Working differently to stay safe
Stakeholder meetings:
Summary report of findings
Together We're Better
December 2020

TOGETHER
WE'RE BETTER

Transforming health and care for
Staffordshire & Stoke-on-Trent

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References

1   Executive summary

The engagement took place between 10 September and 9 November 2020 and gathers feedback on changes made since March 2020 due to COVID-19.

21 meetings were held with a total of 220 participants. 53 responses were received to the demographic profiling questionnaire

1.1   Summary of participant feedback on the local challenges and what could be improved

- The **impact of the COVID-19 lockdown on mental health** needs to be considered, and improved access to mental health services and treatment is required
- **Access to services** has been negatively impacted by COVID-19, with reduced access to GP appointments and diagnosis
- **Maternity services** have been negatively impacted by COVID-19, with reduced access to perinatal support and partners not being able to attend appointments or be at the birth, causing anxiety and distress for new mothers
- The use of **virtual appointments** is not suitable for everyone (e.g. those without access to technology)
- The need for improved **communication**
- **Vulnerable groups** should be considered and inequalities should be addressed.

1.2   Summary of participant feedback on what worked well, and improvements experienced

- The **response to the COVID-19 pandemic** was effective, with good social distancing measures in place in healthcare buildings
- High **quality of care** provided by staff
- Improved **integration** and inter-organisational working, for instance in the voluntary sector
- **Virtual appointments** work well for some patients, reducing travel
- **Access to services** was improved in some cases.

1.3   Summary of participant feedback priorities for now and the future

Participants identified the following priorities:

- Focusing on **mental health**, due to the negative impact of the pandemic on mental health
- Ensuring adequate **service provision** and appropriate access to services
- Ensuring effective **communication and awareness**
- Ensuring the needs of **vulnerable groups** are considered and inequalities are tackled
- Continuing **partnership working** with the voluntary sector and improving integration across services.
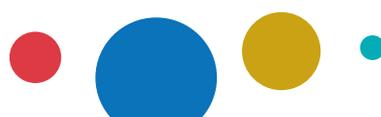
2   Introduction

This report presents the findings from the community and voluntary meetings held during the period September to November 2020.

2.1   Background

This background information is taken from the <u>Together We're Better</u> website.

Together We're Better is the Sustainability and Transformation Partnership for Staffordshire and Stoke-on-Trent, a partnership of NHS and local government organisations, alongside independent and voluntary sector groups, that is working together to transform local health and care services.

Through a number of programmes, the STP is developing new models of care to deliver the vision. Each programme is focussed on its own aims and objectives to ensure local people have access to high quality, sustainable services for the future.

2.2   Context

Throughout COVID-19 health and care services have had to adapt; working differently to save lives and support safety for staff and patients.

During the first surge of the pandemic, many routine NHS services were temporarily paused or changed to enable the workforce and resources to be deployed to fight the virus. As cases decreased over the summer, health and care organisations worked closely together to restore routine services.

Most services have been restored or are in the process of being restored. However, it is recognised that some temporary changes will need to continue, as the NHS continues to respond to COVID-19 and the current second surge.

At the same time, COVID-19 has accelerated areas of transformation that were included in the national Long-Term Plan (published in 2019). In a matter of months, areas such as digital technology and integration have significantly advanced.

There may be some programmes where the temporary service changes have had some potential benefits to patient care. Together We're Better needed to fully understand the impact of these temporary changes on patients and their care.

Alongside this, Together We're Better also needed to outline whether service restorations will replicate the clinical models outlined in the Long-Term Plan (LTP) or the pre-consultation business case options appraisal process that they were working on before COVID-19, or whether a revised model of delivery is being implemented.

No decisions have been made and this is part of the ongoing work to involve service users to inform any future proposals.

2.3   Report authors

The Together We're Better (TWB) Sustainability and Transformation Partnership (STP) commissioned NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) Communications and Engagement Service to coordinate the independent analysis of the feedback from the engagement events to produce this report.
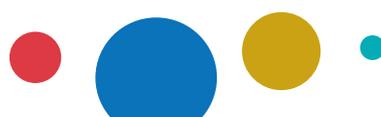
2.4   Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Methodology and reporting notes
- **Section 4:** Respondent profiling
- **Section 5:** Findings
- **Section 6:** Summary and next steps

2.5   Meeting details

Table 1 shows the details of the meetings that were attended.

