

Together We're Better Listening Exercise Report of Findings

25 October 2019

VERSION 6.0

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1 Executive summary

1.1 Introduction

Between 3 June and 25 August 2019, the Together We're Better Sustainability and Transformation Partnership for Staffordshire and Stoke-on-Trent undertook a county-wide involvement exercise which gathered the views of patients and public, workforce and other stakeholders on their experiences of using, accessing and working in health and care services. The involvement focussed on the following service areas:

- Urgent and emergency care
- Mental health
- Developing integrated community services
- Maternity care
- Planned care
- Community hospital services.

This report of findings presents the feedback from this listening exercise.

1.2 Communications and involvement

A range of collateral was produced to inform stakeholders about the listening exercise and gather feedback:

- **Main document (issues paper)** as a public-facing version of the Case for Change document
- **Summary document**, outlining the challenges and opportunities
- An **easy read summary** of the main and summary issues paper
- Two surveys: **main engagement survey** and a shorter **postcard survey**
- Event collateral to support the facilitation of the involvement events. This included:
 - **Presentation** for listening events and community workshops
 - **Facilitator booklet and note taking template**, for facilitators to note down feedback
 - **Participant workbook** with demographic profiling questionnaire for participants to complete

Collateral was distributed to GPs, libraries, council buildings and pharmacies, with electronic versions circulated across the partners of Together We're Better, district and borough councils, as well as the voluntary and community sector.

A mix of communication channels were used to raise awareness about the listening exercise, explaining what the involvement was about and encouraging local communities to provide feedback. This included:

- **Media:** 10 press releases were released with coverage in local newspapers and on radio
- **Website:** The listening exercise was promoted on the Together We're Better website: www.twbstaffsandstoke.org.uk.
- **Social media:** Organic social media was used to inform stakeholders about the listening exercise with 113 Facebook posts and 173 Twitter posts. A single paid Facebook advert was also run with a reach of 506,590 people
- Two surveys: **main engagement survey** and a shorter **postcard survey**
- **Events:** 111 listening events, roadshows and workshop events held
- Communications were also undertaken via **partner and community networks**.

1.3 Numbers of participants and respondents

- 367 responses to the main involvement survey
- 746 responses to the postcard survey
- 108 listening events, roadshows and workshop events, with a total attendance of 2,975
- 354 participant workbooks completed
- 113 facilitator resource packs

- 69 note taking templates
- 11 pieces of correspondence received.

For a comparison of the response compared to the demographics of the area, please see Table 19.

1.4 Demographic profile

Below is an overview of the demographic profile of respondents to the main involvement survey, postcard survey and participant workbook. For further detail, please see Table 20.

- **Ethnicity:** 1,261 (92 per cent) respondents were White British
- **Age:** 854 (61 per cent) respondents were aged 50 or over
- **Religion:** 874 (64 per cent) respondents were Christian
- **Gender:** 957 (70 per cent) respondents were female
- **Sexual orientation:** 1,203 (93 per cent) respondents were heterosexual
- **Relationship status:** 815 (59 per cent) respondents were married
- **Health problem or disability:** 419 (32 per cent) respondents had a health problem or disability which limited their day-to-day activities a little or a lot
- **Carers:** 370 (28 per cent) respondents were carers
- **Armed services:** 67 (5 per cent) respondents had served in the armed services.

1.5 Findings

1.5.1 Experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

1.5.1.1 Urgent and emergency care

Overall, 227 (63 per cent) main involvement survey respondents stated they had used urgent and emergency care services in the last three years. 160 (71 per cent) respondents rated their experience as excellent or good, compared to 54 (24 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 28 and 29.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Admission: waiting time at hospital / GPs* (64), *Staff: care and treatment* (39) and *General positive: positive comment / all good / improved* (22). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Admission: waiting time at hospital / GPs* (34), *Staff: care and treatment* (16) and *Staff: attitude and Empathy* (9). For further detail, please refer to tables 30 and 31.

Themes from the main involvement survey

- The most frequently mentioned themes raised around what is working well were: *Staff: care and treatment* (35); *Services: urgent and emergency care in general* (34) and *Admission: waiting time at hospital / GP surgeries* (28)
- The most frequently mentioned themes raised around what needs to be improved were: *Admission: waiting time at hospital / GP surgeries* (51); *Access: distance / access to hospital* (45) and *staff numbers / workload / working conditions* (40)
- When asked what one thing respondents would change now, the most frequently mentioned themes were: *Access: distance / access to hospital* (73); *staff numbers / workload / working conditions* (34) and *Admission: waiting time at hospital / GP surgeries* (24)
- For further detail, please refer to tables 32 to 37.

Feedback from the structured listening events

- NHS 111 and urgent and emergency care (A&E) were highlighted as both areas that are working well and areas that require improvement. However, they were mentioned as areas requiring improvement more frequently

- When asked what is working well, the most frequently mentioned themes were: *Services: NHS 111* (22), *Services: urgent and emergency care (A&E)* (21) and *Services: Ambulance service / 999* (19)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: NHS 111* (35), *Services: urgent and emergency care (A&E)* (34) and *Access: administration / information* (32)
- For further detail, please refer to tables 38 and 39.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Services: urgent and emergency care (A&E)* (2) and *Services: integrated community services* (2)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: NHS 111* (11), *Services: urgent and emergency care (A&E)* (10) and *Services: Ambulance / 999* (8)
- For further detail, please refer to tables 40 and 41.

Feedback from correspondence

- Areas highlighted in the correspondence as working well include: *Provision of services, waiting times at Hospital / GPs and staff care and treatment and staff availability*
- The most frequently mentioned areas that require improvement were around access, specifically: *awareness and education of services / prevention* (4), *opening hours* (4) and the *triage process* (3)
- In correspondence submitted by MPs, comments have been made around the lack of awareness among the public about where to access urgent and emergency care resulting in increased demand for A&E services
- Organisational correspondence received highlighted that there is confusion around when A&E should be used, a more efficient triage system would assist waiting times, a lack of GP appointments drives people to A&E and urgent treatment centres should open late
- For further detail, please refer to Table 42.

1.5.1.2 Mental health

Overall, 84 (24 per cent) main involvement survey respondents stated they had used mental health services in the last three years. Equal proportions rated it as excellent or good (38 / 46 per cent), and poor or very poor (38 / 46 per cent). For further detail, please refer to tables 45 and 46.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (9); *Staff: care and treatment* (6) and *Staff: attitude and empathy* (6). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Access: waiting list / appointments / referrals* (17); *Staff: attitude and empathy* (5) and *Integrated care: after visit / follow up* (4). For further detail, please refer to tables 47 and 48.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (see table below). The table shows a greater number of respondents highlighted these as areas that require improvement.

Most frequently mentioned themes: mental health

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / Appointments / Referrals	14	58
	Distance / Access to hospital/GP	11	23
Services	Mental health services in general	8	25
Base		201	234

- When asked what one thing they would change, respondents highlight the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 49 to 54.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: mental health services in general* (29); *Services: integrated community services* (19) and *Staff: care and treatment* (5)
- Like the main involvement survey, when asked what can be improved the most frequently mentioned themes were: *Access: distance/ access to hospital/ GP* (29) and *Access: waiting list/ appointments/ referrals* (28). *Integrated care: link between services – hospital / GP/ care* (22) was also frequently mentioned
- For further detail, please refer to tables 55 and 56.

Feedback from the unstructured events

- Like the structured events, when asked what is working well, the most frequently mentioned themes were: *Services: mental health services* (4) and *Services: integrated community services* (2). *Integrated care: after visit/ follow up* (2) was also frequently mentioned.
- Like the main involvement survey and structured events, when asked what can be improved, the most frequently mentioned themes were: *Access: waiting list/ appointments/ referrals* (12); *Access: distance/ access to hospital/ GP* (6) and *Integrated care: after visit/follow up* (4)
- For further detail, please refer to tables 57 and 58.

Feedback from correspondence

- *Staff: care and treatment* (2) was highlighted in the correspondence as an area that is working well.
- The most frequently mentioned areas of improvement were around: *Integrated care: link between services hospital / GP / care* (3) and *Staff: teamwork/ integration* (3)
- In correspondence submitted by MPs, comments were made around the high standard of care provided by mental health services. However, areas for improvement were suggested, such as reducing delays, children's mental health services and referral times
- Organisational correspondence received commented that although people have greater awareness of their own mental health, it is still being neglected. Children and young people's mental health services were highlighted as an area of concern and people being discharged before they are better
- For further detail, please refer to Table 59.

1.5.1.3 Developing integrated community services

Overall, 193 (55 per cent) main involvement survey respondents stated they had used integrated community services in the last three years. 124 (65 per cent) respondents rated their experience as excellent or good, compared to 41 (22 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 63 and 64.

When asked to provide rationale for their ratings, *Access: waiting list / appointments / referrals* and *Services: integrated community services* were the most frequently mentioned themes for those providing excellent or good and poor or very poor ratings (see table below). The number of respondents raising these themes in a positive capacity is greater than the number who raise it in a negative capacity.



Summary: reasons for integrated community services ratings

Main theme	Theme	Reasons for ratings: excellent or good	Reasons for ratings: poor / very poor
Access	Waiting list / Appointments / Referrals	31	16
Services	Integrated community services in general	20	11
Base		177	

For further detail, please refer to tables 65 and 66.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (see table below). The table shows a greater number of respondents highlighted these as areas that require improvement.

Summary: most frequently mentioned themes on integrated community services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / Appointments / Referrals	20	45
	Distance / Access to Hospital / GP	13	22
Base		205	225

- Services: Integrated community services in general* (35) was also frequently mentioned as an area that is working well
- Staff: staff numbers / workload / working conditions* (25) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, respondents highlight the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 67 to 72.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (4); *Integrated care: link between services hospital / GP / care* (4) and *Place: IT services* (4)
- When asked what needs to be improved, like the main involvement survey, the most frequently mentioned themes were: *Access: waiting list/ appointments/ referrals* (13) and *Access: Distance / Access to hospital / GP* (8) were most frequently mentioned. *Access: Administration / information* (12) and *Staff: communication* (12) were also frequently mentioned
- For further detail, please refer to tables 73 and 74.

Feedback from the unstructured events

- Like the structured event feedback, when asked what is working well, the most mentioned theme was *Access: waiting list / appointments / referrals* (2)
- Like the main involvement survey and structured events, when asked what needs to be improved the most mentioned themes were: *Access: waiting list/ appointments/ referrals* (9) and *Access: distance / access to hospital / GP* (3). *Staff: communication* (3) and *Staff: skill/ knowledge/ professionalism* (3) were also frequently mentioned
- For further detail, please refer to tables 75 and 76.

Feedback from correspondence

- The most frequently mentioned themes highlighting areas that are working well were: *Awareness and education of services / prevention* (2) and *Staff: care and treatment* (2)
- The most frequently mentioned themes highlighting areas that need to be improved or where change is required were around: *Staff: staff numbers / workload / working conditions* (4), *Access before arrival: Awareness and education of services / prevention* (2) and *Access before arrival: opening hours* (2)
- In correspondence submitted by MPs, comments were made around the requirement for further integration of services in communities, the benefits of social prescribing and using other health care professionals such as pharmacists and nurses to help reduce pressures on GPs. The need for more communication and signposting for patients to direct them to these alternative services is mentioned
- Organisational correspondence comment GPs should do more home visits and there should be more health and social care available in the community for the elderly. Primary care networks are considered a potential good solution but not if patients must travel long distances

For further detail, please refer to



1.5.1.4 Maternity care

Overall, 33 (10 per cent) main involvement survey respondents stated they had used maternity care services in the last three years. Of which, 26 (76 per cent) respondents rated their experience as excellent or good, compared to six (18 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 82 and 83.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *General positive: positive comment / all good / improved* (9); *Staff: care and treatment* (8) and *Services: maternity services in general* (6). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *General negative: negative comment / experience* (7); *Services: maternity services in general* (2) and *Staff: staff numbers / workload / working conditions* (2). For further detail, please refer to tables 84 and 85.

Themes from the main involvement survey

- The most frequently mentioned themes raised around what is working well were: *Staff: care and treatment* (14); *Services: maternity services in general* (11) and *General positive: positive comment / all good / improved* (7)
- The most frequently mentioned themes raised around what needs to be improved were: *Staff: staff numbers / workload / working conditions* (13); *Services: maternity services in general* (12) and *Access: distance / access to hospital* (11)
- When asked what one thing respondents would change now, the most frequently mentioned themes were: *Access: waiting list / appointments* (21); *Services: maternity services in general* (11) and *Access: distance / access to hospital* (8)
- For further detail, please refer to tables 86 to 91.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: community hospital services in general* (14); *Services: integrated community services in general* (13) and *Services: maternity services in general* (13)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: maternity services in general* (36); *Access: administration / information* (12) and *Staff: communication* (9)
- For further detail, please refer to tables 92 and 93.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Admission: treatment by staff* (1) and *Services: maternity services* (1)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: maternity services* (3); *Staff: communication* (3); *Access: distance / access to hospital / GP* (2) and *Services: integrated community services* (2)
- For further detail, please refer to tables 94 and 95.

Feedback from correspondence

- Areas highlighted in the correspondence as working well were: *Staff: care and treatment* (1) and *Patient outcomes: outcome of care / treatment* (1)
- The most frequently mentioned areas that require improvement were around access and integrated care
- In correspondence submitted by MPs, comments were made around the greater use and promotion of services at County Hospital to relieve the pressures at Royal Stoke University Hospital

- For further detail, please refer to Table 96.

1.5.1.5 Planned care

Overall, 224 (65 per cent) main involvement survey respondents stated they had used planned care services in the last three years. Of those using planned care services, 156 (70 per cent) respondents rated their experience as excellent or good, compared to 42 (18 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 99 and 100.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (39); *Staff: care and treatment* (30); *General positive: positive comment / all good / improved* (20). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Access: waiting list / appointments / referrals* (30); *Admission: waiting time at hospital / GPs* (7) and *Staff: Skill / Knowledge / Professionalism* (7). For further detail, please refer to tables 101 and 102.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (see table below). The table shows a greater number of respondents highlighted these as areas that require improvement.

Summary: most frequently mentioned themes on planned care services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / Appointments / Referrals	35	56
	Distance / Access to Hospital / GP	12	21
Base		199	210

- *Staff: care and treatment* (27) was also frequently mentioned as an area that is working well
- *Admission: waiting time at hospital / GPs* (29) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (29); *Access: distance / access to hospital/GP* (16) and *Staff: staff numbers / workload / working conditions* (14)
- For further detail, please refer to tables 103 to 108.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: planned care services in general* (31), *Access: waiting list / appointments / referrals* (17) and *Services: integrated community services* (8)
- When asked what needs to be improved, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (42), *Services: planned care services in general* (19), *Integrated care: after visit / follow up* (13) and *Access: distance / access to hospital, GP* (13)
- For further detail, please refer to tables 109 and 110.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Services: planned care services* (3) and *Staff: communication* (2)
- When asked what needs to be improved, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (9), *Access: distance/access to hospital / GP* (5), *Integrated care: after visit / follow up* (5), *Services: planned care services in general* (5) and *Staff: communication* (5)
- For further detail, please refer to tables 111 and 112.

Feedback from correspondence

- Areas highlighted in the correspondence as working well were: *Access – before arrival: provision of services* (2), *Staff: care and treatment* (2) and *the place: facilities* (2)
- The most frequently mentioned areas that require improvement were access – before arrival, specifically: *utilisation of hospital* (3), *distance / access to hospital / GP* (3), *waiting list / appointments / referrals* (2) and *administration / information* (2)
- In correspondence submitted by MPs, positive comments were made around the services provided at County and Cannock Chase Hospitals and the experience of patients. However, adequate notice of appointments and hospital transportation were identified as areas that could be improved
- Organisational correspondence commented there is a lack of information given to patients which means informed choices are not made and the waiting list at University Hospitals of North Midlands (UHNM) is long
- For further detail, please refer to Table 113.

1.5.1.6 Community hospital services

Overall, 101 (32 per cent) main involvement survey respondents stated they had used Community Hospital services in the last three years. 81 (79 per cent) respondents rated their experience as excellent or good, compared to nine (9 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 117 and 118.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Admission: waiting time at hospital / GPs* (16), *Staff: care and treatment* (16) and *Services: community hospital services in general* (15). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were around: *Admission: waiting time at hospital / GPs* (4) and *Services: community hospital services* (3). For further detail, please refer to tables 119 and 120.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (see table below)

Summary: most frequently mentioned themes on community hospital services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Services	Community hospital services in general	17	11
Access	Distance / Access to Hospital / GP	15	32
Base		137	145

- *Access: waiting list / appointments / referrals* (8) was also frequently mentioned as an area that is working well
- *Staff: staff numbers / workload / working conditions* (16) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, respondents highlighted the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 121 to 126.

Feedback from the structured listening events

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (see table below).

Summary: most frequently mentioned themes on community hospital services from structured listening events

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Services	Community hospital services in general	38	18
Access	Distance / Access to Hospital / GP	5	11

For further detail, please refer to tables 127 and 128.

Feedback from the unstructured events

- The most frequently mentioned themes around what needs to be improved were: *Services: planned care services in general* (2) and *Services: integrated community services in general* (2).
- For further detail, please refer to tables 129 and 130.

Feedback from correspondence

- *Provision of services* (1) was highlighted in correspondence as working well
- The most frequently mentioned areas that require improvement were around access – before arrival, specifically: *distance / access to hospital / GP* (2), *system management* (1) and *utilisation of hospital* (1)
- In correspondence submitted by MPs, it is commented that community services provide a vital service and so the locations where they are based and which services are provided should be considered. For instance, access to X-ray facilities in the Cannock Chase Hospital MIU would reduce visits to A&E's at County Hospital, New Cross Hospital or Royal Stoke University Hospital
- For further detail, please refer to Table 131.

1.5.2 Understanding what is important when changes are proposed to Health and care services across Staffordshire and Stoke-on-Trent

1.5.2.1 Ranking desirable criteria

Feedback from the main involvement survey

- Respondents were asked to rank the importance of three criteria when making changes to health and care: quality of care, meeting local needs and accessibility. Quality of care was considered the most important (296 / 86 per cent), followed by accessibility (156 / 45 per cent) and meeting local needs (134 / 39 per cent)
- For further details, please refer to Figure 13, Table 146 and Table 147.

Feedback from the structured events

- Again, quality of care was considered the most important (283 / 87 per cent), followed by accessibility (120 / 40 per cent) and meeting local needs (103 / 33 per cent)
- When asked what other desirable criteria should be included, the most frequently mentioned themes were: *Access: distance / access to hospital, GP* (12), *Access: waiting list / appointments / referrals* (6), *Access: public transport to and from hospital services* (3) and *Services: mental health services* (3)
- For further details, please refer to Figure 14, Table 148 and Table 149.

1.5.2.2 What's important to you: things to consider when deciding how to deliver health and care services

Feedback from the main involvement survey

- When asked what other things should be considered when deciding how health and care services are delivered, the most frequently mentioned themes were: *Access: distance / access to hospital, GP* (37); *Access: waiting list / appointments / referrals* (25) and *Access: public transport to and from hospital services* (24)
- For further details, please refer to tables 151 and 152.

Feedback from the structured events

- At events participants were asked to write in their workbooks their three most important things when receiving health and care, then as a table they were asked to come to a consensus. In both instances the most frequently mentioned themes were: *Access: distance / access to hospital, GP*; *Access: waiting list / appointments / referrals* and *Staff: care and treatment*
- For further details, please refer to tables 153 to 155.

Feedback from the unstructured events

- Participants were asked to state what is most important to them when receiving health and care. Like the structured event feedback, the most frequently mentioned themes were: *Integrated care: after visit/follow up* (6); *Access: distance / access to hospital/GP* (5) and *Staff: care and treatment* (5)

For further details, please refer to Table 156.

2 Introduction

Between 3 June and 25 August 2019, the Together We're Better Sustainability and Transformation Partnership for Staffordshire and Stoke-on-Trent undertook a county-wide involvement exercise which gathered the views of patients and public, workforce and other stakeholders on their experiences of using, accessing and working in health and care services. The involvement focussed on the following service areas:

- urgent and emergency care
- mental health
- developing integrated community services
- maternity care
- planned care
- community health services.

This report of findings presents the feedback from this listening exercise.

2.1 Background

This information is taken from [Health and Care in Staffordshire and Stoke-on-Trent \[Main Document\]](#)

Together We're Better is the Sustainability and Transformation Partnership (STP) for Staffordshire and Stoke-on-Trent, bringing together local NHS, councils, independent and voluntary organisations. Since 2016, they have been working to improve health and care services for the 1.1 million people who live in Staffordshire and Stoke-on-Trent. Together We're Better comprises the following organisations:

- Cannock Chase Clinical Commissioning Group (CCG)
- East Staffordshire CCG
- North Staffordshire CCG
- Stafford and Surrounds CCG
- Stoke-on-Trent CCG
- South East Staffordshire and Seisdon Peninsula CCG
- Staffordshire County Council
- Stoke-on-Trent City Council
- University Hospitals North Midlands NHS Trust
- Midlands Partnership NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- NHS England
- Healthwatch Staffordshire
- Healthwatch Stoke-on-Trent
- Support Staffordshire
- VAST.

Figure 1. Why change is needed



2.1.1 Vision

The vision of Together We're Better is:

“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work”

To achieve this vision, the STP needs to support:

- people living well for longer and staying independent by focusing on preventing ill-health and to self-care
- treating patients as people, not as a set of health conditions or social care needs
- making sure services are there when needed, at the right time and in the right place
- making health and care support available closer to home

- giving mental health equal priority to physical health and wellbeing
- making sure patients' experience of health and care is the best it can be.

2.1.2 Rationale for change

Staffordshire faces many challenges and opportunities that will affect the ability to deliver quality services in the future. These include an increasing older population with multiple long-term conditions and care needs, and the impact of a decreasing workforce and vacancies in some key services. Many areas across the country face the same issues. Figure 1 above shows the areas that need to be considered to deliver better care.

2.1.3 Challenges

The local challenges affect all health and care services – from GP practices and care homes to hospital-based care. Table 1 summarises some of the challenges faced by the local health and care system.

Table 1. Summary of health and care challenges

Challenges	
Accident and Emergency	<ul style="list-style-type: none"> • Waiting times can be too long, although improvements have been made • Sometimes people are unsure which urgent care service to use.
Hospital admissions	<ul style="list-style-type: none"> • Sometimes people are admitted into hospital when they could be seen at a service in the community instead • Sometimes it can take a long time for people to be discharged from hospital once they are well enough.
Waiting times	<ul style="list-style-type: none"> • There are longer waiting times for some key services including A&E, mental health, planned appointments and procedures.
Cancer	<ul style="list-style-type: none"> • People experience longer delays in the detection of some cancers at an early stage • Waiting times for cancer treatment are longer than the national average.
Hospital care	<ul style="list-style-type: none"> • Demand for hospital care is growing • There are more cancelled operations than in other parts of England.
Prevention	<ul style="list-style-type: none"> • Reduce demand on services by supporting people to lead healthier lifestyles and to self-care for minor conditions.
Community services	<ul style="list-style-type: none"> • These can be very different across the county, which could lead to different outcomes for local people.
Primary care	<ul style="list-style-type: none"> • GP practices are struggling with rising demands because the number of older people is increasing • Patient expectations are also increasing.
Social care	<ul style="list-style-type: none"> • Increasing demand and costs for older and disabled people.
Care homes	<ul style="list-style-type: none"> • Our care home market is very fragile • The standards and availability vary in different areas of Staffordshire.
Children's services	<ul style="list-style-type: none"> • More and more children will need intensive support from children's services.

2.1.4 Opportunities

From the challenges, Together We're Better has identified opportunities to developing better health and care:

- **helping people to be healthier**, to stay well for longer and know how to self-care for minor illnesses
- **signposting and education** about the support available
- **identifying patients** at risk early on so that they can get support without having to go to hospital
- **bringing professionals and services together** to support people in their community and avoid going to hospital
- **help people access non-clinical support**, for example befriending support, by working with local communities
- **more services in the community**, nearer to people's homes

- **offering continuity of care** by having teams of staff wrapped around a person's needs
- **working more efficiently** to offer more appointments and shorter waiting times. Designing services that make best use of resources
- **using technology** to reduce waiting and travelling time, and reduce clinical time for minor appointments
- **equal and fair access** to specialist treatment and high quality hospital beds
- **workforce:** Recruiting new staff and supporting our existing staff.

2.2 Overview of the involvement

The listening exercise ran between 3 June and 25 August 2019. Feedback was gathered via a main involvement survey, a shorter postcard survey, a series of listening events and roadshows and correspondence. The involvement channels focused on gathering views about health and care services in Staffordshire and Stoke-on-Trent; in particular:

- **urgent and emergency care**
- **mental health**
- **developing integrated community services**
- **maternity care**
- **planned care**
- **community hospital services.**

2.3 Aims of the involvement

The listening exercise was designed to hear views on how to better deliver health and care services locally. The aims of the involvement were to:

- understand how local people use services and the experiences they have
- find out what is working well and what can be improved
- understand what matters most to local people
- design local services based on national ambitions.

2.4 Report authors

The Together We're Better Sustainability and Transformation Partnership (STP) for Staffordshire and Stoke-on-Trent commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Involvement Service to coordinate the independent analysis of the feedback from the listening exercise and produce this report.

2.5 Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Communications and involvement methodology
- **Section 4:** Respondent profiling
- **Section 5:** Findings
- **Section 6:** Conclusion.



3 Communications and involvement methodology

This section details the communications and involvement activities undertaken during the listening exercise. The collateral used is presented first, followed by the communications channels.

3.1 Involvement collateral

A range of collateral was produced to inform stakeholders about the listening exercise. This is summarised in the following sub-sections.

3.1.1 Main document (issues paper)

A 44-page issues paper was produced to support the listening exercise. This was a public version of the technical [Case for Change](#) document. This covered:

- an introduction to the work of Together We're Better and the journey so far
- an overview of local people's health and care needs
- a summary of the challenges in delivering local services
- an overview of the challenges, what is working well and the opportunities for each of the health services covered in the listening exercise:
 - urgent and emergency care
 - developing integrated community services
 - maternity care
 - planned care
 - mental health.
- an overview of other challenges and opportunities:
 - clinical and financial sustainability
 - buildings and estates
 - digital and technology.
- the next steps and details of how to get involved in the listening exercise.

Figure 2 shows example pages from the document. [View the document.](#)

Figure 2. Example page spread of the main document



3.1.2 Summary document

A summary version of the issues paper was also produced. Figure 3 shows example pages from the document. [View the document.](#)

Figure 3. Example pages from summary document

The opportunities

-  **Helping people to be healthier**, to stay well for longer and know how to self-care for minor illnesses
-  **Signposting and education** about the support available
-  **Identifying patients** at risk early on so that they can get support without having to go to hospital
-  **Bringing professionals and services together** to support people in their community and avoid going to hospital
-  **Help people access non-clinical support**, for example befriending support, by working with local communities
-  **More services in the community**, nearer to people's homes
-  **Offering continuity of carer** by having teams of staff wrapped around a person's needs
-  **Working more efficiently** to offer more appointments and shorter waiting times. Designing services that make best use of resources
-  **Using technology** to reduce waiting and travelling time, and reduce clinical time for minor appointments
-  **Equal and fair access** to specialist treatment and high quality hospital beds
-  **Workforce:** Recruiting new staff and supporting our existing staff.

The areas we need to talk about

We need to take action now to make sure that health and care services we receive today, are able to meet future needs. We are working as a partnership to look at service transformation as a whole and not as separate parts. This is because we know that working together means a better, more joined up and efficient service.

We want to know your views about all health and care services and in particular:

-  **Urgent and emergency care**
-  **Integrated community services**
-  **Community hospitals in South Staffordshire**
-  **Maternity services**
-  **Planned care (booked appointments, operations or treatments)**
-  **Mental health services**

Next steps

This conversation is the start of our formal involvement process, to help us deliver change across health and social care. This will help us to have a county-wide conversation and develop future options. As this work is very complex, our timeline is ambitious and could change.

We will work with professionals from the health, community and council organisations to ensure any future proposals are realistic. This includes making sure they are affordable, in line with national ambitions and clinically sustainable.

Your feedback will help us develop options and design services fit for the future.

Who will make any future decisions?

The six clinical commissioning groups (CCGs) who are responsible for buying and monitoring local health services will be responsible for deciding on any future health service changes. Similarly, the local authorities will make any final decisions about any services that they commission, for example care homes or social care services.

When thinking about making large changes to services, CCGs have a legal duty to involve local people in the decision making.

3.1.3 Easy read summary

An easy read summary of the main and summary issues paper was produced by Reach to present the information in an accessible, easy to understand format. Figure 4 shows example pages from the document. [View the document.](#)

Figure 4. Example pages from easy read document



3.1.4 Involvement events

A range of collateral was produced to support the facilitation of the involvement events. This included:

- **presentation slides** for listening events and community workshops
- **facilitator booklet and note taking template**, for facilitators to note down the feedback received from participants
- **factsheets** with demographic and health statistics for Staffordshire and Stoke-on-Trent and a map of the Index of Multiple Deprivation (IMD)
- individual **public event participant workbook** with a demographic profiling questionnaire for participants to complete.

[Section 3.2.5](#) details the involvement events held.

3.1.5 Surveys

Two surveys were produced to gather feedback: the **main involvement survey** and a **postcard survey**. A **participant workbook** was also used to gather feedback at the listening events and workshops.

Table 2 shows the questions in each survey.

Table 2. Questions in each survey

Section	Question summary	Main involvement survey	Postcard survey	Participant workbook
Experiences of health and care services across Staffordshire and Stoke-on-Trent	Have you used [service] in the last three years?	✓	✗	✗
	How would you rate your last experience of [service]? / Please explain why	✓	✗	✗
	What is working well?	✓*	✓	✓
	What could be improved?	✓*	✓	✓
	What is the one thing you would change now?	✓*	✓	✗
Understanding what's important to you when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent	Three most important things when receiving health and care services	✗	✗	✓
	Please rank the desirable criteria	✓	✗	✓
	Any other considerations	✓	✗	✗
	Is there anything else you would like us to consider?	✓	✗	✗
About you / more about you	Respondent type and demographic profiling	✓	✓	✓

*For the main involvement survey, these questions were asked for each of the service areas: urgent and emergency care, mental health, integrated community services, maternity care, planned care and community hospitals.

Figure 5 shows the postcard survey.

Figure 5. Postcard survey

13. Have you recently given birth? (within the last 26 week period)
☐ Yes ☐ No ☐ Prefer not to say

14. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ Yes, limited a lot ☐ No ☐ Prefer not to say
☐ Yes, limited a little

15. Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term (12 month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities).
☐ Physical disability ☐ Learning disability or difficulty
☐ Sensory disability e.g. deaf, hard of hearing, blind, visually impaired ☐ Long-term illness
☐ Mental health need ☐ Other (please describe below) ☐ Prefer not to say

Please describe your physical disability

Please describe your sensory disability

Please describe your long-term illness

Please describe your other disabilities/illnesses

16. Do you care for someone? (please tick as many as appropriate)
☐ Yes - Care for young person(s) aged under 24 years ☐ Yes - Care for older person(s) aged over 50 years
☐ Yes - Care for adult(s) aged 25 to 49 years ☐ No ☐ Prefer not to say

17. Have you ever served in the armed services?
☐ Yes ☐ No ☐ Prefer not to say

Thank you for taking the time to complete this survey - Please return your completed response to the event lead or send it to us using our freepost address.

TOGETHER WE'RE BETTER
transforming health and care for Staffordshire & Stoke-on-Trent

Understanding your experiences of health and care services across Staffordshire and Stoke-on-Trent

For your feedback to be included you must tick below to confirm you have read and agree with the attached Data Protection statement, and consent to your responses being used as part of this listening exercise.
For more information visit www.twbstaffsandstoke.org.uk, or call 01785 276926.

☐ Please tick here to confirm you have read and accept the terms outlined in our Data Protection statement.

1. Which of the following best describes you? (Please tick as many as appropriate)
☐ User of urgent and emergency care services (e.g. A&E, minor injuries unit, walk in centre) ☐ User of planned care services
☐ User of community services ☐ User of maternity services
☐ I work within health and care

2. Thinking about your experience of health and care services across Staffordshire and Stoke-on-Trent:
What is working well?

What needs to be improved?

What one thing would you change now?

3.1.6 Digital media

The listening exercise was publicised on the Together We're Better and partner websites with downloadable versions of the involvement collateral.

During the listening exercise, social media was used extensively to raise awareness, promote the events and encourage feedback. Social media imagery was created to encourage involvement on social media. In addition, paid for advertising on Facebook was commissioned to reach target audiences. [See section 3.2.3](#) for details of social media analytics.

Short videos with clinicians were produced to give an overview of the listening exercise and explain the challenges and need for change in urgent care, maternity services, mental health and planned care. An animation was promoted on social media to inform people of Together We're Better's approach to involving seldom heard groups.

3.1.7 Distribution of collateral

Hard copies of the collateral were distributed to partner organisations including community hospitals, mental health buildings and hospitals. Collateral was distributed as follows:

- **GPs**: main survey, main document (issues paper), summary document
- **libraries**: main survey, main document (issues paper), summary document
- **council buildings** (City, County, District and Borough): summary document
- **pharmacies**: main survey, summary document.

Electronic versions were circulated across the partners of Together We're Better, district and borough councils, as well as the voluntary and community sector.

Details of the stakeholders that were contacted to distribute collateral can be found in Appendices C and D.



3.2 Communication channels

A mix of communication channels were used to raise awareness about the listening exercise, explaining what the involvement was about and encouraging local communities to provide feedback. Figure 6 shows the communication channels used.

Figure 6. Communication channels



3.2.1 Media

There were 10 press releases issued to local media across Staffordshire and Stoke-on-Trent. Table 3 details the press releases issued.

Table 3. Press releases

Date	Title	Coverage
10 May 2019	Staffordshire and Stoke-on-Trent residents invited to have their say	Staffordshire Live, Express & Star, Derbyshire Live, Burton Live, Stoke Sentinel
3 June 2019	Make your voice count by getting involved in 12-week public conversation on local health and care	Tamworth Informed, BBC Radio Stoke, Express & Star
21 June 2019	Health Chief encourages Staffordshire residents to share their views on Community Care	Tamworth Informed, Stoke Sentinel
1 July 2019	Mental health is a key area of discussion in public conversation on health and care in Staffordshire	Tamworth Informed
9 July 2019	Health partnership organises additional listening events following high public demand	Tamworth Informed
10 July 2019	Have your say on the future of health, care and hospital services in Burton	No coverage
22 July 2019	Be part of a public conversation on urgent and emergency care in Staffordshire	No coverage
29 July 2019	Improving maternity and newborn services is key theme of health and care conversation in Staffs	No coverage
21 August 2019	Make your voice count on planned care services in the NHS	No coverage
22 August 2019	Taking responsibility for your health is the key to living better for longer	No coverage

Table 4 lists the publications and radio stations where coverage was received. See Appendix A for further details of press coverage.

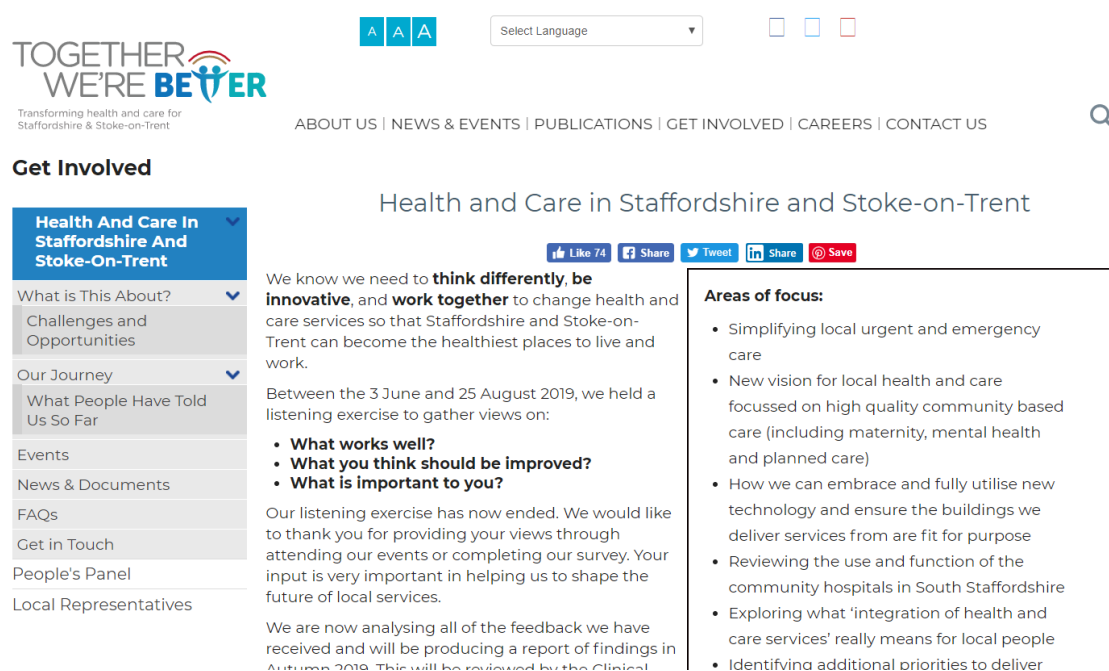
Table 4. Press coverage received

Radio	Newspapers (online and print)	
<ul style="list-style-type: none"> • BBC Radio Stoke • Moorlands Radio • Signal Radio 	<ul style="list-style-type: none"> • Burton Live • Derbyshire Live • Express & Star • Lichfield Mercury • Staffordshire Live 	<ul style="list-style-type: none"> • Stoke-on-Trent Live • Stoke Sentinel • Tamworth Herald • Tamworth Informed

3.2.2 Website

The listening exercise was promoted on the Together We're Better website: www.twbstaffsandstoke.org.uk. This included downloadable versions of involvement collateral, news articles, details of listening events and roadshows and links to the online survey. Figure 7 shows a screenshot of the website. The listening exercise was also promoted on partner websites.

Figure 7. Screenshot of website



3.2.3 Social media

The listening exercise was also publicised via social media channels. Both organic and paid social media were used to maximise involvement.

3.2.3.1 Organic social media

Facebook and Twitter were used to inform stakeholders about the listening exercise and how they could get involved through the Together We're Better accounts:

- Facebook: @TWBStaffsandStoke
- Twitter: @TWBStaffsStoke

The hashtag #TWBYourVoiceCounts was used across social media providing a consistent presence across social media during the listening exercise and enabled effective monitoring to be undertaken.

Table 5 presents the numbers of posts and the subsequent comments, likes and shares or retweets they achieved from Facebook and Twitter during the listening exercise.

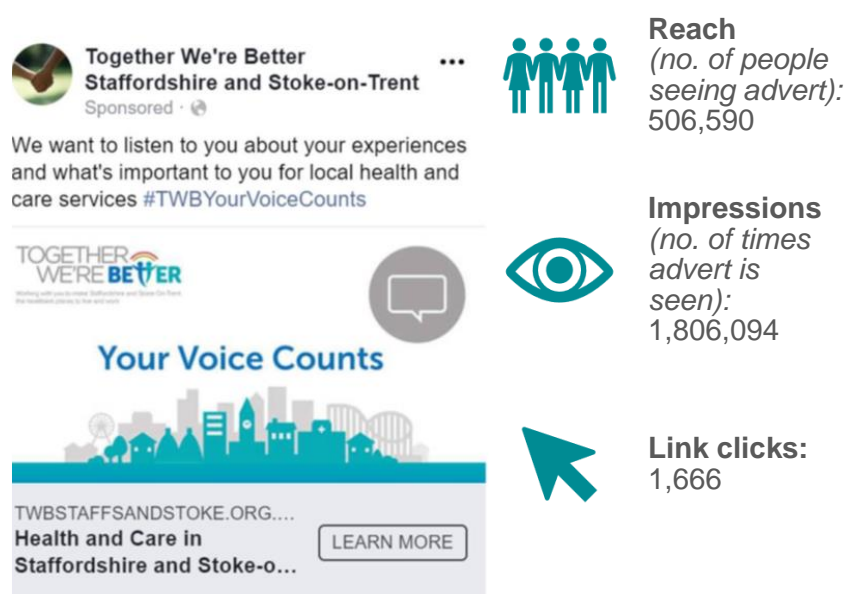
Table 5. Social media posts

	Facebook	Twitter
Number of posts	113	173
Number of comments	8	11
Number of likes	614	395
Number of shares or retweets	242	290

3.2.3.2 Paid social media

There was a single advert during the listening exercise on Facebook which targeted the populations of Staffordshire and Stoke-on-Trent. Figure 8 shows the advert creative and analytics.

Figure 8. Paid social media creative and analytics



3.2.4 Surveys

Two surveys were produced to gather feedback: the **main involvement survey** and a **postcard survey**. A **participant workbook** was also used to gather feedback at listening events and workshops.

3.2.5 Involvement events

A range of involvement events were held to inform stakeholders of the listening exercise and gather feedback. These events took place across Staffordshire and Stoke-on-Trent. These included:

- **listening events:** These were structured events. They provided presentations to inform participants, and then gathered feedback on the presentations in a structured way. Listening events were planned for **patients and the public** and the health and care partners' **workforce**
- **roadshows:** Promotional stand events were used to distribute collateral and speak to stakeholders:
 - **public roadshows** were held at high footfall public locations, such as supermarkets, libraries and leisure centres
 - **workforce roadshows** were targeted at health and care staff
 - **mixed roadshows** were held at NHS or hospital locations, for both healthcare staff and members of the public.
- **community workshops:** meetings with members of the public and voluntary sector groups, including groups representing those with protected characteristics or seldom heard groups.

Table 6 shows the number of different involvement events held and the number of participants.

Table 6. Overview of involvement events

Event	Audience	No. of events	No. of participants
Public listening events	Members of the public	13	331
Workforce listening events	Health and care staff	4	300
Public roadshows	Members of the public	14	251
Workforce roadshows	Health and care staff	13	455
Mixed roadshows	Members of the public and health and care staff	22	822
Community workshops	Voluntary groups	42	816

In total, there were 108 listening events, roadshows and workshop events, with a total attendance of 2,975.

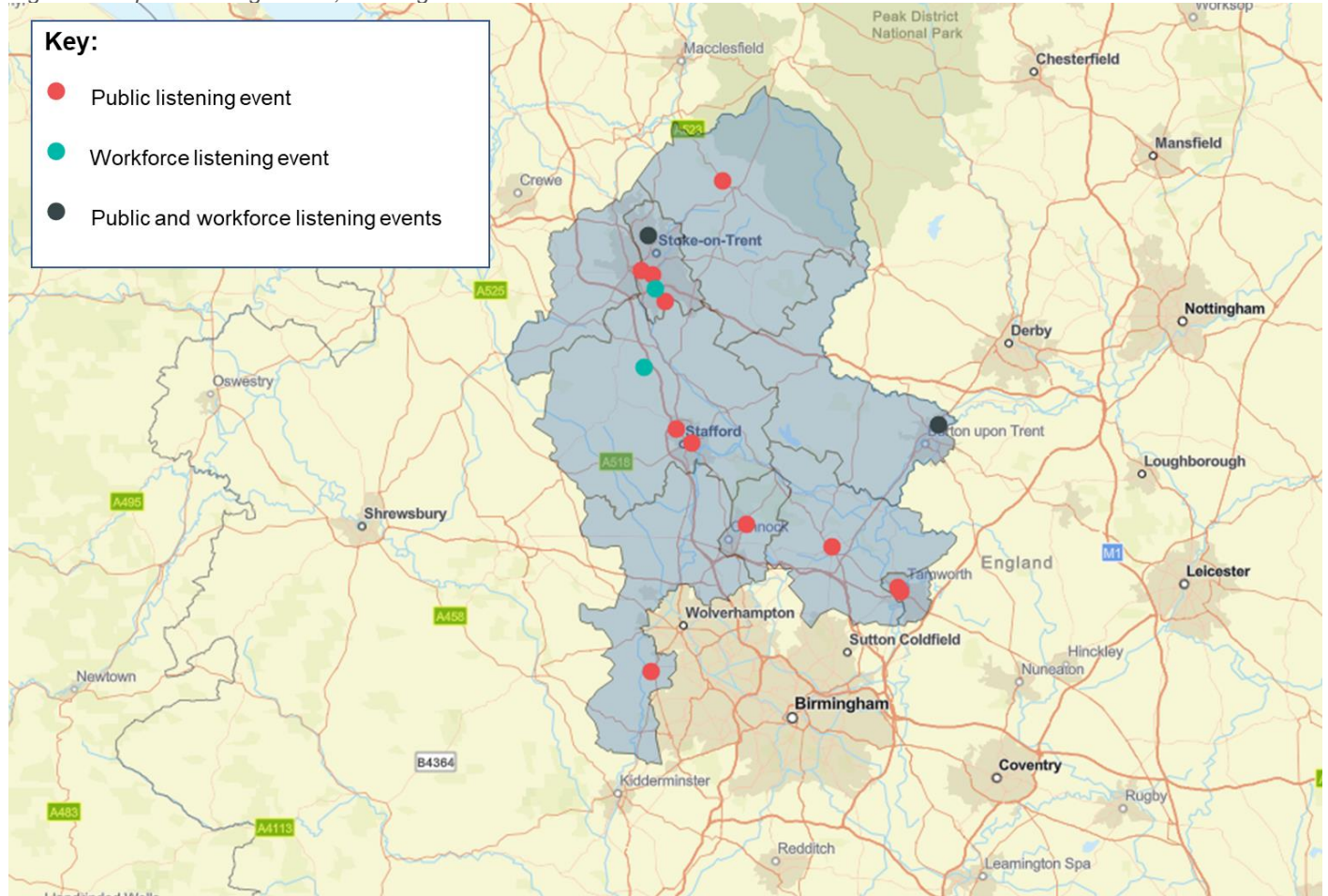
3.2.5.1 Listening events

The events were structured with a presentation, informing participants of the background and issues behind the listening exercise. The events were split into tables of around five to 10 people, so that participants could feedback to their table facilitator, who took notes. Participants were also asked to complete a participant workbook with demographic profiling questionnaires.

Figure 9 maps the locations of the public and workforce listening events. They were planned to ensure they were in the main towns and cities of Staffordshire and easily accessible to the local population and workforce. Some events were held at the same location.

There were 13 public listening events and four workforce listening events.

Figure 9. Map of listening events, showing the outline of Staffordshire



The 13 public listening events were held at different times of the day to ensure that as many members of the public, as possible, had the opportunity to attend.

Table 7 details the public listening events held.

Table 7. Public listening events

Date	Time	Location	Attendance
3 June 2019	7pm-9.30pm	Snowdome, Riverdrive, Tamworth B79 7ND	65
6 June 2019	7pm-9.30pm	Entrust, Riverway, Stafford ST16 3TH	65
12 June 2019	1pm-3.30pm	Leek Cricket Club, Macclesfield Road, Leek ST13 8SG	22
13 June 2019	10am-12.30pm	Kingfisher Room, Blurton Community Hub, Ingestre Square, Stoke-on-Trent ST3 3JT	14
18 June 2019	7pm-9.30pm	Aquarius Ballroom, Victoria Shopping Park, Victoria Street, Cannock WS12 1BT	19
26 June 2019	1pm-3.30pm	C J Bayley Suite, Port Vale Football Club, Hamil Road, Stoke-on-Trent ST6 1AW	15
2 July 2019	1pm-3.30pm	Garrick Room, George Hotel, Bird Street, Lichfield WS13 6PR	36
4 July 2019	7pm-9.30pm	Windsor Room, Stoke Town Hall, Glebe Street, Stoke-on-Trent ST4 1HP	10
11 July 2019	10am-12.30pm	Tom Bradbury Suite, Pirelli Stadium, Princess Way, Burton-on-Trent DE14 0AR	19
15 July 2019	7pm-9.30pm	North Staffordshire Medical Institute, Hartshill Road, Newcastle-under-Lyme ST4 7NY	15
17 July 2019	2pm-4.30pm	Bourne Room, Wombourne Civic Centre, Gravel Hill, Wombourne WV5 9HA	14
29 July 2019	7pm-9.30pm	Tamworth Masonic Rooms, 29 Lichfield Street, Tamworth B79 7QE	19
31 July 2019	7pm-9.30pm	Best Western Tillington Hall Hotel, Eccleshall Road, Stafford ST16 1JJ	18
Total			331

Table 8 details the workforce listening events held.

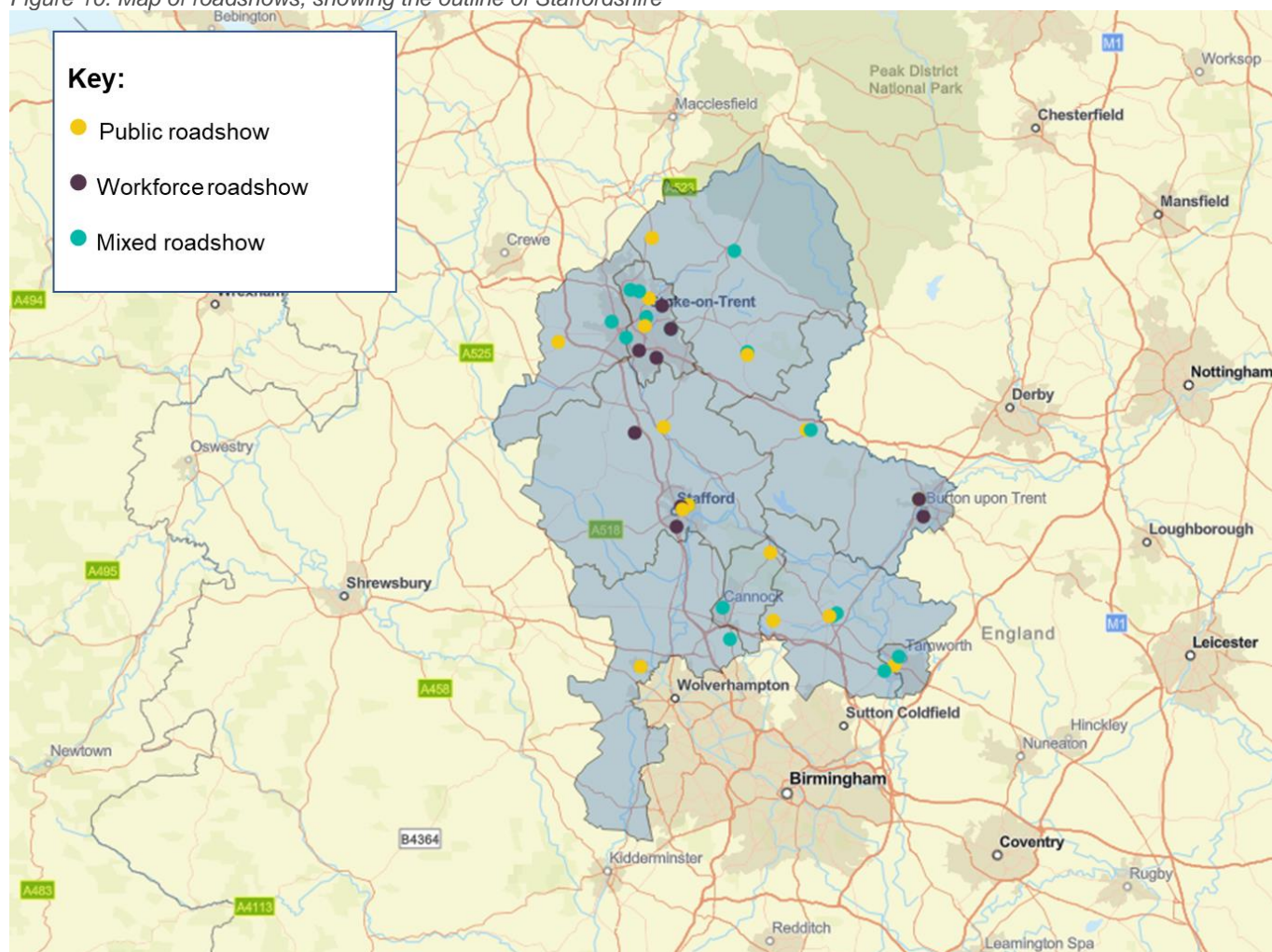
Table 8. Workforce listening events

Date	Time	Event	Attendance
19 June 2019	12pm-1pm	CCG Conference, Bet 365 Stadium, Stanley Matthews Way, Stoke-on-Trent ST4 4EG	250
26 June 2019	9.30am-12pm	C J Bayley Suite, Port Vale Football Club, Hamil Road, Stoke-on-Trent ST6 1AW	22
2 July 2019	1pm-3:30pm	Staffside event, Yarnfield Conference Centre, Stone ST15 0NL	15
11 July 2019	2pm-4.30pm	Tom Bradbury Suite, Pirelli Stadium, Princess Way, Burton-on-Trent DE14 0AR	13
Total			300

3.2.5.2 Roadshows

Public and workforce roadshow events were held across the Staffordshire and Stoke-on-Trent area.

Figure 10. Map of roadshows, showing the outline of Staffordshire



3.2.5.2.1 Public roadshows

There were 14 public roadshows held to inform members of the public, distribute involvement collateral and gather feedback.

Table 9 details the public roadshows held.

Table 9. Public roadshows

Date	Time	Location	Attendance
4 June 2019	3pm-5pm	South Moorlands Leisure Centre, Allen Street, Cheadle ST10 1HJ	15
11 June 2019	11.30am-2pm	ASDA, Queensway, Stafford ST16 3TA	26
15 June 2019	10am-4pm	Stoke-on-Trent PRIDE, Hanley Park, Cleveland Road, Stoke-on-Trent ST1 4DX	14
20 June 2019	11.30am-2pm	Asda, Ventura Park Road, Tamworth B78 3HB	18
24 June 2019	10am-12pm	Stone Community Hub, Frank Jordan Centre, Lichfield Street, Stone ST15 8NA	15
25 June 2019	1.30pm-3.30pm	Rugeley Community Centre, Burnthill Lane, Rugeley WS15 2HX	11
28 June 2019	10am-3pm	Smallthorne Community Centre, Community Drive, Stoke-on-Trent ST6 1RU	13
10 July 2019	9.30am-12pm	Uttoxeter Leisure Centre, Oldfields Road, Uttoxeter ST14 7QL	37
18 July 2019	11am-1pm	Lichfield Library, The Guild of St Mary's Centre Market Square, Lichfield WS13 6LG	13
19 July 2019	10am-12pm	Co-Op, Morningside, Madeley, Crewe CW3 9NH	9
22 July 2019	10am-12pm	Biddulph Valley Leisure Centre, Thames Dr, Biddulph ST8 7HL	14
23 July 2019	11am-1pm	Co-Op, Wolverhampton Road, Codsall WV8 1PE	10
30 July 2019	10.30am-12.30pm	Burntwood Leisure Centre, High Street, Burntwood WS7 3XH	19
21 Aug 2019	6pm-8pm	A&E, Queen's Hospital, Belvedere Road, Burton-on-Trent DE13 0RB	37
Total			251

3.2.5.2.2 Workforce roadshows

There were 13 workforce roadshows held to inform staff, distribute involvement collateral and gather feedback. Table 10 details the workforce roadshows held.

Table 10. Workforce roadshows

Date	Time	Location	Attendance
11 June 2019	11am-1.30pm	Yarnfield Conference Centre, Stone ST15 0NL	52
13 June 2019	8.30am-1.30pm	Black and Minority Ethnic Workforce Event, The Bridge Centre, Birches Head Road, Stoke-on-Trent ST2 8DD	80
25 June 2019	10am	Vocare meeting, 5 Staffordshire House, Riverside 2, Campbell Road, Stoke-on-Trent ST4 4RJ	12
3 July 2019	1pm-3pm	Registered Managers Meeting, Blurton Community Centre, Oakwood Road, Stoke-on-Trent ST3 3AR	18
9 July 2019	10am-11.45am	St George's Hospital, Corporation Street, Stafford ST16 3SR	20
10 July 2019	10.30am-12pm	Virgin Care Meeting (MSK and Podiatry Team)	18
15 July 2019	9am-11am	Executive Welcome Learning Centre, St George's Hospital, Corporation Street, Stafford ST16 3SR	41
16 July 2019	9am-11am	MPFT, Quality Conference Learning Centre, St George's Hospital, Corporation Street, Stafford ST16 3SR	42
17 July 2019	9:30am-11am	Queen's Hospital, Belvedere Road, Burton-on-Trent DE13 0RB	75
17 July 2019	12pm-2pm	Virgin Care Therapies Team Anglesey House, Burton-on-Trent DE14 3NT	29
17 July 2019	12pm-3pm	Virgin Care District Nurse Team, Anglesey House, Burton-on-Trent DE14 3NT	5
12 August 2019	2pm-3pm	MPFT Central Hub District Nurses, Bentilee Central Hub, Dawlish Drive, Stoke-on-Trent ST2 0EU	30
14 August 2019	1:30-3:30pm	Rising Brook Clinic, Merrey Road, Stafford ST17 9LY	33
Total			455

3.2.5.2.3 Mixed Roadshows

There were 22 mixed roadshows held to inform staff and members of the public, distribute involvement collateral and gather feedback.

Table 11 details the mixed roadshows held.

