Annex 1

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

The BIG Conversation

27 September 2019 to 20 December 2019

End of conversation report

29 January 2020

Version 7

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Contents

Annex 1

1. Purpose of the report

This report is to inform Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Governing Body of the responses and feedback received during the BIG conversation from 27 September 2019 to 20 December 2019.

2. Background to the BIG Conversation

The CCG is facing an unprecedented financial challenge in 2019/20 and beyond. To meet this challenge, we needed to garner support from our key stakeholders, providers and importantly the wider public. This required a new approach, so we developed the BIG conversation to talk to the wider public and our stakeholders about how we use our valuable NHS resources and how we can take more responsibility for our own health.

The BIG conversation was launched on 27 September 2019 and ran until 20 December 2019. It was designed to help the CCG better understand what matters most to the local community, as well as asking for ideas from the community and clinicians that could help us to make savings in the future.

The BIG conversation was an important engagement activity, but not a formal consultation. It was designed to support the financial recovery plan and future commissioning, decommissioning, investment and disinvestment decisions and provide an insight into what matters most to our local people. It was also an important exercise in raising awareness of the costs of certain services, treatments and medications. We also wanted to help inform people of the options available to them when they need advice or treatment.

Before we began the BIG conversation with the public, we ran a BIG conversation with our clinicians to find out what areas they could identify as working well and working not so well. Where they could see waste and duplication. We had a good response from our clinicians to this survey.

3. Raising awareness of the BIG Conversation

Before we launched the BIG conversation, we shared an outline of our plans and the timelines for this work with Peterborough Health Scrutiny Committee, Cambridgeshire Health Committee, Cambridgeshire and Peterborough Healthwatch, CCG Patient Reference Group, and other key stakeholder groups around our area, and bordering areas. As we developed our plans and early drafts of our documents, we shared them with these groups and their feedback and views helped to shape the final versions.

We knew that we needed to be challenging with the questions and avoid giving too many choices as we really needed people to have to think hard about the difficult decisions faced by the CCG.

To signify this new approach to engagement, we wanted to develop a new brand that whilst embodying the spirit of the NHS, also looked fresh and distinct from campaigns that had run before.

We developed the branding to reinforce the fact that we were asking questions and opening a two-way dialogue. We needed to ensure the branding was eye catching as this was an awareness raising campaign as well as a BIG conversation.

The refreshed branding has received positive feedback throughout the campaign from partner organisations and others.

4. The Big Conversation 27 September to 20 December

4.1. Documents and other materials

The BIG conversation document was developed with feedback from key stakeholders, we included as much information as possible to ensure that people understood the issues faced by the CCG in making tough decisions for the future of the NHS in our area. We were very clear that this was not a consultation but was designed to gather views and understand what was important to people about their local NHS services.

Alongside this full document we produced a shorter summary version with links to the full document. We also developed posters advertising our range of public meeting dates.

On our website we created a separate page with a text only version of the full BIG conversation document to ensure that people who use text readers could access the document. We also printed larger font format versions, and on different coloured paper on request.

An Easi-read version was produced with feedback from the Healthwatch Access champions. The Easi-read version was made up of photo symbols and short easy to read text for people who have learning disabilities.

To support the BIG conversation, we created a marketing toolkit to make it as easy as possible for key partners and stakeholders to help support the engagement activity. The toolkit included wording for websites and internal newsletters, suggested social media posts and posters promoting the BIG conversation events. This was distributed to all GP practices and all local NHS trusts.

4.2. Distribution

We had a print run of 2,000 full documents and 20,000 summary documents, both included paper copies of the survey and contact information. The majority of the printed documents were for distribution to GP practices, pharmacies, local trusts and libraries, with the remainder being kept for any public meetings and local groups. We also sent the BIG conversation documents/or a link to the website via email to save on printing and distribution costs.

We distributed our documents to the following stakeholders either in hard copy or by email:

- Local MPs

- Local councillors, county, city, district and town
- Parish councils
- Patient Reference Group
- Patient Forums (Cambridge/Huntingdon/East Cambs/Greater Peterborough) - email
- All local Libraries
- Key Stakeholder database
- All GP practices
- All pharmacies
- Local trusts
    - Cambridge University Hospitals NHS Foundation Trust
    - Hinchingbrooke Health Care NHS Trust
    - North West Anglia NHS Foundation Trust (all sites)
    - Queen Elizabeth Hospital NHS Trust
    - North Cambridgeshire Hospital, Wisbech
    - Princess of Wales Hospital, Ely
    - Doddington Community Hospital
    - Peterborough Urgent Treatment Centre
    - St. Neots Walk-in Centre
    - Brookfields Hospital, Cambridge
- Healthwatch organisations for Cambridgeshire and Peterborough, Northamptonshire, Hertfordshire
- Local Medical Committee
- Local Pharmaceutical Committee
- Unions
- Local media outlets
- Local charities
- Local support groups
- Local voluntary organisations
- Local Councils for Voluntary Services
- Local businesses and large employers
- All local school sixth form departments.

4.3. Marketing

The BIG conversation was heavily reliant on a strong, integrated marketing campaign that would enable us to reach the broadest cross section of our local community as possible.

Based on low and no cost marketing activities we put in place a plan to focus on a different aspect of the BIG conversation each week to ensure fresh PR and social media content. This plan had to be amended during the pre-election period to scale back new communication.

Our main activities focused on:

- **Facebook** – promotion via our own Facebook page, including specific short polls, but more importantly via local Facebook groups. We are members of over 230 local community Facebook groups, who allow us to share information about the NHS to their members. By carefully targeting these groups with BIG conversation messages we managed to secure a significant uplift in responses.
- **Instagram** – we promoted BIG conversations messages, video and event reminders via our grid and Instagram stories.
- **LinkedIn** – to reach out to our business audience we both posted on our own LinkedIn page and encouraged members of staff at the CCG to post via their own pages as well.
- **Twitter** – we delivered a sustained Twitter campaign to promote key BIG conversation messages.
- **Hard copy distribution** – as noted above, we distributed hard copies of the survey and promotional posters to all GP practices and pharmacies within the CCG area, as well as all local libraries.
- **Advocacy** – as well as mobilising our NHS communications network (Comms Cell) and local authority colleagues, we contacted the top 100 businesses in our local area, along with a wide range of other groups including the WI, FSB, Chamber of Commerce, local charities (such as CamSight) and others to ask them to share the news of the BIG conversation with their members and followers.
- **Events** – as mentioned above, we held local events across the CCG area, as well as proactively seeking out opportunities to attend other events. This included the opportunity to speak at a Sikh Festival in Peterborough, attend Friday Prayers at Cambridge Central Mosque, talk to two dementia support groups, and meet with outpatients being cared for at Arthur Rank Hospice. As part of Self-Care Week, we also took a BIG conversation stand to each of our hospitals to encourage patients and visitors to share their views. On a hyperlocal level, members of the CCG team also shared the survey at children's football training clubs, Rainbows (young girl guides), in local pubs and more.
- **Medical students** – the Cambridge GP Soc were incredibly supportive of the BIG conversation and went out 12 times to speak to members of the public, their future potential patients, about the BIG conversation. This included visits to Cambridge train station at key commuter times and key business districts.
- **PR** – the BIG conversation was supported by a traditional PR campaign, which included the launch of lifestyle research in the last week of the campaign (once the pre-election period had passed). If we have not been in a pre-election period, we would have carried out more PR to support the campaign.
- **Internal communications** – staff were encouraged to complete the BIG conversation (if they live within Cambridgeshire and Peterborough) and encourage their networks (family, friends, business contacts etc…) to get involved as well.

