Britainthinks
Insight & Strategy

The Nottingham and Nottinghamshire Integrated Care System

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Nottingham and Nottinghamshire ICS

Public and professional research

Final report

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01 Research overview

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Research background and objectives

Nottingham and Nottinghamshire ICS is planning a major programme of service transformation. To inform the development of NNICS' own engagement plan, the ICS wanted to conduct research with the public and professionals to understand views of the health and care system and explore what matters most to them when it comes to the future of health and social care.

With this in mind, the objectives of the research were to:

Explore recent experiences with the NHS and social care system

Understanding priorities and attitudes of public and front-line professionals towards key trade-offs within the health and care system

Methodology and sample

Professionals

- **Teledepth interviews**
  - 4 x nurses
  - 4 x GPs (mix of salaried /)
  - 4 x consultants
  - 4 x junior doctors
  - 2 x allied health professionals
  - 3 x public health professionals
  - 6 x social care / reablement staff
  - Working in a range of rural, urban and suburban practices across the county

Heavy service users

- **In-home depths**
  - 10 x across Nottinghamshire
  - Including a range of gender, age and SEG
  - All with a range of complex / long term health conditions
  - All frequent users of the health and care system – visiting primary care and/or using social care services more than 4 times in the past 6 months

Light service users

- **Focus groups**
  - 2 x held in Nottingham
  - 2 x held in Mansfield
  - Including a range of gender, age, SEG, and rural / urban / suburban areas
  - All light users of the health and care system – less than 3 separate occasions in the past 6 months

02 Key findings

Key findings

1

Both the public and health and social care professionals have concerns about the future of local services, given the pressures they see on the system. However, both also say that despite the backdrop of system pressures they have noticed some improvements to services locally

- For the public, many say that they have noticed investments in hospitals and some new GP surgeries
- Professionals say they have seen efforts to improve services through greater integration and partnership working – though these can bring resource challenges themselves in the short term

2

Unprompted the public are most likely to prioritise improving access to services and lowering waiting times. While predominantly this refers to GP surgeries and emergency departments, there are also many, including those who have no experience of mental health conditions, who say that access to mental health services should be prioritised

3

In comparisons, professionals' priorities are more varied (from educating patients, further integrating services and improving IT systems), though all agree on the need to invest in more staff resources to avoid "burn-out"

Key findings

4

Among the new ways of working tested, a greater focus on prevention (compared to increasing patient choice and control or investing in digital services and technology) was seen as the most important by both the public and professionals:

- Professionals see investment in preventative schemes as the best way to reduce demand on their services. In comparisons, while the public see prevention as a good idea in principle, there is often a reluctance to fund these schemes by reallocating funding away from ‘already struggling services’ in primary and secondary care
- Increasing patient choice and control in their treatment is rarely seen as a priority. Many of the public and healthcare professionals feel that patients already have significant choice and control, and worry that any more would be overwhelming or unrealistic
- Many, across both groups, struggle to see how technology and digital services could be used to improve the quality of care, with the most prominent example (skype-style appointments) seen as potentially worsening the quality of care received

5

There is widespread appetite among professionals to be consulted and engaged on any upcoming changes – with these groups most likely to expect to hear about these opportunities through their manager or other professional networks. In comparison, there is relatively low interest from the public to hear about system changes, unless these are going to directly affect how they access care and the core services they use

03 Perceptions of the health and care system

Both audiences are very proud of the local health and care system

Professionals

"Our trauma centre is excellent – it's set the standard for the rest of the UK. So many people's lives have been saved due to it being set up. There are all specialities on hand. Time saves lives. I think it is a centre of excellence, one of the best in the country." – Junior Doctor

Answers to the question 'what three words or phrases come to mind when thinking of the health and care system?'

Heavy service users

- For the public, pride is especially strong when considering the NHS in contrast with the health services of other countries
- And when thinking about 'embattled' staff, who are seen to be doing their best in difficult circumstances

Light service users

"My neighbour collapsed on a bank holiday – they said you'll wait a while, and then the ambulance was there within 3 minutes. You can't do better than that."

It is important to note that whilst we prompted service users to think of the 'local health and care system', many continue to revert back to speaking specifically about the NHS, rather than social care. This is linked to lower familiarity and understanding of social care, and is in line with our other work.

And all groups can point to ways the local health and care system has improved in the past few years

Professionals

“We’re working on repurposing a military hospital for amputees so the NHS can also rehabilitate people. I have also suggested using it as a wellbeing centre for staff.” - Consultant

“There are general improvement projects all the time. We’ve had massive expansion recently internally, repurposing all sorts of other clinic areas into A&E.” – Junior Doctor

Heavy service users

“The specialist children's bit [in A&E], we have used that before but that hasn't always been there. It was only when they did a remodel, they added bits onto Kings Mill and improved it.”

“I was in hospital not too far back and the care is excellent, the cleanliness is very good. Now they've got free internet there. You used to have to pay for it all.”

Light service users

“In Bingham we’ve had a new GP open up in the last few years, which has improved convenience for everybody.”

“The 111 service – I use that before 999. Using that system gets me through very quickly. They booked me a slot at a walk-in clinic. It’s worked really well.”

