



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

# Health and care in Staffordshire and Stoke-on-Trent

## Listening to your feedback

February 2020



**Between 3 June and 25 August 2019, the Together We're Better partnership for Staffordshire and Stoke-on-Trent held a listening exercise to gather the views of patients and public, workforce and other stakeholders across the county.**

Thank you to everyone who took part in this conversation. We received a wealth of feedback that will help us to understand local needs and improve health and care services.

This is a summary of the feedback we received, and how it will be used to inform any future decisions to develop local services. This summary should be used alongside our full Report of Findings, which gives a more detailed analysis of the feedback and is available on our website.



## Who we are

Together We're Better is the local Sustainability and Transformation Partnership bringing together local NHS, councils, independent and voluntary organisations across the county. Since 2016, we have been working to improve health and care for the 1.1 million people who live in Staffordshire and Stoke-on-Trent. There are a number of work programmes that we have been focusing on, included in the below diagram.



# Why change is needed

During the listening exercise, our clinicians shared the challenges they are currently facing and opportunities they can see for improving health and care services.

We know our ability to deliver quality services in the future will be affected by these challenges. 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. We are not alone with these challenges – many areas across the country face the same issues.

Our partners, doctors and nurses agree that people will experience poorer health outcomes unless we take action. We need to plan services for the future to improve quality, using the available budget and resource as efficiently as possible.



# What did we talk about?

We listened to your views and experiences on local health and care services to make sure we understood your journey in navigating the health and care system. We asked three key questions:

What is working well



What can be improved



What is important to you



We wanted to hear your views on all of our services to inform our Five Year Plan, however in particular we also wanted to hear your experiences on the following services:



Urgent and emergency care



Integrated community services in South and East Staffordshire



Community hospitals in South Staffordshire



Maternity services



Planned care (booked appointments, operations or treatments)



Mental health services



# Where did we go?

There were a range of ways for local people to get involved in the conversation. This included local events, a survey and attending existing community meetings.

We shared our messages, information booklets and survey through a range of channels including local newspapers and radio stations, and through our own, and partner, social media and websites.



Printed copies, with information on how people could feed in their views, were also shared with GP surgeries, pharmacies, libraries and put up in other partner organisations' and community buildings. An easy read document was also produced by Asist.

In total we held over 100 events. These ranged from larger events in public, through to roadshows in hospitals, clinics and supermarkets.



# Listening Exercise: Engagement

## Events

	Events	Participants
Public listening events - Members of the public	13	331
Public roadshows - Members of the public	14	251
Community workshops - Voluntary groups	42	816
Workforce listening events - Staff	4	300
Workforce roadshows - Staff	13	455
Mixed roadshows - Public and staff	22	822

## Feedback

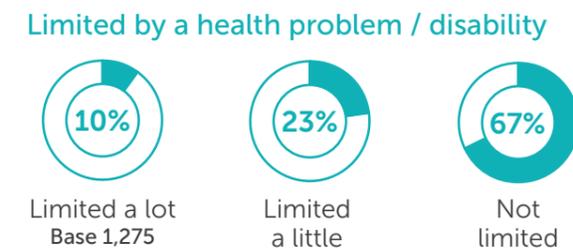
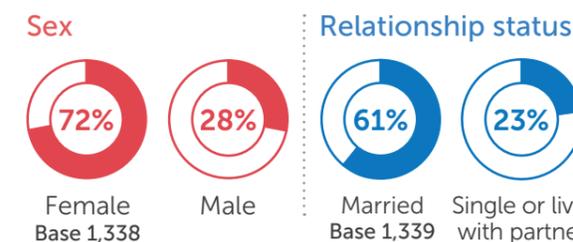
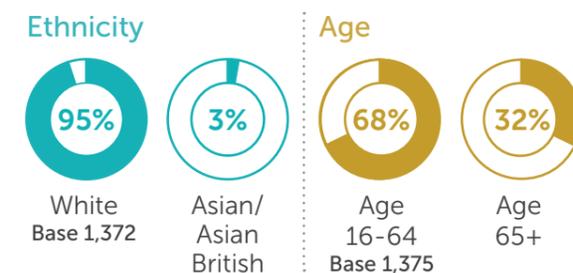
Main involvement survey **367** responses

