

REPORT ON:

Adult Community Health Services in Bromley

PREPARED FOR:

NHS Bromley Clinical Commissioning Group (CCG)

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1. EXECUTIVE SUMMARY

The NHS Bromley Clinical Commissioning Group (CCG) wished to engage with patients, carers and users of adult community health services in Bromley (later described as 'participants') in order to get an overview of their experiences and views of adult community health services provided by Bromley Healthcare; as well as discuss important aspects and features of any future care models.

The purpose of this research was to provide a baseline overview of the experiences in accessing and using the services (Stage 1) and discuss the key aspects of adult community health services and potential different ways of delivering the services in the future (Stage 2). All suggestions and scenarios debated at this stage were purely theoretical and no definite details or changes were discussed.

The executive summary aims to provide a topline overview of the key findings and overall themes discussed at both stages of the project, detailed findings can be found in the individual reports prepared for each part of the engagement.

1.1 STAGE 1: OVERVIEW OF ADULT COMMUNITY HEALTH SERVICES IN BROMLEY

Overall, the perceptions of adult community health services provided by Bromley Healthcare are positive. The ratings of individual services range from 3.8 to 5 with an average rating of 4.4 points out of 5 (on a scale where 1 is poor and 5 is excellent). The relatively high score indicates that whilst certain areas could be improved, patients, carers and service users are generally happy with the care provided. Most participants noted that they do not think that any significant changes are needed. More appointments, improved continuity of care and a more efficient two-way communication were among the few suggestions noted.

Whilst the experiences with the individual services vary, overall, the themes identified were consistent across the majority of the services analysed. The five main areas of care discussed in more detail were:

1.1.1 Information and communication

Generally, the information provided by the service about the treatment and condition is good, however, participants noted that they often do not know who they are going to be seen and/or treated by. A continuity of care is very important to them and they would prefer to see the same professional continuously so the same information does not need to be repeated over and over.

Communication between different members of staff providing the care could also be improved as on occasions information was not shared or passed onto the relevant professionals.

1.1.2 Access

The opinions on the availability of care vary. Whilst most participants agree that the location and geographical accessibility of the clinics are good, the ability to get an appointment proves to be more difficult. One in five participants rated the availability and waiting time to get an appointment as poor (scores 1 or 2 on a five point scale where 1 is poor 5 is excellent) and many note that the waiting times to receive treatment are very long.

1.1.3 Staff

The staff delivering adult community health services are very well received. The vast majority agree that they are kind, compassionate and understanding and participants praised their knowledge and professionalism whilst maintaining a personal human approach and attitude.

As mentioned earlier, most participants would like to see increased continuity of care so they do not have to provide the same details and information multiple times.

1.1.4 Home and bed based patients

Overall, patients receiving care in their homes or in the Bromley bed based rehabilitation centre were satisfied with the services provided. A small proportion of home based patients noted that staff do not always come at agreed times which causes annoyance and logistical complications. Those based in the Bromley bed based rehabilitation centre mentioned that they can feel isolated during they stay in the room.

1.1.5 Equipment users

On the whole, participants using wheelchairs, special seating or COPD equipment were happy with the gear provided. They received all the relevant information, know what to do in case of failure and agree that it meets their needs and allows them to be more independent.

All findings from stage 1 of the engagement were used to form the basis of the discussions around future care models in stage 2.

1.2 STAGE 2: KEY ASPECTS OF FUTURE ADULT COMMUNITY HEALTH SERVICES IN BROMLEY

When talking about the key aspects of future care delivered across adult community health services in Bromley, the preferences are well defined - participants would like to see an integrated care model where all aspects of care and a person's needs are considered in a holistic manner to assess the overall wellbeing of the individual rather than act in isolation. Good accessibility, excellent quality and continuity of care are the most important features of any future care model.

The key features of community services identified are:

1.2.1 Integrated care

Overall, an approach where all aspects of care (i.e. health needs, social care, other conditions and treatments, etc.) and the individual's situation are considered in a joined-up manner, and the necessary care plan is assessed holistically rather than in isolation, is essential.

Help and advice should be provided from beginning to the end of treatment. Ideally, patients, carers and service users should be contacted when dispatched from the service in order to arrange all elements of the care, inform them of all important details and design their care plan.

All different professionals (i.e. hospital staff, GPs, social care, community care, nurses, etc.) need to work together with one simple goal - to get the person better.

1.2.2 Quality

The quality of care and service provided is also extremely important and has to be maintained at all times. Respondents are understanding and willing to wait longer if required and/or make compromises and alternative arrangements if the care provided is fit for purpose and of a high standard.

1.2.3 Access

Easy access to services is crucial for those in need of care. Both the accessibility of the clinics and availability of appointments are very important for participants, especially for those with ongoing or long term conditions. Services need to be

made accessible for different groups with various levels of transport or mobility issues.

1.2.4 Continuity of care

As discussed previously, continuity of care is essential for many participants. Being able to see the same member of staff and receive a consistent standard of care are focal to their wellbeing, treatment and recovery.

Whilst many understand that this might not always be feasible, a reliable system where all information is efficiently shared with the relevant professionals to avoid time wastage caused by repetition and any potential misunderstandings is needed.

Participants also noted that one care navigator should be allocated to each patient - they would then be responsible for the plan and delivery of the care plan, oversee the whole process, track progress and update the records.

1.2.5 Other important aspects to consider

Participants stressed the importance of providing for people with different health needs and conditions. 'One size does not fit all' and whilst it is important that any future model or solution reflects the requirements of the majority, suitable alternatives for those with niche needs or conditions need to be provided.

Communication ought to be accurate and effective with alternatives channels to provide for different capabilities and needs. Options for patients with visual, hearing or communication difficulties, learning disabilities, mobility issues, without PC/internet technology, etc. need to be available and easily accessible to enable them to use the services without difficulties.

Information about treatment and health needs to be clear, up to date and most of all shared with both patients and staff.

Locality of the clinics is also important; services need to be in patients' close proximity and easily accessible to those with different health needs.

Care plans are good in principle but need to be well executed and take into account the patient's overall condition and health needs. Aftercare with professional assistance (rather than self-help on its own) is necessary for successful recovery and prevention.

All solutions and future care models need to be realistic and practical from both the staff's and service user's point of view to guarantee that good health and wellbeing of all relevant stakeholders is maintained.

Clear straightforward guidance of how the 'models' work, who to contact and how to access the services need to be easily accessible to all patients, carers and users of adult community health services to help support health and wellbeing of the local population.

