transport issues after service reconfiguration were highlighted. Attendees understood the need to travel for certain treatment but insisted this a priority when planning future services. Comments include:

Delays due to additional travel would raise people's anxiety (especially maternity).

Transport needs to be thought about. Are we linking in with transport services to make sure there's adequate provision?

Would rather travel to a specialist service. There's got to be a change.

I wouldn't mind travelling far – would rather do that and go to a surgeon who has done lots more operations.

Bring a doctor to Hartlepool for a clinic rather than lots of people travelling to Sunderland for appointments at clinics.

Travelling - you could be help with that. Not everyone has a car. It's an expedition.

Maternity services in Hartlepool – not good to travel. But depends on numbers of clinicians available.

Issues in travel to hospital services for A&E or other services are an issue, particularly with public transport if you live in more rural areas of the Dales.

Even if we revise the whole health service in this area, its still going to be fragmented as people will still need to travel to get everywhere and not know where to go.

There is a lack of transport after 8pm.

The need for transport on a night for patients.

There is a need for stronger community services – then there would be less need for transport. More would be available in the community for high numbers of patients.

Transport and parking charges - 2 key issues

Do we use health money for transport? Where would we take this money from?

NHS shouldn't spent budget on transport.

Transport better in those places e.g. health village

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3.2 ACCESS TO GPs

Although not a direct question from the BHP programme, the difficulty in accessing Primary Care, and in particular known, local GP surgeries, was a common and passionate issue. Some attendees did have positive experiences of this. Comments include:

The availability of GP appointments is a common complaint and needs looking at as part of the BHP

People say they can't get a GP appointment. WICS don't have your notes. Offer GP appointments in your locality via 111.

GPs are great!

GP access – hear a lot of negativity but GP access in area scores highly on national surveys.

There were 2 GP practices in Ingleby Barwick 30 years ago when one member of the group moved there. There are still only 2 practices now despite constant growth in the number of families living there.

Instead of waiting to see a GP, you can see a pharmacist quickly.

Patchy experience with GPs. Some GPs are good and some are complacent. GP technology e.g. appointment reminders via texts is good.

Weekend GP opening has been trialed but demand was low.

Problem is not with the actual GPs and their services, it's the frustration with appointments.

More now seeing their GP than in hospital, people living with long term illness.

If you have a condition, people prefer same GP for consistency.

People of Hartlepool would rather wait longer to see their own GP than use the One Life Centre or go to North Tees.

Feel rushed because GPs are so busy.

Could we have a code of conduct for all GP practices i.e. same response everywhere – provides confidence in the system.

3.3 NHS RESOURCES

The pressure on NHS resources was a concern for many these events. Pressure to provide 24/7 care with reduced budgets was seen as reaching a crisis point for some providers. Waste is a common issue in this theme. Comments include:

Discharge from the hospital can sometimes be made longer due to lack of resources.

Too ready to use ambulances – too much care can be sent to patients who do not need it – waste of resources.

More money is spent on hospitals here in the North East than anywhere else in England. This money then can't be spent on GP services or community services. Other areas spend a lot more on assessment etc.

Money is being wasted on transport.

We need to shift the people and the money out of hospital and into the community.

Need a feasibility study of cost savings on bringing day-to-day services back to Hartlepool.

The One life is a total waste of money, nothing more than a referral centre.

Lots of money is wasted in the voluntary sector.

The voluntary sector doesn't share information. People are let down by the voluntary sector. They waste time and money.

With there being a shortage of consultants we have to bring in locum consultants so it still costs money.

Opinion from the group – North Tees and Hartlepool NHS Foundation Trust wasted millions of pounds on the Wynyard project.

A lot of waste in prescription drugs.

Prescriptions - Issues were discussed around waste, difficulty in understanding the way certain meds are prescribed and reviewed.

Too much medication is wasted – could be much more efficient.

Look at the culture – NHS spending a lot on training and there are already counsellors who are trained that can't get jobs.

Variation in care form GPs – need to spend the money better.

