

THE BIG ASK RESEARCH PROJECT 2013/14

SHAPING THE FUTURE OF LOCAL HEALTHCARE SERVICES

INTRODUCTION

In June 2013, NHS organisations (NHS Dorset Clinical Commissioning Group, (CCG), The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust) commissioned Market Research Group (MRG) at Bournemouth University to undertake a survey of local residents and users of NHS services.

The main aim of this research – known as The big ask – was to gather views regarding what patients and residents value from their NHS, as well as identifying what they would like the NHS within Dorset to prioritise. Further aims were to identify areas of improvement, awareness of services available within Dorset, as well as possible changes to services in order to benefit patients and residents.

The big ask also gathered views from as many different types of respondent as possible in order to determine whether there are any differences in views between various patient groups and residents. This was achieved by data collection and analysis for each of the CCG's 13 localities. The research took place between Q3 / Q4 2013 and the results were collated and written up during the first quarter of 2014.

Key areas that the survey asked patients and residents for their views and comments:

- Rating of various NHS services available within Dorset
- What residents/patients appreciate about the NHS in Dorset
- What residents/patients would like improved within the NHS in Dorset
- Reasons for attending emergency departments
- Awareness of alternative services to using emergency departments
- What makes a good hospital experience
- Choice of location/provider of health services
- Opening hours of various NHS services
- Availability of specialist staff/care
- Where do people find out information about NHS services and medical conditions

Methodology

The fieldwork period was open throughout June – October 2013. The main methodology adopted was quantitative – a self-completion survey, available in both paper format and through online completion with upwards of 25,000 copies sent out via a variety of approaches, including random postal mail-drop and individual NHS partners' own distribution. Some qualitative work was undertaken with ten focus groups comprising a mix of residents across Dorset. A media relations campaign in partnership with the Bournemouth Daily Echo directed the public to the online survey via a series of weekly health features.

Method of completion and number of responses

Method of completion	Number of responses
Random postal sample	1,701
Royal Bournemouth Hospital (members)	1,623
Online response	1,049
Poole Hospital (members)	653
Dorset County Hospital (display and members)	365
Dorset HealthCare	236
Bournemouth Hospital (display)	132
Poole Hospital (display)	125
GP surgeries	106
Spare surveys	70
Community Hospital	26
Launch event	19

Sample size and statistical validity

The target population for the survey was adults living in Bournemouth, Poole, Dorset and West Hampshire aged 16 and over. A total of 6,105 responses were received. (This sample size implies that the results are representative of the Dorset, Bournemouth, Poole and West Hampshire population.)

District area

Respondents were asked to provide their postcode so that the district area in which they live could be analysed and used to compare differences in responses between locations.

85% of responses were from Dorset residents, while 7% were from employees of a health care body. Responses were received from residents across all district areas, with 30% of responses from Bournemouth residents and 21% from Poole residents. 63% of the respondents were aged older than 65, while 62% were females. See below:

District location of respondents

District area	Number of responses	Sample %	Confidence level
Bournemouth	1,715	30%	±2.35
Christchurch	390	7%	±4.94
East Dorset	649	11%	±3.83
North Dorset	246	4%	±6.23
Poole	1,221	21%	±2.79
Purbeck	365	6%	±5.1
West Dorset	612	11%	±3.95
Weymouth & Portland	299	5%	±5.65
West Hampshire	289	5%	±5.76

The table above also indicates the confidence level for responses from residents of all the district areas. These suggest that when findings are broken down by district area the results are within ±2.35% at the 95% confidence level for Bournemouth residents (i.e. there is only 1 chance in 20 of the margin of error contained within the results of Bournemouth residents

being greater than 2.35%), while the results of North Dorset residents are within $\pm 6.23\%$ at the 95% confidence level.

Respondent profile

63% of the respondents were aged older than 65, while 62% were females. Due to this the results have been weighted in order to reflect the whole population of Dorset and West Hampshire.

Age group	Unweighted %	Weighted %
16 – 24	1%	12%
25 – 44	8%	27%
45 – 64	28%	32%
65 – 74	29%	14%
75+	34%	15%

Just less than three-quarters of respondents rate their health as either very good or good (72%). Only 7% rate their health as poor or very poor.

