

NHS Kent and Medway Sustainability and Transformation Plan

Analysis of Early Engagement 2016/17 Survey Results

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Executive Summary

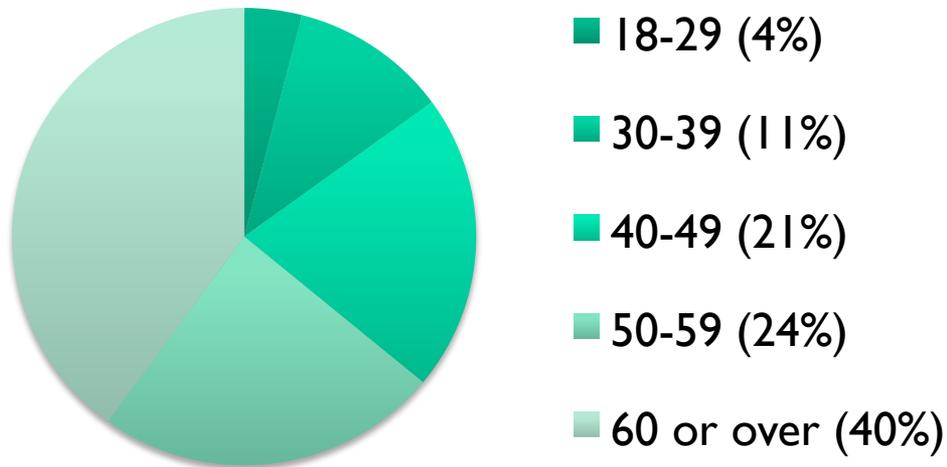
- Participants keen to **improve their own health**:
 - Main barriers are will-power, lack of time (including caring responsibilities) and pre-existing medical conditions
 - Widespread demand for affordable facilities and input from health professionals
- Many positives about services in Kent and Medway: main concerns / frustrations are about **social care** and **mental health**
- Widespread support for **bringing health and social care closer together**
 - Strong support for **co-locating services at GPs**: less for using public buildings
 - Also for **expanded cottage hospitals** or other intermediary tier
 - But concerns about **travelling time** to co-located services and confusion over ‘hub’
- Support for **extended opening times**, particularly after work and Saturday mornings
- Positive about **new technology** but want face to face contact as well
- Support for **social prescribing** and other innovation so long as it doesn’t divert resources or distract from getting basics right

Demographics

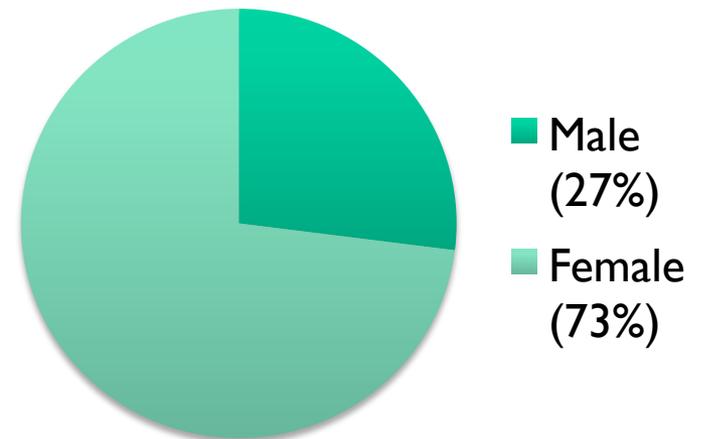
Demographics: Gender and Age

- Around 1,900 Kent and Medway residents took part in the survey
- Fieldwork: October to December 2016
- Focus on service users means profile of participants differs from profile of population of Kent and Medway