Table 1. Meeting details

Organisation	Date	Area(s) covered	No. of participants
Support Staffordshire, Newcastle-under-Lyme Locality Forum	10 September	North	18
Staffordshire Council of Voluntary Youth Services	15 September	North, South East & South West	5
YMCA North Staffordshire	16 September	North	3
Support Staffordshire, Stafford Locality Forum	17 September	South West	20
Support Staffordshire, South Staffs Locality Forum	22 September	South West	12
Support Staffordshire, Lichfield Locality Forum	22 September	South East	28
Support Staffordshire, Cannock Locality Forum	29 September	South West	22
Burton African Caribbean Society	29 September	South East	5
North Staffordshire Community of Practice	7 October	North	8
Changes Youth Council	7 October	North	5
Support Staffordshire, Moorlands Locality Forum	8 October	North	17
Faith Leaders Forum, Stoke	8 October	North	11
Breast and the City	9 October	North	7
Local Equality Advisory Forum (LEAF)	15 October	North, South East & South West	Not stated
Just Family Community Interest Company (CIC)	19 October	North	5
Brighter Futures Clubhouse Network	19 October	North	20
North Midlands LGBT Older People's Group	19 October	North, South East & South West	9
Diabetes Group Rugeley	27 October	South West	6
Stoke / Midlands Partnership NHS Foundation Trust (MPFT) Baby massage group	28 October	North	5
Moorlands Home Link	6 November	North	4
Burton Bowel Cancer Support Group	9 November	South East	10

3   Methodology and reporting notes

Meetings were held with stakeholder groups virtually using Microsoft Teams. At each meeting, a short presentation was given summarising the current situation regarding the pandemic, including:

- The challenges faced
- The restoration, recovery and reset process
- National and local priorities.

After the presentation, participants were asked to discuss the following:

- What were the local challenges and what could we improve?
- What went well and what improvement did you experience?
- What do you think should be our priorities for now and the future?

During the meeting, facilitators made notes on the discussions using an online facilitator notetaking template. Also, participants were emailed a link to a demographic profiling questionnaire to complete, which included the above questions, as well as the profiling questions.

21 meetings were held with a total of 220 participants. 53 responses were received to the demographic profiling questionnaire. The responses to the demographic profiling questionnaire were received from both event participants and organisations the survey was distributed to (see Table 2).

This report presents the findings captured in the facilitator notes and the demographic profiling questionnaires. The feedback from both of these channels have been amalgamated, summarised and presented in this report. Feedback is broken down by the area of Staffordshire and Stoke-on-Trent that the stakeholder group covered.

3.1 Survey distribution

As well as distributing the demographic profiling questionnaire to meeting participants, it was also distributed more widely to a range of organisations. Table 2 shows the organisations that the survey was distributed to.

Table 2. Organisations the survey was distributed to

Name of organisation the survey was sent to	Whether a virtual meeting was attended
Pan Staffordshire Early Years Co-ordinators (South Staffs)	No
Pan Staffordshire Early Years Co-ordinators (Stafford)	No
YMCA Rugeley	No
YMCA Burton	No
Gingerbread	No
Staffordshire Young Farmers	No
North Staffs Mind	No
Burton Mind	No
Mid Staffs Urology Cancer Support Group	No
St Giles Hospice	No
Cannock Children's Centre	No
Milk Fairies	No
South Staffordshire Early Years	No
Cannock Chase Advice Centre	No
Stafford Muslim Community Centre	No
Concrete	Yes
Faith Leaders Forum	Yes
Burton Caribbean Association	Yes
Changes Young People	Yes
Brighter Futures	Yes
North Midlands LGBT Older People's Group	Yes
Breast in the City	Yes
Asha (NS)	Yes
YMCA (NS)	Yes
SCVYS	Yes
Moorlands Homelink	Yes
Support Staffordshire (Moorlands)	Yes
Support Staffordshire (NUL)	Yes
Support Staffordshire (Stafford)	Yes
Support Staffordshire (South Staffs)	Yes
Support Staffordshire (Lichfield)	Yes
Midland Bowel Cancer Support Group	Yes
Diabetes Peer Support Group	Yes
Just Family CIC	Yes
Stafford and Cannock Wellbeing	Yes
Stoke/MPFT Baby Massage Group	Yes
Burton Bowel Cancer Support Group	Yes
North Community of Practice Session	Yes

4 Respondent profiling

This section presents a profile of those attending the meetings and completing the demographic profiling survey. As the events were conducted digitally, with participants being sent a link to the questionnaire following the event, not all participants completed the questionnaire.

4.1 Demographic profiling

Table 3 shows the demographic profile of those completing the demographic profiling questionnaire.