Postcard survey **746** responses

**11** pieces of correspondence received

**354** participant workbooks completed

## Demographic profiling



## Organic social media activity #TWBYourVoiceCounts

**Facebook**

- 113 posts
- 8 comments
- 614 likes
- 242 shares

**Twitter**

- 173 posts
- 11 comments
- 395 likes
- 290 retweets

## Paid social media advert

**Reach** (no. people seeing advert): **506,590**

**Impressions** (no. times advert is seen): **1,806,094**

**Link clicks:** **1,666**

## Media activity

**16** mentions by newspapers and radio

**10** press releases issued

# Working with the voluntary sector

Groups contacted	Groups met with
ADS	Mind, Burton
Alzheimer's UK	Moorlands Housing
Alzheimer's Society	One Recovery
Approach	Pathway Project
Arch Housing	PoHWER, Shropshire and Staffordshire
Aspire Housing	ICAS
BAC O'Connor	Rethink
Bet365	Salvation Army
Breathe Easy Cannock	Samaritans
Changes Tamworth	Savana
Cheddleton Parish Council	Staffordshire Active
Citizen's Advice	Staffordshire Cancer Active
Community Risk Reduction Officer, Hanley Fire Station	Staffordshire Moorlands Community & Voluntary Services
Crossroads Care	Support Pan Can
Diabetes UK Cannock	Tamworth Foodbank
Diabetes UK North Staffs	The Dove Service
Dyslexia Association of Staffordshire	Voices of Stoke
Expert Citizens Stoke-on-Trent	YMCA, Burton
JCB	YMCA North Staffs
Lifeworks Staffordshire	Sainsbury's Distribution Centre
Macmillan	Save Leek Hospital Group
ManKind Initiative	Burntwood Action Group
	Support Stafford Hospital
	Brain Tumour Support, Staffordshire
	Breathe Easy, North Staffs
	Brighter Futures
	CASS Carer's Café
	Changes, North Staffs
	Diabetes UK, Burton
	Gypsy Liaison Teams (Staffs County Council and SoT City Council)
	Mid Staffs Prostate and Bladder Cancer Support Group
	North Staffordshire Carer's Association
	Penny Brohn Living Well With and Beyond Cancer Event
	Pink Sisters Cancer Support Group Kidsgrove
	Pink Sisters Cancer Support Group Northwood
	Post Office Stafford
	Staffordshire Housing Association
	Support Staffordshire
	The Clubhouse Network
	YMCA, Rugeley

