Independent Analysis of the PHASE 2 Public Engagement Events (May 2016) for the Better Health Programme

Proportion Marketing June 2016

Contents

1.0 Introduction

A series of 12 Phase 1 Better Health Programme (BHP) public engagement events ran by the NHS in Darlington, Durham and Tees were held between February and March 2016. This was followed in April and May 2016 by the Phase 2 Better Health Programme public engagement events.

This BHP Phase 2 public engagement feedback analysis has drawn on the scribe notes, comment cards, evaluation forms, verbal comments and email comments from a stakeholder forum event (held in Newton Aycliffe on the 4th May 2016 - attendance 119) and 17 public engagement events (held between the 7th and 31st May 2016 - total attendance 278).

The events included a presentation describing the framework of the Better Health Programme, attendees were asked the following questions to prompt a dialogue:

*1. Do you support the **principles of care** as a reasonable direction of travel?*

*2. Do you support the **draft framework of care** as a reasonable direction of travel?*

*3. Any ideas or questions you have to enhance the **draft framework of care** or issues raised?*

4. What are your priorities for improving care for patients and for decision-making criteria?

*5. (Darlington Public Events only) What are your thoughts about the **blueprint** for **primary care** and **healthy town proposal**?*

6. Any other comments/suggestions?

Feedback was recorded by scribes at each table and has been independently analysed by Proportion Marketing Limited for this report. As they are scribe notes and not comments/positions assigned to individual attendees it is not possible to quantify support or opposition to ideas, but counting comments and grouping them into themes does provide a sense of the main issues raised by the attendees that should inform BHP decision-making.

2.0 Executive summary

The Phase 2 public engagement events proved successful in highlighting a number of issues that the Better Health Programme should feed into its processes.

2.1 Feedback prompted by the following questions

1. Do you support the **principles of care** as a reasonable direction of travel?
2. Do you support the **draft framework of care** as a reasonable direction of travel?
3. Any ideas or questions you have to enhance the **draft framework of care** or issues raised?

The attendees at the Stakeholder Forum event expressed broad support for both the principles of care and the framework of care. Attendees largely understood the value of specialisation and the benefits of care closer to home and largely agreed with the framework of care in theory.

Many attendees at the Stakeholder Forum work in the healthcare industry and commented on and raised questions around specific services and revealed an insider perspective to the strategic issues around the Better Health Programme.

Some expressed support conditional on vital elements being successfully put in place first such as (listed by most comments):

- social care integration
- more detail on the model of care
- a patient information sharing system
- the role of and access to GPs in the process, and
- comprehensive and clear communication to patients about what services are where.

The attendees at the Public Engagement events, to a lesser extent, also agreed with the attendees Stakeholder Forum event in their support for both the principles of care and the framework of care.