2. BACKGROUND AND OBJECTIVES

NHS Bromley Commissioning Group (CCG) sought to commission a specialist external provider to set out robust and comprehensive engagement activity with the adult population of Bromley who have experience of using community health based services either as users, patients or carers.

The key objectives of the engagements were:

- Stage 1 - seek the views and experiences of patients (including the existing Patient Advisory Group (PAG)), service users and carers who use adult community based health services commissioned from Bromley Healthcare.
- Stage 2 - test out new models of care with a representative group to check that the assumptions on what is needed (based on information gathering at stage 1) are accurate and enable service users to further influence final service requirements.
- Ensure views are captured on all of adult community health services currently commissioned from Bromley Healthcare.
- Ensure that seldom heard communities are included and the equality duties in regard to protected characteristics are met.

3. METHODOLOGY

A two-stage research project was commissioned:

- A face-to-face, online and telephone quantitative survey was designed to provide an overview of adult community health services in Bromley commissioned from Bromley Healthcare.

- A series of qualitative discussions were held to test the new proposed models of care and evaluate the assumptions made based on the findings gathered in stage 1. The participants were drawn from respondents to the survey, patient advisory group members and other interested patients, carers and users of adult community health services in Bromley.

3.1.1 SOCIAL INCLUSION AND REPRESENTATIVENESS

Despite best efforts to ensure social inclusion and reach as many adult community healthcare service users as possible, there were restrictions in accessing all services provided at all sites as well as certain seldom heard groups:

- Specific visiting times were given for each site and service, and MES had no access to services without physical sites (i.e. community matrons, district nursing, medical response team, homebased physiotherapy, home based rehabilitation services). For these services, MES relied on the current provider's staff to promote the survey and distribute postcards with details to complete the survey online or by Freephone.
- MES was informed that due to summer holidays, many of the provider staff were external (agency workers), which could reflect less interest in promoting the survey than may have been found amongst permanent employees. Face-to-face fieldwork was often based in clinics with a very low footfall or a low number of booked appointments. In some instances, booked appointments went unattended by the service users.
- No access was provided for users of vasectomy services as the provider staff advised against contacting the service users shortly after their appointment due to the nature of the treatment. Postcards with the relevant information were left at the reception, however no appointments were made for the duration of the fieldwork.
- Similarly, MES was restricted in options to reach out to seldom heard groups (particularly the BME and traveller communities). Again, no direct access was given to these patients and MES was solely reliant on postcards being distributed by provider staff.
- MES did also provide the option of outbound pre-booked telephone calls lieu of service users accessing the online survey or calling the Freephone number. Again, this option would have been offered only by provider staff with direct access to service users. For the duration of the fieldwork, no outbound pre-booked calls were requested.

- It is also important to note that respondents were given the option to not disclose their personal details and information (e.g. age, gender, socio-demographic background, disability, etc.). In addition, 64 respondents indicated that they have not used any of the adult community health services in Bromley. The profile of these respondent groups is therefore unknown.

Demographic profile of respondents from stage 1 (where known)*:

<i>Age:</i>						
18-30	31-50	51-65	66-74	75-80	81-90	91+
5	25	44	73	48	66	8
<i>Gender:</i>						
Male			Female			
127			147			
<i>Service type user:</i>						
Answering as carer			Answering as patient			
47			232			
<i>Seldom heard groups:</i>						
People from BME communities	14	People with communication impairments			39	
Gypsies and travellers	0	People who have mobility issues			107	
Lesbian, gay, bisexual and transgender people	3	Housebound patients			18	
Asylum seekers and refugees	0	People with disabilities			117	
Carers (answering as carers)	47	People with learning disabilities			1	

Demographic profile of respondents from stage 2 (where known)*:

<i>Age:</i>						
18-30	31-50	51-65	66-74	75-80	81-90	91+
n/a	n/a	4	7	1	5	8
<i>Gender:</i>						
Male			Female			
9			9			
<i>Service type user:</i>						
Answering as carer			Answering as patient			
7			11			
<i>Seldom heard groups:</i>						
People with communication impairments					1	
People who have mobility issues					6	
Housebound patients					18	
People with disabilities					6	
People with learning disabilities					0	

**Demographic information for participants who did not complete the survey, PAG members or those who chose not to disclose their details are not included.*

3.1.2 STAGE 1: QUANTITATIVE SURVEY

The quantitative survey was open from 19th July to 8th August 2016. Responses were collected:

- online (distributed and promoted by NHS Bromley CCG),
- face-to-face at provider sites from 25th July to 3rd August,
- via a Freephone telephone number provided on 2000 printed postcards distributed by MES, NHS Bromley CCG and the current provider Bromley Healthcare.

All responses have been combined and analysed in this report.

Of the 343 respondents who completed the survey, 64 indicated they had not used any adult community health services provided by Bromley Healthcare resulting in a final audience size of 279.

MES visited 11 sites over the course of eight days and collected 228 responses face-to-face:

Location/site	Service
<i>Beckenham Beacon</i>	Leg Ulcer Service, Adult Speech and Language service, COPD and home oxygen service, Wheelchairs service
<i>Orpington Clinic</i>	Podiatry, Adult Speech and Language service
<i>Mottingham Clinic</i>	Bladder and Bowel service
<i>Princes Plain Clinic</i>	Leg Ulcer Service
<i>Biggin Hill Clinic</i>	Leg Ulcer Service, COPD
<i>Eldred Drive Clinic</i>	Podiatry
<i>Beckenham Clinic</i>	Wheelchairs service
<i>St Paul's Cray Clinic</i>	Podiatry, Leg Ulcer Service, COPD
<i>Orpington Hospital</i>	COPD and home oxygen service
<i>The Willows Clinic</i>	Podiatry, Leg Ulcer Service, COPD

Lauriston House	Bromley Healthcare Rehabilitation Service
n/a	Falls group

A further 51 survey responses were collected through the online survey link or telephone.

Overall, feedback was collected for the below services:

Service	No. of respondents
1. Community matrons	3
2. District nursing	31
3. Adult Occupational therapy	17
4. Adult Speech and language therapy	6
5. Adult Dietetics service	3
6. Adult Home based physiotherapy	3
7. COPD and home oxygen service	20
8. Podiatry	102
9. Bladder and bowel service	22
10. Tissue viability / leg ulcer service	32
11. Vasectomy service	0
12. Wheelchairs and special seating	10
13. Falls prevention service	9
14. Medical response Team (including GP out of hours and night nursing)	5
15. Bromley Rehabilitation service (Bed based and home based)	16
Total number of patients/service users	279

Due to the limited number of responses, MES cannot guarantee that the survey findings are representative of the wider adult community healthcare service user population. Therefore, MES would strongly recommend that the survey findings alone are not used to design the new models of care, particularly for services where the number of responses is very low.

