Keele University

Health Care Community Services in Newcastle Under Lyme

Report 2015-2016

A review into the understanding and experiences of patients and professionals

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Word count: 1995

Engaging Communities
Inspiring Change, Improving Outcomes

healthwatch Staffordshire

CONTENTS	

Introduction : Overview of Community Organisation

Healthwatch Staffordshire is the local body of Healthwatch England, a health and social care consumer champion with statutory powers to enact real change in UK health care practices. Healthwatch Staffordshire is designed to provide a voice for local people by gathering consumer opinion via community engagement activities. It also has the authority to operate, enter and view programmes at local health care providers and has representatives on key health care commissioning and decision-making bodies.

Project Overview and Rationale

A recent Healthwatch Staffordshire public consultation identified ‘pressure in the health care system’ regarding ‘health care community services’ as a key concern for the general public and health care professionals of Staffordshire.

In order for Healthwatch Staffordshire to provide relevant and valuable input into commissioning and strategic planning to improve these services, they needed more information about what exactly these ‘pressures’ are and which community services are affected.

However, there is limited information at the strategic level regarding which services are currently available across the region, let alone how these services may be meeting or falling short of the expectations and needs of GPs and services users.

There also appears to be confusion and discrepancy at both national and local level about what the term community services actually means.

Hence our brief was to provide a test bed approach to identify areas where Healthwatch Staffordshire could add value to commissioning and strategic planning of local community services.

Aims:

- Identify what service users/public and professionals understand community services to be.
- Identify the barriers to understanding, accessing and referring to those services.
- Gather information about service users/public and professional experiences of community services.
- Identify what the regional 'landscape' of community services currently looks like.
- Identify 2 distinctive districts within the 8 districts of Staffordshire to research a 'deep dive' of services in those areas to provide detailed experience of community services from both the service user/public and professionals perspective.

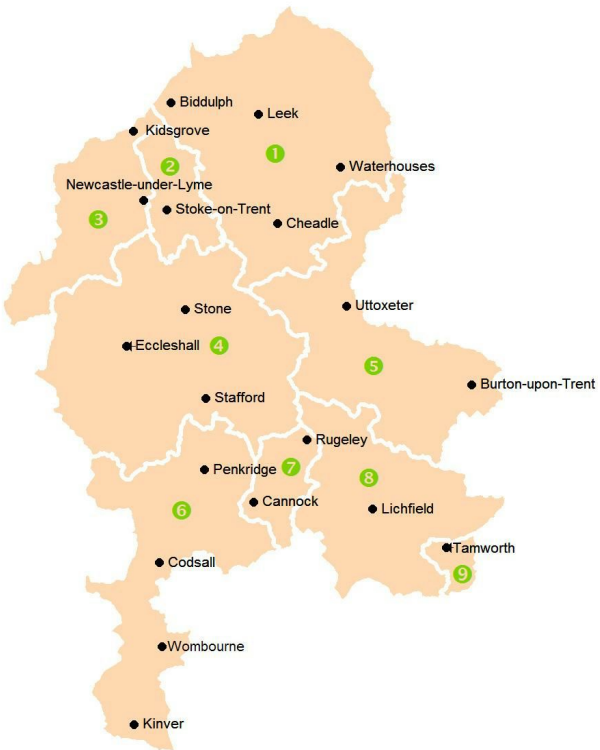
Intended activities and outcomes:

- To map the landscape of available community health care services across Staffordshire (excluding Stoke on Trent)
- Select 2 districts of Staffordshire with contrasting demographics and carry out deep dive research
- Design a methodology for the deep dive surveys of the public/service users which could be used by Healthwatch Staffordshire's teams of volunteers to undertake with identified stakeholder groups
- Liaise with the Community Organiser to organise and brief the teams of volunteers
- Design and undertake a similar survey of GPs in the selected deep dive regions
- Analyse the data provide a report with recommendations

Project methodology

There is much confusion at international, national and local level regarding the definition of community health care. The World Health Organisation states that the aims of community health care is to add new scope and value to the existing primary health care approach, whilst providing integrated health and social services to meet the increasing health and welfare needs of older persons and their families. On the other hand, The Department of Health has no national definition of health care community services, whilst the Staffordshire and Stoke on Trent Partnership Trust (SSOTP) only state what community services might include. These range from district nursing, health visiting, school nursing, running five community hospitals and health services in six prisons as well as very specialist community care. Hence, there is huge difficulty in establishing what is meant by health care community services.

Due to this discrepancy, it was important to specifically ask the public and professionals what they regarded as a community health service. This was done through our questionnaire.