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3.4 POPULATION CHANGES

Adding to the pressure on NHS services were the population changes which were having an affect on certain services or areas. An ageing population with complex healthcare needs and the addition of a population with language and cultural challenges were seen as the two areas with the biggest impact on the local NHS service. Comments include:

Emerging communities in Middlesbrough have difficulty accessing services. Not asylum seekers who can access at Haven. Need to be aware of cultural sensitivities and how they understand the complex health system so they don't just go to A&E.

A number of immigration groups from Europe to Africa around Middlesbrough don't understand the system and haven't registered with the GP.

There is an aging population in Hartlepool and we need to make sure we are able to deliver the right services in the right place for the right people.

Many patients are older and have more complex needs – aging population

There is never a solution for the whole population.

Dementia needs to be a priority as we have an ageing population – Could the community and voluntary sector take this up?

Vulnerable groups such as those who are hearing impaired need to be considered, especially as numbers will grow in an aging population.

Foreign speaking patients can't use 111 – what happens to them?

Care for frail and elderly people not working well – resource is available but it's not accessed well.

Self-medication with technology works for some people, not the elderly.

Geriatrics – elderly care needs inputs from other specialists, but is a specialty in itself.

Personal choice – local knowledge important, depends on circumstances, would be a very different situation for an elderly person with mobility issues.

Broken wrist – local hospital/MIU – need facilities to diagnose and fix. If more complex e.g. for a frail elderly person then more support, including from social services would also be needed.

There are more elderly people – not enough geriatric specialist consultants and doctors.

A lot more families are not taking responsibility for their elderly relatives.

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3.5 THE NHS 111 SERVICE

Attendees were critical of this service, particularly when considered as an alternative to attending A&E. There remains confusion around the circumstances defining the best use of the NHS 111 service. Comments include:

I wouldn't think of ringing 111. They find it difficult to deviate from the script. I don't trust the service.

One Life is a waste of space. People are told to stand outside and ring 111.

111 is a disaster.

111 need improvement to deal with mental health issues – the out of hours don't know how to deal with it and just send an ambulance when it doesn't need to be.

Stakeholder expectations – People expect '111' handlers to be medically trained.

111 work off a script. We need people on those phones that have knowledge.

111 is a good system which worked perfectly for one member of the group. Clinician rang quickly and the GP arrived quickly also.

111 isn't needed - money should be put into front line services instead.

111 has tried to stop the relentless tide to A&E.

111 has created unnecessary demand.

STAR service is available so people can see a GP out of normal working hours. 8am-8pm on weekends. Access via calling 111.

There is a lot of hearsay around NHS 111, not had experience themselves. Wouldn't call 111 in regards to mental health problems, they can't help.

Extra funding will allow system to be more joined up. All needs to be improved. More confidence needed in 111. We have to make it work.

111 is a stressful situation – trying to self-diagnose – not urgent enough.

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3.6 MENTAL HEALTH ACCESS

Mental Health access and provision was mentioned by a number of attendees and dominated comments from one event were there were a few attendees. Comments include:

Delays in accessing support for mental health issues (counselling / talking therapies). Left to deal with condition at home with no support.

Social prescribing – access to database – mental health service would benefit.

People go to A&E as they feel they get referred to the necessary service faster than a GP could arrange (e.g. mental health providers).

JCUH parking – shocking also the travel is such a long way if you have mental health issues it's a lot to ask you to get 2 /3 busses when you are already anxious.

Mental Health isn't illustrated within the urgent care proposals very well. There aren't any urgent services for non-physical needs.

People in crisis that aren't classed as life threatening are slipping through the net.

Mental health isn't represented enough - as can be seen by the wider discussions form today's session.

As a counsellor, concerned at the gaps in service particularly around mental health.

Never seem to see own GP, difficulties with knowing history, frustrating having to go over the same things time and time again with different clinicians, particularly concerning mental health problems.

Current urgent care consultation - option to put GP at A&E will help enormously. Fully in support of proposals. Access to mental health crisis team is the weak link.