- **Toolkit and digital assets** – a digital marketing toolkit was created and shared with key system partners, plus a range of videos and social media graphics were created to raise awareness of how to get involved in the BIG conversation.

4.4. BIG Conversation meetings

Ten meetings were held in total across a number of locations in Cambridgeshire and Peterborough, over several months and at different times of the day. Two meetings were held in each of Cambridge and Peterborough, in the afternoon and evenings, to ensure that people who worked had more opportunities to attend. Overall 91 people attended and these included members of the public, Healthwatch, members of staff, local councillors and representatives from voluntary organisations. The meetings were as follows:

Public meetings		
Peterborough, The Fleet	16 October	1:30 – 3:00pm
Cambridge, The Arbury Community Centre	22 October	6:00 – 7:30pm
Huntingdon, The George Hotel	29 October	6:00 – 7:30pm
Cambridge, The Central Library	31 October	1:30 – 3:00pm
Wisbech, The Boathouse Business Centre	7 November	6:00 – 7:30pm
Cambourne, The Hub	12 November	6:00 – 7:30pm
Peterborough, The Fleet	21 November	6:00 – 7:30pm
Ely, The Cathedral Centre	26 November	6:00 – 7:30pm
St Neots, Priory Centre	28 November	6:00 – 7:30pm
March, The Community Centre	10 December	6:00 - 7:30pm

Other meetings and venues attended	
Greater Peterborough Patient Forum	7 October
Cambridgeshire Public Service Board	11 October
Cambridgeshire Area Patient Forum	17 October
Healthwatch, Peterborough Area Health and Care Community Forum	24 October

Healthwatch, Hunts Area Health and Care Community Forum	5 November
Self-care week – Moat House Surgery, Warboys	18 November
Self-care week – Peterborough City Hospital	19 November
Self-care week – Addenbrooke's Hospital	21 November
Self-care week – Hinchingbrooke Hospital	22 November
Peterborough Sikh Gurdwara, celebration event	23 November
Arthur Rank Hospice	2 December
Healthwatch, Fenland Area Health and Care Community Forum	12 December
Peterborough Dementia Network Group	13 December
Cambridge Mosque	13 December
St Ives Alzheimer's Society	17 December

The Healthwatch Community Values Panels

The CCG commissioned Healthwatch Cambridgeshire and Peterborough to run two community values panels to explore some of the issues in the BIG conversation in more detail.

Healthwatch recruited the community panels to ensure that they were fully reflective of the diverse demographic characteristics of the county. The panels were made up of 30 people and met on two separate occasions to explore in depth two issues.

Community Values panels		
Prescribing and over the counter medicines	24 October	St Ives
Urgent and emergency care.	19 November	St Ives

Healthwatch produced two independent reports that describe the work of the community panels and the outcomes of the is work. They are attached as appendix 1 and appendix 2

4.5. Media coverage

We briefed local media about the BIG conversation via a media event on 25 September 2019, supported by an embargoed press release issued on 26 September 2019 in advance of the public launch on 27 September 2019. The CCG Chair Dr Gary Howsam also gave media interviews with the BBC, the Cambridge News and the Fenland Citizen on 25 September 2019, as well as Huntingdon Community Radio on 17 December 2019.

Due to the pre-election period, which was put in place as a result of the snap election called for 12 December 2019, the CCG was not able to publicise the BIG conversation as much as it would have done outside the pre-election period. A last-minute PR push was organised for the days immediately following the election, and several more news articles were published during this final push.

Over the course of the BIG conversation campaign, it was picked up by ten local and regional media outlets including radio and print, reaching a potential audience of 2,498,299[1].

4.6. CCG website and social media

Website

The BIG conversation had a dedicated area within the CCG's website, along with a prominent banner on the homepage of the website which remained for the duration of the project. The BIG conversation also had a separate text only page which also held the easy read version of the summary document. There was also a page for the BIG conversation toolkit which contained all the assets (posters/images/videos/documents) for partner organisations to download and use on their own websites and social media. When publicising the BIG conversation, we used shortened url links (Bit.ly) to make it easier to remember.

Website visits	
Get-involved/the-big-conversation	4826
Get-involved/the-big-conversation/text-only-	64
Get-involved/the-big-conversation/big-conversation-toolkit	255
Bit.ly/NHSBigConversation	2143

Downloads		
The BIG conversation	full document.pdf	450
The BIG conversation	summary.pdf	885

[1] Based on monthly visitor figures for web outlets, monthly users where this figure was the only one available, print circulation figures and monthly listeners

The BIG conversation	Easi read.pdf	50
The BIG conversation	general video.mp4	71
The BIG conversation	toolkit poster.pdf	87

Social media

During the BIG conversation we used four social media platforms to engage with the public and staff; Facebook, Twitter, Instagram and LinkedIn. All the profile pictures and banners were changed to images with the BIG conversation branding during the engagement and regular updates were posted.

Facebook

We launched the BIG conversation with a video and link encouraging people to visit our website. This post received 163 shares and reached around 25,500 people.

In addition, we received 128 comments on our Facebook posts, 529 shares and reached 99,666 people via posts on our own page.

We didn't just post links to the survey on our Facebook page, we also:

- Ran a weekly poll asking a different question from the BIG conversation. This generated a lot of engagement, comments and shares from local residents.
- At Halloween, we took some of the stats from the BIG conversation document to highlight these 'scary stats' encouraging people to take part in the online survey – these posts alone reached 12,500 people in one day.
- We also added all our public events to our Facebook page reaching 15,450 people.

Facebook groups

Across Cambridgeshire and Peterborough, we have an active network of hyperlocal Facebook groups, where people discuss issues that matter most to their city, town or village. As part of the BIG conversation we reached out to our local community via these groups – going to the places where conversations about local issues are discussed, rather than expecting people to come to us.

In total, there are around 300 Facebook groups across Cambridgeshire and Peterborough, which connect hundreds of thousands of people.

On three separate occasions we specifically posted information about the BIG conversation into all these groups.

1. On this first post we included a link to our website, and this meant people had to look to find the link to the survey.

2. Much more successful post with a call to action to fill in a quick survey about local NHS services with a direct link to the survey. In two days, we had over 1000 responses.
3. By using a unique url we could see that over 850 people had filled in the survey as a result of this post.

Twitter

We sent messages to lots of local businesses and third sector organisations asking them for their support and to share the information about the BIG conversation to their followers to expand the reach of the campaign.

Activity	Retweets	Reach
We launched the BIG conversation with a video and link encouraging people to visit our website	21	12,400
BIG conversation tweets across the whole campaign, combination of encouraging people to take part in the survey and promoting the public events	80	47,405

Instagram

For Instagram we used a mix of promoting the events, the link to the survey and videos encouraging people to take part. These posts achieved 105 likes and reached 3,676 people, whilst our Insta Stories (of which we posted 22) were viewed 1,171 times.