Age



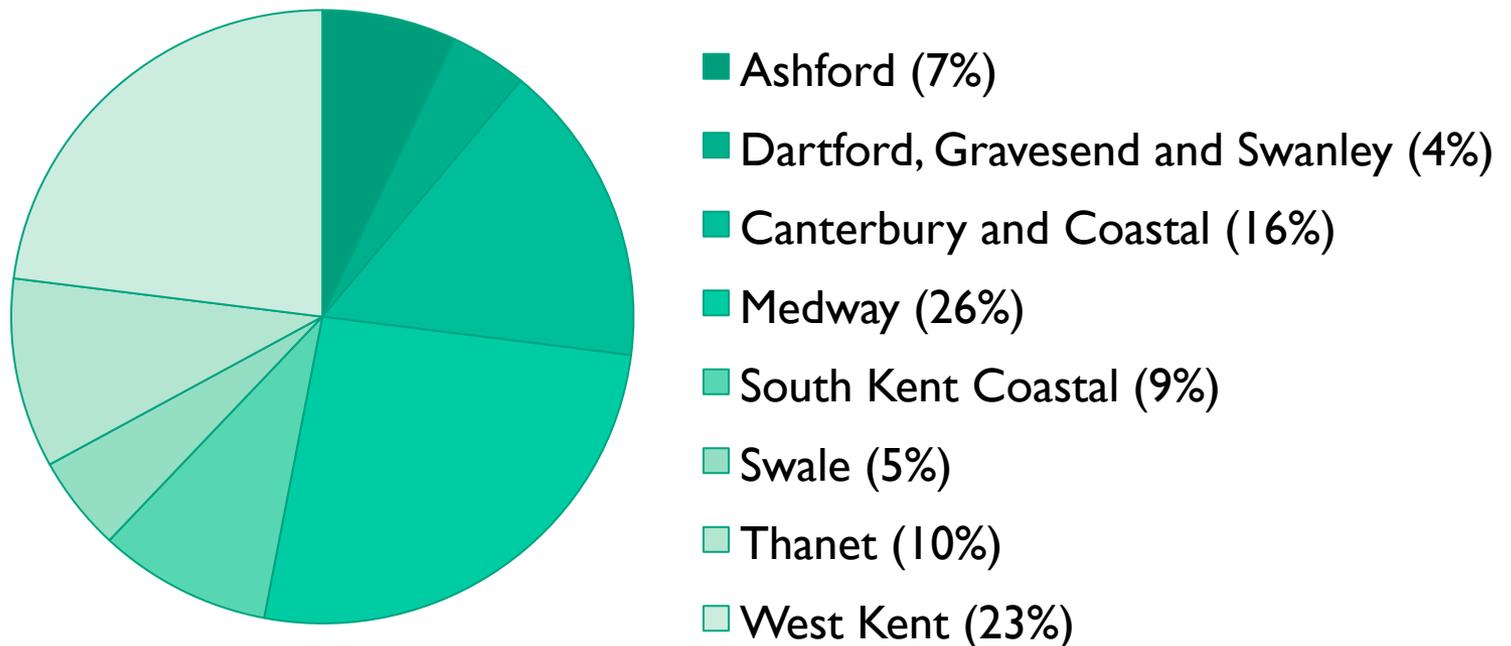
Gender



Demographics: Location

- Participants matched to Clinical Commissioning Groups by postcode
- Taking account of the population of each CCG, this gives a good response rate of between 0.8 and 1.7 (except for Dartford, Gravesham and Swanley on 0.3)

Participation by CCG



Healthy Living

Healthy Living: What People Do

- Main ‘actions’ people take to stay healthy are to avoid ‘bad’ things:
 - 88% don’t smoke; 77% avoid sugary drinks; 66% limit alcohol; 65% limit sugary, salty or fatty foods
- Fewer people in sample exercise: 51% keep muscles strong; 44% exercise until out of breath for 150+ minutes a week (but note age / health profile of sample)
- Fairly high scores on mental wellbeing: 73% spend time with others / activities they enjoy; 56% get a good night’s sleep; 54% open to talking about their feelings

“I attend a weekly Zumba class – high impact for 60 minutes” (Female, 40-49, Medway)

“I am 93 but do exercises regularly every morning and on doctors orders have one tot of whisky a day.” (Male, 60+, Canterbury and Coastal)

“I try and eat 5 portions of fruit and veg a day but some days this is not possible.” (Male, 50-59, Medway)

Healthy Living: Improvements

- People wanted to exercise more (38%), lose weight (21%), reduce their intake of sugar, salt and fat (8%) or otherwise eat more healthily (7%)
- People also prioritised mental health: 5% wanted less stress in their lives; 3% less workplace stress; 3% sleep more; 2% more free time; 2% more socialising
- 11% wanted more help and support, including specific operations (knee, hip) or treatments (such as diabetes management)
- Only 2% said they wanted to stop smoking (12% of participants were smokers)

“I try and eat 5 portions of fruit and veg a day but some days this is not possible.” (Male, 50-59, Medway)

“I go swimming as often as I can. Unable to do other activities being a full-time wheelchair user. Used to do weights but health problems forced me to stop.” (Male, 60+, Thanet)

Healthy Living: Barriers

- Main barrier is lack of time (32%). This includes:
 - Time spent at work (21%)
 - Family or caring responsibilities (7%)
 - Socialising / activities (4%)
- Physical incapacity also significant (8%). This includes:
 - Ongoing medical conditions or disabilities (4%)
 - Lack of medical support (2%)
 - Age (2%)
- Other barriers included lack of sleep/energy, stress and over-eating. 2% also asked for more information on healthy lifestyles and support.

“I can't at the moment. I have to wait for my children to get old enough to leave at home.” (Female, 40-49, South Kent Coast)

“Needs to be a better choice at the weekend as well as during weekday evenings. (I commute, so my working days are long and I'm either not home in time or am too tired to do a weekday.)” (Female, 40-49, Medway)

Healthy Living: Support

- Most popular: access to low-cost exercise facilities (39%)
- Other preferences from list of suggestions:
 - One-to-one support such as a health trainer (29%)
 - Joining a group (21%)
 - More information (17%)
 - Smartphone apps (11%)
- Participants own suggestions included facilities (especially swimming, plus open-air gym equipment) and groups (with preference for professional input over or alongside volunteers) and support for carers
- Also strong call for support from employers

“Cycle racks at work, shower facilities and space to change in.”
(Female, 40-49, Ashford)

“Better creche facilities of kids groups at Kingsmead - coordinating a kids activity with time for a single mum or other mum wanting to do exercise at the same time the kid is doing an activity.” (Female, 30-39, Canterbury and Coastal)

Healthy Living: Information

- Only half of participants said they had enough information on healthy lifestyle services
- Particularly low in Medway (36%) and Dartford, Gravesham and Swanley (38%)
- Highest awareness of smoking cessation; less about exercise and weight loss
- Preference for receiving information by email from healthcare providers (48%)
 - Also posters / leaflets in GP surgeries and pharmacies (45%), leaflets through your door (43%) and adverts on screens in surgeries (40%)
- Less interest in websites, apps and Facebook (but not sample age profile)
- Little support for paid-for channels (only 12% for paid-for articles on Facebook)

Self-Management of Conditions

- 63% very confident or confident about managing their conditions at home with professional support. Another 46% fairly confident.
- Only 13% either not very or not at all confident
- Strong theme throughout survey that people should be cared for at home with proper professional support and that much more support is needed for carers

“I take my Parkinson's medication regularly and monitor side-effects.”
(Female, 60+, West Kent)

