



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?.....
.....
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?.....
.....
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups.

Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?.....
.....
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups.

Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	
	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?	
.....	
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	
	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?	
.....	
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	
	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment



The Path to Excellence

**Focus Group Discussion Guide for
Third Sector and Equality groups**

Contents

Introduction	3
Focus group structure.....	3
Information about the Path to Excellence	4
Focus group structure	5
Introduction and housekeeping.....	5
.....	6
Discussion 1: What’s most important to you when accessing hospital services and receiving care?	7
Part 2 – Your thoughts on how we can improve local services.....	8
Discussion 3 - Your thoughts on our ideas	9
Final comments	10
Thank you, data monitoring, incentives, and close	10
Appendix 1: Summary notes for patient group facilitator	11
Appendix 2: Consent form for audio recording.....	14
Appendix 3: HANDOUTS.....	15
HANDOUT 1 – Why do we need to change?	
.....	
HANDOUT 3 – Info card	17
Other ways to get involved in Path to Excellence	17
Appendix 4: Data monitoring form	18
Appendix 4: Data monitoring form – easy read version	21

Introduction

NECS is commissioning and also delivering focus groups on behalf of South Tyneside and Sunderland NHS Partnership, for the listening phase of the Path to Excellence programme – Phase Two.

A number of focus groups will be held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Focus groups will engage with the following groups:

- Age – older people
- Health – Long Term Conditions i.e. cardio, diabetes, respiratory etc
- Disability
- Gender identity
- Marriage and Civil Partnership
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Using a community based asset approach, established patient support groups and third sector will be invited to run focus groups to find out what's important to patients and/or service users to gather their views to help influence and shape future service delivery.

Organisations involved in this work will be paid a fee of £200 plus reasonable expenses to run focus groups, pay participant expenses, collect equality data from participants, and provide NECS with a report on each focus group, based on a feedback template provided in focus group toolkits (Appendix 1). In order to ensure fees can be paid, participating organisations must complete and return an invoice within 10 working days on receipt of a report and data monitoring forms.

Focus group structure

Focus groups will last approximately one hour. Please do not run the focus groups for longer than 90 minutes to avoid fatigue.

Although focus groups are predominantly guided by the discussion from the group, the below provides an approximate structure and timescale (For example discussions can be extended from 15 minutes to 25 minutes each during a 90 minute event) for the session:

- 5 minutes – Introductions and housekeeping
- 5 minutes – Background and context – **Updated Case for Change Summary/Easy Read version**

- 15 minutes – Discussion 1: **What's most important to you when accessing hospital services and receiving care?**
- 15 minutes – Discussion 2: **Your thoughts on how we can improve local services**
- 15 minutes – Discussion 3: **What do you think about our 'working ideas' so far?**
- 5 minutes – Thank you, feedback forms and equality data collection, expenses / incentives, close

Information about the Path to Excellence

Please provide focus group participants with an info card about the Path to Excellence which contains information on the different ways people can find out more and stay involved in this work.

For more information about the Path to Excellence transformation programme, please refer to the following documents:

- Case for change document
- Case for change summary document
- Case for change easy read document

- Sharing ideas document
- Sharing our ideas summary document
- Sharing our ideas easy read document

Focus group structure

The following will provide a guide for focus group discussion. However, it is important to:

- follow the flow of conversation from the room
- ask people to expand on their points
- ask if other participants agree or disagree with these thoughts.

Introduction and housekeeping

Purpose: to set out the scope and objectives of the focus group

Time: 5 minutes

- Thank the group for their attendance.
- Introduce yourself and your role as the focus group facilitator.
- Introduce scribe (if not audio recording).
- Explain where the toilets are, emergency exits, and whether there are any fire-alarms planned.
- **If audio recording**, explain the reasons for this (so we can listen to and capture what everyone has to say), make sure the group are all happy with this, and ask them to sign a consent form (Appendix 2)

AUDIO RECORDING; When audio recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points** and supplement reports with quotes. It is not intended to be used to make a verbatim transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Stress that you need to remain impartial in all discussions, and that you are acting in an independent role.
- Confirm that the focus group is here to discuss Medicine and Emergency Care and/or Planned Care and Outpatients services in South Tyneside and Sunderland for Path to Excellence.
- Explain that the four NHS organisations involved in the Path to Excellence and South Tyneside and Sunderland NHS Partnership are: NHS South Tyneside Clinical Commissioning Group, NHS Sunderland Clinical Commissioning Group, South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust
- Confirm that engagement for path to Excellence will run from 27th February – 31st March 2019.
- Confirm that the group will last approximately 1 hour and no more than 90 minutes
- Confirm that participants will receive expenses for attending at the end of the focus group session, if previously agreed by your organisation.

