Care Closer to Home/Urgent Care

Analysis of Responses to the North Essex CCG Consultation

Report produced by
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1 Executive Summary

North Essex Clinical Commissioning Group (NECCG) consulted on the Care Closer to Home and Urgent Care proposals between December 2014 and February 2015. The consultation received 514 survey responses and 13 individual written responses. Also included in the analysis were notes from 22 public meetings and 2 Equality Impact Assessment Workshops.

1.1 Care Closer to Home - Key Findings

Findings from the consultation were grouped around the key themes of GP services; access to information and services; integration of services; self-care and prevention; and service user involvement and monitoring impact.

- **GP Services**: respondents wanted better access, easier appointment systems and more time from their GP; they particularly want to retain GP services that are close to their homes. Respondents believed that GPs would need to be part of if not central to individual care plans but felt worried that GP services are currently already stretched.

- **Access to information and services**: Respondents generally support the principle of providing care closer to home or at home; however, there were concerns about how easy it would be to get appointments and respondents also reported wanting more services to be accessible at evenings and weekends. Another key concern was the need for services to be physically accessible and welcoming and telephone services and tele-health were seen as potentially useful. There were some particular concerns about access to specific services:
  - Respondents called for chiropody to be more available
  - Non-inclusion of COPD services in the proposals was a major concern
  - Exclusion of mental health services was a major concern
  - Support and respite services for carers should be available

Concerns were expressed about staffing levels in terms of the new proposals, particularly in finding adequate numbers of properly trained professionals to deliver the services. It was also widely felt that access to information about services should be improved and that services should consider the needs of elderly and minority groups when providing information (taking into account language, different formats e.g. large print, and not just giving information online). It was reported that all professionals need to have good communication skills and communication in general needs to consider all of the population (across age, language, disability and so on).

- **Integration of Services**: Respondents were in favour of integrated services, continuity of care and holistic care. For most respondents, this meant the integration of social and health services which would have national implications. Good communication between professionals was considered essential for the integration of services, with implications for IT, data sharing and consent. The financial aspects of the proposals for integration of services concerned some people, with several respondents expressing reservations about the service provider being a private company.

- **Self-care and prevention**: respondents did not generally comment much on self-care or prevention, although these are both key features of the Care Closer to Home proposals. It is possible that the design of the consultation and the survey did not adequately draw out health services users’ views on these issues or fully explain how they would be incorporated into the new service model.

- **Service user involvement and monitoring impact**: some respondents indicated that service users should have been involved more in the development of the proposals and the design of the consultation. Listening to patients’ needs and service user involvement is very important going forward; it is important to respondents that professionals should be caring, respectful, listen to and value patients and give individuals the time they need.
1.2 Conclusions

Although separate proposals, Care Closer to Home and Urgent Care are seen as linked by health service users, particularly in that many respondents want 24/7 or extended access to more community services, particularly GPs. Integration and efficiency within the whole system is seen as central to each part of the system working well. The consultation indicates that there is general support for the principles underpinning both proposals, particularly the principle of delivering care close to home or at home within an integrated system; but on both proposals there was some indication that there was insufficient detail to allow respondents to make clear choices or evaluate the proposals in a fully informed way. Where care cannot be delivered at home, a key priority for service users is around physical access to all services including parking for car users and public/hospital transport for others including the elderly. Going forward it would be important for service users to be much more centrally involved both in the design and evaluation of services and in the design of future consultations. A key aspect of the way in which services are evaluated is the way in which service users are treated by professionals, for example, demonstrating core NHS Values. Finally, it is important to consider that the wider national context is likely to be important in moving forward with this local reorganisation in that national and local changes will need to keep pace with each other, for example national developments on the Call to Action for IT, GP services and Eye Care as well as workforce developments, all of which may impact on local delivery and integration of community and urgent care services.
2 Introduction

2.1 The Big Care Debate

In November 2013, North East Essex Clinical Commissioning Group (NECCG) launched the ‘Big Care Debate’, a process which sought to engage with patients, social care service users and members of the public “in working together to find the best possible ways to sustain the local NHS in the future”. This process of engagement then informed two proposals for changes to the way care is delivered in North East Essex. These proposals were ‘Care Closer to Home’ (focusing on ways to provide health and social care to people nearer to their home) and ‘Urgent Care’ (focusing on changes to the ways emergency and urgent care are provided).