“Following a broken hip nurses visited home as did physios for several weeks after discharge from hospital - excellent after care - also helpful fittings installed in home to aid mobility e.g. grasp handles, etc.” (Male, 60+, Swale)

Service Delivery

GP Practice and Community Nursing

- Top three priorities for community and GP practice nursing:
 - Providing care and treatment for people with long-term conditions (66%)
 - Planning and supporting end-of-life care in or near to people's home (58%)
 - Providing nursing care with GP support so that the most vulnerable patients could avoid going into hospital (58%)
- Support also for nurses providing and supporting care at home:
 - Support for patients and carers living with dementia was chosen (43%)
 - Recognising and supporting patients with complex, complicated and/or long-term conditions (40%)
 - Training patients and their carers in self-management, such as taking or giving medicines themselves (37%)
 - Being a constant point of contact for patients on their list (34%)
- Less support for options mentioning 'prescribing' and 'referrals'
 - Perhaps some resistance to nurses taking on traditional role of doctors?
 - Or perhaps because these options were about specific conditions (continence, respiratory / heart failure, urinary tract infections)?



GP/Community Nursing: What Works Well

- Widespread praise for GP and Community nurses
- Value on being able to be seen quickly for routine or non-urgent treatment
- Praise for communication skills and empathy: more approachable than GPs
- Emphasis on seeing the same nurse each visit
- Strong view there should be more nurses to cut waiting times

“The nurses are excellent, caring, and a credit to the NHS.” (Male, 50-59, Thanet)

“Nurse can often answer questions and reassure so no need to see GP, can do routine blood tests and take blood pressure etc. Also nurses appointments often run more on time than GPs.” (Female, 50-59, Ashford)

“Following a broken hip nurses visited home as did physios for several weeks after discharge from hospital - excellent after care - also helpful fittings installed in home to aid mobility e.g. grasp handles, etc.” (Male, 60+, Swale)

GP/Community Nursing: What Needs to Change

- Over half of survey respondents wanted more resources or staff
- Also wanted more of what they thought worked well:
 - Better communications with patients and carers and co-ordination within service
 - Spending more time with patients
- Some criticisms of quality of care: also calls for nurses to have more responsibilities and expended roles

“Lack of continuity – we have scarcely ever seen same nurse twice.” (Female, 60+, Ashford)

“Integrating the nurses from the community and GP practice to work more seamlessly together.” (Male, 50-59, South Kent)

“Hospitals need to STOP telling discharged patients to see their GP surgeries for wound care - this is laziness! Wound clinics have been in situ for many years but hospital staff cannot be bothered to explain the system - this causes patients to be disgruntled and make complaints because they believe the GP surgery is fobbing them off.” (Female, 50-59, Medway)

Out of Hours Access

- Most popular option for extended hours was 5pm-10pm weekdays (56%)
- Saturday more popular than Sunday (particularly Saturday 9am-1pm)
- Less demand for night-time access to GP services
- Telephone contact by far the most popular option (72%)
 - Contact by email next most popular with 25%
- But 41% would like all five options including mobile app

“More services available in the evenings after work.” (Female, 40-49, Swale)

“I do not feel GPs etc should be asked to do weekends and become a 24/7 service although I do feel GPs open 9am-1pm every Saturday where GPs alternate would be a better way of caring for everyone’s health and wellbeing.” (Female, 30-39, Dartford, Gravesend and Swanley)

Social Care: What Works Well

- Around one in ten of participants had direct experience of social care (of whom about three-quarters made some financial contribution)
- Main positives were commitment and professionalism of staff and the quality of care
- Strong value placed on continuity: ‘seeing a friendly face’ who understands their needs
- Praise for specific services including occupational therapy, respite care and installation of aids to help people stay in their homes

“The carers have been lovely.” (Male, 40-49, West Kent)

“Social worker for parents. She was so supportive.” (Female, 60+, Thanet)

“We used [social services] for my Mum who had dementia. Personal Hygiene worked well, as did making the home safe for her.” (Male, 60+, West Kent)

Social Care: What Needs to Improve

- Chief concern was need for better co-ordination and joined-up delivery
- Also spending more time with patients and clients
- Widespread concern about staff turn-over and quality of staff, including need for more training and better pay
- Calls for more funding and better communications, particularly with family members

