



Staffordshire Sustainability and Transformation Plan: Ambassador Feedback

April 2017

METHODOLOGY

Healthwatch Staffordshire collected the views of the public in relation to the Sustainability and Transformation Plan (STP) for Staffordshire. This was done through STP Ambassadors who volunteer to disseminate information to the public and collect feedback about the plans. The Ambassadors have attended community groups, speaking to members of the public in their own communities, as well as through our Healthwatch Staffordshire Community Outreach Officers.

Data was analysed using thematic analysis (Braun & Clarke, 2006). Braun and Clarke (2006) advocate thematic analysis as a useful and flexible method to analyse qualitative data that provides findings in an understandable format.

FINDINGS

Four prominent themes were identified from the analysis: Staff structure; Finances; Local Services; and Communication. Each of the themes also contained a set of sub-themes. These will be outlined separately in the following section to provide further insight, accompanied by examples of comments collected.



Figure 1. Themes and sub-themes of thematic analysis

The section below will report on the feedback for each theme identified.

Staff Structure

The first theme identified was ‘Staff Structure’. This referred to respondents concerns around the roles that staff perform, with particular reference to the number of managers employed, as well as the current recruitment and training procedures.

Job Roles

Many respondents discussed broad issues with the staff structure currently in place within the NHS.

One participant simply raised the question, “*Do we need to look at staff structure?*” (Burton upon Trent). However, some were more specific, stating that job roles need to reflect the qualifications that the staff had to make more effective use of them, with one person reporting that there is “*Too much paperwork when nurses could be doing the job they are trained for*” (Rugeley). Furthermore, members of another group suggested up-skilling professionals such as first responders to enable them to take some of the pressure from other areas of the health service.

However, the main concern within the staff structure was the number of managers employed. Many felt that there were too many managers and that there is “*Top heavy management*” (Burton upon Trent). Several suggested that instead of having numerous managers earning higher wages, that funds should be invested in clinical, frontline staff. One person questioned “*Why is it that we have so many managers on fat cat wages and not enough workers where they are most needed?*” (Burton upon Trent). Concern was also raised that during funding cuts management roles would be secure and could even increase in number, whilst clinical roles would be affected and jobs lost. One individual commented “*How many desk jobs will be lost in this cost-cutting exercise? We feel that front line services always lose personnel while layers of management proliferate.*” (Burton upon Trent). This indicates the public concern around the types of jobs that will be cut, and their clear preference for managerial jobs to be lost if cuts are necessary.

Recruitment and Training

Several respondents spoke of the necessity of increasing the number of nurses and doctors employed. They also highlighted their concern around the national GP shortage, with one respondent stating problems around the “*Shortage of GPs especially as thousands of new houses being built both around Stretton and Branston.*” (Burton upon Trent). Furthermore, employing additional staff was seen as a way to reduce the cost of agency staff, who are often utilised to

combat the increased demand. A recommendation was made to “*Employ more full time or part time staff and reduce Agency staff. There is too much gap filling.*” (Burton upon Trent).

Furthermore, one participant raised an issue around retention of student nurses, highlighting the problem of “*Student nursing retention. Quality of mentoring is an issue, and the short amount of time that they have to commit to the UK means that students are travelling abroad.*” (UHNM). This raises the question of whether recruitment of nurses trained within the NHS would be easier if the training of students was evaluated.

Following on from this training issue, some respondents stated a need for more staff to be trained, and to be trained well, with one person reporting the necessity to “*Train more doctors and nurses in this country.*” (Rugeley). This was particularly in relation to avoiding reliance on agency workers and retaining students.

Finances

Within the second theme, ‘Finances’, two main subthemes were identified: costs and saving money. ‘Costs’ refers to respondents raising concern about the way in which money is being spent, whilst ‘saving money’ refers to respondents suggesting ways that the NHS could save or generate money.

Costs

Within the subtheme of costs, four further subthemes were identified, as shown in the below figure.

