

Our Health Our Future Panel

Survey 10 results – A survey on **winter system pressures, discharge processes** and **hospital treatment at home**

Survey conducted 14th October to 18th November



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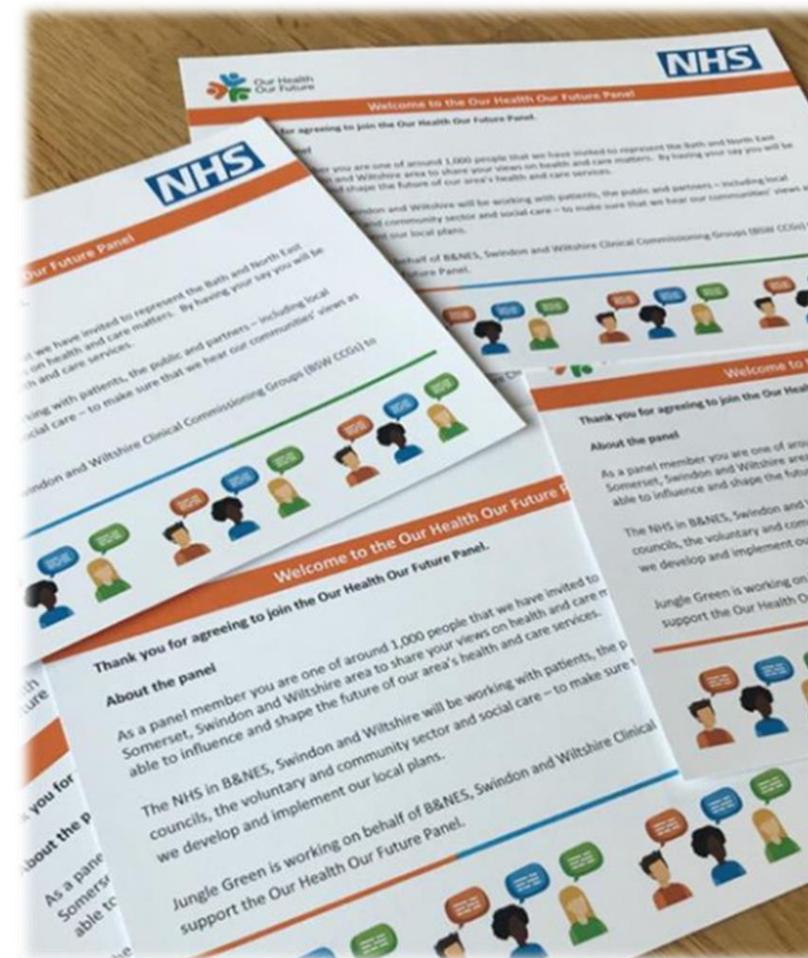
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Section 1

Introduction



Vision and mission of the Our Health Our Future Panel

“ The Our Health, Our Future (OHOF) Panel is a way for us to engage with those living in Bath and North East Somerset, Swindon and Wiltshire (BSW) to get their views on health and care issues.

In line with our value of "inclusive", the online panel is made up of a representative sample of the population from across our region. Panel members will take part in regular surveys throughout the year.

Panel surveys will inform both strategic direction and day-to-day service delivery, particularly around proposed service change or development of new services. Anonymised feedback will be shared with project managers and senior leaders to help shape and influence partnership initiatives and programmes of work. Anonymised feedback will also be made publicly available so panel members and the wider public will have the opportunity to review the results ”



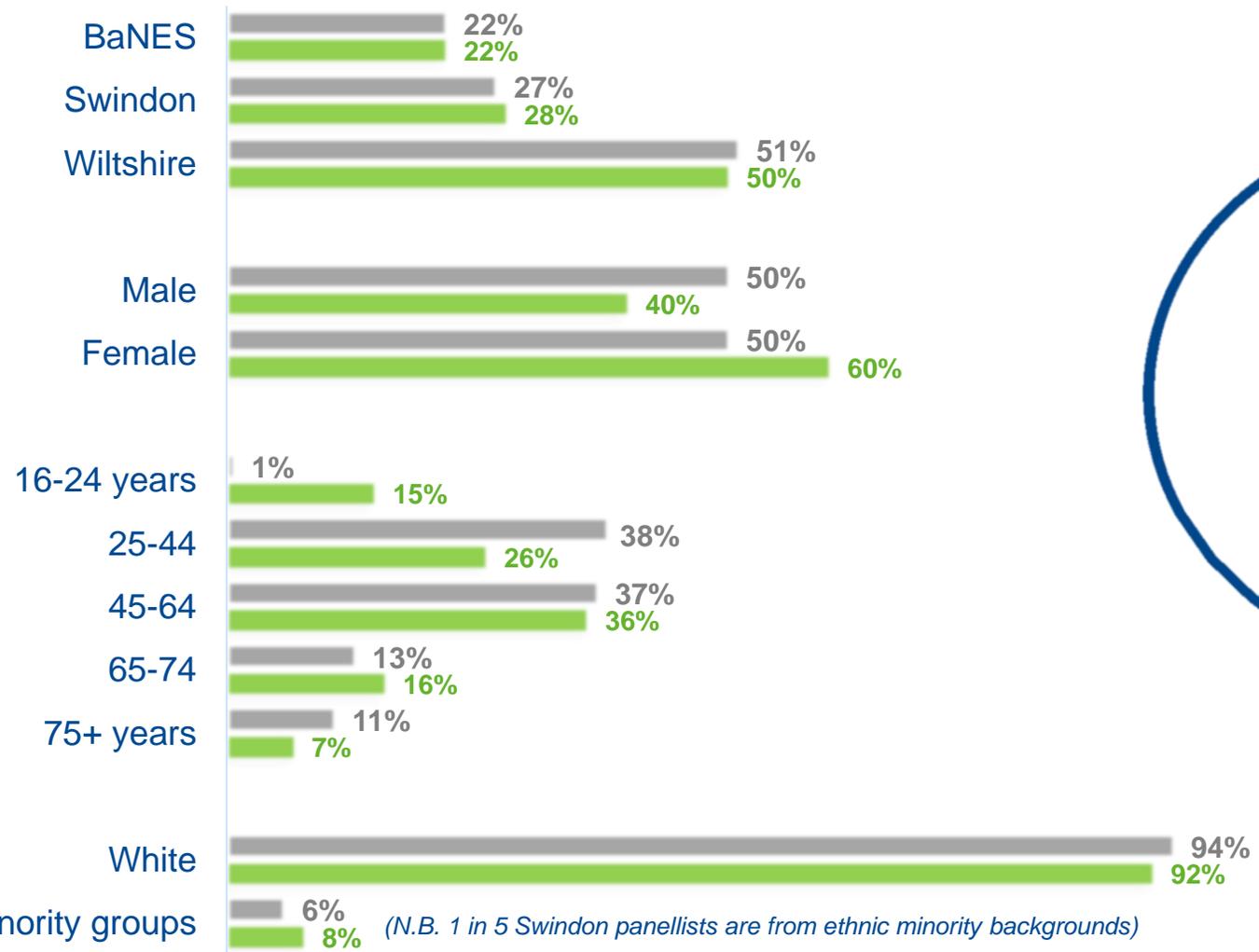
Response rates remain healthy

- A **31%** response rate is slightly higher than the average response rate for similar panels. The OHOF panel response rate has dropped off in autumn 2022 due to reduced survey activity in year 3

| | Survey 1 (Jan to March 2020) | Survey 2 (May 2020) | Survey 3 (Jul/ Aug 2020) | Survey 4 (Nov/ Dec 2020) | Survey 5 (March/ Apr 2021) | Survey 6 (Jul/ Aug 2021) | Survey 7 (Nov' 21 to Jan '22) | Survey 8 (Feb/ Mar '22) | Survey 9 (June/ July '22) | Survey 10 (Oct/ Nov'22) |
|-------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Number of participants | 790 | 381 | 382 | 501 | 395 | 381 | 521 | 431 | 243 – Swindon & Wiltshire only | 329 |
| Response rate | 100% | 48% | 45% | 50% | 40% | 38% | 44% | 36% | 26% | 31% |
| Method | <i>All conducted via face to face recruitment interviews, recruitment halted due to Covid</i> | <i>Conducted online/ postal/ telephone only</i> | <i>Conducted online/ postal/ telephone only</i> | <i>Including 200 face to face recruitment interviews – post Covid</i> | <i>Conducted online/ postal/ telephone only</i> | <i>Conducted online/ postal/ telephone only</i> | <i>Including 170 face to face recruitment refresh interviews</i> | <i>Including 36 face to face recruitment refresh interviews</i> | <i>A special survey funded by GWH Trust to seek public opinion of the Trust</i> | <i>Panellists who have been inactive for 2 years+ have now been removed</i> |

Sample profile – Comparison of the profile of the entire BSW region population (according to census data/JNSA) / our rim weighted panel profile and the actual panel profile recruited as at November 2022

% of BSW entire population/survey 10 participant rim weighted profile (329) % of our actual panellist profile as at Nov 2022 (1,050)



NB:
 Survey 10 participants' responses have been rim weighted to reflect the profile of the BSW population.
 The sample profile relating to the findings in section 3 of this report is, therefore, exactly the same as the grey bars in this chart

Section 2

Overview summary



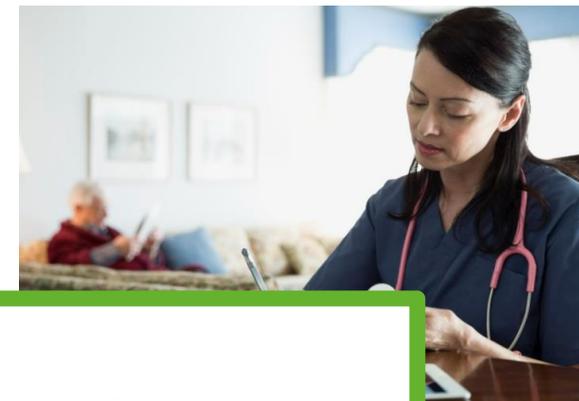


Winter system pressures

- Significant proportions of the BSW population would turn first to their own medicine cupboards should they find themselves with a sore throat/ headache (74%), vomiting (55%) or backache (46%)
 - GP's (*notably among older age groups*), pharmacists (*notably among older age groups*) and NHS 111 (*all age groups*) are, nonetheless, the first ports of call for smaller proportions of the population with these conditions/symptoms (between 10 and 20% in each case)
- A&E would be the first port of call for one in seven people experiencing chest pain themselves and for one in two people with a fracture (*this is similar across all age groups*)
- If a **child in their care** was experiencing a skin wound or sprain, significant proportions of the BSW population would turn first to either an MIU, their own medicine cupboards or their GP
- If speed is of the essence, but it's not a life threatening situation, NHS 111 comes in to its own for two thirds of the BSW population (*similar proportions across all age groups and locations, apart from NHS 111 Online being more popular among 25-44's*)
- Currently only one half of the BSW population are confident about access to healthcare services
 - Panellists are most confident about access to pharmacy services (89% confident), followed by 999 (57% confident) and NHS 111 over the phone (56% confident)
 - Lowest levels of confidence are evident for GP services and A&E, where one third of panellists are not very or not at all confident in being able to gain access to the GP (*rising to 50% not confident in Swindon*) or A&E in each case
- There is currently a good deal (85%) of confidence among the BSW population in taking care of themselves or someone else when feeling unwell
- Regarding the willingness to accept an appointment with an HCP other than a doctor, people are most willing (94%) to accept an appointment or advice from a nurse (where appropriate) followed by another practitioner in a GP surgery (79%) or pharmacist (82%)
- Panellists would feel more confident about accepting an appointment with another healthcare professional if they are assured that they would be escalated appropriately and had a clear understanding of the skills and experience of the individual

Discharge processes

- The key things that panellists would like to understand on discharge from hospital (*but still needing care*) would be what to do both if things get worse (85%) & going forward generally (83%) and knowing that there is professional back up available (84%)
- Only 57% of panellists feel confident in looking after someone being discharged from hospital who needs continued care. Confidence is slightly higher (62%) among those who have direct experience of recent discharge, compared to those who do not (55%)
- A clear and comprehensive plan is key to increasing confidence levels, along with appropriate back up and support