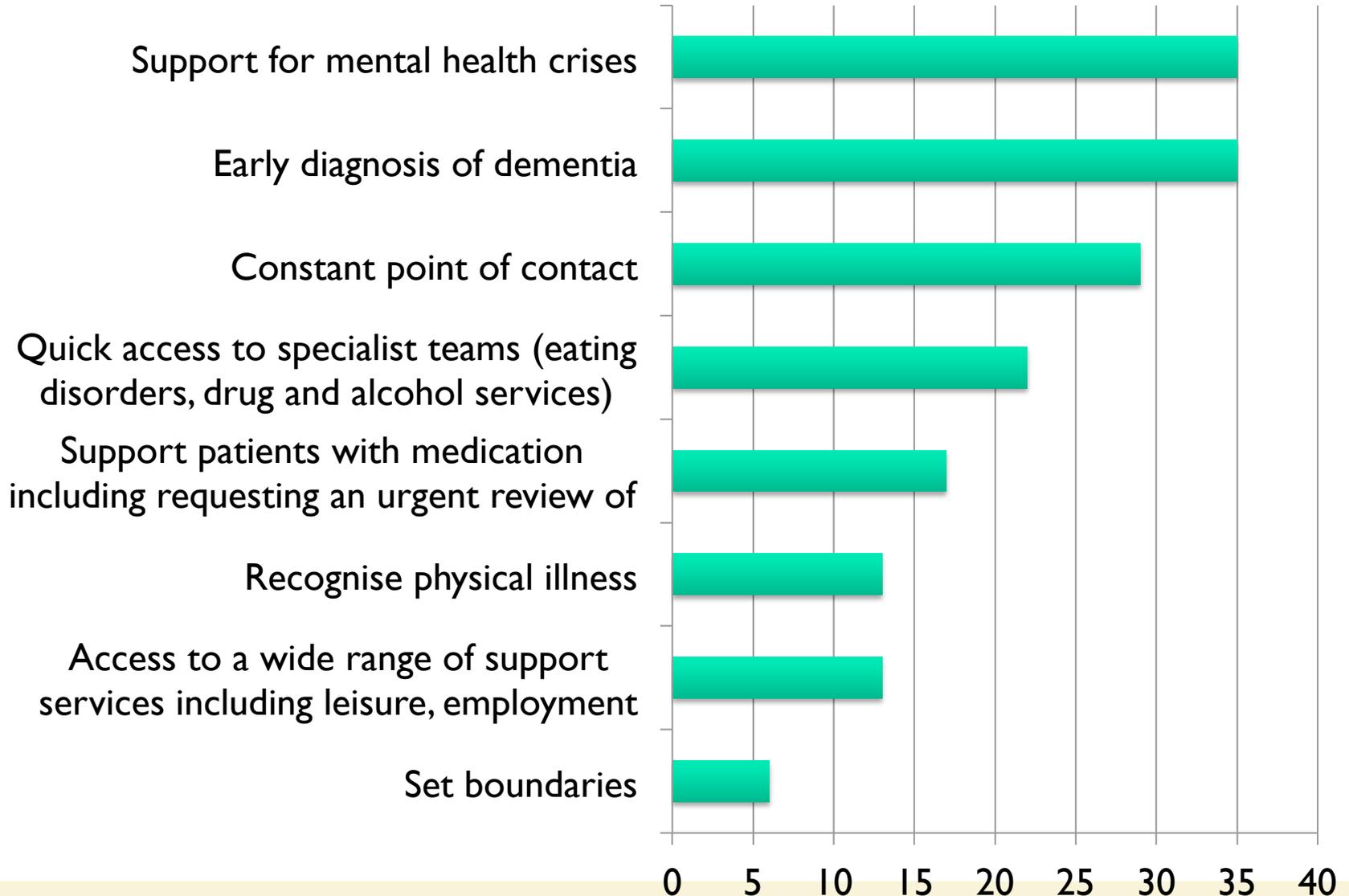
“Some services need to get better at communicating with each other.” (Female, 50-59, Dartford, Gravesham and Swanley)

“More help supporting families with end of life care for relatives. Not leaving them to do it themselves.” (Female, 40-49, West Kent)

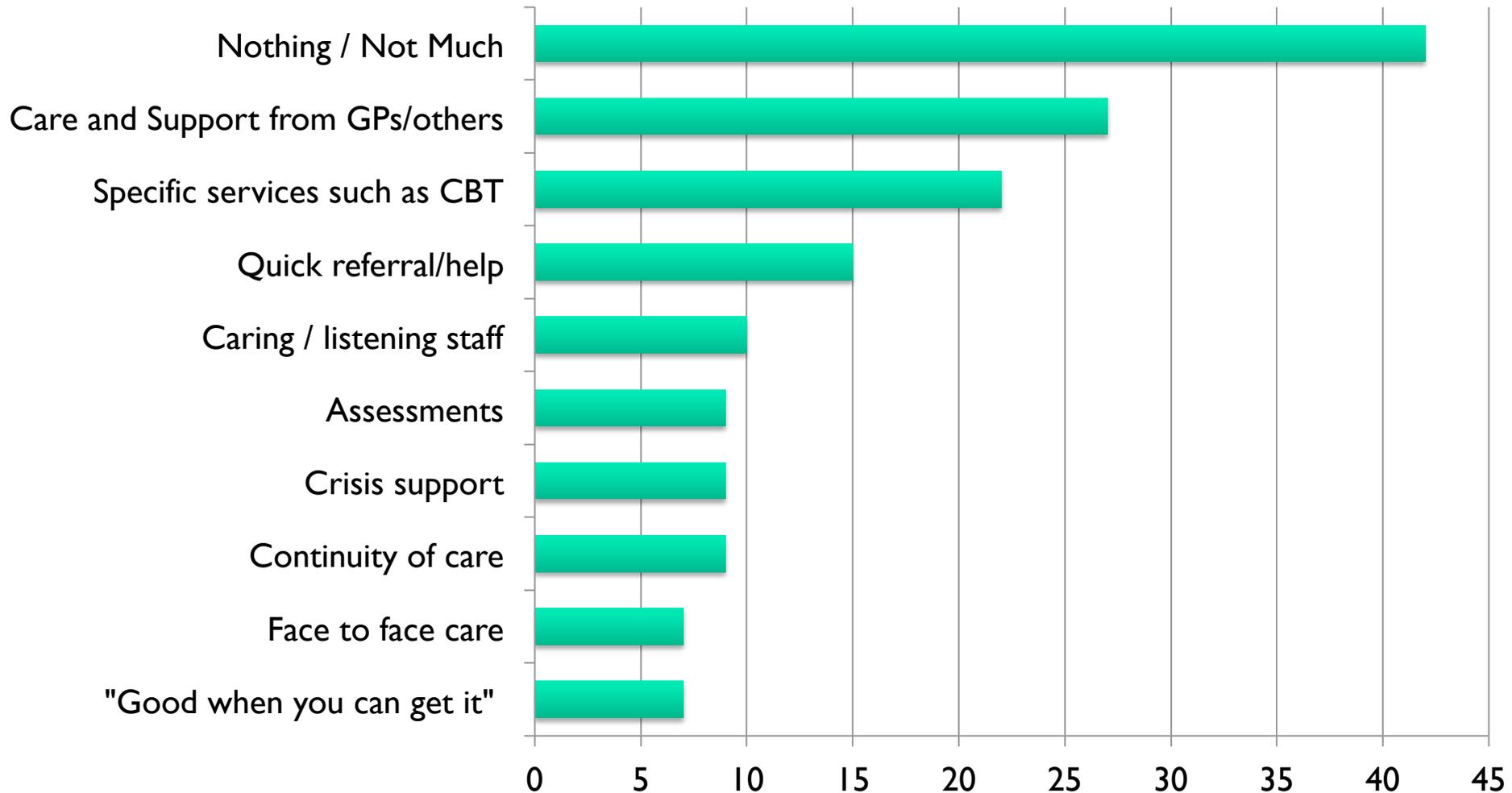
“Nothing actually materialises though, Life aids, wheel chairs, beds, continence products. If you do have them you constantly get called to have them taken away again! At least wait for him to die.” (Female, 40-49, West Kent)