For professionals, integration of health and social care brings potential future benefits, but also a significant challenge in the short term

Benefits

- Across different roles, professionals often hope that integration of health and social care can help deliver a higher quality and more efficient service

"I suspect integration helps in solving some of those tricky efficiency issues. We are confident that changes we have done and partnership working has been key to addressing those challenges." – GP Partner

"I'd want a more joined up service. Putting my paediatric hat on, there are a lot of kids that come to us who are known to social care. They just need someone in social care to place them. But often if it's 9pm they're closed so they just get put onto an acute bed, which I don't think is good for the child or for patients on the ward." - Consultant

"At QMC, the caring for the elderly team were based on a ward that was six floors above us. They started to do a bit of in-reaching and now they're going to hopefully have a dedicated unit right next door to us. What we need is better collaborative working amongst our specialty colleagues." - Consultant

Challenges and concerns

- In the short term the shift from secondary to primary care, as well as the merging of various localities / services, can take up valuable time (e.g. by increasing meetings)
- Others worry that integration will lead them to take on the responsibilities of others– even though they are already stretched with their own workload

"We are now working with the health visitors, and from time to time they expect us to be doing their job. We have had to really push back and be clear that that is not our responsibility." – Family nurse

"They keep changing the system. There used to be STPs and now they're ICSs, how are we meant to keep up?" - Consultant

"Engagement of nursing homes generally isn't good. A handful are willing to be involved and develop things but a lot of them are run by absent owners and it is profit based. I'd like to see nursing homes being more of a credible, integrated and accepted part of the system." - Care home worker

Beyond integration, staff describe common challenges that make their role increasingly difficult…

Increasing demand

- Many suggest that more patients are using existing services (particularly A&E and GPs)
- This is coupled with an ageing population, leading to increasing numbers of long-term conditions such as diabetes and dementia
- For some, this is further exacerbated by rising patient expectations, driven by online research and resources

"There are ever-increasing numbers of patients coming through the door, but not enough leaving at the end of the system... The capacity to manage the volume is not increasing at the same rate of the volume." – Junior Doctor

Decreasing resources

- Reducing budgets lead to ever-depleting resources, which can add pressure to a role
  - For example, cutting numbers of acute beds due to increasing focus on community care – despite rising demand for acute beds
- Some also discuss 'unnecessary' or unwelcome spending such as a switch to digital rather than paper notebooks

"Everything is done on a budget. Everything is restricted. A medication alert comes up saying 'prescribe this because it is cheaper'" - Nurse

Staff shortages

- Staff discuss seeing many colleagues leaving and do not see enough replacements to meet current demand, let alone any future increases
- Inconsistent staffing (e.g. through locum staff) is also seen as frustrating, both in terms of morale as well as efficiency and cost

"We're merging with another locality and gaining 57 patients - and we're only gaining 3 temporary nurses. We're already two nurses down, and we can't recruit - no one is interested." - Nurse

…And suggest these challenges have three key consequences on the way they work

1.

Limiting ability to deliver high quality care

2.

Negative impact on wellbeing

3.

Short-term thinking

Staff are concerned that these challenges are having a direct impact on the quality of care they are able to deliver for patients

Volume of work + **Diminishing resources** = **Do not have the time or capacity to deliver high quality care**

"18 months ago we had a team in the office with social care, OTs. We won awards for that, demonstrating joined up working in health and social care - increases in care packages, advocacy, lots of work around mental health.

Then the funding was axed, and they're now back to their own team. It's such a huge loss.

I think it made me feel more like the service was a number and it was just about the finance, not just what was the best care for patients. It was treated like it didn't have any value." – Neurological Physiotherapist

For many staff, these pressures are also having a negative effect on their own wellbeing

- Many describe feeling ‘burnt out’, as they are always operating over capacity. This extreme pressure can mean:
  - Staff have no ‘down time’ to connect with colleagues or integrate new starters, meaning that teams do not feel as strong as they once were
  - Many experience ‘moral distress’ as they cannot help patients as much as they would like
  - Some feel that they may not continue on in their role if pressures continue to increase
- In some cases, this feeling has been exacerbated by staff trying to make improvements, or make suggestions for change, that have not resulted in action or feedback
  - Experiences like these heighten feelings of frustration and disempowerment

“There needs to be better valuing of the staff across the whole service. If you look at the lifestyle of NHS employees, in terms of shift work, evenings, time away from family and friends. Is the recognition comparable to what we’re giving up? Why should all the staff suffer…because of their choice to be in the NHS?” – Junior Doctor

“A huge run of redundancies in January 2018 are still having an effect now on staff morale and feeling worried about job security. Those sorts of things haven’t been addressed. Working in premises struggling to be fit for purposes, the water gets turned off or things like that.” – Clinical Specialist Physiotherapist

Whilst this was discussed by all staff to a certain extent, healthcare professionals were more likely to discuss these negative emotional impacts than social care staff, who felt well-supported by team members and managers. In many cases, this support made them feel more well-equipped to deal with challenges

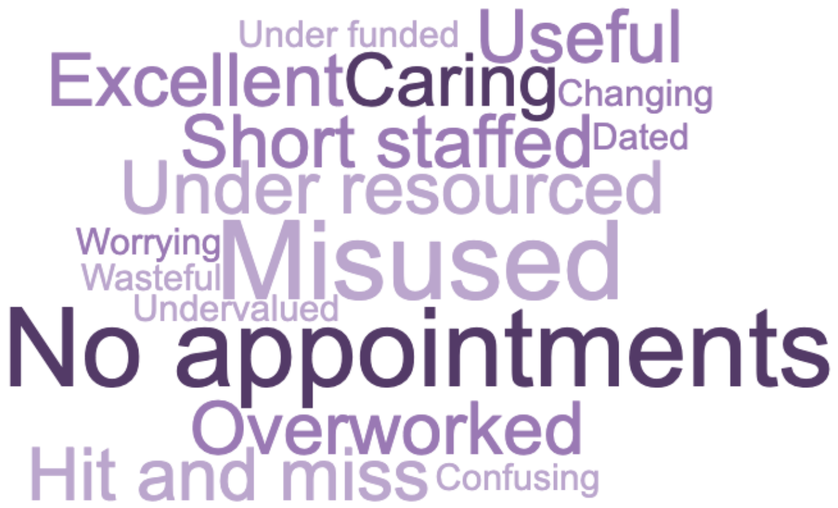
Some staff worry that these challenges restrict focus to the here-and-now, rather than on long term challenges