Where base sizes allow (i.e. the sample size is over 100), percentage scores have been used with a 95% confidence interval. Where sample sizes are below 100, the number of responses for each option has been provided as the results cannot be statistically representative of the given population. Any figures where the sample size is lower than 50 must be taken with extreme caution. Similarly, commentary has not been provided for services with fewer than 5 responses.

The base size for each question may vary as responses of 'Do not know' and 'Not applicable' for closed questions have been excluded for the purpose of analysis.

Whilst we cannot state, with a statistical confidence, that the responses are robust and representative of all individual services, the themes identified throughout both stages of the engagement have been consistent across most adult community health services in Bromley and thus can be given certain weight and significance.

3.1.3 STAGE 2: QUALITATIVE DISCUSSIONS

Stage two of the engagement took place between 6-16th of September. All 82 respondents who participated in the first stage of the engagement and expressed interest in participating in the second stage were invited to take part in focus groups; telephone interviews were offered to those with mobility issues or housebound. Three call attempts were made and two email invites were sent to encourage participation.

The invitation was later opened to all adult community health service users in Bromley and the details and relevant contact information were advertised by NHS Bromley CCG.

All members of the Patient Advisory Group (PAG) were also invited to take part in a preliminary 'test' focus group to evaluate the discussion guide and establish whether the suggested topics are suitable for discussions with wider public. The discussion guide was then amended and changed based on the provided feedback.

All focus groups took place in a location easily accessible and preferred by the majority:

	Location	Date	Duration	Number of participants
PAG test group	Beckenham Beacon	6 th of September	90 min	7
Focus group 1	Bromley Central Library	12 th of September	90 min	5
Focus group 2	Bromley Central Library	14 th of September	90 min	3

In addition, nine up to 60 minutes long telephone interviews were conducted with patients who could not attend the focus groups in person.

In total, 24 patients, carers and service users participated in the second stage of the engagement, MES therefore cannot guarantee that the findings are representative of the wider adult community healthcare service user population. It is important to note that in qualitative research, emphasis is not put on the number of responses and statistical confidence but on the quality and depth of response.

Verbatim comments made by patients, carers and service users have been used throughout the report to help illustrate and highlight key findings. All comments have been anonymised. Each comment sets out the individual view of the respondent who made them and does not reflect the views of MES, NHS Bromley CCG or the provider, Bromley Healthcare.

4. APPENDIX

4.1 QUESTIONNAIRE

Introduction:

NHS Bromley Clinical Commissioning Group (Bromley CCG) is the organisation responsible for planning and paying for many of the health services you will use in Bromley. We would therefore like to ask you a few questions and learn more about your experiences using the community health services for adults. Whether you are a patient yourself or care for a friend or family member using the services, we'd like to hear from you!

Your feedback will help us ensure that the services meet the needs of people in Bromley.

You might have already been asked some general questions about these services in one of our previous surveys. There are some further questions we'd like to ask to better understand your experience and opinions so please do help us by completing this questionnaire.

Please be assured that your responses to this survey will be anonymous, strictly confidential and will not be attributed to you in any way.

SERVICES USED

As you complete the survey, please review your answers carefully before clicking the next button on each page. You will be unable to go back and change your answers once you have moved on to the next page.

ASK ALL, SINGLECODE

Q1. Are you a carer? (i.e. do you care for someone paid or unpaid?)

1. Yes
2. No
3. Don't know/Not sure

ASK ALL, SINGLECODE

Q2. Which of the following best applies to you?

1. I am answering these questions about myself
2. I am answering these questions on behalf of another patient
3. I am answering these questions in my position as a carer

Note for those answering as carers: If you are answering the following questions as a carer, please tell us about the experiences of using the services from a carer's perspective, e.g. did you get all the information required, were you involved in the development of the care plan, etc.

ASK ALL, MULTICODE

Q3. Which of the following community health services in Bromley have you used over the last 12 months?

By 'community health services' we mean services such as district nursing, occupational therapy, wound care, falls service, rehabilitation services etc.

Please select all that apply.

1. **Community matrons** (*i.e. experienced nurses who provide care to patients with a number of different long term health conditions in order to prevent unnecessary visits to hospital*)
2. **District nursing** (*i.e. nursing care offered to those who are housebound or have problems leaving their home/care home due to poor health or long-term condition thus cannot visit surgery themselves*)
3. **Speech and language therapy** (*i.e. treatment for patients with voice, language, fluency or swallowing problems*)
4. **Occupational therapy** (*i.e. helping you to carry out everyday activities which are essential for your health and wellbeing*)
5. **Dietetics service** (*i.e. treatment for people with special diets due to a particular health condition and long term management of people at home on tube feeding*)
6. **Home based physiotherapy** (*exercises to restore movement and function when someone is affected by injury, illness or disability for people who cannot leave the house*)
7. **Chronic obstructive pulmonary disease (COPD) and home oxygen service** (*i.e. care offered to those with long term breathing conditions such as chronic obstructive pulmonary disease or asthma; and those receiving oxygen at home*)
8. **Podiatry** (*e.g. management of foot health, foot treatments, minor foot surgery and diabetic foot*)
9. **Bladder and bowel service** (*e.g. assessment and treatment of bladder and bowel conditions including continence (loss of urine or faeces) service*)
10. **Tissue viability / leg ulcer service** (*e.g. assessment and treatment of patients with complex wounds*)
11. **Vasectomy service** (*i.e. male sterilisation*)
12. **Wheelchairs and special seating** (*i.e. assessment and supply of wheelchairs and specialist seating*)
13. **Falls prevention service** (*i.e. assessment and management of patients who are at risk of falling or who recently had a fall*)
14. **Medical response Team** (*i.e. rapid medical support at time of crisis, including GP out of hours and night nursing*)
15. **Bromley Rehabilitation service (Bed based)** (*i.e. care to help to return someone to a good, healthy, or normal life or condition after they have been ill. Therapies provided at the Lauriston bedded unit*)
16. **Bromley Rehabilitation service (Home based)** (*i.e. care to help to return someone to a good, healthy, or normal life or condition after they have been ill. Therapies delivered at home*)



- 17. None of the above [EXCLUSIVE] - SCREEN OUT
- 18. Don't know/Not sure [EXCLUSIVE] - SCREEN OUT

SCREENOUT MESSAGE IF 17 & 18 ARE SELECTED:

Thank you very much for your answers, that's all we need for now. In this specific survey, we are looking for people who have or are currently using the community healthcare services in Bromley so the questions might not be relevant for you.

Thank you for your time.