Groups contacted	Groups met with
Gaylife	PRIDE
Staffordshire Buddies	

Sexual Orientation

Other/ Health Inequalities

Groups contacted	Groups met with
Staffordshire Pink Link	PRIDE

Sex



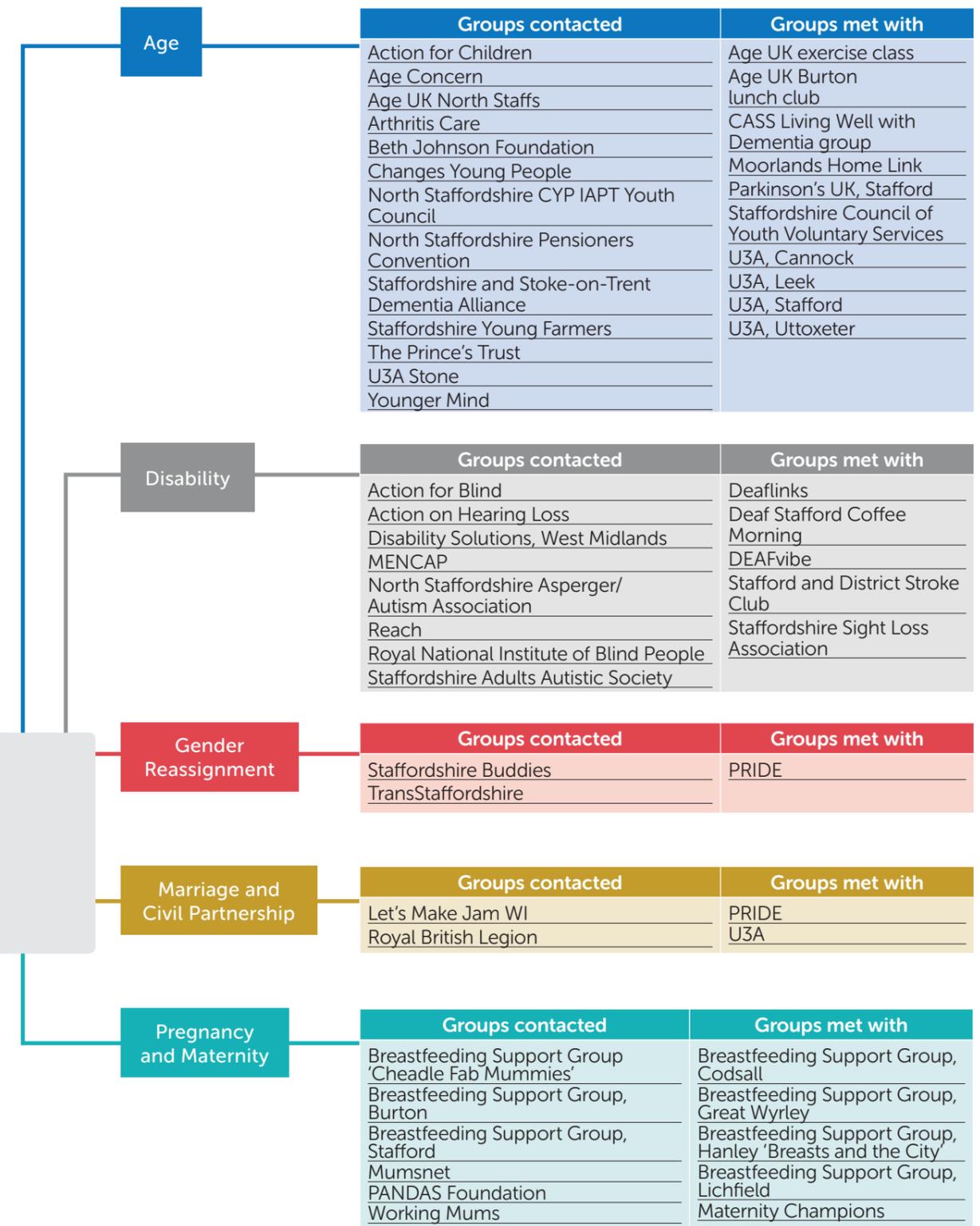
Religion or Belief

Groups contacted	Groups met with
Apostolic Praise Centre	Materials taken to Stoke on Trent mosque
City Central Mosque (SoT)	
Diocese Lichfield	
Gilliani Noor Masjid (Longton mosque)	
Jamia Masjid Hanfia Ghausia (Burton mosque)	
Muslim Women's Network	
St Mary and St Modwyn Church, Polish mass, Burton	
Parafia Rzymsko-Katolicka Matki Bozej, Polish mass, Stoke	
Saltbox	
Sanctus St Marks	
Stafford Muslim Community Centre	

Groups contacted	Groups met with
NORSACA	Burton Caribbean Association
Asha North, Staffs	Gypsy Liaison Teams (Staffs County Council and SoT City Council)
Asylum Seeker and East Refugee Team	North Staffordshire Polish Day Centre
Easy Staffordshire Race Equality Council	
Sikh Society, Keele University	

Race

We would like to thank, the voluntary sector and community groups who welcomed us at their existing meetings to talk to their service users and people who may be "seldom heard". The below table highlights some of the groups we worked with.



# Emerging themes

We spoke to over 2,000 people as part of our listening exercise. Every single comment we received was read and analysed by an independent company and a detailed Report of Findings is available on our website.

In this section, we have tried to capture our reflections on some of the key messages and themes our staff heard during our events. These comments are not part of our independent analysis and aim to provide a snapshot of people's views. For our full, independent analysis please see our website.

Working well	Online booking	Local tests (diagnostics)	Community hospitals	Local urgent and emergency care	Waiting times		
	GP access	Breast cancer screening	Maternity service	Cancer care	Fantastic staff		
Needs improvement	GP access	Shared records	Waiting times	Communication	Access to interpreters	Staff attitude and empathy	Opening hours
	Prevention / signposting	Social referrals	After care	Integration community	Follow up appointments	Staff workload/ numbers	GP home visits
	Health visitor clinics	CAMHS and transition to adults	Travel	Hospital parking	Multi-agency working	Frail/elderly care	Counselling

You will notice that for some services, we heard both positive and negative comments. This could be because service users are experiencing different levels of services in different areas. This feedback is helpful, as it reinforces our view that we need to do more to provide fair and consistent services across the county.