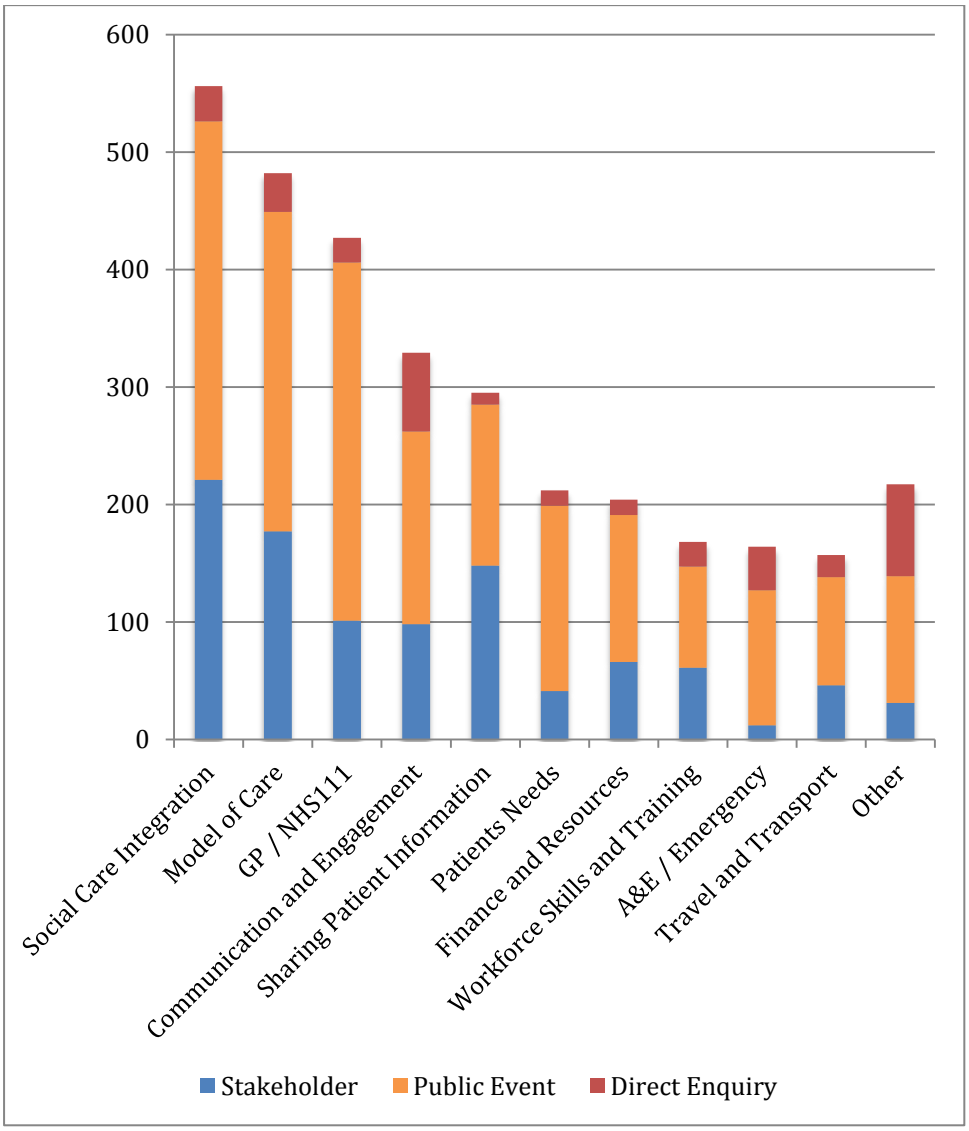
Their views were from a public perspective rather than a healthcare industry perspective. The main issues (listed by most comments) from these events were around:

- the role of and access to GPs

- social care integration
- more detail on the model of care
- communication and engagement, and
- individual patient needs.

The Darlington Public Engagement events expressed less support for both the BHP principles of care and the framework of care as the dialogue was dominated by a concern that Darlington Memorial Hospital (DMH) could lose its A&E department. Opposition in the Darlington events to the BHP direction of travel was clearly stated if it meant losing A&E at DMH.

The table below summarises the 10 key themes raised in Phase 2 (measured by comments) from all attendees and respondents from the Stakeholder Forum, the 17 public events and from individual direct enquiries.



The **Social Care Integration** theme generates the most comments (17% of all comments) around the need to successfully integrate community services, care at home, the role of the voluntary sector and admission and discharge for the BHP programme to work.

The **Model of Care** theme (15%) covered comments about the benefits of using hospitals for specialised services and queries about scenarios around the Model of Care.

The **GP / NHS111** theme (13%) theme covered comments about the importance of the role of GPs and GP access to the BHP programme and the relative merits, weaknesses and opportunities of the NHS111 system.

The fourth **Communication and Engagement** theme (10%) covered comments about the importance communicating to the public about specific changes to specific services, the need to improve signposting amongst healthcare professionals, the need to fully consult with the NHS workforce, the need to educate the public (self care) and the need for service deliverers to promote confidence in the BHP programme to staff and public.