Table 3. Demographic profiling

Ethnicity			Sexual orientation		
White: British	50	94%	Heterosexual	44	83%
White: Irish	-	-	Lesbian	-	-
White: Gypsy or traveller	-	-	Gay	4	8%
White: Other	-	-	Bisexual	3	6%
Mixed: White and Black Caribbean	-	-	Other	-	-
Mixed: White and Black African	-	-	Prefer not to say	2	4%
Mixed: White and Asian	-	-	*Base*		*53*
Mixed: Other	-	-	**Relationship status**		
Asian/Asian British: Indian	2	4%	Married	22	43%
Asian/Asian British: Pakistani	-	-	Civil partnership	1	2%
Asian/Asian British: Bangladeshi	-	-	Single	13	26%
Asian/Asian British: Chinese	-	-	Divorced	4	8%
Asian/Asian British: Other	-	-	Lives with partner	9	18%
Black/Black British: African	-	-	Separated	-	-
Black/Black British: Caribbean	1	2%	Widowed	1	2%
Black/Black British: Other	-	-	Other	-	-
Other ethnic group: Arab	-	-	Prefer not to say	1	
Any other ethnic group	-	-	*Base*		*51*
Base		*53*	**Pregnant currently**		
Age category			Yes	2	4%
16 – 19	5	9%	No	49	94%
20 – 24	1	2%	Prefer not to say	1	2%
25 – 29	6	11%	*Base*		*52*
30 – 34	3	6%	**Recently given birth**		
35 – 39	3	6%	Yes	5	10%
40 – 44	3	6%	No	46	90%
45 – 49	5	9%	Prefer not to say	-	-
50 – 54	3	6%	*Base*		*51*
55 – 59	11	21%	**Health problem or disability**		
60 – 64	3	6%	Yes, limited a lot	5	10%
65 – 69	7	13%	Yes, limited a little	8	16%
70 – 74	1	2%	No	35	69%
75 – 79	2	4%	Prefer not to say	3	6%
80 and over	-	-	*Base*		*51*
Prefer not to say	-	-	**Disability**		
Base		*53*	Physical disability	5	22%
Religion			Sensory disability	1	4%
No religion	20	38%	Mental health need	8	35%
Christian	27	51%	Learning disability or difficulty	2	9%
Buddhist	1	2%	Long-term illness	7	30%
Hindu	-	-	Other	2	9%
Jewish	-	-	Prefer not to say	5	22%
Muslim	-	-	*Base*		*23*
Sikh	2	4%	**Carer**		
Any other religion	2	4%	Yes - young person(s) aged under 24	7	14%
Prefer not to say	1	2%	Yes - adult(s) aged 25 to 49	1	2%
Base		*53*	Yes - person(s) aged over 50 years	11	21%
Sex			No	35	67%
Male	16	31%	Prefer not to say	-	-
Female	36	69%	*Base*		*52*
Intersex	-	-	**Gender identity**		
Prefer not to say	-	-	Yes*	-	-
Other	-	-	No	51	98%
Base		*52*	Prefer not to say	1	2%
Armed services			*Base*		*52*
Yes	1	2%	*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	52	98%			
Prefer not to say	---	--			
Base		*53*			

Percentages may not add up to 100% due to rounding and because participants could select multiple options for some questions.

4.2 Respondent types

Table 4 shows the types of participants who attended the meetings.

Table 4. Which of the following best describes you?

Participant type	No.	%
From a non-health voluntary group, charity or organisation	14	26%
Member of the public	14	16%
From a health-related group, charity or organisation	11	21%
From a community group	6	11%
Carer	3	6%
From another public sector organisation	2	4%
NHS organisation employee	1	2%
Other	2	4%
Base	53	

4.3 Service usage

Table 5 shows the services participants had used in the last three years.

Table 5. Which, if any, of the following services have you used in the last three years?

Participant type	No.	%
Urgent and emergency care services	23	43%
Planned care services	20	38%
Primary care	16	30%
Community services	15	28%
Mental health services	14	26%
Community hospital services	7	13%
Maternity services	7	13%
None of the above	5	9%
Base	53	

4.4 Location

Figure 1 shows the location of participants who completed the demographic profiling questionnaire across Staffordshire and Stoke-on-Trent.

Figure 1. Map of participants
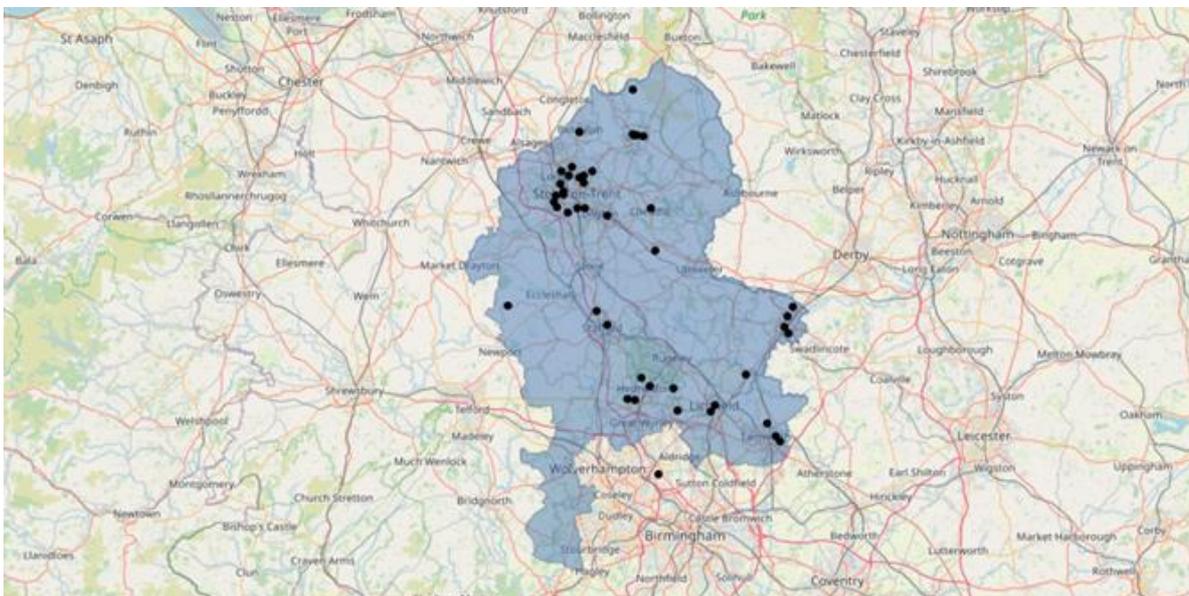
5   Findings

This section summarises the feedback from the meetings. Feedback from both the demographic profiling questionnaire and facilitator feedback notes are summarised and presented below.