2.2 Public Consultation

A public consultation on the Care Closer to Home and Urgent Care proposals was launched in December 2014. A number of public meetings were held across the area at which NECCG representatives talked about the Care Closer to Home and Urgent Care proposals, noted feedback from those present and answered questions. A consultation document was distributed at meetings which provided a background to the issues needing to be addressed; a summary of the proposals; and a survey for members of the public to complete. The survey could be completed by post or online. The consultation document and survey was also distributed via parish councils. The link to the online survey was emailed via the mailing lists of relevant organisations including Community Voluntary Services (Colchester and Tendring) and was provided in local press releases and half page advertisements in local media. The consultation closed on 23 February 2015.

2.3 Responses to the Consultation

The survey asked people about what sort of things were most important to them about the ways in which health and social care were provided; these questions sought to identify how Care Closer to Home would be monitored and its outcomes evaluated. The survey also asked people to choose one of the three options being proposed for Urgent Care. In addition, there were free text boxes for people to add comments about both the Care Closer to Home and the Urgent Care proposals. At the public meetings, attendees were invited to comment and give feedback on the proposals and notes were taken of these meetings. Notes were available from 22 public meetings (a list of these is available in Appendix 1). The proposals were also presented and discussed at two Equality Impact Assessment Workshops which aimed to consider the impact of the proposals on minority groups within the community, including age, disability, gender, pregnancy, children, religion, sex, sexual orientation and carers. Minutes were taken at these workshops. A number of individuals including service users and professionals submitted fuller written feedback on the proposals by email. At the start of the survey, respondents were asked to indicate whether they understood the two proposals being consulted on and 98.4% indicated that they did. The report that follows presents an analysis of all responses to the public consultation.
3 Survey Respondent Information

There were 514 responses received to the survey, 69.7% of which were made online and 30.3% of which were postal. In addition 13 detailed written responses to the proposals were provided which included 10 members of the public, 2 professionals and 1 organisation (Tendring District Council). Respondents to the survey were asked to state their postcode, gender, age group, sexuality, ethnicity and whether they considered themselves to have a disability.

3.1 Location

![Figure 1: North East Essex Area Map](image)

About half of the respondents (286, 55.6%) indicated which part of the region they lived in, see Table 1 below. The greatest number of respondents stating which area they lived in were from Colchester (136) with 157 in total living in the Colchester borough including Colchester, Dedham, East/West Mersea, Dedham, Great Horkesley, Rowhedge, Tiptree, Tollesbury, West Bergholt and Wivenhoe. Respondents from Tendring borough were from Clacton, Brightlingsea, Dovercourt, Frating, Frinton-on-Sea, Great Bentley, Great Holland, Harwich, Holland-on-Sea, Jaywick, Kirby Cross, Lawford, Little Clacton, Manningtree, St Osyth, Thorpe-le-Soken and Walton-on-the-Naze. The 12 respondents from outside of Colchester and Tendring areas were from Braintree, Chelmsford, Feering, Ipswich, Little Totham, London, Maldon and White Colne.

<table>
<thead>
<tr>
<th>AREA</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colchester</td>
<td>157</td>
<td>54.9</td>
</tr>
<tr>
<td>Tendring</td>
<td>117</td>
<td>40.9</td>
</tr>
<tr>
<td>Other areas</td>
<td>12</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>286</td>
<td>100</td>
</tr>
</tbody>
</table>
3.2 Demographics

Of the 514 respondents to the survey, 309 (60.1%) gave their gender, see Figure 2.

Of those respondents reporting their ethnicity, 278 out of 301 (92.3%) were White British; of those respondents reporting their sexuality, 251 out of 280 (89.6%) were heterosexual; of those respondents answering the question about whether they considered themselves to have a disability, 99 out of 300 (33.0%) reported that they had a disability.

Of those who reported their age (210 respondents), the largest category was the 65 to 74 age category (29.9%). There was a good spread of representation from other age categories too. The younger age categories had the lowest representation with less than 5% of respondents being between 12 and 24, 5.6% of respondents were 25 to 34 and 7.9% of respondents were 35-44 (see Figure 3 below).
3.3 Health Service Use

Respondents were asked to indicate from a list which community health care services they use or have used. Of the 190 respondents who selected one or more service, a significant proportion (44.7%) had used Physiotherapy services. Users of all of the services listed were represented, even though some services had very small representation (e.g. Prosthetics, Epilepsy nurse). See Figure 4 below.