Hospital treatment at home

- Panellists are most comfortable being supported at home (two thirds in each case) with urine infections and oxygen monitoring
- Lowest levels of comfort are evident for a patient with kidney disease (28%), although many do not have sufficient knowledge of kidney disease to comment on their potential levels of comfort
- Familiar surroundings (88%) and reduced risks for (72%) & deconditioning of (61%) frail patients are the main perceived benefits of having hospital treatment at home, along with freeing up hospital beds (65%)
- Panellists have a clear preference for NHS@Home to be the title of this service (81%)

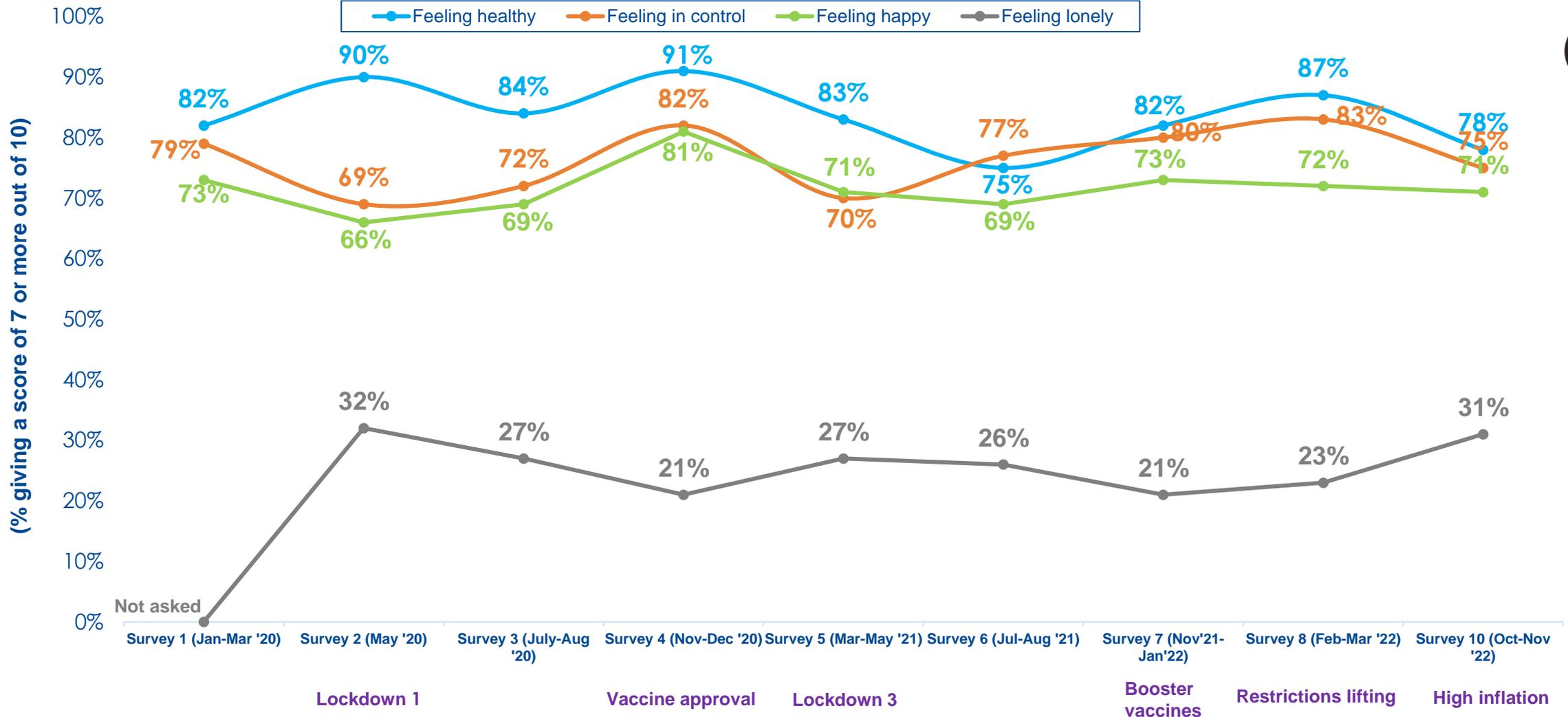
Section 3a

Survey 10 results – Keeping well and Winter system pressures





Keeping well trackers – Scores are a little lower compared to this time last year





Keeping well trackers – across the sub-groups

❖ Survey 10 was conducted during a period of very high inflation.

Panellists were feeling **less healthy** and **less in control of their lives** compared with earlier in 2022 and this time last year.

❖ A number of sub-groups gave **lower than average scores**, especially for feelings of **health** (where 78% was the average), **happiness** (where 71% was the average) and **feeling in control** (where 75% was the average), these were:

- Those **unemployed** (23%) (16%) (17%)
- Those **in Swindon** (71%) (60%) (52%)
- Those with **long term health conditions** (54%) (58%) (58%)
- Those **living alone** (53%) (56%) (59%)
- Those **aged 25-44 years** (56%) (68%) and **unpaid carers** (63%) (58%) were also less happy and felt less in control than average

❖ *All the differences mentioned **in purple** above are statistically significant differences*

Panellists were first asked to name health and care services they are aware of as being able to give them help and/or advice when they are unwell or injured (*completely unprompted question*)

Top of mind health and care services

- **GP** **71%**
- **NHS 111** **60%**
- NHS 111 online 4%
- **Pharmacy** **33%**
- **A&E** **23%**
- **999** **10%**
- **Hospital** **8%**

- **Mental health services/talking therapies** **5%**
- **UTC** (*BaNES 0%, Swindon 16%, Wiltshire 1%*) **5%**
- **Walk in Centre** (*BaNES 8%, Swindon 4%, Wiltshire 4%*) **5%**
- **MIU** (*BaNES 5%, Swindon 0%, Wiltshire 5%*) **4%**
- **NHS website/app** **4%**
- **Google/ search engine** **4%**
- **Physio/ Osteopath** **3%**
- **Private health care** **3%**
- **Ambulance service** **2%**
- **Local carer support group** (*BaNES only - 8%*) **2%**

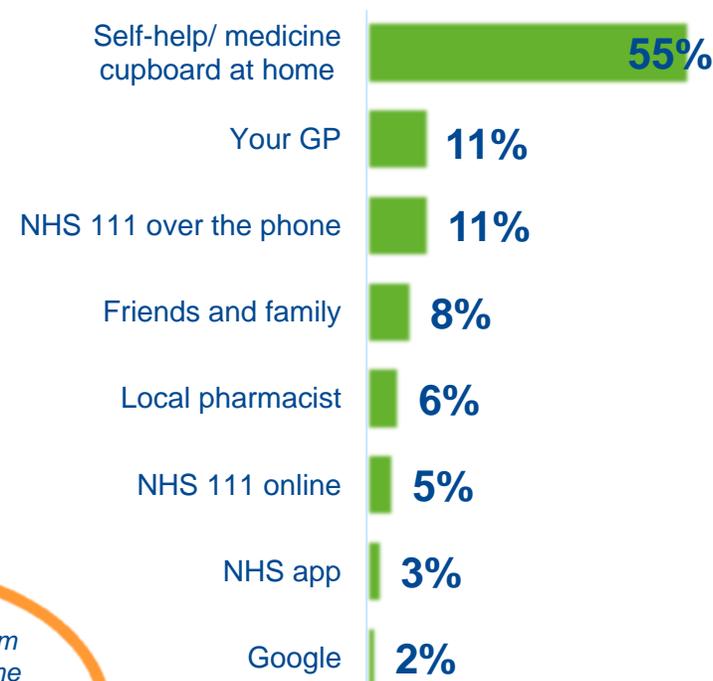
Significant proportions of the BSW population would turn first to their own medicine cupboards should they find themselves with the given conditions/symptoms

- GP's (notably among older age groups), pharmacists (notably among older age groups) and NHS 111 (all age groups) are the first ports of call for smaller proportions of the population with these conditions/symptoms

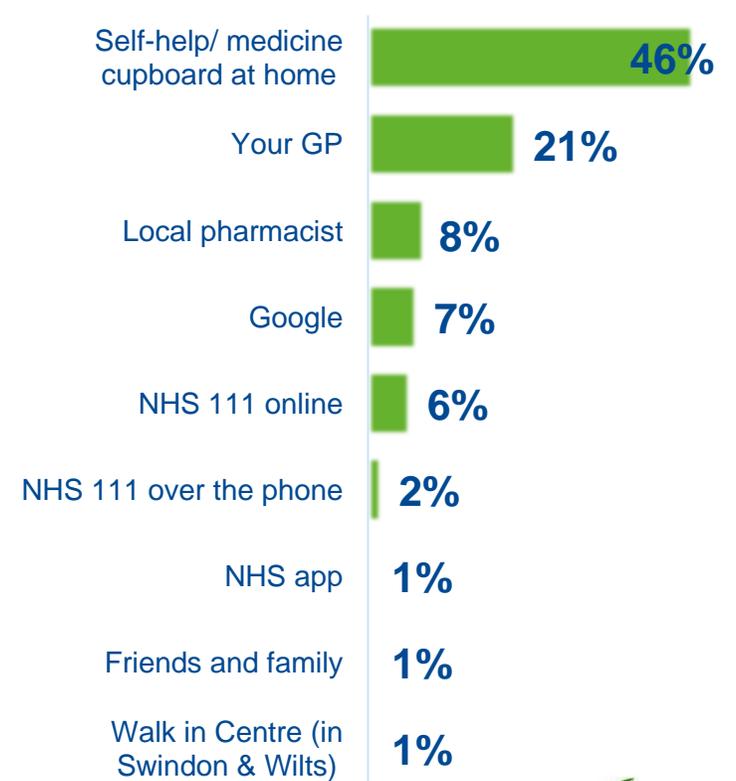
Sore throat/ headache



Vomiting



Backache

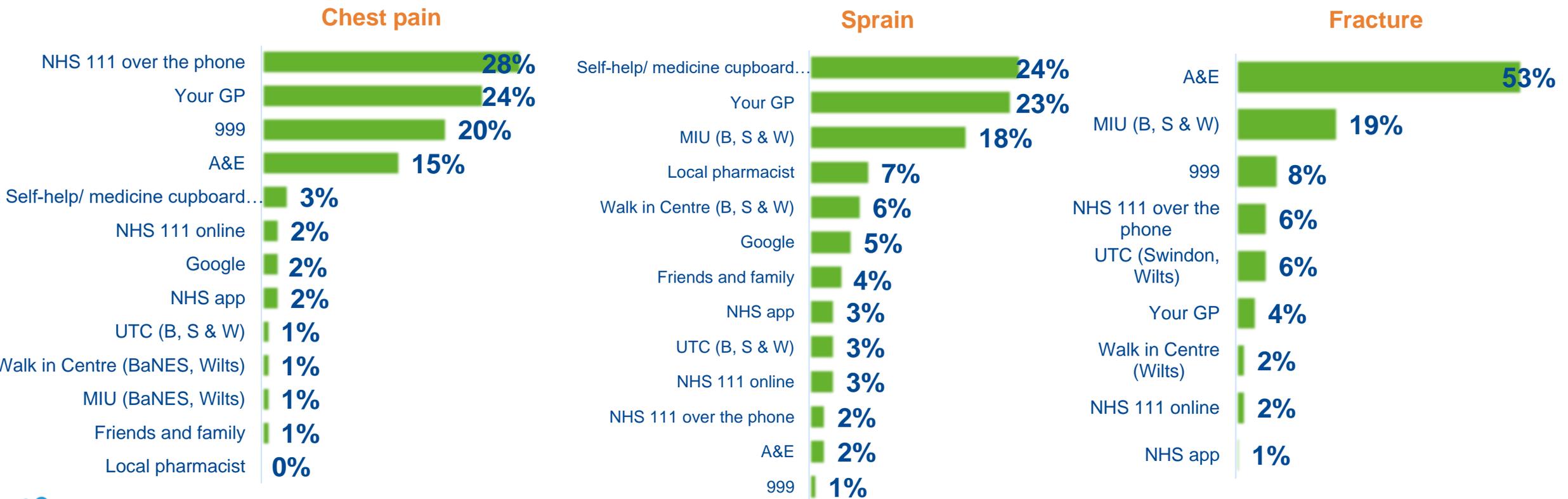


Q4. Why?