ASK ALL, SINGLECODE, ONLY ASK IF MORE THAN ONE SERVICE IS SELECTED AT Q3

Q4. And which ONE of these community health services are you most familiar with?

[ONLY SHOW SERVICES SELECTED AT Q3]

Thank you. We'd now like you to focus on [the service that the respondent is most familiar with] and answer the following questions based on your experience of using this service.

NEEDS

ASK ALL, SINGLECODE

Q5. How would you rate your overall experience with [the service that the respondent is most familiar with], using a scale from 1-5, where 1 is poor and 5 is excellent?

- 1 - Poor
- 2
- 3
- 4
- 5 -Excellent

ASK ALL, OPEN

Q6. What, if anything, do you find particularly good about [the service that the respondent is most familiar with]? Please be as detailed as possible.

[OPEN TEXT BOX]

ASK ALL, OPEN

Q7. What, if anything, could be improved? Please be as detailed as possible. Please type in don't know/none if no improvements are needed.

[OPEN TEXT BOX]

INFORMATION AND COMMUNICATION

ASK ALL, GRID

Q8. Thinking about the information you received from [the service that the respondent is most familiar with], how would you rate the following?

Please use a scale of 1-5 where 1 is poor and 5 is excellent.

	1- Poor	2	3	4	5 - Excellent	Don't know/Not sure	Not applicable
The information given about your condition							
The information given about the treatment							
The information given about how to take care of yourself after the treatment							
The information given about who to talk to about any ongoing care after your treatment							

ASK ALL, GRID

Q9. Thinking about the appointments you made when using [the service that the respondent is most familiar with], please indicate to what extent you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/Not sure	Not applicable
I know the reason for my appointment							
I know the time and location of my appointment							
I know how to get to the clinic/appointment							
I know what to expect during my appointment							
I know who I am going to see for my appointment							

ACCESS

ASK ALL, GRID

Q10. Using a scale of 1 to 5, where 1 is poor and 5 is excellent, how would you rate the following:

	1	-	2	3	4	5	-	Don't	Not

	Poor				Excellent	know/Not sure	applicable
The location of the clinic							
Accessibility of the clinic							
The premises of the clinic							
Overall atmosphere of the clinic							
Booking an appointment							
Availability of the appointments							
Waiting time to get an appointment							
Waiting time at the clinic							

STAFF

ASK ALL, SINGLECODE

Q11. Thinking about the staff who care for you when using [the service that the respondent is most familiar with], please indicate to what extent you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/Not sure	Not applicable
Staff are kind, compassionate and understanding							
I have to repeat the same information about my condition to many members of staff							
The staff I see make me feel informed and involved about the care I receive							

HOME BASED PATIENTS

ASK ALL, SINGLE CODE

Q12. Where did you receive the care from [the service that the respondent is most familiar with]?

1. At home

2. At a clinic
3. Both
4. Don't know/Not sure

ONLY ASK TO THOSE WHO RECEIVED CARE AT HOME OR BOTH AT A CLINIC AND AT HOME Q12 =1 or 3

Q13. Thinking about the care you received at your home, to what extent do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/Not sure	Not applicable
I know when the staff are coming to treat me at my home							
The staff coming to treat me at home always come at the agreed time							
The staff coming to treat me at home communicate well with other staff visiting (e.g. social care staff)							
The staff coming to treat me at home are well prepared and equipped for the visit (e.g. they know the main reason for the visit, have the right equipment, etc.)							

WHEELCHAIRS AND SPECIAL SEATING/ COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AND HOME OXYGEN SERVICE - ONLY ASK THOSE USING THESE SERVICES, I.E. OPTION 7 OR 12 IS SELECTED AT Q3

We would now like to ask you a few questions about the wheelchair and/or home oxygen services you are using.

ASK ALL, MUTLICODE

Q14. What type of equipment are you currently using? Please select all that apply.

- 1- Standard Occasional Wheelchair
- 2- Complex wheelchair
- 3- Special seating
- 4- Home Oxygen Equipment
- 5- None

ASK ALL WHO USE EQUIPMENT, Q14=1-4, GRID

Q15. Thinking about the equipment you are currently using, please indicate to what extent you agree or disagree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/Not sure	Not applicable
I know what to do if the equipment I use fails or breaks							
The equipment I use allows me to be more independent							
I received all relevant information to be able to operate the equipment							
The equipment I use meets my needs							

BED BASED PATIENTS - ONLY ASK TO THOSE USING BROMLEY REHABILITATION SERVICE (BED BASED), I.E. OPTION 15 IS SELECTED AT Q3

We would now like you think about the bed based Bromley Rehabilitation service you said you received. (i.e. care to help to return someone to a good, healthy, or normal life or condition after they have been ill . Therapies provided at the Lauriston bedded unit)

Q16. Now, thinking about the bed based rehabilitation service you received, to what extent do you agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know/Not sure	Not applicable
The expected length of my stay was clearly communicated to							

me							
I have been consulted about my care plan							
The environment in the room helped my recovery							
I felt isolated during my stay in the room							

ABOUT YOU

Finally, we would like to ask you a few questions about you. The details you provide are strictly confidential and will only be used for research purposes limited to the scope of this particular study.

ASK ALL, SINGLECODE

Q17. Are you?

- Male
- Female
- Other
- Prefer not to say

ASK ALL, SINGLECODE

Q18. Which of the following options best describes how you think of yourself?

- Heterosexual/straight
- Bisexual
- Gay Male
- Lesbian/Gay Female
- Prefer not to say

ASK ALL, SINGLECODE

Q19. How old are you?

- Under 18
- 18-30
- 31-50
- 51-65
- 66-74
- 75-80
- 81-90
- 91+
- Prefer not to say

ASK ALL, SINGLECODE

Q20. What is your ethnic group? Please select one option which best describes your ethnic group or background.

1. White (English, Welsh, Scottish, Northern Irish, British)
2. White (Irish)
3. White (Gypsy or Irish Traveller)
4. White (Any other White background)
5. Mixed (White and Black Caribbean)
6. Mixed (White and Black African)
7. Mixed (White and Asian)
8. Mixed (Any other Mixed background)
9. Asian or Asian British (Indian)
10. Asian or Asian British (Pakistan)
11. Asian or Asian British (Bangladeshi)
12. Asian or Asian British (Chinese)
13. Asian or Asian British (Any other Asian background)
14. Black or Black British (African)
15. Black or Black British (Caribbean)
16. Black or Black British (Any other Black background)
17. Arab
18. Other ethnic group
19. Don't know
20. Prefer not to say

ASK ALL, SINGLECODE

Q21. Do you consider yourself to have a disability?