The **Sharing Patient Information** theme (9%) covered comments about whole system unified IT and documentation systems, the uses of IT and technology and the healthcare professionals networking opportunities and their importance in delivering the BHP programme.

The remaining themes included **Patient Needs** (7%), **Finance and Resource** (6%), **Workforce, Skills and Training** (5%), **A&E and Emergency** theme (5%) and **Travel & Transport** (5%).

2.2 Feedback prompted by the following questions

4. What are your priorities for improving care for patients and for decision-making criteria?
6. Any other comments/suggestions?

The comments raised by Q4 were largely related to addressing the concerns raised in the principles of care and framework of care questions listed in 2.1 i.e.

- social care integration
- a patient information sharing system
- the role of and access to GPs in the process,
- clear communication to patients about what services are where, and
- individual patient needs.

The comments raised by Q6 gave respondents a chance to reinforce their concerns on the issues raised previously, which they did in the majority, and also to comment on issues not included in the presentation thus far. Many took the opportunity to raise concerns over A&E at DMH, the sustainability of the BHP programme, to suggest it was a fait accompli or to comment on the presentation content. Positive comments reinforced the direction of travel, the quality of local urgent care consultations and suggestions of how patient groups could support each other.

2.3 Feedback prompted by the following question

5. (Darlington Public Events only) What are your thoughts about the **blueprint** for **primary care** and **healthy town proposal**?

This was asked at the two Darlington events only. There was a mixed response to this question – at lot of positivity about the theory making sense and how exciting it is as a concept but some questions around the reality – its sustainability, the lack of detail, whether it meets Darlington's needs, the political context, the complexity of the presentation, what GPs think of the idea and GPs potential new roles.

2.4 Summary

The majority of attendees from all events broadly agreed in the direction of travel of the BHP programme but were keen to see a clear definition of specialist services that would be made known to the public. There was wide acknowledgement of the benefits of specialisation and the prospect of increased travel but there is some scepticism and untested conditional support of the programme at this early stage as detailed scenarios were not presented.

3.0 Main Findings

Attendees from all events did raise suggestions, concerns and questions about the detail and the practicalities of the Better Health Programme as a whole.

3.1 Suggestions deemed critical to success

Attendees raised a number of issues during the events that they deemed for critical to the success of the Better Health Programme. Some of these issues are listed below:

- Strong leadership and collaboration
- Clear and honest communication & engagement
- Social care integration
- Partnerships pulling together, not competing
- Clear signposting of new system
- Shared patient records / technology / unified IT & documentation
- Stakeholder confidence in new system
- Quality assurance of new system
- Whole-system overview
- Patient-centric thinking
- Win hearts and minds of public
- Use Hartlepool A&E closure and Stroke at Durham as examples of service change
- Account for new houses being built in Darlington, growing population
- Public acceptance that not all hospitals are the same
- Truly reflect local need.

3.2 Areas of concern

Attendees raised a number of concerns about the Better Health Programme. Some of these concerns are listed below:

- Losing A&E at Darlington Memorial Hospital (Darlington event)
- Travel & transport
- Community care provision
- Rapid emergency treatment
- Ambulance service
- Resources and funding
- Public behavior / education / prevention
- Voluntary sector role

- GP access
- Privatisation
- Discharge arrangements
- Mental health
- Lack of skilled staff
- Lack of detail in the presentation
- Current state of A&E
- NHS111
- Fait accompli
- Workforce morale / stress / resource
- Vulnerable groups excluded from model
- Model is excessively optimistic
- Propaganda
- Keeping services local
- Presentation too difficult for public to understand.