LinkedIn

LinkedIn was used to reach local people, as well as our own staff. During the engagement we made nine posts, reaching 3,426 people via the CCG page, which was also supported by a range of posts by other members of the CCG team.

4.7. Response details

Activity	Responses
Survey responses	5,732
Public meeting attendance	91
Organisation responses	1
Community values panels	30
Facebook comments	128
TOTAL	5,982

4.8. Responses from other organisations

We received one response from an organisation, Healthwatch Cambridgeshire and Peterborough. The full response is attached as appendix 3

4.9. Feedback from the BIG Conversation responses

We received a huge amount of feedback during the BIG conversation, through our public meetings, responses to the online survey and through social media channels.

In the following sections you will see the responses to the questions asked during the BIG conversation as well as themes that were collated from all of the responses we received. We have not reported each individual response but have read them all and reported on the common themes and the most common responses that we received. We have also raised any particular issues of concern to the appropriate teams internally.

The responses reported below are a combination of feedback we received at meetings we attended during the BIG conversation as well feedback through social media, in person, and on the returned surveys. Forty-six percent of people who replied to the survey took the opportunity to share their views with us through the free text option.

Our survey software gave us feedback on the most common words used in the free text responses and it is important to note that the top five words given in feedback were:

1. Needs
2. Patients
3. Services
4. NHS
5. Appointments

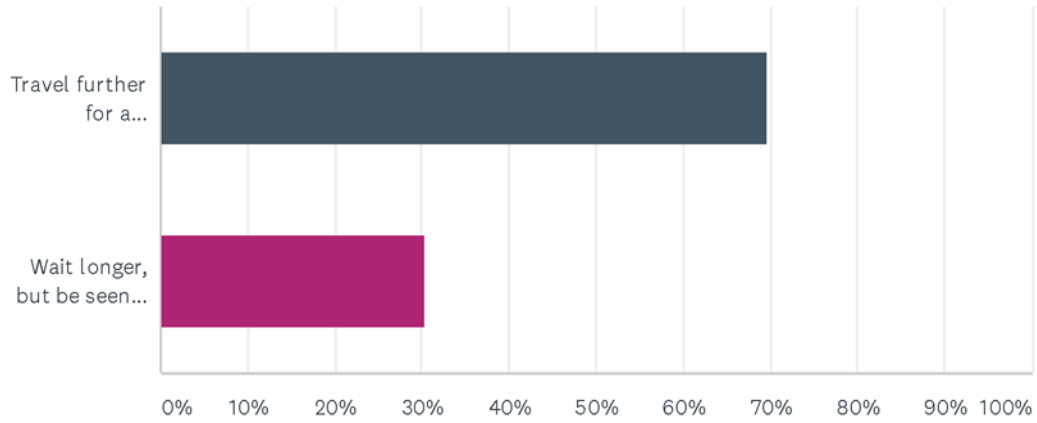
Q11 Do you have any other ideas or insights you'd like to share with us?

Fig 1. Word cloud graphic exported from SurveyMonkey

At the public meetings and in survey responses we heard that some people did not like the binary nature of the questions and found them difficult to answer as they wanted more options, or to give a nuanced response. Some people chose not to answer the questions at all and just give us their views in the free text area at the end. Others told us that the nature of the questions made them realise what difficult decisions the NHS organisations were having to make. People also appreciated being asked for their views even if they didn't like the questions.

Q1 If you needed to be seen by a healthcare professional, would you rather…

Answered: 5,619 Skipped: 113



Annex 1

ANSWER CHOICES	RESPONSES	
Travel further for a specialist appointment, but be seen quicker	69.73%	3,918
Wait longer, but be seen locally	30.27%	1,701
TOTAL		5,619

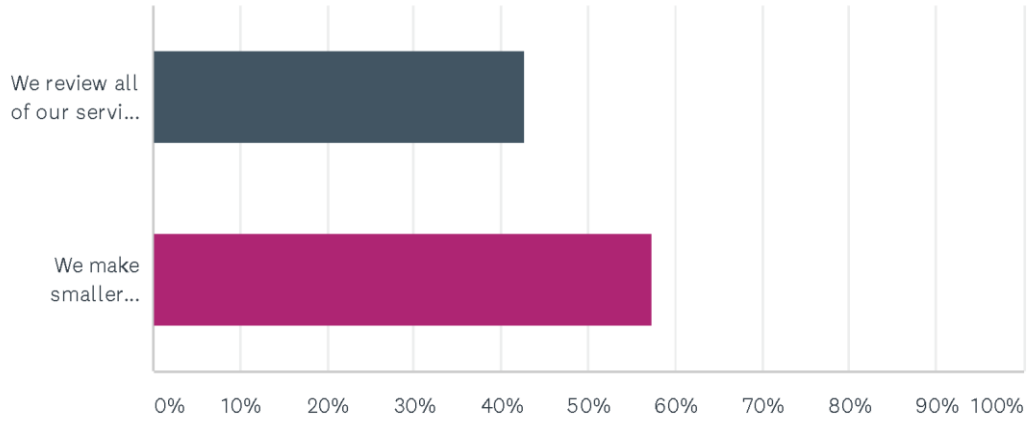
Fig 2. Question one graph exported from SurveyMonkey

The majority of people said they would be prepared to travel further for a specialist appointment, if they could be seen quicker. However, this was of course dependent on a number of factors – such as the severity of the condition and distance they would have to travel. Some people found this a difficult question to answer as different factors could impact on the response. People wanted to see a specialist for their care, and many would be prepared to travel for that service if they had access to transport. People felt this could be difficult for older people or people who rely on public transport. Public transport and non-emergency patient transport was raised as a particular issue in our area. Public transport in our rural areas is a problem for people due to the infrequency of services.

Annex 1

Q2 Thinking about all of the services that we fund and the savings we need to make, would you rather…

Answered: 5,529 Skipped: 203



ANSWER CHOICES	RESPONSES	
We review all of our services and only keep the ones that have the greatest positive impact on the health of our community, while stopping others	42.65%	2,358
We make smaller reductions to most of our services	57.35%	3,171
TOTAL		5,529

Fig 3. Question two graph exported from SurveyMonkey

This question was not a popular question, people did not feel that we should be reviewing or reducing any services. This question was skipped by the highest number of people responding to the survey. People felt that we should just carry on overspending – the Government should solve the issues by giving more money to the NHS in this area. People felt that services were spread thin enough as it is, and that the Government should fund the NHS properly to provide good levels of service to everyone. Some people felt that a rise in taxes or national insurance should be considered to pay for more NHS care. People felt that our local MPs should be supporting and lobbying the government to fund the NHS better in our area. People also told us that this question really made them think and realise the tough decision that the CCG were facing.

