

Communications and Engagement Report

For Commissioning Engagement Cycle – Commissioning Intentions (CI)

1. Summary

This report highlights the engagement findings and recommendations during an engagement exercise completed during June 2017, on the CCG's proposals to develop, inform and guide the Wolverhampton Clinical Commissioning Group (WCCG) CI 2018/19. Work in 2017/18 will inform the financial year 2018/19.

Results of the findings from the engagement results will be made available to the CCG Programme Boards. The Boards may suggest recommendations which may be reviewed by the CCG Governing Body later on in the year. The WCCG Governing Body should then confirm how the evidence gathered will influence the WCCG CI for 2018/19 based on the recommendations from the programme boards.

The objectives are:

- To promote (along with other communications plans) the WCCG as an effective custodian of the local NHS that makes decisions in the best interests of local people.
- Inform commissioning decisions using the engagement cycle and CCG Communications and Participation Strategy, to ensure they are focussed on the needs of service users and communities
- Influence commissioning of local services beyond health and care to make a real impact upon wider determinants of health
- To define and provide a range of communications and participation products and methods to help people to:
 - learn about proposals in detail in to help them form an opinion, and know how they can feedback,
 - to share their opinion with us.

The setting of CIs is an annual activity that seeks to ensure that commissioners have a clear oversight for delivering their on-going vision for improving local health outcomes, and to let providers know of the contractual changes that will be implemented in the forthcoming year.

CIs for Wolverhampton CCG have been clearly aligned to the following:

- Operating Plan
- Five year forward view
- Primary Care Strategy
- Primary and Community element of the Better Care Fund
- Link to the evidence as set out in the newly refreshed Joint Strategic Needs Assessment (JSNA) for Wolverhampton.

A thorough communications and participation plan was put together and monitored by the Commissioning Intentions Group to inform clinicians and staff within our organisations, partner organisations, patient/community groups and the public about the engagement exercise and how to get involved to share with us their views.

The Commissioning Dept were asked to provide key themes for discussion with the stakeholders.

2 Communications and Participation approach

A variety of engagement methods were used to share information about the CCG CI and encourage people to share their feedback. Below details each method:

2.1 Scheduled CCG meetings

Date/time	Meeting
06 October 2016	Planning
03 November 2016	Planning
17 January 2017	Planning
06 April 2017	Planning
25 July 2017	Planning
07 September 2017	Planning

2.2 Public events

Date/time	Venue	Present
Wednesday 14 June, 9am – 3.30pm	Asda, Molineux Way, Jack Hayward Way, WV1 4DE	public and interested stakeholders
Thursday 15 June, 9am – 3.30pm	Morrisons, Black Country Route, Bilston, WV14 0DZ	public and interested stakeholders
Friday 16 June, morning	Sainsbury's Superstore, Rookery Street, Wednesfield, WV11 1UP	public and interested stakeholders
Friday 16 June, afternoon	Co-op, Low Hill. WV10 9UN	public and interested stakeholders

2.3 Direct messages (electronic and paper based)

Type	Date	Reach
Advertise events – emails, press release, web, social media	May/June 2017	To patient partners, PPG Chairs, stakeholders and Citizens Forum, public

3 Findings from the events

We arranged for four public events spread over three consecutive days. A survey (**see Appendix 1**) was used of 14 questions (not including E&D questions) and its complete results are shown in Appendix 1.

We completed surveys with **304** members of the public during the events.

Topics included:

Range and views of health care services used within the last twelve months

Awareness of services that are currently provided in a community setting

Enquiry about willingness to see professionals (other than a GP) in a GP surgery setting

Views on where health care services should and could be provided

Request on what and who respondents rely on for advice and help with healthcare issues

3.1 Range and views of local health care services

3.1.1 Q. Have you, or a person you have cared for, used any health care service outside of hospital in the last 12 months?

A. Yes 82% No 18%

3.1.2 Q. What was good about the service you, or a person you cared for received?

A. 122 respondents stated that the service they received was good or excellent. 55 said that the GP or staff were good.

3.1.3 Q. Which health care services have you used outside of hospital?

A. 39 services were mentioned with over half of respondents using their GP, with others using their Dentist, Optician, Walk in Centre and Physiotherapy services.

3.2 Awareness of services that are currently provided in a community setting

3.2.1 Q. What other services could be provided in a community setting or at your home, rather than in the hospital?

A. 36 services were mentioned, with the highest number of mentions going to GP, Walk in Centre and Out-patient appointments.