5.1   What were the local challenges and what could we improve?

This section summarises the local challenges and the areas for improvement raised by participants.

5.1.1 Feedback from the north

The key challenges and areas for improvement highlighted in the north were:

- Impact on mental health
- Health and wellbeing support
- Access to services
- Communication
- Virtual appointments
- COVID-19 response
- Impact on vulnerable groups.

A detailed summary of each of these themes is provided below.

Impact on mental health

Below is a summary of the themes shared by participants during the meetings:

- **Access to services:** Concern over reduced access to appropriate services and medication, and the reduced number of referrals to mental health services during lockdown
- **Social impacts:** The need to consider the impact of lockdown, being furloughed or not being able to socialise or interact with others, on mental health
- **Anxiety:** Increased anxiety due to fear of catching COVID-19
- **Bereavements:** The need to consider the effects on mental health following bereavements due to COVID-19
- **Technology**: The need to consider those who cannot access technology, which could lead to isolation and negative impacts on mental health
- **Vulnerable groups:** The need to consider the impact on the mental health of those with disabilities and their ability to travel independently (e.g. blind / partially sighted)
- **Students:** The need to consider the mental health of students (e.g. those self-isolating in university accommodation)
- **Postnatal depression:** Concern over the lack of checks to identify postnatal depression.

Health and wellbeing support

Below is a summary of the themes shared by participants during the meetings:

- **Support for carers:** Concern over the lack of support or counselling available for carers
- **Reduced social prescribing:** Negative impact on social prescribing with face-to-face support preferred by some groups (e.g. elderly users)
- **Voluntary services**: Expectation that the voluntary sector can deliver support (e.g. delivering prescriptions), when voluntary organisations do not have the capacity and volunteers are put at risk of catching COVID-19.

Access to services

Below is a summary of the themes shared by participants during the meetings:

- **Travel:** Participants commented that they had to travel further to access services, including those normally provided at GP practices
- **Vulnerable groups:** Concern over the increased travel for patients with disabilities, such as blind or partially sighted. Also concern over patients travelling to County Hospital in Stafford rather than Royal Stoke University Hospital
- **Access to appointments:** Concern over lack of GP and hospital appointments and difficulties booking GP appointments (e.g. GP reception staff acting as gatekeepers)
- **Diagnostics:** Concern over lack of access to blood tests and sexual health testing (e.g. sexually transmitted infections, HIV)
- **Antenatal care:** Concern over reduced access to postnatal checks, health visitors and breastfeeding support
- **Out-of-hours:** Concern over lack of access to out-of-hours care
- **Minor injuries unit:** Participants highlighted that the closure of Leek Minor Injuries Unit adversely impacted on access to care
- **Cancer care:** Concern over delays in accessing cancer services
- **Anxiety:** The need to consider patient anxiety when attending services
- **Prescriptions:** Participants experienced difficulties getting access to prescriptions
- **Seeking treatment**: Concern that people are not coming forward to access care, potentially causing future health problems.

Communication

Below is a summary of the themes shared by participants during the meetings:

- **Flu vaccination:** Consider the need to improve awareness of the flu vaccination, since promotion has currently been limited
- **GP practices:** Concern over lack of updates from local GP practices on how to access appointments and prescriptions
- **Online communication:** The need for regular website updates. Participants raised concerns over the lack of updates on the University Hospitals of North Midlands website
- **Social distancing measure:** Improved information is required about zoning at hospitals
- **Access to services:** Concern over the lack of communication on where to access services.

Virtual appointments

Below is a summary of the themes shared by participants during the meetings:

- **Use of technology:** The need to consider the fact that remote or virtual meetings are not suitable for everyone, such as those with hearing issues
- **Patient outcomes:** Concern that the lack of face-to-face appointments may result in worse patient outcomes
- **Lack of access:** Consider how those without access to technology will access virtual appointments.