- Shortages of resource in particular are seen to result in short-term thinking, especially by increasing the focus on restricted targets and reducing the willingness to invest in new ways of working
- These staff voice concerns that their current challenges will only increase over time if they are not given the opportunity to look further ahead and think of more efficient and effective methods of working

"We decided to have an advisory group of engaged people on the floor who could problem solve issues and feedback…it was successful but we had to stop so as not to be seen as an outlier. The NHS just need to be brave about taking steps like this." - Consultant

"The current system is very much a reactive system, treating effects of ill health. Because of that, the demand of the system is increasing. To balance that, we need to have a bigger focus on prevention" – GP Partner

For the public, positive perceptions of the health and care system are sometimes overshadowed by a perception that it is under extreme pressure



Answers to the question 'what three words or phrases come to mind when thinking of the health and care system?'

These perceptions stem from both personal experience (often, difficulty or delays getting appointments with the GP, or in A&E), as well as being extrapolated from perceptions of the national system (for example, from news reports)

Three key pressures are seen to be behind the public's core frustrations with the local health and care system

Difficulty accessing services

Loss of high-performing services

Hit-and-miss quality of care

Three key pressures are seen to be behind the public's core frustrations with the local health and care system

Difficulty accessing services

- In particular, people highlight:
  - Difficulties getting appointments with GPs
  - Long waits at A&E
  - Issues negotiating gatekeepers (in particular receptionists)
- Issues in relation to access are particularly dominant for light service users, and can shape their thinking about the system as a whole, at the expense of more positive experiences
- In contrast, those who are heavier users often acknowledges challenges around access, but also stress the good care they receive from their regular HCPs

"I'm waiting for my appointment and they have to get an interpreter to deal with the person before me, and I'm waiting… I could probably run hospitals better than some of them."

"I'm lucky because the GP I see is really nice, she actually listens. She's very popular so it can make her harder to see. We've built a relationship so I don't have to explain everything again. The surgery as a whole isn't very good, but she is."

Three key pressures are seen to be behind the public's core frustrations with the local health and care system

Loss of high-performing services

- Some point towards examples of services that they saw as successful being cut, for example school nurses and public health buses for children
- Some heavy service users can also recall recent changes in services that have had negative impacts on their care – and are concerned that this type of change will become more common in future
  - For example, being taken off the list for certain services or regular treatments
  - Some also described having their mental health support being rescinded after a few weeks, despite feeling like it was working and still necessary

"There used to be these buses that would come to schools and educate kids about their bodies, brushing their teeth, sexual health and things like that. Where have they gone? They were great"

"I had these brilliant injections to control my pain… Then she said the hospital had lost the contract to do these injections. In 4-6 weeks time I'll be called for a consultation to decide if I still need the injections. If I do, I'll get sent back to the same place."

Three key pressures are seen to be behind the public's core frustrations with the local health and care system

Hit-and-miss quality of care

- Some members of the public have strong views on which areas within the county have 'good' care, and which do not
  - People often have 'no-go' hospitals, or GPs that they would avoid - either because of bad experiences, or reports from others
  - Some with children with high care needs cite 'blackspot' areas where social care is more sparse
- Quality of care is also seen as variable at different times within the same service, depending on your time of visit or who you see
  - Many cite weekends as a particularly bad time to visit healthcare services
- Whilst this frustration caused less of an impact than the other two concerns, it was

"I'd never go to the GP in Hucknall again – I moved specifically away from there to another one. I've seen other people say the same thing on Facebook."

"My son goes to a specialist school for autism. if he has to have an appointment - their last session was 3 o'clock, and to get there it takes half an hour. The school wouldn't give him authorised absence. We had to get the school to refer him, but the school in Derbyshire wouldn't refer him to the hospital in Nottinghamshire. This is what we're fighting."

Crucially, neither group is able to point to any steps that are being taken to address their concerns, leading to concern about the future of the system

”In 5 years time, I think we’ll be in the depths of being very understaffed because of staff leaving (both because of Brexit and burn out).

The population is ageing and growing every year, you see it more and more and it has massive impacts on demand. What used to be the winter crisis in A&E is now just the A&E crisis.

This will keep getting worse. It’s becoming a bigger problem for emergency physicians specifically, who are trying to manage more and more people in the same beds.” - Junior Doctor

“I find it hard, a lot of the staff I meet are very understanding and caring, they just haven't got the finances and the facilities to help you in the way that they want to.

I think it also all depends on how many times you’re willing to go back and push to get what you want or need. My condition I've had for twenty years, a lot of it is a lot longer because it comes from childhood trauma. They just kept fobbing me off with things. In all honesty, if it wasn't for the fact that I have children, I probably wouldn't have been going back to the doctors and I wouldn't be here now.”

“I’ve got sympathy – it’s not the NHS’s fault, it’s the government’s fault. It’s a deliberate act to make it feel incompetent.

They are trying to privatise and sink the NHS.”