# You also told us...

 Below is a snapshot of some of the comments we received through our different events.

**Comments from older people at the Cannock Chase U3A group included:**

Good care at GP practice but waiting three weeks for routine appointments, lack of urgent appointments putting pressure on A&E. Access to medication and dressings in Rugeley could be improved e.g. burn wounds.

Positive feedback for the care received in planned care. However, for both planned care and mental health, communication between services could be improved. Long waiting times and lack of support close to home were also common themes.

**Comments from new mums at a breastfeeding support group in Great Wyrley included:**

- Positive experience of maternity unit at New Cross hospital
- Lack of continuity of care – not seeing the same midwife
- Improve support for twin births
- Access to support services after birth could be improved, including mental health and breastfeeding
- Challenges of using services across boundaries – notes not shared between services.

**Comments from breast cancer patients at a support group in North Staffordshire included:**

- “Fantastic care” from staff and consultant
- Problems with cancellations
- Communications could be improved, reducing the need to repeat medical history to professionals
- After care could be improved
- Comments about mental health services included the lack of support tailored to cancer patients or available as soon as they are diagnosed
- Importance of connecting with support groups for peer advice.

**Comments about Stafford Hospital at our listening event in Stafford included:**

- Lack of access to GP appointments means people use A&E
- A&E needs to be 24/7 and the children's A&E needs to be reinstated
- Mixed experiences of NHS 111
- Problems with parking
- Lack of joined-up care between services
- Need access to maternity care closer to home.

**Comments from the Youth Association at Staffordshire Council of Voluntary Youth Services about urgent and emergency care included:**

- Long waiting times
- The need to keep all urgent services 24/7 (including x-ray)
- Confusion about what is urgent/emergency and where to go.

Comments about mental health services included stigma is made worse with social media, lack of support in schools, poor signposting to support services, long waiting times for CAMHS and a lack of funding.

**Comments from the hard of hearing and deaf support groups included:**

- Interpreters not being booked for appointments
- Importance of using local interpreters
- Appointments overrunning and interpreters not being able to stay long enough
- Difficulties in using the ambulance service with no interpreter
- The need for shared care records - preferred method of communication and medical record
- Lack of training for staff.

**Reach worked with us to hold seven workshops with people with learning difficulties or with visual impairments.**

Below is a snapshot of what they told us, you can read their full report in our Report of Findings on our website.



**Urgent and emergency care:**

"Waiting times [at A&E] are the biggest problem". "It's confusing. Nobody knows where they're supposed to go". "Having GPs that are actually open and where you can book appointments would help take the pressure off". Urgent Treatment Centres: "They should be open late".



**Community care:**

"I'm getting told one thing by the GP, and something different by the community nurse. It's so confusing". "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 think it's a good idea for them all to work together and not be on their own".



**Mental health:**

"There should be some kind of mental health triage system within the NHS where there's somebody you can speak to straight away". "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". "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".



**Planned care:**

"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". "You can't make informed choices and decisions if you don't have the information". "They're [the NHS] not good at doing things quickly".

# Service feedback

The below comments for each of our service areas, are taken from our Report of Findings and were independently analysed.



**Integrated care services:**

"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".

"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".

"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 GPs".

"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".



**Urgent care and emergency services:**

"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".

"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".

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

"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".



## Mental health services:

"Doctors recognise if you need help. Together for mental wellbeing and other organisations such as the Wellbeing College are very good places to get the help you need".

"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".

"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".

"Improved investment in primary mental health services – more integration with GP surgeries. It may also benefit people to be able to access services outside of normal office hours, i.e. appointments at weekends, like GP surgeries offer".



## Maternity care services:

"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 North Staffs while no space on actual wards".

"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".

"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".

"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".



## Planned care services:

"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".

"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".

"Organisation of appointments, closer to home and reasonable times and better access to secretaries to change appointment if possible please. I tried for 2 weeks and could not get a reply on number provided".

