



Partners in improving local health



North of England
Commissioning Support

Path to Excellence – Phase Two

Engagement Survey Findings

November 2018



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1 Background

The Path to Excellence is five-year healthcare transformation programme across South Tyneside and Sunderland which has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined-up, sustainable care that will benefit the population both now and in the future.

The aim of Phase Two of the Path to Excellence programme is to build on the strengths and successes of the Trusts whilst helping us to plan and prepare for the tidal wave of pressures we know are facing the NHS.

The focus for Phase Two of the Path to Excellence programme is upon:

- **Emergency care and acute medicine** – the care provided when patients arrive at the Emergency Department or need emergency admission to hospital.
- **Emergency surgery** - the care provided when patients are admitted to hospital as an emergency and require an immediate operation.
- **Planned care (including surgery and outpatients)** – the care provided when patients are referred to hospital by their GP for a test, scan, treatment or operation.

Phase Two - Engagement activity to date

Engagement work on Phase Two of the Path to Excellence programme started in December 2017 with staff from both Trusts. The primary aim of this to understand the key challenges staff face on a daily basis and where improvement is needed.

In February 2018, engagement with patients also commenced to help us to understand people's views and recent experiences of using emergency care services or coming into hospital for planned care in South Tyneside and Sunderland.

The feedback from the engagement was used to develop our draft 'Case for Change' for Phase Two, which was published in July 2018. It explains why we need to continue working together to improve care for patients and create local hospital services which are fit for the future.

A copy of the draft Case for Change document can be found on the following link: <https://pathtoexcellence.org.uk/>

Following publication of the Case for Change, a ten week period of public engagement commenced on Saturday 13th October 2018. The aim of this activity was to socialise the issues, explain the current gaps in quality, and allow opportunity for patients and the public to understand why we must change and share their views on what's important to them when accessing hospital services and receiving hospital care. It also provides stakeholders and the public with opportunities to influence the

process, providing decision makers with valuable insight about the draft 'Case for Change'.

During this ten week period, engagement teams went out in the community to speak to patients using local hospitals and healthcare services as well as attending a series of key stakeholder meetings. Individuals were invited to complete a short survey designed to capture their thoughts and opinion. The survey was additionally available online for individuals to complete.

This report summarises the feedback from this survey.

2 Survey findings

2.1 Summary

- A total of 1030 individuals responded to the survey. Of those that responded to the demographic section of the survey;
 - 73.4% were female and 26.6% male.
 - Similar proportions of the sample were aged 65-74 years (20.0%) and 55-64 years (19.1%). Slightly smaller proportions were aged 45-54 years (16.8%), 35-44 years (13.4%) and 25-34 years (13.1%). The smallest proportions were aged over 75 years (10.2%), 18-24 years (6.6%) and 16-17 years (0.8%).
 - 42.9% had a long-term illness, disability or health condition.
 - 93.5% were white British.
 - 5.9% were pregnant or had been in the last year.
 - 62% had received emergency care, emergency surgery or planned care at South Tyneside District Hospital or Sunderland Royal Hospital in the last year.
 - For those that had received treatment in the last year, 49.7% had received emergency care and 42.1% had received planned care with just 5.3% receiving emergency surgery.
 - The factors that were considered most important when receiving hospital treatment were;
 - Getting the right treatment as quickly as possible - 81.5% rated this statement as extremely important, with a further 17.4% rating this as very important.
 - Receiving high quality, safe care provided by specialists – 80.0% rated this as extremely important, with a further 18.7% rating this as very important.
 - Quick access to diagnosis, tests and scans – 75.3% rated this as extremely important, with a further 22.1% rating this as very important.
 - Quick access to an expert specialist opinion – 72.0% rated this as extremely important, with a further 24.9% rating this as very important.
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- In terms of how respondents felt the NHS can get best value for their money, agreement was highest for the following;
 - Help people to know what service to use for their illness or injury, meaning people are seen by the right service at the right time – 59.9% strongly agreed with this statement, with a further 36.5% agreeing.
 - Help people to stay well themselves to prevent becoming unwell in the first place – 53.6% strongly agreed with this, with a further 39.4% agreeing.
 - Help people to get home from hospital as soon as they are able – 52.9% strongly agreed with this, with a further 40.1% agreeing.
 - Join up health, social and community services to respond to people when they suddenly become unwell – 50.9% strongly agreed with this, with a further 41.2% agreeing.