04 Priorities for the future

- Unprompted priorities
- ‘Core’ areas
- ‘Secondary’ areas

We asked participants what their priorities for improving their local health and care system would be…

Staff have a broad range of suggestions about how to improve care, with little consensus across the whole

Relationship between patients / NHS	Improving systems	New ways of working	Staff	Improving services
Educating the public about how to use services	Improving existing systems (e.g. IT)	A more joined-up service	Improving staff retention / recruitment	Improving home / community services
Improving communication with patients	Improving processes (less bureaucracy)	Increased collaboration across teams	Helping staff feel more valued	Retaining continuity of care
		More of a focus on trying new approaches		
		More of a focus on prevention		

"Less bureaucracy in terms of form filling and obstructions to working. It's not nice to be told how to manage things if you feel your own system is working." – GP Partner

"Education, education, education, about other services in the community. Our urgent care practice was opened about 6 months ago. Within a couple of weeks the 111 line was telling people that it was the local walk-in centre for people to go to. That doubled our footfall, and we are not the walk-in centre." – Consultant

In comparison, the public's initial priorities are often limited to addressing their key frustrations around access and quality of care

- For those with limited interactions with the system, priorities for the future often involve decreasing waiting times and delays for GP appointments / A&E
- Those who had more personal experiences with various aspects of the system also often discussed the need to improve the accessibility and quality of the specific services that they had interacted with
  - Community / at-home care, and mental health services, were frequently discussed as areas to improve
- Additional suggestions include increasing funding and the amount of staff, primarily with the aim of achieving the above

"Walk in clinics are horrendous. There must be a way to organise better, to book a slot online rather than turning up at 8 and waiting hours for a slot."

"My son has autism and goes to a specialist school in Derbyshire because he couldn't go here… but the school wouldn't refer him to our hospital in Nottinghamshire, so he couldn't get his appointments. This is what we're fighting."

We then prompted participants with specific examples of potential investment areas, and discussed where their priorities lie…

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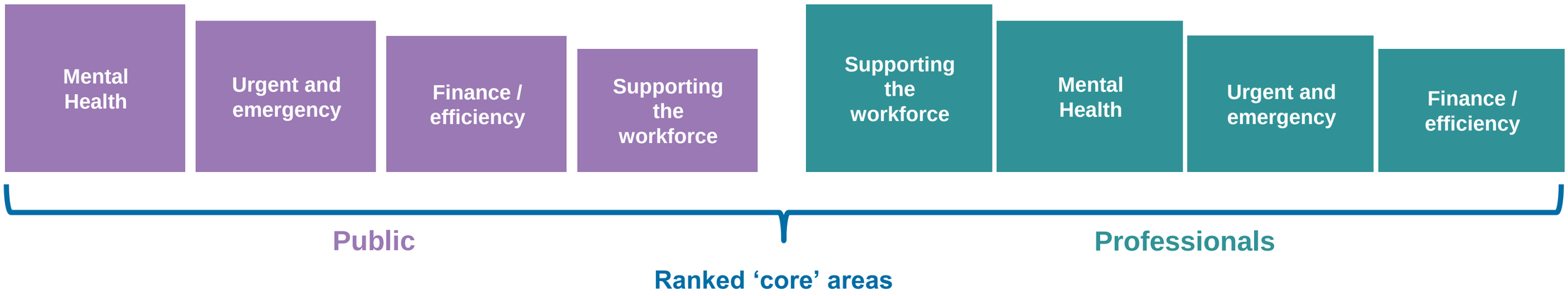

Mental health services are seen as an increasingly important priority by many members of the public

- Most feel there is a need for more mental health services, regardless of personal experience
  - Some have seen a wider media narrative around the topic, and many have known friends or family dealing with mental health issue
  - Importantly, while this sense of mental health as a priority is relatively widespread, there are some (particularly older participants) who remain more sceptical of the need, and questioned the prevalence of mental health issues more generally
- Those who do have personal experiences with mental health services (particularly heavy service users) discuss confusing referrals, long waiting times, and a particular struggle for young peoples' services and carers' support

"We've only got a tiny mental health unit at Mill Brook. My sister has schizophrenia and she's shipped off to Nottingham such a lot as they've just got no beds."

"You go and they give you anti-depressants. If you're strong enough you go back, and after a long long wait, they give you six weeks of counselling. Then after that you're referred to someone else. As soon as your allotted time's up it stops. My time's now up, so I'm back on a waiting list. While I'm on that list I just go downhill. The thing with mental health is that it doesn't just end."

Staff also see improvement of mental health provision as vital, with widespread agreement that there is a long way to go

- Staff agree with service users that significant improvement is needed when it comes to local mental health services
  - Some do identify recent improvements, such as funding for a crisis team
- Outpatient care is seen as particularly sparse, with many practitioners highlighting delays in referring patients to these services
  - Social care staff also suggest community support provision is outstripped by demand, e.g. services to prevent isolation in the elderly
- Many suggest that improved education around mental health is necessary for both staff and the public
  - Both to improve general awareness around the issue, as well as improving signposting to existing services and making the most of what is already there
- Those working in 0-19 services, or other roles with young people, were particularly likely to suggest these services needed significant improvement

"Our crisis provision is good, outpatient less so. To improve we need clearer systems - there's all these tiers that are really hard to follow. We need shorter waiting lists and improved access to things like community and psychiatric nurses who are dwindling." – GP Partner

"We've had a vacancy for a mental health nurse for over a year. Whilst there is access to counselling therapy in the area, which we're really relieved about, if they require anything further it's so so tricky to get patients referred. There are so many patients falling apart." – Neurological Physiotherapist

The public see urgent and emergency care as a key priority, in part due to a national narrative of A&E ‘in crisis’

- Both light and heavy service users see urgent and emergency care as always needing to be a key priority because it is the ‘last port of call’ for those who are seriously ill
- This is exacerbated by the perception that A&E services are at crisis point – both from the media, and from personal experiences
  - A minority did have positive experiences, for example being seen quickly and efficiently at the new children’s unit at Kings Mill
- Many also believe that public misuse of these services contributes to the problem – e.g. unnecessary visits to A&E, or drunk people ‘taking up space’

“By it’s very name, it’s life or death!”