1. Yes, please specify
2. No
3. Prefer not to say

ASK ALL, MULTICODE

Q22. Which, if any of the following apply to you?

1. I have a communication impairment (i.e. vision, speech, hearing, voice or language disorder)
2. I have mobility issues (i.e. problems moving around)
3. I am housebound
4. None of the above
5. Prefer not to say

ASK ALL, SINGLECODE

Q23. Which of the following best describes your citizenship and place of birth?

1. British citizen, born in Britain
2. British citizen, born abroad
3. Non-British citizen, born in Britain
4. Non-British citizen, born abroad
5. I have an asylum seeker/refugee status
6. None of the above

7. Prefer not to say

ASK ALL

FOCUS GROUPS/WORKSHOP

Thank you for your answers so far. Your feedback will help us make decisions about the way we provide adult community healthcare services to people in Bromley in the future.

We'll be hosting a series of engagement activities (e.g. discussion groups or workshops) where we'll be discussing the needs and wants of patients, carers and service users in more detail.

The discussions will take place at the end of August/early September.

R1. Are you interested in taking part in further discussions about the future community healthcare services in Bromley?

- 1- Yes
- 2- No

IF YES IS SELECTED AT R1

R2. Thank you for expressing interest in taking part in further discussions about the community health care services in Bromley.

Please provide an email address and/or contact number at which you'd prefer to be contacted about the details of the discussions.

Please be assured that your responses to this survey will be anonymous, strictly confidential and will not be attributed to you in any way. The information you provide will only be used to contact you about the further discussions and nothing else.

Full name:

Email address:

Phone number:

Tick here if you'd prefer to take part in a telephone chat instead

Please note that there is only limited number of space available and not everyone wishing to take part will be invited. Selected participants will be contacted with the relevant details shortly.

ASK ALL, MULTICODE

R3. Could you tell us how you heard about this survey please? Please select all that apply.

- Via staff on site/visiting
- Via the NHS Bromley Clinical Commissioning Group website
- Via email from the NHS Bromley Clinical Commissioning Group
- Via NHS Bromley Clinical Commissioning Group social media
- Via a postcard with survey link/free phone number

- Other, please specify
- Don't know

THANK YOU PAGE

Thank you for taking the time to complete our survey, your feedback is greatly appreciated. For more information about the procurement of community health services in Bromley, click [here](#).

4.1 DISCUSSION GUIDES

4.1.1 DISCUSSION GUIDE USED FOR PAG MEMBERS

OBJECTIVES:

- Test the discussion guide with the PAG members to evaluate the suitability for the wider audience
- Evaluate new suggested models of adult community care services in Bromley
- Gauge reactions to and perception of the proposed changes
- Understand the drivers behind opinions
- Discuss other alternative care models

DISCUSSION GUIDE (C. 60 MINUTES)

INTRODUCTION (10 MINUTES)

- Introduce moderator and any attendees.
- Thank participants for attending.
- Explain the logistics - duration of the session (60 minutes), refreshments, fire exit, location of toilets, etc.
- Reassure re. confidentiality, anonymity, etc.:
 - There are no right or wrong answers, we're looking for honest opinions and feedback
 - MES is an independent agency and thus do not work directly for the NHS or the CCG so participants can be open
 - We abide by the MRS code of conduct, everything they say is strictly confidential and won't be associated to them personally
 - We adhere to strict data protection and privacy policies, no personal details or information will be shared or used for any other purposes other than this research, whilst we might share quotes or feedback with the CCG, the feedback will be used for personal purposes only and won't be associated to the participants directly.
- Explain reasons for recording and how it is used. Ask permission to do so.
- Explain 'ground rules' for discussion:
 - Be polite and respect each other's opinions
 - Do not speak over each other - one person at a time, but do not be afraid to voice your opinion
 - No swearing or inappropriate language

- MES' role is to act as an independent researcher/facilitator, we cannot answer questions about specific services, any similar queries should be addressed to the CCG patient query inbox: BROCCG.PatientQuery@nhs.net
- Answer any questions asked at this point

CONTEXT SETTING

As you probably know, NHS Bromley Clinical Commissioning Group (Bromley CCG) is the organisation responsible for planning and paying for many of the health services you use in Bromley. We understand that many of you frequently talk to the CCG, actively participate in various discussions and projects and share your experiences and feedback on various topics related to the health care services in Bromley.

For the next hour, we'd like you to focus on and talk about the adult community health services. By 'adult community health services' we mean services such as district nursing, occupational therapy, wound care, falls service, rehabilitation services etc. [HAVE LUMINATE CARD WITH SERVICES READY IF NEEDED].

The purpose of this engagement is twofold:

- We would like to further discuss your experiences and potential different ways of providing the adult community health services in the future. We are aware that you have already provided insights on a range of community services.
- As a part of this project we will be doing a similar exercise with the wider population of adult community health care service users in Bromley. We have been informed that you might have discussed some of these ideas already, therefore, we'd like you to help us 'test' the discussion guides before we talk to other patients, carers or service users to make sure that the topics are clear and easy to understand, and to get your expert opinion on the content and the different ideas discussed

We conducted a survey in August where we asked you about your current experiences with the services. We'll share some of the findings with you at the end of the discussion today and explain how this has been used to inform this further discussion.

The main aim of this session is therefore to focus on the future and what, in your opinion, should the adult community health care services in Bromley look like.

Your feedback and opinions will help the CCG to further test if we have understood your feedback to date:

- To engage with the wider population of adult community health care users in Bromley
- Make sure that the adult community health care services meet the needs of people in Bromley
- Deliver high quality services
- Are responsive to the needs of the local population
- And overall, improve the care provided

This is an open discussion and we would like to hear from as many different patients, carers and service users as possible, to enable the CCG to make an informed decision.

The suggestions that will be discussed are purely theoretical and the purpose of this engagement is to evaluate the feedback from the local population before any further steps are taken.

As mentioned earlier, one of the reasons why we're here today is to test the ideas before we discuss them with other patients, carers and services users. Therefore, please do let us know if at any point you feel that the questions are not suitable, confusing or not asking the 'right' things. We'll use your feedback to update the discussion guide before talking to other groups of patients.

****Facilitator note: if you are asked any questions at this point or if asked about the changes to services and what they entail, please stress that this session is only to talk about the different potential ways of delivering the care and not to describe any of the changes that will be taking place to services.****

****Facilitator note: throughout the discussion try to gauge individual feedback and experience as well as the impact on the population as a whole - i.e. benefit for the collective good.****

WARM UP (5 MINUTES)

Each participant to introduce her/him-self - first name; how long they have lived in the borough; which services they used and which clinic they have attended?

