



# Health care community services in the Lichfield district

A review and comparison of the public's understanding of health care community services across Staffordshire

Rebecca Coleman, Ben Davies, Imogen Davies, Dahlia Sabzevari

Word count : 1,980



## Introduction

Healthwatch Staffordshire is a local health watchdog that aims to improve local NHS and social services based on the experiences of the local community. A recent Healthwatch investigation identified pressures on community healthcare services as being a key concern for the public and healthcare professionals in Staffordshire. In order to enact change to improve community healthcare provision, further information is required regarding public and professional experiences of community healthcare services. Additionally, there is no single consensus for the definition of community health services. The Staffordshire and Stoke-on-Trent Partnership (SSTOP) only provides suggestions as to which services might be termed 'community', examples include: district and school nursing, community hospitals, prison health services and health visitors.

As a result, two groups of medical students from Keele University have worked with Healthwatch to explore the perceptions and experiences of the local community, and local healthcare professionals, with regard to community healthcare services.

## Background and Project Rationale

Students from Keele University Medical School previously worked with Healthwatch Staffordshire to explore patient perception and experiences of community health services in the district of Newcastle-under-Lyme. Their research demonstrated several key themes. Firstly, respondents were unclear as to what constituted a 'community service' and many believed it to be a service provided in the home to maintain independence for elderly patients. Secondly, respondents believed services should be in close geographic proximity or included within a GP based service. Several areas of dissatisfaction with services were identified, including: insufficient length of home visits; lack of access to community mental health services; long distances to reach services and the parking costs incurred as a result of using community health services.

With these findings in mind, it was recommended that further research be conducted in a separate Staffordshire district with a view to compare and contrast the experiences of patients in a different location that has different health care needs.

## Project Aims

1. Identify another district that is in contrast to Newcastle-Under-Lyme with regards to health outcomes.
2. Understand public and professional perception of what community services entail and their experiences of these
3. Identify barriers to accessing community services
4. Compare and contrast the perceptions, experiences and barriers of public and professionals in the Newcastle-Under-Lyme district with those from another, more affluent district with better health outcomes.

## Methods

In order to establish how public and professional understanding of community services aligned with those commissioned by SSTOP, questionnaires were distributed to the public and to general practitioners in the Newcastle-under-Lyme area. Our group aimed to compare data from this previous research in the Newcastle-under-Lyme area with Lichfield. Lichfield was selected based on the recommendations of the previous group and on our own research into the health burden of Staffordshire from the Staffordshire JSNA (2013). We used similar criteria to the previous group, such as life expectancy, household income, dementia prevalence and palliative care prevalence, to identify Lichfield as an area with a lower burden of healthcare needs. This would allow us to identify any differences in the perception of community services between two areas with contrasting health populations.

The same questionnaire developed by the previous group was distributed to the public and professionals in the Lichfield area to allow a better comparison. Some feedback was given by 2 people on the questionnaire previously but it was felt that altering the questionnaire may lead to different responses being yielded from study participants and we wanted to compare like with like.

Two locations within the Lichfield district were identified to distribute questionnaires, Samuel Johnson hospital and Burton hospital outpatients. Questionnaires were distributed by volunteers between the 9<sup>th</sup> and 19<sup>th</sup> February. Due to a low response rate from eligible candidates at these locations, GP surgeries in Lichfield district were contacted to ascertain if they would be willing to distribute questionnaires to patients. Two practices were identified and questionnaires were distributed to patients from the 14<sup>th</sup> to the 16<sup>th</sup> March.

The initial sample of questionnaires were coded and a framework was established to aid future coding and ensure consistency between researchers. A content analysis was subsequently conducted on all eligible questionnaires and coded qualitative data was used to establish emergent themes. All group members discussed the themes to ensure a consensus.

### Identification of Key Themes and Analysis

#### 'What health and social care services would you define as community services?'

Respondents defined community services by giving specific examples of health and social care services. Those most commonly identified services were: district nurses, psychiatric nurses, physiotherapy, general practice and community hospitals.

Aside from giving specific examples of community services, the two main common themes identified services that are delivered in the home of the patient, or those with easy access via public transport.

The common specific examples supplied by respondents were also identified by Newcastle-Under-Lyme residents in the previous research project. However, some differences between the replies were evident. Some respondents from Newcastle identified non-medical services i.e. libraries and police services as community services as well as A&E departments.

It is possible that A&E was identified as a community service amongst Newcastle-Under-Lyme residents due to the presence of a large centre that would be in close geographic proximity to where most residents live. In contrast there is no A&E departments located in the Lichfield district and so residents would have to travel to to access such services. This may account for the differences in responses.