“My daughter and I went down and my mother-in-law had been laying on this hospital bed for three hours. That shouldn't happen, it was dreadful, we were there all day before she got up to a ward. That was at Queens Med.”

“I do know that A&E is at crisis point. It's all over social media, people put up their experiences, on the news there are people being left in hallways. People who have died at home because ambulances aren't able to get to them.”

Urgent and emergency care is not a priority area for staff, with the exception of those working on the ‘front line’

- Many staff feel like local urgent and emergency care is good, with medical staff feeling that it has been an area of recent improvement
- However, those working at the ‘front line’ feel like urgent and emergency care is experiencing extreme pressure
  - Nurses and those working in emergency departments in particular discuss the strain on the system, including people on trolleys waiting for hours (as something they had heard about, rather than having direct experience of)
  - Areas highlighted include a need to improve triage systems, inefficient deployment of staff, as well as the system being too focused on time targets
- Many staff share the public’s view that urgent and emergency services are often misused, and suggest education and sign-posting should be prioritised to reduce this

“Generally it’s really good already. They take complex cases from wider area. They have top of the field surgeons. World class care really.” - Dietician

“At the end of the day, we get to send a lot of patients home because it wasn’t actually an emergency. If we could find a way to help patients self manage, that would have a big impact. We have posters outside the door saying you can deal with XYZ problem at a walk-in, but people still walk past the sign and come into A&E with the same issue.” – Junior Doctor

Negative interpretations of ‘finance and efficiency’ mean it is not immediately seen as a priority

- Many service users initially deprioritise this option, as it is felt that the NHS is already operating on a small a budget as possible – cutbacks are already being felt, and most believe that staff are working at full capacity
- Beyond this, many individuals react with suspicion towards the phrasing of the priority – either due to the perception that more money will be taken away, or because it brings to mind ideas that the NHS is being mismanaged, or that funding is being mis-spent
- Both light and heavy service users suggested that a primary focus in this area should be employing more staff to relieve pressure

“It’s important, but I’ve lost faith. It sounds bureaucratic. The money would go to the wrong place.”

“I look after an elderly lady, who has been on the list for a new hip without a date. She’s already had aids delivered to her house, but she’s got loads of them, because she was meant to have the operation years ago. It seems like no-one keeps track of what is where.”

“A couple of years ago they put in all those digital screens, after a couple of months they were just unplugged because they weren't working. It must have been millions of pounds wasted. All that money could go towards drugs.”

Many staff members see improving finance and efficiency as both unhelpful, and unlikely

- Staff often express frustration at the mention of finance and efficiency, discussing how they feel they are operating at the limits of current budgets (which continue to shrink)
- Some discuss how a focus on short-term targets restricts efficiency in the long run (e.g. by employing a large number of agency staff as a short term ‘fix’), or reduces their ability to improve the service
- And whilst changing this approach is seen as something that would transform the service, many staff did not see it as realistic with the current restraints in the local system

“It can be suffocating. We need a bit of breathing space to start looking at truly transforming the service. If we’re in the red it gives us less room to look at changing pathways or improving services. To do that we need to invest, trial runs To have that investment we need to achieve financial balance. It’s a tricky balance [between] what’s sustainable and transformative.” – GP Partner

”The huge run of redundancies in Jan 2018 are still having an effect now on staff morale and feeling worried about job security. And we’re working in premises struggling to be fit for purpose… The water gets turned off.” - Physiotherapist

Despite feeling that staff are under pressure, the public deprioritise ‘supporting the workforce’ when it is presented amongst other issues

- The public believe that staff are at capacity and feeling the strain of reducing budgets – either from their own experiences of staff that are ‘too busy to care’, or from a wider media narrative
  - This is mostly centred around health rather than social care staff, although a minority also discuss shortages of social care staff
- However, unless ‘support’ is interpreted as employing more staff, or freeing up staff to give them more time for patients, this issue is often deprioritised as other issues are seen as more pressing

“It’s not like you give them higher pay and they all magically work harder. They’re already working at 110%, they just need more staff.”

“Give them more time to spend on patients. It’s big for GPs – after 10 minutes, they are rushed out. It’s almost robotic. If you have 2 ailments, you have to book another appointment.”