Maternity services

Below is a summary of the themes shared by participants during the meetings:

- **Communication:** Concern about poor communication around maternity and child services (e.g. information on how to access vaccinations)
- **Lack of face-to-face care:** The need to recognise that phone calls do not effectively replace health visitor checks
- **Support for partners:** The need for increased support for partners

- **Midwives:** Concern that difficulties contacting midwives can result in adverse patient outcomes
- **Visitors:** The need to consider anxiety caused by partners and other visitors not being permitted to enter maternity services
- **Check-ups:** Concern over the lack of access to postnatal checks and health visitors
- **Staffing:** Concern over the lack of adequate staff numbers resulting in long waits for support and care
- **Out-of-hours care:** The need for greater access to support out-of-hours
- **Breastfeeding:** Concern over reduced access to breastfeeding support, as well as increased pressure to breastfeed
- **Support groups:** Concern over the lack of access to support groups and antenatal classes.

COVID-19 response

Below is a summary of the themes shared by participants during the meetings:

- **Testing:** Concern over lack of access to tests
- **Social distancing:** Consider reviewing social distancing measures at Royal Stoke University Hospital to ensure they are practical and do not result in patients feeling uncomfortable in waiting areas.

Impact on vulnerable groups

Below is a summary of the themes shared by participants during the meetings:

- **Child development:** The need to consider the impact of lockdown on young people and children's development (e.g. the effects of lack of socialisation)
- **Homelessness:** Concern over the lack of access to emergency accommodation for rough sleepers
- **Inequalities:** The need to consider inequalities and deprivation
- **Dementia:** Consider the need for increased support for dementia patients.

5.1.2 Feedback from the south east

The key challenges and areas for improvement highlighted in the south east were:

- Access to services
- Communication
- Virtual appointments
- COVID-19 response
- Health and wellbeing support.

A detailed summary of each of these themes is provided below.

Access to services

Below is a summary of the themes shared by participants during the meetings:

- **Reduced access:** The need to consider difficulties accessing services (e.g. GP, dentist, blood tests)
- **Pharmacies:** The need to provide pharmacies with additional support to enable patients to access the service more quickly
- **Clinic access:** Concern over stopping Staying Well clinics at Midlands Partnership NHS Foundation Trust
- **Access to prescriptions:** The need to consider how some patients may have difficulties getting prescriptions following appointments
- **Planned care:** Concern over the cancellation of scheduled operations
- **A&E:** Concern over long waits at A&E
- **Endoscopy:** Concern over the lack of access to endoscopy appointments

- **Sexual health services:** Concern over the lack of access to testing (e.g. sexually transmitted infections, HIV)
- **Cancer care:** Delays in accessing cancer services.

Virtual appointments

Below is a summary of the themes shared by participants during the meetings:

- **Patient-centred care:** The need to consider the fact that virtual appointments may be impersonal
- **Quality of care:** Virtual appointments may adversely impact on patient care, as they do not allow GPs to obtain all the details required for effective diagnosis.

Communication

Below is a summary of the themes shared by participants during the meetings:

- **Communication:** Concern over lack of updates from local GP practices (e.g. on how to access appointments and prescriptions)
- **Messaging:** Confusing and conflicting information about COVID-19 measures from central government and local news.

COVID-19 response

- **Testing:** There was concern over a lack of access to COVID-19 tests.

Health and wellbeing support

Below is a summary of the themes shared by participants during the meetings:

- **Social prescribing:** Concern over the negative impact of the pandemic on social prescribing
- **Discharge:** Concern over the lack of effective support for patients when discharged from hospital
- **Dementia:** The need to for effective support for dementia patients.

Other comments

- **Staffing:** Increased staffing numbers are required in endoscopy.

5.1.3 Feedback from the south west

The key challenges and areas for improvement highlighted in the south west were:

- Access to services
- Communication and education
- Mental health services
- COVID-19 response.

A detailed summary of each of these themes is provided below.

Access to services

Below is a summary of the themes shared by participants during the meetings:

- **Long-term conditions:** Concern over difficulties accessing treatments for those with long-term conditions (e.g. diabetes)
- **Access to prescriptions:** Issues accessing prescriptions and delivering prescriptions to patients who were shielding
- **Blood tests:** Concern over the lack of access to blood tests and test results
- **Podiatry:** Concern over the lack of access to podiatry care
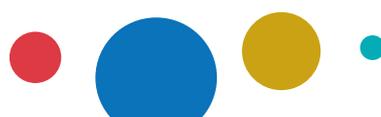
- **Sexual health services:** Concern over the lack of access to testing (e.g. sexually transmitted infections, HIV)
- **Cancer care:** Concern over delays in accessing cancer services
- **Visitors:** The need to consider end-of-life patients having access to visitors
- **Maternity services:** Concern over the lack of access to health visitors
- **Cancer treatment:** The need to ensure cancer patients can access treatment.

Communication and education

Below is a summary of the themes shared by participants during the meetings:

- **Lack of information:** Concern over information not being disseminated to local communities clearly (e.g. information on local lockdowns)
- **Cleaning:** The need for effective communication around cleaning procedures to avoid COVID-19 transmission
- **Test results:** Concern over the lack of communication of test results
- **Engagement:** Consider the need to talk to senior leaders to discuss issues in local areas
- **Diabetes patients:** Concern over the lack of information for diabetes patients
- **Clarity:** Concern over the lack of clarity of the information available (e.g. for parents with children attending schools).