3.3 FAQs

Attendees raised a number of questions about the Better Health Programme. Some of these questions are listed below:

Raised under Principles of Care section

- Where is the evidence this will work or is achievable?
- What about the impact on patient/visitor travel?
- What about the impact on the elderly?
- What role will the voluntary sector play?
- Will BHP be totally honest in its communication about the full impact of the programme?
- Who decides when the patient needs to go to hospital?
- Will this be patient and not service focused?
- Is there funding in the right places to support this programme?
- Will new technologies be part of the solution?
- Are the relevant support services available when patients are discharged?
- Can fewer A&E's cope with the additional burden?
- Will patients with multiple healthcare needs be treated simultaneously?
- Isn't much of this already happening?
- What happens to patients who are yet to be properly diagnosed?
- What does community mean – location, clinical response?

- Can community services cope with the additional burden?
- What will this actually look like?
- Is there full trust and confidence from all clinical and healthcare partners in this programme?
- What about the Golden Hour – stroke and heart?

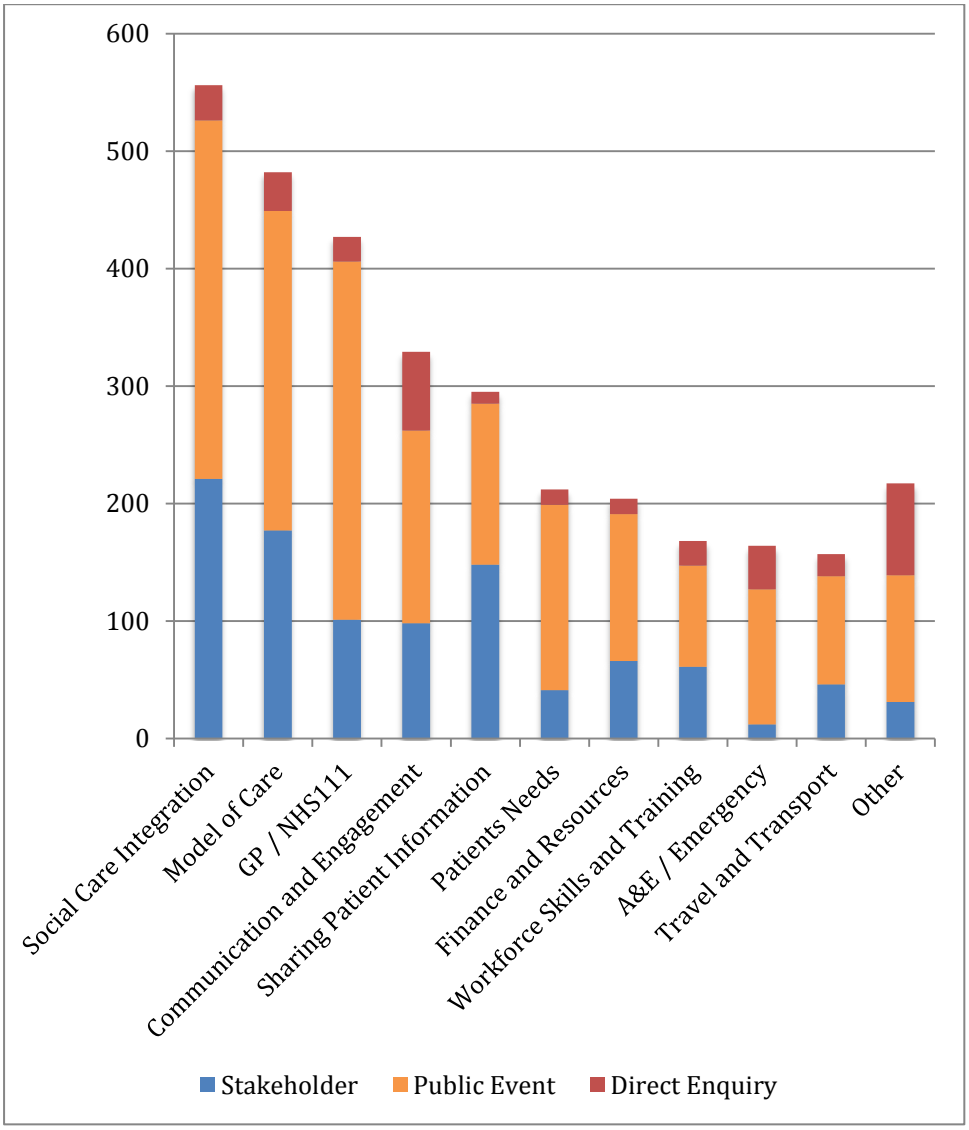
Raised under Framework of Care section

- How does mental health fit in?
- How does social care fit in?
- Is there a clear patient pathway infrastructure from access to discharge and social care?
- Define specialist services and where exactly will they be located?
- Are GP, community and voluntary services collaborating fully in this programme?
- Have you considered the inequitable access to GPs?
- Will there be unified documentation and a single IT system across all services?
- Will patient choice be affected by these changes?
- Who will ultimately be responsible for this joined up system?
- Who can assure us that an integrated approach could work?
- Does the system recommend better use of technology?
- How will you ensure patient data will be shared to ensure a joined up care plan?
- Could we see worked examples to clarify and apply the principles?
- Where are A&E and Trauma going to be located?
- Where are the doctors and nurses coming from?
- What is the timescale for the project?
- Would DMH continue to deliver planned care?