Overall, what is your experience with the adult community health care services like? Good/bad/positive/negative

****Facilitator note: the aim is to gauge everyone's experience, keep the discussion brief at this point.****

1. KEY FEATURES OF COMMUNITY SERVICES (5 MINUTES)

First of all, we'd like to talk about the key features of Community Services. By Community health services, we mean those health services provided outside of hospitals in community settings, including in people's homes and in community clinics.

Community services have a number of objectives, including promoting health and healthy behaviours, supporting people to manage long-term conditions, and providing treatment in a person's home or in the community to avoid hospital or residential care where possible.

What we're going to ask you to do now is to review the information that we're planning to share and discuss with the wider group of patients, carers and services users of adult community health care services in Bromley.

We'd like you to take a look at the handout and questions that we are proposing to ask others and tell us what you think of them.

Are these the right kind of questions to ask other patients, carers and service users? Is all the information on the handout clear?

[SHOW KEY FEATURES OF COMMUNITY SERVICES ON A SEPARATE HANDOUT WITH QUESTIONS PRINTED OUT ON THE OPPOSITE PAGE AND GIVE RESPONDENTS A FEW MINUTES TO REVIEW IT.]

Key Features of Community Services

1



Single Point of Access will make it easier to access services and help navigate people to the most appropriate service and clinician / professional – that includes a nurse specialist, physiotherapist, Doctor etc.

2



Triage will ensure patients will access the right healthcare professional, in the right service, at the right time, causing minimum delay to patient care

3

Patient care will be holistic in approach. Patient needs will be identified, assessed and acted on.

4

Patients will receive a clear outline of what they can expect from the service across the various stages of their patient journey

5

Patients will receive an individualised care plan. This will include a self-management plan, health and wellbeing improvements and advice for management of a crisis. Patients will be actively involved in developing the care plan

6

Patients will maintain contact with the same healthcare professional throughout their treatment where possible

7



Technology will be used to maximise productivity, enable joined working, reduce repetition and minimise delays in patient care

8



Services will work together to make the system more coordinated and to reduce duplication, repetition and gaps in the system

- First of all, what are your first impressions of the key features of Community Services?

Probes: gauge initial feedback, what is good/bad/ why?

- Now, we would like to take a look at the key features of Community Services on the handout.
Does it clearly explain how the care would be delivered?

Probes: what could be made clearer?

- What are your thoughts on the information provided?

Probes: what could be changed/improved?

- Is there anything that you didn't understand?

Probes: do you think service users, carers and patients will understand the term "Triage" and "holistic." If not what alternatives would you suggest and what description / words would use instead?

- Is there anything that you think should be changed or added?

[NOW REFER TO THE QUESTIONS PRINTED OUT ON THE OTHER SIDE OF THE HANDOUT - THESE ARE THE QUESTIONS THAT ARE GOING TO BE ASKED TO PATIENTS/CARERS/SERVICE USERS:

- *What are your first impressions of the key features of Community Services?*
- *How do you feel about the key features of Community Services? What, in your opinion is good about this idea?*
- *And what, in your opinion is bad about this idea?*
- *How do you feel about having one person assessing your health and needs?*
- *In your opinion, what are the main challenges of delivering care using the key features of Community Services?*
- *Can you think of any alternative ways of delivering care in future?*

ASK THE FOLLOWING QUESTION ABOUT EVERY STATEMENT/QUESTION:

- How clear is what the question is trying to ask?
Probes: what could be made clearer? What's a better way of asking about this?
- How useful is the information collected going to be for the Bromley CCG?
Probes: what other questions should be asked?

AFTER ALL QUESTIONS ARE DISCUSSED:

- Are there any other important questions that you think we should ask?
Probes: understand why they feel is important and how's the feedback going to be used

2. AVAILABILITY AND ACCESS (15 MINUTES)

Now we're going to talk about the availability of the appointments and the waiting times from getting referred by your GP to seeing a practitioner/clinician.

- How important is the location of the community clinic to you personally?
Probes: gauge the importance and reasons why
- What is the maximum waiting time you'd be willing to wait from being referred by a GP to being seen by a professional (that includes a nurse specialist, physiotherapist, Doctor etc.)?
*Probes: what is the ideal waiting time? What impacts on the waiting time? I.e. are you willing to wait longer to see certain staff?
What is more important - seeing certain member of staff or shorter waiting time to be seen? Why?*
- We're now going to suggest different alternative ways of delivering care that could help reduce waiting times, could you tell us your opinion on each of these please?
 - 1) Drop in clinics - i.e. you would drop in on a day but would have to wait to be seen, no upfront appointments will be made.
Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?
 - 2) Longer working hours - i.e. you would be able to make an appointment from 8am to 6pm during the week.
*Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?
Would this suit your needs?
Would you be likely to use the services during the extended hours? Why yes/not?*
 - 3) 7 day care - i.e. is it more convenient on a weekend?
*Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?
Would this suit your needs?*

Would you be likely to use the services during the weekend? Why yes/not?

- Are there any alternative ways of shortening the waiting times? What, in your opinion, is the best way to address the waiting times?

Probes: what is more important - seeing certain member of staff or shorter waiting time to be seen? Why?

3. COMMUNICATION & INFORMATION (5 MINUTES)

By communication we mean contact between you and the adult community healthcare services

- How do you prefer to get in touch with your service? (email, text, phone, in person?)

Probes: Why is this a prefer method? What other methods would you consider?

- And how do you think the service should get in touch with you?

Probes: Why is this a preferred method? If different from the first method, why? What sort of things do they expect the staff to contact them about?

- How, if at all, would you like to receive a reminder before your appointment?

Probes: reasons for wanting/not wanting a reminder?

Preferred method (text/email/letter/call) and why?

What information should be included and why? (location, time, name of the practitioner, etc.)

- How do you feel about getting the necessary information about the treatment yourself? E.g. via a website or a booklet.

Probes: Is it acceptable? Yes/No/ Why?

If yes, what is the preferred format? What sort of information are they comfortable getting themselves and what sort of information do they prefer the doctor to give them

4. CONTINUITY OF CARE & AFTER CARE (10 MINUTES)

- For some patients, their preference is to see the same person continuously, every time they receive a treatment.
- How do you feel about this? How important is that you always see the same person?

Probes: gauge the importance and reasons why - is it because they have to repeat the same information or prefer to see certain persons - ALSO POINT OUT SOME OF THE DISADVANTAGES OF THIS IE. IT MAY INCREASE WAITING TIME, IT MAY NOT BE THE BEST USE OF RESOURCES, IT MAY LIMIT THE ABILITY TO TRAIN NEW CLINICIANS ETC...