Table 11. Mixed Roadshows

Date	Time	Location	Attendance
3 June 2019	1.30pm-3.30pm	County Hospital, 151 Weston Road, Stafford ST16 3SA	82
4 June 2019	11.30am-1.30pm	Leek Moorlands Hospital, Ashbourne Road, Staffordshire, Leek ST13 5BQ	49
11 June 2019	2.30pm-4.30pm	Royal Stoke University Hospital, Stoke-on-Trent ST4 6QG	60
17 June 2019	2pm-3.30pm	Haywood Hospital, Stoke-on-Trent ST6 7AG	84
24 June 2019	9:30am-11am	Samuel Johnson Hospital, Lichfield WS13 6EF	69
24 June 2019	11:30am-1pm	Samuel Johnson Hospital, Lichfield WS13 6EF	
27 June 2019	1:30-3:30pm	Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent ST4 6QG	50
3 July 2019	9:30am-11am	Queen's Hospital, Burton-on-Trent DE13 0RB	59
3 July 2019	11:30am-1pm	Queen's Hospital, Burton-on-Trent DE13 0RB	
4 July 2019	9:30am-11:30am	Bentilee Neighbourhood Centre, 231-251 Dawlish Drive, Stoke-on-Trent ST2 0EU	15
10 July 2019	9:30am-12pm	Balance Street Health Centre, Balance Street, Uttoxeter ST14 8JG	19
22 July 2019	9:30am-12pm	Cannock Chase Hospital, Brunswick Road, Cannock WS11 5XY	24
23 July 2019	1pm-3pm	Sir Robert Peel Hospital, Plantation Lane, Mile Oak, Tamworth B78 3NG	11
13 August 2019	10am-12pm	Tamworth Health Centre, Upper Gungate, Tamworth B79 7EA	32
15 August 2019	10am-12pm	Westgate Practice, Greenhill Health Centre, Church Street, Lichfield WS13 6JL	62
17 August 2019	11am-1pm	A&E, County Hospital, Weston Road, Stafford ST16 3SA	25
19 August 2019	9:30am-12pm	Hanley Walk-in-Centre, 69/71 Stafford Street, Stoke-on-Trent ST1 1LW	27
20 August 2019	9:30am-11:30am	Tunstall Health Centre, Alexandra Park, Scotia Road, Stoke-on-Trent ST6 6BE	16
20 August 2019	1:30pm-3.30pm	Cheadle Health Centre, Well Street, Cheadle, Stoke-on-Trent ST10 1EY	27
21 August 2019	10am-12pm	Milehouse Primary Care Centre, Lymebrook Way, Newcastle-under-Lyme ST5 9GA	45
21 August 2019	6pm-8pm	Burton A&E, Belvedere Road, Burton-on-Trent DE13 0RB	37
23 August 2019	10am-12pm	Great Wyrley Health Centre, Wardles Lane, Great Wyrley, Walsall WS6 6EW	29
Total			822

3.2.5.3 Community workshops

Community workshops were meetings held with voluntary organisations, service user groups and community groups, including groups representing those with protected characteristics or groups with a focus on one of the service areas.

There were 42 community workshops held with community and voluntary groups.

Table 12 details the community workshops held.

Table 12. Community workshops

Date	Time	Event	Attendance
5 June 2019	6pm-7pm	Burton Diabetes UK Group, Burton Fire Station, Moor Street, Burton-on-Trent DE14 3SU	18
6 June 2019	1pm-3pm	Support Staffordshire: Stafford Forum, Barlaston Village Hall, 1 Longton Road, Barlaston, Stoke-on-Trent ST12 9AA	15
7 June 2019	9:30am-10:30am	U3A Leek, Norton House, 1 Fynney Street, Leek ST13 5LF	3
7 June 2019	11:30am-12:30pm	Moorlands Home Link, St Andrews Methodist Church, Cheddleton ST13 7HS	18
12 June 2019	10am-12pm	Support Staffordshire South Staffordshire Group, Coven Memorial Hall, Coven WV9 5DL	20
12 June 2019	2pm-4pm	Support Staffordshire Lichfield District, Coven Memorial Hall WV9 5DL	48
13 June 2019	10am-12:30pm	Tamworth Support Staffordshire Group, Sacred Heart Church, Silverlink Road, Tamworth B77 2EA	18
17 June 2019	1:30pm-3:30pm	Brain Tumour Support Group, Carers Centre, Duke Street, Fenton ST4 3NR	13
17 June 2019	4pm-6pm	Support Staffordshire East Staffs Forum, Voluntary Services Centre, Union Street, Burton-on-Trent DE14 1AA	33
25 June 2019	11am-12:30pm	Age UK Staffordshire, Marychurch Centre, 153 Werrington Road, Stoke-on-Trent ST2 9AQ	6
26 June 2019	4pm-6pm	Support Staffordshire Moorlands Forum, Staffordshire Moorlands DC, Leek ST13 5HQ	10
28 June 2019	12:30pm-2:30pm	Moorlands Home Link, South Moorlands Leisure Centre, Allen Street, Cheadle ST10 1HJ	6
1 July 2019	2pm-3pm	Stafford U3A, Stafford Rangers Football Club, Marston Road Stadium ST16 3UF	78
1 July 2019	9am-11am	Maternity Champions ST15 2LP	1
3 July 2019	3pm-4pm	Rugeley YMCA, Aelfgar House, Church Street, Rugeley WS15 2WH	10
4 July 2019	2.30-3.30pm	New Era Victim Support ST16 3RP	22
4 July 2019	1:45pm-2:30pm	Breastfeeding Support Group, Landywood Children's Centre, Great Wyrley ST4 1HP	5
5 July 2019	2:30pm-3:30pm	Breathe Easy North Staffs, Hanley Library, Bethesda Street, Stoke-on-Trent ST1 3RS	15
5 July 2019	10:30am-12:30pm	Deaf Café Community Group, Stafford ST17 9LT	18
6 July 2019	11am-2pm	Youth Council SCYVS, 42a Eastgate Street, Stafford ST16 2LY	8
8 July 2019	7:15pm-8:15pm	Pink Sisters, St Michael Church, Keelings Road, Northwood ST1 2AL	22
8 July 2019	5pm-7pm	Support Staffordshire Newcastle Forum, Wolstanton Methodist Church ST5 0HS	6
9 July 2019	2:30pm-3:30pm	Healthwatch Staffordshire AGM, ST16 1BG	40
11 July 2019	2pm-3pm	Breastfeeding Support Group, Codsall Library, Wolverhampton Road, Wolverhampton WV8 1PX	4
24 July 2019	6pm-8pm	Deafvibes, Bradwell Lodge, Bradwell Lane, Porthill, Newcastle-under-Lyme ST5 8PS	13
25 July 2019	2pm-4pm	Brighter Futures, The Clubhouse, 148 Waterloo Road, Stoke-on-Trent ST6 3HB	20
25 July 2019	7pm-8pm	Pink Sisters, St Michael Church, Keelings Road, Northwood ST1 2AL	3
5 August 2019	7:45pm-8:45pm	Parkinson's UK Stafford Branch Meeting, The Northfield Centre, Co-operative Street, Stafford ST16 3DA	33
6 August 2019	10:30am-11:30am	Stafford and District Stroke Club, Burton Manor Sports Club, Stafford ST18 9AT	21
6 August 2019	6pm-7pm	Mid Staffordshire Prostate Cancer Group, Prostate Cancer Medical Centre, County Hospital, 151 Weston Road, Stafford ST16 3SA	5
7 August 2019	11am-1pm	CASS Living Well with Dementia, St Bertelins Church Hall, Holmcroft Road ST16 1JF	32
8 August 2019	10am-1pm	Penny Brohn UK Living, Bet 365 Stadium, Stanley Matthews Way, Stoke-on-Trent ST4 4EG	11
8 August 2019	1pm-2:30pm	Deaflinks Group, Wellesley Street, Shelton ST1 4NF	30
9 August 2019	11am-12pm	Age UK Burton Lunch Club, Voluntary Services Centre, Union Street, Burton-on-Trent DE14 1AA	23
12 August 2019	10:30am-12:30pm	CASS, Carer's Café, Age UK, Cygnet Drive, Tamworth B79 7RU	14
12 August 2019	10:30am-12pm	Hanley Breastfeeding Support Group, All Saints Church, 512 Leek Road, Stoke-on-Trent ST1 3HU	25
13 August 2019	10:30am-12:30pm	U3A Cannock Chase, Victory Hall, Slitting Mill Road, Rugeley WS15 2US	45
19 August 2019	10.30am-12pm	North Staffs Carers Association Meeting, 1 Duke Street, Fenton, Stoke-on-Trent ST3 3NR	18

20 August 2019	9:30am-11am	Lichfield Breastfeeding Support Group, Charnwood Children's Centre, 101 Purcell Avenue, Lichfield WS13 7PH	3
21 August 2019	12:30pm-2pm	Burton Caribbean Association Luncheon	22
22 August 2019	6:30pm-8:30pm	Newcastle-under-Lyme Polish Community Centre, London Road, Newcastle-under-Lyme ST5 1LQ	16
11 September 2019	10:30am-11:10am	Healthwatch Stoke-on-Trent AGM, The Bridge Centre, Birches Head Road, Stoke-on-Trent ST2 8DD	45
Total			816

3.2.5.4 Other meetings

Table 13 details the other meetings attended.

Table 13. Other meetings attended

Date	Time	Location	Attendance
21 May 2019	10am-11am	VAST, The Dudson Centre, Hope Street, Stoke-on-Trent ST1 5DD	15
11 June 2019	9:30am-12:30m	East Staffordshire CCG Patient Board Meeting, Burton Fire station, Moor Street, Burton-on-Trent DE14 3SU	10
18 June 2019	5:30pm-7:30pm	North Staffordshire and Stoke-on-Trent CCG Patient Congress	24
18 June 2019	12:45pm-2:45pm	East Staffordshire GP Steering Group, The Holiday Inn, Burton-on-Trent	Not available
24 June 2019	7pm	Penkridge PPG AGM	82
16 July 2019	10am	South Staffordshire Local Member Priority Meeting	Not available
16 July 2019	6pm	STP Partners' Chairs, Chief Executives, Lay Members, Non-Executive Directors, Local Authority Leaders	Not available
23 July 2019	2pm-3pm	Hospital User Group, County Hospital, 151 Weston Road, Stafford ST16 3SA	10
24 July 2019	12:30pm-2:30pm	North Staffordshire and Stoke-on-Trent CCGs GP Membership Groups (extraordinary meeting), The Bridge Centre, Birches Head Road, Stoke-on-Trent ST2 8DD	46
30 July 2019	2pm-5pm	Stoke-on-Trent CCG and North Staffordshire CCG AGM, The Bridge Centre, Birches Head Road, Stoke-on-Trent ST2 8DD	43
1 August 2019	10:30pm-11:30pm	Cannock Local Member Priority Meeting, 8 Beecroft Road, Cannock WS11 1BG	Not available
1 August 2019	1pm-5pm	East Staffordshire CCG AGM, Branston Golf and Country Club, Burton Road, Branston, Burton-on-Trent DE14 3DP	26
6 August 2019	6:30pm-8pm	Stafford and Surrounds CCG AGM, Conference Hall, Entrust Riverway Centre, Riverway, Stafford ST16 3TH	29
6 August 2019	2pm-4:30pm	Stafford and Surrounds CCG GP Membership Board, Chartley Room, Northfield Centre, Magnolia Avenue, Stafford ST16 3DU	Not collected

12 August 2019	10am	Healthy Staffordshire Select Committee	Not available
14 August 2019	12:30pm-2:30pm	South Stoke MEG Meeting, St Paul's Church, Longton Hall Road, Blurton, Stoke-on-Trent ST3 2EL	Not available
14 August 2019	2pm	Stoke Adults and Neighbourhood Overview and Scrutiny Committee	Not available
14 August 2019	1pm-2:30pm	Seisdon Peninsula GP Locality Board, Wolverhampton Road, Codsall, Wolverhampton WV8 1PX	14
14 August 2019	6pm-8:30pm	South East Staffordshire and Seisdon Peninsula CCG AGM, The George Hotel, Lichfield WS13 6PR	41
22 August 2019	6:30pm-8:30pm	Cannock Chase CCG AGM, Aquarius Ballroom, Hednesford WS12 1BT	41
5 September 2019	10am-12pm	Stafford Local Member Priority Meeting, New Bremen Room, County Buildings, Martin Street, Stafford ST16 2LE	Not available
5 September 2019	4.50pm	Staffordshire Health and Wellbeing Board	Not available
11 September 2019	2pm	Staffordshire Moorlands Health Overview and Scrutiny, The Council Chamber, Moorlands House, Stockwell Street, Leek ST13 6HQ	Not available

Table 14 details the meetings with local councillors and MPs.

Table 14. Meetings with local councillors, MPs

Date	Meeting
30 May 2019	Ruth Smeeth MP
7 June 2019	Andrew Griffiths MP
5 July 2019	Amanda Milling MP
13 August 2019	Jack Brereton MP

3.2.6 Correspondence

Stakeholders were able to provide their feedback via correspondence. Table 15 details the correspondence received.

Table 15. Details of correspondence received

	Email	Letter	Report	Total
Member of the public	4	0	1	5
Patient representative group	0	1	0	1
Charity / voluntary organisation	0	1	0	1
MP / councillor	1	3	0	4
Total	5	5	1	11

3.3 Stakeholder involvement

The listening exercise aimed to hear views on health and care services in Staffordshire and Stoke-on-Trent. This includes clinicians, statutory bodies, MPs, local authority leaders and elected members, service providers, voluntary and community organisations, patients, people from diverse communities and carers.

Stakeholder mapping was used to target communications and involvement activity, appropriate to each stakeholder group. Different stakeholders and partners were identified to support communications and involvement activities, including distributing collateral and event planning and event coordination. This analysis was included in the Communications and Involvement Strategy, [which is available on the website](#).

See Appendices C and D for full details of the organisations contacted and a breakdown of the involvement conducted with each organisation. Appendix E also shows the stakeholder map.

Communications were tailored to stakeholders by type and contact details available. Table 16 shows the number of stakeholders of each type.

Table 16. Stakeholder communications and involvement

Type of organisation	Number of stakeholder organisations
STP	16
MPs	13
Health and Adults Overview and Scrutiny Committee	13
Regulators	5
Other Health Stakeholders	26
Other Stakeholder	11
Third Sector	144
Campaign Group	3
Community Reference Group	13
Neighbouring STPS	5
Neighbouring NHS Trusts	8

3.3.1 Equalities and health inequalities

An [Equality Impact Assessment \(EIA\)](#) was produced outlining the approach to involving seldom heard groups. The Communications and Engagement team worked closely with the CCGs' Local Equality Advisory Forum (LEAF) and the voluntary sector to identify opportunities to involve and empower these groups to get involved.

Communications were designed to be accessible by being written in plain language and using visuals. An easy read document was also available. Collateral was available in other languages on request.

Listening events were designed to be accessible and inclusive, being held on different days and times to maximise attendance. Venues were chosen that met the Equality Act 2010 requirements and on registration, all participants were asked to specify any needs – for which reasonable adjustment was made.

4 Respondent profiling

This section profiles survey respondents and event participants. Respondents and participants were asked to provide their postcode and demographic characteristics when completing the main involvement survey, the postcard survey and the individual event participant workbook at the structured events.

This section is structured as follows:

- **Overview of respondents and participants**, showing the number of respondents and respondent types
- **Demographic profiling**, showing the demographic profile of respondents and participants
- **Mapping respondents and participants**: Using the postcodes provided by respondents and participants, their locations have been mapped
- **Index of Multiple Deprivation (IMD)**: Respondents' and participants' postcodes have been profiled against the IMD.

4.1 Overview of respondents and participants

Table 17 shows the number of respondents and participants for each method of feedback.

Table 17. Overview of responses and participants

Involvement channel	No. of responses
Main involvement survey	367 responses
Postcard survey	746 responses
Involvement events	In total, there were 108 listening events, roadshows and workshop events, with a total attendance of 2,975 354 participant workbooks completed 113 facilitator resource packs 69 notetaking templates
Correspondence	11 pieces of correspondence received

Table 18 shows the respondent types. Please note, respondents could select more than one option.

Table 18. Respondent types

	Total	Main involvement survey	Postcard survey	Events
User of urgent and emergency care services	47%	53%	43%	48%
User of community services	33%	43%	25%	38%
User of planned care services	24%	31%	21%	24%
User of maternity services	6%	8%	6%	3%
User of mental health services	10%	13%	9%	9%
Work within health and care	43%	38%	47%	40%
Base	1,372	362	686	324

4.2 Demographic profiling

This section demographically profiles respondents and participants and compares them to the population of Staffordshire and Stoke-on-Trent.

4.2.1 Response comparison

Table 19 compares the demographic profile of respondents and participants to the surveys and events to the local demographic statistics.

Table 19. Comparison of demographics to local area

		Staffordshire and Stoke combined	Respondents and participants
Marital status	Single	31%	23%
	Married	50%	61%
	In a civil partnership	0%	1%
	Separated	2%	1%
	Divorced	9%	6%
	Widowed	8%	7%
	Base	899,065	1,339
Age	Under 5	6%	0%
	5-15	12%	0%
	16-64	64%	68%
	65+	18%	32%
	Base	1,097,497	1,375
Gender	Men	50%	28%
	Women	50%	72%
	Base	1,097,497	1,338
Ethnicity	White	94%	95%
	Mixed/multiple ethnicity	1%	1%
	Asian/Asian British	4%	3%
	Black/African/Caribbean/Black British	1%	1%
	Other	0.3%	1%
	Base	1,097,497	1,372
Religion	Christian	67%	64%
	Buddhist	0.3%	1%
	Hindu	0.4%	0%
	Jewish	0.0%	0%
	Muslim	2.4%	1%
	Sikh	0.3%	1%
	Other	0.3%	2%
	No religion	23%	29%
	Not stated	6%	3%
	Base	1,097,497	1,372
Disability or health condition	Day-to-day activities limited a lot	10%	10%
	Day-to-day activities limited a little	10%	23%
	Day-to-day activities not limited	80%	67%
	Base	1,097,497	1,275

4.2.2 Overall demographic profile

Table 20 shows the demographic profile of the main involvement survey, postcard survey and participant workbook respondents.

Table 20. Demographic profile for the main involvement survey, postcard survey and participant workbook

Ethnicity			Sexual orientation		
White: British	1,261	92%	Heterosexual	1,203	93%
White: Irish	12	1%	Lesbian	5	0.4%
White: Gypsy or Irish Traveller	2	0.1%	Gay	8	1%
White: Other	20	2%	Bisexual	11	1%
Mixed: White and Black Caribbean	4	0.3%	Other	4	0.3%
Mixed: White and Black African	6	0.4%	Prefer not to say	69	5%
Mixed: White and Asian	2	0.1%	Base	1,300	
Mixed: Other	2	0.1%	Relationship status		
Asian/Asian British: Indian	19	1%	Married	815	59%
Asian/Asian British: Pakistani	10	1%	Civil partnership	14	1%
Asian/Asian British: Bangladeshi	1	0.1%	Single	165	12%
Asian/Asian British: Chinese	2	0.1%	Divorced	81	6%
Asian/Asian British: Other	3	0.2%	Lives with partner	143	10%
Black/Black British: African	5	0.4%	Separated	17	1%
Black/Black British: Caribbean	10	1%	Widowed	97	7%
Black/Black British: Other	1	0.1%	Other	8	1%
Other ethnic group: Arab	-	-	Prefer not to say	33	2%
Any other ethnic group	7	0.5%	Base	1,373	
Base	1,367		Pregnant currently		
Age category			Yes	5	0.4%
16 - 19	7	1%	No	1,273	98%
20 - 24	39	3%	Prefer not to say	23	2%
25 - 29	62	5%	Base	1,301	
30 - 34	92	7%	Recently given birth		
35 -39	92	7%	Yes	18	1%
40 - 44	107	8%	No	1,225	97%
45 - 49	122	9%	Prefer not to say	24	2%
50 - 54	168	12%	Base	1,267	
55 - 59	133	10%	Health problem or disability		
60 - 64	110	8%	Yes, limited a lot	130	10%
65 - 69	116	8%	Yes, limited a little	289	22%
70 - 74	155	11%	No health problem	856	66%
75 - 79	97	7%	Prefer not to say	32	2%
80 and over	75	5%	Base	1,307	
Prefer not to say	17	1%	Disability		
Base	1,392		Physical disability	157	35%
Religion			Sensory disability	82	18%
No religion	404	30%	Mental health need	87	19%
Christian	874	64%	Learning disability or difficulty	19	4%
Buddhist	7	1%	Long term illness	166	37%
Hindu	6	0.4%	Other disability	69	15%
Jewish	1	0.1%	Prefer not to say	71	16%
Muslim	11	1%	Base	451	
Sikh	8	1%	Carer		
Any other religion	18	1%	Yes - young person(s) aged under 24	149	11%
Prefer not to say	37	3%	Yes - adult(s) aged 25 to 49	32	2%
Base	1,366		Yes - person(s) aged over 50 years	221	17%
Sex			No	924	70%
Male	381	28%	Prefer not to say	26	2%
Female	957	70%	Base	1,320	
Intersex	1	0.1%	Gender identity		
Prefer not to say	21	2%	Yes*	5	1%
Other	1	0.1%	No	1,032	96%
Base	1,361		Prefer not to say	41	4%
Armed services			Base	1,078	
Yes	67	5%	* Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	1,291	94%			
Prefer not to say	17	1%			
Base	1,375				

4.2.3 Main involvement survey

Table 21 shows the demographic profile of main involvement survey respondents.

Table 21. Demographic profile for the main involvement survey

Ethnicity			Sexual orientation		
White: British	330	95%	Heterosexual	309	91%
White: Irish	3	1%	Lesbian	2	1%
White: Gypsy or Irish Traveller	-	-	Gay	2	1%
White: Other	4	1%	Bisexual	3	1%
Mixed: White and Black Caribbean	-	-	Other	1	0.3%
Mixed: White and Black African	-	-	Prefer not to say	23	7%
Mixed: White and Asian	-	-	Base	340	
Mixed: Other	-	-	Relationship status		
Asian/Asian British: Indian	2	1%	Married	209	60%
Asian/Asian British: Pakistani	2	1%	Civil partnership	3	1%
Asian/Asian British: Bangladeshi	-	-	Single	33	10%
Asian/Asian British: Chinese	-	-	Divorced	19	6%
Asian/Asian British: Other	-	-	Lives with partner	43	12%
Black/Black British: African	1	0.3%	Separated	3	1%
Black/Black British: Caribbean	2	1%	Widowed	19	6%
Black/Black British: Other	-	-	Other	2	1%
Other ethnic group: Arab	-	-	Prefer not to say	17	5%
Any other ethnic group	3	1%	Base	348	
Base	347		Pregnant currently		
Age category			Yes	1	0.3%
16 - 19	-	-	No	327	97%
20 - 24	6	2%	Prefer not to say	9	3%
25 - 29	13	4%	Base	337	
30 - 34	22	6%	Recently given birth		
35 -39	29	8%	Yes	3	1%
40 - 44	25	7%	No	323	96%
45 - 49	37	11%	Prefer not to say	9	3%
50 - 54	42	12%	Base	335	
55 - 59	45	13%	Health problem or disability		
60 - 64	28	8%	Yes, limited a lot	29	8%
65 - 69	29	8%	Yes, limited a little	86	25%
70 - 74	39	11%	No health problem	219	63%
75 - 79	16	5%	Prefer not to say	15	4%
80 and over	14	4%	Base	349	
Prefer not to say	9	3%	Disability		
Base	354		Physical disability	52	35%
Religion			Sensory disability	21	14%
No religion	101	29%	Mental health need	27	18%
Christian	220	63%	Learning disability or difficulty	3	2%
Buddhist	2	1%	Long term illness	62	42%
Hindu	1	0.3%	Other disability	27	18%
Jewish	-	-	Prefer not to say	29	20%
Muslim	2	1%	Base	149	
Sikh	-	-	Carer		
Any other religion	8	2%	Yes - young person(s) aged under 24	40	12%
Prefer not to say	15	4%	Yes - adult(s) aged 25 to 49	7	2%
Base	349		Yes - person(s) aged over 50 years	62	18%
Sex			No	234	67%
Male	85	24%	Prefer not to say	17	5%
Female	251	72%	Base	347	
Intersex	-	-	Gender identity		
Prefer not to say	13	4%	Yes*	1	0.3%
Other	1	0.3%	No	298	95%
Base	350		Prefer not to say	15	5%
Armed services			Base	314	
Yes	19	5%	* Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	325	92%			
Prefer not to say	9	3%			
Base	353				

4.2.4 Postcard survey

Table 22 shows the demographic profile of postcard survey respondents.

Table 22. Demographic profile for the postcard survey

Ethnicity			Sexual orientation		
White: British	612	90%	Heterosexual	590	93%
White: Irish	5	1%	Lesbian	1	0.2%
White: Gypsy or Irish Traveller	2	0.3%	Gay	4	1%
White: Other	16	2%	Bisexual	6	1%
Mixed: White and Black Caribbean	3	0.4%	Other	3	1%
Mixed: White and Black African	4	1%	Prefer not to say	30	5%
Mixed: White and Asian	2	0.3%	Base	634	
Mixed: Other	2	0.3%	Relationship status		
Asian/Asian British: Indian	11	2%	Married	364	54%
Asian/Asian British: Pakistani	8	1%	Civil partnership	6	1%
Asian/Asian British: Bangladeshi	1	0.1%	Single	108	16%
Asian/Asian British: Chinese	-	-	Divorced	42	6%
Asian/Asian British: Other	3	0.4%	Lives with partner	78	12%
Black/Black British: African	3	0.4%	Separated	12	2%
Black/Black British: Caribbean	7	1%	Widowed	56	8%
Black/Black British: Other	1	0.1%	Other	4	1%
Other ethnic group: Arab	-	-	Prefer not to say	11	2%
Any other ethnic group	4	1%	Base	681	
Base	648		Pregnant currently		
Age category			Yes	4	1%
16 - 19	7	1%	No	641	98%
20 - 24	28	4%	Prefer not to say	9	1%
25 - 29	42	6%	Base	654	
30 - 34	58	8%	Recently given birth		
35 - 39	50	7%	Yes	15	2%
40 - 44	60	9%	No	607	96%
45 - 49	59	9%	Prefer not to say	8	1%
50 - 54	89	13%	Base	630	
55 - 59	52	8%	Health problem or disability		
60 - 64	42	6%	Yes, limited a lot	72	11%
65 - 69	40	6%	Yes, limited a little	124	20%
70 - 74	66	10%	No health problem	426	67%
75 - 79	45	7%	Prefer not to say	13	2%
80 and over	45	7%	Base	635	
Prefer not to say	7	1%	Disability		
Base	690		Physical disability	105	40%
Religion			Sensory disability	61	23%
No religion	201	29%	Mental health need	38	14%
Christian	440	64%	Learning disability or difficulty	10	4%
Buddhist	2	0.3%	Long-term illness	104	39%
Hindu	2	0.3%	Other disability	42	16%
Jewish	-	-	Prefer not to say	30	11%
Muslim	9	1%	Base	266	
Sikh	7	1%	Carer		
Any other religion	10	2%	Yes - young person(s) aged under 24	76	12%
Prefer not to say	13	2%	Yes - adult(s) aged 25 to 49	20	3%
Base	684		Yes - person(s) aged over 50 years	107	16%
Sex			No	456	70%
Male	164	25%	Prefer not to say	8	1%
Female	495	74%	Base	651	
Intersex	1	0.1%	Gender identity		
Prefer not to say	7	1%	Yes*	3	1%
Other	-	-	No	469	97%
Base	667		Prefer not to say	13	3%
Armed services			Base	485	
Yes	29	4%	*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	653	95%			
Prefer not to say	5	1%			
Base	687				

4.2.5 Events

Table 23 shows the demographic profile of events participants completing participant workbooks.

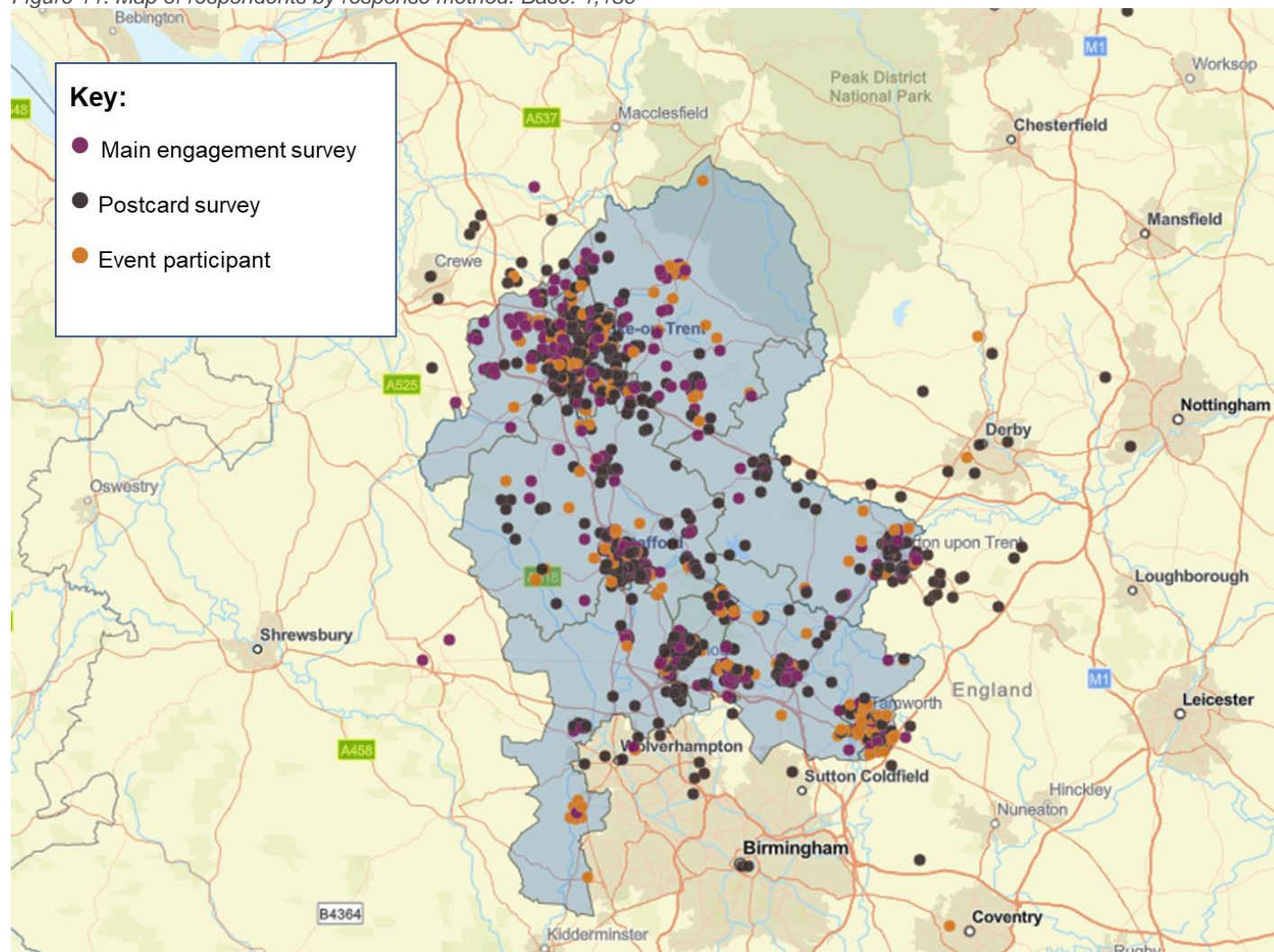
Table 23. Demographic profile for the events (participant workbooks)

Ethnicity			Sexual orientation		
White: British	319	95%	Heterosexual	304	93%
White: Irish	4	1%	Lesbian	2	1%
White: Gypsy or Irish Traveller	-	-	Gay	2	1%
White: Other	-	-	Bisexual	2	1%
Mixed: White and Black Caribbean	1	0.3%	Other	-	-
Mixed: White and Black African	2	1%	Prefer not to say	16	5%
Mixed: White and Asian	-	-	Base	326	
Mixed: Other	-	-	Relationship status		
Asian/Asian British: Indian	6	2%	Married	242	70%
Asian/Asian British: Pakistani	-	-	Civil partnership	5	2%
Asian/Asian British: Bangladeshi	-	-	Single	24	7%
Asian/Asian British: Chinese	2	1%	Divorced	20	6%
Asian/Asian British: Other	-	-	Lives with partner	22	6%
Black/Black British: African	1	0.3%	Separated	2	1%
Black/Black British: Caribbean	1	0.3%	Widowed	22	6%
Black/Black British: Other	-	-	Other	2	1%
Other ethnic group: Arab	-	-	Prefer not to say	5	2%
Any other ethnic group	-	-	Base	344	
Base	336		Pregnant currently		
Age category			Yes	-	-
16 - 19	-	-	No	305	98%
20 - 24	5	1%	Prefer not to say	5	2%
25 - 29	7	2%	Base	310	
30 - 34	12	3%	Recently given birth		
35 - 39	13	4%	Yes	-	-
40 - 44	22	6%	No	295	98%
45 - 49	26	8%	Prefer not to say	7	2%
50 - 54	37	11%	Base	302	
55 - 59	36	10%	Health problem or disability		
60 - 64	40	12%	Yes, limited a lot	29	9%
65 - 69	47	14%	Yes, limited a little	79	25%
70 - 74	50	14%	No health problem	211	65%
75 - 79	36	10%	Prefer not to say	4	1%
80 and over	16	5%	Base	323	
Prefer not to say	1	0.3%	Disability		
Base	348		Physical disability	-	-
Religion			Sensory disability	-	-
No religion	102	31%	Mental health need	22	61%
Christian	214	64%	Learning disability or difficulty	6	17%
Buddhist	3	1%	Long term illness	-	-
Hindu	3	1%	Other disability	-	-
Jewish	1	0.3%	Prefer not to say	12	33%
Muslim	-	-	Base	36	
Sikh	1	0.3%	Carer		
Any other religion	-	-	Yes - young person(s) aged under 24	33	10%
Prefer not to say	9	3%	Yes - adult(s) aged 25 to 49	5	2%
Base	333		Yes - person(s) aged over 50 years	52	16%
Sex			No	234	73%
Male	132	38%	Prefer not to say	1	0.3%
Female	211	61%	Base	322	
Intersex	-	-	Gender identity		
Prefer not to say	1	0.3%	Yes*	1	0.4%
Other	-	-	No	265	95%
Base	344		Prefer not to say	13	5%
Armed services			Base	279	
Yes	19	6%	*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	313	93%			
Prefer not to say	3	1%			
Base	335				

4.3 Mapping respondents and participants

Figure 11 maps respondents and participants by response method overlaid on the Staffordshire and Stoke-on-Trent areas.

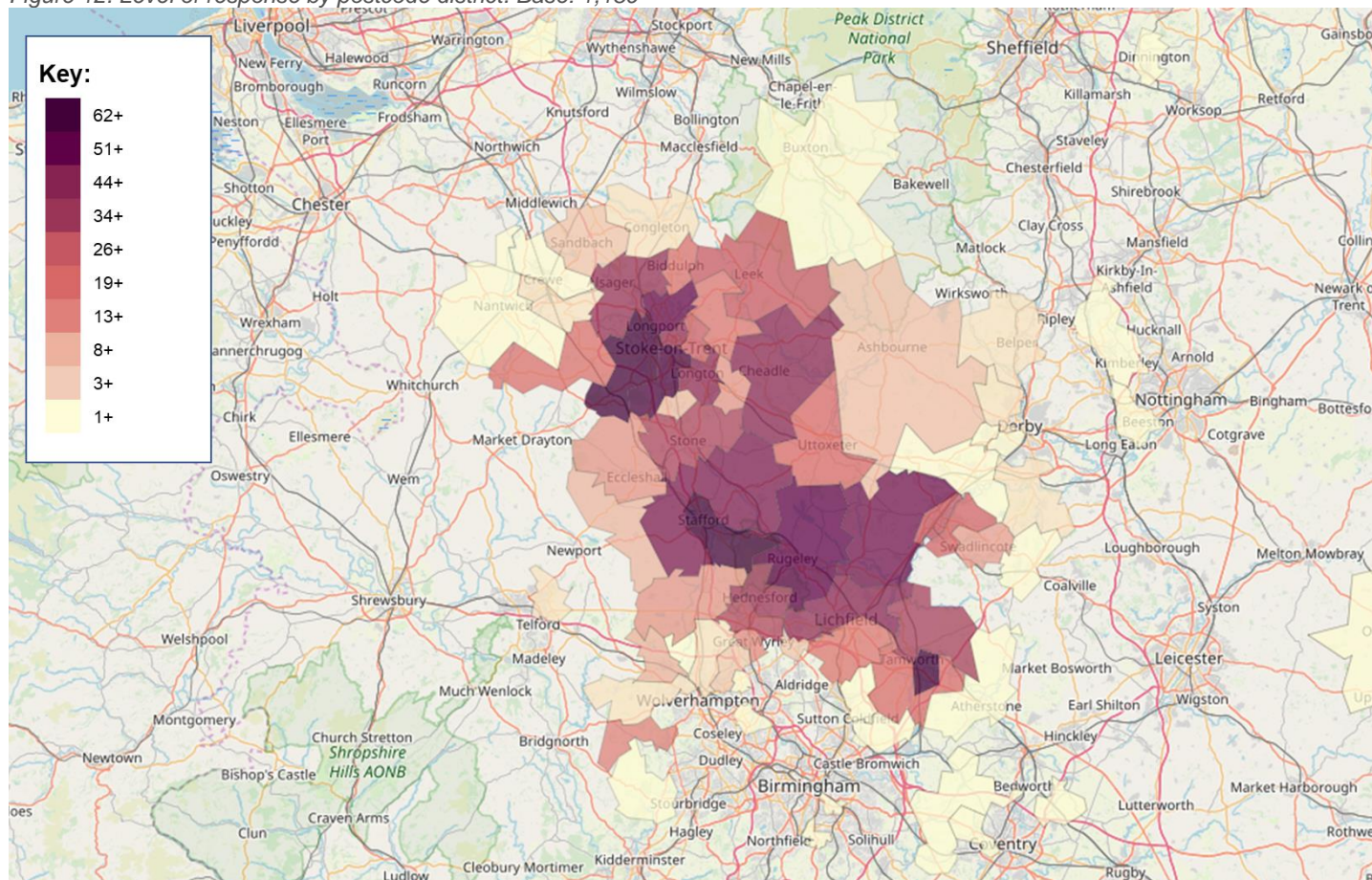
Figure 11. Map of respondents by response method. Base: 1,180



Map includes those who provided full postcode or provided enough data to allow mapping

Figure 12 shows the level of response by postcode district. This combines all response methods (postcard survey, main involvement survey and event participants).

Figure 12. Level of response by postcode district. Base: 1,189



Map includes those who provided postcode district

4.4 Index of Multiple Deprivation (IMD)

Table 24 shows the IMD breakdown for each of the involvement channels. Please see section 5.1 for an explanation of IMD.

Table 24. IMD breakdown

Decile	Total	Main involvement survey	Postcard survey	Event participant workbook
1 (most deprived)	4%	4%	5%	3%
2	6%	7%	5%	7%
3	7%	7%	7%	6%
4	7%	7%	6%	9%
5	6%	7%	5%	6%
6	11%	10%	10%	16%
7	11%	12%	10%	13%
8	8%	11%	7%	7%
9	11%	13%	9%	12%
10 (least deprived)	9%	10%	8%	10%
Out of area	5%	2%	7%	2%
Postcode unable to be profiled or no postcode provided	16%	11%	21%	10%
Base	1,467	367	746	354

5 Findings

This section presents the feedback from the listening exercise.

The reporting and analysis notes section below summarises the methodology used to analyse the feedback from the different mechanisms and how the findings around each service area are presented.

5.1 Reporting and analysis notes

5.1.1 Geography of survey respondents

Survey respondents were asked to provide their postcode. This was used to undertake analysis of the feedback by the six Staffordshire CCGs (Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsula, Stafford and Surrounds and Stoke-on-Trent). Some postcodes were from respondents outside of Staffordshire, whilst others did not provide this information. These two groups have been combined in the tables.

Postcodes were cross referenced against CCG areas using the NHS Postcode Directory: <http://geoportal.statistics.gov.uk/datasets/nhs-postcode-directory-uk-extract-august-2018>

Postcodes were cross-referenced against the nine Staffordshire boroughs and Index of Multiple Deprivation (IMD) using this online tool: <http://imd-by-postcode.opendatacommunities.org>

The IMD is the official measure of relative deprivation for small areas in England. Every small area (Lower Super Output Area) for England is ranked from one (most deprived area) to 32,844 (least deprived area). From this the IMD 'deciles' are calculated. Deciles are created by dividing the 32,844 small areas into 10 equal groups. The most deprived 10 per cent of small areas nationally are categorised as 'decile 1' or '1' whilst the least deprived 10 per cent of small areas are described as 'decile 10' or '10'.¹

Some postcodes were unable to be profiled by the IMD as they were incomplete, not recognised or not in the database (e.g. the postcode of new builds).

5.1.2 Presentation of findings

Within the findings section of this report, feedback is presented in the following order for each section:

- Feedback from the main involvement survey
- Feedback from the postcard survey (if applicable)
- Feedback from the structured listening events. This includes the public and workforce listening events detailed in Section 3.2.5
- Feedback from the unstructured events. This includes the roadshows, workshops and other meetings detailed in Section 3.2.5
- Feedback from correspondence received
- Feedback from other channels (if applicable).

5.1.3 Analysis of findings

The main involvement survey used a combination of 'open text' questions, for respondents to make written comments and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses. For example, 'how would you rate your last experience of urgent and emergency care services?' with the options: very poor, poor, no opinion, good or excellent. Closed questions have been reported in tables, with answers cross-tabulated by respondent type, CCG area and IMD.

¹ IMD explanatory information is taken from The English Index of Multiple Deprivation (IMD) 2015 – Guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464430/English_Index_of_Multiple_Deprivation_2015_-_Guidance.pdf



All the open responses received to the main involvement survey, postcard survey and event participant work pack have been read and coded into themes. This is a subjective process. Initially, a random sample of responses from each open question were read and the key themes (codes) mentioned by respondents were identified. As more open responses were read, any new themes that emerged were added to the list and used to code the responses. This was undertaken for every open question, meaning every comment has been read and coded and included in this analysis.

The final list of codes (code frame) was replicable across all the questions of the main involvement survey, postcard survey and participant work pack. This means each code can be either positive or negative, depending on the question that was asked.

The list of themes created to undertake this analysis can be found in Table 25. This table also provides an explanation of each theme.

Table 25. Explanation of coded themes

Main theme	Theme (code)	Explanation
Access	Waiting list / Appointments / Referrals	Time on a waiting list to get an appointment and / or referral to a healthcare professional / service
	Distance / Access to hospital/GP	The distance from respondent's home address to place of care (e.g. hospital, GP, health centre, clinic) or the time/ease of getting transport there (public)
	Parking £ / spaces	Availability of parking spaces, the cost of parking, general principle of paying at hospitals, park and ride services, staff parking
	Administration / information	Information received from a healthcare provider e.g. about appointment dates, contacts, choices, location, what to bring and what will happen during the appointment
	Awareness and education of services / prevention	Respondents level of awareness and education on healthcare services (what is available, where to go, when, for who), public health information to prevent ill-health
	General	General comments e.g. all good/poor
	Other	Other
	Public transport	Public transport to and from hospital sites/services
Admission	Waiting time at hospital / GP surgery	On arrival/after notifying reception, the waiting time before a respondent is seen by healthcare staff
	Information	Information given to the respondent e.g. waiting time, what happens next, where to go, how to get there, who you will see, able to answer your questions
	Treatment by staff	Welcome from reception, asked how they could help, being listened to, understanding respondents questions, and staff responding in a way the respondent can understand
	Organisation	Organisation of reception. Someone was available, seen quickly/in a reasonable time, had the relevant information about the respondent
	General	General - all good/poor
	Other	Admission - other comments
Staff	Care and treatment	The quality of care and treatment from healthcare staff
	Attitude and empathy	The attitude and level of empathy from staff treating the respondent
	Availability	Availability of staff when you needed them e.g. nurses/assistants on the ward
	Communication	Communication with respondent from healthcare/administrative staff e.g. amount of information, at right time, understandable, right form (verbal, written)
	Skill / Knowledge / Professionalism	The skills, knowledge and professional approach of staff
	Teamwork / Integration	Coordination and continuity of care. How staff worked together to deliver care/treatment and the general coordination and continuity of care within the organisation and with other organisations e.g. between acute/ primary/ third sector/ Care home
	General	General comment e.g. everyone was great, all good, all poor
	Other	Other comments on staff
	Staff numbers / workload / working conditions	A lack of staff, overworked, poor working conditions e.g. not enough nurses on the ward, need more nurses
Place	Cleanliness	Cleanliness of the site, reception area, ward, clinic, toilets
	Food	Comments on food e.g. quality/ quantity/ temperature/ portion size. Choices of food available/ offered/ delivered as requested. Getting assistance to eat
	IT services	Able to easily access information/ medical record of respondent's care/ treatment, medical record being accurate/ up to date
	Other	Other comments on IT/ records
Friends / Family	Access	Family/ friends were/ not allowed sufficient access to the patient
	Informed	Family/friends being kept informed (as much as the respondent wanted them to be), discussed treatment options, given right information, understandable, at the right time, right format (verbal, written).

	Treatment	Friends and family treated with respect, not ignored, feelings considered, able to ask questions, get understandable answers
Services	NHS 111	Specific comment on the NHS 111 service
	Ambulance service / 999	Specific comment on the Ambulance service, including the 999 call, travel in the ambulance as an emergency case, the hospital transport service
	Urgent and emergency care (A&E)	Specific comment on the Accident and Emergency care (A&E) at hospital e.g. all worked well/poor experience
	Integrated community services (GPs/nurses/pharmacists)	Specific comment on the community services (GPs/ nurses/ pharmacists) e.g. my health care centre is very good/poor
	Maternity services	Specific comment on the maternity services e.g. everything about the maternity service was great/poor
	Mental health services	Specific comment on the mental health services e.g. my local mental health trust is good / poor
	Planned care services (surgery, cancer treatment, hospital appointments)	Specific comment on the planned care services e.g. hospital stay, surgery, cancer treatment, outpatient appointments
	Community hospital services (community hospitals, minor injuries units)	Specific comment on the community hospital services e.g. local community hospitals, walk-in centre/minor injuries unit
	Care within the community	General comments about wider care within the local community
	Childcare services	Comments on health and social care services for children
Discharge	Leaving GP, hospital / discharge	Time to arrange discharge/ delays/ information and communication in getting discharged, transport/ getting home, feeling ready to leave, getting information on what happens next, where to go if had worries/ need information, what to do if condition gets worse, information on medications/side effects
Integrated care	After visit / follow up	What happened after the appointment e.g. amount of contact/ follow up, clarity around follow up arrangements, by right person, satisfaction
	Link between services hospital / GP / care	Accessing and sharing information about the respondent between organisations e.g. from the hospital/ consultant/ outpatient departments to the GP/ social services/ third sector/ care home/ other healthcare organisations.
General positive	Positive comment / All good / Improved	General positive comment e.g. it was great, all good, improved since last time, it was better than expected
General positive	Thanks to staff / organisation	General thanks/appreciation of healthcare staff and the organisation e.g. all the staff were great, thanks to everyone at the hospital
Outcomes	Overall outcome of care / treatment	Overall outcome of the care/treatment e.g. feel better now, worse than before operation
General negative	Negative comment / experience	Negative comment/experience in the positive section
Vulnerable groups	Elderly, those living alone (no family) and other vulnerable adults	Elderly, those living alone, those without family/friends to support them, other vulnerable adults
Other	Other	One off comment made that do not fit into any of the above categories
Other	DK / not applicable	Not applicable response that is not providing an answer to the question – e.g. Don't know / N/A

The same code frame was used to analyse the feedback collected by facilitators at the listening events, roadshows and workshops.

The 'base' figure in the tables containing data from the main involvement survey, postcard survey and participant work packs refer to the number of respondents providing an answer to each question. This number varies as involvement in the surveys was voluntary, therefore respondents were able to skip past questions did not wish to answer.

For the listening events (structured), the base figure refers to the number of tables, whereas for roadshows and workshop events (unstructured), the base is the number of events.

The figures presented in the tables containing data from the structured events refers to the number of tables mentioning each point. For example, if the theme 'Access: distance / access to hospital, GP' was mentioned eight times, this means it was mentioned on eight tables.

In the tables showing data from the roadshows and workshops, the figures refer to the number of events the theme was raised. For example, if the theme 'Access: distance / access to hospital, GP' was mentioned eight times, this means it was mentioned at eight roadshows or workshops.

All questions were cross-tabulated by the demographic profiling questions (the nine protected characteristics) and by the geographies listed above.

Significance testing was undertaken to identify where specific characteristic groups held a particular view or raised a theme. This has been reported throughout the report where there is a base greater than 30.

Exemplar verbatim comments are also presented in the report. These are presented as written by the respondent, including any errors.

5.2 Experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

This section presents feedback on the experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent. This is split into the following sub-sections:

- Urgent and emergency care services
- Mental health services
- Integrated community services
- Maternity care services
- Planned care services
- Community hospital services
- Other comments on experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent.

5.2.1 Urgent and emergency care services

This section presents respondents' experiences and understanding of urgent and emergency care services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.1.1 Feedback from the main involvement survey

This section presents feedback from the main involvement survey on urgent and emergency care services.

5.2.1.1.1 Usage of urgent care

Table 26 shows the proportion of respondents that had used urgent and emergency care services in the last three years by respondent type.

Table 26. Q3. Have you used urgent and emergency care services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Not answered
Yes	63%	64%	60%	75%
No	37%	36%	40%	25%
Base	361	224	133	4

Table 27 shows the proportion of respondents that had used urgent and emergency care in the last three years by CCG area and IMD.

Table 27. Q3. Have you used urgent and emergency care services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Yes	63%	63%	67%	59%	62%	66%	60%	70%	61%	63%	69%
No	37%	37%	33%	41%	39%	35%	40%	30%	39%	37%	31%
Base	361	35	24	88	52	84	45	33	113	203	45

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 40-49 were more likely to have used urgent and emergency care services than those aged 50-69
- **Relationship status:** Respondents who were married were more likely to have used urgent and emergency care services than those who were single or living with partner
- **Carers:** Respondents who were carers for those aged under 24 years or over 50 years were more likely to have used urgent and emergency care services than those who were not carers.

5.2.1.1.2 Rating urgent care

Table 28 shows how respondents rated their experience of urgent care by respondent type. Overall, 160 (71 per cent) respondents rated their experience as excellent or good, compared to 54 (24 per cent) who rated their experience as poor or very poor.

When analysing by respondent type, ratings were similar for members of the public and healthcare staff.

Table 28. Q4. How would you rate your last experience of urgent and emergency care services? By respondent type

	Total	Public	Staff	Unknown
Excellent	28%	30%	22%	67%
Good	43%	40%	48%	33%
No opinion	6%	4%	10%	-
Poor	19%	20%	20%	-
Very poor	4%	6%	1%	-
Base	227	142	82	3

Table 29 shows how respondents rated their experience of urgent and emergency care by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents providing a rating of excellent or good was from the South East Staffordshire and Seisdon Peninsula CCG area (28 / 88 per cent). In comparison it was lowest in the North Staffordshire CCG area (28 / 53 per cent).

When analysing by IMD decile, ratings were highest in the least deprived areas, with 96 (76 per cent) giving a rating of excellent or good, compared to 46 (67 per cent) in the most deprived areas.

Table 29. Q4. How would you rate your last experience of urgent and emergency care services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Excellent	28%	23%	27%	23%	41%	30%	30%	21%	28%	31%	16%
Good	43%	46%	47%	30%	47%	56%	37%	38%	39%	45%	41%
No opinion	6%	5%	7%	8%	3%	2%	7%	13%	4%	5%	13%
Poor	19%	27%	20%	32%	6%	9%	19%	25%	22%	16%	28%
Very poor	4%	-	-	8%	3%	4%	7%	4%	7%	3%	3%
Base	227	22	15	53	32	54	27	24	69	126	32

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to rate urgent and emergency care services as 'excellent', compared to those aged 40-49.

Respondents were asked to give reasons for their rating of urgent and emergency care services. Feedback is shown by respondent type (Table 30), CCG area and IMD (Table 31).

The top three themes for respondents rating urgent and emergency care as **excellent** or **good** were:

- *Admission: Waiting time at hospital / GP surgery* (64)
- *Staff: Care and treatment* (39)
- *General positive: Positive comment / all good / improved* (22).

The top three themes for respondents rating urgent and emergency care as **poor** or **very poor** or having **no opinion** were:

- *Admission: Waiting time at hospital / GP surgery* (34)
- *Staff: Care and treatment* (16)
- *Staff: Attitude and empathy* (9).

The most frequently mentioned themes by respondent type for those rating urgent and emergency care as **excellent** or **good** were:

- **Public:** *Admission: Waiting time at hospital / GP surgery* (40)
- **Staff:** *Admission: Waiting time at hospital / GP surgery* (23).

The most frequently mentioned themes by respondent type for those rating urgent and emergency care as **poor** or **very poor** or having **no opinion** were:

- **Public:** *Admission: Waiting time at hospital / GP surgery* (19)
- **Staff:** *Admission: Waiting time at hospital / GP surgery* (15).

Table 30. Q5. Please explain why you gave this rating. By respondent type.

	Main theme	Theme	Total	Public	Staff	Unknown
Excellent / good	Access	Waiting list / appointments / referrals	6	5	1	-
		Distance / access to hospital/GP	6	4	2	-
		Parking £ / spaces	1	1	-	-
	Admission	Waiting time at hospital / GP surgery	64	40	23	1
		Treatment by staff	5	3	2	-
		Information	1	-	1	-
		General	1	-	1	-
	Discharge	Leaving GP, hospital / discharge	1	-	1	-
	Friends / family	Treatment	2	1	1	-
		Access	2	1	1	-
	General negative	Negative comment / experience	1	1	-	-
	General positive	Positive comment / all good / improved	22	12	10	-
		Thanks to staff / organisation	1	1	-	-
	Integrated care	Link between services hospital / GP / care	1	-	-	1
	Outcomes	Overall outcome of care / treatment	1	-	1	-
	Place	Cleanliness	1	1	-	-
		Food	1	1	-	-
	Services	Urgent and emergency care (A&E)	17	9	8	-
		Ambulance service / NHS 111	11	8	3	-
		NHS 111	4	1	3	-
		Community hospital services	3	3	-	-
		Planned care services	2	2	-	-
	Staff	Care and treatment	39	19	20	-
		Attitude and empathy	19	12	6	1
		Skill / knowledge / professionalism	9	7	2	-
		Communication	7	4	3	-
		General	4	2	2	-
		Staff numbers / workload / working conditions	4	4	-	-
		Availability	2	2	-	-
		Teamwork / integration	2	1	1	-
		Other	1	-	1	-
	Other	DK / not applicable	4	4	-	-
		Other	3	2	1	-
Poor / very poor / no opinion	Access	Distance / access to hospital/GP	2	1	1	-
		Waiting list / appointments / referrals	1	1	-	-
		Parking £ / spaces	1	-	1	-
	Admission	Waiting time at hospital / GP surgery	34	19	15	-
		Information	3	1	2	-
		Treatment by staff	2	-	2	-
		Other	1	1	-	-
	Discharge	Leaving GP, hospital / discharge	2	2	-	-
	Friends / family	Treatment	2	2	-	-
	General negative	Negative comment / experience	6	2	4	-
	Integrated care	After visit / follow up	1	1	-	-
		Link between services hospital / GP / care	1	-	1	-
	Place	Food	2	2	-	-
		IT services	1	1	-	-
		Other	1	1	-	-
	Services	Ambulance service / NHS 111	2	1	1	-
		Urgent and emergency care (A&E)	2	2	-	-
		NHS 111	1	1	-	-
	Staff	Care and treatment	16	9	6	1
		Attitude and empathy	9	4	5	-

		Availability	6	4	2	-
		Communication	6	3	3	-
		Skill / knowledge / professionalism	6	4	2	-
		Staff numbers / workload / working conditions	5	5	-	-
	Other	Other	2	2	-	-
		DK / not applicable	2	2	-	-
Base			218	139	75	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area for those rating urgent and emergency care as **excellent** or **good** were:

- **Cannock Chase:** Admission: Waiting time at hospital / GP surgery (8)
- **East Staffordshire:** Admission: Waiting time at hospital / GP surgery (3)
- **North Staffordshire:** Admission: Waiting time at hospital / GP surgery (11)
- **South East Staffordshire and Seisdon Peninsula:** Admission: Waiting time at hospital / GP surgery (9)
- **Stafford and Surrounds:** Admission: Waiting time at hospital / GP surgery (17)
- **Stoke-on-Trent:** Admission: Waiting time at hospital / GP surgery (12).

The most frequently mentioned theme by CCG area for those rating urgent and emergency care as **poor** or **very poor** or having **no opinion** were:

- **Cannock Chase:** Staff: Care and treatment (3)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Admission: Waiting time at hospital / GP surgery (14)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Admission: Waiting time at hospital / GP surgery (4)
- **Stoke-on-Trent:** Admission: Waiting time at hospital / GP surgery (6).

The most frequently mentioned theme by IMD decile for those rating urgent and emergency care as **excellent** or **good** were:

- **Most deprived areas:** Admission: Waiting time at hospital / GP surgery (20)
- **Least deprived areas:** Admission: Waiting time at hospital / GP surgery (36).

The most frequently mentioned theme by IMD decile for those rating urgent and emergency care as **poor** or **very poor** or having **no opinion** were:

- **Most deprived areas:** Admission: Waiting time at hospital / GP surgery (15)
- **Least deprived areas:** Admission: Waiting time at hospital / GP surgery (13).