A non urgent problem easily treated at home with medicine from chemist/ cupboard. May clear up in a few days, if persists seek more help

A&E would be the first port of call for one in seven people experiencing chest pain **themselves** and for one in two people with a fracture *(this is similar across all age groups)*

- MIU's are notably more popular than the average among those aged 25-44 years and those in Wiltshire



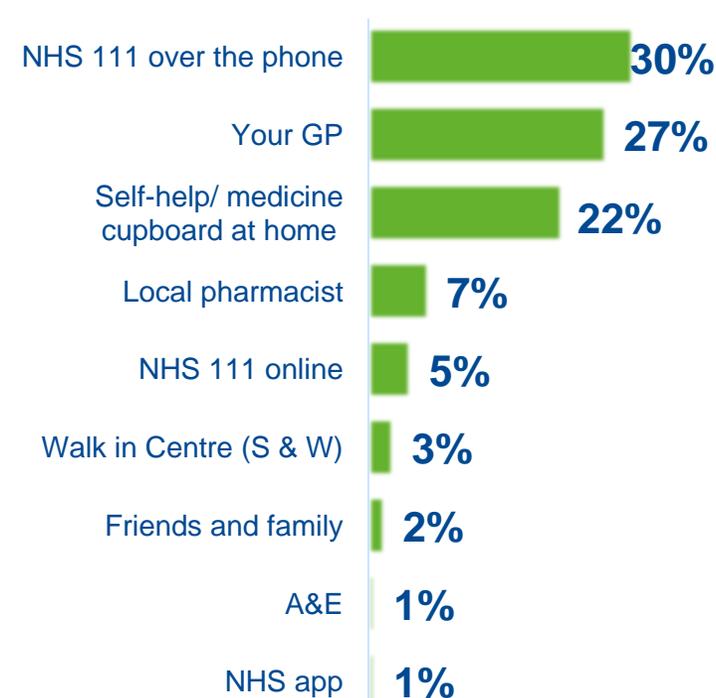
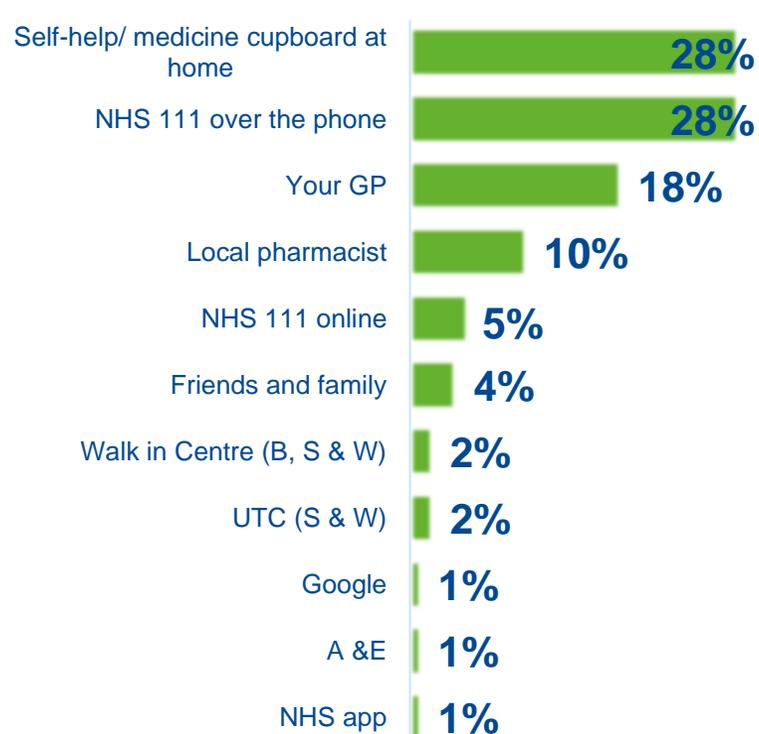
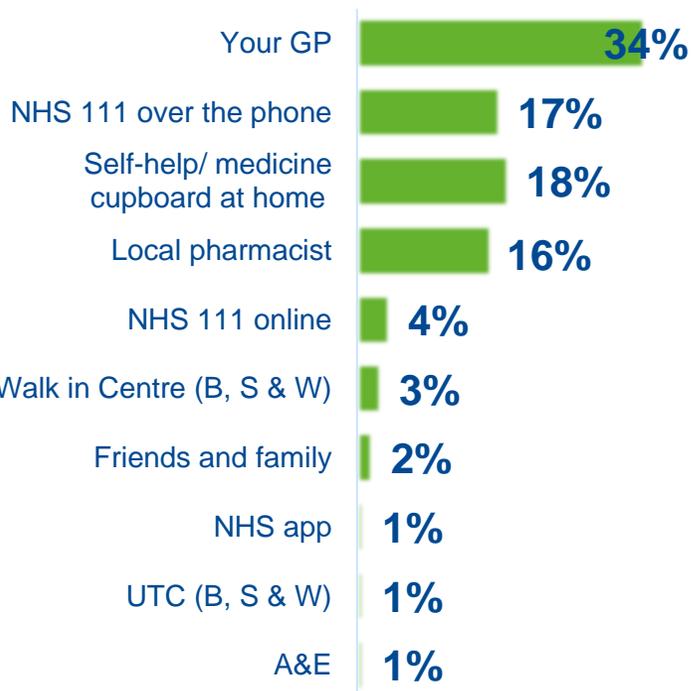
If a **child in their care** was experiencing these conditions/symptoms, significant proportions of the BSW population would turn first to either their **GP** (notably older age groups), their own medicine cupboards (notably younger age groups), or **NHS 111 over the phone** (all age groups)

- Approximately one in ten would turn first to a pharmacist (all age groups) when a child in their care is experiencing these conditions/symptoms

Earache

Diarrhoea and/or vomiting

Fever



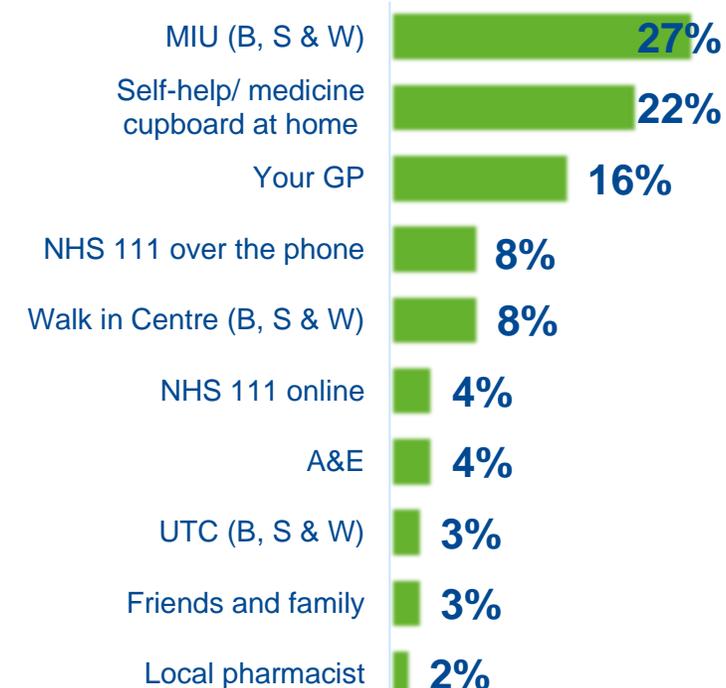
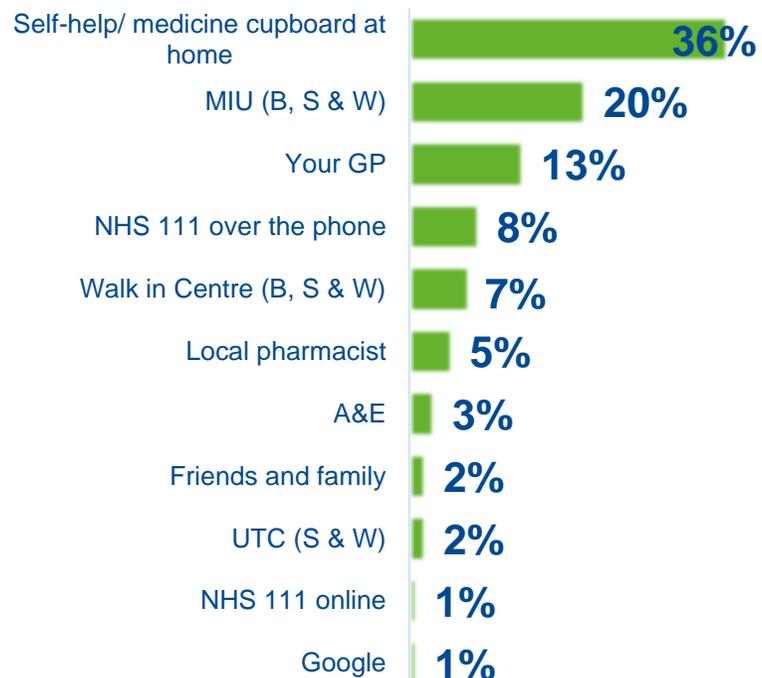
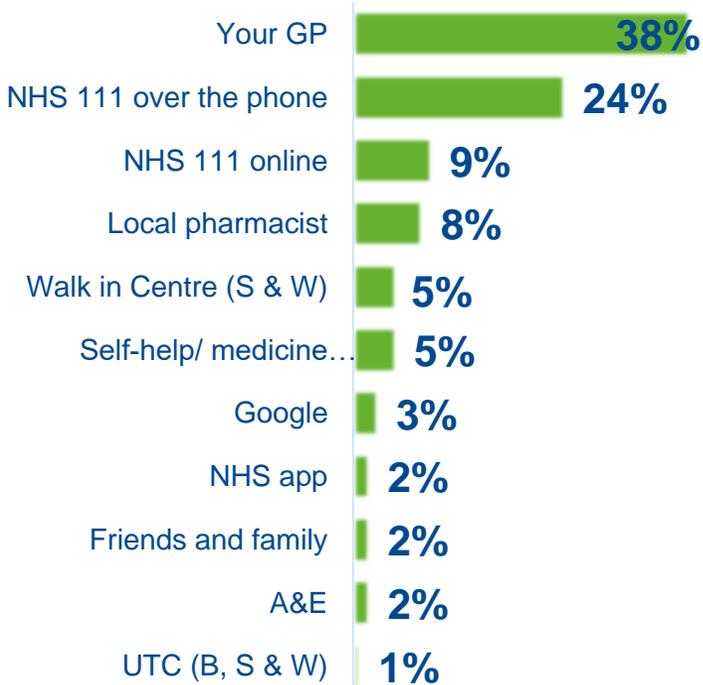
If a child in their care was experiencing a skin wound or sprain, significant proportions of the BSW population would turn first to either an MIU, their own medicine cupboards or their GP *(in each case - similar proportions across all age groups and locations apart from a higher proportion turning to the GP in BaNES)*

- In the case of a rash, NHS 111 over the phone is significant along with the GP *(all age groups and locations)*