Mental health services

Below is a summary of the themes shared by participants during the meetings:

- **Staff:** Consider the need for adequate staffing
- **Referrals:** The need to ensure patients can be referred to appropriate services
- **Face-to-face appointments:** Consider the need for face-to-face appointments to prevent adverse patient outcomes
- **Impact on mental health:** The need to consider the impact on mental health from COVID-19 and not being able to socialise or go outside (e.g. the impact on key workers, those living alone, those living in upper floor flats without an outside space and parents with young children).

COVID-19 response

- **Testing:** Concern over the lack of access to COVID-19 tests and the impact of not being able to access testing on the ability to access other services (e.g. the requirement for a negative COVID-19 test before other services can be accessed).

5.1.4 Summary of participant feedback on the local challenges and what could be improved

- The impact of lockdown on mental health needs to be considered and improved access to mental health services and treatment is required
- Access to services has been negatively impacted by COVID-19, with reduced access to GP appointments and diagnosis
- Maternity services have been negatively impacted by COVID-19, with reduced access to perinatal support and partners not being able to attend appointments or be at the birth, causing anxiety and distress for new mothers
- The use of virtual appointments is not suitable for everyone; for example, those without access to technology
- The need for improved communication
- Vulnerable groups should be considered, and inequalities should be addressed.

5.2   What went well and what improvement did you experience?

This section summarises the feedback raised by participants on what went well and improvements they experienced.

5.2.1 Feedback from the north

The key improvements and themes on what went well highlighted in the north were:

- Access to services
- COVID-19 response
- Quality of service
- Virtual appointments
- Health and wellbeing support.

A detailed summary of each of these themes is provided below.

Access to services

Below is a summary of the themes shared by participants during the meetings:

- **Hospital services:** Access at Royal Stoke University Hospital worked well
- **Blood testing:** Access to blood test results was quicker than usual
- **Parking:** Advantageous to have parking charges suspended during COVID-19
- **Flu vaccination:** The ability to access flu vaccination is advantageous.

COVID-19 response

Below is a summary of the themes shared by participants during the meetings:

- **Testing:** The COVID-19 test booking service and testing at Silverdale worked well
- **GP surgery:** Social distancing measures in place at GP surgeries were effective
- **Staff:** Staff helped to reduce anxiety over COVID-19
- **Social distancing:** Effective social distancing measures were in place at the hospitals, including at Royal Stoke University Hospital.

Quality of service

Below is a summary of the themes shared by participants during the meetings:

- **Hospital services:** Quality of service provided at Haywood Hospital and County Hospital was good
- **Maternity services:** Quality of care at provided at Royal Stoke University Hospital and by health visitors and community midwives was effective
- **A&E:** Staff at Stoke A&E were helpful
- **Mental health:** Good quality of mental health support for health care professionals (e.g. GPs).

Virtual appointments

Below is a summary of the themes shared by participants during the meetings:

- **Lack of travel:** Virtual appointments received positively because they reduce the need for travel
- **Prescriptions:** Ability to get prescriptions for medications one hour after a virtual appointment was useful
- **Access to records:** Positive to have access to care records online through the Integrated Care Records.

Health and wellbeing support

Below is a summary of the themes shared by participants during the meetings:

- **Social prescribing:** Increased use of social prescribing was effective
- **Community support:** Support provided by community and voluntary groups was effective
- **Maternity:** Access to health visitors and support was positive
- **Visitor access:** Lack of visitor access in maternity services meant it was possible to allow for more focus and care for babies.

5.2.2 Feedback from the south east

The key improvements and themes on what went well highlighted in the south east were:

- Access to services
- Quality of care
- Communication
- COVID-19 response
- Online services
- Health and wellbeing support
- Addressing inequalities.

A detailed summary of each of these themes is provided below.

Access to services

Below is a summary of the themes shared by participants during the meetings:

- **Minor injuries:** Level of access at the local Minor Injuries Unit worked well
- **Blood testing:** Blood testing service was efficient and quick.

Quality of care

Below is a summary of the themes shared by participants during the meetings:

- **Community hospital:** Quality of service provided at a community hospital was good
- **Cancer care:** Quality of cancer care at Queen's Hospital Burton and Royal Derby Hospital was good
- **Emergency care:** Effective care was provided in emergencies.

Communication

- **Appointment communication:** Communication around hospital appointments was clear and effective (e.g. patients were being called before their appointment and given an explanation of what to expect).

COVID-19 response

Below is a summary of the themes shared by participants during the meetings:

- **Staff:** The service provided by health care staff and volunteers in response to COVID-19 was excellent
- **Safety measures:** Effective safety measures were in place for face-to-face appointments
- **Community support:** Support provided by local community and voluntary groups to distribute food and deliver prescriptions was effective.

Online services

Below is a summary of the themes shared by participants during the meetings:

- **Virtual appointments:** Virtual appointments can be effective and protect people from COVID-19
- **Access to records:** Positive to have access to care records online through the Integrated Care Records
- **Home working:** Home working has been effective in some areas.