Table 31. Q5. Please explain why you gave this rating. By CCG area and IMD.

	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / no postcode	Most deprived	Least deprived	Out of area / No Postcode / No Data
Excellent / good	Access	Waiting list / appointments / referrals	6	1	-	1	1	2	1	-	-	6	-
		Distance / access to hospital/GP	6	1	-	1	-	3	1	-	3	3	-
		Parking £ / spaces	1	-	-	1	-	-	-	-	-	1	-
	Admission	Waiting time at hospital / GP surgery	64	8	3	11	9	17	12	4	20	36	8
		Treatment by staff	5	-	-	2	-	1	1	1	2	2	1
		Information	1	-	-	1	-	-	-	-	-	1	-
		General	1	-	-	1	-	-	-	-	-	1	-
	Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	1	-	-	-	1	-
	Family / friends	Treatment	2	-	1	-	-	-	1	-	-	2	-
		Access	2	1	-	1	-	-	-	-	1	1	-
	General negative	Negative comment / experience	1	-	-	1	-	-	-	-	1	-	-
	General positive	Positive comment / all good / improved	22	2	-	4	7	5	1	3	7	12	3
		Thanks to staff / organisation	1	-	-	-	1	-	-	-	-	1	-
	Integrated care	Link between services hospital / GP / care	1	-	-	-	-	1	-	-	1	-	-
	Outcomes	Overall outcome of care / treatment	1	-	-	-	1	-	-	-	1	-	-
	Place	Cleanliness	1	-	-	1	-	-	-	-	1	-	-
		Food	1	-	-	-	1	-	-	-	-	1	-
	Services	Urgent and emergency care (A&E)	17	2	2	3	3	6	-	1	5	11	1
		Ambulance service/ NHS 111	11	1	-	3	4	2	-	1	4	6	1
		NHS 111	4	-	-	-	-	2	2	-	2	2	-
		Community hospital services	3	-	-	-	2	1	-	-	1	2	-
		Planned care services	2	-	-	2	-	-	-	-	1	1	-
	Staff	Care and treatment	39	3	1	9	5	12	5	4	13	22	4
		Attitude and empathy	19	2	-	3	4	6	2	2	5	12	2
		Skill/ knowledge/ professionalism	9	1	1	1	2	1	1	2	2	5	2
		Communication	7	-	-	2	-	3	1	1	1	5	1
		General	4	-	-	2	1	1	-	-	-	4	-
		Staff numbers / workload / working conditions	4	-	-	1	1	1	-	1	2	1	1
		Availability	2	-	-	-	-	1	-	1	1	-	1
		Teamwork / integration	2	-	-	-	-	2	-	-	-	2	-
		Other	1	-	-	-	-	-	-	1	-	-	1
		DK / not applicable	4	-	2	-	1	-	1	-	1	3	-

	Other	OTHER	3	-	1	-	-	2	-	-	-	3	-
Poor / very poor / no opinion	Access	Distance / access to hospital/GP	2	-	-	-	-	1	-	1	-	1	1
		Waiting list / appointments / referrals	1	-	-	1	-	-	-	-	-	1	-
		Parking £ / spaces	1	-	-	-	-	1	-	-	-	1	-
	Admission	Waiting time at hospital / GP surgery	34	2	2	14	2	4	6	4	15	13	6
		Information	3	-	-	2	1	-	-	-	2	1	-
		Treatment by staff	2	-	-	-	-	1	1	-	1	1	-
		Other	1	-	-	1	-	-	-	-	-	1	-
	Discharge	Leaving GP, hospital / discharge	2	1	-	1	-	-	-	-	1	1	-
	Friends / family	Treatment	2	-	-	-	-	1	-	1	-	-	2
	General negative	Negative comment / experience	6	2	-	2	-	-	1	1	2	3	1
	Integrated care	After visit / follow up	1	-	1	-	-	-	-	-	-	-	1
		Link between services hospital / GP / care	1	-	-	-	-	-	-	1	-	-	1
	Place	Food	2	1	-	-	-	-	1	-	2	-	-
		IT services	1	-	-	-	-	1	-	-	-	1	-
		Other	1	-	-	1	-	-	-	-	-	1	-
	Services	Ambulance service/ NHS 111	2	-	-	1	-	-	-	1	-	1	1
		Urgent and emergency care (A&E)	2	-	-	1	-	1	-	-	-	2	-
		NHS 111	1	-	1	-	-	-	-	-	-	-	1
	Staff	Care and treatment	16	3	-	6	-	2	4	1	6	7	3
Attitude and empathy		9	2	-	4	-	2	-	1	2	6	1	
Availability		6	1	-	3	-	1	-	1	2	3	1	
Communication		6	-	-	4	-	1	1	-	1	5	-	
Skill / knowledge / professionalism		6	1	1	2	-	1	1	-	2	3	1	
Staff numbers / workload / working conditions		5	-	1	1	1	1	1	-	4	-	1	
Other	OTHER	2	-	-	1	-	1	-	-	-	2	-	
	DK / not applicable	2	-	-	-	-	-	-	2	-	-	2	
Base			218	21	13	51	31	54	26	22	67	122	29

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Carers:** Respondents who had rated urgent and emergency care positively and were carers for those aged over 50 years were more likely to comment *Services: urgent and emergency care in general* or *Services: Ambulance service / NHS 111*. than those who were not carers.

Exemplar verbatims:

“One experience was negative - the reception were not very helpful, very long wait with little information and few patients going to be seen. In the end we left and this had a negative impact on the person's health. A person was physically sick in the waiting room and I did not feel the staff dealt with this with dignity (e.g. asking if she was ok). One experience was positive - there was a very long wait but the resulting care was good.”

(35-39, Stoke-on-Trent CCG area, female, member of staff)

“The clinical aspect of A&E is good, but the parking at the hospital, the long waiting times and the availability of medicines prescriptions at the hospital are very much a big down side.”

(80 and over, North Staffordshire CCG area, male, member of the public)

5.2.1.1.3 Views on urgent and emergency care

Respondents were asked what is working well in urgent and emergency care. Feedback is shown by respondent type (Table 32), CCG area and IMD (Table 33).

The most frequently mentioned themes were:

- *Staff: Care and treatment* (35)
- *Services: Urgent and emergency care in general* (34)
- *Admission: Waiting time at hospital / GP surgery* (28).

The most frequently mentioned theme by respondent type was:

- **Public (user in last 3 years):** *Staff: Care and treatment* (21)
- **Public (not user in last 3 years):** *Negative comment / experience* (6)
- **Staff (user in last 3 years):** *Staff: Care and treatment* (9) and *Services: Urgent and emergency care in general* (9)
- **Staff (not user in last 3 years):** *Services: Urgent and emergency care in general* (6).



Table 32. Q6. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	13	6	3	3	1	-
	Waiting list / appointments / referrals	9	3	2	2	2	-
	Parking £ / spaces	1	1	-	-	-	-
	Other	1	1	-	-	-	-
Admission	Waiting time at hospital / GP surgery	28	12	3	8	4	1
	Organisation	4	2	-	2	-	-
	Information	3	2	1	-	-	-
	Treatment by staff	3	-	2	1	-	-
	Other	3	1	1	1	-	-
General negative	Negative comment / experience	18	9	6	2	1	-
General positive	Positive comment / all good / improved	18	7	3	6	2	-
Integrated care	Link between services hospital / GP / care	1	1	-	-	-	-
Outcomes	Overall outcome of care / treatment	1	-	-	-	1	-
Place	Cleanliness	3	2	1	-	-	-
	Food	1	1	-	-	-	-
Services	Urgent and emergency care (A&E)	34	14	4	9	6	1
	Community hospital services	26	15	4	7	-	-
	Ambulance service / NHS 111	19	12	4	2	1	-
	NHS 111	9	3	2	2	2	-
	Planned care services	5	3	-	-	1	1
	Maternity services	1	-	1	-	-	-
	Mental health services	1	-	1	-	-	-
Staff	Care and treatment	35	21	4	9	1	-
	Staff numbers / workload / working conditions	20	10	5	3	2	-
	Skill / knowledge / professionalism	17	7	-	7	2	1
	Attitude and empathy	11	6	2	2	1	-
	General	10	5	3	1	1	-
	Teamwork / integration	8	3	-	4	-	1
	Availability	1	-	-	1	-	-
	Communication	1	-	-	1	-	-
	Other	1	-	1	-	-	-
Other	DK / not applicable	29	11	6	6	5	1
	OTHER	17	3	4	7	3	-
Base		280	128	49	69	30	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Services: Urgent and emergency care in general* (7)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *Staff: Care and treatment* (9) and *Services: Urgent and emergency care in general* (9)
- **South East Staffordshire and Seisdon Peninsula:** *Services: Community hospital services* (7)
- **Stafford and Surrounds:** *Staff: Care and treatment* (14)
- **Stoke-on-Trent:** *Staff: Care and treatment* (5); *Staff numbers / workload / working conditions* (5) and *Services: Urgent and emergency care in general* (5).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** *Staff numbers / workload / working conditions* (10)
- **Least deprived areas:** *Services: Urgent and emergency care in general* (24).



Table 33. Q6. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	13	3	1	2	1	4	1	1	5	7	1
	Waiting list / appointments / referrals	9	1	1	1	1	2	3	-	2	5	2
	Parking £ / spaces	1	-	1	-	-	-	-	-	-	1	-
	Other	1	-	-	-	-	-	-	1	-	-	1
Admission	Waiting time at hospital / GP surgery	28	2	1	7	4	8	3	3	8	16	4
	Organisation	4	-	-	2	-	1	-	1	-	3	1
	Information	3	1	-	-	-	1	1	-	1	2	-
	Treatment by staff	3	-	-	1	1	1	-	-	-	3	-
	Other	3	-	-	1	1	-	1	-	1	2	-
General negative	Negative comment / experience	18	5	2	5	2	1	3	-	8	8	2
General positive	Positive comment / all good / improved	18	-	2	4	4	1	3	4	6	8	4
Integrated care	Link between services hospital / GP / care	1	-	1	-	-	-	-	-	-	1	-
Outcomes	Overall outcome of care / treatment	1	-	-	-	1	-	-	-	-	1	-
Place	Cleanliness	3	-	1	-	1	1	-	-	1	2	-
	Food	1	-	-	-	-	1	-	-	-	1	-
Services	Urgent and emergency care (A&E)	34	7	-	9	1	11	5	1	8	24	2
	Community hospital services	26	2	1	5	7	7	3	1	8	17	1
	Ambulance service / NHS 111	19	1	1	7	5	3	-	2	6	11	2
	NHS 111	9	2	1	3	-	1	1	1	3	5	1
	Planned care services	5	1	1	1	-	2	-	-	1	4	-
	Maternity services	1	-	-	-	-	-	1	-	1	-	-
	Mental health services	1	1	-	-	-	-	-	-	1	-	-
Staff	Care and treatment	35	1	1	9	3	14	5	2	9	23	3
	Staff numbers / workload / working conditions	20	2	1	5	2	5	5	-	10	10	-
	Skill / knowledge / professionalism	17	1	1	6	1	5	3	-	3	13	1
	Attitude and empathy	11	1	-	3	1	5	1	-	4	7	-
	general	10	1	1	3	2	1	2	-	4	6	-
	Teamwork / integration	8	-	-	1	2	4	1	-	2	6	-
	Availability	1	-	-	-	-	-	-	1	-	-	1
	Communication	1	-	-	-	1	-	-	-	-	1	-
	Other	1	-	-	-	-	1	-	-	-	1	-
Other	DK / not applicable	29	2	1	9	9	4	2	2	9	18	2
	OTHER	17	3	4	4	-	6	-	-	5	11	1
Base		280	29	18	73	42	68	34	16	86	170	24

Please see Table 25 for an explanation of each of the themes.

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 30-39 were more likely to comment *Staff numbers/workload/working conditions* than those aged 50-59.

Exemplar verbatims:

"Referrals from GP to Cannock Chase Hospital for xray and blood tests. Can be done within 15-20 mins if you have access to a car."

(65-69, Cannock Chase CCG area, female, member of the public)

"Good quality care is provided including the minor injuries services"

(45-49, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

Respondents were asked what needs to be improved in urgent and emergency care. Feedback is shown by respondent type (Table 34), CCG area and IMD (Table 35).

The most frequently mentioned themes were:

- *Admission: Waiting time at hospital / GP surgery* (51)
- *Access: Distance / Access to hospital/ GP* (45)
- *Staff numbers / workload / working conditions* (40).

The most frequently mentioned theme by respondent type was:

- **Public (user in last three years):** *Access: Distance / Access to hospital/ GP* (20) and *Admission: Waiting time at hospital / GP surgery* (20)
- **Public (not user in last three years):** *Access: Distance / Access to hospital/ GP* (11)
- **Staff (user in last three years):** *Admission: Waiting time at hospital / GP surgery* (19)
- **Staff (not user in last three years):** *Access: Distance / Access to hospital/ GP* (5) and *Staff numbers / workload / working conditions* (5).

Table 34. Q7. What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	45	20	11	9	5	-
	Waiting list / appointments / referrals	29	14	7	4	3	1
	Parking £ / spaces	10	5	3	1	1	-
Admission	Waiting time at hospital / GP surgery	51	20	9	19	1	2
	Information	8	2	-	3	3	-
	Organisation	4	2	1	1	-	-
	General	2	1	-	-	1	-
	Other	1	-	1	-	-	-
General negative	Negative comment / experience	4	1	1	2	-	-
General positive	Positive comment / all good / improved	4	4	-	-	-	-
	Thanks to staff / organisation	1	1	-	-	-	-
Integrated care	Link between services hospital / GP / care	2	1	-	1	-	-
Place	Other	5	3	-	2	-	-
	Food	1	1	-	-	-	-
Services	Urgent and emergency care (A&E)	30	12	6	8	4	-
	Mental health services	7	1	2	2	2	-
	Community hospital services	7	5	2	-	-	-
	NHS 111	6	3	1	2	-	-
	Ambulance service / NHS 111	4	-	2	-	2	-
	Integrated community services	4	1	2	-	1	-
	Maternity services	1	1	-	-	-	-
	Planned care services	1	-	-	1	-	-
Staff	Staff numbers / workload / working conditions	40	18	8	8	5	1
	Attitude and empathy	13	6	2	5	-	-
	Communication	12	4	2	5	1	-
	Care and treatment	10	4	1	4	1	-
	Availability	9	5	2	2	-	-
	general	7	1	-	2	3	1
	Skill / knowledge / professionalism	4	3	1	-	-	-
	Treatment by staff	3	1	-	2	-	-
Other	Teamwork / integration	3	2	-	1	-	-
	OTHER	46	22	5	13	6	-
	DK / Not applicable	14	3	4	3	4	-
Base		309	134	59	75	37	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Services: Urgent and emergency care in general (6)
- **East Staffordshire:** Admission: Waiting time at hospital / GP surgery (7)
- **North Staffordshire:** Staff numbers / workload / working conditions (12)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / Access to hospital/ GP (8) and waiting list / appointments / referrals (8)
- **Stafford and Surrounds:** Access: Distance / Access to hospital/ GP (21)
- **Stoke-on-Trent:** Admission: Waiting time at hospital / GP surgery (9).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Admission: Waiting time at hospital / GP surgery (25)
- **Least deprived areas:** Access: Distance / Access to hospital/ GP (30).

Table 35. Q7. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	45	5	2	7	8	21	-	2	10	30	5
	Waiting list / appointments / referrals	29	4	-	5	8	7	3	2	5	21	3
	Parking £ / spaces	10	1	-	3	-	5	1	-	2	8	-
Admission	Waiting time at hospital / GP surgery	51	5	7	14	4	10	9	2	25	22	4
	Information	8	-	1	2	-	3	1	1	1	6	1
	Organisation	4	-	-	1	1	1	-	1	2	1	1
	Treatment by staff	3	1	-	-	-	-	1	1	2	-	1
	General	2	-	-	-	-	1	1	-	-	2	-
	Other	1	-	-	-	1	-	-	-	-	1	-
General negative	Negative comment / experience	4	2	-	-	-	1	1	-	2	2	-
General positive	Positive comment / all good / improved	4	1	-	2	-	-	-	1	2	1	1
	Thanks to staff / organisation	1	-	1	-	-	-	-	-	-	1	-
Integrated care	Link between services hospital / GP / care	4	1	-	2	1	-	-	-	2	2	-
Place	Other	5	1	-	1	1	-	-	2	3	-	2
	Food	1	-	-	-	-	1	-	-	-	1	-
Services	Urgent and emergency care (A&E)	30	6	1	6	2	9	4	2	10	17	3
	Mental health services	7	1	-	1	1	1	1	2	1	4	2
	Community hospital services	7	-	-	2	3	2	-	-	2	5	-
	NHS 111	6	-	-	-	2	2	1	1	1	4	1
	Ambulance service / NHS 111	4	-	-	2	-	1	1	-	1	2	1
	Integrated community services	4	1	-	2	1	-	-	-	2	2	-
	Maternity services	1	1	-	-	-	-	-	-	1	-	-
	Planned care services	1	-	-	1	-	-	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	40	3	1	12	4	14	5	1	10	26	4
	Attitude and empathy	13	1	1	3	2	1	3	2	7	3	3
	Communication	12	-	-	3	-	2	5	2	4	6	2
	Care and treatment	10	-	1	1	2	2	1	3	3	4	3
	Availability	9	1	-	2	2	1	1	2	1	6	2
	general	7	-	1	3	-	2	1	-	-	7	-
	Skill / knowledge / professionalism	4	1	-	-	-	1	2	-	2	1	1

	Teamwork / integration	3	-	-	-	1	-	2	-	2	1	-
Other	OTHER	46	2	6	11	5	12	6	4	17	24	5
	DK / not applicable	14	2	-	4	5	-	1	2	2	10	2
Base		309	29	18	74	48	77	38	25	94	180	35

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Relationship status:** Respondents who lived with a partner were more likely to comment *Services: mental health services* than those who were married
- **Carers:** Respondents who were carers for those aged under 24 years were more likely to comment *General positive: Positive comment/ all good/ improved* compared to respondents who were not carers.

Exemplar verbatims:

"I'm not sure any of it is working well, due to over demand on the service and inappropriate use of these services as very often there is nowhere else to go, especially at night/ weekends and bank holidays. Improved access to mental health and drug services, as lack of these is putting the pressure on, U&ES when it is not the right pathway to follow, but there is nothing else available I am not critical, of the staff or the service, they are trying to make a 20th century model, work in the 21st century. Also the demographic time bomb that we all knew was going to happen hasn't been planned for! I am now getting to an age when I will use the health service more, not by choice but by necessity!"
(65-69, Stafford and Surrounds CCG area, female, member of the public)

"I don't think much is working well, because the waiting times are ridiculous, the reception staff are very unsympathetic, children are kept waiting and people who seem really quite ill, or being sick are sitting in the waiting area far too long."
(50-54, East Staffordshire CCG area, female, member of the public)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 36) and CCG area and IMD (Table 37).

The most frequently mentioned themes were:

- *Access: Distance / Access to hospital/ GP* (73)
- *Staff numbers / workload / working conditions* (34)
- *Admission: Waiting time at hospital / GP surgery* (24).

The most frequently mentioned theme by respondent type was:

- **Public (user in last three years):** *Access: Distance / access to hospital/ GP* (28)
- **Public (not user in last three years):** *Access: Distance / access to hospital/ GP* (20)
- **Staff (user in last three years):** *Access: Distance / access to hospital/ GP* (15)
- **Staff (not user in last three years):** *Access: Distance/ access to hospital* (9).

Table 36. Q8. What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	73	28	20	15	9	1
	Waiting list / appointments / referrals	22	8	4	5	4	1
	Parking £ / spaces	7	6	1	-	-	-
Admission	Waiting time at hospital / GP surgery	24	13	4	7	-	-
	Information	3	2	1	-	-	-
	Organisation	3	1	1	1	-	-
Discharge	Leaving GP, hospital / discharge	5	-	-	2	3	-
General	Positive comment / all good / improved	2	2	-	-	-	-
	Negative comment / experience	1	1	-	-	-	-
Integrated care	Link between services hospital / GP / care	4	2	-	1	1	-
	After visit / follow up	2	1	1	-	-	-
Outcomes	Overall outcome of care / treatment	1	-	1	-	-	-
Place	IT services	2	1	-	-	1	-
	OTHER	1	1	-	-	-	-
Services	Urgent and emergency care (A&E)	18	8	2	7	1	-
	Mental health services	8	3	1	3	1	-
	Ambulance service / NHS 111	4	3	1	-	-	-
	NHS 111	3	1	-	2	-	-
	Community hospital services	3	1	1	1	-	-
	Integrated community services	2	2	-	-	-	-
	Planned care services	2	-	1	1	-	-
	Maternity services	1	1	-	-	-	-
Staff	Staff numbers / workload / working conditions	34	17	3	10	3	1
	Availability	13	7	2	3	-	1
	Skill / knowledge / professionalism	7	4	1	2	-	-
	Communication	4	3	-	-	-	1
	Care and treatment	3	1	1	1	-	-
	Attitude and empathy	3	1	-	2	-	-
	Teamwork / integration	2	-	1	1	-	-
	General	2	-	1	1	-	-
Other	OTHER	61	22	8	20	11	-
	DK / not applicable	24	10	6	4	4	-
Base		290	125	55	72	34	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Distance / access to hospital/ GP (4) and Staff numbers / workload / working conditions (4)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Staff numbers / workload / working conditions (12)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / access to hospital/ GP (9)
- **Stafford and Surrounds:** Access: Distance / access to hospital/ GP (38)
- **Stoke-on-Trent:** Staff numbers / workload / working conditions (5).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Distance / access to hospital/ GP (17)
- **Least deprived areas:** Access: Distance / access to hospital/ GP (45).

Table 37. Q8. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	73	4	2	11	9	38	2	7	17	45	11
	Waiting list / appointments / referrals	22	2	1	4	5	5	2	3	9	10	3
	Parking £ / spaces	7	-	-	2	2	2	1	-	1	6	-
Admission	Waiting time at hospital / GP surgery	24	3	2	10	-	3	4	2	11	10	3
	Information	3	1	-	1	-	-	1	-	1	2	-
	Organisation	3	-	1	-	-	-	1	1	1	1	1
Discharge	Leaving GP, hospital / discharge	5	1	1	-	-	1	2	-	1	3	1
General	Positive comment / all good / improved	2	-	-	1	1	-	-	-	1	1	-
	Negative comment / experience	1	1	-	-	-	-	-	-	1	-	-
Integrated care	Link between services hospital / GP / care	4	1	-	1	-	-	1	1	1	2	1
	After visit / follow up	2	-	-	-	-	-	2	-	2	-	-
Outcomes	Overall outcome of care / treatment	1	-	-	1	-	-	-	-	-	1	-
Place	IT services	2	-	-	1	-	-	1	-	-	2	-
	OTHER	1	-	1	-	-	-	-	-	-	1	-
Services	Urgent and emergency care (A&E)	18	2	1	5	3	6	1	-	5	12	1
	Mental health services	8	1	-	3	-	1	1	2	4	2	2
	Ambulance service/ NHS 111	4	1	-	2	1	-	-	-	1	3	-
	NHS 111	3	-	1	-	-	1	-	1	-	2	1
	Community hospital services	3	-	-	1	2	-	-	-	1	2	-
	Integrated community services	2	-	-	-	-	2	-	-	-	1	1
	Planned care services	2	-	-	1	1	-	-	-	-	2	-
	Maternity services	1	-	-	-	-	-	1	-	1	-	-
Staff	Staff numbers / workload / working conditions	34	4	2	12	6	5	5	-	12	22	-
	Availability	13	2	-	5	2	2	1	1	2	10	1
	Skill / knowledge / professionalism	7	2	-	1	-	2	2	-	3	3	1
	Communication	4	-	-	1	1	1	-	1	1	2	1
	Care and treatment	3	1	1	1	-	-	-	-	1	1	1
	Attitude and empathy	3	1	-	-	-	1	1	-	2	-	1
	Teamwork / integration	2	-	-	-	1	-	-	1	-	1	1
	General	2	1	-	-	-	-	-	1	1	-	1
Other	OTHER	61	4	6	16	7	16	8	4	20	35	6
	DK / not applicable	24	3	1	5	8	3	4	-	6	18	-
Base		290	29	17	71	44	73	34	22	87	171	32

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to comment *Access: Distance / access to hospital, GP* compared to those aged 30-49.

Exemplar verbatims:

"There needs to be more A&E provision locally for people in Burntwood we have to travel to Burton - Stoke or out of the County for 24 hour A&E provision."

(45-49, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

"Waiting times, attitude of some emergency staff. Some staff to eager to send patients home without an adequate investigation."

(70-74, North Staffordshire CCG area, female, member of the public)



5.2.1.2 Feedback from structured listening events

This section presents the feedback from structured listening events on urgent and emergency care.

Table 38 shows what event participants felt was working well in urgent and emergency care.

The most frequently mentioned themes were:

- *Services: NHS 111* (22)
- *Services: Urgent and emergency care (A&E)* (21)
- *Services: Ambulance service / 999* (19).

Table 38. Facilitator feedback booklets: What do you think is working well? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	8	4	4	-	-	-	4	-	4
	Waiting list / appointments / referrals	7	7	-	-	-	1	4	2	-
	Administration / information	2	2	-	-	-	-	2	-	-
	Awareness and education of services / prevention	2	2	-	-	-	-	1	1	-
	General	1	-	1	-	-	-	-	-	1
	Other	1	-	1	-	-	-	-	-	1
Admission	Waiting time at hospital / GP surgery	13	8	5	1	-	-	5	2	5
	Treatment by staff	5	4	1	-	2	1	1	-	1
	Admission	4	1	3	-	-	1	-	-	3
	General	2	1	1	-	-	1	-	-	1
	Information	1	1	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	2	1	1	-	-	1	-	-	1
Friends / family	Access	2	2	-	-	-	-	1	-	1
	Treatment	2	1	1	-	-	-	-	-	2
	Informed	1	1	-	-	-	-	-	-	1
General positive	Positive comment / all good / improved	1	1	-	-	-	-	-	1	-
Integrated care	Link between services hospital / GP / care	5	3	2	-	-	-	1	2	2
	After visit / follow up	3	2	1	-	-	-	1	1	1
Place	Other	2	1	1	-	-	-	-	1	1
	IT services	1	1	-	-	-	-	1	-	-
Services	NHS 111	22	19	3	1	-	1	8	5	7
	Urgent and emergency care (A&E)	21	15	6	-	4	-	3	6	8
	Ambulance service / 999	19	15	4	1	2	1	7	5	3
	Integrated community services	18	12	6	-	1	-	4	6	7
	Planned care services	6	3	3	-	1	-	-	2	3
	Community hospital services	5	3	2	-	-	1	2	1	1
	Mental health services	2	-	2	-	1	-	-	1	-
	Maternity services	1	1	-	-	-	-	-	-	1
Staff	Care and treatment	5	3	2	-	2	-	1	1	1
	Communication	5	4	1	-	-	-	2	1	2
	Skill / knowledge / professionalism	3	3	-	-	1	-	-	2	-
	Attitude and empathy	2	1	1	-	-	-	1	1	-
Other	DK / not applicable	4	4	-	1	1	-	-	-	2
Base (no. of tables)		77	57	20	4	6	3	20	18	26

Table 39 shows what event participants felt needed to be improved in urgent and emergency care.

The most frequently mentioned themes were:

- *Services: NHS 111* (35)
- *Services: Urgent and emergency care (A&E)* (34)
- *Access: Administration / information* (32).

Table 39. Facilitator feedback booklets: What do you think needs to be improved? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Administration / information	32	27	5	4	1	-	11	7	9
	Distance / access to hospital/GP	20	18	2	4	1	1	7	4	3
	Awareness and education of services / prevention	19	13	6	3	1	1	3	2	9
	Waiting list / appointments / referrals	10	7	3	1	-	1	3	1	4
	Parking £ / spaces	8	7	1	1	-	-	4	3	-
	General	2	2	-	-	-	-	-	1	1
Admission	Waiting time at hospital / GP surgery	23	17	6	-	1	1	6	6	9
	Information	4	3	1	-	1	-	2	-	1
	Treatment by staff	3	3	-	-	-	-	-	2	1
	General	2	2	-	-	1	-	1	-	-
	Other	1	-	1	-	-	-	-	-	1
Discharge	Leaving GP, hospital / discharge	5	1	4	-	-	-	1	2	2
Friends / family	Treatment	3	2	1	-	-	-	-	2	1
General negative	Negative comment / experience	1	1	-	-	-	-	-	1	-
Integrated care	After visit / follow up	6	6	-	-	1	-	4	-	1
	Link between services hospital / GP / care	4	3	1	-	-	-	1	1	2
Outcomes	Overall outcome of care / treatment	1	-	1	-	-	-	-	-	1
Place	IT services	3	-	3	-	-	-	-	-	3
	Food	1	1	-	-	-	-	-	1	-
	Other	1	1	-	-	-	-	1	-	-
Services	NHS 111	35	29	6	2	1	2	11	10	9
	Urgent and emergency care (A&E)	34	28	6	2	2	1	6	12	11
	Integrated community services	19	15	4	-	3	1	5	3	7
	Ambulance service / 999	11	10	1	1	1	1	4	2	2
	Community hospital services	11	10	1	1	-	-	6	2	2
	Mental health services	7	5	2	-	1	-	2	1	3
	Planned care services	1	1	-	-	-	-	1	-	-

Staff	Skill / knowledge / professionalism	8	6	2	-	-	-	2	3	3
	Communication	7	5	2	-	-	1	3	1	2
	Staff numbers / workload / working conditions	4	4	-	-	-	-	2	1	1
	Teamwork / integration	1	-	1	-	-	-	-	1	-
Other	DK / not applicable	2	2	-	-	1	-	-	-	1
Base		79	59	20	4	6	3	22	18	26

Please see Table 25 for an explanation of each of the themes

5.2.1.3 Feedback from unstructured events

Table 40 shows what participants at the unstructured events felt was working well in urgent and emergency care.

The most frequently mentioned themes were:

- *Services: Urgent and emergency care in general* (2)
- *Services: Integrated community services* (2).

Table 40. Facilitator feedback booklets: What is working well? Unstructured events

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	1	1	-	-	-	-	-	-	1
	Administration / information	1	1	-	-	-	-	-	-	1
Admission	Waiting Time at Hospital / GPs	1	-	1	-	-	-	-	-	1
	Organisation	1	-	1	-	-	-	-	-	1
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	1	-	-	-
Services	Urgent and emergency care (A&E)	2	-	2	-	-	-	-	-	2
	Integrated community services	2	-	2	-	-	-	-	-	2
	NHS 111	1	1	-	-	-	-	-	1	-
	Ambulance service / 999	1	1	-	-	-	1	-	-	-
	Planned care services	1	-	1	-	-	-	-	-	1
	Community hospital services	1	-	1	-	-	-	-	-	1
Other	DK / not applicable	9	5	4	1	1	1	-	2	4
Base		15	8	7	1	1	2	-	3	8

Table 41 shows what participants at the unstructured events felt needed to be improved in urgent and emergency care.

The most frequently mentioned themes were:

- *Services: NHS 111* (11)
- *Services: Urgent and emergency care in general* (10)
- *Services: Ambulance service / 999* (8).

Table 41. What could be improved? Unstructured events

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	6	1	5	1	-	-	-	-	5
	Distance / access to hospital/GP	3	1	2	-	1	-	-	-	2
	Awareness and education of services / prevention	3	1	2	-	-	-	-	1	2
	Parking £ / spaces	2	2	-	-	-	-	-	1	1
	Administration / information	2	-	2	-	-	-	-	-	2
	General	1	-	1	-	-	-	-	-	1
Admission	Waiting Time at hospital / GPs	4	3	1	-	1	1	-	1	1
	Organisation	4	1	3	-	-	-	-	-	4
	Treatment by staff	3	1	2	1	-	-	-	-	2
	General	2	-	2	-	-	-	-	-	2
	Information	1	1	-	-	-	-	-	1	-
	Other	1	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	-	-	1	-
General negative	Negative comment / experience	1	1	-	-	-	1	-	-	-
Integrated care	Link between services hospital / GP / care	3	-	3	-	-	-	-	-	3
	After visit/follow up	1	-	1	-	-	-	-	-	1
Place	Food	1	1	-	-	-	-	-	1	-
Services	NHS 111	11	5	6	-	-	-	-	4	7
	Urgent and emergency care (A&E)	10	7	3	1	-	1	-	4	4
	Ambulance service / 999	8	7	1	-	-	1	-	4	3
	Integrated community services	1	-	1	-	-	-	-	-	1
	Planned care services	1	1	-	-	-	-	-	-	1
	Community hospital services	1	-	1	-	-	-	-	-	1
Staff	Communication	4	2	2	1	-	-	-	1	2
	Staff numbers / workload / working conditions	2	1	1	-	-	-	-	1	1
	Attitude and empathy	1	-	1	-	-	-	-	-	1
	Availability	1	1	-	-	-	-	-	1	-
	Skill/ knowledge/ professionalism	1	1	-	-	-	-	-	1	-
Other	DK / not applicable	3	3	-	-	1	1	-	1	-
	OTHER	1	-	1	-	-	-	-	-	1
Base		21	14	7	1	2	2	-	6	10

5.2.1.4 Feedback from correspondence

Table 42 shows the themes raised in the correspondence around urgent and emergency care.

- **Key themes around what's working well:** Limited comments raised
- **Key improvements or changes required:** Awareness and education around services, such as which service to access and opening hours, including 24/7 care (4).

Table 42. Themes raised in correspondence around urgent and emergency care

	Main theme	Theme	Total	Public	Organisation
What's working well	Access - Before arrival	Provision of services	1	0	1
	On arrival - admission	Waiting time at hospital / GP surgery	1	0	1
	Staff	Care and treatment	1	0	1
		Availability	1	0	1
Improvements or changes required	Access – before arrival	Awareness and education of services / prevention	4	0	4
		Opening hours	4	0	4
		Triage process	3	0	3
		Distance / access to Hospital	2	0	2
		Provision of services	2	0	2
	On arrival - Admission	Waiting time at hospital / GP surgery	1	0	1
		Information	1	0	1
		Organisation	1	0	1
	Staff	Availability	1	0	1
		Teamwork / integration	1	0	1
		Staff numbers / workload / working conditions	1	0	1
	Base (no. of correspondence)			11	5

5.2.1.4.1 Organisational and MP responses

Jack Brereton MP commented that there is increased demand on Royal Stoke A&E and Leighton Hospital due to inconsistency of walk-in centre services; confusion over which service to access; a lack of provision of walk-in centres in the south of Stoke-on-Trent and a lack of alternatives to A&E overnight, due to walk-in centres not operating 24 hours. Concerns over the NHS 111 and an ineffective triage process causing unnecessary A&E admissions and ambulance deployment were also highlighted. Also, he commented that there is a need for investment in primary care provision and walk-in centre coverage to improve health outcomes, reduce A&E demand and deliver efficiencies, highlighting the need for a walk-in facility in Longton.

Jeremy Lefroy MP commented that County Hospital and Royal Stoke A&E are performing well, with the rotation of staff between both sites being positive for patients and staff and the Major Trauma Centre at Royal Stoke having an excellent national reputation. They argue that urgent care services at County Hospital should be open 24 hours, the High Dependency Unit better utilised and triaging at Royal Stoke should be more effective. He highlighted a lack of patient understanding on where to access urgent or emergency treatment and indicated a need for accessible information or a national campaign.

Amanda Milling MP commented that the provision of a Minor Injuries Unit at Cannock Chase Hospital is good but there is a lack of public awareness about where to receive appropriate urgent treatment. She highlighted concern over the restricted A&E services at County Hospital which, if expanded, would reduce the demand at Royal Stoke University Hospital.

Reach (part of Assist) feedback from meetings with adults with learning difficulties highlighted that waiting times at A&E are too long and there is confusion about when A&E should be used. Other comments were

that the lack of available GP appointments drives people to use A&E; more efficient triage would assist waiting times; drug and alcohol abuse puts a strain on A&E services; Urgent Treatment Centres should open late and too many forms are required to be filled-in to access services.

5.2.1.4.2 Feedback from social media

Concern was highlighted on Facebook and Twitter over the A&E at County Hospital not being open 24/7 and a potential downgrading of the A&E. The Support Stafford Hospital Facebook page was active, with three petitions active in support of retaining and reinstating services at County Hospital in Stafford. There was also concern raised over the potential closure of A&E at Queens Hospital Burton.

5.2.1.5 Section summary on urgent and emergency care services

Overall, 227 (63 per cent) main involvement survey respondents stated they had used urgent and emergency care services in the last three years. 160 (71 per cent) respondents rated their experience as excellent or good, compared to 54 (24 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 28 and 29.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Admission: waiting time at hospital / GPs* (64), *Staff: care and treatment* (39) and *General positive: positive comment / all good / improved* (22). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Admission: waiting time at hospital / GPs* (34), *Staff: care and treatment* (16) and *Staff: attitude and Empathy* (9). For further detail, please refer to tables 30 and 31.

Themes from the main involvement survey

- The most frequently mentioned themes raised around what is working well were: *Staff: care and treatment* (35); *Services: urgent and emergency care in general* (34) and *Admission: waiting time at hospital / GP surgeries* (28)
- The most frequently mentioned themes raised around what needs to be improved were: *Admission: waiting time at hospital / GP surgeries* (51); *Access: distance / access to hospital* (45) and *staff numbers / workload / working conditions* (40)
- When asked what one thing respondents would change now, the most frequently mentioned themes were: *Access: distance / access to hospital* (73); *staff numbers / workload / working conditions* (34) and *Admission: waiting time at hospital / GP surgeries* (24)
- For further detail, please refer to tables 32 to 37.

Feedback from the structured listening events

- NHS 111 and urgent and emergency care (A&E) were highlighted as both areas that are working well and areas that require improvement. However, they were mentioned as areas requiring improvement more frequently
- When asked what is working well, the most frequently mentioned themes were: *Services: NHS 111* (22), *Services: urgent and emergency care (A&E)* (21) and *Services: Ambulance service / 999* (19)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: NHS 111* (35), *Services: urgent and emergency care (A&E)* (34) and *Access: administration / information* (32)
- For further detail, please refer to tables 38 and 39.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Services: urgent and emergency care (A&E)* (2) and *Services: integrated community services* (2)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: NHS 111* (11), *Services: urgent and emergency care (A&E)* (10) and *Services: Ambulance / 999* (8)
- For further detail, please refer to tables 40 and 41.

Feedback from correspondence

- Areas highlighted in the correspondence as working well include: *Provision of services, waiting times at hospital / GPs and staff care and treatment and staff availability*
- The most frequently mentioned areas that require improvement were around access, specifically: *awareness and education of services / prevention* (4), *opening hours* (4) and the *triage process* (3)
- In correspondence submitted by MPs, comments have been made around the lack of awareness among the public about where to access urgent and emergency care resulting in increased demand for A&E services
- Organisational correspondence received highlighted that there is confusion around when A&E should be used, a more efficient triage system would assist waiting times, a lack of GP appointments drives people to A&E and urgent treatment centres should open late
- For further detail, please refer to Table 42.



5.2.2 Mental health services

This section presents respondents' experiences and understanding of mental health services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.2.1 Feedback from the main involvement survey

5.2.2.1.1 Mental health services usage

Table 43 shows the proportion of respondents that had used mental health services in the last three years by respondent type.

Table 43. Q9. Have you used mental health services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Not answered
Yes	24%	26%	21%	-
No	76%	74%	79%	100%
Base	352	214	135	3

Table 44 shows the proportion of respondents that had used mental health services in the last three years by CCG area and IMD.

Table 44. Q9. Have you used mental health services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Yes	24%	27%	29%	19%	18%	21%	33%	36%	31%	18%	36%
No	76%	74%	71%	81%	82%	80%	67%	65%	69%	82%	64%
Base	352	34	24	86	49	83	45	31	111	199	42

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 30-49 were more likely to have used mental health services than those aged 60-79
- **Carers:** Respondents who were carers for those aged under 24 years were more likely to have used mental health services than those who were not carers.

5.2.2.1.2 Rating mental health

Table 45 shows how respondents rated their experience of mental health services by respondent type. Overall, 38 (46 per cent) respondents rated their experience as excellent or good, compared to 38 (46 per cent) who rated their experience as poor or very poor.

Table 45. Q10. How would you rate your last experience of mental health services? By respondent type

	Total	Public	Staff
Excellent	22%	26%	14%
Good	24%	18%	36%
No opinion	8%	9%	7%
Poor	35%	36%	32%
Very poor	11%	11%	11%
Base	83	55	28

Table 46 shows how respondents rated their experience of mental health services by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents providing a rating of excellent or good were from the North Staffordshire (10 / 63 per cent) and South East Staffordshire and Seisdon Peninsula (5 / 63 per cent) CCG areas. In comparison, the lowest proportion of respondents providing a rating of excellent or good were from the Cannock Chase (2 / 22 per cent) and East Staffordshire (3 / 43 per cent) CCG areas.

When analysing by IMD, rating of excellent or good were highest among those responding from the least deprived areas (20 / 57 per cent), compared to 13 (39 per cent) rating excellent or good in most deprived areas.

Table 46. Q10. How would you rate your last experience of mental health services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Excellent	22%	11%	29%	19%	50%	12%	27%	18%	21%	23%	20%
Good	24%	11%	14%	44%	13%	35%	13%	18%	18%	34%	13%
No opinion	8%	11%	-	6%	13%	12%	7%	9%	9%	9%	7%
Poor	35%	56%	29%	25%	25%	24%	47%	46%	42%	26%	40%
Very poor	11%	11%	29%	6%	-	18%	7%	9%	9%	9%	20%
Base	83	9	7	16	8	17	15	11	33	35	15

Respondents were asked to give reasons for their rating of mental health services. Feedback is shown by respondent type (Table 47), CCG area and IMD (Table 48).

The top three themes for respondents rating mental health services as **excellent** or **good** were:

- Access: Waiting list / appointments / referrals (9)
- Staff: Care and treatment (6)
- Staff: Attitude and empathy (6).

The top three themes for respondents rating mental health services as **poor** or **very poor** or having **no opinion** were:

- Access: Waiting list / appointments / referrals (17)
- Staff: Attitude and empathy (5)
- Integrated care: After visit / follow up (4).

The most frequently mentioned themes by respondent type for those rating mental health services as **excellent** or **good** were:

- **Public:** Staff: Care and treatment (6)
- **Staff:** Access: Waiting list / appointments / referrals (6).

The most frequently mentioned themes by respondent type for those rating mental health services as **poor** or **very poor** or having **no opinion** were:

- **Public:** Access: Waiting list / appointments / referrals (10)

- **Staff:** Access: Waiting list / appointments / referrals (7).

Table 47. Q11. Please explain why you gave this rating. By respondent type.

	Main theme	Theme	Total	Public	Staff
Excellent / good	Access	Waiting list / appointments / referrals	9	3	6
		Distance / access to hospital/GP	3	1	2
	General positive	Positive comment / all good / improved	4	3	1
	Integrated care	After visit / follow up	1	1	-
	Services	Mental health services	1	1	-
		Care and treatment	6	6	-
	Staff	Attitude and empathy	6	3	3
		General	4	3	1
		Skill / knowledge / professionalism	2	1	1
	Other	OTHER	3	-	3
Poor / very poor / no opinion	Access	Waiting list / appointments / referrals	17	10	7
		Distance / access to hospital/GP	2	1	1
	Admission	Waiting time at hospital / GP surgery	1	-	1
	Discharge	Leaving GP, hospital / discharge	2	1	1
	Friends / family	Access	1	1	-
	General negative	Negative comment / experience	2	1	1
	General positive	Positive comment / all good / improved	1	-	1
	Integrated care	After visit / follow up	4	4	-
	Services	Mental health services	2	1	1
		Attitude and empathy	5	4	1
	Staff	Availability	3	3	-
		Skill / knowledge / professionalism	3	3	-
		Care and treatment	2	2	-
		Teamwork / integration	2	2	-
		Communication	1	1	-
		General	1	1	-
		Staff numbers / workload / working conditions	1	1	-
		OTHER	6	4	2
	Other	OTHER	6	4	2
	Base		76	49	27

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area for those rating mental health services as **excellent** or **good** were:

- **Cannock Chase:** Access: waiting list / appointments / referrals (1)
- **East Staffordshire:** General positive: positive comment / all good / improved (1)
- **North Staffordshire:** Access: waiting list / appointments / referrals (2), Access: distance / Access to hospital, GP (2), General positive: positive comment / all good / improved (2) and Staff: attitude and empathy (2).
- **South East Staffordshire and Seisdon Peninsula:** Staff: care and treatment (2)
- **Stafford and Surrounds:** Access: waiting list / appointments / referrals (3)
- **Stoke-on-Trent:** Staff: care and treatment (2).

The most frequently mentioned theme by CCG area for those rating mental health services as **poor** or **very poor** or having **no opinion** were:

- **Cannock Chase:** Access: waiting list / appointments / referrals (2) and Integrated care: after visit / follow up (2)
- **East Staffordshire:** Access: waiting list / appointments / referrals (2)
- **North Staffordshire:** Access: waiting list / appointments / referrals (2)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Access: waiting list / appointments / referrals (2) and Staff: skill / knowledge / professionalism (2)
- **Stoke-on-Trent:** Access: waiting list / appointments / referrals (6).

The most frequently mentioned theme by IMD for those rating mental health services as **excellent** or **good** were:

- **Most deprived areas:** Access: waiting list / appointments / referrals (3)
- **Least deprived areas:** Access: waiting list / appointments / referrals (5).

The most frequently mentioned theme by IMD for those rating mental health services as **poor** or **very poor** or having **no opinion** were:

- **Most deprived areas:** Access: waiting list / appointments / referrals (9)
- **Least deprived areas:** Access: waiting list / appointments / referrals (3).

Table 48. Q11. Please explain why you gave this rating. By CCG area and IMD.

	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No data
Excellent / good	Access	Waiting list / appointments / referrals	9	1	-	2	1	3	1	1	3	5	1
		Distance / access to hospital/GP	3	-	-	2	-	-	-	1	1	1	1
	General positive	Positive comment / all good / improved	4	-	1	2	-	1	-	-	1	3	-
	Integrated care	After visit / follow up	1	-	-	-	-	1	-	-	-	1	-
		Mental health services	1	-	-	1	-	-	-	-	-	1	-
	Staff	Care and treatment	6	-	-	-	2	1	2	1	1	3	2
		Attitude and empathy	6	-	-	2	1	1	1	1	-	4	2
		General	4	-	-	2	1	-	-	1	1	2	1
		Skill / knowledge / professionalism	2	-	-	1	-	-	1	-	1	1	-
	Other	OTHER	3	-	1	-	1	1	-	-	1	2	-
Poor / very poor / no opinion/	Access	Waiting list / appointments / referrals	17	2	2	2	-	2	6	3	9	3	5
		Distance / access to hospital/GP	2	-	-	1	1	-	-	-	1	1	-
	Admission	Waiting time at hospital / GP surgery	1	-	-	-	-	-	-	1	-	-	1
	Discharge	Leaving GP, hospital / discharge	2	-	-	-	-	1	1	-	1	1	-
	Family / friends	Access	1	1	-	-	-	-	-	-	1	-	-
	General negative	Negative comment / experience	2	-	1	-	-	-	1	-	-	2	-
	General positive	Positive comment / all good / improved	1	-	-	-	-	-	1	-	-	1	-
	Integrated care	After visit / follow up	4	2	-	-	-	1	-	1	2	-	2
		Mental health services	2	-	-	-	1	1	-	-	-	2	-
	Staff	Attitude and empathy	5	1	-	-	1	1	1	1	2	2	1
		Availability	3	-	1	1	-	-	1	-	2	1	-
		Skill / knowledge / professionalism	3	-	-	-	-	2	1	-	1	1	1
		Care and treatment	2	-	-	1	-	-	1	-	1	1	-
		Teamwork / integration	2	1	-	-	-	-	-	1	1	-	1
		Communication	1	-	-	-	-	-	-	1	-	-	1
		general	1	-	-	-	-	1	-	-	-	1	-
		Staff numbers / workload / working conditions	1	-	1	-	-	-	-	-	1	-	-
	Other	OTHER	6	2	1	1	-	2	-	-	4	2	-
Base			76	8	6	15	9	15	14	9	29	34	13

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"I was quickly referred by GP to 'mind' who rang me promptly to discuss my miscarriage/pregnancy journey."

(30-34, Stoke-on-Trent CCG area, female, member of the public)

"After visiting a 'wellbeing' mental health worker at a local GP. I disclosed information to her that should have been acted upon, but she didn't contact me again. Not clear who is the lead MH service for Staffordshire Community services too reliant on inexperienced unqualified volunteers"

(Age not disclosed, Stafford and Surrounds CCG area, male, member of the public)

5.2.2.1.3 Views on mental health

Respondents were asked what they thought was working well in mental health services. Feedback is shown by respondent type (Table 49), CCG area and IMD (Table 50).

The most frequently mentioned themes were:

- Access: Waiting list / appointments / referrals (14)
- Access: Distance / access to hospital/ GP (11)
- Mental health services in general (8).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** Access: distance / access to hospital / GP (5) and General positive: positive comment / all good / improved (5)
- **Public (not user in last three years):** General negative: negative comment / experience (3)
- **Staff (user in last three years):** Access: Waiting list / appointments / referrals (5)
- **Staff (not user in last three years):** Access: Waiting list / appointments / referrals (6).

Table 49. Q12. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	14	2	1	5	6	-
	Distance / Access to hospital/GP	11	5	1	1	4	-
Admission	Waiting time at hospital / GP surgery	2	-	-	-	2	-
	Information	1	-	1	-	-	-
Friends / family	Access	3	1	2	-	-	-
	Treatment	2	-	2	-	-	-
General negative	Negative comment / experience	8	2	3	-	3	-
General positive	Positive comment / all good / improved	6	5	1	-	-	-
Integrated care	After visit / follow up	3	1	2	-	-	-
Outcomes	Overall outcome of care / treatment	3	-	2	1	-	-
Services	Mental health services	8	4	2	1	1	-
	Urgent and emergency care (A&E)	2	-	-	-	2	-
	Planned care services	2	-	-	-	2	-
	Integrated community services	1	-	-	1	-	-
	Community hospital services	1	-	-	-	1	-
Staff	Attitude and empathy	7	3	1	2	1	-
	General	7	3	2	-	2	-
	Care and treatment	5	1	1	1	2	-
	Staff numbers / workload / working conditions	4	1	2	-	1	-
	Communication	2	-	1	1	-	-
	Skill / knowledge / professionalism	2	1	1	-	-	-
	Teamwork / integration	1	-	1	-	-	-

Other	DK / Not applicable	79	6	47	4	21	1
Other	OTHER	41	10	8	7	16	-
Base		201	42	77	22	59	1

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** General negative: negative comment / experience (4)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Access: waiting list / appointments / referrals (4) and Staff: attitude and empathy (4)
- **South East Staffordshire and Seisdon Peninsula:** Access: distance / access to hospital / GP (3)
- **Stafford and Surrounds:** Access: distance / access to hospital / GP (4)
- **Stoke-on-Trent:** Access: waiting list / appointments / referrals (3).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** General negative: negative comment / experience (5) and Staff: general (5)
- **Least deprived areas:** Access: waiting list / appointments / referrals (9).

Table 50. Q12. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting List/ appointments/referrals	14	1	1	4	2	3	3	-	4	9	1
	Distance / access to hospital/GP	11	1	-	1	3	4	2	-	4	6	1
Admission	Waiting time at hospital / GP surgery	2	-	-	-	1	-	1	-	1	1	-
	Information	1	-	-	-	-	1	-	-	-	1	-
Friends / family	Access	3	-	-	1	-	2	-	-	-	3	-
	Treatment	2	-	-	1	-	1	-	-	-	2	-
General negative	Negative comment / experience	8	4	-	-	1	1	2	-	5	3	-
General positive	Positive comment / all good / improved	6	-	1	2	1	-	1	1	2	3	1
Integrated care	After visit / follow up	3	2	1	-	-	-	-	-	2	1	-
Outcomes	Overall outcome of care / treatment	3	-	-	2	1	-	-	-	-	3	-
Services	Mental health services	8	1	-	3	1	-	1	2	1	5	2
	Urgent and emergency care (A&E)	2	-	-	2	-	-	-	-	-	2	-
	Planned care services	2	-	-	-	-	2	-	-	-	2	-
	Integrated community services	1	-	-	1	-	-	-	-	-	1	-
	Community hospital services	1	-	-	-	-	1	-	-	-	1	-
Staff	Attitude and empathy	7	-	-	4	-	1	2	-	2	4	1

	General	7	2	1	1	1	1	1	-	5	2	-
	Care and treatment	5	1	-	2	-	2	-	-	1	3	1
	Staff numbers / workload / working conditions	4	-	1	-	1	2	-	-	2	1	1
	Communication	2	-	-	1	1	-	-	-	-	2	-
	Skill / knowledge / professionalism	2	1	-	-	1	-	-	-	1	1	-
	Teamwork / Integration	1	-	-	1	-	-	-	-	-	1	-
Other	DK / not applicable	79	9	6	19	8	21	10	6	23	48	8
	OTHER	41	3	4	10	6	10	5	3	13	24	4
Base		201	24	15	50	27	47	26	12	63	119	19

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"Referrals sent off seem to be getting seen a little quicker these days. It seems to be around 3-4 weeks for a non urgent referral, which is an improvement on the past where I have known several referrals having to be sent before acknowledgment and a date set."
(50-54, Cannock Chase CCG area, female, staff)

"Doctors recognize if you need help. Together for mental well being and other organisations such as the Well Being College are very good places to get the help you need."
(50-54, South East Staffordshire and Seisdon Peninsula CCG area, female, member of the public)

Respondents were asked what needs to be improved in mental health services. Feedback is shown by respondent type (Table 51), CCG area and IMD (Table 52).

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (58)
- Services: Mental health services in general (25)
- Access: Distance / access to hospital / GP (23).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** Access: waiting list / appointments / referrals (12)
- **Public (not user in last three years):** Access: waiting list / appointments / referrals (17)
- **Staff (user in last three years):** Access: waiting list / appointments / referrals (8)
- **Staff (not user in last three years):** Access: waiting list / appointments / referrals (20).

Table 51. Q13. What do you think needs to be improved? By respondent type and usage

		Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	58	12	17	8	20	1
	Distance / access to hospital/GP	23	4	11	1	7	-
	Awareness and education of services / prevention	1	-	1	-	-	-
Admission	Waiting time at hospital / GP surgery	7	1	4	-	2	-
	Information	5	2	2	-	1	-
Discharge	Leaving GP, hospital / discharge	1	-	-	1	-	-
General negative	Negative comment / experience	6	2	3	-	1	-
General positive	Positive comment / all good / improved	1	1	-	-	-	-
Integrated care	After visit / follow up	4	2	1	-	1	-
	Link between services hospital / GP / care	2	-	1	-	1	-
Outcomes	Overall outcome of care / treatment	2	-	2	-	-	-
Services	Urgent and emergency care (A&E)	2	-	2	-	-	-
	Mental health services	25	6	10	3	6	-

	Ambulance service / NHS 111	1	-	-	-	1	-
	Integrated community services	1	-	-	1	-	-
	Maternity services	1	-	-	1	-	-
	Community hospital services	1	-	1	-	-	-
Staff	Staff numbers / workload / working conditions	17	3	4	1	9	-
	Communication	7	2	3	-	2	-
	Skill / knowledge / professionalism	7	1	3	-	3	-
	Care and treatment	5	2	1	-	2	-
	Availability	5	1	4	-	-	-
	Teamwork / integration	2	-	1	-	1	-
	Attitude and empathy	1	-	1	-	-	-
	general	1	-	-	-	1	-
	OTHER	1	1	-	-	-	-
Other	OTHER	46	13	12	7	14	-
	DK / not applicable	38	3	18	2	14	1
Base		234	48	88	24	72	2

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: waiting list / appointments / referrals (4)
- **East Staffordshire:** Access: waiting list / appointments / referrals (6)
- **North Staffordshire:** Access: waiting list / appointments / referrals (15)
- **South East Staffordshire and Seisdon Peninsula:** Access: waiting list / appointments / referrals (9)
- **Stafford and Surrounds:** Access: waiting list / appointments / referrals (11)
- **Stoke-on-Trent:** Access: waiting list / appointments / referrals (10).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: waiting list / appointments / referrals (17)
- **Least deprived areas:** Access: waiting list / appointments / referrals (38).

