An analysis of responses from the public consultation for Norwich Clinical Commissioning Group's new model of care (October 2018)

1. Background

From July to October 2018 Norwich Clinical Commissioning Group (NorCCG) conducted a 12 week consultation to gather the public's views on NorCCG's new model of care. Healthwatch Norfolk (HWN) was approached by NorCCG to provide an independent analysis of the results from this consultation.

To engage with the public ten roadshows were held across different locations in the NorCCG area, enabling the public to share their feedback on the consultation, 142 surveys were distributed at the roadshows. During the consultation HWN advertised it on their website and additional surveys were distributed by the WI and a further 320 surveys were circulated by the Norfolk and Norwich University Hospital (NNUH).

NorCCG took steps to make the consultation accessible with the consultation document being translated into Easy Read and it was offered as being available in other languages through INTRAN. By reaching out to enable the deaf community to be involved in the consultation, a British Sign Language (BSL) video was created by Deaf Connexions which translated the consultation documents into an accessible video that can be viewed here. The survey was made available online and in a paper format and attempts were made in order to engage with people from hard to reach groups whose voices are often not heard. For example engaging with the deaf community as well as attending the following events:

- MIR steering group
- Parkinson's UK carers group
- Disability Pride
- Peer Support steering group
- Norwich pride
- NorCCG AGM
- SNDC meeting
- Deaf Connexions workshop

The consultation received **64 completed survey responses** (39 online, 25 paper) which represents 4.8% of the surveys distributed compared to an expected return of 3% from such consultations. Deaf Connexions also carried out a workshop for this consultation involving **16 respondents** who were asked four key questions adapted into BSL from the survey. A further five one to one interviews were also conducted. As a result Deaf Connexions produced a report of their findings, which have also been incorporated into this report. Roadshows held by NorCCG which resulted in engaging with 34 people and of those **15 people shared their feedback. As a result a total of 95 respondents** shared their feedback on the new models of care.

2. Who we are and what we do

Healthwatch Norfolk is the local consumer champion for health and social care in the county. Formed in April 2013, as a result of the Health and Social Care Act, we are an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to you through us.

We have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We are here to help you influence the way that health and social care services are planned and delivered in Norfolk.

3. The results

3.1 Which services would benefit from being part of proposals for an alliance?

The public were asked about which services they were aware of and those that they thought would benefit from being part of proposals for an alliance. It was clear from their responses there was a wide range of ideas and services suggested (see *figure 1)*. The three most commonly suggested services were **mental health** (10 respondents), **social services** (eight respondents), and **exercise services** (five respondents), that involved getting active such as Active Norfolk and parkrun.

GPs Flu clinics
Carers Dentist Cancer services
Elderly care Community pharmacists Imaging
Drugs and alcohol Housing Voluntary services
Disability services Exercise services DWP
Acupuncture
Dieticians Mental health Transport services
Outpatient services Hospital Social services
ADHD services Physiotherapy
MECFS care Affordable warmth Children's services
Community Nurses Dementia services Religious groups
End of life support Health Visitors Opticians

Figure 1. Response of 57 people to the question "are there any services you use or are aware of that you think would benefit from being part of proposals for an alliance?"

When asked how other local health and care services could be transformed to work together respondents emphasised the need for **integrated services** and **better communication** across services as well as between services and the public. Below highlights some of the comments made by 54 respondents:

- *"Needs a central hub which can join services together and keep track to make sure patients are going to the correct services and not falling off the radar."*
- *"More dialogue between discharge teams at hospital and the local social services to reduce the number of failed discharges."*
- *"Nobody knows that anything exists. We are not aware of groups or services available that we would benefit from. Groups are not aware of one another, even though they'd benefit (themselves and their users) from working together."*
- *"Offering treatments and services that complement each other. It feels like there are silos throughout healthcare and that hospitals and doctors don't talk to each other."*

- *"Some cross training so people understand what other people's jobs are and what they can do. This especially applies to Health and Social Care where people have no idea what the other lot does."*

3.2 Will organisations working together as an alliance improve care and support?

When asked whether they believed that organisations working together as an alliance would improve the care and support the public received, most respondents believed that an alliance would help. Forty two respondents (42) answered yes yet eight (8) believed it would not help (no), and 13 were not sure, this is displayed below in *figure 2*.