- Confirm that attendees are free to leave at any time, and do not need to stay for the full focus groups
- Confirm that the objective for this focus group discussion is to:
 - Listen to and understand the range of views from focus group attendees;
 - Record these views and feed them into the engagement feedback analysis report;
- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to Path to Excellence NHS partners or any of its agents.
- Stress the following points as being important to the success of the group
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
 - “We have asked you to take part in this group to listen to your opinions which are really important to the public and patient involvement process;
 - We would like you to be respectful of other people’s opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.
 - We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record.”

Background and context

Purpose: To clarify to the group which areas of care are involved in phase two of Path to Excellence and why we are doing this work

Time: 10 mins

READ THIS TO PARTICIPANTS:

Medicine and Emergency care means – when patients arrive at the Emergency Department or need emergency admission to hospital

Emergency surgery – when patients are admitted as an emergency and need an immediate operation

Planned care (including surgery and outpatients) – when patients are referred to hospital by their GP for a test, scan, treatment or operation.

The Path to Excellence are reviewing how health services across South Tyneside and Sunderland can be improved and would like to understand your views.

We would like to know what is important to you when receiving hospital care and how

you think the NHS can get the best value for money.

Working together we need to address four major challenges:

1. **Workforce pressures**
2. **Rise in demand for services**
3. **Improving quality to meet clinical standards**
4. **Finance pressures**

HANDOUT 1: Why we are doing this work – READ THIS TO PARTICIPANTS

HANDOUT 2: Updated case for change Easy Read document

Circulate HANDOUT 1 (Appendix 3) or HANDOUT 2 Updated Case for Change **Easy Read** version pages 1-4 and allow people to read and digest the information

Discussion 1: What's most important to you when accessing hospital services and receiving care?

Purpose: to find out what is most important to people when receiving hospital-based care

Time: 15 minutes

You can recap to people –

- The four major challenges highlighted in the Updated Draft Case for Change / Easy Read version

Question - What's most important to you when accessing hospital services and receiving care?

Probe - why is this?

Question - How can we improve services to ensure they best meet your needs?

Probe - why is this?

Question - How can we develop and improve services further to ensure we can meet your needs/ the people you care for?

Prompt - why is this?

Question - How do you think the NHS can get best value for money

Part 2 – Your thoughts on how we can improve local services

Purpose: to find out what else we need to do to improve care and if we need to do more to join up services and find out where people want services

Time: 15 minutes

Question - How can we improve the way we work together with community services and social care to improve outcomes for patients?

Prompt - why is this?

Question - Do you think we need to improve aspects of out of hospital care to ensure this work is a success?

Prompt - If yes, why is this?

Prompt - If no, why not?

Prompt - How can these services best meet your needs?

Prompt - What can these services do to help you manage any existing health condition effectively?

Question - How can we improve the way we work together with community healthcare services and social care to improve outcomes for patients?

Discussion 3 - Your thoughts on our ideas

Purpose: To find out if we're focusing in on the right service design areas to solve the challenges facing the NHS

Time: 15 minutes

HANDOUT 3 – our 'working ideas' Easy Read version

You can recap to people –

- Our thinking so far and our working ideas for change: minimal change, some, change, greater change
- The working ideas/ our current thinking about how we can solve the challenges.

Question - What do you think of our 'working ideas' so far?

Probe - why is this?

Question - What would be the positive aspects be for you/ your family?

Probe - why is this?

Question - What would be the negative aspects be for you/your family?

Prompt - why is this?

Question - How can we shape and improve them?

Probe - why is this?

Question - What other ideas do you think we should be considering?

Prompt – Do you think there's anything we've missed?

Probe - why is this?

Final comments

Question - Does anyone have any other thoughts or comments they would like to make about hospital care?