Massive gaps in mental health services. Voluntary sector are picking up the gaps, but services are not joined up. Are too many short term pots of funding and competition between providers leads to reluctance to work collaboratively.

Need to look at low level mental health intervention close to home, with more specialist services further afield, people would be happy to do this.

Services aren't joined up, particularly around long term conditions and mental health.

More focus on mental health and wellbeing, this in turn helps people to manage their physical health.

We need more work de-stigmatising mental health problems, and where to go to provide preventative help. Is there a way when advertising 'what service to access when' that mental health providers are incorporated in this.

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3.7 STAFF SHORTAGES

There were comments about previous NHS experiences regarding staff shortages which resulted in a poor patient experience. Many comments were as much about perception as to first hand experience. Comments include:

Lead in time for doctors is 15 years, lead in time for therapists, nurses and paramedics 3-4 years

Not enough GPs at the moment and not enough consultants. 900 a year fewer nationally than is needed. It is difficult to attract doctors to the North East.

Government – more degrees now students loans 15 years till we get consultants trained.

Consultant being trained as specialists e.g. breast surgeons, whereas we used to have general surgeons.

How are we dealing with patients if there's a GP shortage?

With there being a shortage of consultants we have to bring in locum consultants so it still costs money.

Shortage of ambulances.

Staffing shortage hasn't just happened overnight.

There is a shortage of staff at NTH.

There seems to be a shortage of specialist nursing staff.

Shortage in nearly every speciality.

Massive shortage of doctors.

Not enough nurses being trained.

Not enough doctors and not enough nurses.

Not enough paramedics.

There are 4 hospitals in the area. Not enough doctors to man more than 2 across the whole patch.

There are more elderly people – not enough geriatric specialist consultants and doctors.

3.8 EMERGENCY SERVICES AND AMBULANCE RESPONSES

An ever-present concern, particularly in rural areas, ambulance response times were mentioned at several events. Comments include:

Knock on effect of BHP proposals on ambulance services.

Urgent care means we get a St Johns not proper ambulance.

You don't get the same outcomes if you attend hospital in an emergency at 4am on a Sunday as if you attend at 4pm on a week day.

Why can't A&E come to Hartlepool? 7 ambulances have been stood outside North Tees Hospital and staff are not available to book patients in to hospital.

Concern was raised around ambulance response times. Not possible to find out the figures just for Hartlepool.

Too easy to access emergency care when it isn't needed.

Ambulance service response times. We were waiting an hour recently for an emergency ambulance. (non-emergencies take 3 hours we we're told).

In West Yorkshire, you call out-of-hours and get an appointment to see a GP in a hospital – if its emergency, as least you're already in the hospital.

We're waiting for hours when it's urgent, not emergency, for St Johns.

My surgery doesn't treat emergencies.

What is an emergency? I had to lie to say my friend was unconscious, just so they'd send an ambulance when she feel down and broke her arm.

Ambulance crews should not take risks and take everyone to A&E

Transport and ambulance needs to be included in the model

Ambulances don't know the local area well enough. The service is not local enough. It has become too distant from Teesside and not enough local knowledge.

Daughter had brain haemorrhage. Ambulance arrived and it was rickety and old. 2 men were operating it and the daughter had to be walked to the ambulance in the rain when in extreme pain. Once at hospital the care was excellent as was the ongoing care.

Issues with the ambulance – delays with the ambulance arrival time, concern for other ambulance drivers coming from other areas not knowing the Dales area.

Would be happier to see services delivered from their GP surgeries, issues rose with DBC not sorting 'rural roads' for ambulances.

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3.9 COMMUNICATION AND ENGAGEMENT

Prompted by the presentation questions, there were comments around the need to engage with a wider audience (particularly from attendees who thought the events were valuable). There were clear pleas to ensure the messages were clear, simple and honest and that changes were happening. Comments include:

A lot of care can take place out of the hospital and closer to home. Communicate better that you don't have to go to A&E for everything.

Say fairly bluntly, it's (BHP) going to happen.

Tell people straight – too much flim flam.