"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".



# What is important to local people?

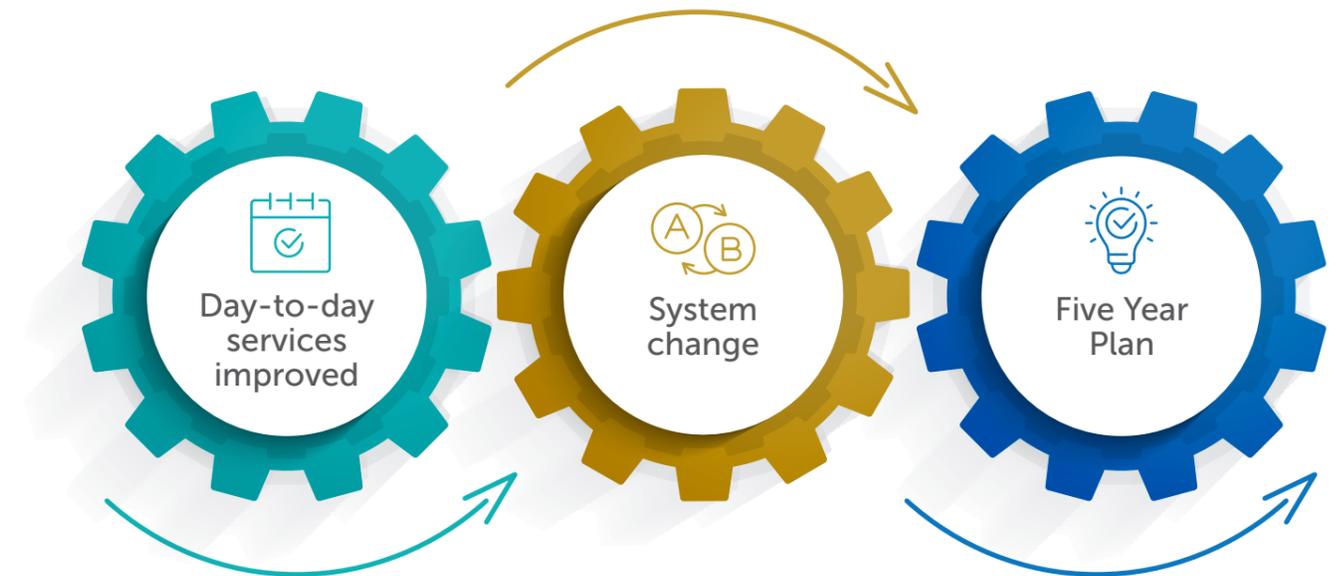
Through the listening exercise, we asked people to rank the importance of three criteria when making changes to health and care:

	 <b>Quality of care</b>	 <b>Meets local needs</b>	 <b>Accessibility</b>
Rating	<b>86% most important</b> <b>4% least important</b> (base: 205 public, 134 staff)	<b>39% most important</b> <b>31% least important</b> (base: 205 public, 133 staff)	<b>45% most important</b> <b>22% least important</b> (base: 207 public, 135 staff)
Examples	<ul style="list-style-type: none"> <li>Leaving GP, hospital / discharge</li> <li>Care and treatment</li> <li>Staff skill / knowledge</li> <li>Staff attitude and empathy</li> <li>Staff communication</li> <li>IT services</li> <li>Cleanliness</li> <li>Food.</li> </ul>	<ul style="list-style-type: none"> <li>Distance / access to hospital / GP</li> <li>Waiting list / appointments / referrals</li> <li>Awareness and education of services / prevention</li> <li>Parking</li> <li>Public transport</li> <li>Visiting family / friends.</li> </ul>	<ul style="list-style-type: none"> <li>Information on admission</li> <li>Integrated care after visit / follow up</li> <li>Link between services hospital / GP / care</li> <li>Staff availability / workload / conditions</li> <li>Vulnerable adults / elderly / living alone.</li> </ul>

Both members of the public and staff rated **quality of care** as most important. This will help inform the desirable criteria, which we will use to evaluate any future proposals for service change. We held workshops with the public and staff during October and November 2019 to help develop these criteria further, identify if there are additional criteria that should be used and give each a weighting that will be used to inform future proposals for service change.