Half the respondents are married (51%) and the vast majority (91%) are heterosexual. The majority of residents have access to a car (89%), while 6% have access to a motorbike.

Just less than one in seven residents (15%) care for someone with long-term ill health or problems related to old age other than as part of their job.

Two-thirds of residents (67%) do not have a long-standing illness/disability that affects their daily activities.

63% of residents indicated that they are Christian, 15% have no religion, 11% are atheist and 5% follow another religion / faith / belief. The vast majority of residents are White British (94%).

Weighting

In order for the results to be representative of the wider population, weighting has been applied to the data to take into account the differences between the respondent sample and the whole Dorset and West Hampshire population. Weighting involves investigating the demographic data to identify whether a particular sub-group is under-represented within the data. If there are any under-represented sub-groups, weighting involves replicating the data from those in that particular sub-group who did respond in order to simulate the results of the missing sample members. (Caution should be taken when analysing the weighted data as it assumes that respondents are in all aspects comparable to non-respondents, which may not be the case.)

Net percentage

The net percentage is calculated by adding the two percentages of the two positive options (for example, strongly agree (%) + agree (%)) and then adding the two percentages of the two negative options (strongly disagree (%) + disagree (%)) and then subtracting the negative from the positive. This provides the net percentage figure that allows you to measure the balance of opinion. It also provides you with one percentage that you can then rank against other questions. In most incidences if the net percentage is greater than zero

then more respondents are positive than negative, while if the net percentage is a minus figure then more respondents have responded negatively to that question.

SUMMARY OF KEY FINDINGS

NHS appreciation

(see appendix A on page 10 for statistical breakdown via locality response)

Main themes that were identified that residents appreciate about the NHS in Dorset are the attitude and skill of staff, being seen quickly, GP surgeries, the ambulance / emergency service, and services being local.

NHS improvement

(see appendix B on page 11 for statistical breakdown via locality response)

Residents would most like appointment times within the NHS improved, including having to wait to get an appointment with their GP as well as waiting for an appointment once referred. Residents would also like their GP surgery to improve, with longer opening hours and availability at weekends covered. Residents also feel that there are not enough NHS staff, particularly in hospitals.

Satisfaction with health services

The majority of residents are either 'fairly satisfied' (48%) or 'very satisfied' (36%) with health services in Dorset in general. Christchurch residents are significantly less likely to be satisfied, while those aged older than 65 are significantly more likely to be satisfied than those aged younger than 65.

NHS services used and rating of services

The majority of residents have had or know someone that has had a GP appointment (90%) in the last 12 months, while just less than three-quarters (71%) have or know someone that has been an outpatient at a hospital. One-quarter of residents have used NHS 111 or know someone that has (26%).

Users of services were more likely to offer an opinion on how they would rate each service than those that had not used the service. Of those that did offer an opinion on services, 999 ambulance services and outpatients at a hospital received the highest net rating of all services (+90% and +80% respectively), while NHS 111 (+11%) and mental health crisis services (+11%) received the lowest net ratings.

Emergency department

More than half the residents (53%) have used or know someone that has used an emergency department in Dorset in the last 12 months. Emergency departments received a net rating of +67% overall.

Three-quarters of emergency department users indicated that they attended because it was an emergency (75%). Just less than one-fifth of users indicated that they attended A&E because they were referred there by a GP (18%), and a further 15% indicated that they attended because their GP surgery was closed.

Awareness of non-emergency treatment services

The majority of respondents are aware that they can receive non-emergency treatment via a GP appointment (89%), while more than two-thirds of respondents are aware of being able to receive non-emergency treatment via a GP telephone consultation (70%). Only 15% of

respondents are aware of mental health crisis services, while less than one-third are aware of being able to use the NHS Choices website as a source of non-emergency treatment (30%).

Prepared to use services for non-emergency treatment

The vast majority of respondents (92%) would be prepared to have a GP appointment for non-emergency treatment, while three-quarters would be prepared to have a GP telephone consultation (75%). More than two-thirds of respondents would be prepared to use a pharmacist (69%) or visit a walk in centre / minor injury unit (68%). Only one-third of respondents would be prepared to use the NHS Choices website (35%) for non-emergency treatment.