Continually let people know as by the time things like this have got to the media it seems like you have already decided what you want to do.

Use community champions for innovative solutions and to get message out.

Use local networks to raise awareness – VDAs, PCP.

Need to educate patients about self care/communication/use of IT.

There needs to be more communications on BHP and more conversations. Trusts need to improve on this too, though they are getting better.

Communication needed where should people go for services.

We need to make sure posters that are up are in date and relevant. Better communication for messages, keeping them simple.

These events aren't being advertised well enough. Incorrect details in the Evening Gazette. Need to find the balance of e-communications and other methods.

It needs to be communicated that people can't have everything on their doorstep – realistic expectations. People don't want to wait, even if they can.

It's hard for patients to consider what is a reliable source of information – credibility is so important, as is how it's disseminated.

What you could do better? Communication of different services – where people should go.

Communication everything together, rather the separate services.

We need one big campaign to advertise NHS correctly.

Sell in to NHS colleagues before public – patient groups etc.

We must just be open and honest. Tell the public now we need their help ***not*** *when we are very far down the line and decisions have mostly been made.*

Not getting too hung up in the multimedia websites. Get out to GP hubs, community hospitals screens in surgery etc. Reference other local authorities.

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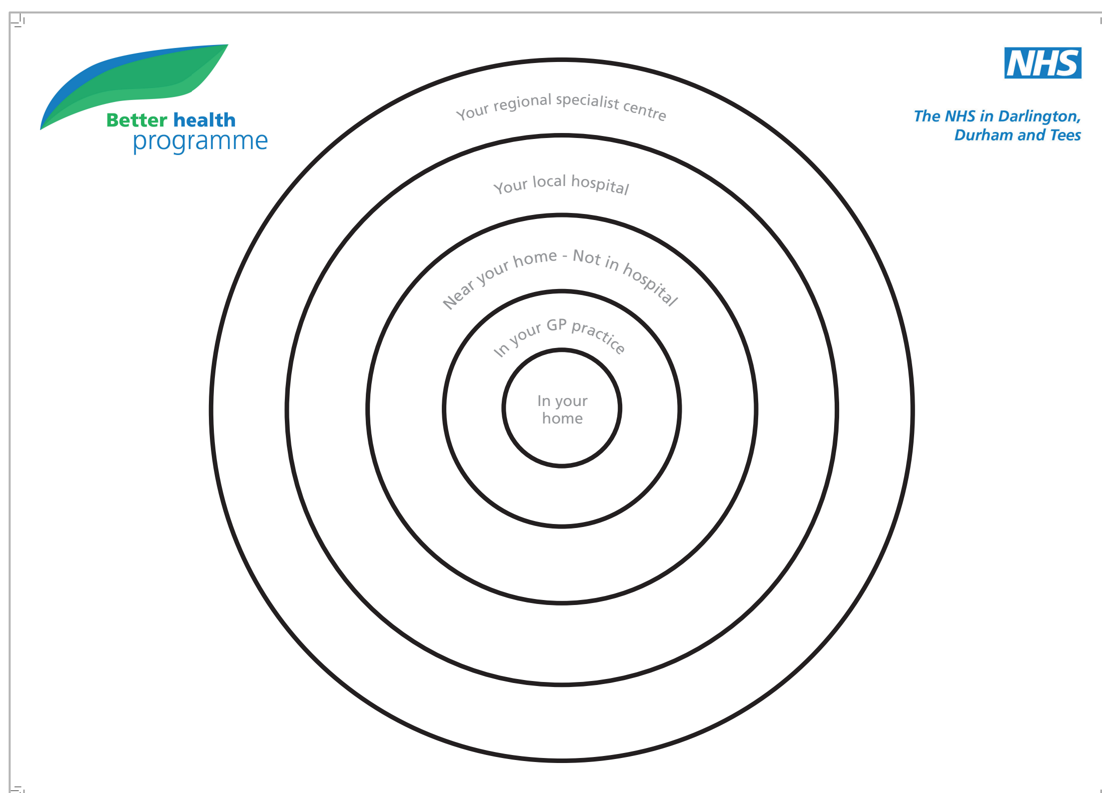
4.0 Where should services be (concentric circles exercise)

To answer this question attendees were asked to write services on post-it notes and place them on the wall chart below. It created detailed discussion and was a useful engagement and participation tool supplying useful feedback from the attendees.

