

**Date: 10 December 2020**

**Title:** Health and Social Care in Buckinghamshire: Public Feedback Survey

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**Report Sponsor:** Buckinghamshire Integrated Care Partnership

**Purpose of Report:** The report provides an analysis of a community survey into health and care services in Buckinghamshire which the HWB Board endorsed at its meeting in July 2020. The analysis will be used to inform the future development of services.

**Report for information, discussion, decision or approval:** Discussion

**Related [Joint Health and Wellbeing Strategy](#) Priority:** Community engagement

**Recommendations:** The Health and Well-Being Board is asked to note the analysis of a community survey which will be used to shape the development of health and social care services in Buckinghamshire. The Board is asked to note further work in focus groups and one to one interviews during December 2020 to provide additional engagement especially from BAME communities and disadvantaged groups.

## 1. Content of report

During August we launched [phase 1 of a public engagement programme](#) to ask people what they think about changes we have made, or are considering, in health and social care. Findings from phase 1 of public engagement have been used to support the design and delivery of phase 2. The following is a summary of initial findings and it is important to caveat that there is variation within the findings determined by several factors e.g. ethnicity, age, sexual orientation.

- 2,818 response to the online survey. The majority of respondents (72%) were women. 90% of respondents were white. The average age of respondents was 61 years and 44% were over 65.
- 2/3<sup>rd</sup> of people said they would like healthier lifestyles. There was great receptiveness to professional advice to help lose weight or improve mental health and wellbeing. Less for alcohol and smoking although still receptive.
- People were generally satisfied with digital (phone/video) appointments and would be willing to have similar appointments in the future (69%). This trend reduces with age. The main concern people have is that when a physical examination is needed they would want to be seen in-person.
- 62% of people stated they would be willing to travel to neighbouring county for a planned hospital procedure if it meant they had a shorter wait. The main concerns for people were frequency (they would not want to do it often), the time it would take and lack of familiarity of the location. There was less acceptance of this with older respondents (over 80).

- People are generally satisfied with their experiences of urgent care services. Over half (55%) said they would be happy to book an urgent care appointment with 26% unsure and 19% said no. There is work to clearly articulate the distinction between urgent and emergency services and to assure people about the clinical credibility of the system to get people to the right place and avoid long waits in hospital A&E.
- Community services are more difficult to interpret because of the relatively low response of people with experience of community hospitals (9%). However, from the responses 66% of people said they would prefer to recover at home than in hospital as long where it is safe.

## **2. Summary of Consultation and communication**

A summary of the results of the survey are as follows:-

- It seems that many people would be receptive to messaging and promotions about healthier lifestyle choices, especially around weight loss and mental wellbeing.
- Work is needed to ensure that patients understand when and why digital appointments are offered, as the major concern raised was the inability to have physical examinations during digital appointments.
- Many people expressed a willingness to travel on a one-time basis for treatment further from home, however, older people found this more problematic, especially travelling on public transport. For many the getting an earlier appointment was considered more important than distance to travel. In future considerations for referral to care further from patients' homes should include the number of visits needed and the age of the patient.
- Dissatisfaction with services tended to relate to waiting times and delays; it is possible that having a better system to direct people to appropriate care and care settings could reduce delays and improve satisfaction.
- There is scope for raising awareness of when it is appropriate to use NHS111 and to provide clinical credibility to the service to encourage usage.
- Whilst two thirds of people said they would prefer to complete their recovery at home, if medically safe to do so, the proportion preferring to recover in a community hospital increased with age.

## **3. Next steps and review**

We have begun phase 2 of the programme and we are currently identifying people to participate in 12 focus groups from some specific groups e.g. carers, people living with disability, people living in deprived areas as well as 20 individual interviews. Final analysis and reports from both phases of the engagement will be available in January 2021 and will be used to inform future health and social care service delivery.