“I work full time and have a PA for this, however the system is ridiculously complicated and I have to submit a massive claim form EACH month. It would be better if my direct payment encompassed any access to work payments.” (Female, 30-39, South Kent Coast)

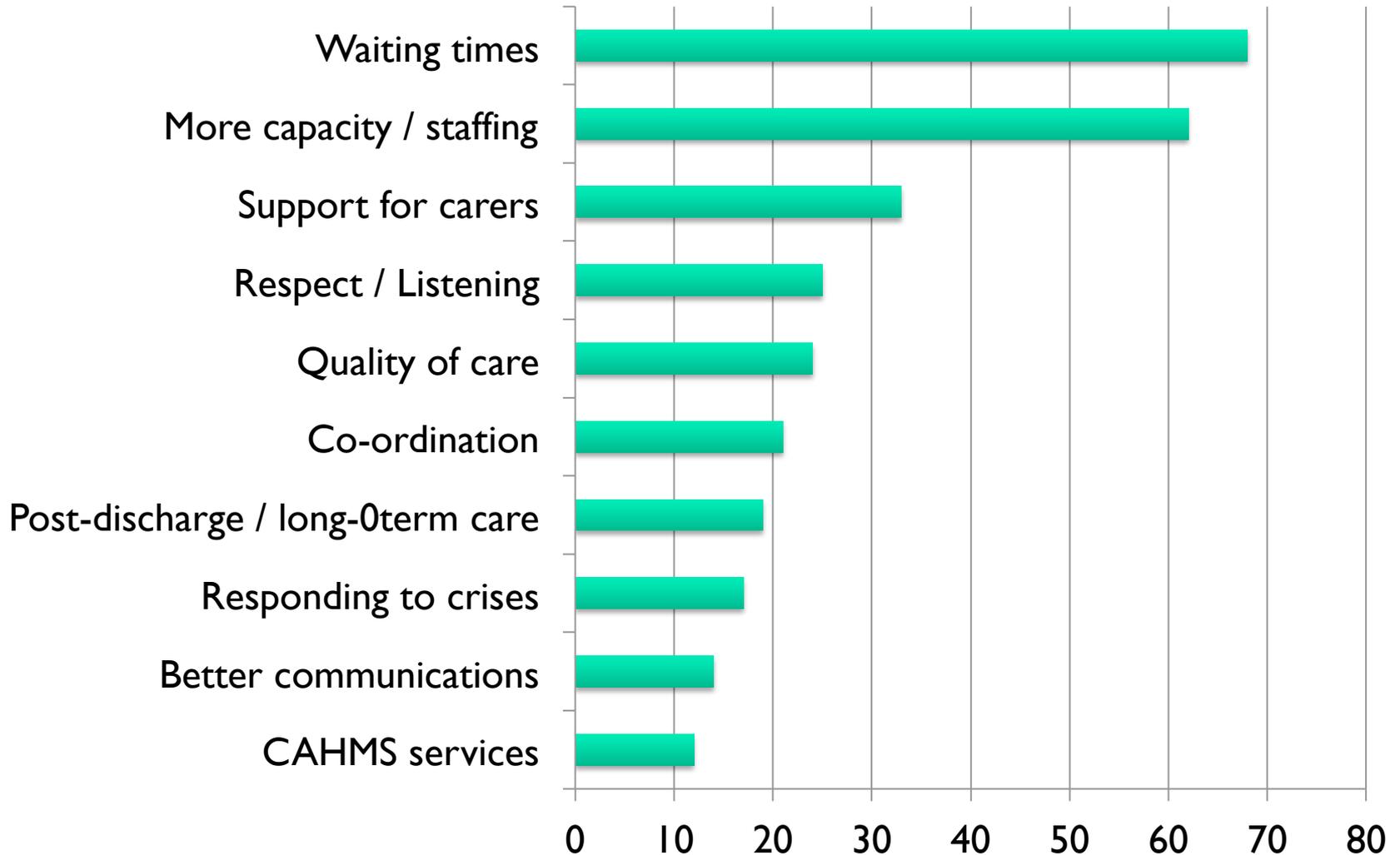
Mental Health and Dementia: Priorities



Mental Health / Dementia: What Works Well



Mental Health / Dementia: What Needs to Change



How Services are Provided

Electronic Records

- Support for better integration of patient records
- Majority have some concerns about security but don't see this as a show-stopper (note: fieldwork was before NHS security breaches in May 2017)
- Greatest fear is hacking, followed by accidental data loss and unauthorised access by staff
- Some concerns about record-keeping, down-time and impact on budgets

“Even banks (e.g. Tesco) have suffered security breaches so limits on data availability and transferability should be in place. It would only require one breach to cause substantial problems for the NHS, its patients and reputation.”