7 of the 12 events conducted this circles exercise.



4.1 Overview of the concentric circles exercise

Mental health care is mentioned in 4 out of 7 events and features in every concentric ring from in your home to your regional specialist centre and even comments that were placed outside of the rings. This prominence reflects the concern the attendees had for mental health care.

Travel and transport yields the most comments outside of the concentric rings, matching its high prominence as a theme throughout the 12 events.

368 comments were recorded in this exercise. Most comments placed services in the community, reflected in the following breakdown:

49% of comments referred to the inner 3 ‘not in hospital’ settings
20% of comments referred to the 2 outer ‘in hospital’ settings
31% of comments were placed outside of the rings altogether

Comments placed outside of the rings were non-setting specific about the wider issues surrounding travel and transport, communications, finance, integration and joined up care.

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4.2 The results of the concentric circles exercise

Services in your home (15% of comments) - Common services mentioned included:

Tele-health
Telephone support
Skype
Community
District nurses
Community services
Mental health support
Dementia care
Rehabilitation
Physiotherapy
Social support
GP home visits

Attendees from all events were consistent in placing more community-based services in this section, provided good feedback on the value of technology in relieving pressure at GP practices and reducing or avoiding the need to travel for results etc.

Services in your GP practice (16% of comments) - Common services mentioned included:

Specialist nurses / Senior doctors / Consultants
Non-urgent test results relayed over phone or by GP
Injections/vaccinations
Weight/Smoking cessation
Screening/diagnostics
Blood tests
X-ray
Minor surgery
Patient education
Access for deaf patients
Physiotherapy
Mental Health support
Dementia

Attendees placed a lot of diagnostic, testing and assessment in this section. There was a theme of bringing some minor and routine hospital services (or the skilled staff) into the GP practice on a full or part-time basis to reduce the need to travel to hospital.

Services near your home - not in hospital (18% of comments) - Common services mentioned included:

Mental Health support
Triarge
Scans, screening and diagnostics
Elderly care
Dementia
Better use of pharmacies
Rehabilitation
Physiotherapy
Community hospital services

Again, attendees placed diagnostic, testing and assessment in this section as well as counseling, outpatient clinics and social care including voluntary sector support.

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Your local hospital (8% of comments) - Common services mentioned included:

A&E
Urgent care
Maternity
Minor operations
Serious operations

Attendees placed mostly existing services in this section. This section yielded the lowest number of comments in the exercise.

Your regional specialist centre (12% of comments) - Common services mentioned included:

Cancer treatment
Heart treatment
Neurology
Specialisms
Children's care
Trauma
Surgery

Attendees placed the most urgent or specialist services in this section. Some attendees added that they expected to travel further for these services.

5.0 Event Evaluation

The 12 public engagement events were a worthwhile public engagement exercise with 168 attendees contributing to the exercise. Most attendee event feedback was positive and suggested the events were well ran, easy to get to (99% strongly agree/agree), provided enough background information (80%), allowed individuals to express their point of view (87%) and make sound judgments (78%) and were both informative and useful (86%). Additional comments ranged from more people need to know about these events to keeping discussions on track.

The Hartlepool event feedback was less positive as many attendees took the opportunity to express their views about the loss of A&E, their fears that University Hospital of Hartlepool would be the most likely to close in any consolidation programme and that residents are without the hospital services they deserve. There was less engagement with the wider BHP issues and some attendees claimed that their points of view had not been listened to fully.