Rash

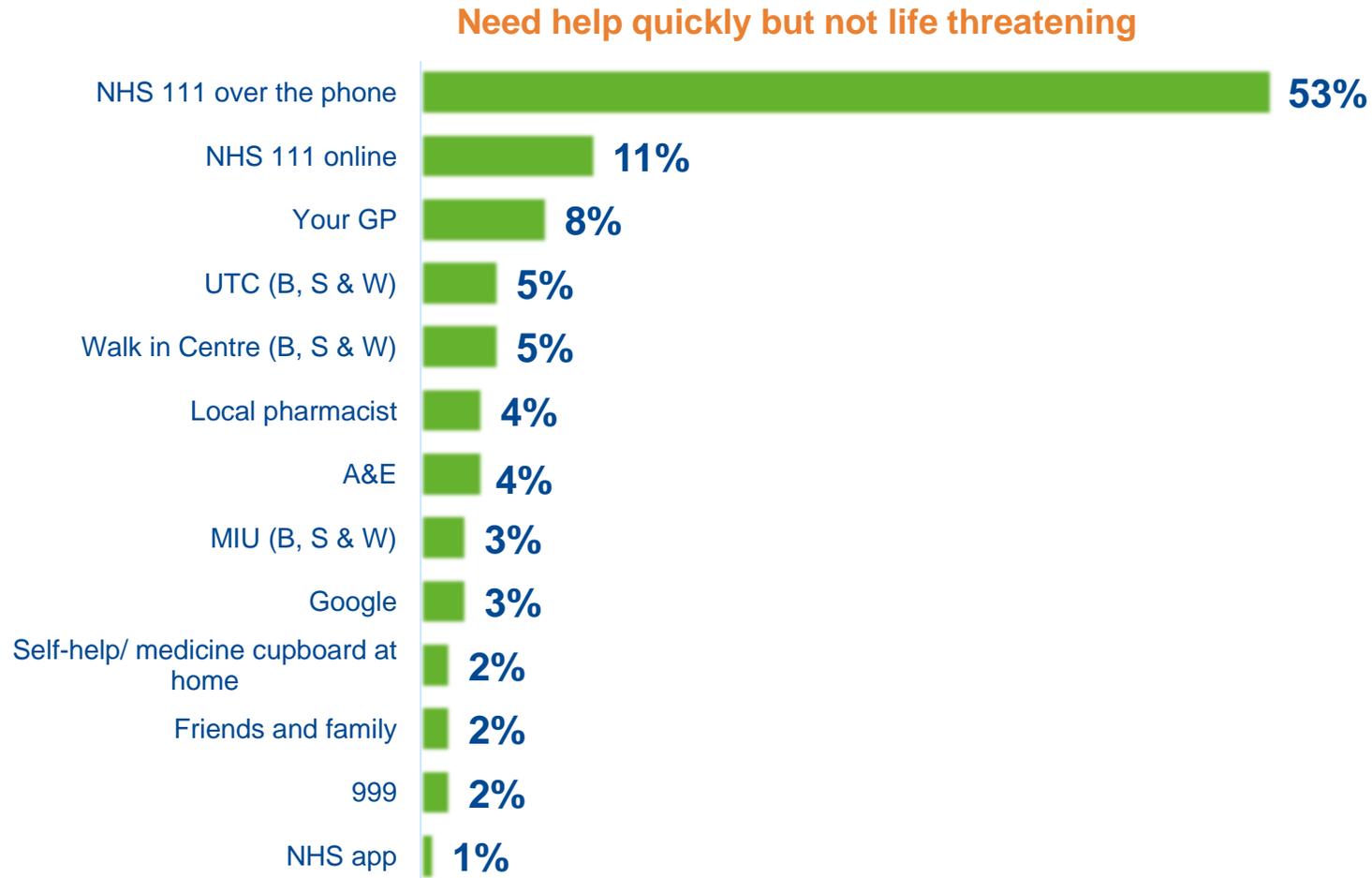
Skin wound

Sprain



If speed is of the essence, but not a life threatening situation, NHS 111 comes in to its own for two thirds of the BSW population *(similar proportions across all age groups and locations apart from NHS 111 Online being more popular among 25-44's)*

- 2% would ring 999 *(older age group)* and 4% would go straight to A&E *(25-44's in BaNES)*



NB:
Reasons behind these choices are given on the following page

If speed is of the essence, but it is not a life threatening situation, why are these selections made...

NHS 111:

Because they could **advise and assess** the complaint

Because **easy to use, immediate and good advice**

They **can triage** and contact anyone once they decide on the urgency

You **can't get a GP appointment** quickly

It is **interacting with another person** rather than a computer

Because if needed they can refer to out of hours GP or would call an ambulance

(111 Online)

To see if I could find the answer before calling 111

Walk in centre:

Because you can't get hold of a GP and 111's answer to everything is go to pharmacy / GP or A&E

Because I have used it before when concerned about an illness and I was **helped very quickly and the problem was resolved**

Easy access but not troubling A&E

No appointment needed

UTC:

Instant assistance

If I felt it was urgent enough to see someone immediately I would want them to see a medically trained person

MIU:

Accessible locally and previous experience has found them to be **very helpful**

I know that it gives **prompt attention**

GP:

I **trust my GP to have the correct knowledge** and to know where to signpost me if I need to go elsewhere for treatment

They know me and my health problems

111 takes too long and sometimes it is a nurse rather than a doctor who assesses you

MIU/UTC needs a referral I think

A&E:

111 is a waste of time. **MIU always send you to A&E. GP probably closed or no appointments**, so if it needs more than self help A&E is the best of a bad job

I live in a village. Not far from a town but we have limited services. If someone needed urgent help, I wouldn't know who else to help

999:

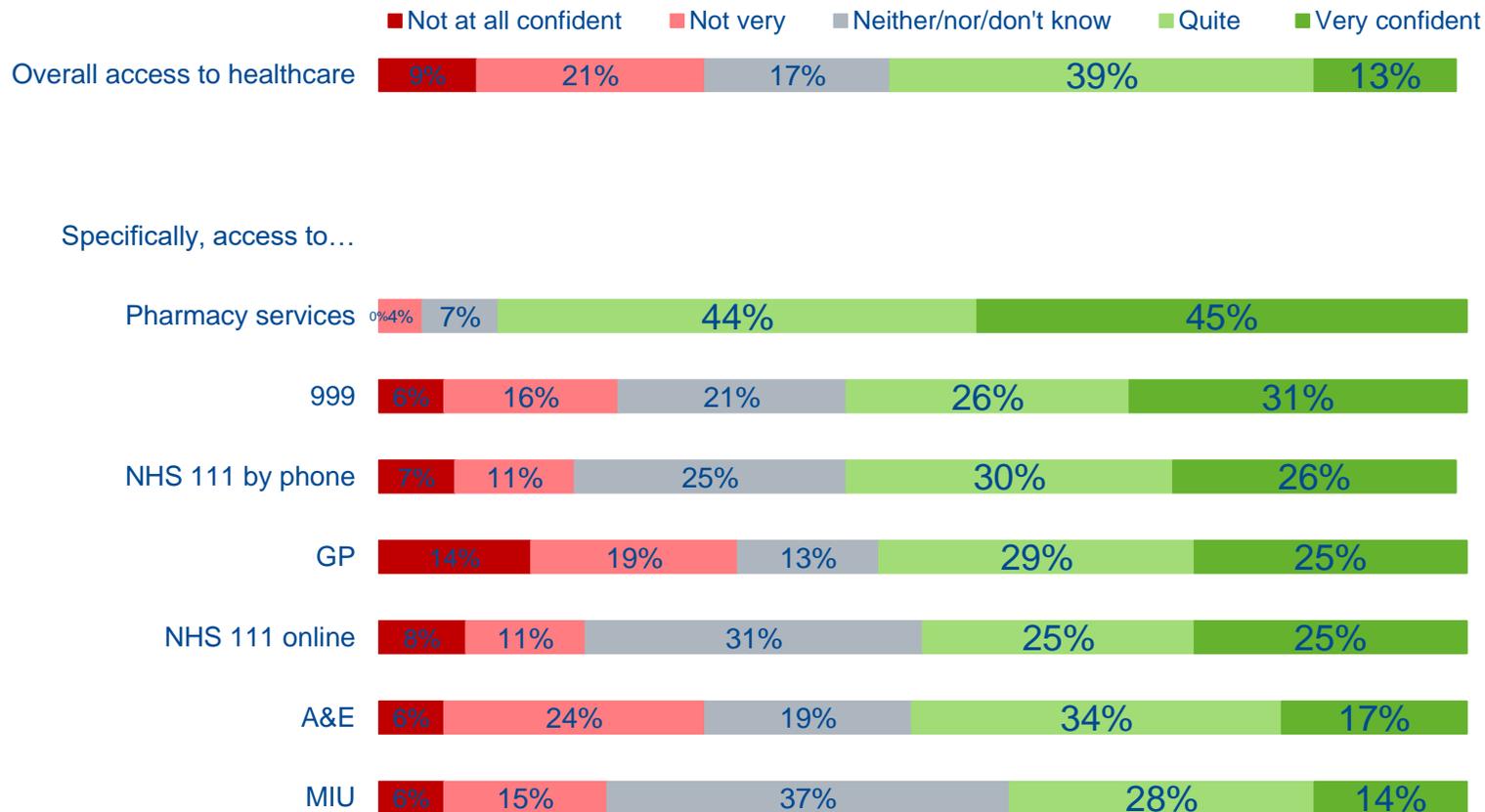
If urgent treatment needed should be the **quickest** to help

Pharmacy:

Readily **accessible** during the day and have **medical training**. Out of hours, dial 111

Panellists are most confident about access to pharmacy services, followed by 999 and NHS 111 over the phone

- Lowest levels of confidence are evident for GP services and A&E, where one third of panellists are not very or not at all confident in being able to gain access to the GP (rising to 50% not confident in Swindon) or A&E in each case



With the exception of less confidence in accessing GP services in Swindon mentioned above, for other services confidence levels are very similar across the three regions

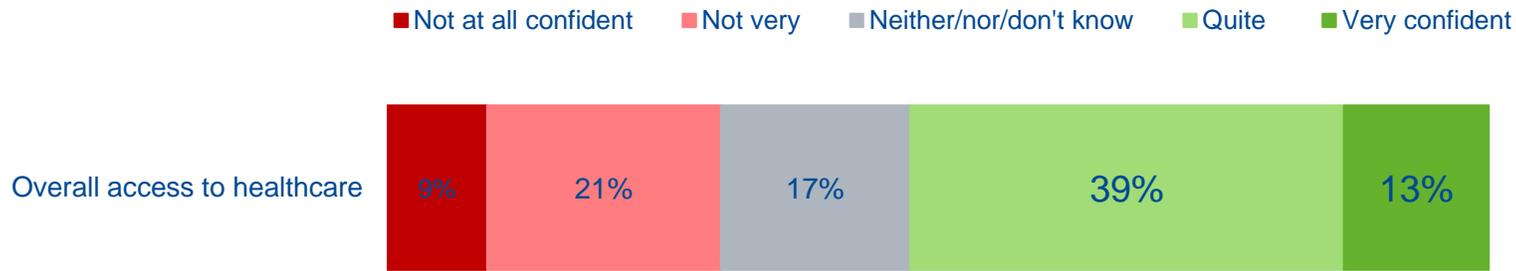
Slightly lower levels of confidence in accessing NHS 111 (phone/online) and MIUs among those aged 75+

(N.B Stated confidence levels for MIU access are extremely similar across the three regions, B, S & W)



Overall levels of confidence in gaining access to healthcare services are at **52%**. **Just under one third**, in total, are not very or not at all confident

- Overall confidence levels are marginally better in Wiltshire compared to other regions and marginally worse among those aged 75+



Because every time you phone the surgery to attempt to make a doctors appointment the receptionist asks a lot of questions and it's extremely difficult to make a simple doctors appointment. Way too many obstacles with health care

I hear such bad reports in the media about wait times and accessibility. All rather frightening and alarming

NHS is under pressure, understaffed, overworked

Appointments with the GP take forever, the waiting lists at A&E are long and NHS111 doesn't really have much advice that you don't already know

There is a lot more information out there now to signpost you to the different services **if you have access to a computer**. However, it would be very helpful if every household had a booklet listing every available facility in the local area. This would take a lot of pressure off the A & E departments

We have a very effective GP practice and when I have had to use 111 they referred me appropriately to A&E

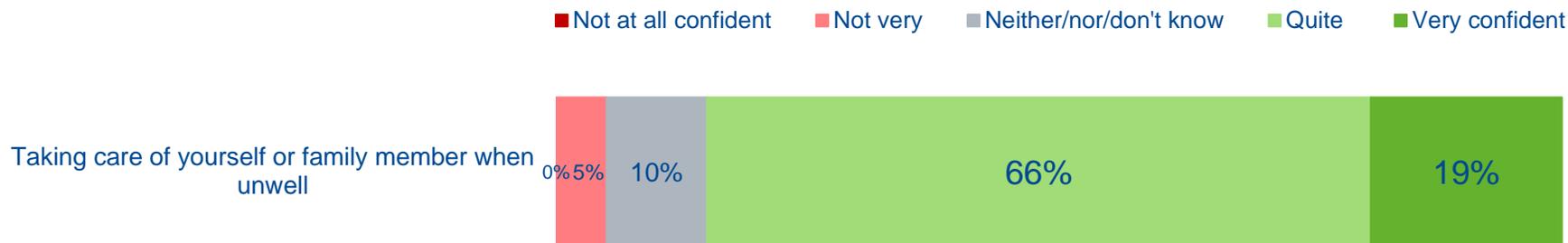
My family has private health insurance



Q8. Overall, how confident do you currently feel about being able to access different healthcare services or options?
 Q9. And could you tell us all the reasons why you feel that way (answer at Q8)?? Base: n=294