Figure 4: Respondents’ use of Community Services

- Speech and Language Therapy: 7.4%
- Prosthetics: 1.1%
- Orthotics: 8.9%
- Dietetics: 8.9%
- Occupational therapy: 16.8%
- Physiotherapy: 44.7%
- Rehabilitation after a stroke: 7.9%
- Ophthalmology: 29.5%
- Falls prevention: 19.5%
- Urology: 16.8%
- Continence: 23.2%
- Intermediate care and reablement: 26.8%
- Rapid assessment service (Harwich Hospital): 5.3%
- Rapid assessment service (Clacton Hospital): 10.5%
- Rapid assessment service at home: 20.0%
- Care for skin to avoid pressure sores/ulcers: 13.7%
- Epilepsy nurse: 3.2%
- COPD specialist nurse: 12.6%
- District nursing: 24.7%
- Cardiology: 28.9%
- Audiology: 27.4%
4 Representativeness of Respondents

With an open online survey, it is impossible to determine whether all respondents are from within the target population, so the statistical representativeness of the responses cannot be assessed. The distributions of the respondents’ characteristics given in the tables and figures above simply describe the sample obtained and there is no attempt to infer generalisability from this sample to the population of North East Essex by way of point estimates and confidence intervals.

It is important, however, to consider how representative of health and care service users in North East Essex the views offered by respondents to this consultation might be by considering the extent to which the respondents represent the diversity of views within the population. The responses to this consultation offer moderate representativeness for the following reasons:

- The respondents represent a roughly equal spread of views from the different areas within North East Essex (Colchester versus Tendring), given that the proportion of respondents from Colchester and Tendring (1:0.75) roughly matches the proportion of inhabitants as indicated by Census data (1:0.8).

- Men and ethnic minorities are under-represented in the survey given that in Essex men constitute 51% of the population and ethnic minorities constitute 12.4% of the population (compared to 7.7% of respondents). In Essex overall, 18.3% of the population are over 65 whereas nearly half (47.4%) of respondents to this survey were over 65, suggesting an over-representation of older people among respondents. However, this may be representative of the ages of people who use the health care services that the Care Closer to Home and Urgent Care proposals are concerned with.

- Respondents represented users of all relevant community and urgent care services, although users of some services had greater representation than others. For example, large numbers of respondents had used Physiotherapy services whereas very few had used Prosthetics or the Epilepsy nurse. This may however be indicative of the numbers of service users who use these services.

The overall number of responses to the survey was relatively high for a local consultation. However, the qualitative responses (individual emails, notes of public engagement and equality impact assessment workshops and free text responses on the survey) were few in number. There was some sense of “data saturation”, (which means that during the analysis there was a point at which no new ideas or views were emerging from the continued examination of individual responses) and this facilitated the development of key findings from the qualitative analysis. Nevertheless, any conclusions drawn from the qualitative data are tentative given the limited sample on which these are based and because little is known about the profile of individuals who sent emails or attended public meetings.

There were some limitations in the way that responses were collected that could potentially have impacted on the reliability of the findings. For example, a small number of individuals commented that the questions did not make sense to them, particularly the questions which asked respondents to order aspects of health service impacts by importance. Based on these comments it is conceivable that some people chose not to complete the survey because of the nature of the questions. One respondent noted that the Care Closer to Home proposal was lacking in details and specificity and appeared to describe a set of principles rather than a proposal; this may also have limited the degree to which respondents could provide their views on the Care Closer to Home part of the proposals. However, it appears that some respondents felt able to provide their views on the general issues raised irrespective of the specific questions posed and found a way to input their views in the free text responses or by email. This suggests that any difficulties experienced in terms of the contents of the proposal or the form of the questions in the survey did not generally prevent service users offering their views if they wanted to.

5 In-Depth Consultation Findings

5.1 Care Closer to Home

The Care Closer to Home proposals concern the delivery of community services for audiology, cardiology, carer services, community hospitals, community nursing, continence, falls prevention, intermediate care, musculoskeletal, ophthalmology, stroke rehabilitation, housing and rapid response, therapies and community diagnostics/assessment. Emerging from the Big Care Debate were some key themes which have informed the Care Closer to Home proposals for the delivery of these services. These themes were self-care, GP services, access to information and services, prevention and integration of services.