Table 52. Q13. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / Referrals	58	4	6	15	9	11	10	3	17	38	3
	Distance / access to hospital/GP	23	3	1	3	4	8	3	1	8	12	3
	Awareness and education of services / prevention	1	-	1	-	-	-	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	7	-	-	5	-	1	-	1	-	5	2
	Information	5	-	-	-	2	3	-	-	2	2	1
Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	1	-	-	-	1	-
General negative	Negative comment / experience	6	3	-	-	1	1	1	-	3	1	2
General positive	Positive comment / all good / improved	1	-	-	-	1	-	-	-	-	1	-
Integrated care	After visit / follow up	4	1	-	1	2	-	-	-	3	1	-
	Link between services Hospital / GP / care	2	-	-	-	1	1	-	-	-	1	1
Outcomes	Overall outcome of care / treatment	2	-	-	1	1	-	-	-	-	2	-
Services	Mental health services	25	2	2	5	4	8	1	3	6	15	4
	Urgent and emergency care (A&E)	2	-	1	-	1	-	-	-	-	1	1
	Ambulance service / NHS 111	1	-	-	-	1	-	-	-	-	1	-
	Integrated community services	1	-	-	-	-	-	1	-	1	-	-
	Maternity services	1	-	-	1	-	-	-	-	-	1	-
	Community hospital services (community hospitals, minor injuries units)	1	-	-	-	-	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	17	2	1	3	2	2	4	3	9	5	3
	Communication	7	1	-	2	-	2	1	1	4	2	1
	Skill / knowledge / professionalism	7	-	-	3	1	2	1	-	1	4	2
	Care and treatment	5	-	-	2	-	3	-	-	1	4	-
	Availability	5	3	1	-	1	-	-	-	1	3	1
	Teamwork / integration	2	-	-	1	1	-	-	-	1	1	-
	Attitude and empathy	1	1	-	-	-	-	-	-	1	-	-
	General	1	-	1	-	-	-	-	-	1	-	-
	OTHER	1	-	-	-	-	-	-	1	-	-	1
Other	OTHER	46	6	3	10	4	15	7	1	18	26	2
	DK / not applicable	38	2	1	12	4	10	7	2	13	23	2
Base		234	25	17	58	32	58	31	13	79	133	22

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Sex:** Male respondents were more likely to comment *Staff: Availability* than female respondents
- **Disability or long-term illness:** Respondents who had a long-term illness or disability that limited their day-to-day activities a little were more likely to comment *General negative: Negative comment/ experience* than those without a disability or long-term condition.

Exemplar verbatims:

“Improved investment in primary mental health services- more integration with G.P surgeries. It may also benefit people to be able to access services outside of normal office hours, I.e. appointments at weekends, like G.P surgeries offer- this could help people with psychological needs to access support while remaining in work- rather than waiting until there are no longer able to work due to decline in their mental health.”
(35-39, Stoke-on-Trent CCG area, male, staff)

“There is a difference between 'anxiety' and 'depression' - however many of the mental health services seem to focus on tackling the 'anxiety' and not the 'depression' i.e. how to handle low moods, motivation etc. there needs to be a better understanding of mental health conditions to allow for more person-centred care. At the moment everything is 'one size fits all'.”
(35-39, unknown CCG area, female, staff)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 53), CCG area and IMD (Table 54).

The top three themes mentioned were:

- *Services: Mental health services in general* (38)
- *Access: Waiting list / appointments / referrals* (26)
- *Access: Distance / access to hospital / GP* (26).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Services: Mental health services in general* (11)
- **Public (not user in last three years):** *Services: Mental health services in general* (12)
- **Staff (user in last three years):** *Services: Mental health services in general* (5)
- **Staff (not user in last three years):** *Services: Mental health services in general* (10).

Table 53.Q14. What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	26	6	11	4	5	-
	Distance / access to hospital/GP	26	7	9	3	6	1
	Administration / information	1	-	1	-	-	-
	General	1	-	1	-	-	-
Admission	Waiting time at hospital / GP surgery	9	4	2	2	1	-
General negative	Negative comment / experience	1	1	-	-	-	-
General positive	Positive comment / all good / improved	2	1	1	-	-	-
Integrated care	After visit / follow up	1	-	-	1	-	-
Services	Mental health services	38	11	12	5	10	-
	Integrated community services	4	-	3	-	1	-
	Ambulance service / NHS 111	2	-	1	-	1	-
	Urgent and emergency care (A&E)	2	-	1	-	1	-
	Maternity services	2	1	-	-	1	-
	Community hospital services	1	-	1	-	-	-
Staff	Staff numbers / workload / working conditions	11	1	7	1	2	-
	Skill / knowledge / professionalism	9	1	2	-	6	-
	Availability	5	1	2	-	2	-
	Care and treatment	3	1	2	-	-	-
	Attitude and empathy	1	-	1	-	-	-
	Teamwork / integration	1	-	-	-	1	-
	General	1	-	-	-	1	-
Other	OTHER	53	14	15	6	18	-
	DK / not applicable	38	2	21	2	12	1
Base		209	44	78	21	64	2

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: waiting list / appointments / referrals (3)
- **East Staffordshire:** Access: distance / access to Hospital / GP (5)
- **North Staffordshire:** Access: waiting list / appointments / referrals (11)
- **South East Staffordshire and Seisdon Peninsula:** Access: waiting list / appointments / referrals (4) and Access: distance / access to hospital / GP (4)
- **Stafford and Surrounds:** Services: mental health services in general (17)
- **Stoke-on-Trent:** Services: mental health services in general (4).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Services: mental health services in general (9)
- **Least deprived areas:** Services: mental health services in general (25).

Table 54. Q14. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting List/ appointments/referrals	26	3	1	11	4	5	2	-	7	18	1
	Distance / access to hospital/GP	26	2	5	7	4	5	1	2	8	13	5
	Administration / information	1	-	1	-	-	-	-	-	1	-	-
	General	1	-	-	-	-	1	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	9	-	1	5	1	-	2	-	2	6	1
Discharge	After visit / follow up	1	-	-	-	-	1	-	-	-	1	-
General negative	Negative comment / experience	1	1	-	-	-	-	-	-	1	-	-
General positive	Positive comment / All good / improved	2	-	-	-	1	-	1	-	1	1	-
Services	Mental health services	38	1	2	7	3	17	4	4	9	25	4
	Integrated community services	4	-	1	-	1	-	1	1	1	2	1
	Ambulance service/ NHS 111	2	-	-	-	1	1	-	-	-	2	-
	Urgent and emergency care (A&E)	2	-	-	-	2	-	-	-	1	1	-
	Maternity services	2	-	-	-	1	-	1	-	-	2	-
	Community hospital services	1	-	-	-	-	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	11	1	1	4	1	3	1	-	2	8	1
	Skill / knowledge / professionalism	9	-	-	2	1	5	1	-	3	4	2
	Availability	5	1	-	-	-	2	2	-	3	2	-
	Care and treatment	3	-	1	1	-	-	1	-	1	-	2
	Attitude and empathy	1	-	-	-	-	-	1	-	-	-	1
	Teamwork / integration	1	-	-	-	-	-	-	1	-	-	1
	General	1	1	-	-	-	-	-	-	1	-	-
Other	OTHER	53	8	2	14	8	11	9	1	20	30	3
	DK / not applicable	38	6	1	9	5	9	5	3	11	24	3
Base		209	24	13	50	30	52	30	10	69	121	19

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"Hard one - it all comes down to funding again .If money was no object, I would ask for more counsellors so that people didn't have to wait so long, and it might save the NHS some money in less prescriptions for anti-depressants and anti-anxiety medication."
(35-39, Stoke-on-Trent CCG area, male, member of the public)

"Increase access to Rehabilitation for people with alcohol and drug dependency as this is one of the largest contributing factors to the increase in mental health today, particularly in the younger population and it puts pressure on A&E as this group of people are more likely to be involved in accidents caused by lack of awareness and impaired judgement."
(45-49, North Staffordshire CCG area, female, member of the public)

5.2.2.2 Feedback from structured listening events

Table 55 shows what event participants felt was working well in mental health services.

The top three themes mentioned were:

- *Services: Mental health services in general* (29)
- *Services: Integrated community services* (19)
- *Staff: Care and treatment* (5).

Table 55. Facilitator feedback booklets: What do you think is working well? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting List / appointments / referrals	2	2	-	1	-	-	-	-	1
	Awareness and education of services/prevention	2	1	1	-	-	-	-	1	1
	Admin/Information	1	1	-	-	1	-	-	-	-
	General	1	1	-	-	-	-	1	-	-
Admission	Treatment by Staff	3	2	1	-	1	-	1	-	1
	Organisation	1	1	-	-	1	-	-	-	-
	General	1	1	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital/discharge	1	-	1	-	-	-	-	-	1
Family / friends	Treatment	1	1	-	-	-	-	1	-	-
General positive	Positive comment / All good / Improved	2	2	-	-	-	-	2	-	-
Integrated care	After visit / follow up	1	1	-	-	-	-	-	-	1
Place	Other	2	1	1	-	-	-	-	1	1
Services	Mental Health services	29	21	8	1	4	1	7	8	8
	Integrated community services	19	16	3	-	1	-	8	7	3
	Planned care services	2	1	1	-	-	-	-	-	2
	NHS 111	1	1	-	-	-	-	-	1	-
	Urgent and emergency care (A&E)	1	1	-	-	-	1	-	-	-
	Community hospital services	1	1	-	-	-	-	1	-	-
Staff	Care and Treatment	5	3	2	-	-	-	2	1	2
	Communication	2	1	1	1	-	-	-	1	-
	Attitude and Empathy	1	1	-	-	-	-	-	1	-
	Teamwork / Integration	1	1	-	-	-	-	1	-	-
Other	DK / Not applicable	5	5	-	1	1	-	-	1	2
Base (no. of tables)		58	46	12	2	6	2	18	14	16

Please see Table 25 for an explanation of each of the themes

Table 56 shows what event participants felt needed to be improved in mental health services.

The top three themes mentioned were:

- Access: Distance / Access to hospital/ GP (29)
- Access: Waiting list / appointments / referrals (28)
- Integrated care: Link between services hospital / GP / care (22).

Table 56. Facilitator feedback booklets: What do you think needs to be improved? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / Access to hospital/GP	29	27	2	2	2	2	12	6	5
	Waiting list / Appointments / Referrals	28	22	6	-	2	3	6	8	9
	Awareness and education of services / prevention	18	14	4	1	2	2	2	6	5
	Administration / information	2	2	-	-	-	-	-	2	-
Admission	Organisation	5	4	1	-	-	1	2	1	1
	Treatment by staff	3	3	-	-	1	-	1	1	-
Discharge	Leaving GP, hospital / discharge	9	6	3	2	1	-	2	1	3
Family / friends	Access	4	4	-	-	-	-	4	-	-
	Treatment	4	4	-	1	-	-	1	2	-
	Informed	1	1	-	-	-	-	-	-	1
General negative	Negative comment / experience	1	-	1	-	-	-	-	-	1
Integrated care	Link between services Hospital / GP / care	22	19	3	-	2	1	6	8	5
	After visit / follow up	7	7	-	-	1	1	3	2	-
Place	Other	3	3	-	-	-	-	2	1	-
Services	Integrated community services	5	5	-	-	-	-	2	2	1
	Urgent and emergency care (A&E)	4	2	2	-	1	1	-	2	-
	Mental health services	1	1	-	-	-	-	1	-	-
Staff	Skill / knowledge / professionalism	10	7	3	-	-	-	1	3	6
	Staff numbers / workload / working conditions	10	8	2	1	-	-	2	4	3
	Availability	4	4	-	-	-	-	-	2	2
	Communication	4	4	-	1	-	1	1	1	-
	Care and treatment	3	3	-	-	2	-	-	-	1
	Teamwork / Integration	2	2	-	-	-	-	1	1	-
	Attitude and empathy	1	1	-	-	-	-	-	-	1
Other	OTHER	14	12	2	-	4	-	5	4	1
	DK / not applicable	6	6	-	1	-	-	2	-	3
Base (no. of tables)		73	60	13	4	6	3	23	18	19

Please see Table 25 for an explanation of each of the themes

5.2.2.3 Feedback from unstructured events

Table 57 shows what participants at the unstructured events felt was working well in mental health services.

The top theme mentioned was *Services: Mental health services in general* (4)

Table 57. What's working well?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	1	-	1	-	-	-	-	-	1
	Administration / information	1	1	-	-	-	-	-	1	-
General positive	Positive comment / all good / improved	1	1	-	-	-	-	-	-	1
Integrated care	After visit/follow up	2	2	-	-	-	-	-	1	1
Services	Mental health services	4	3	1	-	1	-	-	1	2
	Integrated community services	2	1	1	-	1	-	-	-	1
	Planned care services	1	-	1	-	-	-	-	-	1
Other	DK / not applicable	8	3	5	-	-	-	-	2	6
	Base	15	8	7	-	1	-	-	3	11

Table 58 shows what participants at the unstructured events felt could be improved in mental health services.

The most frequently mentioned themes were:

- Access: *Waiting list / Appointments / referrals* (12)
- Access: *Distance / Access to hospital/ GP* (6)
- Integrated care: *After visit/ follow up* (4).

Table 58. What could be improved?

Main theme	Theme	Total	Event type			CCG area				
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	12	7	5	-	-	2	-	3	7
	Distance / access to hospital/GP	6	3	3	-	-	1	-	2	3
	Awareness and education of services / prevention	3	1	2	-	-	-	-	1	2
	Administration / information	1	1	-	-	-	1	-	-	-
Admission	Organisation	1	-	1	-	-	-	-	-	1
Discharge	Leaving GP, hospital / discharge	2	2	-	1	-	1	-	-	-
Friends / family	Access	1	1	-	-	-	-	-	1	-
	After visit/follow up	4	2	2	-	-	-	-	-	4

Integrated care	Link between services hospital / GP / care	2	1	1	-	-	-	-	1	1
Services	Integrated community services	1	1	-	1	-	-	-	-	-
	Community hospital services	1	1	-	1	-	-	-	-	-
Staff	Staff numbers / workload / working conditions	3	2	1	-	-	-	-	1	2
	Communication	2	2	-	1	-	-	-	-	1
	Care and treatment	1	-	1	-	-	-	-	-	1
	Availability	1	-	1	-	-	-	-	-	1
	Skill / knowledge / professionalism	1	1	-	-	-	-	-	-	1
	Teamwork / Integration	1	-	1	-	-	-	-	-	1
Other	DK / not applicable	7	5	2	-	1	-	-	2	4
	OTHER	2	1	1	-	-	-	-	-	2
Base		21	14	7	1	1	2	-	5	12

5.2.2.4 Feedback from correspondence

Table 59 shows the themes raised in correspondence around mental health.

- **Key themes around what's working well:** *Care and treatment provided by staff (2)*
- **Key improvements or changes required:** *Links between services (3) and teamworking / integration by staff (3).*

Table 59. Themes raised in correspondence around mental health

	Main theme	Theme	Total	Public	Organisation
What's working well	Staff	Care and treatment	2	0	2
Improvements or changes required	Access - Before arrival	Waiting list / appointments / Referrals	2	0	2
		Distance / access to hospital/GP	2	0	2
		Provision of services	1	0	1
		Awareness and education of services / prevention	1	0	1
		Triage process	1	0	1
		Service provision	1	0	1
	Staff	Teamwork / integration	3	0	3
		Availability	1	0	1
		Skill / knowledge / professionalism	1	0	1
	Integrated care	Link between services hospital / GP / care	3	0	3
		After visit / follow up	2	0	2
	The place	Condition of estates	1	1	0
Base (no. of correspondence)			11	5	6

5.2.2.4.1 Organisational and MP responses

Jack Brereton MP commented that standards in mental health services are high locally, but improvements need to be made to reduce delays and move towards a more preventative approach. He also commented that children's mental health services need to be rolled-out across schools, colleges and universities to ensure earlier treatment; NHS staff should be better trained in detecting the signs of mental stress and mental health services should become more embedded with primary care. He highlighted that for severe mental health conditions, patients should receive better aftercare to reduce re-admission and further mental health crises, with work undertaken with the voluntary sector to support veterans, for example.

Jeremy Lefroy MP commented that acute eating disorder services are working well but improvements are required in; the relationship between children's mental health and autism services and education; waiting times for children's counselling; transition from children to adult mental health services; innovative and digital approaches to young people's mental health; cover for staff sickness and GPs signing up to Essential Care Agreements.

Amanda Milling MP commented that improvements are required in children's mental health services, such as, referral times; transition from child to adult; the relationship with autism services and education services; poor signposting to services and support groups; a lack of local support groups; lack of joined up cohesion and delays in diagnosis and referrals.

Reach (part of Assist) feedback from meetings with adults with learning difficulties highlighted that people are now more open and aware about their mental health but it is still neglected. Other issues highlighted were children and young people's mental health being a big issue, but support and service provision is poor with schools being key; people are being discharged before they are better and then being readmitted; isolation and loneliness has worsened due to a variety of factors such as cuts to public transport and there should be a mental health triage system.

5.2.2.4.2 Feedback from social media

Concern was raised on social media over a lack of mental health support.

5.2.2.5 Section summary on mental health services

Overall, 84 (24 per cent) main involvement survey respondents stated they had used mental health services in the last three years. Equal proportions rated it as excellent or good (38 / 46 per cent), and poor or very poor (38 / 46 per cent). For further detail, please refer to tables 45 and 46.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (9); *Staff: care and treatment* (6) and *Staff: attitude and empathy* (6). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Access: waiting list / appointments / referrals* (17); *Staff: attitude and empathy* (5) and *Integrated care: after visit / follow up* (4). For further detail, please refer to tables 47 and 48.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (Table 60). The table shows a greater number of respondents highlighted these as areas that require improvement.

Table 60. Most frequently mentioned themes: mental health

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / appointments / referrals	14	58
	Distance / access to hospital/GP	11	23
Services	Mental health services in general	8	25
Base		201	234

- When asked what one thing they would change, respondents highlight the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 49 to 54.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: mental health services in general* (29); *Services: integrated community services* (19) and *Staff: care and treatment* (5)
- Like the main involvement survey, when asked what can be improved the most frequently mentioned themes were: *Access: distance/ access to hospital/ GP* (29) and *Access: waiting list/ appointments/ referrals* (28). *Integrated care: link between services – hospital / GP/ care* (22) was also frequently mentioned
- For further detail, please refer to tables 55 and 56.

Feedback from the unstructured events

- Like the structured events, when asked what is working well, the most frequently mentioned themes were: *Services: Mental health services* (4) and *Services: Integrated community services* (2). *Integrated care: After visit/ follow up* (2) was also frequently mentioned
- Like the main involvement survey and structured events, when asked what can be improved, the most frequently mentioned themes were: *Access: Waiting list/ appointments/ referrals* (12); *Access: Distance/ access to hospital/ GP* (6) and *Integrated care: After visit/follow up* (4)
- For further detail, please refer to tables 57 and 58.

Feedback from correspondence

- *Staff: Care and treatment* (2) was highlighted in the correspondence as an area that is working well
- The most frequently mentioned areas of improvement were around: *Integrated care: Link between services hospital / GP / care* (3) and *Staff: Teamwork/ integration* (3)
- In correspondence submitted by MPs, comments were made around the high standard of care provided by mental health services. However, areas for improvement were suggested, such as reducing delays, children's mental health services and referral times
- Organisational correspondence received commented that although people have greater awareness of their own mental health, it is still being neglected. Children and young people's mental health services were highlighted as an area of concern and people being discharged before they are better
- For further detail, please refer to Table 59.



5.2.3 Integrated community services

This section presents respondents' experiences and understanding of integrated community services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.3.1 Feedback from the main involvement survey

5.2.3.1.1 Integrated community services usage

Table 61 shows the proportion of respondents that had used integrated community services in the last three years by respondent type.

Table 61. Q15. Have you used integrated community services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Not answered
Yes	55%	62%	45%	67%
No	45%	38%	55%	33%
Base	349	211	135	3

Table 62 shows the proportion of respondents that had used integrated community services in the last three years by CCG area and IMD.

Table 62. Q15. Have you used integrated community services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Yes	55%	62%	74%	60%	51%	52%	56%	35%	62%	54%	45%
No	45%	38%	26%	40%	49%	48%	44%	66%	38%	46%	55%
Base	349	34	23	88	49	81	45	29	112	197	40

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Carers:** Respondents who were carers for those aged under 24 years were more likely to have used integrated care services than those who were not carers.

5.2.3.1.2 Rating integrated community services

Table 63 shows how respondents rated their experience of integrated community services by respondent type. Overall, 124 (65 per cent) respondents rated their experience as excellent or good, compared to 41 (22 per cent) who rated their experience as poor or very poor.

When analysing by respondent type, the proportion rating excellent or good was higher among members of the public (89 / 70 per cent), when compared to healthcare staff (34 / 57 per cent).

Table 63. Q16. How would you rate your last experience of integrated community services? By respondent type

	Total	Public	Staff	Not answered
Excellent	16%	18%	13%	-
Good	49%	52%	43%	50%
No opinion	13%	11%	17%	50%
Poor	17%	16%	22%	-
Very poor	4%	4%	5%	-
Base	190	128	60	2

Table 64 shows how respondents rated their experience of integrated community services by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents rating excellent or good were from the Cannock Chase CCG (15 / 71 per cent) and Stafford and Surrounds CCG (29 / 71 per cent) areas. In comparison, the proportion of respondents rating excellent or good was lowest from the East Staffordshire CCG area (10 / 56 per cent).

When analysing by IMD, the proportion rating excellent or good was highest by those in the most deprived areas (48 / 71 per cent), compared to 65 (63 per cent) in the least deprived areas.

Table 64. Q16. How would you rate your last experience of integrated community services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Excellent	16%	24%	6%	32%	9%	12%	4%	-	19%	17%	-
Good	49%	48%	50%	34%	52%	59%	58%	60%	52%	45%	61%
No opinion	13%	14%	28%	8%	9%	15%	13%	20%	10%	14%	17%
Poor	17%	10%	11%	23%	26%	15%	13%	20%	13%	19%	22%
Very poor	4%	5%	6%	4%	4%	-	13%	-	6%	4%	-
Base	190	21	18	53	23	41	24	10	68	104	18

Respondents were asked to give reasons for their rating of integrated community services. Feedback is shown by respondent type (Table 65), CCG area and IMD (Table 66).

The top three themes for respondents rating integrated community services as **excellent** or **good** were:

- Access: Waiting list / appointments / referrals: (31)
- Services: Integrated community services in general (20)
- Staff: Care and treatment (15) and General positive: positive comment / all good / improved (15).

The top three themes for respondents rating integrated community services as **poor** or **very poor** or having **no opinion** were:

- Access: Waiting list / appointments / referrals (16)
- Services: Integrated community services in general (11)
- Access: Distance / access to hospital / GP (7).

The most frequently mentioned themes by respondent type for those rating integrated community services as **excellent** or **good** were:

- **Public:** Access: waiting list / appointments / referrals (22)
- **Staff:** Access : waiting list / appointments / referrals (8).

The most frequently mentioned themes by respondent type for those rating integrated community services as **poor** or **very poor** or having **no opinion** were:

- **Public:** Access: waiting list / appointments / referrals (10)
- **Staff:** Access: waiting list / appointments / referrals (6).

Table 65. Q17. Please explain why you gave this rating. By respondent type.

	Main theme	Theme	Total	Public	Staff	Unknown
Excellent / good	Access	Waiting list / appointments / referrals	31	22	8	1
		Distance / access to hospital/GP	5	4	1	-
	Admission	Waiting time at hospital / GP surgery	3	2	1	-
		Organisation	1	-	1	-
	Discharge	Leaving GP, hospital / discharge	1	-	1	-
	General positive	Positive comment / all good / improved	15	10	5	-
	Integrated care	After visit / follow up	2	-	2	-
	Outcomes	Overall outcome of care / treatment	1	1	-	-
	Services	Integrated community services	20	15	4	1
		Maternity services	6	5	1	-
		Planned care services	2	1	1	-
		Urgent and emergency care (A&E)	1	1	-	-
	Staff	Care and treatment	15	11	2	2
		Attitude and empathy	12	7	3	2
		Skill / knowledge / professionalism	5	4	1	-
		Availability	3	1	2	-
		General	3	1	2	-
		Communication	2	2	-	-
		Staff numbers / workload / working conditions	2	1	1	-
	Other	OTHER	10	7	3	-
		DK / not applicable	6	5	1	-
Poor / very poor / no opinion	Access	Waiting list / appointments / referrals	16	10	6	-
		Distance / access to hospital/GP	7	3	4	-
	Admission	Waiting time at hospital / GP surgery	2	2	-	-
	Discharge	Leaving GP, hospital / discharge	3	1	2	-
	General negative	Negative comment / experience	2	2	-	-
	General positive	Positive comment / all good / improved	1	1	-	-
	Integrated care	After visit / follow up	1	1	-	-
	Place	IT services	1	1	-	-
	Services	Integrated community services	11	6	5	-
		Maternity services	4	1	3	-
	Staff	Care and treatment	5	2	3	-
		Skill / knowledge / professionalism	5	4	1	-
		Communication	2	1	1	-
		Teamwork / integration	2	2	-	-
		Attitude and empathy	1	1	-	-
		Availability	1	1	-	-
	Other	OTHER	6	1	5	-
		DK / not applicable	5	2	1	2
Base			177	115	58	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area for those rating integrated community services as **excellent** or **good** was:

- **Cannock Chase:** Access: waiting list / appointments / referrals (4)
- **East Staffordshire:** Access: waiting list / appointments / referrals (3)
- **North Staffordshire:** Access: waiting list / appointments / referrals (9) and Services: integrated community services in general (9)
- **South East Staffordshire and Seisdon Peninsula:** Access: waiting list / appointments / referrals (3)
- **Stafford and Surrounds:** Access: waiting list / appointments / referrals (7)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (4) and Services: maternity services in general (4).

The most frequently mentioned theme by CCG area for those rating integrated community services as **poor** or **very poor** or having **no opinion** was:

- **Cannock Chase:** Access: waiting list / appointments / referrals (3)
- **East Staffordshire:** Access: distance / access to hospital / GP (4)
- **North Staffordshire:** Access: waiting list / appointments / referrals (5) and Services: integrated community services in general (5)
- **South East Staffordshire and Seisdon Peninsula:** Access: waiting list / appointments / referrals (4)
- **Stafford and Surrounds:** Discharge: leaving GP, hospital / discharge (2) and Services: Integrated community services in general (2)
- **Stoke-on-Trent:** Staff: care and treatment (3).

The most frequently mentioned theme by IMD for those rating integrated community services as **excellent** or **good** was:

- **Most deprived areas:** Access: waiting list / appointments / referrals (16)
- **Least deprived areas:** Services: integrated community services in general (13).

The most frequently mentioned theme by IMD for those rating integrated community services as **poor** or **very poor** or having **no opinion** was:

- **Most deprived areas:** Access: waiting list / appointments / referrals (7)
- **Least deprived areas:** Access: waiting list / appointments / referrals (9).



Table 66. Q17. Please explain why you gave this rating. By CCG area and IMD.

Table 66. Q17: Please explain why you gave this rating. By CCG area and IMD.													
	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Excellent / good	Access	Waiting list / appointments / referrals	31	4	3	9	3	7	4	1	16	12	3
		Distance / access to hospital/GP	5	-	-	1	1	-	3	-	4	1	-
	Admission	Waiting time at hospital / GP surgery	3	-	-	1	1	1	-	-	1	2	-
		Organisation	1	-	-	1	-	-	-	-	1	-	-
	Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	-	1	-	1	-	-
	General positive	Positive comment / all good / improved	15	2	1	5	1	5	1	-	5	10	-
	Integrated care	After visit / follow up	2	1	-	1	-	-	-	-	1	1	-
	Outcomes	Overall outcome of care / treatment	1	-	-	1	-	-	-	-	1	-	-
	Services	Integrated community services	20	1	2	9	2	3	2	1	6	13	1
		Maternity services	6	-	-	2	-	-	4	-	4	2	-
		Planned care services	2	-	-	-	-	2	-	-	-	1	1
		Urgent and emergency care (A&E)	1	-	-	-	-	1	-	-	-	1	-
	Staff	Care and treatment	15	1	1	4	1	6	-	2	2	10	3
		Attitude and empathy	12	-	1	4	1	3	1	2	3	6	3
		Skill / Knowledge / professionalism	5	1	-	1	1	1	-	1	2	1	2
		Availability	3	2	-	-	-	1	-	-	1	2	-
		General	3	-	-	-	2	-	-	1	1	1	1
		Communication	2	-	-	1	-	-	1	-	1	1	-
		Staff numbers / workload / working conditions	2	1	1	-	-	-	-	-	-	-	2
	Other	OTHER	10	2	1	4	1	2	-	-	2	8	-
		DK / Not applicable	6	1	1	-	2	1	1	-	2	4	-
Very poor / poor / no opinion	Access	Waiting list / appointments / referrals	16	3	1	5	4	1	2	-	7	9	-
		Distance / access to hospital/GP	7	1	4	2	-	-	-	-	3	4	-
	Admission	Waiting time at hospital / GP surgery	2	-	-	1	-	1	-	-	-	1	1
	Discharge	Leaving GP, hospital / discharge	3	-	-	1	-	2	-	-	-	3	-
	General negative	Negative comment / experience	2	-	1	-	1	-	-	-	-	2	-
	General positive	Positive comment / all good / improved	1	-	-	-	1	-	-	-	-	1	-
	Integrated care	After visit / follow up	1	1	-	-	-	-	-	-	-	1	-
	Place	IT services	1	-	-	1	-	-	-	-	-	1	-
	Services	Integrated community services	11	-	1	5	2	2	-	1	2	8	1
		Maternity services	4	-	1	2	-	-	-	1	1	2	1
	Staff	Care and treatment	5	-	1	1	-	-	3	-	2	3	-
		Skill / knowledge / professionalism	5	1	1	-	-	1	2	-	3	2	-
		Communication	2	-	-	-	-	-	2	-	2	-	-
		Teamwork / integration	2	-	-	-	-	1	1	-	1	-	1
		Attitude and empathy	1	1	-	-	-	-	-	-	1	-	-
		Availability	1	-	1	-	-	-	-	-	1	-	-
	Other	OTHER	6	-	-	1	1	1	2	1	1	3	2
		DK / not applicable	5	-	-	1	-	3	-	1	-	4	1
Base			177	18	16	51	23	36	23	10	62	98	17

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"I'm a type 1 diabetic and have other health issues. In relation to this I've received both good and poor service. Good = regular testin and appointments and vaccinations for flu and pheumonia. Poor = discussing test results with nurses who have no real understanding of my condition."
(55-59, East Staffordshire CCG area, male, member of the public)

"It takes forever to get an appointment at GP and then receptionists ask what is wrong when they are not health professionals"
(20-24, Cannock Chase CCG area, male, member of the public)

5.2.3.1.3 Views on integrated community services

Respondents were asked what is working well around integrated community services. Feedback is shown by respondent type (Table 67), CCG area and IMD (Table 68).

The top three themes mentioned were:

- *Services: Integrated community services in general* (35)
- *Access: Waiting list / appointments / referrals* (20)
- *Access: Distance / access to Hospital / GP* (13).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Services: integrated community services in general* (23)
- **Public (not user in last three years):** *Services: integrated community services in general* (4)
- **Staff (user in last three years):** *Access: Waiting list / appointments /referrals* (3); *Access: distance / access to hospital / GP* (3); *Staff: care and treatment* (3) and *Staff: general* (3)
- **Staff (not user in last three years):** *Services: integrated community services in general* (3) and *General negative: negative comment / experience* (3).

Table 67. Q18. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	20	14	1	3	1	1
	Distance / access to hospital/GP	13	8	1	3	1	-
	Administration / information	2	2	-	-	-	-
Admission	Waiting time at hospital / GP surgery	2	1	-	1	-	-
	Other	1	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	2	1	-	1	-	-
General negative	Negative comment / experience	8	3	1	1	3	-
General positive	Positive comment / all good / improved	8	6	2	-	-	-
Integrated care	After visit / follow up	2	1	-	1	-	-
	Link between services Hospital / GP / care	1	1	-	-	-	-
Services	Integrated community services	35	23	4	2	3	3
	Maternity services	7	5	-	2	-	-
	Mental health services	4	1	-	2	1	-
	Community hospital services	4	2	1	1	-	-
	Urgent and emergency care (A&E)	2	1	-	-	-	1
	Planned care services	1	1	-	-	-	-
Staff	Care and treatment	12	6	-	3	2	1
	General	8	3	1	3	1	-
	Staff numbers / workload / working conditions	6	3	2	1	-	-
	Attitude and empathy	4	2	-	2	-	-
	Communication	4	1	1	2	-	-
	Teamwork / integration	3	1	1	1	-	-

	Availability	2	1	1	-	-	-
	Skill / knowledge / professionalism	2	2	-	-	-	-
Other	DK / not applicable	51	13	19	8	11	-
	OTHER	28	11	1	7	9	-
	Base	205	97	32	41	30	5

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Services: integrated community services in general* (6)
- **East Staffordshire:** *Services: integrated community services in general* (4)
- **North Staffordshire:** *Services: integrated community services in general* (8)
- **South East Staffordshire and Seisdon Peninsula:** *Services: integrated community services in general* (4)
- **Stafford and Surrounds:** *Services: integrated community services in general* (9)
- **Stoke-on-Trent:** *Services: integrated community services in general* (3) and *Services: maternity services in general* (3).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** *Services: integrated community services in general* (10)
- **Least deprived areas:** *Services: integrated community services in general* (24).

Table 68. Q18. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	20	4	2	4	1	6	2	1	8	10	2
	Distance / access to hospital/GP	13	1	2	5	-	3	1	1	4	8	1
	Administration / information	2	-	1	1	-	-	-	-	2	-	-
Admission	Waiting time at hospital / GP surgery	2	-	-	-	-	2	-	-	-	2	-
	Other	1	-	-	1	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	2	-	-	2	-	-	-	-	-	2	-
General negative	Negative comment / experience	8	2	-	-	2	2	2	-	3	5	-
General positive	Positive comment / all good / improved	8	-	-	3	1	2	1	1	4	3	1
Integrated care	After visit / follow up	2	-	-	1	-	-	1	-	2	-	-
	Link between services hospital / GP / care	1	-	-	1	-	-	-	-	1	-	-
Services	Integrated community services	35	6	4	8	4	9	3	1	10	24	1
	Maternity services	7	1	-	2	-	-	3	1	3	3	1
	Mental health services	4	-	-	2	-	-	1	1	-	3	1
	Community hospital services	4	-	1	2	-	1	-	-	1	3	-
	Urgent and emergency care (A&E)	2	-	-	-	-	1	-	1	-	1	1
	Planned care services	1	-	-	1	-	-	-	-	-	1	-
Staff	Care and treatment	12	-	-	7	-	2	1	2	3	7	2
	General	8	-	2	1	1	3	1	-	4	4	-
	Staff numbers / workload / working conditions	6	-	-	1	2	1	1	1	2	2	2
	Attitude and empathy	4	-	-	2	1	1	-	-	1	3	-
	Communication	4	1	-	-	1	-	2	-	3	1	-
	Teamwork / integration	3	1	-	1	-	1	-	-	1	2	-
	Availability	2	-	-	1	-	-	-	1	-	1	1
	Skill/knowledge/ professionalism	2	-	-	-	-	2	-	-	1	1	-
Other	DK / not applicable	51	4	3	12	11	11	9	1	14	34	3
	OTHER	28	5	2	9	4	4	3	1	7	18	3
Base		205	22	15	57	27	45	29	10	67	122	16

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to comment *Services: Integrated community services in general.*

Exemplar verbatims:

"You can ring for an emergency appointment early morning and see the GP the same day. Flu injections for old people (me) are very good"
(70-74, Stafford and Surrounds CCG area, female, member of the public)

"Pharmacists are local and readily available The nurses working at the GP's surgery do a very good job and alleviate the workload on the GP's"
(60-64, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

Respondents were asked what needs to be improved in integrated community services. Feedback is shown by respondent type (Table 69), CCG area and IMD (Table 70).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (45)
- *Staff: Staff numbers / workload / working conditions* (25)
- *Access: Distance / Access to Hospital / GP* (22).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Access: waiting list / appointments / referrals* (31)
- **Public (not user in last three years):** *Access: distance / access to hospital / GP* (6)
- **Staff (user in last three years):** *Access: waiting list / appointments / referrals* (8)
- **Staff (not user in last three years):** *Staff: staff numbers / workload / working conditions* (3) and *Staff: communication* (3).

Table 69. Q19. What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	45	31	2	8	2	2
	Distance / access to hospital/GP	22	11	6	3	1	1
	Administration / information	3	2	-	1	-	-
	General	1	-	1	-	-	-
Admission	Waiting time at hospital / GP surgery	6	6	-	-	-	-
	Information	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	4	2	1	-	1	-
General	Negative comment / experience	7	4	2	1	-	-
General positive	Positive comment / all good / improved	3	3	-	-	-	-
Integrated care	Link between services hospital / GP / care	4	4	-	-	-	-
	After visit / follow up	2	2	-	-	-	-
Outcomes	Overall outcome of care / treatment	1	1	-	-	-	-
Place	IT services	1	1	-	-	-	-
Services	Integrated community services	19	7	3	7	2	-
	Maternity services	9	8	-	-	1	-
	Community hospital services	3	-	1	1	1	-
	Urgent and emergency care (A&E)	1	-	-	1	-	-
	Mental health services	1	1	-	-	-	-
	Planned care services	1	1	-	-	-	-
Staff	Staff numbers / workload / working conditions	25	16	-	5	3	1
	Communication	7	1	1	2	3	-
	Availability	5	2	1	-	-	2
	Teamwork / integration	5	1	1	2	1	-
	Attitude and empathy	4	1	-	2	1	-
	Skill / knowledge / professionalism	4	3	-	-	1	-
	Care and treatment	2	1	-	-	1	-
	General	1	1	-	-	-	-
Other	OTHER	39	9	6	14	10	-
	DK / Not applicable	31	7	10	6	8	-
Base		225	108	31	48	33	5

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Access: waiting list / appointments / referrals* (4) and *Staff: staff numbers / workload / working conditions* (4)
- **East Staffordshire:** *Access: waiting list / appointments / referrals* (4) and *Staff: staff numbers / workload / working conditions* (4)
- **North Staffordshire:** *Access: waiting list / appointments / referrals* (10)

- **South East Staffordshire and Seisdon Peninsula:** Access: waiting list / appointments / referrals (5)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (14)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (6).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (12) and Staff: staff numbers / workload / working conditions (12)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (29).

Table 70. Q19. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	45	4	4	10	5	14	6	2	12	29	4
	Distance / access to hospital/GP	22	1	1	6	4	6	3	1	7	14	1
	Administration / information	3	-	-	1	-	1	1	-	1	1	1
	General	1	-	-	-	-	1	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	6	-	-	1	2	2	1	-	2	4	-
	Information	1	-	-	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	4	1	-	2	1	-	-	-	2	2	-
General negative	Negative comment / experience	7	2	1	1	2	-	1	-	3	4	-
General positive	Positive comment / all good / improved	3	1	-	1	1	-	-	-	3	-	-
Integrated care	Link between services hospital / GP / care	4	-	-	2	-	2	-	-	1	3	-
	After visit / follow up	2	1	-	-	-	1	-	-	-	1	1
Outcomes	Overall outcome of care / treatment	1	-	-	1	-	-	-	-	1	-	-
Place	IT services	1	-	-	-	-	1	-	-	1	-	-
Services	Integrated community services	19	2	2	7	2	3	2	1	3	15	1
	Maternity services	9	-	1	4	-	-	3	1	4	4	1
	Community hospital services	3	-	-	2	-	-	1	-	1	2	-
	Urgent and emergency care (A&E)	1	-	-	-	-	1	-	-	-	1	-
	Mental health services	1	-	-	1	-	-	-	-	-	1	-
	Planned care services	1	-	-	-	-	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	25	4	4	5	4	4	3	1	12	12	1
	Communication	7	1	-	2	1	2	-	1	3	3	1
	Availability	5	1	-	1	2	-	1	-	1	4	-
	Teamwork / integration	5	-	-	1	-	3	-	1	1	2	2
	Attitude and empathy	4	1	-	1	1	1	-	-	1	3	-
	Skill / knowledge / professionalism	4	1	-	-	2	-	1	-	3	1	-
	Care and treatment	2	-	-	-	-	1	-	1	1	-	1
	General	1	-	-	-	1	-	-	-	1	-	-
Other	OTHER	39	5	3	11	6	7	6	1	9	27	3
	DK / not applicable	31	3	1	8	7	6	4	2	10	17	4
Base		225	26	16	60	34	50	29	10	73	134	18

Exemplar verbatims:

"Vulnerable patients need help and protection. Even ambulance staff who drove me home from hospital put in a safeguarding report on me as they were so concerned about my home situation, but nothing happened from that. I was left to rot and ended up falling."
(55-59, Cannock Chase CCG area, female, member of the public)

"Making GP appointments - only allowing same day appointments to be made makes it difficult to ensure all patients are being seen - acts like a lottery system- HEALTHCARE SHOULDN'T BE A GAMBLE. Online booking great but further limits accessibility for those who don't use internet. Calling at 8am not an option for some - what about home carers."
(20-24, South East Staffordshire and Seisdon Peninsula CCG area, female, member of the public)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 71), CCG area and IMD (Table 72).

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (28)
- Access: Distance / access to hospital / GP (23)
- Staff: Staff numbers / workload / working conditions (22).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** Access: Waiting list / appointments / referrals (17)
- **Public (not user in last three years):** Access: Distance / access to hospital / GP (5)
- **Staff (user in last three years):** Access: Waiting list / appointments / referrals (6)
- **Staff (not user in last three years):** Services: Integrated community services in general (4).

Table 71. Q20. What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	28	17	1	6	3	1
	Distance / access to hospital/GP	23	15	5	2	1	-
	Administration / information	4	3	-	1	-	-
	Parking £ / spaces	1	1	-	-	-	-
Admission	Waiting time at hospital / GP surgery	3	2	-	1	-	-
	Information	1	-	-	1	-	-
	Other	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	2	1	1	-	-	-
Friends / family	Access	1	1	-	-	-	-
General negative	Negative comment / experience	1	-	-	1	-	-
General positive	Positive comment / all good / improved	4	3	1	-	-	-
Integrated care	Link between services hospital / GP / care	4	3	1	-	-	-
	After visit / follow up	2	2	-	-	-	-
Services	Integrated community services	15	7	1	3	4	-
	Maternity services	7	6	-	-	1	-
	Community hospital services	5	4	-	-	1	-
	Urgent and emergency care (A&E)	3	1	-	2	-	-
	Planned care services	2	-	-	1	1	-

	NHS 111	1	-	-	1	-	-
	Mental health services	1	1	-	-	-	-
Staff	Staff numbers / workload / working conditions	22	11	4	4	2	1
	Availability	6	4	-	-	-	2
	Communication	5	1	2	2	-	-
	Skill / knowledge / professionalism	3	1	-	2	-	-
	general	3	-	-	3	-	-
	Care and treatment	2	-	-	2	-	-
	Attitude and empathy	1	1	-	-	-	-
Other	OTHER	44	18	6	10	9	1
	DK / not applicable	33	10	9	6	8	-
Base		204	95	30	45	30	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Distance / access to hospital / GP (4)
- **East Staffordshire:** Access: Waiting list / appointments / referrals (2) and Staff: Staff numbers / workload / working conditions (2)
- **North Staffordshire:** Access: Distance / access to hospital / GP (10)
- **South East Staffordshire and Seisdon Peninsula:** Staff: Staff numbers / workload / working conditions (6)
- **Stafford and Surrounds:** Staff: Staff numbers / workload / working conditions (8)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (6).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (9)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (17).

Table 72. Q20. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	28	2	2	8	4	5	6	1	9	17	2
	Distance / access to hospital/GP	23	4	-	10	4	4	-	1	8	14	1
	Administration / information	4	2	-	1	-	1	-	-	2	1	1
	Parking £ / spaces	1	-	1	-	-	-	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	3	-	-	-	-	2	1	-	1	2	-
	Information	1	-	-	-	-	-	1	-	-	1	-
	Other	1	-	-	1	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	2	-	-	2	-	-	-	-	1	1	-
Family / friends	Access	1	-	-	1	-	-	-	-	1	-	-
General negative	Negative comment / experience	1	-	-	-	-	-	1	-	1	-	-
General positive	Positive comment / all good / improved	4	1	-	1	2	-	-	-	3	1	-
Integrated care	Link between services hospital / GP / care	4	1	-	1	-	2	-	-	-	3	1
	After visit / follow up	2	1	-	1	-	-	-	-	-	2	-
Services	Integrated community services	15	1	1	4	1	4	2	2	6	7	2
	Maternity services	7	-	1	3	-	-	2	1	3	3	1

	Community hospital services	5	-	1	1	1	2	-	-	2	3	-
	Urgent and emergency care (A&E)	3	-	-	-	-	3	-	-	-	3	-
	Planned care services	2	-	-	-	-	1	1	-	1	1	-
	NHS 111	1	-	-	-	-	-	1	-	-	-	1
	Mental health services	1	-	-	1	-	-	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	22	1	2	3	6	8	1	1	6	15	1
	Availability	6	1	1	1	1	-	2	-	3	3	-
	Communication	5	-	-	2	2	1	-	-	-	5	-
	Skill / knowledge / professionalism	3	2	-	-	-	1	-	-	1	-	2
	General	3	2	1	-	-	-	-	-	-	3	-
	Care and treatment	2	-	-	1	-	1	-	-	-	2	-
	Attitude and empathy	1	-	-	-	-	1	-	-	-	-	1
Other	OTHER	44	4	7	11	6	9	5	2	13	28	3
	DK / not applicable	33	6	1	6	6	8	4	2	13	16	4
Base		204	24	16	51	29	48	27	9	68	119	17

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to comment *Access: Distance / access to hospital, GP* than those aged 50-59
- **Disability or long-term illness:** Respondents who had a long-term illness or disability that limited their day-to-day activities a little were more likely to comment *Access: Distance / access to hospital, GP* than those without a disability or long-term condition.

Exemplar verbatims:

"We are short of 2 GPs and more houses are being built. Stone needs a surgery in Walton. Our two surgeries are insufficient for a growing town."
(65-69, Stafford and Surrounds CCG area, female, member of the public)

"Better use of expensive buildings, reducing travelling and improving local services. Why not use one floor as a GP led local hospital, like the old cottage hospitals, which were cleared away in the name of saving money? Obviously only suitable in certain cases, but would this not solve some of the elderly care so-called "bed blocking?""
(70-74, North Staffordshire CCG area, female, member of the public)

5.2.3.2 Feedback from structured listening events

Table 73 shows what event participants felt was working well in integrated community services.

The top three themes mentioned were:

- *Services: Integrated community services in general* (50)
- *Access: Waiting list / appointments / referrals* (7)
- *Integrated care: Link between services hospital / GP / care* (4) and *Services: mental health services in general* (4).



Table 73. Facilitator feedback booklets: What do you think is working well? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening events	Workforce listening events	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	7	6	1	2	1	-	3	-	1
	Distance / Access to hospital/GP	1	-	1	-	-	-	-	-	1
Admission	Waiting time at hospital / GP surgery	1	-	1	-	-	-	-	-	1
	Treatment by staff	1	1	-	-	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	-	-	1	-
Integrated care	Link between services Hospital / GP / care	4	1	3	-	-	-	1	1	2
	After visit / follow up	2	1	1	-	-	-	1	-	1
Place	IT services	4	3	1	1	1	-	2	-	-
Services	Integrated community services	50	34	16	1	4	-	18	14	13
	Mental health services	4	3	1	-	-	-	2	1	1
	Planned care services	3	3	-	-	-	-	2	1	-
	Urgent and emergency care (A&E)	2	2	-	-	-	-	2	-	-
	Community hospital services	2	2	-	-	-	-	1	1	-
	Ambulance service / NHS 111	1	1	-	-	-	-	1	-	-
Staff	Communication	2	2	-	-	-	-	1	1	-
	Skill / knowledge / professionalism	2	1	1	-	-	-	1	-	1
	Other	2	1	1	-	1	-	-	-	1
	Care and treatment	1	1	-	-	-	-	-	-	1
Other	DK / not applicable	7	7	-	2	2	-	1	-	2
Base (no. of tables).		68	50	18	4	6	-	23	17	18

Please see Table 25 for an explanation of each of the themes

Table 74 shows what event participants felt could be improved in integrated community services.

The top three themes mentioned were:

- *Services: Integrated community services in general* (34)
- *Access: Waiting list / appointments / referrals* (13)
- *Access: Administration / information* (12) and *Staff: Communication* (12).

Table 74. Facilitator feedback booklets: What do you think needs to be improved? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening events	Workforce listening events	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	13	11	2	-	1	-	8	1	3
	Administration / information	12	10	2	1	-	-	2	7	2
	Distance / access to hospital/GP	8	8	-	-	1	-	4	2	1
	Awareness and education of services / prevention	8	7	1	-	1	-	3	3	1
	Parking £ / spaces	1	1	-	-	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	4	4	-	-	-	-	2	1	1

	Information	3	3	-	1	-	-	-	2	-
	Treatment by staff	3	3	-	1	-	-	1	1	-
	Organisation	2	2	-	-	-	-	1	-	1
	General	1	1	-	-	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	6	5	1	-	1	-	1	2	2
Family / friends	Treatment	1	1	-	-	-	-	-	1	-
General negative	Negative comment / experience	1	1	-	-	-	-	1	-	-
Integrated care	After visit / follow up	7	7	-	-	1	-	2	4	-
	Link between services hospital / GP / care	6	5	1	1	-	-	2	1	2
Place	Hosp/Centre IT services	4	2	2	-	1	-	1	1	1
Services	Integrated community services	34	20	14	1	3	-	9	9	12
	Planned care services	8	7	1	1	2	-	2	2	1
	Mental health services	4	4	-	1	-	-	-	2	1
	Community hospital services	3	1	2	-	1	-	1	1	-
	Urgent and emergency care (A&E)	1	1	-	-	-	-	1	-	-
Staff	Communication	12	8	4	-	1	-	3	3	5
	Skill / knowledge / professionalism	4	3	1	-	-	-	1	2	1
	Teamwork / integration	4	2	2	-	-	-	2	-	2
	Staff numbers / workload / working conditions	2	2	-	-	-	-	-	-	2
	Attitude and empathy	1	1	-	-	-	-	-	-	1
	Availability	1	1	-	-	-	-	1	-	-
Other	DK / not applicable	7	6	1	2	1	-	2	-	2
Base		73	52	21	4	6	-	22	18	23

Please see Table 25 for an explanation of each of the themes

5.2.3.3 Feedback from unstructured events

Table 75 shows what participants at the unstructured events felt was working well in integrated community services.

The top theme mentioned was *Services: Integrated community services in general* (5)

Table 75. What's working well?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	2	2	-	-	-	1	-	1	-
Integrated care	After visit/follow up	1	1	-	-	-	-	-	1	-
Services	Integrated community services	5	4	1	1	-	1	-	2	1
	Planned care services	1	1	-	-	-	1	-	-	-
Staff	Care and treatment	1	1	-	1	-	-	-	-	-
Other	DK / not applicable	6	6	-	-	1	-	-	4	1
Base		11	10	1	1	1	1	-	6	2

Table 76 shows what participants at the unstructured events felt could be improved in integrated community services.

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (9)
- Services: Integrated community services (7)
- Access: Distance / access to hospital/GP (3); Staff: communication (3) and Staff: skill /knowledge / professionalism (3).

Table 76. What could be improved?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	9	9	-	1	2	2	-	3	1
	Distance / access to hospital/GP	3	3	-	-	-	1	-	1	1
Admission	Information	1	1	-	1	-	-	-	-	-
	Treatment by staff	1	1	-	-	-	-	-	-	1
Discharge	Leaving GP, hospital / discharge	2	1	1	-	-	-	-	1	1
Friends / family	Informed	1	1	-	-	-	-	-	-	1
	Treatment	1	1	-	-	-	-	-	1	-
General negative	Negative comment / experience	1	1	-	-	-	-	-	1	-
Integrated care	After visit/follow up	1	1	-	-	-	-	-	1	-
	Link between services hospital / GP / care	1	1	-	-	-	-	-	-	1
Place	Food	1	1	-	-	-	-	-	-	1
Services	Integrated community services	7	6	1	1	-	2	-	3	1
	Planned care services	1	1	-	-	-	-	-	-	1
Staff	Communication	3	2	1	-	-	-	-	-	3
	Skill / knowledge / professionalism	3	2	1	-	1	-	-	1	1
	Care and treatment	2	2	-	-	1	-	-	1	-
Other	DK / not applicable	1	1	-	-	1	-	-	-	-
Base		15	14	1	1	3	2	-	5	4

5.2.3.4 Feedback from correspondence

Table 77 shows the themes raised in correspondence around integrated community services.

- **Key themes around what's working well:** *Awareness and education of services / prevention (2) and the care and treatment provided by staff (2)*
- **Key improvements or changes required:** *Staff numbers / workload / working conditions (4).*



Table 77. Themes raised in correspondence around integrated community services

	Main theme	Theme	Total	Public	Organisation
What's working well	Access - Before arrival	Awareness and education of services / prevention	2	0	2
	Staff	Care and treatment	2	0	2
	On arrival - Admission	Organisation	1	0	1
Improvements or changes required	Access - Before arrival	Awareness and education of services / prevention	2	0	2
		Opening hours	2	0	2
		Waiting list / Appointments / Referrals	1	0	1
		Distance / Access to hospital/GP	1	0	1
	On arrival - Admission	Waiting time at hospital / GP surgery	1	0	1
	Integrated care	Link between services Hospital / GP / care	1	0	1
	Staff	Staff numbers / workload / working conditions	4	0	4
		Communication	2	0	2
		Teamwork / Integration	1	0	1
Base (no. of correspondence)			11	5	6

5.2.3.4.1 Organisational and MP responses

Jack Brereton MP commented that improvements need to be made to hospital discharges to benefit both the patient and the functioning of the system to reduce delays and unnecessary admissions. He also commented that community services should be more effectively integrated within existing emergency and acute care centres with the right locations and services provided.

It is argued that there needs to be much better integration of health and social care within communities, particularly in care homes to reduce unnecessary admissions and readmissions, with a broader range of visible services and health professionals available through GP practices in the community to provide joined-up healthcare. It was also commented that social prescribing and greater use of pharmacies can also help reduce pressures on GPs.

Jeremy Lefroy MP commented that the use of nurse practitioners, local pharmacies providing consultation and advice and care at home have brought benefits. However, he commented that there is a shortage of GPs in the Stafford area meaning waiting times are high. The need for improved communication between care providers was identified and it was commented that community clinics can be chaotic with patients arriving before staff. He also highlighted that the promotion of community pharmacists needs to improve, as well as the recruitment and retention of GPs, working with Keele Medical School.

Amanda Milling MP commented that pharmacies advising on some conditions is welcome but better communication is required to signpost patients to pharmacists. Issues around short supply and delayed prescriptions were highlighted and she commented that GPs are stretched, especially in Rugeley, with long waiting times.

Reach (part of Assist) feedback from meetings with adults with learning difficulties highlighted that GPs should do more home visits for those in need, there needs to be more health and social care support in the community for the elderly. Primary Care Networks are potentially a good solution but not if patients must travel a long distance to another GP practice incurring transport costs and patient support networks and groups would help for self-management of conditions.

5.2.3.5 Section summary on integrated community services

Overall, 193 (55 per cent) main involvement survey respondents stated they had used integrated community services in the last three years. 124 (65 per cent) respondents rated their experience as excellent or good, compared to 41 (22 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 63 and 64.

When asked to provide rationale for their ratings, *Access: waiting list/ appointments / referrals* and *Services: integrated community services* were the most frequently mentioned themes for those providing excellent or good and poor or very poor ratings (Table 78). The number of respondents raising these themes in a positive capacity is greater than the number who raise it in a negative capacity.

Table 78. Summary: reasons for integrated community services ratings

Main theme	Theme	Reasons for ratings: excellent or good	Reasons for ratings: poor / very poor
Access	Waiting list / appointments / referrals	31	16
Services	Integrated community services in general	20	11
Base		177	

For further detail, please refer to tables 65 and 66.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (Table 79). The table shows a greater number of respondents highlighted these as areas that require improvement.

Table 79. Summary: most frequently mentioned themes on integrated community services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / appointments / referrals	20	45
	Distance / access to hospital / GP	13	22
Base		205	225

- Services: Integrated community services in general* (35) was also frequently mentioned as an area that is working well
- Staff: staff numbers / workload / working conditions* (25) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, respondents highlight the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 67 to 72.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (4); *Integrated care: link between services hospital / GP / care* (4) and *place: IT services* (4)
- When asked what needs to be improved, like the main involvement survey, the most frequently mentioned themes were: *Access: waiting list/ appointments/ referrals* (13) and *Access: distance /access to hospital / GP* (8) were most frequently mentioned. *Access: Administration / information* (12) and *Staff: communication* (12) were also frequently mentioned
- For further detail, please refer to tables 73 and 74.

Feedback from the unstructured events

- Like the structured event feedback, when asked what is working well, the most mentioned theme was *Access: waiting list / appointments / referrals* (2)
- Like the main involvement survey and structured events when asked what needs to be improved the most mentioned themes were: *Access: waiting list/ appointments/ referrals* (9) and *Access: Distance / Access to hospital / GP* (3). *Staff: communication* (3) and *Staff: skill/ knowledge/ professionalism* (3) were also frequently mentioned
- For further detail, please refer to tables 75 and 76.

Feedback from correspondence

- The most frequently mentioned themes highlighting areas that are working well were: *Awareness and education of services / prevention* (2) and *Staff: care and treatment* (2)
- The most frequently mentioned themes highlighting areas that need to be improved or where change is required were around: *Staff: staff numbers / workload / working conditions* (4), *access before arrival: awareness and education of services / prevention* (2) and *access before arrival: opening hours* (2)
- In correspondence submitted by MPs, comments were made around the requirement for further integration of services in communities, the benefits of social prescribing and using other health care professionals such as pharmacists and nurses to help reduce pressures on GPs. The need for more communication and signposting for patients to direct them to these alternative services is mentioned
- Organisational correspondence commented that GPs should do more home visits and there should be more health and social care available in the community for the elderly. Primary care networks are considered a potential good solution but not if patients must travel long distances

For further detail, please refer to



- Table 77.