Addressing inequalities

Below is a summary of the themes shared by participants during the meetings:

- **Discrimination:** University Hospitals of Derby and Burton is making progress at addressing discrimination across the Trust
- **Life expectancy:** Increased awareness of life expectancy disparities across the region that can be addressed.

Other themes

- **Integration:** Improved inter-organisational working and greater links across statutory bodies in the sector.

5.2.3 Feedback from the south west

The key improvements and themes on what went well highlighted in the south west were:

- **COVID-19 measures:** Service and safeguarding process in place at Queen's Hospital Burton and other hospitals
- **Virtual appointments:** Virtual appointments work well and reduce travel
- **Partnership working:** Support provided by voluntary sector has been effective
- **Staff:** Staff have provided high quality care
- **Blood testing:** Effective access to blood testing
- **Access to records:** Positive to have access to care records online through the Integrated Care Records.

5.2.4 Summary of participant feedback on what worked well, and improvements experienced

- The response to COVID-19 was effective, with good social distancing measures in place in healthcare buildings
- High quality of care provided by staff
- Improved integration and inter-organisational working, for instance in the voluntary sector
- Virtual appointments work well for some patients, reducing travel
- Access to services was improved in some cases.

5.3 What do you think should be our priorities for now and the future?

This section summarises the feedback raised by participants on the priorities for now and the future

5.3.1 Feedback from the north

The key priorities highlighted by respondents in the north were:

- Mental health services
- COVID-19 response
- Communication and integration
- Maternity services
- Vulnerable groups
- Access to service
- Virtual appointments
- Finance.

A detailed summary of each of these themes is provided below.

Mental health services

Below is a summary of the priorities raised by participants during the meetings:

- **Access:** Increasing provision of mental health services and the ability to access this earlier
- **Young people:** Improving mental health services for young people
- **Befriending:** Providing befriending services to prevent mental ill health
- **Crisis care:** Ensuring access to crisis support
- **Maternity:** Ensuring mental health support for new mothers
- **Impact on mental health:** Consider the impact of lockdown on mental health.

COVID-19 response

Below is a summary of the priorities raised by participants during the meetings:

- **Access to testing:** Increased access to COVID-19 testing
- **Care homes:** Ability to visit loved ones in care homes
- **Staff:** Protecting frontline staff from COVID-19
- **Maternity:** Ensuring partners can be there during labour and appointments
- **Cleaning:** Ensuring effective guidance on cleaning procedures based on up-to-date medical research.

Communication and integration

Below is a summary of the priorities raised by participants during the meetings:

- **Messaging:** Reinforcing the message that the public can still access non-COVID-related care
- **Partnership working:** Working in partnership with the voluntary sector in joint commissioning
- **Communication:** Improving communication generally
- **Signposting:** Ensuring signposting to services is effective (e.g. maternity)
- **CCG:** Ensuring communication to the voluntary sector is clear.

Maternity services

Below is a summary of the priorities raised by participants during the meetings:

- **Support:** Ensuring there is appropriate support for partners and other family members

- **Medication:** Ensuring access to medication
- **Face-to-face care:** The need to consider the fact that virtual appointments may not be effective in maternity.

Vulnerable groups

Below is a summary of the priorities raised by participants during the meetings:

- **Homeless people:** Ensuring support for rough sleepers and homeless people (e.g. prescriptions)
- **Ex-prisoners:** Ensuring people can access prescriptions straight after release
- **Inequalities:** The need to reduce health inequalities
- **Dementia:** Ensuring hospitals are dementia-friendly.

Access to services

Below is a summary of the priorities raised by participants during the meetings:

- **A&E:** Ensuring access to A&E
- **GP services:** Ensuring people can access GP appointments
- **Cancer care:** Ensuring access to cancer screening
- **Blood tests:** Ensuring access to blood testing.

Virtual appointments

Below is a summary of the priorities raised by participants during the meetings:

- **Face-to-face care:** Ensuring face-to-face GP appointments can be accessed
- **Access to technology:** Consider the fact that technology may not be suitable for some groups (e.g. elderly)
- **Training:** Ensuring GPs are trained to conduct virtual appointments.

Finance

Below is a summary of the priorities raised by participants during the meetings:

- **Funding:** Ensuring services have enough funding to provide effective care
- **Voluntary sector:** Ensuring the voluntary sector has adequate funding.

5.3.2 Feedback from the south east

The key priorities highlighted by respondents in the south east were:

- Access to services
- Mental health services
- Communication and education
- COVID-19 response
- Communication and integration.

A detailed summary of each of these themes is provided below.

Access to services

Below is a summary of the priorities raised by participants during the meetings:

- **Long-term conditions:** Increasing access to services for non-life-threatening conditions (e.g. cataracts, knee replacements, ear nose and throat, etc.)
- **Minor injuries units:** Using the minor injury units to give immediate care to people to reduce the burden on hospital A&E

- **GP practices:** Providing additional support to GP services and ensuring access to GP appointments
- **Travel:** Ensuring services are close to home and considering those reliant on public transport, for example, to access the George Bryan Centre
- **Young people:** Ensuring the needs of young people are considered when rebuilding services
- **Integration:** Ensuring there is a joined-up approach between voluntary and healthcare organisations to support the local population (e.g. the distribution of medicines)
- **Waiting times:** Reducing waiting times to access care
- **X-ray:** Ensuring access to x-ray.