3.4 Analysing the comments and grouping into themes

There were 3,211 comments recorded in the Phase 2 Engagement Programme.

3.4.1 Total Comment Themes (stacked)



The above table groups comments together from the Stakeholder Forum, the 17 public events and from individual direct enquiries.

The **Social Care Integration** theme generates the most comments (556 or 17% of all comments). This theme covered comments about the need to successfully integrate community services, care at home, the role of the voluntary sector and admission and discharge for the BHP programme to work.

The second largest number of comments were around the **Model of Care** theme (482 or 15%). This theme covered comments about the benefits of using hospitals for specialised services and queries about scenarios around the Model of Care.

The third largest number of comments were around the **GP / NHS111** theme (427 or 13%). This theme covered comments about the importance of the role of GPs and GP access to the BHP programme and the relative merits, weaknesses and opportunities of the NHS111 system.

The fourth largest number of comments were around the **Communication and Engagement** theme (329 or 10%). This theme covered comments about the importance communicating to the public about specific changes to specific services, the need to improve signposting amongst healthcare professionals, the need to fully consult with the NHS workforce, the need to educate the public (self care) and the need for service deliverers to promote confidence in the BHP programme to staff and public.

The fifth largest number of comments were around the **Sharing Patient Information** theme (295 or 9%). This theme covered comments about whole system unified IT and documentation systems, the uses of IT and technology and the healthcare professionals networking opportunities and their importance in delivering the BHP programme.

The next largest number of comments were around the **Patient Needs** theme (212 or 7%). This theme covered comments about how individual services would fit into the new BHP programme and the impact it would have on patients' needs.

The next largest number of comments were around the **Finance and Resource** theme (204 or 6%). This theme covered comments about the need to properly fund the BHP programme, the extended GP role and the reliance on funding for Voluntary sector involvement.