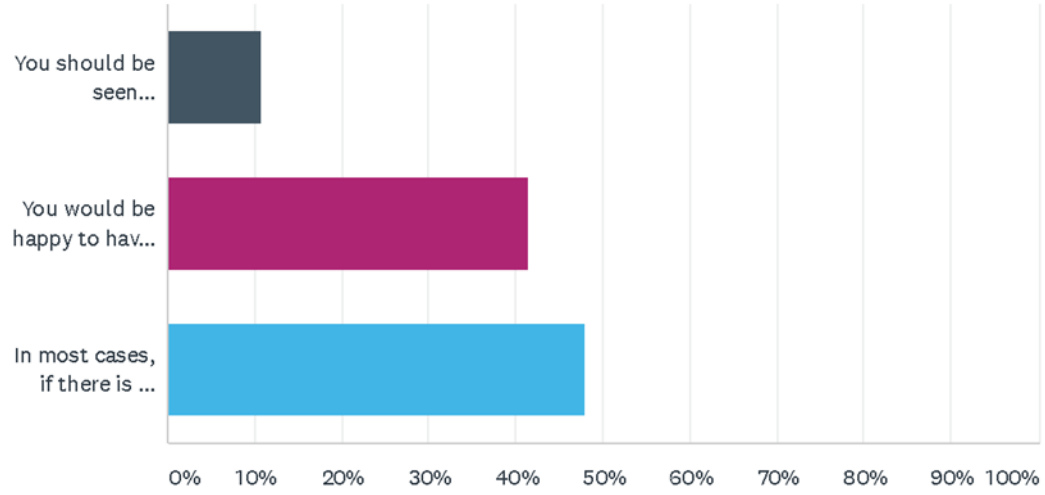
There was also feedback about which people should be entitled to free NHS care. There was a feeling that people who visit the UK for a short period of time should be charged to receive health services provided by the NHS including emergency care. People should have to prove their residency through ID and health insurance documents before they receive care.

We also received feedback that all NHS services should be delivered the same across the whole country. There shouldn't be regional differences. "Postcode lottery" of services was seen to be unfair and wrong. People mentioned this most when talking to us about IVF services. Roughly 30-40 people urged the CCG to reinstate IVF treatment for at least one cycle.

We were also told the NHS shouldn't fund any treatments or services that don't directly improve people's health or save lives – included in this were cosmetic surgery, vasectomies, gluten-free food prescribing, and IVF.

Q3 We spend millions of pounds on routine follow up appointments after a treatment or a procedure. If everything has gone well, do you think...

Answered: 5,657 Skipped: 75



ANSWER CHOICES	RESPONSES	
You should be seen face-to-face to be reassured that everything has gone well	10.62%	601
You would be happy to have a telephone call or video call (such as Skype) with a health professional to follow-up how you are doing and go in to see the Doctor if there is any concern	41.49%	2,347
In most cases, if there is no need for a follow up appointment, then you would be happy to be given a number to call if you had any concerns	47.89%	2,709
TOTAL		5,657

Fig 4. Question three graph exported from SurveyMonkey

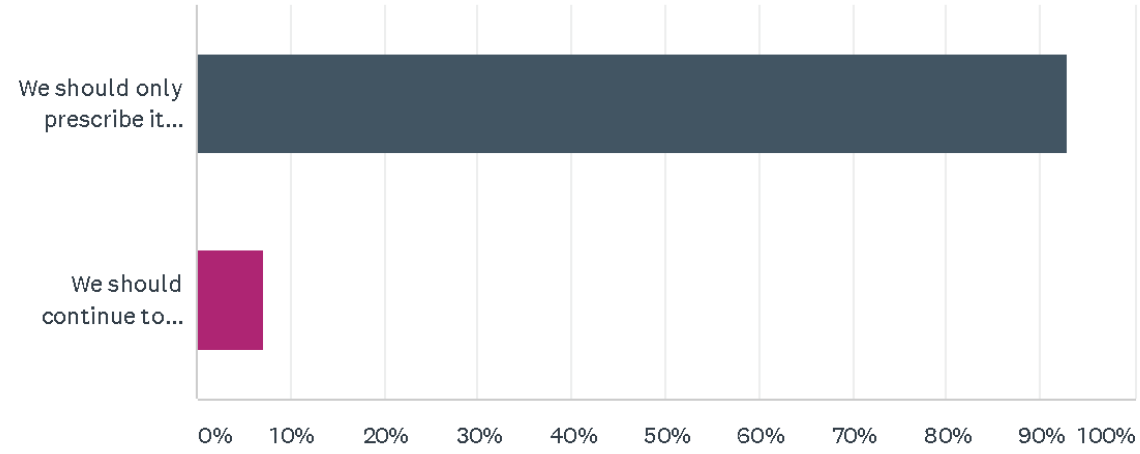
People felt that if a follow-up appointment could be easily done by phone or using technology then they would prefer not to travel to those appointments. People often felt that a follow-up appointment just to be told everything had gone well were a waste of time and expense to both themselves and our NHS staff.

People told us that travelling to our hospitals and parking there could be a real hassle and take a lot of time out of their day. They were happy to see technology used more effectively

in this area. However they did want us to be mindful that some people are excluded from use of technology whether that is computers, tablets or telephones due to age, lack of understanding on the equipment, not able to access the equipment, or due to communication issues.

Q4 We spend £5.3 million on medications each year that could be bought over the counter rather than via a prescription. Often these medicines are cheaper to buy over the counter than it is to pay for a prescription. Given the constraints on NHS finances, do you think that…

Answered: 5,639 Skipped: 93



ANSWER CHOICES	RESPONSES	
We should only prescribe items that cannot be readily purchased over the counter to enable the money to be spent on other healthcare services	92.84%	5,235
We should continue to prescribe anything people need and reduce other healthcare services	7.16%	404
TOTAL		5,639

Fig 5. Question four graph exported from SurveyMonkey

People were mostly supportive of GPs not prescribing medicines that could easily and cheaply bought over the counter in most pharmacies. However, people felt that there should be still be exceptions to this at the GP's discretion. If the GP felt that the patient would not buy the medicine and the condition or illness would deteriorate then they should still prescribe that medicine. People also told us that people on low incomes may struggle to buy those medicines so should still be able to get them on prescription if deemed necessary by their GP or prescribing clinician.

People also told us that schools and some care agencies would not administer medicines that were not prescribed, so they needed to get those medicines prescribed to ask the school or care givers to administer them.

People told us that they felt the people who receive free prescriptions should be reviewed. Some people receive free prescriptions due to having a specific long-term condition as that condition requires them to take regular medicines. The free prescriptions then apply to everything that is prescribed to treat that person, whether related to their long-term condition or not. People felt that the free entitlement should only apply to drugs related to the existing condition, not everything else. People also questioned which conditions made people eligible for free conditions. Asthma was raised as a condition which didn't make people eligible for free prescriptions but people with asthma need a lot of ongoing medical prescriptions to keep well. People asked us to review eligibility for free prescriptions, especially age. Free prescriptions from the age of 60 years was considered too young, especially now that retirement ages were higher than this.