Event details

Event 1 - 9th Feb 2016	**Chester-le-Street**	8 Attendees	Circles used: No
Event 2 - 11th Feb 2016	**Stanley**	4 Attendees	Circles used: No
Event 3 - 15th Feb 2016	**Durham**	2 Attendees	Circles used: Yes
Event 4 - 16th Feb 2016	**Hartlepool**	38 Attendees	Circles used: Yes
Event 5 - 18th Feb 2016	**Darlington**	30 Attendees	Circles used: No
Event 6 - 22nd Feb 2016	**Redcar**	21 Attendees	Circles used: Yes
Event 7 - 24th Feb 2016	**Billingham**	14 Attendees	Circles used: Yes
Event 8 - 25th Feb 2016	**Eston**	4 Attendees	Circles used: Yes
Event 9 - 26th Feb 2016	**North Ormesby**	14 Attendees	Circles used: Yes
Event 10 - 1st March 2016	**Barnard Castle**	14 Attendees	Circles used: No
Event 11 - 2nd March 2016	**Spennymoor**	9 Attendees	Circles used: No
Event 12 - 3rd March 2016	**Murton**	10 Attendees	Circles used: Yes

Feedback Sheets (All events)

The Venue	Number of responses	Strongly Agree	Agree	Disagree	Strongly Disagree
It was easy to get to the venue	124	93 (74%)	31 (25%)		
The venue was accessible	125	93 (74%)	32 (26%)		
The room was appropriate for this type of event	118	69 (55%)	39 (31%)	10 (8%)	

The presentations *Please tick how you felt about each*	Number of responses	Strongly Agree	Agree	Disagree	Strongly Disagree
The presentation contained enough background information	110	42 (34%)	57 (46%)	9 (7%)	2 (2%)
In the facilitated discussion I was able to express my point of view	115	70 (56%)	39 (31%)	2 (2%)	4 (3%)
I had enough information to make informed judgments during this engagement event	111	40 (32%)	58 (46%)	7 (6%)	6 (5%)

Overall	Number of responses	Strongly Agree	Agree	Disagree	Strongly Disagree
I found the event informative and useful	117	60 (48%)	47 (38%)	6 (5%)	4 (3%)
The event ran to time	109	58 (46%)	41 (33%)	7 (6%)	3 (2%)

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6.0 Appendices

6.1 Concentric Circles Exercise comments

Where should these services be? Billingham (14 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
Better use of telehealth	Specialist Practice nurses to see more people	Aging population – dementia needs	Hospitals to run care homes	People willing to travel for major illness or injury, specialist care (children etc)	Info on what transport services are available
Telephone emotional support	Charges for people who don't turn up for appointments	Mental health support	Lab tech working 24/7	Brain – ongoing specialist	Social services to play a part and provide 24/7 services
Babies born	Non-urgent results to be relayed to patients over phone or in GP practices	Triage	Longer term specialist care	Psychiatric hospital	More info about what is available where and when
Carers	More services provided in house	Speech and language therapy	More serious operations	Ultrasound	Voluntary sector and NHS
Telephone consultation	X-ray facilities	Physiotherapy	Carer's base	Neurology	Prevention so there's no need for hospital
Voluntary Mind and Sane	Early test for people who suspect dementia	Diabetes	Premature babies	Allergies	Vulnerable need more support
Crisis team	Home visits	Community hospital		Heart	Parking charges
Dementia age concern	Injections	Clinics on certain days		A&E	Transport and travel
Community nurse	Weight	Drug/alcohol support in the community		Major injuring	Cost of transport and travel
Psychiatric nurse	Smoking				Volunteers – support and transport
Rapid response team (just outside of hospital)	Specialist nursing e.g. Diabetic				
Patient self confidence and resilience	Screening				
Use and promote 111	Minor surgery (warts)				
Self care crucial – why go to A&E	Psychiatric nurses				
	Prevention				
	Elderly services				

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Where should these services be? Eston (4 attendees)