What would prevent residents from using services

General comments

More common comments that were made included a lack of awareness of services, not wanting to be treated by unqualified staff, a preference for a more personal service/face-to-face consultation, the severity of the condition needing treatment, and the distance from home of the service.

GP appointment

More than three-fifths of the comments that related to what would prevent respondents from using a GP appointment for non-emergency treatment related to having difficulty getting an appointment (62%), while a further 14% referred to the availability of a GP. Just less than one-fifth of the comments referred to a preference to see their own GP for an appointment (19%).

GP telephone consultation

More than half the comments relating to GP telephone consultations referred to the belief that it is not possible to diagnose properly over the phone (56%) as symptoms may be missed. A further one-third indicated that they prefer a face-to-face consultation with their GP (35%).

Walk in centres / minor injury units

Half the comments that referred to what would prevent respondents from using a walk in centre / minor injury unit mentioned not being aware of the service (50%), while 15% of comments mentioned there not being any available locally, waiting times were poor, and that they were often busy and overcrowded.

NHS 111 telephone service

More than half of the comments (56%) related to the service having a poor reputation / bad publicity / poor service. 15% indicated that they would be prevented by unreliable advice / a fear of misdiagnosis, while more than one out of every ten (12%) feel that they would be speaking to unqualified, non-medical staff.

Out of hours GP service

More than one-quarter of these comments related to the service having a poor reputation or having had a bad experience previously (26%), while one-fifth of comments indicated that

the service was not available locally (20%). One out of every six comments referred to the doctor not knowing the patient (16%), while 15% referred to the belief that the service is for emergency treatment only.

NHS Choices website

Two-fifths of comments that referred to the NHS Choices website for non-emergency treatment related to preferring to talk to someone (41%) and not being confident in self-diagnosing (39%). 14% of comments related to not being aware of the NHS Choices website and having no experience of it.

Pharmacist

More than half the comments that related to what would prevent respondents from using a pharmacist for non-emergency treatment related to the fact that they would rather see their own GP (52%). 15% of comments questioned how qualified pharmacists are in order to be able to provide treatment.

Mental health crisis services

Just less than half of these comments related to being unaware the service is available or how to make contact (43%). Additionally, one out of every six comments related to having a poor experience of the service previously (17%) or not having a need to use the service (17%).

Overnight stay in hospital

The three most important factors to residents when considering an overnight stay in hospital are being given a clear explanation of their treatment / tests (54%), the quality of clinical care (47%), and friendly and helpful staff (46%). In addition to choosing three most important factors, a number of respondents did comment on not being able to choose as they view all factors as important.

Day visit to hospital (no overnight stay)

When considering what is important in relation to a day visit to hospital (no overnight stay), being given a clear explanation of their condition (57%) was the factor that most respondents indicated was in their top three factors, followed by the quality of clinical care (48%) and being able to get an appointment quickly (45%).

Travelling to hospital / clinic

More than three-quarters of residents (77%) would get to a routine appointment at hospital/clinic by car as either a passenger or the driver, while 12% would get there by bus.

More than three-quarters of residents (77%) would get to hospital/clinic by car as either a passenger or the driver as a visitor, while 13% would get there by bus.

Choice of health services

Two-thirds of residents (65%) are aware that they have a choice of where they receive certain routine treatments, while half are aware that they have a choice of provider (50%).

Respondents indicated a high net agreement that they would like more information about who provides services (+78%), they would like to have a choice of location for treatment

(+78%), and that they would like to have a choice of who provides healthcare (+72%). Respondents are more likely to disagree that they think there is too much choice (-43%).

Influence on choice of treatment provider / location

High influence levels were reported for convenient time and date of appointment, recommendation of the organisation from a GP, the reputation of the organisation, short waiting times, close to home, reputation of the doctor, and previous experience / knowledge of the organisation. Being close to the place of work and the service being located in a hospital has the least influence.

Seven day working

At least three-fifths of residents feel that additional opening hours are necessary for all services mentioned. Weekday evenings (5pm-9pm) and Saturday mornings (9am-1pm) are the two most popular additional opening hour time slots for all services mentioned.