(Male, 30-39, Swale)

“No, I have no concerns, I can see only benefits from healthcare professionals being able to access information on patients' health issues.”

(Female, 60+, Medway)

“NHS & local authority are the one of the largest employers in Medway. This is a lot of 'staff' with access to online records on a shared system.”

(Female, 40-49, West Kent)

Communications Technology

- There was a clear preference for call-backs from health professionals, but significant support for all five options

Q11. We want to use technology to provide a faster more efficient service to our patients and their families. Which of these new additional services would you be happy to use? Please tick as many as you would like. (n=1,507)

A call-back from a health professional	80%
A video call (Skype or similar system) with a health professional in your home	35%
A video call (Skype or similar system) from a health professional whilst at your GP practice, for example if a hospital consultant could talk to you and your GP at the same time to give advice on follow-up treatment rather than going to a hospital appointment.	41%
Messaging via a website.	25%
Messaging via a mobile phone app.	28%
All of the above	23%

Communications Technology: Priorities



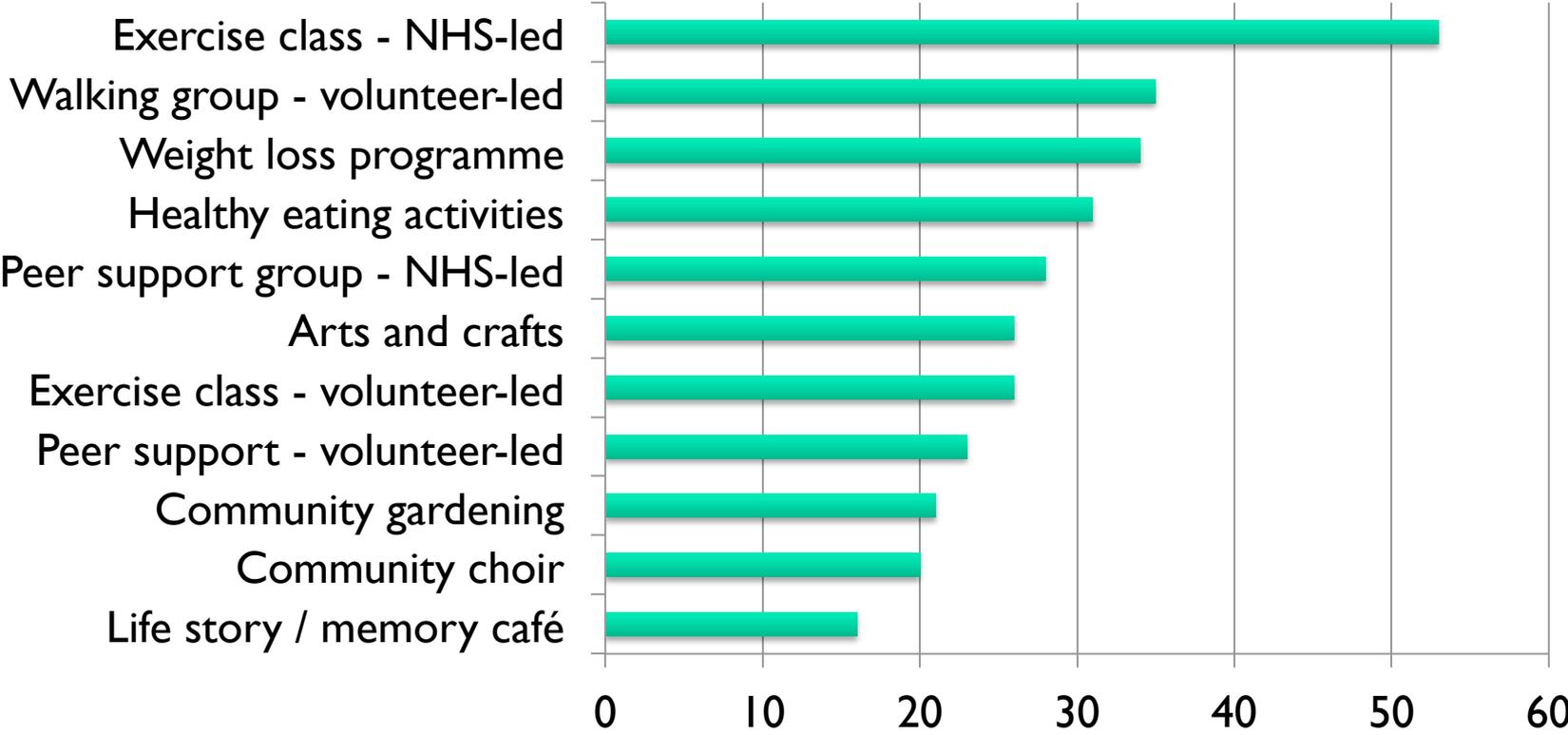
- There was no strong preference on how new communications technologies should be used
- But there might be more confidence in using technology to manage existing conditions than for screening and diagnosis

Q12. Please tell us what sort of assistance you would be happy to use via the technology-linked health services listed above? (n=1,475)

Follow-up after treatment	55%
Monitoring	51%
Specialist or second opinion on images (such as x-rays, scans, MRI) sent to another health professional	40%
Health screening	31%
Check-ups	35%
All of the above	53%