Taking forward these themes, the Care Closer to Home proposals focus on “helping people to stay independent for as long as possible, enabling them to manage long term conditions and supporting them to recover quickly following accidents or episodes of ill health”. Specifically, the proposals are to provide the following features of care:

- Empowerment and support to self-care
- Single/joint assessment
- Care planning for service users and carers
- The right level of care
- Joined up care for service users and carers
- Recovery focus
- Prevention is better than cure

In order to make these improvements to the way care is delivered, the NEECCG proposal is for one single provider to be responsible for all community services, rather than multiple service providers. This single provider may sub-contract other providers but would maintain overall responsibility for joined up care within the community pathway. The service would provide a single gateway to which GPs would refer and where a single assessment would take place leading to the appointment of a care-co-ordinator. The NEECCG intend to monitor the success of this new way of delivering services and a particular focus of the consultation was around what outcomes people who use the services would like to be monitored. In addition, public engagement events and individual feedback provided more in depth feedback and views on the content of the proposals. The following analysis of consultation feedback focuses first on key themes emerging mainly from qualitative feedback from individuals by email, at public engagement events and at equality impact assessment workshops. The findings are set out under the key themes of GP Services; Access to Services and Information; Integration of Services; Self-Care and Prevention; and Service User Involvement and Monitoring Impact. The first four of these represent key themes underpinning the Care Closer to Home proposals and within which many responses to the consultation could be fitted. The final theme ‘Service User Involvement and Monitoring Impact’ emerged partly from questions on the survey about what was important to service users but also as a number of key issues raised by respondents in their free text responses, relating to the importance of valuing service users.

5.1.1 GP Services

GP services were clearly very important to respondents and this emerged as an important theme in the consultation. There was a tension evident in the responses in that many people clearly wanted **better access, easier appointment systems and more time** from their GP; they wanted to retain GP services that were **close to their homes**; and there was a clear sense that **GPs would need to be part of if not central to individual care plans** as part of Care Closer to Home: “How will these changes work in with primary care, we already find it really difficult to access GPs” (Epilepsy Action Group).
However, there was also a recognition that GP services were currently already stretched and that there may not be enough capacity in these services for them to provide a central pillar to Care Closer to Home. It should be noted that at the time of this consultation, the need for an increased GP workforce was recognised as a national issue and that experiences of difficulty accessing GP services would have been influenced by the national shortfall. It therefore seems to follow that NEECCG will need to ensure that local as well as national initiatives to increase the GP workforce keep pace with the roll out of Care Closer to Home.

Issues raised about GP services tended to span both the Care Closer to Home proposals and the Urgent Care proposals, indicating that these were interlinked and both dependent on adequate provision of GP services:

- GP services are currently difficult to access in terms of appointments and to make the system work there would need to be increased GP capacity. As Urgent Care Centres will help make GP appointments for those which do not meet the threshold there is a concern that this will not be effective if patients have to wait a number of weeks for an appointment. It therefore appears that a restriction of services is being envisaged and it is not clear where that overflow will be dealt with as there may not be sufficient GP capacity. (Tendring District Council)

This will be discussed further later on in relation to Urgent Care.

5.1.2 Access to Information and Services

Access to information and services emerged as a strong theme in responses to the consultation. Within this there were a number of different issues respondents gave views on. In general there was a lot of support for the principle of providing care closer to home to improve access as long as the risks were managed properly:

- The principle of care close to home has to be a preference. I feel sure everyone would prefer that to a stay in hospital or institutionalised care home but it will only work if there are sufficient resources available to visit and treat people at their home. (Email from individual)

Care at home was seen to be a particular advantage for elderly people and for sensory challenged people “as they are able to navigate their way and feel safe in that environment” (Equality Impact Assessment Workshop).