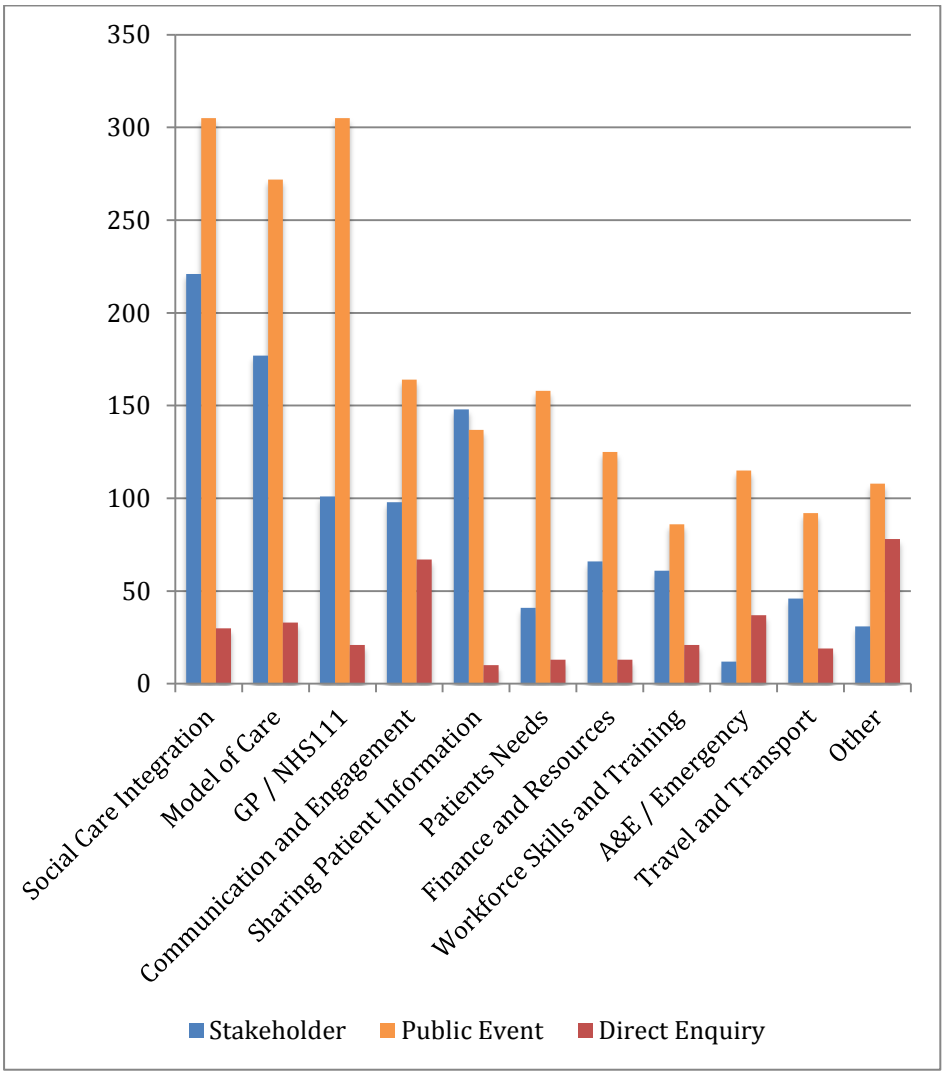
The next largest number of comments were around the **Workforce, Skills and Training** theme (168 or 5%). This theme covered comments about the need to address the shortage of doctors and nurses and to provide healthcare staff with the skills and training required to understand, support, collaborate, network and deliver the new Model of Care.

The next largest number of comments were around the **A&E and Emergency** theme (164 or 5%). This theme covered comments about the perceived loss of A&E services at Darlington Memorial Hospital and about the improvements to Emergency care (and reduction in pressure on Emergency services) that was anticipated as a result of delivering the BHP programme.

The next largest number of comments were around the **Travel & Transport** theme (157 or 5%). This theme covered comments about the need to consider travel times in the BHP programme, concerns about travel times as a result of the perceived loss of A&E services at Darlington Memorial Hospital and comments around the difficulties and cost of travel (particularly rural, elderly or low-income patients) and the cost of car parking.

All remaining comments were classified as **Other** (217 or 7%). These covered a diverse range of issues such as where mental health/maternity/dementia/elderly care services fitted into the new Model of Care; comments on the relationship with and the performance of the Ambulance service; suggestions for the role of pharmacies and positive and negative comments on the presentation in the public engagement events.

3.4.2 Total Comment Themes (clustered)



Splitting by source of comments (Stakeholder Forum, Public Event or Direct Enquiry) reveals the key areas of comments and concerns from individuals.