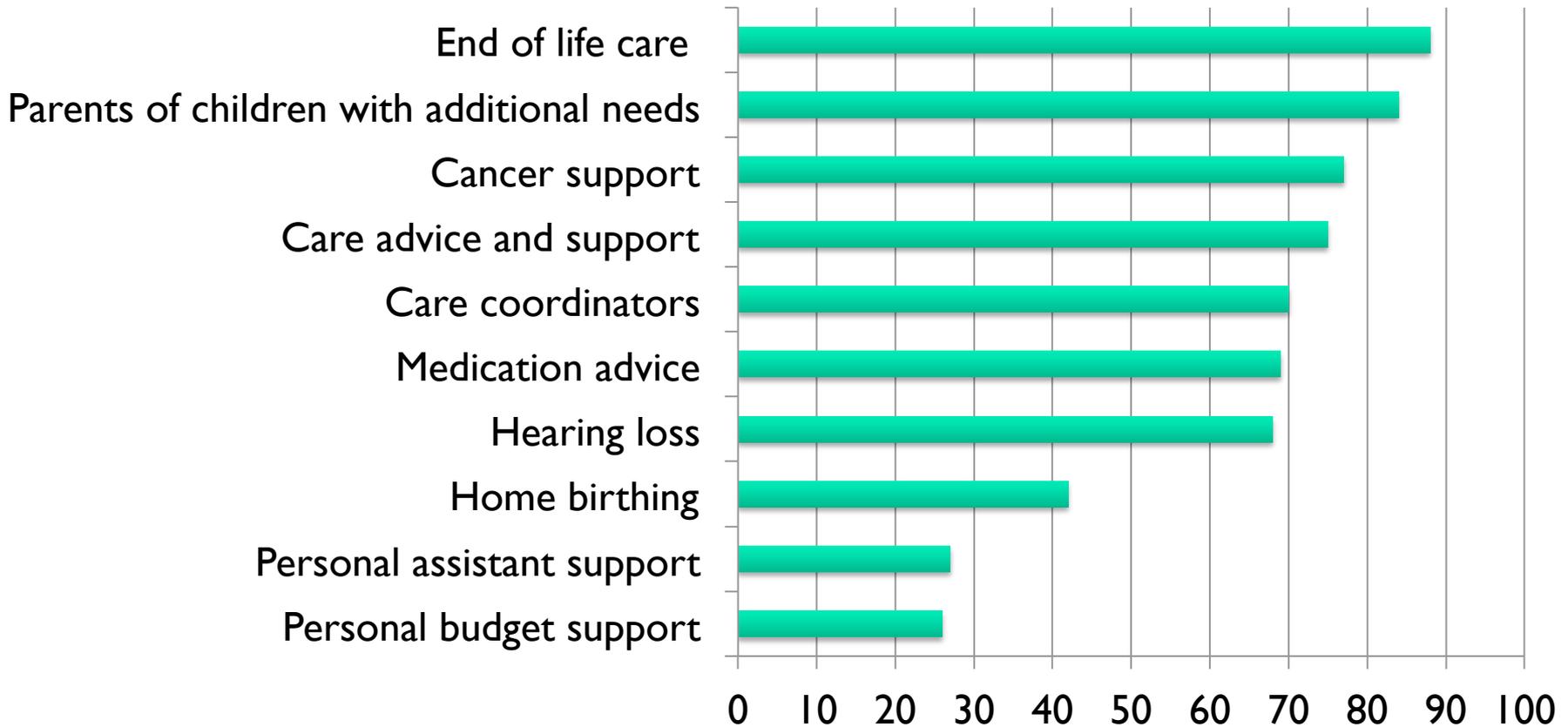
Social Prescribing

- Social prescribing popular: 85% of participants chose one or more option
- Clear preference for health professional involvement