Staffordshire is split into eight districts for the purposes of health care and local council organisation. Stoke on Trent is not included under the Healthwatch Staffordshire remit so was not covered in this research. There is no true definition of health care community services hence we utilised the list of those commissioned by the Staffordshire and Stoke and Trent Partnership (SSOTP).

Service provision in the eight districts was investigated in a process known as

mapping, whereby we identified which of the services commissioned by the SSOTP were available in each particular district. Some services such as district nursing were available in all areas whereas other services were more specialist and only commissioned for one or two of the eight districts.

The next step was to conduct a deep dive, the purpose of which was to elicit an understanding of doctors' and patients' knowledge, experiences and views regarding the services available within their district. This information would give Healthwatch Staffordshire insight into local needs and requirements, enabling them to influence local strategic health commissioning and policies.

In order to choose an area in which to conduct the deep dive we researched the demographics of each district using the Staffordshire JSNA report 2014. For each district we looked into:

1. Life expectancy of Males
2. Life Expectancy of Females
3. Deprivation Levels compared to national average
4. Household Income
5. Prevalence of limiting long term illness
6. Dementia Prevalence
7. Heart Failure Prevalence
8. Hypertension Prevalence
9. Palliative Care Prevalence

These demographics enabled us to better assess which district had a higher burden of health care needs; Lichfield had the lowest whilst Newcastle Under Lyme and Staffordshire Moorlands had the highest. Due to logistics, the Newcastle under Lyme area was chosen for the deep dive over Staffordshire Moorlands.

In order to elicit the required information, a questionnaire was devised for both the general public and local GPs with assistance from the health informatics department of Healthwatch.

The only exclusion criteria for the questionnaire submitted to the public was living in a postcode outside the Newcastle Under Lyme area. A minimum of 250 questionnaires were required for statistical power. We considered three options to gain a sample: patients visiting their GP for routine appointments, shoppers in the Newcastle Under Lyme high street or outpatients at Royal Stoke Hospital.

Posting questionnaires to GP practices would in no way ensure they would be completed and returned. In addition, the number of volunteers available per day within GP waiting rooms would have been insufficient for the required return rate to be reached.

Approaching shoppers in the High Street would have required a much larger sample size beyond the capability of the current project.

It was deemed that hospital outpatients would provide a sample population which had already had some contact with health care services. Additionally, due to the fact Healthwatch has ongoing contact with Royal Stoke Hospital, an expansive and appropriate population base was available to distribute questionnaires.

Healthwatch Staffordshire volunteers were utilised to distribute the questionnaires and ensure they were completed by willing participants between 26th October - 9th November 2015. These dates were selected based on the availability of the volunteers and the short turn around time of the project brief. The location was used due to an existing relationship between Healthwatch Staffordshire and the Royal Stoke Hospital as described above.

The GP questionnaires were sent to practice managers, student contacts within the GP practices and student tutor GPs requesting that it be circulated around their practices.

The majority of the data collected was qualitative. The returned surveys were analysed for general themes by Alicia Barnes, Tavlene Banwaith, Grace Culatto and Michelle Quinn with coding of individual questionnaires being conducted by all. Team

discussion verified coding was consistent and consensus reached where doubt had arisen.

Analysis of results

Key themes identified from 'Which health and social care services would you define as 'community services'?'

District nurses, GP, physiotherapy, elderly, Macmillian and palliative services, podiatry, chiropody.

As we expected, services such as social services, dentistry, A&E and clinics in community hospitals as well as library and police services. This shows there was some confusion amongst the public about what community services were, as we expected.

Key themes identified from 'What does a community service mean to you?'

There was a huge variety in the response received. A key theme was that it was a service provided in the home with the aim to help people remain at home, particularly the elderly.

Key themes identified from 'When you think of a community service how local should it be?'

The first common theme is that people defined 'local' in terms of physical distance from their home. With this there was a range of distances from 2-3 miles to a 20 mile radius. The second theme identified was a requirement for community services at local GP practices.