Perhaps unsurprisingly, staff see workforce support as a much more pressing topic that has a knock-on impact on the other issues

- Staff discuss feeling unsupported, and that there has been little action to tackle this issue in the local area
  - However, a small minority mentioned recent initiatives for staff, such as a helpline and counselling, as helpful
- Many suggest potential gestures that they perceive to be small, but that would have a big impact
  - For example offering free parking, responding to feedback, or being given the time and opportunity to get to know colleagues and help them settle in to new roles

"Our staff sickness rate in orthopaedics is 6%, while at Johnson & Johnson it's less than 1%. They look after people, help them back to work, help people with physiotherapy. We are appalling at looking after people with psychological issues, we just accept a sick note from a GP and do nothing further."
- Consultant

"You don't always know what's going on. You just reach a tipping point where you feel like you just cannot affect change. All these older people with all the experience are just knowing that feedback will be ignored, that they can't make any change so they stop trying." - Consultant

Of the ‘secondary’ topics, prevention is seen as potentially having the most impact

Prevention

- Mainly interpreted as ‘anti-smoking posters’ by the public; professionals have a more nuanced view
- A concept that is seen to be getting more popular, and an understanding that ‘prevention is better than cure’, although some see it as less likely to be a priority when funding is tight

“Go out and do public health n secondary schools – provide sexual health, healthy relationships, consent work. Giving out C-cards. Statistics show teen pregnancies are falling, having a school nurse within a school is working” - Specialist community public health nurse

Children / young peoples’ services

- There is general agreement that these services are good in the local area (with the exception of mental health)
- Suggestion from some of the public that education and work with / within schools could be improved

“In A&E, they have Red Thread, so anyone young who’s been involved in any kind of violence gets approached by a youth worker who tries to give them solutions for getting them out of the situation that they’re in. This will have big cost saving if can reduce problems down the line.” - Anaesthetist

Digital innovation

- Both audiences are wary of digital innovation, wanting to ensure that money was spent wisely and not to the exclusion of certain audiences
- Some could pinpoint long-term benefits, e.g. by keeping unnecessary appointments clear for those who need them

“I don't always need to sit face-to-face with a GP. Maybe it would be easier, a way to get more people in. So they're not going to A&E. Something needs to be done to stop these people."

Major health conditions

- Widespread agreement that treatment for conditions such as cancer is one of the strengths of the local area (particularly with specialist centres like the QMC)
- Suggested priorities for improvement include faster diagnosis and support for carers of those with long-term health conditions

“It's very important, because major conditions tend to be life-threatening, but I think there is already a lot of care available for big conditions like cancer, because they've got the Macmillan units and nurses.”

Seen as more important to prioritise

Seen as less important to prioritise

05 ‘Deep dive’ into key issues

We then showed participants examples of potential funding ‘trade-offs’, to prompt further discussion of their priorities on key issues…

1. Choice and control

Investing in giving patients more choice and control

or

Investing in improving treatment, but with less choice for patients

2. Digital innovation

Investing in digital technology

or

Investing in buildings and equipment

3. Prevention

Investing in preventing people from becoming ill

or

Investing in improving treatments

Both the public and professionals can find it difficult to prioritise these options when presented as a binary choice

- In many cases, the presentation of such complex topics in a binary form can be difficult to engage with - with participants frequently giving caveats, or describing how such a choice would not be ‘all or nothing’ in reality
- Understanding of their viewpoint therefore comes from more in-depth conversation and probing around the topic – for example, by:
  - Asking what ‘good’ looks like in each area
  - Asking which option they think is currently prioritised in the local system, and why

“It comes down to wants and needs… and there won’t be a one size fits all, Notts has a wide variation in demographics.” – GP Salaried

“If you don’t have experience of it, it’s hard to talk about.”

Both audiences return to the same key questions when thinking about which option to prioritise:

Will it address the challenges I see within the system?

- Many reject trade-off options if they were seen to be not strictly necessary – as they want to address what they see as the most pressing challenges first

"We need to offer more choice but through more flexibility. There's been conversations throughout my career about whether we should work later, offer things at weekends. [The service is] still geared towards those who aren't working. And I do think there are people that work that do need these services." – Senior reablement practitioner

Will it benefit the maximum number of patients?

- Due to perceptions of limited budget, people view prioritisation through a utilitarian lens – aiming for the most impact for the most people
- Many are also keen to ensure any investments are inclusive of, and benefit, heavy service users (particularly the elderly)

"Some people haven't got internet. The people who use services the most - the elderly, young children. So investing in [Skype appointments] might not work."

1. Choice and control

Social care

Investing in giving patients more choice and control

People being supported by doctors and nurses to be able to manage their own health and wellbeing, and to make decisions about how and where they would like to be treated

Investing in improving treatment, but with less choice for patients

Doctors and other health professionals deciding what is best for patients' health and making sure it is provided (often using traditional treatments like surgery and drugs)

Healthcare

Healthcare staff prioritise investing in existing treatments, as they believe that patients already have a high level of control over their care

- Often, ‘choice’ is interpreted as choice in *what* treatment to receive, rather than *when* or *where* to receive it
- Many healthcare staff therefore suggest that patients have a large amount of control over what care they receive
  - Large numbers of available medications were often given as an example of this
- In many cases, increasing this level of choice is not seen as something that will improve care – either because patients do not know (past a certain point) what is best for their care, or due to a fear that it will increase demand
- Investment can therefore be seen as more beneficial if spent in improving existing treatments, rather than offering a wider range

“I don’t think you’d have to invest in it, it happens already.” - GP Partner

“It’s like when you have your plumber in and he asks you what you’d like him to do. When you give patients too many options, and it’s complex, you’ll not give them enough details to understand the pros and cons of each option. They need to have some options so they can understand - but not so many where they get confused.” – GP Salaried

However social care staff feel that patients' choice is limited, and are more likely to view 'choice and control' as a priority area

- Similar to other participants, most social care staff interpret 'choice' as choice in *what* treatment to receive
- However they often suggest that in many cases patients' choice and control over their social care is low, or hit and miss
  - This is sometimes attributed to a lack of options and available services, as well as to staff believing they know what is best for the patient
- Many are enthusiastic about the benefits of increasing choice, particularly for the elderly and for those with long term health conditions (including dementia)
  - Some describe that improving this would require improved investment in community and at-home care
- Investment can therefore be seen as more beneficial if spent on improving choice and control (although in some cases, this would be achieved by 'improving treatments', so the two are not necessarily distinct)