Mental health services

Below is a summary of the priorities raised by participants during the meetings:

- **Increased provision:** Greater provision of mental health services, especially for those who have suffered due to COVID-19 (e.g. those who have suffered a bereavement)
- **Consistency:** Greater consistency of mental health services across Staffordshire and Stoke-on-Trent.

Communication and education

Below is a summary of the priorities raised by participants during the meetings:

- **Local communication:** Identifying and using local leaders to ensure key information is disseminated locally
- **Service navigation:** Educating the public on when to go to A&E and when to go to a Minor Injury Unit
- **Awareness of service provision:** Informing the public that services are available for those who require them (e.g. cancer, mental health)
- **Younger people:** Disseminating information around social distancing that is targeted towards younger people
- **Consistency:** Increasing consistency across different departments.

COVID-19 response

Below is a summary of the priorities raised by participants during the meetings:

- **Service restoration:** Balancing COVID-19 and non-COVID-19 related services, and restoring services to pre-COVID-19 levels
- **Test and trace:** Supporting local test and trace activity
- **Testing:** Increasing access to COVID-19 testing
- **Compliance:** Greater enforcing of social distancing rules, including spot checks on businesses and fines for those not following the rules
- **Step-down care:** Increasing services for those awaiting tests and step-down care.

5.3.3 Feedback from the south west

The key priorities highlighted by respondents in the south east were:

- Service provision
- Health and wellbeing support
- Mental health services
- Communication and education.

A detailed summary of each of these themes is provided below.

Service provision

Below is a summary of the priorities raised by participants during the meetings:

- **Long-term conditions:** Ensuring provision of suitable measures and interventions for patients with long-term conditions or life-limiting conditions (e.g. diabetes, cancer).

Health and wellbeing support

Below is a summary of the priorities raised by participants during the meetings:

- **Volunteers:** Utilising volunteers in hospitals and to deliver medication, and ensuring they have adequate support
- **New parents:** Ensuring targeted support for new parents.

Mental health services

Below is a summary of the priorities raised by participants during the meetings:

- **Impact of COVID-19:** Greater provision of mental health services, especially for those who have suffered due to COVID-19 (e.g. those who have suffered job losses)
- **Social prescribing:** Using social prescribing services to support mental health
- **Support:** Ensuring effective mental health support.

Communication and education

Below is a summary of the priorities raised by participants during the meetings:

- **Local communication:** Ensuring key information is disseminated locally (e.g. rules around local lockdowns)
- **Cleaning:** Advice on cleaning policies based on medical research
- **Integration:** Improving communication between services
- **Test results:** Ensuring test results are communicated effectively.

5.3.4 Summary of participant feedback priorities for now and the future

- Focusing on mental health, due to the negative impact of the pandemic on mental health
- Ensuring adequate service provision and appropriate access to services
- Ensuring effective communication and awareness
- Ensuring the needs of vulnerable groups are considered and inequalities are tackled
- Continuing partnership working with the voluntary sector and improving integration across services.

6   Summary and next steps

This section presents a summary of the findings and the next steps.

Local challenges and what could be improved

- The **impact of the COVID-19 lockdown on mental health** needs to be considered, and improved access to mental health services and treatment is required
- **Access to services** has been negatively impacted by COVID-19, with reduced access to GP appointments and diagnosis
- **Maternity services** have been negatively impacted by COVID-19, with reduced access to perinatal support and partners not being able to attend appointments or be at the birth, causing anxiety and distress for new mothers
- The use of **virtual appointments** is not suitable for everyone (e.g. those without access to technology)
- The need for improved **communication**
- **Vulnerable groups** should be considered and inequalities should be addressed.

What worked well, and improvements experienced

- The **response to the COVID-19 pandemic** was effective, with good social distancing measures in place in healthcare buildings
- High **quality of care** provided by staff
- Improved **integration** and inter-organisational working, for instance in the voluntary sector
- **Virtual appointments** work well for some patients, reducing travel
- **Access to services** was improved in some cases.

Participant feedback priorities for now and the future

Participants identified the following priorities:

- Focusing on **mental health**, due to the negative impact of the pandemic on mental health
- Ensuring adequate **service provision** and appropriate access to services
- Ensuring effective **communication and awareness**
- Ensuring the needs of **vulnerable groups** are considered and inequalities are tackled
- Continuing **partnership working** with the voluntary sector and improving integration across services.

Next steps

The next steps identified by Together We're Better are:

- Continue to have an open and transparent dialogue with the population and the workforce and discuss those temporary service changes, which may become permanent solutions
- Work with providers and commissioning teams to develop service change proposals
- Develop business cases for future transformation of services to benefit the local population.