There is currently a good deal (85%) of confidence among the BSW population in taking care of themselves or someone else when feeling unwell

- Results are similar across all sub groups



Not really aware of what is available. I have a concern about not being able to drive or the car being unavailable, as public transport and mobile phone coverage is practically non-existent where I live

Need more wellbeing groups for all. Mine is brilliant

We need timely access to the GP and for the GP to have time to deal with people properly

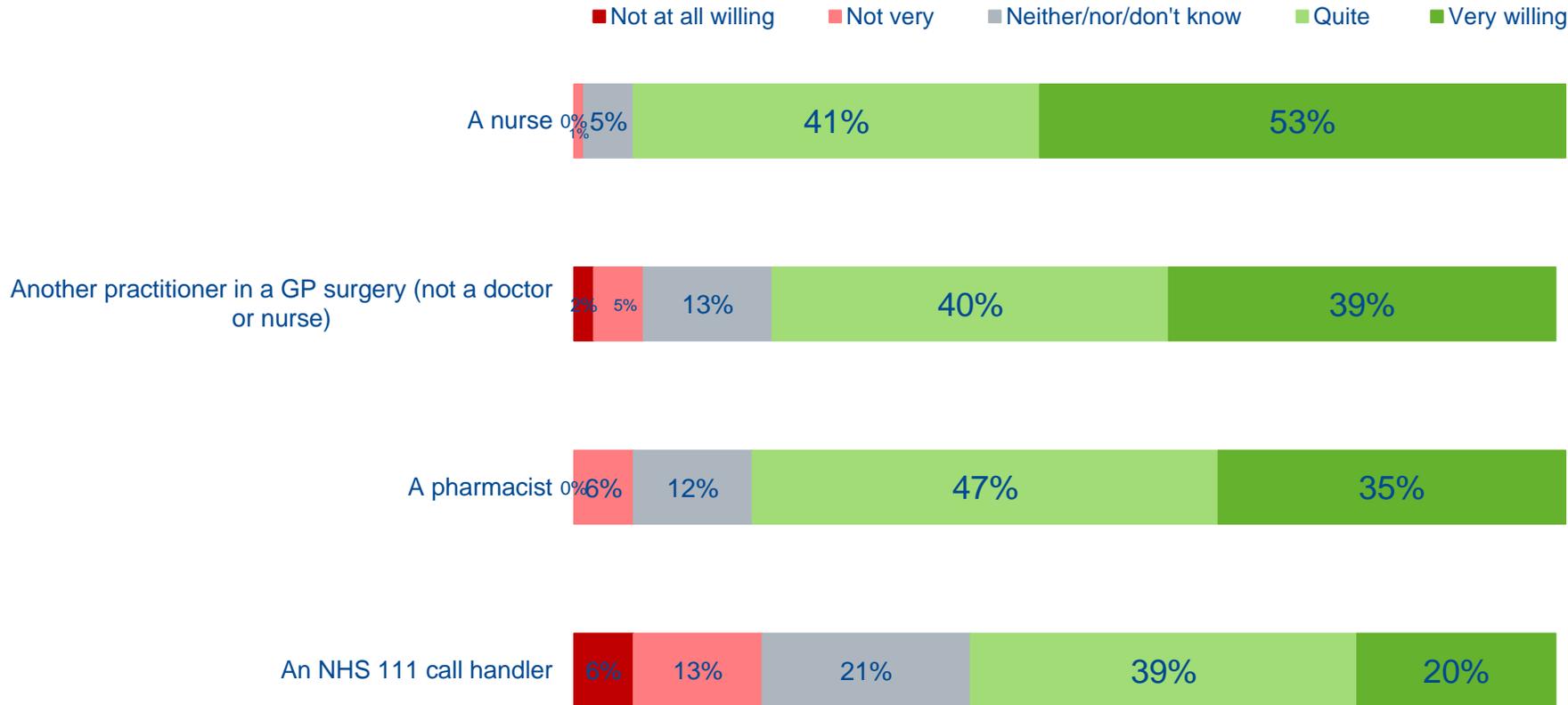
That there will be back up if situations get worse

Knowing that if I needed NHS treatment that the NHS would be able to respond in an appropriate timeframe

Information leaflets/ advice from GP/ helpful websites or links/phone number to call

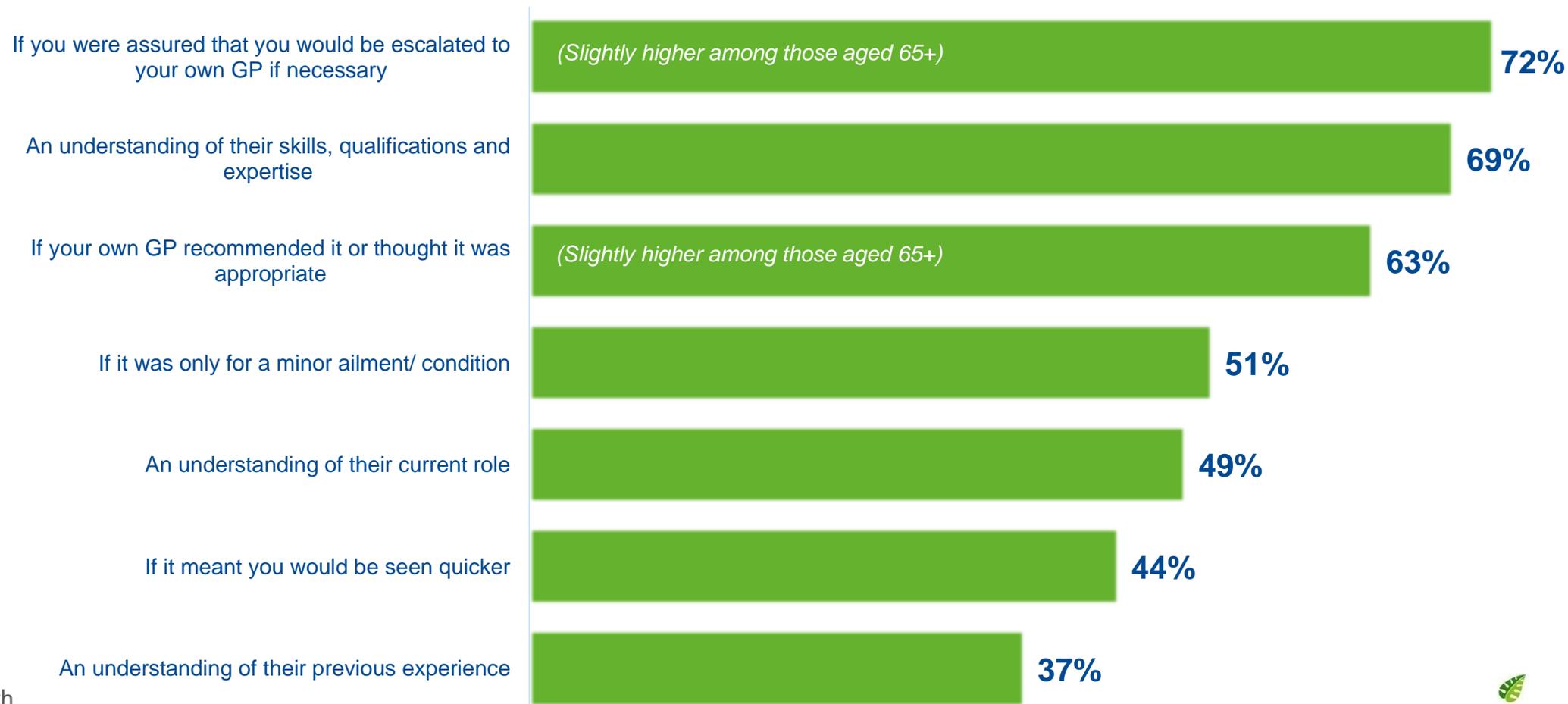
Panellists are most willing (94%) to accept an appointment or advice from a nurse (where appropriate) followed by another practitioner in a GP surgery (79%) or a pharmacist (82%)

- Only 59% are willing to accept an appointment with an NHS 111 call handler.
- Older age groups are marginally less willing to accept all of these alternative HCPs than those in other age groups



Panellists would feel more confident about accepting an appointment with another healthcare professional if they were assured that they would be escalated appropriately and had a clear understanding of the skills and experience of the individual

- A recommendation from one’s own GP would also be a significant boost to confidence in accepting this situation

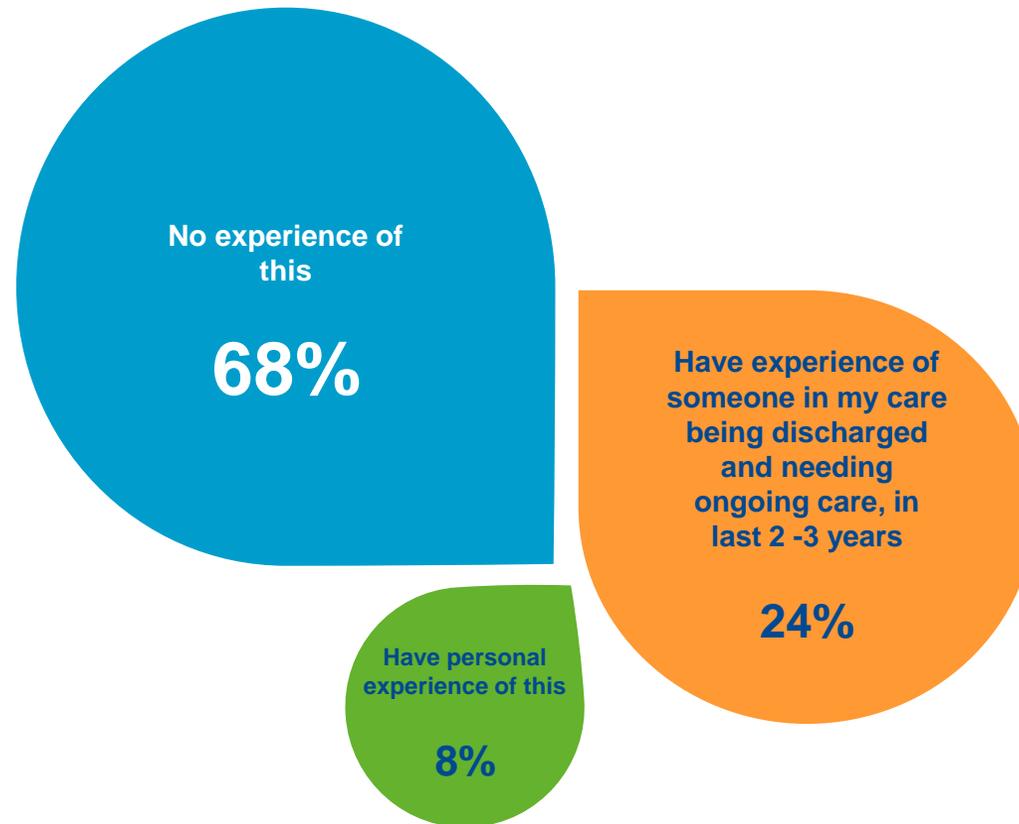


Section 3b

Survey 10 results – Discharge processes



One quarter of the sample have experience of someone they care for being discharged from hospital and needing ongoing care in the last 2-3 years (notably in the 45-64 age category, **33%**). A further **8%** have experienced this personally