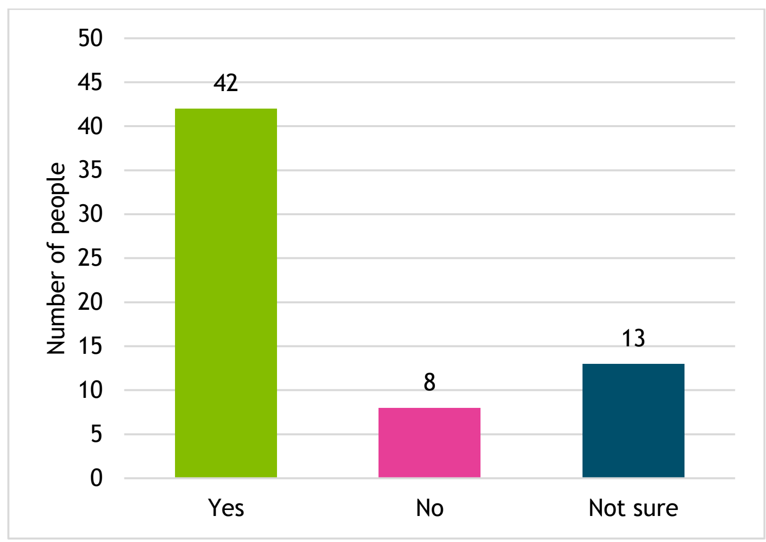

Figure 2. Response of 63 people to the question "Do you think that organisations working together as an alliance will improve the care and support you receive when you need it?"

3.3 Should services be delivered more locally?

Sixty five respondents (65) would like to see more services delivered closer to their homes, while only two would not like to see this happen (*figure 3*). Ten respondents (10) were 'not sure' often due to worries about the quality of service which could be offered and the requirement of "specialist equipment or a consultant" and "there is an efficiency to have centres of excellence/equipment".

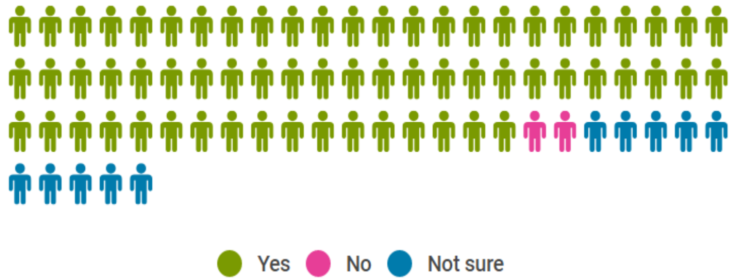

Figure 3. Response of 77 people to the question "Would you like to see more services delivered closer to your home as described in the scenarios?"

Respondents felt that there were a wide range of services which could be provided more locally, such as phlebotomy, physiotherapy and diabetes clinics as shown in figure 4 below. The top three suggestions for local services were **radiology**, including x-rays and MRI scans (eight respondents), **mental health** (seven respondents) and **physiotherapy services** (five respondents).

ADHD
Paediatrics Support
Arthritis appointments
Home visits Prescribing pharmacists
Phlebotomy Chemotherapy Radiology
Dietician Mental Health Advice Podiatry Education
Minor surgery Physiotherapy
Hearing services
Diabetes clinics Diagnostics Outpatient clinics
Screening

Figure 4. Response of 47 people to the question "Are there any particular services you would like to see delivered more locally that you may have to travel to hospital for?"

The deaf community agreed that it would be beneficial to them to have health services closer to where they lived, for example one respondent believed this would be beneficial due to a lack of transport available to them:

> *"I think if they were all in the same building that would be fantastic because I don't drive so transport is always a problem. My doctor's where I live is only 5 minutes walk away, so that's ok but the hospital is a long way away which makes it difficult"*

3.4 Should the public take more responsibility for their own health and care?

Most respondents (62) believed that the public should be encouraged to have healthier lifestyles and be more involved in the management of their long term conditions. Despite this, eight respondents believed people should not be more involved with their own health and eight respondents were not sure. Similarly the majority of respondents (63 respondents) agreed that individuals should be expected to take more responsibility for their own health (*figure 5*).

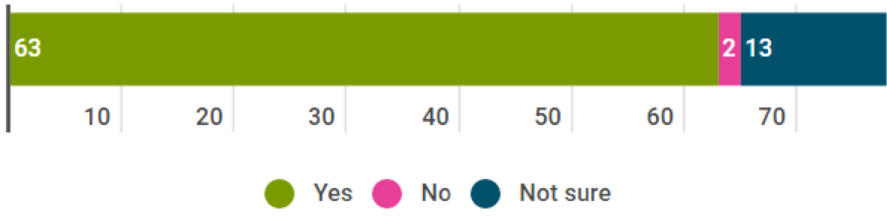

Figure 5. Response of 78 people to the question "Should individuals be expected to take more responsibility for their own health and care where they are able to?"