There were particular concerns about how easy it would be to get appointments, whether they be with a GP or appointments for home visits. In particular there was a widespread call for some services to be accessible at evenings and weekends, which is clearly interconnected with the Urgent Care proposals. Although many comments about this referred to GP services, there was also a sense that across the whole system, better access throughout the week would enable better efficiency across the system:

- SK referred to her own recent experience when she suffered a heart attack in August 2014. She was discharged from hospital without any medicine etc. It was August Bank Holiday so had to wait until the Tuesday to receive medication which was worrying for herself and the family. (Equality Impact Assessment Workshop)

- A present we are working on a Pilot study for 7 day working. This is so far showing to be a real success. In the 2 months we have been operating we have achieved 25 admission avoidances and we still have 2 more months to complete the study. The hospital have noticed that the burden of COPD admissions have definitely been lessened since the start of the pilot. (Respiratory Services Lead, ACE)

Many respondents also noted the importance of services being physically accessible and welcoming. Parking was often noted as a problem at current sites such as Colchester General

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2 GP Taskforce Final Report (March 2014), Securing the Future GP Workforce Delivering the Mandate on GP Expansion, NHS
Hospital and the need for better transport links to hospitals and surgeries was a common concern. The location of services was related to this, for example it was noted that Colchester General Hospital was not accessible for people in some parts of Tendring and rural/remote areas. Reception at services was also important with a number of respondents commenting that check-in screens which are now common in services are not useable by some groups, for example those with poor eyesight.

Several respondents commented on the importance of **services being available** within Care Closer to Home. There were a number of general comments about the need for greater availability in terms of reduced waiting times and time that professionals are able to spend with patients:

> Older people (75 plus) need much more time with health practitioner as things don't always sink in at first. (Individual open text response on survey)

There was support for more use of **telephone services and telehealth** to improve availability of services. More specifically, some respondents queried the **availability of chiropody** and indicated that this should be more available to those who need it:

> …today there is virtually no NHS chiropody services available to the elderly. I am always amazed that folk with Diabetes have to fund this service for themselves. (Email from individual)

Strong concern was expressed about the apparent **non-inclusion of COPD services** in the proposals:

> In your document there is no mention of the COPD team at all but I understand that pulmonary rehabilitation is being subsumed into community nursing. …This arrangement is not satisfactory and will cause a reduction in services to the people of North Essex with regard to Chronic Obstructive Pulmonary Disease (COPD)… The [NICE] quality standard for COPD requires that services should be commissioned from the whole COPD care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to people with COPD. (Consultant Respiratory Physician).

Similarly strong concerns about the provision of services for COPD were expressed by the Respiratory Service Lead and by an individual service user responding by email.

There was also widespread concern about the **exclusion of mental health services** in the proposals. It was noted as important to include mental health care both with a view to reducing stigma and to recognise the wider national agenda which recognises the link between physical and mental health and that mental health is an intrinsic part of all health care provision:

> Please try to improve mental health services and spread an understanding of mental health through hospitals and health centres to end stigma. (Individual open text response on survey)

**Support and respite services for carers**, including young carers, were widely noted as important:

> Carers are part of the strategy and it is important to realise that as people live longer then it is likely that their family carers will be providing care into older age as well whilst having health issues themselves. (Tendring District Council)

The **quality and quantity of professionals** was considered to be an important aspect of access to services. Apart from the concerns about the lack of GPs noted previously, there were also concerns about the lack of professionals generally to provide the services outlined, particularly district nurses. Respondents were concerned that the staff who deliver the services should be properly trained to the right level, will have caring attitudes and will not be overstretched leading to tiredness and mistakes:

> That the person does not make mistakes that have an impact on the person using the service, perhaps because of overwork or tiredness. (Individual open text response on survey)
Access to information was a common theme among respondents and good communication was a key part of this. Good communication included use of interpreters as required and training in lip reading, general communication skills, user-friendly language and information that was accessible to people with learning disabilities, physical or mental health difficulties.

When communicating with people use plain English no jargon. Not too many abbreviations. This includes on phone and leaflets etc. the majority of people will probably be elderly so thought should be given on how to engage with them. (Individual open text response on survey)

It was also noted that while information on the internet was useful, not everyone, including some elderly people, could access this and so it should not be the only place information could be accessed. It was suggested that information about services and who to contact could be available in more community settings such as local shops and libraries.

5.1.3 Integration of Services

There was widespread support for the integration of services. For many respondents this meant an explicit integration of health and social care services, the implication being that this should be at both local and national level:

Amalgamation of the NHS and Social Care. "NH&SCS". Social care should be a national organisation and not under the control of local politicians. (Individual open text response on survey)

Integration also meant integration of physical and mental health services, NHS and voluntary services, hospital and community services etc. In other words the concept of integrated care was very wide for respondents and would require the involvement of Essex County Council and voluntary organisations. Linked to the concerns expressed previously about the dismantling of current COPD services, there were strong comments made about current COPD services already working in an integrated way and opposition to dismantling this very effective system.