2.2 Survey questions

Approximately two thirds (62.0%) indicated that within the last year they had received emergency care, emergency surgery or planned care at South Tyneside District Hospital or Sunderland Royal Hospital in the last year.

Question: Have you received emergency care, emergency surgery or planned care at South Tyneside District Hospital or Sunderland Royal Hospital in the past year? (n=1020)

Answer choices	% of responses	Number of responses
Yes	62.0	632
No	37.3	380
Prefer not to say	0.8	8
Total	100.0	1020

For those that had received treatment in the last year, 49.7% had received emergency care and 42.1% planned care. Just 5.3% had received emergency surgery. Furthermore, 1.6% were unable to remember and 1.3% preferred not to say.

Question: If yes, what treatment did you receive? (n=378)

Answer choices	% of responses	Number of responses
Emergency care	49.7	188
Emergency surgery	5.3	20
Planned care	42.1	159
Don't know / can't remember	1.6	6
Prefer not to say	1.3	5
Total	100.0	378

Respondents were asked to think about hospital treatment and rate a number of statements in terms of how important they are to them. Those statements that were considered the most important were;

- Getting the right treatment as quickly as possible - 81.5% rated this statement as extremely important, with a further 17.4% rating this as very important.
- Receiving high quality, safe care provided by specialists – 80.0% rated this as extremely important, with a further 18.7% rating this as very important.
- Quick access to diagnosis, tests and scans – 75.3% rated this as extremely important, with a further 22.1% rating this as very important.
- Quick access to an expert specialist opinion for my illness or injury – 72.0% rated this as extremely important, with a further 24.9% rating this as very important.

Those statements that were deemed to be less important were;

- Services which are close to my home – 59.9% rated this as extremely important, with a further 25.2% as very important.
- Spending as little time as possible in hospital – 63.5% rated this as extremely important, with 20.3% rating this as very important.

Question: Thinking about hospital treatment, please use the following scale to indicate how important each of the statements are to you...

	Extremely important	Very important	Moderately important	Slightly important	Low importance	Not at all important	Neutral
Getting the right treatment as quickly as possible (n=983)	81.5%	17.4%	0.8%	0.2%	0.1%	-	-
Receiving high quality, safe care provided by specialists (n=982)	80.0%	18.7%	0.8%	0.1%	0.2%	-	0.1%
Quick access to diagnosis, tests and scans (n=980)	75.3%	22.1%	2.2%	0.1%	0.2%	-	0.1%
Quick access to an expert specialist opinion for my illness or injury (n=983)	72.0%	24.9%	2.4%	0.3%	0.2%	-	0.1%
Knowing where to go for the seriousness of my illness or injury (n=981)	67.3%	27.9%	3.7%	0.5%	0.1%	0.1%	0.4%
Knowing how to contact services (n=980)	64.8%	30.2%	4.0%	0.6%	0.2%	-	0.2%

Spending as little time as possible in hospital (n=984)	63.5%	20.3%	9.2%	2.5%	0.7%	0.5%	3.2%
Services which are close to my home (n=980)	59.9%	25.2%	11.0%	2.1%	0.1%	-	1.6%

Respondents were asked if there was anything else that would be important to them when receiving hospital care. A total of 223 individuals responded to the question. Responses were each assigned a code and grouped into the categories shown in the table below. In some cases, it was necessary to assign more than one code to a response.

Question: Is there anything else which would be important to you as a patient receiving hospital care?