5.2.4 Maternity care services

This section presents respondents' experiences and understanding of maternity care services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.4.1 Feedback from the main involvement survey

5.2.4.1.1 Maternity services usage

Table 80 shows the proportion of respondents that had used maternity services in the last three years by respondent type.

Table 80. Q21. Have you used maternity services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Unknown
Yes	10%	11%	8%	-
No	90%	89%	92%	100%
Base	342	207	132	3

Table 81 shows the proportion of respondents that had used maternity services in the last three years by CCG area and IMD.

Table 81. Q21. Have you used maternity services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Yes	10%	12%	14%	9%	4%	4%	20%	14%	13%	7%	13%
No	90%	88%	86%	91%	96%	96%	80%	86%	87%	93%	88%
Base	342	34	21	85	48	80	45	29	108	194	40

5.2.4.1.2 Rating maternity services

Table 82 shows how respondents rated their experience of maternity services by respondent type. Overall, 26 (76 per cent) respondents rated their experience as excellent or good, compared to 6 (18 per cent) who rated their experience as poor or very poor.

When analysing by respondent type, the proportion rating excellent or good was higher among members of the public (20 / 91 per cent), when compared to healthcare staff (6 / 50 per cent).



Table 82. Q22. How would you rate your last experience of maternity services? By respondent type

	Total	Public	Staff
Excellent	38%	32%	50%
Good	38%	59%	-
No opinion	6%	-	17%
Poor	15%	5%	33%
Very poor	3%	5%	-
Base	34	22	12

Table 83 shows how respondents rated their experience of maternity services by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents providing a rating of excellent or good was from the Stafford and Surrounds CCG area (three / 100 per cent). In comparison, it was lowest in the South East Staffordshire and Seisdon Peninsula CCG area (1 / 50 per cent).

When analysing by IMD, ratings were similar in both the most and least deprived areas.

Table 83. Q22. How would you rate your last experience of maternity services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area
Excellent	38%	25%	25%	50%	50%	67%	22%	50%	27%	43%	60%
Good	38%	50%	50%	25%	-	33%	56%	25%	47%	36%	20%
No opinion	6%	-	25%	-	-	-	-	25%	7%	-	20%
Poor	15%	25%	-	13%	50%	-	22%	-	13%	21%	-
Very poor	3%	-	-	13%	-	-	-	-	7%	-	-
Base	34	4	4	8	2	3	9	4	15	14	5

Respondents were asked to give reasons for their rating of maternity services. Feedback is shown by respondent type (Table 84), CCG area and IMD (Table 85).

The top three themes for respondents rating maternity services as **excellent** or **good** were:

- General positive: Positive comment / All good / Improved (9)
- Staff: Care and treatment (8)
- Services: Maternity services in general (6).

The top three themes for respondents rating maternity services as **poor** or **very poor** or having **no opinion** were:

- General negative: Negative comment / experience (7)
- Services: Maternity services in general (2)
- Staff: Staff numbers / workload / working conditions (2).

The most frequently mentioned themes by respondent type for those rating maternity services as **excellent** or **good** were:

- **Public:** General positive: Positive comment / All good / Improved (6)
- **Staff:** General positive: Positive comment / all good / improved (3) and Staff: care and treatment (3).

The most frequently mentioned themes by respondent type for those rating maternity services as **poor** or **very poor** or having **no opinion** were:

- **Public:** General negative: Negative comment / experience (2)
- **Staff:** General negative: Negative comment / experience (5).

Table 84. Q23. Please explain why you gave this rating. By respondent type.

	Main theme	Theme	Total	Public	Staff
Excellent / good	Access	Waiting list / appointments / referrals*	1	1	-
		Distance / access to hospital/GP	1	1	-
	General negative	Negative comment / experience	25	19	6
	General positive	Positive comment / all good / improved	9	6	3
	Integrated care	After visit / follow up	1	1	-
	Services	Maternity services	6	4	2
	Staff	Care and treatment	8	5	3
		Attitude and empathy	4	3	1
		General	3	3	-
		Staff numbers / workload / working conditions	2	2	-
		Skill / knowledge / professionalism	1	-	1
	Other	OTHER	1	1	-
		DK / not applicable	1	1	-
Poor / very poor / no opinion	Discharge	Leaving GP, hospital / discharge	1	-	1
	General negative	Negative comment / experience	7	2	5
	Services	Maternity services	2	1	1
	Staff	Staff numbers / workload / working conditions	2	1	1
		Care and treatment	1	-	1
	Other	OTHER	2	-	2
		DK / not applicable	2	1	1
	Base		32	21	11

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

The most frequently mentioned theme by CCG area for those rating maternity services as **excellent** or **good** was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *Services: Maternity services in general* (3)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Limited comments raised
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by CCG area for those rating maternity services as **poor**, **very poor** or having **no opinion** was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Limited comments raised
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Limited comments raised
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD for those rating maternity services as **excellent** or **good** was:

- **Most deprived areas:** *General positive: Positive comment / all good / improved* (4)
- **Least deprived areas:** *General positive: Positive comment / all good / improved* (4) and *Services: maternity services in general* (4).

The most frequently mentioned theme by IMD for those rating maternity services as **poor**, **very poor** or **no opinion** was:

- **Most deprived areas:** *General negative: Negative comment / experience* (3)

- Least deprived areas: General negative: Negative comment / experience (3).

Table 85. Q23. Please explain why you gave this rating. By CCG area and IMD.

Table 83. Q23. Please explain why you gave this rating. By CCG area and IMD.													
	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No postcode / No data
Excellent / good	Access	Waiting list / appointments / referrals*	1	-	-	-	-	-	1	-	1	-	-
		Distance / access to hospital/GP	1	-	-	-	-	1	-	-	1	-	-
	General negative	Negative comment / experience	25	3	3	6	1	3	7	2	11	11	3
	General positive	Positive comment / all good / improved	9	2	2	1	-	1	2	1	4	4	1
	Integrated care	After visit / follow up	1	-	-	-	-	-	-	1	-	-	1
	Services	Maternity services	6	-	1	3	-	1	1	-	2	4	-
	Staff	Care and treatment	8	1	2	2	-	-	2	1	3	3	2
		Attitude and empathy	4	-	-	1	-	-	2	1	2	-	2
		General	3	-	-	1	-	-	2	-	1	2	-
		Staff numbers / workload / working conditions	2	-	1	-	-	-	1	-	1	1	-
	Other	Skill / knowledge / professionalism	1	-	-	1	-	-	-	-	-	1	-
		OTHER	1	-	-	-	-	1	-	-	1	-	-
		DK / not applicable	1	-	-	-	1	-	-	-	-	1	-
Poor / very poor / no opinion	Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	-	-	1	-	-	1
	General negative	Negative comment / experience	7	1	-	2	1	-	2	1	3	3	1
	Services	Maternity services	2	-	-	1	-	-	1	-	2	-	-
	Staff	Staff numbers / workload / working conditions	2	-	-	1	-	-	-	1	1	-	1
		Care and treatment	1	-	-	-	-	-	1	-	1	-	-
	Other	OTHER	2	-	-	1	1	-	-	-	-	2	-
		DK / not applicable	2	1	-	-	-	-	1	-	1	1	-
Base			32	4	3	8	2	3	9	3	14	14	4

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

Exemplar verbatims:

"I received absolutely brilliant service from the maternity team at Royal Stoke upon the birth of my daughter. 1 to 1 and made to feel really valued and as a first time mum I was made to feel special and not just another number."

(40-44, Stafford and Surrounds CCG area, female, staff)

“Although in hospital care was fine, waiting time for an available room was unacceptable. Wife's waters broke 6am on Thursday, told needed to be induced within 24 hrs due to risk of infection. Told would be rang between 7am and 5pm on Friday when bed available. Actually admitted to delivery suite at 18:30 on the Friday due to unavailability of beds and midwives to perform induction. Resulted in large amounts of unnecessary stress and what was advised as a risk to the baby due to the delay”
(25-29, Stoke-on-Trent CCG area, male, staff)

5.2.4.1.3 Views on maternity services

Respondents were asked what they thought was working well in maternity services. Feedback is shown by respondent type (Table 86), CCG area and IMD (Table 87).

The top three themes mentioned were:

- *Staff: Care and treatment* (14)
- *Services: Maternity services in general* (11)
- *General positive: Positive comment / all good / improved* (7).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Staff: Care and treatment* (7)
- **Public (not user in last three years):** *Services: Maternity services in general* (5)
- **Staff (user in last three years):** *Staff: Care and treatment* (3) and *Staff: communication* (3)
- **Staff (not user in last three years):** Limited comments raised.

Table 86. Q24. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	2	-	2	-	-	-
	Waiting list / appointments / referrals*	1	-	1	-	-	-
Friends / family	Treatment	1	-	-	-	1	-
General negative	Negative comment / experience	1	-	1	-	-	-
General positive	Positive comment / all good / improved	7	1	3	1	2	-
	Thanks to staff / organisation	2	1	-	-	1	-
Integrated care	After visit / follow up	1	-	-	1	-	-
Services	Maternity services	11	2	5	2	2	-
	Community hospital services	1	1	-	-	-	-
Staff	Care and treatment	14	7	2	3	2	-
	General	6	2	2	-	2	-
	Attitude and empathy	4	2	-	2	-	-
	Communication	4	1	-	3	-	-
	Skill / knowledge / professionalism	4	1	1	2	-	-
	Staff numbers / workload / working conditions	2	1	-	1	-	-
	Availability	1	1	-	-	-	-
Other	DK / not applicable	79	1	50	2	24	2
	OTHER	8	-	2	1	5	-
	Base	134	17	67	10	38	2

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Services: Maternity services in general (2) and Staff: Care and treatment (2)*
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *Staff: Care and treatment (6)*
- **South East Staffordshire and Seisdon Peninsula:** *Services: Maternity services in general (3)*
- **Stafford and Surrounds:** *Services: Maternity services in general (3)*
- **Stoke-on-Trent:** *Staff: Care and treatment (2).*

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** *Staff: Care and treatment (7)*
- **Least deprived areas:** *Staff: Care and treatment (5) and Services: maternity services in general (5).*

Table 87. Q24. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	2	-	-	-	-	1	1	-	1	1	-
	Waiting list / appointments / Referrals*	1	-	-	1	-	-	-	-	-	1	-
Friends / family	Treatment	1	-	-	-	-	1	-	-	1	-	-
General negative	Negative comment / experience	1	-	-	1	-	-	-	-	-	1	-
General positive	Positive comment / all good / improved	7	-	1	3	-	1	1	1	2	4	1
	Thanks to staff / organisation	2	-	-	-	1	-	1	-	1	1	-
Integrated care	After visit / follow up	1	-	-	-	-	-	-	1	-	-	1
Services	Maternity services	11	2	1	-	3	3	1	1	5	5	1
	Community hospital services	1	-	-	-	-	1	-	-	1	-	-
Staff	Care and treatment	14	2	1	6	1	-	2	2	7	5	2
	General	6	1	-	1	-	2	2	-	2	4	-
	Attitude and empathy	4	-	1	2	-	1	-	-	3	1	-
	Communication	4	1	-	2	-	-	-	1	2	1	1
	Skill / knowledge / professionalism	4	-	-	2	-	1	1	-	2	2	-
	Staff numbers / workload / working conditions	2	-	-	2	-	-	-	-	1	1	-
	Availability	1	-	-	-	-	1	-	-	1	-	-
Other	DK / not applicable	79	9	4	16	15	22	9	4	18	52	9
	OTHER	8	2	1	1	2	1	1	-	1	7	-
	Base	134	16	8	29	22	32	18	9	40	80	14

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

Exemplar verbatims:

“Perinatal Mental Health is improving, the Health Visitors are assessing both Mothers and Fathers ahead of the baby and after the baby arrives, there is a drive to improve the mental health of parents”
(45-49, Stoke-on-Trent CCG area, female, staff)

“I have little experience within this area but, overall, I think that the community based midwives and health visitors work well. They reduce the need for ladies to travel into the hospital for non-urgent and routine care, making service users more comfortable and less anxious, and, in turn, reduce the pressure on hospital staff.”

(25-29, Cannock Chase CCG area, female, member of the public)

Respondents were asked what needs to be improved in maternity services. Feedback is shown by respondent type (Table 88), CCG area and IMD (Table 89).

The top three themes mentioned were:

- *Staff: Staff numbers / workload / working conditions* (13)
- *Services: Maternity services in general* (12)
- *Access: Distance / access to hospital/GP* (11).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Staff: Staff numbers / workload / working conditions* (4)
- **Public (not user in last three years):** *Access: Distance / access to hospital/GP* (5) and *Services: maternity services in general* (5)
- **Staff (user in last three years):** *Staff: Staff numbers / workload / working conditions* (4)
- **Staff (not user in last three years):** *Staff: Staff numbers / workload / working conditions* (4) and *Services: maternity services in general* (4).

Table 88. Q25. What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / Access to hospital/GP	11	-	5	1	3	2
Admission	Waiting time at hospital / GP surgery	3	2	1	-	-	-
General positive	Positive comment / all good / improved	2	2	-	-	-	-
Integrated care	After visit / follow up	2	1	-	-	1	-
Place	OTHER	1	-	1	-	-	-
Services	Maternity services	12	1	5	2	4	-
Staff	Staff numbers / workload / working conditions	13	4	1	4	4	-
	Care and treatment	4	1	1	-	2	-
	Communication	4	1	1	-	2	-
	Availability	3	-	3	-	-	-
	Attitude and empathy	2	1	1	-	-	-
	Skill / knowledge / professionalism	1	-	-	-	1	-
	Teamwork / integration	1	-	-	-	1	-
	general	1	1	-	-	-	-
Other	DK / not applicable	67	3	41	1	21	1
	OTHER	14	3	6	2	3	-
Base		133	19	62	10	39	3

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Services: Maternity services in general* (2)

- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *Services: Maternity services in general* (6)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** *Access: Distance / access to hospital/GP* (8)
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** *Staff: Staff numbers / workload / working conditions* (6)
- **Least deprived areas:** *Services: Maternity services in general* (9).

Table 89. Q25. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area						IMD			
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	11	1	-	-	1	8	-	1	2	5	4
Admission	Waiting time at hospital / GP surgery	3	-	-	-	1	-	2	-	3	-	-
General positive	Positive comment / all good / improved	2	1	1	-	-	-	-	-	2	-	-
Integrated care	After visit / follow up	2	1	-	-	-	1	-	-	1	1	-
Place	OTHER	1	-	-	-	1	-	-	-	1	-	-
Services	Maternity services	12	2	-	6	-	3	1	-	3	9	-
Staff	Staff numbers / workload / working conditions	13	-	1	3	1	2	4	2	6	5	2
	Care and treatment	4	-	-	-	1	-	2	1	1	2	1
	Communication	4	-	-	-	1	1	1	1	1	2	1
	Availability	3	2	-	-	-	1	-	-	2	1	-
	Attitude and empathy	2	-	-	2	-	-	-	-	-	2	-
	Skill / knowledge / professionalism	1	-	-	-	-	1	-	-	1	-	-
	Teamwork / integration	1	-	-	-	1	-	-	-	-	1	-
	General	1	-	-	-	-	-	1	-	1	-	-
Other	DK /not applicable	67	8	6	15	12	17	7	2	18	43	6
	OTHER	14	2	1	4	3	3	1	-	5	9	-
Base		133	16	9	28	20	35	18	7	43	76	14

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"Assigned midwives often not available during pregnancy so care disjointed. Crowded maternity wards, some staff not very friendly or understanding. Huge empty waiting rooms and public areas at N. Staffs while no space on actual wards."

(70-74, North Staffordshire CCG area, female, member of the public)

"MIDWIVES NEED TO BE APPRECIATED AND SUPPORTED Patients especially NEW MUMS don't seem to be receiving the support they should, certainly not in a timely face to face manner"

(55-59, Cannock Chase CCG area, female, staff)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 90), CCG area and IMD (Table 91).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (21)

- *Services: Maternity services in general* (11)
- *Access: Distance / access to hospital/GP* (8).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Services: Maternity services in general* (11)
- **Public (user in the last three years):** *Services: Maternity services in general* (4)
- **Public (not user in last three years):** *Access: Waiting list / appointments / referrals* (9)
- **Staff (user in last three years):** *Services: Maternity services in general* (6)
- **Staff (not user in last three years):** *Access: Waiting list / appointments / referrals* (7).

Table 90.Q26. What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals*	21	3	9	2	7	-
	Distance / access to hospital/GP	8	1	3	1	3	-
Admission	Waiting time at hospital / GP surgery	2	2	-	-	-	-
	Organisation	1	-	-	-	1	-
General positive	Positive comment / all good / improved	2	1	-	1	-	-
Integrated care	After visit / follow up	2	1	1	-	-	-
Place	OTHER	2	-	2	-	-	-
Services	Maternity services	11	4	3	3	1	-
Staff	Availability	4	2	2	-	-	-
	Care and treatment	3	1	1	-	1	-
	Staff numbers / workload / working conditions	3	1	-	1	1	-
	Attitude and empathy	1	-	1	-	-	-
	Communication	1	1	-	-	-	-
	Skill / knowledge / professionalism	1	1	-	-	-	-
	Teamwork / integration	1	1	-	-	-	-
Other	DK / not applicable	62	3	36	2	20	1
Base		118	16	57	10	34	1

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *Access: Waiting list / appointments / referrals* (5)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** *Access: Waiting list / appointments / referrals* (6)
- **Stoke-on-Trent:** *Access: Waiting list / appointments / referrals* (4).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** *Access: Waiting list / appointments / referrals* (6)
- **Least deprived areas:** *Access: Waiting list / appointments / referrals* (13).

Table 91. Q26. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals*	21	2	1	5	2	6	4	1	6	13	2
	Distance / access to hospital/GP	8	1	-	1	-	4	1	1	2	4	2
Admission	Waiting time at hospital / GP surgery	2	-	-	-	-	-	1	1	1	-	1
	Organisation	1	-	-	1	-	-	-	-	-	1	-
General	Positive comment / all good / improved	2	1	-	1	-	-	-	-	2	-	-
Integrated care	After visit / follow up	2	-	1	1	-	-	-	-	1	1	-
Place	OTHER	2	-	-	2	-	-	-	-	-	2	-
Services	Maternity services	11	2	1	2	2	3	-	1	3	7	1
Staff	Availability	4	2	-	-	-	1	1	-	3	1	-
	Care and treatment	3	1	-	-	2	-	-	-	1	2	-
	Staff numbers / workload / working conditions	3	-	1	-	-	-	-	2	1	-	2
	Attitude and empathy	1	-	-	-	1	-	-	-	1	-	-
	Communication	1	-	-	-	-	-	-	1	-	-	1
	Skill / knowledge / professionalism	1	1	-	-	-	-	-	-	1	-	-
	Teamwork / integration	1	-	-	-	-	-	-	1	-	-	1
Other	DK / not applicable	62	8	5	13	12	15	7	2	18	39	5
Base		118	16	8	26	19	29	14	6	37	70	11

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health.

Exemplar verbatims:

"Stop the removal of the infant feeding team. Breastfeeding rates are awful, and I wouldn't have been able to feed my daughter up to 9 months so far without them. They identified tongue tie twice and offered lots more support, including signposting me to the perineum clinic at the hospital which my doctor didn't know existed. Invaluable support"

(30-34, Stoke-on-Trent CCG area, female, member of the public)

"Midwives should be doing home visits after baby is born, not forcing new mothers to drive to clinic for the first check. This is important so that the midwife can see the new parents at home, to see if they are coping and to assess for post-natal depression. Also, if a new mother has had a C-section, getting to a clinic can be very difficult and painful for them."

(25-29, North Staffordshire CCG area, female, staff)

Feedback from structured listening events

Table 92 shows what event participants felt was working well in maternity care services.

The top three themes mentioned were:

- Services: Community hospital services in general (14)
- Services: Integrated community services in general (13)
- Services: Maternity services in general (13).

Table 92. Facilitator feedback booklets: What do you think is working well? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Awareness and education of services / prevention	1	-	1	-	1	-	-	-	-
Admission	Waiting time at hospital / GP surgery	2	1	1	-	-	-	-	-	2
	Treatment by staff	2	2	-	-	-	-	1	-	1
General positive	Positive comment / all good / improved	4	2	2	-	-	-	1	1	2
Integrated care	After visit / follow up	2	2	-	1	-	-	-	-	1
Services	Community hospital services	14	12	2	1	2	-	6	2	3
	Integrated community services	13	8	5	-	3	-	5	2	3
	Maternity services	13	9	4	1	1	-	3	1	7
	Planned care services	7	5	2	-	1	1	1	2	2
	Mental health services	3	2	1	-	-	-	-	3	-
Staff	Care and treatment	2	1	1	-	-	-	-	-	2
Other	DK / Not applicable	17	16	1	1	1	-	6	4	5
Base (no. of tables)		57	44	13	4	5	1	17	13	17

Please see Table 25 for an explanation of each of the themes

Table 93 shows what event participants felt needed to be improved in maternity care services.

The top three themes mentioned were:

- *Services: Maternity services in general* (36)
- *Access: Administration / information* (12)
- *Staff: Communication* (9).

Table 93. Facilitator feedback booklets: What do you think needs to be improved? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Administration / information	12	11	1	-	-	1	3	4	4
	Distance / access to hospital/GP	5	5	-	1	-	1	1	2	-
	Awareness and education of services / prevention	4	3	1	-	-	-	1	3	-
	Waiting list / Appointments / Referrals*	2	1	1	-	-	-	-	1	1
	Parking £ / spaces	1	-	1	-	-	-	-	-	1
	General	1	-	1	-	1	-	-	-	-
	Other	1	1	-	-	-	-	-	-	1
Admission	Information	2	2	-	-	-	-	-	1	1
	Treatment by staff	2	1	1	-	-	-	-	1	1
	Waiting time at hospital / GP surgery	1	1	-	-	-	-	-	-	1
General positive	Positive comment / all good / improved	1	1	-	-	-	-	1	-	-
Integrated care	After visit / follow up	8	6	2	-	1	-	3	2	2
Place	IT services	2	1	1	-	1	-	1	-	-
Services	Maternity services	36	28	8	2	5	1	7	11	10
	Integrated community services	7	5	2	-	2	-	2	-	3
	Mental health services	6	5	1	-	1	1	-	1	3
	Community hospital services	3	3	-	1	1	-	-	1	-
Staff	Communication	9	6	3	1	1	-	-	2	5
	Teamwork / Integration	6	4	2	-	2	-	-	2	2
	Skill / knowledge / professionalism	4	3	1	-	1	-	1	1	1
	Staff numbers / workload / working conditions	2	1	1	1	1	-	-	-	-
	Care and treatment	1	1	-	-	-	-	-	-	1
	Attitude and empathy	1	1	-	-	-	-	-	-	1
	Availability	1	1	-	1	-	-	-	-	-
Other	DK / not applicable	10	9	1	1	-	-	4	-	5
Base (no. of tables)		64	51	13	4	6	3	17	15	19

Please see Table 25 for an explanation of each of the themes

*This refers to access to specific maternity related services. E.g. breastfeeding clinics and sexual health

5.2.4.2 Feedback from unstructured events

Table 94 shows what participants at the unstructured events felt was working well in maternity care services.

Table 94. What's working well?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Admission	Treatment by staff	1	-	1	-	-	-	-	-	1
Services	Maternity services	1	-	1	-	-	-	-	-	1
Other	DK / not applicable	7	1	6	-	-	-	-	1	6
	Base	8	1	7	-	-	-	-	1	7

Table 95 shows what participants at the unstructured events felt could be improved in maternity care services.

The top three themes mentioned were:

- *Services: Maternity services in general* (3)
- *Staff: Communication* (3)
- *Access: Distance / access to hospital/GP* (2).

Table 95. What could be improved?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	2	2	-	-	-	1	-	1	-
	Waiting list / appointments / Referrals	1	1	-	-	-	1	-	-	-
Admission	Other	1	-	1	-	-	-	-	-	1
General negative	Negative comment / experience	1	1	-	-	-	-	-	1	-
Integrated care	After visit/follow up	1	-	1	-	-	-	-	-	1
Services	Maternity services	3	1	2	-	-	-	-	1	2
	Integrated community services	2	-	2	-	-	-	-	-	2
Staff	Communication	3	1	2	-	-	1	-	-	2
	Teamwork / integration	1	-	1	-	-	-	-	-	1
	Staff numbers / workload / working conditions	1	-	1	-	-	-	-	-	1
Other	DK / not applicable	4	1	3	-	-	-	-	1	3
	Base	10	3	7	-	-	1	-	2	7

5.2.4.3 Feedback from correspondence

Table 96 shows the themes raised in correspondence around maternity care services.

Table 96. Themes raised in correspondence around maternity care services

	Main theme	Theme	Total	Public	Organisation
What's working well	Staff	Care and treatment	1	0	1
	Patient outcomes	Outcome of care / treatment	1	0	1
Improvements or changes required	Access - Before arrival	Awareness and education of services / prevention	1	0	1
		Utilisation of services	1	0	1
		Managing demand on services	1	0	1
	Integrated care	Link between services Hospital / GP / care	1	0	1
Base (no. of correspondence)			10	5	5

5.2.4.3.1 Organisational and MP responses

Jack Brereton MP commented that maternity facilities at County Hospital need to be better used and promoted to relieve the pressures at Royal Stoke, as the quality of care at Royal Stoke reduces during busy periods. It was also commented that focus should be provided to mothers who require longer stays in Maternity Assessment Unit (MAU) including inductions and aftercare.

Jeremy Lefroy MP commented that services at Stafford and Stoke and prenatal services are well received. It was also commented that the Stand-Alone Midwife Unit in County Hospital provides a very good service but needs to be used more and a full review and promotional campaign would be useful to ensure sustainability.

5.2.4.4 Section summary on maternity care services

Overall, 33 (10 per cent) main involvement survey respondents stated they had used maternity care services in the last three years. Of which, 26 (76 per cent) respondents rated their experience as excellent or good, compared to six (18 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 82 and 83.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *General positive: positive comment / all good / improved* (9); *Staff: care and treatment* (8) and *Services: maternity services in general* (6). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *General negative: negative comment / experience* (7); *Services: maternity services in general* (2) and *Staff: staff numbers / workload / working conditions* (2). For further detail, please refer to tables 84 and 85.

Themes from the main involvement survey

- The most frequently mentioned themes raised around what is working well were: *Staff: care and treatment* (14); *Services: maternity services in general* (11) and *General positive: positive comment / all good / improved* (7)
- The most frequently mentioned themes raised around what needs to be improved were: *Staff: staff numbers / workload / working conditions* (13); *Services: maternity services in general* (12) and *Access: distance / access to hospital* (11)
- When asked what one thing respondents would change now, the most frequently mentioned themes were: *Access: waiting list / appointments* (21); *Services: maternity services in general* (11) and *Access: distance / access to hospital* (8)
- For further detail, please refer to tables 86 to 91.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: community hospital services in general* (14); *Services: integrated community services in general* (13) and *Services: maternity services in general* (13)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: maternity services in general* (36); *Access: administration / information* (12) and *Staff: communication* (9)
- For further detail, please refer to tables 92 and 93.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Admission: treatment by staff* (1) and *Services: maternity services* (1)
- When asked what needs to be improved, the most frequently mentioned themes were: *Services: maternity services* (3); *Staff: communication* (3); *Access: distance / access to hospital / GP* (2) and *Services: integrated community services* (2)
- For further detail, please refer to tables 94 and 95.

Feedback from correspondence

- Areas highlighted in the correspondence as working well were: *Staff: care and treatment* (1) and *patient outcomes: outcome of care / treatment* (1)
- The most frequently mentioned areas that require improvement were around access and integrated care
- In correspondence submitted by MPs, comments were made around the greater use and promotion of services at County Hospital to relieve the pressures at Royal Stoke
- For further detail, please refer to Table 96.



5.2.5 Planned care services

This section presents respondents' experiences and understanding of planned care services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.5.1 Feedback from the main involvement survey

5.2.5.1.1 Planned care services usage

Table 97 shows the proportion of respondents that had used planned care services in the last three years by respondent type.

Table 97. Q27. Have you used planned care services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Not answered
Yes	65%	72%	52%	75%
No	35%	28%	48%	25%
Base	347	210	133	4

Table 98 shows the proportion of respondents that had used planned care services in the last three years by CCG area and IMD.

Table 98. Q27. Have you used planned care services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No data
Yes	65%	68%	58%	60%	72%	74%	61%	48%	59%	70%	54%
No	35%	32%	42%	40%	28%	26%	39%	52%	41%	30%	46%
Base	347	34	24	89	46	81	44	29	109	197	41

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to have used planned care services than those aged 30-69
- **Relationship status:** Respondents who were married were more likely to have used planned care services than those who lived with a partner.
- **Carers:** Respondents who were carers for those aged over 50 were more likely to have used planned care services than those who were not carers.

5.2.5.1.2 Rating planned care services

Table 99 shows how respondents rated their experience of planned care services by respondent type. Overall, 156 (70 per cent) respondents rated their experience as excellent or good, compared to 42 (19 per cent) who rated their experience as poor or very poor.

When analysing by respondent type, ratings were similar for members of the public and healthcare staff.

Table 99. Q28. How would you rate your last experience of planned care services? By respondent type

	Total	Public	Staff	Unknown
Excellent	27%	24%	35%	33%
Good	43%	46%	35%	67%
No opinion	11%	11%	12%	-
Poor	14%	15%	15%	-
Very poor	5%	5%	4%	-
Base	223	151	69	3

Table 100 shows how respondents rated their experience of planned care services by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents providing a rating of excellent or good was from the East Staffordshire CCG area (11 / 79 per cent). In comparison, it was lowest in the South East Staffordshire and Seisdon Peninsula CCG area (19 / 58 per cent).

When analysing by IMD, ratings were similar in the most and least deprived areas.

Table 100. Q28. How would you rate your last experience of planned care services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No postcode / No data
Excellent	27%	23%	36%	36%	24%	22%	30%	21%	26%	28%	27%
Good	43%	41%	43%	34%	33%	52%	48%	50%	43%	43%	41%
No opinion	11%	18%	14%	6%	18%	10%	11%	7%	12%	12%	5%
Poor	14%	9%	7%	21%	15%	13%	7%	21%	17%	12%	23%
Very poor	5%	9%	-	4%	9%	3%	4%	-	2%	6%	5%
Base	223	22	14	53	33	60	27	14	65	136	22

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Sex:** Male respondents were more likely to rate planned care services as 'poor' compared to female respondents

Respondents were asked to give reasons for their rating of planned care services. Feedback is shown by respondent type (Table 101), CCG area and IMD (Table 102).

The top three themes for respondents rating planned care services as **excellent** or **good** were:

- Access: Waiting list / appointments / referrals (39)
- Staff: Care and treatment (30)
- General positive: Positive comment / all good / improved (20).

The top three themes for respondents rating planned care services as **poor** or **very poor** or having **no opinion** were:

- *Access: Waiting list / appointments / referrals (30)*
- *Admission: Waiting time at hospital / GP surgery (7)*
- *Staff: Skill / knowledge / professionalism (7).*

The most frequently mentioned theme by respondent type for those rating planned care services as **excellent** or **good** was:

- **Public:** *Access: Waiting list / appointments / referrals (27)*
- **Staff:** *Access: Waiting list / appointments / referrals (11) and Staff: care and treatment (11).*

The most frequently mentioned theme by respondent type for those rating planned care services as **poor** or **very poor** or having **no opinion** was:

- **Public:** *Access: Waiting list / appointments / referrals (20)*
- **Staff:** *Access: Waiting list / appointments / referrals (10).*



Table 101. Q29. Please explain why you gave this rating. By respondent type.

	Main theme	Theme	Total	Public	Staff	Unknown
Excellent / good	Access	Waiting list / appointments / referrals	39	27	11	1
		Distance / access to hospital/GP	8	4	4	-
		Parking £ / spaces	1	1	-	-
		Administration / information	1	-	-	1
	Admission	Waiting time at hospital / GP surgery	12	7	4	1
		Information	2	1	1	-
		Other	2	2	-	-
		Treatment by staff	1	1	-	-
	Discharge	Leaving GP, hospital / discharge	1	-	1	-
	Friends / family	Treatment	1	-	-	1
	General positive	Positive comment / all good / improved	20	13	6	1
	Integrated care	After visit / follow up	5	4	1	-
	Place	Food	2	2	-	-
		Cleanliness	1	1	-	-
	Services	Planned care services	6	3	3	-
		Integrated community services	2	1	1	-
		Maternity services	2	1	1	-
	Staff	Care and treatment	30	17	11	2
		Attitude and empathy	19	12	5	2
		Skill / knowledge / professionalism	13	11	2	-
		general	4	1	3	-
		Communication	3	2	1	-
		Staff numbers / workload / working conditions	1	1	-	-
	Other	OTHER	8	3	5	-
		DK / Not applicable	6	6	-	-
Poor / very poor / no opinion	Access	Waiting list / appointments / referrals	30	20	10	-
		Distance / access to hospital/GP	3	2	1	-
		Parking £ / spaces	1	1	-	-
	Admission	Waiting time at hospital / GP surgery	7	3	4	-
		Organisation	1	1	-	-
	Discharge	Leaving GP, hospital / discharge	3	2	1	-
	General negative	Negative comment / experience	4	3	1	-
	General positive	Positive comment / all good / improved	2	1	1	-
	Integrated care	After visit / follow up	3	3	-	-
	Place	Cleanliness	2	1	1	-
	Staff	Skill / knowledge / professionalism	7	6	1	-
		Care and treatment	5	4	1	-
		Attitude and empathy	2	-	2	-
		Availability	2	1	1	-
		Staff numbers / workload / working conditions	2	1	1	-
		Communication	1	1	-	-
		Teamwork / integration	1	1	-	-

	general	1	1	-	-
Other	DK / not applicable	6	4	1	1
	OTHER	3	3	-	-
Base		204	135	63	6

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area for those rating planned care services as **excellent** or **good** was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (4)
- **East Staffordshire:** General positive: Positive comment / all good / improved (3) or Staff: care and treatment (3)
- **North Staffordshire:** Access: Waiting list / appointments / referrals (13)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (5)
- **Stafford and Surrounds:** Staff: care and treatment (11)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (6).

The most frequently mentioned theme by CCG area for those rating planned care services as **poor** or **very poor** or having **no opinion**:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (4)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Access: Waiting list / appointments / referrals (7)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (7)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (8)
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD for those rating planned care services as **excellent** or **good** was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (15)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (21).

The most frequently mentioned theme by IMD for those rating planned care services as **poor** or **very poor** or having **no opinion**:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (9)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (18).

Table 102. Q29. Please explain why you gave this rating. By CCG area and IMD.

	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No postcode / No data
Excellent / good	Access	Waiting list / appointments / referrals	39	4	1	13	5	8	6	2	15	21	3
		Distance / Access to hospital/GP	8	1	-	2	1	4	-	-	2	6	-
		Parking £ / spaces	1	-	-	1	-	-	-	-	-	1	-
		Administration / information	1	-	-	1	-	-	-	-	-	1	-
	Admission	Waiting time at hospital / GP surgery	12	-	-	2	1	4	5	-	5	7	-
		Information	2	-	-	1	-	1	-	-	-	2	-
		Other	2	-	-	-	-	2	-	-	-	1	1
		Treatment by staff	1	-	-	-	-	-	1	-	-	1	-
	Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	-	-	1	-	-	1
	Friends / family	Treatment	1	-	-	-	1	-	-	-	-	1	-
	General positive	Positive comment / All good / Improved	20	1	3	3	2	4	4	3	5	11	4
	Integrated care	After visit / follow up	5	1	-	1	1	1	-	1	1	3	1
	Place	Food	2	-	-	2	-	-	-	-	-	2	-
		Cleanliness	1	-	-	1	-	-	-	-	1	-	-
	Services	Planned care services	6	-	1	-	2	2	-	1	-	4	2
		Integrated community services	2	-	-	-	2	-	-	-	-	2	-
		Maternity services	2	-	-	1	-	-	1	-	1	1	-
	Staff	Care and treatment	30	3	3	7	3	11	3	-	9	20	1
		Attitude and empathy	19	1	2	3	3	6	3	1	4	13	2
		Skill / knowledge / professionalism	13	-	-	5	1	5	2	-	4	8	1
		general	4	-	-	1	-	2	-	1	-	3	1
		Communication	3	-	-	-	-	2	1	-	-	2	1
		Staff numbers / workload / working conditions	1	-	-	1	-	-	-	-	1	-	-
	Other	OTHER	8	1	-	3	1	2	1	-	2	5	1
		DK / not applicable	6	-	2	1	-	2	1	-	1	5	-
Poor / very poor / no opinion	Access	Waiting list / appointments / referrals	30	4	1	7	7	8	1	2	9	18	3
		Distance / Access to hospital/GP	3	-	-	1	-	2	-	-	1	1	1
		Parking £ / spaces	1	-	-	-	-	-	-	1	-	-	1
	Admission	Waiting time at hospital / GP surgery	7	1	-	2	2	-	1	1	4	2	1
		Organisation	1	-	-	-	-	1	-	-	-	-	1
	Discharge	Leaving GP, hospital / discharge	3	-	-	-	1	1	1	-	1	2	-
	General negative	Negative comment / experience	4	1	-	1	-	2	-	-	1	2	1
	General positive	Positive comment / all good / Improved	2	-	-	-	-	1	1	-	1	1	-
	Integrated care	After visit / follow up	3	1	-	1	1	-	-	-	-	3	-
	Place	Cleanliness	2	1	-	-	1	-	-	-	-	2	-
	Staff	Skill / knowledge / professionalism	7	1	1	1	3	1	-	-	3	4	-
		Care and treatment	5	1	1	1	-	-	2	-	-	5	-
		Attitude and empathy	2	1	-	-	-	-	1	-	-	2	-
		Availability	2	-	-	1	-	1	-	-	1	1	-
		Staff numbers / workload / working conditions	2	-	-	-	-	1	-	1	-	1	1
		Communication	1	-	-	-	-	1	-	-	-	1	-
		Teamwork / integration	1	-	-	-	-	-	1	-	1	-	-
		General	1	-	-	-	1	-	-	-	-	1	-
	Other	DK / not applicable	6	-	-	2	2	1	-	1	1	4	1
		OTHER	3	-	-	2	1	-	-	-	2	1	-
Base			204	19	12	49	32	55	25	12	56	128	20

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 40-49 and 70-79 were more likely to comment *General positive: Positive comment/ All good/ Improved* compared to those aged 60-69.

Exemplar verbatims:

"Waited 6 months for appointment but surgery done within 3 weeks of appointment. Care very good on ward but was moved around ward 4 times whilst waiting to go to theatre. Insisted on a late night discharge as very noisy bay with ladies in pain. As a nurse and husband also a nurse I felt safe to go home. Ward staff very busy and understaffed"

(55-59, North Staffordshire CCG area, female, staff)

"I have been in receipt of good care and follow up services within my family but not all of it is good, I have currently waited 12 weeks for an appointment with the only correspondence being a letter saying that there are no available appointments and I will be contacted when one becomes available that was about six weeks ago"

(70-74, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

5.2.6.1.1 Views on planned care services

Respondents were asked what was working well in planned care services. Feedback is shown by respondent type (Table 103), CCG area and IMD (Table 104).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (35)
- *Staff: Care and treatment* (27)
- *Access: Distance / access to hospital / GP* (12).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Staff: Care and treatment* (20)
- **Public (not user in last three years):** *Access: Waiting list / appointments / referrals* (4)
- **Staff (user in last three years):** *Access: Waiting list / appointments / referrals* (9)
- **Staff (not user in last three years):** Limited comments raised.

Table 103. Q30. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	35	19	4	9	2	1
	Distance / access to hospital/GP	12	9	-	2	1	-
Admission	Waiting time at hospital / GP surgery	3	-	-	2	1	-
	Organisation	2	2	-	-	-	-
	Treatment by staff	1	-	-	-	-	1
Friends / Family	Treatment	2	2	-	-	-	-
	Access	1	1	-	-	-	-
General negative	Negative comment / experience	5	4	-	1	-	-
General positive	Positive comment / all good / improved	6	5	1	-	-	-
	Thanks to staff / organisation	2	1	-	1	-	-
Integrated care	After visit / follow up	5	1	-	3	-	1
	Link between services hospital / GP / care	2	1	-	1	-	-
Place	IT services	1	-	-	1	-	-
	OTHER	1	1	-	-	-	-
Services	Planned care services	11	6	1	4	-	-
	Urgent and emergency care (A&E)	2	2	-	-	-	-
	Community hospital services	2	-	-	2	-	-
	Ambulance service / 999	1	1	-	-	-	-
	Integrated community services	1	-	-	-	1	-
Staff	Care and treatment	27	20	-	5	2	-
	general	9	6	1	2	-	-
	Skill / knowledge / professionalism	7	5	-	1	-	1
	Attitude and empathy	6	3	-	3	-	-
	Communication	5	2	-	3	-	-
	Availability	4	4	-	-	-	-
	Staff numbers / workload / working conditions	3	3	-	-	-	-
	Teamwork / integration	2	1	-	-	1	-
	OTHER	1	1	-	-	-	-
Other	DK / not applicable	48	21	7	7	12	1
	OTHER	18	9	1	5	3	-
Base		199	110	14	48	22	5

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (4)
- **East Staffordshire:** Access: Distance / access to hospital/GP (2) and Staff: skill / knowledge / professionalism (2)
- **North Staffordshire:** Staff: Care and treatment (10)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (7)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (10)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (4).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (13)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (19).

Table 104. Q30. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting List / appointments / Referrals	35	4	1	7	7	10	4	2	13	19	3
	Distance / access to Hospital, GP	12	-	2	4	1	5	-	-	-	12	-
Admission	Waiting Time at hospital / GPs	3	-	-	1	1	-	1	-	-	3	-
	Organisation	2	-	-	1	-	-	1	-	1	1	-
	Treatment by Staff	1	-	-	-	-	1	-	-	-	1	-
Friends / family	Treatment	2	-	1	1	-	-	-	-	-	2	-
	Access	1	-	-	-	-	1	-	-	-	1	-
General negative	Negative comment/ experience	5	1	-	-	3	-	1	-	1	4	-
General positive	Positive comment / all good / improved	6	1	-	2	-	-	1	2	3	1	2
	Thanks to Staff / organisation	2	-	1	-	-	-	-	1	-	-	2
Integrated care	After visit / follow up	5	-	1	-	-	2	2	-	1	4	-
	Link between services hospital / GP / Care	2	1	1	-	-	-	-	-	1	1	-
Place	IT services	1	-	-	-	1	-	-	-	-	1	-
	OTHER	1	-	-	-	1	-	-	-	-	1	-
Services	Planned care services	11	2	-	3	-	4	1	1	1	7	3
	Urgent and emergency care (A&E)	2	-	-	-	-	1	-	1	-	1	1
	Community hospital services	2	-	-	1	-	1	-	-	1	1	-
	Ambulance service/ NHS 111	1	-	-	-	-	1	-	-	-	1	-
	Integrated community services	1	-	-	-	-	1	-	-	-	1	-
Staff	Care and treatment	27	2	1	10	3	8	3	-	8	16	3
	General	9	3	1	2	1	2	-	-	2	7	-
	Skill / knowledge / professionalism	7	-	2	2	1	2	-	-	2	5	-
	Attitude and empathy	6	-	-	2	-	2	1	1	1	4	1
	Communication	5	-	1	1	-	2	1	-	-	5	-
	Availability	4	-	-	2	1	1	-	-	-	3	1
	Staff numbers / workload / working conditions	3	-	-	-	2	1	-	-	-	3	-
	Teamwork / integration	2	-	1	1	-	-	-	-	1	1	-
	OTHER	1	-	-	1	-	-	-	-	-	1	-
Other	DK / not applicable	48	5	3	13	10	9	6	2	16	30	2
	OTHER	18	2	2	3	3	3	5	-	6	12	-
Base		199	20	13	48	33	50	25	10	54	128	17

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Sex:** Male respondents were more likely to comment *Staff: Availability* than female respondents.

Exemplar verbatims:

"The majority of the care provided by healthcare professionals and consultants is to a high level and, when you are seen, they appear to be very thorough."
(25-29, Cannock Chase CCG area, female, member of the public)

"appointment / recall system for oncology / cancer unit at UHNM"
(55-59, Stafford and Surrounds CCG area, female, staff)

Respondents were asked what needs to be improved in planned care services. Feedback is shown by respondent type (Table 105), CCG area and IMD (Table 106).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (56)
- *Admission: Waiting time at hospital / GP surgery* (29)
- *Access: Distance / access to hospital / GP* (21).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Access: Waiting list / appointments / referrals* (29)
- **Public (not user in last three years):** *Access: Waiting list / appointments / referrals* (3)
- **Staff (user in last three years):** *Access: Waiting list / appointments / referrals* (15)
- **Staff (not user in last three years):** *Access: Waiting list / appointments / referrals* (7).

Table 105. Q31. What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	56	29	3	15	7	2
	Distance / access to hospital/GP	21	10	1	6	2	2
	Parking £ / spaces	5	4	1	-	-	-
Admission	Waiting time at hospital / GP surgery	29	19	-	9	1	-
	Information	3	2	-	1	-	-
	Organisation	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	1	-	-	1	-	-
General	Positive comment / all good / Improved	7	5	-	2	-	-
	Negative comment / experience	1	1	-	-	-	-
Integrated care	After visit / follow up	15	8	-	4	3	-
	Link between services hospital / GP / care	1	1	-	-	-	-
Place	Food	2	1	-	1	-	-
	IT services	1	1	-	-	-	-
	OTHER	1	-	-	1	-	-
Services	Planned care services	5	4	-	1	-	-
	Community hospital services	4	4	-	-	-	-
	Urgent and emergency care (A&E)	1	-	-	1	-	-
	Integrated community services	1	-	-	1	-	-
	Maternity services	1	1	-	-	-	-
Staff	Communication	11	6	-	5	-	-
	Staff numbers / workload / working conditions	8	6	-	2	-	-
	Care and treatment	4	3	-	1	-	-
	Skill / knowledge /professionalism	4	4	-	-	-	-
	Attitude and empathy	3	2	-	1	-	-
	Availability	3	3	-	-	-	-
	Teamwork / integration	2	1	-	1	-	-
	General	2	1	-	1	-	-
	OTHER	2	1	-	1	-	-

Other	DK / not applicable	31	9	6	4	10	2
	OTHER	18	7	1	9	1	-
Base		210	116	11	55	23	5

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (5) and Admission: waiting time at hospital / GP surgery (5)
- **East Staffordshire:** Admission: Waiting time at hospital / GP surgery (4)
- **North Staffordshire:** Access: Waiting list / appointments / referrals (13)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (9)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (16)
- **Stoke-on-Trent:** Integrated care: After visit / follow up (4).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (14)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (34).

Table 106. Q31. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting List/ appointments/referrals	56	5	3	13	9	16	3	7	14	34	8
	Distance / access to hospital/GP	21	3	1	3	6	7	-	1	5	15	1
	Parking £ / spaces	5	-	-	1	-	4	-	-	1	3	1
Admission	Waiting time at hospital / GP surgery	29	5	4	7	6	5	2	-	9	19	1
	Information	3	1	1	-	-	1	-	-	1	1	1
	Organisation	1	1	-	-	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	1	-	-	-	1	-	-	-	1	-	-
General negative	Negative comment / experience	1	-	-	-	1	-	-	-	-	1	-
General positive	Positive comment / all good / improved	7	-	-	2	2	2	1	-	3	4	-
Integrated care	After visit / follow up	15	1	-	3	1	5	4	1	3	10	2
	Link between services hospital / GP / care	1	-	-	-	-	1	-	-	-	1	-
Place	Food	2	-	-	1	-	-	1	-	-	2	-
	IT services	1	1	-	-	-	-	-	-	-	1	-
	OTHER	1	-	-	-	-	-	-	1	-	-	1
Services	Planned care services	5	-	1	1	1	-	-	2	1	2	2
	Community hospital services	4	-	-	-	2	2	-	-	1	3	-
	Urgent and emergency care (A&E)	1	-	-	-	-	1	-	-	-	1	-
	Integrated community services	1	-	-	-	-	-	1	-	-	1	-
	Maternity services	1	-	-	-	-	-	1	-	1	-	-
Staff	Communication	11	1	1	4	-	4	-	1	3	7	1
	Staff numbers / workload / working conditions	8	1	1	2	-	2	1	1	1	5	2
	Care and treatment	4	1	1	1	-	-	1	-	1	3	-

	Skill / knowledge / professionalism	4	1	-	1	-	2	-	-	1	2	1
	Attitude and empathy	3	-	-	1	-	2	-	-	1	1	1
	Availability	3	1	-	2	-	-	-	-	1	2	-
	Teamwork / integration	2	-	-	1	-	-	-	1	-	1	1
	General	2	-	-	1	-	-	1	-	-	2	-
	OTHER	2	-	-	-	-	1	1	-	1	1	-
Other	DK / not applicable	31	3	4	8	5	5	6	-	12	18	1
	OTHER	18	1	1	6	2	4	4	-	7	11	-
Base		210	21	15	51	33	55	24	11	61	130	19

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"She met the surgeon at her outpatients appointment but when in hospital she was under a different surgeon. We waited longer so she was under the childrens plastic surgeon however the op wasn't performed by him with no explanation"

(40-44, North Staffordshire CCG area, female, member of the public)

"Organisation of appointments, closer to home and reasonable times and better access to secretaries to change appointment if possible please. I tried for 2 wks. & could not get a reply on number provided"

(65-69, Stafford and Surrounds CCG area, female, member of the public)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 107) CCG area and IMD (Table 108).

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (29)
- Access: Distance / access to hospital/GP (16)
- Staff: Staff numbers / workload / working conditions (14).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** Access: Waiting list / appointments / referrals (18)
- **Public (not user in last three years):** Limited comments raised
- **Staff (user in last three years):** Access: Waiting list / appointments / referrals (6)
- **Staff (not user in last three years):** Access: Waiting list / appointments / referrals (4).

Table 107.Q32. What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Waiting list / appointments / referrals	29	18	1	6	4	-
	Distance / access to hospital/GP	16	8	1	4	2	1
	Parking £ / spaces	9	8	-	1	-	-
	Administration / information	2	2	-	-	-	-
Admission	Waiting time at hospital / GP surgery	13	11	-	1	-	1
	Information	4	3	-	1	-	-
	Organisation	1	1	-	-	-	-
	OTHER	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	2	-	-	2	-	-
General	Positive comment / all good / improved	8	5	-	2	-	1
	Negative comment / experience	4	3	-	1	-	-
Integrated care	After visit / follow up	6	3	1	2	-	-
Place	OTHER	2	1	1	-	-	-
	Cleanliness	1	1	-	-	-	-
	IT services	1	-	-	1	-	-
Services	Community hospital services (community hospitals, minor injuries units)	8	5	-	2	1	-
	Planned care services	4	4	-	-	-	-
	Urgent and emergency care (A&E)	1	-	-	1	-	-
	Integrated community services	1	1	-	-	-	-
Staff	Staff numbers / workload / working conditions	14	11	-	1	2	-
	Availability	5	4	-	-	1	-
	Communication	5	3	-	2	-	-
	general	2	-	-	2	-	-
	Care and treatment	1	1	-	-	-	-
	Attitude and empathy	1	1	-	-	-	-
	Teamwork / integration	1	-	-	1	-	-
Other	DK / not applicable	32	9	5	7	10	1
	OTHER	25	13	-	11	1	-
Base		185	106	8	46	21	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Admission: Waiting time at hospital / GP surgery (2) and Staff: availability (2)
- **East Staffordshire:** Access: Waiting list / appointments / referrals (3) and Admission: waiting time at hospital / GP surgery (3)
- **North Staffordshire:** Access: Waiting list / appointments / referrals (6)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (7)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (7)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (2) and Integrated care: after visit / follow up (2).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (8)

- **Least deprived areas: Access: Waiting list / appointments / referrals (18).**

Table 108. Q32. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting List/appointments /referrals	29	1	3	6	7	7	2	3	8	18	3
	Distance / access to hospital/GP	16	1	-	5	4	5	-	1	4	10	2
	Parking £ / spaces	9	-	1	3	1	3	-	1	3	5	1
	Administration / information	2	-	-	-	1	-	-	1	1	-	1
Admission	Waiting time at hospital / GP surgery	13	2	3	4	2	2	-	-	4	9	-
	Information	4	-	-	1	-	1	1	1	1	1	2
	Organisation	1	-	-	-	-	1	-	-	1	-	-
	OTHER	1	1	-	-	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	2	-	-	1	1	-	-	-	1	1	-
General negative	Negative comment / experience	4	1	1	-	1	1	-	-	1	3	-
General positive	Positive comment / all good / Improved	8	-	1	3	1	2	-	1	2	4	2
Integrated care	After visit / follow up	6	1	-	1	2	-	2	-	3	2	1
	Integrated community services	1	-	-	-	-	1	-	-	-	1	-
Place	OTHER	2	-	-	-	1	1	-	-	-	2	-
	Cleanliness	1	-	-	-	1	-	-	-	-	1	-
	IT services	1	-	-	-	1	-	-	-	1	-	-
Services	Community hospital services	8	1	1	-	1	4	1	-	3	5	-
	Planned care services	4	1	-	1	-	2	-	-	-	4	-
	Urgent and emergency care (A&E)	1	-	-	-	-	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	14	-	1	5	3	3	1	1	3	10	1
	Availability	5	2	-	2	-	-	1	-	2	3	-
	Communication	5	1	1	2	-	-	1	-	2	3	-
	general	2	-	-	-	-	1	1	-	-	2	-
	Care and treatment	1	1	-	-	-	-	-	-	-	1	-
	Attitude and empathy	1	-	-	-	-	1	-	-	-	-	1
Other	Teamwork / integration	1	-	-	1	-	-	-	-	-	1	-
	DK / not applicable	32	5	3	7	5	6	6	-	13	18	1
	OTHER	25	2	1	7	3	9	2	1	5	18	2
Base		185	18	14	45	33	49	18	8	55	115	15

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"To see same consultant each time. Gastro and respiratory peads clinic you often see different consultants there's no continuity of care."
(35-39, Stoke-on-Trent CCG area, female, member of the public)

"More GP accountability, more GP support, more awareness of on-going treatment support better rapid access to primary care."
(45-49, North Staffordshire CCG area, female, staff)

5.2.6.2 Feedback from structured listening events

Table 109 shows what event participants felt was working well in planned care services.

The top three themes mentioned were:

- *Services: Planned care services in general* (31)
- *Access: Waiting list / appointments / referrals* (17)
- *Services: Integrated community services* (8).

Table 109. Facilitator feedback booklets: What do you think is working well? By CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	17	14	3	-	1	-	8	2	6
	Distance / access to hospital/GP	6	5	1	-	-	-	4	1	1
	Administration / information	2	2	-	-	-	-	1	-	1
	Parking £ / spaces	1	1	-	-	-	-	-	1	-
	Awareness and education of services / prevention	1	1	-	-	-	-	-	-	1
Admission	Waiting time at hospital / GP surgery	7	4	3	-	1	-	2	1	3
	Information	2	2	-	-	-	-	1	1	-
	Treatment by staff	2	2	-	-	1	-	-	-	1
	Organisation	1	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	-	1	-	-
Family / family	Treatment	3	2	1	-	-	-	1	-	2
General positive	Positive comment / all good / improved	1	1	-	-	-	-	-	1	-
Integrated care	After visit / follow up	7	7	-	1	1	-	3	2	-
Outcomes	Overall outcome of care / treatment	1	-	1	-	1	-	-	-	-
Place	IT services	2	1	1	-	-	-	-	-	2
Services	Planned care services	31	25	6	1	3	3	10	7	7
	Integrated community services	8	8	-	-	1	-	2	2	3
	Community hospital services	6	5	1	-	-	-	1	4	1
	Maternity services	4	3	1	-	-	-	2	1	1
Staff	Care and treatment	4	2	2	-	1	-	-	2	1
	Communication	4	4	-	-	1	-	1	-	2
	Skill / knowledge / professionalism	4	1	3	-	-	-	1	2	1
	Attitude and empathy	1	1	-	-	1	-	-	-	-
	Teamwork / integration	1	1	-	-	-	-	1	-	-
Other	DK / not applicable	10	10	-	2	1	-	3	2	2
Base (no. of tables)		70	57	13	3	5	3	23	17	19

Please see Table 25 for an explanation of each of the themes

Table 110 shows what event participants felt needed to be improved in planned care services.

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (42)
- *Services: Planned care services in general* (19)
- *Integrated care: After visit / follow up* (13) and *Access: distance / access to hospital/GP* (13).

Table 110. Facilitator feedback booklets: What do you think needs to be improved? By CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	42	35	7	2	4	3	12	12	9
	Distance / access to hospital/GP	13	12	1	2	-	-	6	3	2
	Administration / information	7	6	1	-	1	1	1	-	4
	Parking £ / spaces	3	3	-	-	-	-	1	1	1
	Awareness and education of services / prevention	2	2	-	1	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	7	6	1	-	-	-	4	1	2
	Treatment by staff	3	2	1	-	-	-	1	1	1
	Information	2	2	-	-	-	-	1	-	1
	Organisation	1	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	4	4	-	-	-	1	1	1	1
Integrated care	After visit / follow up	13	11	2	1	-	1	3	5	3
	Link between services Hospital / GP / care	7	7	-	1	-	-	3	2	1
Other	DK / not applicable	7	7	-	1	1	-	2	-	3
Place	IT services	2	2	-	-	-	-	1	1	-
	Cleanliness	1	1	-	-	-	-	-	-	1
Services	Planned care services	19	12	7	-	2	1	3	7	6
	Integrated community services	8	6	2	-	1	1	2	2	2
	Urgent and emergency care (A&E)	2	2	-	-	-	-	-	1	1
	Mental health services	2	2	-	-	-	1	-	-	1
	Community hospital services	2	1	1	-	1	-	-	1	-
Staff	Staff numbers / workload / working conditions	4	2	2	-	-	-	2	1	1
	Skill / knowledge / professionalism	3	2	1	-	-	-	2	-	1
	Communication	2	2	-	-	-	-	-	1	1
	Care and treatment	1	1	-	-	-	-	1	-	-
	Attitude and empathy	1	1	-	-	-	-	1	-	-
Base (no. of tables)		72	60	12	4	6	3	23	18	18

Please see Table 25 for an explanation of each of the themes

5.2.6.3 Feedback from unstructured events

Table 111 shows what participants at the unstructured events felt was working well in planned care services.