We are now going to ask you some questions about care plans. Care plans aim to provide direction for your care depending on your diagnoses and needs AND A CLEAR OUTLINE OF WHAT YOUR CARE WILL ENCOMPASS AND WHAT GOALS YOU ARE AIMING TO ACHIEVE. They should also help the different members of staff to understand other treatments you're receiving.

As you can see from point 5 on the Key Features of Community Services handout - Patients will receive an individualised care plan. This will include a self-management plan, health and

wellbeing improvements and advice for management of a crisis. Patients will be actively involved in developing the care plan.

- What is your experience with care plans? Have you been given one? What is important when it comes to care plan?

Probes: gauge importance and reasons why. Gauge whether they feel that care plans are effective or not and why.

- To what extent would you want to be involved in your care plan?

Probes: why they do or don't want to be involved, have they been involved in care plan before?

Now, we would like you to think about after care - i.e. how to take care of yourself once your treatment course is finished.

- To what extent do you feel confident about taking care of yourself once your treatment is finished?

Probes: gauge the reasons why. What would make them more confident?

Probes: Is there a clear route for re-accessing care? How would you re-enter the service?

- How would you like to be informed about any after care? By the staff? Via a website? Via a booklet or email?

Probes: Why is this a prefer method?

Who do they expect to get in touch with them about aftercare? Doctor/ nurse/ somebody else?

- How can the staff support patients to look after themselves?

Probes: which aspects of the care do they feel comfortable delivering themselves and which ones they prefer to be delivered by clinicians/practitioners?

WRAP UP & CLOSE DISCUSSION (10 MINUTES)

Summarise the main points made.

Address any final comments.

- Do you have any other comments/suggestions about the guide and the discussion we've just had?

Probes: What would you change and why?

Thank participants and take them through topline findings from the research:

As mentioned earlier, the CCG have asked you about your experience with the adult community health services in a survey in August. The feedback you provided was invaluable and helped inform the discussion today.

Overall, the patients and service users were quite happy with the service provided through the adult community health care services with the average rating of 4.4 out of 5.

Summary of key findings

<p>Perceptions of Bromley Healthcare</p> <p>Overall, the perceptions of the adult community healthcare services provided by Bromley Healthcare are very positive. The average rating across all services analysed is 4.4 out of 5 which indicates that although there is some room for improvement, interviewed respondents are generally happy with the care provided.</p>	<p>Information and communication</p> <p>Overall, the information given about the treatment and conditions is quite good, however, patients noted that they often don't know who they're going to see. A few anecdotally noted that they felt that the communication between different members of staff providing care could be improved.</p>	<p>Access</p> <p>The opinions on the accessibility of care vary. Whilst users think that the location and accessibility of the clinics are good, the ability to get an appointment seems to be a pain point. Service users often have to wait for a long time before receiving treatment, and 2 in 5 would rate the availability and waiting time to get an appointment as poor.</p>
<p>Staff</p> <p>The staff are very well received. The majority of service users praised their professionalism and knowledge whilst maintaining a personal approach and attitude. Continuity of care and communication could be improved - service users felt that they get treated by different members of staff and thus have to repeat the same information over and over.</p>	<p>Home and bed based patients</p> <p>Both home and bed based services received mixed reviews. A proportion of home based patients noted that the staff do not always come at agreed times, whilst some bed based patients mentioned that they can feel isolated during the stay.</p>	<p>Equipment users</p> <p>In general, those using wheelchairs, special seating or COPD equipment seem to be happy with their kit. They agree that the equipment meets their needs and allows them to be more independent.</p>

Some of the feedback is probably very familiar to you and you have discussed many times.

The issues/areas where some improvement is needed are the topics we talked about today:

- Availability of the appointments and waiting times - Whilst users think that the location and accessibility of the clinics are good, the ability to get an appointment seems to be a pain point. Service users often have to wait for a long time before receiving treatment, and 2 in 5 would rate the availability and waiting time to get an appointment as poor.
- Communication - with the patient and between the different members of staff: Overall, the information given about the treatment and conditions is quite good, however, patients noted that they often don't know who they're going to see.
- Continuity of care provided - Continuity of care and communication could be improved - service users felt that they get treated by different members of staff and thus have to repeat the same information over and over.
- Information given about any after care could be improved too

We would like to thank everyone who took part. The feedback provided through the survey and in the discussion today will help the CCG to assess the priorities for adult community health care services in Bromley in future and ensure that they meet the needs of you and the local population.

If they have any further questions relating to this research or the adult community health care services in general, then please contact the CCG at BROCCG.PatientQuery@nhs.net

4.1.1 DISCUSSION GUIDE USED FOR FOCUS GROUPS AND TELEPHONE INTERVIEWS WITH OTHER PATIENTS, CARERS AND SERVICE USERS

OBJECTIVES:

- Evaluate new suggested models of adult community care services in Bromley
- Gauge patients/service users/carers' reactions to and perception of the proposed changes
- Understand the drivers behind opinions
- Discuss other alternative care models

DISCUSSION GUIDE (C. 60 MINUTES)

INTRODUCTION (10 MINUTES)

- Introduce yourself
- Thank participant for attending.
- Explain the logistics - duration of the session (60 minutes)
- Reassure re. confidentiality, anonymity, etc.:
 - There are no right or wrong answers, we're looking for honest opinions and feedback
 - MES is an independent agency and thus do not work directly for the NHS or the CCG so participants can be open
 - We abide by the MRS code of conduct, everything they say is strictly confidential and won't be associated to them personally
 - We adhere to strict data protection and privacy policies, no personal details or information will be shared or used for any other purposes other than this research, whilst we might share quotes or feedback with the CCG, the feedback will be used for personal purposes only and won't be associated to the participants directly.
- Explain reasons for recording and how it is used. Ask permission to do so.
 - MES' role is to act as an independent researcher/facilitator, we cannot answer questions about specific services, any similar queries should be address to the CCG (BROCCG.PatientQuery@nhs.net)
- Answer any questions asked at this point

CONTEXT SETTING

NHS Bromley Clinical Commissioning Group (Bromley CCG) is the organisation responsible for planning and paying for many of the health services you use in Bromley.

For the next hour, we'd like you to focus on and talk about the adult community health services. By community health services we mean those health services provided outside of hospitals in community settings, including in people's homes and in community clinics.

Community services have a number of objectives, including promoting health and healthy behaviours, supporting people to manage long-term conditions, and providing treatment in a person's home or in the community to avoid hospital or residential care where possible.