3.2.2 Q. Are you, or the person you have cared for aware of these services? (percentage of whole number of respondents)

A. Dermatology – 59%
Minor Eye Conditions – 63%
Audiology – 73%
MSK Service – 42%
Community Falls Prevention – 39%

3.2.3 Q. How did you find out about the Community Falls Prevention Service?

A. The majority of respondents found out through their families or work, some from meetings they had attended, or healthcare staff.

3.2.4 Q. Have you, or do you know of anyone who has experience of the Community Falls Prevention Service?

A. Yes. - 56 people No. – 122 people

3.2.5 Q. What did you think was good about the Falls Service, or what did you think could be improved?

A. Good service was mentioned by 28 respondents and 12 areas of improvement were highlighted, such as more advertising and more equipment needed.

3.3 Views on where health care services should and could be provided

3.3.1 Q. Where do you think people would prefer to receive their health care?

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- A. First place voted by 147 respondents – Their GP Practice
- Second place (voted by 90 respondents) – Health centre
- Third place (voted by 60 respondents) – Own home
- Fourth place (voted by 60 respondents) – Hospital
- Fifth place (voted by 92 respondents) – A mixture of these

3.2.6 Q. If you have multiple conditions, would you prefer your care to be managed in one place, bringing all of your healthcare professionals together so that you have one appointment for everything?

- A. Yes – 96% No – 4%

3.2.7 Q. Where would you prefer to receive your care?

- A. GP practice – 99 respondents / hospital – 70 respondents / community setting – 48 / at home – 43 / 27 respondents preferred care to have multiple appointments

3.4 Enquiry about willingness to see professionals (other than a GP) in a GP surgery setting

3.4.1 Q. How would you feel about seeing other health professionals in your GP practice, instead of a GP?

- A. 247 respondents were happy to see a Practice Nurse at their GP Practice, with over 200 respondents also happy to see a Clinical Pharmacist. Around half of those surveyed were also happy to see Social Prescribers, Counsellors, Mental Health practitioners and Allied Health professionals. Only 27 people were not happy to see someone else, reasons given were around the GP knowing them best.

3.4.2 Q. Do you know where to access help for mental health issues?

- A. Yes – 44% No – 43% Not sure – 12%
- Of those that said Yes, 38 mentioned their GP as being where they would access help from.

3.5 Request on what and who respondents rely on for advice and help with healthcare issues

3.5.1 Q. Which of the following do you use, or would use, to access advice and help with health issues?

- A. Top five answers with over 90 responses were: GPs and their practice staff; NHS111; hospital staff; family or friends and online.

3.6 Was the survey a good representative sample of the population?

Gender: approximately two thirds surveyed were female, one third male
Wolverhampton Equalities Analysis 2014, City of Wolverhampton Council tells us that the population is 49.5% male and 50.5% female from a population total of 249,470.

We surveyed more women than men. This maybe because of the venues we chose, the likelihood of women wishing to share their views more freely and having the time to do so, more so than men, or possibly that more women were interested in sharing views about healthcare services, as they tend to access healthcare more frequently over their lifetime than do men.

Age: 30 (10%) respondents were aged 34 yrs and under
78 (26%) respondents were aged 35-54 yrs
75 (25%) respondents were aged 55-64 yrs
116 (39%) respondents were aged over 65 yrs

A good spread of ages, with 39% of retirement age.

Race/ethnicity:

White British	235	79%
Indian / Asian	25	8%
Black British	23	8%

Mixed race	7	2%
Irish	5	2%
European	3	1%
Middle eastern	1	

Figures from Wolverhampton Equalities Analysis in 2014 show the population as 64.5% White British and 35.5% as BME communities. Our survey respondents were 79% White British, so we achieved a fairly representative population for the survey.

Where were the survey respondents from?

The first part of survey respondent's postcode:

WV1	33
WV2	13
WV3	25
WV4	15
WV5	3
WV6	25
WV8	3
WV9	1
WV10	70
WV11	43
WV12	8
WV13	10
WV14	35

WS3	1
WS4	1
WS10	1
DY1	2
DY3	7
DY4	2
ST17	1
TF1	1
B69	1

We had a really good spread of survey respondents, with the top four postcodes represented being WV10, WV11, WV14 and WV1. Only 17 of those surveyed were from neighbouring areas.