	% of responses	Number of respondents
Good information and communication, including; <ul style="list-style-type: none"> - Regular updates - Thorough explanations given in plain English - Provision of written information - Staff that are approachable - Staff having the time to offer explanations - Regular updates for family members - Continuity of care - Good communication between health professionals so they are fully aware of the patient's medical history / condition 	19.3	43
Provision of local services to reduce travel time and provide good patient access - comments related to A&E, children's A&E, walk-in centres, maternity services, the eye clinic as well as other hospital services	18.8	42
Compassion and empathy shown by staff ensuring that patients are treated with respect and dignity	14.3	32
More seamless care / improved waiting times – comments were made in relation to the walk-in centre, the ambulance service, A&E, waiting for a bed on a ward, requests for pain relief, diagnosis / test results and physiotherapy	5.8	22
Improved staffing to avoid staff being overworked and enable a better staff to patient ratio	4.9	13
Comment made in relation to a personal experience	4.9	11
Parking – cheaper, free, drop off and collection spaces	4.9	11
Improved ward environment, including; <ul style="list-style-type: none"> - Free access to TV and radio - Availability of water - Improved cleanliness - Activities to alleviate boredom 	4.9	11

- Quieter wards		
Improved after care, comments related to; - More information - Patients not being rushed out of hospital - Correct dietary advice being given	4.9	11
Improved public transport links to hospital and other health services / free transport provision for those who are elderly / have a disability / unable to manage on their own	3.6	8
Access to the best possible treatment / accurate diagnosis	1.8	4
Knowing that you are in a safe place	1.3	3
Greater appreciation of NHS staff	1.3	3
Improved standard of food with options for those who are vegan / have food allergies	1.3	3
More holistic care	1.3	3
Receiving treatment in an appropriate ward (age & gender)	0.9	2
Improved access to GPs	0.9	2
Improved health promotion and self-care – helping patients know which service to access the first time	0.9	2
Longer visiting times	0.9	2
Other, including; - Staff not being allowed to wear uniforms outside of hospital - Making it easier for patients to contact health professionals based at the hospital once discharged - All staff to wear name badges - Help for carers when they are in hospital - Improved ability to cater for patients with a comorbidity - Support for patients with a newly diagnosed condition 'someone to talk to' - Keep the NHS free - Reduced amount of time in hospital - Having the appropriate equipment in hospital (less reliance on other hospitals) - Choice of where to receive care - More out-of-hours options for those who work 9-5pm - Confirmation of appointments.	7.2	16

Respondents were asked to indicate their agreement with a number of statements in terms of how they think the NHS can get the best value for money. There was very high level of agreement for all of the statements, however, the statements with the highest agreement were;

- Help people to know what service to use for their illness or injury, meaning people are seen by the right service at the right time – 59.9% strongly agreed with this statement, with a further 36.5% agreeing.

- Help people to stay well themselves to prevent becoming unwell in the first place – 53.6% strongly agreed with this, with a further 39.4% agreeing.
- Help people to get home from hospital as soon as they are able – 52.9% strongly agreed with this, with a further 40.1% agreeing.
- Join up health, social and community services to respond to people when they suddenly become unwell – 50.9% strongly agreed with this, with a further 41.2% agreeing.

The statements are presented in the table below in rank order of overall agreement.

Question: We would like to know how you think the NHS can get the best value for money. Please can you tell us how much you agree or disagree with the following statements...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Help people to know what service to use for their illness or injury, meaning people are seen by the right service at the right time (n=976)	59.9%	36.5%	3.2%	0.2%	0.2%	-
Help people to stay well themselves to prevent becoming unwell in the first place (n=977)	53.6%	39.4%	5.9%	0.7%	0.2%	0.1%
Help people to get home from hospital as soon as they are able (n=982)	52.9%	40.1%	6.0%	0.8%	0.2%	-
Join up health, social and community services to respond to people when they suddenly become unwell (n=977)	50.9%	41.2%	6.3%	1.0%	0.2%	0.3%
Provide more health care at home or closer to where people live (n=979)	46.6%	43.7%	7.9%	1.3%	0.2%	0.3%
Develop more health services in local communities, outside of hospital buildings (n=977)	48.8%	41.4%	6.9%	2.3%	0.3%	0.4%
Offer information about how to best use NHS services (n=963)	46.9%	43.1%	8.9%	0.3%	0.1%	0.6%
Do more to stop preventable hospital stays (n=973)	51.3%	38.1%	9.4%	0.7%	0.1%	0.4%

Respondents were asked if there was anything else that would be important to them when receiving hospital care. A total of 140 individuals responded to the question. Responses were each assigned a code and grouped into the categories shown in the table below. In some cases, it was necessary to assign more than one code to a response.