To help ensure these services meet the needs of people in Bromley, we would like to discuss your experiences and potential different ways of providing the adult community health services in the future.

We conducted a survey in August where we asked about your current experiences with the services and we'll share some of the findings with you at the end of the discussion today.

Today, we'd like to talk more about improving the adult community health services. The main aim of this session is therefore to focus on the future and what, in your opinion, should the adult community health care services in Bromley look like.

Your feedback and opinions will help the CCG to:

- Make sure that the adult community health care services meet the needs of people in Bromley
- Deliver high quality services
- Are responsive to the needs of the local population
- And overall, improve the care provided

This is an open discussion and we would like to hear from as many different patients, carers and service users as possible, to enable the CCG to make an informed decision.

The suggestions that will be discussed are purely theoretical and the purpose of this engagement is to evaluate the feedback from the local population before any further steps are taken.

****Facilitator note: if you are asked any questions at this point or if asked about the changes to services and what they entail, please stress that this session is only to talk about the different potential ways of delivering the care and not to describe any of the changes that will be taking place to services.****

****Facilitator note: throughout the discussion try to gauge individual feedback and experience as well as the impact on the population as a whole - i.e. benefit for the collective good.****

WARM UP (10 MINUTES)

Ask to introduce her/him-self - first name; how long they have lived in the borough; and what do they like to do in their spare time.

****Facilitator note: the aim is to gauge everyone's experience, keep the discussion brief at this point. To emphasise to participants that this will be brief and for everyone to quickly go around stating the amount of years they have lived in the borough and what they like to do in their spare time.****

5. AVAILABILITY AND ACCESS (15 MINUTES)

Now we're going to talk about the availability of the appointments and the waiting times from getting referred by your GP to seeing a professional, that includes a nurse specialist, physio, doctor, etc. .

- How important is that the service is delivered in your locality (i.e. somewhere easily accessible to you)?

Probes: gauge the importance of locality and reasons why

- We're now going to suggest different alternative ways of delivering care that could help reduce waiting times, could you tell us your opinion on each of these please?

- 3) Drop in clinics - i.e. you would drop in on a day but would have to wait to be seen, no upfront appointments will be made.

Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?

- 4) Longer working hours - i.e. you would be able to make an appointment from 8am to 6pm during the week.

Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?

Would this suit your needs?

Would you be likely to use the services during the extended hours? Why yes/not?

- 3) 7 day care - i.e. is it more convenient on a weekend?

Probes: what are your initial thoughts? What are the pros? And what are the cons of this idea? Why?

Would this suit your needs?

Would you be likely to use the services during the weekend? Why yes/not?

Ask about safety - will they feel safe attending care outside of normal hours? Why yes/not?

Gauge questions about aspects of the model

6. COMMUNICATION & INFORMATION (5 MINUTES)

By communication we mean contact between you and the adult community healthcare services.

- How do you prefer to get in touch with your service? (email, text, phone, in person?)

Probes: Why is this a prefer method? What other methods would you consider?

- And how do you think the service should get in touch with you?

Probes: Why is this a preferred method? If different from the first method, why?

What sort of things do they expect the staff to contact them about?

- How, if at all, would you like to receive a reminder before your appointment?

Probes: reasons for wanting/not wanting a reminder?

Preferred method (text/email/letter/call) and why?

What information should be included and why? (location, time, name of the practitioner, etc.)

- How do you feel about getting the necessary information about the treatment yourself?
E.g. via a website or a booklet.

Probes: Is it acceptable? Yes/No/ Why?

If yes, what is the preferred format? What sort of information are they comfortable getting themselves and what sort of information do they prefer the doctor to give them

7. CONTINUITY OF CARE & AFTER CARE (10 MINUTES)

- For some patients, their preference is to see the same person continuously, every time they have an appointment
How do you feel about this? How important is that you always see the same person?

*Probes: gauge the importance and reasons why - is it because they have to repeat the same information or prefer to see certain persons
Are they willing to wait longer to see certain staff and why?*

Also point out some of the disadvantages of this i.e. It may increase waiting time, it may not be the best use of resources, it may limit the ability to train new clinicians etc.

We are now going to ask you some questions about care plans. Care plans aim to provide direction for your care depending on your diagnoses and needs and a clear outline of what your care will encompass and what goals you are aiming to achieve. They should also help the different members of staff to understand other treatments you're receiving.

- What is your experience with care plans? Have you been given one? What is important when it comes to care plan?

Probes: gauge importance and reasons why. Gauge whether they feel that care plans are effective or not and why.

Also point out some of the disadvantages of this ie. It may increase waiting time, it may not be the best use of resources, it may limit the ability to train new clinicians etc.

- To what extent would you want to be involved in your care plan?

Probes: why they do or don't want to be involved, have they been involved in care plan before?

Now, we would like you to think about after care - i.e. how to take care of yourself once your treatment course is finished.

- To what extent do you feel confident about taking care of yourself once your treatment is finished?

Probes: gauge the reasons why. What would make them more confident?

Is there a clear route for re-accessing care? How would you re-enter the service?

- How would you like to be informed about any after care? By the staff? Via a website? Via a booklet or email?

Probes: Why is this a prefer method?

Who do they expect to get in touch with them about aftercare? Doctor/ nurse/ somebody else?

- How can the staff support patients to look after themselves?

Probes: which aspects of the care do they feel comfortable delivering themselves and which ones they prefer to be delivered by clinicians/practitioners?

WRAP UP & CLOSE DISCUSSION (10 MINUTES)

- Thinking about the care provided by adult community health care services, what is the most important factor overall?

Probes: which aspect is most important (quality, continuity, access, waiting time, etc.) and why?

- What other factors are important when delivering the adult community services to people in Bromley?

Probes: get respondents to arrange them in order of importance and gauge the reasons why particular aspect is important or not

Summarise the main points made.

Address any final comments.

Thank participants and take them through topline findings from the research:

As mentioned earlier, the CCG have asked you about your experience with the adult community health services in a survey in August. The feedback you provided was invaluable and helped inform the discussion today.

Overall, the patients and service users were quite happy with the service provided through the adult community health care services with the average rating of 4.4 out of 5.

The issues/areas where they'd like to see some improved are the topics we talked about today:

- Availability of the appointments and waiting times
- Communication - with the patient and between the different members of staff
- Continuity of care provided
- Information given about any after care

We would like to thank everyone who took part. The feedback provided through the survey and in the discussion today will help the CCG to assess the priorities for adult community health care services in Bromley in future and ensure that they meet the needs of you and the local population.

If they have any further questions relating to this research or the adult community health care services in general, then please contact the CCG at BROCCG.PatientQuery@nhs.net.



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