# How are we using your feedback?

There are three ways we will use your feedback:



We make **improvements every day to our services**. Some of your suggestions are straightforward and we can act on them now.

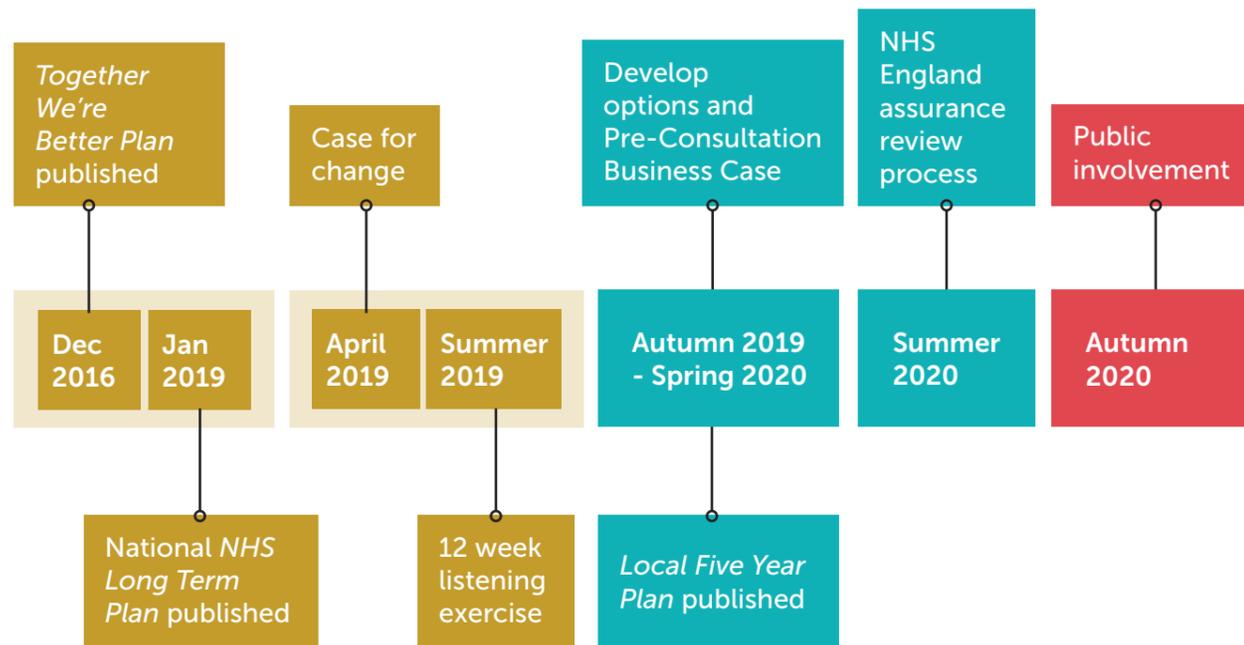
**System change:** We know some services may need further work to identify the level of change needed. Clinicians and staff will use your feedback to help inform proposals for service change. Where substantial change is needed, we will want to involve service users, staff and partners before any decisions are made.

Developing our **Five Year Plan**. We will publish our Five Year Plan in Winter 2019/20. This will set out our vision and priorities for the coming years.

# Next steps

Now the listening exercise has ended and the findings have been analysed, the next step will be to develop proposals for service change.

This is called the **option appraisal process**. Staff and clinicians will look at the feedback alongside their data, to identify how we can improve health and care services locally. Although we are working at pace, we know this process can take time to get right. It may be several years before we can make any recommended changes. The below diagram shows the key milestones we need to go through, but may change:



Staff and clinicians will review any proposals against **essential criteria** (set nationally) and **desirable criteria** (informed by feedback received through the listening exercise):

- Essential criteria**
- ✓ Clinically safe
  - ✓ Delivers national priorities/guidance
  - ✓ Meets the local needs of the population.

- Desirable criteria**
- ✓ Quality of care
  - ✓ Accessibility
  - ✓ Meets local needs.

Once we have a short list of proposals, we will do detailed financial, travel and population analysis before making recommendations. We will produce a detailed document called a Pre-Consultation Business Case that sets out any proposals.

We will then seek assurance on the clinical model from the independent Clinical Senate and assurance that our proposals are financially viable and meet national criteria from NHS England.