The top theme mentioned was *Services: Planned care services in general* (3)

Table 111. What's working well?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	1	-	1	-	-	-	-	-	1
	Distance / Access to hospital/GP	1	1	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GPs	1	-	1	-	-	-	-	-	1
	Treatment by staff	1	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	1	-	-	-
General positive	Positive comment / all good / improved	1	1	-	-	1	-	-	-	-
Services	Planned care services	3	3	-	1	-	1	-	1	-
	Integrated community services	1	1	-	1	-	-	-	-	-
	Mental health services	1	1	-	-	-	-	-	-	1
	Community hospital services	1	1	-	-	1	-	-	-	-
Staff	Communication	2	2	-	-	-	1	-	-	1
	Care and treatment	1	1	-	1	-	-	-	-	-
	Skill / knowledge / professionalism	1	1	-	-	-	1	-	-	-
	Teamwork / integration	1	1	-	-	-	-	-	-	1
Other	DK / not applicable	12	7	5	-	2	1	-	3	6
Base		19	13	6	1	3	2	-	5	8

Table 112 shows what participants at the unstructured events felt could be improved in planned care services.

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (9)
- *Access: Distance / access to hospital/GP* (5), *Integrated care: after visit/follow up* (5), *Services: planned care services in general* (5) and *Staff: communication* (5)
- *Discharge: Leaving GP, hospital / discharge* (3).



Table 112. What could be improved?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	9	5	4	1	1	1	-	2	4
	Distance / access to hospital/GP	5	3	2	1	-	-	-	2	2
	Parking £ / spaces	1	1	-	-	-	-	-	1	-
	Administration / information	1	1	-	-	-	-	-	-	1
Admission	Waiting time at hospital / GPs	1	-	1	-	-	-	-	-	1
	Treatment by staff	1	1	-	-	-	-	-	-	1
	General	1	-	1	-	-	-	-	-	1
Discharge	Leaving GP, hospital / discharge	3	1	2	-	-	-	-	1	2
Integrated care	After visit/follow up	5	4	1	1	-	1	-	1	2
	Link between services hospital / GP / care	2	2	-	1	-	1	-	-	-
Outcomes	Overall outcome of care / treatment	1	1	-	-	-	1	-	-	-
Place	Food	2	2	-	-	1	1	-	-	-
Services	Planned care services	5	4	1	-	-	-	-	2	3
	Integrated community services	2	1	1	-	-	-	-	1	1
	Mental health services	2	2	-	-	-	-	-	1	1
Staff	Communication	5	3	2	1	-	-	-	1	3
	Care and treatment	3	3	-	-	1	-	-	-	2
	Staff numbers / workload / working conditions	1	1	-	-	-	-	-	1	-
Other	DK / not applicable	7	6	1	-	1	1	-	2	3
Base		24	17	7	1	3	2	-	6	12

5.2.6.4 Feedback from correspondence

Table 113 shows the themes raised in correspondence around planned care services.

- **Key themes around what's working well:** *The provision of services (2); care and treatment provided by staff (2) and the facilities available (2)*
- **Key improvements or changes required:** *Utilisation of hospitals (3) and the distance to access services (3).*

Table 113. Themes raised in correspondence around planned care services

	Main theme	Theme	Total	Public	Organisation
What's working well	Access – before arrival	Provision of services	2	0	2
	Staff	Care and treatment	2	0	2
	The place	Facilities	2	0	2
	Overall outcome	Overall outcome of care / treatment	1	0	1
Improvements or changes required	Access - Before arrival	Utilisation of hospital	3	0	3
		Distance / Access to hospital/GP	3	0	3
		Waiting list / appointments / referrals	2	0	2
		Administration / information	2	0	2
	Staff	Communication	1	0	1
Base (no. of correspondence)			10	5	5

5.2.6.4.1 Organisational and MP responses

Jeremy Lefroy MP commented that the addition of orthopaedic and bariatric surgery at County Hospital and the new chemotherapy, dialysis, endoscopy and scanning units provide a better service and environment. However, services such as eye injection have been removed from County Hospital meaning patients have to travel large distances. Therefore, more services should be provided at County Hospital. Constituents have reported not receiving notification of Royal Stoke University Hospital appointments in a timely manner.

Amanda Milling MP commented that there are very positive patient experiences about facilities and staff at Cannock Chase Hospital, especially in the provision of procedures and screening programs, such as the bowel cancer program. However, issues with fast track cancer referrals and audiology services, such as emergency appointments and GP referrals were highlighted. It was also commented that transportation links to hospitals is a significant issue with some services being removed from Stafford.

Reach (part of Assist) feedback from meetings with adults with learning difficulties highlighted that there is a lack of information given to patients which means informed choices cannot be made. It was also commented that the waiting list for University Hospitals of North Midlands (UHNM) is long.

5.2.6.5 Section summary on planned care services

Overall, 224 (65 per cent) main involvement survey respondents stated they had used planned care services in the last three years. Of those using planned care services, 156 (70 per cent) respondents rated their experience as excellent or good, compared to 42 (18 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 99 and 100.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (39); *Staff: care and treatment* (30); *General positive: positive comment / all good / improved* (20). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were: *Access: waiting list / appointments / referrals* (30); *Admission: waiting time at hospital / GPs* (7) and *Staff: Skill / knowledge / professionalism* (7). For further detail, please refer to tables 101 and 102.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (Table 114). The table shows a greater number of respondents highlighted these as areas that require improvement.

Table 114. Summary: most frequently mentioned themes on planned care services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Access	Waiting list / appointments / referrals	35	56
	Distance / access to hospital / GP	12	21
Base		199	210

- *Staff: care and treatment* (27) was also frequently mentioned as an area that is working well.
- *Admission: waiting time at hospital / GPs* (29) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (29); *Access: distance / access to hospital/GP* (16) and *Staff: staff numbers / workload / working conditions* (14)
- For further detail, please refer to tables 103 to 108.

Feedback from the structured listening events

- When asked what is working well, the most frequently mentioned themes were: *Services: planned care services in general* (31), *Access: waiting list / appointments / referrals* (17) and *Services: integrated community services* (8)
- When asked what needs to be improved, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (42), *Services: planned care services in general* (19), *Integrated care: after visit / follow up* (13) and *Access: distance / access to hospital, GP* (13)
- For further detail, please refer to tables 109 and 110.

Feedback from the unstructured events

- When asked what is working well, the most frequently mentioned themes were: *Services: planned care services* (3) and *Staff: communication* (2)
- When asked what needs to be improved, the most frequently mentioned themes were: *Access: waiting list / appointments / referrals* (9), *Access: distance/access to hospital / GP* (5), *Integrated care: after visit / follow up* (5), *Services: planned care services in general* (5) and *Staff: communication* (5)
- For further detail, please refer to tables 111 and 112.

Feedback from correspondence

- Areas highlighted in the correspondence as working well were: *Access – before arrival: provision of services* (2), *Staff: care and treatment* (2) and *the place: facilities* (2)
- The most frequently mentioned areas that require improvement were access – before arrival, specifically: *utilisation of hospital* (3), *distance / access to hospital / GP* (3), *waiting list / appointments / referrals* (2) and *administration / information* (2)
- In correspondence submitted by MPs, positive comments were made around the services provided at County and Cannock Chase Hospitals and the experience of patients. However, adequate notice of appointments and hospital transportation were identified as areas that could be improved
- Organisational correspondence commented there is a lack of information given to patients which means informed choices aren't made and the waiting list at UHNM is long
- For further detail, please refer to Table 113.

5.2.6 Community hospital services

This section presents respondents' experiences and understanding of community hospital services in the south of Staffordshire. Respondents in northern Staffordshire (North Staffordshire and Stoke-on-Trent CCG area) were not asked to provide feedback in this section, due to the recent consultation. This section is split into the following sub-sections:

- Feedback from the main involvement survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence
- Feedback from other channels.

5.2.6.1 Feedback from the main involvement survey

5.2.6.1.1 Community hospital services usage

Table 115 shows the proportion of respondents that had used community hospital services in the last three years by respondent type.

Table 115. Q33. Have you used community hospital services in the last three years? By respondent type

	Total	Respondent type		
		Public	Staff	Not answered
Yes	32%	35%	27%	100%
No	68%	65%	73%	-
Base	313	183	127	3

Table 116 shows the proportion of respondents that had used community hospital services in the last three years by CCG area and IMD.

Table 116. Q33. Have you used community hospital services in the last three years? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Yes	32%	41%	8%	33%	62%	19%	35%	29%	35%	31%	32%
No	68%	59%	92%	67%	38%	81%	65%	71%	65%	70%	68%
Base	313	32	24	76	42	75	40	24	102	177	34

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 30-39 were more likely to have used community hospital services compared to those aged 50-59
- **Carers:** Respondents who were carers for those aged under 24 years were more likely to have used community hospital services than those who were not carers.

5.2.6.1.2 Rating community hospital services

Table 117 shows how respondents rated their experience of community hospital services by respondent type. Overall, 81 (79 per cent) respondents rated their experience as excellent or good, compared to nine (9 per cent) who rated their experience as poor or very poor.

When analysing by respondent type, ratings of excellent or good were higher amongst members of the public (56 / 86 per cent), when compared to healthcare staff (22 / 63 per cent).

Table 117. Q34. How would you rate your last experience of community hospital services? By respondent type

	Total	Public	Staff	Not answered
Excellent	43%	46%	34%	67%
Good	36%	40%	29%	33%
No opinion	13%	8%	23%	-
Poor	3%	2%	6%	-
Very poor	6%	5%	9%	-
Base	103	65	35	3

Table 118 shows how respondents rated their experience of community hospital services by CCG area and IMD.

When analysing by CCG area, the highest proportion of respondents providing a rating of excellent or good was from the South East Staffordshire and Seisdon Peninsula CCG area (24 / 86 per cent). In comparison, it was lowest in the East Staffordshire CCG area (1 / 50 per cent).

When analysing by IMD, the proportion rating excellent or good was highest in the least deprived areas (45 / 82 per cent), compared to 27 (73 per cent) in the most deprived areas.

Table 118. Q34. How would you rate your last experience of community hospital services? By CCG area and IMD

	Total	CCG area							IMD		
		Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Excellent	43%	29%	50%	52%	46%	23%	43%	57%	46%	40%	46%
Good	36%	43%	-	28%	39%	54%	29%	29%	27%	42%	36%
No opinion	13%	21%	50%	8%	11%	15%	14%	-	14%	13%	9%
Poor	3%	-	-	-	-	-	14%	14%	5%	-	9%
Very poor	6%	7%	-	12%	4%	8%	-	-	8%	6%	-
Base	103	14	2	25	28	13	14	7	37	55	11

Respondents were asked to give reasons for their rating of community hospital services. Feedback is shown by respondent type (Table 119), CCG area and IMD (Table 120).

The top three themes for respondents rating community hospital services as **excellent** or **good** were:

- Admission: Waiting time at hospital / GP surgery (16)
- Staff: Care and treatment (16)
- Services: Community hospital services in general (15).

The top two themes for respondents rating community hospital services as **poor** or **very poor** or having **no opinion** were:

- Admission: Waiting time at hospital / GP surgery (4)
- Services: Community hospital services (3).

The most frequently mentioned theme by respondent type for those rating community hospital services as **excellent** or **good** was:

- **Public:** Services: Community hospital services in general (11)
- **Staff:** Staff: Care and treatment (6).

The most frequently mentioned theme by respondent type rating community hospital services as **poor** or **very poor** or having **no opinion** was:

- **Public:** Limited comments raised
- **Staff:** Admission: Waiting time at hospital / GP surgery (3).

Table 119. Q35. Please explain why you gave this rating. By respondent type.

Table 19: Q55: Please explain why you gave this rating. By respondent type.						
	Main theme	Theme	Total	Public	Staff	Unknown
Excellent / good	Access	Distance / access to hospital/GP	6	5	1	-
		Parking £ / spaces	3	1	2	-
	Admission	Waiting time at hospital / GP surgery	16	10	5	1
		Treatment by staff	1	1	-	-
	Discharge	Leaving GP, hospital / discharge	1	1	-	-
	Friends / family	Treatment	1	-	1	-
	General positive	Positive comment / all good / improved	10	8	1	1
		Thanks to staff / organisation	1	1	-	-
	Integrated care	After visit / follow up	1	1	-	-
	Services	Community hospital services	15	11	4	-
		Urgent and emergency care (A&E)	2	2	-	-
		NHS 111	1	-	-	1
		Planned care services	1	1	-	-
	Staff	Care and treatment	16	10	6	-
		Attitude and empathy	5	2	3	-
		Skill / knowledge / professionalism	5	4	1	-
		general	5	3	2	-
		Availability	3	2	1	-
		Staff numbers / workload / working conditions	1	1	-	-
	Other	OTHER	4	3	-	1
		DK / Not applicable	4	2	1	1
Poor / very poor / no opinion	Access	Distance / Access to hospital/GP	2	2	-	-
		Waiting list / appointments / referrals	1	1	-	-
	Admission	Waiting time at hospital / GP surgery	4	1	3	-
	Place	Cleanliness	1	-	1	-
		Food	1	1	-	-
	Services	Community hospital services	3	1	2	-
		NHS 111	1	-	-	1
		Integrated community services	1	-	1	-
		Planned care services	1	-	1	-
	Staff	Care and treatment	2	1	1	-
		Attitude and empathy	1	-	1	-
		Availability	1	-	1	-
		general	1	-	1	-
		Staff numbers / workload / working conditions	1	-	-	1
Other	OTHER	3	-	3	-	
	DK / not applicable	1	1	-	-	
Base			92	57	29	6

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area for those rating community hospital services as **excellent** or **good** was:

- **Cannock Chase:** General positive: Positive comment / all good / improved (3)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Staff: Care and treatment (7)
- **South East Staffordshire and Seisdon Peninsula:** Services: Community hospital services in general (7)
- **Stafford and Surrounds:** Staff: Care and treatment (7)
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by CCG area for those rating community hospital services as **poor** or **very poor** or having **no opinion**:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Limited comments raised
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Limited comments raised
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD breakdown for those rating community hospital services as **excellent** or **good** was:

- **Most deprived areas:** *Admission: Waiting time at hospital / GP surgery (6) and General positive: positive comment / all good / improved (6)*
- **Least deprived areas:** *Services: Community hospital services in general (10) and Staff: care and treatment (10).*

The most frequently mentioned theme by IMD breakdown for rating community hospital services as **poor** or **very poor** or having **no opinion**:

- **Most deprived areas:** *Admission: Waiting time at hospital / GP surgery (3)*
- **Least deprived areas:** Limited comments raised.



Table 120. Q35. Please explain why you gave this rating. By CCG area and IMD.

	Main theme	Theme	Total	CCG area							IMD		
				Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Excellent / good	Access	Distance / access to hospital/GP	6	1	1	2	-	1	-	1	1	4	1
		Parking £ / spaces	3	-	-	1	-	-	1	1	1	1	1
	Admission	Waiting time at hospital / GP surgery	16	2	-	3	6	1	2	2	6	7	3
		Treatment by staff	1	-	-	-	1	-	-	-	-	1	-
	Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	1	-	-	-	1	-
	Friends / family	Treatment	1	-	-	-	-	-	1	-	1	-	-
	General positive	Positive comment / all good / improved	10	3	-	2	3	1	1	-	6	4	-
		Thanks to staff / organisation	1	-	-	-	1	-	-	-	1	-	-
	Integrated care	After visit / follow up	1	-	-	-	-	1	-	-	1	-	-
	Services	Community hospital services	15	1	-	5	7	1	1	-	5	10	-
		Urgent and emergency care (A&E)	2	1	-	-	-	-	1	-	1	-	1
		NHS 111	1	-	-	-	-	1	-	-	1	-	-
		Planned care services	1	-	-	-	-	-	-	1	-	-	1
	Staff	Care and treatment	16	1	-	7	4	3	1	-	5	10	1
		Attitude and empathy	5	-	-	3	-	-	-	2	-	3	2
		Skill / knowledge / professionalism	5	1	1	1	2	-	-	-	2	2	1
		general	5	-	-	1	3	-	1	-	1	4	-
		Availability	3	-	-	1	-	-	1	1	1	1	1
		Staff numbers / workload / working conditions	1	-	-	-	-	1	-	-	-	-	1
	Other	OTHER	4	1	-	1	1	1	-	-	1	3	-
		DK / not applicable	4	-	-	1	2	1	-	-	1	3	-
Poor / very poor / no opinion	Access	Distance / access to hospital/GP	2	-	-	-	1	1	-	-	-	2	-
		Waiting list / appointments / referrals	1	-	-	1	-	-	-	-	-	1	-
	Admission	Waiting time at hospital / GP surgery	4	-	-	-	1	-	2	1	3	-	1
	Place	Cleanliness	1	1	-	-	-	-	-	-	1	-	-
		Food	1	-	-	1	-	-	-	-	-	1	-
	Services	Community hospital services	3	-	-	1	-	1	1	-	2	1	-
		NHS 111	1	-	-	-	1	-	-	-	-	1	-
		Integrated community services	1	-	-	-	-	-	-	1	-	-	1
		Planned care services	1	1	-	-	-	-	-	-	-	1	-
	Staff	Care and treatment	2	-	-	1	1	-	-	-	1	1	-
		Attitude and empathy	1	1	-	-	-	-	-	-	1	-	-
		Availability	1	-	-	-	-	-	-	1	-	-	1
		General	1	-	-	-	-	-	1	-	1	-	-
		Staff numbers / workload / working conditions	1	-	-	-	1	-	-	-	-	1	-
	Other	OTHER	3	-	-	1	1	1	-	-	-	3	-
		DK / not applicable	1	1	-	-	-	-	-	-	1	-	-
Base			92	11	1	24	27	12	12	5	32	52	8

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

“Attended with children on a few occasions and apart from waiting times the care was excellent.”
(35-39, Cannock Chase CCG area, female, staff)

“I can only speak about the service at Samuel Johnson community hospital, where the staff were knowledgeable and available to deal with the problems without a long wait.”
(75-79, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

5.2.6.1.3 Views on community hospital services

Respondents were asked what is working well in community hospital services. Feedback is shown by respondent type (Table 121), CCG area and IMD (Table 122).

The top three themes mentioned were:

- *Services: Community hospital services in general* (17)
- *Access: Distance / access to hospital/GP* (15)
- *Access: Waiting list / appointments / referrals* (8).

The most frequently mentioned theme by respondent type was:

- **Public (user in last three years):** *Services: Community hospital services in general* (6)
- **Public (not user in last three years):** *Access: Distance /access to hospital/GP* (2) and *Services: Community hospital services in general* (2)
- **Staff (user in last three years):** *Services: Community hospital services in general* (5)
- **Staff (not user in last three years):** *Access: Distance / access to hospital/GP* (4).

Table 121. Q36. What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance/ access to hospital, GP	15	5	2	2	4	2
	Waiting list / appointments / referrals	8	5	-	2	-	1
	Parking £ / spaces	5	1	-	2	2	-
Admission	Waiting time at hospital / GP surgery	6	4	-	-	1	1
	Treatment by staff	1	-	1	-	-	-
General	Thanks to staff / organisation	1	-	-	-	1	-
	Negative comment / experience	1	-	-	1	-	-
General positive	Positive comment / all good / improved	7	3	1	-	2	1
Integrated care	After visit / follow up	1	-	-	1	-	-
Outcomes	Overall outcome of care / treatment	1	-	-	-	1	-
Services	Community hospital services	17	6	2	5	3	1
	Urgent and emergency care (A&E)	3	1	1	-	1	-
	NHS 111	1	-	-	-	-	1
	Integrated community services	1	-	-	-	1	-
	Maternity services	1	-	-	1	-	-
	Planned care services	1	-	-	1	-	-
Staff	Care and treatment	7	4	-	3	-	-
	general	6	4	1	1	-	-
	Attitude and empathy	2	1	-	-	-	1
	Communication	1	-	-	-	-	1
	Staff numbers / workload / working conditions	1	-	-	1	-	-
Other	DK / not applicable	50	11	23	1	14	1
	OTHER	16	3	4	1	7	1
Base		137	44	34	18	32	9

Please see Table 25 for an explanation of each of the themes.

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Services: Community hospital services in general (2)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Services: Community hospital services in general (6)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / access to Hospital / GP (5)
- **Stafford and Surrounds:** Access: Distance / access to hospital / GP (4)
- **Stoke-on-Trent:** Services: Community hospital services in general (2) and Access: waiting list / appointments / referrals (2).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Services: Community hospital services in general (9)
- **Least deprived areas:** Access: Distance / access to hospital / GP (12).

Table 122. Q36. What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	15	1	1	3	5	4	1	-	1	12	2
	Waiting list / appointments / referrals	8	1	-	2	-	3	2	-	2	5	1
	Parking £ / spaces	5	-	-	3	-	1	1	-	1	4	-
Admission	Waiting time at hospital / GP surgery	6	-	-	3	1	-	-	2	2	2	2
	Treatment by staff	1	-	-	-	1	-	-	-	-	1	-
General negative	Negative comment / experience	1	-	-	-	-	1	-	-	-	1	-
General positive	Positive comment / all good / improved	7	-	1	2	2	-	1	1	3	3	1
	Thanks to staff / organisation	1	-	-	-	1	-	-	-	-	1	-
Integrated care	After visit / follow up	1	-	-	-	-	-	1	-	1	-	-
Outcomes	Overall outcome of care / treatment	1	-	-	-	-	1	-	-	-	1	-
Services	Community hospital services	17	2	1	6	4	2	2	-	9	8	-
	Urgent and emergency care (A&E)	3	1	-	-	-	2	-	-	1	2	-
	NHS 111	1	-	-	-	-	1	-	-	1	-	-
	Integrated community services	1	-	-	-	-	-	1	-	-	1	-
	Maternity services	1	-	-	1	-	-	-	-	-	1	-
	Planned care services	1	1	-	-	-	-	-	-	-	1	-
Staff	Care and treatment	7	2	-	1	3	1	-	-	4	3	-
	general	6	1	-	1	4	-	-	-	2	4	-
	Attitude and empathy	2	-	-	-	1	-	-	1	-	1	1
	Communication	1	-	-	1	-	-	-	-	1	-	-
	Staff numbers / workload / working conditions	1	-	-	1	-	-	-	-	-	1	-
Other	DK / not applicable	50	6	5	10	7	12	8	2	15	31	4
	OTHER	16	3	2	5	2	2	-	2	4	9	3
Base		137	17	10	30	28	29	16	7	42	82	13

Please see Table 25 for an explanation of each of the themes.

Exemplar verbatims:

"The car parking at County Hospital Stafford is good. I like that I can pay for the hours I have used on the way out, rather than having to guess how long I am likely to be. When one has a hospital appointment one has very little control over timescales!"

(50-54, Stafford and Surrounds CCG area, female, staff)

"The fact that the NHS 111 service can arrange, if needed, an appointment to see a GP out of hours. This helps to reduce the presentations to A&E and the pressures on emergency care outside of usual GP hours and at weekends. I do, however, feel that the ability to make out of hours appointments could be greatly improved."

(25-29, Cannock Chase CCG area, female, member of the public)

Respondents were asked what needs to be improved in community hospital services. Feedback is shown by respondent type (Table 123), CCG area and IMD (Table 124).

The top three themes mentioned were:

- Access: Distance / access to hospital/ GP (32)
- Staff: Staff numbers / workload / working conditions (16)
- Services: Community hospital services in general (11).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** Access: Distance / access to hospital/ GP (9)
- **Public (not user in last three years):** Access: Distance / access to hospital/ GP (5)
- **Staff (user in last three years):** Access: Distance / access to hospital/ GP (7)
- **Staff (not user in last three years):** Access: Distance / access to hospital/ GP (9).

Table 123. Q37. What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	32	9	5	7	9	2
	Waiting list / appointments /referrals	8	4	2	-	1	1
	Parking £ / spaces	7	7	-	-	-	-
	Administration / information	1	1	-	-	-	-
	Awareness and education of services / prevention	1	1	-	-	-	-
	General	1	1	-	-	-	-
	OTHER	1	1	-	-	-	-
Admission	Information	1	1	-	-	-	-
	Treatment by staff	1	1	-	-	-	-
	Organisation	1	1	-	-	-	-
	General	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	7	2	4	1	-	-
Friends / Family	Access	1	1	-	-	-	-
	Informed	1	1	-	-	-	-
	Treatment	1	1	-	-	-	-
General positive	Positive comment / all good / Improved	4	3	-	-	-	1
	Thanks to staff / organisation	1	1	-	-	-	-
Integrated care	After visit / follow up	4	2	1	1	-	-
	Link between services hospital / GP / care	1	1	-	-	-	-
Outcomes	Overall outcome of care / treatment	2	1	1	-	-	-
Place	OTHER	7	2	1	-	3	1
	Cleanliness	1	1	-	-	-	-
	Food	1	1	-	-	-	-
	IT services	1	1	-	-	-	-
Services	Community hospital services	11	6	2	1	2	-
	Urgent and emergency care (A&E)	7	3	1	3	-	-
	NHS 111	3	2	-	1	-	-
	Ambulance service/ NHS 111	3	2	-	1	-	-
	Maternity services	3	2	-	1	-	-
	Mental health services	3	2	-	1	-	-
	Integrated community services	2	2	-	-	-	-
	Planned care services	2	2	-	-	-	-
Staff	Staff numbers / workload / working conditions	16	7	2	4	3	-
	Communication	3	2	-	1	-	-
	Skill / knowledge / professionalism	3	1	-	2	-	-
	general	3	2	-	-	1	-
	Care and treatment	1	1	-	-	-	-
	Attitude and empathy	1	1	-	-	-	-
	Availability	1	1	-	-	-	-
	Teamwork / integration	1	1	-	-	-	-
	OTHER	1	1	-	-	-	-
Other	DK / not applicable	40	7	18	2	13	-
	OTHER	25	6	4	7	6	2
Base		145	45	36	23	34	7

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Access: Distance / access to hospital/GP (10)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / access to hospital/GP (8)
- **Stafford and Surrounds:** Access: Distance / access to hospital/GP (7)
- **Stoke-on-Trent:** Access: Distance / access to hospital/GP (5).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Distance / access to hospital/GP (12)
- **Least deprived areas:** Access: Distance / access to hospital/GP (19).

Table 124. Q37. What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	32	2	-	10	8	7	5	-	12	19	1
	Waiting list / appointments / referrals	8	-	-	3	2	2	1	-	2	4	2
	Parking £ / spaces	7	-	1	2	3	-	-	1	1	5	1
	Administration / information	1	-	-	1	-	-	-	-	-	1	-
	Awareness and education of services / prevention	1	-	-	1	-	-	-	-	-	1	-
	General	1	-	-	1	-	-	-	-	-	1	-
	Other	1	-	-	1	-	-	-	-	-	1	-
Admission	Information	1	-	-	1	-	-	-	-	-	1	-
	Treatment by staff	1	-	-	1	-	-	-	-	-	1	-
	Organisation	1	-	-	1	-	-	-	-	-	1	-
	General	1	-	-	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	7	-	1	3	1	2	-	-	3	4	-
Friends / family	Access	1	-	-	1	-	-	-	-	-	1	-
	Informed	1	-	-	1	-	-	-	-	-	1	-
	Treatment	1	-	-	1	-	-	-	-	-	1	-
General positive	Positive comment / all good / improved	4	-	-	1	3	-	-	-	-	4	-
	Thanks to staff / organisation	1	-	-	1	-	-	-	-	-	1	-
Integrated care	After visit / follow up	4	1	-	2	-	-	-	1	1	2	1
	Link between services Hospital / GP / care	1	-	-	1	-	-	-	-	-	1	-
Outcomes	Overall outcome of care / treatment	2	-	-	2	-	-	-	-	1	1	-
Place	Other	7	1	-	2	-	3	-	1	4	2	1
	Cleanliness	1	-	-	1	-	-	-	-	-	1	-
	Food	1	-	-	1	-	-	-	-	-	1	-
	IT services	1	-	-	1	-	-	-	-	-	1	-
Services	Community hospital services	11	1	-	2	6	2	-	-	3	8	-

	Urgent and emergency care (A&E)	7	2	-	2	3	-	-	-	1	6	-
	NHS 111	3	1	-	1	1	-	-	-	-	3	-
	Ambulance service/ NHS 111	3	1	-	1	1	-	-	-	-	3	-
	Maternity services	3	1	-	1	1	-	-	-	-	3	-
	Mental health services	3	1	-	1	1	-	-	-	-	3	-
	Integrated community services	2	-	-	1	1	-	-	-	-	2	-
	Planned care services	2	-	-	1	1	-	-	-	-	2	-
Staff	Staff numbers / workload / working conditions	16	2	1	5	4	1	2	1	10	4	2
	Communication	3	1	-	1	-	1	-	-	1	2	-
	Skill / knowledge / professionalism	3	1	-	1	-	-	-	1	1	1	1
	General	3	-	-	2	-	-	-	1	-	2	1
	Care and treatment	1	-	-	1	-	-	-	-	-	1	-
	Attitude and empathy	1	-	-	1	-	-	-	-	-	1	-
	Availability	1	-	-	1	-	-	-	-	-	1	-
	Teamwork / integration	1	-	-	1	-	-	-	-	-	1	-
	Other	1	-	-	1	-	-	-	-	-	1	-
Other	DK / not applicable	40	7	5	8	4	9	7	-	13	23	4
	OTHER	25	2	2	5	5	3	6	2	8	15	2
	Base	145	18	10	33	32	27	19	6	51	81	13

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Carers:** Respondents who were carers for those aged over 50 years were more likely to comment *Staff: communication* and *Staff: Skill / knowledge / professionalism* than those who were not carers.

Exemplar verbatims:

"Discharge systems - because my husband was with me he was deemed fit to care for me despite having Parkinsons. I had to have eight weeks bed rest so a friend paid for carers to help us."
(65-69, Stafford and Surrounds CCG area, female, member of the public)

"Parking charges should be abolished after 6 pm. There are no other parking charges across Tamworth after 6 so I think this is unreasonable. For anyone visiting MIU or GP OOH after 6 the last thing they need to be worried about is parking charges. I'm sure there are other services that could be delivered at the community hospitals but there has been historic tension between CCGs/PCTs and providers - this needs to be put aside and more focus on the patients."
(60-64, South East Staffordshire and Seisdon Peninsula CCG area, female, member of the public)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 125), CCG area and IMD (Table 126).

The top three themes mentioned were:

- *Access: Distance / access to hospital/GP* (17)
- *Services: Community hospital services in general* (15)
- *Staff: Staff numbers / workload / working conditions* (10).

The most frequently mentioned theme by respondent type was:

- **Public (user in the last three years):** *Access: Distance / access to hospital/GP* (4) and *Services: community hospital services in general* (4)
- **Public (not user in last three years):** *Services: Community hospital services in general* (4)
- **Staff (user in last three years):** Limited comments raised
- **Staff (not user in last three years):** *Access: Distance / access to hospital/GP* (7).

Table 125.Q38. What is the one thing that you would change now? By respondent type and usage

		Total	Public (user in last 3 years)	Public (not user in last 3 years)	Staff (user in last 3 years)	Staff (not user in last 3 years)	Unknown
Access	Distance / access to hospital/GP	17	4	3	3	7	-
	Parking £ / spaces	4	3	-	-	1	-
	Waiting list / appointments / referrals	3	2	-	-	-	1
Admission	Waiting time at hospital / GP surgery	1	1	-	-	-	-
Discharge	Leaving GP, hospital / discharge	1	-	1	-	-	-
General positive	Positive comment / All good / Improved	2	2	-	-	-	-
Integrated care	After visit / follow up	1	-	1	-	-	-
	Link between services hospital / GP / care	1	1	-	-	-	-
Place	OTHER	2	1	-	-	1	-
	Food	1	1	-	-	-	-
Services	Community hospital services	15	4	4	1	6	-
	Urgent and emergency care (A&E)	1	-	1	-	-	-
	Integrated community services	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	10	1	3	2	2	2
	Availability	2	2	-	-	-	-
	Attitude and empathy	1	-	-	1	-	-
	Communication	1	1	-	-	-	-
	Skill / knowledge / professionalism	1	-	-	1	-	-
	Teamwork / integration	1	-	-	1	-	-
	general	1	1	-	-	-	-
Other	DK / not applicable	46	5	18	5	15	3
	OTHER	25	6	5	8	5	1
Base		128	34	33	20	34	7

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Services: Community hospital services in general (3)
- **North Staffordshire:** Access: Distance / access to hospital/GP (7)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / access to hospital/GP (4)
- **Stafford and Surrounds:** Access: Distance / access to hospital/GP (4)
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Distance / access to hospital/GP (7)
- **Least deprived areas:** Access: Distance / access to hospital/GP (10) or Services: community hospital services in general (10).

Table 126. Q38. What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	17	-	2	7	4	4	-	-	7	10	-
	Parking £ / spaces	4	-	-	1	2	-	-	1	1	2	1
	Waiting list / appointments / referrals	3	1	-	1	-	1	-	-	1	2	-
Admission	Waiting time at hospital / GP surgery	1	-	-	-	-	-	1	-	1	-	-
Discharge	Leaving GP, hospital / discharge	1	-	-	1	-	-	-	-	-	1	-
General positive	Positive comment / all good / improved	2	1	-	-	1	-	-	-	-	2	-
Integrated care	After visit / follow up	1	-	-	1	-	-	-	-	-	1	-
	Link between services hospital / GP / care	1	1	-	-	-	-	-	-	1	-	-
Place	Other	2	-	-	1	-	1	-	-	2	-	-
	Food	1	-	-	1	-	-	-	-	-	1	-
Services	Community hospital services	15	2	3	5	2	1	2	-	5	10	-
	Urgent and emergency care (A&E)	1	1	-	-	-	-	-	-	-	1	-
	Integrated community services	1	-	-	-	-	1	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	10	-	1	1	3	3	1	1	4	4	2
	Availability	2	-	-	1	-	-	1	-	1	1	-
	Attitude and empathy	1	1	-	-	-	-	-	-	1	-	-
	Communication	1	-	-	-	1	-	-	-	1	-	-
	Skill / knowledge / professionalism	1	-	-	1	-	-	-	-	-	1	-
	Teamwork / Integration	1	-	-	1	-	-	-	-	-	1	-
Other	General	1	-	-	1	-	-	-	-	-	1	-
	DK / not applicable	46	6	6	7	5	11	8	3	15	25	6
	OTHER	25	3	1	6	6	5	3	1	8	16	1
Base		128	15	11	31	23	26	16	6	46	72	10

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

“Access to local well-run community hospitals that are not used as discharge lounges for acute hospitals when patients are not well enough”

(55-59, East Staffordshire CCG area, female, staff)

“Improve access to community facilities across the county. I believe that by removing the location-dependent barriers to community hospitals and walk-in centres, you will be help to reduce the pressures on emergency care.”

(25-29, Cannock Chase CCG area, female, member of the public)

5.2.6.2 Feedback from structured listening events

Table 127 shows what event participants felt was working well in community hospital services.

The top three themes mentioned were:

- *Services: Community hospital services in general* (38)
- *Access: Distance / access to hospital/GP* (5)
- *Services: Integrated community services in general* (4), *Admission: waiting time at hospital / GP surgery* (4) and *Staff: care and treatment* (4).

Table 127. Facilitator feedback booklets: What do you think is working well? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	5	5	-	-	-	-	5	-	-
	Waiting list / appointments / referrals	3	2	1	1	1	-	1	-	-
	Parking £ / spaces	1	1	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	4	2	2	-	-	-	2	-	2
Discharge	Leaving GP, hospital / discharge	2	-	2	-	-	-	-	1	1
Place	Other	2	2	-	-	-	-	1	1	-
Services	Community hospital services	38	25	13	3	5	-	14	8	8
	Integrated community services	4	3	1	-	-	-	3	-	1
	Mental health services	1	-	1	-	-	-	-	-	1
	Planned care services	1	1	-	-	-	-	-	1	-
Staff	Care and treatment	4	4	-	-	-	-	2	2	-
	Skill / knowledge /professionalism	1	1	-	-	-	-	1	-	-
Other	DK / not applicable	7	7	-	1	-	-	3	3	-
Base (no. of tables)		50	37	13	4	5	-	20	13	8

Please see Table 25 for an explanation of each of the themes

Table 128 shows what event participants felt needed to be improved in community hospital services.

The top three themes mentioned were:

- *Services: Community hospital services in general* (18)
- *Access: Distance / access to hospital/GP* (11)
- *Access: Waiting list / appointments / referrals* (10).



Table 128. Facilitator feedback booklets: What do you think needs to be improved? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening events	Workforce listening events	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	11	9	2	3	2	-	4	-	2
	Waiting list / appointments / referrals	10	8	2	-	1	-	7	1	1
	Parking £ / spaces	6	4	2	-	-	-	2	2	2
	Administration / information	6	5	1	2	1	-	2	-	1
	General	5	3	2	2	-	-	1	-	2
	Awareness and education of services / prevention	4	3	1	-	1	-	2	1	-
	Other	3	3	-	-	-	-	2	1	-
Admission	Waiting time at hospital / GP surgery	3	2	1	-	-	-	2	-	1
	Organisation	3	1	2	-	1	-	1	1	-
	General	2	1	1	-	-	-	-	1	1
	Other	2	1	1	-	-	-	1	1	-
Discharge	Leaving GP, hospital / discharge	5	5	-	-	1	-	1	3	-
Family / friends	Access	1	1	-	-	-	-	-	1	-
General negative	Negative comment / experience	2	2	-	-	-	-	2	-	-
Integrated care	Link between services hospital / GP / care	8	7	1	2	1	-	3	2	-
	After visit / follow up	3	2	1	-	2	-	-	1	-
Other	DK / not applicable	2	2	-	-	1	-	1	-	-
Place	IT services	2	1	1	-	1	-	1	-	-
	Other	1	-	1	-	-	-	-	-	1
Services	Community hospital services	18	14	4	1	3	-	7	5	2
	Integrated community services	8	7	1	1	1	-	3	3	-
	Planned care services	3	3	-	1	1	-	-	1	-
	Urgent and emergency care (A&E)	2	1	1	-	-	-	1	-	1
	Maternity services	1	1	-	-	-	-	1	-	-
Staff	Communication	2	1	1	-	-	-	1	-	1
	Care and treatment	1	1	-	-	-	-	-	1	-
	Availability	1	1	-	-	-	-	-	1	-
	Skill / knowledge / professionalism	1	1	-	-	-	-	1	-	-
	Other	1	1	-	-	-	-	-	1	-
Base (no. of tables)		49	37	12	4	6	-	21	11	7

Please see Table 25 for an explanation of each of the themes

5.2.6.3 Feedback from unstructured events

There was limited feedback raised at unstructured events on what was working well in community hospital services (Table 129).

Table 129. What's working well?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Other	DK / Not applicable	1	1	-	1	-	-	-	-	-
Base		1	1	-	1	-	-	-	-	-

Table 130 shows what event participants at unstructured events felt could be improved in community hospital services.

The top two themes mentioned were:

- *Services: Planned care services in general (2)*
- *Services: Integrated community services in general (2).*

Table 130. What could be improved?

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
General negative	Negative comment / experience	1	1	-	-	-	-	-	-	1
Integrated care	Link between services hospital / GP / care	1	1	-	-	-	-	-	-	1
Other	DK / not applicable	1	1	-	1	-	-	-	-	-
Services	Planned care services	2	2	-	-	1	-	-	-	1
	Community hospital services	1	1	-	-	1	-	-	-	-
Staff	Communication	2	2	-	-	1	-	-	-	1
	Care and treatment	1	1	-	-	-	-	-	-	1
	Skill / knowledge / professionalism	1	1	-	-	-	-	-	-	1
Base		3	3	-	1	1	-	-	-	1

5.2.6.4 Feedback from correspondence

Table 131 shows the themes from correspondence around community hospital services.

Table 131. Themes from correspondence around community hospital services

	Main theme	Theme	Total	Public	Organisation
What's working well	Access – before arrival	Provision of services	1	0	1
Improvements or changes required	Access - Before arrival	Distance / access to hospital/GP	2	0	2
		System management	1	0	1
		Utilisation of hospitals	1	0	1
Base (no. of correspondence)			11	5	6

Jack Brereton MP commented that there is currently insufficient coverage of basic community services, such as phlebotomy or diabetic eye screening. He suggested the STP should consider suitable locations based on available public transport links and geographical coverage.

Jeremy Lefroy MP commented that community hospitals provide a vital service and that long-term planning is required for community hospitals as they provide a vital contingency reserve for the NHS.

Amanda Milling MP commented that the Minor Injuries Unit (MIU) at Cannock Chase Hospital is working well. She added that access to X-ray facilities in the MIU would reduce visits to County Hospital, New Cross Hospital or Royal Stoke A&E departments.

5.2.6.5 Section summary on community hospital services

Overall, 101 (32 per cent) main involvement survey respondents stated they had used community hospital services in the last three years. 81 (79 per cent) respondents rated their experience as excellent or good, compared to nine (9 per cent) who rated their experience as poor or very poor. For further detail, please refer to tables 117 and 118.

For those providing a rating of excellent or good, the most frequently mentioned themes were: *Admission: waiting time at hospital / GPs* (16), *Staff: care and treatment* (16) and *Services: Community hospital services in general* (15). Whilst, the most frequently mentioned themes by those providing a neutral, poor or very poor rating were around: *Admission: waiting time at hospital / GPs* (4) and *Services: community hospital services* (3). For further detail, please refer to tables 119 and 120.

Themes from the main involvement survey

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (Table 132).

Table 132. Summary: most frequently mentioned themes on community hospital services

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Services	Community hospital services in general	17	11
Access	Distance / access to hospital / GP	15	32
Base		137	145

- Access: waiting list / appointments / referrals* (8) was also frequently mentioned as an area that is working well
- Staff: staff numbers / workload / working conditions* (16) was also frequently mentioned as an area that requires improvement
- When asked what one thing they would change, respondents highlighted the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 121 to 126.

Feedback from the structured listening events

- When asked what is working well and what can be improved, the most frequently mentioned themes were the same (Table 133).

Table 133. Summary: most frequently mentioned themes on community hospital services from structured listening events

Main theme	Theme	What is working well: frequency of mentions	What needs to be improved: frequency of mentions
Services	Community hospital services in general	38	18
Access	Distance / access to hospital / GP	5	11

For further detail, please refer to tables 127 and 128.

Feedback from the unstructured events

- The most frequently mentioned themes around what needs to be improved were: *Services: planned care services in general* (2) and *Services: integrated community services in general* (2)
- For further detail, please refer to tables 129 and 130.

Feedback from correspondence

- *Provision of services* (1) was highlighted in correspondence as working well
- The most frequently mentioned areas that require improvement were around access – before arrival, specifically: *distance / access to hospital / GP* (2), *system management* (1) and *utilisation of hospital* (1)
- In correspondence submitted by MPs, it is commented that community services provide a vital service and so the locations where they are based and which services are provided should be considered. For instance, access to X-ray facilities in the Cannock Chase Hospital MIU would reduce visits to A&E's at County Hospital, New Cross Hospital or Royal Stoke
- For further detail, please refer to Table 131.

5.2.7 Other comments on experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

This section presents other comments respondents made on experiences and understanding of health and care services, across Staffordshire and Stoke-on-Trent. This section is split into the following sub-sections:

- Feedback from the postcard survey
- Feedback from structured listening events
- Feedback from unstructured events
- Feedback from correspondence.

5.2.7.1 Feedback from the postcard survey

Respondents were asked what they thought was working well in health and care services. Feedback is shown by respondent type (Table 134), CCG area and IMD (Table 135).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (82)
- *Staff: Care and treatment* (49)
- *Services: Integrated community services (GPs / nurses / pharmacists)* (46).

The most frequently mentioned theme by respondent type was:

- **Public:** *Staff: Care and treatment* (29)
- **Staff:** *Access: Waiting list / appointments / referrals* (55).

Table 134. Postcard survey: What do you think is working well? By respondent type and usage

Main theme	Theme	Total	Public	Staff	Unknown
Access	Waiting list / appointments / referrals	82	26	55	1
	Distance / access to hospital/GP	28	9	18	1
	Administration / information	4	2	2	-
	Parking £ / spaces	1	1	-	-
	Awareness and education of services / prevention	1	1	-	-
	General	1	1	-	-
Admission	Waiting time at hospital / GP surgery	7	5	2	-
	Treatment by staff	5	2	2	1
	Information	3	2	1	-
	Organisation	3	1	2	-
Availability	Availability	4	1	3	-
Discharge	Leaving GP, hospital / discharge	4	1	3	-
Family / friends	Treatment	2	1	-	1
General negative	Negative comment / experience	21	14	4	3
General positive	Positive comment / all good / improved	38	19	15	4
Integrated care	Link between services hospital / GP / care	26	11	15	-
	After visit / follow up	2	1	1	-
Outcomes	Overall outcome of care / treatment	8	5	3	-
Place	Other	5	4	1	-
Services	Integrated community services	46	26	12	8
	Planned care services	29	22	6	1
	Urgent and emergency care (A&E)	28	16	10	2
	Ambulance service / 999	10	6	3	1
	Mental health services	10	7	2	1
	Community hospital services	9	8	1	-
	NHS 111	7	3	4	-

	Maternity services	6	5	1	-
Staff	Care and treatment	49	29	15	5
	Teamwork / integration	27	1	25	1
	Attitude and empathy	18	8	10	-
	Skill / knowledge / professionalism	17	8	9	-
	General	16	12	3	1
	Communication	7	3	4	-
	Other	3	1	2	-
	Staff numbers / workload / working conditions	1	-	1	-
Other	DK / not applicable	60	44	11	5
	OTHER	46	19	26	1
	Base	573	289	248	36

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (8)
- **East Staffordshire:** Access: Waiting list / appointments / referrals (11)
- **North Staffordshire:** Access: Waiting list / appointments / referrals (10) and Services: integrated community services (GPs / nurses / pharmacists) (10)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (13)
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (199)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (11) and Staff: care and treatment (11).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (18)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (41).

Table 135. Postcard survey: What do you think is working well? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	82	8	11	10	13	19	11	10	18	41	23
	Distance / access to hospital/GP	28	-	4	4	3	3	4	10	2	16	10
	Administration / information	4	-	1	1	-	1	-	1	1	1	2
	Parking £ / spaces	1	-	-	-	-	1	-	-	1	-	-
	Awareness and education of services / prevention	1	-	-	-	-	-	1	-	-	1	-
	General	1	1	-	-	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	7	-	-	1	1	1	-	4	-	3	4
	Treatment by staff	5	-	1	-	2	-	2	-	3	1	1
	Information	3	1	-	-	-	2	-	-	-	3	-
	Organisation	3	-	1	-	-	1	1	-	-	1	2
Availability	Staff	4	-	2	-	-	-	-	2	2	-	2
Discharge	Leaving GP, hospital / discharge	4	-	1	1	-	1	-	1	1	2	1
Family / friends	Treatment	2	-	-	-	1	1	-	-	-	2	-
General negative	Negative comment / experience	21	2	1	1	1	11	2	3	6	12	3
General positive	Positive comment / all good / improved	38	4	4	4	4	2	9	11	15	9	14

Integrated care	Link between services hospital / GP / care	26	1	5	1	4	3	4	8	6	9	11
	After visit / follow up	2	-	1	-	1	-	-	-	-	2	-
Outcomes	Overall outcome of care / treatment	8	1	1	-	-	-	5	1	4	3	1
Place	Other	5	-	-	-	-	3	2	-	-	4	1
Services	Integrated community services	46	5	4	10	8	10	5	4	15	26	5
	Planned care services	29	6	1	3	4	11	3	1	10	16	3
	Urgent and emergency care (A&E)	28	4	1	4	4	7	1	7	4	15	9
	Ambulance service / 999	10	2	-	-	2	5	-	1	4	4	2
	Mental health services	10	-	-	1	-	1	6	2	6	2	2
	Community hospital services	9	3	-	2	2	1	-	1	2	5	2
	NHS 111	7	1	1	-	1	4	-	-	2	3	2
	Maternity services	6	3	-	2	1	-	-	-	2	4	-
Staff	Care and treatment	49	3	6	3	6	12	11	8	17	24	8
	Teamwork / Integration	27	-	5	5	1	-	7	9	8	8	11
	Attitude and empathy	18	1	4	1	2	6	2	2	5	8	5
	Skill / knowledge / professionalism	17	-	3	3	1	4	1	5	1	10	6
	General	16	2	1	2	1	3	7	-	5	8	3
	Communication	7	1	1	-	-	1	3	1	2	3	2
	Staff - other	3	-	-	-	-	-	1	2	1	-	2
	Staff numbers / workload / working conditions	1	-	-	-	-	-	1	-	1	-	-
Other	DK / not applicable	60	5	7	3	4	19	13	9	20	22	18
	OTHER	46	2	4	7	6	10	7	10	13	21	12
Base		573	49	65	65	69	122	103	100	164	261	148

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:**
 - Respondents aged 50-59 were more likely to comment *Access: Waiting list / appointments / referrals* than those aged 20-29 and 70-79
 - Respondents aged 70 or over were more likely to comment *Staff: Care and treatment* than those aged 50-59
 - Respondents aged 70-79 were more likely to comment *Services: 'Planned care services* than those aged 20-59
 - Respondents aged 20-29 were more likely to comment *Staff: Teamwork/ integration* than those aged 40-59
 - Respondents aged 40-49 were more likely to comment *Staff: Attitude and empathy* than those aged 70-79
 - Respondents aged 70-79 were more likely to comment *Services: Ambulance service / 999* than those aged 50-59.
- **Disability or long-term illness:**
 - Respondents whose day-to-day activities were not limited by a disability or long-term illness were more likely to comment *Access: waiting list / appointments / referrals* than those with a long-term illness or disability
 - Respondents whose day-to-day activities were not limited by a disability or long-term illness were more likely to comment *Access: distance / access to hospital, GP and Staff: teamwork / integration* than those whose day-to-day activities were limited a little
 - Respondents whose day-to-day activities were limited a lot by a disability or long-term illness were more likely to comment *General negative: negative comment / experience* than those without a long-term illness or disability.
- **Carers:** Respondents who were carers for someone aged under 24 years were more likely to comment *Access: waiting list / appointments / referrals* than those who were not carers.

Exemplar verbatims:

“- Community services District Nurses, Community Physios) - Consultant Services at County Hospital and Cannock hospital. Used with my husband for whom I'm a carer.”
(70-74, Stafford and Surrounds CCG area, female, member of the public)

“Waiting times in my opinion have not been long in A&E and emergencies quality of care is and always has been excellent.”

(16-19, South East Staffordshire and Seisdon Peninsula CCG area, male, member of the public)

Respondents were asked what they felt needed to be improved. Feedback is shown by respondent type (Table 136) and CCG area and IMD (Table 137).

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (130)
- Access: Distance / access to hospital/GP (121)
- Integrated care: Link between services hospital / GP / care (75).

The most frequently mentioned theme by respondent type was:

- **Public:** Access: Waiting list / appointments / referrals (78)
- **Staff:** Access: Distance / access to hospital/GP (69).

Table 136. Postcard survey: What do you think needs to be improved? By respondent type and usage

Main theme	Theme	Total	Public	Staff	Unknown
Access	Waiting list / appointments / referrals	130	78	42	10
	Distance / access to hospital/GP	121	49	69	3
	Parking £ / spaces	29	17	11	1
	Awareness and education of services / prevention	26	3	22	1
	Administration / information	17	10	7	-
	Other	1	-	1	-
Admission	Waiting time at hospital / GP surgery	53	29	23	1
	Organisation	7	2	5	-
	Information	2	2	-	-
	General	2	1	-	1
	Treatment by staff	1	1	-	-
Discharge	Leaving GP, hospital / discharge	4	1	3	-
General negative	Negative comment / experience	1	1	-	-
General positive	Positive comment / all good / improved	7	4	1	2
Integrated care	Link between services Hospital / GP / care	75	28	44	3
	After visit / follow up	18	12	5	1
Place	IT services	12	2	10	-
	Other	9	3	5	1
	Food	3	-	3	-
	Cleanliness	1	-	1	-
Services	Mental health services	44	25	16	3
	Integrated community services	29	15	12	2
	Urgent and emergency care (A&E)	16	10	5	1
	Maternity services	6	1	5	-
	Community hospital services	5	3	1	1
	NHS 111	2	-	2	-
	Ambulance service / 999	1	1	-	-
	Planned care services	1	-	1	-
Staff	Staff numbers / workload / working conditions	72	23	48	1
	Communication	24	15	8	1
	Other	14	6	8	-
	Teamwork / integration	9	2	7	-

	Availability	2	2	-	-
	Skill / knowledge / professionalism	2	1	1	-
	Care and treatment	1	1	-	-
	Attitude and empathy	1	1	-	-
	General	1	-	1	-
Other	OTHER	56	27	26	3
	DK / not applicable	54	37	11	6
	Base	646	320	285	41

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (15)
- **East Staffordshire:** Access: Distance / access to hospital/ GP (11)
- **North Staffordshire:** Access: Distance / access to hospital/ GP (16)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (20)
- **Stafford and Surrounds:** Access: Distance / access to hospital/ GP (40)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (21).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (45)
- **Least deprived areas:** Access: Distance / access to hospital/ GP (67).

Table 137. Postcard survey: What do you think needs to be improved? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	130	15	9	15	20	37	21	13	45	63	22
	Distance / access to hospital/GP	121	9	11	16	14	40	15	16	26	67	28
	Parking £ / spaces	29	2	3	8	4	5	2	5	4	20	5
	Awareness and education of services / prevention	26	2	3	6	1	5	5	4	8	11	7
	Administration / information	17	-	2	2	3	2	6	2	7	3	7
	Other	1	-	-	1	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	53	3	3	4	9	6	13	15	16	20	17
	Organisation	7	-	1	2	2	1	1	-	4	2	1
	Information	2	-	-	-	1	-	-	1	-	1	1
	General	2	-	-	-	1	1	-	-	1	-	1
	Treatment by staff	1	-	-	-	1	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	4	-	1	2	-	1	-	-	1	3	-
General negative	Negative comment / experience	1	-	-	-	-	1	-	-	-	1	-
General positive	Positive comment / all good / Improved	7	2	3	-	-	-	1	1	3	2	2
Integrated care	Link between services hospital / GP / care	75	7	5	8	4	21	11	19	15	35	25
	After visit / follow up	18	2	1	1	1	6	6	1	5	11	2
Place	IT services	12	1	3	1	-	1	-	6	1	5	6
	Other	9	-	1	2	2	3	-	1	2	6	1
	Food	3	-	-	1	-	-	2	-	1	1	1
	Cleanliness	1	-	-	-	-	-	-	1	-	-	1

Services	Mental health services	44	5	6	5	2	9	13	4	15	22	7
	Integrated community services	29	2	7	6	2	3	6	3	10	14	5
	Urgent and emergency care (A&E)	16	6	1	-	2	2	2	3	5	7	4
	Maternity services	6	-	1	2	-	1	-	2	-	4	2
	Community hospital services	5	-	2	-	-	1	-	2	-	2	3
	NHS 111	2	1	-	-	1	-	-	-	1	1	-
	Ambulance service / 999	1	1	-	-	-	-	-	-	1	-	-
	Planned care services	1	-	-	-	-	1	-	-	1	-	-
Staff	Staff numbers / workload / working conditions	72	3	7	9	5	16	12	20	21	25	26
	Communication	24	2	1	4	1	3	8	5	9	8	7
	Other	14	-	1	3	1	4	4	1	6	6	2
	Teamwork / integration	9	1	1	3	-	-	3	1	-	5	4
	Availability	2	-	-	1	-	-	1	-	-	1	1
	Skill / knowledge / professionalism	2	-	-	1	1	-	-	-	-	2	-
	Care and treatment	1	-	-	-	-	-	1	-	1	-	-
	Attitude and empathy	1	-	-	-	-	-	-	1	-	-	1
Other	General	1	-	-	-	-	-	-	1	-	-	1
	OTHER	56	5	7	1	9	4	14	16	14	21	21
	DK / not applicable	54	7	6	6	6	18	7	4	18	27	9
Base		646	58	70	73	70	144	114	117	186	288	172

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:**
 - Respondents aged 50-59 were more likely to comment *Access: Distance / access to Hospital, GP* than those aged 20-29
 - Respondents aged 30-39 were more likely to comment *Integrated care: Link between services hospital /GP/ care* than those aged 20-29
 - Respondents aged 30-49 were more likely to comment *Services: Mental health services* than those aged 70-79
 - Respondents aged 40-49 were more likely to comment *Access: Awareness and education of services / prevention* than those aged 20-29
 - Respondents aged 40-49 were more likely to comment *Services: Urgent and emergency care (A&E)* than those aged 50-59
- **Relationship status:** Respondents who were single were more likely to comment *Admission: Waiting time at Hospital /GPs* than those who were married
- **Disability or long-term illness:**
 - Respondents whose day-to-day activities were not limited by a disability or long-term illness were more likely to comment *Access: Distance / access to Hospital, GP* than those with a long-term illness or disability
 - Respondents whose day-to-day activities were not limited by a disability or long-term illness were more likely to comment *Access: Awareness and education of services / prevention* than those whose day-to-day activities were limited a little
 - Respondents with a mental illness were more likely to comment *Services: Mental health services* than those with a long-term illness
- **Carers:** Respondents who were carers for someone aged under 24 years were more likely to comment *Access: Awareness and education of services / prevention* than those who were not carers.