"Within our care home we give people choice, but in others there is an awful lot of dictating care. There needs to be a huge rethink about rights. People need an understanding of dementia and expressing needs through emotional expressions, not just verbal." – Care home worker

"People will say 'I don't want my child immunised as it's connected to autism'. It's their choice to give their child the immunisation, but they aren't educated. So its just about giving them the right choice. When you show the evidence, they choose immunisation." - Specialist community public health nurse

Patients prioritise investing in existing treatments, as they feel satisfied with their current level of choice and control

- Both light and heavy service users trust in their HCP to offer them the right options, and discuss the pros and cons of each
- Whilst some have negative experiences such as not being offered the treatment they feel they should have been, the majority feel satisfied with the control they have in their care
  - Some highlighted particularly positive developments in the local area, for example being given the option to choose online where to go for treatment, and the time implication for each of these
  - Furthermore, many struggle to think what else they would like to have choice and control over, feeling that attempting to bring patients more into decisions around their care may be overwhelming
- 'Investing in existing treatments' can also be read as reducing delays, or filling gaps in service provision (e.g. mental health services)
- However, there is variation in expectation depending on individual preferences and context
  - For example, some older participants were happy to relinquish investment in choice if it meant better treatment, whilst those who were working, or had families, discussed wanting more flexibility

"I do have choice. Particularly with MS, because it's such a difficult condition to deal with and treat, I've chosen what medicine I take, and what I don't want. That's been my own personal choice. They were presented to me and I was told the for and against various drugs, the side effects, and then it was my choice."

"I've got kids, I'm working, I can't just keep calling up the GP for an appointment or turn up at 3pm. I need it to be more flexible than that"

2. Digital innovation

Investing in digital technology

Using Skype appointments to increase access to GPs, or developing digital tools to help people manage their own health

Investing in buildings and equipment

Investing in the buildings and equipment used at locations where patients go when they need to access healthcare

Both audiences express immediate concerns which can make them wary of investment in digital innovation

Excluding vulnerable audiences

- Both staff and patients raised concerns that digital tools such as Skype appointments, or even communicating via email, may exclude older patients or those who cannot easily access the internet
- The underlying concern is often that the rollout of such tools would mean that more 'analogue' methods would cease to be used

"What about the older ones who don't want to use the internet? Or don't know how to? You'd end up with people not being able to get an appointment"

The risk of system failures

- Personal experiences of technology failures mean that many are wary that technology often does not work as it is meant to
- Some reference examples such as the recent NHS system hack as potential vulnerabilities

"We have a mobile device that we take out with us. Not all of them work correctly. And we take them into schools, but schools won't always share their wifi code. So we can't actually connect to the system while we're there"
- Specialist community public health nurse

Technology 'for its own sake'

- Some are concerned that investment in technology will not be made in consultation with patients / staff and therefore will not be used, or may in some cases replace systems that already work well
- A few recall examples of this in practice – for example, being asked to trade paper notebooks for laptops, or introducing sign-in screens that patients do not use

"You used to be able to tick a box on the paper forms. A lot of the time [when we have new technology], nothing has changed. It's just unnecessary" - Nurse

These concerns are often increased by a limited understanding of what 'digital innovation' might involve in practice; with both audiences often struggling to imagine options beyond Skype consultations and/or digital symptom checkers

For staff, investing in buildings or equipment seems more tangible than digital innovation

- Staff are quick to highlight that there are existing resources and systems in the area that require extra investment, before investing in new ones
  - For example, new buildings that have been built without the funding to staff them fully; or multiple IT systems which do not work
  - Digital tools can be seen as a ‘nice’ to have when compared
- The assumption that ‘digital innovation’ means Skype appointments also leads to concerns that it will increase inappropriate prescribing, or unnecessary visits to services
- A small minority were much more enthusiastic about the idea of digital investment, suggesting that (if used wisely) it would alleviate many problems and help to enable other priorities

“I haven’t seen any digital innovations in the area, my partners are not keen on the idea. There would have to be good advice that a symptom checker reduced rather than increased appointments, and you’d have to do pilots. Skype isn’t going to be the answer unless you want to escalate inappropriate prescribing.” – GP Partner

“It would be a good investment but both would need to happen. They have to invest initially - once it’s up and running you’d be saving resources.” - Dietician

The public also see digital innovation as a much lower priority when presented as a trade-off with ‘investing in existing resources’

- Beyond skype appointments, members of the public struggle to imagine how technology could be used in healthcare
  - As a result, investment in technology is rarely seen as a good way of improving treatment or making it more efficient
  - This is particularly the case when imagining improvements such as Skype consultations – as in-person consultations are seen as always more beneficial if possible
- Investment in buildings and hiring more staff, therefore, can seem to have more immediate impact on experience of the service, as well as benefitting a wider audience
  - However, younger service users are often more positive about the potential benefits of digital innovation, and can see how it could help to ‘free up’ the system e.g. by empowering lower-need patients to help themselves

“I think [invest in] the buildings and equipment because I’m old fashioned… If I go and see a doctor, I’d rather see them personally and not over Skype. I have had doctors ring me back with my asthma and they’ve been good, but I’d rather see someone.”

“That could interlink with getting GP times down. I don't always need to sit face-to-face with a GP. Maybe it would be easier, a way to get more people in so they're not going to A&E.”