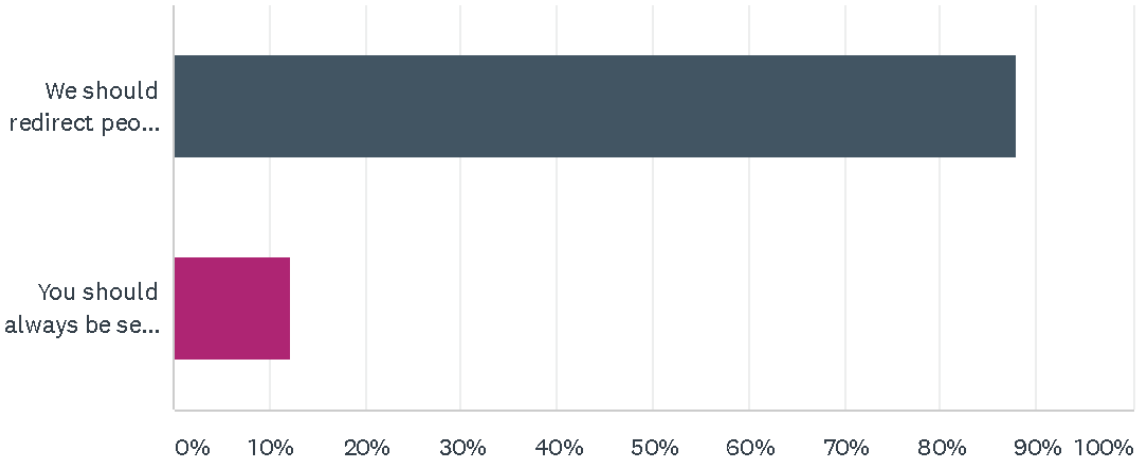
Another suggestion was that the NHS should print the costs of the drugs on the packets so people could see how much their medication was costing the NHS even if they were entitled to get it for free. People might then be more careful about what they ordered and in what quantities.

Some people felt that drugs should be prescribed in larger amounts to reduce necessity for constant re-ordering and administration cost, other felt that when medications were being changed that smaller amounts should be prescribed. Then if the patient had a bad reaction there would be much less waste.

People also thought that the NHS centrally should negotiate harder for better deals on drug prices.

Q5 Like many other areas we have busy A&E departments and sometimes we struggle to see the most urgent cases quickly. Do you think…

Answered: 5,659 Skipped: 73



ANSWER CHOICES	RESPONSES	
We should redirect people to other NHS services if you go to A&E and do not have a serious injury or illness that needs to be dealt with as an emergency	87.88%	4,973
You should always be seen at A&E if you go there and you shouldn't be turned away	12.12%	686
TOTAL		5,659

Fig 6. Question five graph exported from SurveyMonkey

There was generally consensus on this issue in the comments we received and at the public meetings. People told us that we should turn people away from A&E if they shouldn't be there. A&E should only see those that are urgent.

Although some people felt that could be a risk as some people presenting with what might appear to be minor ailments could actually be more urgent.

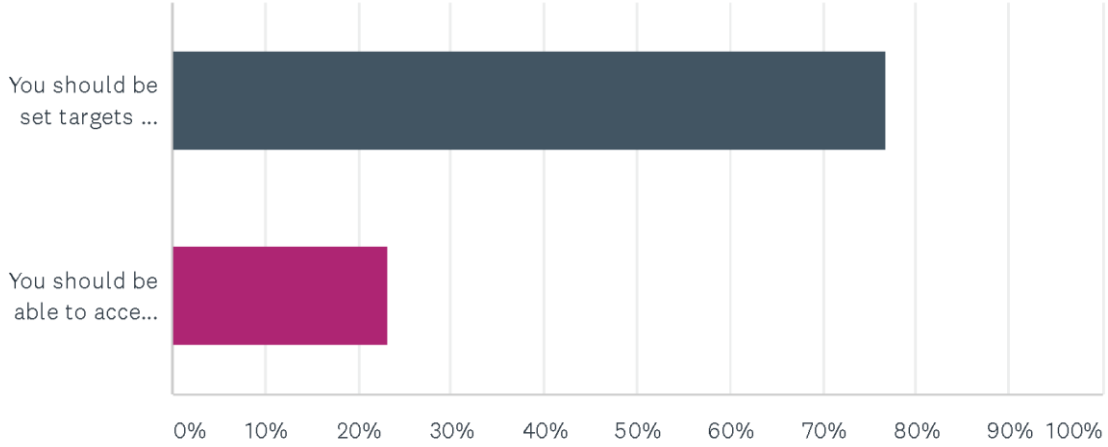
This question also raised the issue that people don't know where to go, or what needs urgent care. Some people felt you shouldn't be able to walk into A&E. You should only be able to go there if you have been directed there from a different service or delivered by ambulance. However, some people told us that it is known that if you go to hospital in an ambulance, you are given priority which doesn't encourage people to drive themselves there and could account for unnecessary ambulance call outs.

People felt that we should have a triage service that sees everyone first unless they are in an ambulance or referred there by being seen by a clinician elsewhere first.

A few responses said that people who abuse alcohol and illegal drugs should not be treated by the NHS in A&E. Or if they need to be treated, they should be billed for their treatment.

Q6 Research shows that by living a healthy lifestyle – for example not smoking, maintaining an active lifestyle and healthy weight, and not drinking too much alcohol – you can reduce your chances of suffering from a number of illnesses and diseases, such as cancer, diabetes and heart disease. Given these facts, do you believe…

Answered: 5,641 Skipped: 91



ANSWER CHOICES	RESPONSES	
You should be set targets to improve your own health, such as stopping smoking, reducing your weight or alcohol consumption, before having planned operations	76.74%	4,329
You should be able to access whatever services you need, even if you do not make lifestyle changes that would help to manage your condition better	23.26%	1,312
TOTAL		5,641

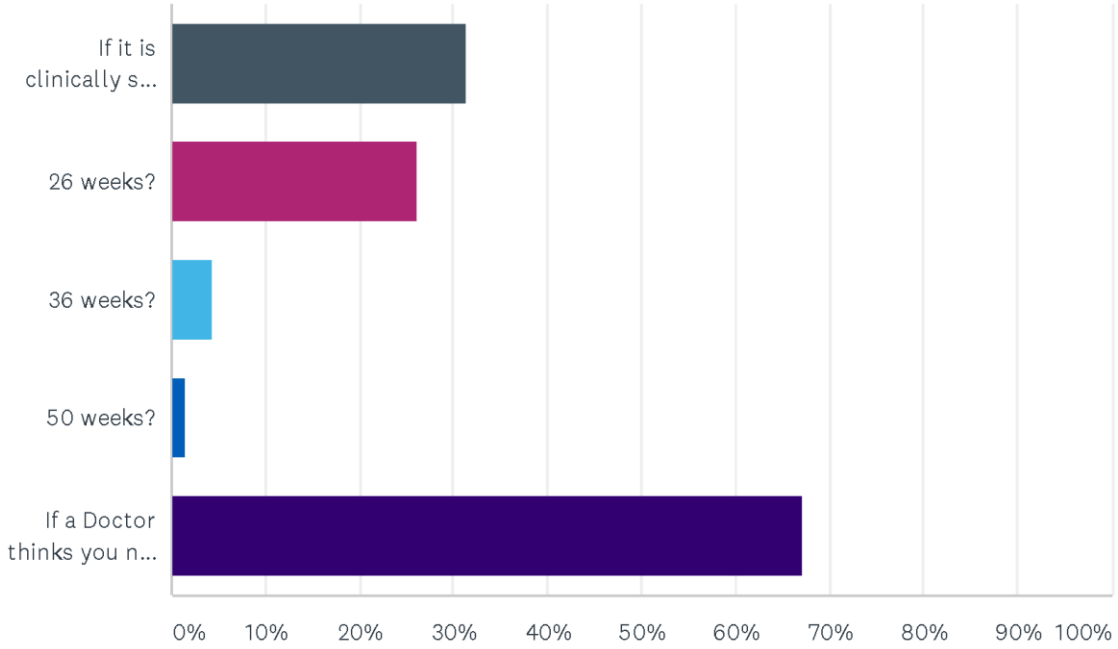
Fig 7. Question six graph exported from SurveyMonkey