Exemplar verbatims:

"Booking nursing and counselling online should be an option. Waiting times for treatment. Access to services like physio to be made available out of normal hours."
(35-39, Cannock Chase CCG area, female, member of the public)

"Accessibility, accessibility,... everything from getting an appointment, to waiting times, to specialist consultations. Waste."

(70-74, Stafford and Surrounds CCG area, female, member of the public)

Respondents were asked the one thing they would change now. Feedback is shown by respondent type (Table 138) and CCG area and IMD (Table 139).

The top three themes mentioned were:

- *Access: Distance / access to hospital/ GP* (99)
- *Access: Waiting list / appointments / referrals* (74)
- *Integrated care: Link between services hospital / GP / care* (41).

The most frequently mentioned theme by respondent type was:

- **Public:** *Access: Distance / access to hospital/ GP* (50)
- **Staff:** *Staff: Staff numbers / workload / working conditions* (48).

Table 138. Postcard survey: What is the one thing that you would change now? By respondent type and usage

Main theme	Theme	Total	Public	Staff	Unknown
Access	Distance /access to hospital/GP	99	50	37	12
	Waiting list / appointments / referrals	74	45	26	3
	Awareness and education of services / prevention	22	7	15	-
	Parking £ / spaces	19	12	7	-
	Administration / information	9	6	3	-
	General	1	1	-	-
	Other	1	1	-	-
Admission	Waiting time at hospital / GP surgery	22	9	10	3
	Organisation	8	3	4	1
	Treatment by staff	4	2	1	1
Discharge	Leaving GP, hospital / discharge	6	2	4	-
Family / friends	Access	2	1	1	-
General negative	Negative comment / experience	2	-	2	-
General positive	Positive comment / all good / improved	3	2	1	-
Integrated care	Link between services / hospital / GP / care	41	16	24	1
	after visit / follow up	8	3	5	-
Place	IT services	14	4	10	-
	Other	10	6	4	-
	Cleanliness	1	-	1	-
Services	Mental health services	23	10	10	3
	Integrated community services	14	9	5	-
	Urgent and emergency care (A&E)	11	9	2	-
	Maternity services	4	3	1	-
	Community hospital services	2	2	-	-
Staff	Staff numbers / workload / working conditions	71	23	48	-
	Availability	14	-	13	1
	Other	11	9	2	-
	Care and treatment	8	3	4	1
	Communication	7	5	1	1
	Skill / knowledge / professionalism	7	5	2	-
	Attitude and empathy	3	2	1	-
Other	DK / not applicable	72	46	21	5
	OTHER	68	30	35	3
	Base	577	290	255	32

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Waiting list / appointments / referrals (12)
- **East Staffordshire:** Access: Distance / access to hospital/GP (13)
- **North Staffordshire:** Access: Waiting list / appointments / referrals (10)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (14)
- **Stafford and Surrounds:** Access: Distance / access to hospital/GP (42)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (13).

The most frequently mentioned theme by IMD was:

- **Most deprived areas:** Access: Waiting list / appointments / referrals (23)
- **Least deprived areas:** Access: Distance / access to hospital/GP (58).

Table 139. Postcard survey: What is the one thing that you would change now? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	99	5	13	8	9	42	10	12	22	58	19
	Waiting list / appointments / referrals	74	12	4	10	14	13	13	8	23	36	15
	Awareness and education of services / prevention	22	1	3	5	1	8	4	-	6	14	2
	Parking £ / spaces	19	1	3	3	1	7	-	4	3	12	4
	Administration / information	9	-	-	2	1	1	3	2	5	-	4
	General	1	1	-	-	-	-	-	-	-	1	-
	Other	1	-	1	-	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	22	2	3	4	2	-	6	5	8	7	7
	Organisation	8	1	-	1	2	-	3	1	3	3	2
	Treatment by staff	4	-	-	-	-	2	-	2	-	1	3
Discharge	Leaving GP, hospital / discharge	6	-	2	-	-	1	-	3	1	-	5
Family / friends	Access	2	1	-	-	-	1	-	-	1	-	1
General negative	Negative comment / experience	2	-	-	1	-	-	1	-	-	2	-
General positive	Positive comment / all good / improved	3	-	1	-	-	-	-	2	1	-	2
Integrated care	Link between services hospital / GP / care	41	2	4	6	5	11	6	7	13	19	9
	After visit / follow up	8	-	-	1	1	-	4	2	3	2	3
Place	IT services	14	3	3	1	3	2	1	1	3	10	1
	Other	10	-	1	-	2	-	4	3	4	2	4
	Cleanliness	1	-	-	-	-	-	-	1	-	-	1
Services	Mental health services	23	3	2	1	2	7	7	1	10	11	2
	Integrated community services	14	1	2	3	2	2	1	3	4	6	4
	Urgent and emergency care (A&E)	11	2	2	1	1	3	1	1	5	4	2
	Maternity services	4	2	-	1	-	-	-	1	-	1	3
	Community hospital services	2	1	1	-	-	-	-	-	-	2	-
Staff	Staff numbers / workload / working conditions	71	4	9	8	6	14	12	18	17	31	23
	Availability	14	-	1	4	-	-	5	4	7	3	4
	Other	11	1	-	1	1	7	-	1	4	4	3
	Care and treatment	8	-	-	1	-	4	1	2	1	4	3
	Communication	7	-	-	-	1	3	3	-	4	3	-

	Skill / knowledge / professionalism	7	-	-	1	1	-	3	2	3	2	2
	Attitude and empathy	3	-	-	-	1	-	2	-	2	1	-
Other	DK / not applicable	72	7	10	6	10	14	12	13	20	30	22
	OTHER	68	6	9	8	5	13	12	15	15	31	22
Base		577	48	65	62	64	135	101	102	164	265	148

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:**
 - Respondents aged 20-29 were more likely to comment *Staff numbers/workload/working conditions* than those aged 70-79
 - Respondents aged 30-49 were more likely to comment *Access: awareness and education of services / prevention* than those aged 70-79
 - Respondents aged 70-79 were more likely to comment *Access: parking £/spaces* than those aged 40-49
 - Respondents aged 50-59 were more likely to comment *Place: IT services* than those aged 40-49
- **Gender:** Female respondents were more likely to comment *Access: awareness and education of services / prevention* than male respondents
- **Disability or long-term illness:**
 - Respondents whose day-to-day activities were limited a little by a disability or long-term illness were more likely to comment *Access: parking £/spaces* than those with a long-term illness or disability
 - Respondents whose day-to-day activities were limited a lot by a disability or long-term illness were more likely to comment *Access: admin / information* than those whose day-to-day activities were limited a little or without a long-term illness or disability
 - Respondents with a sensory disability were more likely to comment *Access: admin / information* than those with a physical disability or long-term condition
 - Respondents whose day-to-day activities were limited a lot by a disability or long-term illness were more likely to comment *Staff: communication* than those without a long-term illness or disability
- **Carers:**
 - Respondents who were carers for someone aged under 24 years were more likely to comment *Staff numbers/workload/working conditions* than those who were not carers.
 - Respondents who were carers for someone aged under 24 years were more likely to comment *Access: awareness and education of services / prevention* than those who were not carers.

Exemplar verbatims:

“people / professionals listening to people with a very mind LD ,my son tried to take his own life as he felt he wasn't listened to and got little or no help or support”
(40-44, Stoke-on-Trent CCG area, female, staff)

“some O/P departments have been neglected, cario-respiratory is overcrowded, we don't have enough clinic rooms to meet demand. Some clinic rooms do not have a sink, so staff have to wash their hands in the staff / patient toilets after seeking patients, this is an infection control risk”
(30-34, Out of area, female, staff)

5.2.7.2 Feedback from structured listening events

Participants were asked to write what they thought is working well in health and care services in their workbooks. Feedback is shown by respondent type (Table 140), CCG and IMD (Table 141).

The top three themes mentioned were:

- *Staff: Care and treatment* (38)
- *Access: Waiting list / appointments / referrals* (29)
- *Services: Integrated community services* (27).

The most frequently mentioned theme by respondent type was:

- **Public:** *Staff: Care and treatment* (27)
- **Staff:** *Integrated care: Link between services hospital / GP / care* (10).

Table 140. Participant workbooks: What is working well? By respondent type.

Main theme	Theme	Total	Public	Staff	Unknown
Access	Waiting list / appointments / referrals	29	22	4	3
	Distance / access to hospital/GP	25	16	9	-
	Administration / information	5	5	-	-
	Awareness and education of services / prevention	2	1	1	-
Admission	Waiting time at hospital / GP surgery	7	4	3	-
	Organisation	4	2	2	-
General negative	Negative comment / experience	19	14	4	1
General positive	Positive comment / all good / improved	3	1	1	1
Integrated care	Link between services hospital / GP / care	12	2	10	-
	After visit / follow up	2	1	1	-
Place	Other	3	2	1	-
	IT services	1	1	-	-
Services	Integrated community services	27	18	8	1
	Community hospital services	16	13	3	-
	Urgent and emergency care (A&E)	14	10	4	-
	Planned care services	14	9	4	1
	NHS 111	5	5	-	-
	Mental health services	3	1	2	-
	Ambulance service / 999	2	1	1	-
	Maternity services	1	-	1	-
Staff	Care and treatment	38	27	7	4
	Attitude and empathy	14	4	8	2
	General	7	3	2	2
	Skill / knowledge / professionalism	5	3	2	-
	Other	5	4	1	-
	Availability	3	1	2	-
	Teamwork / integration	3	1	2	-
	Communication	2	-	2	-
Other	DK / not applicable	52	24	27	1
	OTHER	23	11	11	1
Base		243	146	83	14

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** *Staff: Care and treatment* (4)
- **East Staffordshire:** *Staff: Attitude and empathy* (6)
- **North Staffordshire:** *Services: Integrated community services* (8)
- **South East Staffordshire and Seisdon Peninsula:** *Access: Distance / access to hospital/GP* (15)
- **Stafford and Surrounds:** *Staff: Care and treatment* (11)
- **Stoke-on-Trent:** *Access: Waiting list / appointments / referrals* (4); *Integrated care: Link between services hospital / GP / care* (4) and *Services: Integrated community services* (4).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** *Staff: Attitude and empathy* (12)
- **Least deprived areas:** *Staff: Care and treatment* (24).

Table 141. Participant workbooks: What is working well? By CCG and IMD.

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Access	Waiting list / appointments / referrals	29	-	2	4	11	7	4	1	8	20	1
	Distance / access to hospital/GP	25	1	1	4	15	1	3	-	11	13	1
	Administration / information	5	-	1	-	2	-	2	-	2	2	1
	Awareness and education of services / prevention	2	-	-	-	1	1	-	-	-	2	-
Admission	Waiting time at hospital / GP surgery	7	-	-	2	1	3	1	-	1	6	-
	Organisation	4	1	-	-	1	1	1	-	2	2	-
General negative	Negative comment / experience	19	1	1	3	5	6	2	1	7	11	1
General positive	Positive comment / all good / improved	3	1	-	-	-	1	1	-	1	2	-
Integrated care	Link between services hospital / GP / care	12	1	1	2	4	-	4	-	6	3	3
	After visit / follow up	2	-	-	-	1	-	1	-	-	2	-
Place	Other	3	-	-	-	1	-	2	-	1	2	-
	IT services	1	1	-	-	-	-	-	-	-	1	-
Services	Integrated community services	27	2	-	8	5	7	4	1	7	19	1
	Community hospital services	16	-	-	2	11	2	1	-	6	10	-
	Urgent and emergency care (A&E)	14	-	-	2	7	4	1	-	4	8	2
	Planned care services	14	-	-	-	7	3	3	1	4	9	1
	NHS 111	5	1	-	-	2	1	1	-	2	2	1
	Mental health services	3	-	-	-	1	-	2	-	1	2	-
	Ambulance service / 999	2	-	-	1	1	-	-	-	-	2	-
	Maternity services	1	-	-	-	-	-	1	-	-	1	-
Staff	Care and treatment	38	4	1	5	14	11	2	1	12	24	2
	Attitude and empathy	14	1	6	2	2	1	2	-	3	10	1
	General	7	-	-	-	4	1	1	1	2	4	1
	Skill / knowledge / professionalism	5	-	-	1	3	1	-	-	2	3	-
	Other	5	-	-	-	1	1	3	-	4	1	-
	Availability	3	1	-	1	1	-	-	-	1	2	-
	Teamwork / integration	3	-	-	-	1	1	1	-	1	2	-
	Communication	2	-	2	-	-	-	-	-	-	2	-
Other	DK / not applicable	52	2	2	15	10	8	11	4	17	26	9
	OTHER	23	2	2	4	7	5	2	1	6	15	2
Base		243	13	15	40	82	48	35	10	83	138	22

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:**
 - Respondents aged 40-49 were more likely to comment *Services: Integrated community services* than those aged 50-59

- Respondents aged 40-49 were more likely to comment *General negative: negative comment / experience* than those aged 60-69
- Respondents aged 50-59 were more likely to comment *Admission: waiting time at Hospital/GPs* than those aged 70-79
- **Gender:** Female respondents were more likely to comment *Access: Waiting list / appointments / referrals* than male respondents.

Exemplar verbatims:

"I can only speak of services in Tamworth, Sutton Coldfield and Burton Upon Trent Queens hospital. GP service (Peel medical) is trying very hard to be accessible whether through advanced practice nurse, telephone calls and now video face to face however getting an appointment with a human doctor is getting more difficult, It remains however a practice and good service. Robert Peel Facilities & services are 1st class and much needed in the area - we need a minor injuries unit the population of Tamworth and surrounding areas are growing and therefore the need for this will only grow."
(65-69, South East Staffordshire and Seisdon Peninsula CCG area, female, member of the public)

"Staff work hard and are dedicated Most agencies work together well to provide the best service to customers/patients Father had heart attack in A&E - super service - had tests and op within 3 hours aftercare service was excellent too"
(50-54, Stoke-on-Trent CCG area, female, staff)

Participants were asked what could be improved in health and care services. Feedback is shown by respondent type (Table 142), CCG and IMD (Table 143).

The top three themes mentioned were:

- *Access: Distance / access to hospital/GP* (89)
- *Access: Waiting list / appointments / referrals* (76)
- *Integrated care: Link between services hospital / GP / care* (53).

The most frequently mentioned theme by respondent type was:

- **Public:** *Access: Distance / access to hospital/GP* (57)
- **Staff:** *Access: Distance / access to hospital/GP* (28).

Table 142. Participant workbooks: What could be improved? By respondent type

Main theme	Theme	Total	Public	Staff	Unknown
Access	Distance / access to hospital/GP	89	57	28	4
	Waiting list / appointments / referrals	76	51	22	3
	Awareness and education of services / prevention	17	8	9	-
	Parking £ / spaces	13	10	2	1
	Administration / information	1	-	1	-
	Other	1	-	1	-
Admission	Waiting time at hospital / GP surgery	13	9	4	-
	Organisation	3	1	1	1
	Other	1	1	-	-
Discharge	Leaving GP, hospital / discharge	6	2	4	-
Family / friends	Access	5	2	3	-
	Informed	1	1	-	-
	Treatment	1	-	1	-
General negative	Negative comment / experience	1	1	-	-
Integrated care	Link between services hospital / GP / care	53	25	24	4
	After visit / follow up	7	6	-	1
Place	Other	10	9	1	-
	IT services	6	2	4	-
	Food	3	1	1	1
Services	Mental health services	37	17	18	2
	Integrated community services	32	17	14	1
	NHS 111	9	4	4	1
	Urgent and emergency care (A&E)	9	7	1	1
	Community hospital services (community hospitals, minor injuries units)	7	4	3	-
	Maternity services	5	4	1	-
	Ambulance service / 999	2	1	1	-
	Planned care services	2	1	1	-
Staff	Staff numbers / workload / working conditions	27	15	12	-
	Availability	12	9	3	-
	Communication	12	7	4	1
	Care and treatment	8	4	4	-
	Teamwork / integration	8	1	5	2
	Attitude and empathy	6	4	2	-
	Skill / knowledge / professionalism	5	2	2	1
	Other	1	-	1	-
Other	OTHER	50	23	24	3
	DK / not applicable	35	14	18	3
Base		253	147	89	17

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Distance / access to hospital/GP (5)
- **East Staffordshire:** Integrated care: Link between services Hospital / GP / care (4)
- **North Staffordshire:** Access: Distance / access to hospital/GP (11) and Services: mental health services (11)
- **South East Staffordshire and Seisdon Peninsula:** Access: Waiting list / appointments / referrals (33)
- **Stafford and Surrounds:** Access: Distance / access to hospital/GP (26)
- **Stoke-on-Trent:** Access: Waiting list / appointments / referrals (11).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Distance / access to hospital/GP (19)
- **Least deprived areas:** Access: Distance / access to hospital/GP (55).

Table 143. Participant workbooks: What could be improved? By CCG and IMD.

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Access	Distance / access to hospital/GP	89	5	3	11	32	26	8	4	29	55	5
	Waiting list / appointments / referrals	76	3	3	7	33	17	11	2	20	52	4
	Awareness and education of services / prevention	17	2	1	5	4	2	3	-	5	11	1
	Parking £ / spaces	13	1	-	2	2	5	3	-	3	10	-
	Administration / information	1	-	-	-	-	-	1	-	-	1	-
	Other	1	-	-	-	1	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	13	1	1	1	4	4	2	-	2	9	2
	Organisation	3	-	-	-	1	-	1	1	1	1	1
	Other	1	1	-	-	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	6	-	1	1	2	-	2	-	3	2	1
Family / friends	Access	5	-	-	-	2	2	1	-	3	2	-
	Informed	1	-	-	-	-	1	-	-	-	1	-
	Treatment	1	-	-	-	1	-	-	-	-	1	-
General negative	Negative comment / experience	1	-	-	-	-	1	-	-	-	1	-
Integrated care	Link between services hospital / GP / care	53	3	4	9	19	7	9	2	15	33	5
	After visit / follow up	7	-	-	3	2	1	-	1	2	4	1
Place	Other	10	1	1	1	4	2	1	-	2	7	1
	IT services	6	-	2	1	1	1	1	-	1	4	1
	Food	3	-	-	1	1	-	-	1	-	2	1
Services	Mental health services	37	-	1	11	11	9	5	-	16	21	-
	Integrated community services	32	-	2	5	9	10	5	1	13	16	3
	NHS 111	9	1	-	1	4	1	1	1	2	5	2
	Urgent and emergency care (A&E)	9	2	-	-	-	7	-	-	2	6	1
	Community hospital services	7	-	-	-	5	-	1	1	3	3	1
	Maternity services	5	-	-	-	2	3	-	-	2	3	-
	Ambulance service / 999	2	-	-	-	1	1	-	-	-	2	-
	Planned care services	2	-	-	1	-	1	-	-	-	2	-
Staff	Staff numbers / workload / working conditions	27	1	2	5	9	7	3	-	9	18	-
	Availability	12	1	1	-	4	2	4	-	8	4	-
	Communication	12	-	-	1	6	-	5	-	3	9	-
	Care and treatment	8	-	1	1	2	2	2	-	3	5	-
	Teamwork / integration	8	-	-	1	4	-	2	1	2	5	1
	Attitude and empathy	6	-	-	1	3	-	2	-	2	4	-
	Skill / knowledge / professionalism	5	-	-	1	3	-	-	1	1	3	1
	Other	1	-	-	-	1	-	-	-	-	1	-
Other	OTHER	50	1	6	8	8	15	10	2	13	33	4
	DK / not applicable	35	2	1	12	4	2	9	5	12	14	9
Base		253	13	15	40	78	57	39	11	80	150	23

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Disability or long-term condition:** Respondents whose day-to-day activities were limited a little by a disability or long-term illness were more likely to comment *Access: Waiting list / appointments /*

referrals and Staff numbers / workload / working conditions than those with a disability or long-term illness.

Exemplar verbatims:

“- Lack of capacity, we struggle on a daily basis to get patients into healthcare portals. Extended access helps but there still isn't enough capacity. The patients, therefore, default to A&E, when surgeries are full and then we are 'managed' because too many patients go to A&E! Everything also default back to GP surgeries- why, we have secondary care and community services, responsibility needs to be clearer and reactive.- More comms re: self care, where patients can go, not everyone needs a GP apt, how can people help themselves? The NHS isn't free, we need to change that perception. - Stop the revolving door re: mental health services, we constantly see the same people because they aren't helped sufficiently the first time.”

(45-49, North Staffordshire CCG area, female, staff)

“Appointment waiting times for both GP & hospitalsTelephone systems where patients are waiting over 1/2 hr to get a sensible answer to their query”

(80 and over, South East Staffordshire and Seisdon Peninsula CCG area, female, unknown respondent type)

5.2.7.3 Feedback from unstructured events

Table 144 shows the other comments from unstructured events.

The top three themes mentioned were:

- Access: Distance / access to hospital/GP (31)
- Services: Mental health services in general (26)
- Access: Waiting list / appointments / referrals (24).

Table 144. Feedback from notetaking template

Main theme	Theme	Total	Event type				CCG area					
			Public	Workforce	Mixed	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	31	20	3	7	1	-	5	5	7	7	7
	Waiting list / appointments / referrals	24	14	2	8	-	1	2	5	10	2	4
	Parking £ / spaces	9	4	-	5	-	-	3	2	1	1	2
	Administration / information	1	1	-	-	-	-	1	-	-	-	-
Admission	Treatment by staff	7	6	1	-	-	-	1	1	3	-	2
	Waiting time at hospital / GPs	5	3	-	2	-	-	1	2	1	-	1
	Organisation	2	1	-	-	1	-	-	-	1	-	1
	Information	1	1	-	-	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	5	2	2	-	1	-	1	-	-	3	1
Friends / family	Informed	2	1	-	1	-	-	-	-	1	-	1
	Access	1	1	-	-	-	-	-	1	-	-	-
General negative	Negative comment / experience	5	5	-	-	-	-	-	-	2	2	1
General positive	Positive comment / all good / improved	2	1	-	1	-	-	1	-	1	-	-
Integrated care	Link between services hospital / GP / care	20	12	4	3	1	1	4	1	5	6	3
	After visit/follow up	6	5	-	-	1	-	-	-	2	3	1
Place	IT services	9	2	3	2	2	-	2	-	4	2	1
	Cleanliness	2	1	-	1	-	-	1	-	-	-	1
	Other	2	1	-	1	-	-	-	-	-	1	1
Services	Mental health services	26	18	3	2	3	-	2	3	7	9	5

	Integrated community services	19	12	3	2	2	-	2	4	5	4	4
	Maternity services	11	8	-	1	2	-	1	1	4	3	2
	Ambulance service / 999	9	6	2	1	-	-	1	2	4	-	2
	Community hospital services	8	4	1	3	-	-	1	3	3	1	-
	Urgent and emergency care (A&E)	7	5	-	1	1	-	1	-	1	4	1
	NHS 111	6	3	1	1	1	-	1	-	1	2	2
	Planned care services	1	-	1	-	-	-	1	-	-	-	-
Staff	Care and treatment	19	14	2	2	1	1	2	4	5	2	5
	Staff numbers / workload / working conditions	18	10	3	3	2	-	2	2	7	4	3
	Availability	8	7	-	-	1	-	1	1	2	3	1
	Communication	7	5	1	-	1	-	1	-	1	3	2
	Attitude and empathy	5	4	1	-	-	-	1	-	1	1	2
	Skill / knowledge / professionalism	4	4	-	-	-	-	-	-	1	2	1
	Teamwork / integration	2	1	1	-	-	-	-	-	-	-	2
	General	1	1	-	-	-	-	-	-	-	-	1
	Other	1	-	-	-	1	-	-	-	1	-	-
Other	OTHER	20	13	-	4	3	-	6	1	5	6	2
	DK / not applicable	4	-	2	2	-	-	1	1	-	1	1
Base		64	33	12	16	3	1	10	11	16	13	13

Please see Table 25 for an explanation of each of the themes

5.2.7.4 Feedback from correspondence

Table 145 shows the themes from correspondence around other comments on experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent.

Table 145. Themes from correspondence around other comments on experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

			Total	Public	Organisation
What's working well?	Staff	Care and treatment	1	1	0
Improvements or changes required	Access - Before arrival	Distance / access to hospital/GP	5	2	3
		Waiting list / appointments / referrals	3	1	2
		Administration / information	3	1	2
		Parking £ / spaces	1	1	0
		Early intervention / prevention	1	0	1
		Other	1	0	1
	Integrated care	Link between services hospital / GP / care	2	1	1
	Staff	Communication	3	2	1
		Teamwork / integration	2	1	1
		Staff numbers / workload / working conditions	2	1	1
	The place	Condition of estates	2	1	1
		Use of technology	2	1	1
	Other		4	2	2
Base (no. of correspondence)			11	5	6

Taskforce for Lung Health commented that there needs to be consideration for lung conditions, such as COPD, especially as there is higher prevalence of respiratory conditions in Staffordshire and Stoke-on-Trent. It is also argued that respiratory care should be prioritised in terms of patients receiving an early and accurate diagnosis, obtaining the best medicines and accessing pulmonary rehabilitation services. Similarly, a member of the public also highlighted the increased prevalence of asthma in Stoke-on-Trent.

A local councillor commented that access to hospital services should be considered, especially for those with caring responsibilities, homeless people and the elderly.

5.2.7.5 Section summary of other comments on experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

This section summarises the general feedback and other comments respondents made on their experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent.

Themes from the postcard survey

- The most frequently mentioned themes raised around what is working well were: *Access: waiting list / appointments / referrals* (82); *Staff: care and treatment* (49) and *Services: integrated community services (GPs/nurses/pharmacists)* (46)
- The most frequently mentioned themes raised around what needs to be improved were: *Access: waiting list / appointments / referrals* (130); *Access: distance / access to hospital, GP* (121) and *Integrated care: link between services hospital / GP / Care* (75)
- When asked what one thing they would change, respondents highlight the same themes as when they were asked what needs to be improved
- For further detail, please refer to tables 134 to 139.

Feedback from the structured listening events

- Event participants mentioned NHS 111 and urgent and emergency care (A&E) as both areas that are working well and areas that require improvement. However, they were mentioned as areas requiring improvement more frequently
- When asked what is working well, the most frequently mentioned themes were: *Staff: care and treatment* (38); *Access: waiting list / appointments / referrals* (29) and *Services: integrated community services* (27)
- Like the postcard survey, when asked what needs to be improved, the most frequently mentioned themes were: *Access: distance / access to hospital, GP* (89); *Access: waiting list / appointments / referrals* (76) and *Integrated care: link between services hospital / GP / care* (53)
- For further detail, please refer to tables 140 to 143.

Feedback from the unstructured events

- From the feedback received during the unstructured events that cannot be attributed to any particular service area, the most frequently mentioned themes were: *Access: distance / access to hospital/GP* (31); *Services: mental health services in general* (26) and *Access: waiting list / appointments / referrals* (24)
- For further detail, please refer to Table 144.

Feedback from correspondence

- *Staff: care and treatment* (1) was highlighted as working well
- The most frequently mentioned areas that require improvement were around access, specifically *distance / access to hospital / GP* (4), *waiting list / appointment / referrals* (3) and *administration / information* (3)
- In organisational correspondence, comments have been made around the need to consider lung conditions such as COPD and asthma
- For further detail, please refer to Table 145.

5.3 Understanding what is important when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent

This section presents feedback on understanding what is important when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent. This is split into the following sub-sections:

- What's most important to you: ranking desirable criteria
- What's important to you: things to consider when deciding how to deliver health and care services
- Additional feedback.

5.3.1 What's most important to you: ranking desirable criteria

This section presents respondents' feedback when they were asked to rank the desirable criteria from most to least important. This is split into:

- Feedback from the main involvement survey
- Feedback from structured listening events.

5.3.1.1 Feedback from main involvement survey

Respondents were asked to rank the importance of three criteria when making changes to health and care: quality of care, meeting local needs and accessibility.

Figure 13 shows how important respondents considered the criteria. Quality of care was considered the most important (296 / 86 per cent). Meeting local needs was considered the least important, with 134 (39 per cent) ranking this as most important.

Figure 13. Q39. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important.

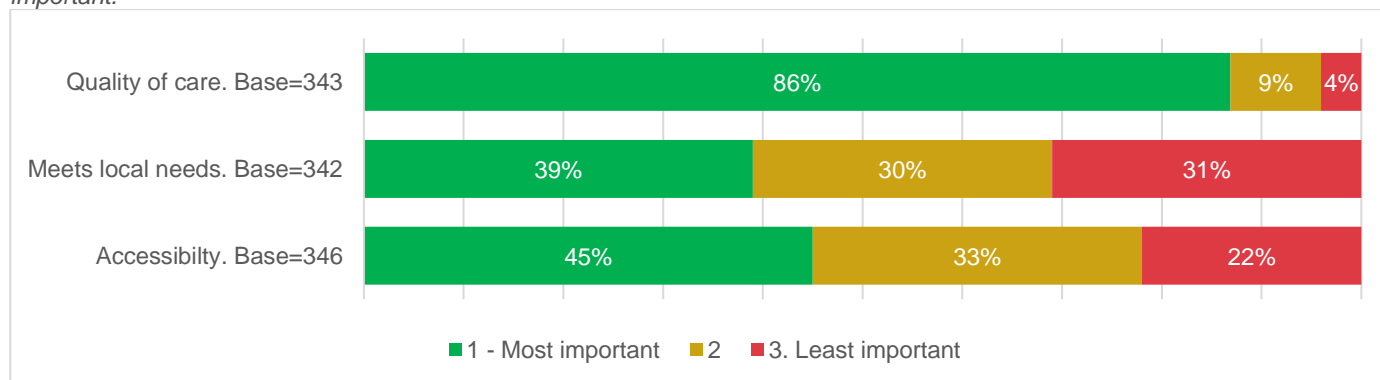


Table 146 shows importance of the criteria by respondent type. When analysing by respondent type, both members of the public and staff rated quality of care as the most important criteria.

Table 146. Q39. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important. By respondent type

		Total	Respondent type		
			Public	Staff	Not answered
Quality of care	1 (most important)	86%	86%	87%	100%
	2	9%	10%	9%	-
	3 (least important)	4%	4%	5%	-
	Base	343	205	134	4
Meets local needs	1 (most important)	39%	42%	35%	75%
	2	30%	28%	33%	25%
	3 (least important)	31%	31%	32%	-
	Base	342	205	133	4
Accessibility	1 (most important)	45%	50%	37%	75%
	2	33%	31%	36%	25%
	3 (least important)	22%	19%	27%	-
	Base	346	207	135	4

Table 147 shows how important respondents considered the criteria by CCG area and IMD. When analysing by CCG area, all CCG areas rated quality of care as the most important criteria. When analysing by IMD, both the most and least deprived areas considered quality of care the most important criteria.

Table 147. Q39. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important. By CCG area and IMD

		Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Quality of care	1 (most important)	86%	80%	88%	86%	86%	87%	93%	86%	84%	88%	85%
	2	9%	17%	8%	11%	8%	9%	2%	11%	11%	8%	10%
	3 (least important)	4%	3%	4%	4%	6%	5%	5%	4%	5%	4%	5%
	Base	343	35	24	83	49	82	42	28	109	195	39
Meets local needs	1 (most important)	39%	37%	42%	41%	42%	42%	24%	46%	38%	37%	54%
	2	30%	26%	25%	29%	27%	32%	41%	25%	32%	31%	21%
	3 (least important)	31%	37%	33%	30%	31%	27%	36%	29%	31%	32%	26%
	Base	342	35	24	83	48	82	42	28	111	192	39
Accessibility	1 (most important)	45%	37%	46%	44%	54%	48%	35%	50%	45%	44%	51%
	2	33%	49%	33%	32%	29%	27%	40%	29%	31%	35%	28%
	3 (least important)	22%	14%	21%	25%	17%	25%	26%	21%	24%	21%	21%
	Base	346	35	24	85	48	83	43	28	111	196	39

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to rate *meets local needs* as most important compared to those aged 40-59. Respondents aged 70-79 were also more likely to rate 'accessibility' as most important compared to those aged 30-59
- **Disability or long-term illness:** Respondents who did not have a long-term illness or disability were more likely to rate *quality of care* as most important compared to those with a long-term illness or disability that limited their day-to-day activities a little
- **Carers:** Respondents who were not carers were more likely to rate *accessibility* as most important compared to respondents who were carers for those aged over 50.

5.3.2.1 Feedback from structured listening events

5.3.2.1.1 Feedback from participant work packs

Event participants were asked to rank the importance of three criteria when making changes to health and care: *quality of care*, *meeting local needs* and *accessibility*.

Figure 14 shows how important participants considered the criteria. *Quality of care* was considered the most important (283 / 87 per cent). *Meeting local needs* was considered the least important, with 103 (33 per cent) ranking this as the most important criteria.

Figure 14. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important

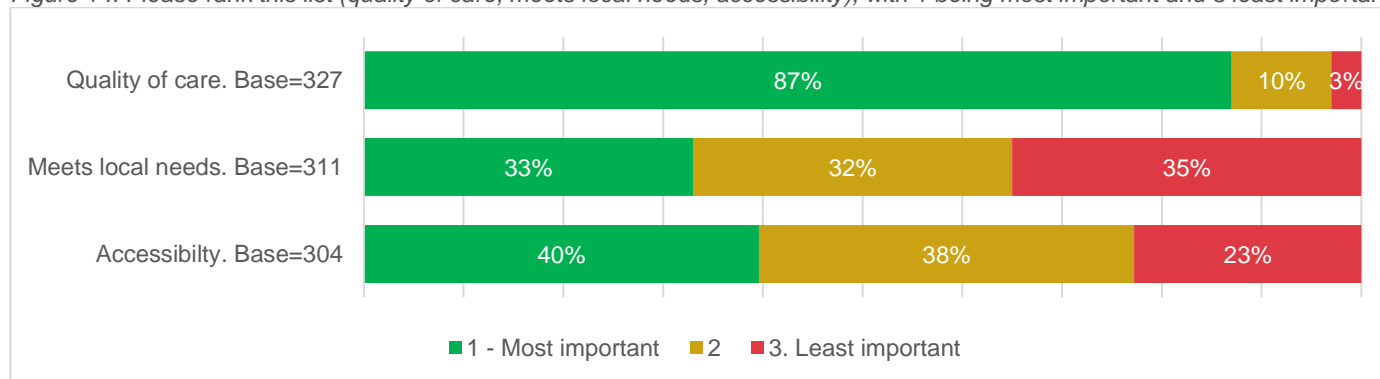


Table 148 shows the importance of the criteria by respondent type. Both members of the public and staff rated *quality of care* as the most important criteria.

Table 148. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important. By respondent type

		Total	Respondent type		
			Public	Staff	Not answered
Quality of care	1 (most important)	87%	87%	86%	88%
	2	10%	10%	11%	12%
	3 (least important)	3%	3%	3%	-
	Base	327	178	124	25
Meets local needs	1 (most important)	33%	42%	22%	30%
	2	32%	30%	33%	44%
	3 (least important)	35%	28%	45%	26%
	Base	311	166	122	23
Accessibility	1 (most important)	40%	51%	25%	35%
	2	38%	29%	49%	35%
	3 (least important)	23%	20%	26%	30%
	Base	304	161	120	23

Table 149 shows how important respondents considered the criteria by CCG area and IMD. When analysing by CCG area and IMD, *quality of care* was considered the most important criteria.

Table 149. Please rank this list (quality of care, meets local needs, accessibility), with 1 being most important and 3 least important. By CCG area and IMD

		Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / no postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Quality of care	1 (most important)	87%	89%	76%	85%	86%	85%	90%	96%	89%	84%	90%
	2	10%	6%	24%	13%	11%	10%	6%	4%	8%	12%	10%
	3 (least important)	3%	6%	-	2%	3%	4%	4%	-	3%	4%	-
	Base	327	18	21	48	98	68	51	23	102	186	39
Meets local needs	1 (most important)	33%	39%	15%	25%	33%	64%	16%	9%	36%	36%	11%
	2	32%	33%	45%	35%	31%	16%	38%	50%	29%	30%	50%
	3 (least important)	35%	28%	40%	40%	36%	19%	46%	41%	35%	34%	39%
	Base	311	18	20	48	86	67	50	22	100	175	36
Accessibility	1 (most important)	40%	39%	42%	33%	41%	60%	20%	27%	40%	41%	31%
	2	38%	33%	42%	38%	36%	25%	52%	46%	39%	36%	42%
	3 (least important)	23%	28%	16%	29%	23%	15%	28%	27%	21%	23%	28%
	Base	304	18	19	48	80	67	50	22	95	173	36

5.3.2.1.2 Feedback from facilitator feedback booklets

Table 150 shows the other desirable criteria highlighted by participants.

The top three themes mentioned were:

- Access: Distance / access to hospital/GP (12)
- Access: Waiting list / appointments / referrals (6)
- Access: Public transport to and from hospital services (3) and Services: mental health services (3).

Table 150. Facilitator feedback booklets: What other desirable criteria does the table think should be included? By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	12	12	-	2	1	-	5	2	2
	Waiting list / appointments / Referrals	6	6	-	1	-	-	3	1	1
	Public transport to and from hospital services	3	3	-	2	-	-	-	1	-
	Parking £ / spaces	2	2	-	1	-	-	1	-	-
Admission	Information	2	2	-	-	-	-	-	2	-
Integrated care	After visit / follow up	1	1	-	-	-	-	-	1	-
Services	Mental health services	3	3	-	-	-	-	2	1	-
	Community hospital services	2	2	-	-	-	-	1	-	1
	Care within the community	1	1	-	-	-	-	1	-	-
Staff	Care and treatment	2	2	-	-	-	-	1	-	1
	Communication	1	1	-	-	-	-	-	1	-
	Staff numbers / workload / working conditions	1	1	-	-	-	-	1	-	-
	Other	1	-	1	-	-	-	-	-	1
Other	OTHER	19	15	4	1	5	1	6	2	4
	DK / not applicable	5	5	-	1	-	-	-	1	3
Base (no. of tables)		54	49	5	4	6	1	21	11	11

Please see Table 25 for an explanation of each of the themes

5.3.2.2 Section summary on what's most important to you: ranking desirable criteria

This section summarises feedback on understanding what is important when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent.

Feedback from the main involvement survey

- Respondents were asked to rank the importance of three criteria when making changes to health and care: *quality of care*, *meeting local needs* and *accessibility*. *Quality of care* was considered the most important (296 / 86 per cent), followed by *accessibility* (156 / 45 per cent) and *meeting local needs* (134 / 39 per cent)
- For further details, please refer to Figure 13, Table 146 and Table 147.

Feedback from the structured events

- Again, *quality of care* was considered the most important (283 / 87 per cent), followed by *accessibility* (120 / 40 per cent) and *meeting local needs* (103 / 33 per cent)
- When asked what other desirable criteria should be included, the most frequently mentioned themes were: *Access: distance / access to hospital, GP* (12), *Access: waiting list / appointments / referrals* (6), *Access: public transport to and from hospital services* (3) and *Services: mental health services* (3)

- For further details, please refer to Figure 14, Table 148 and Table 149.

5.3.2 What's important to you: things to consider when deciding how to deliver health and care services

5.3.2.1 Feedback from the main involvement survey

Respondents were asked whether there are any other things that should be considered when deciding how health and care across Staffordshire and Stoke-on-Trent could be delivered. Feedback is shown by respondent type (Table 151), CCG area and IMD (Table 152).

The top three themes mentioned were:

- *Access: Distance / access to hospital/ GP* (37)
- *Access: Waiting list / appointments / referrals* (25)
- *Access: Public transport to and from hospital services* (24).

The most frequently mentioned theme by respondent type was:

- **Public:** *Access: Distance / access to hospital/ GP* (23)
- **Staff:** *Access: Distance / access to hospital/ GP* (14).

Table 151. Q40. Do you think there are any other things we should consider when we decide how we could deliver health and care across Staffordshire and Stoke-on-Trent? By respondent type.

Main theme	Theme	Total	Public	Staff	Unknown
Access	Distance / access to hospital/GP	37	23	14	-
	Waiting list / appointments / referrals	25	15	10	-
	Public transport to and from hospital services	24	17	6	1
	Parking £ / spaces	6	3	3	-
	Awareness and education of services / prevention	1	-	1	-
Admission	Waiting time at hospital / GP surgery	6	6	-	-
Discharge	Leaving GP, hospital / discharge	1	-	1	-
General negative	Negative comment / experience	2	-	2	-
Integrated care	Link between services Hospital / GP / care	6	3	2	1
	After visit / follow up	2	-	2	-
Place	Food	1	1	-	-
Services	Care within the community	9	5	4	-
	Urgent and emergency care (A&E)	7	4	3	-
	Mental health services	5	3	2	-
	Maternity services	4	3	1	-
	Community hospital services	4	3	1	-
	Childcare services	2	2	-	-
	Integrated community services	1	-	1	-
Staff	Staff numbers / workload / working conditions	14	7	6	1
	Other	3	1	1	1
	Care and treatment	1	1	-	-
	General	1	1	-	-
Vulnerable groups	Elderly, those living alone (no family) and other vulnerable adults	20	13	7	-
Other	OTHER	63	39	24	-
	DK / not applicable	19	15	4	-
Base		233	146	83	4

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Distance / access to hospital/ GP (5)
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Access: Distance / access to hospital/ GP (12)
- **South East Staffordshire and Seisdon Peninsula:** Access: Public transport to and from hospital services (6)
- **Stafford and Surrounds:** Access: Distance / access to hospital/ GP (11)
- **Stoke-on-Trent:** Vulnerable groups Elderly, those living alone (no family) and other vulnerable adults (3).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Vulnerable groups: Elderly, those living alone (no family) and other vulnerable adults (12)
- **Least deprived areas:** Access: Distance /access to hospital/ GP (24).

Table 152. Q40. Do you think there are any other things we should consider when we decide how we could deliver health and care services across Staffordshire and Stoke-on-Trent? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Distance / access to hospital/GP	37	5	2	12	4	11	2	1	10	24	3
	Waiting list / appointments / Referrals	25	1	2	5	3	10	3	1	6	15	4
	Public transport to and from hospital services	24	2	2	7	6	5	2	-	6	17	1
	Parking £ / spaces	6	-	-	4	1	1	-	-	-	6	-
	Awareness and education of services / prevention	1	-	-	-	-	1	-	-	1	-	-
Admission	Waiting time at hospital / GP surgery	6	1	1	-	1	3	-	-	1	5	-
Discharge	Leaving GP, hospital / discharge	1	-	-	1	-	-	-	-	-	1	-
General negative	Negative comment / experience	2	-	-	2	-	-	-	-	-	2	-
Integrated care	Link between services Hospital / GP / care	6	1	1	2	1	-	1	-	1	4	1
	After visit / follow up	2	-	-	1	-	1	-	-	-	2	-
Place	Food	1	-	-	-	-	1	-	-	-	1	-
Services	Care within the community	9	1	1	2	1	1	1	2	6	1	2
	Urgent and emergency care (A&E)	7	-	-	-	1	5	1	-	2	5	-
	Mental health services	5	-	-	1	2	1	1	-	2	2	1
	Maternity services	4	-	-	-	-	1	2	1	1	2	1
	Community hospital services	4	-	-	2	-	1	-	1	-	2	2
	Childcare services	2	-	-	-	-	1	1	-	1	1	-
	Integrated community services	1	1	-	-	-	-	-	-	1	-	-
Staff	Staff numbers / workload / working conditions	14	3	1	4	3	2	1	-	3	11	-
	Other	3	1	-	1	-	1	-	-	1	2	-
	Care and treatment	1	-	-	-	-	-	1	-	1	-	-
	General	1	-	-	-	-	1	-	-	-	-	1

Vulnerable groups	Elderly, those living alone (no family) and other vulnerable adults	20	4	1	7	2	2	3	1	12	7	1
Other	OTHER	63	5	6	14	9	17	6	6	16	40	7
	DK / not applicable	19	1	1	6	3	5	3	-	7	11	1
Base		233	23	14	62	34	61	26	13	69	140	24

Please see Table 25 for an explanation of each of the themes

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 70-79 were more likely to comment *Access: public transport to and from hospital services.*

Exemplar verbatims:

“Consider the impact of changes to services on other providers such as GPs. Closures or changes to services such as community beds has a significant impact on practices who manage patients within the community. This is a significant issue as a greater percentage of the population becomes frail/elderly.”
(35-39, Stoke-on-Trent CCG area, female, staff)

“Make it as locally accessible as possible. Travelling to large hospitals should be kept to a minimum. Many people do not drive and public transport is dismal in some areas.”
(70-74, North Staffordshire CCG area, female, member of the public)

5.3.2.2 Feedback from the structured events

5.3.2.2.1 Feedback from participant workbooks

Participants at events were asked to write the top three most important things when receiving health and care services in the participant workbooks. Feedback from the participant workbooks is shown by respondent type (Table 153) CCG area and IMD (Table 154).

These tables show the top three things combined.

The top three themes mentioned were:

- *Access: Distance / access to hospital/GP* (221)
- *Access: Waiting list / appointments / referrals* (163)
- *Staff: Care and treatment* (130).

The most frequently mentioned theme by respondent type was:

- **Public:** *Access: Distance / access to hospital/GP* (124)
- **Staff:** *Access: Distance / access to hospital/GP* (76).

Table 153. Participant workbooks: Top three most important things – combined. By respondent type.

Main theme	Theme	Total	Public	Staff	Unknown
Access	Distance / access to hospital/GP	221	124	76	21
	Waiting list / appointments / referrals	163	88	61	14
	Awareness and education of services / prevention	14	6	6	2
	Parking £ / spaces	8	5	3	-
	Administration / information	4	1	2	1
Admission	Waiting time at hospital / GP surgery	23	11	11	1
	Organisation	3	3	-	-
	Information	1	-	-	1
Discharge	Leaving GP, hospital / discharge	1	1	-	-
Family / friends	Access	1	1	-	-
General negative	Negative comment / experience	1	-	1	-
Integrated care	After visit / follow up	49	25	21	3
	Link between services hospital / GP / care	47	23	22	2
Place	IT services	9	2	7	-
	Other	7	6	1	-
	Cleanliness	3	1	2	-
Services	Mental health services	8	6	2	-
	Urgent and emergency care (A&E)	6	2	3	1
	Integrated community services	5	4	-	1
	NHS 111	2	1	1	-
	Community hospital services	1	1	-	-
Staff	Care and treatment	130	63	56	11
	Skill / knowledge / professionalism	58	32	23	3
	Attitude and empathy	54	26	25	3
	Communication	53	31	21	1
	Availability	17	9	7	1
	Staff numbers / workload / working conditions	8	3	4	1
	Teamwork / integration	1	1	-	-
	Other	1	1	-	-
Other	OTHER	72	38	31	3
	DK / not applicable	3	2	1	-
Base		342	188	127	27

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Access: Distance / access to hospital/GP (12)
- **East Staffordshire:** Access: Distance / access to hospital/GP (16)
- **North Staffordshire:** Access: Distance / access to hospital/GP (30)
- **South East Staffordshire and Seisdon Peninsula:** Access: Distance / access to hospital/GP (74)
- **Stafford and Surrounds:** Access: Distance / access to hospital/GP (44)
- **Stoke-on-Trent:** Access: Distance / access to hospital/GP (26) and Access: waiting list / appointments / referrals (26).

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Access: Distance / access to hospital/GP (69)
- **Least deprived areas:** Access: Distance / access to hospital/GP (125).

Table 154. Participant workbooks: Top three most important things – combined. By CCG and IMD.

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / no postcode / no data
Access	Distance / access to hospital/GP	221	12	16	30	74	44	26	19	69	125	27
	Waiting list / appointments / referrals	163	8	12	28	49	30	26	10	45	100	18
	Awareness and education of services / prevention	14	1	1	2	-	7	2	1	6	7	1
	Parking £ / spaces	8	1	-	2	2	1	2	-	2	6	-
	Administration / information	4	-	1	-	-	2	-	1	2	1	1
Admission	Waiting time at hospital / GP surgery	23	-	1	4	5	5	7	1	10	12	1
	Organisation	3	-	1	-	1	-	1	-	2	1	-
	Information	1	-	1	-	-	-	-	-	1	-	-
Discharge	Leaving GP, hospital / discharge	1	-	-	-	-	1	-	-	1	-	-
Family / friends	Access	1	-	-	-	1	-	-	-	1	-	-
General negative	Negative comment / experience	1	-	-	-	-	-	-	1	-	-	1
Integrated care	After visit / follow up	49	-	2	10	17	8	7	5	16	20	13
	Link between services hospital / GP / care	47	5	6	3	12	8	7	6	16	24	7
Place	IT services	9	1	2	-	4	-	1	1	4	4	1
	Other	7	-	1	-	4	1	1	-	4	3	-
	Cleanliness	3	-	-	-	-	1	2	-	1	2	-
Services	Mental health services	8	-	2	1	2	-	3	-	3	5	-
	Urgent and emergency care (A&E)	6	-	-	1	-	2	2	1	3	2	1
	Integrated community services	5	1	-	1	2	1	-	-	3	2	-
	NHS 111	2	1	-	1	-	-	-	-	1	1	-
	Community hospital services	1	-	-	-	-	-	-	1	-	-	1
Staff	Care and treatment	130	6	12	15	35	31	21	10	38	76	16
	Skill / knowledge / Professionalism	58	2	2	17	14	11	7	5	16	35	7
	Attitude and empathy	54	4	4	13	13	9	9	2	18	32	4
	Communication	53	-	4	7	16	10	13	3	19	30	4
	Availability	17	-	1	4	4	-	8	-	7	8	2
	Staff numbers / workload / working conditions	8	-	-	-	3	3	-	2	3	3	2
	Teamwork / integration	1	-	-	-	1	-	-	-	-	1	-
	Other	1	-	-	-	1	-	-	-	-	1	-
Other	OTHER	72	5	7	10	17	12	12	9	20	41	11
	DK / not applicable	3	-	-	-	-	1	1	1	-	2	1
Base		342	18	25	50	101	71	51	26	105	197	40

Some of the protected characteristic groups were significantly more likely to raise specific themes compared to other groups within their characteristic cohort. These have been outlined below:

- **Age:** Respondents aged 50-59 were more likely to comment *Access: awareness and education of services/prevention* than those aged 70-79

- **Carers:** Respondents who were carers for someone aged under 24 years were more likely to comment *Staff: communication* than those who were not carers.

5.3.2.2.2 Feedback from facilitator feedback booklets

Event participants on each table were then asked to come to agreement on what their top three most important things would be as a table when receiving health and care services. Table 155 shows the top three things combined from the facilitator feedback booklets.

The top three themes mentioned were:

- *Access: Distance / access to hospital/GP* (50)
- *Staff: Care and treatment* (33)
- *Access: Waiting list / appointments / referrals* (29).

Table 155. Facilitator feedback booklets: Top three most important things when receiving health and care services – combined. By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Workforce listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	50	44	6	3	5	3	18	13	8
	Waiting list / appointments / referrals	29	27	2	2	1	2	9	9	6
	Administration / information	1	1	-	-	-	-	-	1	-
	Awareness and education of services / prevention	1	1	-	-	-	-	-	1	-
Admission	Waiting time at hospital / GP surgery	8	6	2	-	-	-	3	2	3
Family / friends	Informed	1	1	-	-	-	-	1	-	-
Integrated care	Link between services hospital / GP / care	21	17	4	2	2	1	5	6	5
	After visit / follow up	11	11	-	-	1	1	6	2	1
Place	IT services	3	1	2	-	1	-	1	-	1
	Cleanliness	1	1	-	-	-	-	-	-	1
Services	Urgent and emergency care (A&E)	1	1	-	-	-	-	-	-	1
	Integrated community services	1	1	-	-	-	-	-	-	1
	Mental health services	1	1	-	-	1	-	-	-	-
Staff	Care and treatment	33	29	4	1	3	2	12	7	8
	Communication	16	13	3	-	2	-	5	1	8
	Attitude and empathy	13	11	2	-	3	1	1	3	5
	Skill / knowledge / professionalism	9	9	-	-	-	1	3	4	1
	Availability	5	5	-	1	1	-	2	1	-
	Staff numbers / workload / working conditions	5	3	2	-	-	-	1	2	2
	Teamwork / integration	3	3	-	-	-	-	-	2	1
Other	OTHER	16	15	1	2	-	1	7	2	4
Base (no. of tables)		68	59	9	4	6	3	23	16	16

Please see Table 25 for an explanation of each of the themes

5.3.2.3 Feedback from unstructured events

Participants at unstructured events were asked their top three most important things when receiving health and care services. shows the top three things combined from facilitator booklets.

The top three themes mentioned were:

- *Integrated care: After visit/follow up* (6)
- *Access: Distance / access to hospital/GP* (5)
- *Staff: Care and treatment* (5).

Table 156. Most important things when receiving health and care services - combined

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Distance / access to hospital/GP	5	1	4	-	-	-	-	1	4
	Waiting list / appointments / referrals	3	-	3	-	-	-	-	-	3
Integrated care	After visit/follow up	6	2	4	-	-	-	-	1	5
	Link between services hospital / GP / care	1	-	1	-	-	-	-	-	1
Services	Integrated community services	1	-	1	-	-	-	-	-	1
Staff	Care and treatment	5	-	5	-	-	-	-	-	5
	Skill / knowledge / professionalism	2	-	2	-	-	-	-	-	2
	Attitude and empathy	1	-	1	-	-	-	-	-	1
	Availability	1	-	1	-	-	-	-	-	1
Other	OTHER	5	1	4	-	-	-	-	-	5
Base		9	2	7	-	-	-	-	1	8

5.3.2.4 Feedback from correspondence

Table 157 shows the ratings of the importance of the challenges in delivering health and care services from the Reach report. See Appendix G for this report.

Table 157. Reach report - ranking the challenges

	1 st choice	2 nd choice	3 rd choice	% in top 3
Urgent and emergency care	64%	-	7%	71%
Primary care	14%	14%	7%	35%
Waiting times	-	21%	14%	35%
Community services	-	29%	-	29%
Hospital admissions	14%	-	14%	28%
Mental health	-	14%	14%	28%
Social care	14%	-	7%	21%
Cancer	-	14%	7%	21%
Children's services	-	7%	14%	21%
Care homes	-	-	7%	7%
Hospital care	-	-	7%	7%
Base	14			

5.3.2.5 Section summary on What's important to you: things to consider when deciding how to deliver health and care services

Feedback from the main involvement survey

- When asked what other things should be considered when deciding how health and care services are delivered, the most frequently mentioned themes were: *Access: distance / access to hospital, GP* (37); *Access: waiting list / appointments / referrals* (25) and *Access: public transport to and from hospital services* (24)
- For further details, please refer to tables 151 and 152.

Feedback from the structured events

- At events participants were asked to write in their workbooks their three most important things when receiving health and care, then as a table they were asked to come to a consensus. In both instances the most frequently mentioned themes were: *Access: distance / access to hospital, GP*; *Access: waiting list / appointments / referrals* and *Staff: care and treatment*
- For further details, please refer to tables 153 to 155.

Feedback from the unstructured events

- Participants were asked what their most important things is when receiving health and care. Like the structured event feedback, the most frequently mentioned themes were: *Integrated care: after visit/follow up* (6); *Access: distance / access to hospital/GP* (5) and *Staff: care and treatment* (5)

For further details, please refer to

5.3.3 Additional feedback

5.3.3.1 Feedback from the main involvement survey

Respondents were asked if there is anything else they felt should be considered. Feedback is shown by respondent type (Table 158), CCG area and IMD (Table 159).

The top three themes mentioned were:

- *Access: Waiting list / appointments / referrals* (13)
- *Vulnerable adults: Elderly, those living alone (no family) and other vulnerable adults* (12)
- *Access: Distance / access to hospital/GP* (10).

The most frequently mentioned theme by respondent type was:

- **Public:** *Access: Waiting list / appointments / referrals* (13)
- **Staff:** *Access: Distance / access to hospital/GP* (4).



Table 158. Q41. Is there anything else you would like us to consider? By respondent type.

Main theme	Theme	Total	Public	Staff	Unknown
Access	Waiting list / appointments / referrals	13	13	-	-
	Distance / access to hospital/GP	10	6	4	-
	Parking £ / spaces	7	4	3	-
	Public transport to and from hospital services	4	4	-	-
Admission	Waiting time at hospital / GP surgery	1	-	1	-
	Information	1	-	1	-
Discharge	Leaving GP, hospital / discharge	2	2	-	-
Integrated care	Link between services hospital / GP / care	2	1	1	-
Place	Cleanliness	1	1	-	-
Services	Community hospital services	3	1	1	1
	Urgent and emergency care (A&E)	2	1	-	1
	Maternity services	2	2	-	-
	Planned care services (2	1	1	-
	Care within the community	2	1	1	-
	Childcare services	2	2	-	-
	Mental health services	1	1	-	-
Staff	Staff numbers / workload / working conditions	8	4	3	1
	Other	5	3	2	-
	Care and treatment	3	2	1	-
	Communication	3	-	3	-
	Attitude and empathy	1	1	-	-
	Skill / knowledge / professionalism	1	1	-	-
Vulnerable adults	Elderly, those living alone (no family) and other vulnerable adults	12	8	3	1
Other	OTHER	62	38	24	-
	DK / not applicable	23	13	10	-
Base		155	98	54	3

Please see Table 25 for an explanation of each of the themes

The most frequently mentioned theme by CCG area was:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Access: Distance / access to hospital/GP (5)
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds:** Access: Waiting list / appointments / referrals (6)
- **Stoke-on-Trent:** Limited comments raised.