Related to integration of care was the need for continuity of care. This concept included personalised care, seeing the same person and having a care-co-ordinator, although there were a number of queries about who would be the care co-ordinator and this overlapped with previous comments about whether the GP would need to be the focal point of care and whether there was sufficient capacity for this to happen. Who would be the care co-ordinator was important because continuity for respondents was about developing trust and building rapport with that person. Continuity for respondents also meant not telling their story over and over again and this indicated wide ranging support for this concept.

Associated with this is some continuity and consistency: all too frequently, I meet a new doctor/nurse every time I need treatment. I see them just once; they don’t know about my condition; and they don’t care because they know they will never see me again (Individual open text response on survey).

Linked to this idea was the importance of holistic care. This overlapped with personalised care and the idea that this should take account of culture, family, environment etc.

Join up social services, health service and mental health to look at the whole person, how they think, act, do things, feel emotionally and family involvement and environment and financial aspects, effect health, positivity = good health (Individual open text response on survey).

It was commonly noted that integration of services would depend very much on good communication between professionals. Numerous free text comments on the survey reiterated in various ways that “Essential information should be shared by service providers”; “services should be holistic and communicate with each other/work together more” and so on. However, in spite of general
support for wider information sharing between agencies and services and that good IT systems would be central to this, there were important caveats concerning consent and proper information governance:

Information governance & system sharing of information will need to improve in order to give confidence of sharing between agencies (Equality Impact Assessment Workshop)

...will there be any guarantee / mechanism to ensure that personal data will not ‘get into the wrong hands’? This could be a real issue where patients with multiple health problems are being looked after by a number of medical practitioner agencies or where research is being carried out by other bodies… will the data-sharing be practicable if there is no compatibility between the relevant IT systems? (Individual email response)

Although there was a general sense that integration of services would enable greater cost-efficiency, there were nevertheless a number of concerns expressed about the financial aspects of the proposals around integration of services, in particular the concern about the one provider managing Care Closer to Home potentially being a private provider whose priority would be to drive profits up.

I do not think profit making providers should dominate health care

Not entirely happy about care going to a private company for tender

Less of a race to the bottom by private companies undermining the living standards of health care workers

(Individual open text responses on survey)

There were concerns that health care may become means tested like social care if the two systems integrate and there were more general concerns about how the whole proposal would be funded given the general perception that funding is being reduced across the NHS:

Where is the funding coming for this? Attendees understood that funding will be pulled from one area to another especially if specialties are going to be moved around, however there was an understanding that if the NHS is underfunded now, how will this more resource and estate intensive strategy be funded? (Bluebell Surgery public engagement event)

You have stated that to establish your new facilities there will be no reduction in funding or closure of existing facilities in order to meet your objectives. Is that really true? We are already experiencing the closure of some services due to “funding cuts” yet you are (must be) proposing to spend more to establish these new facilities. If the new facilities bring about improvements then that is sound but do not sever the existing until new and improved services are available. (Individual email response)

5.1.4 Self-Care and Prevention

Although self-care and the principle of empowering individuals to self-care are a key element of Care Closer to Home, it did not come through as a strong theme in the response to the consultation. A small number of individuals commented on the need for services to encourage self-care and independence with one respondent suggesting that a way to encourage this was to provide direct payments to allow individuals to employ their own carers “instead of through agencies”. However, it would be hard to generalise these comments given the small number of comments. Moreover, it was suggested by those attending one public engagement event that:
…neither [the] strategy or consultation document [in] any way stressed the importance of self-care enough. GPs would like a clearer steer that inappropriate access of services should not be supported if self-care was a more appropriate outcome however it was agreed that this was a difficult message that needed support by the CCG. (Forum 6 - Mayflower Medical Centre)

As suggested in the above comment, the issue of self-care in part relates to issues discussed previously in relation to GP services and also relates to Urgent Care in terms of dealing with inappropriate use of services. It may be useful for further engagement and service user involvement to take place in developing the principle of promoting self-care in the Care Closer to Home services.