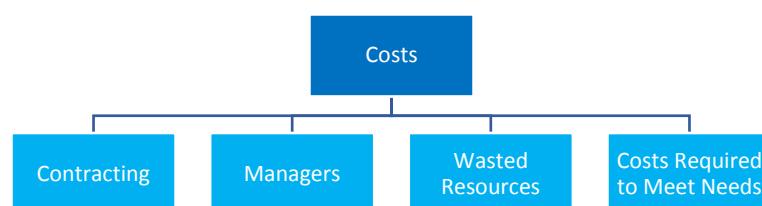


Figure 2. Further subthemes within ‘costs’

Contracting

An area in which respondents felt that money was being spent un-duly was contracting. Some questioned the value for money that the current procurement methods generated. One respondent reported that there is a: “*Waste of money regarding contractors.*” (Burton upon Trent). They suggested that having more competition for contracts could “*Stop abuse of system by contractors.*”

(Burton upon Trent). Furthermore, some highlighted concerns around privatisation, suggesting that “*Introducing more and more private initiatives within the NHS means that a proportion of costs will go into the profit motive i.e. shareholders pocket.*” (Burton upon Trent). This individual raised an issue surrounding the motivations and profit driven nature of privatisation, and their concerns should more of this take place.

Managers

As previously discussed, many expressed views that there are too many managers, who are, in their opinion, overpaid, and that this money was not being spent wisely. The general preference was for this money be spent on frontline staff, as one person reported that the NHS should “*Spend money more wisely- less chiefs, more Indians.*” (Burton upon Trent). One participant also raised similar points around the cost of agency workers, highlighting a need to “*Approve reduction of agency costs*” (Burton upon Trent). In line with this, the necessity of establishing adequate bank staff to cover for illnesses was raised, instead of resorting to more expensive agency staff. Respondents here were referring to the NHS having value for money from their staff, and choosing more wisely the types of staff they employ.

Wasted Resources

Another area in which the public felt that substantial costs were being misused was on wasted resources. This was in the form of a range of resources, such as equipment, medication, services, and clothing. For example, one respondent asked, “*Why do they bin medication that you take back to the pharmacy unopened?*” (Rheumatology support group). Respondents from another group also raised these concerns, questioning firstly whether a service exists that could sanitize equipment for reuse, and secondly, what the contractual arrangements with equipment providers are.

Similarly, it was felt that the mismanagement of the resources led to their waste, with one individual reporting the problem of “*Mismanagement – leaving boxes and boxes unused.*” (UHNM). Others suggested that this wastage was contributed to through over-prescribing, and limiting this could reduce medication waste. Overall, many saw reducing waste as a method of saving money that could be better-spent elsewhere.

Costs Required to Meet Needs

Finally, several respondents reported that due to the significant costs of the NHS, more money was needed. Some expressed concerned that there would not be money available to meet these needs. For example, one explained that the “*Total cost may exceed current budgets to achieve a service which meets need established above.*” (Burton upon Trent). One participant suggested that money to

fund this gap could come from other areas of Government spending, suggesting a need to “*Put funding into NHS instead of 1) HS2 and 2) overseas budget*” (Rugeley). Others highlighted that this discrepancy meant that there was a reliance of the voluntary sector, with one person stating that “*Using voluntary sector when contracts have been cut due to funding and being reliant on volunteers limits reliability*” (Rugeley). Additional problems may be caused by a reliance on the voluntary sector, which seemed an inevitability to the respondent due to funding cuts to public health. However, one group reported that incurring these early costs may be necessary in generating longer term savings.

Saving Money

Within the second subtheme relating to finance, saving money, four further subthemes were identified, as shown in the below figure.

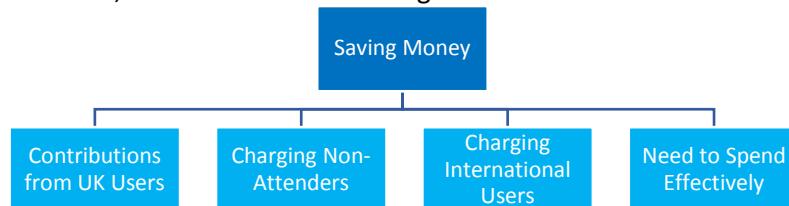


Figure 3. Further subthemes within ‘saving money’

Contributions from UK Users

Some participants suggested that to help meet the costs required, service users in the UK should pay towards the costs of their treatment and medication, or other services, such as food whilst in hospital. They also cited that this may encourage individuals to increase their appreciation of the services. One respondent suggested that “*If patients have to pay some cost of medical expenses, they might better appreciate the NHS services and NHS can also save some money - like other countries health care systems.*” (Burton upon Trent). More specifically, some suggested that particular individuals should be asked to pay. This included those who have not paid into the system, those attending A&E, or as suggested by multiple respondents, those with ‘self-inflicted’ injuries. One respondent suggested a need to “*Start making charges for self-inflicted e.g. Drunks using 999 for emergencies, fine them.*” (Rugeley).