The feedback we received on this issue was that people should be empowered to look after themselves, but not in a patronising way. Setting realistic goals and targets in order to improve their health is much better than imposing restrictions on services for people based on their weight or whether they smoke or not. Some people may not have access to information on healthy lifestyles so more needs to be done to educate people, especially children and young people. Changing old habits to a healthy lifestyle can be difficult so people need support.

Some people told us that the NHS should look at alternative therapies and holistic treatments, especially around healthy lifestyles and wellbeing.

Q7 Due to medical advances and people living longer and with more complex diseases we are seeing a big increase in the numbers of hospital referrals and planned operations. There are a number of reviews into how waiting lists are managed. Do you think . . .

Answered: 5,643 Skipped: 89



ANSWER CHOICES	RESPONSES	
If it is clinically safe to do so, you would be happy to wait longer than 18 weeks for a procedure or appointment so that more urgent patients can be seen first? If so, how long would you be prepared to wait...	31.28%	1,765
26 weeks?	26.10%	1,473
36 weeks?	4.39%	248
50 weeks?	1.54%	87
If a doctor thinks you need to be seen, then you should be seen as soon as possible	67.22%	3,793
TOTAL RESPONDENTS		5,643

Fig 8. Question seven graph exported from SurveyMonkey

People told us that they felt that waiting times were long enough. People have accepted that you have to wait for NHS treatment but felt that 50 weeks, or nearly a year was too long, especially if you were experiencing pain or discomfort.

People understood that priority was given to some conditions but felt that more could be done to reduce waiting times.

People felt that if all of their tests and consultations could be done on the same day in the same place then they wouldn't mind waiting a bit longer. People got frustrated with multiple visits to the same hospital for tests on one day, results on another, visit with a consultant on a different day again. People want a one stop shop for diagnosis – all tests on the same day, in the same place, followed by an appointment with someone who can understand the results. Lots of people told us about inefficiencies around repeated tests, where a GP would request a test only for this to be repeated if the patient saw a different medical professional. Test results not being shared before appointments meaning that tests needed to be repeated.

Lots of people told us that the NHS should be training many more GPs, consultants, nurses, midwives and other health professionals. People thought that If we had more clinical staff trained in the UK then we wouldn't have such long waiting times. A number of people felt that nursing training should not be through a degree. People should not have to pay university fees to training to be a nurse. This should be vocational training through apprenticeship-type training. This type of training does exist but is not widely known about. People felt there should be bursaries and training grants for people who want to work in medical professions that are bound into working in the NHS for a number of years after the training is complete. Introduce more degree-level apprenticeships for medical training so people can earn while they train.

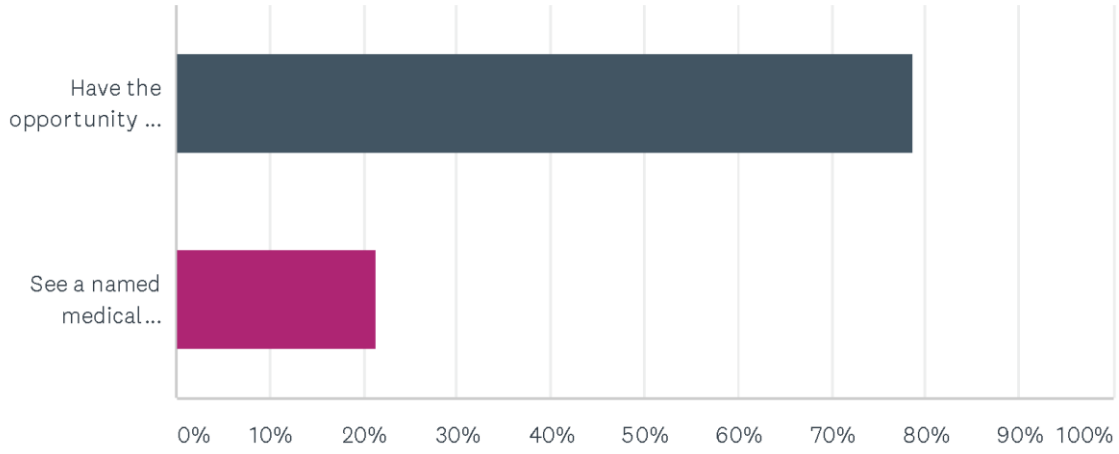
Others felt that there should be more NHS staff generally – in all areas. This would help with admin such as booking appointments and managing waiting lists etc. Others felt that all NHS managers should have to have medical training so they can fill in when needed. For example, we shouldn't have professional managers in the NHS, everyone should work on the front-line treating patients.

As well as training more staff people felt that more staff were needed in frontline service, especially nurses and healthcare assistants in hospitals. They felt that staff didn't have the proper time needed to care for people fully and that people in hospital were left on their own a lot, or if they had family, that the relatives were doing some of the care.

People also felt that there should be reduced managers and admin staff to allow for more clinical staff. Although others felt that each service should have dedicated admin and appointment team to book and manage appointments. Other felt that the NHS should be run by professional managers from business who could negotiate better deals for NHS resources.

Q8 Looking at how we use technology, would you prefer to…

Answered: 5,578 Skipped: 154



ANSWER CHOICES	RESPONSES	
Have the opportunity to access healthcare services faster via technology, for example telephone appointments with your GP or live chat with a trained healthcare professional	78.70%	4,390
See a named medical professional face to face, but have to wait longer for that appointment	21.30%	1,188
TOTAL		5,578

Fig 9. Question eight graph exported from SurveyMonkey

Lots of people agreed with increasing the use of technology in the NHS, for booking appointments, cancelling appointments, and for GP appointments. Increased use of Skype for GP appointments and follow-up appointments with consultants was also mentioned.

Also, people thought we should be exploring the use of Telemedicine for certain long-term conditions. Diabetes monitoring and blood pressure monitoring were mentioned in relation to remote monitoring.

People told us that they wanted to be sent reminders by text of hospital appointments, like some GP practices do. That text and email reminders would avoid people missing appointments.