Commonly diet, exercise and quitting smoking were highlighted as ways in which people can and should take more responsibility for their own health and care across Norfolk. *"Not to be overweight, not to start smoking, stop if you do and it makes you ill. Do more walking and exercise."* Linked to this respondents suggested that heightened awareness of dieting and healthy eating was crucial across Norfolk to enable healthier choices to be made across the county: *"More awareness is needed on smoking, drinking and eating healthier, so people make the better choices." Another respondent suggested the need for a "Better diet, loss of weight. Better diet for their children too many obese under 15s."*

People also expressed the desire to see more **education** alongside **support and access to services**.

- *"I think people do take responsibility for their health but there are problems accessing it."*
- *"It should always be clear that people can ask for help when their efforts to cope alone are impacting on their health and wellbeing. A little bit of help at the right moment can set people up to cope for longer."*
- *"With instruction and some support to be helped to see what would help them/us most people don't really think about their health as something they have any control over/responsibility for it will need a long running campaign to bring about any change."*
- *"Yes, by adopting more healthy lifestyles, but with the support of government in reducing the level of media from commercial organizations that encourage unhealthy nutrition. The way forward is to start in schools now where children are eating unhealthy foods and lack exercise through the electronic ocd that is now pervasive. Parents also need educating."*

In the Deaf consultation workshop attendees were asked the question 'Is there any way we can help you be more healthy?' Fifteen people responded (15) yes and one person did not know. In the subsequent discussion the following ideas were suggested, see more on the workshop findings by viewing this summary video.

"Provision of information in sign language."

"Deaf Men/Women health group."

"More courses to help learn about being healthy - with interpreter or BSL."

"Interpreter with us to help understand about being healthy."

3.5 What do the public consider most important?

Respondents were asked to select the most important five principles for designing new ways of working as an alliance. As *table 1* displays respondents identified every principle as important, however the most important statement selected by 41 respondents was: ***'We should treat all of a person's needs, not just the illness - ie we should understand and address issues relating to housing, loneliness, and other social aspects.'*** The top five statements most important to the public are clearly indicated below.

Table 1. Listed below are the principles which are being used for designing new ways of working as an alliance. Respondents were asked to select five statements which are most important to them. Sixty-two people answered the question and the statements are listed in descending popularity.

Statement	Number of respondents
We should treat all of a person's needs, not just the illness - ie we should understand and address issues relating to housing, loneliness, and other social aspects.	**41**
We should make the most effective use of the use of existing health & social care resources and assets.	**36**
My care should be accessible, flexible, and based on my needs.	**34**
We should encourage services and organisations to work better together.	**34**
We should ensure that patients receive the right care, in the right place, at the right time.	**33**
We should support people to remain independent for longer in their own homes.	**32**
We should tackle health inequalities (i.e. where some parts of the Norwich population have better health than others) and address differences in care.	28
We should encourage a culture of personal responsibility for health and wellbeing.	26
We should focus on prevention of ill health, self-care by individuals and behaviour change for the population of Norwich as a whole.	25
We should always send the right professional to deal with an issue.	23
We should avoid making a long term decision in a crisis.	15
We should not medicalise a social issue.	15

3.6 Other comments

Those who completed the survey were also asked if they would like to share anything else about the work done so far and the proposals for the new model of care. A wide range of opinions were shared and some of these comments are displayed below.

“Patients need to know they have a choice. If you don’t get poorly you don’t know what’s available and just think of going to hospital or the walk in service.”

“It's imperative in the scenarios portrayed that the different services are controlled under the same budget otherwise they will continue to protect their own budgets. Also, how do you persuade people who need support to take up the services on offer? Once they do take up a service, what kind of aftercare should be offered and for how long?”

“Can you make sure you involve us when you are changing services?”

“In all the scenarios you show here the people are motivated - a lot of people are not able to motivate themselves THEY NEED MORE HELP. Mental health and its effects on the person and that person's carer are underestimated. Mental health services need to be better staffed and more easily and quickly available.”

“Take a look at the social prescribing model that is operating in South Norfolk. It is pro-active, properly staffed and built on a whole-organisation culture. There is a risk that the 'framework' model currently being created in the city misses a great opportunity to build community resilience as a means of supporting the health and wellbeing of individuals.”