Some respondents proposed that instead of charging individuals directly, that they could use further taxation to fund the NHS, particularly the Sugar Tax, as one person made the suggestion for “*Sugar tax to go directly to fund NHS diabetes care*” (Burton upon Trent). This would allow for those services affected by the consequences of sugar to be supported by the additional, directly related tax.

Charging Non-Attenders

An additional method of generating money was suggested to be to “*Fine people for missed appointments, at GPs and hospitals*” (Email feedback). It was thought that this could counteract the waste of resources caused by not attending. It was also seen as a method to both increase the income of the NHS, whilst providing an incentive for individuals to attend their appointments.

Charging International Users

Several responses also involved ensuring that international users of the NHS were charged, with one individual reporting a need to “*Recoup the money from people who come to the UK to have an operation (on holiday) and have it all without charge.*” (Rugeley). It was highlighted that this would require an effective process to recoup the money. To ensure this, one participant suggested having to show a passport before receiving treatment, proposing for “*Passports to be shown to prove entitlement and the country of origin to be billed - especially after we leave Europe.*” (Tamworth). It was thought that this would be a robust process to distinguish between UK and non-UK service users, as well as to collect the details of those that need to be charged for their treatment. However, it should be remembered that not all UK Nationals would hold a passport and therefore, this is a blunt instrument to test eligibility.

Need to Spend Effectively

Finally, as opposed to looking to generate additional income, the final subtheme relates to saving money by spending it more effectively. Many spoke of a need for increase efficiency. For example, one respondent described duplication within the system that led to waste, giving the example that “*Appointment letters are duplicated/cancellations- it is a waste of postage.*” (Rheumatology Support Group).

Others spoke about the NHS needing a more robust business model and external advice to ensure that money is spent wisely, highlighting a need for a “*Business Model. The NHS does waste money. They need business advisors from outside the NHS.*” (Burton upon Trent). By doing this, the NHS could, in effect, save money that would have otherwise been spent ineffectively and spend it in areas of greater need.

Local Services

The third theme, ‘Local Services’, shows the substantial concern of the public around their local services. This included five subthemes: Travelling, Local Hospital, Increase Community Services, Utilising Pharmacies, and GP surgeries, which also contained additional subthemes.

Travelling

Numerous concerns were raised around respondents having to travel long distances to receive care. This was seen as putting patients at risk, and as particularly problematic for non-drivers, the elderly, and those with children. One respondent cited their experience, that “*On that occasion if I had been sent to a hospital in another town I would have been in a coma by the time I arrived there.*” (Burton upon Trent). Several raised concerns about the method of transport required to get to services, citing personal costs, the cost of ambulances, and unreliability of public transport, stating that “*Transport links are a problem*” (Tamworth). However, some reported their willingness to travel, especially for specialised or excellent care. One individual reported “*No concern about distances, only about quality of care*” (Burton upon Trent). Therefore, there may be a balance to strike between having local services for more general healthcare, and centres of excellence that individuals could travel to.

Local Hospitals

There were many calls for local A&E services to be either restored or kept open. This illustrated the growing concern around the consequences of local hospitals being permanently shut, with one respondent highlighting that the “*A&E is needed in Stafford because of the motorway, army, new housing estate.*” (Doxey). This demonstrates particular concern in areas with an increasing population. Respondents also referred to the benefits that having open local hospitals had on the larger hospitals, reporting that “*The alternative units are failing to meet expected targets. This is not an isolated occurrence, it has happened annually for the last 17 years. The additional demand from the Stafford area will only add to their existing problems and put lives at risk in the Stafford area as a result.*” (Doxey). Respondents felt that having local hospitals would, in turn, relieve the pressure put onto the main hospitals.

Increase Community Services

In addition to local hospitals, respondents suggested increasing other services within the community more generally. One group suggested that this could be done through the merging and collaboration of services, to increase resources and provide increased flexibility. Another respondent suggested that more community services should be provided when an area receives a population increase,

claiming a need to “*Make it law that a new house build estate at least has a hub or a doctor’s surgery and chemist.*” (Doxey). There is provision under Section 106 planning regulations that large scale developments should provide community facilities or low cost affordable housing, however, the type and scale of these is at the discretion of the local planning Authority. Furthermore, the issue also remains regarding the GP shortage, raising questions around who would occupy these suggested new practices.