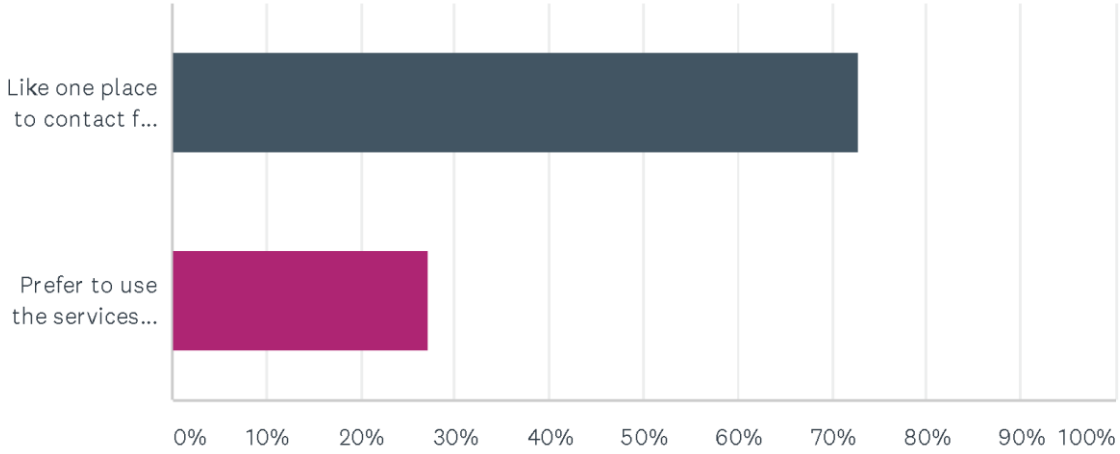
Some people did ask us to consider older people and people who found technology difficult to use in considering how to use technology more in the NHS. People shouldn't be excluded because they are not able to use technology. Some existing systems would need to remain.

When considering technology people told us they didn't understand why the NHS didn't have a single medical record system that could be accessed by health professionals from any health or care venue. People assume in our technologically advanced age that this would be something the NHS could achieve.

Some people told us that GP and NHS websites are too technical or full of jargon that makes them difficult for most people to use.

Q9 When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:

Answered: 5,646 Skipped: 86



ANSWER CHOICES	RESPONSES	
Like one place to contact for advice and treatment which can book you an urgent appointment with the right service, within two days or sooner if need be	72.85%	4,113
Prefer to use the services you know are available and see how quickly you can be seen, such as A&E, Minor Injury Units, Urgent Care Centres, GP out of hours or GP urgent appointments	27.15%	1,533
TOTAL		5,646

Fig 10. Question nine graph exported from SurveyMonkey

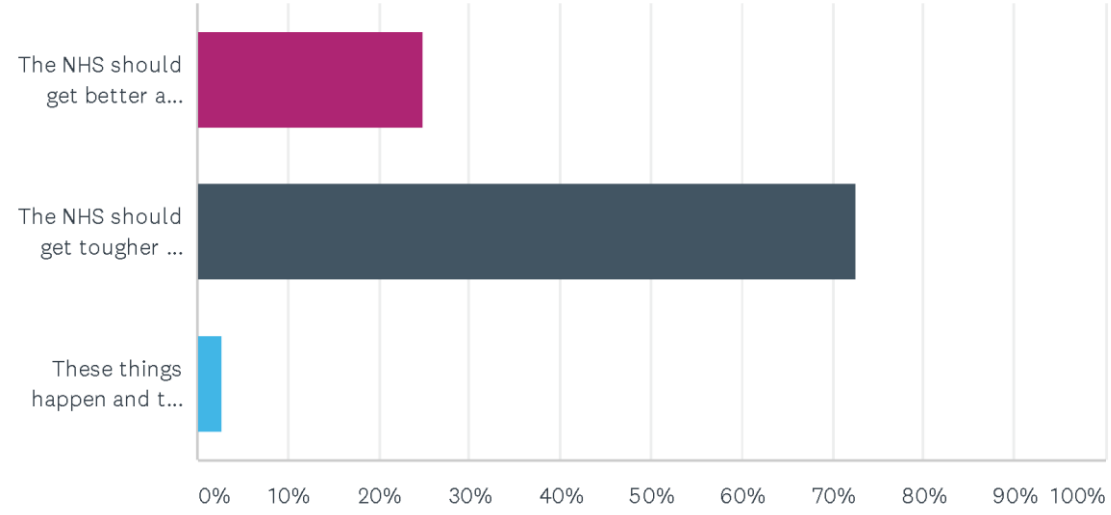
People wanted to remind us that the NHS 111 telephone service is difficult for people who have hearing disabilities or who have learning disabilities. This needs to be considered when developing this service further. Especially as more and more interface with the NHS is done over the telephone.

People told us that they are often confused by the range of services. They sometimes aren't in a position to decide what is and isn't an emergency. When a person you care about needs help or is in pain then it can feel like an emergency, and you take them to where you know they will get help.

Some people gave us good feedback about how the NHS 111 service had directed them to the right service or booked them an appointment. Others were less trusting of the service. Some told us that the questions took too long and were not personal enough.

Q10 Nearly eight million hospital appointments were missed across the country in 2017/18. Each hospital outpatient appointment costs around £120, which means almost £1 billion worth of appointments were missed - the equivalent of 257,000 hip replacements or 990,000 cataract operations. Almost 1.2 million GP hours were wasted because people did not turn up to their appointment - that's the equivalent of 600 GPs working full time for a year. Do you think...

Answered: 5,568 Skipped: 164



ANSWER CHOICES	RESPONSES	
The NHS should get better at reminding people to attend, using automatic reminder systems wherever possible	24.82%	1,382
The NHS should get tougher on people who frequently miss appointments, unless they are vulnerable or have exceptional reasons for doing so	72.52%	4,038
These things happen and the NHS should be flexible enough to manage this	2.66%	148
TOTAL		5,568

Fig 11. Question ten graph exported from SurveyMonkey

People felt strongly that the NHS should be getting tougher on people who miss their appointments without a valid reason.

This question raised lots of issues around **charging people for missed appointments.** Some people suggested that the NHS should charge a small standard fee for every appointment – suggestions between £10 - £30. This money is then refunded if you attend the appointment. People also felt there should be standard charges across the

whole system for any missed appointment that cannot be proven to have valid reason for being missed. Other suggested a three strikes system, on the third missed appointment you are charged for all previous appointments. Lots of people wanted a system introduced where you had to log a bank card or credit card with the NHS in order to receive services. Then it would be easy to charge people for missed appointments or misuse of the service.

Other people suggested the NHS develop a billing type system that lets a patient know how much their treatment would have cost if they had to pay for it. People would then start to value the service they receive from the NHS instead of taking it for granted.

People were keen to point out that there should always be exemptions for people on low incomes.

Another suggestion was that the NHS should charge people who attend A&E after taking alcohol or illegal drugs. There should also be charges for misuse of the service, or abuse of staff. If people attend A&E inappropriately, they should be told that they can be treated at A&E but they will be charged, if they want a free service then they need to go somewhere else.

Several people also thought that people should be charged for meals in hospital, this would help to improve the standard of food and be less of a drain on NHS resources.

Some people felt that if people could afford medical insurance then they should be encouraged to buy it, leaving the NHS for those who can't afford it.