No comments for your local hospital or your regional specialist centre

In your home	In your GP practice	Near your home - Not in hospital	Outside circles
Community services	Smears and breast checks should be local	Pediatrics – would travel if appropriate	Public need to buy into changes to make it a success
District nurses	More people rely on pharmacists	Maternity services	Agree the plans with the public
	Patient education – local GPs need to be accessible	Distance to travel clinically safe levels	Smoking, COPD etc. Care - prevention
	Hearing aid batteries from GPs or local village	Northallerton – would travel to meet patient choice	Use of VCS
			Use of social prescribing
			Cost of prescriptions
			Visual case studies for education
			Way to inform people
			Use health watch more
			Walk-in centres/ local hospitals can be intimidating
			Use of community hubs less clinical
			Redcar community network
			Access is from A-B, not about distance
			Walk-in centre patients know they will be seen
			Use social media more
			Technology could be abused
			Technology – children and young people, care home example
			Maternity – can't be one size fits all
			What does CCTH mean to public
			Transport costs
			Emotional and physical strain
			Access to the internet
			Use of 111
			Attitude of staff should be more caring
			Patient experience poor at JCUH – politeness costs nothing
			Access to GP for working people
			VCS resourcing them value for money
			Services working together e.g. Doctors/dentists offer transport together
			East Cleveland transport concerns
			Payment for transport
			Do more in primary care to prevent or reduce long term costs
			Target young people and school children to get info to their families
			Continuity in quality of services
			Need to raise levels of confidence outside of A&E
			Informing the public
			Never underestimate the general public
			Health champions of local groups
			Technology –assurance that it's safe and private
			Inform/educate to address skepticism
			Cost of over the counter medicines versus free prescriptions
			Social media targeted work on local services

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Where should these services be? Hartlepool (38 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
District community nursing	Better access for deaf patients i.e. 1) sms text appointment booking service 2) visual system for calling patients when it's their turn 3) flagging up when patient is deaf to ensure BSL interpreter is booked	Revolving door	Squeeze on social care (whole package)	Specific conditions which are uncommon or require specialist treatment	Travel and transport
GP practice	A&E	Social care provision and funding integration	Stroke unit	Public to be told what services are available where and when	Better home care will keep people out of hospital
Some minor ops	Senior Doctors	Join up GP and Out of Hours access to records	Maternity services	Don't make appointments for Hartlepool residents at North Tees before 9.30am to allow patients to get there via public transport	Cost effectiveness of transport
Home care		Modern 'step down' beds	A&E	Improve emergency access to services – 111, ambulance	Nurse training 'hands on'
Prevention		Community Nurses	Joined up IT		
Qualified nurses					

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Where should these services be? North Ormesby (14 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
Rehabilitation	Vaccination programmes	Elderly care support services	Outpatients	Gynae services	Needs to have infrastructure behind this –
Physiotherapy	Adult autism	Eye care	Maternity	Nuero services	Transport
After care	Cast removals	Third sector/ voluntary sector support	Occupational therapy	Cardiothorasic services	Accessibility
Social Support	Minor surgery	Minor skin surgery	Minor injuries	Surgical treatments	Staffing issues
Community district nursing	Counselling services	Screening services	Acute and complex	Specialist diagnostic testing	Nurse practitioners both in primary care and acute settings
Tele-medicine	Blood tests	X-rays	Children	Cardiology	Transport
Skype	Welfare rights	Speech and language therapies		Cancer-radiotherapy	Technology
Physiotherapy	Physiotherapy	Blood tests in leisure centres/ community halls/ church halls		Cancer-tumour specific surgical treatments	Communication and education needs to improve
District nursing working with carers	Care (HTSC?) package	Better use of pharmacies		Cancer-diagnostic and treatment planning in one centre to reduce variation	Improved integration especially with hospital discharge
Support home carers/ rehabilitation		IV antibiotics		Rare problems – How does that feed back into the rest of the service	Confidence needed across services
Chemotherapy		Social ongoing support/ peers		A&E – managing admissions/	Complexity of case helps decide where
Elderly		Scans in One Life		readmissions	Education public and in schools (self care)
IV antibiotics		Occupational therapy		Better use of specialist staff	Easy access to local services
Children		Mental health		Specialist care	Mental health support through the system
Voluntary sector		End of life			Holistic care – family focus
Crisis mental health		Mental health crisis/ rehabilitation			
Self care					