One item from the survey could be useful to help inform the development of this principle:

Respondents were asked what would help them feel confident about looking after themselves in order to stay well and healthy

Some respondents chose more than one option, some chose none and some ranked the statements instead of choosing which ones applied and so the numbers of responses in the graph below cannot be converted into percentages. However, the figures suggest that “support from a trained advisor who understands my condition” is something that a significant number of people feel is an important contribution to promoting self-care.

Figure 6: What helps people look after themselves?

As with self-care, prevention, although a key theme in the Care Closer to Home proposals, did not emerge as a strong theme in the consultation responses. One person noted that prevention could save money in the long term; one person noted that more access to chiropody could prevent further problems and one person noted that linking mental and physical health services would help to prevent future problems. Again, these comments may not be representative and it may be that the consultation document did not provide enough information about how Care Closer to Home would tackle prevention in order for respondents to comment usefully.

5.1.5 Service User Involvement and Monitoring Impact

As with all NHS services, it is proposed that the impact and outcomes of Care Closer to Home will be monitored on an ongoing basis. The survey sought to identify what aspects of health and social care services were important to service users with a view to deciding how to evaluate the services and what outcomes to measure.
Respondents were asked to rank order 10 statements about the possible impact of health and social care services on them in terms of which were most important.

The number of respondents who ranked these statements was 292, although some respondents did not rank all 10 statements. The table below shows for each statement, the percentage of respondents (of those who ranked the statement at all) that rated it as the most important to them.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent (%) of respondents who rated this as most important to them</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can look after myself day to day</td>
<td>22.8</td>
</tr>
<tr>
<td>I have a good quality of life overall</td>
<td>20.9</td>
</tr>
<tr>
<td>I feel safe</td>
<td>15.3</td>
</tr>
<tr>
<td>I feel supported by health and social care services</td>
<td>14.7</td>
</tr>
<tr>
<td>When I was discharged from hospital, I had enough support to help me become independent again</td>
<td>10.9</td>
</tr>
<tr>
<td>I feel in control of my daily life</td>
<td>9.3</td>
</tr>
<tr>
<td>I am able to go to work if I choose</td>
<td>8.2</td>
</tr>
<tr>
<td>I am happy with the care and support I receive</td>
<td>7.7</td>
</tr>
<tr>
<td>3 months after breaking a bone, I can walk as well as I could beforehand</td>
<td>5.9</td>
</tr>
<tr>
<td>It is easy for me to find out the information I need about services</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Respondents who are carers were asked to rank order 4 statements about the possible impact of health and social care services on them in terms of which were most important.

The number of respondents who ranked these statements was 161, although some respondents did not rank all 4 statements. The table below shows for each statement, the percentage of respondents (of those who ranked the statement at all) that rated it as the most important to them.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent (%) of respondents who rated this as most important to them</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with the amount I am included by services in discussions about the person I care for</td>
<td>29.4</td>
</tr>
<tr>
<td>I can look after myself day to day</td>
<td>26.1</td>
</tr>
<tr>
<td>I am happy with the care and support I receive as a Carer</td>
<td>22.5</td>
</tr>
<tr>
<td>I have a good quality of life overall</td>
<td>19.0</td>
</tr>
</tbody>
</table>

For both patients and carers there seems to be a range of issues that are important to them and even though there are some aspects of services which a minority rate as the most important outcome (such as “It is easy for me to find out the information I need about services”, the data suggest that all of the aspects of service listed are important in some way to some people and should all be measured. It would be possible to conduct more detailed analyses of how respondents ordered these statements in terms of importance from 1-10 or 1-4 but this would be unlikely to provide a robust indication of how respondents would like services to be evaluated, given that the ranking methodology lacks reliability as a measurement tool. The free text and qualitative data arguably provide a clearer indication of respondents’ views in this regard.

Respondents commented on issues relating to service user involvement and evaluation in the free text spaces on the survey, in individual email responses and at public engagement events. There were a
number of respondents who felt that service users should have been involved more in the development of the proposals and were sceptical about the integrity of the consultation process: “it is a tick box exercise and the decisions have been made already” (Mill Road public engagement event). It would therefore seem important for NEECCG to ensure that going forward the service re-organisation is seen to take account of service user views and adapt accordingly and that future surveys involve service users in the design stage and design of the consultation strategy.