Others commented on the lack of after-care in the community, with many reporting their disapproval of cottage hospitals being closed. One person suggested a need to “*Engage local authorities in 'after care'. Cottage hospitals are all closed, Homes for the elderly are closed and turned over to private enterprise and their costs rise.*” (Burton upon Trent). It was felt that these could help to reduce bed blockages and pressure on other hospitals, by providing more care in community settings. Other available buildings were also suggested as being able to provide these services, such as closed hospital wards, which could provide a step-down from hospital. Additionally, another person suggested that increasing the training and benefits for home care support workers could assist in providing this extra support, as well as recruiting more support workers to prevent elderly or disabled people from being admitted to hospital where possible.

Utilising Pharmacies

There were some comments made in reference to the possibility of utilising pharmacies more often. The Staffordshire Pharmaceutical Needs Assessment, however, found that community pharmacies are well used, with around 10 visits per person each year, based on national estimates. One respondent exemplified this, reporting having confidence in using the service by stating that “*My pharmacy reviews my medication.*” (Rheumatology Support Group). However, there was also a call for these services to be made more accessible, both in opening times and in location, with an individual suggesting that “*Pharmacists should be open longer and accessible in supermarkets.*” (UHNM). Again, the Needs Assessment shed light on this, finding that 98% of Staffordshire residents live within a 10-minute drive of their local pharmacy. They also reported that access is good during weekdays and Saturdays, with the majority of pharmacies open from 9am to 6:30pm. There are also some pharmacies open from 6:30am until at least 10pm. Concerns were raised, however, around the provision on Sundays, and Sunday evenings in particular.

GP Surgeries

Within the subtheme of GP surgeries, four further subthemes were identified, as shown in the below figure.

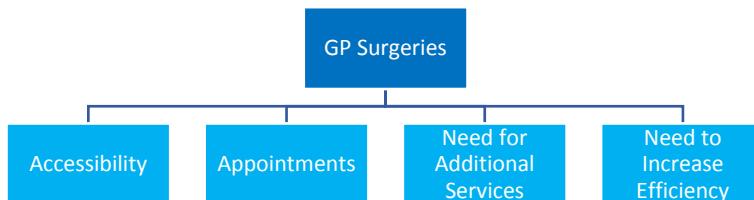


Figure 4. Further subthemes within 'GP surgeries'

Accessibility

Several respondents spoke about having preferences for GP surgeries to have longer opening hours, such as evenings or weekends, to increase accessibility for those who work 9-5. One respondent claimed that the "*Lack of GP surgeries open at the weekend resulted in ending up at A&E*" (UHNM). This illustrates how these difficulties can result in the misuse of services, and increase in pressure on A&E. Some respondents also reported finding it difficult to access their surgery by phone.

Appointments

Similarly, another commonly reported issue was the length of time patients had to wait for an appointment. One participant suggested a possible way to counteract this issue, stating that "*There should be one doctor per day to see drop in patients instead of waiting up to three weeks for an appointment.*" (Rugeley). Some respondents also commented that after waiting several weeks for an appointment, the length of time they were seen for was unacceptably short.

Need for Additional Services

Respondents cited a range of extra services that they felt should be supplied by their GP. This was sometimes in the form of more of the same, where respondents suggested additional GPs were necessary, particularly "*With the population explosion in Stafford area there is considered a need for additional GP surgeries to be provided to enable residents to receive prompt attention which in many cases would obviate the necessity of visits to A&E units.*" (Doxey). Others suggested different services that it would be useful for GP surgeries to offer. For example, one respondent reported that "*Skype appointments would be useful for non-urgent appointments. It would be a useful way of GPs offering out of hours appointments.*" (Burton upon Trent). Other suggestions included minor injuries, home visits, minor procedures, and telephone consultations.

Need to Increase Efficiency

Finally, some respondents claimed that there was a need for increased efficiency within GP practices. Suggestions included reducing the number of follow-ups through checking symptoms on the phone, having GPs that know the patient's history, and reducing the inconsistency between GPs and practices. One respondent explained that "*Healthcare information from GPs is patchy with different GPs*" (UHNM). Increasing efficiency may in turn counteract the issues that GP surgeries are facing.