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Where should these services be? Redcar (21 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
Social care	Blood tests	Community acupuncture – Brotton	Friarage/ RPCH review	Heart transplant	Technology video call option
Physiotherapy	Relationship	Mental health ongoing support	Maternity	Would travel to London if necessary	Confidentiality
Primary care (Nurse sleep)	Diagnostic tests	Social care	Mental health	Rehabilitation	Community agents
Receiving results by phone or Skype	Shared skills and expertise	Chemotherapy in Redcar hospital	Dementia	Trauma	GPs don't refer often
GP practice	Urgent care	Waiting lists	A&E	RVI/ JCUH/ Freeman	Doctors first
Huge gaps in mental health	Weight management	Specialist centre and physical help	Broken bones	Dialysis	Communication – what is available for me
Services for long term mental health illness	Ambulatory blood pressure monitoring	Urgent care	Minor ops	Chemotherapy	Grass roots!
Self care	Ear irrigation	Rehabilitation	Rheumatology	Stroke	People need a credible source of information
Domiciliary care	Pre-op baseline assessment (excluding assessment of anesthetic or surgical risk)	Step down beds/step up beds	Endoscopy locally	Cardiotherapy	Mental health – the funding runs out
District nursing services	Consultants come to practices – great for patients, upskills GPs and improves comms between primary and secondary care	Maternity		Cancer	Poor information for mental health in GP practices
Physiotherapy	Dementia	Dementia		Intervention	Knowing where to go
Mental health	Mental health	Mental health		Mental health	Short term contracts – no sooner here then gone
Maternity	Maternity	Outpatient clinics		Maternity	Resilience
Dementia	Physio	Consultant clinics		Dementia	Advocacy
	Minor surgery follow ups	Scans, diagnostics and x-rays		Cardiac	Joined up care
		Blood tests		Spinal unit	Patient choice – e.g. Maternity
				Intensive care	Depends on needs where services are provided
					Funding and joint working
					Mental health
					Maternity
					Dementia

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proportion

Where should these services be? Murton (10 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
GP consultation – Skype etc	Advertising services/sign posting/publicity	Physiotherapy			Capacity
All primary care services – practice nurses	Reception – better assessments	Counselling			Waiting
Text, phone, IT, carer app, TV, radio	Diabetes	Mental health support			Travel costs
	Citizens advice/debt	Scans and x-ray			Transport
	Mental health services	Vascular services			Voluntary sector
	Mental health and learning difficulty patients able to access mainstream services	Sustainable care closer to home			Develop transport scheme
	Minority groups – services more accessible	Lymphoedema services			Support carers
	Community services/PC services more integrated	Community hubs			Holistic approach including housing
	More screening available	Housing – voluntary sector			Integration
	Mental health specialists within GP practices	Bereavement services			Embed in patient pathways
	More diagnostic tests available	Peer support groups from the voluntary sector			Better use of sign posting
	Consultant test results – saves on travel to and from consultants				Communication and education about what services are available
					Information is hard to navigate
					Keeping resources up to date
					Knowledge sharing
					Directory of services
					Multi-agency

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Where should these services be? Durham (2 attendees)

In your home	In your GP practice	Near your home - Not in hospital	Your local hospital	Your regional specialist centre	Outside circles
GP home visits	NHS choices	Community pharmacy	Urgent care centre	Three operations for Chrohns at Dryburn. First UHND	Reputation
Local surgery and local pharmacy		Dentists	A&E		Phone 111 or 999 – don't just go
		Primary care centres	Chrohns emergency – phoned 111 they booked appointment at Peterlee walk in centre – excellent		Availability of transport
		Community pharmacy to take pressure off A&E	Peterlee first Chrohns operation Hartlepool 1990		In old days you rang your Dr
		Health promotion			If you are short of money what do you do?
		111			Travel vs time
		Local walk in centre			Limitations around services available on a Saturday
					20 a year not 2 a year
					Minor ailment scheme
					How do you know it's an emergency?