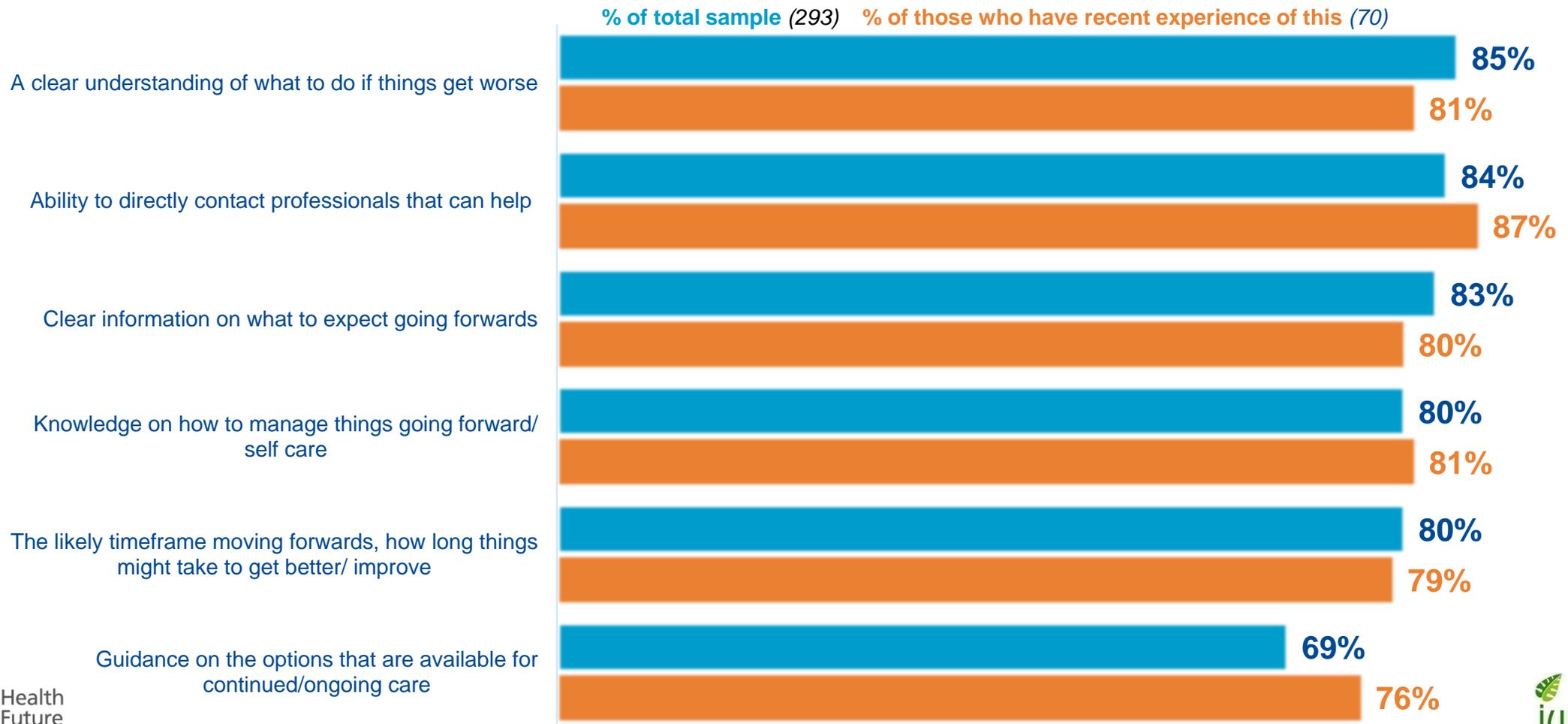


Q16. Thinking now about when someone is discharged from hospital but still needs continued care and help. For example, this could be short term care at home (after an operation) or short term care in a care home or longer term care in a care home or at home after an operation or longer term in the case of the elderly or more vulnerable.

Have you or someone you care for been in this situation in the last 2 or 3 years? Base: n=293

The key things that panellists would like to understand on discharge from hospital *(but still needing care)* would be what to do if things get worse (& going forward generally) and knowing that there is professional back up available

*(This is the case both for those **with** and **without** direct experience of recent discharge)*



57% of panellists feel confident in looking after someone being discharged from hospital who needs continued care (Confidence is slightly higher (62%) among those who have direct experience of recent discharge, compared to those who do not (55%))

- Lowest levels of confidence are evident in older age groups (41%)

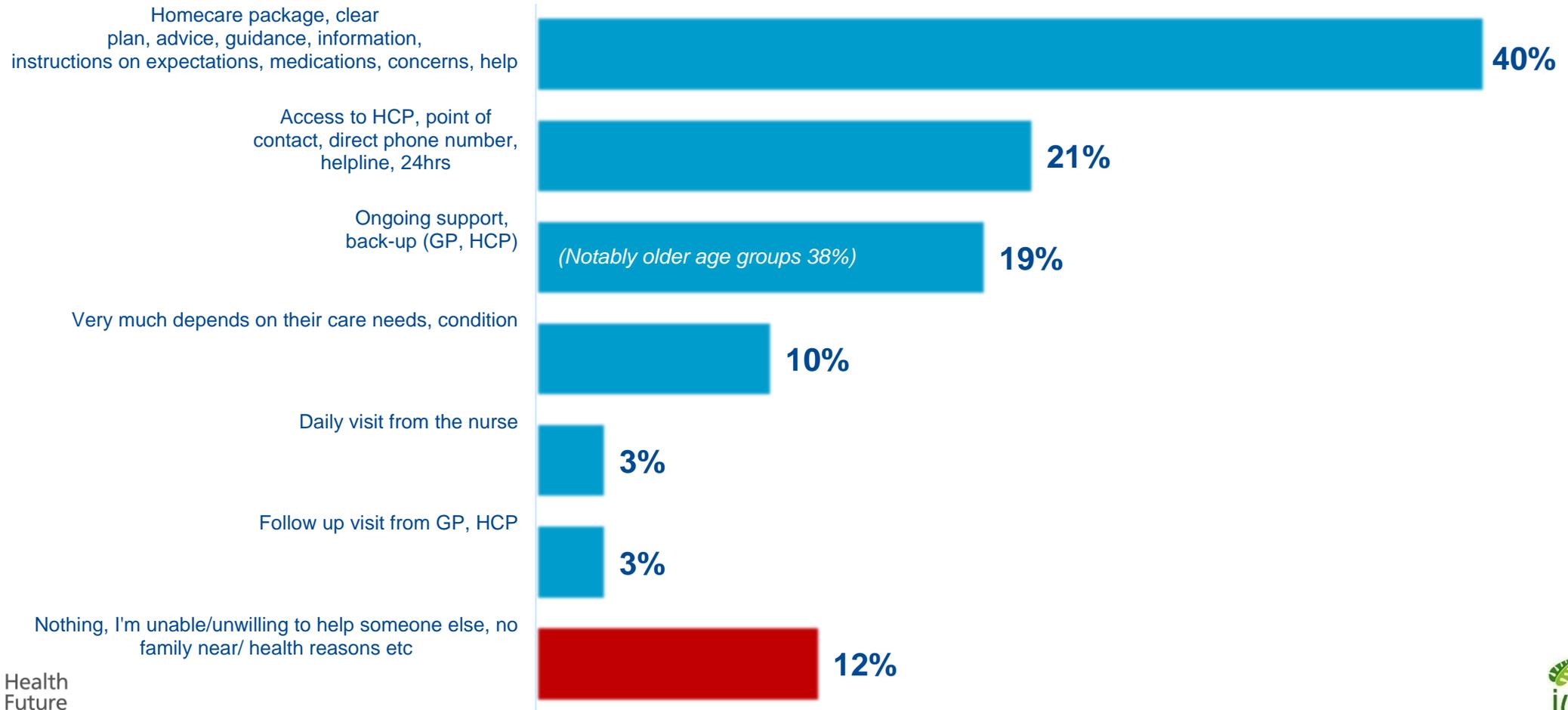


If I was confident that staff at the local GP surgery actually had all the information about the acute care that had been received and the possible support needs in the week following a major operation. In my recent experience, this is not necessarily the case and it can be challenging to reconnect with the original consultant at the hospital

It very much depends of the type of care I had to give. I am not a nurse or medically trained, so a medical person calling in every day to make sure the patient was doing ok under my care. I would not be able to do any heavy lifting so someone else would have to that

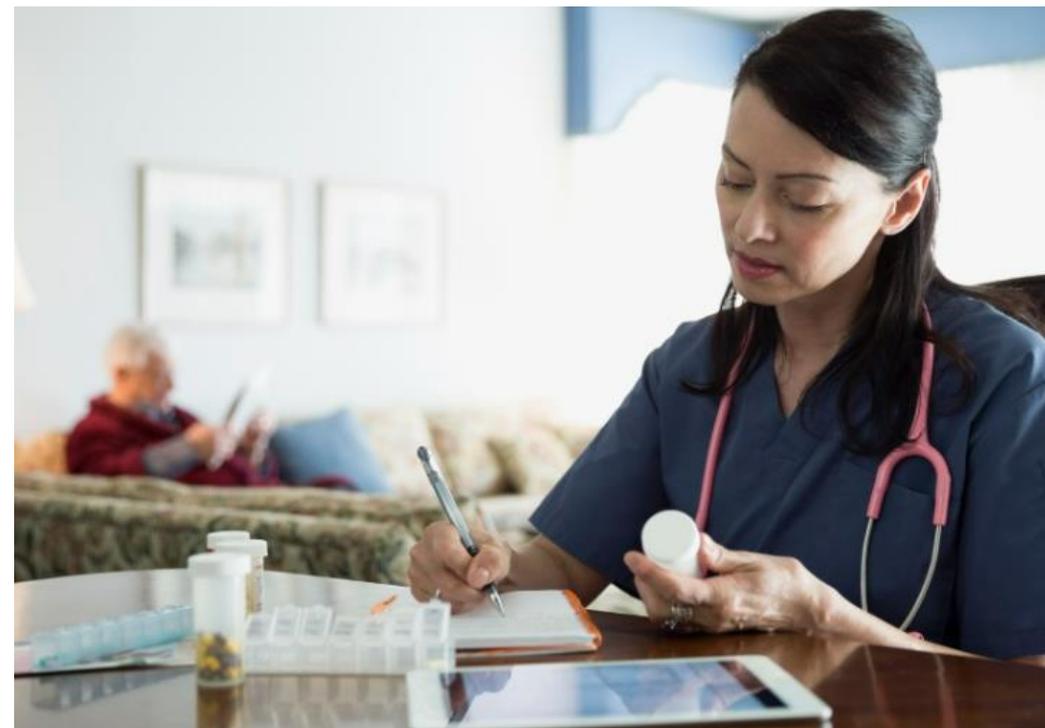
A clear and comprehensive plan is key to increasing confidence levels, along with appropriate back up and support

- The response profile below is the same for both those with and without direct experience of recent hospital discharge