Availability of highly skilled staff

More than three-quarters of residents feel that it is 'very important' (78%) that highly skilled staff (e.g. senior doctors/consultants) should be available seven days a week for inpatient hospital stays. A further one-fifth (19%) feel it is 'fairly important'.

Prepared to travel further for highly skilled staff

More than three-quarters of respondents either 'strongly agree' (39%) or 'tend to agree' (38%) that they would be prepared to travel further than their local hospital in order to be seen by highly skilled staff seven days a week for inpatient hospital stays.

Specialist care

More respondents disagreed than agreed that they are not prepared to travel further (-59% net agreement). While respondents support greater specialist care even if it may result in having to travel a little further within Dorset (+82% net agreement), they would also be prepared to travel to locations further afield, such as Southampton or London to receive specialist treatment (+68% net agreement).

Communication

7% of respondents indicated that they do not know how to find out about NHS services in Dorset. More than four out of every five respondents currently find out information about NHS services through their GP surgery (81%), while nearly half the respondents find out information through word of mouth (48%). One-third of respondents use printed local media (34%) and the NHS Choices website (32%).

More than two-thirds of respondents indicated that they undertake a general search on the internet (69%) when finding out information about a medical condition, while just less than half would phone their GP surgery (46%). More than two-fifths of respondents would use the NHS Choices website (42%). Just less than one-fifth would phone NHS 111 (18%).

NEXT STEPS

Each of the NHS partners that took part in the research is developing an individual action plan with their board / governing body to ensure the results feed into the patient experience.

NHS Dorset Clinical Commissioning Group

NHS Dorset CCG is using the research to:

1. Improve patient and public communications

As a result of The big ask survey, the CCG has created a NHS Pan Dorset Communications Group to ensure patient and public engagement work continues in synergy across the county. This will help us work together to make improvements to our communications, such as use of digital and social media, local press and broadcast interviews and features, radio campaigns and health advice.

By improving the range of communications tools, the public can be better informed about their healthcare and the options available to them. Proactive and positive communications will also encourage greater public involvement and participation in healthcare decision making – and fulfil the NHS Constitution.

These improvements are already in place, notably via our Facebook, Twitter and CCG website presence. We regularly work together with our NHS partners and Public Health to produce content and messages in these channels so we are speaking collectively for the NHS in Dorset. In addition, we have an annual media campaigns calendar where we are working with local GPs to get key messages out to patients / public. Recent examples include: When to go to A & E; When to use NHS 111; How to get the best from your pharmacist and the repeat prescription process; Be clear on cancer; Sun safety.

We also promote our engagement events and service consultations in the media so people can contribute to any planned changes in local services.

2. Service redesign

The joined up, collaborative approach with NHS providers and Public Health as outlined above is important as the CCG commences a Clinical Services Review (CSR) during 2014. This large-scale piece of work, which will take approximately two years, is going to review a number of local services delivered in both local hospitals and the community. It will use The big ask findings to shape its engagement and communications activities so it can act upon the views and experiences of local people while recognising the areas that need further probing and discussion. More information on the CSR and public engagement and consultation will follow in the autumn of 2014.

We have also shared a breakdown of The big ask with each of our 13 localities.

3. Primary care development

An emerging area is the role of CCGs in co-commissioning of primary care services. This was announced by NHS England in May 2014. NHS Dorset CCG has expressed an interest in this and will be working with our member GP practices to explore its potential. The data received from The big ask on GP practices and treatments will benefit this.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust improvements and developments

In line with the results of the survey, RBCH has:

Extended hours and seven day working:

- increased our radiology service which is now operating a seven-day CT scanning service, which will support earlier diagnosis for patients and prevent a backlog of scans.
- more seven day consultant presence in hospital ; care of the elderly, acute physicians and general surgery
- extended theatre procedures in to the evening

Additional staffing:

- improved staffing on wards and introduced bay based nursing. By the end of June we aim to have recruited a total of 97 qualified nurses from the UK and Europe
- recruiting an additional 22 new consultant posts. The additional posts will support increased seven day working and consultant-led care across all specialities, including the Emergency Department
- support and recruitment for additional clinical services such as assistant health practitioners, therapists and additional security porters
- new and adaptive roles, such as nurse practitioners to support the wider team
- additional supervisory time for ward sisters to support ward staff
- smarter use of technology, such as iPads for vital sign monitoring, and e-forms to reduce duplicate paperwork

Patient and service information:

- explanation of tests; improved patient information. The Trust has been awarded the Information Standard quality mark for the health and care information it produces for patients. The Information Standard is a certification scheme commissioned by NHS England which assures our information is clear, accurate, evidence-based, and up to date, and that a robust system is in place for the approval and recording of information.