These issues were linked with a broader theme that emerged from the range of qualitative responses to the consultation concerned with the valuing patients at all levels of service from commissioning to providing services. In many ways, comments on this theme were linked to NHS Values. For example many respondents noted the importance of putting the patient first, treating patients with respect and dignity, having a caring attitude, valuing their opinions, believing the patient, giving people enough time, and that these should feature in evaluating the outcomes and assessing the provider of Care Closer to Home:

To ensure dignity and respect is given to all patients. To ensure that health care professionals do not assume that they are always the 'experts' in their role as care and service provider.

I recently saw a back surgeon and felt like he couldn't wait to get me out of the door. He didn't even lay a hand on me. People need to feel that they haven't been short changed

The patient first and foremost, what is best treatment, services available, relevant services acting in a concerned respectful manner.

(Individual free text responses on survey)

Professionals showing they care and are being compassionate will keep patient interested and engaged. (Equality Impact Assessment Workshop)
6 Conclusions

The Care Closer to Home and Urgent Care proposals clearly interlink from the point of view of service users. In particular, increasing access to GP and other community services by way of evening and weekend appointments or 24/7 for some services were seen as likely to reduce the burden on Urgent Care and would be very welcome by service users. Integration and efficiency within and across the whole system were seen to be central to each part of the system working well under any new configuration. This idea of complete integration offers support for the principles of Care Closer to Home, but also presents more an aspirational concept of integration rather than any particular recommendations for how services might achieve this. NEECCG will therefore need to be innovative in exploring this issue further and may benefit from involving service users and carers in developing more detailed plans for delivering and monitoring the desired level of integration.
A strong theme coming from this consultation was around access to services and in particular, physical access is a major concern for a wide variety of service users including those who drive and those who do not drive. Issues around transport and parking are clearly global types of concerns but are also specific to local geography. As well as paying careful attention to parking and transport issues in any service reconfiguration, NEECCG would also need to work with local transport providers and the council to ensure both public and hospital transport can adequately serve the relevant locations.

Whilst the proposals being consulted on are local to North East Essex, it will also be important for NEECCG to take account of the national context in determining what is possible to deliver and take forward. NHS England has an ongoing programme of work reviewing how the NHS meets increasing demands nationally on health services such as the Call to Action for GP services, the Call to Action for eye health, and the Call to Action for pharmacy services, all of which could have a bearing on national models for community services and workforce issues. National developments in the IT infrastructure for the NHS will also have an impact on the extent to which the sort of information sharing that is desired will be possible across community and hospital providers. The consultation feedback particularly highlights service users' concerns about workforce both in relation to quantity and quality suggesting that NEECCG may be dependent on national strategies around recruitment of some professional groups or may be able to consider local investment in recruitment strategies. It may also be useful to liaise with Health Education East of England to ensure that the strategy for ensuring future workforce size and quality match up with NEECCG plans for service delivery models.

To conclude, the feedback from this consultation appears to generally support the principles underpinning the proposals, particularly the principle of delivering care close to home or at home and an integrated system; but on both proposals there was some indication that there was insufficient detail to allow respondents to make clear choices or to evaluate the proposals fully. Going forward it would be important for service users to be involved in the design and evaluation of services and in the design of consultations. It is also recommended that experts in research and evaluation are involved in the design of future surveys, consultations and evaluation of services and that reorganisation of services keeps pace with national developments around community services and takes account of workforce issues.
7 Appendix I: Engagement Events

Alzheimer’s Society, 2 February 2015
Ambrose Avenue Patient Participation Group, 19 January 2015
Bluebell Surgery, 28 January 2015
Clacton Golf Club Public Engagement Event, 6 January 2015/23 January 2015
Colchester Breathe Easy Group, 16 January 2015
Colchester Primary Care Centre Colchester, 17 December 2014
Colchester United Reform Church, 13 January 2015
Crefield Medical Centre Patient Participation Group, 12 January 2015
Dementia Café, 21 January 2015
Dovercourt/Harwich Public Engagement Events, 14 January 2015
East Hill Surgery Patient Participation Group, 19 January 2015
Epilepsy Action Group, 27 January 2015
Essex Carers Frinton, 22 January 2015
Essex Carers Meeting (Tendring), 6 January 2015
Green Elms Patient Participation Group, 20 January 2015
Health and Well-being Event, 26 January 2015
Macular Disease Society, 28 January 2015
Mayflower Medical Centre (Forum 6), 17 February 2015
Mill Road Patient Participation Group, 19 February 2015
Walton Public Engagement Event, 16 January 2015