Communication

Preventing DNAs

Several respondents reported that communication via text or a phone call helped to reduce DNAs, by reminding patients about their appointments, with one individual stating that "*As a current user of local health services I welcome being contacted by text message to remind me of a forthcoming appointment and to confirm (or otherwise) that I will attend. But not sure if this is used nationwide.*" (Burton upon Trent). This could be a useful process for other services to adopt, if it is able to reduce the number of missed appointments and wasted time. It would also be an example of sharing best practice to solve problems throughout the health service.

Informed Patients

Many of the comments around communication were regarding the necessity of ensuring that patients were informed about all aspects of healthcare. Examples given were: when appointments to other services had been requested; what to do and where to go in certain situations; how to self-help; and the opening times of surgeries. One respondent suggested the necessity of the "*Re-education of patients and GPs on the most effective route for treatment of a condition. Often patients go to A&E or are referred by GP to A&E when not required.*" (Tamworth).

Additionally, patients wanted to be informed around decisions that could affect them, such as the closure of hospitals, and how they may be impacted by any changes that occur. It was seen as important not to use too much jargon when informing patients, but also in some instances being more specific, in order to make the information relevant and comprehensible, as one person reported that "*The information provided is too vague to make rational comment. What exactly will a 'downgraded A&E' mean?*" (Burton upon Trent).

Educating Around Prevention and Self-Help

Related to patients being informed, many respondents reported their belief that using communication to educate the public on methods for prevention and self-help would be beneficial to both individuals and to services. Some highlighted that there is a need for more education around obesity, smoking, and alcohol, whilst others stated that "*Prevention is important. There should be more education regarding diet, home economics, food technology*" (Burton upon Trent). Some reported the need for this to begin through schools, starting at a young age, whilst in addition, others suggested that health professions could deliver a phased package of advice.

This was also related to the idea of giving patients more responsibility, with one person suggesting a benefit of "*Improving prevention by making population more responsible.*" (Burton upon Trent). For some this involved the choices the public make around accessing different services, although some suggested that gatekeepers could enforce this more appropriately. Others proposed funding individuals to make lifestyle changes if they are unable to afford, for example, paying for gym memberships. For this, however, they stated the necessity of checking on attendance and progress.

Poor Communication between Services

Finally, some respondents reported poor communication between different services, departments, and professionals. They also highlighted that this caused discrepancies between services, and confusion for patients. Furthermore, this led to a lack of continuity between public services. For example, one respondent reported a "*Lack of joining up across public services. I was disappointed that the new fire station did not talk to health when being built to look at future need such as a health centre.*" (Rheumatology Support Group). Others suggested the benefits of improving the communication between services, for example, A&E departments could have 24-hour direct contact with social workers to avoid unnecessary admissions.

CONCLUSIONS

The findings highlight a number of concerns that the public have in relation to the STP and the current function of the NHS.

Staffing was found to be an issue, both in the current staff structure, and in the need to recruit and train more staff. There was also an emphasis on investing money on staff wisely – in more clinical, front line staff, and less so in managers and agency staff.

Finances within the NHS were seen to raise substantial concern for members of the public. Respondents cited a range of ways in which they felt that money was being misused or wasted, including on managers, contracting, and wasted resources. They also highlighted the potential gap between the funds needed to run the NHS effectively and safely, and the money actually available.

Respondents cited a range of ways in which money could be saved, generated, or better spent. Some cited that individuals using the services could contribute to the cost of their treatment or medication, with a particular emphasis on those from abroad. Furthermore, fines were suggested for anyone not attending their appointments. In a more general sentiment, there was a view that money needed to be spent more effectively, predominantly through increasing efficiency.

It is clear that local services are of great importance to the public. They have concerns around having to travel further afield for treatments, and in line with this, highlighted the importance of local hospitals, community services and pharmacies. Some were, however, prepared to travel to specialist centres of excellence. GP services were seen to be a valuable local service, but with their own problems. These pertained predominantly to accessibility and waiting times, but there were also comments around the need for additional services, and for greater efficiency.

Finally, communication was a concern, particularly between different services. However respondents also reported the potential for increased communication to prevent DNAs, and for informed patients to be more able to both understand and navigate the health system more appropriately, and to engage in health prevention and self-care.

REFERENCES

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