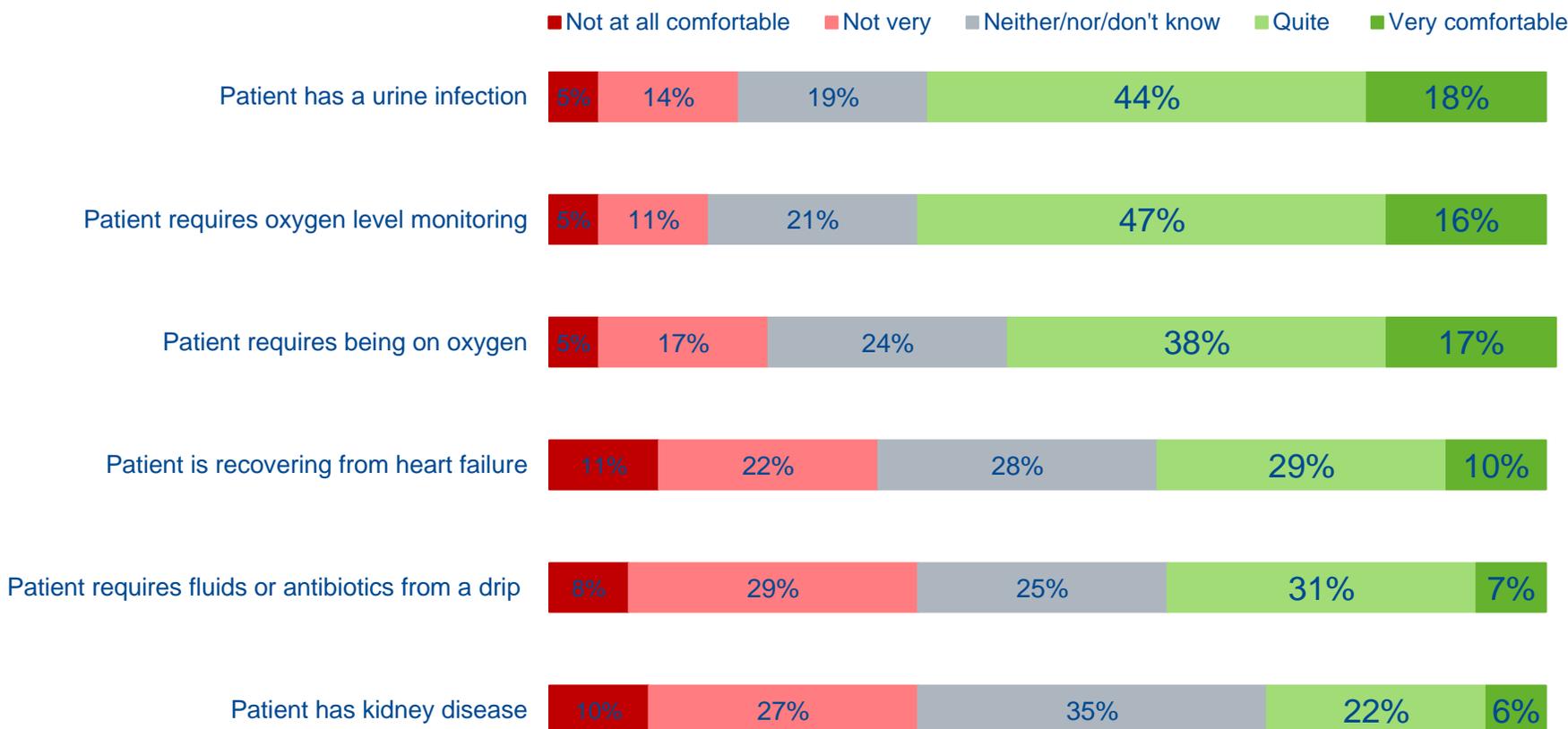
Section 3c

Survey 10 results – Hospital treatment at home



Panellists are most comfortable being supported at home (two thirds in each case) with urine infections and oxygen monitoring

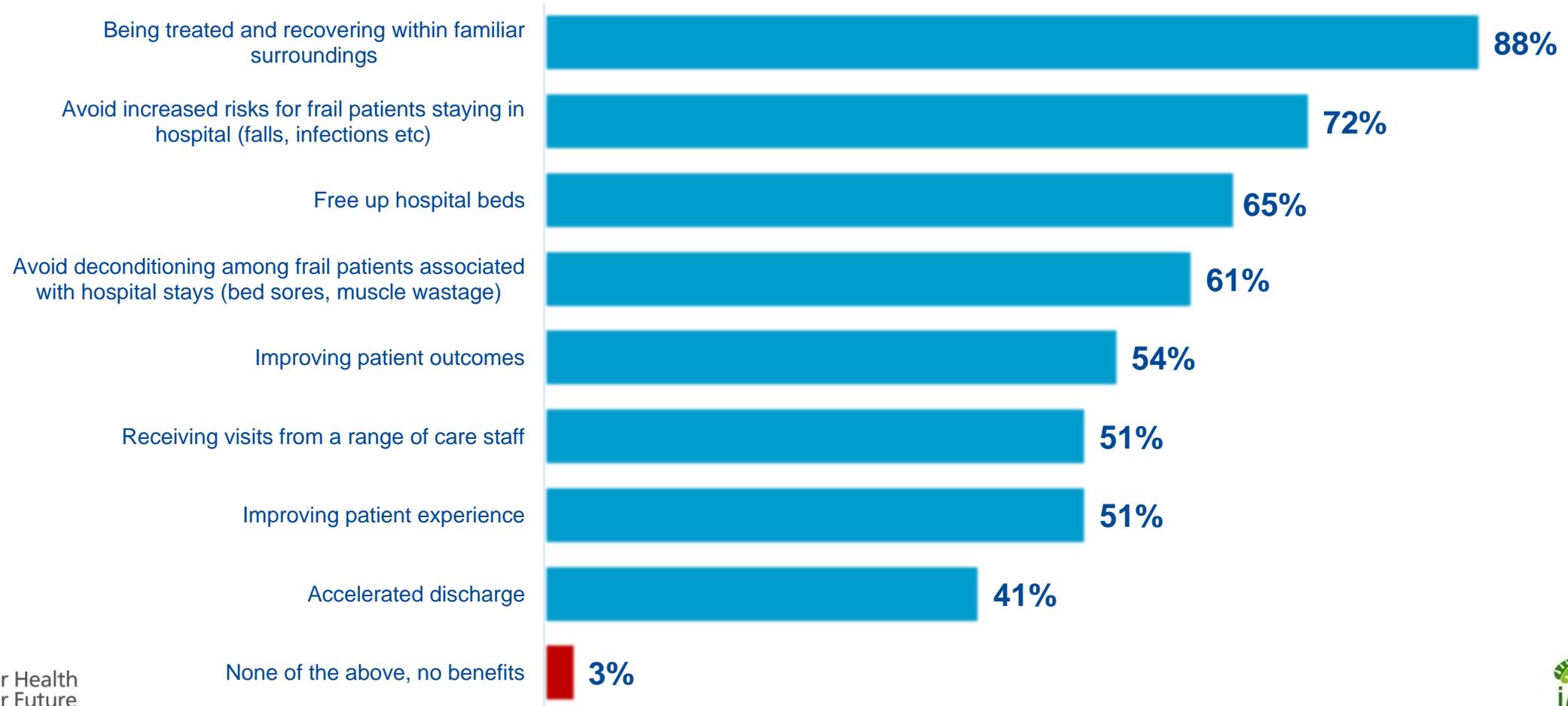
- Lowest levels of comfort are evident for a patient with kidney disease (28%), although many do not have sufficient knowledge of kidney disease to comment on their potential levels of comfort
- Comfort levels are generally lower in those aged 75+



The current problems of recruitment and retention of frontline staff make it difficult to believe that care packages at home can be sustained over a longer term time frame. The intention is good but reliability of staff being available could be very stressful for other people in the household, presuming that there are other people in the household

Familiar surroundings and reduced risks for & deconditioning of frail patients are the main perceived benefits of having hospital treatment at home, along with freeing up hospital beds

- All sub-groups view these as real and valuable benefits in very similar measures



Panellists have a clear preference for NHS@Home to be the title of the service in discussion here

- All sub-groups selected NHS@Home as their most preferred option

% of panellists selecting each name

| | | | | |
|-----------------------------|---------------------|-------------------------|------------|-----------|
| • NHS@Home | 81% in total | 53% first choice | 13% second | 15% third |
| • HealthandCare@Home | 65% in total | 16% first choice | 20% second | 29% third |
| • Hospital@Home | 48% in total | 12% first choice | 22% second | 14% third |
| • Care@Home | 46% in total | 10% first choice | 21% second | 15% third |
| • Nurse@Home | 46% in total | 5% first choice | 20% second | 21% third |
| • Virtual Ward | 15% in total | 5% first choice | 4% second | 6% third |

Section 4

Appendices – Panel Profile



Recruitment methodologies – 1,050 panellists as at November 2022



1) Core recruitment – face to face

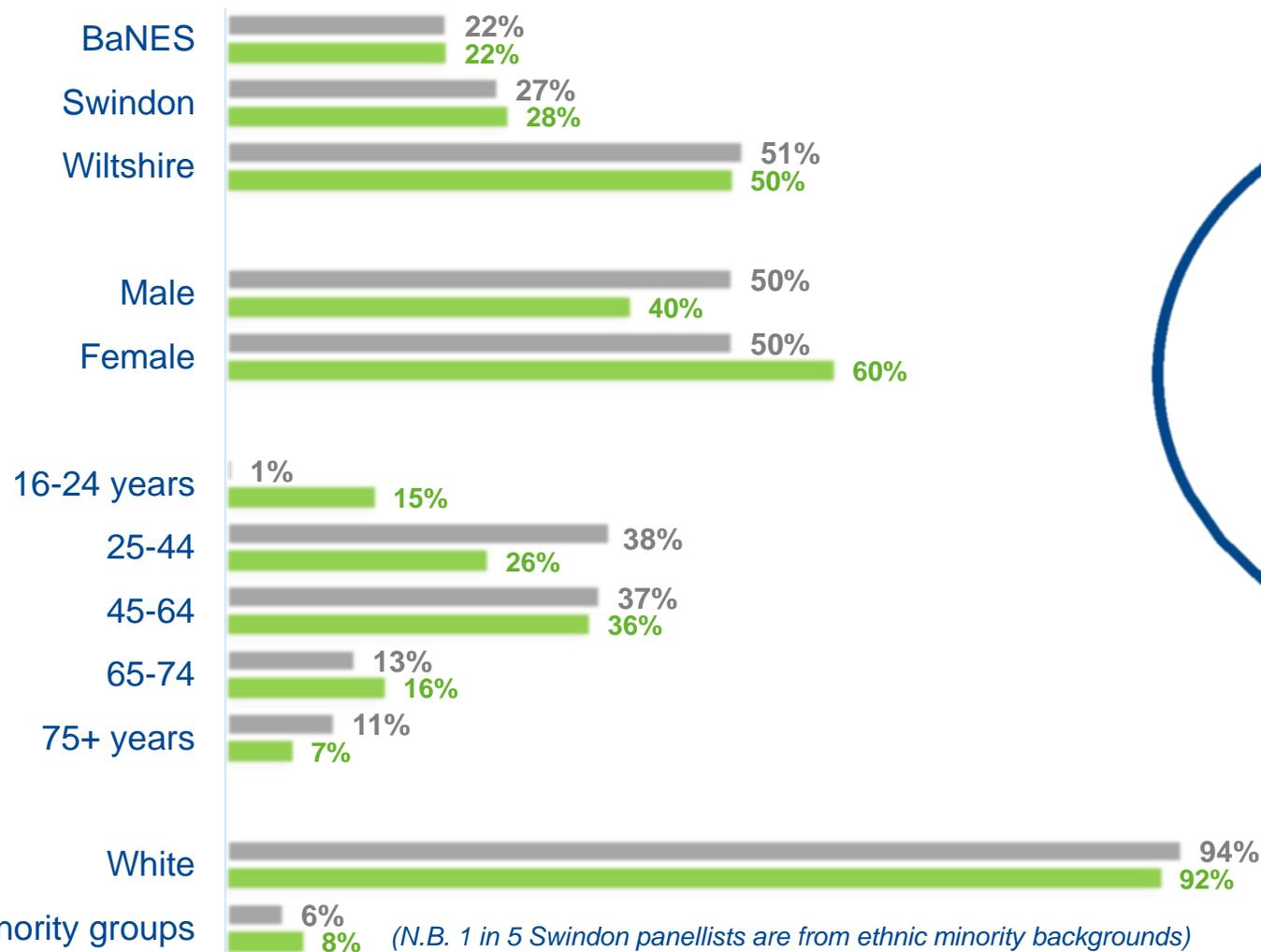
- 33 face to face recruitment days took place in January to March and then November / December '20. Further recruitment phases occurred in Nov/Dec '21 and Feb '22 (*always as pandemic regulations allowed*)
 - A mixture of **community days** in town halls, libraries, community & social centres, shopping malls and cafes/inns
 - Along with individual interviewers conducting face to face **on-street shifts and door to door interviews**, among local communities in less busy locations
- These have been **spread right across the BSW region**, including
 - Bath, Batheaston, Midsomer Norton, Keynsham
 - Bath Racecourse vaccination centre
 - Swindon
 - Deves, Marlborough, Trowbridge, Warminster, Salisbury, Amesbury, Chippenham
- F to F recruitment was the preferred core method: both to avoid self-selection and to enable specific targeting of a representative sample. **92% of panellists** have been recruited via this method
- The interaction with the professional recruitment team also provides an opportunity for a clear introduction to and explanation of the purpose of the panel