Service development

- phlebotomy (blood) service in to north Bournemouth GP practices
- major quality improvement programme for inpatient care
- improved access for x-ray booking and appointments

In 2014/14 we are developing:

- continued website development for more and improved information on services for patients and the public
- supporting 'My health, my way' – a health coaching programme so that people get the best for their health and are informed
- looking at more community phlebotomy for the Christchurch area
- developing our specialist services for Dorset, south Wiltshire and west Hampshire.

Poole Hospital NHS Foundation Trust next steps

Poole Hospital will use the findings from this research to support the development of future services shaped around patients' needs, and to further improve our patients' experience. Key actions will include:

- **Improve awareness of alternative services to ED:** Work closely with partner organisations to further improve awareness of the care/advice available through alternative services to ED, such as minor injury units, NHS111 and pharmacies.
- **Continuing work to enhance seven-day services:** Incorporate feedback provided through The big ask into the trust's seven-day working group, including detailed information about appointment slots for key services.
- **Transformation programme:** Review the provision of services through the trust's transformation programme to ensure we are delivering hospital care that meet the needs and expectations of patients; incorporate feedback from The big ask into this process.
- **Review and improve information sources:** Review communications activities to improve patients' access to information on the hospital including:
 - Introduction of a regular bulletin to key stakeholders
 - Review of information on NHS Choices website
 - Further development of Poole Hospital website to provide patients with a reliable source of healthcare information and advice.
- **Brand development:** Promote Poole Hospital's strengths and unique selling points and further build the trust's reputation, to allow patients to make informed choices about healthcare.

Dorset HealthCare University NHS Foundation Trust

An action plan is being developed and will be added to this document shortly.

Dorset County Hospital NHS Foundation Trust

An action plan is being developed and will be added to this document shortly.

APPENDIX A: Top 5 themes appreciated by locality

Bournemouth North Staff (attitude, professionalism, skill, caring) (36%) Free (23%) Good GP / surgery practice (18%) Ambulance / emergency service / 999 (16%) Local services (16%)	Central Bournemouth Staff (attitude, professionalism, skill, caring) (31%) Good GP / surgery practice (21%) Ambulance / emergency service / 999 (17%) Time waiting at appointment / being seen quickly (13%) Patient care and treatment (12%)	East Bournemouth Staff (attitude, professionalism, skill, caring) (35%) Accessibility (21%) Outpatients (17%) Good GP / surgery practice (17%) Time waiting at appointment / being seen quickly (14%)
Poole Central Staff (attitude, professionalism, skill, caring) (34%) Good services / range of services (24%) On-going / regular treatment (20%) Local services (12%) Good GP / surgery practice (11%)	Poole Bay Staff (attitude, professionalism, skill, caring) (42%) Local services (17%) Time waiting at appointment / being seen quickly (15%) Patient care and treatment (13%) Good GP / surgery practice (13%)	Poole North Staff (attitude, professionalism, skill, caring) (36%) Time waiting at appointment / being seen quickly (17%) Good GP / surgery practice (16%) Local services (14%) Patient care and treatment (13%)
Christchurch Staff (attitude, professionalism, skill, caring) (32%) Good GP / surgery practice (22%) Local services (17%) Time waiting at appointment / being seen quickly (13%) Free (10%)	East Dorset Staff (attitude, professionalism, skill, caring) (39%) Good GP / surgery practice (20%) Time waiting at appointment / being seen quickly (19%) Ambulance / emergency service / 999 (14%) Local services (12%)	Mid Dorset Staff (attitude, professionalism, skill, caring) (40%) Good GP / surgery practice (20%) Local services (20%) Time waiting at appointment / being seen quickly (14%) Availability (11%)
North Dorset Time waiting at appointment / being seen quickly (37%) Staff (attitude, professionalism, skill, caring) (27%) Good GP / surgery practice (21%) Local services (13%) Patient care and treatment (7%)	Dorset West Staff (attitude, professionalism, skill, caring) (30%) Good GP / surgery practice (30%) Local services (20%) Time waiting at appointment / being seen quickly (16%) Ambulance / emergency service / 999 (11%)	Purbeck Staff (attitude, professionalism, skill, caring) (32%) Community Hospital (21%) Local services (21%) Ambulance / emergency service / 999 (17%) Patient care and treatment (10%)
Weymouth & Portland Staff (attitude, professionalism, skill, caring) (37%) Good GP / surgery practice (19%) Time waiting at appointment / being seen quickly (18%) Local services (15%) Minor injury unit / walk in centre (14%)	West Hampshire Staff (attitude, professionalism, skill, caring) (35%) Good GP / surgery practice (15%) Time waiting at appointment / being seen quickly (13%) Local services (11%) Ambulance / emergency service / 999 (11%)	