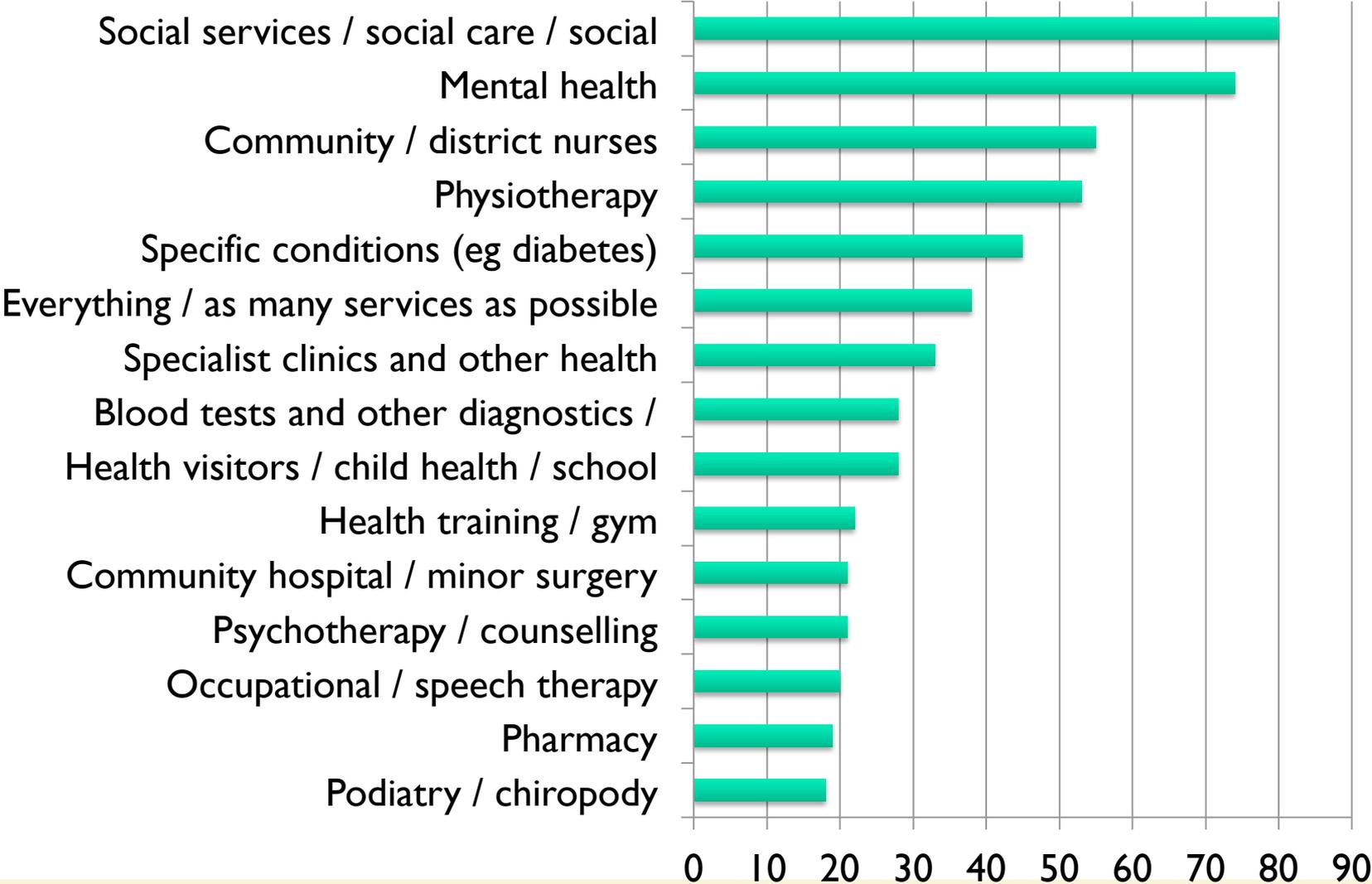


Integrated Teams

- Clear priority given to end of life care and cancer care and support for parents with children with additional needs
- Also widespread support for principle of integrated teams throughout survey

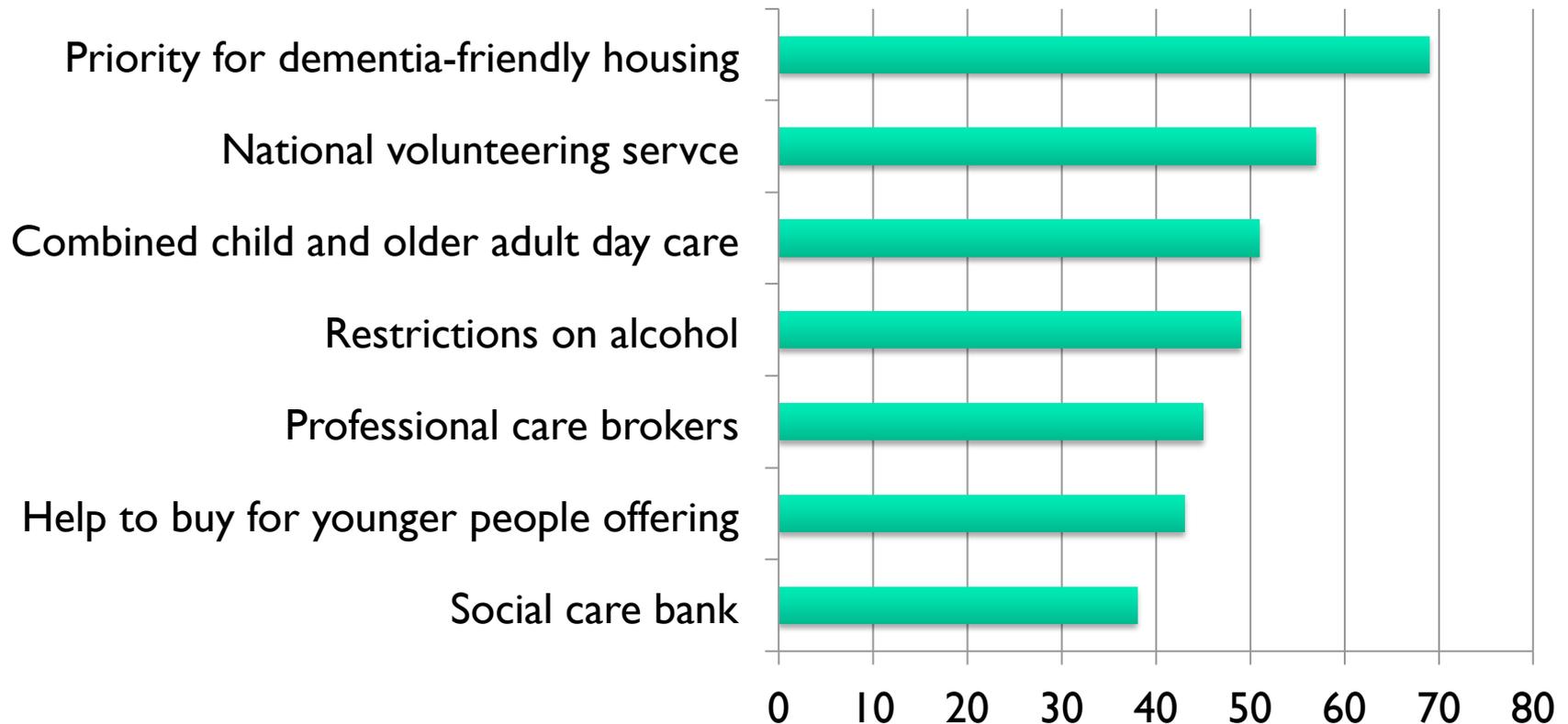


Sharing Facilities



Innovations

- Support for innovations so long as resources not diverted from core care
- Participants had many suggestions for innovations but no clear pattern



Questions?