Question: Do you have any other thoughts or suggestions about how the NHS can get value for money?

	% of responses	Number of respondents
Prescription changes, including; <ul style="list-style-type: none"> - Reduce prescribing of medication which can be purchased cheaply over the counter (e.g. paracetamol) - Reduce medication wastage through repeat prescriptions / stock piling - Reduce packaging - Charge for courier services unless patient is unable to collect 	12.9	18
Organisational restructuring to reduce the number of management positions	9.3	13
Health prevention including promotion of self-care and appropriate use / availability of services	8.6	12
Reduce wastage, through; <ul style="list-style-type: none"> - Resource auditing - Medical equipment being unaccepted by the hospital and consequently thrown away (e.g. wheelchairs, crutches) - Food wastage (inpatients) 	7.9	11
Stop privatisation i.e. private companies making a profit from the NHS	7.9	11
Improved staffing / less reliance on agency staff	7.1	10
Charge visitors from overseas for using NHS services	6.4	9
Stop closure of local services to improve access and reduce burden on other services	6.4	9
Improved appointment systems to make the service more efficient as well as introducing charges for patients who do not attend and publishing the cost of missed appointments	6.4	9
Increased availability of GP appointments to reduce demand on other services i.e. walk-in centres, A&E	5.0	7
Quicker / improved discharge to release beds through more residential care services and support from social services	5.0	7
Interventions for frequent attenders / alcoholics / drug users	4.3	6
Improved procurement / centralised purchasing from companies that offer value for money	3.6	5
Get treatment right the first time / treat conditions appropriately don't just 'manage'	2.9	4
Less bureaucracy and administration to enable staff to have more time for patients	2.9	4
Improved funding for clinics and care in the community	2.9	4

Smoother patient pathways	2.1	3
Consult, listen and act on feedback from frontline staff and members of the public	2.1	3
Improved triage at A&E	1.4	2
Stop funding for bariatric surgery / unnecessary cosmetic surgery	1.4	2
Utilise staff's time more effectively	1.4	2
More funding for mental health services	1.4	2
More wards	1.4	2
Other, including; <ul style="list-style-type: none"> - Utilise carers more - Focus on mainstream illnesses rather than providing treatment for all illnesses - Improve the design of hospital gowns to reduce laundering - Better communication internally - Budget better - Beds in GP practices for intermediate patients - Remove labour government - Inpatients to pay for food. 	8.6	12

2.3 Demographics

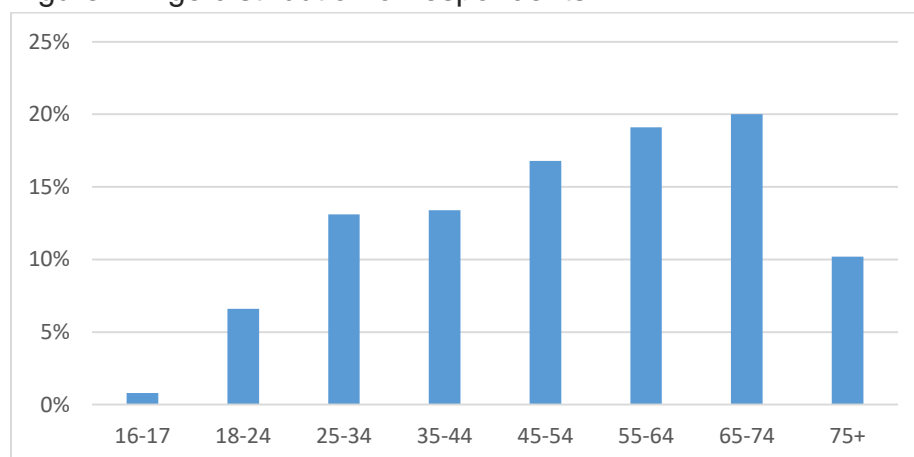
Gender (n=961)

A greater proportion of females responded to the survey (73.4%; 705 respondents) compared to males (26.6%; 256 respondents). The vast majority indicated that this was the gender they were assigned at birth (98.0%; 932 respondents).