Stakeholder Forum comments

Theme	Count	Percentage
Social Care Integration	221	22
Model of Care	177	18
Sharing Patient Information	148	15
GP / NHS111	101	10
Communication and Engagement	98	10
Finance and Resources	66	7
Workforce, Skills and Training	61	6
Travel and Transport	46	5
Patients Needs	41	4
Other	31	3
A&E / Emergency	12	1

Social Care Integration (22%) attracted the most comments at the Stakeholder Forum. Much support for the BHP programme was linked to ensuring that it successfully integrated community services, care at home, the role of the voluntary sector and admission and discharge policies.

Model of Care (18%) was the second most common theme, followed by the imperative to solve the challenge of efficient and effective **patient information sharing** (15%). Comments around the **A&E / Emergency** theme were the least common (1%), followed by **Patient Needs** (4%) and **Travel and Transport** (5%).

Public Event comments

Theme	Count	Percentage
Social Care Integration	305	16
GP / NHS111	305	16
Model of Care	272	15
Communication and Engagement	164	9
Patients Needs	158	8
Sharing Patient Information	137	7
Finance and Resources	125	7
A&E / Emergency	115	6
Other	108	6
Travel and Transport	92	5
Workforce, Skills and Training	86	5

Social Care Integration attracted 16% of comments at the Public Events. Again, much support for the BHP programme was linked to ensuring that it successfully integrated community services, care at home, the role of the voluntary sector and admission and discharge policies.

GP / NHS111 also attracted 16% of the comments at the Public Events. Comments around the **Workforce, Skills and Training** and the **Travel and Transport** themes were the least common (both 5%), followed by **A&E / Emergency** (6%) although this was a major theme at the Darlington events.

Direct Enquiries comments

Theme	Count	Percentage
Other	78	23
Communication and Engagement	67	20
A&E / Emergency	37	11
Model of Care	33	10
Social Care Integration	30	9
GP / NHS111	21	6
Workforce Skills and Training	21	6
Travel and Transport	19	6
Patients Needs	13	4
Finance and Resources	13	4
Sharing Patient Information	10	3

Communication and Engagement (20%) attracted the most Direct Enquiry comments. Attendees were most concerned that the public needed to be aware of the BHP programme and that the changes were clearly communicated and signposted consistently amongst healthcare professionals. The second largest theme was **A&E / Emergency** (11%) where many Darlington attendees reinforced the views at the public events via the Direct Enquiry route, followed by the **Model of Care** theme (10%). Of least concern to those making Direct Enquiries collectively made up the **Other** theme (23%) followed by Sharing Patient Information (3%), **Finance and Resources** and **Patient Needs** (both 4%).

All Themes (Ranked by number of comments)

Theme	Stakeholder Forum	Public Events	Direct Enquiries
Social Care Integration	1	1	5
Model of Care	2	3	4
Sharing Patient Information	3	6	11
GP / NHS111	4	2	6
Communication and Engagement	5	4	2
Finance and Resources	6	7	10
Workforce, Skills and Training	7	11	7
Travel and Transport	8	10	8
Patients Needs	9	5	9
Other	10	9	1
A&E / Emergency	11	8	3

Social Care Integration was most prominent in both stakeholder and public events and the **Model of Care** also ranked highly in both events. Stakeholders raised more comments on **Sharing Patient Information** and **Workforce, Skills and Training** than their public counterparts. The public raised more comments **about GP / NHS111** and individual **patient needs** than their stakeholder counterparts.

4.0 Appendices

4.1 Principles of Care

1. Care delivered through a **network of hospitals and community** services
2. More seamless care **close to or in the patient's home** where safe and effective, access to urgent and community care 24/7
3. Patients only admitted to hospital **where it is no longer safe or effective for them to be cared for in the community**
4. Access to **specialist opinion 24/7** where this improves outcome, e.g. heart attack, stroke, trauma, or internal bleeding
5. Planned care organised so there is **no unnecessary waiting, no cancellations** and patients not exposed to risk of infections

4.2 Framework of Care