The most frequently mentioned theme by IMD breakdown was:

- **Most deprived areas:** Staff: Staff numbers / workload / working conditions (4)
- **Least deprived areas:** Access: Waiting list / appointments / referrals (9).

Table 159. Q41. Is there anything else you would like us to consider? By CCG area and IMD

Main theme	Theme	Total	CCG area							IMD		
			Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area / No postcode provided	Most deprived	Least deprived	Out of area / No Postcode / No Data
Access	Waiting list / appointments / referrals	13	-	1	4	1	6	-	1	3	9	1
	Distance / access to hospital/GP	10	-	-	5	1	4	-	-	2	8	-
	Parking £ / spaces	7	1	-	3	1	2	-	-	3	4	-
	Public transport to and from hospital services	4	-	1	1	-	2	-	-	-	4	-
Admission	Waiting time at hospital / GP surgery	1	-	-	1	-	-	-	-	-	1	-
	Information	1	-	-	-	-	1	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	2	-	-	1	-	1	-	-	-	2	-
Integrated care	Link between services hospital / GP / care	2	-	-	1	-	-	1	-	-	2	-
Place	Cleanliness	1	-	-	1	-	-	-	-	1	-	-
Services	Community hospital services	3	1	-	-	1	1	-	-	1	2	-
	Urgent and emergency care (A&E)	2	-	-	-	-	2	-	-	-	2	-
	Maternity services	2	-	-	1	-	-	1	-	2	-	-
	Planned care services	2	-	-	1	-	-	1	-	1	1	-
	Care within the community	2	-	-	2	-	-	-	-	1	1	-
	Child care services	2	-	1	1	-	-	-	-	1	1	-
	Mental health services	1	-	-	-	1	-	-	-	-	1	-
Staff	Staff numbers / workload / working conditions	8	-	1	1	1	4	1	-	4	4	-
	Other	5	-	1	1	-	3	-	-	2	2	1
	Care and treatment	3	1	-	-	-	2	-	-	-	1	2
	Communication	3	-	-	-	1	1	1	-	-	3	-
	Attitude and empathy	1	-	-	-	-	1	-	-	-	-	1
	Skill / Knowledge / Professionalism	1	-	-	-	-	1	-	-	-	1	-
Vulnerable adults	Elderly, those living alone (no family) and other vulnerable adults	12	1	1	4	2	4	-	-	3	8	1
Other	OTHER	62	10	4	16	9	15	3	5	21	33	8
	DK / not applicable	23	5	1	5	2	3	5	2	9	9	5
Base		155	18	10	42	19	46	12	8	52	86	17

Please see Table 25 for an explanation of each of the themes

Exemplar verbatims:

"Consultants need to be more aware of raising patients expectations, I.e. don't tell a patient they will be seen in January, when they know full well that the patient wont be seen till Aug/Sept. This causes anxiety & I'm sure endless complaints"

(55-59, North Staffordshire CCG area, male, member of the public)

"Using the local Health Centres as a "mini" local hospital, for certain suitable cases, to take pressure off the larger hospitals, and give better service to the local community. A small number of community beds could be installed, to be used while elderly patients are rehabilitated before returning home after surgery etc, freeing up more acute beds in the large hospitals. Community nurses could look after these beds, under the direction of the GPs. The patients would welcome being close to home, and it would be easier for friends and family to visit."

(70-74, North Staffordshire CCG area, female, member of the public)

5.3.3.2 Feedback from structured listening events

Table 160 shows additional feedback raised by participants.

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (9)
- Access: Public transport to and from hospital services (8)
- Access: Distance / access to hospital/GP (7).

Table 160. Facilitator feedback booklets: Additional feedback. By event type and CCG area

Main theme	Theme	Total	Event type		CCG area					
			Public listening event	Public listening event	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	9	8	1	-	-	-	4	3	2
	Public transport to and from hospital services	8	7	1	-	-	-	5	1	2
	Distance / access to hospital/GP	7	7	-	-	-	-	5	2	-
	Parking £ / spaces	4	4	-	-	-	-	2	-	2
Admission	Information	1	1	-	-	-	-	-	1	-
Discharge	Leaving GP, hospital / discharge	1	1	-	-	-	-	1	-	-
Services	Planned care services	3	3	-	-	-	-	1	2	-
	Child care services	3	2	1	-	-	1	-	-	2
	Community hospital services	2	2	-	-	-	-	2	-	-
	Ambulance service / 999	1	1	-	-	-	-	1	-	-
	Maternity services	1	1	-	-	-	-	1	-	-
	Mental health services	1	1	-	-	-	-	-	1	-
Staff	Attitude and empathy	1	1	-	-	-	-	-	-	1
	Communication	1	1	-	-	-	-	1	-	-
	Skill/knowledge/ professionalism	1	1	-	-	-	-	-	1	-
	Staff numbers / workload / working conditions	1	1	-	-	-	-	-	1	-
Other	OTHER	22	19	3	1	2	1	5	9	4
	DK / not applicable	4	3	1	2	-	-	-	-	2
Base (no. of tables)		44	39	5	3	2	2	14	14	9

Please see Table 25 for an explanation of each of the themes

5.3.3.3 Feedback from unstructured events

Table 161 shows additional feedback raised by participants at the unstructured events.

The top three themes mentioned were:

- Access: Waiting list / appointments / referrals (5)
- Staff: Staff numbers / workload / working conditions (4)
- Access: Parking £ / spaces (3).

Table 161. Facilitator feedback booklets: Additional feedback. By event type and CCG area .

Main theme	Theme	Total	Event type		CCG area					
			Public	Other	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffs and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
Access	Waiting list / appointments / referrals	5	5	-	1	-	1	-	1	2
	Parking £ / spaces	3	3	-	1	-	-	-	1	1
	Distance / access to hospital/GP	2	2	-	-	-	-	-	2	-
	Public transport to and from hospital services	2	2	-	-	-	-	-	2	-
Admission	Waiting Time at hospital / GPs	1	1	-	-	-	1	-	-	-
Integrated care	Link between services Hospital / GP / care	1	1	-	-	-	-	-	-	1
Services	Urgent and emergency care (A&E)	2	2	-	-	-	-	-	2	-
	Ambulance service / 999	1	1	-	-	-	-	-	1	-
	Integrated community services	1	1	-	-	-	-	-	1	-
	Planned care services	1	1	-	-	-	-	-	-	1
Staff	Staff numbers /workload/working conditions	4	4	-	-	1	-	-	2	1
	Care and treatment	1	1	-	-	-	-	-	-	1
	General	1	-	1	-	-	-	-	-	1
	Other	1	1	-	-	-	-	-	1	-
Other	OTHER	9	7	2	-	-	-	-	5	4
	DK / not applicable	6	4	2	-	1	1	-	1	3
Base		22	17	5	1	2	2	-	7	10

5.3.3.4 Section summary on additional feedback

Feedback from the main involvement survey

- When asked if there is anything else that should be considered, the most frequently mentioned themes were: Access: waiting list / appointments / referrals (13); Vulnerable adults: elderly, those living alone (no family) and other vulnerable adults (12) and Access: distance / access to hospital/GP (10)
- For further details, please refer to tables 158 and 159.

Feedback from the structured events

- The most frequently mentioned themes in additional feedback were: Access: waiting list / appointments / referrals (9); Access: public transport to and from hospital services (8) and Access: distance / access to hospital/GP (7)

- For further details, please refer to Table 160.

Feedback from the unstructured events

- The most frequently mentioned themes in additional feedback were: *Access: waiting list / appointments / referrals* (5); *Staff: staff numbers / workload / working conditions* (4) and *Access: parking £ / spaces* (3)
- For further details, please refer to Table 161.



6 Conclusion and key findings

This section summarises the key findings from the listening exercise. The most frequently mentioned themes across all feedback channels; the main involvement survey, postcard survey, involvement events, participant workbook and correspondence are summarised within this section. Specifically, it summarises the experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent, focusing on the following service areas:

- Urgent and emergency care services
- Mental health services
- Integrated community services
- Maternity care services
- Planned care services
- Community hospital services.

Respondents' views on what is important when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent are also summarised.

6.1 Experiences and understanding of health and care services across Staffordshire and Stoke-on-Trent

6.1.2 Urgent and emergency care services

Respondents tended to have positive experiences of urgent and emergency care, with 160 (71 per cent) respondents rating their experience as excellent or good, compared to 54 (24 per cent) who rated their experience as poor or very poor. For those rating excellent or good, the most frequently mentioned themes were waiting times on admission and the care and treatment by staff. Respondents who rated urgent care neutral, poor or very poor also highlighted waiting times on admission and the care and treatment by staff. Staff attitude and empathy was also highlighted by those rating their experience negatively.

Key themes around what's working well were: care and treatment by staff; urgent and emergency care in general and waiting times at hospital / GP surgeries.

However, waiting times at hospital / GP surgeries was also highlighted as needing improvement. Other key areas identified for improvement were access to hospital, such as distance and opening hours, and staff numbers, workload and working conditions. Awareness and education around services / prevention was also highlighted in the correspondence as requiring improvement.

6.1.3 Mental health services

Respondents had mixed experiences of mental health services, with equal proportions of respondents rating their experience as excellent or good (38 / 46 per cent) and poor or very poor (38 / 46 per cent). Respondents who rated mental health services excellent or good, highlighted the waiting list, appointments and referral process, and staff care, treatment, attitude and empathy. Similarly, respondents who rated mental health services as neutral, poor or very poor highlighted the waiting list, appointments and referral process, staff attitude and empathy and the follow-up after an appointment.

Key themes around what's working well were the waiting list, referral and appointment process; access and distance to services and mental health services in general. However, these themes were also highlighted as areas that require improvement more frequently. Integrated care and the follow-up after the appointment was also highlighted as areas requiring improvement, whereas the care and treatment by staff was identified as an area that is working well.

6.1.4 Integrated community services

124 (65 per cent) respondents rated their experience as excellent or good, compared to 41 (22 per cent) who rated their experience as poor or very poor. When asked to provide reasons for their ratings, those



who rated integrated care positively and negatively both highlighted the waiting list, referral and appointment process and integrated community services in general.

Key themes around what is working well and improvements required were also the same; the waiting list, referral and appointment process and access / distance to services. These were more frequently highlighted as areas that require improvement.

Other themes around what's working well were: integrated community services in general; IT services and the link between services.

Other themes around where improvements are required were staff numbers, workload and working conditions; communication by staff and administration and information from healthcare providers.

6.1.5 Maternity care services

Respondents tended to have positive experiences of maternity care services, with 26 (76 per cent) respondents rating their experience as excellent or good, compared to six (18 per cent) who rated their experience as poor or very poor. Respondents rating maternity care services as excellent or good highlighted the care and treatment by staff, while those rating neutral, poor or very poor highlighted staff numbers, workload and working conditions.

Key themes around what's working well were care and treatment by staff and the service in general.

Key areas identified for improvement were: staff numbers, workload and working conditions; maternity services in general; communication by staff and access, such as distance to hospital; the waiting list and appointments process and administration and information from healthcare providers.

6.1.6 Planned care services

Respondents tended to have positive experiences of planned care services, with 156 (70 per cent) respondents rating their experience as excellent or good, compared to 42 (18 per cent) who rated their experience as poor or very poor. Respondents rating planned care services as excellent or good highlighted the waiting list, referral and appointment process and care and treatment by staff. Respondents rating planned care services as neutral, poor or very poor also highlighted the waiting list, referral and appointment process. This cohort also highlighted the waiting time at hospital / GPs on admission and the skill, knowledge and professionalism of staff.

Key themes around what's working well, and improvements required were the same and focused on access; the distance / access to services and the waiting list, referral and appointment process. A greater number of respondents highlighted these as areas that require improvement.

Other themes around what's working well were: care and treatment and communication by staff; provision of services and hospital facilities.

Other themes around areas that require improvements were waiting times at hospital / GPs; follow-up after appointment and utilisation of hospitals.

6.1.7 Community hospital services

A greater proportion of respondents rated community hospital services positively compared to the other service areas, with 81 (79 per cent) respondents rating their experience as excellent or good, compared to nine (9 per cent) who rated their experience as poor or very poor. The waiting list, referral and appointment process was a frequently mentioned theme, both for respondents rating community hospital services positively and negatively. Staff care and treatment was highlighted by those rating community hospital services positively.

Key themes around what's working well, and improvements required were the same: community hospital services in general and distance and access to services. The waiting list, referral and appointment process was highlighted as an area that is working well, whereas staff numbers, workload and working conditions was highlighted as an area that requires improvement.



6.1.8 Other comments

Respondents made comments that could not be attributed to a service area. The waiting list, appointment and referral process was both highlighted as an area that is working well and an area that requires improvement.

The care and treatment by staff was also highlighted as areas working well.

Other key themes around what needs to be improved were the distance and access to hospitals and the link between services.

6.2 Understanding what is important when changes are proposed to health and care services across Staffordshire and Stoke-on-Trent

Respondents were asked to rank three desirable criteria by their importance: quality of care, accessibility and meeting local needs. Quality of care was considered the most important by respondents of the main involvement survey and event participants. Meeting local needs was considered the least important.

Other key considerations highlighted by respondents were around access, specifically the distance in accessing services; public transport and the waiting list, appointment and referral process. The need to consider vulnerable adults, such as the elderly and those without family was also highlighted.

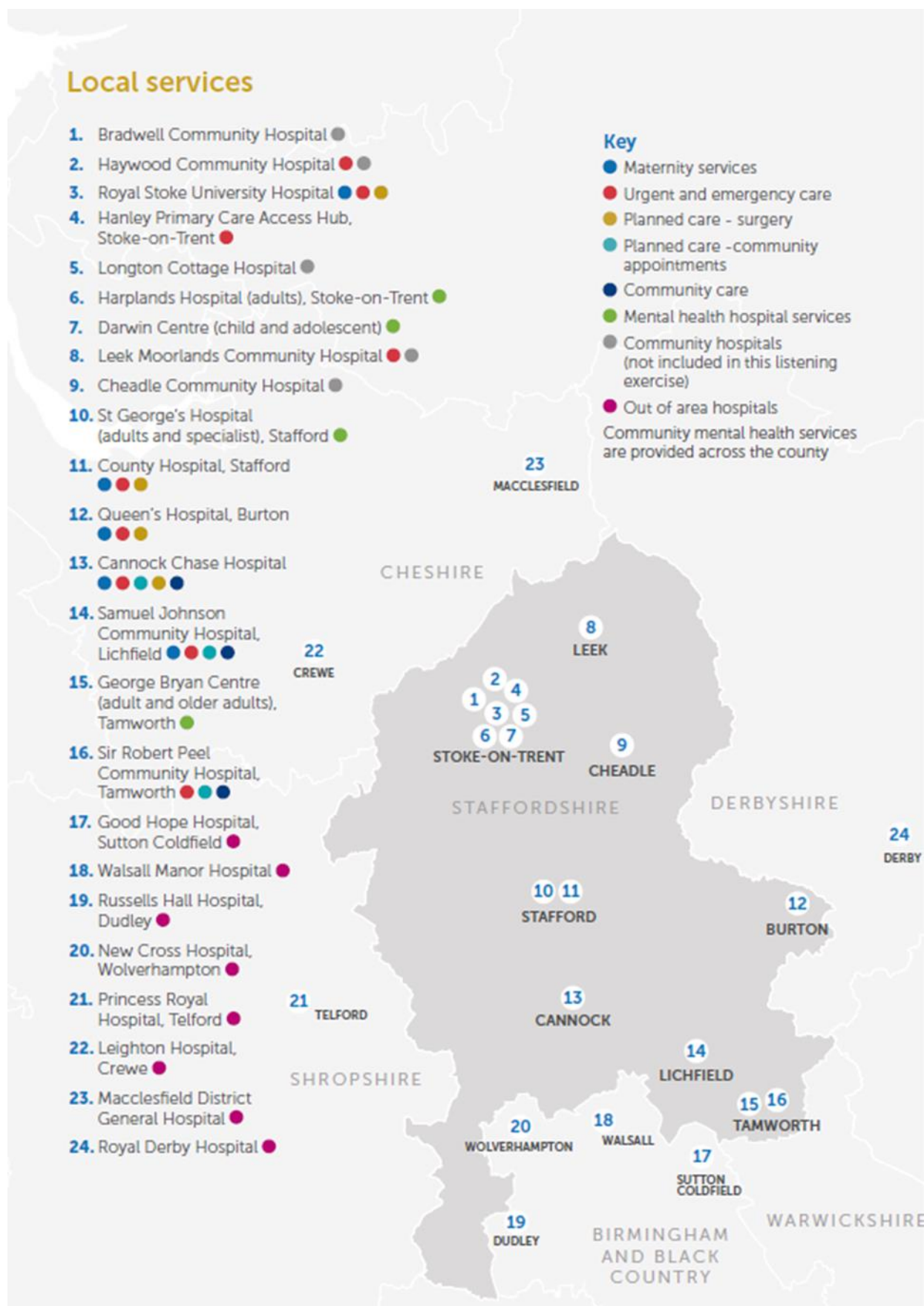


7 Appendices

Appendix A: Press coverage

Date	Publication	Title
21 May 2019	Stoke Sentinel	Campaigners fear this A&E will close after 12-week NHS "public conversation" in Staffordshire
22 May 2019	Derbyshire Live	Fears have been raised over the future of Burton's A&E department
22 May 2019	Staffordshire Live	Stafford A&E closure fears reignited as consultation begins
22 May 2019	Express & Star	Stafford A&E closure fears reignited as consultation begins
29 May 2019	Burton Live	Hospital boss confirms future of A&E department in Burton
3 June 2019	Tamworth Informed	Make your voice count by getting involved in 12-week public conversation on local health and care
4 June 2019	Express & Star	'Conversation' on future of healthcare in Staffordshire launches
6 June 2019	Express & Star	Petition launched to save A&E services at Stafford's main hospital
6 June 2019	Signal Radio	Health bosses say there are no proposals to close A&E at Stafford
6 June 2019	Tamworth Herald	Residents disappointed by lack of answers over healthcare services
11 June 2019	Moorlands Radio	Interview with David Pearson on 12-week public conversation
6 June 2019	BBC Radio Stoke	Segment on the Together We're Better listening exercise and petition to save Stafford County Hospital's A&E
21 June 2019	Tamworth Informed	Health Chief encourages Staffordshire residents to share their views on Community Care
10 July 2019	Tamworth Informed	Health partnership organises additional listening events in Tamworth following high public demand
2 August 2019	Moorlands Radio	Interview with Simon Cunningham about listening exercise
10 August 2019	BBC Radio Stoke	Interview with Simon Whitehouse about listening exercise

Appendix B: Local services



Appendix C: List of stakeholders engaged with

Type of organisation	Organisations
STP	Cannock Chase CCG East Staffordshire CCG North Staffordshire CCG South East Staffordshire and Seisdon Peninsula CCG Stafford and Surrounds CCG Stoke-on-Trent CCG Healthwatch Staffordshire Healthwatch Stoke-on-Trent Midlands Partnership NHS Foundation Trust North Staffordshire Combined Healthcare NHS Trust Staffordshire County Council Stoke-on-Trent City Council Support Staffordshire University Hospitals of Derby and Burton NHS Foundation Trust University Hospitals of North Midlands NHS Trust VAST
MP	Conservative Party Labour Party
Scrutiny/Councillors	Cannock Chase District Council East Staffordshire Borough Council Healthy Staffordshire Select Committee Lichfield District Council Newcastle-under-Lyme Borough Council South Staffordshire District Council Stafford Borough Council Staffordshire Parish Councils Association Staffordshire Health and Wellbeing Board Staffordshire Moorlands District Council Stoke-on-Trent Adults and Neighbourhoods Overview and Scrutiny Committee Stoke-on-Trent Health and Wellbeing Board Tamworth Borough Council
Regulators	CQC (Central Region) Local Medical Committee – North Staffordshire Local Medical Committee – South Staffordshire NHS England/NHS Improvement North Midlands West Midlands Clinical Senate
Other Health Stakeholders	Cannock Chase Clinical Alliance 158 GP Practices CCG Shropshire CCG Telford and Wrekin East Staffordshire Primary Care Partnership GP First Health Education England – Midlands and East Health Education West Midlands Health Protection Agency West Midlands Lichfield and Burntwood GP Network The Mercian GP Network North Staffordshire GP Federation Local Pharmaceutical Committee – North Staffordshire and Stoke-on-Trent Local Pharmaceutical Committee – South Staffordshire The Royal Wolverhampton NHS Trust Shrewsbury and Telford Hospital NHS Trust Shropshire Community Health NHS Trust Staffordshire Doctors Urgent Care West Midlands Ambulance Service NHS Trust Audley Health Centre Leek Health Centre Park Medical Centre Virgin Care Vocare West Midlands Ambulance Service West Midlands Clinical Research Network
Other Stakeholders	Care Market Development Team (CMDT) Keele University Staffordshire Fire and Rescue Staffordshire Police Staffordshire Police, Fire and Crime Commissioner Staffordshire University

	<p>Staffside unions</p> <p>The Shropshire Drug and Alcohol Action Team (DAAT)</p> <p>Staffordshire Association of Registered Care Providers (SACRP)</p> <p>Staffordshire Youth Offending Team</p> <p>Stoke-on-Trent Youth Offending Team</p>
Third Sector and Community	<p>Action for Blind - Stoke</p> <p>Action for Children</p> <p>Action on Hearing Loss</p> <p>ADS</p> <p>African Caribbean Society</p> <p>Age Concern</p> <p>Age UK Exercise Class</p> <p>Age UK Lunch Club Burton</p> <p>Age UK North Staffs</p> <p>Alzheimer's UK</p> <p>Alzheimer's Society</p> <p>Apostolic Praise Centre</p> <p>Approach</p> <p>Arch Housing</p> <p>Arthritis Care</p> <p>Asha North Staffordshire</p> <p>Aspire Housing</p> <p>Asylum Seeker and Refugee Team</p> <p>BAC O'Connor</p> <p>Bet365</p> <p>Beth Johnson Advocacy, Mentoring and Community Development</p> <p>Brain Tumour Support, Staffordshire</p> <p>Breastfeeding Support Group 'Cheadle Fab Mummies'</p> <p>Breastfeeding Support Group Burton</p> <p>Breastfeeding Support Group Codsall</p> <p>Breastfeeding Support Group Great Wyrley</p> <p>Breastfeeding Support Group Hanley 'Breasts and the City'</p> <p>Breastfeeding Support Group Lichfield</p> <p>Breastfeeding Support Group Stafford</p> <p>Breathe Easy Cannock</p> <p>Breathe Easy North Staffs</p> <p>Brighter Futures</p> <p>Burton Caribbean Association Luncheon Club</p> <p>Carer's Hub (+ Young Carers)</p> <p>CASS Carer's Café</p> <p>CASS Living Well with Dementia</p> <p>CASS The Carer's Association</p> <p>Changes</p> <p>Changes North Staffs</p> <p>Changes Tamworth</p> <p>Changes Young People</p> <p>Cheddleton Parish Council</p> <p>Citizens Advice</p> <p>Citizen's Advice Bureau</p> <p>Community Risk Reduction Officer Hanley Fire Station</p> <p>Crossroads Care Staffordshire</p> <p>Deaflinks</p> <p>Deaf Stafford Coffee Morning</p> <p>DEAFvibe</p> <p>Diabetes UK Burton</p> <p>Diabetes UK Cannock</p> <p>Diocese Lichfield</p> <p>Disability Solutions West Midlands</p> <p>DUKYNS North</p> <p>Dyslexia Association of Staffordshire</p> <p>East Staffordshire Race Equality Council</p> <p>Expert Citizens Stoke-on-Trent</p> <p>Gaylife</p> <p>Gilliani Noor Masjid Mosque</p> <p>Gypsy Liaison Teams (Staffordshire County Council and Stoke-on-Trent City Council)</p> <p>JCB</p> <p>Let's Make Jam WI</p> <p>Lifeworks Staffordshire</p> <p>Macmillan</p> <p>ManKind Initiative</p> <p>Maternity champions</p> <p>MENCAP</p>



	<p> Mid Staffs Prostate and Bladder Cancer Support Group Mind Burton Moorlands Home Link Moorlands Home Link Focus Group Moorlands Housing Mosque Burton Mosque Stafford Mumsnet Muslim Women's Network North Staffordshire African Caribbean Association (NORSACA) North Staffordshire Carers Association (NSCA) North Staffordshire CYP IAPT Youth Council North Staffordshire MIND North Staffordshire Orthotics Campaign North Staffordshire Pensioners Convention North Staffordshire Polish Day Centre North Staffordshire Asperger/Autism Association North Staffs Carer's – Carer's Support Groups One Recovery One Recovery Staffordshire Pandas Stoke-on-Trent Parkinson's UK Stafford Pathway Project Penny Brohn UK Living Well with and beyond Cancer event Pink Sisters Breast Cancer Support Group Kidsgrove Pink Sisters Breast Cancer Support Group Northwood POhWER Shropshire and Staffordshire ICAS Police Action Week roadshow Polish Day Centre, North Staffs Polish Mass Burton – St Mary and St Modwyn Church Polish Mass Stoke Post Office Stafford Pride Reach Rethink Royal British Legion Royal National Institute of Blind People Sainsburys Distribution Centre Saltbox Salvation Army Samaritans Sanctus St Marks Savana Sikh Society Keele Stafford and District Stroke Club Staffordshire Active Staffordshire Adults Autistic Society (SAAS) Staffordshire and Stoke-on-Trent Dementia Alliance Staffordshire Buddies Staffordshire Cancer Active Staffordshire Council of Voluntary Youth Services Staffordshire Food Banks (list) Staffordshire Housing Staffordshire Housing Association Staffordshire Housing Association, Revival Home Improvement Agency and Arch Staffordshire Pink Link Staffordshire Sight Loss Association Staffordshire Young Farmers Staffs Moorlands Community and Voluntary Services Support PanCan Support Staffordshire Tamworth Foodbank The Beth Johnson Foundation The Clubhouse Network The Dove Service The Prince's Trust Transstaffordshire U3A Cannock U3A Leek U3A Rugeley U3A Stafford U3A Stone </p>
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	U3A Uttoxeter Voices Working Mums YMCA North Staffs YMCA Stoke-on-Trent
Campaign Group	Save Leek Hospital Group Burntwood Action Group Support Stafford Hospital
Community Reference Group	Leek Health Centre Patient Participation Group Biddulph Valley Practice Patient Participation Group Weeping Cross, Beaconside and John Amery Drive Patient Participation Group Leek and Biddulph Patient Participation Group Peel Medical Practice Patient Participation Group Patient Council Patient Congress Patient Board District and General Practice Patient Participation Groups Local Equality Advisory Forum (LEAF) Together We're Better Local Representatives UHNH Hospital Users Group Partner service user groups (through existing channels)
Neighbouring STPs	Black Country STP Joined Up Care Derbyshire STP Cheshire and Merseyside Health and Care Partnership STP Shropshire, Telford and Wrekin STP Birmingham and Solihull STP
Neighbouring NHS Trusts	Walsall Healthcare NHS Trust Dudley Group NHS Foundation Trust East Cheshire NHS Trust Black Country Partnership NHS Foundation Trust The Royal Wolverhampton NHS Trust Shrewsbury and Telford Hospital NHS Trust Shropshire Community Health NHS Trust University Hospitals Birmingham NHS Foundation Trust

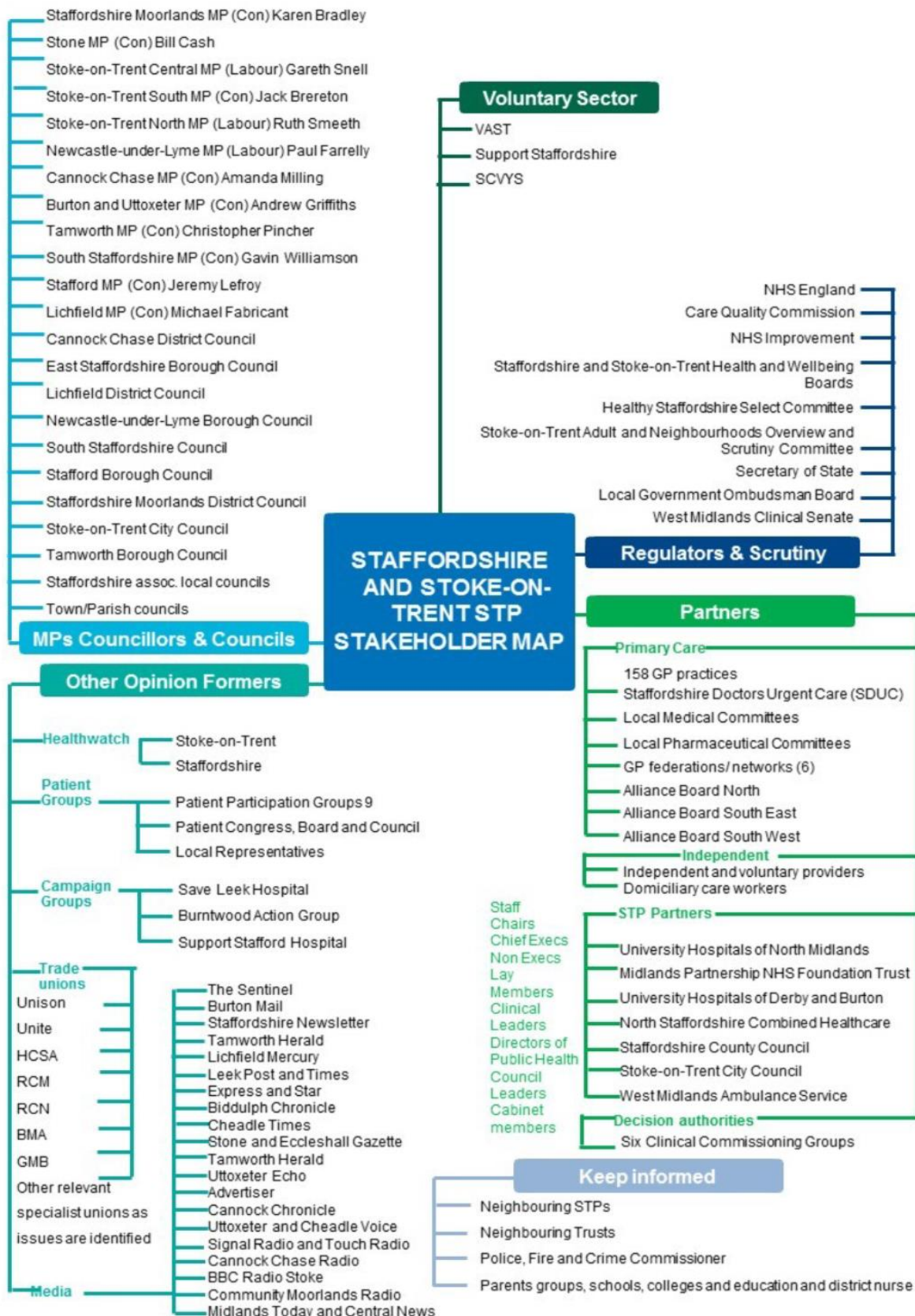


Appendix D: Overview of contact with stakeholders

Group	Contact
Action on Hearing Loss	Offered to meet and emailed materials for cascading
African Caribbean Society	Offered to meet and emailed materials for cascading
Age Concern	Sent materials and offered to meet
Age UK Exercise Class (South/East Staffs and North Staffs)	Meeting with hardcopy materials plus emailed materials
Age UK Lunch Club Burton	Meeting with hardcopy materials plus emailed materials
Alzheimer's UK	Offered to meet and emailed materials for cascading
Apostolic Praise Centre	Sent materials and offered to meet
ARCH	Offered to meet and emailed materials for cascading
Arthritis Care	Sent materials and offered to meet
Asha North Staffordshire	Sent materials and offered to meet
Bet365	Offered to meet via telephone, no email address online
Brain Tumour Support, Staffordshire	Meeting with hardcopy materials plus emailed materials
Breastfeeding Support Group 'Cheadle Fab Mummies'	Offered to meet and emailed materials for cascading
Breastfeeding Support Group Burton	Offered to meet and emailed materials for cascading
Breastfeeding Support Group Codsall	Meeting with hardcopy materials plus emailed materials
Breastfeeding Support Group Great Wyrley	Meeting with hardcopy materials plus emailed materials
Breastfeeding Support Group Hanley 'Breasts and the City'	Meeting with hardcopy materials plus emailed materials
Breastfeeding Support Group Lichfield	Meeting with hardcopy materials plus emailed materials
Breastfeeding Support Group Stafford	Offered to meet and emailed materials for cascading
Breathe Easy Cannock	Offered to meet and emailed materials for cascading
Breathe Easy North Staffs	Meeting with hardcopy materials plus emailed materials
Brighter Futures	Meeting with staff with hardcopy materials plus emailed materials for cascading to residents
Burton Caribbean Association Luncheon Club	Meeting with hardcopy materials plus emailed materials
Carer's Hub (+ Young Carers)	Offered to meet and emailed materials for cascading
CASS Carer's Café	Meeting with hardcopy materials plus emailed materials
CASS Living Well with Dementia	Meeting with hardcopy materials plus emailed materials
Changes North Staffs	Meeting with staff with hardcopy materials plus emailed materials for cascading to residents
Changes Tamworth	Offered to meet and emailed materials for cascading
Citizens Advice	Sent materials and offered to meet
Crossroads Care Staffordshire	Sent materials and offered to meet
Deaflinks	Meeting with hardcopy materials plus emailed materials
Deaf Stafford Coffee Morning	Meeting with hardcopy materials plus emailed materials
DEAFvibe	Meeting with hardcopy materials plus emailed materials
Diabetes UK Burton	Meeting with hardcopy materials plus emailed materials
Diabetes UK Cannock	Offered to meet and emailed materials for cascading
Diocese Lichfield	Offered meeting and emailed materials
DUKYNS North	Offered to meet and emailed materials for cascading
Dyslexia Association of Staffordshire	Sent materials and offered to meet
East Staffordshire Race Equality Council	Attempted to contact by phone
Expert Citizens Stoke-on-Trent	Sent materials and offered to meet
Gaylife	Sent materials and offered to meet
Gilliani Noor Masjid Mosque	Offered to meet and emailed materials for cascading
Gypsy Liaison Teams (Staffordshire County Council and Stoke-on-Trent City Council)	Meeting with hardcopy materials posted plus emailed materials
JCB	Offered to meet via telephone, no email address o
Let's Make Jam WI	Sent materials and offered to meet
Macmillan	Emailed materials for cascading. Macmillan then liaised with groups for meetings
Maternity champions	Meeting with hardcopy materials plus emailed materials
Mid Staffs Prostate and Bladder Cancer Support Group	Meeting with hardcopy materials plus emailed materials
Mind Burton	Sent materials and offered to meet
Moorlands Home Link	Meeting with hardcopy materials plus emailed materials
Moorlands Home Link Focus Group	As above
Mosque Burton	Offered to meet and emailed materials for cascading
Mosque Stafford	Offered to meet and emailed materials for cascading
Mumsnet	Sent materials for cascade
Muslim Women's Network	Sent materials for cascade
North Staffordshire Orthotics Campaign	Sent materials and offered to meet
North Staffordshire Polish Day Centre	Sent materials and offered to meet
North Staffs Carer's – Carer's Support Groups	Meeting with hardcopy materials plus emailed materials
One Recovery	Offered to meet and emailed materials for cascading
Pandas Stoke-on-Trent	Sent materials and offered to meet
Parkinson's UK Stafford	Meeting with hardcopy materials plus emailed materials
Pathway Project	Sent materials and offered to meet
Penny Brohn UK Living Well with and beyond Cancer event	Attended events with hardcopy materials and emailed materials

Pink Sisters Breast Cancer Support Group Kingsgrove	Meeting with hardcopy materials plus emailed materials
Pink Sisters Breast Cancer Support Group Northwood	Meeting with hardcopy materials plus emailed materials
Police Action Week roadshow	Meeting with hardcopy materials plus emailed materials
Polish Day Centre, North Staffs	Meeting with hardcopy materials plus emailed materials
Polish Mass Burton - St Mary and St Modwyn Church	Offered to meet and emailed materials for cascading
Polish Mass Stoke	Offered to meet and emailed materials for cascading
Post Office Stafford	Offered to meet via telephone, no email address online
Pride	Attended with hardcopy materials plus emailed materials for cascading
Reach	Sent materials for cascade and commissioned to hold focus groups with service users and produce the Easy Read report
Royal British Legion	Sent materials and offered to meet
Royal National Institute of Blind People	Sent materials and offered to meet
Royal National Institute of Blind People	Sent materials and offered to meet
Sainsburys Distribution Centre	Offered to meet via telephone, no email address online
Saltbox	Offered to meet and emailed materials for cascading
Salvation Army	Sent materials and offered to meet
Sanctus St Marks	Offered to meet and emailed materials for cascading
Savana	Sent materials and offered to meet
Sikh Society Keele	Offered to meet and emailed materials for cascading
Stafford and District Stroke Club	Meeting with hardcopy materials plus emailed materials
Staffordshire Active	Offered to meet and emailed materials for cascading
Staffordshire and Stoke-on-Trent Dementia Alliance	Sent materials for cascade
Staffordshire Buddies	Meeting with hardcopy materials plus emailed materials
Staffordshire Cancer Active	Sent materials and offered to meet
Staffordshire Council of Voluntary Youth Services	Meeting with hardcopy materials plus emailed materials
Staffordshire Housing	Meeting with staff with hardcopy materials plus emailed materials for cascading to residents
Staffordshire Pink Link	Sent materials and offered to meet
Staffordshire Sight Loss Association	Meeting with hardcopy materials plus emailed materials
Staffordshire Young Farmers	Offered to meet and emailed materials for cascading
Support PanCan	Offered to meet and emailed materials for cascading
Support Staffordshire East Staffs	Presented at the forum with hardcopy materials plus emailed materials
Support Staffordshire Lichfield	Presented at the forum with hardcopy materials plus emailed materials
Support Staffordshire Newcastle	Presented at the forum with hardcopy materials plus emailed materials
Support Staffordshire South Staffs	Presented at the forum with hardcopy materials plus emailed materials
Support Staffordshire Stafford	Presented at the forum with hardcopy materials plus emailed materials
Support Staffordshire Staffordshire Moorlands	Presented at the forum with hardcopy materials plus emailed materials
Support Staffs Tamworth	Presented at the forum with hardcopy materials plus emailed materials
Tamworth Foodbank	Offered to meet and emailed materials for cascading
Transstaffordshire	Offered to meet and emailed materials for cascading
U3A Cannock	Meeting with hardcopy materials plus emailed materials
U3A Leek	Meeting with hardcopy materials plus emailed materials
U3A Rugeley	Offered to meet and emailed materials for cascading
U3A Stafford	Meeting with hardcopy materials plus emailed materials
U3A Stone	Offered to meet and emailed materials for cascading
U3A Uttoxeter	Offered to meet via telephone, no email address online
UHNH Hospital User Group	Meeting with hardcopy materials plus emailed materials
Voices	Offered to meet and emailed materials for cascading
Working Mums	Sent materials and offered to meet
YMCA North Staffs	Meeting with hardcopy materials plus emailed materials
YMCA Stoke-on-Trent	Offered to meet and emailed materials for cascading

Appendix E: Stakeholder map



Appendix F: Future meetings / meetings after the listening exercise

Date	Time	Location
25 September 2019	10:30am-12:30pm	Staffordshire Sight Loss Association, Hanley Library, Bethedsa Street, Hanley ST1 3RS
8 October 2019	1pm	Tamworth, Lichfield and Burntwood Joint Locality Board, The Coton Centre, Comberford Road, Tamworth, B79 9AA
8 October 2019	3:45pm-6pm	Cannock Chase CCG GP Membership Board, Oak Farm Hotel, Watling Street, Cannock WS11 1SB
15 October 2019		Stoke-on-Trent Health and Wellbeing Board
16 October 2019	3pm	Newcastle Local Member Priority Meeting, Castle House, Barracks Road, Newcastle-under-Lyme ST5 1BL
17 October 2019	6pm-7pm	Changes
21 and 24 October		Maternity Antenatal Clinic County Hospital
22 October 2019	2pm	Staffordshire Moorlands Local Member Priority Meeting
25 October 2019	6pm-7pm	Changes, North Staffs
		Tamworth Local Members Priority Meeting



Appendix G: Reach report

Together We're Better Feedback – August 2019

About Reach

Reach is a group advocacy project, based in Stoke-on-Trent, supporting people to speak up about their lives. We are part of Asist.

What we did

Using the Together We're Better summary document and the Easy Read version the CCGs commissioned us to produce (along with the full public document for further background information), we created a set of accessible posters to facilitate group discussions.

During July and August 2019. We had seven meetings to discuss Together We're Better. We visited three Adult Social Care provider services for adults with learning disabilities, held three meetings at our office and one meeting with a group of visually impaired adults at Beacon Vision.

Altogether, we spoke to 43 adults with disabilities who live in and around Stoke-on-Trent. 35 of the participants have learning disabilities. Eight have visual impairments but no learning disability. We spoke to 24 men and 19 women. Participants' ages ranged from their early 20s to mid-70s.

Three non-disabled support workers also contributed to the discussions with adults with learning disabilities.

About this feedback

We focused our group discussions on four of the six Local Challenges most relevant to the people we were speaking to. These were:

- Urgent and Emergency Care
- Integrated Community Services
- Planned Care
- Mental Health.

We also collected general comments and ideas about existing health and social care services and, with two of the groups, asked them to rank which services were most important to them based on the 12 'Challenges' listed on page four of the Together We're Better consultation summary document.

All comments in quotation marks are direct quotes from people we worked with. Any additional explanations, clarifications or observations by Reach Advocacy Facilitators, or by Support Workers are in square brackets.

We will produce an accessible 'Easy Read' report, based on the feedback in this document, to share with people.

You can contact us on 01782 845584 or email reach@asist.co.uk

Urgent and emergency care

- "The waiting times [at A&E] are the biggest problem. You have to wait ages at A&E."



- “It’s confusing. Nobody knows where they’re supposed to go.”
- “[Support Worker] It’s not publicised well enough – what different health services you can get from different places. People need more information about what walk-in centres are for, what they do and where people should go for help.”
- “They need to cut waiting times at A&E and the only way to do that is to employ more staff.”
- “You have to wait so long at A&E because you’ve got so many drug addicts in there.”
- “There needs to be more advertising, more leaflets, a DVD, telling people where they should be going to get the right treatment.”
- “Having GPs that are actually open and where you can book appointments would help take the pressure off.”
- “The misuse of alcohol and drugs take up a lot of time at A&E.”
- “They should charge a treatment fee for people who show up at A&E drunk or on drugs.”
- “You need to look at the impact of immigration, the pressure on services and how that contributes to long waits at the GP, and at A&E. If there’s more people coming into the country you need to have more services available for people.”
- “It’s not so much about people deliberately misusing A&E. They’re using the wrong service but it’s the only one they can actually use and be seen. You can’t get an emergency GP appointment on the day so you end up having to go to A&E.”

Comments on Urgent Treatment Centres:

- “Are they going to have the money, the funding for all this equipment? Where’s this money coming from? Are the government going to fund ‘em properly when they’re up and running?”
- “They should be open late.”
- “Let’s say you go to one of these, are they going to share the information with the hospitals and the GPs? Are they going to share information and work together like they should?”
- “If they build these and run ‘em right, it could be good. If they have the right staff as well.”
- “They need more services like this where you can get stitched up without going up to A&E.”
- “Will they be open at night?”
- “How many of these will there be in Stoke-on-Trent?”
- “They need to get more staff employed for this. NHS staff are rushed off their feet as it is.”
- “It’s a good idea. As long as it meets the budget.”
- “This won’t solve the problem because you’ve got so many people that’ll still ring an ambulance for minor things, wanting treatment when there’s nothing wrong with them.”
- “If it was easier to see your GP, you could just do that instead.”
- “How much paperwork will there be? When you go the walk-in centre you have to fill in loads of forms.”
- “I’ve been to an A&E department in the south of England where they had a triage team meeting people at the door. People who didn’t need to be there were sent off to another service. Something like that would cut down on the queues.”

Integrated community services

- “You need community services. People that’ll come out to you and help you. Or come to places nearby that you can get to easily.”
- “The nurse comes out and helps me. She comes to see me. I don’t have to pay out for taxis or do any travelling [this person is on a low income and has a mobility impairment]. Shows me where I need put the needle in for my Diabetes. Makes me feel more confident doing my injections, getting some help and advice.”



- “I’m getting told one thing by the GP and something different by the community nurse. It’s so confusing.”
- “GPs should be coming out to people, doing home visits for people that need them.”
- “The elderly end up in hospital because there’s not enough care and support in the community for them. It’s both things, it’s health and social care, the whole package. There’s not enough for people.”
- [Support Worker] “the residential homes I’ve worked in, the community nurses work well with people there.”
- [In all of our meetings, participants’ awareness of longer GP opening hours was very limited. Only a small number of people – around 5 – knew that some GPs offer evening and weekend appointments.]
- “They should bring back home visits by GPs.”
- “What happens when the computer systems go down and it creates chaos? Where are those integrated computer systems with everyone’s details? Why are they not done yet?”
- “This thing about managing your own health conditions that they talk about – if you don’t get a diagnosis, you can’t do anything and it’s hard to even see a GP to get one. You need to know what’s up before you can start to manage it.”
- “If you’ve got long-term health conditions, that affects lots of things in your daily life, your social life, there’s lots of issues. You need early intervention services and support.”
- “I self-manage my Diabetes. I proudly self-manage. I don’t really use any of the community services for Diabetes because I don’t need to. I dread having to go and see a GP and hearing them say they don’t know that much about Diabetes.”

Comments on Primary Care Networks:

- “My GP doesn’t open later or longer.”
- “I think GPs should stay open later.”
- “I think this is a good idea. Should get more people involved, working together.”
- “I’d rather wait until I can get in at my own GP. I don’t want to travel too far. It’s partly the cost but also, if you’re not well, you don’t want to be getting in taxis and going all the way across the city.”
- “I think it’s a good idea for them all to work together and not be on their own.”
- “I’d probably travel further to get an appointment faster but it all costs money – getting taxis.”
- “It’s good as long as they actually do work together. Services don’t do that now.”
- “The walk-in centre in Hanley, you have to wait hours before you can get seen by anybody. The best thing I’ve used is NHS 111. They sorted out my appointment fast and they did what they said they’d do. I’ve been to the out of hours GP a few times. It’s OK and they’re pretty good at sticking to appointment times.”
- “I don’t want to be travelling to appointments. My GP is near me, if they book me an appointment in Longton [this person lives in Tunstall] it costs loads of money to go in a taxi. If you’re asking people to travel too far, they’ll just end up leaving it and end up in A&E later on.”
- “How will this [people having GP appointments at different locations] work? Transport’s a big issue. My GP network, I live in Knutton but it includes a surgery in Tunstall. It’s not only the cost of a taxi, it’s the hassle of getting there, the stress of going to a new surgery that you don’t know.”
- “Why aren’t they all doing this already? We’re all on one information system anyway. Why aren’t they sharing and working together?”
- “For self-managing your conditions there are networks, groups you can go to, peer support, places you can get information, support and advice.”

Planned care

- “They’re [the NHS] not good at doing things quickly.”



- “This all depends on what money’s allocated to it.”
- “When I had a scan [MRI] I got really nervous and didn’t want it so they brought me out of it again. They talked to me about it. They calmed me down, put some music on for me. They helped me a lot. I had the scan in the end.”
- “If they could just do the operations quicker, they wouldn’t have the time to cancel them. Just get them done straight away.”
- “If they had more wards and beds they wouldn’t have to cancel so many operations. Same if they kept hospitals open instead of shutting them down.”
- “My stepfather cancelled his operation because he had to look after my mother. They didn’t offer him one again.”
- “They should arrange alternative dates for people instead of telling them a date [for an operation] and that’s the end of it. If people turn down all the alternatives they’re offered then they should have it cancelled and they have to go back to the GP to refer them again.”
- “UHNM is full. That’s why people are waiting so long and why things get cancelled. They need bring in more staff to actually do the operations and more money need be spent on beds.”
- “It’s causing problems for people with disabilities and for pensioners who can’t afford taxi costs, all this going to different places for appointments.”
- “I’d rather just stay local. My GP is near me.”
- “My Dad was ill and I spent a lot of time going to the hospital with him, lots of appointments. Everything’s a mystery. You sit around and you’ve no idea how long everything’s going to take. You’re just left in the dark.”
- “You can’t make informed choices and decisions if you don’t have the information.”
- “Self-care is important but people don’t always think about the future. They don’t think about obesity later in life when they’re not eating healthily when they’re younger.”

Mental health

- “Loneliness and isolation isn’t just a problem for older people. It can happen to anyone.”
- “There should be some kind of mental health triage system within the NHS where there’s somebody you can speak to straight away.”
- “A lot of people have got depression. People talk about it more now, speaking out about it.”
- “There’s a man lives near me and he’s got dementia. You can’t be cured. He lives on his own and doesn’t get much help. I go up and help him out when I can. It upsets me that he can’t be cured.”
- [Support Worker] “There used to be a service where they used to ring people up, check they’re OK, how they’re doing, ask if they’ve taken their medication. Just a quick phone call but it helped.”
- [At one of the meetings, several people discussed how isolation and loneliness is worsened because cuts to public transport services mean they can’t go out at night and be a part of the community, see their friends.]
- “These readmissions, you don’t always know it’s going to happen. You can’t legislate for that.”
- “They [people with mental health issues] might need a trained expert to get ‘em to open up about it. They feel like they’re different. Do they try and mask it out. People should be encouraged to be open about it.”
- “Why are mental health units discharging people when they’re not well enough? If they were OK they wouldn’t be being readmitted so that’s why they’re going back in.”
- “I was having lots of seizures. My consultant said I was having them more frequent because of stress and depression. I felt happy that somebody saw it and was taking it seriously. I had some tablets and they offered me some support and counselling.”
- “People shouldn’t be embarrassed talking about mental health. There needs be more beds at places like the Harplands. There needs be a lot more support for people.”

- “There’s always been big gaps in provision, for the last 20 years at least.”
- [On readmissions] “you have a certain amount of help but then go straight back into that depression, the condition or environment you were in before.”
- “There needs to be a lot more mental health support in the community.”
- “My son waited 18 months for a CAMHS appointment. He was referred on by his school and the problem didn’t go away during that time.”
- “It was easy to get a [mental health] diagnosis for son, it was much harder to actually get anything done.”
- “Schools are restricted by resources and by staff time in terms of what they can do to support children’s mental health. A lot of the pressure falls on them because CAMHS referrals.”
- “Children need someone they can go and talk to. Someone at school that isn’t a teacher. Someone that’s more on their level.”
- “Mental health always gets neglected.”
- “It’s good that you’ve got more awareness of mental health issues but none of that helps a parent who’s got a teenager at crisis point at 10pm and there’s nobody to talk to, nobody to help.”
- “My son’s special school are concerned about his mental health but the GP doesn’t have a clue and I can’t get a CAMHS appointment.”
- “There’s so many children with mental health issues that aren’t getting the support they need now. What will happen in a few years time when they’re adults and they’ve still got mental health problems? The system can’t cope as it is.”

General comments about health and care services

- “I’ve got nobody to go [to the hospital] with me. I need somebody explain things to me, write things down so I can remember them. I’ve got a support worker but he doesn’t work on the day I’ve got my appointment. I don’t want to change the appointment because it took a long time to get it and I don’t want to wait any more time.”
- “If I don’t understand what they’re [doctors, nurses] saying to me, I always ask them to explain it again in a different way so I can understand it.”
- “I live in residential so if I get a letter [from the NHS] I show it to my staff so they can explain it.”
- “My brother’s been having problems with his breathing. He gets short of breath going up the stairs and he’s coughing and coughing. He’s had X-Rays but they say his chest is clear. If he goes into hospital, I’d have to have social care come out and look after me. He doesn’t want to go into hospital because of that.”
- “My dentist at Ryecroft in Newcastle, they’re gentle with you. They’re patient. They ask how I’m doing with my sugar and my chocolate and they check I’m OK with my medication.”
- “I had to go for a hearing test. The staff there were nice to me.”
- “I had to go all the way to Stafford for treatment. They had no beds local. It was a long way to travel and it was worrying and confusing. I couldn’t find where I was meant to go but the staff there were good. They explained things to me.”
- “My occupational therapist got me to go and see the dentist. I hadn’t been for years and years. I was scared to go but the occupational therapist cured me of that.”
- “I rang NHS 111 once. They never rang me back. I went to the pharmacy instead.”
- “My doctor listened to me. Gave me something to make me feel better.”
- “My GP is alright but he talks to my Mum and Dad, not me.”
- “It makes you feel uncomfortable and stressed when you have to wait a long time. Or when they say you have to come back again. It’s frustrating. It’s annoying when you can’t get in [for an appointment] when you want one.”

- [At one of the meetings we held at an Adult Social Care provider service for adults with learning disabilities, all 8 participants said they would need to cancel appointments or delay treatment if a family member wasn't there to accompany them.] People said:
 - "I wouldn't be able go on my own."
 - "I need support. Don't understand on my own."
 - "I need somebody with me. Make me comfortable, calm."
 - "I get a lot of support off my family."
- "It's really expensive having to get taxis to medical appointments. They're not cheap. It means you can't afford other things."
- [At one of the meetings we held at an Adult Social Care provider service for adults with learning disabilities, none of the 13 participants had ever used NHS 111 and only three had ever heard of it.]
- "I had to go to Trent Vale for an appointment. Then they said I had to go to Meir. It's too far. I had to get a taxi because I didn't know where I was going and it costs a lot of money."
- "Cobridge is good. There's a pharmacy there. And blood testing."
- "Some of the foreign doctors and nurses, I can't understand their English. Can't understand what they're saying."
- "My dentist, I've had to start paying for treatment. I used to have free dentists because of my learning disability but now I have to pay and sometimes they can't fit me in even when I've got really bad pain." [A Support Worker at the meeting said they knew of other people with learning disabilities who used to have free treatment but now have to pay. The same Support Worker talked about a dentists' clinic at Bentilee Neighbourhood Centre with a dentist trained in treating people with learning disabilities. The Support Worker said the service was very good but not well-publicised.]
- "When they discharge you, when you go home, sometimes you need help with transport and it's not always there."
- "If you don't sort out the poverty and deprivation you can't sort out the health deprivation."
- "It shouldn't get to this stage [where the health deprivation in Stoke-on-Trent is so bad]. There needs to be much more early intervention."
- "Doesn't this come back to schools? Teaching children how to cook, how to choose healthier options?"
- "There a real issues about obesity and Diabetes but where do people go to learn more about healthy eating? Where are the services and incentives to help and support them? I find that the government are really short-sighted when it comes to prevention. They need to knock VAT off all sporting equipment, get people doing something active."
- "Health services haven't traditionally been involved in promoting healthier community living and it falls to councils so they should be doing something about it."
- "About one third of GPs will be retiring in the next few years. Where are the NHS going to recruit and train new ones from? Who's responsible for that?"
- "What impact is health tourism having? And workload is constantly increasing for GPs."
- [We asked one group what mattered most when designing local health and social care services]:
 - Speak to people before you make any decisions at all."
 - Make sure people have the information about it so they know what's available and make it accessible so everybody can understand it."
 - "If they're making loads of changes, they need make sure social services and social workers are part of it so they're involved and know what's going on."
 - "Get people, patients involved right away. Listen to them, tell them what you're thinking of doing and find out what they think."
- "They need to consider the cost of transport for people. Most visually impaired people are on benefits and the cost of taxis is enormous."
- "People end up being really unwell because they can't get a GP appointment."



- “Our GP has a ‘three strikes’ rule. If you miss three appointments, you’re off the books.”
- “I think you should have to pay a refundable deposit, say £5 an appointment. If you attend, you get it back, if you don’t, that money goes to the NHS.”
- [In response to the previous comment] “That’s a slippery slope towards an American system where you’re charged for everything. It’s not how the NHS was set up.”
- “Older people have paid into the system all their lives. They’ve paid in, they’ve raised their kids and it’s not fair to keep blaming them for putting pressure on the NHS now.”

Ranking the importance of the challenges

- “All them services are really important to all of us. You just never know when you’re going to need one of them. You could be alright one minute, then you need A&E. You could just pick any of these because you just don’t know what you might need one day.”
- 14 of the people we worked with used posters to rank how important they felt the 12 ‘Challenges’ were.
 - Nine people picked Urgent and Emergency Care as their **first** choice
 - Two people chose Hospital Admissions
 - Two people chose Social Care One person chose Primary Care.
- For **second** choices:
 - Four people chose Community Services
 - Three people picked Waiting Times
 - Two people chose Cancer
 - Two people chose Primary Care
 - Two people picked Mental Health
 - One person chose Children’s Services.
- For their **third** choice:
 - Two people chose Hospital Admissions
 - Two people chose Waiting Times
 - Two people picked Mental Health
 - Two people chose Children’s Services
 - Urgent and Emergency Care, Cancer, Hospital Care, Primary Care, Social Care and Care Homes were all picked by one person.