The earliest we can carry out further involvement activity is Summer 2020 – if substantial change is needed.

## Get involved

Although our listening exercise has finished, we are continuing to listen to people who use and work within our services. If you would like to keep up-to-date with our progress or take a more active role in shaping our work, there are a range of ways to get involved:

- **Join our local representatives' meetings** every 6-8 weeks to share views on our work and our communication plans
- **Join our virtual People's Panel** to complete regular, short online surveys aimed at supporting our health and social care partners to change services for the better
- **Sign up to our newsletter** to receive regular updates on our work.

If any groups or individuals would like to discuss this work in more detail, please get in touch via the contact points below. We will do our best to reach as many groups as reasonably possible.

## Get in touch

- Visit our website: [www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk)
- Phone: **01785 276926**
- Follow us: **TWBStaffsandStoke**
- Tweet us: **@TWBstaffsstoke**
- Email us: **TWB.comms@nhs.net**

If you need this document in different formats or languages, please get in touch.



## Alternative formats

If you need printed copies of the documents, need documents in different formats or languages please call us on **01785 276926**.

আমরা স্টাফোর্ডশায়ার এবং স্টোক-অন-ট্রেন্টে স্বাস্থ্য ও যত্ন পরিষেবার বিষয়ে আপনার মতামত শুনতে চাই। আপনার নিজের ভাষায় এই তথ্য পেতে যদি আপনার সাহায্যের প্রয়োজন হয় তবে দয়া করে ফোন করুন এনাঙ্গারে 01785 276926

আরা স্টাফোর্ডশায়ার এবং স্টোক-অন-ট্রেন্ট এ স্বাস্থ্য এবং যত্ন অনর মতামত জনিবার লাই চাইদি।

এই তথ্য অ্যাক্সেস করিবার লাই অনর নিজের ভাষায় সাহায্যের ফ্রয়জন হইলে, অনুগ্রহগরিয়ানে ফোন গজ্জুন 01785 276926।

અમે સ્ટાફોર્ડશાયર અને સ્ટોક-ઓન-ટ્રેન્ટમાં આરોગ્ય અને સંભાળ સેવાઓ વિશે તમારા વિચારો જાણવા ઇચ્છીએ છીએ. જો તમને તમારી પોતાની ભાષામાં આ માહિતી અંકસેસ કરવા માટે સમર્થનની જરૂર હોય, તો કૃપા કરીને 01785 276926 પર ફોન કરો.

ਅਸੀਂ ਸਟੈਫ਼ਰਡਸ਼ਾਇਰ ਅਤੇ ਸਟੋਕ-ਆਨ-ਟ੍ਰੈਂਟ ਵਿਚਲੀਆਂ ਸਿਹਤ ਅਤੇ ਦੇਖਭਾਲ ਸੇਵਾਵਾਂ ਦੇ ਬਾਰੇ ਤੁਹਾਡੇ ਵਿਚਾਰ ਜਾਣਨ ਚਾਹੁੰਦੇ ਹਾਂ। ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 01785 276926 ਨੂੰ ਫੋਨ ਕਰੋ।

Chcemy poznać Pana/Pani opinie na temat usług zdrowotnych i opiekuńczych na terenie Staffordshire i Stoke-on-Trent. Pomoc w dostępie do niniejszych informacji w języku ojczystym można uzyskać pod numerem telefonu 01785 276926.

আমরা স্টাফোর্ডশায়ার আর স্টোক-অন-ট্রেন্টে স্বাস্থ্য আর যত্ন সেবার ব্যাপারে আপনার মতামত শুনতে চাই। আপনার নিজের ভাষায় ইতি তথ্য জানতে যদি আপনার সাহায্যের দরকার হয় তা হইলে দয়া করি ফোন করবা আউ নাঙ্গারো 01785 276926.

ہم سٹیفرڈ شائر اور سٹوک آن ٹرینٹ میں دستیاب بیلٹھ اور کیئر سروسز کے بارے میں ہم آپ کے خیالات جاننا چاہتے ہیں۔ اگر آپ کو یہ معلومات اپنی زبان میں حاصل کرنے کے لیے مدد درکار ہو تو براہ مہربانی کو فون کریں۔ 01785 276926