3.7 Is there anything else you would like to tell us about healthcare services in Wolverhampton?

General comments:	Positive	52
	Negative	36
Acute services	Positive	15
	Negative	29
Community services	Positive	6
	Negative	17
Primary Care services	Positive	17
	Negative	30
Other healthcare services (NHS111, WIC, UCC, WMAS)	Positive	2
	Negative	8

Many of the negative comments for Primary Care and Acute services were around appointments and car parking.

Some of the range comments received:

	Nobody is listening to anyone. Elderly not heard, talked at not too.	
	People go to A&E department or Walk in Centre because they cant get appointments with their GP. Walk in Centres and GP's can be improved with better access	
	In a GP appointment the GP deals with only one problem / presenting issue per appointment	
	Being able to see GP in other practices is very good	

	West Park and New Cross parking issues	
	No gripes about New Cross or GP at all	
	Strengthen existing services that are stretched	
	Caring for mother, more could be done at home or in the community – we go to the hospital for everything. Lots of appointments, surely they can come out to home. If I moved away, how would she get there?	
	More community services to reduce bed blocking. Helps older and younger people. More support. Nurses need pay rise. Due to have hip op, but not allowed to have ambulance home so not happy about that.	
	Cant complain. Brilliant services. Waiting can be a problem at New Cross, but once you're in, it's great.	
	111 service came out to my husband told him nothing wrong with him later that week he ended up in hospital with a urine infection	
	General screening as a whole. More screening for heart problems	
	I try to self care whenever possible	
	Diabetes forum really good, monthly, long knowledge library. Again could be publicised better	
	Better if we had more choice to make on choices	
	Not happy that the NHS employ agency staff as they are too expensive. Not happy that have to call the GP for an appointment on the morning only to be told there is none.	
	Car parking charges too high	
	Mom is an 89 year old woman with limited English and the appointments are all automated and she cant understand so missed her appointment. 9am is too early for an elderly lady. She has multiple issues but why cant they be at the same appointment?	
	Very happy with all NHS services. Think that it is amazing.	
	New Cross heart and lung are wonderful	
	Need to make systems and processes easier in GP. Apply some common sense. Would like to talk to someone and not have to wait.	
	Referral to specialists is only for one issue. We want to discuss multiple. All in one. Need specialist teams for multiple problems. Wait 10 months for pain specialist.	
	Good service when I had the doctor come to my home	
	Our NHS is brilliant	
	Need more mental health and drugs services for young people	

4. Recommendations to influence the Commissioning Intentions for 2018/19

4.1 Range and views of local health care services

The majority of respondents (82%) had used local, non-hospital health care services. Over one third of those stated that the service they received was good or excellent. From a quality perspective this is good, however further work should continue to maintain and further improve quality of all services procured by the CCG.

There was a good range of services mentioned (39), with over half of the respondents stating that they have used their GP in the last twelve months. Primary Care continues to be the first health care service accessed in the community.

Recommendation: Further work should continue to maintain and further improve quality of all services procured by the CCG.

4.2 Awareness of services that are currently provided in a community setting

36 services were mentioned as being suitable for being provided in a community setting. GP services are already provided here, but the others noted highly were Walk in Centre and Out-Patient appointments. About one third of respondents had heard about the five community services mentioned in the survey.

Recommendation: The CCG to look at the full range of suggestions of community services made, and consider if any can be explored further.

4.3 Views on where health care services should and could be provided

More work is required to investigate these views. Longer conversations with respondents revealed that, whilst they were happy to be seen in a community setting, they were concerned that adequate hospital care would be available if necessary. 96% of people did however favour one appointment with multiple healthcare professionals to for their multiple conditions. A third of those who wanted a single appointment requested that it was at their GP practice, but closely followed in number by care in a hospital setting.

Recommendation: One appointment with multiple healthcare professionals to be explored.

4.4 Enquiry about willingness to see professionals (other than a GP) in a GP surgery setting

Over two thirds of respondents to the survey were happy to see their Practice Nurse and/or Clinical Pharmacist at the GP surgery. Over half were happy to see a range of other healthcare professionals too. Those not happy to see anyone else cited that their GP knew them best.

Recommendation: To continue to explore/expand the use of different health care professionals at GP surgeries for a range of health issues.

4.5 Request on what and who respondents rely on for advice and help with healthcare issues

Respondents used and were happy to use GPs and their practice staff; NHS111; hospital staff; family or friends and online sites to access advice and help with health issues.

Recommendation: To continue to explore/expand digital methods of advice and help with health issues.