The themes highlighted in yellow indicate themes that appear in the top five most appreciated themes by locality but do not appear in the top five of the overall sample

APPENDIX B: Top 5 themes that are in need of improvement by locality

Bournemouth North	Central Bournemouth	East Bournemouth
Appointment times (44%)	Appointment times (29%)	Appointment times (47%)
GP / GP surgery (14%)	GP / GP surgery (17%)	Patient care and treatment (20%)
Attitude of staff / professionalism / skill / knowledge (11%)	Out of hours / weekend cover (16%)	GP / GP surgery (15%)
More staff/nurses are overworked/less agency staff (9%)	Communication / clear explanation / advice (9%)	Increase staff salary (15%)
Patient care and treatment (8%)	A & E (9%)	More staff/nurses are overworked/less agency staff (10%)
Poole Central	Poole Bay	Poole North
Appointment times (29%)	Appointment times (40%)	Appointment times (39%)
Accessibility (22%)	GP / GP surgery (18%)	More staff/nurses are overworked/less agency staff (14%)
Availability (21%)	Out of hours / weekend cover (8%)	GP / GP surgery (13%)
Preventative care (20%)	Car parking (6%)	Patient care and treatment (9%)
GP / GP surgery (12%)	NHS Dentists (6%)	Out of hours / weekend cover (9%)
Christchurch	East Dorset	Mid Dorset
Appointment times (46%)	Appointment times (39%)	Appointment times (29%)
After care / follow up (22%)	GP / GP surgery (21%)	GP / GP surgery (14%)
Discharge from hospital (21%)	Patient care and treatment (16%)	Communication / clear explanation / advice (13%)
GP / GP surgery (18%)	Out of hours / weekend cover (9%)	Car parking (10%)
More staff/nurses are overworked/less agency staff (14%)	Communication / clear explanation / advice (8%)	More staff/nurses are overworked/less agency staff (9%)
North Dorset	Dorset West	Purbeck
GP / GP surgery (22%)	Appointment times (37%)	Appointment times (31%)
Appointment times (22%)	GP / GP surgery (20%)	GP / GP surgery (24%)
Out of hours / weekend cover (15%)	More staff/nurses are overworked/less agency staff (13%)	Out of hours / weekend cover (17%)
Local services (10%)	Car parking (11%)	Community Hospital (11%)
Accessibility (9%)	Out of hours / weekend cover (9%)	Local services (10%)
Weymouth & Portland	West Hampshire	
Appointment times (32%)	Appointment times (26%)	
GP / GP surgery (15%)	GP / GP surgery (14%)	
Patient care and treatment (12%)	Car parking (14%)	
Mental health services (12%)	NHS 111 / NHS Direct (13%)	
More staff/nurses are overworked/less agency staff (8%)	Out of hours / weekend cover (12%)	

The themes highlighted in yellow indicate themes that appear in the top five themes that are most in need of improvement by locality but do not appear in the top five of the overall sample