“Your scenarios do not represent anyone who uses a wheelchair. I have found it particularly challenging because I need staff who are familiar with my disability and equipment. If they are not, they can cause more harm to my health and wellbeing. I need a relationship with community teams to achieve meaningful support.”

At the roadshow events attendees were encouraged to leave feedback on the proposals, 15 attendees provide a variety of feedback and some examples of these are displayed below.

"Health services joined up with social care offers a very good opportunity to benefit patients first and foremost. Services and resources are then freed up for more acute cases."

"Need to focus on prevention to stop people going into crisis. Need to target funding more effectively. Crisis management isn't the answer. Physical and mental health needs to be addressed together. Consistent access to the same clinician. Things need to change! Services need to be available 24/7."

"If you could have a health directory outlining what is out there for signposting. Devise a monthly or bimonthly to keep up to date with what services are out there."

"Need focus on healthy relationship with food. Not focusing on weight but health not weighing."

"Many staff working with patients have little/no understanding of Asperger's/Autism so unable to properly support patients - training requirement this needs addressing. […] Patients with Autism/Asperger's with co-morbid mental health should be able to access support for mental health in a way that understands/accounts for the ASD. Address the person as a whole."

"It would be good if certain specialist services (e.g. cochlea implants) were available locally rather than have to travel to Addenbrooke's."

4. Norwich CCG's Consultation

As a local consumer champion HWN support and encourage professional bodies involved in health and social care services such as NorCCG to engage with the public and collect opinion when making plans and decisions which will directly impact them. It was clear from some comments from the roadshows and survey responses that people were pleased with the opportunity to share their views: *"great to consult the public…more of this please."* Respondents also emphasised the importance of this continuing as NorCCG move forward with their new model of care. *"Keep on talking to the people who use the services and involve them in their development."*

Within the budget this consultation can be considered satisfactorily good value for money as we recognise that making reasonable adjustments to the accessibility of the consultation process incurs costs for example providing BSL interpreters.

Although this return rate appears low, many of those who did not complete the survey may have read the document and have been happy or satisfied with the plans for the alliance and the new model of care, therefore had no reason to engage and provide a response. However as the responses are limited in number NorCCG should exercise caution when applying these results to future decisions.

This consultation was well presented and explained, the inclusion of storyboards added to a real life understanding of what NorCCG's new model of care could mean for different groups of people (*see figure 1*). This was supported one person who attended a roadshow who praised the consultation as a *"clearly written and explained consultation."* However, one person highlighted that the scenarios did "*not represent anyone who used a wheelchair*" and that future public engagement would need to discuss how the new model of care would work for people who have specialist equipment that requires staff familiarity.

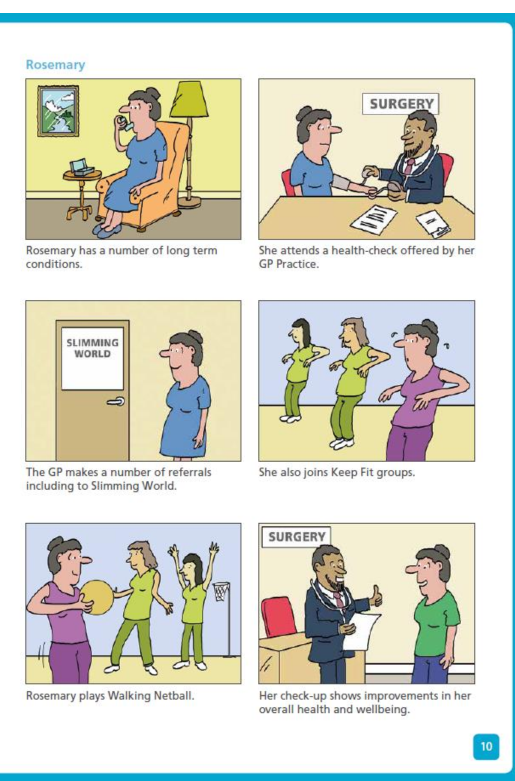

Figure 6. Example of one storyboard used in the new models of care consultation.

HWN also recognise that this consultation was theoretically based and members of the public may have struggled with the theoretical nature of this consultation. For example, one respondent believed that "*relying on people to talk to each other in a waiting room (like Iris and Lois, or the guy and his barber) is ridiculous*". Additionally, some people expressed confusion with some questions, particularly question one and two, for example one person responded "*not sure I really understand the question*". In light of this some of the answers received from these two questions reflected some confusion or misunderstanding.