#### 'What does a community service mean to you?'

The key themes from both groups were that a community service allowed patients to remain at home. The Lichfield residents stated that they thought it involved transport for patients between their homes and hospitals. In both groups many people thought a community service meant GP services.

#### 'When you think of a community service how local should it be?'

After analysing responses, it was evident that this question created a range of responses. Some patients defined it in terms of miles or the time it should take to get to a service and therefore it was difficult to obtain a specific answer. However, some participants stated that they should be able to get to the service via public transport.

#### 'Which community services do you know are provided in your area?'

The most common answer provided by both groups was community district nurses. Other common responses included physiotherapy, podiatry and community mental health services. However, whilst social care was commonly cited in Lichfield it was the least common response from Newcastle residents. *Appendix 3.*

#### 'Please select any community services you have used in the last 12 months'

The most used services were community and district nurses. Physiotherapy was the second most common response. This is reflected in the responses from Newcastle residents. *Appendix 4.*

### 'When did/ how did you use them?'

This question did not yield useful information as replies were very personal to each respondent and many respondents had not ever used a service.

### 'What are your experiences of using these services?'

Using text analysis, the most common responses were 'excellent' or 'positive' from the Lichfield district, which was encouraging. Less positive comments were also identified, however, these comments were seen less frequently.

### 'What services would you like to be made available in the community?'

Despite elderly care and mental health services being available, responses highlighted these services as vital public resources that are extremely overstretched. Physiotherapy was also a service highlighted as being useful to access.

Many respondents also gave suggestions to improve community services when answering this question. These suggestions have been covered below.

### Respondent dissatisfaction and requested improvements

Shorter waiting times and improved ease of access were two key themes that emerged in the Lichfield area. These themes were not identified in previous research of the Newcastle-Under-Lyme population who were more concerned with travelling long distances and cost of parking.

## Discussion

### Comparison

Many key themes emerging from both groups were comparable. Respondents from both locations tended to identify similar community services they knew to be available and

personally used. In addition, mental health and elderly care services were identified by both groups as requiring improvement, perhaps reflecting the national pressure on both services due to the growing elderly population and high burden of mental health conditions.

Main differences arose with regard to A&E being seen as a community service in Newcastle-Under-Lyme possibly due to the presence of a large department located in Newcastle that is easily accessible. Furthermore, Lichfield residents suggested waiting times and improved access of community services as areas for improvement. This may be due to less services being available in the Lichfield area or a simple reflection of the attitudes of the local population being less inclined to wait for services.

### Evaluation of Project

The main strength of this project is that it provides a comparison between two populations that have contrasting healthcare needs and burdens. The results yielded showed many similarities but also highlighted some differing perceptions with regard to community healthcare services.

In addition, near saturation was reached with regard to the replies provided by respondents in the Lichfield area. 185 respondents met the inclusion criteria and few new themes were identified with the last batch of questionnaires analysed. The replies provided were, therefore, likely representative of the majority of residents living in Lichfield district.

The project was subject to some limitations. Firstly, it became apparent during analysis that several items in the questionnaire were not satisfactory and causes confusion for some respondents. The questionnaire was unchanged from the Newcastle-Under-Lyme project as it had not been highlighted by the previous research group that there were any limitations with the questionnaire and due to the fact that a direct comparison was required between both groups and it was felt that any changes to the questionnaire may alter responses leading to an inaccurate comparison. The main issues we experienced was that question 7 provided no useful information; it was personal to each respondent. We also felt that

questions 2 and 3 were similar and resulted in similar responses from respondents and efforts should be made to make these two questions different.

Secondly, although the original remit of the project was to explore health professional perceptions of community services, response rates were poor for both the Newcastle and Lichfield area with 13 and zero responses respectively. Despite efforts made to improve uptake of the professional survey by contacting GP practices and advertising the questionnaire via the local Clinical Commissioning Group, no surveys were returned. The previous group had only managed 13 responses after getting help from Keele to reach out to GPs in the area. As Lichfield is out of Keele's jurisdiction they were unable to help us reach out to the GPs which may account for why we got no responses.

Finally, although it appears that saturation or near-saturation was reached, it was originally intended that a sample size of 270 would be needed for significance. Whilst more than this number of questionnaires were returned, many were completed by people living outside of the Lichfield district and so could not be included. The previous group did not have this problem as the hospital they used to hand out questionnaires was in the Newcastle district but only one of our two locations were actually in the Lichfield district, and people travel from all other areas to visit the two hospital locations we chose. After we had failed to get enough respondents we sent volunteers out to GP practices to get more responses and it boosted our respondent numbers by about 60 questionnaires.