Linked into this several people told us that we should introduce a deposit system for NHS equipment, so less of it went missing. For equipment such as mobility aids you should have a deposit to make it worthwhile retuning it when it is no longer needed. That equipment should always be returned so it can be used by other people. Too much disposable equipment used

The other issues that this question raised was parking at our acute sites. Parking issues should be properly planned before any new health facilities are built, or services are moved. There are not enough spaces, charges are too high. Often this can result in missing appointments as there is nowhere to park, or it takes so long to park that the appointment is missed. Another issue for parking is that there are never enough spaces for people with mobility issues near to the entrance or exit. This concern was raised as an issue at both of our large acutes, but with particular issues at Peterborough City Hospital. With only one exit and entrance to the site there can often be huge issues for people trying to leave, or ambulances gaining access at busy times.

Some people felt that staff should be given free parking at their places of work, other felt that staff should not be able to park in hospital car parks and other arrangements should be made for staff freeing up parking for patients and those attending with them. This was a particular issue for some staff as well as patients and visitors. People also felt that parking charges should go directly to the hospital trust not to private companies who manage the carparks. Public transport and cycling access were also raised as issues. Although there is public transport to our acute sites it was felt that not enough was done to promote and encourage use of sustainable transport.

Other issues raised

GP services. People had a lot to tell us about GP services. People were aware of the shortages faced by GP practices and felt that not enough was being done to train new GPs and encourage them to remain GPs. We should focus on recruitment and retention of GPs and associated practice staff. People told us of the difficulties they had making appointments at various GP practices, that they had to call at specific times of day then couldn't get through on the phone, or had to make multiple calls or stay of hold for long lengths of time. Often then to be told that all the appointments had gone, and they needed to call back at another time. People told us that they often had to wait a long time for a planned GP appointment and that getting through on the day was difficult.

Some people who had experience of the Doctor First system of call backs really liked this service as it meant that they spoke to someone on the day every time. Other people did not like this service as they felt they were being denied a face-to-face appointment.

Many people told us that there simply weren't enough GP appointments and they felt they had to struggle to be seen. Also, that GP appointments were too short, that they wanted to discuss a range of issues with the GP not just one thing in a short 10-minute appointment. Some people asked us why there couldn't be group appointments for people with the same condition such as diabetes, they could talk to each other as well as trained medical staff.

Some people told us that would prefer there to be a range of staff available at the GP practice, nurses and pharmacists so the GPs time could be used for those that need it most. Some people felt they wanted more stability and consistency in Primary Care, that they were always seen by different people which meant they were going over things from a previous appointment. People also told us that they wanted GP appointments to be available at weekends and later into the evenings. People felt that this would prevent people from turning up at A&E unnecessarily.

Sustainability and environmental issues. People told us that we were not doing enough to ensure that our sites and services were environmentally sustainable – in terms of transport facilities, waste management, and reduction of carbon footprint. They asked questions about resource use for managing our buildings as well as how we are working to reduce the carbon footprint of the NHS locally.

Mental health services. Mental health services were seen a key issue that needed addressing. People told us that we needed to increase spending in this area and give more support at an earlier stage to those who need mental health support. People found it difficult to access services and apart from calling 999 didn't know how to get help for someone in a crisis situation.

There was an emphasis from people on improved services for children and young people. People felt that not enough support was given to children and young people early enough. That people did not know where to go to find help for children and young people and more should be done in collaboration with education services. It was felt that finding the right support early enough was difficult, often leading to a mental health crisis that could have been avoided.

People felt that waiting lists – and the length of time between referral and treatment was often far too long in this area of service. People also wanted us to be aware that other services were difficult to access for people with mental health needs. More training for all staff in recognising those with mental health needs was needed.

Dementia support was a specific area that was raised, people found it difficult to access support, and assessments and more services were needed to help those with dementia and Alzheimer's, which could in part reflect our attendance at two dementia support group meetings. Older people had specific mental health needs and need different types of support.

Other specific services that were mentioned were eating disorder services. People told us that access to these services were difficult, as often the person needing help does not recognise it, or accept they need it. It is often family or friends who need help to support he person with the eating disorder, and there is a lack of provision around these types of conditions. People also mentioned the charity Petals in their responses. This was in the news as the BIG conversation started. People found this a very valuable service and wanted us to be support the service to continue.

Royston - We had a large number of responses from people in the Royston postcode area people from Royston told us that it was important to them to have a health and care hub in **Royston** using the old hospital site. The 'friends of Royston hospital' group circulated a lot of leaflets in Royston with support of the local MP Oliver Heald. Lots of response wanted us to look at using the old hospital site as a community health resource, or an intermediate care facility for older people between hospital and home.

Health and social care should work more closely together – particularly for children and older people. It was felt that services were too disjointed, and it was difficult to know where to go to get help when it was needed. People felt there was a waste of money and resources by health and social care not working closely together. There need to be more community funded roles which help people in the community. People also told us there were shortages of care assistants working to help people with their social care needs.

St George's hydrotherapy pool in Peterborough was mentioned by just a few respondents as an important facility. People it should be supported by the local NHS even if they can't fund the service. Many people benefit from this facility and pay for the service themselves.

NHS dentistry - needs improvement. People told us there are not enough dentists who take NHS patients in some areas.

Hinchingbrooke Hospital – keep service there for people of Huntingdon.

Carers – people talked to us about the difficulties faced by carers. There are thousands of carers out there who are in effect part of an unpaid workforce, it is hard for them to attend meetings, and they have little support.

Demographic information

We collected a small amount of demographic information in order to be able to ensure that we were reaching a broad range of people from across our area demographics.

In relation to age, those who chose to answer this question gave the following responses:

ANSWER CHOICES	RESPONSES	
16-29	9.19%	523
30-44	25.01%	1423
45-59	29.43%	1674
60-74	28.53%	1623
75+	7.84%	446
TOTAL		5689

The number of people between the ages of 16-24 went up after we had emailed the BIG conversation documents to all school sixth form departments in our area.

In relation to ethnic background this was a free text question in order not to be too prescriptive in how people wanted to respond.

The majority of people who answered this question gave their ethnic background as white British. Roughly 100 people described their ethnicity as European. There were some responses from people describing their ethnic background as Asian, Mixed, Black, Pakistani, African, and Indian, roughly 20 people from each group.

We also asked people for the first part of their postcode. The mix of postcodes showed that we had responses from a wide geographical area covering our whole area. Half-way through the engagement we looked at the data for where people lived to make sure we were reaching people across the area. In the postcode areas where we had the least responses, we did some targeted work on Facebook groups to encourage more people to take part, and this saw an increase in the numbers for these postcode areas.

Next steps

1. Share the feedback and responses to the BIG conversation with all of our stakeholders and the public via the CCG website.
2. Share the feedback and responses to the BIG conversation with NHS England, all other NHS providers in and around Cambridgeshire and Peterborough.
3. To ensure that the feedback from the BIG conversation is considered as part of the commissioning process for the future.
4. The BIG conversation with Primary Care – we have just stared another BIG conversation with our primary care staff and teams to ask them what they think is going well and not so well. To ask them how we can improve primary care and ensure it is sustainable for the future.

APPENDICES

Appendix 1 – Healthwatch Community Values Panel Report 1
Appendix 2 – Healthwatch Community Values Panel Report 2
Appendix 3 – Healthwatch response to BIG conversation

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