Key themes identified from respondent dissatisfaction and requested improvements:

- Elderly care
    - Better and more home care enabling patients to stay in their home for longer
        - More visits, longer visits - ten minutes not sufficient

        - Funding for OT equipment, particularly bathing
    - Dementia support
        - Currently provided by charities or private companies
        - More support for carers and families
- Mental health
        - More beds for mental health patients, particularly local beds
        - More access to community drug and alcohol services
        - More mental health nurses
- Location of services
    - Frustration at having to travel long distances to services
        - Respondents felt that many services could be offered at their local GP, in particularly phlebotomy services and outpatient clinics.
        - Relocation/closure of services meaning that patients now had to travel long distances - again phlebotomy services no longer offered at local GP practices or only offered on specific days requiring patients to attend the local hospital. Closure of a local podiatry unit was repeatedly mentioned.
    - Transport and parking
        - Parking costs and availability - A often mentioned problem at main hospital sites, driving the demand for services to be moved back to the community.
    - Transport difficulty for patients, especially elderly

Evaluation, Recommendations and Handover

By gaining valuable insight into public understanding of community services, identifying what they perceive to be barriers in accessing these services and gaining their personal experiences, the project research has generated much information that is able to be utilised by Healthwatch Staffordshire to initiate further, more focussed discussions.

However, the information generated from the project has its limitations. Although 236 questionnaires were completed the target of 250 was not achieved. Having not met our target, due to the strict timing of the project, it was not possible to extend the two week collection time. Furthermore, during the coding and analysis it was felt that the themes did not reach saturation. This is likely due to the fact a large number of services were covered. Although qualitative research is usually more focused, this project was a test bed for future studies.

Additionally, pressure in keeping to the timeline was due to the inexperience of the project researchers in handling qualitative data meaning that much time was taken up improving skills in order to reliably interpret the data.

Both of the two week time limit and single data collection location pose limitations on the validity of the data gathered. We are not able to generalise the perceptions and experiences of hospital users, particularly as they were captured within such a short time frame, with the general public. Hence, it is recommended that a randomised and larger sample of people from differing locations are used to gain a more generalised sample and thus increase the external validity of the project research.

As there was confusion amongst the public, it is recommended that whenever having a discussion about health care community services with the public, it is important to clarify that all parties are discussing the same services.

A number of project aims were unable to be fulfilled. Limited time meant that information gathered via an additional questionnaire to health care professionals in the Newcastle Under Lyme district have yet to be properly analysed. Alongside this, the ‘deep dive’ analysis of Lichfield as a contrasting district must also be completed. Both of these will provide a holistic picture regarding public and professional perception of community services and their experiences. Hence, a recommendation to gather and analyse this data has been given to the next group in order to gain an insight into these views and potentially implement change in the future.

Acknowledgements: *Thanks go to Sue Baknak, Craig Staples, Sarah Bailey and the rest of the Healthwatch Staffordshire team.*

Appendix 1: Professional Survey - Results of Reasons for Referral Difficulty by Anonymised Professional Number

#	Responses
1	Holding on the phone for extended periods particularly to mental health service
2	knowledge of what is avaialable and criteria waiting times
3	Often poor responsiveness; long waiting lists.
4	District Nursing levels in some teams are unsustainable and where there are relatively well staffed teams they have to cover. This destablises the service resulting in delays in patient treatment.
5	None
6	telephone access to crisis team is dreadful even with a dedicated GP telephone line - 40mins plus not unusual, I had to ring about ten times over about four hours last week before I eventually got through !! Most other referrals are by post - some are quick to respond (cancer / palliative) others are slow (podiatry)
7	waiting times
8	response time can be variable for DN teams; current long waits for physio
9	Sometimes waiting times to talk to psychiatry can be very long but this is the exception rather than the rule
10	crisis team can be difficult to access long wait time for OT/physioterapy patients do not like new criteria for podiatry

Appendix 2 - Healthwatch Community services Public survey

1. Do you live in Newcastle Borough?

- ❑ Yes
- ❑ No
- ❑ Not sure
- ❑ If not sure tell us where you live…….

2. Which health and social care services would you define as "Community services"?

3. What does a community service mean to you?

4. When you think of a community services how local should it be?

5. What community services do you know are provided in your area?

- ❑ Community / District Nurses
- ❑ Cancer and Supportive Therapies
- ❑ Chronic Pain Management

- ❑ Diabetic Services (including home visits)
- ❑ Diabetic Eye Screening
- ❑ Dermatology
- ❑ Falls Prevention Service
- ❑ Living Independently Service
- ❑ Early Discharge Team
- ❑ Physiotherapy
- ❑ Occupational Therapy
- ❑ Podiatry
- ❑ Rehabilitation Service
- ❑ Community Mental Health / Community Psychiatric Nurse
- ❑ Crisis Team
- ❑ Social care
- ❑ Unsure / Don't Know
- ❑ Other (please specify, particularly social care services)