Age (n=960)

Similar proportions of the sample were aged 65-74 years (20.0%) and 55-64 years (19.1%). Slightly smaller proportions were aged 45-54 years (16.8%), 35-44 years (13.4%) and 25-34 years (13.1%). The smallest proportions were aged over 75 years (10.2%), 18-24 years (6.6%) and 16-17 years (0.8%).

Figure 1: Age distribution of respondents



Answer choices	% of responses	Number of responses
16-17	0.8	8
18-24	6.6	63
25-34	13.1	126
35-44	13.4	129
45-54	16.8	161
55-64	19.1	183
65-74	20.0	192
75+	10.2	98
Total	100.0	960

Pregnant or have been in the last year (n=955)

5.9% (56 respondents) told us they were pregnant or had been in the last year.

Marital status (n=940)

The majority of respondents stated that they were married (51.4%), whilst 19.8% indicated they were single and 10.9% cohabiting.

Answer choices	% of responses	Number of responses
Single	19.8	186
Married	51.4	483
In a civil partnership	1.8	17
Cohabiting	10.9	102
Divorced or civil partnership dissolved	6.2	58
Separated	2.0	19
Widowed or a surviving partner from a civil partnership	8.0	75
Total	100.0	940

Disability (n=937)

42.9% (402 respondents) indicated that they had a long-standing illness, disability or health condition.

Caring responsibilities (n=1030)

The table below shows the caring responsibilities of respondents.

Answer choices	% of responses	Number of responses
None	59.2	610
Primary carer of a child or children (under 2 years)	4.6	47
Primary carer of a child or children (between 2 and 18 years)	14.1	145
Primary carer of a disabled child or children	1.6	16
Primary carer or assistant for a disabled adult (18 years and over)	3.9	40
Primary carer or assistant for an older person or people (65 years and over)	6.2	64
Secondary carer	3.3	34

Ethnicity (n=950)

The majority of the sample were White British (93.5%), with a further 1.7% stating that they were White European, 1.4% White Irish and 1.3% another race or ethnicity. The full breakdown is provided in the table below.

Answer choices	% of responses	Number of responses
White British	93.5	888
White: European	1.7	16
White: Irish	1.4	13
Another race or ethnicity	1.3	12
Asian/British Asian: Bangladeshi	0.5	5
Asian/British Asian: Indian	0.5	5
Black/British Black: African	0.4	4
Asian/British Asian: Chinese	0.3	3
Mixed race: Asian & White	0.2	2
Asian/British Asian: Pakistani	0.1	1
Mixed race: Black & White	0.1	1
Total	100.0	950

Sexuality (n=907)

The majority (97.2%; 882 respondents) identified themselves as heterosexual or straight, with 1.2% (11 respondents) identifying themselves as a gay woman or lesbian, 0.7% as bisexual (6 respondents) and 0.7% (6 respondents) a gay man. Furthermore, 0.1% (1 respondent) stated that they were asexual and 0.1% (1 respondent) selected 'other'.

Religion (n=890)

Just over half of the sample indicated that they were Christian (59.9%), whilst 37.9% stated that they did not have a religion. The full breakdown is shown in the table below.

Answer choices	% of responses	Number of responses
Christianity	59.9	533
No religion	37.9	337
Muslim	0.8	7
Other religion	0.7	6
Buddhist	0.2	2
Hindu	0.2	2
Sikh	0.2	2
Jewish	0.1	1
Total	100.0	890