3. Prevention

Investing in preventing people from becoming ill

Keeping people fit and well so they are less likely to become ill

or

Investing in improving treatments

Making sure people have the best possible treatment if they do become ill

Both audiences feel that prevention is currently an area of priority in the local health and care system

- Each group has a slightly different view of what ‘prevention’ consists of:
  - The public mainly associate prevention with public health campaigns such as anti-smoking or healthy eating communications
  - Staff have a more nuanced perception, citing examples such as ‘fitness on prescription’ and diabetes clinics
- Both audiences feel like these kinds of initiatives have increased over recent years
  - Some staff discussed that funding for prevention varies widely across locations – for example, that central Nottingham receives more funding in this area than the suburbs

“Prevention is really important. Notts has some very affluent areas and very poor areas. If they can tackle obesity, hypertension, it keeps people out of hospital, keeps them healthier – less money needs to be spent on secondary care.” - Consultant

“There’s literally a load of posters right there! They’re everywhere!”

Staff are enthusiastic about the benefits of prevention, and believe it should be prioritised in order to meet future challenges

- Staff who have an understanding of prevention approaches discuss the widespread benefits
  - Others also discuss preventative efforts as being effective, without naming them as such (e.g. social prescribing)
- Many believe that prevention efforts, rolled out more broadly across the area, would be one of the most effective ways of 'future-proofing' the service
  - This includes a data-driven approach to meet the needs of different locations / demographics
- However, many express doubts about how realistic this feels – and that budgetary restrictions and short-term thinking will mean that prevention is not fully invested in

"We need to have a bigger focus on healthy lifestyles, dietary advice, smoking cessation. It invariably improves the quality of life for an individual. Even a 6-month delay in developing long term conditions, the financial savings are significant. It reduces the burden on the community." – GP Partner

"There's not enough investment in prevention, seen that since the Conservative government and the austerity measures. It's fine for now, but as years go on we'll see more and more issues." – Clinical Specialist Physiotherapist

Whilst the public also believe that ‘prevention is better than cure’, they do hold some reservations about effectiveness

- The public suggest that prevention would be prioritised over treatment in an ideal world, but hold some reservations:
  - Both light and heavy service users suggest that public health interventions can ‘only go so far’ in preventing unwanted behaviours like smoking or excessive drinking
  - This can be coupled with a feeling of saturation in terms of the public health campaigns they see in the local area already (such as anti-smoking campaigns)
- However, whilst some do not see them as ‘prevention’ per se, the public also discuss broader preventative areas where they see room for improvement, such as:
  - School nurses / health visitors
  - School health education ‘buses’
  - Social prescribing

“Everybody already knows all that. Everybody knows how to live a healthy life, it's whether you choose to or not, it's up to the individual. Yes they should still advertise walking and quitting smoking and all that. But nobody wants it shoved in their face 24/7.”

”Health visitors used to be much more of a thing. They used to visit all the time, and sort so many issues for mums. Now you have to go to the GP and take up time.”

06 Communicating change

Staff are most likely to hear about changes from their manager, often limited to the changes that will directly affect their role

- The majority of staff members struggle to name upcoming changes to the system beyond those which will directly impact their day-to-day work (e.g. changes to paperwork procedures)
- Many expect that any important changes will be communicated to them through their line manager or other colleagues
- Staff who know more about high-level, ongoing changes (such as primary care networks or the frailty / prevention agenda) are often incredibly proactive in finding out this information
  - E.g. by volunteering for meetings, or searching for and sharing information through Whatsapp groups with likeminded colleagues

"We have ongoing team meetings. Social workers have meeting every 4-6 weeks and separate meeting for [my role] every 4-6 weeks. If needed in between, supervision 1-2-1 every month. Or I can pop into the office to talk to a manager. There's always someone who can spare 5 minutes" – Peripatetic worker

"I hear about it because I'm involved with a few things in the county, the CCG. I make myself actively involved. I'm not sure that care homes as a whole do find out. People don't always read emails. The understanding is sparse." - Care home worker

In many cases, the public expect to come across information about future changes without having to seek it out

On the news

- Many people expect that changes to their health and care system (or the way they interact with it) would be shown on the local or national news
- East Midlands Today was cited as particularly relevant source of information on changes to the system including the opening of new services

"It would be on the telly, and on the radio too. The local news. I watch East Midlands today and they have a health correspondent that comes up."

On social media

- Others speak of social media, particularly local Facebook groups as good places to hear about these kinds of information
- Examples included mum's groups or specific disability / mental health support groups

"It would be splashed all over Facebook too. I saw something this morning."

Through their letterbox

- If the change is particularly big or would have an impact on them directly (e.g. a change to the way GP appointments are booked), the expectation is often to receive communication from the service directly
- In most cases, via a letter or leaflet through their door (a small few discuss being communicated to via text from their GP surgery or hospital)

"Older or housebound people would need something through the letterbox."

In the case of major changes, many would want to hear directly from, or verify information with, their providers

- Some individuals were sceptical of new changes in their area – either because they had previously seen discussion of changes that never came to fruition, or because of a general distrust around political healthcare discourse
- If the hypothetical change involved taking action of some kind, some suggested that they would want to hear directly from a health / social care provider, or would reach out to them to verify the information
  - GPs are particularly trusted figures in this case, with the leaflets and posters in GP surgeries often taken as ‘gospel’

“If you phoned up to book it could say in the voicemail beforehand [about a specific change].”

“I’d want to hear from local nurses – the doctors and nurses themselves, who spend 60-70 hours a week doing the job.”

Britainthinks
Insight & Strategy

Thank you

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