6. Please select any community services you have used in last 12 months?

- ❑ Community / District Nurses
- ❑ Cancer and Supportive Therapies
- ❑ Chronic Pain Management
- ❑ Diabetic Services (including home visits)
- ❑ Diabetic Eye Screening
- ❑ Dermatology
- ❑ Falls Prevention Service
- ❑ Living Independently Service
- ❑ Early Discharge Team
- ❑ Physiotherapy
- ❑ Occupational Therapy
- ❑ Podiatry

- ❑ Rehabilitation Service
- ❑ Community Mental Health / Community Psychiatric Nurse
- ❑ Crisis Team
- ❑ Social care
- ❑ None

7. When did/do you use them? (please discuss all services identified as being used, ie. weekly, monthly, ad hoc etc)

8. What are you experiences of using these services? (positive, negative, needs, barriers, ease of use etc.)

9. What services would you like to be made available in the community?

Appendix 3 - Healthwatch Community services Professional online survey

Experience of Community Services

*** 1. Please state your role at the surgery?**

- ❑ GP
- ❑ Practice Nurse
- ❑ Advanced Nurse Practitioner
- ❑ Practice Manager
- ❑ Other (please specify).....

2. Which community services do you know are provided in your area?

- ❑ Community / District Nurses
- ❑ Cancer and Supportive Therapies
- ❑ Chronic Pain Management
- ❑ Diabetic Services (including home visits)
- ❑ Diabetic Eye Screening
- ❑ Dermatology
- ❑ Falls Prevention Service
- ❑ Living Independently Service
- ❑ Early Discharge Team
- ❑ Physiotherapy
- ❑ Occupational Therapy
- ❑ Podiatry
- ❑ Rehabilitation Service
- ❑ Community Mental Health / Community Psychiatric Nurse
- ❑ Crisis Team
- ❑ Unsure / Don't Know
- ❑ Other (please specify).....

3. Please select any community services you have referred to in the last 12 months?

- ❑ Community / District Nurses
- ❑ Cancer and Supportive Therapies

- ❑ Chronic Pain Management
- ❑ Diabetic Services (including home visits)
- ❑ Diabetic Eye Screening
- ❑ Dermatology
- ❑ Falls Prevention Service
- ❑ Living Independently Service
- ❑ Early Discharge Team
- ❑ Physiotherapy
- ❑ Occupational Therapy
- ❑ Podiatry
- ❑ Rehabilitation Service
- ❑ Community Mental Health / Community Psychiatric Nurse
- ❑ Crisis Team
- ❑ None
- ❑ Other (please specify).....

4. What difficulties do you face when referring to community services?

Record of Engagement

9 Sep 2015 – Intro to the organisation delivered by Volunteer and Engagement Officer. Meeting with healthwatch team to define and clarify aims and objectives and

16 Sep 2015 - Research into the background of the problem. Develop project proposal plan.

23 Sep 2015 - Completion and submission of project proposal form. Meeting with healthwatch team to train us in mapping

30 Sep 2015 - Mapping of community services of community services in Newcastle Under Lyme

7 Oct 2015 - Mapping of community services of community services in Newcastle Under Lyme. Utilising JSNA report to understand demographics of specific districts of Staffordshire to determine which area is most relevant for our deep dive survey. Creation of Excel spreadsheet with demographic information for each district. Development of initial questions and key points for patient survey.

10 Oct 2015 - Further liaison with research team.

14 Oct 2015 – Discussions with research team surrounding methodology and best locations for a sample. Also, liaising with Healthwatch research team for early stages development of survey. Initial patient survey outline produced. Presentation of our rationale to Sue Baknak and agreement of district chosen.

19 Oct 2015 - Final survey produced by research team and reviewed by us.

21 Oct 2015 – Production of the briefing pack for volunteers distributing questionnaires at Royal Stoke Hospital on behalf of Healthwatch. Development of the healthcare professional survey.

26 Oct - 7 Nov 2015 - Volunteers deployed to Royal Stoke Hospital for the two week collection period.

28 Oct 2015 – Start of the project report write up. Update with the Healthwatch team as to progress of data collection.

4 Nov 2015 – Emailing Keele Medical School requesting the professional survey be sent to healthcare professionals with links to Keele.

10 Nov 2015 - Professional survey sent by Keele Medical School to healthcare professional contacts.

11 Nov 2015 - Handover sheet submitted to Keele Medical School. Start of coding themes in the 236 qualitative patient surveys returned.

18 Nov 2015 - Completion of coding the surveys returned. Collation of results of professional surveys.

25 Nov 2015 - Completion of report write up. Start of presentation development.

26 Nov 2015 - Completion of presention.

1 Dec 2015 - Completion of project write up. Telephone de-brief with Sue Baknak.