### Recommendations

1. Obtain further feedback about the questionnaire and analysis to improve the questionnaire and get more relevant, useful feedback.
2. A project solely exploring the perceptions and experiences of healthcare professionals would allow for more resources to be focused on overcoming the obstacles of reaching them that we experienced.
3. Further research into the cause of different responses from Lichfield and Newcastle respondents would allow for better understanding and service provision at the local level



## **Appendix 1. Record of Engagement**

<b>Wk No</b>	<b>Day/Date/Time</b>	<b>Proposed plan</b>	<b>Actual plan</b>
1	9.30-12.00 06/01/2016	Project debrief, meet the staff	Project debrief, information gathering,
2	9.30-12.00 13/01/2016	Decide which area to use	Decided on Lichfield area, meeting with health watch to inform them, research into Lichfield hospitals to choose locations
3	10.00-11.30 20/01/16	Decide which location to use	Phone call to health watch for update, group research and decision on hospital locations
4	9.30-11.30 27/01/16	Meeting with volunteer co-ordinator to organise surveys	Progress meeting with Sue. Meeting with volunteer co-ordinator. Calculated sample size needed
5	10.00-11.30 03/02/16	Volunteer debrief	Wrote volunteer debrief and was given to volunteers. Project proposal form hand in.
6	10.00-11.30 10/02/16	Group analysis of previous groups professional survey	Group analysis of previous groups professional survey
7	09.30-11.30 17/02/16	Collection of surveys and analysis	Collection of surveys and analysis
9	10.00-11.30 24/02/16	Continuing analysis of data	Continuing analysis of data
10	9.30-11.30 02/03/16	Continuing analysis of data	Continuing analysis of data. Meeting with health watch regarding poor response. Phone calls to GPs for permission to send volunteers to them
11	09.30-11.30 09/03/16	Progress meeting	Continuing analysis, report write up. Project hand over form hand in.
12	09.30-11.30 16/03/16	Continuing analysis	Progress meeting, continuing analysis, report write up. Further attempt at contacting professionals.
13	19.00-20.30 24/03/16	Report write up and continuing analysis	Report write up and continuing analysis
14	09.30-11.30 30/03/16	Continuing analysis and report writing	Continuing analysis and report writing
15	13.15-14.30 6/03/16	Presentation	Presentation

**Appendix 2. 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

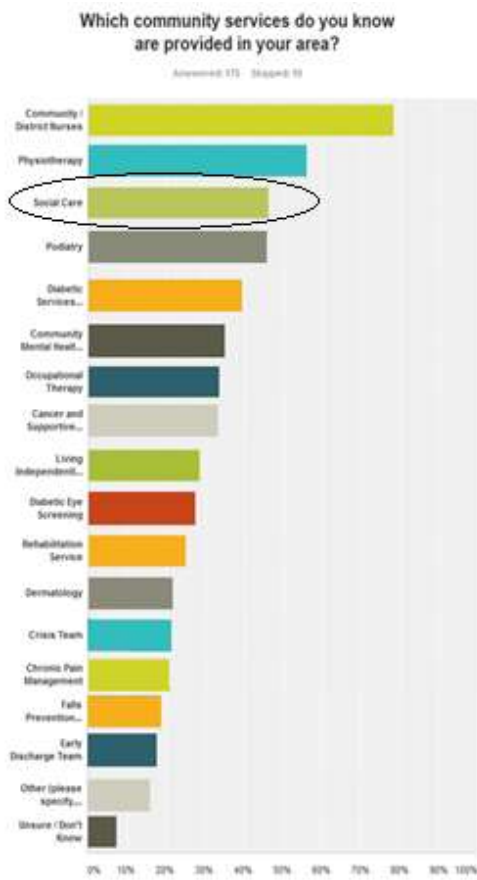
**7. When did/do you use them? (Please discuss all services identified as being Used, i.e. weekly, monthly, ad hoc etc.)**