2) Additional recruitment methods

- These have included **social media** advertising on Facebook and Instagram, **member get member** (*panellists promoting to their contacts*), engagement with **local organisations** and **promotion by BSW ICB** via it's website, social media and contacts
- An additional **8% of panellists** have joined via these methods
- This additional recruitment allowed an element of boosting of certain categories of citizen's, such as younger people and hard to reach audiences

Comparison of the profile of the entire BSW region population (according to census data/JNSA)/ our rim weighted panel profile and the actual panel profile recruited as at November 2022

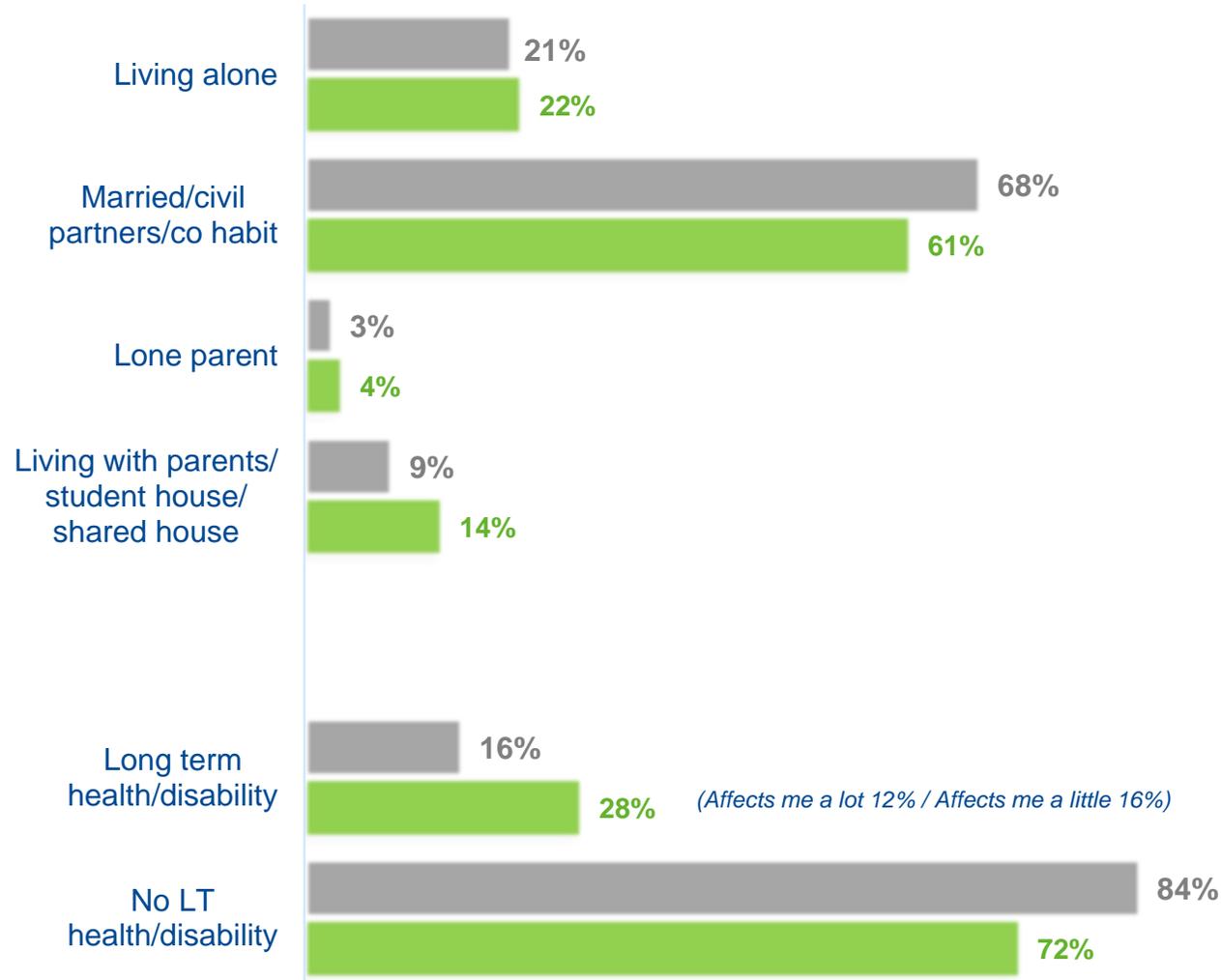
% of BSW entire population/survey 10 participant rim weighted profile (329) % of our actual panellist profile as at Nov 2022 (1,050)



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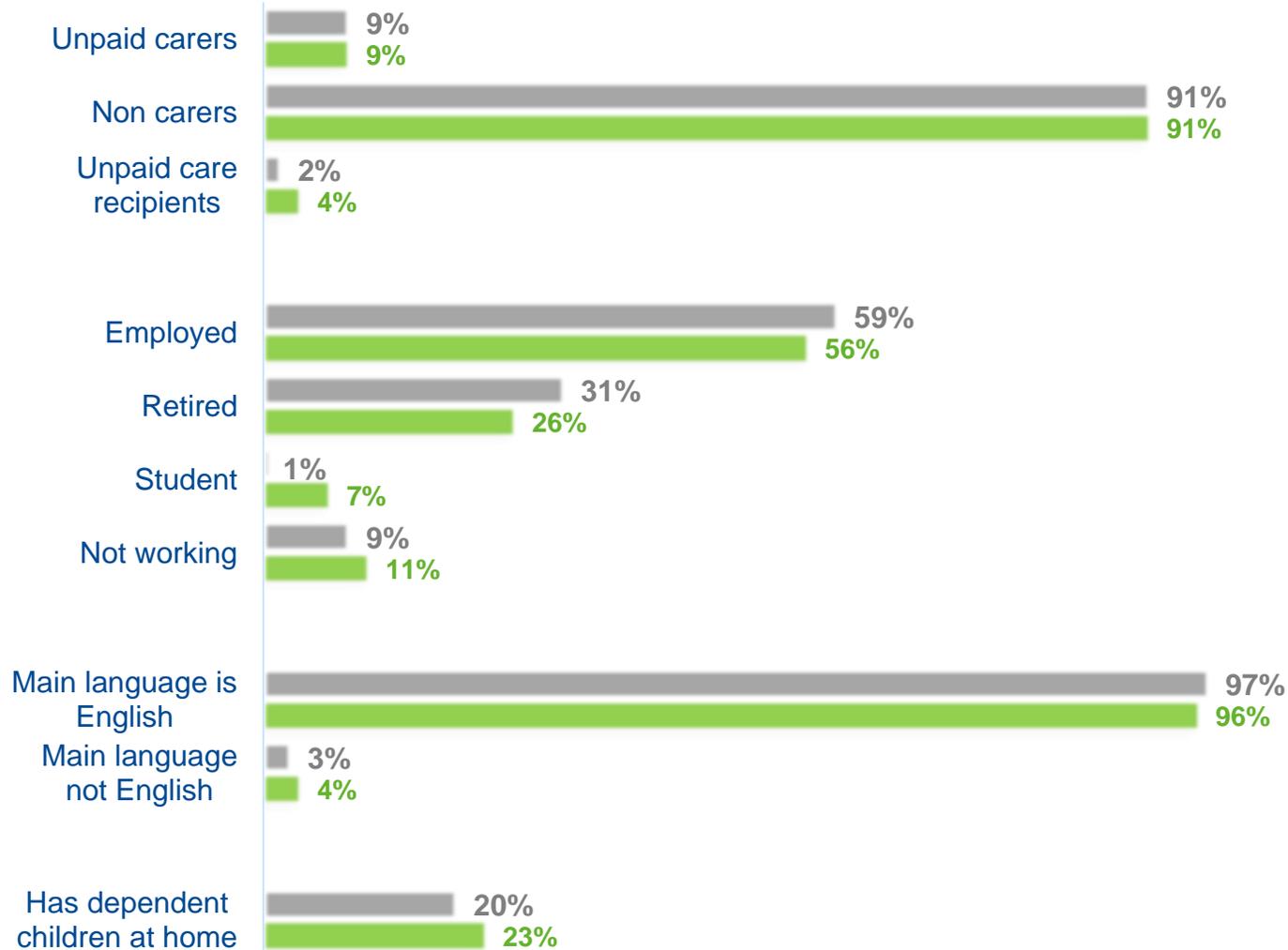
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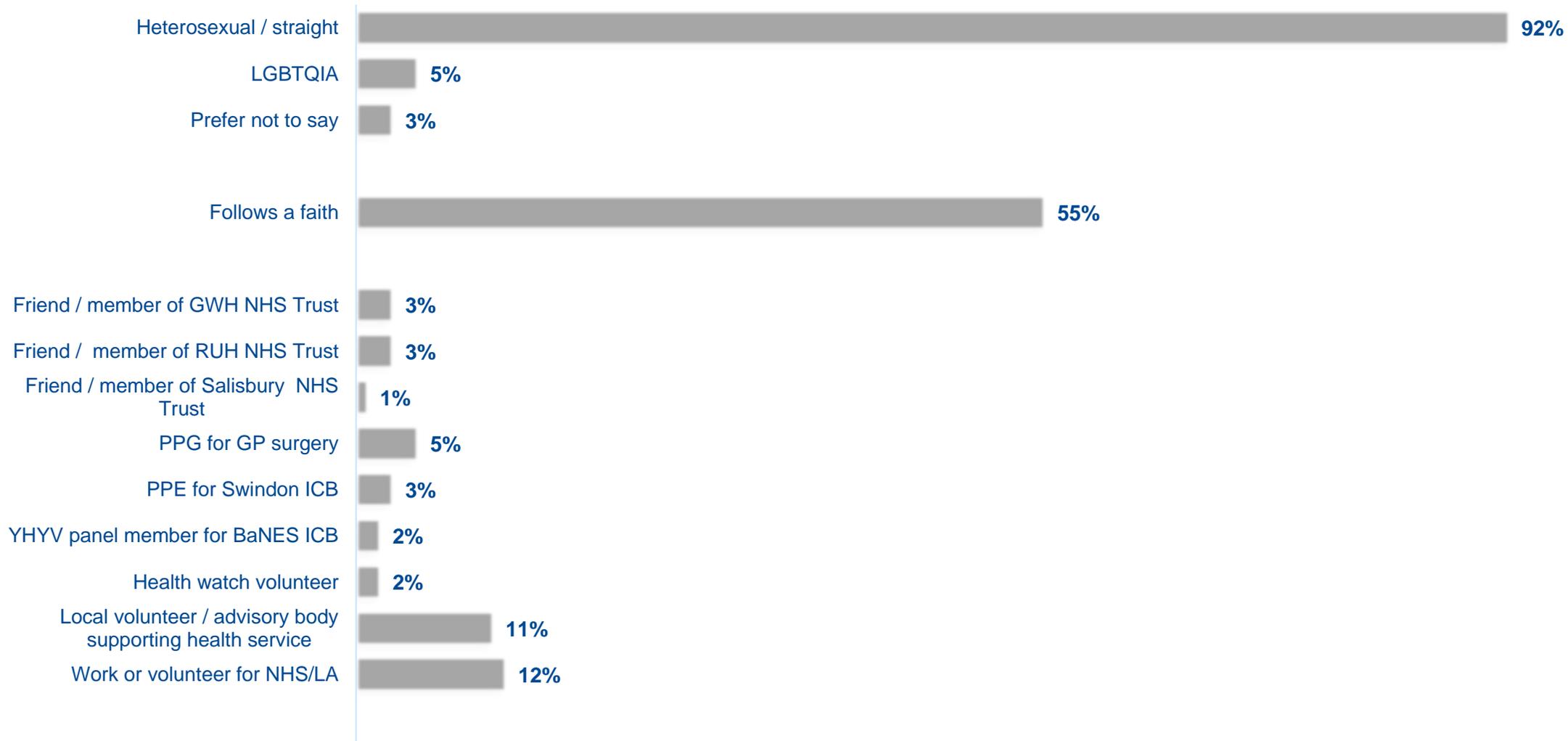


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% of BSW entire population/survey 10 participant rim weighted profile (329) % of our actual panellist profile as at Nov '22 (1,050)



Rim weighted S10 sample profile



Base: n=329



Our Health
Our Future

NHS

Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

 jungle green



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