Thank you, data monitoring, incentives, and close

Please note: This section is to finalise the focus group, to thank everyone for their contributions, and to arrange payment of expenses / incentives. This should take 5 – 10 minutes

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the NHS and Path to Excellence where they will be looked at and included in the final report
- Ask the group members to fill in the data monitoring form provided, one per attendee (Appendix 4). Easy read versions are also available.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.
- Provide incentives / expenses to attendees

Please remember: To provide NECS with all materials, including your report by 22 March 2019

Appendix 1: Summary notes for patient group facilitator

To be completed by organiser

Date of event: ____ / ____ / 2018 Date report completed: ____ / ____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

Number of participants: _____ Males: _____ Females: _____

Number of data monitoring forms completed: _____

Event audio recorded?: Yes / No (If yes) signed consent received: Yes / No

Please complete the below report as fully as possible. It is important that we have a record of the key areas which were discussed at this focus group, and key messages people talked about, and any of the main themes discussed.

Scribe: Please mark all points with the following symbols:

- = Neutral comment
- + Positive comment
- Negative comment
- Q Question

Discussion topic 1

Discussion topic 2

Discussion topic 3

Final comments

Appendix 2: Consent form for audio recording

Focus Group Consent Form – Path to Excellence

To be completed by organiser

Date of event: _____ / _____ / 2018

Facilitator: _____

Venue for event: _____

Organisation: _____

- I agree to participate in the Path to Excellence focus group carried out on behalf of NECS and South Tyneside and Sunderland NHS Partnership partners South Tyneside and Sunderland CCG
- I am aware of the topics to be discussed in the focus group.
- I am aware that I will remain anonymous and that I have the right to leave the focus group at any point.
- I am aware that data collected will be stored securely, safely, and in accordance with data protection legislation.
- I am aware that I am not obliged to answer any question, but that I do so at my own free will.
- I agree to have the focus group audio recorded, for accuracy (if appropriate)

Printed Name: _____

Sign: _____

Date: _____ / _____ / 2018

Appendix 3: HANDOUTS

HANDOUT 1 – Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce: Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand: The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.

Quality improvement: The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance: Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This over-reliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

- **HANDOUT 2: our working ideas handout** EASY READ pages 4-7 - minimal change, some, change, greater change

HANDOUT 3 – Info card –EASY READ document page 8

Other ways to get involved in Path to Excellence

There are lots of other ways you can get involved in Path to Excellence:

- **Email your views to:** NHS.excellence@nhs.net
- **Join us on social media:** facebook.com/nhsexcellence or Twitter @nhsexcellence
- **Write to us at:**
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY
- **Visit our website:** www.pathtoexcellence.org.uk or call 0191 217 2670
- **Complete the online survey** <https://www.surveymonkey.co.uk/r/CNL67QB>

Appendix 4: Data monitoring form

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q1. How old are you?

16 – 17	18 - 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q2. What is your gender?

Male	Female	Other	Prefer not to say
1	2	3	4

Q3. Does your gender identity match your sex as registered at birth?

Yes	No	Prefer not to say
1	2	3

Q4. Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q5. Are you currently...?

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q6. Do you have a disability, long-term illness, or health condition?

Yes	1	Please go to Q7
No	2	Please go to Q8
Prefer not to say	3	Please go to Q8

Q7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	1
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	2
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	3
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)	4
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	5
Blind or have a visual impairment uncorrected by glasses	6
Deaf or have a hearing impairment	7
An impairment, health condition or learning difference that is not listed above	8
Prefer not to say	9

Q8. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

	Yes	No	Prefer not to say
Q9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	1	2	3
Q10. Have you ever served in the UK Armed Forces?	1	2	3
Q11. Are you a member of a current or former serviceman or woman's immediate family / household?	1	2	3

Q12. What is the first half of your postcode? (For example – SR1 or NE38)

--	--	--	--

Q13. Which race, or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi 1	Mixed Race: Black & White 10
Asian/British Asian: Chinese 2	Mixed race: Asian & White 11
Asian/British Asian: Indian 3	
Asian/British Asian: Pakistani 4	Gypsy or traveller 12
White: British 5	Rather not say 13
White: Irish 6	
White: European 7	Another race or ethnicity 14
	Please write in below:
Black/British Black: African 8	
Black/British Black: Caribbean 9	

Q14. Which of the following terms best describes your sexual orientation?

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q15. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

To be completed by organiser

Date of event: ____ / ____ / 2018 Facilitator: _____

Event held at: _____



Appendix 4: Data monitoring form – easy read version

See separate attachment