---

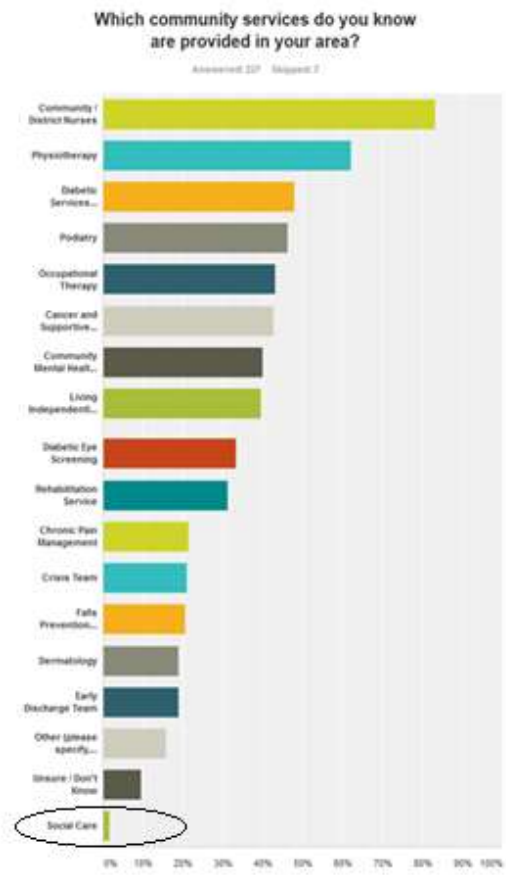
**8. What are your experiences of using these services? (Positive, negative, Needs, barriers ease of use etc.)**

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

**Appendix 3. Graphical representation of question 5.**

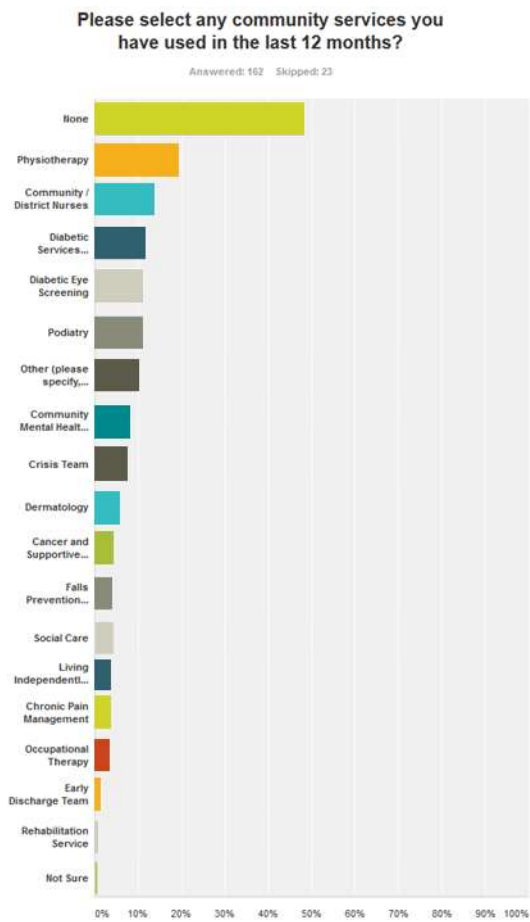


Lichfield

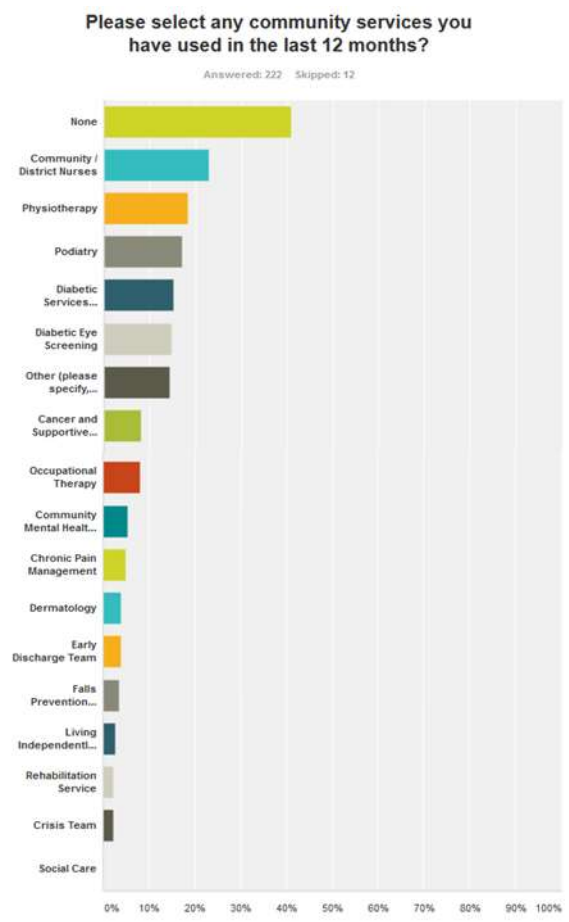


Newcastle-Under-Lyme

## Appendix 4. Graphical representation of question 6



Lichfield



Newcastle-Under-Lyme